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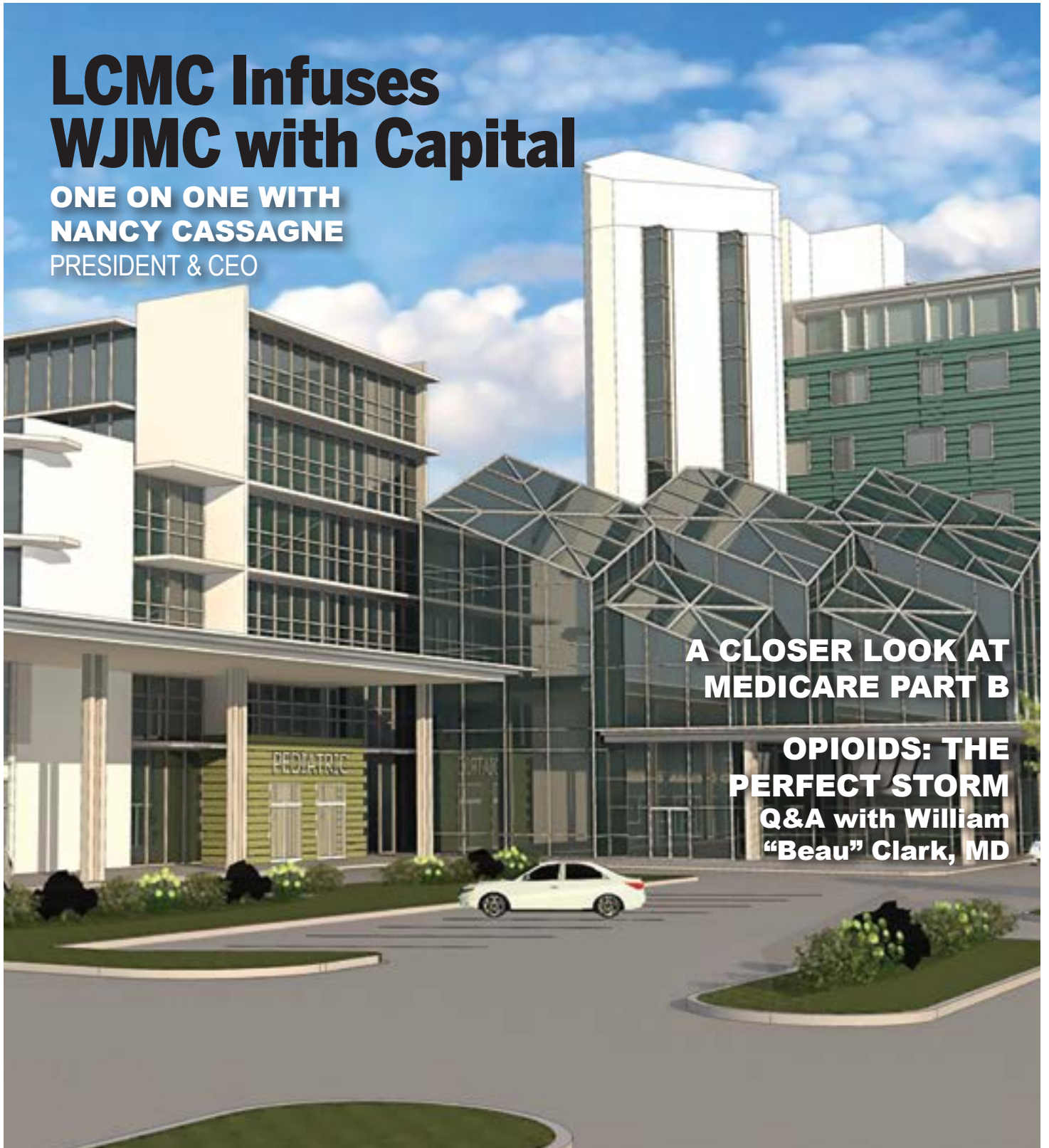
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## LCMC Infuses WJMC with Capital

**ONE ON ONE WITH  
NANCY CASSAGNE**  
PRESIDENT & CEO

**A CLOSER LOOK AT  
MEDICARE PART B**

**OPIOIDS: THE  
PERFECT STORM**  
Q&A with William  
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# Contents

July / August 2018 | Vol. 7, No. 4



12

18



22

## FEATURES

One on One with  
Nancy Cassagne ..... 12

President & CEO  
West Jefferson Medical Center

A Closer Look at  
Medicare Part B ..... 18

Opioids: The Perfect  
Storm ..... 22

Q&A with William “Beau” Clark, MD

## DEPARTMENTS

Editor’s Desk ..... 10

Healthcare Briefs ..... 27

Hospital Rounds ..... 51

Book Review ..... 64

Ad Index ..... 66

## CORRESPONDENTS

Secretary ..... 38

Bio ..... 40

Medical Society ..... 42

Nursing ..... 44

Senior ..... 47

Insurance ..... 48

## Slow down everyone. You're moving too fast. Frames can't catch you when you're moving like that.

-Jack Johnson,  
*Inaudible Melodies*



BEING AWARE of your body's rate of movement will go a long way to improve your grace and health.

There is a speed to life. It's cultural. High speed offers many attractions—more accomplishments, avoidance of the quiet, strategic confusion, strategic focus. Speed of life, like

wind and fire, offers gifts or trouble, depending on the use.

The subtle movements of the body perform in conjunction with the fluctuations of the mind. There is a speed of health.

Ever play a musical instrument? One of the worst things you can do is try to play too fast—before you're ready. Few people are actual musical geniuses. All the time we see people moving fast, driving fast, talking fast. Some are ready for it. Some move at that pace. But most people are moving too fast. You can see it all around. Faster is slower and messier, if moving outside the natural rhythm.

The world is often like a slick salesman. It delivers news, information, and self-righteous ideas so fast that we don't take a moment to realize the ridiculousness of it all. It often delivers a message of pressure to move from a life of wellness to battle an unnecessary cause, and to feel unnecessary pain. The motives, while delivered righteously, are questionable. Anything to take your attention from a point of wellness must be considered carefully.

Despite the world culture, and messages of more and faster, we can train ourselves to control our pace. Watch people rushing around. Watch people moving too fast. Watch people pretending to get more done than they really are. Know that many may have a burden in their mind, as evidenced by the body. It's interesting to see. We hope it's temporary. We've all struggled with an overly ambitious schedule, with self-imposed rankings of high priorities. I often wonder what we're accomplishing, or hiding from, or selling, and wonder about the sanity of it all.

Sometimes moving too fast is fun. It's a rush. People enjoy it. It can be like riding way too fast on a motorcycle on the open road—a somewhat controlled exhilaration with inherent risks. Testing the boundaries of life is often a pleasure. When it's a conscious decision, the rush is a healthy choice. For some it's an opportunity to feel success, and to feel alive. What is success, if it's not peace of mind?

Tai Chi is an example of a practice which helps with the control of movements and fluctuations of the mind. Play with bringing the physical movements down a few octaves to observe and find a more ideal, or alternative pace for the mind through the movements of the body. It's another form of calming the mind by first calming the body. Of course, it's all connected. It's certainly worthy of consideration.

There's so much to do, and so much see. The experiences of life are meant to be enjoyed. The experiences are meant to be lighthearted, and appreciated for their uniqueness, and appreciated for the pleasures of being ordinary. As we ride through it all, doing what we should do, at the speed of health, sharing life with the like-hearted, we support our own well-being. That's the best we can do.

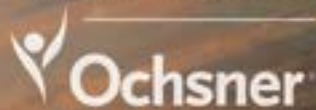
When speaking with patients, we have an opportunity to notice their speed of life. We notice their pace and their relationship to their own pace. It may be an opportunity to recommend a practice of meditation, or play, which encourages a speed of well-being. It's not just about going slower. For some, it may be about going faster. It's about finding the speed that feels right. Only the individual will know the best speed of life. But, mindfulness of speed of life is usually an unconsidered concept in the flow. Just presenting the idea of speed of health may be sufficient for improving health. It's best to be a living example.

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# LCMC Infuses WJMC with Capital



A \$75 million campus transformation will include improvements to the Emergency Room that sees close to 60,000 patients a year.



# One on One

WITH

## Nancy Cassagne

President and CEO  
West Jefferson Medical Center

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**N**ancy R. Cassagne is the President and Chief Executive Officer of West Jefferson Medical Center. She was appointed CEO in April 2008, after serving as Chief Financial Officer since October 2006 when she was hired to fill a vacancy created in the aftermath of Hurricane Katrina. She has over 30 years of experience in healthcare, government, not-for-profit, and utility organizations. Cassagne currently serves as a member of the Finance Committee and the Legislative, Regulatory, and Policy Council for the Louisiana Hospital Association, is a past Chairwoman for the Community Hospital Coalition, and for the Metropolitan Hospital Council. Her community involvement has included serving as the Chairwoman for the American Heart Association's Go Red for Women campaign, and she has been active in the American Cancer Society's West Bank Relay for Life event, as well as having served on the local Board of the American Cancer Society. Cassagne has also served on the boards of Wynhoven Health Care, Chateau de Notre Dame Nursing Homes, and Visitation of Our Lady Parish Finance Committee. Nancy has a Bachelor of Science degree in Accounting from Nicholls State University, is a Certified Public Accountant, and is board certified as a healthcare executive (Fellow in the American College of Healthcare Executives).

## DIALOGUE

**Chief Editor Smith W. Hartley** Please describe the population base of the West Jefferson region. How are the residents unique regarding payor mix, health status, or culture?

**Nancy Cassagne** I was actually born at West Jefferson Medical Center over 55 years ago, so the community is truly my home. Our demographics have changed over the nearly six decades since the hospital opened its doors. Today, we are an aging population with baby boomers such as myself starting to use more healthcare services. The only significant growth in our population is in the over-65 age category. This is reflected in our payor mix, as the largest portion of our patient base is Medicare. This creates both opportunities and challenges from a healthcare perspective. There is more demand for outpatient services and health maintenance. Primary care, cardiac, stroke, and oncology services are some of the growing demands.

**Editor** How does West Jefferson Medical Center encourage their population to stay on the West Bank for medical services?

**Cassagne** The New Orleans region is geographically separated, mostly by water barriers. Healthcare overall tends to be very community based. Patients usually seek care within a five to ten mile radius of their home. West Jefferson Medical Center provides excellent care, as evidenced by the numerous awards and recognitions received. We

have been named in the Top 5 percent in the Nation for Patient Safety Excellence by Healthgrades, and one of the 100 Best Hospitals for Stroke Care in the Nation. Our staff, nurses, and physicians are compassionate, well trained, and focused on the patient and the entire family. There is no reason to travel across the river to receive care anywhere else. The West Bank community founded West Jefferson Medical Center and ensured it was built to take care of its people. West

Jefferson Medical Center is proud to do so.

**Editor** West Jefferson Medical Center is taking on a major expansion process. Can you explain the reason for the major expansion? What specifically are you doing, and how will this improve the hospital?

**Cassagne** The lease agreement with LCMC Health provides for \$340 million of capital funds over the first fifteen years of the lease. That is a huge infusion of funds into the hospital, our clinics, and the West Bank community. I'm not aware of any other business on the West Bank making that kind of investment in our community. With support from the WJMC Board and the LCMC Health Board, we are embarking on a \$75 million first phase that will include improvements to the Emergency Room that sees close to 60,000 patients a year. Additionally, improvements to the surgical areas, both inpatient and outpatient, will add capacity and improve patient flow. The first phase will also include expansion of the South Wing patient rooms, and include modernizing



Nancy Cassagne poses with a pediatric patient during the first anniversary celebration of the opening of West Jefferson's Pediatric ED, in collaboration with Children's Hospital.

**“The lease agreement with LCMC Health provides for \$340 million of capital funds over the first fifteen years of the lease. That is a huge infusion of funds into the hospital, our clinics, and the West Bank community.”**

the facade of the exterior. Future phases are in the conceptual stage right now and will move forward within the next few years. Every improvement being made is focused on improving our patients' experience. LCMC Health is proud to have West Jefferson Medical Center as part of its system of hospitals, and the West Bank community has embraced LCMC Health.

**Editor** We understand West Jefferson Medical Center is also undergoing a huge change in EMR. Can you explain to us where you are in the process, and what this change will mean to your operational systems?

**Cassagne** UMC, Children's, Touro, and New Orleans East have all implemented EPIC, the electronic medical record chosen by LCMC Health. West Jefferson Medical Center will go live with EPIC in early October. Right now we are in the training stage, so that all staff become educated and knowledgeable before we make the change from our current hospital electronic record to the EPIC system. Additionally, our staff is working with Touro counterparts to see how the system functions in a live environment. Being able to work with other hospitals in a system is a huge advantage. Our staff and physicians are excited about the new medical record, and we anticipate a very smooth transition. Our patients will benefit greatly by having a medical record that is accessible on a single platform.

**Editor** Other than the major expansion and EMR, what else is going on at West Jefferson Medical Center?

**Cassagne** In the third quarter of this year, we will be going through our national accreditation process with The Joint Commission, which occurs every three years. We are also

working with LCMC Health leadership on the New Orleans Chapter of the only statewide clinically integrated network. This network includes employed physicians, community physicians, and other post-acute specialists who share a vision for improving care and reducing healthcare costs. The focus is on preventative medicine, care coordination, and chronic disease management, to ensure the ongoing wellness of our community.

**Editor** What does it mean for WJMC to be affiliated with LCMC?

**Cassagne** It's hard to believe that in October it will be three years that WJMC has been in the LCMC Health System. Many new employees ask me this very question during orientation and I always tell them the truth. We are much better off being part of this system, not only because of the capital infusion that we would never have achieved as a stand-alone hospital, but also because it releases the geographical restrictions we had

as a service district hospital. Law prohibited us from expanding services outside of the West Bank of Jefferson Parish. This put WJMC at a huge competitive disadvantage because non-service district hospitals have been able to grow and expand all around us. WJMC now has clinics in Plaquemines Parish and St. Charles Parish. Transitions are hard, change isn't always easy, and policies and procedures get standardized. That said, LCMC Health has afforded WJMC opportunities we would not have been able to achieve by ourselves, and allowed WJMC to maintain its identity and culture, which is a large part of what makes us special. Our community has also expanded access to services right here on the West Bank with our Pediatric Emergency Room staffed by nurses and physicians from Children's Hospital. WJMC is glad to be part of the LCMC Health System.

**Editor** How would you describe your own leadership style and the working culture at WJMC?



Nancy Cassagne (second from left) and Dean Roy (far left), VP of New Orleans Physician Practices, pose for a photo during the hospital's "I Pink I Can" Fun Run/Walk with cancer survivor, Sheryl Wilson (second from right) and Adrianna Hopkins (far right), former WDSU news anchor.

## DIALOGUE

**Cassagne** The culture of WJMC is truly special. Our founders knew that the West Bank deserved its own hospital, because in the 1950s there were no bridges connecting us to the East Bank. Women in labor or someone having a heart attack would literally have to travel by ferry to a hospital. As our community grew, that was simply unacceptable. Today, the waterways are connected by bridges, but still pose somewhat of a barrier. At WJMC, over seventy percent of our employees live on the West Bank, so our culture is deeply rooted in service to the West Bank. We are more than just a community hospital. We are a hospital the community built. As a CEO who was born at the very hospital I am privileged to lead, I strive to continue the values of our founders. Our goal is to treat every patient as if they are our family.

My leadership style, I believe, is open, honest, and demanding. I don't shy away from the difficult discussions or hard decisions, but try to get as much input as possible, so that we do the right thing for our patients and employees. I wish there was more time to walk the floors of the hospital. Being out and about engaging with staff, patients, and families is one of the things I enjoy most. I get to see people I went to high school with or someone who lived down the street from my childhood home. Witnessing first-hand how much our staff cares for our patients is great. They work extremely hard. This is where I want my family to receive their care.

**Editor** Can you describe the future of WJMC and how will it integrate with the New Orleans healthcare landscape?

**Cassagne** WJMC's home base will always be the West Bank. WJMC's expansion opportunities lie within the geographical areas adjacent to the West Bank of Jefferson Parish and those outlying parishes. David Smith, the first CEO of WJMC, was a brilliant visionary who started our primary care clinic infrastructure. I see WJMC continuing to grow our primary care services. I envision



“I don't shy away from the difficult discussions or hard decisions, but try to get as much input as possible, so that we do the right thing for our patients and employees.”

technology playing a much greater part in physician and patient interaction. Easy access is critical, and we must be flexible to adjust to what the patients demand. The LCMC Health Clinically Integrated Network will provide patients with lower cost, high

quality choices. Our system really provides all services for every age. I think we will see even further integration among the LCMC Health hospitals. That is a very good thing for the New Orleans region as a whole. ■



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# Some Doctors Still Billing Medicare for the Most Complicated, Expensive Office Visits

## A Closer Look at Medicare Part B

By Charles Ornstein and Ryann Grochowski Jones  
*Propublica*

**T**housands of times a year, Medicare patients file into Dr. Mark Roberts' family practice clinic in rural Evergreen, Alabama, for standard office visits. And almost every time they did in 2015, Roberts billed Medicare for the most complex, and most expensive, type of office visit – one that typically takes 40 minutes and for which Medicare reimbursed him an average of \$94. He billed for 4,765 such high-level visits that year, according to federal data, more than any other doctor in the country. And for that, he collected nearly \$450,000 from Medicare.





ROBERTS' BILLING PATTERN was highly unusual compared to his peers. All told, family medicine doctors in Alabama billed for such visits only 5 percent of the time. Roberts did so 95 percent of the time. Even some doctors who had sicker patients billed for top-level visits less often, Medicare data show. Several messages left at Roberts' office were not returned.

For years, internal government watchdogs have been warning the federal Medicare program that some doctors were overcharging for office visits. And for years, federal health officials have been promising to focus on the problem.

But a new *ProPublica* analysis shows very little has changed since we first wrote about the issue in 2014. *ProPublica* found that 1,825 health professionals, including Roberts,

billed Medicare for the most expensive type of office visits for established patients at least 90 percent of the time in 2015. That was almost the same as the 1,807 that we found based on 2012 data. Some physicians that were billing Medicare this way in 2012 still were in 2015, we found.

Office visits are a staple of medicine. In 2016, Medicare paid for more than 227 million of them at a cost of \$13.2 billion (including Medicare outlays and patient copayments). They are far from the most expensive services that Medicare provides, but they are ubiquitous.

While it's possible that some physicians only treat the sickest patients who require the highest level office visits, "I don't think it's very probable," said Dwayne Grant, regional inspector general for evaluation

and inspections for the U.S. Department of Health and Human Services in Atlanta. Grant's team produced reports in 2012 and 2014 that said Medicare needed to do more to address improper billing.

"We continue to believe that focusing on these high-coding physicians is going to improve oversight, reduce overpayments and really serve as a deterrent effect," he said.

Among the 1,825 physicians who billed most often for complex office visits was Dr. Jose Prieto, an internist in Hialeah, Florida. He billed for 721 office visits in 2015, all of them at the highest level, Medicare data show. Medicare revoked Prieto's ability to participate in the program in December 2016 for falsified information, according to data provided under the Freedom of Information Act.

Prieto did not respond to a phone call and email seeking comment. A woman who returned a call placed to his office said Prieto is an infectious disease doctor who treats patients with HIV and routinely spends 45 minutes with each patient. The woman disputed that Prieto exclusively bills for the highest level office visits, as Medicare data shows. "He bills for the time he spends with his patients," she said.

Another is Dr. James Beale, an orthopedic surgeon in Warren, Michigan. All 1,150 of his Medicare office visits were billed at the highest level in 2015. Beale has been disciplined three times by Michigan's medical board, most recently in May 2016 when he was suspended for failing to respond to a 2015 board complaint that he prescribed controlled substances for patients without adequate justification. Beale also extensively billed Medicare for psychotherapy services in 2015. He

90%

"*ProPublica* found that 1,825 health professionals billed Medicare for the most expensive type of office visits for established patients at least 90 percent of the time in 2015."

could not be reached for comment.

Also, on the list is Dr. Rand Ritchie, a Pismo Beach, California psychiatrist. He billed 1,475 visits at the highest level, or 97 percent of his Medicare office visits, in 2015. The California medical board has disciplined Ritchie twice for alcohol abuse and multiple convictions for driving under the influence of alcohol. He completed probation most recently in 2014 and currently has an unrestricted license.

Ritchie's office manager, Darryl Schumacher, who handles billing for the practice, said Ritchie had started accepting Medicare around 2015 because no other psychiatrists in private practice in the area did so. "He was taking on many new patients and the complexity of some of these patients, because they had either gone without treatment for many years or had gone without a psychiatrist, was pretty difficult at the beginning," Schumacher said.

Schumacher also said that no one from Medicare had contacted the practice to ask about Ritchie's numbers and that questions from *ProPublica* were the first indication that his billing pattern was unlike that of his peers. As for his discipline, Schumacher said Ritchie fulfilled the requirements of his probation and is once again board certified in psychiatry.

Asked for comment, a spokeswoman for the Centers for Medicare and Medicaid Services said the agency is exploring how to make changes to its billing rules for office visits to reduce the burden on doctors and better reflect the way medicine is practiced and care is coordinated.

In a notice in the Federal Register in November, CMS said the guidelines governing how health professionals bill for office visits, more formally called Evaluation and Management visits, date to 1995 and 1997. CMS said the process for updating them could take several years.

As it stands now, doctors and their staffs decide how to bill for a patient visit based on a host of factors, including how thoroughly they review a patient's medical history, the intensity of the physical exam and how complicated the medical decision-making was.

The coding system developed by the American Medical Association gives doctors five options.

An uncomplicated visit, typically of short duration and which may not require a physician, is coded a 1; a visit that involves more intense examination and often consumes more time is coded a 5. The most common codes for visits are in the middle, 3 and 4.

Most health professionals had a tiny percentage, if any, visits billed at level 5, but more than 1,250 billed only at the highest level in 2015, *ProPublica* found. Another 570 billed that way more than 90 percent of the time. That was very similar to what we found three years earlier.

Cyndee Weston, executive director of the American Medical Billing Association, an industry trade group, said such numbers raise red flags. "It's not likely that every patient that comes to a doctor's office is a level 5," she said.

The doctors who billed at the top level in 2015 were not all the same as those who did so in 2012. Of the 1,825, 650 were on the list in both years. Another 536 billed for a lesser share of visits at the highest level in 2012. And the remaining health providers did not bill Medicare in 2012 for office visits involving at least 11 patients.

For some doctors, the shift was jarring.

In 2012, Roberts, the Evergreen, Alabama, family doctor, never billed for high-level office visits. He billed Medicare 4,681 times for level 3 visits, for which Medicare paid him an average of \$43.57, less than half as much as he received per visit in 2015.

In Oak Harbor, Washington, doctors Robert Lycksell and Zayan Kanjo also didn't bill for level 5 visits in 2012. Lycksell billed for 1,948 level 5 visits in 2015 and Kanjo 1,297 in 2015. The doctors did not return phone calls seeking comment.

