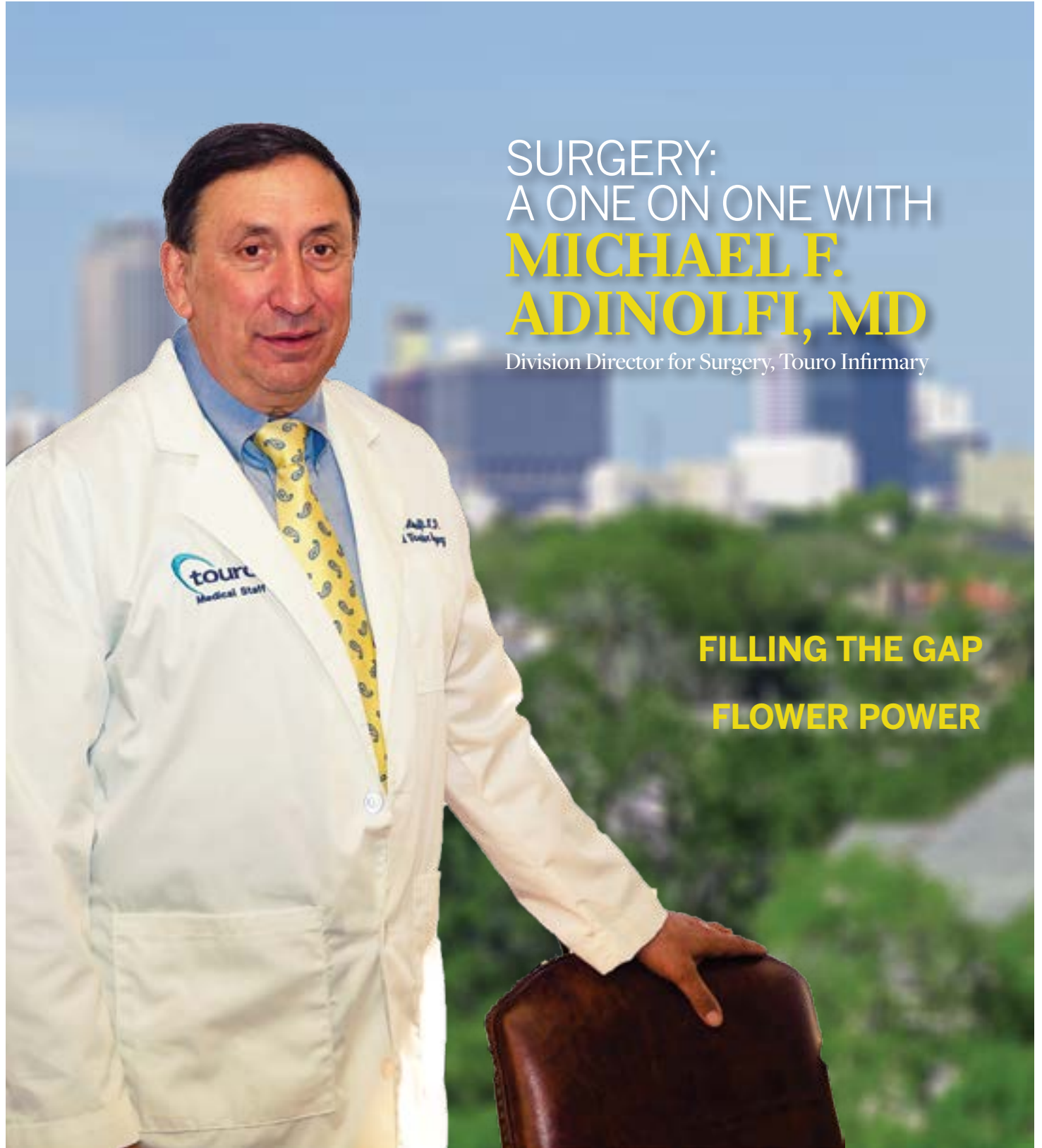


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SURGERY:
A ONE ON ONE WITH
**MICHAEL F.
ADINOLFI, MD**

Division Director for Surgery, Touro Infirmery

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FLOWER POWER



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Chief Editor

Smith W. Hartley
shartley@ushealthcarejournals.com

Managing Editor

Karen Tatum
ktatum@ushealthcarejournals.com

Editor/Writer

Philip Gatto
pgatto@ushealthcarejournals.com

Contributors

Claudia S. Copeland, PhD; John W. Mitchel

Correspondents

Amritha Appaswami; Pamela W. Carter; Rebekah E. Gee, MD, MPH;
Cynthia A. York, MSN, RN, CGRN; Cindy Munn; Dr. Claudia Kappen

Art Director

Cheri Bowling
cheri@ushealthcarejournals.com

Sponsorship Director

Dianne Hartley
dhartley@ushealthcarejournals.com

Photographer

Sharron Ventura

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Contents

May / June 2017 | Vol. 6, No. 3



12



18



24

FEATURES

**Surgery:
A One on One** 12

Michael F. Adinolfi, MD
Division Director for Surgery
Touro Infirmary

Filling the Gap 18

Advanced practice practitioners
extend physician reach

Flower Power 24

The antimicrobial properties of
the legendary Elder tree

DEPARTMENTS

Editor's Desk 10

Healthcare Briefs 33

Hospital Rounds 55

Book Corner 65

Ad Index 66

CORRESPONDENTS

Quality 42

Secretary 44

Nursing 46

Legal 48

Bio 50

Research 52

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— LUDWIG VAN BEETHOVEN



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A handwritten signature in black ink, appearing to read 'Smith'.

Smith Hartley
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DIALOGUE





SURGERY: A ONE ON ONE WITH **MICHAEL F. ADINOLFI, MD**

Division Director of Surgery, Touro Infirmary

MICHAEL F. ADINOLFI, MD is a General Surgeon at Crescent City Physicians, Inc., a subsidiary of Touro Infirmary. A native of New Haven, Connecticut, he received his Bachelor of Science from St. Anselm's College in Manchester, New Hampshire, and received his medical degree from the University of Maryland School of Medicine. Dr. Adinolfi completed his post graduate training in New Orleans at Tulane University School of Medicine, Department of Surgery.

Adinolfi joined the medical staff at Touro Infirmary in 1984, and has served as President of the Medical Staff and is the current Division Director for Surgery. He is a member of numerous professional organizations and has presented at educational seminars throughout his career. He is board certified by the American Board of Surgery and the American Board of Surgery-Vascular Surgery. Adinolfi's career in medicine includes performing groundbreaking surgeries, caring for thousands of patients, and educating the next generation of general surgeons.



PHOTO COURTESY OF TOURO INFIRMARY

We, as a surgical team, rely on everyone from the orderlies to the people that clean the rooms to the people that are actually doing the surgery, because each step of that is necessary to guarantee a great surgical outcome for our patients.

Chief Editor Smith W. Hartley Could you talk about the role of a hospital Chief Surgeon?

Dr. Michael Adinolfi It's an elected position. The medical staff receives several nominations. Then they vote for who they feel would be best to represent both the surgical team and the patients. We work very, very closely with everybody from quality assurance to safety to the surgeons, actually sometimes even with the office staff, to ensure that safe and quality surgical care is delivered to our patients. I usually receive notification of any safety issues, regulatory or quality concerns. As a matter of fact, every Wednesday morning, we meet and we go over quality issues, credentialing issues. I work with multiple members of the Touro medical staff both in administration as well as in the actual medical surgical staff themselves. All of it really is to ensure that our patients obtain state-of-the-art, safe care.

Editor I guess then you're representing both the administration and physicians in discussions.

Adinolfi Yes, sir. It's very difficult to wear two hats, but we try our best because don't

forget, without a hospital that is cooperative, we can't take care of anybody. In today's day and age, I think it's critical that you have that cooperation. Even though I do represent my medical staff and my surgical staff, I also, in the back of my mind with all decisions concerning safe patient care, have to be conscientious of administration and their role that they play in this.

Editor Could you talk about the general philosophy behind staffing the surgical team?

Adinolfi That's a great question. Everybody asks, "What's a surgical team?" For me, it's a multi-factorial thing that starts all the way, really, from the surgeon's staff in the office, who then goes to same-day surgery and pre-op. Then from pre-op, that case goes to the O.R. scheduling desk. From the O.R. scheduling desk, it goes to the people that pull the instruments, and then from there, back again to the circulating nurses and the scrub techs.

All of this is possible again, with full cooperation, like I said, from administration and from surgery itself. If we need something that the hospital doesn't have because it's new, we need to go to them and say, "Look!" Just like with your da Vinci robots and other things like that. It starts really from the top

all the way down and from the bottom all the way to the top. That's the way I look at it.

Again, I tell everybody when they come in my office as a patient, "I'll do the best I can for you," but my neighborhood will look pretty lousy if the garbage man didn't come twice a day." We, as a surgical team, rely on everyone from the orderlies to the people that clean the rooms to the people that are actually doing the surgery, because each step of that is necessary to guarantee a great surgical outcome for our patients.

Editor What are some of the things that you can do to incorporate the teamwork models? Is that a lead-by-example sort of thing or do you have this open discussion about the teamwork models?

Adinolfi In my opinion, everything that we do really, truly does involve the team from the time, like I said, that you're in your office seeing a patient pre-op, to scheduling, to surgery, and then to post-op care and follow-up care in my office. I guess it is a comfort zone where you establish a relationship with everybody from the chief administrator of the hospital to the orderly that's cleaning my room in between cases. All of it is just geared at trying to make sure the surgical

experience at Touro was safe, comfortable, and that we provided an excellent outcome for our patients.

Again, we have all kinds of issues at hospitals, as does any business, but relationships are key in my mind. If you have a great relationship with your staff, and you actually get to know them and they get to know you, it's a win-win situation. You can't go wrong. They anticipate you. You anticipate them. They know my limitations. They know theirs and they make the appropriate changes based on the individual procedure.

Editor I'm assuming you have residents, too. How do you get some of the less experienced or younger surgeons involved? Could you talk a little bit about that interplay?

Adinolfi Well, we do have different residents that rotate through here. We have OB-GYN. We have surgery. We have neurology as well. So we have all of those. As far as getting the younger, inexperienced surgeons involved, actually we try to get them on different committees to give them an introduction into how hospitals work on the inside before even getting to the operating room. Like I said, because I've got to go to administration every six, eight months or so, we have meetings where we'll ask, "What do you need in surgery? What can we do to help you? What could we do to make surgery safer and better for our patients?" We try to get them involved in different committees. I think that's very, very important. And something that's interesting—I'm 66-years-old and, believe it or not, the younger surgeons help me a lot with my ineptness at computers and things like that because in this age, with the electronic medical records, some of us old dogs aren't as adept as the younger surgeons are.

The other thing is, when we hire new, younger surgeons, they're usually so eager, even though they have finished a residency, and are board-certified. In today's day and age, most procedures now are these minimally invasive procedures. A lot of them will scrub with us older surgeons (I call myself

an older surgeon) when we do the more complicated, open procedures. That way it's quicker for the patient and at the same time a continued medical experience and education for the young surgeons.

Editor Can you discuss a little bit about how the work of surgeons is evaluated in your quality process?

Adinolfi We have a thing called OPPE, ongoing professional peer evaluation, and then a thing we call focused reviews. And so, if a new surgeon applies to the hospital or if we have a surgeon who we think might have quality issues, we will then want to do a focused review. What we will do is evaluate a certain number of their cases, maybe the first 10, things like that. And then as you come up for reapplication or recertification, we'll have an ongoing peer review where we'll evaluate their outcomes in their surgical cases in that manner. Those are usually the things that we look at.

Editor Have financing models of healthcare changed the process of surgery?

Adinolfi I'm going to be honest with you. We have never had any pressure from the

administration here to change anything for a financial reason when it comes to patient care, safety, and excellence. That's one of the things I like about Touro. We don't sacrifice anything at the expense of patient care. Are there considerations that we look at? Of course, there are. We look at length of stay of patients. We look at readmission rates. Coming down the line, Medicare is going to start bundled payments, for example, on orthopedic procedures and on probably eventually, coronary artery bypass. We had dedicated units in existence prior to even those initiatives. It's not like, "Oh, we've got to spend money to meet this initiative." We've done that in order to deliver care safely and the best we could with excellent results prior to any of these financial considerations, but yes, I think all of that does come into play. But I think most of us have anticipated that or tried to anticipate it before it becomes a thing—we really don't skimp on anything at the sacrifice of our patients.

Editor Does the issue of managing cost come into play though? Is that ever a discussion? Is there some sort of review from the cost perspective?

Adinolfi You mean, for example, if we want

"In today's day and age, most procedures now are these minimally invasive procedures. A lot of them (younger surgeons) will scrub with us older surgeons (I call myself an older surgeon) when we do the more complicated, open procedures."

DIALOGUE

to buy another da Vinci robot? Is that what you're asking?

Editor No. I mean during the process, I guess, is cost a consideration to say maybe we don't need this many people in the OR, for example? Maybe we don't need to be doing this. Is that ever a consideration?



Adinolfi You know, we've tried to learn from some of the privately-owned facilities where, if you have an eight-hour workday but everybody works so efficiently that they're done in five hours, you still get paid for the three hours and go home. It's interesting, if you take an approach to your team as a family, if all of you are on the same page, then those things really don't matter. It's all about being efficient and safe and getting the patient through surgery—the less time the patient is under anesthesia, things like that. Will we downstaff? Usually not. We keep two teams on call for surgery. There's always a backup team in case of emergencies. For example, orthopedics sometimes will run two rooms because we have block times in the OR. You can go from one room to the next and that requires double staffing. With those aspects, we try to keep up with that. Of course, we look at, if the census is low, letting people do what they call flex off. Every hospital does that.

Editor And, has the scope of practice changed at all in recent years? Meaning, are non-surgeons more or less involved?

Adinolfi I think the scope of surgery has changed, both from the actual surgical procedure to both the preoperative and postoperative care and evaluation. All the innovations with robotic surgery, with laparoscopic surgery, minimally invasive surgery—all of that is so entirely different from when I trained at Charity Hospital in the late 70's. It's a whole new world. I

did a vascular fellowship and the only balloon we ever heard of was a Fogarty catheter and they weren't doing angioplasties or stents or endovascular surgery at all. I remember when we first started doing endoscopic percutaneous gastrostomy. In my 30-something years of doing this, surgery has changed tremendously to benefit the patient. From length of stay in the hospital, time under anesthesia, postoperative pain considerations, etc. etc. So yes, those things have definitely contributed. I don't, but a lot of the physicians now use physician assistants to help them both in the office as well as in the operating room and in the postoperative period. So yes, again, I think that helps with efficiency. They never do anything truly on their own. It's more or less helping the nurse from the 11 to 7 am shift, be my eyes, and call me whenever they need it.

Editor You've been obviously doing this for a while and you've said that things have improved a lot, quality's improved, outcomes have improved. I wonder if you could just say why that is. Is it technology? Is it that we've just gotten better at doing what we do? Is it more information out there?

Adinolfi Oh boy, 37 years and I think it's everything you said. I think it's technology, I think it's information, and for a lot of medicine and surgery, it's almost relearning the wheel. You go from years ago using lidalic agents for blood clots to saying how taboo it was. Now, we're using them all the time again. I think access to information is so much easier now and so much more

All the innovations with robotic surgery, with laparoscopic surgery, minimally invasive surgery—all of that is so entirely different from when I trained at Charity Hospital in the late 70's. It's a whole new world.

up to date than a textbook because of the computer. This hospital provides us with two websites on the computer that you can instantly get whatever information you need. If I get called to the emergency room to see an unusual problem, I just go to one of the computers, type in UpToDate or WebMD and bang—I can read all the articles that I want about it. Yes, technology has helped us tremendously in that regard. You can watch videos now. The medical educators at the universities now use simulators to try to teach young residents and surgeons and medical students different techniques. So yes, I think a lot of it is technology and the information highway.

But, the onus is on me to have kept up with that stuff as time goes. When we started doing the laparoscopic cholecystectomy I went away to a course and then when I came back, I had to be proctored by a surgeon who was already doing them for a certain number of cases. Then when I finished that proctorship, I had to be under focused evaluation—like we had talked about—to make sure that for what I “learned new,” I was qualified to continue to safely do for our patients.

Editor I was wondering if you could talk about some of the current or new innovations in surgery now—some of the things that you've seen or that are coming up.

Adinolfi I mainly practice here at Touro and we have excellent robotic surgeons in both gynecology, urology, and now thoracic surgery. The robot is being used to perform prostatectomies, nephrectomies, adrenal-ectomies, and people are going home the next day. That's unheard of. I'll never forget at Charity in the 70's when I was there, we were doing heart surgery because that was just coming into being as a specialty. But they have excellent urologic, thoracic, and gynecologic robotic services here. You have breast surgeons—Touro's actually the only hospital in the Gulf Coast Region to perform this thing called a radioactive seed localization breast biopsy. We have a breast specialist, we have colon and rectal specialists.

And then we have the true, old-time general surgeons who do everything. When I was a resident and went into practice with Dr. Cerise, Ogden, and Craighead. Dr. Craighead, as a general surgeon, ran the fracture service at Charity Hospital. Things definitely change and the innovations are a lot better. I think the robotic and the minimally invasive stuff has really dramatically been a benefit to patients and their outcomes.

Editor And what do you believe is coming next? Not just in terms of technology so much, but maybe just the future approach to surgery and the surgical experience?

Adinolfi I think one of the things you had mentioned to me earlier was about financial considerations. I'm going to turn that a little bit around and tell you that as we progress in this environment, I think I see more and more hospitals employing physicians and forming a large cohesive group that delivers one-stop medical care. You come to the office building with a hernia and your internist finds out you have a hernia and they send it to me two offices down. And I say, “Yeah, you have a hernia but I'm a little worried I might hear a heart murmur. Go down two more offices.”

And I see the fact that—I'll give you an example—my medical malpractice insurance was over \$60,000 a year. So that's normal because I do vascular and general surgery. As Medicare and all of those decrease reimbursement, I think you're going to see more and more hospital-employed physicians. Which I think is inevitable and I think eventually is going to be best for the patients. They won't get shuffled around; they'll have consistency of care.

We saw this after Katrina when everybody was displaced. Again, I think electronic records and technology is going to be able to allow patients, when they get displaced, to have their new physician get instant access to that information to provide care. But I really think in this city, if you look at the major hospitals, there isn't a single cardiac surgeon that is not employed or cardiologist

who is not employed. Many, many internists are already employed by the hospitals, and some surgeons.

Editor You said that you enjoy what you do, that it is a passion. Why do you like doing what you do?

Adinolfi When I was in college, I came home one summer and my lifelong dream was to be an interpreter for the United Nations. I was sitting having dinner with my mom and dad. Both of my parents came here through Ellis Island. So, I'm first generation. And mom was looking at me and in her Polish accent she said, “You know, why don't you become a doctor? That sounds like a good position.” That was my sophomore year. Then junior year, when I went back to St. Anselm's College, I changed my major with the idea of becoming a physician. In the summer, I worked as an orderly and a scrub technician in one of the major hospitals in New Haven, Connecticut.

