

# HEALTHCARE JOURNAL

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of New Orleans

## ONE ON ONE

**William Lunn, MD**

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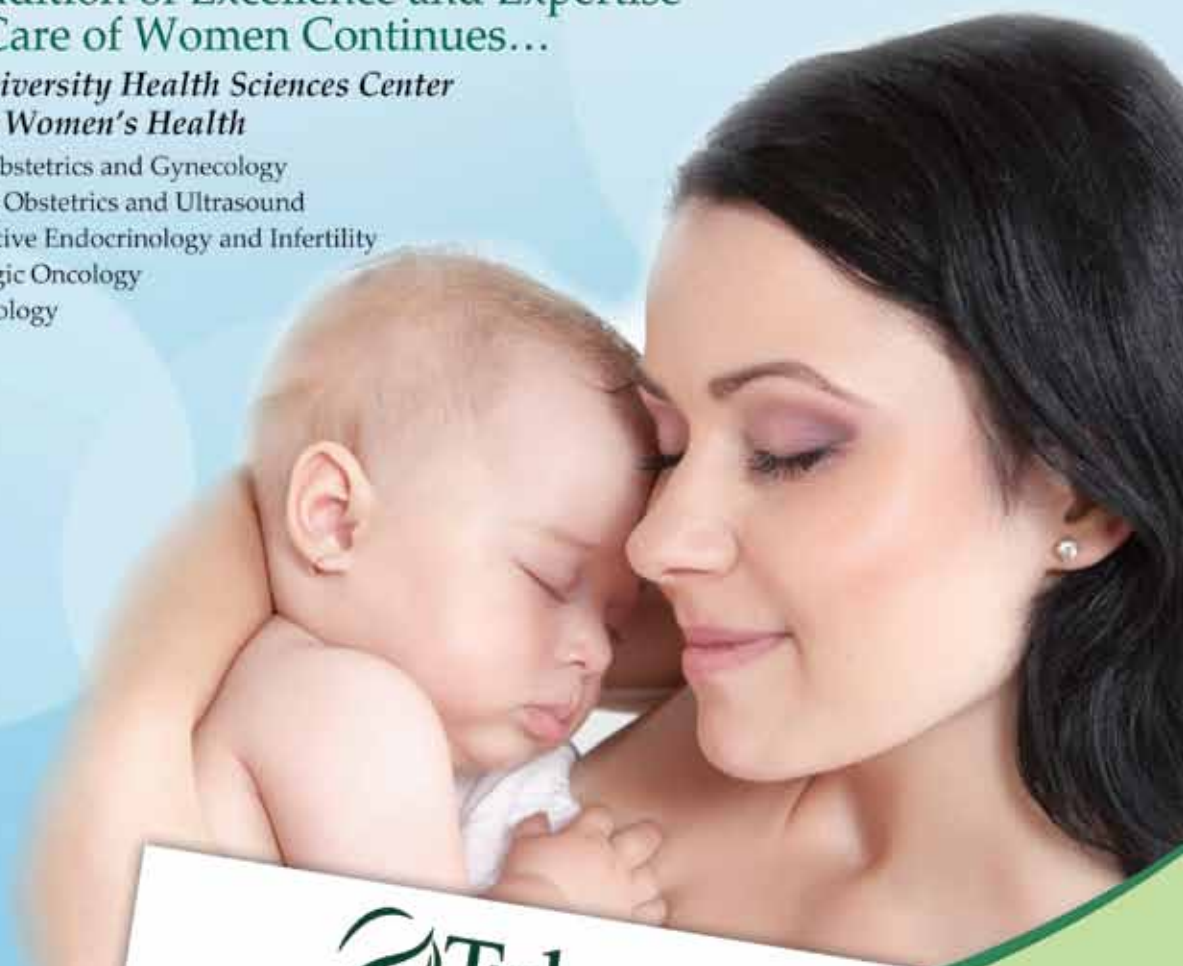


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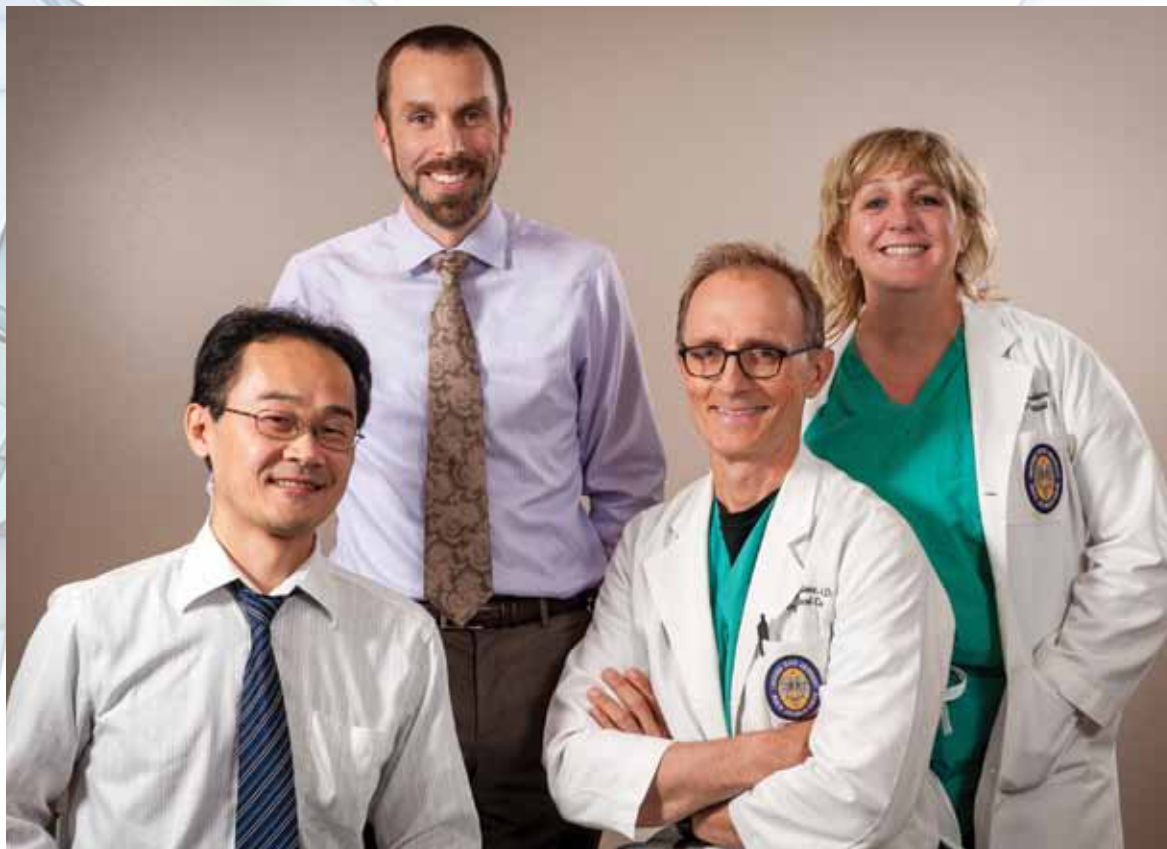
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There is pleasure in the pathless woods, there is  
rapture in the lonely shore, there is society where  
none intrudes, by the deep sea, and music in  
its roar; I love not Man the less, but Nature more.

—LORD BYRON



THERE ARE INTERESTING HEALTH EFFECTS from simply learning to live in the present. I would like to suggest one idea. Spend some time in nature, by yourself. Nature is a life energy that only knows one time; the present. Trees and wind and the quietness of nature help bring the mind clear of the past and future. At least they help the mind make the distinction. The reason for being alone with nature is because other people bring with them their energy. If you are in nature with someone whose mind spends too much time on the past, then you can take on their guilt and regret. If you are in nature with someone whose mind spends too much time on the future, then you can take on their worry or fears. We draw off of each other's energy.

Learning to spend more time in the present can reduce a lot of negativity, which will affect the body. Often the body takes its cues from the mind. We notice sometimes the subtle shape in the body language of those who are often angry or those who are often joyful.

The moment you arrive in nature, alone, you will notice your thoughts. After you're finished making plans and can settle in, give your mind a break. Focus on the time in which nature lives. Be aware of every detail around you, without judgment. Practice being still.

When you return to people you will be different. You will be more aware. You will have more peace. You will see things a little differently and feel a little lighter.

Hopefully you can include this small tip when discussing health ideas with your patients. I know that sounds funny, right? It won't solve everything, but it will help.

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

Smith Hartley  
Chief Editor

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## The Evolution of **PHYSICIAN ASSISTANTS**

Physician Assistant timeline information  
provided courtesy of the PA History  
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Providing medical care to remote populations where none existed, and meeting military and public health needs, have been concerns of nations for centuries. The use of non-physicians to provide healthcare services has an extensive history. Among the more noteworthy experiments were efforts to deliver services to the Russian wilderness, to the communes of rural China, to the frontiers of the American West, and to native-American villages in Alaska. Military necessity, especially in times of war, led to the use of non-physicians to provide acute care at army bases, and on warships in France, England, and post-revolutionary America. In the 1940s a unique event took place. A highly respected general practitioner in rural North Carolina trained his own "doctor's assistant" to care for his patients, even while he was away to further his medical education. Remarkably, that partnership received great praise from organized medicine. A road had been mapped; it was soon to be paved by pioneer educators.



Front L to R: Umesh Patel, MD, Pramod Menon, MD, Adriana Nagy, MD, James Smith, MD, Victor Mejia, MD  
Back L to R: Michael Finn, MD, Farhad Aduli, MD, Anthony Morales, MD, Ali Amkieh, MD, Barry Kusnick, MD, Sergio Barrios, MD

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# ONE ON ONE

**William Lunn, MD, CEO,  
Tulane Health System**



**1798**

An enlisted man, John Wall, is assigned by the US Navy as a “loblolly boy” to assist medical officers on the USS Constellation.



**1891**

Capt. John Van Renssalaer Hoff, MC, organizes the first company of “medic” instruction for members of the Hospital Corps at Fort Riley, Kansas.

**1799**

Congress passes a bill authorizing the Navy to use hospital mates to assist physicians in care of sailors.

William Lunn, MD, became CEO of Tulane Health System on August 11, 2014. Dr. Lunn is a Harvard fellowship-trained executive with 18 years of experience in roles leading high-profile academic medical centers and a major regional health system, in addition to private practice.

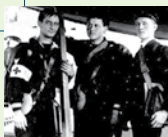
Since 2009, Dr. Lunn has served as Chief Operating Officer of Christus Health-Northern Louisiana in Shreveport, a \$250 million, regional, non-profit, Catholic healthcare system encompassing three acute care hospitals with a total of 350 beds, an inpatient hospice, a long term acute care hospital within a hospital, and two wellness centers. During his tenure, the healthcare system achieved a Joint Commission accreditation with a top score (2012) and was recipient of the Commission on Cancer Outstanding Achievement Award in 2013.

Prior to his position at Christus Health, Dr. Lunn spent five years at Baylor College of Medicine (BCM) in Houston, Tex., where he served as Assistant Dean of Clinical Affairs and Director of Interventional Pulmonology as a clinician and educator for one of the nation's top-ranked medical schools. During his tenure in executive leadership, Dr. Lunn helped plan, build, and operationalize a 40,000 square-foot medical office building on the new McNair campus in the Texas Medical Center. In addition, Dr. Lunn received the prestigious Fulbright and Jaworski award for leadership in medical education and held dual appointments at BCM in the departments of Medicine and Otolaryngology.

Dr. Lunn was in private practice from 1996 – 2003 at Pulmonary Specialists in Tyler, Tex., a single specialty physician group that provided pulmonary and critical care services to two hospitals.

Dr. Lunn earned a Political Science degree from Tulane University and a Medical degree from the University of Texas-Southwestern. He performed an internship in Internal Medicine at Presbyterian Hospital of Dallas; residency in Internal Medicine at Emory University; a Fellowship in Pulmonary and Critical Care Medicine at Vanderbilt University; and an Interventional Pulmonary Fellowship at Harvard Medical School. He also received a Certificate in Medical and Healthcare Management from the Jones School of Business at Rice University.

**1898** With the Spanish-American War looming, Congress authorizes establishment of the U.S. Navy Hospital Corps.



**1930** A young African American, Vivien Theodore Thomas, secures a job as surgical research technician with Alfred Blalock, MD at Vanderbilt University.

**1930** Charles Higgins, MD hires and trains Eddie Rogers to be his "medic" in urology at the Cleveland Clinic.

## DIALOGUE

**Chief Editor Smith W. Hartley** Is this your first CEO position?

**Dr. William Lunn** Yes it is. I had been the Chief Operating Officer for a small health system up in Shreveport and the way we were organized, I was the person who ran the operations day to day and we had a divisional president who lived in Alexandria. He ran all of the operations in Louisiana for Christus. How Christus is organized, they have chief operating officers that run what they call their ministries, because it's an outbranch of the Catholic Church. So I had a role that was very CEO-like in Shreveport although I did not carry that title.

**Editor** Were you seeing patients then?

**Dr. Lunn** Yes, I had a clinic a half day a week and would see consults. I love taking care of people; that's kind of my true north.

**Editor** Do you still do that here?

**Dr. Lunn** No. I'm on the faculty here and I am going to be teaching. I am very fortunate to have the medical school—that's what I was really missing—a medical school partner. But the way HCA is structured and the way our compensation is, HCA asked me not to practice.

**Editor** I understand that Tulane Medical Center is changing to Tulane Health System. Why the need for a name change?

**Dr. Lunn** Well, we really are a system. We're two different campuses and we're 25 clinics all over the city. One of the things I wanted

to emphasize to the organization is we are a system and we need to start thinking that way and taking advantage of our system-ness. And then we are a part of a bigger system within HCA. So we really need to think about our sister HCA hospitals that are in this market and region and think more as a system with them as well. We've got a whole community here to care for and it's up to all of us to do so working collaboratively.

**Editor** What comprises the HCA system in New Orleans?

**Dr. Lunn** There's Tulane Lakeside and Lakeview, which is our hospital on the Northshore. Then we have Women's and Children's in Lafayette and we have Garden Park, so we've really got hospitals from Lafayette over to Hattiesburg and then stretching up north to Alexandria with Rapides.

**Editor** With LCMC Health and Ochsner being such big systems themselves, how does the Tulane system fit within the marketplace here?

**Dr. Lunn** We fit right in. Once LCMC formed their system, really there were three systems in town. We're just one of the competitors in the mix.

**Editor** Where do your patients typically come from, both physically and in terms of payer mix?

**Dr. Lunn** We're very fortunate that we have a very good payer mix. We have about 37% commercial insurance here and then we also have a lot of people within the market that are Tulane faithfuls. We also have a lot of



# 1930

Former military corpsmen receive on-the-job training from the Federal Prison System to extend the services of prison physicians.



# 1940

Amos N. Johnson, MD employs Henry "Buddy" Treadwell as a technician and, over time, trains him as a "doctor's assistant" to work in his rural general practice in Garland, NC.





people from our secondary markets. Really if you take a 100 mile radius and you put New Orleans in the center, we've got a big referral network that sends patients in to us and doctors that have confidence in our physicians. We're really kind of known as the doctors' doctors and always have been from our beginnings. And then we also have a reputation internationally. We get international patients quite frequently. It's not unusual to have somebody from Australia or South America here, especially to have surgery.

**Editor** How important is the relationship with the university?

**Dr. Lunn** In particular, we see the manifestation of the university in the medical school and they are central. We would not be here without the medical school. As we talk with faculty, one of the things I am emphasizing and that our team is emphasizing is that this health system is the private health system for our faculty. They've had a tradition for years of teaching at Charity and as you know, they are now teaching at ILH and they are looking forward to also taking care of patients and teaching at the University Medical Center when it opens this May. Then our faculty teaches at the VA, we've got a campus in Baton Rouge, and so our faculty is really influential in this part of the state. They love it, and this is their home.

**Editor** What is your presence in Baton Rouge?

**Dr. Lunn** We have a small medical school campus in Baton Rouge. We have lots of different rotations there, but probably our best known rotations there are in pediatrics.

**Editor** Tell us about the process of the patient-centered experience and what that means?

**Dr. Lunn** For us, patient-centered means putting ourselves in the place of the patient and the family. You can choose any different health system in town and pretty much everybody has got an excellent skill set here, because we are blessed to have two medical schools and lots of different places that are training nurses and other extenders. But what makes us different is that we have always taken patients in referral from other physicians. I mentioned this before, but we're the doctors' doctors. So when the doctor has a difficult case, typically they are sending them into us to deal with. There's a whole amount of anxiety and fear and trepidation that surrounds that. "Gosh, my doctor at home wants me to go get another level of care. Either they weren't certain what to do or they had this friend with this skill set of how they could do that better for me." That makes people feel a little uncomfortable. So what we need to do is to make sure that we are welcoming, that we're putting across the point that we are going to develop a plan with them and their families to make certain that they are going to heal not only technically, with what we do, but also emotionally, with knowing that they have a plan and knowing that that's well communicated. I've found in my life as a doctor that half of the anxiety patients have is of the unknown. Having a plan of action, even when some of the outcomes are not going to be ideal, just knowing, and knowing what to expect, is part of that healing process. And that's an emphasis at Tulane.

1942

During World War II, Eugene Stead, Jr, MD, develops a fast track, 3-year medical curriculum to educate physicians for military service. Without residents, he uses medical students to help staff Emory University and Grady Hospitals in Atlanta. The experience provides a model for the competency-based medical curriculum later developed to educate physician's assistants at Duke University.



1942

The Maritime Service begins a Hospital Corps School.

**So Tulane from its beginning has always been a place that is really defining how medicine should be practiced in the future. It's about teaching that next generation of learners how to do things and inspiring them to make their own way and determine what the next road will be.**

**Editor** Operationally how does that get accomplished? Is it led from the top?

**Dr. Lunn** There are so many things, but maybe I could give you this as a great example of that in action. On this campus every day, every patient is rounded on by one of the managers and directors. So from 9-10 a.m. we have a no meeting zone and from 9 to 9:30 every manager and director is assigned three to four rooms. Each of those leaders does rounds on the patient and the patient family. So we are looking at everything—from the ceiling tiles in the room, to the cleanliness of the bathroom, to how the patient enjoyed their food, to if there are any clinical issues that the patient is experiencing. Then from 9:30 to 10 we all come together in our board room and our chief operating officer runs the meeting. Every person goes through and gives a brief report on the rooms they rounded on.

What we find is we are able to solve problems in real time. So if you are rounding on a room and you notice a stained ceiling tile or a leaky plumbing fixture in the bathroom. The director of plan operations

is in that board room. So you can just look across the room and tell your colleague, “Hey room 5309 has a leaking faucet and you need to address that.” So instead of problems bubbling up and patients being unhappy or family thinking that perhaps we haven’t even noticed, what they get at Tulane is a very real sense of urgency around their experience, about what issues they are having, be it temperature in the room to maybe they are not sure what that doctor said when he/she was in the room this morning. So we are getting those problems surfaced every day and getting them dealt with quickly.

**Editor** Tulane is moving to all private rooms. What's the plan and timeline for that?

**Dr. Lunn** That's true. As pediatrics moved out to Lakeside that freed up a lot of space in the hospital and so next week we are starting our construction project to take those rooms that used to be pediatric rooms and refurbish them so they can be adult rooms. That will enable us to have an all private room strategy.