Weston said it's disappointing that the same problems identified years ago appear to remain today. Some of what's happening, she said, is related to electronic medical record systems that assign billing codes based on the computer boxes doctors click during office visits.

"Those programs tend to upcode,"

meaning to bill at a higher level than justified, Weston said. If doctors copy and paste phrases about a patient's condition and their electronic medical record automatically decides how to bill for the visit, "that is worrisome."

## HOW WE DID THIS ANALYSIS

For this story, *ProPublica* analyzed provider billing patterns for standard office visits in Medicare. We focused on those for established patients who had been seen at least one time by the provider previously. These are among the most common services performed in the program.

We used data released by the Centers for Medicare and Medicaid Services showing the services provided by and payments made to providers in Medicare's Part B program in 2015. Medicare redacted data on services when a provider billed for a service for fewer than 11 patients.

More than 490,000 providers billed the program for standard office visits for at least 11 patients in 2015.

Office visits are coded using the Current Procedural Terminology system devised by the American Medical Association and used by Medicare. The severity of each visit depends on three criteria: the thoroughness of the review of a patient's medical history, the comprehensiveness of the physical exam and the complexity of medical decision-making involved.

An uncomplicated visit, typically of short duration, should be coded a 99211; a visit that involves more intense examination and often consumes more time should be coded a 99215. The most common codes for visits are in the middle, a 99213 or 99214.

To protect against variation hidden by redactions, we focused on the nearly 364,000 providers who billed for at least 100 standard visits in 2015.

We identified more than 1,250 providers who billed for every office visit using the 99215 code. We found another 570 providers who billed level 5 visits at least 90 percent of the time. ■

# Opioids

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## The Perfect Storm

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### Q&A with **William “Beau” Clark, MD**

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William “Beau” Clark is President of Louisiana State Coroner’s Association, President of the Louisiana State Medical Society and currently serving his second term as Coroner of East Baton Rouge Parish. Dr. Clark is a native of Baton Rouge. He received his undergraduate degree from Louisiana Tech, majoring in biology. He later graduated from Louisiana State University School of Medicine in New Orleans and completed his residency in Emergency Medicine at Earl K. Long Medical Center in Baton Rouge. He is board certified by the American Board of Emergency Medicine. Dr. Clark has served our community in many capacities during his career, from emergency medicine doctor, to a member of the East Baton Rouge Parish Sheriff’s Office SWAT team. He has been in the medical field for over 17 years and in law enforcement for nearly 14 years. Since taking office in 2012, Dr. Clark’s mission has been to engage his office fully in his three jurisdictions: death investigations, mental health investigations, and sexual assault investigations.





William "Beau" Clark, MD

**"Louisiana was one of the first states to address prescription limits from both a health care provider standpoint and an insurance standpoint."**

**Chief Editor Smith W. Hartley** How did opioids become such a problem in the first place?

**William "Beau" Clark, MD** 1. The Louisiana legislature formally mandated a life sentence for the distribution of heroin, which is considered a schedule I narcotic. However, in an effort to prevent the incarceration of non-violent criminals, the mandatory sentencing was greatly reduced to the five-year range in early 2000.

2. In 2010, the Louisiana Board of Pharmacy created and implemented the Prescription Monitoring Program (PMP) in an effort to assist physicians and the DEA to prevent doctor shopping, otherwise known as narcotics diversion. The supply of opioid prescriptions readily available on the street was reduced and their street value increased. Waiting on the sidelines was the presence of heroin, and it was cheap.

3. The Pain Scale- At around the same time as Oxycontin's FDA approval, the American Pain Society, introduced the pain as the 5th vital sign campaign, followed soon thereafter by the VA adopting that campaign as part of their national pain management strategy. This declaration was not accompanied by the release of any device which could objectively measure pain, as was done with all previous vital signs, making it the first and only subjective vital sign. Further, the Joint Commission joins the list in 2001, issuing standards requiring the use of a pain scale and stressing the safety of opioids. They even published a guide sponsored by Purdue Pharma. This guide reportedly stated, "Some clinicians have inaccurate and exaggerated concerns about addiction, tolerance and risk of death. This attitude prevails despite the fact there is no evidence that addiction is a significant issue when persons are given opioids for pain control." The Joint Commission framed pain as a patient's rights issue, inferring that inadequate control of pain would lead to sanctions. What have we discovered since? Opioids are addictive, and they lied to us.

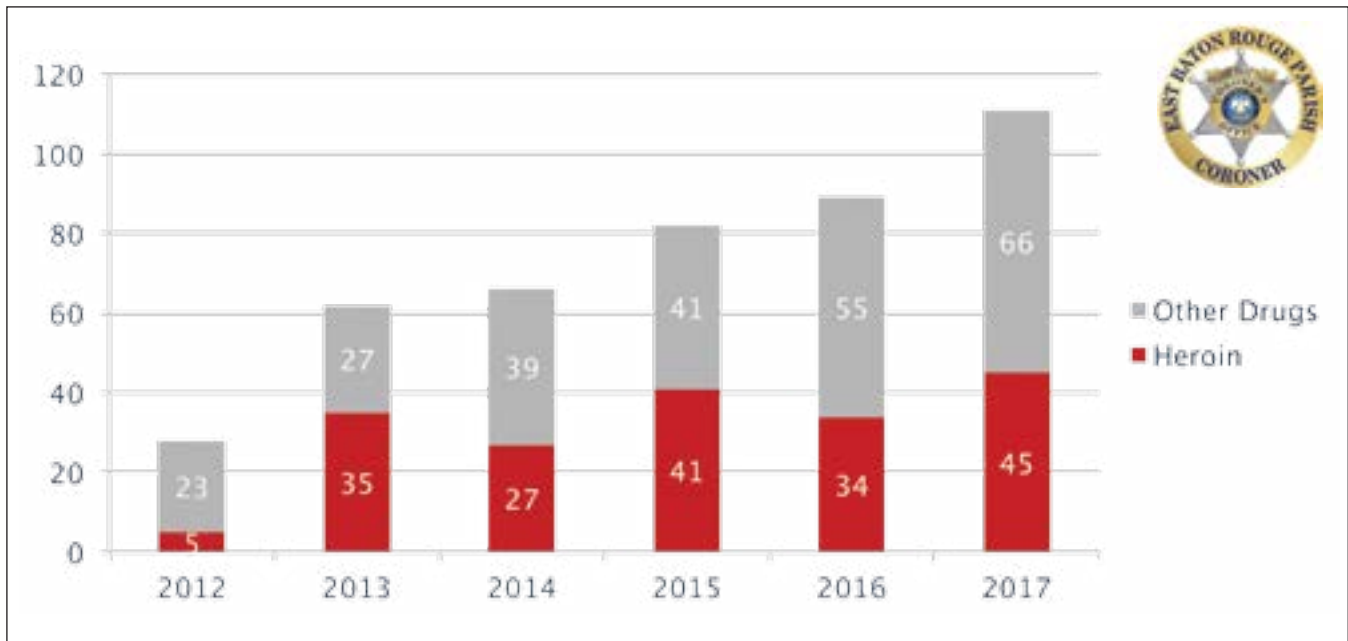
4. Patient Satisfaction Surveys deserve a place within the storm. They monetized their concept, selling not only surveys, but also consulting services to help hospitals improve their scores. Unfortunately, the correlation between patient satisfaction and quality is unclear, with a study from UC Davis suggesting that high satisfaction is actually dangerous, correlating it to higher expenditures, higher rates of hospitalization, and a higher risk of death. But acknowledging such literature would affect Press Ganey's lucrative survey sales, so such studies are ignored. CMS developed the value-based purchasing program to shift from pay for volume to pay for value. Hospitals are scored based on their performance on measures of processes of care, outcomes of care, efficiency, and the patient experience. The patient experience is based on scoring on HCAHPS surveys that are sent to patients, which includes patient scoring of their satisfaction with their pain control. CMS decided that a patient's satisfaction was as important as whether a patient developed a hospital-acquired condition, or even survived their hospitalization, and weighted satisfaction at 30 percent of the overall score. Because CMS was now attaching significant reimbursement to patient satisfaction, hospital administrators developed initiatives to improve their scores and avoid a penalty. Therefore, if a patient was not satisfied with how high they got, the practitioner was at risk for sanctions.

**Editor** Are we doing anything unique in Louisiana to address the problem?

**Dr. Clark** Louisiana was one of the first states to address prescription limits from both a health care provider standpoint and an insurance standpoint. This was the responsible prescribing legislation of 2016 and the state's Medicaid program limiting prescriptions.

**Editor** How is it that opioid prescriptions have decreased nationally 22% between 2013 and 2017?





Louisiana deaths attributed to heroin and other opioids between 2012 and 2017.

**Dr. Clark** I do not believe they have. It is my understanding that there are more prescriptions now than ever. Most of the data suggests there are more than enough prescriptions in circulation for every man, woman, and child in the state of Louisiana. It is possible that the data shows an increased use of the prescription-monitoring program; however, there are plenty of prescription opioids available, as well as illicit opioids.

**Editor** Can you elaborate on other treatment strategies for chronic pain?

**Dr. Clark** I am not a chronic pain specialist; therefore, the answer would be better from an expert in the specialty. However, I would anecdotally state that the use of opioids should be a treatment of last resort and only used in the most controlled environments. Other non-opioid treatments, such as therapy, massage, non-opioid drugs, acupuncture, ice packs, and “suck it up, buttercup” should be considered.

**Editor** How important are payors with regard to opioid usage?

**Dr. Clark** I believe they play an important role. Think about the simple concept of prescriptions in bulk. If an insurer gets a discount by mail ordering a prescription, and the patient receives a 90-day supply for a cheaper price, then this activity might be encouraged by the insurer. If the prescription is an opioid, then here comes a 90-day supply to the patient’s doorstep.

**Editor** How dangerous are opioids really? When are they the right decision?

**Dr. Clark** I believe they are incredibly dangerous for a lot of reasons. First, there has been very little quality research to suggest that they even work at all. The pharmaceutical companies pay for most of the studies; therefore, I question their bias. If you compare and contrast opioid studies to antibiotic studies, there is definitive evidence of antibiotics killing bacteria. However, there is only subjective evidence that the opioid even works based on the patient’s response. Furthermore, our inability to pick an addict out of a crowded patient waiting room further complicates the issue. It’s a minefield. As a prescriber, how do you know that the prescription you write will not lead

down the path of addiction? Why do some patients take one pill and can’t stand the way it makes them feel, and others absolutely fall in love with it? This is why limited prescriptions or responsible prescribing is so important. Opioids may be the right decision if all other treatment fails, and they are given and monitored under extreme scrutiny. Even then, I am unsure if they are the right decision.

**Editor** What else can you tell us about the opioid epidemic of Louisiana?

**Dr. Clark** Let’s talk solutions. It’s not fair to tell this apocalyptic story and not offer the readers a solution. I believe the solution has three parts, and they must all be accomplished or the epidemic will not end.

1. Responsible prescribing to prevent new addictions from taking place
2. Treatment, both medical and psychological, of the current population of addicts through the use of Medically Assisted Treatment (MAT) and Cognitive Behavioral Therapy (CBT)
3. The war on illicit opioids such as heroin, fentanyl, and car-fentanyl. ■

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# Healthcare Briefs

## Louisiana First Lady Donna Edwards, United Health Foundation, Whole Kids Foundation Award 16 Garden Grants

*Story next page*



Pictured, L-R: Grant recipient Christy Kane, Encore Academy-New Orleans; Nona Evans, president and executive director of Whole Kids Foundation; Louisiana First Lady Donna Edwards; Devon Turner, executive director Grow Dat Youth Farm; grant recipient Rene Merino, Encore Academy-New Orleans; and Dr. Julie Morial, chief medical officer of UnitedHealthcare Community Plan of Louisiana.

## Louisiana First Lady Donna Edwards, United Health Foundation, Whole Kids Foundation Award 16 Garden Grants

Louisiana First lady Donna Edwards joined United Health Foundation and Whole Kids Foundation to award 16 grants totaling \$40,000 to Louisiana schools and youth organizations.

Each grant recipient will receive a grant to build or expand existing vegetable gardens, salad bars, or beehives, and provide educational resources about agriculture, caring for the environment, and maintaining healthy lifestyles. The grants are being provided by a partnership between United Health Foundation and Whole Kids Foundation to address hunger and support nutrition education.

Grant recipients include:

- Rapides Exploratory Education House, Inc. in Alexandria
- Berchmans Academy of the Sacred Heart in Grand Coteau
- Shady Grove Elementary in Monroe
- Bayou Vista Elementary School in Morgan City
- Livingston Collegiate (part of Collegiate Academies network) in New Orleans
- Encore Academy in New Orleans
- Mary D. Coghill Charter School in New Orleans
- Fannie C. Williams Charter School in New Orleans
- Dolores T. Aaron Academy in New Orleans
- Audubon Nature Institute, Inc. in New Orleans
- Little Pearl Elementary School in Pearl River
- Ruston Elementary School in Ruston
- Saint Martin Parish Schools/St. Martinville Primary School in St. Martinville
- Evangeline Parish School Board in Ville Platte
- Live Oak Middle School in Watson

"Nourishing minds and bodies is critical to helping children succeed in school," said Edwards. "Research shows that eating a healthy breakfast and lunch improves student attendance, discipline, and academic performance."

Edwards, UnitedHealthcare Community Plan of Louisiana Chief Medical Officer Dr. Julie Morial, Whole Kids Foundation President and Executive Director Nona Evans, Grow Dat Youth Farm Executive Director Devon Turner, and other education and health care leaders hosted a discussion about health challenges facing their communities.



J. Michael Conerly, MD (l) succeeds retiring Thomas H. Grimstad (r) as president and CEO of LAMMICO.

They gathered at the Grow Dat Youth Farm in New Orleans, a grant recipient, where Grow Dat Youth Leaders led guests on a Walk and Talk around the farm.

"Magic happens when a child plants a seed that grows into something natural and healthy to eat," Evans said. "These grants will help give many children the opportunity to grow their own nutritious food, and this experience will shape healthy eating choices for the rest of their lives."

Studies show school gardening, combined with a healthy lunch program or nutrition education, encourages healthier food choices. Children are also more likely to eat fruits and vegetables they have grown themselves.

According to America's Health Rankings, more than a third of Louisiana children ages 10–17 are overweight or obese. This is higher than the national average of 31 percent.

"These schools and organizations are creating a positive environment where young people can make healthy choices that will sustain them for a lifetime," said Dr. Morial. "On behalf of United Health Foundation, we are grateful for the opportunity to be a part of this initiative to give students the tools they need to succeed and become healthy, productive adults."

## LAMMICO CEO Thomas H. Grimstad, MD Announces Retirement

After more than 20 years with LAMMICO, Thomas H. Grimstad, MD, has announced his retirement as LAMMICO president and CEO, effective March 1, 2019.

The board of directors has elected LAMMICO's current board chairman, J. Michael Conerly, MD, to succeed Dr. Grimstad as president and CEO.

Grimstad joined LAMMICO as a member of the Risk Management Committee in 1995 and was elected to the board of directors in 1998. He has also served on the Claims Committee and was appointed senior vice president of the Underwriting Committee in 1999. He served in that capacity until October of 2005, when he became the senior vice president of LAMMICO's Underwriting Department. In January of 2008, Grimstad was named LAMMICO's president and CEO.

Conerly is a long-standing member of LAMMICO leadership, having served as a member of the Executive, Marketing, Underwriting & Joint Risk Assessment, Governance and Audit Committees over the last 20 years. He was elected to his current role as chairman of the board of directors in 2011.



Perry Gardner Rigby, MD

Drs. Grimstad and Conerly will work closely together in the coming months through an established transition plan to ensure a smooth change in leadership. Upon his retirement, Grimstad will remain a member of the LAMMICO Board of Directors.

### **Dr. Perry Rigby, Former LSU Health Chancellor, Passes Away at 85**

Following a brief illness, Perry Gardner Rigby, MD, who led LSU Medical Centers New Orleans and Shreveport campuses as chancellor from 1985–94, passed away at his home on May 10 at the age of 85.

During his tenure as chancellor, the Shreveport campus was under the administration of LSU Medical Center, now LSU Health Sciences Center New Orleans.

After stepping down as chancellor, Dr. Rigby served as director of Health Care Systems and professor of medicine at LSU Health New Orleans School of Medicine. He taught and mentored students, residents, and fellows until his death.

He was also chairman of the State of Louisiana's Medical Education Commission and was considered to be a national expert in medical education, graduate medical education, physician demand and supply, and academic health centers during the turbulence of healthcare reform, and beyond.

During his tenure at LSU Health, Dr. Rigby filled a number of other leadership roles. In New Orleans, he was an associate director, as well as a director, of the Hematology/Oncology Fellowship Program. In Shreveport, he was an associate dean, acting dean, and then dean of the School

of Medicine, as well as chairman of the clinical board. During his time in Shreveport, he also chaired the dean's committee for the VA Hospital.

"Dr. Rigby played a key role in helping LSU Health grow to achieve national prominence," noted Larry Hollier, MD, chancellor of LSU Health New Orleans. "With his quiet, unassuming leadership style, he positioned the institution as a pioneer of innovation, promoting research synergy and productivity by pairing basic science with clinical practice, through the development of centers of excellence."

Perhaps the legacy closest to his heart will be the students, residents, and fellows whom he taught and mentored.

"He loved to teach," said Dr. Donna Ryan, professor emerita of medicine at LSU's Pennington Biomedical Research Center in Baton Rouge, and former acting chancellor and vice chancellor at LSU Health New Orleans. "Nothing made him happier than going around with medical students and residents to see the patients and talk to them and teach the residents how to work up the patients who had blood disorders."

A native of East Liverpool, Ohio, Dr. Rigby served as dean of the University of Nebraska's School of Medicine before being recruited to LSU School of Medicine in Shreveport;

He received his undergraduate degree, summa cum laude, at Mount Union College in 1953 and MD at Case Western Reserve University School of Medicine in 1957. He completed his internal medicine residency at the University of Virginia and a fellowship in hematology at Boston University. He was selected as a Markle Foundation Scholar in Academic Medicine (1966) leading to, among other things, consulting for the World Health Organization in Kabul, Afghanistan.

Dr. Rigby was also a veteran of the armed forces, first serving in the United States Army Reserve, and then on active duty as a US Army Captain and chief of the Department of Hematology at the William Beaumont General Hospital in El Paso, Texas.

In 1976, Dr. Rigby received an honorary DSc from the University of Mount Union. He has received numerous other awards throughout his career, including a Mentor of the Year Award by The Southern Society for Clinical Investigation in 2017. Also in 2017, Marquis Who's Who, the

world's premier publisher of biographical profiles, presented Dr. Rigby with the Albert Nelson Marquis Lifetime Achievement Award. He was also honored as a laureate by the American College of Physicians in 2015, and received a Silver Anniversary Leadership Award granted by the College of Allied Health Professions at the University of Nebraska Medical Center in 1997. In 1987, Dr. Rigby received the Distinguished Alumni Award from Case Western Reserve University.

Dr. Rigby was a diplomate of the American Board of Internal Medicine, a fellow of the American College of Physicians, a longstanding member of the American Federation of Clinical Research, a fellow of the Royal Society of Medicine, and a member of the American Medical Association for the Advancement of Science and the Southern Society of Clinical Investigation. He was inducted into Sigma Xi and Alpha Omega Alpha. He authored and co-authored nearly 200 articles and abstracts.

An avid tennis player, Perry Rigby was also civically active.

"Dr. Rigby was a highly respected teacher, scientist, and clinician, who served LSU in a variety of important leadership positions over the years," said Joseph Moerschbaeche, PhD, vice chancellor for Academic Affairs and Dean of the School of Graduate Studies at LSU Health New Orleans. "He leaves a proud legacy as a dedicated academician."

He is survived by his wife, Barbara Commander Rigby; three sons, Peter and Matthew Rigby, both of Richmond, Virginia, and Thomas Rigby of Alexandria, Virginia; a daughter, Martha Rigby Nelson of Middletown, Iowa; and 10 grandchildren.

### **Clinicians Participate in Child-Parent Psychotherapy Learning Collaborative**

Thirty-five licensed mental health professionals (LMHPs) across the state have been awarded an invitation to participate in the 2018–2019 Child-Parent Psychotherapy (CPP) Learning Collaborative. CPP is a trauma-informed, evidence-based, and relationship-based therapeutic treatment for children ages birth–6 who have early trauma history and/or are experiencing emotional, behavioral, attachment, and/or mental health problems. Upon completion of the training, these clinicians



Steven L. Higgs



Michael P. Smith



Akiko Barrow

will be eligible for inclusion on the national roster of trained CPP providers and will receive 19.5 continuing education credits (CEUs) from the National Association of Social Workers-Louisiana.

"There is a shortage of clinicians trained to provide CPP services in Louisiana, and we appreciate these providers for their commitment to closing that gap. This training represents a prestigious opportunity for these clinicians to advance professionally, and we look forward to partnering with them to bring evidence-based CPP services to the children of our state," said Richard Dalton, MD, behavioral health medical director for Louisiana Healthcare Connections.

LMHPs who have been accepted into the program include:

From Baton Rouge—Shawn Joseph, Peak Behavioral Health; Yolanda Lowery, Adolescent and Family Counseling Services; and Brittany Santora, Red Stick Pediatrics.

From Chalmette—Rebecca Callaway, Adam D'Arensbourg, Michelle Hebert, and Charles Strong, The Guidance Center.

From DeRidder—Sarakay Reid, Beauregard Behavioral Health Clinic

From Gretna—Kimberly Andres, The First Step Youth and Family Services; Elaine Lane, Elaine J. Lane, LPC; and Yelitza Gray, Family Affairs Counseling Agency

From Houma—Anastasia Arceneaux, South Central Louisiana Human Service Authority

From Metairie—Shonell Dillon, Dillon Counseling Services

From Monroe—Carolyn Bruce, River City Professional Counseling Services; and Alisa Turner, Transitions Counseling & Development Center

From Morgan City—Jamie Huffman and Brandie Levy, St. Mary Behavioral Health Center

From New Orleans—Angela Breidenstine, Tulane Dept. of Child and Adolescent Psychology; Anice Butler, Community Care Solutions; Elizabeth LeCorgne, Children's Bureau of New Orleans; Dionne Parker-George, Inspiring Hope; Natasha Pena, Enhanced Destiny Services; and Renee Woods, Community Therapeutic Services

From Plaquemine—Dymphna Landry, The Village Life Center

From Raceland—Emily Callais, Lafourche Behavioral Health Center; Leighanna Fulton, Wrap Around Services of Raceland; and Henry Mitchell, South Central Louisiana Human Services Authority

From Shreveport—Kristal Chambers, Assured Behavioral Concepts; Ashley Enders Clinger, Clinger Family Counseling Services; E. Mary Cone, Superior Counseling Services; Marzett Harris, Family Services Unlimited; Reneka Hayes, Metropolitan Circles; and Lisa Malham, Seedlinks Behavior Management

From Thibodaux—Dawn Chadwick, Strategic Interventions; and Megan Jackson Warren, Magnolia Family Services, LLC

## Louisiana Healthcare Connections Expands Leadership Team

Louisiana Healthcare Connections, the state's largest Medicaid health plan with more than 475,000 members and offices in Baton Rouge, New Orleans, Covington, and Lafayette, has added three individuals to its leadership team.