I just fell in love with surgery, and I tell my children that to this day. They ask me, “Doesn't it bother you to get calls all night long? Doesn't it?” Again, that goes back to teamwork. I get up every single morning and I tell them, “I love what I do. It's not a job for me, it's a passion.” And it is very, very gratifying. Trust me, are there hassles? Of course, there are. Are there times when you're cursing and so frustrated? For example, when you get a lawsuit when you operated on 800 people and 799 of them have done well, but one had a possible complication. They decide that you're going to be the target. But overall, like I say, for most physicians, it is a passion, it's not a job. If you look at that, and if you get the right people, then you're going to get the best you can. You really are. It's nice. I guess that comes with age, comes with maturity, comes with feeling comfortable in your practice, feeling comfortable with the people that you work with—that they know that they're going to do their best while you're not physically looking over them. ■

PHYSICIAN EXTENDERS

FILLING *the* GAP

By John W. Mitchell





Advanced practice practitioners increasingly extend physician reach

“Are you going to become a doctor one day?” It’s a question Ashely Chan, a physician assistant (PA), hears often from patients. But once they get to know him, the next most common question they ask when they call for an appointment at Crescent City Physicians in the greater New Orleans area is, “Can I see Ashley?”

PHYSICIAN EXTENDERS

DR. CHRISTOPHER LEGE, Chief Medical Officer at Crescent City (the practice is a subsidiary of hospital provider, Touro Infirmary) told USHC Journals that once patients get to know the physician assistant, he's the guy with whom they want an appointment.

"After he takes care of them for a medical problem, patients call and specifically ask for Ashley," Dr. Lege said. "In our practice, PAs primarily see patients with an urgent need, patients with chronic conditions who need to be seen more often. This allows access to our practice in a day or two."

According to Dr. Lege, with the PAs' help they keep patients out of the emergency room. The medical doctors in the practice are also able to spend more time with patients who have regularly scheduled appointments.

Crescent City Physicians is among a growing number of practices and hospitals adding mid-level providers – physician assistants and nurse practitioners – to their care team. The practice, with a total of 55 providers, consists mostly of physicians, but they have been relying on a growing number of physician assistants and nurse practitioners (NP) for the past seven years.

"We started working with PAs to coordinate discharges for our attending physicians with admitting privileges in the hospital," explained Dr. Lege. As the sponsoring doctor, he reviews 20 percent of Chan's medical records every week, as required under regulation to ensure quality. "We then expanded to include them to the practice side about four years ago."

PAs and NPs are part of the growing ranks of hands-on medical caregivers and decision makers. They can be referred to by several names. These include mid-level providers, advanced practice providers, advanced practitioners, and physician extenders (although representatives from physician assistant and nurse practitioner national groups told USHC the label "physician extender" is considered improper, despite the fact that many doctors and advanced practice practitioners use the



Christopher Lege, MD

"In our practice, PAs primarily see patients with an urgent need, patients with chronic conditions who need to be seen more often. This allows access to our practice in a day or two."

—Dr. Lege

term themselves). These medical professionals include: physician assistants; nurse practitioners; midwives; surgical assistants; diabetes clinical educators; flight nurses; and nurse anesthetists.

It generally takes an additional two years of training after achieving a bachelor's degree to become a PA. NPs must generally acquire a master's degree in nursing after becoming a registered nurse. There are also licensing requirements that vary state by state.

Several sources cited common reasons for the rapid, recent growth in the use of mid-level providers. The general consensus: there simply are not enough doctors to meet the growing demand for health services. Factor in aging baby boomers and increased access for millions of people under the Affordable Care Act, it's no wonder the PA is one of the fastest growing professions in the U.S.* According to Josanne K. Pagel, MPAS, PA-C, Karuna@MT, DFAAPA, President of the American Academy of PAs

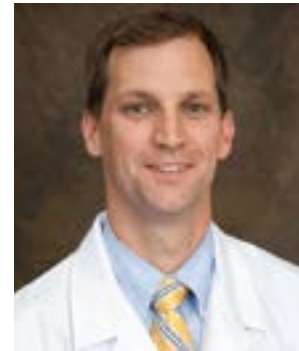




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Richard Turnage, MD



Brad Gaspard, MD

(AAPA), the number of PAs is expected to increase 30 percent from 2014-2024, based on US Bureau of Labor and Statistics.** She added that about 9,000 new PAs graduate every year. NPs and PAs were just named number two and three on the “Best Jobs List of 2017” by *U.S. News & World Report*.*** They are especially in demand in rural areas, where it is more difficult to recruit physicians to practice.

Richard Turnage, MD, Senior Vice Chancellor for Clinical Programs and CEO of UAMS Medical Center at the University of Arkansas for Medical Sciences, told USHJ that the ranks of PAs and Advance Practice Registered Nurses (APRN) has been growing steadily over the past eight years by about 20 percent a year, to 104 in total in the system

currently. UAMS also opened a PA school three years ago.

“We consider the individual need of the clinical service. But we’re using them throughout the organization now – from primary care to neurosurgery and from pediatrics to geriatrics,” said Dr. Turnage, a surgeon. “It’s been remarkable to watch this important change in medicine.”

Dr. Turnage said he began working with PAs in the mid-90s when he worked at the VA hospital in Dallas. He has also served on an accrediting body for PAs. He stressed that at UAMS, they deliver a team approach to medicine and each team member is valued equally. This includes physicians, therapists, nurses, pharmacists, and all the other specialists in the system to help patients

recover.

“When I first started working with PAs I had no idea what they did,” he said, reflecting on physician attitudes about PAs. “But at UAMS they practice at the top of their license and our medical staff welcomes this development, from primary care all the way to the super specialists.”

All the sources interviewed confirmed that physician attitudes toward PAs and NPs have evolved for the times. With the mid-level practitioners now in the mix, physicians can spend time practicing the medicine for which they trained.

“Having physician extenders in the office gives us the opportunity to see patients more efficiently. They help offset some of the administrative burden that medicine places on us,” explained Brad Gaspard, MD, Medical Director at Baton Rouge General (BRG) Physicians Group.

According to Dr. Gaspard, some of the assistance provided by PAs and NPs includes: help taking notes during and after each patient visit; seeing patients with physicians; documenting portions of patient exams; handling prescription refills; handling prior authorizations; and reviewing lab results. He said that in his practice all the providers have at least one “physician extender” – and some have two.

On the inpatient side at BRG, Michelle Capone, Director of Medical Staff Services, reports that the hospital relies on 220 physician assistants, nurse practitioners,

Several sources cited common reasons for the rapid, recent growth in the use of mid-level providers. The general consensus: there simply are not enough doctors to meet the growing demand for health services. Factor in aging baby boomers and increased access for millions of people under the Affordable Care Act, it’s no wonder the PA is one of the fastest growing professions in the U.S.*

CARDIAC CARE



Michelle Capone



Cindy Cooke, DNP,FNP-C

“Forty years of research has proven that NP-managed patient outcomes are as good as their physician counterparts.”

—Cindy Cooke

certified midwives, and certified nurse anesthetists.

“Physician extender specialists work in areas where they have privileges and where sponsoring physicians have a need. If the advanced practice practitioner is part of the surgical division, they may practice with physicians in that unit,” Capone told USHJ.

Data supports the widespread acceptance of advanced practitioners among physicians as well as by patients.

“A Harris Poll found extremely high satisfaction rates among Americans who interact with PAs. The survey found that 93 percent regard PAs as trusted healthcare providers, 92 percent said that having a PA makes it easier to get a medical appointment, and 91 percent believe that PAs improve the quality of healthcare,” said Pagel with the AAPA.

Pagel also cited studies that note when PAs practice to the full extent of their abilities and training, hospital readmission rates and length of stay decrease. Infection rates also are lower. Capone noted that PAs must

be supervised by the physicians in the units where they practice at BRG.

Cindy Cooke, who holds several advanced practice degrees, including DNP and FNP-C, is President of the American Association of Nurse Practitioners. She told USHJ that NPs have provided patient-centered healthcare to a broad range of populations for more than 50 years. Unlike PAs, NPs are able to prescribe medications and other treatments. According to Cooke there are 222,000 qualified NPs in the U.S., 75,000 of whom are AANP members representing more than 200 organizations.

“The faith and confidence that patients have in NP care is evidenced by the more than 870 million visits made to nurse practitioners in the past year,” said Cooke. “Forty years of research has proven that NP-managed patient outcomes are as good as their physician counterparts.”

According to Cooke, a growing trend in the use of NPs is the passage of full practice authority legislation in states nationwide.

Recently, the U.S. Department of Veterans Affairs’ (VA) also enacted a final regulation giving veterans direct access to NP care at VA facilities nationwide. The regulation, she added, will also help to reduce wait times in the VA system.

At St. Tammany Parish Hospital (STPH) in Covington, La., nearly 100 PAs, NPs, surgical first assistants, and clinical nurse specialists have medical staff privileges, about evenly split between the hospital and in practice with physicians. According to Kerry Milton, Senior Vice President/Chief Nursing Officer, advanced practitioners are important beyond just traditional hands-on patient care.

“We also have clinical nurse specialists who use their clinical training and background to ensure we are employing best practices in our processes so that we improve our quality and maintain our certifications and achievements for quality, safety, and the patient experience,” said Milton.

“An example of where the advance practice nurse really makes a discernible difference in the patient experience really boils down to the time they can spend interacting with the patient. “A physician may only have five minutes per patient. A nurse practitioner can make the physician’s limited time for patient interaction far more productive.”

—Kerry Milton



Steven T. Gremillion, MD, FACC



Robert Hart, MD, FAAP, FACP



L. Olivia Sweetnam, MSN, ACNP-BC, MPH



Ashley Chan

She also reports that while STPH's reliance on advanced practitioners in the Emergency Department, pediatrics, and the newborn intensive care unit has a 10-15-year history, their deployment has really ramped up in the past few years in many areas of the hospital.

"An example of where the advance practice nurse really makes a discernible difference in the patient experience really boils down to the time they can spend interacting with the patient," said Milton. "A physician may only have five minutes per patient. A nurse practitioner can make the physician's limited time for patient interaction far more productive."

Physicians appreciate the help. According to Steven T. Gremillion, MD, FACC, Chief Medical Officer at Our Lady of the Lake Regional Medical Center in Baton Rouge, the physician/patient relationship is still special, but most patients understand their doctor is spread thin these days. In Baton Rouge, for example, two emergency rooms have closed in the past three years.

"Recently, one of my patients presented to the emergency room with acute heart failure while I was at another hospital. The extender was able to start therapy until I could make it to the patient's bedside," said Dr. Gremillion.

He also said that advanced practitioners are a great help with one of the "most onerous" aspects of the being a doctor – taking call in the middle of the night.

"Increasingly, physician extenders are assisting with this call burden by seeing

hospital patients at night with physicians and taking calls from nurses and patients at home," said Dr. Gremillion.

Robert Hart, MD, FAAP, FACP, Chief Medical Officer for the Ochsner Health System in New Orleans and Baton Rouge told USHJ that the organization saw a big shift to advanced practice practitioners five years ago. Slightly less than a third of their 1,665 licensed, employed clinicians, including physicians, are advanced practice practitioners. This growth can be attributed to changing attitudes.

"It's a realization that the old model of taking care of one patient at a time is not sufficient to keep up with the disease burden," Dr. Hart told USHJ. "We are finding that if we train them (advanced practice practitioners) in a certain area – diabetes, for example, it's another set of hands to provide a lot of care."

His colleague, L. Olivia Sweetnam, MSN, ACNP-BC, MPH, Assistant Vice President of Advanced Practice Providers at OHS, echoed Dr. Hart's sentiment.

"For example, we now have surgeons request an advanced practice practitioner to work with them because they (that practitioner) can then see the patient for the pre-and-post-op visit. This means the surgeon can perform more cases and take care of more patients."

Both Dr. Hart and Sweetnam stressed that the accelerating trend in the role of advanced practice practitioners reflects how rapidly healthcare delivery is changing.

"We're building an entire care team

because we need high touch points," said Sweetnam. "We need a team to surround the patient, from pharmacists and nurses to educators and coaches."

Dr. Hart said there is no doubt that physician acceptance of advanced practice practitioners has come a long way. Younger physicians coming out of their training are accustomed to working with, and value, advanced practice practitioners.

"There was a time 15 years ago when some physicians saw them as competition. But physicians realize that...(healthcare) delivery is changing, it's more complex and team-based," he said.

Ashley Chan, who was an emergency medical technician before he trained as a physician assistant and joined Crescent City Physicians in New Orleans 18 months ago, said that he's not a doctor, but his is an important role.

"I don't have the expertise of physicians who have been to medical school and three to four years of residency and specialty training," he told USHJ. "But at the same time, I can help them extend their reach, especially when they take the time to teach me what I need to know to help. This provides peace of mind to patients." ■

* <https://www.nytimes.com/2014/08/03/education/edlife/the-physician-assistant-will-see-you.html>

** <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>

*** <http://money.usnews.com/money/careers/articles/2017-01-11/unveiling-the-best-jobs-of-2017>





Flower Power

By Claudia S. Copeland, PhD

THE ANTIMICROBIAL
PROPERTIES OF THE
LEGENDARY ELDER TREE

Spring has arrived and along with it, the beauty and fragrance of oriental magnolias, flowering cherries, and redbuds. Blooming alongside these, though, is a tree you have probably seen dozens of times, but never really noticed. Hiding in plain sight in fields, roadsides, and empty city lots is the humble but mighty elder tree. Famous among Harry Potter fans as the tree behind the most powerful wand of all time, the real-world elder is not just for wizards—or fiction. Its true power—increasingly supported by scientific and clinical studies—lies in its effectiveness in fighting pathogens and promoting wellness.

BOTH THE FLOWERS and fruit of *Sambucus nigra*, elderflowers and elderberries, have been traditionally used as medicine. (They are also used in foods and beverages, including elderberry wine, elderflower cordials, elderflower pancakes, and elderberry cobbler, to name a few.) European folk medicine has employed them as antivirals to fight colds and the flu, as anti-allergics, and as treatments for other respiratory illnesses. In traditional Chinese medicine, a related species, *Sambucus williamsii*, has been used for bone and joint diseases as an anti-inflammatory. Native Americans, as well as Egyptians and peoples of the Mediterranean basin, have used it for various conditions for thousands of years. In addition to folk uses, several great healers of history have left written testaments to the medicinal properties of the elder. Hippocrates referred to it as his "medicine chest" in 400 BCE. The ancient healer Pliny also used it, as did the medieval abbess, composer, and herbal healer Hildegard von Bingen, and a great many physicians since then.

Elder's historical use and continued use as an herbal medicine is undisputed. Only recently, however, has this traditional remedy begun to be studied scientifically. Recent studies have identified a range of potential medicinal uses for elder, including for cancer, diabetes, and neurological damage. First and foremost, though, both laboratory and



“Elder’s historical use and continued use as an herbal medicine is undisputed”

clinical studies have provided compelling evidence of elder’s efficacy as an antiviral.

One of the earliest studies to look at elder in both the lab and the clinic was published in 1995. After finding that elderberry extract reduced hemagglutination and inhibited replication of several human influenza viruses in vitro, researchers Zakay-Rones et al. conducted a placebo-controlled study using the extract during an outbreak of influenza B in a small community in Panama. The results were dramatic. Over 90% of the group treated with elderberry extract showed significant improvement of symptoms within 2 days, compared with 16.7% of controls. Complete recovery from symptoms was also significantly faster in the elder extract-treated group vs. the placebo group, and the treated patients also showed higher

hemagglutination inhibition (HI) titers to influenza B than the control patients.

This study was especially important since the flu medications amantadine and rimantadine are not effective against influenza B at clinically safe doses. Even among influenza A strains, resistance to both of these is on the rise, and, like other anti-influenza drugs such as oseltamivir (Tamiflu), they are expensive. In addition, they have side effects that can be severe, especially in elderly patients, whereas elderberry extract has shown no serious side effects.

Since that initial study, several laboratory studies have supported elderberries’ anti-influenza efficacy against both A and B human influenza viruses. In addition, it may also be effective against high-pathogenicity bird flu: in 2006, Balasingam and

“Recent studies have identified a range of potential medicinal uses for elder, including for cancer, diabetes, and neurological damage. First and foremost, though, both laboratory and clinical studies have provided compelling evidence of elder’s efficacy as an antiviral.”

Comparing elderberry extract with oseltamivir (Tamiflu) and amantadine, Sambucus compared favorably in inhibition of H1N1 influenza infections in vitro. Other studies have tested different strains, and have found *S. nigra* to be broadly effective against several influenza strains.



colleagues reported over 99% inhibition of avian influenza H5N1 virus titer in cell culture. Comparing elderberry extract with oseltamivir (Tamiflu) and amantadine, Sambucus compared favorably in inhibition of H1N1 influenza infections in vitro. Other studies have tested different strains, and have found *S. nigra* to be broadly effective against several influenza strains.

Human studies, while few, have supported these in vitro findings. In a study of Norwegian patients with flu-like symptoms, those given elderberry extract recovered four days sooner than those given a placebo. In a pilot clinical trial conducted in Shanghai, patients with flu-like symptoms were given either elderberry extract or a placebo, and

followed for 48 hours. Among the patients who received the elderberry extract, 60% had fevers that returned to normal within 24 hours, and 100% of them had returned to normal by 48 hours. In the placebo group, none were better after 24 hours, and only 22% had returned to normal after 48 hours. Headaches, muscle aches, and nasal congestion were all significantly decreased in severity and duration in the elderberry group.

In a 2016 report, Australian researchers Tiralongo et al. describe a randomized, double-blind placebo-controlled clinical trial of elderberry extract in air travelers. While there was no significant difference in the number of passengers who caught colds

(the elderberry group did catch fewer colds, but the difference was not great enough to reach statistical significance), the duration of illness was shorter and the symptoms were less severe in the passengers taking elderberry extract. Also, while no human studies have found a significant preventative effect, animal studies in chimpanzees and mice have indicated that *S. nigra* may prevent, as well as treat, the flu. (Interestingly, a preventative effect is not seen in cell cultures, indicating that this may be an immune system-based effect. If so, elder may work on two fronts—through direct inhibition of viruses, as seen in cell culture, and strengthening of immunity, seen only in animals.)

100%

Among the patients who received the elderberry extract, 60% had fevers that returned to normal within 24 hours, and 100% of them had returned to normal by 48 hours. In the placebo group, none were better after 24 hours, and only 22% had returned to normal after 48 hours.

Interestingly, while research comparing *S. nigra* extract to pharmaceutical drugs such as oseltamivir and amantadine is inconclusive, some studies have indicated that elder can work synergistically with the synthetics. Also, since, like most plant-based medicines, the antiviral properties of *S. nigra* are based on a complex mixture of several compounds, resistance is less likely to develop than with single-compound pharmaceuticals. This indicates that there should be little concern that preventive or frequent use of *Sambucus* extract will result in the development of resistance among its viral targets.

Beyond the flu, *S. nigra* extracts have been shown to be effective against several other viruses, including rhinoviruses (the common cold), herpes simplex virus type 1, and HIV. In addition, recently, German researchers Karwitz et al. tested the efficacy of elderberry extract on bacteria that commonly cause secondary infections following influenza, often leading to pneumonia. As expected, the elderberry extract did inhibit the influenza viruses in cell culture. However, it also acted as an effective antibacterial in cultures of Gram-positive *Streptococcus pyogenes*, Group C and G *Streptococci*, and the Gram-negative bacterium *Branhamella catarrhalis* (but not *Staphylococcus aureus*, *Streptococcus mutans*, or *Haemophilus parainfluenzae*), all bacteria associated with upper respiratory infections. In addition, elderberry extract has been shown to inhibit *Helicobacter pylori*, bacteria associated with ulcers.