**Editor** So all pediatrics are now at Lakeside?

**Dr. Lunn** We already had our pediatric emergency room and labor and delivery and neonatal intensive care unit at Lakeside for quite some time. But what was new was we moved the pediatric intensive care unit and all of general pediatrics to that campus in December. That was our Christmas present to the community: now there is a true woman's and children's hospital in Jefferson Parish. So from the time the patient is still inside the mom to the time they are 18 years of age, there's one place you can go in Jefferson Parish for that continuity of care.

1957

Thelma Ingles, RN, begins a clinical sabbatical year with Dr. Stead, at Duke University, which leads to the establishment of a master's degree program for nurse clinicians at the School of Nursing. The program is denied accreditation by the National League for Nursing (NLN). It is generally conceded that, had this innovative program been accredited, the PA profession might never have existed.



1959

US Surgeon General, Leroy E. Burney, identifies a national shortage of medically trained personnel to provide basic medical services.

**Editor** Can you tell us a little bit about the patient portal?

**Dr. Lunn** That's exciting because there's so much more that we can do and that we need to do. But one of the things we are doing is enabling a patient, after they leave the hospital or clinic, to get information on testing, what their doctor told them, and they can download that from their computer at home. They can then have that information both to reflect on and to make sure they stay motivated for plans of care, but also just to have. So if they get sick in the future and have to go to an urgent care center or if they are traveling and can't get with their own doctor, they've got a medical record they can access and present to caregivers who will then be kind of ahead of the curve on giving them the best care possible.

**Editor** Is that linked in with the Tulane Health System medical record?

**Dr. Lunn** It is. We have a Meditech system within the health system itself and then in our clinics our faculty use eClinicalWorks. Those two work together and each has its own patient portal. No matter if you are an outpatient in the clinics or an inpatient in the hospital, we've got a portal for you.

**Editor** What is Tulane doing to improve ER wait times?

**Dr. Lunn** That's something that we are constantly working on because one of the nice things about being busy and being in demand is that you have a lot of patients that want to see you, and so you really

have to tighten up your processes so that your wait times are reasonable. We feel so strongly about this we publish our wait times on the internet and that's constantly updated. If you are a patient that's home and you are not feeling well and you are trying to decide whether to go to urgent care or the

real emergency room where you will have access to a full hospital if you are sicker than you thought, you can get on the internet and see what our wait times are at each campus.

The other thing that's helpful is when a doctor talks to a patient and says, "I need you to go to the emergency room and I'll

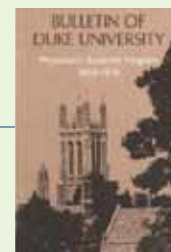


1961

An address to the House of Delegates of the AMA by newly elected Trustee, Charles Hudson, MD, is published in the *Journal of the American Medical Association*. Entitled, "Expansion of Medical Professional Services with Nonprofessional Personnel," it calls for a "mid-level" provider from the ranks of former military corpsmen.

1965

Eugene A. Stead, Jr., MD, disillusioned by organized nursing's rejection of the advanced nurse clinician program, creates the nation's first "physician assistant" educational program at Duke University. The Program accepts four former Navy medical corpsmen.





see you there.” A lot of patients these days are on their mobile devices and they are looking to see “How long am I going to have to wait?”

We are really proud of our door to doctor times, the time you hit the door to the time you are greeted by our staff and see a physician. Those are really low, in the few minute time zones. What we’re working on now is our time from disposition—the time we know we are either going to discharge you home or the plan of care is to admit you—we are working on tightening up those times. Because what we’ve found and the feedback we’ve heard from our patients is, “We love coming to Tulane and seeing the doctor right away. We would just like for some of that time on the in-between stuff to be shortened up.” Because everybody’s busy and wants to move on to the next step.

At Tulane, on our downtown campus, we have struggled with that in the past and we are working to tighten that up, to get those times down as low as possible. The Lakeside campus, being a smaller and more focused campus, we have really had some best in class wait times there. We are organized in divisions within HCA and Lakeside has gotten some of the best times for getting people to their next step in their whole division. So I need to be able to replicate that on the downtown campus. This campus has so much tertiary and quaternary care, there’s so many moving pieces here that there’s more to coordinate. That’s a work in progress.



**TULANE WAS A MEDICAL SCHOOL BEFORE IT WAS A UNIVERSITY**

**Editor** Tulane is now boasting concierge services and valet parking. What does that mean?

**Dr. Lunn** Well, for the patient it means convenience. One of the things that we are really proud

of is you can come to either one of our campuses and can go to an area where it’s valet parking. The first thing that will happen is you will be greeted by one of our staff that will say, “Welcome to Tulane Medical Center” or “Welcome to Tulane Lakeside.” Then it’s all about ease of access and making sure that that patient, from the time they hit the door, they know where to go. It’s not unusual to have our valets and concierges actually walk the person to their appointment. We had an example in the morning huddle that happened this week where we had a patient that had a legal paper that needed to be filed,

a personal matter, and needed to continue to be an inpatient. So what our concierge services are able to do is to really minister to that patient’s need and take care of that errand for that patient. It’s part of our patient-centered experience.

**Editor** With all the mergers and acquisitions that are going on are there things that Tulane Health System is doing to enhance or add on to the system?

**Dr. Lunn** I think I could probably say that Mark Peters, the CEO at East Jefferson, has been quoted in the newspaper about talking with HCA about a potential partnership. We already are doing a lot of things with East Jefferson and we really view that hospital and that medical staff to be an excellent partner for us. So we would love to see something happen with that in the future. But Tulane and HCA are always looking out for opportunities in the market to serve the community better so we’re always looking at potential partnerships.

**Editor** What about plans for expansion of existing service lines?

**Dr. Lunn** We have got some excellent service lines that need to be expanded further. Our key and sort of signature service lines are probably not new to folks, but neuroscience and neurosurgery are a big emphasis for us. That’s where we get a lot of patients from secondary markets and even internationally. Cancer, including bone marrow transplant, radiation therapy, breast cancer—that’s a big emphasis for us. We have a number of excellent physicians that are internationally known for their work. So we

**1965** President Johnson signs the 1965 Medicare Act, expanding the need for basic medical services – already in short supply.



**1967** John W. Kirklin, MD, initiates the first surgeon’s assistant program at the University of Alabama in Birmingham.

**1966**

National attention is brought to the issue in *People v Whittaker*, a case in which the State of California charged ex-Navy operating room technician, Roger Whittaker, as assistant to neurosurgeon, Dr. George Stevenson, with “engaging in the unlicensed practice of medicine.” While found guilty, both men were assessed only a small fine.



## Making Every Moment Meaningful

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- The Canon Hospice Health Hour of New Orleans airs each Saturday from Noon – 1pm on WGSO 990 AM.
- The Grief Resource Center (GRC) offers education inservices to health care professions, free of charge, throughout the year. In addition the GRC offers grief support to anyone in the community experiencing any type of loss.

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thrive on that. And then cardiology, cardiovascular health—we are known for our minimally invasive interventions that we can do without having to have patients have open heart surgery. And then lastly, orthopaedics. The Tulane Institute of Sports Medicine is something that is really a powerhouse in the Gulf South. We have some outstanding talent in our orthopaedics department, both within TISM and within the general orthopaedics department. I think if you look at those service lines and add to that, transplant, we have an outstanding intra-abdominal transplant program; we do livers and kidneys. Those are our areas of particular expertise and they have been for a long time. And you are seeing us really rebuild and focus on those in a very deliberate way.

**Editor** What do you see in the future for the Tulane Health System?

**Dr. Lunn** I would remind people of why Tulane was formed in the first place. In 1834 there

were three physicians at Charity Hospital that boldly declared in the New Orleans newspaper that they were forming a medical school because of the way that cholera and yellow fever patients were being treated in the city. These three doctors had all trained in the northeast. One had trained in Paris. So they were treating those patients with something novel at the time—intravenous saline infusion. Otherwise patients were getting a number of different treatments like bloodletting, which is exactly the last thing you would want to do. Cholera and yellow fever are a cause of sepsis and volume depletion. So draining someone's blood is not a good treatment or outcome.

These doctors realized they couldn't treat all these patients in the city. They had a great reputation for the treatment they were giving and they had a ton of referrals. So they determined that they were going to have to teach people how to do this. So Tulane from its beginning has always been a place that is really defining how medicine should be practiced in the future. It's about teaching

that next generation of learners how to do things and inspiring them to make their own way and determine what the next road will be. So when you look at the medical school and its partnership with the health system that's what the medical school is really all about and that's why the health system is there. We're seeing patients so that our doctors can really define how medicine should be practiced. They are the guys writing the textbooks, giving the lectures. There are a number of distinguished faculty members that we have had from Michael DeBakey on, Nobel Prize winners, Lasker award winners, and that tradition and history is very rich at Tulane. It's something that our faculty is very aware of. Tulane was a medical school before it was a university.

We are in a very nice place now where we've done some things that we've needed to do for a long time. Tulane bought Lakeside right before the hurricane, just months before. That's where all our faculty went and practiced for a while. Then as you know, we were the only hospital to reopen downtown and we took on a lot of the needy patients that were previously being served at Charity. So now that the city is booming and the University Medical Center is about to open its doors I think there's going to be a new dawning for the entire community. I think that that population that has been missing their old Charity so much is going to be so delighted that a new facility is going to be open for them and it's going to be state-of-the-art. And then it gives us a chance to get back to the basics of what we have done so well for so long and fix up our hospital, go to the private rooms, make sure that we are providing that tertiary and quaternary care, those difficult cases that doctors expect Tulane to be around for. ■



1967

The first class of three PAs, Victor H. Germino, Kenneth F. Ferrell and Richard J. Scheele, graduates from Duke University on October 6th.

1968

The American Association of Physician's Assistants (AAPA) is established by Duke University PA students and alumni.

1968

Hu C. Myers, MD, receives approval to establish the first baccalaureate degree program for PAs at Alderson-Broaddus College in Philippi, WV.



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1969

Roger O. Egeberg, Alfred M. Sadler, Jr., MD, and Blair L. Sadler, JD, of the National Institutes of Health (NIH) complete an intensive nationwide survey of all licensed allied health occupations. Their report recommends that State Medical Practice Acts be amended to permit the practice of physician assistants under the supervision of a physician as long as both the PA and MD are responsible for these activities.

1969

Richard Smith, MD, launches the MEDEX program at the University of Washington, Seattle, in partnership with the Washington State Medical Association. It is designed to rapidly deploy ex-military corpsmen to rural primary care practices throughout the Northwest.

## Daughters of Charity Expands, Evolves Mission

# Healing Over Time

By Carolyn Heneghan



Michael Griffin

In a time and city that demand accessible healthcare, Daughters of Charity is a faith-based healthcare organization that seeks to fill in the gaps where other traditional medical facilities might fall short. With more than 180 years of service in this community, that mission has been adapted to an ever-changing landscape and the various needs of New Orleans' citizens over the years.

DAUGHTERS OF CHARITY offers a community and patient-focused approach in providing a wide range of healthcare services to the New Orleans population. These include care for chronic illnesses, women's health, dental, optometry, pharmacy, podiatry, Women, Infants, and Children (WIC) services, and behavioral and mental health.

Michael Griffin, CEO and president of Daughters of Charity, describes the organization as a ministry, reflecting its Catholic roots in a heavily Catholic-populated city.

"Our focus as a philosophy, as a mission, as a ministry, as we call it, is elevating, strengthening, and changing for the better the health status of the communities we serve," he says. "We are very dedicated to the New Orleans community, as the sisters always made New Orleans and this region a priority. We're dedicated to growing this ministry in a way that really takes care of the total person and everyone in the community without regards to income or insurance status."

This has been Daughters of Charity's mission from the start...

1970

Kaiser Permanente becomes the first HMO to employ PAs.



1970

The American Medical Association (AMA) Council on Health Manpower endorses the PA concept.

1970

In California, Governor Ronald Reagan signs Assembly Bill 2109 into law directing the Board of Medical Examiners to establish this new category of health professional. Thus, California becomes the first state to enact enabling legislation for physician assistants.



### Early History

Founded by St. Vincent de Paul and St. Louise de Marillac in Paris in 1633, Daughters of Charity dedicated their services toward the community from the beginning, particularly for those to whom adequate health-care resources were not easily accessible. The first congregation, and also the first sisterhood, in the United States was started in



A section of a stained glass window portraying St. Vincent de Paul and St. Louise de Marillac from the church Saint Laurent in Paris.

IMAGE COURTESY WIKIPEDIA, GFREIHALTER

Emmitsburg, Maryland, in 1809 by St. Elizabeth Ann Seton.

In 1830, at the request of the archbishop, two sisters from Daughters of Charity came to New Orleans to assist in caring for and educating children. When an outbreak of yellow fever spread throughout New Orleans in 1832, the sisters helped the community by providing healthcare to the sick. After seeing the work the sisters had done, the State of Louisiana requested that the sisters assume the administrative role of operating Charity Hospital.

It soon became apparent that the city needed a private hospital as well, and the Daughters of Charity set out to build and open Hotel Dieu in 1859, just three blocks from its sister hospital, Charity. The hospital's original purpose was to provide healthcare to the growing numbers of slaves and seamen in New Orleans during the Civil War. During the war, Hotel Dieu was the only private hospital that remained open.

The Daughters of Charity continued to operate Hotel Dieu until 1992, when the hospital was sold to the State of Louisiana and became University Hospital. The sisters had also continued to run Charity Hospital during that time and continued to do so until 1996. They then decided to refocus their mission on primary and preventive care. They formed Daughters of Charity Services of New Orleans and opened their first facility in Hollygrove in the old Carrollton Shopping Center, across South Carrollton Avenue from Xavier University.

### Embarking on a New Mission

Sister Bonnie Hoffman, the only sister still with Daughters of Charity who also originally worked at Charity Hospital, is vice president of mission integration, and she has overseen the transition and evolution of the Daughters of Charity mission for the past few years.

"When we moved out of Hotel Dieu, we said, 'This is our opportunity to try to show that keeping people healthy and out of hospitals is more cost-effective, but also better for the community,'" says Sr. Hoffman. "And I think primary care and being in a community health setting helps us be in touch nearer to the families rather than in a hospital. So we're elbow to elbow with people trying to deal with their healthcare."



1971

The American Medical Association and the American Hospital Association recommend a moratorium on licensure of additional health occupations.

1972

The Association of Physician Assistant Programs (APAP) is established with sixteen charter members.

1972

The National Board of Medical Examiners approves development of a certifying examination for the assistant to the primary care physician.



**“Our philosophy and mission is rooted in taking care of everyone as Jesus would take care of individuals where they stood, live, are, and it’s part of being a faith-based healthcare delivery system.”**

— Michael Griffin, CEO & president of Daughters of Charity

Sr. Hoffman describes the Daughters of Charity’s new focus as designing healthcare in a way that is not too care-focused, but rather trying to keep people healthy before having to go to the hospital. They aim to understand healthcare from a patient’s

point of view and assist them in making the changes necessary for either treating or preventing chronic illnesses and other ailments.

Griffin sees this evolution as the most logical approach to modern healthcare. “In the past, healthcare has centered around the hospital,” he says. “But what everyone will find very soon, if they haven’t already, is that without primary care, prevention, screenings, coordination, and collaboration of services, the hospitals really do not function as effectively or efficiently as they could.”

In pursuing this approach to healthcare, Daughters of Charity adopted the patient-centered medical home model. The organization finds the ideal healthcare model to be a more holistic regimen of care and prevention—treating the whole person physically,



**1973**

The National Board of Medical Examiners (NBME) administers the first certifying examination for Assistants to the Primary Care Physician to 880 candidates, 10% of whom are graduates of nurse practitioner programs.

**1974**

AAPA becomes a full participating member of the Joint Review Committee on Educational Programs for PAs (JRC-PA).

**1974**

Fourteen national health organizations come together to form the National Commission on Certification of Physician’s Assistants (NCCPA).



mentally, emotionally, and spiritually. With careful integration of care, empowerment of the patient and collaboration between primary care professionals and necessary services, the patient-centered medical home model brings the entire picture of a patient's healthcare into view.

"We help patients integrate and see their healthcare as a whole," says Sr. Hoffman. "And they always will have some place—we call it a 'medical home' for a reason—we're always a home where they come back to."

Next was the opportunity for Daughters of Charity to make that medical home more accessible for everyone.

### Expanding New Orleans' Healthcare

New Orleanians' access to healthcare significantly diminished when Hurricane

Katrina destroyed several important medical facilities throughout the city, including the Daughters of Charity's original location on South Carrollton, at the current location of Costco. In just a month following Katrina, Daughters of Charity opened a Metairie location on Causeway Boulevard and began seeing patients once again. In keeping with the organization's new focus on primary and preventive care for the community, another fresh approach to providing healthcare to the local community emerged.

"We have to bring healthcare to the people," says Sr. Hoffman. "And that's why we now have five health centers, and we're

increasing pediatric practices in neighborhoods where people can access us easily."

The next step in this process was for Daughters of Charity to return to the Carrollton area. In 2007, Daughters of Charity opened a facility at 3201 South Carrollton, and this has since become the flagship of the organization's local efforts.

From there, expansion to other parts of the city was the next logical step. First would be a Bywater-Ninth Ward location established in the St. Cecilia Rectory in 2006. The facility operated there until Daughters of Charity purchased the St. Cecilia School building in 2010 and

1975

NCCPA issues its first certificates to PAs who passed the examinations administered by the National Board of Medical Examiners in 1973 and 1974. The clock begins running on reregistration of the certificate every two years, and recertification every six years. PAs begin using the designation PA-C to reflect that they have passed the examination and been certified by the NCCPA. State medical boards begin recognizing the certificate as a qualification for practice within the individual states.







# Quality Blue

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renovated the entire property to create a full-fledged health center in that area.

In 2012, Mayor Mitch Landrieu approached Daughters of Charity to reopen the New Orleans East Hospital and begin rebuilding the healthcare system in the city's area hardest hit by Katrina. However, operating a hospital did not fit in with the organization's mission and vision of community healthcare. Instead, it opted to open a facility with primary care practices that would refer patients to the hospital when they needed certain diagnostic and hospital services. In January 2014, Daughters of Charity opened their 34,000-square-foot facility on Read Boulevard, and it would become the first of six new facilities the organization opened in 2014.

A few months later, in coordination with Dillard University, Daughters of Charity opened its first location in the Gentilly community. In addition to the clinic itself and full roster of services, patients also benefit from a fitness center that primary care physicians can prescribe for convenient and immediate access to integrate exercise into patients' daily regimens.

Most recently, Daughters of Charity began collaborating with Children's Hospital to manage four of Children's pediatric facilities. This included the first transitioned clinic, the Kids First Prytanian Clinic, in mid-November and concluded with the Kids First Mid-City clinic, which was relocated to the Daughters of Charity Health Center on Carrollton just a month later. The other two pediatric clinics are located on Louisa Street in the Ninth Ward and on Williams Boulevard in Kenner. The children at these facilities benefit from the same convenient and affordable access to various facets of healthcare, including primary care, behavioral health, pharmacy services, and more.