Steven L. Higgs has been named the vice president of network development and contracting. Formerly of Chattanooga, Tennessee, Higgs holds a Bachelor's in Business Administration from the University of Montevallo in Alabama, and an MBA from the University of Tennessee. An avid volunteer for diabetes and multiple sclerosis-focused organizations, he has also worked with Tennessee's Breast Cancer Foundation and the Lance Armstrong Foundation. Higgs leads all aspects of provider network and contracting strategies, including incentive-based contracting, process improvement, and network operations.

Michael P. Smith has been named the vice president of product development. A New Orleans native, Smith holds a Master's in Management with healthcare concentration from Troy University, and a BBA in Finance from Loyola University. He brings more than 20 years of experience in managed care and healthcare operations to Louisiana Healthcare Connections. Smith has oversight responsibility for products and programs designed to support the further growth of Louisiana Healthcare Connections, and represents the organization in relationships with key stakeholders related to product development.

Akiko Barrow has been named the director of provider network performance. With more than 12 years of experience in provider relations, including six with Louisiana Healthcare Connections, Barrow holds a BBA from the University of Louisiana at Lafayette. She has a leadership role in the development and implementation of programs and resources to support providers in delivering quality, cost-effective care. She is a member of the American Academy of Professional Coders, Mewelde Moore's Knowledge First Foundation, and Alpha Kappa Alpha Sorority, Inc.

## New Orleans Company Chosen as Innovation Accelerator by Dept. of HHS

New Orleans BioInnovation Center has been selected as one of eight accelerators in the nation by the U.S. Department of Health and Human Services (HHS) to drive innovation in lifesaving medical technologies that solve challenging problems spanning modern health security threats and daily medical care.

"Accelerators are part of a new business-friendly

approach," said Deputy Secretary for Health and Human Services Eric Hargan. "This approach will help startups and other businesses shape the next generation of lifesaving technology and transform health security. That innovation is crucial to protecting Americans and saving lives."

Accelerators will scout out innovative technologies and products that can be developed to solve healthcare challenges that extend beyond traditional vaccine and drug development. One of the first challenging problems is the need for earlier detection of infection, creating technology that can alert people when they have been infected with a bacteria or virus even before they begin to feel sick. The second is the urgent need to solve sepsis, the body's life-threatening response to infection or traumatic injury.

Sepsis is a top cause of hospitalization in America, leads to 250,000 deaths annually, and costs approximately \$24 billion a year to treat. The number of sepsis cases could skyrocket after a bioterrorism attack or pandemic. A new HHS unit called DRiVe—part of the Biomedical Advanced Research and Development Authority (BARDA) at the HHS Office of the Assistant Secretary for Preparedness and Response—will oversee the accelerator network, and is recruiting a nonprofit partner that can work with private investors to fund innovative technologies and products to solve these and other systemic health security challenges.

DRiVe also can invest in the projects using quick, streamlined funding methods. To assist startups and other businesses in developing their technologies and products, accelerators will connect them with essential product development and business support services. This support could position innovative technologies and products for follow-on investment from the public or private sectors.

"At a time when artificial intelligence and personalized medicine are not just conceivable but attainable, the time is uniquely now to solve some of the most daunting, far-reaching health security problems," said Rick Bright, BARDA director. Bright added that with the accelerators, startups and other businesses have a new pathway to bring ideas together, nurture them with experienced partners, and direct them to BARDA's experts who have demonstrated success

in partnering with private industry to take new ideas to regulatory approval. New Orleans Bio-Innovation Center received approximately \$88,000 as a DRiVe grant to serve as an accelerator. Other accelerators include First Flight Venture Center (Research Triangle Park, North Carolina), MedTech Innovator (Los Angeles), SUNY Research Foundation (Stony Brook, New York), Texas Medical Center Innovation Institute (Houston), University City Science Center (Philadelphia), Massachusetts Medical Device Development Center (Lowell), and Life Science Washington Institute (Seattle).

### **New Guidelines Recommend Earlier Colorectal Cancer Screening**

New guidelines developed by the American Cancer Society (ACS) recommend that screening for colorectal cancer for average-risk adults begin at age 45, five years earlier than the previous recommendation. The guideline update, published as an Early View paper in *CA: A Cancer Journal for Clinicians*, was co-authored by Elizabeth, T. H. Fontham, DrPH, emeritus professor and founding dean of LSU Health New Orleans School of Public Health and co-chair of the American Cancer Society's Screening Guideline Development Group.

The recommendations are based in part on research that found an increased incidence of colorectal cancer in younger adults. Among adults younger than 55 years, there was a 51 percent increase in the incidence of colorectal cancer (CRC) from 1994 to 2014 and an 11 percent increase in deaths 2005 to 2015. The authors reported that colorectal cancer incidence has declined steadily over the past two decades in people 55 and older, partly due to screening that result in the removal of polyps. A recent analysis found that adults born around 1990 have twice the risk of colon cancer and four times the risk of rectal cancer compared with adults born around 1950, who have the lowest risk. Studies suggest that the increased risk for younger people will remain as they age.

Colorectal cancer is the fourth most commonly diagnosed cancer. It is the second leading cause of cancer deaths. When detected and treated early, the five-year survival rate is near 70 percent.

"The options for colorectal cancer screening are

fecal immunochemical test annually; high-sensitivity, guaiac-based fecal occult blood test annually; multitarget stool DNA test every three years; colonoscopy every 10 years; computed tomography colonography every five years; and flexible sigmoidoscopy every five years," said Dr. Fontham. "It is important to note that all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy."

The Guideline Committee also developed new materials to facilitate conversations between clinicians and patients to help patients decide which test is best for them.

"Given the evidence that adults vary in their test preferences, we believe that screening rates could be improved by endorsing the full range of tests without preference. People should have a conversation with their physicians to decide which type of screening is best for them," Fontham added.

The guidelines recommended in the paper focus on people at average risk. Those at high risk for colorectal cancer, including those with a family history, a personal history of inflammatory bowel disease, or polyps diagnosed before age 60, should discuss their risk and appropriate screening with their physicians.

The authors conclude, "The ACS recommends that all U.S. adults at average risk of CRC undergo regular screening with any of the six options outlined in this guideline, beginning at age 45 years. Adults in good health should continue screening until age 75 years, beyond which the decision to continue screening should be individualized based on patient preferences, health status, life expectancy, and screening history. Ascribing to the adage that the best CRC screening test is the one that gets done, and done well, the ACS recommends that patients initiating screening or previously non-adherent with screening be offered a choice of tests based on the availability of high-quality options. It is our hope that widespread adoption of this guideline will have a major impact on the incidence, suffering, and mortality caused by CRC."

The Guideline Development Subgroup for this new guideline was led by Dr. Andrew Wolfe, MD, University of Virginia School of Medicine. Co-authors also include faculty from University of Minnesota, Emory University School of Medicine,



Althea Jones, PT

University of Pennsylvania Medical Center, University of Washington, Duke Center for Onco-Primary Care, University of Texas MD Anderson Cancer Center, University of California San Francisco, and researchers from divisions of the American Cancer Society.

## Moreau PT Opens Second Location in New Orleans

Moreau Physical Therapy announced the acquisition of Xtreme Physical Therapy New Orleans East. The clinical and support team at this location will remain in place; patients will continue to receive the same excellent and consistent care they have enjoyed, with expanded services in the future.

Althea Jones, PT, will serve as the clinical director. She has 20 years of experience, and specializes in the treatment of orthopedic injuries, including rehabilitation of the total joint, manual therapy, and dry needling.

Moreau Physical Therapy has locations in Baton Rouge, Central, Lafayette, New Orleans, Opelousas, Plaquemine, Prairieville, and Port Barre.

Moreau PT is an outpatient rehabilitation provider, specializing in physical therapy, occupational therapy, speech therapy, and physical medicine.

## LSU Health NO's Mikal Giancola, MPH, to Lead National Council

Mikal Giancola, MPH, manager of the Comprehensive Cancer Program of the Louisiana Cancer Prevention and Control Programs at LSU Health New Orleans School of Public Health, has been elected chair of the National Association of

Chronic Disease Directors Cancer Council. He will serve a three-year term.

The National Association of Chronic Disease Directors (NACDD) is a nonprofit public health organization committed to serving chronic disease program directors of each state and United States jurisdiction. Since its founding, NACDD has been a national leader in mobilizing efforts to reduce chronic diseases and their associated risk factors through state and community-based prevention strategies. Its councils address the unique prevention and control efforts of specific chronic diseases while advancing the professional development of chronic disease staff with common program interests. NACDD's Cancer Council is composed of program directors and managers of CDC-funded Comprehensive Cancer Control Programs in each state, territory, and tribe.

Giancola, known as "Mack," began working in public health in Louisiana in 2007, initially for the Office of Public Health. At LSU Health New Orleans School of Public Health, he is also the statewide co-chair of the Louisiana Healthy Communities Coalitions. His interests include cancer survivorship and palliative care, the social determinants of health, implementation research, and leadership in public health. He graduated from Tulane University School of Public Health and Tropical Medicine with a Master's in Public Health from the Health Systems Management department in 2011. He is currently pursuing his doctor of public health degree.

## UnitedHealthcare, LCMC Health System to Offer NexusACO Health Plan

LCMC Health System is participating in UnitedHealthcare's NexusACO™ health plan, a health benefits option that offers plan participants high-performing care providers who have proven results for delivering quality and efficient care, resulting in lower costs and better health outcomes.

The NexusACO plan will be available to employers in Louisiana with fully-insured and self-funded UnitedHealthcare benefit plans during this fall's open-enrollment period, with coverage beginning January 1, 2019.

NexusACO includes a network of physicians and facilities, including LCMC Health, associated



Mikal Giancola, MPH

with local Total Cost of Care initiatives. These include organized groups of physicians, hospitals, and other care providers working together to coordinate patient care, and participating in incentive programs to improve quality standards and more efficient care.

UnitedHealthcare's NexusACO will offer lower premiums and cost for employers, while giving employees access to high-quality LCMC Health providers who will improve the coordination of their care and lower out-of-pocket costs. UnitedHealthcare's collaboration with LCMC Health includes sharing timely information about emergency room visits, hospital admissions, and other care received outside the doctor's office.

NexusACO delivers value to consumers and employers through three key features:

Better care coordination—NexusACO plan participants will partner with an LCMC Health primary care physician (PCP), a trusted medical resource who helps patients navigate the health care system, including specialists, hospitals, and other care providers. These physicians can identify care opportunities that might otherwise be missed.

Promotes better health outcomes—NexusACO provides access to care providers who proactively engage their patients more frequently, ensuring at-risk patients receive timely, appropriate health screenings, and helping people manage chronic diseases such as diabetes, heart disease, and arthritis.

Lower costs for high-quality health care—Employers who choose NexusACO may achieve savings on overall healthcare costs. These savings come from the plan's emphasis on encouraging



employees to use in-network Tier 1 care providers to coordinate their care.

"Louisiana employers want their employees to be able to choose high-performing physicians who have a proven track record of improving patients' health," said Joe Ochipinti, CEO of UnitedHealthcare-Gulf States Region. "NexusACO addresses this need, while simplifying coordinated care. We welcome the opportunity to work with LCMC Health to offer plan participants a more satisfying overall experience at a great value."

"By participating in UnitedHealthcare's NexusACO, LCMC Health physicians and care teams can provide better health results for more people in our community," said Gregory Feirn, CEO of LCMC Health. "We're committed to coordinating patient care to identify health conditions early, providing timely care for chronic diseases and promoting healthy lifestyles, and avoiding duplicative or unnecessary tests."

More than 15 million people enrolled in UnitedHealthcare plans across the country have access to a spectrum of accountable care programs, delivered in part through more than 1,000 accountable care arrangements nationwide, as the organization engages in deeper, more collaborative relationships with physicians and hospitals.

Care providers nationwide are showing strong interest in a shift to value-based care. UnitedHealthcare's total payments to physicians and hospitals that are tied to value-based arrangements have tripled in the last three years to more than \$64 billion. By the end of 2020, UnitedHealthcare expects that figure to reach \$75 billion.

## **New Report on Senior Health Shows Rural Health Disparities Persist, Suicide Rates Are Up**

A new report benchmarking the health of seniors in America finds poorer health outcomes for rural senior citizens, compared with their urban and suburban peers, and increased national suicide rates. An analysis within the report also highlights the risk of social isolation and its association with poor health for seniors.

The 2018 United Health Foundation's America's Health Rankings® Senior Report provides the

latest check-up on the health and well-being of the nation's seniors. Using 34 measures of senior health, the report highlights successes and challenges this population faces on a national and state-by-state basis.

Key findings across states show that rural seniors are:

- More likely to be physically inactive (34.3 percent compared to 30.4 percent in suburban and 30.1 percent in urban areas).
- More likely to report a fall (32.4 percent compared to 28.5 percent in suburban areas and 29.5 percent in urban areas).
- Seven percent less likely to report receiving a flu vaccination than urban seniors (57.2 percent vs. 61.4 percent, respectively).
- Less likely to receive health screenings compared with both suburban and urban seniors (66.4 percent vs. 74.3 percent and 75.3 percent, respectively).

Additional key findings of the report, which benchmarks the overall health of seniors in Louisiana, include:

- The suicide rate among Louisiana seniors decreased 1.1 percent from 18.5 to 18.3 deaths per 100,000 adults aged 65+ since the 2017 edition of the Senior Report.
- Food insecurity among Louisiana seniors decreased 1.3 percent in the past year from 23.7 percent to 23.4 percent.
- The number of home healthcare workers in Louisiana decreased 3.4 percent from 159.7 to 154.3 since 2013 (per 1,000 adults age 75 and older).
- Nursing home quality\* increased 17 percent since 2017 from 27 percent to 31.6 percent (\*percentage of beds rated four or five-stars)

Another key finding of the report is the national suicide rate among seniors has increased 12 percent since the 2014 edition of the Senior Report. Wyoming, New Mexico, and Utah have seen the largest increases. There is variability among states, with the rate 3.9 times higher in Nevada than in Massachusetts (32.3 deaths per 100,000 vs. 8.3 deaths per 100,000).

The report also features a new analysis that measures and identifies locations where seniors are most at risk for social isolation. It builds on the AARP Foundation's Isolation Framework Project and supporting literature. Social isolation risk among seniors is highest in Mississippi and

Louisiana, and is lowest in Utah and New Hampshire. Contributing factors include divorce, separation and widowhood, never having married, poverty, disability, difficulty living independently, and living alone.

Each year, America's Health Rankings determines the healthiest states for seniors:

- Utah (No. 1), followed by Hawaii (No. 2), New Hampshire (No. 3), Minnesota (No. 4), and Colorado (No. 5). All these states ranked in the top five in 2017.

- Louisiana has the most challenges at No. 50, followed by Mississippi (No. 49), Kentucky (No. 48), Arkansas (No. 47), and Oklahoma (No. 46).

"It is our goal with this report to help seniors, family caregivers, and advocates better understand the specific health concerns in their own communities so we can all work together to address them," said Rhonda Randall, DO, senior adviser to the United Health Foundation and chief medical officer and executive vice president, UnitedHealthcare Retiree Solutions. "By examining the differences in health between seniors living in rural areas and those living in urban and suburban areas, for example, we believe we can empower communities to help seniors access the resources and services they need to live happier, healthier lives."

## **Ochsner: What to Expect When You're Expecting During Hurricane Season**

With hurricane season upon us, pregnant women and families with small children need to take extra precautions to ensure that things go smoothly, whether evacuating or staying in place. This can be a scary thought, but making preparations now can spare a new mother from unnecessary worry during power outages and storm recovery later.

In order to help prevent any stress that may occur down the road, try some of these helpful tips in order to have an evacuation plan already in place, should a need arise.

Create a family communication action plan so everyone is clear about what needs to take place before and during evacuation.

It is also highly recommended to plan an alternate birth location in the event of road problems or evacuation, especially if it's close to the delivery

date, or if the pregnancy is considered high-risk. Communicate with your doctor's office to let them know where you will be, and discuss whether it is safe for you to leave prior to the storm.

As part of your evacuation checklist, include the following items:

- Copy of the prenatal care record and immunizations
- Two weeks of medications, including prenatal vitamins and prescriptions
- Phone numbers and locations for local obstetricians and midwives, in the event you cannot reach your regular provider during evacuation
- Your birth bag

Go to [www.acog.org](http://www.acog.org) and find an OB/GYN in other areas of the state or country if you know where you are headed.

If seeking help at a shelter, immediately notify them of your pregnancy and get information about the location of hospitals in the area.

Floodwaters after a storm may carry all forms of infectious agents and toxic chemicals, which can harm both mom and baby. If you are in a flood-prone area, it's probably a good idea to fall back on your plan and evacuate so you avoid being put in such a situation.

Know the signs of preterm labor and contact help as soon as possible if you experience any of the following:

- Contractions every 10 minutes or more
- Leaking vaginal fluid or bleeding
- Feeling that baby is pushing down
- Low, dull backache
- Abdominal cramps

Remember, hurricanes do not directly cause labor to happen. Labor is expected anytime between 37 and 42 weeks, and should be planned for accordingly. Stress is a major factor in preterm labor, but early preparation and planning will help reduce stress levels.

### Feeding your baby

It's important to create a food hurricane kit for the entire family that can either be used at home or during a car ride to safer ground.

Make sure mom has enough high-protein snacks and clean drinking water to prevent dehydration.

For babies less than six months old, breast milk is the sole source of recommended nutrition. It's also always available and sterile. Therefore, try



Bruce D. Greenstein

to remember to pack a battery operated quality pump or hand pump, clean storage bottles or bags, and a method of freezing or cold storage.

Pumped milk will last about eight days refrigerated; previously frozen milk will last about 24 hours in the fridge. Pack at least three full days and nights worth of pre-washed bottles, nipples, and formula.

### Bruce D. Greenstein Joins LHC Group as Chief Innovation & Technology Officer

LHC Group, Inc. (the Company or LHC Group) (NASDAQ: LHCG) announced that Bruce D. Greenstein, U.S. Health and Human Services (HHS) chief technology officer, is leaving Washington and returning to Louisiana to lead innovation at LHC Group as chief innovation & technology officer. Greenstein brings an extensive healthcare industry background in both government and the private sector. Greenstein was also a cabinet member in Louisiana, serving as secretary of the Department of Health and Hospitals.

"Bruce is internationally recognized as a respected leader and innovator in the healthcare industry—a combination which makes him a perfect addition to our management team today as LHC Group continues leading the way in a growth industry," said Keith G. Myers, LHC Group's chairman and CEO. "He will lead our enhanced emphasis on innovation and technology to improve the efficiency and effectiveness of healthcare services. Bruce will also play a key role in the development of value-based models for our core business and additional business lines, as well as new arrangements with our managed

care partners."

Last month, LHC Group completed its merger with Almost Family, Inc., creating one of the largest in-home healthcare providers in the country, with an expanded geographic service territory of 37 states, covering over 60 percent of the U.S. population aged 65 and over.

### Heart & Soul Gala to Fund Research for Heart Disease

The American Heart Association hosted the 2018 Heart & Soul Gala chaired by Vicky and Peter Sperling, Partner, Frilot, LLC. The event was held at the Hyatt Regency New Orleans on Loyola Avenue.

Funds raised at the Heart & Soul Gala will help the American Heart Association to continue the fight against cardiovascular diseases and defects—the #1 killer in the state of Louisiana and in the country. Heart disease is the #1 killer of both men and women in our country, and heart defects are the #1 killer of children. Louisiana continues to be one of the least healthy states in the nation, whose residents are among the most obese and least physically active in the country. The American Heart Association funds research and educational programs both locally and nationally to lower these numbers.

Funds raised through the Heart & Soul Gala are invested back into the New Orleans community through educational outreach programs, CPR training and certification, placement of automated external defibrillators, and funding for groundbreaking medical research.

This year alone, the American Heart Association invested more than \$2.7 million into rebuilding research here in New Orleans at such institutions as Louisiana State University, Ochsner, and Tulane.

### World No Tobacco Day Promotes Smoking Cessation

World No Tobacco Day (WNTD) is an annual program of the World Health Organization (WHO) which highlights the health risks associated with tobacco use, and advocates for effective policies to reduce tobacco consumption. The focus of this year's World No Tobacco Day was Tobacco and Heart Disease.

The 2018 campaign was designed to increase



Christian Wild



Shakeela Polite

awareness about the link between tobacco and heart and other cardiovascular diseases, including stroke, which combined are the world's leading causes of death.

In recognition of World No Tobacco Day 2018, the Smoking Cessation Trust is encouraging Louisiana smokers (22.8 percent according to the United Health Foundation's 2017 America's Health Rankings® Report) to take this opportunity to eliminate tobacco from their lives.

Tobacco use is the leading cause of preventable death in the United States, imposing a toll in health, lives, and dollars on families, businesses, and government. Tobacco kills 480,000 people annually—more than AIDS, alcohol, car accidents, illegal drugs, murders, and suicides combined. Annually, tobacco costs Louisiana \$1.89 billion in healthcare expenditures and \$2.49 billion in lost productivity.

"With the tobacco industry now admitting publicly that there is a definitive link between smoking and heart disease, we can confidently say that the cessation services we provide at no charge to eligible Louisiana residents are successfully helping people to completely eliminate the harmful effects of smoking cigarettes from their lives," said Mike Rogers, CEO of the Smoking Cessation Trust Management Services ("SCTMS").

To date, Smoking Cessation Trust has reached more than 90,000 Louisianans with the message that quitting now is one of the best things they can do for their health, their families, and their wallets.

For more information, or to apply for the free products and services provided by the trust, visit [www.smokefreela.org](http://www.smokefreela.org), or call locally at (504)

529-5665 or toll-free at (855) 259-6346.

### **Cardiovascular Institute of the South Opens Virtual Care Center**

Cardiovascular Institute of the South (CIS) recently held a ribbon cutting for its first-of-its-kind cardiology Virtual Care Center.

CIS Virtual Care Center will serve as the hub for unique programs at CIS such as:

**Telecardiology:** CIS telecardiologists provide consultations in the emergency room and on the department floor, improving access to care for patients.

**OMS C3:** OMS C3 allows a CIS provider to connect with patients via non-face-to-face visits such as phone calls, emails, text messages, and videos to help patients monitor their chronic conditions.

**CIS night call program:** A centralized night-call program staffed by three full-time nurse practitioners who rotate 6 p.m.–6 a.m. shifts.

**Cardio@Home Remote Patient Monitoring:** Cardio@Home utilizes state-of-the-art technology to remotely monitor patients at home, providing consistent, continual care when needed—reducing risk of readmissions.