Research on the effectiveness of elder against nonviral microbes is in its infancy. However, some ideas on *Sambucus*' mechanism(s) of action are coming to light. Researchers Randall Porter and Robert Bode speculate that, since *S. nigra* components bind to SA 2,6Gal sialic acid residues, attachment sites for influenza virus, they could competitively inhibit other pathogens that attach to these same residues. Several other pathogens also bind to SA 2,6Gal receptors, including *Helicobacter pylori*, *Streptococcus pneumoniae*, *Haemophilus ducreyi*, *Haemophilus influenzae*,

and even the malaria parasite *Plasmodium falciparum*. An additional factor that could serve to explain some of elder's broad effects is the observation that *Sambucus* appears to strengthen the immune system

by stimulating macrophages.

While reported side effects from elderberry extract have been few and mild, the leaves and stems of the plant can be toxic, causing vomiting, abdominal cramps, and

IDENTIFYING THE ELDER TREE AND FLOWERS

From a distance, white crepe myrtle flowers can be mistaken for elderflowers. While both trees produce inflorescences of tiny white flowers, they can be easily distinguished. Elderflower inflorescences have a flattened, umbrella-type shape, while crepe myrtle inflorescences are more grape-like in shape. In addition, the individual flowers are very different. Elderflowers have 5 flat petals reminiscent of forget-me-nots that are quite distinct in appearance from the crinkled petals of crepe myrtles.



Elder Tree and Flower



White Crepe Myrtle and Flower



IDENTIFYING ELDER BERRIES

The poisonous American pokeweed produces purple berries that can be mistaken for elderberries. (Pokeberries can cause vomiting and diarrhea; they are commonly eaten by toddlers who mistake them for grapes.) Aside from the elder tree being taller than pokeweed bushes, pokeberries are larger (pea-sized, vs. the tiny, BB-sized elderberries) and grow in long, narrow bunches, whereas elderberries grow in wide, umbrella-shaped bunches. For more information on distinguishing between pokeberries and elderberries, see <http://www.herbalrootszine.com/articles/elderberry-vs-pokeberry/>

Elderberries



Pokeberries



FLOWER POWER

even neurological symptoms due to cyanogenic compounds. These same compounds are present at low levels in unripe fruit, but are denatured by cooking, so a good precaution is to cook elderberries instead of eating them raw. At this point, only the flowers have been approved by the German Commission E as an antiviral, and only the flowers have been designated as safe by the U.S. FDA as a flavoring agent. Nevertheless, studies on ripe elderberries have indicated that they are also safe, with minimal or no side effects.

In general, commercial anti-flu products, including Sambucol, Rubini, and the multi-herb Sinupret, use elderberries rather than elderflowers. Elderflowers are particularly convenient as home remedies, however—they can be made into an infusion (“tea”) directly after harvesting or can be dried or frozen for later use.

With few or no side effects, taking *S. nigra* extract is certainly worth a try. Extracts are available over the counter under several brand names, including Sambucol, Rubini, Quantum Elderberry, and Nature’s Way

Organic Sambucus, to name a few. However, if you live in [Louisiana/Arkansas], why not get your elderflowers or elderberries for free? Take a look around (based on the pictures in this article and others you can find online) – it won’t be long before you see an elder tree in bloom at this time of year. Later in the summer, you will see berries. Good places to forage are empty lots or the edges of fields. Chances are, once you recognize one elder tree, you will start seeing them all over!

You can make a simple infusion by placing flowers in a tea strainer, or you can make elderflower syrup by steeping the flowers in boiling water and sugar and then allowing the mixture to sit for 3-4 days at room temperature before straining through a mesh strainer or cheesecloth. (Remember, leave out the stems and leaves as they can contain toxins. Also, when using the berries, it’s best to cook them first.)

To make a delicious elderflower cordial, boil 1 kg of sugar in 5 cups of water and add 1/4 cup of lemon juice; carefully pour this

over your harvested elderflowers in a heat-safe container, and let the elderflowers steep in the syrup for 3-4 days. Then, add a few tablespoons of the resulting syrup to sparkling water (to taste) and serve over ice. (Store the remaining syrup in the refrigerator; one batch can be enough to make cordials all summer.)

For a cocktail, try adding your elderflower syrup to champagne, or to gin and tonic for a refreshing variation of this summer classic. Elderflower syrup is also lovely drizzled over pancakes, ice cream, or plain yogurt, or the flowers themselves can be dipped in batter and fried.

Elderberries, which are good sources of vitamin C as well as iron, potassium, vitamin A, and vitamin B6, can also be made into a syrup, or baked directly into muffins or pancakes. A quick keyword search will yield a host of traditional elderflower and elderberry recipes, as well as inventive culinary variations—there are endless ways to eat and drink this medicine! Bon appetit et bonne santé! ■

Elderflower Fritters – Gebackene Holunderblüten

Yield: 4-5 fritters

Ingredients

4-5 large heads of freshly picked elderflowers
1 large egg
70 g all-purpose flour (about 1/2 cup)
1/2 cup (120 ml) beer (I prefer blond lager) *
Pinch of fine salt
1 ½ teaspoons fine, granulated sugar (optional)
Neutral tasting oil for frying (I use sunflower oil)
Confectioners' sugar for dusting

Instructions

Gently shake any dirt or insects off your flower-heads. Do not wash the elderflowers as they will lose a lot of their flavor. Cut the stems but leave about 1 inch of stem for handling.

In a bowl, beat the egg using a hand whisk. Add half of the beer, salt, and sugar (if using) and mix until well combined. Adding only half of the liquid results in a thick batter that doesn't give lumps much of a chance.

Add the flour and whisk until smooth. Whisk in the rest of the beer.

Heat about ½ inch of oil in a pan over medium heat. Holding the elderflowers by their stems, dip each elderflower into the batter, then drop them into the pan with the hot oil, flower side down.

Fry until lightly golden. Remove from the oil and place them briefly on a paper towel.

Dust the elderflower fritters with confectioners' sugar and eat straight away, while crisp.

You can serve them simply dusted with sugar, with a scoop of vanilla ice cream, or fruit compote. Enjoy!

* If you don't want to use beer, you can use sparkling water instead. I highly recommend the beer though.

Recipe Source: www.lilvienna.com/elderflower-fritters/



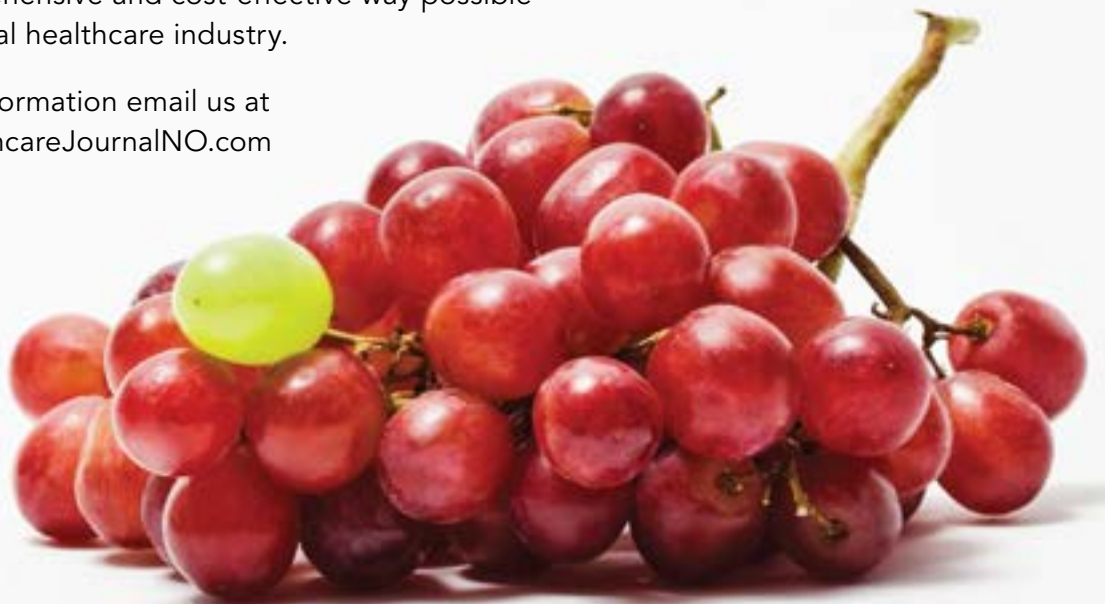
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WHEN SUN SPOTS TURN TO SUN SCARES

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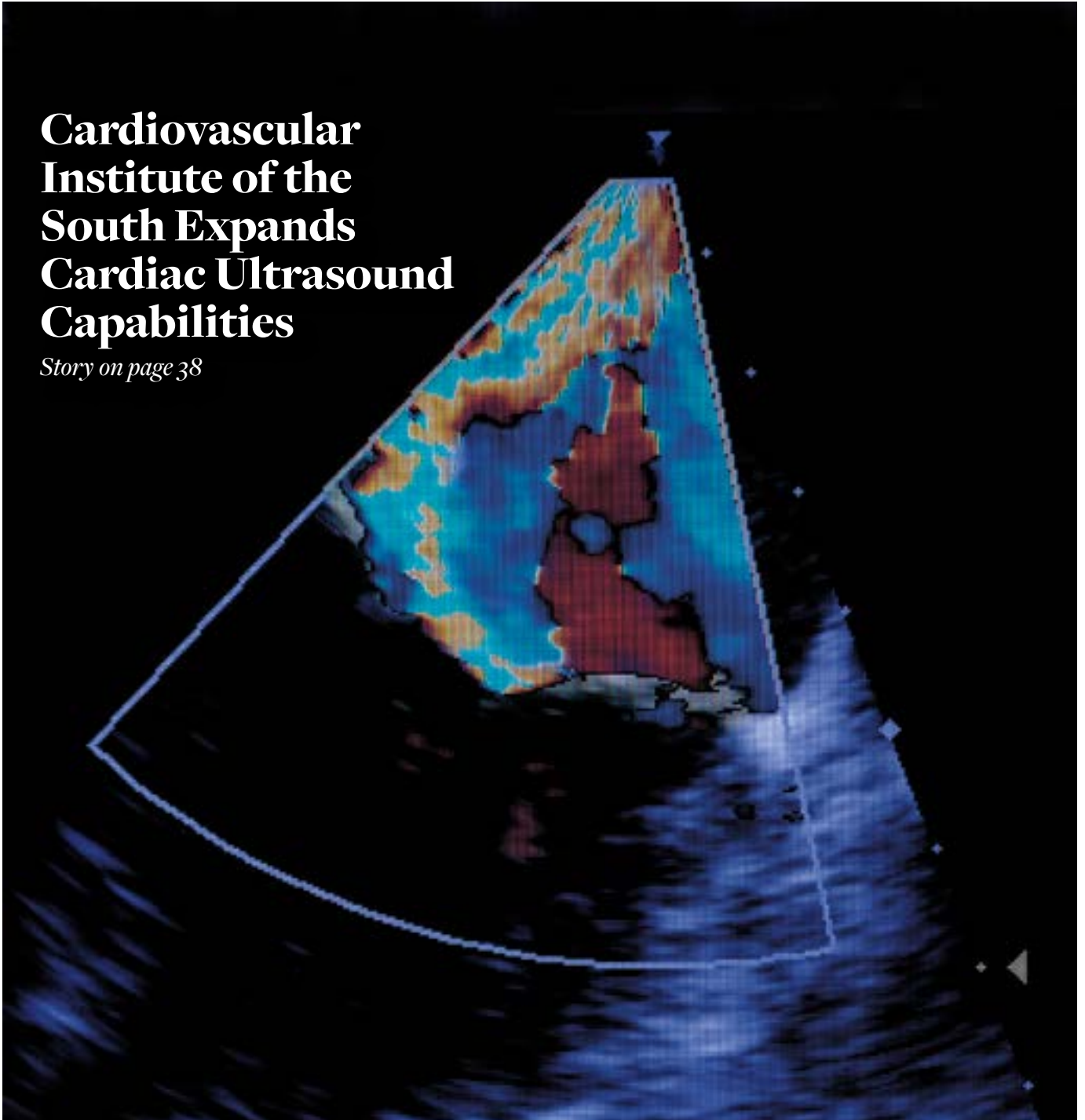
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Healthcare Briefs

Cardiovascular Institute of the South Expands Cardiac Ultrasound Capabilities

Story on page 38



STATE

Alliance of Health Providers Expands Across State

What began as a local, limited-market concept has expanded to become Health Leaders Alliance, a statewide alliance of providers with the common goal of improving quality outcomes and patient satisfaction. Formerly introduced as Health Leaders Network – a clinically integrated network of independent and employed providers in the Baton Rouge, Gonzales, Lafayette, and Monroe markets – the initiative has grown to comprise more than 2,000 leading community providers across the state. This new alliance will allow its members to continue delivering localized care in individual markets while also providing patients with additional benefits of statewide clinical collaboration. These partner organizations will share quality information, provide exceptional care, and focus on the changes in the healthcare industry.

Founding members of Health Leaders Alliance are market leader organizations with track records for successful collaboration and high-quality, high-value care delivery. These include Willis-Knighton Health System in Shreveport-Bossier; Woman's Hospital in Baton Rouge; Franciscan Missionaries of Our Lady Health System with facilities located in Baton Rouge, Lafayette, Gonzales, Bogalusa, and Monroe; LCMC Health in New Orleans; and Thibodaux Regional Medical Center serving Thibodaux and the Bayou Region.

This collaboration is part of an effort to create accountable care, which focuses on high quality rather than quantity, and aligns all players in the healthcare system to improve a patient's overall health. Care providers nationwide are showing strong interest in a shift to accountable care, also known as value-based care.

The combined service areas of the Health Leaders Alliance across Louisiana will provide access for the population in a way that maximizes value to both patients and local physicians. The structure assigns no ownership to the partners and is not considered a merger. Instead, the Health Leaders Alliance organization allows for members to maintain focus on serving unique local populations while benefiting from a partnership with an expanded network of organizations committed



Traci Thompson, JD

to working together on behalf of patients across the state.

Thompson to Serve as CHRISTUS Health System Director of Advocacy and Public Policy

CHRISTUS Health announced that Traci Thompson, JD, has joined CHRISTUS Health's Advocacy and Public Policy team. Thompson began her new role on April 3, 2017, and will be headquartered in Baton Rouge where, among other things, she will work to advance CHRISTUS Health's Louisiana and federal policy and advocacy priorities.

Thompson's background includes advising clients in the healthcare industry on existing and potential regulatory and policy-driven initiatives.

New Chairman Elected to Blue Cross and Blue Shield of Louisiana Board

J. Kevin McCotter of Shreveport was elected Chairman of the Blue Cross and Blue Shield of Louisiana Board of Directors at its annual meeting.

McCotter, who has served on the board since 2008, is the former Vice President of Corporate Development and Government Relations for Chesapeake Energy Corporation. Prior to joining Chesapeake, McCotter served in numerous positions of increasing leadership responsibility with South Central Bell, BellSouth and AT&T before retiring with 34 years of service in 2006.

At Blue Cross' annual policyholders' meeting on Feb. 21, policyholders re-elected McCotter to the Board along with Dr. Richard Atkins of Baton Rouge, Michael B. Bruno of New Orleans, Daniel S. Borné of Baton Rouge, Jerome "Jerry" K.

Greig of Lafayette, Ann H. Knapp of Lake Charles, Dr. Carl S. Luikart of Baton Rouge, Charles Brent "Brent" McCoy of Baton Rouge, Judy P. Miller of Alexandria, Thad Minaldi of Madisonville, Virgil Robinson, Jr. of New Orleans, and Blue Cross President and CEO Dr. I. Steven Udvarhelyi of Baton Rouge.

Following the policyholders' meeting, the Board elected McCotter as Chairman, Bruno as Vice Chairman, and Miller as Secretary.

AHA to Advocate for Healthier Snacks in Schools

In the upcoming Louisiana legislative session, the American Heart Association (AHA) will seek to ensure Louisiana students are healthy and prepared to learn. The AHA is supporting regulations pertaining to Competitive Foods or "Smart Snacks" in Louisiana. Competitive Foods are defined by the USDA as foods and beverages sold at school, other than meals served through the USDA's school meal programs—school lunch, school breakfast, and after school snack programs. Some examples include meal additions in the lunch line, school stores, and school fundraisers.

The American Heart Association is committed to ensuring that states pass strong nutrition policies but also follow through and implement these policies. In Louisiana, the American Heart Association is encouraged by the support of the Louisiana Department of Health on this bill in addition to the School Health Coalition, the Louisiana Public Health Institute, and the Food Policy Advocacy Coalition. The goal of the legislation is to establish specific Smart Snacks standards consistent with the USDA's Interim Final Rule Standards. The Smart Snacks policy will also limit the number of fundraisers so as not to not impair the effectiveness of the overall USDA Smart Snacks requirement.

LDH Seeks Provider Input on Medicaid Quality Measures

The Louisiana Department of Health hosted a series of town hall meetings with clinical providers from across the state to solicit input on the selection of Medicaid performance quality measures.

The information discussed and the suggestions offered at the town hall meetings, titled "Deep

Dive into Quality," will be used by the Louisiana Medicaid program in the development of publicly reported quality metrics. Ultimately, the selected quality measures will be presented in a dashboard that will be added to the department's website.

The meetings were facilitated by Dr. SreyRam Kuy, Medicaid Chief Medical Officer and Dr. Harold D. Brandt, Medicaid Chief Transformation Officer.

Humana Announces Results of Initiative

Humana announced initial results from its national Bold Goal initiative, a five-year program that aims to improve the health of communities that Humana serves by 20 percent by 2020. Humana launched the Bold Goal last year in both New Orleans and Baton Rouge, and has established Health Advisory Boards in both communities. The program unites clinical, public health and grassroots community organizations to take on local health challenges and social issues that influence people's health.

For Humana members across Texas, Louisiana, Kentucky, Florida, and Tennessee, many have seen a significant reduction in Unhealthy Days (a Centers for Disease Control and Prevention (CDC) measure of health).

Here are links to new videos on Humana's Bold Goal efforts and community partners in New Orleans and Baton Rouge:

- New Orleans (YMCA of Greater New Orleans, Your Nutrition Delivered) <https://www.youtube.com/watch?v=W9kLrMEsMIE&feature=youtu.be>
- Baton Rouge (Healthy BR, Capital YMCA) <https://www.youtube.com/watch?v=H8dhFsu0fgg>

You can find updates on Humana's efforts in New Orleans (pg. 22) and Baton Rouge (pg. 20) in the 2017 Humana Bold Goal Progress Report, http://populationhealth.humana.com/documents/Humana_BoldGoal_2017_ProgressReport-v2.pdf.

ALS Association Louisiana-Mississippi Chapter's Soiree a Success

The ALS Association Louisiana-Mississippi

Chapter hosted its annual auction and gala, the Joie de Vivre Soiree, with honorary chairman Coach Paul Mainieri on March 17, 2017, at the L'Auberge Hotel and Casino. The event raised more than \$117,000 for ALS (Lou Gehrig's Disease) research and will provide families affected by ALS with comfort, care, and proper equipment. Of those funds, guests raised \$31,000 in under 10 minutes during the push for the Make a Difference Campaign.

Glen Wesley and the late Tom Grantham Jr. won the Chapter's Iron Horse Awards; ALS champion, Lou Gehrig was called the "Iron Horse" throughout his legendary baseball career.