### On the Pulse of Modern Healthcare

Daughters of Charity prides itself on being a pioneer in modern healthcare methods and systems. For example, its general approach to healthcare—a focus on primary and preventive care as opposed to only acute, hospital treatment—helped revolutionize the scope of modern



medicine as society became more attuned to the value of preventing disease rather than simply treating it.

More recently, in the past decade, Daughters of Charity has been at the forefront of employing electronic health records to sustain its mission to treat the whole person and empowering patients to take charge of their own healthcare. A patient's healthcare could involve any number of different services and practitioners, so for each practitioner to have access to a patient's complete records makes healthcare services more efficient and effective overall. In addition, with an accessible disease registry and online records for patients to review, patients can monitor and take control of their own care.

From a broad range of services to dedication to the community and from accessibility to technological advancements, Daughters of Charity is dedicated to its primary mission and vision as a healthcare ministry: to serve the people of New Orleans, regardless of their needs or resources.

"Our philosophy and mission is rooted in taking care of everyone as Jesus would take care of individuals where they stood, live, are, and it's part of being a faith-based healthcare delivery system," says Griffin. "Access, education, integration, coordination, collaboration—all are part of our mission to serve and better the healthcare of individuals in the New Orleans community." ■

1976

A Joint Research and Review Committee of the AAPA/APAP designs and sends the first National PA Survey to 4,583 PAs, of whom 83% report providing primarily primary care services.



1978

The US Air Force begins appointing PAs as commissioned officers, establishing a precedent for the uniformed services.

1977

Rural Health Clinic Services Act (PL95-210) provides Medicare reimbursement for PA and nurse practitioner (NP) services in rural clinics.



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# HEN Project Marries Patient Safety with Cost Savings

By John W. Mitchell

## getting engaged

1981

Staffing Primary Care in 1990: Physician Replacement and Costs Savings, by Jane Cassels Record, reveals that PAs based in an HMO can provide 79% of care traditionally performed by primary care physicians at 50% of the cost.

1986

The Omnibus Budget Reconciliation Act, PL 99-210, is signed into law, providing reimbursement under Medicare, Part B, for PA services in hospitals and nursing homes and for assisting in surgery.

The U.S. Department of Health and Human Resources, the largest payer for medical care (Medicare and Medicaid) in the country, recently announced\* that by 2016 it would hasten the switch to an outcomes payment (Value Based Purchasing) system to replace traditional fee-for-service healthcare. For what this means on the ground for hospitals, doctors, and patients, recent results from a project to provide better, safer care in Louisiana offers a good preview.



Paul Salles

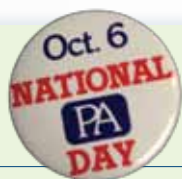


Ken Alexander

**T**he Louisiana Hospital Association Research & Education Foundation (LHAREF) just released results from the Hospital Engagement Network (HEN, a federal CMS program) initiative, which reduced avoidable patient harm by more than 40 percent and readmissions by 35 percent. The cost saving from the project—called LHAREF HEN—was tagged at \$335 million and provided benefits to 48,000 patients. According to Paul Salles, President & CEO of LHA, these results placed

Louisiana in the top tier among hospital HEN projects nationwide.

“Healthcare is changing,” he said. “Some of this is driven at the federal and state level and some of the pressure is coming from employers and insurance companies to control costs. But as the public has more awareness around quality issues, they have higher expectations from hospitals.” He added that while the LHA facilitated the project, the heavy lifting was done by the hospitals and their staff to make the quality and safety improvements.



1987

National PA Day, October 6th, is established, coinciding with the 20th anniversary of the first graduating class of PAs from the Duke University PA Program and, coincidentally, the birthday of Eugene A. Stead, Jr., MD.

1988

The first issue of the *Journal of the American Academy of Physician Assistants* (JAAPA) is published.

1989

US Navy and Public Health Service PAs are granted commissioned officer rank.



Dore Binder, MD



Cheri Johnson

**“I don’t think we’ve seen any admissions (to the NICU) that relate to a delivery that was less than 39 weeks in the last two years.”**

Cheri Johnson, Woman’s Hospital



The results include:

- 94 percent reduction in EEDs or early elective deliveries (non-medically necessary deliveries prior to 39 weeks);
- 75 percent reduction in birth trauma that would have resulted in an injury to a neonate;
- 74 percent reduction in potentially preventable venous thromboembolism (blood clots in an extremity);
- 71 percent reduction in central line-associated blood stream infections in intensive care units;
- 69 percent reduction in pressure ulcers;
- 62 percent reduction in catheter-associated urinary tract infections;
- 53 percent reduction in possible/probable ventilator-associated pneumonia;
- 51 percent reduction in excessive anti-coagulation (blood thinning) with warfarin in monitored inpatients;
- 47 percent reduction in falls with injury; and
- 46 percent reduction in surgical-site infection rate (within 30 days after procedure).

Ken Alexander, Vice President at LHA, noted the key to success was providing technical assistance and individual contacts to work with the hospitals at all three levels – CEO/Board, managers, and nurses and other clinicians, including physicians.

“We didn’t achieve these results through email. This was a hands-on project accomplished through personal relationships,” Salles confirmed. “The hospitals were hungry for the resources and to work with each other.” He stressed that in addition to the LHAREF HEN project, they worked with four other HEN initiatives conducted separately

**1993**

The AAPA is granted observer status in the House of Delegates of the American Medical Association.



**1994**

Physician Assistants: A Guide to Clinical Practice, the first formal textbook intended for PA education, is edited by Ruth Ballweg, Sherry Stolberg, and Edward Sullivan.



from the LHA project which achieved similar results. This included some by large hospital systems, such as LifePoint Hospitals, that conducted a parallel national HEN project at all of its facilities.

Mary Ellen Pratt, CEO at St. James Parish Hospital in Litcher, praised the LHA's leadership role in the HEN project. "For a small critical access hospital like ours we would not have had the resources to take on this kind of project," she said. "The staff from LHA were out on the floors with our staff coaching them. We were able to reduce patient harm by 75 percent, which included getting our readmission rates lower."

It's easy to talk about changing practice patterns, but it can be hard to do. Dore Binder, MD, an OB/GYN at Woman's Hospital in Baton Rouge, first tried to implement protocols to reduce deliveries as a private practice physician before 39 weeks in 2006 after participating in an Institutes of Health Initiative (IHI). He didn't find many early adapters among his colleagues.

"It's been said that pioneers get arrows and settlers get land," he quipped. He is now Chief Quality Officer at Woman's Hospital. "Doctors are too busy to know everything, especially changes in practice. People don't know what they don't know. So it takes incremental steps. But reducing early induced deliveries saves (the payers) a lot of money and parents a lot of problems." He said he found a champion in Cheri Johnson, Vice President of Perinatal Services, who was quick to return the compliment.

"It helped that Dr. Binder was on the board, which, along with our CEO, committed to

making these changes," she said. She said that it took six months of the medical director of the Newborn Intensive Care Unit presenting data to the OB/GYN department to establish credibility for data supporting the notion that early elective deliveries contributed to complications in newborns. The result is the hospital dropped admission to the NICU by 20 percent.

"I don't think we've seen any admissions (to the NICU) that relate to a delivery that was less than 39 weeks in the last two years," said Johnson.

At Touro Infirmary, Paul du Treil, MD, Medical Director of Maternal Child Health said the project was a big transition for the medical staff.

"We put a hard stop on scheduling any elective deliveries before 39 weeks. Early deliveries can cause complications for the baby and mother. There had to be a medical reason for doing so and I had to sign off on it as medical director," he noted. "But ACOG (American Congress of Obstetricians and Gynecologists) is getting on board with these same standards. Doctors are very attuned to evidence-based practices."

He said that this wasn't just an adjustment for him and his fellow obstetricians. Patients also have to be on board with the new standards. "Patients show up at 38 weeks and they are exhausted and just want the pregnancy to be over with. Sometimes they prefer to be induced or have a C-section. So we have to take the time to educate them that an early delivery is not without risks – infections and blood loss are a possibility for the mother and the baby can end up in intensive



Paul du Treil, MD



Dawn Pevey

care with lung issues," he explained. "I've got a patient right now – she's a teacher – and she's been in seven times in the past two weeks thinking she is labor. There was a time when we might have delivered such an anxious patient early, but now we reassure her that everything is normal and send her home."

The reduction in early deliveries at Touro Infirmary has been significant; the rate stood at 7 percent at the beginning of the initiative in 2011. This dropped to just two EEDs in 2012 and since then, the number of EEDs stands at zero.



1996

The military services combine their various physician assistant programs to form the Interservice Physician Assistant Program (IPAP), due to mandatory cutbacks by the federal government.

1997

The Balanced Budget Act of 1997 recognizes PAs, for the first time, as covered providers in all settings at a uniform rate of payment.



Mary Subervielle, RN, MSN



Diane Surla

At Ochsner Medical Center-Baton Rouge improving patient outcomes and safety under the program was about “small wins” according to Chief Operating and Nursing Officer Dawn Pevey. She said that the hospital’s LHAREF HEN success began with communicating the benefits of the initiative to the staff.

“We always start with the “why” of the care – explaining the relationship between the evidence and better care – to get the staff engaged,” said Pevey. “Once the staff owns the process and the leadership supports them, they share the good outcome news and the momentum builds. It’s important

to engage the staff and providers very early on.” To tell the story of their improvements, Pevey said they posted data on all the units to be transparent and hold each other accountable.

Celebrating small wins added up to big one-year patient safety improvements at Ochsner-Baton Rouge. From 2013-2014 the hospital saw a 66 percent reduction in central line infections and a 33 percent reduction in pressure ulcers. Making these advances sometimes involved making significant changes to long-standing practices. For example, Pevey said that during the project they learned that changing a central line out within 48 hours of insertion on an emergency or trauma patient cuts the risk of infection by 50 percent.

“Emergency situations are less than ideal for infection control,” she explained. “So once a patient is resuscitated and stabilized in the ICU, our checklist now indicates any central line will be changed.”

At West Jefferson Medical Center, Mary Subervielle, RN, MSN, Vice President of Organizational Effectiveness, said that their people were very receptive to change. “Our OB manager went to a Hospital Association summit in New Orleans and realized we had been operating in a bubble. That manager came back charged up,” Subervielle said. While she noted other hospitals reported implementing hard stops on deliveries before 39 weeks, they took the changes to the OB departments and shared information on the best practices. The strategy was to rely on peer review. The result was the OB department did a “complete turnaround” on

EED deliveries with the support of the OB medical leadership, Eugenio Labadie, MD and Richard Helman Jr., MD. West Jefferson went from three EEDs a month starting in 2012 to 0 for 12 months in 2014; decreased stage 3 and 4 pressure ulcers by 34 percent from January 2013 to mid-2014; and decreased baseline central line infections from 2.19 percent per 1,000 device days in January 2012 to zero from May to September 2014.

The hospital saw the same kind of progress with central line and wound infections. “We implemented new clean central line protocols in the ICU. When they started getting good results, the general medical floor also wanted to participate. Central lines became a topic of discussion in daily report,” Subervielle said. “Our wound care and infection control nurses were being consulted earlier. This

93

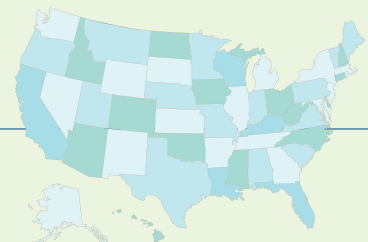
**“The Louisiana HEN had 93 hospitals participate; the most of any HEN project in the country.”**

1999

The NCCPA’s Physician Assistant National Certifying Examination (PANCE) is administered for the first time by computer at multiple sites around the country.

2000

With the addition of Mississippi, physician assistant practice is finally universally accepted in all of the states and territories of the nation.



**“We conduct 15-minute team huddles three days a week. This improvement in communications has created a culture of collaboration among all the various therapy teams, such as nursing, wound care, respiratory therapy, case management, and even materials management.”**



project really changed the culture.”

She also credited the Louisiana Hospital Association with their success.

“The Louisiana HEN had 93 hospitals participate; the most of any HEN project in the country,” Subervielle said.

Diane Surla, Director of Quality and Risk Management at Slidell Memorial Hospital, also attributed the success of the project to Louisiana hospitals willing to work with each other at an unprecedented level.

“We felt it was important for patient safety to collaborate with hospitals across the region and the state,” said Surla. She said

LHA made it easy to collect data, to log in to the Health Research and Educational Trust site, a partnership with the American Hospital Association, to track databases, run reports, and share data month-to-month.

“We knew we had good data to share with staff and leadership,” said Surla. She said they used a team approach to achieve their results.

“We conduct 15-minute team huddles three days a week. This improvement in communications has created a culture of collaboration among all the various therapy teams, such as nursing, wound care,

respiratory therapy, case management, and even materials management,” explained Surla. “The important thing to process improvement is to bring the right people together at the point of care.”

This better communication and shared culture has resulted in a 22 percent reduction in pressure ulcers from 2011 and a 29 percent decrease of falls in acute patient over from 2013-2014. Surla said Slidell Memorial also implemented a hard stop policy with OB department physician leadership support and they have an EED rate well below the national and state average of two percent.

Salles at the LHA said this kind of change is no small accomplishment. “Everyone who works in a hospital has many competing priorities. There are many “thou shalt” mandates. Hospitals could have said they didn’t have time to take on a new initiative, but in the end most made the decision that we’re going to do this,” he said.

With the LHAREF HEN project complete, Salles said the LHA Board is committed to providing the financial support to create other similar quality initiative projects. He acknowledged public awareness of any hospital improvement process is a good trend.

“It makes people aware that we care about these things,” Salles observed. “There might be a little risk of creating awareness about our shortcomings on topics such as pressure ulcers and urinary tract infections, but globally it says we have a high level of commitment to good care.” ■

\* <http://www.medpagetoday.com/PracticeManagement/Reimbursement/49727>

**2000**

AAPA receives clarification from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) that physicians may delegate the performance of history and physical examinations to physician assistants.

**2001**

The Physician Assistant History Office is established in Durham, NC, as a joint effort of the Department of Community and Family Medicine, Duke University Medical Center, and the AAPA, APAP, and NCCPA.

**2001**

ARC-PA, now called the Accreditation Review Commission on Education for the Physician Assistant, begins operation as a freestanding accreditation agency for the physician assistant profession.



# One down, two to go

## LOUISIANA PAs SEEK LEVEL FIELD FOR PROVIDING CARE | By Karen Tatum

In a perfect world our ability to practice our profession would be a direct reflection of the education, training, and experience we bring to the table. It doesn't seem to be unreasonable to expect that, but for Physician Assistants (PAs) in Louisiana (and a handful of other states), long-standing and outdated restrictions have not only hindered their scope of practice, but also their ability to compete in the world of mid-level medical providers. Now, as a growing shortage of healthcare providers, particularly in primary and rural care settings, looms large, there is a growing urgency to revise and remove some of the laws and regulations that have prevented PAs from contributing to the full extent of their abilities.

2002

The Accreditation Council on Graduate Medical Education (ACGME) affirms its policy to limit medical and surgical resident working hours in order to reduce fatigue and stress. A byproduct is an increase in opportunities for PAs in the hospital setting.

2005

A report entitled, Competencies for the Physician Assistant Profession, is developed jointly, and approved by the four major physician assistant organizations (NCCPA, PAEA, AAPA, and ARC-PA).



2003

The Centers for Medicare and Medicaid Services (CMS) expands the ability of PAs to have an ownership interest in a practice under the Medicare program.





**YOU HAVE  
TO STAY  
INVOLVED, KEEP  
MOVING THIS  
PROFESSION  
FORWARD**

IRONICALLY IT WAS A SIMILAR SHORTAGE of primary care physicians in the 1960s that prompted the creation of the PA profession. Based on a model of expedited medical training to provide field surgeons during wartime, the first PA program at Duke University, founded by Dr. Eugene Stead, specifically sought out Navy corpsmen as its first students. Today, PAs are trained at approximately 190 accredited programs (three in Louisiana) across the country and complete much of their medical education alongside medical students who may well hire or supervise them in the future. But something happened along the way.

In an effort to ensure these non-physicians were adequately supervised and patients properly protected, or perhaps in some instances, to ensure PAs did not threaten doctors' job security, state medical boards and legislatures developed parameters for PAs' scope of practice. In many cases the rules proved to be unnecessarily restrictive and have, in recent years been revised and repealed, but there is still a fair amount of discrepancy from state to state. Those discrepancies have proved problematic for PAs competing for jobs with less-restricted mid-level providers such as Nurse Practitioners. States with more practice restrictions also have issues for retention and growth of numbers of PAs. Growing the number of PAs in this country is crucial according to a recent National Governors Association report, which identifies PAs as an essential element to

**2005**

Eugene A. Stead, Jr., dies at the age of 96 at his home in North Carolina.



**2007**

Globalization of the PA concept accelerates in several countries, including Australia, Canada, England, the Netherlands, Scotland, South Africa, and Taiwan.



**2007**

The U.S. Army and Baylor University award the first clinical doctorate degree (DScPA) to Army PAs who successfully complete an 18-month residency in emergency medicine.

providing adequate access to healthcare in the U.S.

In order to encourage a level playing field across the country, the American Academy of Physician Assistants (AAPA) has outlined six key elements of modern PA practice:

- “Licensure” as the regulatory term
- Scope of practice determined at practice site
- Adaptable supervision requirements
- Full prescriptive authority
  - Chart co-signature determined at the practice
  - Number of PAs a physician may supervise determined at practice level.

States that allow PAs to practice all six elements have notably larger PA populations and significantly more training programs, pointed out Lena Sevin, Legislative Action Chair for the Louisiana Academy of Physician Assistants (LAPA). “When you look at states that have 5-6 key elements you are talking about around 5.2 PAs per 10,000 residents (Louisiana currently has 1.8). It just shows that if you have more of the modern PA practice laws you are going to have more PAs in your state. They are going to want to move there and practice there. It makes it easier to get hired,” explained Sevin. Her goal, along with LAPA President Elect and Past President Shelly Esnard, is to bring Louisiana up-to-speed and have all six in place. And they are making headway.

A major victory occurred in October when the Louisiana State Board of Medical Examiners (LSBME) voted unanimously to

remove co-signature from the state’s practice restrictions. Previously Louisiana PAs required 100% co-signature by a physician on everything they did. “We told LSBME that this is killing us. We can’t be marketable if the physician has to sign behind 100% of what we do,” said Sevin. “We were one of three states that still had that restriction—us, New Jersey, and Hawaii. Nobody else had this because it was ridiculously restrictive and it really didn’t prove adequate supervision.”

The LSBME was open to reducing co-signature and considering some chart review processes being used successfully in other states. It soon became apparent, however, that with the growing use of electronic medical records, no EMR would recognize 20% co-signature. It would have to be 100% or nothing. In October, the LSBME agreed, and a new rule replacing co-signature with a chart review process was filed with the Louisiana Registry in December. The chart review parameters take into account a PA’s experience as well as whether they are changing major disciplines of medicine. “That’s my idea of quality supervision,” said Sevin. “That team-based medical model that we believe in and believe is the best way to practice medicine—with a physician at the head of that team and PAs as dependent practitioners, never independent.” In PAs’ minds the repeal of co-signature makes them more marketable as a member of that care team.