CIS's Virtual Care Center will enhance care options for patients by providing state-of-the-art technology, increasing access to care, improving outcomes, and enhancing communication between patients and providers. The VCC team is comprised of five nurse practitioners, 18 LPNs, an RN, six telemetry techs, three chronic care navigators and a practice administrator.

The center is located at Cardiovascular Institute of the South, 2730 Ambassador Caffery Parkway, in Lafayette, on the second floor.

### **Christian Wild Honored as Acadian Ambulance Orleans Paramedic of the Year**

Metairie native Christian Wild was selected as the Orleans regional Paramedic of the Year, and was a finalist for the overall Louisiana/Mississippi honor. The region spans Orleans, Jefferson, and St. Bernard parishes. Wild has been with Acadian for four years. He is a graduate of John Curtis Christian School.

A paramedic and associate quality improvement coordinator (QIC), Wild works out of the Gretna station. As an associate QIC, Wild assists with new-hire and ALS orientations. He serves as a preceptor for new paramedics and as an operations supervisor when needed.

Wild attended the University of New Orleans to pursue a degree in communications, but decided to shift focus to a career in EMS. He earned an EMT certification through Delgado Community College, and his paramedic certification through the National EMS Academy.

Operations Manager Josh Dupuis said of Wild, "Christian was nominated due to his high level of skill as a clinician and the professional way in which he carries himself. I entrust Christian with daily operations as a stand-in, on-duty supervisor during times of need. He is able to manage the challenge of a day shift in New Orleans in an efficient and organized manner, keeping the flow going without being hindered from the challenges of the day."

### **Shakeela Polite Honored as Acadian Ambulance Orleans EMT of the Year**

New Orleans native Shakeela Polite was selected as the Orleans regional EMT of the Year, and was a finalist for the overall Louisiana/Mississippi honor. The region spans Orleans, Jefferson, and St. Bernard parishes. She is a graduate of Joseph S. Clark High School and Nunez Community College.

Polite began her EMS career at Priority Ambulance, and joined the Acadian Ambulance team upon its acquisition of Priority. She has served many roles in the New Orleans operations area over the years, and is one of the area's most popular new-hire preceptors. She aspires to become a paramedic in the future.

Operations Manager Josh Dupuis said, “Sha-keela is an absolutely wonderful caregiver, who goes above and beyond for her patients. She is sincere in all she does, and she works extremely well with her partner.”

## American Lung Association in Louisiana Notes National Women’s Lung Health Week

The American Lung Association and its LUNG FORCE initiative turned Louisiana turquoise during National Women’s Lung Health Week (May 6–12) in support of those whose lives have been impacted by lung cancer. LUNG FORCE is uniting the nation to raise voices and make lung cancer—the leading cause of cancer deaths among women and men—a public health priority. Landmarks and communities across the nation will be illuminated in turquoise, the signature color of LUNG FORCE.

“Lung cancer has been in the shadows for far too long. When you think of cancers affecting women, most people don’t initially think of lung cancer, yet it’s the leading cancer killer of both women and men,” said American Lung Association Regional Director of Public Policy Ashley Lyerly. “We’re raising awareness about lung cancer through LUNG FORCE and during National Women’s Lung Health Week, and are proud to stand with those facing the disease.”

In Louisiana, an estimated 3,660 women and men will be diagnosed with lung cancer this year alone. Yet according to the Lung Health Barometer, only three percent of women consider lung cancer a top-of-mind health concern. The American Lung Association’s LUNG FORCE initiative—nationally presented by CVS Health—is seeking to change this.

During National Women’s Lung Health Week, the Lung Association is highlighting the experiences of LUNG FORCE Heroes, those whose lives have been impacted by lung cancer, including local Luling resident Ellen Siedel.

“After my mom was diagnosed with lung cancer, she sat me and my sister down and told us she wanted to fight, so we all did,” said Siedel. “My sister and I rallied behind her and helped advocate for her care. It changed the way we looked at everything. After we lost my mom, I made it a personal mission to do what I can to

make sure no other family has to experience this loss.”

Some facts about lung cancer include:

- Lung cancer accounts for only four percent of all American cancer survivors.
- An estimated 234,030 Americans will be diagnosed with lung cancer this year.
- Risk factors include smoking as well as exposure to radon gas, secondhand smoke, and air pollution. Genetic factors can play a role and sometimes the cause of lung cancer is not known.
- Early detection and treatment of lung cancer translates to higher survival rates, however only 18 percent of lung cancer cases among women are diagnosed early, when the disease is more curable.

During National Women’s Lung Health Week, the American Lung Association encourages everyone to get involved by wearing turquoise, turning their social media profiles turquoise, and donating at [LUNGFORCE.org](http://LUNGFORCE.org).

From May 6–26, CVS Pharmacy customers made donations of \$1, \$3, or more at the register to raise funds for lung cancer awareness, research, and education. The in-store fundraising campaign is part of Be The First, a five-year \$50 million initiative funded through CVS Health and the CVS Health Foundation to help deliver the nation’s first tobacco-free generation. Customers can visit [Lung.org/cvs](http://Lung.org/cvs) for easy ways to help their communities become tobacco-free and access discounts on quit smoking resources.

## LSU Health New Orleans to Graduate New Members of Healthcare Workforce

Students from LSU Health Sciences Center New Orleans’ six professional health schools graduated during its 144th Commencement on May 17 at the University of New Orleans Lakefront Arena.

Graduates included students from LSU Health New Orleans’ schools of allied health professions, nursing, public health, graduate studies, dentistry, and medicine. Dr. Larry H. Hollier, LSU Health New Orleans chancellor, presided over the ceremony. Dr. Rebekah Gee, secretary of the Louisiana Department of Health, delivered the commencement address.

Nearly 900 students completed degree

requirements this academic year. The vast majority of students—89 percent—are from 38 Louisiana parishes. Women comprise 70 percent of the class.

“LSU Health provides the health care professionals who take care of Louisiana’s citizens,” noted

Dr. Hollier. “As the most comprehensive health university in the state, our commencement addresses healthcare shortages by providing new members of the healthcare work force, research scientists whose discoveries may one day lead to cures, and new educators to prepare future generations of healthcare professionals for our state.”

## Lisa Moreno-Walton, MD, is First Female to Lead AAEM

Lisa Moreno-Walton, MD, FAAEM, professor of emergency medicine, director of research and director of diversity for the section of emergency medicine at LSU Health New Orleans School of Medicine, has been elected president-elect of the American Academy of Emergency Medicine (AAEM). She is the first female to hold the position. After serving a two-year term as president-elect, Moreno will serve a two-year term as president of the specialty society of emergency medicine, followed by a two-year term as past-president.

Moreno also serves as director of the Latino Scholars Program at LSU Health New Orleans School of Medicine, and director of viral testing at University Medical Center’s Department of Emergency Medicine.

During her years serving on the AAEM Board of Directors, she has focused on the development of women and underrepresented minorities in leadership positions. She holds degrees in medicine and clinical research and is a National Institutes of Health Research Scholar. She is the founder of the Academy for Diversity and Inclusion in Emergency Medicine (ADIEM), an academy of the Society of Academic Emergency Medicine (SAEM). Her multiple awards include the SAEM Martin Leadership Award, the Alpha Omega Alpha Medical Professionalism Award, the Council of Residency Directors in Emergency Medicine Distinguished Educator Award, and the ADIEM Outstanding Academician Award. Moreno also received the Association of American Medical Colleges

(AAMC) Healthcare Executive Diversity & Inclusion Certificate.

The recipient of many research grants, Moreno has also given more than 500 academic presentations and authored or co-authored 45 publications, including six book chapters. She is the author of the textbook, *Diversity and Inclusion in Quality Patient Care*. Her second textbook is in publication.

Moreno's research interests include HIV, violence prevention and treatment, diversity, and healthcare disparities. She participates in LSU Health New Orleans Summer Research Program, mentoring college students who aspire to careers in medicine towards the completion of basic research projects. She has mentored more than 300 students, residents, and junior faculty around the world towards successful careers in research and medicine.

As a global health consultant and educator, she has served in more than 20 countries with a focus on the development of research and elimination of healthcare disparities for women, underrepresented minorities, and those that are under-resourced.

## **Donation Supports LSU Health NO Usher Syndrome Research**

Jennifer J. Lentz, PhD, associate professor at LSU Health New Orleans Neuroscience Center of Excellence, has received a \$25,000 donation from the Ush One See Foundation to support her research to develop a new therapy for the treatment of vision loss associated with Usher syndrome.

"We are so grateful for the continued support from the Ush One See Foundation and the Louisiana community," said Dr. Lentz. "This support is critical to accelerate the development of new therapies for Usher syndrome in Louisiana."

The overall goal of Lentz's research is to understand how genetic changes cause Usher syndrome, and to develop a therapeutic approach to prevent or cure the deafness and blindness associated with Usher syndrome (Usher), the most common genetic cause of combined deafness and blindness. Her lab focuses on Usher syndrome type 1C (one of three clinical subtypes of Usher syndrome), which affects the Acadian populations of south Louisiana and

Canada. Approximately 2.5 percent of Usher is caused by mutations in the USH1C gene, which encodes the protein harmonin. The USH1C c.216G>A (216A) mutation accounts for nearly all cases of type 1 Usher in Acadian populations. Individuals with type 1 Usher, including type 1C, are born deaf, have difficulty with balance, and have retinitis pigmentosa (progressive blindness) that begins in early adolescence.

"We are so excited to have the opportunity to help Dr. Lentz further her pursuits in seeking the best chemistry for her ASO drug therapy," noted Erin Hebert, board member, Ush One See, Inc. "She and her laboratory are working diligently to hone and perfect this science in order to achieve a cure for Usher syndrome Type 1C which is so prevalent here in south Louisiana. Ush One See is so proud to be able to financially support these promising endeavors."

Ush One See was founded in May of 2016, in honor of Hunter Fauchaux, who was born on March 12, 2011 with Usher syndrome Type 1C. While raising awareness, Ush One See also raises funds to support research to help fund a cure for the vision loss aspect of Usher syndrome.

"The money was raised at our Second Annual Ush One See 5K/10K Race, which was held on September 16 of last year," said Elise Fauchaux, president of the Ush One See Foundation. "We had over 500 participants and hundreds more friends, family, and supporters from the Acadiana area present. We are excited to keep the momentum going again for our Third Annual Ush One See Race on September 22 at River Ranch Town Square. For more information, please visit [ushonesee.com](http://ushonesee.com) or our @ushonesee Facebook page."

## **LSU Health NO LA Tumor Registry Among 16 Funded by NCI SEER Program**

The Louisiana Tumor Registry (LTR) at LSU Health New Orleans School of Public Health has been awarded a one-year \$1.8 million contract by the National Cancer Institute (NCI) to continue its work as a SEER (Surveillance, Epidemiology, and End Results) Program-designated cancer registry. The award includes options for an additional nine years of funding for a total award of \$17,681,015, if all options are exercised. There are now 16 competitively awarded SEER cancer registries in the

United States.

"The SEER Program is one of the most authoritative sources of information on cancer incidence and survival in the United States," said Dr. Larry Hollier, chancellor of LSU Health New Orleans. "Continued designation recognizes the excellence of our Louisiana Tumor Registry and confirms the exceptionally high quality of its data."

NCI's SEER Program collects cancer incidence and survival data from population-based cancer registries. Quality control has been an integral part of SEER since its inception, and its data serves a critical role as a platform for research on emerging cancer issues, as well as health disparities, access to and quality of care, geographic determinants, and more.

"The SEER Program is one of NCI's most important data collection and dissemination activities," said Robert T. Croyle, PhD, director of NCI's Division of Cancer Control and Population Sciences. "In addition to providing essential information for tracking the nation's progress against cancer, SEER data and data analysis tools provide researchers with unique opportunities to explore and explain cancer trends. The impact of SEER on science, policy, and practice reflects both the quality of the data collected and the creative expertise of the many scientists who use it."

The primary function of a cancer registry is to record the occurrence of cancer in a population. As with all SEER registries, information collected by LTR includes demographic data, tumor characteristics (including cancer type, biomarkers, and stage of disease), treatment, and survival. Information on risk factors and causes is usually not available from the reporting sources. However, data from the registry often provides clues to be pursued in special research studies conducted by qualified scientists with external funding. The awards during the new funding period will broaden the type of research the LTR infrastructure can support by enabling the collection of more clinically relevant data to complement clinical trials, and basic and translational cancer research. ■

# Taking Aim at **Cancer** in Louisiana



L-R: Kristy Duffey, UnitedHealth Group Chief Clinical Officer and board member of United Health Foundation; Governor John Bel Edwards, Dr. Rebekah Gee, Secretary of the Louisiana Department of Health. United Health Foundation has provided a \$500,000 grant to the Louisiana Cancer Research Center to develop a coordinated strategy to improve care, patient support, and outcomes for the people of Louisiana. The Louisiana Department of Health will provide leadership support throughout this initiative.

LOUISIANA now has a statewide collaborative effort to address cancer in our state. Recently, I was joined by Governor John Bel Edwards, Kristy Duffey, UnitedHealth Group Chief Clinical Officer and board member of United Health Foundation, and many leaders in health care, business, government, and others to announce a focused initiative called Taking Aim at Cancer in Louisiana.

Louisiana has the fourth-worst cancer outcomes in the United States, with more than 175 people dying from cancer every week. Data also shows significant racial disparities across populations and regions of the state.

The goals of Taking Aim at Cancer in Louisiana include improving early detection, improving patient care and treatment, and ultimately helping cancer patients of all races and regions beat the disease. Additionally, the initiative places emphasis on the committed action that is needed from partners throughout the state to better align policies, programs, and practices among all who treat and diagnose cancer.

From screening, to accessing care and treatment, there are strategic efforts taking shape with doctors, hospitals, clinics, insurers, and others from across the state to improve quality of care, reduce costs, and increase survivorship. This effort is led by the Louisiana Department of Health. It brings together our state's leading cancer experts.

This collaborative effort is important for patients, families, and our entire state, as it will work to reduce disparities in care across populations, and improve standards of care.

As part of the initial announcement in May, over 100 leaders from various sectors met to review comprehensive research on cancer in Louisiana, and to take a deeper look at treatment, disparities, and

**Rebekah E. Gee, MD, MPH**  
Secretary, Louisiana DHH



Five Leading Cancer-Related Causes of Death in Louisiana							
Average Annual Cases & Incidence per 100,000 (Age-Adjusted)				Average Annual # Deaths & Mortality per 100,000 (Age-Adjusted)			
Cancer Type	Louisiana (2011-2015) <sup>1</sup>		U.S. (2010-2014) <sup>2</sup>	Cancer Type	Louisiana (2011-2015) <sup>1</sup>		U.S. (2011-2015) <sup>2</sup>
	Average Annual # Cases	Incidence Rate	Incidence Rate		Average Annual # Deaths	Mortality Rate	Mortality Rate
Lung	3,515	68.8	61.2	Lung	2,701	53.6	43.4
Breast (female)	3,340	124.1	123.5	Breast (female)	651	23.7	20.9
Prostate	3,387	137.4	114.8	Prostate	412	21.6	19.5
Colorectal	2,347	46.5	39.8	Colorectal	874	17.5	14.5
Pancreas	725	14.4	12.5	Pancreas	653	13.1	10.9
All Cancer	22,506	475.9	443.6	All Cancer	9,362	187.8	163.5

**“Louisiana has the fourth-worst cancer outcomes in the United States, with more than 175 people dying from cancer every week.”**

Source: Louisiana Comprehensive Cancer Control Plan 2017-2021; 1 - Louisiana Tumor Registry; 2 - NIH/CDC State Health Facts

outcomes for two cancers that will be addressed first: breast and colorectal cancer. Other types of cancer will be reviewed in the future.

United Health Foundation has provided

a \$500,000 grant to the Louisiana Cancer Research Center to develop a coordinated strategy to improve care, patient support, and outcomes for the people of Louisiana. The Louisiana Department of Health will

provide leadership support throughout this initiative.

For more information on Taking Aim at Cancer in Louisiana visit [www.ldh.la.gov/cancer](http://www.ldh.la.gov/cancer). ■



More than 100 leaders joined the first meeting for the initiative Taking Aim at Cancer in Louisiana. The group focused on breast and colorectal cancers, with plans to review other types of cancers in the future.

IT IS WELL UNDERSTOOD that the clinical trials process is critical to the development of Louisiana-based technologies. Clinical trials are a way to measure the effectiveness and potential side effects of therapeutics, diagnostics, and devices through a multi-stage course of tests, each leading a promising new technology closer to market. Efficiently integrating startup companies into the clinical trial process is an integral part of developing the life science economy in Louisiana.

# Our Medical Institutions Can Help Louisiana Startups with Clinical Trials

IN 2016, bioscience research conducted at Louisiana public and private academic institutions totaled over \$400 million (Investment, Innovation and Job Creation in a Growing U.S. Bioscience Industry 2018, BIO). Spread across the state, this research is funded by both public and private sources, and helps to not only maintain and grow our research infrastructure, but also to foster collaboration between research institutions and private companies. The discoveries that come out of this work play a fundamental role in our growth of a life science economic base.

As technologies come out of the labs, entrepreneurial researchers are supported by the BioInnovation Center as they begin to learn the course of steps that could bring their technologies to market. Through assistance with business plans, the Center helps researchers build an outline of the clinical trials process and the various requirements involved, whether it is expertise, capital, or other requirements specific to their technology. Demonstrating a clear understanding of the clinical trials process is crucial in raising the capital necessary to make it through the various stages of development, some of which can cost hundreds of millions of dollars.

To provide some background, clinical trials are conducted in a series of phases, each with a different purpose and degree of analysis. Each stage costs significantly more money than the last, greatly raising the stakes of moving the technology ahead. Generally, after pre-clinical evaluations that measure effectiveness and toxicity before being introduced to human subjects, the technologies enter clinical trials. The following is an example of what is involved:

Phase I: Researchers test a drug or treatment in a small group of people (20–80) for the first time. The purpose is to study the drug or treatment to learn about safety and identify side effects.







## Aaron Miscenich

President  
New Orleans BioInnovation Center, Inc.



Figure 1

Phase II: The new drug or treatment is given to a larger group of people (100–300) to determine its effectiveness and to further study its safety.

Phase III: The new drug or treatment is given to large groups of people (1,000–3,000) to confirm its effectiveness, monitor side effects, compare it with standard or similar treatments, and collect information that will allow the new drug or treatment to be used safely.

Phase IV: After a drug is approved by the FDA and made available to the public, researchers track its safety in the general population, seeking more information about a drug or treatment's benefits and optimal use.

Fewer and fewer technologies make it to each phase of testing, with thousands of technologies being eliminated because of the lack of effectiveness or potential side effects.

Louisiana has been moderately active in hosting clinical trials, and there is significant room for growth. According to a Battelle report commissioned by PhRMA, in 2013, Louisiana institutions conducted approximately 800 clinical trials, enlisting a total of about 12,700 participants. These trials are scattered across a variety of institutions and cover a broad range of technologies. As an example, Pennington Biomedical Research

Center ([www.pbrc.org](http://www.pbrc.org)), a research complex located in Baton Rouge, currently has 23 trials open, covering everything from obesity and diabetes to cancer and dementia. While most of Louisiana's clinical trials are covering technologies from out of state, it demonstrates that our clinical institutions can certainly handle the needs of Louisiana's emerging healthcare companies.

There are several ways for us to grow our clinical trials activity, including patient participation and the simplification of the process itself. For instance, most, but not all clinical trials are approved and monitored by an Institutional Review Board (IRB) to ensure the trials are appropriate, given the risks and returns (potential risk to human subjects, given the quality of the research moving forward). Louisiana institutions are working to simplify the IRB process, thus making it more efficient and straightforward for their use.

Some Louisiana-based startups are also working to reduce inefficiencies and costs of pre-clinical and clinical evaluations, thus allowing for more compounds to be tested. For instance, New Orleans startup AxoSim ([www.axosim.com](http://www.axosim.com)) has a novel technology that accelerates the pre-clinical testing of compounds at a much lower cost. This

allows a company to test more compounds instead of picking and choosing a select few to be tested. Another BioInnovation Center client, Obatala ([obatalasciences.com](http://obatalasciences.com)), has a fat cell on a chip technology that allows the company to conduct disease modeling and drug screening. Additionally, eNre ([en-reinc.com](http://en-reinc.com)) developed a platform based on a Louisiana Public Health Institute technology that makes patient recruitment for clinical trials more efficient and cost effective. All of these startups add tremendous value to the clinical trials process locally, and are already relevant globally.

The bottom line is that we must continue to develop a stronger research-support infrastructure in Louisiana in order to grow our startup community and reduce their technologies' time to market. This will advance our life science community and expand our research base, both of which grow the health and economic impact on Louisiana. In BIO's most recent report, the biotech community in Louisiana employed over 11,500 people across a variety of areas such as agriculture, pharmaceuticals, medical devices, and R&D (<https://www.bio.org/value-bioscience-innovation-growing-jobs-and-improving-quality-life-2018>). This industry includes everything from startups to established businesses with existing products and services on the market. There is already a strong clinical trials base in Louisiana. However, we can significantly increase our activity by bringing together the state's research, clinical, and commercial operations, and giving them the resources to make the most of this collective potential.

To find out more information regarding clinical trials, you can visit the NIH websites at:

<https://www.nih.gov/health-information/nih-clinical-research-trials-you> ■

### SOURCE

Figure 1: <https://www.phrma.org/advocacy/research-development/clinical-trials>

# New Orleans Needs Us: A Case for Physician Advocacy

**WE SERVE PATIENTS** with complex problems, in complicated social situations, with limited resources. In my case, I serve a patient whose diagnoses include schizophrenia, substance dependence, and renal failure requiring dialysis. On top of this, his day-to-day life is burdened by unstable housing, transportation challenges, food instability, exposure to violence, and poverty. Despite these impediments, he has improved his life and gained a level of stability that seemed unlikely when we first started working together. Some things fell in his favor. He worked with a medical/renal team that understood his psychiatric symptoms and coordinated care. He was referred to the FACT (Forensic Assertive Community Treatment) team, a community-based program that provides intensive case management and mental health treatment to individuals who have a severe mental illness and significant involvement in the corrections system. Mostly, he said yes to the limited opportunities given to him. He accepted his illness and actively participated in treatment for his mental illness and substance dependence. He trusted his renal team and their care plan. He persisted in advocating for housing with a housing specialist (he has his own apartment) and is adherent to the budget proposed by his counselor. His challenges, though unique, are common to the underserved people we treat in communities throughout the Greater New Orleans area.

HIS CASE gives me hope, but it also irritates me because his success is not typical, and it should be. His case and others made me realize that I (we) need to become advocates, and we can do it more powerfully as a collective. As health care providers, we must begin by advocating to our legislature, and working with our payor sources to bring evidence based practice models to the complicated health crises facing the Greater New Orleans area.