LOCAL

LSUHealthNO Educators Awarded Nursing "Oscars"

Two members of the faculty of LSU Health New Orleans School of Nursing earned top honors at the Louisiana Nurses Foundation's 2017 Nightingale Gala & Awards Ceremony. Todd Tartavouille, DNS, APRN, CNS-BC, Program Director for the Traditional BSN Program and Gerontology CNS Program, was named Nurse Administrator of the Year; and Ellen Beyer, DNP, MBA, MN, RN, PHCNS-BC, APRN, Instructor of Clinical Nursing, earned Nurse Educator of the Year. Dr. Myrtis J. Snowden, Emeritus Professor at LSU Health New Orleans School of Nursing, was posthumously inducted into the Louisiana Nurses Foundation Hall of Fame.

Dr. Tartavouille's vision and leadership have contributed significantly to the achievements and accolades bestowed upon LSU Health New Orleans' School of Nursing. Based on his analysis of progression data, he proposed the adjustment of the School of Nursing's admission criteria. This was done to encourage students to focus on studies that gave them the best chance of successful, on-time progression through the nursing curriculum. He also promoted making the most of the application process. Changes that were instituted included having the students complete the writing sample on campus and conducting the applicant interviews on video.

Dr. Beyer displays excellence and innovation



Todd Tartavouille, DNS, APRN, CNS-BC



Ellen Beyer, DNP, MBA, MN, RN, PHCNS-BC, APRN

in education through the employment of many under-utilized educational interventions that effect learning and change in health professionals. She is involved in interprofessional education and sees the need to educate new and practicing health professionals simultaneously and collaboratively. She has developed and co-directed an Interprofessional Education (IPE) simulation with nursing students and occupational therapy (OT) students. This was initiated as a partnership between the two disciplines to allow the nursing students to teach the OT students how to transfer patients with medical lines and to allow the OT students to teach the nursing students patient transfers and assistance with Activities of Daily Living. Results showed statistically significant changes and the potential for incorporation into the curriculum. This information has been disseminated at both a local and national level through an oral presentation at the Occupational Therapy National Conference and a poster presentation at Sigma Theta Tau Scholar's Day. The 2014 IPE Simulation and results were accepted in November for publication in the *Journal of Interprofessional Education and Practice*.



Joseph Ochipinti, CEO

New Orleans Heart Walk Names 2017 Walk Chair

Joseph Ochipinti, CEO of UnitedHealthcare-Gulf States Region, has been named 2017 New Orleans Heart Walk Chairman. Ochipinti brings over 20 years of healthcare and financial services experience. As CEO of UnitedHealthcare-Gulf States Region, he is responsible for UnitedHealthcare's Employer & Individual business driving growth, quality, profitability, and overall performance for health benefit plans that serve more than 1.6 million people in Louisiana, Mississippi, and Alabama.

The Heart Walk is held to raise funds to support the American Heart Association and to inspire people to take that first step in improving cardiovascular health or celebrate successes in improving their health. This year the New Orleans Heart Walk will be held on Saturday, November 11, 2017. For more information please visit www.NewOrleansHeartWalk.org.

Orleans Parish Medical Society Appoints Pittman as Executive Director

Orleans Parish Medical Society (OPMS) has selected Jim Pittman to serve as its new executive director. Pittman comes to OPMS with over 30 years of strategic healthcare, managed care, and pharmaceutical marketing, public affairs, and business development experience.

Founded in 1878, the mission of OPMS is to serve as the voice of and advocate for the medical profession in the Greater New Orleans area for the benefit of patients and the community, and as a primary proponent of the ethical practice of medicine.

As Executive Director, Pittman will work closely with Orleans Parish Medical Society leadership to identify, develop and pursue strategic initiatives to:

- serve as the local and regional voice of physicians and patients;
- serve the professional needs of physicians;
- develop strategic alliances to improve the public's health; and
- manage the operational aspects of the association.

Hemphill Named LSU Health New Orleans Foundation CFO

Denise Flock-Williams, Interim President of LSU Health Foundation New Orleans, has appointed Timothy A. Hemphill, CPA, as Chief Financial Officer.

A Louisiana Certified Public Accountant who has also practiced in New York, Hemphill brings more than 16 years of practice to the position. Most recently, he served as Chief Administrative Officer for the New Orleans Business Alliance, a public-private partnership of the City of New Orleans and business community interests created to build an equitable and sustainable local economy for the citizens of New Orleans. He was the Alliance's inaugural CFO. His previous experience also includes Italian Wine Merchants, a global purveyor of luxury European wines with its flagship store in Manhattan. In addition, he served as Client Account Manager at Spielman Koenigsberg & Parker CPAs, overseeing a variety of luxury fashion, artists, sports leagues, technology media companies, and high-net-worth individual accounts. He spent his early years working for the New Orleans CPA firm, Spilsbury Hamilton Legendre & Paciera, servicing a number of non-profits, including foundations, real estate ventures, and logistics companies.

White Coat Ceremony—Rite of Passage For Medical Students

The LSU Health New Orleans School of Medicine will hold its annual White Coat Ceremony on Saturday, April 22, at 2:30 p.m. at the Mercedes-Benz Superdome Bienville Room. This year, 196 first-year LSU Health New Orleans medical students will receive white coats, a visible symbol of patient care. During the ceremony, students



Timothy A. Hemphill, CPA

are "coated" by faculty members chosen by the class for their commitment to medical education and their students.

According to the Arnold P. Gold Foundation, which donated a Humanism in Medicine lapel pin for each student, the cloaking with the white coat—the mantle of the medical profession—is a hands-on experience that underscores the bonding process. The coat is placed on each student's shoulders by individuals who believe in the students' ability to carry on the noble tradition of doctoring. It is a personally delivered gift of faith, confidence and compassion.

Daughters of Charity Health Center Announces Extended Hours

Daughters of Charity Health Centers has extended medical service hours at its Carrollton Health Center in an effort to provide expanded access to patients. Medical service hours at the non-profit healthcare organization's Carrollton location will run from 7:30 am to 8 pm Monday through Thursday. Medical service hours are 8 am to 5 pm on Fridays, and 8 am to 2 pm on Saturdays.

Tulane Researcher Shows Education Can Ease Fear In Cancer Patients

People with cancer are more likely to use palliative care once they learn about its benefits, according to a study led by a Tulane University researcher and recently published by the American Psychological Association. Palliative care provides relief from the symptoms and stress of serious illnesses and seeks to improve quality of life whether patients have a curable, chronic or life-threatening illness.

Michael Hoerger, an assistant professor of psychology, psychiatry, and oncology at Tulane University, led an NIH-funded experiment called Project EMPOWER that examined how patients' preferences for palliative care were affected after they were presented with results from the ground-breaking "Early Palliative Care Study," which demonstrated the beneficial effects of palliative care on mood, quality of life, and survival in patients with lung cancer. Participants in EMPOWER became less scared of palliative care, viewed its evidence more favorably, and said they would be more likely to accept referrals.

A sample of 598 patients with prostate, breast, lung, colorectal, skin and other cancers were randomized to either learn about the medical evidence for palliative care (intervention group) or receive no information at all (control group). Findings indicated that 75 percent of participants who received the intervention had an increase in preferences for palliative care. The intervention effect could not be attributed to alternative explanations, such as the patients' demographics or illness characteristics.

Phillippi's Expertise in Juvenile Justice Recognized

Governor John Bel Edwards has appointed Stephen Phillippi, Jr., PhD, LCSW, CCFC, Associate Professor, Chair of Behavioral & Community Health Sciences, and Director of the Institute for Public Health and Justice at the LSU Health New Orleans School of Public Health, to the Louisiana Juvenile Justice and Delinquency Prevention Advisory Board. Dr. Phillippi's appointment stems from his "special experience and competence in addressing problems related to learning disabilities, emotional difficulties, child abuse, and youth violence."

Technique Improves Breast Reduction Outcomes

Research led by Frank Lau, MD, Assistant Professor of Clinical Surgery at LSU Health New Orleans School of Medicine, has found that long-term breast reduction outcomes can be improved by using techniques that minimally disrupt the lower breast suspensory ligaments. The paper, "The Sternum-Nipple Distance is Double the Nipple-Inframammary Fold Distance in Macromastia,



AHA Heart Walk

is published Ahead-of-Print online in the *Annals of Plastic Surgery*.

Co-authors include Thomas Steele, a 4th-year medical student at LSU Health New Orleans School of Medicine, and Julian Pribaz, MD, of Brigham and Women's Hospital, Harvard Medical School.

LSUHealthNO Donors Now Receive Tiger Athletic Foundation Priority Points

Tiger Athletic Foundation (TAF) is now awarding priority points for gifts made to LSU Health Foundation New Orleans and LSU Health New Orleans Medical Alumni Association. Each \$1,000 donation made since January 1, 2017, is eligible for 1 priority point.

The Priority Point System is used to allocate opportunities for LSU fans to purchase certain tickets and parking passes to LSU athletic events based on giving to TAF and other LSU-affiliated organizations, including LSU Health Foundation New Orleans and the Alumni Association of LSU Health New Orleans School of Medicine.

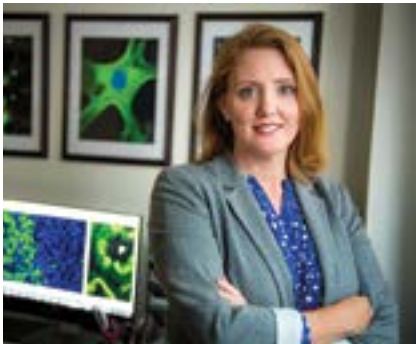
AHA Hosts Northshore Heart Walk

On Saturday March 18, the American Heart Association welcomed members of the community to Fontainebleau State Park for the annual Northshore Heart Walk. The 2017 Northshore Heart Walk was chaired by Tom Walmsely, Senior Vice President and General Manager of Textron Systems- Marine & Land Systems. The event was sponsored by Textron Systems and Chevron. The annual event is a community celebration in which funds raised remain in the Greater New Orleans area for research, education and community trainings. The Northshore Heart Walk, a non-competitive three-mile walk, inspires people to take that first step in improving cardiovascular health or celebrate successes in improving their health.

Tulane Researcher Awarded \$1.9M to Improve Menopausal Hormone Therapy

New research at the Tulane University School of Medicine is looking at an estrogen receptor that could be a site for targeted hormone

Healthcare Briefs



Dr. Sarah Lindsey, PhD
Photo by Paula Burch-Celentano

replacement therapy in post-menopausal women. It's important to find better treatments for cardiovascular disease as more women live years and even decades longer, says Sarah Lindsey, PhD, an assistant professor and researcher with Tulane's Department of Pharmacology, who was

recently awarded a \$1.9 million grant from the National Heart, Lung, and Blood Institute under the National Institutes of Health to conduct the estrogen study.

Previous research has shown the loss of cardiovascular protection in post-menopausal women, and even hormone replacement therapy can't give back the protective effects provided by estrogen.

Using a mouse model, Lindsey and her team are targeting one known receptor that has been identified as important to the cardiovascular effects of estrogen.

Another part of the study is looking at the impact of aging on the receptor. The receptor decreases as the mice age, making it more difficult to target. Lindsey's team is trying to figure out why that happens and if the function of the receptor can be recovered using targeted therapies.

Historic and Early-Stage Businesses Seek Growth in Propeller Accelerator

Propeller has selected the 16 businesses who will participate in its Growth Accelerator, a 3-month program designed to help them maximize their financial sustainability and increase their capacity to tackle city-wide disparities in food, water, health, and education.

The class of entrepreneurs includes familiar names like Circle Food Store, New Orleans' first African-American owned full service grocery

store and local sustainability leader LifeCity, along with emerging businesses like Bluefin Data, a data company pioneering a tool to simplify data reporting between the seafood industry and the government.

The Accelerator serves for-profit and non-profit ventures alike, with a class comprised of 60% for-profit businesses and 40% non-profit organizations. Of the primary venture owners, 50% are white and 50% are people of color.

At the close of the program, participants will select their top peer to award \$25,000 to the top two for-profit ventures, provided in partnership with the New Orleans Startup Fund.

Propeller 2017 Growth Ventures:

FOOD

Circle Food Store (for-profit) is the first African-American owned full-service grocery store in the New Orleans area. The historic Circle Food Store has provided locally-cultivated produce to the Tremé and Gentilly neighborhoods since 1938.

*Descant Ranch Food Hub (for-profit) is a blueberry farm and food hub in Washington Parish connecting local farmers with the resources and information to promote long-term financial and agricultural sustainability in the region.

Southern City Farm, LLC (for-profit) operates a climate-controlled indoor urban farm, providing sustainably grown produce that is harvested within a single day of reaching its customer's table.

*Sugar Roots Farm (nonprofit) fosters physical



Cardiovascular Institute of the South Expands Cardiac Ultrasound Capabilities

To enhance technology and treatment capabilities for patients with coronary and peripheral artery diseases, Cardiovascular Institute of the South (CIS) has installed 20 new Aplio™ 300 Platinum CV ultrasound systems from Toshiba Medical. CIS also upgraded 20 existing ultrasounds to Toshiba Medical's Aplio 300 Platinum platform to ensure consistency and the most accurate cardiac diagnoses for all patients.

"Purchasing ultrasound systems that are extremely easy to use and installing them consistently across all of our facilities was very important to us," said Jaime Aubin, ultrasound team leader at CIS. "The Aplio 300 Platinum and Aplio 300 Platinum CV ultrasounds offer the best image quality and the cardiac applications needed for our sonographers of all experience levels to easily capture images with little to no pressure to the body, improving patient comfort. Toshiba Medical has also been an excellent partner in training all of our staff, as well as helping us to create custom reports that fully integrate with our EMR platform."

wellness and positive environmental impact in metro New Orleans through farm-to-fork education and sustainable, free-range agricultural methods.

WATER

Batture, LLC (for-profit) is an engineering design firm that focuses on meeting community-based needs through water-based infrastructure.

Bluefin Data (for-profit) streamlines the collection and sharing of crucial reporting data in the seafood industry.

Coalition to Restore Coastal Louisiana (nonprofit) is launching an Oyster Shell Recycling Program to collect discarded oyster shells from restaurants to be used as a tool to protect the coast and regenerate local oyster populations.

LifeCity (for-profit) makes social and environmental impact profitable through its simple business assessment and green business certification program.

HEALTH

Best Life Pharmacy and Restaurant (for-profit) offers city-wide delivery of nutritious meals and prescription drugs, with a focus on providing Diabetes and HIV/AIDS care.

Footprints to Fitness (for-profit) is a wellness company that organizes fitness, wellness, and nutrition classes to promote and improve accessibility to healthier lifestyles.

*High Level Speech & Hearing Center (for-profit) is a speech and hearing clinic that provides increased access to patient-centered, hearing-related healthcare.

EDUCATION

*College Beyond (nonprofit) acts as the connective tissue between students, families, high schools, and higher education by leveraging the power of relationships to guide students through the academic, social, and financial transition from high school success to college persistence.

Dancing Grounds (nonprofit) provides physically and artistically rigorous dance training at its studios and in schools with a focus on social-emotional development, physical health, leadership skills, and social justice.

*Kids of Excellence Child Development Center (nonprofit) is a private, nonprofit childcare center that provides high quality of education to young children, ensures readiness for school for all children by using developmentally appropriate

practices, and invests in the development of the whole child, through cooperation of the school, family, staff, and community.

STEM NOLA (nonprofit) grows future innovators, creators, and entrepreneurs through inspiration, engagement, and exposure in the fields of Science, Technology, Engineering, and Math (STEM).

Wilcox Academy of Early Learning (nonprofit) is an early childcare center located in New Orleans' Seventh Ward that promotes the physical, cognitive, emotional, and social development of children to give them the confidence and the tools that will guide them on their life's journey.

*Indicates alumni venture

One-Hundred Percent of Nunez Practical Nursing Graduates Pass Licensure Exam

One-hundred percent of recent graduates of Nunez Community College's practical nursing program have successfully passed the National Council Licensure Examination for Practical Nurses (NCLEX-PN) exam. The NCLEX determines if it is safe for a nursing graduate to begin practice as an entry-level practical/vocational nurse.

Last year, Nunez made updates to its practical nursing program enabling qualified applicants to complete their technical diploma in as little as 16 months. Detailed information about the admission requirements and practical nursing curriculum can be found at www.nunez.edu/pn.

Medical Student to Spend a Year Doing Research at NIH

Russ Guidry, a student at LSU Health New Orleans School of Medicine, is one of only about 50 medical students in the country chosen to participate in the National Institutes of Health (NIH) Medical Research Scholars Program.

According to the NIH, the Medical Research Scholars Program is a comprehensive, year-long research enrichment program designed to attract the most creative, research-oriented medical, dental, and veterinary students to the intramural campus of the NIH in Bethesda, MD. Student scholars engage in closely mentored basic, clinical or translational research projects on the main NIH campus in Bethesda or nearby NIH

facilities that match their research interests and career goals.

Guidry is a third-year LSU Health New Orleans medical student originally from Baton Rouge. For the past couple of years, he has worked on angiogenesis inhibitors in the lab of Dr. Eugene Woltering, the James D. Rives Professor of Surgery and Neuroscience and Section Chief of Surgical Endocrinology at LSU Health New Orleans School of Medicine.

Humana and Quartet Team Up to Deliver Integrated Mental Health Care

Humana Inc. and Quartet, a mission driven technology company, announced that they will work together to advance the integration of mental and physical healthcare for New Orleans residents – part of Humana's Bold Goal initiative to improve the health of their member communities by 20 percent by 2020.

Quartet teams up with insurers and physicians to help their patients in need of mental health care. The company's platform allows primary care physicians to initiate their patients into a proven collaborative behavioral program.

Resources available through the Quartet platform include a highly curated group of local behavioral health providers, live psychiatry consults for providers, data driven insights through adaptive learning algorithms, and concierge support for patients.

Through this new arrangement, Humana expects to improve access to care for its Greater New Orleans Medicare Advantage members living with anxiety, depression, and addiction, which are most often connected to other physical health conditions. An initial launch of the Quartet platform in March is expected to serve Humana Medicare Advantage members.

Humana has launched its Bold Goal community health program in both New Orleans and Baton Rouge, and access to mental health care has been identified in both Louisiana markets as one of the top barriers to improved healthcare.

LSUHealthNO Nursing Named a Stellar School

For the second time, the National Student Nurses' Association has designated LSU Health

New Orleans School of Nursing as a Stellar School. The School is one of only four in the country whose designations were renewed and the only one in Louisiana to have twice earned the recognition. The designation is for five years. The award was presented April 8, 2017, at the NSNA Annual Conference in Dallas.

St. Thomas Community Health Center Recognizes 30 Year Milestone

St. Thomas Community Health Center (CHC) recently launched its new and significantly upgraded website, just as the Federally Qualified Health Center (FQHC) celebrates its 30th year of serving the Greater New Orleans area. Similar to St. Thomas CHC's mission of bridging access to high-quality healthcare, the new website, www.stthomaschc.org, will ensure a high-quality user experience no matter the device patients are using.

Fourteen percent of St. Thomas CHC patients are uninsured, and 64 percent are on Medicaid. More than 65 percent of St. Thomas' patient's primary source of Internet is their mobile phone. The new website is much better equipped for users to be able to easily navigate services, locations, and request appointments directly from an electronic device, whether it be a laptop or smartphone.

"The upgraded website reinforces our commitment to providing the community with access to the resources they need to keep their families healthy regardless of socioeconomic status," said Donald Erwin, MD, CEO at St. Thomas Community Health Center. "We've placed a great deal of importance on developing a website that allows people to find the information and help they need."