It was a significant accomplishment, but Sevin, Esnard, and the rest of their team aren’t done. Their next two battles must be



2007

All 50 states, the District of Columbia, and Guam now allow PAs to prescribe.

2009

The premier issue of *PA Professional*, an official monthly publication replacing *AAPA News*, is issued by AAPA in June.

2008

The Bureau of Labor Statistics identifies the PA profession as one of 30 occupations expected to grow rapidly over the next decade.



waged in the Legislature this April. One is relatively simple and LAPA expects little opposition. The goal is to expand the current ratio of one supervising physician to two physician assistants to 1:4. This would allow physicians to hire or supervise more PAs in a given setting and significantly increase the number of providers available to care for patients. Although this is primarily an access issue made necessary by an expanding number of patients and a growing shortage of primary care doctors, it is also a playing field issue. There is no restriction on the number of nurse practitioners a physician can supervise, so there are currently more hiring opportunities for NPs than PAs.

"If you were an employer and you needed to hire a mid-level for your clinic or your hospital and you've got one that the physician has to sign behind 100% of what they do, they can't write Schedule II prescriptions, and the supervising physician can only have two of them, or you have this other one that doesn't have any of those restrictions, it's pretty simple who you are going to hire," said Sevin.

And therein lies the second and more challenging legislative battle PAs face this year. In Louisiana, as in all 50 states, PAs are authorized to write prescriptions. The one exception in some states, including ours, is that PAs can't write for Schedule II drugs. This was already a fairly limiting rule, but last year, the Drug Enforcement Agency added all hydrocodone products to the list of Schedule II drugs. Many PAs work in surgical, urgent, and emergent care settings where it is helpful for them to have

prescriptive authority for pain management without having to hunt down the doctor. And, as with the other limitations listed above, nurse practitioners in Louisiana do not have limited prescriptive authority, again putting PAs at a competitive disadvantage. In recent weeks, LAPA leadership has been meeting with legislators to prime the ground for their battle for full prescriptive authority. It is far from a given, according to Sevin.

"I think our biggest hurdle is Louisiana is one of the leading states for prescription drug abuse. So that makes all the legislators question whether they want to give one more person the right to write all these," said Sevin. "But then again, I think there is a safer way that we could do this that would allow the supervising physician to have the ultimate say as to whether we had prescriptive authority and if we do have prescriptive authority do we have the right to also write Schedule IIs? There are some specific protocols that could be written as to how we are going to utilize these in our practice of medicine." While she acknowledges the difficulty of the task ahead, Sevin insists it can be done. "We just have to work on letting our legislators know how important this is for expanding healthcare to the residents of Louisiana."

Part of the problem for PAs is they are still somewhat misunderstood. Although patients have now learned that they can



2010

President Obama signs the Patient Protection and Affordable Care Act. The need for additional health manpower, especially in primary care, will be greater than anything seen since the implementation of Medicare and Medicaid in 1966.

2011

The American Academy of Physician Assistants relocates its headquarters in Alexandria, Virginia.

**“In the past we’ve had problems where they felt like a more restrictive practice of PAs would fulfill their role of protecting the public. In recent years we have been working more closely with the LSBME and honestly they have been very supportive in helping to guide us in how we can get these changes done.”**

often get in to see an NP or PA sooner than the doctor, there is still an insistence among the “old school” sometimes to see the “real doctor.” Some of that prejudice may linger among legislators, too, based on a comment by a legislator overheard by Esnard, “Do they even have a degree?”

In fact PAs generally have at least a Bachelor’s degree and often some healthcare experience even before starting their PA training—a 26-33 month course of classroom and laboratory instruction in the basic medical and behavioral sciences (such as anatomy, pharmacology, pathophysiology, clinical medicine, and physical diagnosis), followed by clinical rotations in internal medicine, family medicine, surgery, pediatrics, obstetrics and gynecology, emergency medicine, and geriatric medicine. At the end of that training PAs must take a national certification exam and are required to complete continuing medical education and retesting in order to maintain their certification.

Although PAs are trained in the medical model, there has been in the past, some tension between some physicians and PAs, based on an unfounded fear perhaps, that PAs were after their jobs or their patients, or that without adequate supervision harm might befall the patient. That concern seems to have disappeared as PAs have become more commonplace and LAPA is enjoying more cooperation and support from physician groups and the board of examiners than ever before. “In the past we’ve had problems where they felt like a more restrictive practice of PAs would fulfill their role of protecting the public,” explained Sevin. “In recent years we have been working more closely with the LSBME and honestly they have been very supportive in helping to guide us in how we can get these changes done.”

LAPA’s other challenge has been to grow its membership and to encourage advocacy among its members—something nurse practitioners have excelled at, says Sevin.

She credits their almost 100% membership in their professional association, strong numbers (about 5.6 NPs per 10,000 residents), and powerful lobby for much of their success in avoiding the restrictions that PAs have endured. Recently, LAPA has significantly boosted its membership, but still only boasts about 400 non-student members among the approximately 900 PAs that practice in the state. That’s something that Esnard and Sevin are making a personal mission to improve and they are seeing positive changes daily. “Honestly I do not think there has ever been one political villain that has targeted this profession,” said Esnard. “I think it has been a little bit of a lackluster approach on our own part to not really come together as a profession to say, ‘This is what we need because this is the information coming out from our nation and this is what everyone else has.’” Sevin agreed, admitting, “Honestly we are all guilty of it. We all got complacent and happy. Complacency is one of the villains that I feel like still exists. You have to stay involved, keep moving this profession forward. That’s the only we’ve done it nationally and it’s the only way we are going to do it in our state.”

Nobody can accuse Esnard and Sevin of complacency as LAPA heads to the Legislature in April to put PAs and the state of Louisiana back on a level playing field. “The increased demand for mid-level healthcare providers is even greater than in the past and now we’re being graded for our ability to deliver healthcare and the outcomes of our residents,” said Sevin. “So I think there is going to be a greater demand for mid-levels and Shelly and I want to make sure that our profession is part of that solution.” ■

2012

The physician assistant master’s degree, for the third consecutive year, is rated by both *Forbes* and *Money* magazines as the most desirable advanced degree in terms of employment opportunity, income potential, and job satisfaction.

2013

There are 170 PA accredited programs and 105,216 certified physician assistants across the country.

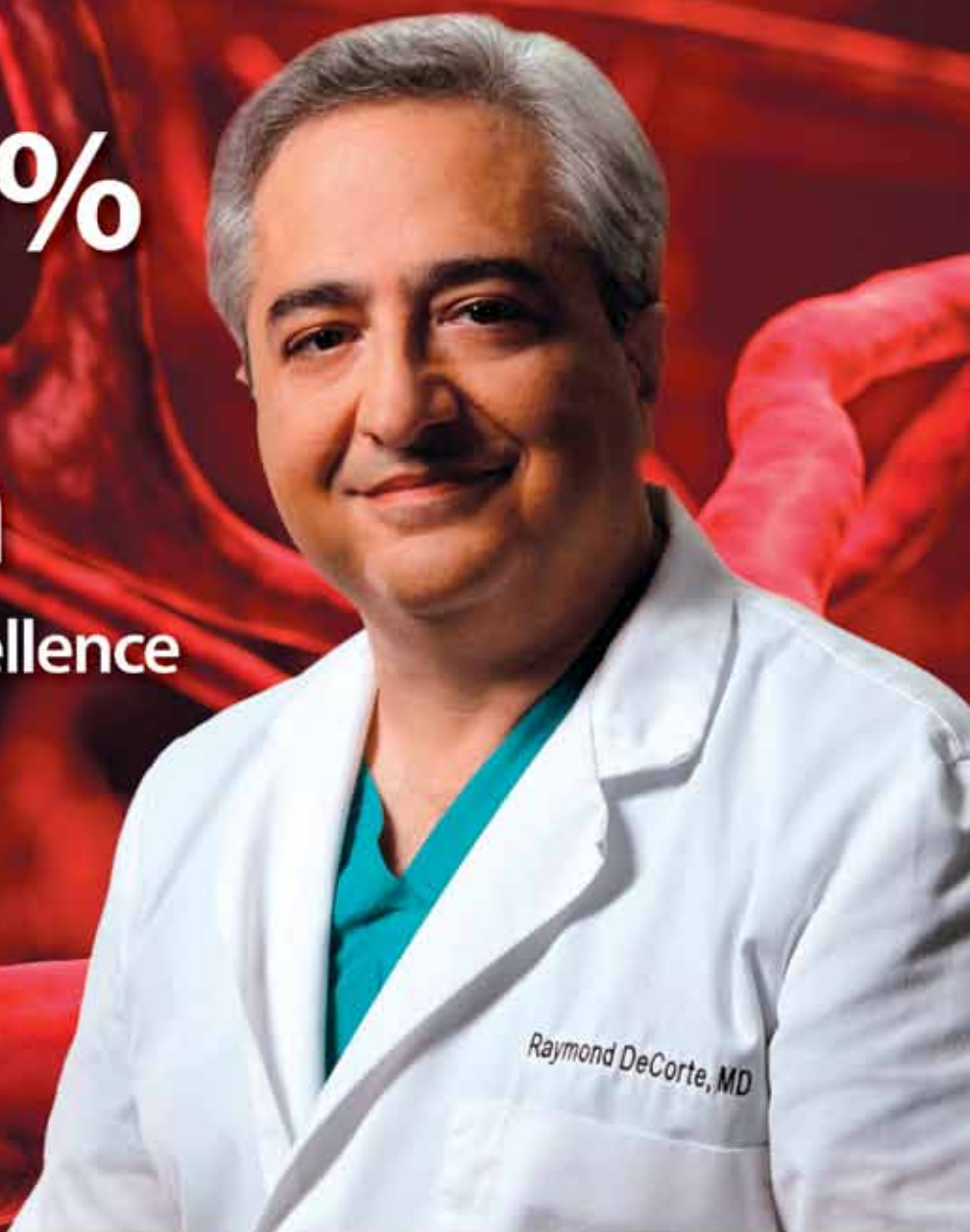
2012

The physician assistant master’s degree, for the third consecutive year, is rated by both *Forbes* and *Money* magazines as the most desirable advanced degree in terms of employment opportunity, income potential, and job satisfaction.

**\*FOR SOURCES AND ATTRIBUTIONS OF TIMELINE IMAGES SEE PAGE 66**

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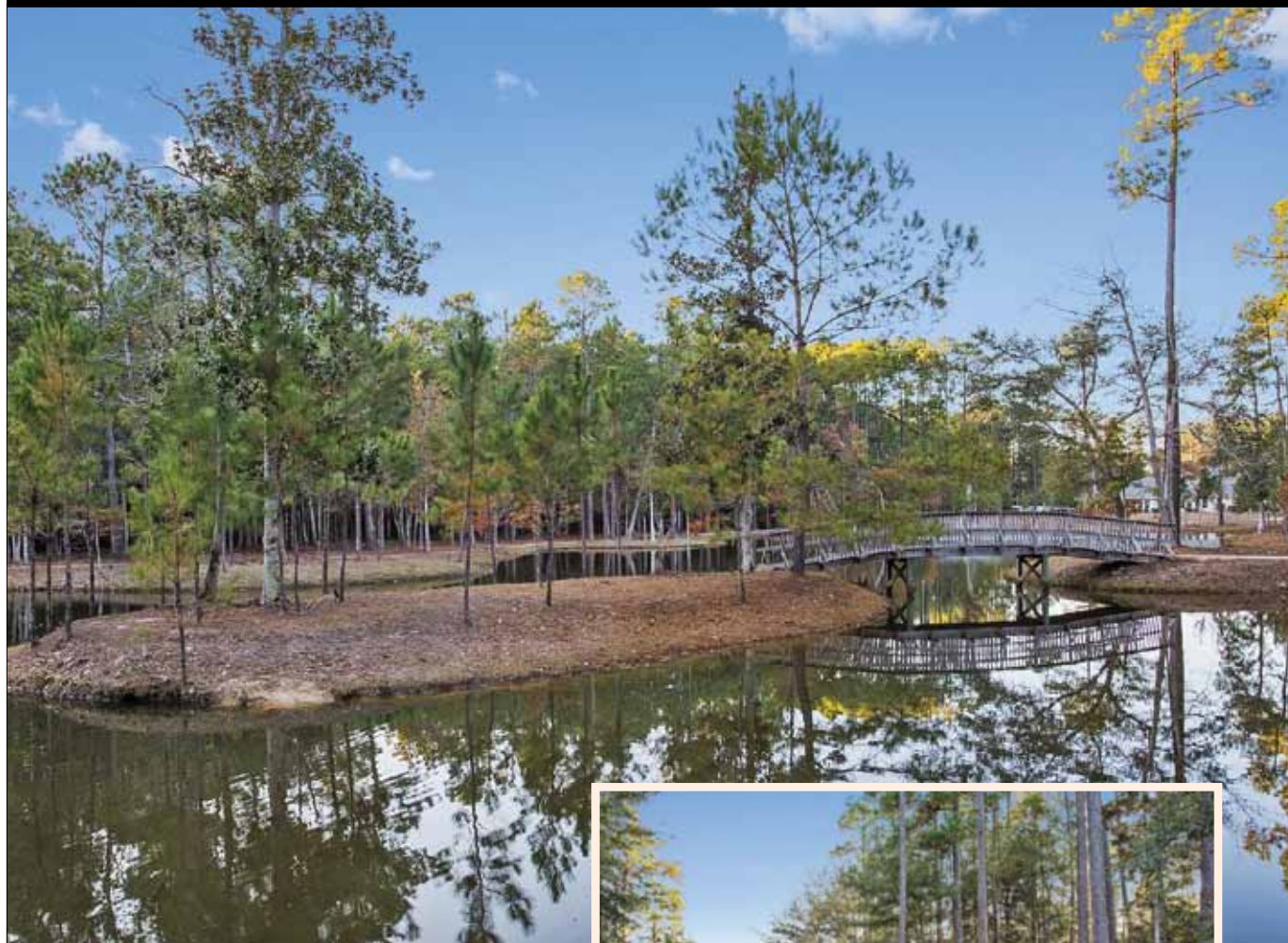
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## PARK PROvence CELEBRATES GRAND OPENING



Park Provence, a Slidell assisted living and memory care community, celebrated the grand opening of the updated community with a ribbon-cutting ceremony at 1925 Possum Hollow Road in Slidell.

Formerly known as Camellia Gardens, the community was acquired in September by Schonberg & Associates, the owner and operator of Vista Shores in New Orleans, Ashton Manor in Luling, Mandeville's sole memory-care exclusive community Beau Provence, and other assisted living and memory care communities throughout Louisiana, Mississippi, and South Carolina. Under its new name Park Provence, the community continues to build upon its well-established reputation. Park Provence recently completed a \$1-million-dollar renovation to ensure the absolute highest level of comfort and care for its residents.

## STATE

### Own Your Own Health Challenge Begins

The Louisiana Department of Health and Hospital's (DHH) Bureau of Minority Health Access and Promotions and the Governor's Council on Physical Fitness and Sports kicked off its Own Your Own Health (OYOH) Challenge in January. OYOH is a comprehensive program helping participants take control of their health.

OYOH challenges and motivates individuals, communities, tribes, schools, businesses, and churches to work individually or as a team to make small daily steps in creating and maintaining a healthier lifestyle. "Each year the OYOH challenge promotes better ways to track healthy activities and progress. It really allows individuals to take wellness in their own hands as well as encourage friends and family to do the same," says DHH Secretary Kathy H. Kliebert.

Participants can sign up through the web site [www.oyohla.com](http://www.oyohla.com). The web site offers direction to better health and activity, advice, programs, and a variety of resources. OYOH is a three-month wellness challenge. The program has had over 100,000 participants since its inception and continues success through its hand-picked statewide and regional partners.

An essential component of OYOH is Own Your Own Health Now. This plan educates participants on how to take responsibility and be proactive in their health. The web site offers a step-by-step guide and resources like – managing your health information, talking to your doctor, understanding the basics of quality care, plus many more.

OYOH Partners include: Pennington Biomedical Research Center; March of Dimes, Foundation for the MidSouth; Louisiana Association for Health, Physical Education, Recreation and Dance (LAHPERD); Growing Up Fit, LLC; Louisiana Area Health Education Centers; The Louisiana Head Start State Collaboration Project; Louisiana Center for Health Equity; First Responders Worksite Wellness and Mental Health; and the American Heart Association.

"I am very encouraged by the amount of support Own Your Own Health has within Louisiana communities," says Director of the Bureau of Minority Health Access Rudy Macklin. "Staying active and making healthy lifestyle choices is something all Louisianans should adopt. OYOH is a program that allows the whole family to support and track health and wellness.

"Each person participating will be impacted by this program. As adults and children take part in OYOH, we will start to see healthy changes for generations of Louisianans across a number of populations."

DHH's statewide wellness initiative, Well-Ahead Louisiana supports people to be actively involved in OYOH by encouraging participants to make small healthy decisions daily. Well-Ahead Louisiana promotes and recognizes smart choices in the places we live and work that make it easier for us all to live healthier lives, from going tobacco-free to ensuring healthy lunch options or supporting workplace fitness programs.

While everyone will be encouraged to participate, the program features components specifically targeting minorities such as African-Americans, Hispanics, Native Americans and Pacific Islanders, many of whom are more likely to suffer from obesity and the chronic diseases that accompany it, such as diabetes, cardiac issues and more.

And there are incentives too. Each week participants who log-in and update their daily or weekly progress will be entered into a drawing to win prizes including New Orleans Pelican tickets, spa packages, running shoes, fit bits, gift cards, and more.

For more information visit the OYOH web site at [www.oyohla.com](http://www.oyohla.com) or call (225)342-4886.

### Gulf South Quality Network Expands to Acadiana Region

Gulf South Quality Network has announced an expansion into the Acadiana Region. Gulf South Quality Network is the largest clinically integrated physician network in the State of Louisiana.

Our Lady of Lourdes Regional Medical Center, The Regional Medical Center of Acadiana, and Women's & Children's Hospital have formed a partnership to participate as a region within Gulf South Quality Network. "This partnership enables hospitals and physicians to remain independent but collectively focus on improving patient care and efficiently utilizing medical resources in our community," stated Dr. Andy Blalock, Chief Medical Officer of Our Lady of Lourdes Regional Medical Center.

"GSQN's success with integrating physicians around technology to identify current patient care levels and develop new protocols to improve patient care within their community was very appealing to our leadership and physicians as we prepare for changes in healthcare reform," said Kathy Bobbs, CEO of The Regional Health System of Acadiana.

The partners intend to recruit the physicians currently on their medical staff as well as reach out to other hospitals and physicians in the region. The network has been receiving calls from physician offices regarding the network and expressing interest in participation. This is the first clinically integrated physician network to be formed in the Acadiana region.

Bud Barrow, CEO of Our Lady of Lourdes Regional Medical Center, stated, "Our patients deserve the quality care we can provide when doctors and hospitals seek a collaborative environment to share best practices and benchmark our outcomes. It's a win-win for everyone in our community."

### Licciardi Assumes LSMS Presidency

Dolleen Licciardi, MD, of River Ridge assumed the presidency of the Louisiana State Medical Society (LSMS) during its annual meeting in Baton Rouge. The meeting was the beginning of the one year presidency of the New Orleans native.