As my patient's story illustrates, access to care, coupled with coordination and trust, can lead to better outcomes. We have evidence based programs that can reach some of the goals outlined by the Department of Health & Hospitals' Healthy 2020 program objectives: to increase access to care by providing it in the communities where people live, to improve quality of care by coordinating across disciplines, and to achieve better outcomes by allowing the time and opportunity to build the trust necessary for behavioral change.

To the first objective—we can always become better advocates. As I write this, the Louisiana Senate has just passed a bill that would provide funding for our safety net health care system, continue funding for substance abuse and mental health programs, and ensure that people remain eligible for Medicaid at current requirements. Hopefully, the Louisiana House follows suit, ensuring continued access to vital programs that provide better access and quality, while reducing the overall spending on individual care. It is imperative that we stay in contact with our representatives, both individually and through our organizations, should the Louisiana legislature resist support for these issues in the future.

To the second objective—we have a great opportunity to improve care for our patients and meet the healthcare needs of our community. Though beds for sub-

Mehdi Qalbani, MD, MSPH

Psychiatrist  
Orleans Parish Medical Society  
Board Member



stance abuse and mental illness remain below recommended standards, we have a robust network of Federally Qualified Health Centers (FQHC) that continue to improve access to care for the underserved. According to the Data Center, there are now 12 FQHCs, with over 40 locations throughout the Greater New Orleans Area, where our colleagues in primary care treat most of the patients with depression, anxiety, substance dependence, and other common psychiatric disorders that impact physical and social health.

In surveys related to primary care physician burnout, the lack of time available to care for patients with medical and psychiatrically complex problems is an increasing stress factor for physicians. To relieve this strain on our healthcare system, we should consider implementing coordinated care models that take a team-based approach, and incorporate telemedicine. We should also consider expanding the use of peer counselors and technology to improve health outcomes. Ultimately, we must continue to listen to and work with our payors to create an infrastructure where these models are tested and sustainable.

In the Greater New Orleans Area, and throughout Louisiana, we must continue to make progress in developing solutions for big problems such as the opioid crisis, care for mental illness, smoking cessation, obesity, and others by incorporating evidence-based, innovative practice models. The FACT program is one example that incorporates care in the community. NAMI (National Alliance for Mental Illness) New Orleans' program of integrating peer counselors and consumers in direct care is innovative, evidence-based, and cost effective. In addition, Community Psychiatric Support and Treatment teams, psychosocial rehabilitation, substance abuse programs, and drop-in centers all work in

**“In the medical practice environment, OPMS and JPMS have advocated for significant legislative and regulatory reform at the state and national levels, to help physicians address challenges that have come with third party insurance and governments mandates that make it difficult for patients to receive quality healthcare.”**

concert to meet the complex mental health needs of the Greater New Orleans Area.

With all of these models, the foundation for adequate mental health in the Greater New Orleans Area remains the shared trust between patients and providers. If we, as physicians, don't have the time or an environment where patients can tell us their concerns, we will experience poor outcomes. The relationship with the patient I described in the first paragraph took several years to develop. It took time for him to understand that we were there for him. I see colleagues in all disciplines demonstrating this every day. As medical professionals, we must remain vigilant advocates for the privilege of providing this trusted physician-patient relationship.

I am hopeful for our city and our region. In order to have this hope, our patients need to have access. In order to have access, our programs need funding. To get funding, we as a community must advocate beyond our offices.

#### **OPMS AND JPMS ADVOCATE FOR PHYSICIANS AND THEIR PATIENTS:**

Orleans Parish Medical Society (OPMS) and Jefferson Parish Medical Society (JPMS) serve as a voice for the medical profession in the Greater New Orleans Area. Both organizations play important roles in advocating for physicians and

their patients, and for improving the overall health of the region. The recent partnership and commitment to collaborative efforts between the two societies make this voice even stronger.

In the medical practice environment, OPMS and JPMS have advocated for significant legislative and regulatory reform at the state and national levels, to help physicians address challenges that have come with third party insurance and governments mandates that make it difficult for patients to receive quality healthcare. Their impact has also been felt in the public health arena as leaders in the smoking cessation movement and EMS protocol development and oversight. Recently, they have advocated for adequate state funding for vital health programs and future funding for University Medical Center New Orleans.

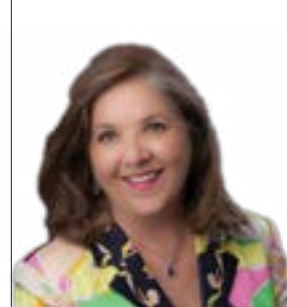
Both organizations invite physicians, residents, and medical students from throughout the Greater New Orleans Area to join in their mission of improving healthcare for the region. For more information about Orleans Parish Medical Society and Jefferson Parish Medical Society, follow their updates on social media (LinkedIn, Facebook, and Twitter) and visit their websites: [www.opms.org](http://www.opms.org) and [www.jpms.org](http://www.jpms.org). ■

## The 2018 Regular Session of the Louisiana Legislature: **Implications for Professional Nursing Practice**

The 2018 Regular Session of the Louisiana Legislature adjourned early on May 18, 2018, in order to allow for a second special session to address Louisiana's budget shortfall. This session was fairly active, with the Louisiana State Board of Nursing (LSBN) tracking twenty-nine bills, thirteen of which were classified as medium or high priority for LSBN.

THE MOST IMPORTANT ACCOMPLISHMENT of this legislative session for nursing was the passage of Senator Barrow Peacock's SB 202 regarding adoption of the Enhanced Nurse Licensure Compact. Senator Peacock worked with Colonel Neuman from Barksdale Air Force Base in Bossier City, LA, and his RN wife, Shellie Neuman, who provided expert testimony about how she had been able to work in multiple states, all under the umbrella of her Texas Nurse Compact license. SB 202 enacts Part V of Chapter 11 of Title 37 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 37:1018 through 1020, relative to the Nurse Licensure Compact; to provide for enactment of the model language required to participate in the compact; to provide for appointment of an administrator; to provide for enforcement and rulemaking authority; to provide for an effective date; and to provide for related matters.<sup>1</sup> Louisiana was the 31st state to pass the enhanced Nurse Licensure Compact. Nurses benefit from a multistate license for a variety of reasons. The foremost reason is that a nurse will not need individual licenses in each state where the nurse needs authority to practice. Obtaining individual licenses is a burdensome, costly, and time-consuming process to achieve portability and mobility. Nurses are required to be licensed in the state where the recipient of nursing practice is located at the time service is provided. Any nurse who needs to practice in multiple states benefits significantly from a multistate license. These nurses include military spouses, telehealth nurses, case managers, nurse executives, nurses living on borders, nurses engaged in remote patient monitoring, school nurses, travel nurses, call center nurses, online nursing faculty, home health nurses, nurses doing follow up care, and countless more. Governor Edwards signed the bill into law on May 31, 2018.

**Karen C. Lyon, PhD APRN, NEA**  
Executive Director, Louisiana State Board of Nursing



**“HB 579, by Representatives James and Cox, enacts legislation allowing for recommendation of marijuana for therapeutic use, and adoption of rules and regulations relating to the dispensing of recommended marijuana for therapeutic use.”**



Another bill that had special meaning for the nursing board was Senate Bill 40, by Senator Mills. This bill transferred LSBN and twenty-three other health profession licensing agencies, and forty-one health-related agencies, commissions, and departments to the Louisiana Department of Health. The agencies will continue to be comprised and selected as provided by law, and each shall continue to exercise all of the powers, duties, functions, and responsibilities provided or authorized for each by the constitution or laws, which are in the nature of policymaking, rulemaking, licensing, regulation, enforcement, or adjudication.<sup>2</sup> The bill added at least one consumer member to each health licensing board. LSBN was not affected by these additions, as two consumer members had been added to the Board through revision of LRS 911 et seq. in 2016.

HB 372, by Representative Connick, created the Occupational Board Compliance Act. This act establishes the Occupational Licensing Review Commission to provide active supervision of occupational licensing boards, review rules and regulations of those boards, and otherwise ensure that

licensing boards avoid liability under federal antitrust laws. The Commission is also charged with reviewing rules, regulations, and processes of licensing boards in promoting the least restrictive regulation necessary to protect consumers from present or potential harm that threatens public health, welfare, or safety. Beginning January 1, 2019, the commission is responsible for the active supervision of state executive branch occupational licensing boards controlled by active market participants, to ensure compliance with state policy in the adoption of occupational regulations promulgated by an occupational licensing board. The required active supervision does not extend to individual disciplinary actions taken or imposed by an occupational licensing board against any active market participant subject to the jurisdiction of the occupational licensing board. The Commission will also have the responsibility for reviewing all occupational rules and regulations promulgated by these agencies, and either approving or disapproving them with recommendations for compliance with the Administrative Procedure Act.<sup>3</sup>

HB 748, by Representative Emerson, is related to HB 372 discussed above, and establishes the Occupational Licensing Review Act (substitute for HB 562). This allows the governor of Louisiana to request and receive information from all occupational licensing agencies related to rules, regulations, procedures, examination standards and criteria, qualifications for admission to the occupation or profession, fees and fines, disciplinary actions, and any other information that may be of legitimate interest to the executive branch. Finally, the governor shall review annually, not less than twenty percent of the agencies engaged in regulatory and licensing activities, such that within five years, all such agencies will have been reviewed, and information will be available to the public.<sup>4</sup>

HB 579, by Representatives James and Cox, enacts legislation allowing for recommendation of marijuana for therapeutic use, and adoption of rules and regulations relating to the dispensing of recommended marijuana for therapeutic use. Any physician licensed in good standing with the Louisiana State Board of Medical Ex-

aminers (LSBME), and domiciled in Louisiana, may recommend marijuana for therapeutic use in any form permitted by the Louisiana Board of Pharmacy, except for inhalation, raw or crude marijuana, tetrahydrocannabinols or any chemical derivatives thereof, for patients clinically diagnosed with a debilitating medical condition. For purposes of this bill, debilitating medical condition means cancer, glaucoma, Parkinson's disease, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, cachexia or wasting syndrome, seizure disorders, epilepsy, spasticity, severe muscle spasms, intractable pain, Crohn's disease, muscular dystrophy, [or] multiple sclerosis, or post-traumatic stress disorder.<sup>5</sup>

HB 755, by Representative Dustin Miller, APRN, FNP, authorizes each public and nonpublic school governing authority to adopt a policy relative to the supply and administration of naloxone and other opioid antagonists. Elementary and secondary schools are already required to provide education relative to alcohol, tobacco, drug, and substance abuse prevention. Schools must now include in their teaching materials the dangers of mixing opioids and alcohol. The bill also grants the governing authority of each public and nonpublic elementary and secondary school the choice to adopt a policy that authorizes the school to maintain a supply of naloxone or other opioid antagonist, and authorizes a school nurse or other school employee to administer these drugs in the event of an actual or perceived opioid emergency.<sup>6</sup>

House Concurrent Resolution 55, by Representatives Hoffman, Bagley, Cox, Hensgens, Horton, Pope, Richard, and Stokes, urges both LSBME and LSBN to disseminate information concerning bone marrow donations to our licensees for the purpose of enhancing public awareness of the need for bone marrow transplants. The federal Be the Match program, authorized in 1987 by the United States Congress, has resulted in more than seventy-four thousand marrow and umbilical cord blood

transplants, but that is only a fraction of the people who can benefit from this program. Greater than seventy percent of patients who need a donor do not have a familial match, and rely on donor matches from the national registry. In order to increase the number of registrants on the national registry, this resolution calls on LSBME and LSBN to disseminate information on the need for bone marrow donations, the patient populations that would benefit from bone marrow donations, how to join the national registry, and how to acquire a free buccal swab kit from the national bone marrow registry.<sup>7</sup>

The final resolutions that have implications for LSBN include HCR 70 Military Veteran Healthcare License by Representatives Hodges, Bagley, Chaney, Cox, Hensgens, Hoffmann, Horton, Jackson, and Dustin Miller, and HR 140 Military Occupational or Professional Licenses by Representatives Gaines, Armes, Steve Carter, Cox, Crews, Cromer, Foil, Gisclair, Hazel, Howard, and Terry Landry. Both of these resolutions are directed at facilitating licensure for military members and family members involved in healthcare professions, and developing timely and cost effective pathways for military veterans with medical training to practice lawfully as licensed practical nurses, physician assistants, registered nurses, physical therapists, or other healthcare professionals. Health licensing boards, including LSBN, have been charged to develop and report on steps they are taking to provide credit for prior military training and certifications.<sup>8</sup>

The challenges represented by these legislative directives are just a sampling of what we do in our policy work on behalf of nurses in the state. Additional issues that we are working on include review and revision of LSBN rules published in Louisiana Administrative Code 46:XLVII.Subpart 2 Registered Nurses. For 2017 and 2018, rule changes that have been approved and published include removal of Chapter 40 and Section 3405 of Chapter 34 regarding self-reporting of HBV, HCV, and HIV expo-

sure; revision of Chapter 31, Section 3105 related to removal of two ex-officio members of the Board and replacing them with two consumer members with full voting privileges; revision of sections 3411 and 3415 of Chapter 34 requiring that, in cases of summary suspension of licenses, a board hearing to approve said suspension will be held at the next available board hearing, and that nurses whose licenses were previously revoked have the right to request a reinstatement hearing; revision of sections 4505 and 4513 of Chapter 45 changing the administrative management of collaborative practice agreements between APRNs and physicians; revision of section 3419 in Chapter 34 to update the terminology from "chemical dependency" to "substance use disorder – mild, moderate, severe"; and revision of section 3331 of Chapter 33 that revises the criteria for delay/denial of licensure by endorsement, reinstatement, or the right to practice as a student nurse. The rule changes promulgated over the last twelve months have included the advice and input of nursing experts throughout Louisiana. We value the exceptional expertise within our nursing community, and we will continue to reach out to our many partners within the state to work with us on improving nursing practice and patient care outcomes. ■

## REFERENCES

- <sup>1</sup>Legiscon Louisiana. Senate Bill No. 202. Senators Peacock and Johns. 2018 Regular Session, as enrolled.
- <sup>2</sup>Legiscon Louisiana. Senate Bill No. 40. Senator Mills. 2018 Regular Session, as enrolled.
- <sup>3</sup>Legiscon Louisiana. House Bill No. 372. Representative Connick. 2018 Regular Session, as enrolled.
- <sup>4</sup>Legiscon Louisiana. House Bill No. 748. Representative Emerson. 2018 Regular Session, as enrolled.
- <sup>5</sup>Legiscon Louisiana. House Bill No. 579. Representatives James and Cox. 2018 Regular Session, as enrolled.
- <sup>6</sup>Legiscon Louisiana. House Bill No. 755. Representative Miller. 2018 Regular Session, as enrolled.
- <sup>7</sup>Legiscon Louisiana. House Concurrent Resolution No. 55. Representatives Hoffmann, Bagley, Cox, Hensgens, Horton, Pope, Richard, and Stokes. 2018 Regular Session, as enrolled.
- <sup>8</sup>Legiscon Louisiana. House Concurrent Resolution No. 70. Representatives Hodges, Bagley, Chaney, Cox, Hensgens, Hoffmann, Horton, Jackson, and Dustin Miller. House Resolution No. 140. Representatives Gaines, Armes, Steve Carter, Cox, Crews, Cromer, Foil, Gisclair, Hazel, Howard, and Terry Landry. 2018 Regular Session, as enrolled.



**Jeré Hales**  
Chief Operating Officer  
Lambeth House



## TIPS FROM THE BLUE ZONES

The next time you have three minutes to spare, visit [www.bluezones.com](http://www.bluezones.com) and take the longevity test. The test predicts how long a person might live based on lifestyle. I recently took the test, and according to my results, my healthy life expectancy is 81 years, and my total life expectancy is 91. Healthy life expectancy, according to the site, refers to one that is free of heart disease, diabetes, or cancer. I was struck by the gap between my healthy years and my total years, and troubled by the fact that I might have a decade of unhealthy years. Ten unhealthy years—what a disturbing thought. But as I read further, I found solace. According to information on the site, I learned that there are certain Blue Zone principles that can be implemented to optimize my chances for a longer total life expectancy (by 6.6 years), while also improving my healthy life expectancy.

I WAS FIRST INTRODUCED to the Blue Zones years ago while attending an aging services conference. Researchers were challenged with identifying and studying areas around the world where residents had the longest life expectancy. The Blue Zones, as they are called, represent the five areas or hotspots of the globe where the highest proportions of people live to be 100+. The zones are:

- Ikaria, Greece
- Okinawa, Japan
- Inner Sardinia
- Nicoya Peninsula, Costa Rica
- Loma Linda, California

The research determined that while each zone was distinctly unique in culture and geography, there were nine commonalities shared by the centenarians of each zone. These are referred to as the Power 9, and they are:

**MOVE NATURALLY** Blue zone residents rarely concentrate on aggressive workout routines, but rather, adopt a lifestyle that keeps them moving by doing things they enjoy. Their lives are coordinated in such a way that they are naturally nudged into activity. Walking and gardening are two examples.

**PURPOSE** Centenarians from all the zones seem to have a reason to wake up in the morning; in one zone they refer to it as a plan de vida. It is estimated that having a sense of purpose could add up to seven years of life expectancy.

**DOWN SHIFT** People from the Blue Zones are known to develop strategies to address stress. Meditation, prayer, and naps are some of the strategies used.

**80% RULE** People from these areas also have strategies to prevent overeating. The 80% Rule is a reminder to stop eating once your stomach is 80% full. Using smaller plates and adhering to small meals in the evenings are other approaches.

**PLANT SLANT** While not all centenarians from the Blue Zones are vegans, most have a diet that is predominantly plant-based, and most rarely eat meat.

**WINE AT 5** Most people from the Blue Zones, with only one exception (the Seventh Day Adventists from California), drink a small amount of alcohol (wine) daily.

**BELONG** Those from the Blue Zones typically have some level of faith-based affiliation. Researchers say that denomination is not important, and that attending faith-based services just once a week could add 4-14 years to a person's life expectancy.

**LOVED ONES FIRST** Within each culture of the Blue Zones, there is an emphasis on keeping family first and committing to a life partner; this is believed to add up to 3 years of life expectancy.

**RIGHT TRIBE** Researchers suggest that people who live the longest are either born into or choose to surround themselves with people who engage in healthy behaviors. Healthy habits are often contagious.

Certainly, genetics cannot be left out of the longevity equation, but researchers of the Blue Zones believe that taking a cue from the centenarians they've studied could make a difference in decreasing the gap between healthy and total life expectancy. One thing's for sure—it couldn't hurt. ■

**THE INTEGRATED CARE MODEL**, which coordinates care among physical and mental health providers, has won the endorsement of nearly every healthcare professional organization, from the American Psychiatric Association (APA) to the American Medical Association (AMA). Given the tremendous research indicating improved outcomes, better access and reduced costs when patients receive integrated care, Louisiana Healthcare Connections implemented an innovative pilot in late 2017 to drive coordinated care in pediatric practices. Licensed clinical social workers (LCSWs) were placed within two quality-focused pediatric clinics—Red Stick Pediatrics in Baton Rouge, and The Pediatric Center of Southwest Louisiana in Lake Charles—to assist physicians in identifying and addressing barriers to care for children with behavioral health concerns. Now nearing the end of the program’s first year, the physicians and LCSWs are reporting that connecting patients to the resources and services they need at the point of care is helping to improve outcomes.

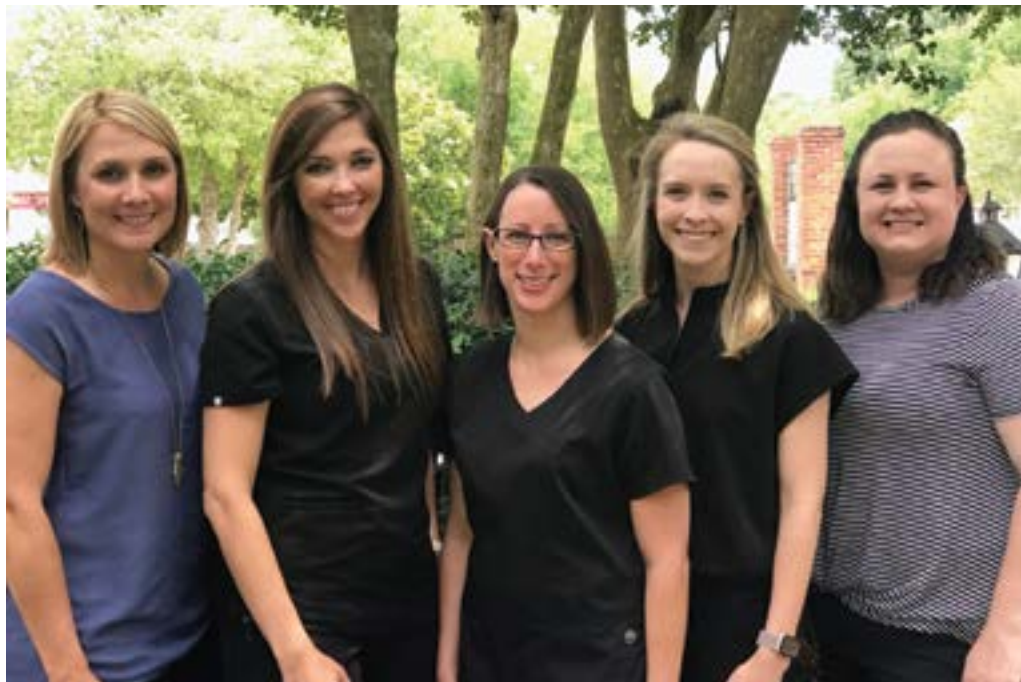
## CONNECTING CARE: **Integrating Care in Pediatric Practices**

### **The Physicians’ Perspective**

At Red Stick Pediatrics, physician partners Drs. Dawn Vick, George Schwartzenburg, Stephanie Kelleher, Laura Boudreaux, and Stephen Sanches recognized immediately the value of having an LCSW onsite to address patients’ needs.

“Having a social worker on site and readily available for consult with the medical providers was an opportunity to truly meet the patients and their needs where and when they needed them,” says Vick. “With the shortage of mental health resources available for our patient population, especially those that are available in a convenient and patient-friendly way, we saw the incorporation of a social worker as the most well rounded way to help address these needs.”

For Dr. Albert Richert with The Pediatric Center of Southwest Louisiana, the value of having an LCSW onsite was two-fold: first, the assistance of the social worker in making an accurate diagnosis, and second,



From left, Emily Grezafi, MD, FAAP; Rachael Simms, APRN, CPNP; Rachel Stephenson, APRN, CPNP; Leslie Irby, APRN, CPNP; and Brittney Santora, LCSW coordinate physical and behavioral health services for the patients at Red Stick Pediatrics in Baton Rouge as part of Louisiana Healthcare Connection’s innovative integrated care pilot program. The health plan is exploring opportunities to expand the model to other practices and specialties across the state.