St. Thomas Community Health Center has been offering high-quality, affordable health care since 1987. Their vast growth has resulted in extensive patient growth and the need to provide patients with easier-to-use resources like a new website. The health center's updated website also follows the recent addition of the St. Thomas Heart & Vascular Center, which aims to improve access to quality cardiovascular care in New Orleans.

The clean design, expanded content and improved sitemap will make information on all of

the services offered easier to find and understand for current and future patients. In the upcoming months, users will be able to easily switch back and forth between English and Spanish, so everyone can use the site with ease.

The website will be updated on a regular basis to provide patients with the latest healthcare news and information. Learn more about St. Thomas CHC's new website and their additional online presence at stthomaschc.org, on Facebook, Twitter, LinkedIn, and Instagram.

LSUHealthNO'S LA Tumor Registry Now Includes Prevalence Data

For the first time, data published by LSU Health New Orleans School of Public Health's Louisiana Tumor Registry includes cancer prevalence. Cancer prevalence is defined as the number of living people who have ever been diagnosed with cancer in a given population at a given point in time. It includes new (incidence) and pre-existing cases and is a function of both past incidence and survival.

The prevalence data for all cancers by region and by age group are included in a supplement to *Cancer in Louisiana, Vol 31*, published in March 2017. The supplement also reveals that the cancer sites with the largest number of people living with the disease are prostate and breast, as well as colon and rectum, and that the largest percentage of people living with cancer fall between the ages of 60 and 69. The supplement is available online at http://lsuhsc.wpengine.com/wp-content/uploads/2017/03/Cancer-in-Louisiana-Vol-31_supplement.pdf.

Cancer prevalence has been used infrequently because of the difficulty in obtaining the data for prevalence in a community. Some patients may be cured, and it is not feasible to obtain prevalence data through a population survey. The prevalence data that LSU Health New Orleans Louisiana Tumor Registry generated used the limited duration prevalence counting method to estimate the prevalence of people diagnosed in the 13-year period from 2000-2013. Limited duration prevalence is the proportion of people alive on a certain day who had a diagnosis of the disease within a specified number of years.

The Registry chose to produce this data because it provides useful information for



John A. Harman, MBA, CPA, CGMA, CMPE

planning healthcare resources and the need for patient care, regular checkups, treatment of long-term complications and terminal care.

Harman Joins LSU Health New Orleans

Dr. Larry Hollier, Chancellor of LSU Health New Orleans, has appointed John A. Harman, MBA, CPA, CGMA, CMPE, as Vice Chancellor for Administration and Finance effective May 1, 2017. Harman has nearly 20 years of progressive administrative and financial leadership experience in higher education and academic health sciences centers.

Harman holds active CPA licenses in Tennessee and Texas and has achieved the Chartered Global Management Accountant (CGMA) designation. His previous positions include Associate Vice Chancellor for Finance with the University of North Texas System, Senior VP for Finance and CFO at the University of North Texas Health Sciences Center, Executive VP and COO of the faculty practice group at West Virginia University Health Sciences Center-Charleston, and Executive Director of Finance and Administration in the Department of Family Medicine at East Tennessee State University.

Harman has led high-performance teams, driven strategy development and aligned mission-based budgets. He has enhanced financial reporting, developed revenue strategies, grown and invested unrestricted reserve balances while achieving expense reductions through establishing funding priorities, instituting group purchasing, optimizing staffing ratios, automating contract administration, expanding energy

performance contracts and applying lean and six-sigma methodologies to operational processes. Harman has led construction projects and real estate acquisitions and developed associated funding methodologies. He has established equity among staff through standardizing position classifications and compensation and expanded IT applications and platforms to support students and staff, including PeopleSoft Ver. 9.2.

Harman is committed to evidence-based business practices supported by analytics and benchmarked metrics to monitor financial performance, achieve strategic goals and ensure a return on

operations to build a strong balance sheet.

MHM Urgent Care is Now Ochsner Urgent Care

Ochsner Health System has announced the rebranding of MHM Urgent Care and Occupational Health to Ochsner Urgent Care and Ochsner Occupational Health, respectively. Ochsner acquired Millennium Health Management, Inc. (MHM) in January, increasing access to convenient, non-emergency care and occupational health services in the Greater New Orleans area.

As part of this transition, Ochsner Urgent Care

will soon upgrade the clinics' electronic medical record (EMR) to the industry-leading Epic software, greatly expanding the ability of the hospital to coordinate patient care across the entire Ochsner Health System. This transition will allow patient information to be securely accessed by all Ochsner providers, meaning that, no matter which Ochsner facility a patient chooses to access, the medical staff at that facility will have full access to the patient's medical record, ensuring the highest quality of care. ■



Nearly Half of LSU Health New Orleans Medical Grads to Stay

Forty-nine percent, or 94 of 193 LSU Health New Orleans graduating medical students participating in the National Resident Match Program this year, chose to remain in Louisiana to complete their medical training, and 78% of those staying in-state will enter an LSU Health residency program. The LSU Health New Orleans School of Medicine residency programs in New Orleans, Baton Rouge, Lafayette, Lake Charles, and Bogalusa will accept 208 new residents for 208 residency positions. The vast majority of physicians providing care to the citizens of Louisiana are LSU Health-trained doctors.

The percentage of LSU Health New Orleans medical graduates going into primary care is 51% this year. Primary Care specialties included are Family Practice, Internal Medicine, Medicine-Preliminary, Medicine-Primary, Obstetrics-Gynecology, Pediatrics, and Medicine-Pediatrics. OB-GYN is not always included in primary care data; however, in some Louisiana communities the only physician is an OB-GYN.

LSU Health New Orleans medical graduates training in other states will be going to such prestigious programs as Johns Hopkins, Vanderbilt, the University of Alabama-Birmingham, the Medical University of South Carolina, Emory University, and Stanford, among others. Residency programs begin on July 1, 2017.

Since the organization was established nearly a decade ago, the Patient-Centered Medical Home (PCMH) model of care has been a primary focus of the Louisiana Health Care Quality Forum. This team-based approach to care serves as the very definition of the Triple Aim: higher quality, improved outcomes and reduced costs of care

ALONG THE ROAD TO RECOGNITION: PRIMARY AND SPECIALTY CARE MEDICAL HOMES

ACCORDING TO A National Health Statistics Report released in February by the U.S. Department of Health and Human Services (HHS), practices that have achieved PCMH recognition have consistently yielded higher quality of care, greater access to care and reduced hospitalizations and emergency department (ED) use. The report found that the percentage of Primary Care Physicians (PCPs) in practices reporting quality measures to payers and other monitoring organizations was nearly 87 percent compared to non-PCMH practices.

Further, 94 percent of PCMH practices were equipped with an electronic health record (EHR) system, and 91 percent reported 24-hour access to their patients' medical records via a real-time data repository such as a health information exchange (HIE), enhancing their abilities to coordinate care and participate in quality improvement processes and programs.

The ability of PCMHs to meet the challenges of the Triple Aim and provide a foundation for value-based care as well as value-based payment models has not been overlooked in Louisiana. Advancement of the PCMH model in the state is ongoing and represents opportunities to reduce health care costs while improving health care quality and overall health.

The Quality Forum promotes patient-centered primary care as the foundation of coordinated, quality-driven health care. Today, practice consultants work closely with

physicians and/or groups across the state that are pursuing recognition/certification as medical homes. Services provided include practice assessment; on-site/off-site training; practice and workflow redesign; project management; and education/outreach. Because of the organization's influential role in reinforcing and advancing Louisiana's health information technology (IT) infrastructure, this program also combines health IT support with transformation processes to optimize a practice's EHR utilization and HIE integration.

"The Quality Forum is proud to have partnered with 126 practices throughout Louisiana that are committed to implementing and utilizing this patient-centered approach to health care," says Marcia Blanchard, Vice President of Strategic Planning and Operations. "Over the years, this organizational focus has developed and matured to actively support physicians and office personnel as they transition from a volume-based system to one that rewards value. In 2016, our team assisted 35 practices that were in various stages of the process, and by year's end, 14 had successfully earned recognition from a national quality evaluation organization. To date, we have helped 43 practices achieve this significant objective that is designed to provide better health care quality, promote patient engagement and lower health care costs."

But what is the process like from a practice perspective? How did the transition

affect the office in general? What about the patients? What challenges were faced? And what lessons were learned along the road to PCMH recognition? Representatives from three groups that the Quality Forum supported with practice transformation assistance reflected on their PCMH recognition experience.

St. James Primary Care, a Rural Health Clinic with offices in Gramercy and LaPlace, is currently a National Committee on Quality Assurance* (NCQA)-recognized practice (Level 3). St. James employs two physicians, five nurse practitioners and 12 employees and has served its community for 18 years. According to Office Manager Ellen Kramer, the group decided to pursue recognition because it would enable them to deliver better quality health care to their patients.

"PCMH recognition brings the value of focused care with structured guidelines and patient input, leading to better outcomes," Kramer explains. "Our biggest challenge was adapting our EHR system to produce the correct information necessary for credentialing. We were already documenting some of the required measures within our practice, and eventually, we figured out what we needed to do without duplicating the workload. From start to finish, the process took about two years."

Kramer also noted that once St. James staff adapted to the procedural changes, they had a better understanding of how the PCMH model enhances collaborative care and promotes better patient care. "Our patients seem to be very engaged. They are happy to get a copy of their visit note along with precise goals and recommendations. I think they feel they are in charge of their health care."

Based on her work with different physician groups, Practice Consultant Jody Marsh echoes the challenge cited by Kramer. "We have found that a practice's health IT infrastructure plays a major role in the PCMH transformation process," says Marsh. "Some EHR systems are limited in reporting

Cindy Munn
Chief Executive Officer
Louisiana Health Care Quality Forum



capabilities and the practice may not be able to provide every detail on a report requested by NCQA to prove they are compliant. This, in turn, requires the staff to produce manual logs which can be redundant. We work closely with office management to create and implement the required policies and procedures, assist with training the staff and gathering the necessary documentation to send to NCQA for approval of recognition.”

In addition to transforming primary care groups, the medical home concept extends to specialty practices that are committed to access, communication and care coordination through NCQA’s Patient-Centered Specialty Practice (PCSP) Recognition. As a result, the specialty community can now join their primary care colleagues in the medical home “neighborhood,” working together to care for shared patients. The Quality Forum’s practice consultants, in turn, have also successfully facilitated transformation efforts for specialist groups, beginning with North Oaks Obstetrics & Gynecology (OB-GYN).

As the first PCSP-recognized (Level 2) practice in Louisiana, North Oaks OB-GYN did not hesitate to adopt and adapt to this model of care. With six physicians, three certified mid-wives, two nurse practitioners and 30 employees, the 40-year-old practice is comprised of an OB-GYN office and a Rural Health Clinic, both in Hammond. According to Practice Administrator Lemar Marshall, “We realized this was the direction of the future, and our practice didn’t want to wait. When we successfully implemented and meaningfully used our EHR technology and understood the health care performance measures, we knew we were halfway there. It took us approximately six months to earn PCSP recognition.”

“We found that the biggest challenge we faced involved changing processes and avoiding permanent “work-arounds” in our practice. We also worked closely with our staff to demonstrate that this transition would result in a direct, positive impact on their daily functions. As for our patients, we

are finding that many appreciate the coordinated focus on their individual preferences and needs with services such as a secure patient portal. They like being more engaged. There are others, though, that don’t see the value yet,” states Marshall.

Practice Consultant Michelle Jewell reiterates the importance of staff engagement. “PCMH is a new concept for practices to embrace as the focus of care is a completely different approach based on quality and requires complete staff participation. The practice commits time and staff resources to not only meet the requirements of PCMH but to transition the current delivery of health care that is reimbursement-driven to quality and satisfaction-driven health care,” she explains. Regarding patient engagement, Jewell adds that “medical homes partner with patients and their caregivers to deliver optimum health care tailored to meet the individual patient’s needs and goals.”

The Quality Forum also assisted the Diabetes Endocrinology Center with the practice transformation process. Operating in Marrero since 2000, the Center was recognized as a PCSP practice (Level 2) by NCQA in 2016. Led by two physicians, the staff includes two nurse practitioners, two medical assistants and three office personnel. Office Manager Baishali Mallik, BSC, notes that since the practice opened, it “has been dedicated to educating and empowering patients with diabetes regarding self-care of the disease.”

With its long-standing commitment to patient engagement, the practice had the required policies and procedures in place and considered recognition as a PCSP because they were successfully implemented. Because of the practice’s readiness level and the staff’s familiarity with the process, the main challenge was to accumulate the necessary reports and to log them.

Patients have responded positively to the transition as they were familiar with the Center’s procedures. According to Mallik, “It took us almost a year to complete the

process, but PCMH or PCSP recognition is important because it shows that your practice meets quality measures, and this is a benefit to both the patients and the practice.”

Marsh adds that the latter benefit – the ability to assess and compare quality measures – enables providers and staff to better understand their patient populations. The Quality Forum’s expertise in quality improvement is also utilized to support PCMH/PCSP consulting. “We help practices use the information they are entering into their EHR systems, show them how to view different patient populations and how to analyze the data to support the practice and manage patient care. With this capability, a practice can operate proactively rather than reactively,” notes Marsh.

Finally, the practice representatives shared lessons learned for other considering PCMH/PCSP transformation:

Ellen Kramer, St. James Primary Care

“My advice is to be patient with the process. Even though it may seem overwhelming at times, knowing that your patients are receiving quality health care is worth the work you have to put in.”

Lemar Marshall, North Oaks OB-GYN

“I would urge specialty practices to pursue recognition for the right reason: improving patient care. If you lose sight of that goal, you may not see the value in making the investment.”

Baishali Mallik, BSC, Diabetes Endocrinology Center

“Being recognized as a PCSP helps us to focus on the values that we strive to achieve in our practice to deliver better patient care.”

Practices interested in learning more about PCMH/PCSP services available through the Quality Forum can call 225.334.9299 or email info@lhcf.org. ■

**NCQA is one of the national health care accreditation organizations that offers programs for primary and specialty care practices. Three levels of recognition are available with Level 3 as the highest.*

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The Louisiana Department of Health ensures access to health care; provides health care services; provides health care coverage through our Medicaid program; ensures safe drinking water, safe restaurants, school cafeterias; day care centers and more; guides and directs processes and research to reduce addiction and to improve the overall health of the state; we plan year round to ensure proper emergency and disaster responses; we provide health education; plan and respond to reduce the spread of illness; and much more. Our services reach the entire Louisiana population of 4.6 million people. We impact every life, every person in the state with 5,000 team members.

LDH EXPANDS ACCESS TO CARE, LIMITS ACCESS TO OPIOIDS

THERE ARE MANY noteworthy improvements throughout our communities as a result of the work of the Louisiana Department of Health and I'm excited to share some of them with you here.

More than 77,000 preventive health visits by patients newly enrolled in Medicaid; Louisiana uninsured rate drops

Medicaid expansion continues to help Louisiana residents with access to health care coverage. Newly enrolled members have benefitted from more than 77,000 preventive health visits and a recent Gallup report shows the uninsured rate in Louisiana has decreased by nearly half to 12.5 percent in 2016, down from 21.7 percent in 2013. Gallup cites expansion as the key contributor for the reduction in the uninsured rate.

We're seeing a generational shift in health care for Louisiana residents. As more and more residents receive health care coverage and have access to regular and cost-effective primary care, fewer residents have to rely on expensive emergency rooms for their health needs. Medicaid expansion is creating better access to health care and saving taxpayer dollars at the same time.

To track enrollment and preventive data, the Department of Health has developed a dashboard tool on its Healthy Louisiana website, <http://ldh.la.gov/healthyladashboard/>. The dashboard shows total enrollment, enrollment by parish, by age and gender, and lives impacted by expansion and access to health care.

Also new to the website are stories from Louisiana residents who depend on Medicaid expansion. I'll share a few of my

favorites here, but to read all of them, visit <http://ldh.la.gov/testimonials/>.

I am truly grateful to have health insurance. Medicaid Expansion literally saved my life. I received word that I am a Medicaid member last August. Shortly thereafter, during my first visit to a doctor, they found tumors on my adrenal gland. They turned out to be cancerous, a rare cancer found in only 2% of people. Had they not been removed, my diagnosis would have been terminal. If I would have waited any longer to see about this, I would have been in deep hot water trying to save my life.

— Amanda, Urania

I moved here over four years ago to attend the University of New Orleans where I'm a senior studying music with hopes of specializing in music therapy. In October, I had several severe headaches. After passing out, an urgent care facility referred me to the emer-



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



The Louisiana Department of Health continues to work with partners throughout the state to address the opioid epidemic and develop potential solutions.

gency room at UMC, since I did not have health insurance. There, I learned that I had a brain mass, and would need surgery to remove it. The day before surgery, I applied for Medicaid. After the surgery, doctors shared this was a glioblastoma, a very aggressive type of brain cancer. Without this Medicaid, I didn't know that I could ever have paid for all the medicines and treatment that was needed.

– Monika, New Orleans

I lost insurance coverage for about 5-6 months and then applied for Medicaid Expansion and was able to receive it. I went to the doctor in August, and then to a cardiologist to see if my stent was working properly. While there, the doctor performed a scan on my carotid artery and found that I had a 98% blockage on one side and a 99% blockage on the other. I had surgery in December on the left side and in February on the right

side. Without this, I would have had a stroke and died. Had I not had insurance, I would not have gone to the doctor. This insurance saved my life.

– Marolyn, Opelousas

I teach a diabetes group in Slidell and I am teaching a gentleman who is 58 years old and just received Medicaid. He went to the doctor for the first time in years and he was diagnosed with Type 2 diabetes. He told me he had no idea and that it saved his life

– Hospital Nurse, Slidell

Department of Health and Department of Corrections team up to provide health care coverage for newly released offenders

The Louisiana Department of Health and the Department of Corrections are helping incarcerated individuals enroll in Medicaid, with coverage beginning once the individual's sentence is complete and they transition out of prison. As of March 18, 450 offenders have been enrolled in Medicaid and linked to a health plan.

The Department of Health and Department of Corrections began planning for this program in late 2015, scheduling implementation in phases beginning with the seven state correctional facilities. Subsequent phases include offenders housed in local jails. The Louisiana Department of Health and the Department of Corrections developed an automated enrollment process that allows the agencies to share information about offenders who are set for release within the next nine months, and get them enrolled in Medicaid and linked to a health plan pre-release. This enrollment process ensures that the health plan insurance card is mailed to Department of Corrections in time for release so that the former offender knows who to contact for access to care after release.

Numerous studies show that access to

mental health, substance use prevention and other health care services helps former offenders better integrate back into their communities, lessening the likelihood of these individuals committing future crimes.

Reducing Opioid Abuse: New Prescription Limits

Louisiana has consistently been ranked in the top states for opioid prescribing and according to the Orleans Parish Coroner's Office, the number of accidental drug-related deaths in New Orleans in 2016 exceeded the number of murders for perhaps the first time in the city's history. The Louisiana Department of Health continues to work with partners throughout the state to address the opioid epidemic and develop potential solutions.

In January Louisiana Medicaid introduced prescription limits for Medicaid Fee-for-Service. The new policy allows for a 15-day limit. Prescribers can request prior authorization for more days of coverage and the policy excludes cancer and palliative care patients. This March, the policy was expanded to all five Healthy Louisiana Managed Care Organizations for acute pain.