"When I realized that I wasn't alone and that together physicians could affect change for the betterment of all physicians and their patients," said Licciardi, "that's when I became active in organized medicine."

Licciardi currently serves in the LSMS' delegation to the American Medical Association and participates in annual congressional visits to Washington, D.C. on behalf of the LSMS. Licciardi is a tireless supporter of organized medicine.

Licciardi has been an active member of the LSMS since joining in 1994. She was elected vice president in 2013 after having served in the LSMS leadership as a member of the Board of Governors since 2006. She is also a valued member of the Jefferson Parish Medical Society, serving as president in 2006 and leading their organization through the challenges of rebuilding following Hurricane Katrina.

Licciardi graduated from Tulane University, LSU Medical School, and completed her pediatric residency at Vanderbilt. A board certified pediatrician, she is in private practice in Destrehan.

### LAMMICO Dividend Declared

The LAMMICO Board of Directors has declared another dividend for its policyholders, marking the eighth time since 2008 the company has authorized the payment of a dividend to its insureds. The announcement, approved by the Louisiana Department of Insurance in December, affects over 6,500 insureds who will receive a 5% dividend of the LAMMICO premium during the first quarter of 2015.

The 5% dividend declared totals approximately \$2.6 million. Including this most recent dividend, LAMMICO will have returned a total of \$45 million to its policyholders since 2008.

All LAMMICO policyholders (including individual physicians and other healthcare professionals, groups & healthcare facilities) holding a LAMMICO policy in force as of December 10, 2014 (with the exclusion of medical student and tail policies) will receive a dividend check early this year.



## DHH Announces Eley as New Deputy Secretary

The Louisiana Department of Health and Hospitals (DHH) has announced the appointment of Hugh Eley as deputy secretary upon the departure of Courtney Phillips.

Eley previously served as the assistant secretary of the Office of Aging and Adult Services within DHH until his retirement last September. He had served in this role since the office's creation in 2006, overseeing the Medicaid home and community-based long-term care programs, such as the Elderly and Disabled Adult Waiver, Adult Day Health Care Waiver, Long-Term Personal Care program, and PACE.

"Retirement was a tough decision, and I am now eager to return to public service and continue the good work that is happening at the department," said Eley. "We know that there are still many challenges that need our ongoing attention and effort, but they represent great opportunities."

As deputy secretary, Eley will be responsible for overseeing all of the department's major program offices, including behavioral health, aging and adult services, citizens for developmental disabilities, and public health, as well as the Louisiana Commission for the Deaf and human services districts. He will chair the state's Human Services Interagency Council. The deputy secretary also plays a critical role in development of the budget for each program office and the agency as a whole.

Eley's previous experience makes him well-suited for this role. Prior to serving as assistant secretary, Eley spent the previous twenty years managing programs and services for the elderly and persons with disabilities. From 1987 to 1996, he served as the State Long Term Care Ombudsman, as the first Director of the Elderly Protective Services program, and as Elder Rights Director within the Governor's Office of Elderly Affairs. After joining DHH in 1997, Eley worked as the Director of the Bureau of Protective Services and as a Medicaid Deputy Director.

Eley holds a BA from the University of Louisiana at Monroe and a Masters of Public Administration from LSU. He is a member of the American Academy of Certified Public Managers, the National Adult Protective Services Association. He is a former President of the Louisiana Society of Certified Public Managers and the Louisiana Aging Network Association and former member of the Louisiana Developmental Disabilities Council. Over the years he has served on or led several task forces including the Committee on the Coordination of Police Services to Elderly Persons, the Governor's Task Force on Alzheimer's Disease and the Elderly Health Care Council.

His appointment comes after Nebraska Governor

Pete Ricketts announced that he has chosen Phillips to serve as a member of his cabinet as the Chief Executive Officer (CEO) of the state's Department of Health and Human Services (DHHS).

Eley will officially begin his appointment upon Phillips' departure on April 1, 2015.

## Hataway Joins LSMS Advocacy Team

The Louisiana State Medical Society (LSMS) announced the addition of Wes Hataway as its new general counsel. Hataway will focus on legal and insurance issues as well as becoming a valuable asset to the LSMS advocacy team.

Hataway is the former director of the Louisiana Office of Workers' Compensation. In that role he was responsible for the supervision, direction, and administration of the office for the state of Louisiana. His prior experience includes serving as an assistant attorney general and assistant district attorney and serving a stint in private practice primarily focusing on insurance and workers' compensation issues.

He has an extensive resume implementing workers' compensation reforms in Louisiana and has been an invaluable asset to the program in the state.

The Dry Prong native is a graduate of Louisiana College and the Paul M. Hebert Law Center at Louisiana State University.

## LOCAL

### School of Dentistry Receives Kool Smiles Grant

The LSU Health Sciences Center School of Dentistry (LSUSD) will provide needed dental care to 65 pediatric patients and additional pediatric training and experience to as many as 65 dental students thanks to a \$25,000 grant from Kool Smiles, a leading provider of quality, affordable dental care for children and families in underserved communities across the United States.

"The partnership with Kool Smiles is a wonderful avenue to provide dental care to children in need all while furthering the education of our dental students who have a passion for pediatric dentistry," stated Janice Townsend, DDS, MS, Board Certified Pediatric Dentist and Associate Professor of Pediatric Dentistry at LSUHSC School of Dentistry. "This grant will allow children to receive life-changing dental procedures that they might not otherwise have access to."

The grant will match students interested in obtaining additional training and experience in pediatric dentistry with patients who do not have access to a Kool Smiles office, have limited financial resources, and are ineligible for government assistance.

Dental services under the grant will include a



Dolleen Licciardi, MD



Hugh Eley



Wes Hataway

preventive visit, an initial diagnosis, treatment plan, and necessary restorative care. Patients receiving care through the grant funds would normally not be eligible to receive care at Kool Smiles or the LSUSD Dental Clinic. Typically, these patients are above 250% of the Poverty Income Guidelines and are not eligible for Medicaid.

Students will receive training in common pediatric restorative procedures, including amalgam and composite restorations, stainless steel crowns, pulp therapy treatment, and behavior guidance focused on patients age six and under, with some exception



**LSU Cardiovascular Awarded First Mahtook Grant** Mikie Mahtook, LSU baseball champion and now a Tampa Bay Rays outfielder, presents a \$5,000 check to David Lefer, PhD, Director of the LSU Health New Orleans Cardiovascular Center of Excellence

made for children ages six to eight.

The Department of Pediatric Dentistry faculty will select participating patients based on financial need and suitability as a teaching case. To apply, parents/guardians must complete a Kool Smiles Dental Need Grant application form; provide proof of income; and evidence of denial of Medicaid benefits or non-eligibility.

## Council Makes History with Smoke-Free Ordinance

New Orleans, one of the South's largest major tourist cities with a high-grossing land-based casino and more than 500 bars within the city limits, has made history by becoming the largest city in Louisiana to unanimously pass a comprehensive, 100 percent smoke-free ordinance.

The Coalition for a Tobacco-Free Louisiana (CTFLA) applauded the New Orleans City Council for their unanimous vote in favor of protecting the health of all New Orleans employees by making all workplaces, including bars and gaming establishments, smoke-free.

The smoke-free measure, championed by Councilwoman LaToya Cantrell and co-sponsored by Councilwoman Susan Guidry, ensures that all employees, including bartenders, gaming facility employees, and entertainers, will be protected from the dangerous health effects of secondhand smoke in the workplace. The ordinance will go into effect 90 days from passage.

More than 6,500 Louisianans die from smoking-related causes yearly costing Louisiana almost \$1.5

billion in healthcare costs every year. The evidence on secondhand smoke's toll on public health is clear. Secondhand smoke contains more than 7,000 chemicals, hundreds of them are toxic and at least 69 cause cancer. In addition, the Surgeon General has found that secondhand smoke causes heart disease and lung cancer in nonsmoking adults and respiratory problems, sudden infant death syndrome, and low birth weight in infants and children.

## DOC Takes Over Kids First Clinics

The Daughters of Charity Health Centers recently took over the management of two more Children's Hospital's Kids First clinics located at 3321 Florida Ave., Kenner and 3512 Louisa St. in New Orleans East.

In November 2014, Children's Hospital and Daughters of Charity Health Centers (DCHC) signed a collaborative agreement to work together to expand primary pediatric healthcare in the New Orleans area. As a result, Kids First clinics located Uptown on Prytanía Street, in New Orleans East, and in Kenner have transitioned to Daughters of Charity Pediatric Clinics. In addition, the Kids First Mid-City clinic has relocated to the Daughters of Charity Health Center at 3201 South Carrollton Ave.

With the addition of the Daughters of Charity Pediatric Clinics, community members will now have access to eight Daughters of Charity Health Centers throughout the metropolitan area, providing convenient and affordable access to primary care, pediatric care, pharmacy services, behavioral health, dental, eye care, WIC, prenatal care, and Medicaid enrollment. Kids First patients can expect the same

services as offered in other DOC locations in the Bywater, Carrollton, Gentilly, eastern New Orleans, and Metairie.

Daughters of Charity Pediatric Clinic hours of operation are from 8 a.m. to 5 p.m., Monday through Friday. DCHC accepts most private insurance, Medicaid, and Medicare. Financial assistance is available, as well as low-cost medications through the pharmacy assistance program.

## LSU Cardiovascular Awarded First Mahtook Grant

The newly created Mikie Mahtook Foundation has selected the LSU Health New Orleans Cardiovascular Center of Excellence as its first grant recipient. Mikie Mahtook, LSU baseball champion and now a Tampa Bay Rays outfielder, presented a \$5,000 check to David Lefer, PhD, Director of the LSU Health New Orleans Cardiovascular Center of Excellence, at the Foundation's kickoff event in January. The event was hosted by LSU coaching legends Skip Bertman and Paul Mainieri.

The LSU Health New Orleans Cardiology Fellowship Program provides three additional years of training beyond residency to develop the outstanding clinical skills that translate to patient care of the highest quality. The Cardiovascular Center of Excellence at Louisiana's flagship health university is a nationally and internationally recognized center in cardiovascular research and medicine.

The Mikie Mahtook Foundation is a nonprofit organization dedicated to the education and prevention of heart disease, as well as other charitable causes. The Foundation was established in 2014 by professional baseball player and LSU College World Series Champion Mikie Mahtook in honor of his father Michael, who died of heart disease at the age of 32 when Mikie was just four years old.

To learn more, visit <http://www.mahtookfoundation.org>.

## Discovery Key to Preventing Blindness and Stroke Effects

Research led by Nicolas Bazan, MD, PhD, Boyd Professor, Ernest C. and Yvette C. Villere Chair of Retinal Degeneration Research, and Director of the Neuroscience Center of Excellence at LSU Health New Orleans, has discovered gene interactions that determine whether cells live or die in such conditions as age-related macular degeneration and ischemic stroke. These common molecular mechanisms in vision and brain integrity can prevent blindness and also promote recovery from a stroke. The paper is published online in *Cell Death & Differentiation*, a *Nature* journal at <http://www.nature.com/cdd/>

journal/vaop/ncurrent/full/cdd2014233a.html.

"Studying the eye and the brain might hold the key to creating therapeutic solutions for blindness, stroke, and other seemingly unrelated conditions associated with the central nervous system," notes Dr. Bazan. "The eye is a window to the brain."

Dr. Bazan and his research team discovered Neuroprotectin D1 (NPD1), which is made from the essential fatty acid, docosahexaenoic acid (DHA). Previous work showed that while it protected cells, the molecular principles underlying this protection were not known.

"During the last few years, my laboratory has been immersed in studying gene regulation," Dr. Bazan says. "We have uncovered a novel control that makes definitive decisions about whether a retina or brain cell will survive or die when threatened with disease onset. The gene mechanism that we discovered is the interplay of two genes turned on by the messenger Neuroprotectin D1."

Age-related macular degeneration (AMD) is a devastating disease that targets the retina of the elderly and destroys cells in charge of receiving photons and transferring light signals to the brain for decoding. The causal mechanisms of this disease remain elusive. The retinal pigment epithelium (RPE) is a single layer of cells that accomplishes multiple functions, such as providing survival molecules that prevent photoreceptors from dying.

The research team worked with human RPE cells and an experimental model of ischemic stroke. They discovered novel mechanisms in cells with the ability to activate pathways that crosstalk one to another and then assemble consolidated responses that decide cell fate. The researchers found that the powerful messenger, NPD1, is produced on-demand in the brain and retina and that it elicits a network of positive signals essential for the well-being of vision and cognition. They showed that NPD1 bioactivity governs key gene interactions decisive in cell survival when threatened by disease or injury. They demonstrated that not only does NPD1 protect photoreceptors, but it also promotes remarkable neurological recovery from the most frequent form of stroke in humans.

In addition to Dr. Bazan, the LSU Health New Orleans Neuroscience Center research team included Drs. Jorgelina M. Calandria, Aram Asatryan, Veronica Balaszczuk, Eric Knott, Bok Kyoo Jun, Pranab K. Mukherjee, and Ludmila Belayev.

This work was supported by National Institutes of Health (NIH) – grants R01 EY005121 (National Eye Institute) and P30 GM103340 (National Institute of General Medical Sciences) – and by the Eye Ear Nose and Throat Foundation of New Orleans.

## Planned Parenthood Files Appeal for Abortion Access

Planned Parenthood Center for Choice has filed a notice of appeal with the Louisiana Division of Administrative Law to protect women's access to safe, legal abortion in Louisiana. In January, the Louisiana Department of Health and Hospitals (DHH), under the Jindal administration denied Planned Parenthood's application to provide abortion in the new health center under construction in New Orleans. Planned Parenthood is now appealing this decision.

The Louisiana Department of Health and Hospitals proposed new facility restrictions for abortion providers, and while litigation against a separate law (HB 388) proceeds in federal court, Planned Parenthood says Louisiana politicians are still trying to restrict access to safe, legal abortion. Some have also publicly threatened to introduce legislation with even more abortion restrictions in the upcoming session, said the group.

## STQN Names Medical Director Award Recipient

Leslie Kelt BS CPHQ CIC has received the St. Tammany Quality Network's first quarter 2015 Medical Director Award for her outstanding management in infection prevention in several key areas. Kelt serves as department head of infection prevention and employee health at St. Tammany Parish Hospital.

"Leslie was – and continues to be – instrumental in leading initiatives that promote employee and patient safety as it related to minimizing central line and surgical site infections as well as early detection of sepsis," said STQN Medical Director Dr. Mike Hill. "She also worked tirelessly to ensure the hospital was prepared and stays in compliance with state and federal guidelines regarding Ebola initiatives."

The Medical Director Award was created in July 2014 to recognize STQN-affiliated physicians who demonstrate innovative leadership, a commitment to quality and a focus on efficiency.

To learn more about the St. Tammany Quality Network and its initiatives, go to [stqn.org](http://stqn.org).

## Compound Switches Off Epilepsy Development

Researchers at the LSU Health New Orleans Neuroscience Center of Excellence have found that a novel compound they discovered helps curtail the onset and progression of temporal lobe epilepsy. The finding, which may contribute to the development of anti-epileptic therapies, is published online in the journal *PLOS ONE*, at <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0116543>.

In temporal lobe epilepsy, seizures arise in the



### STQN Names Medical Director Award

**Recipient** Dr. Mike Hill, St. Tammany Quality Network medical director, and Leslie Kelt, department head of infection prevention and employee health at St. Tammany Parish Hospital.

hippocampus and other structures of the limbic system located in the temporal lobe when a cascade of molecular and cellular events results in aberrant brain wiring. (The limbic system is the region of the brain associated with memory and emotions.) Seizures reflect uncontrolled electrical brain activity. The period between a brain injury and the onset of seizures, called epileptogenesis, is a "silent" period because this brain abnormality cannot be detected by current neurological exams or electroencephalography (EEG).

Temporal lobe epilepsy (TLE), or limbic epilepsy, is a common adult epileptic disorder characterized by spontaneous recurrent seizures that may also spread to other brain regions, triggering secondary severe generalized seizures. Aside from neurosurgery, which benefits only a small population of TLE patients, there are no other effective treatments or preventive strategies.

Working in a mouse model, the research team led by Drs. Nicolas Bazan, Boyd Professor and Director of the LSU Health New Orleans Neuroscience Center of Excellence, and Alberto Musto, Assistant Professor of Research, Neurosurgery, and Neuroscience, found that brief, small electrical microbursts, or microseizures, occur before the onset of clinical recurrent seizures. When they systemically administered Neuroprotectin D-1 (NPD1), the researchers discovered that NPD1 regulated these bursts of brain electrical activity that not only reduced the aberrant brain cell signaling leading to severe





Nancy Buccola, MSN, APRN, PMHCNS-BC, CNE



Danielle Lombard-Sims, MS, SPHR

generalized seizures, but also spontaneous recurrent seizures. Neuroprotectin D-1, discovered in the Bazan lab, is derived from docosahexaenoic acid (DHA), an essential omega 3 fatty acid found in fish oil.

"We have searched for years to unravel the significance of the mechanism by which DHA is released in the brain at the onset of seizures," notes Dr. Bazan. Called the "Bazan Effect" in the literature, with the discovery of NDP1, another piece of the puzzle fell into place.

Epilepsy is a chronic neurological disorder characterized by recurrent seizures. It's estimated that 66 million people in the world have epilepsy. In the U.S., 1 in 26 people will develop epilepsy at some time during their lifetime. The incidence of epilepsy is higher in young children and older adults. Although the cause of epilepsy is unknown, there are some types of epilepsy associated with previous brain injury. Recurrent seizures might cause brain damage.

"These observations will contribute to our ability to predict epileptic events, define key modulators of brain circuits, especially after a brain injury, and provide potential biomarkers and therapeutic

approaches for epileptogenesis," says Dr. Musto.

The research team also included Chelsey P. Walker from the LSU Health New Orleans Neuroscience Center of Excellence and Nicos A. Petasis from Loker Hydrocarbon Research Institute at the University of Southern California, Los Angeles. The research was supported by a grant from the National Institute of General Medical Sciences of the National Institutes of Health.

## Research Published on Pathways for Psych Disorders

Nancy Buccola, MSN, APRN, PMHCNS-BC, CNE, Assistant Professor of Clinical Nursing at LSU Health Sciences Center New Orleans School of Nursing, contributed samples used in a study reporting shared genetic risk factors and common pathways for schizophrenia, major depression, and bipolar disorder. The results were published online January 19, 2015 in *Nature Neuroscience*.

Buccola collected samples as part of the Molecular Genetics of Schizophrenia (MGS) study, part of genome-wide association study data being analyzed by the Psychiatric Genomics Consortium (PGC), a large international collaboration. For this study, the researchers examined data from 60,000 participants, including people with schizophrenia, bipolar disorder, major depression, autism spectrum disorders and attention deficit hyperactivity disorder as well as healthy individuals, to identify biological pathways for psychiatric disorders. They found strong association between mechanisms related to immune function as well as changes in processes that turn genes on and off. The results indicate that risk variants for psychiatric disorders aggregate in particular biological pathways and that these pathways are frequently shared between disorders. The findings confirm known mechanisms and suggest several new insights into the development of psychiatric disorders.