**Stewart T. Gordon, MD, FAAP**  
Chief Medical Officer, Medical Affairs  
Louisiana Healthcare Connections



“There is a great need in our state for improved mental health for children. Primary care pediatricians should act as leaders in the process of making those improvements. We understand our patients’ needs better than anybody, and we are in the best position to provide services that meet those needs.”

– Albert Richert, Jr., MD

the availability of improved and more effective therapy.

“When I’m evaluating a child with emotional or behavioral problems, I can use standardized evaluation forms to look for things like ADHD or anxiety. But those forms don’t tell me much about the environment in which that child lives. I’ve always thought that having a social worker involved in the evaluation would provide much more information about the child and the issues that may be exacerbating their problems.”

Richert continues, “Second, when we do make a diagnosis like anxiety, a social worker can provide important treatment options. I’m not trained to offer much more than a prescription, but a social worker can spend time helping the child and parent understand the anxiety, and teach them ways to handle it.”

### **The Social Workers’ Perspective**

Amanda Turner, MSW, LCSW, marked her first year at The Pediatric Center in May, and in that time, she’s been working to connect patients from ages three to 20 to the right resources while helping the pediatricians to rule out, or rule in, behavioral health diagnoses.

“For the most part, when a patient is re-

ferred to me, it’s because they have some sort of diagnosis or there’s a need to rule out a diagnosis, and then the need to rule it out causes certain behavior,” Turner explains. “My first approach as a social worker is to see if anything is causing the behavior before we give you a pill, because sometimes a pill doesn’t make you better.”

Brittney Santora, LCSW, has been at Red Stick Pediatrics for nearly a year. She echoes the importance of working with the pediatricians to identify symptoms that may have an underlying behavioral health condition. The pediatricians at Red Stick conduct assessments to identify issues that may be contributing to behavioral changes, and they require children who are prescribed medication for conditions like ADHD to meet with her at every medication follow-up, Santora says.

“The pediatricians do a wonderful job of explaining what I do and how I can help the child and the family,” she explains. “They trust the pediatricians, and they’re comfortable in this environment, so having me here in the same location helps them be more open to working with me to build skills and locate the right resources to help them.”

Often, according to Turner, resources to help families overcome socioeconomic

factors like language barriers or an absent parent can make a significant difference in the management of the behavioral issue.

“A lot of what I do is teaching families how to find and use resources like translation and transportation services, or support programs like Big Brothers and Big Sisters to bridge gaps for single-parent homes. It’s walking these families through the process and helping them to navigate the social services web of care. For many families, they simply don’t know those resources are available or how to find them,” says Turner.

Santora agrees, “I’ll often have a parent disclose things like domestic violence incidents in the home, or transportation issues. I provide them with information about community resources, or connect our more complex patients to the care management team at Louisiana Healthcare Connections. These resources have been very beneficial for our patients and their families in improving outcomes.”

### **The Early Results**

Though clinical data regarding outcomes is still being generated, the early response from the participating practices and their patients has been overwhelmingly positive. For Red Stick Pediatrics, in



“In a patient population with so many challenges accessing care and achieving good health due to social and environmental obstacles, providing mental health resources that are convenient, easy to access, and well-coordinated with medical providers is probably the most critical thing we can offer these children and their families.”

– Dawn Vick, MD

addition to streamlining referral processes for staff, having an LCSW onsite has helped to address the needs of patients with mild to moderate diagnoses, in turn reducing the progression of those patients to more significant needs.

“The program has been very well received by both our patients and providers,” says Vick. “The ability to coordinate appointments has saved the families’ time and resources, and dramatically improved the ability to have patients get the dual therapy—medical and counseling—that is optimal for the most common mental health conditions, such as anxiety and ADHD.”

At The Pediatric Center, Richert says patient feedback has been positive, and preliminary results show a positive impact on outcomes for children with anxiety.

“Kids almost never come to the office complaining of anxiety. They come complaining of stomach aches or feeling bad, while their parents complain about mood swings or temper tantrums. When you can help kids and parents understand that anxiety is at the root of these problems, it suddenly changes the dynamic from a child who is misbehaving to a child struggling with a problem that we need to help them with. I have seen the education and therapy that our social worker provides have a significant positive impact on children and families with these issues.”

Turner notes, too, that she’s seeing improvements in compliance with care plans.

“It creates a one-stop-shop for the patient. They can schedule back-to-back appointments, so they only need transportation once, and they can schedule follow-up care before they leave. I can also directly contact their doctor, as opposed to having to call and wait for a call back, or wait for a fax, and I have timely access to their information.”

Adds Santora, “The families are feeling more empowered. They know there are things they can do apart from medication, which may have side effects or wear off. Now they have steps to follow and tools to use, and a place where they can get advice and support.”

### Taking It Further

Based on the pilot’s success, Louisiana Healthcare Connections is exploring opportunities to bring the program to other practices and specialties across the state. Red Stick Pediatrics and The Pediatric Center of Southwest Louisiana have served as shining examples of the success of the integrated care model, with their physicians providing clear insight on how other providers can and should implement integrated services.

Says Vick, “In a patient population with so many challenges accessing care and achieving good health due to social and environmental obstacles, providing mental health resources that are convenient, easy to access, and well-coordinated with medical providers is probably the most

critical thing we can offer these children and their families.”

“There is a great need in our state for improved mental health for children. Primary care pediatricians should act as leaders in the process of making those improvements. We understand our patients’ needs better than anybody, and we are in the best position to provide services that meet those needs,” adds Richert. “We are grateful to Louisiana Healthcare Connections for allowing us to participate in this program.” ■

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Stewart T. Gordon, MD, FAAP, is a general pediatrician who worked for 18 years as professor of clinical pediatrics and chief of pediatrics at LSU Health Sciences Center/Earl K. Long Medical Center. A graduate of Louisiana State University and LSU Medical School in New Orleans, Dr. Gordon completed his training in pediatrics at Charity Hospital and Children’s Hospital. His clinical practice predominantly involved providing medical services to underserved children and families. As Chief Medical Officer for Louisiana Healthcare Connections, he provides peer-based support for enhanced communication and collaboration with the LHCC provider network. Dr. Gordon’s areas of interest include advancing public policy for children’s health issues, especially focusing on investing in early childhood education. He is an active member of the Louisiana Chapter of the American Academy of Pediatrics, helping to shape health policy reform. Dr. Gordon serves on the boards of the Capital Area United Way and the Louisiana Partnership for Children & Families.

# Hospital Rounds



## STQN Announces 2018 First Quarter Medical Director's Award

ST. TAMMANY QUALITY NETWORK (STQN) presented its 2018 first quarter Medical Director's Award to Patti Elish, FACHE, president and CEO of St. Tammany Parish Hospital. The award recognized Elish's unwavering support of St. Tammany Quality Network and commitment to population health improvement efforts for the community.

"Ms. Elish has been a champion of population health efforts for many years," said Michael K. Hill, MD, STQN medical director. "She has been integral to the success of STQN. Her guidance in the formation of the network accelerated it to what it is today, a fully integrated network of 280 physicians aligned with St. Tammany Parish Hospital."

Elish has led STQN during its transformation from a small community hospital into a thriving regional medical center. Under her leadership, the facility has tripled in size to better serve the fastest growing parish in Louisiana. A native of New Orleans with nursing, bachelor's, and master's of health administration degrees, Elish is a fellow of the American College of Health Care Executives, past chair of Metropolitan Hospital Council of New Orleans, a board member of Louisiana Hospital Association and Northshore Healthcare Alliance, and a member of Northshore Business Council and Women's Leadership Council of Greater New Orleans. She has earned regional recognition, including YLC Role Model, Top 10 Female Achievers, and New Orleans CityBusiness Woman of the Year and Hall of Fame.

# Hospital Rounds

## Touro's Daniel Rupley, MD, Honored for Compassionate Care

Touro Infirmary physician Dr. Daniel Rupley recently received the Dr. Murrel H. Kaplan Compassionate Physician Award.

The Kaplan Award is an annual honor recognizing a Touro Infirmary medical staff member for values important to Kaplan during his 50-year practice: compassion, empathy, respect for the patient as a whole person, and genuine care for the patient's welfare.

Rupley has been a member of the Touro medical staff for more than 10 years. Kaplan's son, Dr. Jay Kaplan, will present the award in his father's memory before a crowd of Touro medical staff, leadership, family, and friends.

Touro Chief Medical Officer Dr. Jeffrey Coco noted, "Touro Infirmary's mission is dedicated to providing compassionate healthcare of the highest quality to the people it serves."

Rupley is board-certified by the American Board of Internal Medicine and the American Board of Diagnostic Radiology. He earned his bachelor of science from Louisiana State University in 1976 and his MD from Louisiana State University Medical School in 1980. Rupley completed his internship in internal medicine at the University of California Irvine College of Medicine and his residency in diagnostic radiology at the University of California College of Medicine.

## Children's Hospital Designates Main Hospital, Clinics as No Hit Zones

Hot pink stop signs emblazoned with the words No Hit Zone have been posted across Children's Hospital's main campus, Calhoun Street, and State Street campuses, and outpatient clinics.

In posting the signs and sharing the message, Children's Hospital's Audrey Hepburn Children at Risk Evaluation (CARE) Center, and the New Orleans Children's Advocacy Center (NOCAC) are raising awareness about the most prevalent risk factor of child physical abuse—corporal punishment. The No Hit Zone signs illustrate the well-established harmful effects of corporal punishment, and promote effective, painless parenting techniques.

"The launching of our No Hit Zones is an important step in not only reducing violence exposure

for all who visit Children's Hospital, but also creating a culture for the healthy development of children and families," said John Nickens, IV, Children's Hospital president and CEO.

The four basic tenets that are hallmarks of the No Hit Zone initiative are:

- No adult shall hit a child.
- No child shall hit an adult.
- No adult shall hit another adult.
- No child shall hit another child.

Children's Hospital staff members are being trained to give parents resources for effective guidance and to explain the harms of physical discipline in a non-shaming or blaming fashion. The CARE Center is also providing opportunities for pediatricians, pediatric residents, and community members to practice communicating the negative effects of physical discipline.

"I am very pleased that Children's Hospital is the first hospital in Louisiana to adopt a No Hit Zone," said Neha Mehta, MD, CARE Center medical director. "As a child abuse pediatrician with over 15 years of experience, I have seen firsthand the injuries to children who have been hit by their parents. I have been astonished by how many children I see with bruises and scars to their bodies from being spanked by their parents, and the number of children I see who didn't tell parents about sexual abuse because they feared being whipped."

According to the CARE Center, across the nation corporal punishment has become a social norm in disciplining children. It is also identified as the most prevalent risk factor for child abuse in America. In the south, where the incidence of spanking is above the national average, the number of children who are victims of physical force is even higher. Physical punishment hurts kids from all races and ethnicities. Fifty years of research demonstrating the adverse effects of corporal punishment led the CDC in 2016 to alter its definition of physical abuse. The amended definition describes physical abuse as the use of physical force, such as hitting, shaking, burning, or other shows of force against a child, removing the phrase "that resulted in injury" from its former explanation. Physical force leads to increased aggressive and risky behaviors in children, damage to brain development, and a lifelong impact on mental health. Corporal punishment has been shown to increase,



rather than deter, undesired behaviors.

Originating at Rainbow Babies and Children's Hospital in Cleveland, Ohio, in 2005, No Hit Zones have been successfully duplicated by numerous pediatric and adult hospitals and communities across the country. Posting No Hit Zone signage, and training staff have been effective steps taken to create safe and caring environments for children, families, and staff. Because key informants—trusted pediatric providers—deliver this scientific, research-based message, parents are more likely to listen.

"Parents need to understand that hitting children is not only harmful, but also non-effective," said Ellie Wetsman, CARE Center child abuse pediatrician. "I am delighted to see Children's Hospital take leadership to reduce violence experienced by children." Throughout Children's Hospital and its clinics across the state, No Hit Zone signs will be posted illustrating the well-established harmful effects of corporal punishment, and promoting effective painless parenting techniques.

If a program, institution, school, or other locations wish to become a No Hit Zone, contact Stacie.LebLANC@lcmhealth.org.

## West Jefferson Medical Center Receives Patient Safety Excellence Award

West Jefferson Medical Center (WJMC) announced that it is a recipient of the Healthgrades 2018 Patient Safety Excellence Award™, a designation that recognizes superior performance of hospitals that have prevented the occurrence of serious, potentially avoidable complications for patients during hospital stays. WJMC is one of only three hospitals in the state of Louisiana to achieve the Patient Safety Excellence Award™ for three consecutive years.

This distinction places WJMC among the top 10 percent of all short-term acute care hospitals reporting patient safety data for its excellent performance as evaluated by Healthgrades, the leading online resource for comprehensive information about physicians and hospitals.

During the 2014 to 2016 study period, Healthgrades found that patients treated in hospitals receiving the Patient Safety Excellence Award were, on average:

- 55.6 percent less likely to experience an accidental cut, puncture, perforation, or hemorrhage during medical care than patients treated at non-recipient hospitals
- 52.4 percent less likely to experience a collapsed lung due to a procedure or surgery in or around the chest than patients treated at non-recipient hospitals
- 62.8 percent less likely to experience catheter-related bloodstream infections acquired at the hospital than patients treated at non-recipient hospitals
- 54.3 percent less likely to experience pressure sores or bed sores acquired in the hospital than patients treated at non-recipient hospitals

During the study period (2014 to 2016), Healthgrades 2018 Patient Safety Excellence Award recipient hospitals demonstrated excellent performance in safety provided for patients in the Medicare population, as measured by objective outcomes (risk-adjusted patient safety indicator rates) for 13 patient safety indicators defined by the Agency for Healthcare Research and Quality (AHRQ).

"This achievement is a result of the outstanding care and focus our healthcare team places on patient safety every day," said Nancy R. Cassagne,

president and CEO of West Jefferson Medical Center. "When patients come to our hospital for care, they know they are receiving the highest quality care in a safe environment close to home. Treating each patient with the best care possible is always our number one priority at West Jefferson Medical Center."

## University Medical Center NO Opens Level 1 Burn Center

Louis DiVincenti has very little memory of his first few weeks as a patient at University Medical Center (UMC), admitted to the center after being electrocuted by power lines at work. The accident caused burns on 40 percent of his body. Unlike such incidents for nearly the past three decades, DiVincenti was able to receive life-saving treatment in New Orleans at the newly-opened UMC Burn Center.

At the official opening of the burn center, DiVincenti stood with the aid of a walker in the courtyard of the UMC campus, and choked back tears as he thanked the team of healthcare professionals that not only saved his life, but became his hospital family.

In attendance were Bill Masterton, hospital president and CEO and chairman of UMC's Management Corporation; Alden McDonald, UMC's chief medical officer; Dr. Peter DeBlieux; H. "Butch" Browning, Louisiana's Fire Marshal; Kim Hoarie, executive director of the American Burn Association; fire captains, chiefs, and firemen from around the region; and UMC healthcare providers and professionals.

The new burn center is the only burn center and Level 1 trauma center between Houston and Mobile. The center includes:

- 27,000 square feet, featuring innovative burn care to minimize pain and scarring
- 16 inpatient ICU beds
- Four outpatient clinic rooms/disaster ICU beds
- Debridement room with a hydrotherapy tank
- Dedicated operating room
- Therapy/rehabilitation center
- Helicopter accessible

The team, led by Dr. Jeffrey Carter and Angelle Bonura, the burn center's nursing director, currently includes 21 people dedicated to full-time burn care. This does not include the many rehabilitation specialists, trauma surgeons, pharmacists,

plastic surgeons, and other nurses/staff members who assist with burn care.

"The UMC Burn Center will provide a distinct service in our community for those suffering burn injuries, with a multidisciplinary approach offering the latest surgical and non-surgical techniques," Dr. Carter said. "I am excited to launch the burn center and create a world-class comprehensive service for people in this region."

## LCMC Healthcare Partners Provides Clinically Integrated Network Focused on Improving Healthcare in Community

Continuing to seek ways to enhance healthcare in the Greater New Orleans region and improve outcomes for patients, LCMC Health introduced its new clinically integrated network (CIN)—LCMC Healthcare Partners, LLC. The CIN represents a collection of health providers, including physicians employed by one of LCMC Health's five-member hospitals, community physicians, hospitals, and post-acute specialists, who share a vision of improving care and reducing healthcare costs, primarily through a focus on preventative medicine, robust care coordination, and chronic disease management to ensure the ongoing wellness of their patient community.

"At LCMC Health, our highly motivated providers are committed to improving care delivery and enhancing the health of our patient populations through an emphasis on preventative measures that will help to identify and mitigate risks earlier, resulting in better health outcomes and lowering cost to patients," said Dr. John Heaton, president of Clinical and System Operations at LCMC Health. "In pursuit of these goals, we are investing in the population health infrastructure and resources required for successful value-based patient management."

LCMC Health and its community physician partners serve all patient populations across Louisiana and the Gulf South, including the region's growing elderly population, and provide a safety-net organization for individuals on Medicaid, the uninsured, and the underinsured. The organization is also a major provider of pediatric services and operates Children's Hospital, the state's only free-standing pediatric hospital.

As part of its CIN development strategy, LCMC

Health chose Lumeris, the industry leader in value-based care solutions, as a partner in developing and operationalizing its service model.

"We selected Lumeris as our partner because of its ability to consistently deliver better clinical outcomes and superior financial results for its clients," said Dr. Heaton. "This decision is one in a recent series of investments that LCMC Health has made in addressing the health needs of the Greater New Orleans region."

"We were impressed by the commitment of LCMC Health's providers to accelerate population health initiatives across greater New Orleans and the Gulf South," said Art Glasgow, president and chief operating officer for Lumeris. "Our team is excited to work with LCMC Health and help them realize their vision of a CIN that simultaneously reduces the cost of care, promotes wellness, and increases patient and physician satisfaction."

## UMC to Open Center for Weight Loss and Bariatric Surgery

Obesity affects more than 30 percent of Louisiana's adult population, with obesity rates for African Americans in the state reaching nearly 40 percent. For many people struggling with obesity, weight loss surgery provides an opportunity to lose weight when other methods may have failed.

Now, that option will be available to more people in the area, including Medicaid recipients, with the launch of the UMC Center for Weight Loss and Bariatric Surgery.

"Adding weight loss surgery to our services at UMC means that we can advance our mission of providing exceptional care to every patient we have the privilege to serve," said Bill Masterton, president and CEO of UMC. "We are dedicated to improving the health status of the community, and we are excited to offer this option to help patients who are living with obesity."

The new center is led by Christopher DuCoin, MD, MPH, FACS, who is serving as medical director. DuCoin is a board-certified, minimally invasive surgeon trained in robotic and bariatric surgery. UMC's center is supported by a multi-disciplinary team that includes bariatric surgeons, dietitians, behavioral therapists, and nurse practitioners.

"The UMC Center for Weight Loss & Bariatric Surgery is a unique program in Louisiana with a goal of providing our services to all patients,

including the underserved and Medicaid populations," said DuCoin. "Our multidisciplinary care team of surgeons, dietitians, and an array of doctors aims to better the health of the entire state, one patient at a time."

Bariatric surgery alters the size of the stomach, small intestine, or both, to assist with weight loss. Numerous scientific studies have shown that bariatric surgery, combined with lifestyle modification, leads to significantly better and longer lasting weight loss compared to lifestyle modifications alone.

UMC's bariatric surgery program will include gastric bypass and vertical sleeve gastrectomy.

Gastric Bypass surgery reduces the size of the upper stomach to a small pouch about the size of a large thumb. The pouch and small outlet created by the operation and the hormonal changes help control the feeling of excessive hunger. Patients who undergo this procedure can expect to lose about 50–60 percent of their excess weight.

In Vertical Sleeve Gastrectomy, about 80 percent of the stomach is removed to create a small sleeve stomach about the shape and size of a banana. Patients who undergo this procedure can expect to lose about 50–60 percent of their excess weight.

With both procedures, changes in eating and exercise behavior will be required for weight loss and long-term weight maintenance.

"Surgery is tool for weight loss, it is not an easy fix," said Dr. Michael Cook, MD, FACS, a fellowship-trained bariatric and general surgeon. "To be successful losing weight and keeping it off, patients must be committed to making a change in their eating and exercise habits. It's important to begin adopting these important habits as soon as possible."

For more information about weight loss surgery at UMC, visit [www.umcno.org/weightloss](http://www.umcno.org/weightloss).

## LSU Health NO, Delgado Community College Partnership to Improve Nursing Care

LSU Health New Orleans School of Nursing and Delgado Community College have entered into an agreement to increase the number of nurses with bachelor's degrees, and get them into the workforce sooner. The Early Admission Registered Nurse (EARN) Program will grant earlier access

for students pursuing an Associate of Science in Nursing (ASN) at Delgado Community College Charity School of Nursing to the LSU Health New Orleans Bachelor of Science in Nursing (BSN) Program. Students can be concurrently enrolled in Delgado's associate nursing degree program and LSU Health New Orleans' RN to BSN degree program. The first group of students will be admitted to the EARN Program for the fall 2018 semester. The application deadline for the fall semester is July 1, 2018, and for the spring semester, it is Oct. 1, 2018.

In 2010, the Institute of Medicine released a landmark report on the future of nursing, initiated by the Robert Wood Johnson Foundation. A major recommendation of this report was to increase the number of baccalaureate-prepared nurses in the workforce to 80 percent by 2020. The recommendation was supported by evidence that patient outcomes improved with higher levels of nursing education, and that healthcare system complexity demanded more advanced preparation for nurses.

"The EARN Program will provide a seamless progression in nursing education to meet the educational needs of the citizens of Louisiana, decrease the time required for students to complete BSN degrees, and assist in assuring a qualified healthcare workforce to improve patient outcomes," noted Dr. Demetrius Porche, dean of LSU Health New Orleans School of Nursing. "We are pleased to welcome Delgado students to LSU Health New Orleans School of Nursing, the only nursing school in Louisiana within an academic health sciences center."

Candidates for admission to the EARN Program will be accepted collaboratively by designated representatives from both Delgado and LSU Health New Orleans. Qualified applicants will apply to the EARN Program through LSU Health New Orleans School of Nursing. Enrollment in the EARN Program terminates upon completion of the Delgado Community College Charity School of Nursing ASN Program. The student will then petition LSU Health New Orleans School of Nursing to transfer to the RN to BSN Program for the remainder of the required coursework.

Presently, students at Delgado Community College Charity School of Nursing should contact the Dean's Office for screening eligibility.

LSU Health New Orleans School of Nursing will then work with students referred by Delgado to begin advising on the program's details, progression, and academics. Applicants must be familiar with admissions criteria and processes that are posted online for both institutions at <http://lsuh.sc/nr?a=237> and <http://lsuh.sc/nr?a=238>.

Students are strongly encouraged to begin the screening process early, as the application process may take some time.