The policy is in its initial phase of implementation and by this summer will expand to include evidence-based guidelines for chronic pain for all five Medicaid Managed Care Organizations.

The Louisiana Department of Health continues to work closely with the Managed Care Organizations and with the providers for education about the policy, how to request prior authorization when needed, and alternatives to opioids.

For all of the latest news from the Louisiana Department of Health I invite you to follow our blog, <http://ladepthhealth.blogspot.com/>. ■

Background

Prior to 1990, prescribers in the United States (US) had taken a modest approach to prescribing opioids for non-cancerous, chronic or intractable pain. Due to the liberalization of statutes governing narcotic prescribing and more generous standards for pain management, deaths related to the overconsumption of opioids have reached epidemic proportions. During the years 1999-2013, the number of deaths more than doubled from 6.0 per 100,000 populations in 1999 to 13.8 in 2013 (Centers, 2015).

STATE PRESCRIPTION MONITORING PROGRAMS: A POLICY POSITION

ORIGINALLY DEVELOPED for use by law enforcement to identify illegal activity, Prescription Monitoring Programs (PMP) have been utilized by healthcare providers (HCPs) to screen patient prescription histories for signs of drug misuse (Centers, 2015). Managed at the state level, PMPs have electronically tracked the distribution history of controlled substances (CSs) prescriptions. In particular, PMPs have facilitated the identification of individuals who have sought to obtain the same CSs from multiple prescribers. This activity, known as doctor shopping (DS), has extended across state lines and has been directly linked to deaths from opioid overdose.

With support from legislation, enhanced functionality of the PMP has allowed interstate sharing of prescription information amongst HCPs, law enforcement and regulatory agencies. The National Association of Boards of Pharmacy (NABP) has developed the PMP Interconnect software system that has allowed HCPs and phar-

macists to conduct a multi-state query of PMP reports through a central hub. By utilizing the Interconnect System, prescribers and druggists are able to quickly view information in every participating state wherein a patient had filled a CSs prescription (Blank, 2011). More than forty states have participated in the NABP PMP Interconnect System, including the southern states of Louisiana, Arkansas, Mississippi and Texas (National Association of Boards, 2016). Figure 1 has illustrated state participation in the interstate sharing of PMP data.

Access to PMP data in the clinical setting has historically been limited to individuals authorized to prescribe or dispense CSs or drugs of concern. Many practitioners have complained that accessing the PMP system has added to their work burden (Shepherd, 2014). In response, regulatory rule changes have occurred that allow the prescriber or dispenser, while maintaining accountability, to appoint a “delegate” to access the PMP system in their stead (Boutwell, 2014).

Problem

Findings in the literature have suggested use of the PMP has aided in the detection of DS characteristics; however, the PMP database has not been widely utilized (Perone, et al., 2012). Lack of awareness and education about the value and use of the PMP data at the point of care have been cited as reasons for its lack of use (Office of the National, 2012). The reporting timeframe has also been indicated as a deterrent to the utilization of the PMP by HCPs. The inability of prescribers to see “real time” CSs dispensing data has left a window of opportunity for DS activity by patients. Consequently, HCPs have questioned the accuracy of PMP reports (Davis, et al., 2014). Another common complaint by prescribers has been the time consuming nature related to access and utilization of the PMP. Healthcare providers have toggled to and from the patients’ electronic medical record to a separate PMP database, experiencing inefficient time usage.

Cynthia A. York, MSN, RN, CGRN
Director, RN Practice and Credentialing
Louisiana State Board of Nursing

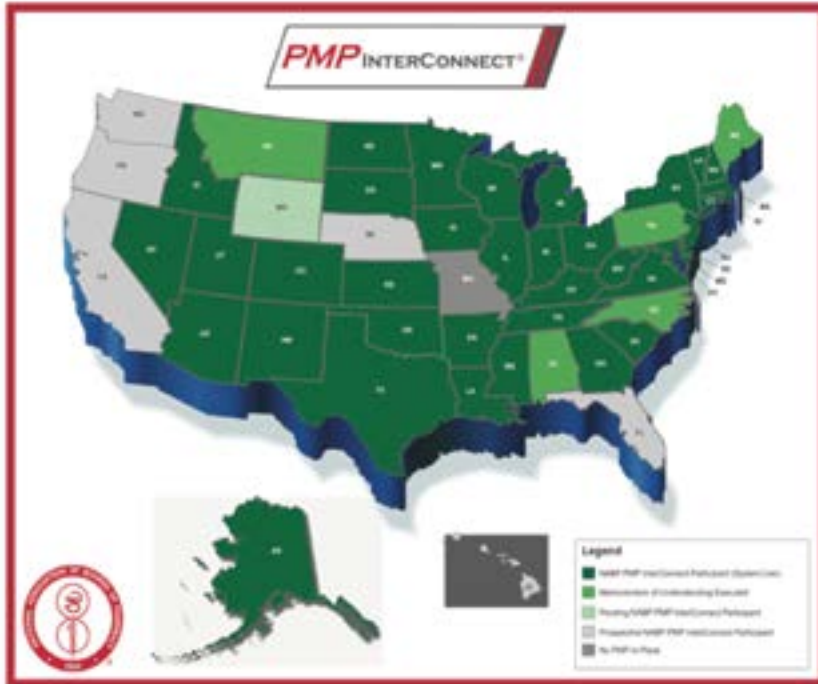


Figure 1 – State participation interstate sharing of PMP data.
Source: National Association of Boards of Pharmacy (2017).

Solution

Awareness campaigns should be initiated to ensure HCPs understand the PMP's role in combating the opioid epidemic. Further, HCPs should receive appropriate training relative to the use of the PMP, including a focus on protection of the data (Office of the National, 2012). Educational opportunities about PMP benefits should include publication in professional journals and regulatory newsletters, regular email notifications to stakeholders and inclusion during advanced practice student lectures. Increased use of the PMP should be encouraged, even in practice settings with a lower volume of pain care and CSs prescribing (Hildebran, et al., 2014).

The creation of software programs that immediately record and disclose prescription information should be considered. Development and utilization of advanced level electronic health records that allow

integrated access of PMP information to enhance clinical workflow efficiency should also be studied. The ability to have all necessary information available during the patient encounter may increase utilization of the PMP.

Summary

Combating the opioid epidemic has required a multi-faceted approach by HCPs. In addition to exploring alternative treatment options prior to prescribing opioids for pain, HCPs should utilize the PMP as a tool to identify DS activity. The Office of the National Coordinator for Health Information Technology at the US Department of Health and Human Services has initiated an effort to develop systems that integrate electronic health records, health information exchanges, and pharmacy dispensing systems with PMP data. These systems will decrease time spent by prescribers and

dispensers during the retrieval of patient PMP history (Association of State, 2017).

Utilization of the PMP by HCPs may lead to early detection of patients at risk for CSs misuse. Providing education to all health-care professionals regarding the functionality and capability of the PMP should be ongoing. As technology advances, PMPs should be enhanced to provide greater functionality and acceptance by prescribers. ■

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The healthcare industry is no stranger to cyber security challenges. Data breaches cost the industry about \$5.6 billion each year. And a study by the Brookings Institution predicts that one in four data breaches this year will hit the healthcare industry. According to the U.S. Department of Health and Human Services (HHS), the two most common compliance issues investigated are impermissible uses and disclosures of protected health information, and lack of safeguards of protected health information creating vulnerability to malware attacks. The malware (short for malicious software), is any software used to disrupt computer operations and gain access to private information. The malware works by locking computers to prevent access to data until a ransom is paid. With the industry so focused on regulatory compliance as it moves to digital record-keeping, cyber security has largely been a secondary thought.

HEALTHCARE CYBER SECURITY: Lessons Learned and Things You Can Do to Protect Your Patients and Your Business

WITHOUT A DOUBT, in today's connected health environment, cyber security is no longer an option or afterthought – it is a critical strategic asset that must be addressed by every organization. Cyber security is a business risk. With hacker threats looming, the critical question is how do you protect your patient information and critical hospital data? Here are lessons learned from recent data breaches, which can also serve as a wake-up call to healthcare providers that have yet to put cyber security on their radars or in their strategic planning.

Lesson #1: The Danger of Attacks Is Real and Growing

Healthcare organizations of all sizes should be worried about attacks. A 2016 public service announcement from the FBI's Internet Crime Complaint Center warned that malware continues to spread and is infecting devices around the globe. The FBI also noted that from April 2014 to June 2016, it received more than 992 complaints related to document breaches. Cyber security related losses totaled over \$18 million in 2016. In fact, more than half the nation's hospitals reported being hit by ransomware attacks in the past year. Furthermore, industry experts

have said that medical devices are extremely vulnerable, with little to no security to protect from attacks.

As hackers become ever more sophisticated, attacks are likely to become even more common and more costly. Worse than the overall trends is the fact that hackers are targeting the healthcare industry, its insurers and affiliated vendors. Industry attacks are growing for a variety of reasons, including the massive amount of sensitive data targeted, the high value of the data, the perceived weakness in healthcare organizations' cyber security protections, and the urgency of patient treatment (making any ransom-related delays untenable). It is also worth noting that recent attacks aggressively targeted smaller, more regional healthcare providers, possibly because they are, or are perceived to be, less prepared for such attacks.

Lesson #2: Take Preventative Steps Now

The U.S. Office for Civil Rights announced its new 2016 Cyber-Awareness Initiative. The Initiative helps the healthcare industry better understand security threats and vulnerabilities it faces. Further, the initiative suggests strategies to prevent attacks:

- * Back up data onto segmented networks or external devices and make sure backups are current.
- * Ensure software patches and anti-virus software are updated.
- * Install pop-up blockers and ad-blocking software.
- * Implement browser filters and smart email practices.
- * Educate yourself: The government provides a variety of resources on cybersecurity best practices. Resources include tips and training videos at <https://www.healthit.gov/providers-professionals/cybersecurity-shared-responsibility>; and recommendations for complying with HIPAA's "Security Rule" governing the storage of electronic protected health information (45 CFR Part 160 and Subparts A and C of Part 164) at <http://www.hhs.gov/hipaa/for-professionals/security/index.html>.

These are basic security measures providers should have in place already, but the threat of attacks adds urgency to the effort.

Lesson #3: Prepare Early and Respond Quickly

Malware attacks are not much different



Pamela W. Carter
CEO, Apex Healthcare Solutions, LLC

from more typical data breaches, at least in the way organizations should prepare. Along with the above noted recommendations, consider taking these additional steps:

1. Make ransomware and other malware attacks part of your risk analysis.
2. Provide employee training. Make sure network devices are up to date. 63% of actually confirmed data breaches involved weak and default stolen passwords. The most popular password in the world remains 123456, easily guessed and bypassed. Instead, use a password manager like Lastpass. Don't click on links or open attachments from untrusted or suspicious sources. Don't download or open zip attachments in spam emails.
3. Routinely and regularly back up health information and important files.
4. Consider performing breach response table-top exercises, with a ransomware scenario.
5. Test your monitoring and response processes.
6. Test your disaster recovery processes.

It is essential to take every precaution to prevent an attack, and as always, be prepared for the worst. No healthcare organization can be completely immune from attacks. However, there are appropriate measures you can take to erect defenses and integrate cyber security into your culture.

Things you can do. Best practices to prevent attacks

Here are six actions you can employ to prevent and manage cyber security risks:

1. Establish procedures and a core cyber security team to identify and mitigate risks.
2. Develop a cyber security investigation and incident response plan.
3. Investigate medical devices used by your organization in accordance with Federal Drug Administration's guidance to ensure devices are not infected.
4. Review, test, evaluate and modify your

incident response plans to ensure they are as current.

5. Consider engaging in regional or national information-sharing organizations to learn more about cyber security risks.
6. Review your insurance to confirm that coverage is adequate (cyber extortion coverage).

It is easy to become complacent about data security. But, with cyber threats increasing, it's more important than ever to be aware of seemingly innocent individual actions that can potentially lead to serious cost and reputational consequences.

Unprotected or outdated systems are not the only source of security vulnerabilities. One of the biggest threats is the internal user. Lack of awareness and training can put organizations at a significantly higher susceptibility to cybercriminals. Security doesn't just mean taking measures to prevent the attacks, but providing training and guidance on handling responses should an attack occur. This should be done throughout all levels of the organization, especially considering schemes like emailing employees as a way to destroy data or hack a system.

The FBI recently issued warnings and held meetings to discuss the risks of breaches and theft of patient data. Additionally, U.S. Armed Services Chairman, Senator John McCain, plans to create a cyber security subcommittee, an issue of growing concern given the intelligence community's assessment of Russian interference in the 2016 elections.

Many healthcare providers are now asking, "What do we do to keep our systems and patient data safe? How can we keep this from happening to us?" There is a simple answer to this question: Hire a chief information security officer, give him a budget to hire staff needed to maintain an enterprise security program, and exercise governance over digital assets. Set the "tone from the top" and issue high-level policies regarding

the privacy and security of patient and hospital data. This includes the use of encryption, remote access, mobile devices, thumb drives, laptops, Wi-Fi hotspots, clouds, web email accounts and social networking sites. Inventory your software systems and data, and assign ownership and categorizations of risk. Extremely sensitive matters have the highest risk and could cause the greatest magnitude of harm if breached. Optimizing and integrating information governance, risk management and compliance programs builds trust, increases efficiency and conveys advantage in these ever-changing and unpredictable times.

CONCLUSION

Drafting policies and procedures to minimize the possibility for security breaches is strongly advised. A provider will be in a far superior position if it can ensure that (1) its security program is aligned with best practices, (2) its management is engaged, (3) it is complying with its policies and procedures, and (4) tools are deployed to detect criminal behavior. Preparedness can be achieved with an efficient, effective and integrated blueprint for processes and tested controls.

It is also recommended that leadership within your organization stress the importance of regular assessments, accountability, strategically planned responses and a commitment to collaborative effort across the enterprise. These basic approaches to security hygiene will help minimize threats to your healthcare organization and ensure that you continue to function as an effective business that is financially solvent and legally compliant. ■

Pamela W. Carter is the CEO and founder of Apex Healthcare Solutions. She has over 20 years experience in the legal profession with a practice focuses on commercial/contract litigation, insurance, employment and business transactions. She is a certified minority owned NAMWOLF law firm and is a Premier Martindale Hubbel AV rated lawyer.

In the last couple of articles, I talked about cultivating a vibrant ecosystem for innovation and the role conferences like Innovation Louisiana play in fostering regional technology commercialization. I will also discuss the kind of industry-specific assets, physical and intellectual, that are instrumental in successfully attracting a new business in the field of Bio and Health Service Innovation.

A man in a brown suit and blue tie, holding a red briefcase, stands on a map of New Orleans. The map shows the Mississippi River and various neighborhoods like Chalmette and Arpent. The man is looking down at the map, suggesting he is planning a trip or a business venture.

Destination: New Orleans

IN THIS ARTICLE, I would like to highlight the role of industry-leading conferences in creating economic impact, as well as driving the city's reputation for innovation and attracting industry-leading companies and talent to the city. The economic impact can be felt from two directions: when a conference takes place in New Orleans and when the New Orleans Business Alliance (NOLABA) attends industry-leading events elsewhere.

A case in point is the Collision Conference, the U.S. edition of the popular Web Summit conference in Europe, which moved to New Orleans in 2016. Collision, a tech conference in its third year, is billed as the go-to conference for tech industry influencers, innovators and investors. It is discussed in the same league as the Consumer Electronics Show in Las Vegas and South by Southwest in Austin. After Collision debuted in New Orleans last year, organizers announced they will remain for the next two years.

At last count, 11,400 people attended Collision in 2016, a 45% increase over the previous year. Of the attendees, there were



Amritha Appaswami

Director of Business Development
BioInnovation & Health Services Innovation
New Orleans Business Alliance

630 start-up exhibitors, and visitors from nearly 50 countries. Estimated to attract nearly 20,000 attendees this year, these attendees directly contribute to economic impact through their effect on the hospitality industry. They also have the potential to add to the local retail economy.

Beyond those immediate effects, such conferences create a platform to elevate regional industry leaders to national and international stages, help position the city as a venue in which innovative new ideas take place and new partnerships form naturally and seamlessly. They raise the knowledge and access to local assets, talent and resources in the consciousness of influencers, investors and innovators. All this acts as both the backdrop to, and a catalyst for, business attraction. Local economic development organizations (EDOs), including NOLABA, recognized this and were part of the success story of getting Collision to its new home here in New Orleans.

Likewise, healthcare conferences draw attention to the regional assets that are distinctive in promoting research and clinical care, serve as avenues for international collaboration, help cement the city's reputation for innovation and further aid

business attraction. An example of this is the recently concluded Gulf Coast Trade Alliance conference, focusing on the twin tracks of Ports & Infrastructure and Healthcare & Lifesciences.

While Collision attracts tech companies across a range of applications, a number of health technology companies were part of the contingent last year. Can you imagine the impact of a conference dedicated to health technologies? Without a doubt, such a conference would help strengthen New Orleans' brand in all the myriad ways described above, and do so with a focus on the health tech space. An added advantage is that conferences are a conduit for EDOs to be informed and to influence policies and regulation surrounding the successful adoption and implementation of technologies. This has an impact on the long-term sustainability of their business attraction efforts. In a field such as healthcare. Having a forum dedicated to the subject matter provides the biggest leverage in that process.

On top of the economic impact realized from a conference being located in New Orleans, EDOs like NOLABA create value, and drive business attraction by attending conferences outside the region too.

Attending industry-leading conferences that are closely followed by large corporations, investors, innovators and policy-makers is a great opportunity for direct business attraction. It also provides a valuable lens into the topics that are attracting funding, driving new company formation, markets that are growing and cities and/or institutions that are driving innovation. All of this provides a source of data for the kinds of startups a city must attract, the industry sectors the city must promote and the best practices the EDO can foster to accelerate economic growth. It's also a live opportunity to test the brand strength for your city, identify the messages that resonate with companies and investors and gaps that need to be worked upon. Lastly, EDOs help to drive the city's credibility in promoting industry-growth when they are seen by industry insiders as attending the key industry-leading conferences regularly.

A conference is considered successful and industry-leading when industry insiders begin planning their calendars around the conference dates, participants arrange other networking opportunities to coincide with the conference and the conference itself becomes the venue for pushing thought leadership ahead in the field from one year to the next. You know you've become recognized or respected as an industry insider or leader when you're asked which conferences you're going to, and your referral changes another participant's calendar. Recently, we've seen startups seeking out New Orleans' ecosystem for BioInnovation and Health Service Innovation as a direct result of meeting a local industry professional and leader in a conference outside the region. NOLABA will continue to promote the city and the Bio and Health Service Innovation sector here to those we interact with in at conferences across the country and abroad. ■

“On top of the economic impact realized from a conference being located in New Orleans, EDOs like NOLABA create value, and drive business attraction by attending conferences outside the region too.”



**MOM'S HEALTHY WEIGHT & BLOOD
SUGAR LEVELS BEFORE PREGNANCY
MAY IMPROVE BABY'S HEALTH**



Dr. Claudia Kappen
Associate Professor of Research
Pennington Biomedical Research Center

Eating a healthy diet, exercising, controlling your weight and blood sugar level are key to good health at any stage in life. But, recent research shows maintaining healthy weight and blood sugar levels are especially important for women and their babies in the earliest stage of pregnancy.