According to the National Institute of Mental Health, which funded the research, in 2012, there were an estimated 43.7 million adults aged 18 or older in the U.S. with a mental illness in the past year. This represented 18.6 percent of all U.S. adults. The same year, there were an estimated 9.6 million adults aged 18 or older in the U.S. with serious mental illness, representing 4.1 percent of all U.S. adults.

While treatments are available, for some mental illnesses they are not effective for many patients. For example all of the currently used antipsychotic drugs for schizophrenia work by a mechanism discovered more than 60 years ago. No new effective drugs have been developed since, partly due to lack of knowledge about how the disease develops.

Buccola, Principal Investigator at LSU Health Sciences Center New Orleans for the MGS study, says "the PGC is a collaboration of some of the finest psychiatric genetic researchers in the world who are working together to understand the biology that underlies psychiatric disorders. This knowledge is critical in developing more effective and personalized treatments. I feel fortunate to make even a small contribution to this important work."

## Lombard-Sims Named Human Resources Director

Danielle Lombard-Sims, MS, SPHR, has been named Director of Human Resource Management at LSU Health New Orleans. She is responsible for the development and implementation of human resources policies, programs, and services including recruitment, selection, retention, leadership development, regulatory compliance, compensation and benefits, employee relations, and employment practices and procedures.

Lombard-Sims has more than 18 years of human resources leadership experience, assisting a broad range of Fortune 500 companies in both the profit and not-for-profit sectors. She earned her Senior Professional in HR certification (SPHR) and has been a certified HR professional since 1999.

Originally from New Orleans, she graduated summa cum laude from Spring Hill College, obtained a Master's Degree from Purdue University in Industrial/Organizational Psychology, and a second Master's Degree in Management from Indiana Wesleyan University. She is currently enrolled in the PhD program in Global Leadership with an emphasis in Organizational Management at Indiana Institute of Technology.

Lombard-Sims led the Human Resource Management Association of New Orleans, the local Society of Human Resource Management (SHRM) affiliate, as its president in 2008 and its 2010 HR Certification Chair. She co-chaired the national 2009 SHRM Annual Conference and Exposition held in New Orleans. She holds membership in the national Society of Human Resource Management and the American Society of Training and Development. She sits on a variety of local not-for-profit boards, including the Board of Directors for the Louisiana Diversity Council, and is past Executive Team member for Go Red for Women.

## Tennis Tourney to Benefit Aneurysm Awareness

Aces Against Aneurysms, an initiative started by aneurysm survivor Rebecca Winchell, has scheduled its 6th annual tennis tournament for Monday,

April 13, 2015 at Pelican Athletic Club in Mandeville. Proceeds from this year's tournament will go toward patient education materials for aneurysm survivors and their families. Cost of entering the tournament is \$50 and participants must register by April 8 by contacting Barbara Fisher at [bfisher@thepac.com](mailto:bfisher@thepac.com).

"We have come a long way in our six year history and have made a positive difference in the lives of those stricken with an aneurysm," Winchell said. She survived a potentially deadly brain hemorrhage as a result of an aneurysm in 2009 and has made good on her promise to raise awareness in the area. She spearheaded the formation of a new 501 (C) 3 nonprofit, Brain Support NOLA, [brainsupportnola.com](http://brainsupportnola.com), to support aneurysm awareness. A men's tennis tournament was held last May to supplement the annual spring tournament.

Last year's tournament raised \$8,000 for the LSU Health Sciences Center New Orleans Department of Neurosurgery. The funds will be used to further aneurysm research. This year's donations will go toward producing informative brochures for patients just recovering from an aneurysm. "It is a terrifying experience to wake up in the hospital after having had surgery for a brain aneurysm," Winchell recalled. "I can't stress enough how reassuring it is to have helpful information to provide answers to the many questions patients and their families have."

To register: contact [bfisher@thepac.com](mailto:bfisher@thepac.com) by April 8. For more information, visit [brainsupportnola.com](http://brainsupportnola.com).

## LSU Health Identifies Toxic Ebola Protein Fragment

William Gallaher, PhD, Emeritus Professor of Microbiology, Immunology & Parasitology at LSU Health New Orleans School of Medicine, has discovered a fragment of an Ebola virus protein that is toxic to cells and may contribute to infection and illness. The findings were published online January 20, 2015, in the open access journal, *Viruses*, available at <http://www.mdpi.com/1999-4915/7/1/285>.

The fragment was found within a grouping of amino acids that is made in parallel with the protein involved in attachment of the virus to cells. Called the "Delta peptide," it has been shown recently to block the Ebola virus from attaching to already-infected cells. The new findings suggest that Delta peptide possibly functions by changing membrane permeability.

Following his discovery, Dr. Gallaher contacted Robert Garry, PhD, Professor of Microbiology and Immunology at Tulane University School of Medicine, a longtime collaborator, to produce a structural model and potential mechanism of action. The results of that modeling work were fashioned into a manuscript that was subjected to rigorous



**Tennis Tourney to Benefit Aneurysm Awareness** Aces Against Aneurysms has scheduled its 6th annual tennis tournament for Monday, April 13, 2015. Last year's tournament raised \$8,000 for LSU Health Sciences Center New Orleans Department of Neurosurgery.

peer view by experts in the field and are being made public only after acceptance into a special issue on "Advances in Ebolavirus, Marburgvirus, and Cuevavirus Research 2014-2015" in *Viruses*.

Although preliminary studies using synthetic peptides have confirmed the potential of the fragment, its specific role and potency in its natural environment within Ebola virus-infected cells are yet to be determined. However, Dr. Gallaher and his colleagues have determined how to deactivate the toxic properties of the Ebola protein fragment in the laboratory environment. He and his colleagues are also developing inhibitors of the toxic mechanism, which may ultimately be useful as drugs, should a role for Delta peptide in Ebola virus disease become established by future studies.

According to the Centers for Disease Control and Prevention (CDC), the 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa. Two imported cases, including one death, and two locally acquired cases in healthcare workers have been reported in the United States. As of January 16, 2015, the CDC and World Health Organization report 13,510 laboratory-confirmed cases and 8,483 deaths worldwide.

This discovery is the latest in a series of discoveries by Dr. Gallaher during a long career, spanning 32 years of active service in the Department of Microbiology, Immunology and Parasitology, at LSU Health New Orleans School of Medicine. He was the first to identify and publish the entry peptide sequence of HIV-1 in 1987, and he and his colleagues, including Dr. Garry, were first to model the structure of the

HIV-1 entry protein in 1989. Those studies defined a superfamily of viral entry proteins subsequently named by others as "Class I fusion/entry glycoproteins." The "Gallaher model" of HIV-1 also directly led to the development of the drug Fuzeon, an inhibitor of HIV-1 entry used as therapy for HIV disease. He was also the first to identify and model the entry peptide loop and entry protein of Ebola virus in 1996. He has remained professionally active during retirement, in teaching, research, and writing.

The work was supported, in part, by grants from the National Institutes of Health.

## Gifted Healthcare Launches Interim Leadership Placement

Gifted Healthcare has launched a new division – Interim Leadership Placement. This new division will place mid-level and senior leadership clinical and administrative professionals, allowing clients immediate management support on an interim basis. This new service line adds to Gifted Healthcare's staffing solutions, which already include: supplemental staffing, direct hire, travel nursing, private nursing care, companion care, and new mother/baby care.

The Interim Leadership Placement division of Gifted Healthcare offers access to an extensive database of seasoned managers and interim healthcare leaders. These professionals have been selected with success in mind. They have the talent and experience necessary to ensure continued operations and a smooth transition for clients. Gifted Healthcare specializes in a cultural match for its interim managers and clients. ■

# The Bridge to Better Health

Countless case studies and data have consistently proven that engaged patients have better outcomes, reduced costs, and greater satisfaction than those patients who do not actively engage in their health and health care.

Such research has the health care industry pondering how to achieve meaningful patient engagement, but here in Louisiana, we are no longer asking that question.

We are answering it.

FOR THE PAST EIGHT YEARS, Louisiana has been working diligently to build a bridge that closes the gaps in its health care system. This bridge is supported by a strong and ever-growing health information technology (IT) infrastructure composed of electronic health record (EHR) adoption, a robust statewide health information exchange (HIE) and a newly launched patient portal.

Yet that old adage that says, “If you build it, they will come,” is not necessarily true. Even the most beautifully constructed bridge won’t get used if no one knows the bridge is there; rather, people will continue lining up down the street to take the same slow and easily delayed ferry that they’ve always used.

In Louisiana, our goal is to encourage Louisiana’s health care consumers to take the bridge instead. We want them to know that support systems and resources are in place to help them not just manage and track their care and the care of their families, but to improve that care and to improve their health and their health care decision-making.

We want them to use the bridge to engage in their care.

## Louisiana’s Approach

Louisiana is among a small handful of states that are actively addressing the patient engagement issue, yet we are unique in our strategy. Our efforts actually began eight years ago with a focus on provider engagement in the use of IT.

Those efforts yielded incredible EHR adoption rates. More than 2,000 health care providers across 37 specialties, along with 40 critical access and rural hospitals, have used the state’s Regional Extension Center (REC) to implement and meaningfully use EHRs.

In addition, the state’s HIE has grown to include nearly 240 participants, from hospitals and clinics to school-based health centers (SBHCs) and home health providers. It now features an impressive array of features and functionalities like syndromic surveillance, electronic lab reporting and public health supports among others. Most recently, it has launched a patient portal – MyLaHIE – to provide Louisiana’s health care consumers with direct, one-stop-shop access to their health information. A number of other new functionalities, such as an emergency department registry and insurance eligibility verification, are in development.

It’s safe to say that Louisiana’s health care providers are engaged.

Thus, the time has come to take that messaging to our state’s health care consumers, and we are committed to providing education and promoting awareness of the use of health IT to better manage personal health and to become more engaged in health care.

Using an integrated marketing and communications strategy developed through collaboration with the Louisiana Department of Health and Hospitals (DHH), this outreach





and education campaign has the dual goals of improving the overall health of Louisiana's residents and reducing their health care costs, while at the same time promoting healthy lifestyle decisions.

Our state is boldly recognizing that good health is far more than simply engaging in physical activities and eating a healthy diet. We understand that if we are to truly achieve positive gains in our state's ratings on outcomes, costs, quality, and access, we must provide our residents with the tools necessary to become active participants in their health and health care.

Louisiana is fortunate to have these health IT tools in place, and ensuring that our residents are educated about, and aware of, them is of paramount importance to us.

### The Consumer Voice

Our first step was to develop a Health Care Consumer Advisory Council. Composed of representatives of several key organizations,

the Council's mission is to support the inclusion of Louisiana's patients and families as central members of the health care team.

Its member organizations span the consumer spectrum as well as the state: American Diabetes Association – Louisiana; American Heart Association – Baton Rouge; AARP – Louisiana; Cancer Association of Greater New Orleans; Children's Coalition of Northeast Louisiana; Community Healthcare Education Network; Deaf Action Center; Families Helping Families of Greater Baton Rouge; Louisiana Assistive Technology Access Network; Louisiana Association of Business and Industry; Louisiana Men's Health Organization; Louisiana Respite Coalition; and National Alliance on Mental Illness – Southwest Louisiana Chapter.

Working collaboratively, these organizations will assist the state in identifying existing challenges in reaching Louisiana's patient populations as well as provide insight and guidance in how best to overcome

those challenges.

Most importantly, however, the Council will represent the voice of Louisiana's patients and families in the development of strategies focused on educating and empowering health care consumers regarding the use of health IT to improve health outcomes and health care.

Each organization represented on the Council was carefully selected based on its outstanding achievements in, and commitment to, serving the health and health education needs of its service areas and target populations. Collectively, their work as a Council will provide the foundation for Louisiana's patient education and outreach efforts.

### An Integrated Approach

Our state's approach to patient and family engagement is multi-faceted. This approach combines traditional communications strategies such as media outreach, patient-facing educational materials and resources and public relations with robust grassroots and "new media" components such as social media, electronic newsletters and blogs.

We anticipate exciting activities and events to drive patient engagement – health-focused flash mobs, consumer-written blogs, speaking engagements, patient-facing videos and the like. We are planning Twitter chats, virtual education, participation in community events and social media communities dedicated to health IT utilization by patients and health care consumers, and all with the goal of not only educating our state's residents about Louisiana's health IT tools, but also to advancing a community-level focus on healthy behaviors.

Our hope is that our state's many health care providers, organizations, entities, and advocates will join us in these efforts. We envision a statewide, collaborated movement focused on improving personal, family, and population health – we truly believe that we can work together to achieve a healthier state. ■



# MEDICAID EXPANSION

## Provides Healthcare for Low-Income Uninsured Population and Could Relieve Impact of Huge Budget Crisis

February found Louisiana in the midst of an unparalleled fiscal crisis with \$1.6 billion to cut from next year's budget and more than \$100 million in cuts for the current year. This unwelcome surprise has got everyone's attention. Well, almost everyone.

SO FAR, GOVERNOR JINDAL DOESN'T seem particularly worried about this little budget dispute. After all, there are other things to tend to: immigration policy, what to do about ISIS in the Middle East, possible war in the Ukraine, etc., etc. Those difficulties make the Louisiana budget look like small potatoes.

And if you're sitting in the White House, there is no such thing as a budget problem. Just tell the Treasury to print some more money. Unfortunately, that solution doesn't work down here in Louisiana.

Balancing the budget this year could

require major additional reductions in two areas that have already seen deep cuts: healthcare services and higher education. These are both key areas of the budget that are not protected from cuts in the Louisiana constitution and therefore likely to see major reductions in funding, layoffs in the workforce, and closure of services and facilities.

Some estimates show cuts to higher education at almost \$1 billion since 2008 (Jindal's first year in office) with faculty layoffs, cutbacks in departments, and reductions in curricula. With more large cuts looming, talk has turned to the possibility of closure of some campuses.

Healthcare has also seen major reductions in services and employees since 2008 and that is expected to continue. Privatization of hospitals and services has been implemented over the last four years with the goal of saving dollars and improving quality. There is considerable doubt that cost savings have been achieved.

### Medicaid Has a Positive Solution

One area that has been discussed in the recent past, but dismissed repeatedly by Governor Jindal is the Medicaid expansion, an option for states to use if they have large numbers of uninsured persons (Louisiana has more than 700,000 uninsured). This option of the Affordable Care Act was

configured to be as attractive as possible to states, with federal funds paying 100 percent of costs for the first three years. After the third year, states would begin to pay a small percent of costs in the fourth year and gradually ramp up to no more than ten percent by the tenth year of participation. Cost to the states for this option would not exceed ten percent.

Ohio Governor John Kasich (R) approved the Medicaid Expansion for his state in 2013. A major point in his rationale was to "save babies" because Ohio had a high infant mortality rate, particularly in the lower income and uninsured population. "With Medicaid expansion, we've now signed up somewhere around 176,000 women who would not have had healthcare, any kind of comprehensive healthcare without having done that," Kasich said. To bring billions in Obamacare funding to the state, Kasich expanded Medicaid to all Ohioans with income up to 138 percent of the federal poverty line in 2013. Kasich's Obamacare expansion has put 430,000 Ohioans on Medicaid this year.

Kasich and many other governors (both Democrat and Republican) have concluded that the ACA Medicaid Expansion has much merit in terms of reducing numbers of uninsured persons, as well as producing economic advantages with an increase in jobs, as well as an inflow of billions of dollars at



## Medicaid Expansion Status

	Republican Governor	Democrat Governor	Other (Independent)	Total
States Participating (including D.C.)*	9	20	0	29
States Considering Participation**	3	3	1	7
States Declining to Participate***	15	0	0	15
<b>TOTAL</b>	<b>27</b>	<b>23</b>	<b>1</b>	<b>51</b>

\*States participating (29): Arizona (R), Arkansas (D), California (D), Colorado (D), Connecticut (D), Delaware (D), District of Columbia (D), Hawaii (D), Illinois (D), Indiana (R), Iowa (R), Kentucky (D), Maryland (D), Massachusetts (D), Michigan (R), Minnesota (D), Nevada (R), New Hampshire (D), New Jersey (R), New Mexico (R), New York (D), North Dakota (R), Ohio (R), Oregon (D), Pennsylvania (D), Rhode Island (D), Vermont (D), Washington (D), West Virginia (D)

\*\*States considering expansion (7): Alaska (I), (D), Montana (D), Tennessee (R), Utah (R), Virginia (D), Wyoming (R)

\*\*\*States not participating (15): Alabama (R), Florida (R), Georgia (R), Idaho (R), Kansas (R), **Louisiana (R)**, Maine (R), Mississippi (R), Nebraska (R), North Carolina (R), Oklahoma (R), South Carolina (R), South Dakota (R), Texas (R) and Wisconsin (R)

low cost to states.

One-third of governors who adopted the Medicaid Expansion for their states are Republicans and the remainder are Democrats. Unfortunately, 15 Republican governors (mostly in deep south states) have declined this opportunity to provide healthcare for those citizens who need it the most.

The original Affordable Care Act made this part of the law mandatory for all states, in order to ensure that those populations most at risk (low-income uninsured) would be helped. A ruling by the U.S. Supreme Court made the Medicaid Expansion part of ACA optional for states. It is unfortunate that so many southern states that have the highest number of uninsured with the lowest incomes have elected not to participate.

Governor Kasich of Ohio, a Republican, implemented Medicaid Expansion for his state in order to provide coverage for uninsured pregnant women, thereby saving babies and reducing Ohio's high infant

mortality rate. Governor Jindal could do the same, although he has passed so far on the opportunity. Ohio has the 10th highest infant mortality rate, while Louisiana has the 5th highest rate. Governor Jindal could cover an estimated 240,000 adults who are well below the poverty line and without insurance.

### Another Good Idea

Let's raise the tax on cigarettes. Louisiana currently taxes cigarettes at 65 cents a pack, third lowest tax in the nation. Robert Mann, an author and former U.S. Senate staffer, offers this proposal to help provide better health for our state and raise money as well. Mann adds the following:

"The American Cancer Society (ACS) estimates that raising Louisiana's cigarette tax by \$1.05 a pack would prompt a 15 percent decrease in youth smoking and more than 40,000 adult smokers would give up the habit. The ACS also estimates

these new taxes would cut annual health-care costs from lung cancer by \$6.28 million over five years. (Not surprisingly, we have one of the highest lung cancer rates in the country). The state Medicaid program would save \$3.83 million over five years from the overall improved health of those former smokers.

Raising cigarette taxes by a \$1.05 per pack would generate as much as \$224 million in additional tax revenue for the state's coffers (the state currently collects about \$140 million a year in tobacco taxes)."

While this will not raise the level of funds needed to extricate Louisiana from a budget crisis, it does provide a means to change bad habits and raise money at the same time. ■



# Reflections in Celebration of Nursing

As the Executive Director of the Louisiana State Board of Nursing, I am provided the opportunity to write about the profession in this journal on a bimonthly basis. This month, it is my pleasure to provide a few thoughts about what it means to be a nurse and to share stories that define our profession.

December 2014 marked my 40<sup>th</sup> anniversary as a professional registered nurse. Nursing isn't just a career; it is a passion and I can confirm that neither I nor most of my colleagues have ever been bored with our chosen career. Nursing brings us the greatest and most heart wrenching moments of our life. From micropremies in the neonatal intensive care unit to centenarians in a wound care practice, I have had the privilege of being a part of teams that have seen patients not just survive but thrive and leave the healthcare system with their health restored. I have also had the same privilege, though heartbreaking, of being there to hold a baby as he died in my arms or the hand of my father in the emergency department and my mother in assisted living when they passed. Each of the myriad experiences we have in nursing, mostly good, but some bad, shape our professional lives and make us who we are, both professionally and personally.