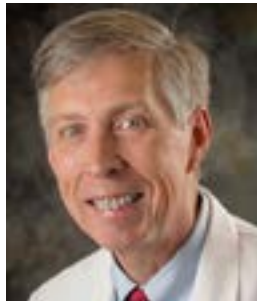
"This agreement establishes a pipeline to address the shortage of qualified nurses for our state," noted Dr. Larry Hollier, chancellor of LSU Health New Orleans. "By sharing resources and complementing our individual strengths, we are providing great value to the state and all those we serve. We are pleased to strengthen our collaboration with Delgado Community College to benefit our students with an education of the highest quality, as well as the patients they will care for."

"Educational partnerships like this one, that have lasting benefits for our community as well as our institutions, are one reason higher education is key to a brighter future and better way of life in our city and region," said Joan Y. Davis, Chancellor of Delgado Community College. "All of us at Delgado are proud of Charity School of Nursing and LSU Health Sciences Center's long records of community service through education. This new agreement strengthens an already strong and lasting partnership."

### **Children's Hospital Names Raymond G. Watts, MD, as Pediatrician-in-Chief**

Children's Hospital has appointed Raymond G. Watts, MD, to the newly created role of pediatrician-in-chief. In this capacity, Dr. Watts will be charged with working closely with the hospital's medical staff to drive improvements in hospital operations to increase quality of care, efficiency, and to enhance the patient and provider experience. He will also serve as the organization's principal academic officer and will work closely with Children's Hospital's academic partners to ensure that Children's continues to serve as the preferred training site for pediatric healthcare learners in the region.

"Dr. Watts' leadership, coupled with his vision for the future of pediatric medicine, has been a



Raymond G. Watts, MD

tremendous asset to Children's Hospital," said John R. Nickens, IV, president and CEO of Children's Hospital. "He's a big part of the reason we're seen as the destination program for pediatric academic medical talent in the region, and we look forward to partnering with him to continue to grow our clinical and academic programs." Watts currently serves as the William H. Stewart, MD, Chair in Pediatrics at the LSU Health New Orleans School of Medicine, where he leads the Department of Pediatrics, a division composed of more than 80 pediatric faculty physicians. He will continue in this role at LSU. Watts' appointment as pediatrician-in-chief comes on the heels of other significant physician leadership developments at Children's, including the appointment of George Bisset, III, MD, as chief medical officer and Leron Finger, MD, as chief quality officer. "Physicians are the engine of our clinical enterprise," said Matt Schaefer, chief operating officer of Children's Hospital. "The expansion of formal senior-level leadership roles for physicians at Children's highlights the emphasis we put on hospital-physician alignment. We recognize that the best care for the children of Louisiana and the Gulf South requires a true partnership between medical providers and other members of our care team." Watts joined the medical staff at Children's in 2015 when he assumed his current role as LSU Health New Orleans Head of the Department of Pediatrics. Prior to joining LSU, Watts served on the pediatric faculty at the University of Alabama-Birmingham (UAB), where he completed his pediatric hematology/oncology fellowship and ultimately ascended to the role of director of the UAB Division of Pediatric Hematology and Oncology.

Watts completed his pediatric residency at Arkansas Children's Hospital in Little Rock.

### **North Oaks Sports Medicine Names Student-Athletes of the 2018 Spring Season**

North Oaks Sports Medicine certified athletic trainers have joined North Oaks Physician Group orthopaedic surgeons to select Michael Lee, Leslie Matherne, Madison Knight, and Ty Moran as the 2018 Student-Athletes of the Spring Season in Tangipahoa and Livingston parishes.

Female and male students were chosen from both parishes, representing the months of February–April 2018.

St. Thomas Aquinas Regional Catholic High School senior Leslie Matherne played first base for the Lady Falcons Softball team and graduated with a 4.0 GPA. She signed with Rhodes College softball in Birmingham, Alabama.

Aside from playing first base, Matherne had a batting average of .358, which includes 21 runs, seven doubles, and one triple with 19 total RBIs this season. She has been named to the All-District First Team for three years and the Academic All-State Composite Team this year.

Off the softball field, Head Softball Coach Jamie Flanagan noted that Matherne was actively involved with a multitude of organizations, including the National Honor Society, Beta Club, Light Team, ACT 30+ Club, and Young Woman Bible Study. Matherne was a school ambassador and volunteered with Cancer Services of Baton Rouge as a camp counselor.

Matherne received the Neighbor's Way Award, the Tangipahoa Young Woman of Excellence Award, and was named a Student of the Year Finalist.

Hammond High Magnet School senior Michael Lee graduated with a 3.45 GPA, where he was the top pitcher for the Tors baseball team and could cover first base, when called upon.

In addition to being the top pitcher for the Tors, Lee earned a batting average of .420, including nine doubles, two home runs, and 20 RBIs this season.

Off the field, Lee earned honor roll placement all four years and belonged to the school's leadership team.

Head Baseball Coach Stephen Ceravolo

# Hospital Rounds



Pictured at the check presentation are, L-R: Mark Lee, Foundation for TGMC vice-chair; Phyllis Peoples, TGMC president and CEO; and Fontenot family members, including Cooper, Remy, Ashley, and John Fontenot.

## FONTENOT FAMILY DONATES \$13K TO TGMC FOR NICU FAMILIES

The Fontenot family recently donated \$13,000 to Terrebonne General Medical Center (TGMC)'s Neonatal Intensive Care Unit (NICU) through their Cooper Life Fund, which has been responsible for the donation of a total of \$156,000 to TGMC since 2006. The Fontenot's raise the funds through their annual Super Cooper 5K race, which was held this year at Pinocchio's Pizza Playhouse in Houma.

The family's mission for giving back to others originated after their son, Cooper, was born with a heart defect and was in the NICU for an extended period of time. Since then, the family has dedicated themselves to raising awareness and providing support for other families facing similar obstacles.

Proceeds from the race benefit TGMC NICU families by purchasing care packages and newborn necessities. With their support, more than 2,000 families to date have been positively impacted by their generosity.

affirmed, "Michael continuously demonstrated selflessness through his actions. He truly felt it was his duty to encourage his teammates and help them grow."

Madison Knight completed her sophomore year at Albany High School with a 3.9 GPA. She played second base for the Albany High Lady Hornets Softball team.

Not only does Knight have a batting average of .409 with a 480 on-base percentage, but she also had 92 attempts in the field with 92 put outs this season. She was named to the All-District First Team for 2016 and 2017 in addition to being named to the All-Parish and All-State First Team in 2017.

Knight also excelled as a cheerleader for the 2016–17 year. She won the mile in track and field for District 7B for both Parish and District in 2017, qualifying her to compete in state finals that same year.

"This outstanding student-athlete has gone above and beyond the call of duty," shared Head

Softball Coach David Knight. "She spearheaded a group Bible Study for the team, and led our team in prayer before and after every single game."

Off the field, Knight belonged to the National Beta Club, the Fellowship of Christian Athletes, and the Livingston Parish Gifted and Talented Theater and Music.

Springfield High School senior Ty Moran was the catcher for the Bulldogs baseball team, played football, and graduated with a 3.4 GPA.

Moran's earned a .360 batting average, a .533 on-base percentage, and 14 RBIs this season.

"Ty leads by example every day with a positive attitude," Head Baseball Coach Michael Rutland explained. "He's a respectful young man with a great personality."

Principals, coaches, and athletic directors from high schools in Tangipahoa and Livingston parishes nominate student-athletes. Candidates must have a 3.0 GPA or higher, excel in athletic competition, participate in school and community organizations, and have earned the respect of coaches,

teammates, officials, teachers, and their peers. In June, the North Oaks Sports Medicine team will choose a Student-Athlete of the Year from all season honorees.

Nomination forms are available online at [www.northoaks.org/athlete](http://www.northoaks.org/athlete) or can be requested by calling North Oaks Sports Medicine at (985) 230-5248.

## ALS Center at Ochsner Named ALS Certified Treatment Center of Excellence

The ALS Center at Ochsner has been recognized by the ALS Association and its Louisiana Mississippi Chapter as an ALS Certified Treatment Center of Excellence. The ALS Center at Ochsner is the only center in the state to have earned this designation, which is reserved for hospitals that meet the highest levels of established national standards of care in the management of Amyotrophic Lateral Sclerosis (ALS).

An estimated 5,000 people are diagnosed every year with ALS, a progressive neurodegenerative



disease that affects nerve cells in the brain and the spinal cord. For more than 20 years, the ALS Association's national network of Certified Treatment Centers of Excellence has provided evidence-based, multidisciplinary ALS care and services in a supportive atmosphere with an emphasis on hope and quality of life.

To become certified as a Center of Excellence, an ALS clinic must meet The ALS Association's clinical care and treatment standards, which are based on the American Academy of Neurology (AAN) Practice Parameters, participate in ALS-related research, and successfully complete a comprehensive site review.

"Our team is dedicated to delivering the best care possible for our patients and their families. By providing a multidisciplinary approach all under one roof, we are simplifying how patients seek and receive their care. It is truly humbling to be recognized for the life-changing work happening every day at the Ochsner ALS Center," said Dr. Daniel Larriviere, medical director for the ALS Center at Ochsner.

The ALS Center at Ochsner, which is modeled after the national guidelines for care that have been developed by the ALS Association of America, offers comprehensive care for patients with ALS and related disorders. Utilizing a multidisciplinary approach to create personalized patient plans, the ALS Center at Ochsner is set up so that patients can be seen by all relevant specialists in one visit, which helps alleviate the difficulties of traveling to multiple appointments throughout the month.

Patients at the ALS Center at Ochsner also have access to clinical trials and Ochsner's innovative Voice Banking program, which enables patients to record their voice and have it digitized into a synthetic voice for future use on any computer device through typed commands.

For more information about the ALS Center at Ochsner, visit [www.ochsner.org/als](http://www.ochsner.org/als) or call (504)-842-0113. For more information about the ALS Association Louisiana Mississippi Chapter, visit [web.alsa.org](http://web.alsa.org).

### **LSU Health Completes Purchase of Senhance Surgical System**

TransEnterix, Inc. (NYSE American: TRXC), a medical device company that is digitizing the

interface between the surgeon and the patient to improve minimally invasive surgery, announced that LSU Health completed the purchase of the company's Senhance™ Surgical System. The Senhance has been installed at University Medical Center New Orleans (UMC New Orleans).

UMC New Orleans is home to the Rev. Avery C. Alexander Academic Research Hospital, and is an academic medical center in partnership with LSU Health New Orleans, Tulane University School of Medicine, and other local colleges and universities. UMC New Orleans will be a center for clinical excellence utilizing the Senhance Surgical System in general, colorectal, and gynecologic surgery.

The Senhance Surgical System represents an innovative technology designed to assist surgeons in performing minimally invasive surgery. While seated comfortably at a console, the surgeon uses multiple robotic arms to control small surgical instruments with robotic precision, while at the same time moving a small scope that tracks the eye movement of the surgeon. The Senhance is the first surgical robotic system to offer the security of haptic force feedback that allows surgeons to feel the forces the instruments generate when handling delicate tissue.

"We are pleased that LSU Health New Orleans is beginning its digital laparoscopy program using the Senhance Surgical system," said Todd M. Pope, president and CEO at TransEnterix. "Our system is designed to support responsible economics for the hospital, and we look forward to partnering with the surgeons at UMC New Orleans to advance patient care in ways that matter in today's value-based healthcare landscape."

"LSU Health New Orleans and University Medical Center New Orleans see the Senhance Surgical System as an important and necessary advance in surgical care," said Dr. Guy Orangio, FACS, FASCRS, chief section of Colorectal Surgery at LSU Health New Orleans, and president of the American Society of Colon and Rectal Surgeons. "This new robotic system brings enabling technology with haptic feedback and innovative surgeon camera control while minimizing costs and maintaining existing efficiencies."

"Patients are seeking minimally invasive options that utilize the most advanced technology to treat gynecologic conditions," said Dr. Lisa M. Peacock, chairperson of the Department of Obstetrics

and Gynecology, and section head and program director of Female Pelvic Medicine and Reconstructive Surgery at LSU Health New Orleans. "As an academic medical center, we believe this new robotic surgical platform will play an important role in our continued leadership in surgical teaching, research, and providing excellent patient care."

TransEnterix announced that it received FDA 510(k) clearance for laparoscopic inguinal hernia and laparoscopic cholecystectomy (gallbladder removal) procedures, doubling its total addressable market in the United States to more than three million annual procedures. In the United States, Senhance is now cleared for laparoscopic colorectal, gynecologic, inguinal hernia, and cholecystectomy surgery.

### **Ochsner Medical Center – New Orleans Earns Gold Plus Level Recognition for Stroke Care**

Ochsner Medical Center – New Orleans (1514 Jefferson Hwy.) has received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Target: Stroke Elite Honor Roll Quality Achievement Award.

Launched in 2001, the Get With The Guidelines®-Stroke program recognizes hospitals for ongoing commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

To qualify for Gold Plus level recognition, Ochsner's stroke care consistently met specific quality achievement measures for the diagnosis and treatment of stroke patients for 24 consecutive months or more. Rankings were determined by various measurements, including proper use of medication and other stroke treatments, along with educating patients on managing their health prior to discharge.

Ochsner also received the association's Target: StrokeSM Elite Honor Roll. Launched in January of 2015, Honor Roll level measures the time between a patient's arrival at the hospital and treatment. To qualify for Elite Honor Roll, Ochsner's time to thrombolytic therapy was within 60 minutes in 75 percent or more of acute ischemic stroke patients

treated with tPA (tissue plasminogen activator)—a clot-buster, and the only drug approved by the U.S. Food and Drug Administration to treat ischemic stroke.

"Every second matters when someone is having a stroke, and we are committed to increasing access to high quality stroke care both in person and through telemedicine. This national recognition underscores our commitment to quality of care and our passion for increasing access to stroke care across the Gulf Coast and beyond," said Dr. Gabriel Vidal, medical director of stroke at Ochsner Health System.

According to the American Heart Association/American Stroke Association, stroke is the number five cause of death and a leading cause of adult disability in the United States. Ochsner's multidisciplinary approach to stroke care encompasses inpatient and outpatient physical, occupational, and speech rehabilitation, and includes an innovative at home follow-up education program that decreases the rates of stroke recurrence and readmission.

Ochsner partners with more than 58 participating hospitals throughout Louisiana and Mississippi in a unique Telestroke Program. This program enables experts from both facilities to consult immediately with Ochsner vascular neurologists 24 hours a day, seven days a week, 365 days a year, using telemedicine equipment to determine the best treatment options for stroke patients.

## Lakeview Regional Medical Center, AAAneurysm to Provide Screenings

Lakeview Regional Medical Center and AAAneurysm Outreach recently provided free life-saving abdominal aortic aneurysm screenings at Lakeview Regional Medical Center in Covington.

"This screening test is a simple ultrasound," said David Kaplan, MD, vascular surgeon. "This painless and noninvasive test can allow us to see into the abdomen and discover aneurysms, which have no symptoms. If one is discovered, it can be treated to prevent rupturing."

An abdominal aortic aneurysm (AAA) is a ballooning of the abdominal aorta, the artery that carries blood to the lower part of the body. This type of aneurysm rupture is the third leading cause of sudden death in men 60 and older in

the United States. It is estimated that more than 1 million people are living today with an undiagnosed AAA. Risk factors for AAA include a history of smoking, high blood pressure, high cholesterol, and hardening of the arteries.

This free screening was offered in Covington for the first time, and in St. Tammany Parish for the first time since 2010.

## Louisiana's Only Dental School Opens New Resource for Patient Care, Research

LSU Health New Orleans School of Dentistry has opened the Advanced Clinical Care and Research Building on its campus at 1100 Florida Avenue. The \$31 million, 64,899 square-foot building houses \$2.5 million of medical equipment, four clinics, and research labs. Local and state dignitaries participated in the opening celebration, as well as the DeSaix neighborhood, LSU Health New Orleans leadership, and dental school faculty, students, staff, alumni, donors, and patients. Tours of the facility followed a short program and ribbon-cutting.

The 22-chair Faculty Dental Practice will provide care in general dentistry, endodontics, periodontics, prosthodontics, orthodontics, oral pathology, radiology/diagnostics with a cone-beam CT unit, and dental hygiene. The area also contains a consultation room, laboratory, sterilization rooms, reception area, and business office.

The Oral and Maxillofacial Surgery Clinic has nine surgical treatment rooms, one diagnostic room with a cone-beam CT unit, a laboratory, and consult rooms.

The Outpatient Surgical Center features two state-of-the-art operating rooms with pre and post-op areas, a nurses' station, and a sterilization area.

The Clinical Research area boasts five dental operatories, a reception area, a laboratory, a business office, and a conference room.

The new facility will enhance research capacity, both in basic science research as well as clinical research and clinical trials, offering patients and participants the very latest treatment advances.

Expanded patient care services and research activities will also create and support new jobs, including additional dental faculty, dental hygienists, dental assistants, nurses, research scientists

and associates, administrative assistants, and other support staff.

The building, funded by FEMA to address damage sustained in the flooding following Hurricane Katrina and future vulnerability, will raise the infrastructure that supports the operation of all of the buildings on the dental school campus above the 100-year flood plain.

For patient convenience, the building features covered parking and a covered patient drop-off area. It also connects to the other buildings on campus.

"Quality oral health is well-recognized as a critical component of quality overall health," noted Dr. Henry Gremillion, dean of LSU Health New Orleans School of Dentistry. "The LSU Health New Orleans School of Dentistry Advanced Patient Care and Research Building will provide a state-of-the-art environment that will foster expansion of scientific knowledge and patient care."

LSU Health New Orleans School of Dentistry is the only dental school in Louisiana. It educates three of every four dentists and dental hygienists practicing in the state. From a national perspective, LSU Health New Orleans School of Dentistry is unique among the dental schools in the United States because it offers degrees in dentistry, dental hygiene, and dental laboratory technology.

## TGMC Board of Commissioners Appoints New Board Chairman and Vice-Chairman

Terrebonne General Medical Center (TGMC) and Southern Regional Medical Corporation (SRMC) Board of Commissioners announced the appointment of Mike Fakier as chairman and Louis Watkins as vice chairman.

Fakier joined the TGMC Board of Commissioners in 1999. He previously served as finance committee chairman, vice chairman, and board chairman. Fakier is currently co-owner and chief financial officer of Southland Steel and Supply, LLC. He is a member of the United Way for South Louisiana Board of Directors, having served as president in 1999 and campaign chair in 2009. He is also a member of the Nicholls State University Foundation, and is the immediate past chair on the board of the foundation for TGMC. In 2004, Fakier was recognized as a CityBusiness Healthcare Hero Volunteer.

Watkins joined the TGMC Board of Commissioners in 2010. He is active in the community, serving as a member in various professional organizations including the Houma-Terrebonne Chamber of Commerce, Terrebonne Parish Bar Association, and the Louisiana State Bar Association. He is currently an active member of the Rotary Club of Houma serving as the president of the club from 2005–2006. He previously served as a board member for the YMCA and the Terrebonne Economic Development Authority (TEDA). Watkins currently owns J. Louis Watkins, III, a professional law corporation in Houma.

"We are honored to announce this year's chairman and vice chairman," said Phyllis Peoples, TGMC president and CEO. "Mike and Louis have been instrumental in ensuring that TGMC remains at the forefront of providing innovative healthcare resources and are committed to providing exceptional healthcare for our community."

## River Place Behavioral Health Opens in LaPlace

Ochsner Health System and Acadia Healthcare (Acadia) joined St. John the Baptist Parish President Natalie Robottom to announce the opening of River Place Behavioral Health, an 82-bed inpatient behavioral health facility in LaPlace. Through

a joint venture, Ochsner partnered with Acadia, a national leader in behavioral healthcare services, to repurpose the existing River Parishes Hospital building to provide critically needed mental healthcare services to residents across the state and region.

Louisiana currently ranks 39th in national rankings regarding access to care for those in need of mental health treatment, and recent population estimates demonstrate a need for more than 400 behavioral health beds in the greater New Orleans and Baton Rouge areas.

"The opening of River Place Behavioral Health is a significant step forward as we work to address the vital need for behavioral health services throughout Louisiana and our entire region," said Warner Thomas, president and chief executive officer, Ochsner Health System. "River Place illustrates the value of partnership, bringing together Acadia, a national expert in behavioral health, and Ochsner, a national leader in physician group practice, to deliver much needed inpatient behavioral health services to adults and adolescents."

Through this partnership, Ochsner made a substantial contribution in providing the facility, and Acadia invested nearly \$18 million dollars in the facility build-out, equipment, and working capital. Over the next several months, River Place

Behavioral Health will gradually grow to full capacity, with a total of four units and 82 inpatient beds.

"Through our collaboration with Ochsner, patients at River Place benefit from the expertise of Ochsner psychiatrists and providers," said Rick Bennett, CEO, River Place Behavioral Health. "Together, we are delivering comprehensive and compassionate care in one of the most innovative behavioral health facilities in the country today, designed for the safety and comfort of both patients and staff."

The facility has an adult acute care unit for patients 18 years and older who are struggling with depression, anxiety, bipolar disorder, and other behavioral health issues. A dual diagnosis unit will treat patients with substance use disorders and other co-occurring mental health issues.

To meet the behavioral health needs of patients at different stages in life, a geriatric psychiatric unit will offer personalized treatment for patients who are 65 years or older, and a specialized unit for adolescents will treat patients ages 12–17 years old.

The reconstructed space was built with safety in mind, and has innovative safety features that are not found in many behavioral health facilities today. Large patient rooms and nursing stations are designed to provide safety and comfort for both patients and caregivers. Each of the four units has an outdoor area tailored to meet the needs of each patient population. The adolescent unit has a basketball court while the geriatric unit has wider sidewalks and seating areas to accommodate wheelchairs and walkers.

"As we continue to add more resources, we are able to greatly expand upon the behavioral health services we currently offer," said Dr. Dean Hickman, psychiatry chair for Ochsner Health System and medical director for River Place Behavioral Health. "By using Epic, Ochsner's electronic medical record, River Place Behavioral Health will alleviate the fragmented care patients with mental health disorders typically receive.

The new facility will grow to an average daily census of approximately 74 patients and more than 2,800 annual admissions. When the facility is open at full capacity, River Place Behavioral Health will create approximately 150 new jobs in St. John the Baptist Parish, including recreation therapists, registered nurses, social services staff, and mental



### OCHSNER BEHAVIORAL LAPLACE

Ochsner Health System and Acadia Healthcare (Acadia) joined St. John the Baptist Parish President Natalie Robottom to announce the opening of River Place Behavioral Health, an 82-bed inpatient behavioral health facility in LaPlace. Through a joint venture, Ochsner partnered with Acadia, a national leader in behavioral healthcare services, to repurpose the existing River Parishes Hospital building to provide critically needed mental healthcare services to residents across the state and region.

health technicians.

"The opening of River Place Behavioral Health not only addresses the dire need for additional mental healthcare services in our region, but also creates new job opportunities for healthcare professionals in St. John the Baptist Parish," said Natalie Robottom, St. John the Baptist Parish president. "With the new medical complex that opened last year and the repurposing of the former River Parishes Hospital, Ochsner has demonstrated its commitment to our region by enhancing healthcare services, creating new jobs and delivering on its promises to our community.