“IF A PREGNANT WOMAN is obese or has uncontrolled diabetes, her baby is at greater risk of developing heart, neural tube and other birth defects,” explains Dr. Claudia Kappen, who holds the Peggy M. Pennington Cole Endowed Chair in Maternal Biology & the Risk of Obesity.

To prevent harm to the baby and problems during birth, most expectant mothers are screened for gestational diabetes in their sixth or seventh month of pregnancy. Kappen studies complications that occur much earlier in embryos’ development—usually before a woman realizes she’s pregnant or knows she has diabetes.

“Neural and heart tube defects that occur within the first three weeks of conception are caused by impaired cell migration in diabetic pregnancies,” Kappen says. “For example, spina bifida [meaning split spine] results from the neural tube’s inability to close because not enough cells migrate to that area.”

Besides increasing the risk of birth defects, early exposure to diabetes in the womb appears to program children for health problems later in adult life.

Some embryos form normally, even if their mothers have gestational diabetes. So,

Kappen seeks to isolate the protective factors that promote the normal development despite the diabetic environment and determine the potential for nutrition to make a difference.

While it can be aggravated by obesity and eating more calories than we need, “Insulin resistance is a normal consequence of being pregnant,” Kappen says. “Presumably this is so that nutrients are first available to the embryo/fetus, and only secondarily to the mother.”

Recently, the National Institutes of Health’s Eunice Kennedy Schriver National

Institute of Child Health and Human Development awarded Kappen \$2.84 million to study *Epigenetic Mechanisms in Diabetic Embryopathy* and \$2.73 million to study *Molecular Basis for Individual Susceptibility to Neural Tube Defects*.

With this funding, her laboratory is conducting studies on diet composition and vitamin supplements to identify beneficial factors that may prevent birth defects and the onset of other disease during pregnancy. Ultimately, Kappen hopes her research at the lab bench translates into a healthier world for generations to come. ■

Besides increasing the risk of birth defects, early exposure to diabetes in the womb appears to program children for health problems later in adult life.



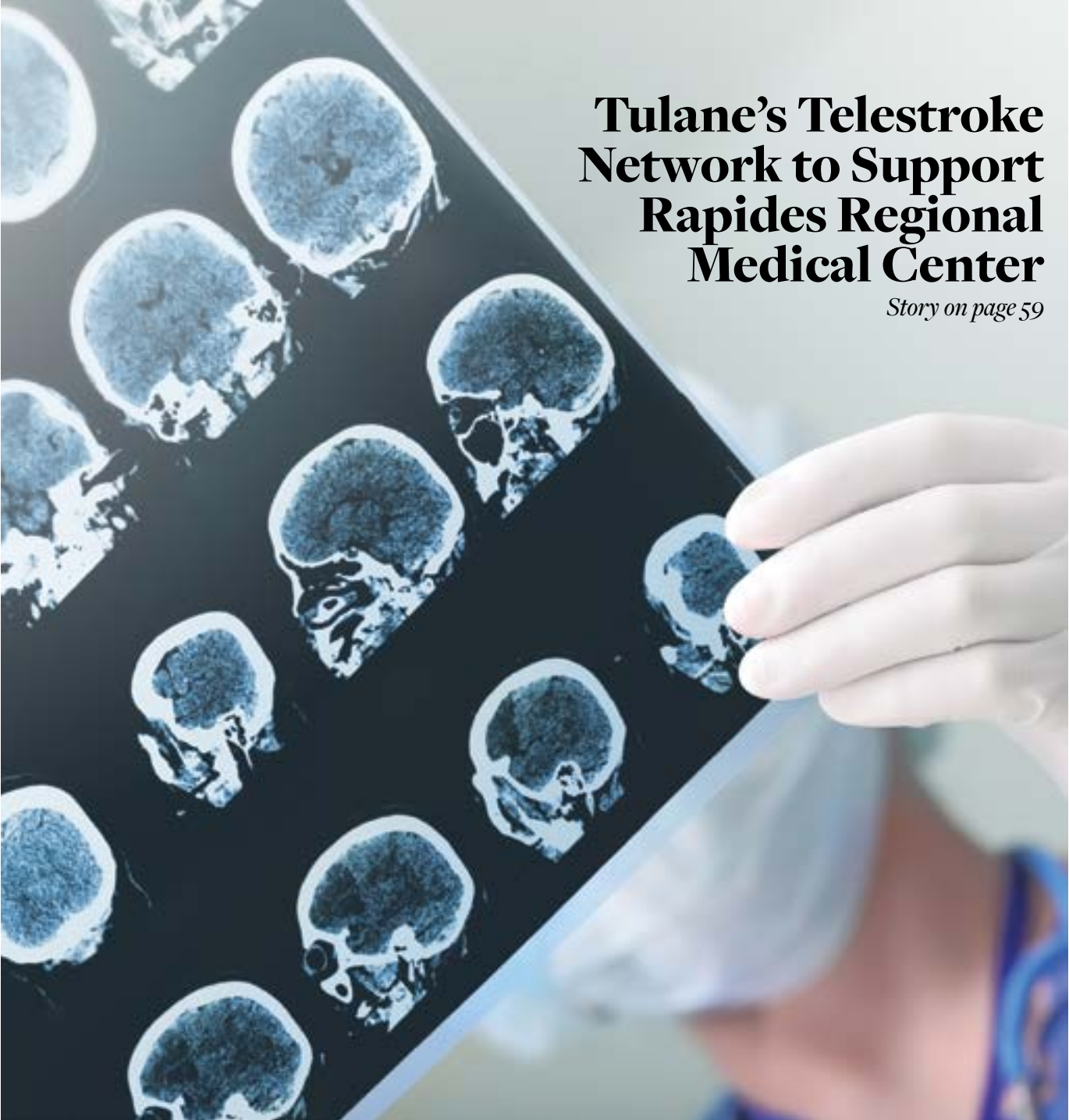
HEALTHY TOMORROWS START WITH MEDICINE'S BRIGHTEST MINDS

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Hospital Rounds

A hand in a white glove points to a specific slice of a brain CT scan on a light box. The light box displays multiple axial slices of a brain, showing internal structures like the ventricles and sulci. The hand is positioned on the right side of the frame, pointing towards the center-right slice.

Tulane's Telestroke Network to Support Rapides Regional Medical Center

Story on page 59

Hospital Rounds

Provision Healthcare to Develop Advanced Cancer Treatment Center

Gov. John Bel Edwards and Provision Healthcare CEO Terry Douglass announced the company and its partners will make a \$100 million capital investment and build a 30,000-square-foot Louisiana Proton Therapy Center in the New Orleans biomedical corridor. Deploying advanced technology that produces far fewer side effects than conventional radiation treatments for cancer, Provision plans to develop the center on the University Medical Center campus on Canal Street.

Provision Healthcare is pursuing a partnership with University Medical Center New Orleans, LCMC Health, and LSU Health Sciences Center New Orleans. The project will create 60 new direct jobs with an average annual salary of \$100,000, plus benefits. Louisiana Economic Development estimates the project also will result in 63 new indirect jobs, for a total of more than 120 new jobs in the New Orleans area.

With only two dozen proton therapy centers in operation in the U.S.—and the nearest centers at Willis-Knighton Health System in Shreveport, Louisiana, and MD Anderson Cancer Center in Houston—Provision will introduce a more-efficient prototype facility in New Orleans, where the company and local partners expect to draw a wide range of regional, out-of-state and out-of-country patients. The broad geographic base is expected to drive greater medical tourism to New Orleans and increase the city's profile as a healthcare destination.

Provision plans to break ground on the Louisiana Proton Therapy Center before the end of 2017. Following a two-year construction phase, the center will begin seeing patients by late 2019.

Kinnard Receives TGMC Golden Stethoscope Award

Terrebonne General Medical Center (TGMC) announced Dr. William H. Kinnard as the recipient of the Golden Stethoscope Award. The prominent Golden Stethoscope Award publicly recognizes a TGMC physician for his or her exceptional level of professionalism, integrity, and teamwork in caring for patients and families, as well as interacting with hospital staff members and other physicians. Nominations can be made by physicians, employees, patients, and volunteers and recognizes two



William H. Kinnard, MD



Laura Bergeron, RN



Salvador "Sal" Scanio

physicians a year.

Dr. Kinnard has been caring for patients with TGMC since 1983 and has practiced orthopedic surgery with Gulf Coast Orthopedics in Houma, LA since 1984. He is board certified in Orthopedic Surgery, a member of the American Academy of Orthopedic Surgeons, Louisiana Orthopedic Association, Terrebonne Parish Medical Society, and the Louisiana State Medical Association.

STPH Scores Third Patient Safety Award in 2017

St. Tammany Parish Hospital earned national recognition for patient safety from the Leapfrog Group, Healthgrades, and Women's Choice so far this year, in addition to recognition for quality and patient experience.

The Leapfrog Group, a nonprofit organization committed to driving quality, safety, and transparency in the U.S. healthcare system, released new Leapfrog Hospital Safety Grades, which assign A, B, C, D and F letter grades to hospitals nationwide. St. Tammany Parish Hospital was one of 823 hospitals to receive an A for its commitment to reducing errors, infections, and accidents that can harm patients.

TGMC Honors Bergeron as April Employee of the Month

Terrebonne General Medical Center (TGMC) honored Laura Bergeron, RN, as the April Employee of the Month. Bergeron is a registered nurse in the Women's Health Center's Labor and Delivery unit.

Bergeron is described by her patients and peers as calm, helpful, and informative. She provides genuine, compassionate care and treats each patient as family. She regularly does small gestures to ensure the patient has a positive

and memorable experience while delivering. For instance, Bergeron learned to count in the patient's primary language to provide encouragement during delivery.

Ochsner Health System Recognized by AMGA as 2017 Foundation Star

Ochsner Health System was one of 21 member organizations to be awarded the 2017 Foundation Star Award by the AMGA Foundation. Ochsner said it is the only health system within Louisiana, Mississippi, Alabama, Georgia, Arkansas, and Tennessee to receive this recognition.

Each organization was recognized for their participation in four or more AMGA Foundation initiatives:

- Applied for the Acclaim Award
- Participated in one or more Best Practices Learning Collaboratives
- Took part in AMGA national campaigns, Measure Up/Pressure Down® or Together 2 Goal®
- Donated to the Foundation

TGMC Announces New Director of Materials Management

Terrebonne General Medical Center (TGMC) announced Salvador "Sal" Scanio as the Director of Materials Management. Scanio graduated Cum Laude from Tulane University in New Orleans in 2003 with a Bachelor of Science in Computer Information Systems. He joined TGMC in the Information Technology department in June 2012 where he managed numerous software systems, including Lawson and EPIC, designed to improve quality and efficiency. In his new role, Scanio will develop and integrate purchasing and inventory systems and analyze programs for financial and clinical projects.



Tulane's certified music therapists get children singing, dancing and playing instruments at the NICU reunion.



Celebrating at the NICU reunion, children decorated picture frames after having their photos taken with the Easter Bunny.

OB/GYN Services Added To EJ Lakeview Clinic

East Jefferson General Hospital (EJGH) announced the addition of OB/GYN services to its Lakeview clinic with the practice of Dr. Traci Iwamoto beginning on Monday, March 27.

Iwamoto's OB/GYN practice joins the growing list of services provided at the Lakeview location, which already includes primary care with convenient extended hours, imaging such as x-ray, ultrasound, and mammography, and spine care with cutting-edge non-invasive procedures.

Dr. Iwamoto is one of the top board-certified OB/GYNs in the region and completed her residency locally at the LSU Health Science Center in New Orleans prior to beginning her career at East Jefferson General Hospital.

Neonatal Intensive Care Unit (NICU) Celebrates Reunion

The sounds of music and children's laughter recently filled the halls of Tulane Lakeside Hospital for Women and Children during its annual Neonatal Intensive Care Unit (NICU) reunion.

The spring-inspired soiree brought together former patients, their families, and Tulane's team of NICU caregivers to celebrate the health of

children who relied on Tulane Lakeside Hospital for Women and Children's Level III Regional NICU for specialized care after birth.

The party included photos with the Easter Bunny and a picture frame-decorating station. Tulane's Arts in Medicine Program set up a live music area for children to dance while banging drums and shaking tambourines. The event also featured the Audubon Institute's Zoomobile, face painting, snoballs, and games for children of every age.

Free Screening at UMC Brings 100+ Participants

Four people learned that they are in danger of developing large abdominal aortic aneurysms and thoracic aortic aneurysms during a free screening March 25, that brought 116 people out to University Medical Center on a rainy Saturday morning.

The information session and ultrasound screening are the first step for some individuals, who may not have heard of AAA. For others, such as several participants who noted they have a family history of AAA, it was valuable information to provide

NICU graduates were able to pick a rubber ducky and win a prize.



Hospital Rounds



Ares M. Christakis, MD



Angelle Gelvin, MD



James Parker, MD

some peace of mind. The painless ultrasound is simple and noninvasive.

This free screening event was provided by AAA-neurysm Outreach and W.L. Gore., with support from Aetna, PJs Coffee of New Orleans, Blue Cross and Blue Shield, and other community partners.

"AAAneurysm Outreach is a phenomenal program helping to bring about the awareness of aortic aneurysm disease. It was an honor to take part in the screening program," said William Risher, MD.

Many of those who participated had lost loved ones to this silent killer. Dr. Risher provided a formal presentation about aneurysms, and met individually with all participants who had questions or concerns about their own risks.

West Jefferson Observes National Donate Life Month

West Jefferson Medical Center (WJMC) teamed up with the Louisiana Organ Procurement Agency (LOPA) to host a flag-raising to honor organ donor families and recipients, during National Donate Life Month.

2,144 people are waiting on a life-saving organ transplant in Louisiana. One donor can potentially save up to 9 people's lives. More than 50 people can benefit from one donor's tissue donation and eye donation can help two people have their sight restored

These all reasons why WJMC and LOPA wanted to raise awareness of the importance of organ, eye, and tissue donation and encourage people to register as donors during April - National Donate Life Month.

The Donate Life flag was flown across from WJMC's atrium. The flag's purpose is to honor the

hundreds of thousands of donors and recipients whose lives have been affected by organ, eye, and tissue donation nationwide. In attendance for the flag-raising were donor family members, recipients, and many members of the hospital family.

Crescent City Physicians, Inc. Welcomes Christakis and Gelvin

Crescent City Physicians, Inc., a subsidiary of Touro Infirmary, has welcomed Ares M. Christakis, MD and Angelle Gelvin, MD to the General Surgery medical staff. Dr. Christakis and Dr. Gelvin are Board Certified by the American Board of Surgery and perform an array of surgical procedures, with a special interest in minimally invasive techniques.

Dr. Christakis is a member of the American College of Surgeons, Cohn-Rives Surgical Society, American Medical Association, and the Louisiana State Medical Society.

Dr. Gelvin is a member of the American College of Surgeons and Isidore Cohn, Jr.-James D. Rives Surgical Society, and previously practiced at Crescent City Physicians New Orleans East location.

Rousseau Earns Director Development Program Graduation Certificate

Lakeview Regional announced that Director of Emergency Services Derek Rousseau has earned his Director Development Program Graduation Certificate.

The Director Development Program (DDP) is a rigorous, relevant, and rewarding integrative learning experience taking place over the course of 7-10 months. The Director Development Program gives one the ability to lead, identify, and develop solutions to improve department

operations utilizing personal, operational, team, and strategic leadership.

Ochsner Health System Named Among "150 Top Places to Work in Healthcare"

Ochsner Health System has been recognized by *Becker's Healthcare* as part of their list of "150 Top Places to Work in Healthcare" for 2017. This annual list recognizes organizations committed to fulfilling missions, creating outstanding cultures and offering competitive benefits to their employees.

Through nominations and an internal review process, *Becker's Healthcare's* annual list acknowledges organizations that have gone above and beyond to make their hospitals, health systems, and companies great places to work. The organizations included encourage professional development among their employees and promote tomorrow's leaders. Many organizations have implemented employee recognition and mentorship programs, coordinated employee and family outings, and provided volunteering opportunities to support the local community.

North Oaks Health System Names Parker Physician of the Year

Involving patients in their care, constantly seeking to further his knowledge and teach others, and communicating and listening to his patients with compassion are among the accolades received by Cardiologist James Parker, MD, FACC, FSCAI-North Oaks Health System's Physician of the Year for 2016.

The Medical Executive Committees for North Oaks Medical Center and North Oaks Rehabilitation Hospital select a Physician of the Year annually based on nominations from North Oaks employees, volunteers, and physicians. The award recognizes exceptional dedication to serving others, leadership, performance excellence, and the community-at-large.

Parker has been a provider with North Oaks Physician Group since 2010 and cares for patients at North Oaks Cardiology Clinic in Hammond and Livingston. No stranger to leadership roles, he has served as a founding member of the North Oaks Physician Group Network Operations Council Ambulatory Physician Informatics Committee since 2014. He plans to transfer to the Network

Tulane's TeleStroke Network to Support Rapides Regional Medical Center

Tulane Health System's acclaimed Tulane Expert teleConsulting, or TEC, network is now supporting Rapides Regional Medical Center in Alexandria, Louisiana, providing patients and caregivers there with 24-hour, on-call access to Tulane's stroke and neuroscience experts for acute stroke consultation.

Using the TEC system, physicians at Rapides Regional can communicate via a two-way, live video, audio and image-sharing system with stroke neurologists from Tulane Health System. Those experts can evaluate the patient in real time to diagnose a stroke and work with local physicians to determine the best treatment options.



Operations Council's Patient Experience Subcommittee this month. In 2015, he served as member-at-large of the North Oaks Medical Center Medical Executive Committee. He also has helped to ensure high quality care as a past member of the hospital's Bylaws & Credentials Committee in 2014.

Ochsner Medical Center Named Among Top 100 Hospitals

Ochsner Medical Center - Jefferson Highway, Ochsner Baptist Medical Center, and Ochsner Medical Center - West Bank Campus* have been named among the 15 U.S. Major Teaching Hospitals on the 100 Top Hospitals Award® list by Truven Health Analytics®, a leading provider of information and solutions to improve the cost and quality of healthcare.

Ochsner says it is the only healthcare provider in Louisiana, Mississippi, and Alabama to have hospitals included in this list and joins other prominent institutions on the list such as Emory University Hospital, Northwestern Memorial Hospital, and St. Luke's University Hospital.

In addition, Ochsner Medical Center - Baton Rouge is one of only 10 hospitals in the United States representing a total of six states, and the

only hospital from Texas through the Florida panhandle, to receive both the 2017 Top Hospitals Everest Award® and the 100 Top Hospitals Award® by Truven Health Analytics.

*Includes data from Ochsner Medical Center - Jefferson Highway, Ochsner Medical Center - West Bank Campus and Ochsner Baptist Medical Center.

Hidden Scar™ Breast Cancer Surgery Now Available at Touro and UMC

LCMC Health announced that Hidden Scar™ Breast Cancer Surgery, an advanced treatment expanding options for women undergoing breast surgery, is now available at two of its hospitals, Touro Infirmary, and University Medical Center (UMC) New Orleans. John Colfry, MD, a breast surgical oncologist with Touro's Crescent City Physicians, and Adam I. Riker, MD, FACS, LSU Health New Orleans, breast surgical oncologist at UMC New Orleans, have been recognized as Hidden Scar trained surgeons.

Touro Infirmary and UMC New Orleans are among the first hospitals in the Greater New Orleans area to offer Breast Cancer Surgery. This advanced approach to breast cancer surgery hides

incision scars, minimizing the daily emotional reminder of a breast cancer diagnosis.