According to Gallup, since 1999, nurses have topped their annual Honesty and Ethics poll except in 2001 when firefighters were added on a one time basis to the poll to test their image following the reports of heroism during the 9/11 terror attacks. In 2014, 80% of Americans in the poll ranked nurses as "very high" or "high" in terms of standards of honesty and ethics.<sup>1</sup> So what does it mean to live up to the high standards that Americans expect of their nurses to be ethical and honest? Well, it means that we practice according to accepted principles of what is right and

wrong, that nurses have integrity, that we can be trusted and that we will always be honest, with our colleagues, our patients and their families, and the community. The American Nurses Association definition of practicing according to an ethical code is included in the *Code of Ethics for Nurses with Interpretive Statements* and includes autonomy, beneficence, nonmaleficence, fidelity, and justice in their definition<sup>2</sup>. Autonomy means that we help patients make their own decisions regarding treatment. Beneficence is compassion and taking positive action to help others such as in the emergency room when an elderly patient is admitted after falling and breaking her hip and we provide pain medication as soon as possible. Nonmaleficence means the avoidance of harm and is at the core of nursing and medical ethics. For patients at the end of life, that may mean difficult decisions to withhold invasive technology like intubation and resuscitation in ICU for patients that are at the end of life. We often have to determine if what we do is really extending meaningful life or only delaying death. Fidelity requires loyalty, truthfulness and advocacy for our patients. This may mean honoring the wishes of a dying cancer patient not to disclose the diagnosis to her family because they would want to push for all treatment despite the patient's wishes to avoid all that extraordinary care. We recognize that keeping the patient's confidence while still supporting the family is exercising fidelity. Finally, justice requires a fair and equal distribution of resources based on analysis of benefits and costs to society. This may mean that a hospital decides not

**NURSING  
ISN'T JUST A  
CAREER; IT'S A  
PASSION...**



to provide pediatric care because there is already a children's hospital in the community.

Nursing promotes the welfare of the public through protecting, promoting, and restoring health. Additionally, as professionals, we assist in the prevention of injury and illness. Our care extends to individuals, families, communities, and populations. Not only do we have a commitment to alleviate suffering in the sick and injured, however. Our charge includes a commitment to social justice, including changing policy and environments that threaten the health and well-being of our patients and clients. *Nursing practice* encompasses any role or setting and means that we serve the public in the provision of healthcare as well as educating students, staff, communities, organizations, and the broader population in primary, secondary, and tertiary care.

During my 40-year career, I have experienced hundreds of interactions with patients and colleagues that informed my nursing practice, but I'm going to share briefly three poignant memories from my own career, which changed a patient's life, but also changed a system:

Frankie was born with gastroschisis, a congenital defect in the abdominal wall through which the abdominal contents freely protrude. He was raised in the neonatal intensive care unit (NICU) for 6 months, probably something that we would never get away with in 2015, but our hospital had no pediatric intensive care unit (PICU). After 4 surgeries at our hospital, Frankie developed short bowel syndrome and required nutrition through hyperalimentation. He was finally transferred to the children's hospital at University of Colorado for care by specialists. I last saw Frankie at 13 years of age – he'd be 38 years old today and I have no reason to believe he is not alive and well. As a result of our experience with Frankie, the hospital developed a PICU and ultimately, a children's hospital.

## "very high"

**In 2014, 80% of Americans in the poll ranked nurses as "very high" or "high" in terms of standards of honesty and ethics.**

John was a 12-year-old burn victim, who suffered 2<sup>nd</sup> and 3<sup>rd</sup> degree burns over 60% of his body when he was cleaning his bike with gasoline, went inside his home to fix some lunch, turned on a gas burner and went up in flames. John ran outside and did STOP, DROP and ROLL as he'd been taught. He was treated at a local hospital with no burn unit and little clinical experience in treating burns. The Shriners' organization knew my husband had commanded a MASH hospital in Viet Nam and called him to stabilize John before transfer to Galveston and the University of Texas Medical Branch burn unit. John is now 48 years old and a successful orthotist/prosthetist. This experience led to the establishment of a burn unit within the city.

My final story is about one of my wound care patients, an elderly woman in her 70's with chronic lower leg, venous stasis ulcers. She had been treated for greater than 10 years by numerous physicians but her wounds had never fully healed. She hadn't worn a dress in all that time because she was ashamed of how her legs looked and the dressings she had to wear. A system change occurred first with the establishment of a wound center with full multidisciplinary care for patients with chronic wounds. Not only did we heal

the patient, but on her last day to the unit, she wore a dress.

Nursing is an evolving profession. Nurses serve from bedside to Board room (Rhonda Anderson is the first nurse ever to serve on the American Hospital Association Board of Directors), from collaborative practice as part of multi-disciplinary teams with medicine, pharmacy, and other allied health professionals to independent practice as one of four categories of Advanced Practice Registered Nurses, from the halls of academia to the halls of Congress (Congresswomen Bass and Capps (CA), Black (TN), Elmers (NC), Bernice Johnson (TX), and McCarthy (NY)). Nurses are making a difference in practice, education, and policy development. And finally, in the world of regulatory affairs, my current professional role, nurses write law and policy that ultimately affects the public health, safety, and welfare of every Louisianan. LSBN develops performance standards for nursing education programs, clinical practice, compliance with laws, rules and regulations and our Recovering Nurse Program, assisting nurses with substance abuse disorders through a non-disciplinary system for recovery and monitoring. I often have to remind myself, as I review the disciplinary actions that come across my desk, that these violators of the Nurse Practice Act comprise only 2% of the total nursing population. They are not the 60,193 RNs and APRNs who provide compassionate, caring, expert nursing in this state. As we celebrate the beginning of a new year, I wish each of my nursing colleagues great success and hope that 2015 brings all of us new discoveries and wonderful inspirations. ■

<sup>1</sup>Riffkin, Rebecca. (December 19, 2014) *Americans rate nurses highest on honesty, ethical standards*. Gallup Poll Social Series.

<sup>2</sup>American Nurses Association (2015) *Code of Ethics for Nurses with Interpretive Statements*. Nursesbooks.org.



# LA's Path to Managed Care

In 2012, the Department of Health and Hospitals committed to a paradigm shift, leaving behind the days of a Medicaid system dominated by an uncoordinated marketplace of un-networked, fee-for-service providers. In its place the Department has built a comprehensive system of coherent, integrated, and managed care.

AS 2014 CAME TO A CLOSE, I had the opportunity to review some of the successes accomplished by the Department of Health and Hospitals in recent years, especially in the area of Medicaid reform. Under Bayou Health, the State's flagship managed care program, Medicaid enrollees can now choose their own primary and acute healthcare plans as administered by managed care organizations (MCOs). MCOs, in turn, have a vested interest in providing appropriate and timely care, including preventative care and chronic disease management. Under the Louisiana Behavioral Health Partnership (LBHP), Medicaid enrollees have also gained expanded access to more providers and are being offered a greater variety of services, all on top of case management provided by Magellan, LBHP's MCO.

When these two programs merge under a single banner at the end of this year, our team will proudly celebrate their integration as a major achievement towards fully coordinating health care in Louisiana. Following the merger, we will focus on the next goal of moving the care of Medicaid enrollees receiving long-term supports and services due to either developmental disabilities or advanced age to a similarly managed model.

It is difficult to express how meaningful these changes have been and will continue to be for generations to come. Patients now receive more of the care they need, not just the care that falls into a given provider's individual specialty. Soon Medicaid enrollees will belong to an even broader network of providers organized around a continuum of care that will focus on their whole needs, including behavioral health needs that may have previously been chronically under treated.

The benefits of administering care through MCOs are also economic. Put plainly, managed care organizations can provide better healthcare more cheaply than legacy Medicaid. MCOs respond more quickly to claims and can scale their workforce up and down based on the needs of the community. They can also make improvements that have subtle but meaningful impacts on patient experiences much more rapidly than a government agency can.

The improvements of this program are making a major impact in the lives of our members. I recently learned of a young Bayou Health member with Autism who needed a communication device. Under legacy Medicaid, the only option for a covered device would have been large and bulky, with a price tag of \$9,600. Under Bayou Health, Louisiana Healthcare Connections, the member's MCO, had the flexibility to cover a better, less expensive alternative: a \$1,125 iPad with communication applications installed. Not only did this empower this member with

a communication device that is easy to carry wherever he goes, but it has also helped him overcome the effects of his condition and become more successful at school. All of this was accomplished at 12 percent of prior costs.

Three years after the creation of Bayou Health, the proof of all this is in Bayou Health's results. In its first year, Bayou Health's budget was \$135.9 million lower than the budget for legacy Medicaid had been the year before. Our budget growth since that first year has been lower than the average national rate, with Louisiana's Medicaid budget growing at approximately 3% a year despite national rates of between 6% and 7% a year. Medicaid enrollees are now experiencing shorter waits to see physicians, and at mid-2014, over one million Louisianians were enrolled in a Bayou Health plan.

As part of our mission at DHH, we have always focused on improving the lives of the most-vulnerable members of our society, so I'm particularly pleased by the improvements we've witnessed in the care of Louisiana's children under Bayou Health. The overall percentage of children on Medicaid who attend well-child visits in the third, fourth, fifth, and sixth years of life has nearly doubled, from 35 percent under Legacy Medicaid to 67 percent under Bayou Health, and the rates at which they are immunized now range from two to five times the rate under legacy Medicaid. It's important to consider that these are preventative health care measures, proactive rather than reactive, and demonstrative of the power of managed care. It's through such improvements that long-term, life-changing benefits are gained.

These successes make me proud of the work we do at the Department. Our pursuit for improvement is ongoing, but we are committed to working in partnership with all of our providers and MCOs to build a stronger and more coordinated continuum of care for every Medicaid recipient. ■



# HOSPITAL Rounds

HOSPITAL NEWS & INFORMATION

## NORTHLAKE SURGICAL ASSOCIATES JOINS STPH



From left: Drs. Ludwig Heintz, Michael Carpenter, Irene Caillouet, Mark Dominguez, and Mark Jones as part of the Northlake Surgical Associates at St. Tammany Parish Hospital team. Not pictured: Dr. John Verhulst.

St. Tammany Parish Hospital has welcomed Northlake Surgical Associates to its network of specialty care. Drs. Michael Carpenter, Irene Caillouet, Mark Dominguez, Ludwig Heintz, Mark Jones, and John Verhulst provide comprehensive surgical care with a special focus on surgical weight loss at Northlake Surgical Associates at St. Tammany Parish Hospital. They remain located at 606 W. 11th Ave. in Covington, across the street from the hospital's Emergency Department. The physicians most recently were in private practice at Northlake Surgical Associates.

Northlake's board-certified general surgeons are experts in traditional and laparoscopic procedures including gallbladder resection, hernia repair, acid reflux therapies, thyroid surgery, colon, small intestine and stomach surgery, as well as breast surgery.

The Northlake team also is dedicated to helping patients improve their health and regain control of their weight using the latest and most effective surgical weight loss techniques. That includes laparoscopic gastric banding using the LAP-BAND® System as well as laparoscopic gastric sleeve surgery to provide a long-term solution.

# HOSPITAL ROUNDS

## LHA Welcomes New Hires

The Louisiana Hospital Association has recently hired the following individuals:

Scott Cornwell is vice president of healthcare reimbursement for the LHA. He will serve as LHA's subject matter expert on regulatory changes at the state and federal levels that affect hospital reimbursement, including Medicaid, Medicare and private insurance. He previously served as the director of reimbursement for the Ochsner Healthcare System. He brings over 25 years of experience working in hospital finance, including work with Hospital Corporation of America, St. Patrick Hospital and Opelousas General Health System. Cornwell graduated from McNeese State University with a degree in accounting.

Kathryn Mount, FACHE, is LHA's new healthcare reimbursement analyst. Her responsibilities include performing policy and reimbursement research to support initiatives of the organization. She comes to the LHA from Blue Cross and Blue Shield of Louisiana, where she was the senior reimbursement analyst. She also previously worked as a financial analyst at LSU Health and Woman's Hospital. She received her master's degree in Health Administration from Tulane University and her bachelor's degree from LSU.

Greg Waddell is the vice president of legal, governmental & regulatory affairs for the LHA. His responsibilities include supporting legislative and lobbying efforts of the organization and conducting legal and policy research. Before joining the LHA, he served as the vice president of legal affairs and general counsel for the Louisiana State Medical Society since 2011. Prior to LSMS, he was an attorney with the



Scott Cornwell



Kathryn Mount, FACHE



Greg Waddell

Senate Committee on Health and Welfare. He is a member of the Louisiana State Bar Association and the American Health Lawyers Association. He has a bachelor's degree from Louisiana State University and a Juris Doctorate from Southern University.

## ILH Re-verified as Level 1 Trauma Center

The Committee on Trauma of the American College of Surgeons (ACS) has re-verified Interim LSU Hospital (ILH) as a Level I Trauma Center. This achievement recognizes the trauma center's dedication to providing optimal care for injured patients.

Established by the American College of Surgeons in 1987, the COT's Consultation/Verification Program for Hospitals promotes the development of trauma centers in which participants provide not only the hospital resources necessary for trauma care, but also the entire spectrum of care to address the needs of all injured patients. This spectrum

encompasses the pre-hospital phase through the rehabilitation process.

Verified trauma centers must meet the essential criteria that ensure trauma care capability and institutional performance, as outlined by the American College of Surgeons' Committee on Trauma in its current Resources for Optimal Care of the Injured Patient manual. The verification program provides confirmation that a trauma center has demonstrated its commitment to providing the highest quality trauma care for all injured patients.

The Trauma Center was first verified as a Level I Trauma Center in 1996 while operating at Charity Hospital. The verification is for three years, and the Trauma Center underwent re-verification in 1999, 2002, 2005, 2008, and 2011.

The new University Medical Center, which will open this May and replace ILH, will afford the Level I Trauma Center new capabilities for delivering trauma care in a state-of-the-art setting.



State Trooper Evan Harrell and TGM nurses Danielle Davis, RN and Kayla Rhodes, RN pose with Vanderbilt students at the end of the Sudden Impact program at TGM.

## STPH Guild Donates to Foundation, Installs Board

As part of its mission to support hospital programs in addition to assisting patients and guests, the St. Tammany Hospital Guild donated \$12,000 to the St. Tammany Hospital Foundation at its first quarterly meeting of 2015. The Guild has donated more than \$137,000 since the Foundation's inception in 2003 and is recognized at the Partner Level on the Donor Wall of Honor in the hospital's main lobby.

In addition, the Guild's 2015 board of directors was sworn in during the meeting. Board members include Ron Rome, president; Charles LaRose, vice president; Sharon Smith, treasurer; MaryAnn Brockhaus, recording secretary; and Anna Bienvenu, corresponding secretary. The Guild also recognized outgoing president David Brumfield.

## TGMC Participates in Sudden Impact Louisiana

Terrebonne General Medical Center (TGMC) has partnered with Louisiana State Police (LSP) in a program called Sudden Impact Louisiana. Sudden Impact provides testimony to the ramifications of driving while distracted from the perspectives of medical professionals, law enforcement, victims, and victims' families.

LSP and TGMC Emergency department nurses Nancy Yzaguirre, director, Kayla Rhodes, Danielle Davis, and Lisa Mimnagh assisted in the program attended by Vandebilt Catholic High School students. Sudden Impact aims to educate students beginning at the sophomore high school level on making good decisions while driving.

Students are provided with a full day of classroom education and presentations by LSP, TGMC Emergency department staff, LOPA, and family of victims killed or seriously injured in car crashes. The program concludes with a tour of TGMC's trauma rooms and critical care unit.

In their junior year, students view a mock crash with student and parent actors as well as the arrival of the LSP and paramedics. The scene is so realistic, that an actor is even carried away in a body bag. During their senior year, they will attend a mock trial where they see the results of one bad decision and the effects it has not only on the student and their family, but the victim's family as well.

## Cardiovascular Rehabilitation Program Certified

West Jefferson Medical Center (WJMC) announced the certification of its cardiovascular rehabilitation program by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR).



**STPH Guild Donates to Foundation, Installs Board** Left: Back row, from left: 2015 St. Tammany Hospital Guild President Ron Rome, Vice President Charles LaRose, and seated, Treasurer Sharon Smith and Recording Secretary MaryAnn Brockhaus. Not pictured: Corresponding Secretary Anna Bienvenu. Right: From left: St. Tammany Parish Hospital President and CEO Patti Elish, St. Tammany Hospital Foundation Executive Director Charley Strickland, and Outgoing Guild President David Brumfield.



West Jefferson was recognized for its commitment to improving the quality of life by enhancing standards of care.

Cardiovascular rehabilitation programs are designed to help people with cardiovascular problems (e.g., heart attacks, coronary artery bypass graft surgery) recover faster and improve their quality of life. The program includes exercise, education, counseling and support for patients and their families.

WJMC's cardiovascular rehabilitation program participated in an application process that requires extensive documentation of the program's practices. AACVPR Program Certification is the only peer-review accreditation process designed to review individual programs for adherence to standards and guidelines developed and published by AACVPR and other professional societies. Each program is reviewed by the AACVPR Program Certification Committee and Certification is awarded by the AACVPR Board of Directors.

AACVPR-certified programs are recognized as leaders in the field of cardiovascular and pulmonary rehabilitation because they offer the most advanced practices available. AACVPR Program Certification is valid for three years.

## STPH Receives Women's Choice Awards

St. Tammany Parish Hospital has received Women's Choice Awards as one of America's Best Hospitals for Heart Care and Obstetrics. This marks the second year in a row the hospital has received these two designations.

St. Tammany Parish Hospital was one of only 353 hospitals nationwide to qualify for the evidence-based heart care designation. The America's Best Hospitals for Heart Care list is determined by first identifying the top 25 percent of hospitals across the nation that offer a minimum number of cardiac and/or vascular services. Only hospitals that perform well clinically with regard to heart care measures reported to Medicare, and also have a high Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) recommendation score, a measure that is very important to women in choosing a hospital, are selected.

Awards are based on surveys of thousands of women, as well as research conducted in partnership with the Wharton School of the University of Pennsylvania on what drives the consumer experience for women versus men.

Hospitals are selected based on scores for patient recommendation as provided by data reported by the U.S. Department of Health and Human Services in HCAHPS surveys, as well as analysis that weighs criteria identified as the most important to women for patient satisfaction, including early-elective deliveries. Data provided is totally objective and uniform. No subjective considerations are used to determine the award winners.

## Healthgrades Recognizes Two Ochsner Campuses

Ochsner Medical Center and Ochsner Medical Center – West Bank Campus have received the Healthgrades 2015 Distinguished Hospital Award for Clinical Excellence™ for the sixth year in a row.



# HOSPITAL ROUNDS



**STPH Ranked First in Interventional Coronary Care** From left: Dr. Paul Stahls III, Mary Scheyd, APRN, Dr. Hamid Salam, STQN Medical Director Dr. Mike Hill, Dr. Sohail Khan, and Dr. Bekir Melek.