For more information on River Place Behavioral Health, including the admissions process, visit [www.riverplacebh.com](http://www.riverplacebh.com) or call (985) 303-2327.

## **Touro InfirmarY Receives Stroke Quality Achievement Awards from The American Heart/American Stroke Association**

Touro InfirmarY was awarded two quality achievement awards in stroke care by the American Heart Association/American Stroke Association, including Get With The Guidelines® Stroke Silver Plus Recognition and Target: Stroke Honor Role Elite Plus. The AHA's Get With The Guidelines initiative is an in-hospital program for improving stroke care by promoting consistent adherence to the latest scientific treatment guidelines. Hospitals receiving Get With The Guidelines® Silver Plus Achievement Award have reached an aggressive goal of treating patients with 85 percent or higher compliance to core standard levels of care as outlined by the American Heart Association/American Stroke Association® for one calendar year. In addition, those hospitals have demonstrated 75 percent compliance to seven out of 10 stroke quality measures during the 12-month period. The Target: Stroke Elite Plus Quality Achievement Award is given to hospitals achieving Time to Intravenous Thrombolytic Therapy  $\leq$  60 minutes in 75 percent or more of applicable acute ischemic stroke patients treated with IV tPA and door-to-needle time.

"Touro is dedicated to helping our patients achieve the best possible outcomes," said Susan E. Andrews, president and chief executive officer at Touro InfirmarY. "Implementing

the American Heart Association/American Stroke Association's® Get With The Guidelines program helps us accomplish that by making it easier for our teams to put proven knowledge and guidelines to work on a daily basis." For more information about Touro's certified Primary Stroke Center, visit [www.touro.com/stroke](http://www.touro.com/stroke).

## **East Jefferson General Hospital Foundation Awards 2018 INSPIRE Grants**

The Foundation of East Jefferson General Hospital has awarded its 2018 INSPIRE Grants. These grants, dedicated to impacting and improving patient care, are requested by departments throughout the hospital. This year, nearly 70 requests were submitted for a sum of \$300,000 that will go directly back to the patients at EJGH.

After a lengthy vetting process, The Foundation is distributing these funds in total to the departments and causes listed at <http://ejgh.org/newsroom/ejgh-in-the-news/1228-2018-inspire-grant-winners-announce>.

## **Ochsner's Michael Smith, MD, Recognized for Simulation Innovation**

Dr. Michael Smith, director of the Ochsner Clinical Simulation and Patient Safety Center, has been recognized for his work in simulation innovation by the Society for Academic Emergency Medicine's (SAEM) Simulation Academy. The academy is a national organization focused on the development and use of simulation in emergency medicine education, research, and patient care.

Smith was recognized with the 2018 Innovation in Simulation Award during the Simulation Academy Business Meeting at SAEM18, its annual meeting and the largest forum for the presentation of original education and research in academic emergency medicine. The event was held in Indianapolis, Indiana.

Awarded annually, the Innovation in Simulation Award recognizes an individual who has demonstrated creative, novel, and transformative use of medical simulation. The honoree is nominated by fellow Simulation Academy members and then selected by the executive committee of the academy.

In addition to his role as director for the Ochsner

Clinical Simulation and Patient Center, Smith serves as an associate professor at the University of Queensland/Ochsner Clinical School. He is also a past president of the Ohio chapter of the American College of Emergency Physicians (ACEP) and has served on several national ACEP committees. He is currently on the board of the Louisiana Chapter of ACEP and on the executive committee as secretary.

Originally from Ohio, Dr. Smith attended Case Western Reserve University School of Medicine, completed his residency at MetroHealth Medical Center/Cleveland Clinic/Case Western Reserve University, and earned his MBA from Cleveland State University. He is certified by the American Board of Emergency Medicine.

"We are dedicated to making sure our patients receive the best care possible and are driven to look for ways to improve patient safety. By practicing with simulations, our team is able to experience first-hand how to react and learn from potential scenarios that could arise with patients," said Smith. "It is such an honor to be recognized by my peers for the innovative work we are doing every day at the Ochsner Clinical Simulation and Patient Safety Center."

## **Study Associates Obesity with Poorer Stroke Outcomes in Non-White Patients**

Research led by LSU Health New Orleans faculty has found that obesity contributed to poorer outcomes in non-white patients who had hemorrhagic strokes. It is one of the few studies examining outcomes of patients with obesity following intracerebral hemorrhage (ICH), and is the first such study conducted within the stroke belt of the United States with a racially diverse population. The findings were published this month in *Obesity Science & Practice* Early View.

"We reported on the racial differences in outcome of patients with obesity following hemorrhagic stroke (intracerebral hemorrhage)," said lead author Dr. Ifeanyi O. Iwuchukwu, LSU Health New Orleans assistant professor of neuroscience. "We defined good outcome based on the likelihood of discharge home or a rehabilitation center."

The retrospective study examined data on 428 patients from the Get with the Guidelines-Stroke

database. Data included demographics; medical history; clinical, laboratory, and imaging characteristics; BMI and obesity classification; and discharge disposition. Fifty percent of the patients were female, 49.1 percent were non-white (43.7 percent African-American, 0.9 percent Asian, 1.9 percent non-white Hispanic, 2.6 percent other), and the white population consisted of non-Hispanic whites.

The initial results show that several of the variables were different between the BMI categories—gender, histories of congestive heart failure and diabetes, as well as blood pressure measurements and HbA1c. Good outcome discharge disposition differed significantly across BMI categories. Overall comparison of the white and non-white populations showed that age, admission systolic blood pressure, anticoagulant use, and ICH location were significantly different between the groups. The difference on outcomes where comparisons were performed within each race group was unexpected.

"In the study group, non-white patients with obesity fared worse than non-white patients without obesity," noted Dr. Iwuchukwu. "A similar finding was not observed in white patients with obesity."

Obesity is an established risk factor for cardiovascular disease including acute cerebrovascular disease—acute ischemic and hemorrhagic strokes. Conversely, several previous reports indicated obesity is associated with better outcomes following several acute conditions: heart failure, carotid endarterectomy, sepsis, bypass surgery, and vascular surgery. This phenomenon is known as the obesity paradox.

"Our findings are important as a previous study on outcomes of patients with obesity following hemorrhagic stroke (intracerebral hemorrhage) suggested that obesity was associated with improved outcomes," Iwuchukwu added. "Importantly, our study differs as our study population included a large African-American population compared to the prior study, which was primarily an Asian population in South Korea. Our study is significant because epidemiologically, ICH is a common type of stroke amongst 30–50-year-old African-Americans, and obesity was an independent predictor of outcomes in our study cohort."

Stroke is the fifth leading cause of death in the United States, and is a leading cause of chronic

disability. According to the Centers for Disease Control and Prevention (CDC), African-Americans are at greater risk of having a stroke. Compared to whites, they are twice as likely to have a stroke, have strokes at younger ages, and are more likely to have more severe strokes or die from them.

"This is the first study to report poor health outcomes following stroke in predominantly African-American versus Caucasian patients with obesity," concluded senior author Dr. Melinda Sothorn, professor and Jim Finks Endowed Chair in Health Promotion at LSU Health New Orleans School of Public Health. "Patients without obesity were less likely to need rehabilitation and more likely to return home following a stroke event. Findings highlight the need to address the nutritional needs of minority populations at high risk for cardiovascular disease in order to reduce the burden of obesity on recovery following stroke."

The LSU research team also included Dr. Jovanny Zabelata, associate research professor at LSU Health New Orleans' School of Medicine and Stanley S. Scott Cancer Center; Dr. Robbie Beyl, assistant research professor at LSU's Pennington Biomedical Research Center; Kristin Cornwell at LSU Health New Orleans School of Public Health; and N. Mahale, J. Ryder, B. Hsieh, and B. Jennings from Ochsner Medical Center.

The study was supported in part by the National Institute of General Medical Sciences of the National Institutes of Health, which funds the Louisiana Clinical and Translational Science Center.

## **LSU Health NO Hosts LGBTQ Healthcare Symposium**

The second annual LGBTQ+ Health Care Symposium was held at LSU Health New Orleans Medical Education Building. The two-day event was free and open to the public.

The program featured a panel of professionals discussing current issues for the physical and mental health care of people living with HIV/AIDS in the LGBT community, and answering questions from the audience. The panelists were Christine Brennan, PhD, clinical associate professor of Health Policy & Systems Management at LSU Health New Orleans School of Public Health and project director for South Central AIDS Education and Training Center at LSU Health New Orleans School of Public Health; Terry Mayers, LCSW,

a mental healthcare provider serving the New Orleans LGBT+ community; Robert Suttle, assistant director of SERO, an organization focused on ending the inappropriate prosecution of people living with HIV; and Bruce Hinton, PA, who works at CrescentCare and focuses on the expansion of pre-exposure prophylaxis (PrEP) services and the management and treatment of HIV infection.

In addition, Suttle conducted a training event entitled HIV Criminalization in Louisiana.

For this year's event, the LSU Health New Orleans LGBTQ+ student organization, LGBTQ+Allies Organization for the Cultural Understanding in the Health Sciences (LOCUS), partnered with the South Central AIDS Education and Training Center Program (AETC South Central) in the LSU Health New Orleans School of Public Health to provide the expanded two-day symposium. "Although medical advances have made HIV a chronic disease, many people living with HIV still experience mental, social, and even legal stigmatization as a result of their status," noted Andrew Hollenbach, PhD, LSU Health New Orleans professor of genetics and LOCUS faculty sponsor. "Further, adherence of HIV positive individuals to antiretroviral medications can result in their having undetectable viral status, which combined with the advent of PrEP, is highly effective in preventing the further transmission of the virus. These issues and many more will be discussed in what we hope to be an informative and educational event."

## **STPH Receives A for Patient Safety from The Leapfrog Group**

The Leapfrog Group, a Washington D.C.-based organization aiming to improve healthcare quality and safety for consumers and purchasers, released the new Leapfrog Hospital Safety Grades, naming St. Tammany Parish Hospital as one of 750 awarded an A for its efforts in protecting patients from harm and meeting the highest safety standards in the United States. The Safety Grade assigns an A, B, C, D, or F grade to hospitals across the country based on their performance in preventing medical errors, infections, and other harms among patients in their care.

In 2017, STPH earned distinction from Leapfrog as a top general hospital in the nation—one of only 40 hospitals in the United States and two in Louisiana to earn this recognition.

"We are honored to be recognized five times in a row by the Leapfrog Group as A rated for safety," said Sharon Toups, senior vice president and chief operating officer at St. Tammany Parish Hospital. "All of our employees work extremely hard daily to ensure that our safety standards go above and beyond for our patients."

"This is the only national rating of how well hospitals protect patients from preventable harm and death, such as medical errors, infections, and injuries," said Leah Binder, president and CEO of The Leapfrog Group. "Receiving an A Safety Grade means a hospital is among the best in the country for preventing these terrible problems and putting their patients first, 24 hours a day."

Developed under the guidance of an expert panel, the Leapfrog Hospital Safety Grade uses 27 measures of publicly available hospital safety data to assign grades to approximately 2,500 U.S. hospitals, twice per year. It is peer reviewed, fully transparent, and free to the public.

## TGMC Outstanding Nurses Recognized

Terrebonne General Medical Center (TGMC) announced that Jacque Blanchard, RN, was awarded the Xi Sigma Theta Tau International Honor Society of Nursing Nurse Leader of the Year Award by Nicholls State University. The award recognizes nurses who consistently practice excellence in a clinical setting, in nursing education, and/or nursing leadership.

Blanchard earned his nursing degree from Nicholls State University. He began his career at TGMC in 1992, and has since advanced to his current role of cardiac catheterization lab director for TGMC and Cardiovascular Institute of the South (CIS). In his role, Blanchard assumes responsibility and assists with the planning, organization, direction, and management of patient care for the cath lab.

TGMC also announce that Sonda Brown, MSN, CRNI, was named the 2018 Certified Registered Nurse Infusion (CRNI) of the Year by the Board of Directors of the Infusion Nurses Certification Corporation. The national award recognizes an infusion nurse who excels in patient advocacy, professional image, commitment to certification, and enhancement of the infusion therapy practice.

Brown, a registered nurse at TGMC for more than 20 years, began her career as a telemetry

nurse, and then transferred to the TGMC Infusion Center. Over the course of her career, Brown has attended national conferences and events related to infusion therapy, and teaches coworkers about the latest practices. She proactively serves as a liaison for her patients, ensuring that they receive exceptional care, and regularly volunteers in her spare time at events benefiting her patients.

## North Oaks Invites Community to Public Forum

The North Oaks Board of Commissioners and President/Chief Executive Officer Michele Sutton invited the community to a public forum which was held in the E. Brent Dufreche Conference Center, located within North Oaks Diagnostic Center in Hammond.

Sutton gave an update on new services with the majority of the evening spent answering questions from the audience.

"We want to know what's important to our friends and neighbors," Sutton explained. "All questions are welcome, with the exception of those pertaining to specific patient care or billing issues. Those will be addressed privately to protect confidentiality."

After the forum, all questions and answers were posted to the health system's website at [www.northoaks.org](http://www.northoaks.org). North Oaks hosts biannual public forums in the fall and spring.

## LCMC Health Urgent Care Earns Prestigious UCAOA Accreditation Status

LCMC Health Urgent Care announced that it has again earned accredited status from the Urgent Care Association of American (UCAOA). The designation is the highest level of distinction for quality of patient care in an urgent care setting.

In a joint statement, LCMC Health President of Clinical and System Operations John Heaton, MD, and LCMC Health Urgent Care Medical Director Patrick Dennis, MD, stated, "We are extremely proud of the clinicians and leadership at all levels for reaffirming the commitment of LCMC Health Urgent Care to delivering the best care possible. The UCAOA accreditation is the urgent care industry's mark of excellence, which should be a tremendous source of pride for every member of the LCMC Health Urgent Care team."

To be re-accredited, the UCAOA requires urgent care operators to allow independent surveyors access to randomly selected centers for re-evaluation. Inspections are rigorous to ensure that quality, safety, and compliance protocols meet or exceed standards for the highest level of patient care. The scope of urgent care services offered, the physical condition of facilities, and adherence to laws related to patient privacy are also areas subjected to evaluation.

With its re-accreditation, LCMC Health Urgent Care stands with the UCAOA, demonstrating their mutual commitment toward providing patients with access to the highest level of quality care.

UCAOA's Accreditation Program is voluntary and the only program developed by urgent care professionals, specifically for urgent care.

LCMC Health Urgent Care centers are state-of-the-art facilities providing walk-in care for minor illnesses and injuries seven days a week, including holidays. Licensed providers are available to perform minor procedures like casting and suturing, in addition to being equipped with digital x-ray, laboratory services, and an electronic medical records (EMR) system. Occupational health services are also available for treatment of workplace injuries, DOT/Non-DOT physicals, blood analysis, return-to-work exams, and drug testing.

With locations in Lakeview, Gretna, and Luling, LCMC Health Urgent Care is backed by the resources and reputation of LCMC Health and its member hospitals, which include Children's Hospital, Touro, University Medical Center, New Orleans East Hospital, and West Jefferson Medical Center. For addresses, hours, and additional information on LCMC Urgent Care Centers, visit [www.lcmchealthurgentcare.com](http://www.lcmchealthurgentcare.com).

## TGMC: 2018 Bayou Region Athletic Hall of Fame Hosts Induction Event

The second annual Bayou Region Athletic Hall of Fame, a sports-themed banquet hosted by The Foundation for Terrebonne General Medical Center (TGMC) and the TGMC Community Sports Institute, honored six local athletes at the induction event. This year's inductees included South Lafourche High, LSU, and CFL star Ron Estay; Terrebonne High, LSU, and NFL great Earl Gros; Central Lafourche High and LSU record-setting

quarterback Tommy Hodson; St. Francis High and MLB pitcher Harold Haydel; Terrebonne High, UNO, and MLB standout Wally Whitehurst; and Central Lafourche High and Nicholls basketball All-American Larry Wilson.

Each honoree earned a spot of prominence on the Bayou Region Athletic Wall of Fame, located in the TGMC Community Sports Institute. Inductees represent some of the top athletes from Terrebonne, Lafourche, and Assumption Parishes, who are also dedicated to community involvement.

Proceeds from the banquet will support The Foundation for TGMC's efforts to purchase a mobile medical clinic/blood mobile. Sponsors for the event included Peoples Drug Store, serving as the presenting sponsor, and Cenac Marine, the Home Run sponsor.

### **Benjamin Blanchard Memorial Foundation Gives \$100K to Mary Bird Perkins Cancer Center in Covington**

The Benjamin Blanchard Memorial Foundation recently presented Mary Bird Perkins Cancer Center in Covington with a \$100,000 gift that will fund a new education and early detection event for Northshore residents, and support key assistance programs benefiting patients and families at St. Tammany Cancer Center. The foundation is committed to supporting Mary Bird Perkins—where Blanchard received a portion of his treatments—along with other organizations and causes that were special to him.

"Ben was treated with the kindness, compassion, and exceptional treatment that every person deserves if they are diagnosed with cancer. This is why we thought it was important to give back to the Cancer Center in this way; we want to ensure Northshore-area residents continue receiving the highest quality cancer care," said Chris Blanchard, president of the Benjamin Blanchard Memorial Foundation Board. "Ben believed knowledge was key to a better life. The foundation's support of cancer education and early detection is something he would have undoubtedly wanted for his community. The funds directed toward patient assistance programs will lighten the enormous burden and challenges patients and their families face when someone is diagnosed. We know he'd be so proud of his foundation's work, and grateful



The Benjamin Blanchard Memorial Foundation recently presented a \$100,000 donation to Mary Bird Perkins Cancer Center in Covington. Pictured, left to right, are Nick Arnold, Susan Blanchard, John Alford, John Pell, Mark Blanchard, Chris Blanchard, and Caroline Ragon.

for the volunteers, donors, and many others who are actively involved."

The early detection event is being planned for this fall with free, convenient access to a host of cancer screenings for the community. More details will be available in the coming months. Patient assistance funds will help remove barriers to care patients may experience, covering expenses related to transportation, dietary supplements, dental extractions, and more.

Mary Bird Perkins Cancer Center in Covington provides state-of-the-art radiation therapy and diagnostic imaging, along with vital support services to patients and families in the Northshore region. Mary Bird Perkins is a key provider within

St. Tammany Cancer Center, which offers comprehensive, patient-focused cancer services.

"There is always more to do when it comes to enhancing cancer education and early detection services in our region, and this donation will go far in helping expand the efforts already underway by St. Tammany Cancer Center," said Patti Ellish, president and chief executive officer, St. Tammany Parish Hospital. Ellish continued, "The generous funds provided by the Benjamin Blanchard Memorial Foundation will help save lives, provide people with information, and tools to live healthier lifestyles and support patients fighting cancer here on the Northshore. It's truly a wonderful gift." ■

For the last few days, you've had a tickle in your throat.

It's not much, just a *hrrumph* that's gone from occasional to annoying. You've looked it up online and, well, it's either allergies, a cold, or you're going to die. But, as author **Nina Shapiro, MD** says in her new book, "**Hype**" (with **Kristin Loberg**), be careful what you think you know.

Your doctor may be rolling her eyes at you.

But don't worry. Says Shapiro, showing up at an appointment armed with sheaves of print-outs, having "done... research" is often a good thing; most physicians are glad to serve better-educated patients. The problem is that some of your new education may be false and some of it may be dangerous.

So how do you know the difference?

To start, if you're looking for information online, be super-specific in your search and bear in mind that websites with colorful ads are often "exaggerated." Pay attention to what comes after the "dot" because it matters in a web address. And just because the website looks authentic doesn't mean its information is.

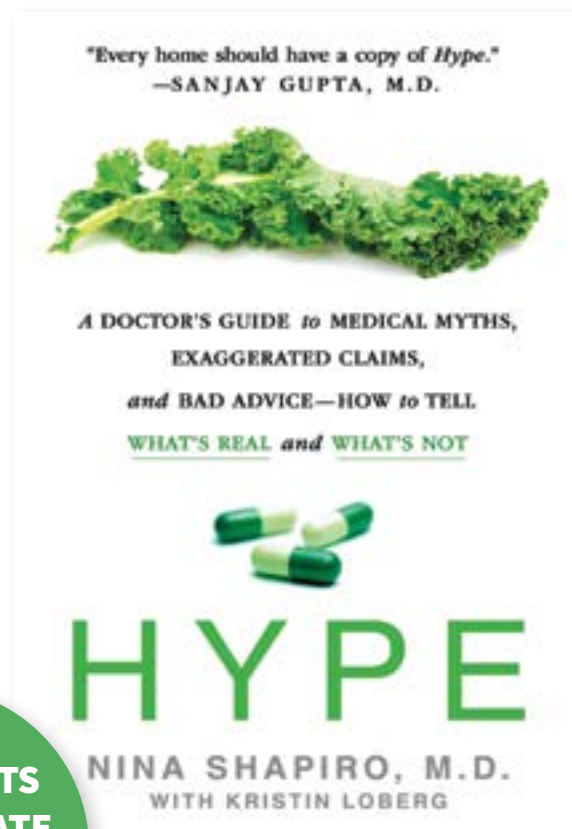
Remember that we tend to panic about that which is newsworthy, while ignoring what's good for us; you may worry about Ebola, for instance, (a threat that's truly small) but you don't use your seat belt. Learn how to assess risk and remember that sometimes, not acting is the riskier choice. Also remember that even the most benign substances can kill you if they're consumed in excess.

In this book, Shapiro explains how to tell if a "study" is really of any use for you, and how to properly use the information you'll get from genetic testing. Find out why there is no "best" diet or exercise. Get the final word on vaccinations. And that handful of supplements you were about to take?

Hold off a minute...

Lie-ins and thyroids and scares, Oh, My! What do you do when you're feeling poorly? "Hype" lets you separate the help from the hooey.

Don't, however, think that this is just another voice in the medical jungle. Author Nina Shapiro, MD (with Kristin Loberg) doesn't tell readers what to do; instead, she offers the tools to figure out the best



“‘HYPE’ LETS  
YOU SEPARATE  
THE HELP FROM  
THE HOOEY.”

By **Nina Shapiro, M.D.**  
with Kristin Loberg  
c.2018, St. Martin's Press

next step based on calm truth, not rumor. Shapiro doesn't hyperventilate in her writing, which is handy and reassuring when you're faced with a lot of decisions or too much conflicting information.

On that conflict, Shapiro is careful to show both sides to a medical coin – few things, as she points out, are all good or all bad. To that point, she reminds readers that there's no one-size-fits-all when it comes to healthcare; she's also refreshingly candid about her own medical superstitions and practices.

For anyone who wants to be extra proactive in their healthcare choices, this is a book to have. Even though it's pretty no-nonsense, it's got a breezy feel to it and sometimes, the authors have a little fun with readers, too. "Hype" is down-to-earth, informative, and your funnybone may even be tickled. ■





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