HCA Named a 'World's Most Ethical Company'

Hospital Corporation of America (NYSE: HCA), the parent company of Tulane Medical Center, Tulane Lakeside Hospital for Women and Children, and Covington's Lakeview Regional Medical Center, has been recognized by the Ethisphere Institute, a global leader in defining and advancing the standards of ethical business practices, as a 2017 World's Most Ethical Company®, a recognition HCA has earned every year since 2010.

HCA, a leading healthcare provider with 171 hospitals and 118 freestanding surgery centers in 20 states and the United Kingdom, is one of only seven companies honored in the healthcare provider category this year.

Ochsner Cancer Institute Launches Precision Cancer Therapies Program

Ochsner Cancer Institute has formally launched the Ochsner Precision Cancer Therapies Program, the region's only program dedicated to bringing early-phase clinical trials to cancer patients.

Hospital Rounds



King and Queen Visit Children's Hospital

King of Rex, Dr. Stephen Hales, and the Queen of Carnival, Anna Huger, visited Children's Hospital to say hello to the patients and share in the Mardi Gras spirit.

The Ochsner Precision Cancer Therapies Program combines Ochsner's clinical expertise with the translational science strength of the Translational Genomics Research Institute (TGen), a non-profit biomedical research organization at the forefront of drug discovery and development.

Early-phase clinical trials allow for patients to receive innovative therapies before they are widely available. According to the National Cancer Institute, nearly 40% of men and women in the United States will be diagnosed with cancer at some point in their lifetime, yet only about 3% of adult cancer patients participate in clinical trials, with participation even lower in Louisiana.

In addition to early phase clinical trials, the Ochsner Precision Cancer Therapies Program offers patient access, care and support teams, including nurses, doctors, researchers, technicians, laboratory personnel, infusion staff, schedulers and a

concierge, fully dedicated to early phase trial cancer patients. Ochsner physicians are at the forefront of modern molecular medicine, creating customized treatment plans based on the most up-to-date research and data.

Tulane Health System Welcomes New Director of Cardiovascular Services

Tulane Health System has named Helen Adams, RN, its director of cardiovascular services. She will oversee the operational management and strategic planning of all cardiovascular services at Tulane Medical Center.

Adams joins the Tulane Health System from Ochsner Medical Center, where she had served as its operations coordinator for the cardiac catheterization lab for six years. Her healthcare experience also includes roles as director of the critical care



Helen Adams, RN

unit at Gulfport Memorial Hospital, director of the cardiac care unit at Terrebonne General Medical Center, and ICU manager at Southern Regional Medical Center in Houma. She also worked for 12 years as a representative for Abbott Labs in critical care equipment and pharmaceutical sales.

"With more than 20 years experience in health-care, Helen brings a wealth of knowledge to her new role at Tulane Medical Center," said Jyric Sims, chief operating officer at Tulane Health System. "We are excited to see her build our cardiovascular services to the next level in the years to come."

Adams earned her Associate of Science degree in nursing from Nicholls State University. She also holds a Bachelor of Science degree in nursing from Loyola University of New Orleans.

"I look forward to working in my new position to assure that Tulane Health System patients receive the best cardiovascular services available," Adams said.

Tulane Health System's cardiovascular program offers a full range of diagnostic, treatment and rehabilitation options, including the recently opened Grace Anne Dorney Cardiac and Pulmonary Rehabilitation Center and one of the nation's only chronic total occlusion – or CTO – programs.

STPH Receives 2017 Women's Choice Award® for Patient Safety

St. Tammany Parish Hospital has been named one of America's Best Hospitals for Patient Safety by the Women's Choice Award®. The award signifies that STPH is in the top 15 percent of 3,005 U.S. hospitals for patient safety.

The methodology used to select St. Tammany

Parish Hospital as one of America's Best Hospitals for Patient Safety is unique in that it evaluates complication and infection incident rates, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey results along with primary research about women's healthcare preferences. It is the only award recognizing excellence in patient safety based on robust criteria that consider patient satisfaction and clinical excellence.

To receive the award, hospitals must also use an Inpatient Safe Surgery Checklist to assess effective communication and safe practices during three perioperative periods: prior to administration of anesthesia; prior to skin incision; and prior to the patient leaving the operating room or procedural area.

St. Tammany Parish Hospital is one of 451 award recipients representing the hospitals that have met the highest standards for patient safety in the U.S. by the Women's Choice Award.

Thibodaux Regional Medical Center Announces Phase 2 of Wellness Center

Thibodaux Regional Medical Center announced its plans to construct Phase 2 of its state-of-the-art, innovative Wellness Center. The Wellness Center is the first of its kind in the state and among

the finest in the nation and represents a significant investment in the health and wellness of the region. The Center addresses wellness at every level, including prevention, education, and rehabilitation, combined with medically directed services.

Phase 2 will be constructed behind the Wellness Center on the North Entrance side encompassing 17 acres of land. The \$5M expansion project will feature twelve tennis courts, four sand volleyball courts, a football/multipurpose field, an 8-lane track, Pavilion, restrooms, concession area, play area, and spray park for young children. The fields will further integrate services already located in the Wellness Center such as the Sports Medicine and Sports Performance Centers, Imaging Center, Rehabilitation Center, Aquatics Center, and Fitness Center.

Construction of Phase 2 is expected to begin this summer, and have an economic impact of \$25M.

Jefferson Parish Council Approves DeCorte as EJJGH Interim CEO

The Jefferson Parish Council approved the appointment of Dr. Raymond DeCorte as Interim President and CEO of East Jefferson General Hospital (EJJGH).

Dr. DeCorte, a general surgeon, replaces



Raymond DeCorte

long-time CEO Dr. Mark Peters, who retired from the leadership position on March 16th.

A member of the EJJGH community for over 25 years, Dr. DeCorte has served in various roles throughout the hospital including Chief of Staff, Medical Director and Chief Medical Officer before being appointed Interim President and CEO.

A nationwide search will continue to find Dr. Peters' permanent replacement.

Ochsner and GE Healthcare Announce Winner of Healthy @ Home Innovation Challenge

Ochsner Health System and GE Healthcare announced the winner of the 2017 Healthy @ Home Innovation Challenge during New Orleans Entrepreneur Week (NOEW). The challenge sought to identify patient-centered technologies that can improve patient healthcare by discretely sensing, monitoring, and analyzing activity in the home.

The Healthy @ Home Challenge launched in July, 2016. Of the 23 applications submitted from across the nation, four finalists were selected last fall and invited to participate in Phase 2 of the Challenge.

Dr. John Veerman of Ontario, Canada was selected as the winner for his Healthy @ Home concept. Dr. Veerman's proposed system is intended to help clinicians and family members of elderly patients easily track their daily activities by utilizing a home's existing wiring and plumbing networks and recording the usage of basic appliances and fixtures. The data, which would be stored in the cloud, could be used to monitor any irregularities in basic daily activities, including bathing, washing dishes, and opening the dishwasher.



Thibodaux Regional Medical Center plans Phase 2 of Wellness Center.



Ben Adams, DO

Dr. Veerman previously received \$2,500 USD as one of four initial cash prize winners during Phase 1. As the winner, he is now eligible for additional funding of up to \$15,000 USD to collaborate with GE Healthcare and Ochsner toward further development and commercialization of his technology.

The challenge is the final part of a three-year commitment by Ochsner and GE Healthcare as co-sponsors of an annual Healthcare Innovation Summit which is part of New Orleans Entrepreneur Week (NOEW). This commitment builds on Ochsner and GE's long-standing collaboration to ignite brilliant moments in the future of healthcare.

Visit innovationochsner.com for more information.

TGMC Appoints Chief of Medical Staff

Terrebonne General Medical Center (TGMC) has appointed Ben Adams, DO, cardiothoracic anesthesiologist, as Chief of Medical Staff for 2017-2018.

Dr. Adams brings a unique level of expertise to his role as Chief of Staff. He simultaneously served as Vice-Chief of Medical Staff, Director of Anesthesiology and Medical Director of Surgery at TGMC. He has been recognized in Becker's Hospital Review 2016 Rising Stars: 50 Healthcare Leaders Under 40 and is the only transesophageal echo (TEE) board certified anesthesiologist at the hospital.

In his role, Dr. Adams will provide medical leadership and direction to TGMC's highly specialized medical staff, and will oversee medical staff activities related to improving the quality of clinical services. TGMC has over 300 physicians and medical specialists, 34 medical subspecialties, and 7



Melissa Rice, RN

subspecialties.

Dr. Adams is board certified in Anesthesiology and holds a National Board Certification in Echocardiography.

TGMC Honors Rice as March Employee of Month

Terrebonne General Medical Center (TGMC) honored Melissa Rice, RN, as the March Employee of the Month. Rice is a Supportive Care Coordinator in the Care Management Department at TGMC.

Rice's natural characteristics make her the perfect person for the delicate role she is in. People have to feel comfortable and in control, even when their condition or their loved ones condition does not allow them to actually be. Rice shows respect for the patient and their decisions and conveys it to others in a similar way. Rice is knowledgeable in the realm she practices in and is able to address questions or concerns at the time they are brought up, which adds to the confidence others place in her.

Ochsner NICU Celebrates 36th Annual Reunion Party

The Neonatal Intensive Care Unit (NICU) at Ochsner Baptist observed its 36th Annual NICU Alumni Reunion Party, as Ochsner NICU "graduates" and their families celebrated life. Many of these children were born either extremely premature and/or were very ill at birth and required special care.

The NICU at the Women's Pavilion at Ochsner Baptist carries a Level III Regional designation – the highest level designation awarded by the state of Louisiana. The 54-bed NICU is comprised of a combination of private rooms, twin rooms and



Frederick Rau, MD

semi private pods. Webcam services allow families to have a continuous, secure view of their baby in the NICU that facilitates the bonding experience. Ochsner Baptist continues to participate in original studies to develop new and better ways to help these children and their mothers.

TGMC Appoints Vice Chief of Medical Staff

Terrebonne General Medical Center (TGMC) has appointed Dr. Frederick Rau, General Surgeon, as Vice Chief of Medical Staff for 2017-2018.

As Vice Chief of Medical Staff, Dr. Rau will support the Chief of Medical Staff, Dr. Ben Adams, in encouraging the medical staff to promote health and wellness to their patients, as well as throughout the community. TGMC has over 300 physicians and medical specialists, 34 medical subspecialties and 7 subspecialties.

Dr. Rau is board certified in Surgery by the American Board of Surgery and has been on staff at TGMC since 1983.

Lakeview Regional Medical Center Hires Former LHH Providers

Lakeview Regional Medical Center has added nearly 20 former Louisiana Heart Hospital physicians and providers to its Lakeview Regional Physician Group, helping provide continuity of care to patients affected by the heart hospital's recent closure.

The providers join more than a dozen experienced physicians and other staff at Lakeview Regional Physician Group, a multi-specialty practice offering family medicine, cardiology, orthopedics, general surgery, and internal medicine. Most will continue in the same former Louisiana Heart Hospital clinic locations – in Covington,



Ribbon cutting ceremony for the new pediatric subspecialty clinic opened at Terrebonne General Medical Center.

Hammond, Lacombe, and Slidell – to minimize patient disruption.

Lakeview Regional Physician Group welcomes the following former LHH medical staff: Farhad Aduli, MD (Interventional Cardiology), Sergio Barrios, MD (Interventional Cardiology), John Breaux, MD (Cardiothoracic Surgery), Cary Gray, MD (General Surgery), Adam Hankins, MD (Vascular Surgery), Sandra Hubbard, NP (Nurse Practitioner), David Kaplan, MD (Vascular Surgery), Jeffery Kitch, APRN (Nurse Practitioner), Barry Kusnick, MD (Interventional Cardiology), Christina McKinley, MD (Family Medicine), Anthony Morales, MD (Interventional Cardiology), Adriana Nagy, MD (Noninterventional Cardiology), Carol Raymond, CFNP (Nurse Practitioner), Darren Rowan, MD (General Surgery), Richard Sanders, MD (Family Medicine), Jay Silverstein, MD (Noninterventional Cardiology), Ulrich Starke, MD (Internal Medicine), Danielle Tranchina, APRN (Nurse Practitioner), Bassam Wanna, MD (Cardiac Electrophysiology).

New Pediatric Subspecialty Clinic Opens at TGMC

Terrebonne General Medical Center (TGMC) and Ochsner Health System hosted a ribbon cutting and open house to celebrate the opening of a new pediatric subspecialty clinic, a joint venture between TGMC and Ochsner Hospital for Children.

TGMC joined the Ochsner Health Network (OHN) in 2015. As a founding member, TGMC's affiliation with OHN continues to grow by increasing access to high quality care for the people of the Bayou Region. That includes pediatric subspecialties, which will further strengthen that partnership.

The new pediatric dedicated clinic will offer pediatric specialties including cardiology, gastroenterology, orthopedics, pulmonology, endocrinology and general surgery. Additional pediatric specialties including neurology and hematology/oncology will be added later this

year. Patients and their parents will be able to self-refer to the clinic, and local pediatricians will have the benefit of referring their patients to subspecialty care in their service district.

Touro Rehabilitation Center Limb Loss Program Hosts Training

The Touro Rehabilitation Center Limb Loss Program recently hosted the Amputee Coalition Certified Peer Visitor Training. This was the first training of its kind to ever be held in the state. The training is an intensive full day training that provides instruction on topics such as listening skills, the recovery process, cultural awareness, spirituality, HIPAA, resources for patients, and many more. Peer visitors are available to meet with new/future amputees in person or over the phone to listen and provide emotional support and information. They may share their own experiences and offer helpful insight and encouragement during recovery.

Hospital Rounds



Tulane Health System Invests \$1.7 Million in OR Equipment

Tulane Health System is purchasing \$1.7 million in new operating room equipment as part of its commitment to providing innovative, quality healthcare to the New Orleans community. The new equipment will include installation of four Stryker High-Definition Endoscopy Video Systems, which are used during minimally invasive laparoscopic surgery.

In addition to the endoscopy video system, Tulane Health's OR capital investment includes adding specialized neurosurgery instruments, upgrading equipment for urological, ENT, and orthopedic surgeries, and much more.

The equipment will be spread between Tulane Medical Center in downtown New Orleans and Tulane Lakeside Hospital for Women and Children in Metairie. Purchase, installation, and equipment training are taking place throughout the first several months of 2017. ■



The Touro Rehabilitation Center Limb Loss Program recently hosted the Amputee Coalition Certified Peer Visitor Training.

A total of ten peer visitors were trained and will now be available for peer visits for those anticipating or having recently experienced an amputation and/or their caregivers in either the hospital or outpatient/community setting.

The TRC Limb Loss Program plans to host this training annually. Participants must be over 18

years old, have had their amputation a year or longer or be a current or former caregiver for someone who has, have a valid e-mail address and phone number, and provide three references. If you or someone you know is interested in becoming a certified peer visitor, please e-mail Limb-LossProgram@LCMCHHealth.org.



Tulane Health System's recently purchased Stryker High-Definition Endoscopy Video System allow physicians a crystal clear view of an esophagus during a recent surgery.

The examination wasn't bad. The idea of it, perhaps, was worse.

Your doctor took your vitals, looked in your mouth, felt around your jaw, and thumped your back. He asked questions, you answered, got down from the table, got dressed, and got your prescription. In and out in fifteen minutes but what just happened? After reading the new book "What Patients Say, What Doctors Hear" by Danielle Ofri, MD, the answer may be "not enough."

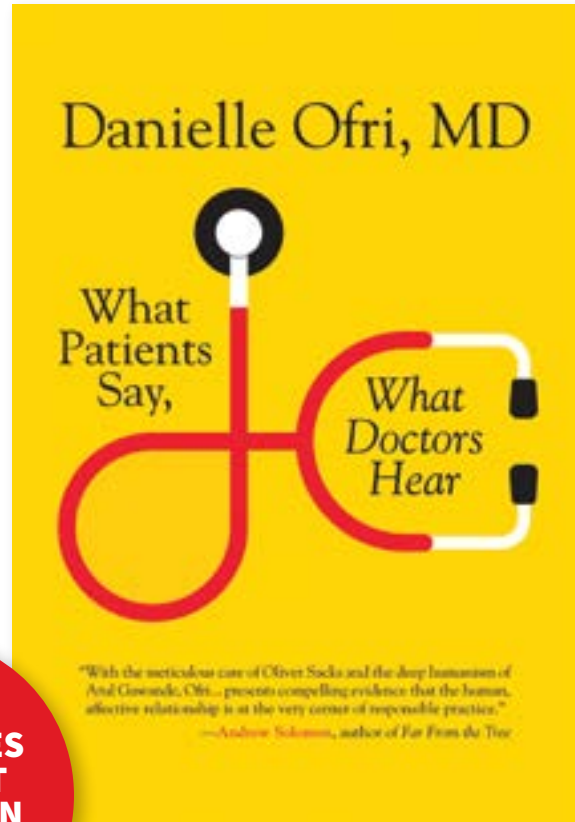
When you're sick, your doctor might order an MRI, CT, PET, EKG, good old X-rays, or any of dozens of new medicines. That alphabet soup of diagnostics may give you pause, especially when a simpler thing may work just as well.

With the advanced technology that hospitals have, simple might seem contrary, but Ofri says that listening, from a doctor's standpoint, is not just a matter of hearing a list of complaints. It's "a diagnostic tool and...a therapeutic tool..." requiring the work of two to be effective. Because body language can speak volumes, listening is also sometimes done by the eyes.

But listening goes both ways and the words a doctor says and the way she says them "can have a potency comparable to the medications we prescribe..." Patients must closely listen to what their doctor says in order to self-care and heal at home. Here, Ofri believes, is where body language comes in: sometimes, patients may give nonverbal clues or reasons for "noncompliance." Perhaps they are embarrassed, fearful, can't afford care or don't have access to it, can't read instructions or don't understand them enough. They may not know their diagnosis, or even their doctor's name.

Listening, Ofri says, can help when conflicts arise and mistakes are made. It can give patients a better outcome (although note-taking helps!). Good communication will ensure that everyone understands what is about to happen, and it helps a doctor break bad news. "Taking a history" is one of the first things physicians learn in med school. And, says Ofri, "It can sometimes mean life or death."

"What Patients Say, What Doctors Hear" is a book that makes you want to hang on to every word.



**A BOOK
THAT MAKES
YOU WANT
TO HANG ON
TO EVERY
WORD.**

By **Danielle Ofri, MD**
c.2017, Beacon Press

Obviously, author Danielle Ofri, MD is good at communicating, even though she admits here that there were times when she wasn't. That's one of the best parts of this book: Ofri not only uses herself as an example, but she spent months interviewing doctor-patient pairs in order to understand the importance of listening in a medical setting. Readers get real-life stories to illustrate the points Ofri makes, told in language that's authentic but that doesn't require a PhD to grasp. We're also given subtle advice on getting (and giving) the best care possible through listening and communicating.

This is the book you want to read in the waiting room at your next doctor's appointment. It's the one you'll want to take to the next medical conference. In both cases, it could make a difference: with "What Patients Say, What Doctors Hear," it's your listening skills you'll be examining. ■

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Metairie, LA 70006
504.454.4000
www.ejgh.org

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Covington, LA 70433
985.898.4000
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CARTER LAW GROUP

9217 Jefferson Highway
New Orleans, Louisiana 70123
Office: 504.527.5055
Rachele Basler, Office Manager
rbasler@carterlawgroupllc.com
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