The distinction places Ochsner among the top five percent of U.S. hospitals based solely on outstanding clinical performance as measured by Healthgrades, the leading online resource for comprehensive information about physicians and hospitals.

Ochsner Medical Center and Ochsner Medical Center – West Bank Campus are the only hospitals in the tri-state area of Louisiana, Alabama and Mississippi to receive this prestigious recognition.

Nationally, only 261 hospitals out of 4,500 evaluated were recognized as recipients of the Distinguished Hospital for Clinical Excellence Award. Ochsner Medical Center is among the top five percent of hospitals in the nation with high quality care across at least 21 of 32 common inpatient conditions and procedures, as evaluated by Healthgrades.

Ochsner Medical Center and Ochsner West Bank were also named in the top five percent nationwide for Overall Orthopedic Services, Spine Surgery, Neurosciences, Neurosurgery and Treatment of Stroke, GI Medical Treatment, Critical Care, and Women's Health and in the top 10% in Joint Replacement, Overall Pulmonary Services and Overall GI Services. Ochsner Baptist was ranked among the top 10% for Coronary Interventional Procedures, and Ochsner Baton Rouge was ranked among the top 5% for Coronary Interventional Procedures and top 10% for Overall Cardiac Services and Cardiology Services.

A Five-Star rating indicates that Ochsner's clinical outcomes are better than expected when treating the condition or conducting the procedure being evaluated. Overall, Ochsner achieved 26 Five-Star

ratings and 13 Specialty Excellence Awards, and ranked top five percent in the nation in 10 specialties and top 10% in 16 specialties.

Ochsner Medical Center, Ochsner West Bank, Ochsner Baptist, Ochsner Baton Rouge, Ochsner North Shore and Ochsner Kenner received Five Star ratings for providing excellent care in the following areas:

- Coronary Interventional Procedures: Ochsner Baptist, Ochsner Baton Rouge
- Total Knee Replacement: Ochsner Medical Center, Ochsner West Bank
- Hip Fracture Treatment: Ochsner Medical Center and Ochsner West Bank
- Back Surgery: Ochsner Medical Center and Ochsner West Bank
- Spinal Fusion Surgery: Ochsner Medical Center and Ochsner West Bank
- Neurosurgery: Ochsner Medical Center and Ochsner West Bank
- Treatment of Stroke: Ochsner Medical Center and Ochsner West Bank
- Treatment of Pneumonia: Ochsner Medical Center, Ochsner West Bank, Ochsner Baptist, Ochsner Baton Rouge
- Repair of Abdominal Aorta: Ochsner Medical Center and Ochsner West Bank
- Carotid Surgery: Ochsner Medical Center and Ochsner West Bank
- Treatment of GI Bleed: Ochsner Medical Center, Ochsner West Bank, Ochsner Kenner, Ochsner Baptist
- Treatment of Bowel Obstruction: Ochsner

Medical Center and Ochsner West Bank

- Treatment of Sepsis: Ochsner Medical Center, Ochsner West Bank, Ochsner Kenner, Ochsner Baton Rouge, Ochsner North Shore
- Treatment of Respiratory Failure: Ochsner Medical Center, Ochsner West Bank, Ochsner Baptist, Ochsner Baton Rouge
- Treatment of Heart Attack: Ochsner Baton Rouge
- Treatment of Heart Failure: Ochsner Baton Rouge

## Ochsner STAR Program Accepting Applications

Ochsner Health System is now accepting applications for their 9th Annual STAR Summer Scholars Program (Science, Technology, Academic, Research). This rigorous full-day, 5-week STEM program is targeted to high school students who have an interest in pursuing education and careers in science and medicine. From June 22 to July 21, 2015, the program gives students an opportunity to participate in hands-on scientific research in a laboratory setting.

The STAR Program is a free, educational summer program specifically for high schools students throughout the state of Louisiana that seeks to support high school science curriculum through inquiry based research projects. Students will gain insight in to over 50 healthcare related departments and specialties, become CPR Certified, perform research projects with Ochsner scientists and complete Leadership Development Coursework. The goal is to engage students in healthcare careers through practical learning and innovative educational opportunities. The program has led to over 70% of participating students continuing their studies in healthcare-related college programs and boasts a 100% college acceptance rate among students.

To be eligible for the program one must be 16 years of age and a Louisiana high school student entering in either 11th or 12th grade for the 2015-2016 school year. Applications are due no later than 4:00 pm on March 18, 2015.

To apply, please visit the STAR website at [www.ochsner.org/STAR](http://www.ochsner.org/STAR). For more details, contact Allison Sharai at 504-842-5321 or via email at [Asharai@ochsner.org](mailto:Asharai@ochsner.org)

## STPH Ranked First in Interventional Coronary Care

St. Tammany Parish Hospital ranks first in the state and is in the top 10 percent of hospitals nationwide for medical excellence in interventional coronary care, according to a 2015 report from CareChex® - a division of Comparion® Medical Analytics.

According to the report, the hospital also ranks

in the top 10 percent in Louisiana and is No. 1 in the market for patient safety in interventional coronary care. It also ranks in the top 10 percent nationally for mortality rates and the top 10 percent statewide for inpatient quality. The awards are based on patient safety performance derived from Agency for Healthcare Research and Quality patient safety indicators.

The St. Tammany Quality Network also recognized Covington Cardiovascular Care at St. Tammany Parish Hospital with its fourth quarter Medical Director Award for the interventional coronary care recognition.

### BCBSLA Names East Jeff Internal Medicine Leader

Blue Cross and Blue Shield of Louisiana (BCBSLA) has awarded East Jefferson Internal Medicine with the 2014 Highest Achievement in Kidney Care in Louisiana distinction during its recent Quality Blue Primary Care Statewide Collaborative ceremony. Physicians from East Jefferson Internal Medicine highlighted for their effectiveness in treated kidney disease were Dr. Blaise Angelico and Dr. Robert Pollock. This first-time event honors clinics throughout Louisiana that demonstrate clinical excellence and higher levels of patient outcomes in the most prevalent, chronic conditions including kidney disease, vascular care, hypertension and diabetes.

BCBSLA launched its Quality Blue Primary Care (QBPC) Program on the framework that when patients' health quality results are improved, health-care expenses are also reduced. The QBPC is therefore a population health and quality improvement program for primary care physicians that optimize patient care delivery. In QBPC, BCBSLA contracts with primary care physicians and provides, free of charge, a web-based, patient-centric information tool to support the QBPC program. This tool improves the



**TGMC Recognized as Level One Hospital WellSpot** From left to right: Katie Breau, Wellness for Life manager, Paul Labat, The Foundation for TGMC coordinator, Jackie Marsh, Executive Chef at TGMC, Phyllis Peoples, president and CEO of TGMC, Renee Underwood, Department of Health and Hospitals (DHH), Julia Bourg, RN, Lactation Consultant, Nancy Hebert, Owner of Workout 360, Stan Gravois, Director of TGMC Community Sports Institute.

identification and management of chronic diseases that are prevalent and burdensome, while providing practices with data and resources that enable proactive, efficient, high-quality care.

### TGMC Recognized as Level One Hospital WellSpot

Terrebonne General Medical Center (TGMC) has been designated a Level One Hospital WellSpot by the State of Louisiana Department of Health and Hospitals (DHH) for making an impactful commitment to wellness in their community and the state of Louisiana. Well-Ahead Louisiana, a campaign started by the Louisiana Department of Health and

Hospitals aimed at improving the health and wellness of Louisiana citizens, promotes and recognizes smart choices in the spaces and places we live and work every day that make it easier for us all to live healthier lives.

TGMC's commitment to health and wellness extends beyond the hospital and is evident through the many facets of the TGMC Healthy Lifestyle Center. The Healthy Lifestyle Center includes:

- Community Sports Institute partners with 60 schools and the Terrebonne Parish Recreation District which total over 23,000 athletes to provide education, prevention and care to increase the safety.
- Wellness for Life provides comprehensive services to help employees get on the right track to better health.
- Presents comprehensive Weight Management Programs which provide clients with life-changing solutions to attain an ideal weight.
- TGMC's Outpatient Rehabilitation offers all three disciplines: Occupational, Physical and Speech therapies to increase the outcomes of the recovery process.
- Health and Sports Performance provides services which geared to offer nutritional advice, ways to get fit and training for beginners to the strongest athletes.
- Workout 360 Gym offers a range of classes and workout programs to promote each member's health.



### BCBSLA Names East Jeff Internal Medicine Leader

Dr. Sidney "Beau" Raymond (center), Chair of East Jefferson General Hospital Chapter for Gulf South Quality Network, presents Dr. Blaise Angelico (left) and Dr. Robert Pollock (right) with the Blue Cross and Blue Shield of Louisiana 2014 Highest Achievement in Kidney Care in Louisiana award.

# HOSPITAL ROUNDS



C. Bryan Miller, MD



Craig Doyle

Additionally, TGMC's Women's Health Center provides wellness and prevention programs including traveling mammography screening opportunities, promotion of patients' well-being through lactation rooms and the hospital's international designation of Baby Friendly.

To earn a Level One Hospital WellSpot designation, TGMC met all the requirements of multiple wellness initiatives that promote a healthier place for the community including an entirely tobacco free campus, healthy food choices; cessation and prevention programs for tobacco usage; weight, diabetes and blood pressure management; healthy lifestyle choices; as well as the promotion of breastfeeding opportunities. A complete overview of TGMC's WellSpot designation profile can be viewed at <http://wellaheadla.com/partners/detail/228>

## Miller Named SMH Chief Medical Officer

C. Bryan Miller, MD, has become the Chief Medical Officer of the SMH Physicians Network. In this role, Dr. Miller becomes the second physician to join the senior management leadership team at SMH. A Family Medicine specialist, Miller has been

a member of the SMH Physicians Network for four years. In addition to this new position, Miller will continue to see patients in his practice as a member of the SMH Physicians Network.

Miller will be a liaison between the network physicians and SMH administration. He will participate in the network's administration to ensure an effective balance between administrative and clinical processes. He will oversee network peer review and quality assurance panels. He will help develop and implement medical protocols, patient care programs, medical practice policies and procedures. Dr. Miller will also work to identify opportunities and alternatives to improve effectiveness and efficiency of the network.

## STPH Announces Employee News

St. Tammany Parish Hospital has named Craig Doyle as vice president/chief information officer, Stacey Gallien as OR Supervisor, Karen Raiford as Controller, and Erin Strain as business development specialist.

In addition, Lori Chopin and Tammie Fradella, credentialing specialists, were certified by the National Association of Medical Staff Services (NAMSS) as a Certified Provider Credentialing Specialist (CPCS) through 2017.

Finally, Chryl Corizzo, oncology services director, has received recertification as an Oncology Certified Nurse (OCN) and David Speirer, pulmonary rehab exercise physiologist, has received his certification as a Tobacco Treatment Specialist.

## TGMC Raises Patient Safety with New IT

Terrebonne General Medical Center (TGMC) is raising the standard for patient safety by implementing the RightPatient® Biometric Patient Identification System. As biometric identity management is becoming more commonplace, TGMC announced it is the only hospital in the state to embrace the many benefits this technology brings to both patients and the hospital.

TGMC has implemented this new technology to protect the privacy of patients and prevent the duplication of medical records. Every year, 1.5 million people fall victim to medical identity theft, costing the U.S. healthcare system between \$70 billion to \$225 billion per year. Using an integrated medical data system reduces the possibility of someone illegally using a name, social security number, or health insurance number to see a doctor, get prescription drugs, or file false claims.

The RightPatient system manages patients' identities through iris recognition. Using a sophisticated

optical digital camera, it captures photographs of the eye, and then extracts unique data points to create an identity template. It's a more efficient way to store patient information and streamlines traditional forms like insurance cards, birth certificates, and drivers licenses to streamline the admissions process.

Digitally encapsulating personal medical records also ensures TGMC staff is accessing a patient's most up-to-date personal medical information. The iris scan is another safeguard against medication, transfusion, and testing errors, as well as performing procedures on the wrong person, or discharging an infant to the wrong family.

All TGMC patients will be identified upon admission with the RightPatient® system. It requires no physical contact and is safe for patients of all ages, even under the age of five.

## Lakeview Announces New Physicians

Lakeview Regional Medical Center announced it has added the following new physicians to its staff:

Mathis Adams, MD/General Surgery  
John Anguay, MD/General Surgery  
Georges El Khoury Antoun, MD/Cardiology  
Lisa Barbiero, MD/Neonatology  
Lauren Buck, MD/General Surgery  
Matthew Carrick, MD/General Surgery  
Albert Chorens, MD/General Surgery  
Kira Clement, MD/Obstetrics & Gynecology  
Gregory Crenshaw, MD/Vascular Surgery  
Jordon Estroff, MD/General surgery  
Marco Hidalgo, MD/General Surgery  
James M Jenkins, MD/General Surgery  
Thomas Lavin, MD/General Surgery  
Kiran Mallula, MD/Pediatric Cardiology  
Christel Malinski, MD/Dermatology  
Rachel Moore, MD/General Surgery  
Siddhartha Rath, MD/General Surgery  
Balaguru Sambandam, MD/General Surgery  
Jean Sheng, MD/General Surgery  
Hollie Stewart, MD/Pediatrics  
Michael Thomas, MD/General Surgery  
Jason West, MD/General Surgery  
Thomas West, MD/General Surgery

## SMH Recognized for Quality, Patient Safety Initiatives

Slidell Memorial Hospital announced it has been awarded recognition from two leading healthcare industry organizations for its efforts to improve both the quality of care given patients and patient safety. The two organizations are The Joint Commission and the Louisiana Hospital Association.

SMH was named a 2013 Top Performer on Key



Quality Measures® by The Joint Commission, the leading accreditor of healthcare organizations in the United States. SMH was recognized as part of The Joint Commission's 2014 annual report "America's Hospitals: Improving Quality and Safety," for attaining and sustaining excellence in accountability measure performance for heart attack, heart failure, pneumonia, surgical care and stroke cases.

SMH is one of 1,224 hospitals in the United States to achieve the 2013 Top Performer distinction. The Top Performer program recognizes hospitals for improving performance on evidence-based interventions that increase the chances of healthy outcomes for patients with certain conditions, including heart attack, heart failure, pneumonia, surgical care, children's asthma, stroke, venous thromboembolism and perinatal care, as well as for inpatient psychiatric services and immunizations.

To be a 2013 Top Performer, hospitals had to meet three performance criteria based on 2013 accountability measure data, including

- Achieving cumulative performance of 95 percent or above across all reported accountability measures
- Achieving performance of 95 percent or above on each and every reported accountability measure where there were at least 30 denominator cases
- Having at least one core measure set that had a composite rate of 95 percent or above, and (within that measure set) all applicable individual accountability measures had a performance rate of 95 percent or above.

For more information about the Top Performer program, visit [http://www.jointcommission.org/accreditation/top\\_performers.aspx](http://www.jointcommission.org/accreditation/top_performers.aspx).

Louisiana Hospital Association's award to SMH is based on its active participation in a national campaign known as Partnership for Patients, created by the Centers for Medicare and Medicaid Services (CMS) to improve quality and patient safety at hospitals nationwide. Slidell Memorial was one of 73 hospitals that partnered with LHA to form a statewide healthcare engagement network (HEN) and participated in the American Hospital Association's Health Research and Educational Trust (HRET). The work over the past three years led to a 40 percent reduction in hospital-acquired conditions and a 20 percent reduction in readmissions.

## Cancer Center Seeks Lung Cancer Trial Participants

Mary Bird Perkins Cancer Center at St. Tammany Parish Hospital is now offering patients the opportunity to be part of an unprecedented clinical trial designed to help develop new treatments for an

advanced form of lung cancer, the leading cancer killer of both men and women. This is possible because the Cancer Center, LSU HSC-New Orleans, and LSU HSC-Shreveport are part of a new effort called the National Cancer Institute Community Oncology Research Program to bring advanced cancer treatments to Louisiana.

One of the first NCORP trials, known as Lung-MAP (Lung Cancer Master Protocol), is a multidrug, multiarm, biomarker-driven clinical trial for patients with advanced squamous cell lung cancer. Squamous cell carcinoma represents about a quarter of all lung cancer diagnoses, but there currently are few treatment options beyond surgery for the disease. About 25 to 30 percent of all lung cancers are squamous cell carcinomas, according to the American Cancer Society. These cancers start in early versions of squamous cells, which are flat cells that line the inside of the airways in the lungs. They often are linked to a history of smoking and tend to be found in the middle of the lungs, near a bronchus.

"These are exciting times in oncology for scientists, pharmaceutical companies, oncologists, and especially patients," said Dr. Jack Saux, a medical oncologist and hematologist with Northshore Oncology Associates who also practices at the Cancer Center. "The new testing available to identify the complex genomic abnormalities in tumors has helped in the understanding of cancer-fighting drugs already in use and will promote the advancement of new agents targeting specific genetic drivers in the development and growth of many cancers."

Lung-MAP is a public-private collaboration and includes the National Cancer Institute part of the National Institutes of Health, five pharmaceutical companies (Amgen, Genentech, Pfizer, Astra Zeneca, and Astra Zeneca's global biologics R&D arm, MedImmune) and Foundation Medicine. This innovative approach to clinical testing should improve access to promising drugs for patients and ease the significant recruitment and infrastructure burdens on researchers involved in traditional clinical trials.

This diverse, collaborative approach, with support from leading lung cancer advocacy organizations, helps to ensure that the needs of patients, clinicians, developers and regulators are all considered in the design and operation of the trial. The trial initially will test five experimental drugs. It is anticipated that between 500 and 1,000 patients will be screened per year for over 200 cancer-related genes for genomic alterations. The results of this test will be used to assign each patient to the trial arm that is best matched to their tumor's genomic profile.

For more information on Lung-MAP, contact the Cancer Center Clinical Research Department at 985-276-6843 or [clinicalresearch@marybird.com](mailto:clinicalresearch@marybird.com).

## Ochsner Recognizes 100 at White Coat Ceremony

100 University of Queensland-Ochsner Clinical School students recently continued their educational journey by participating in the White Coat Ceremony, a rite of passage toward their healthcare career. The students officially received their white medical coats at a formal ceremony, symbolizing their official entry into the medical profession. These third-year students are beginning the clinical phase of their medical school training at Ochsner after their first two years of medical school in Brisbane, Australia. They will graduate in December 2016.

Although traditionally done in the first year at American medical schools, the White Coat Ceremony is done in year 3 for UQ-Ochsner Clinical School students as they embark on the clinical phase of their medical school education.

## STPH Welcomes New Physician Associations

St. Tammany Parish Hospital recently welcomed the following physicians to its medical staff:

- Nathan Brown MD, Oral and Maxillofacial Surgery
- Katherine Castle MD, Radiation Oncology
- Gregory Crenshaw MD, Vascular Surgery
- Thomas Gann Jr. MD, Neurology
- Jessica Gonzalez MD, Hospital Medicine
- Stuart Hebert MD, Radiology
- M'Liss Hogan MD, Plastic and Reconstructive Surgery
- Shawn Johnson MD, Orthopedic Surgery
- Mohammad Khan MD, Radiology
- Kiran Mallula MD, Pediatric Cardiology
- Devan G. Szczepanski MD, Family Medicine.

## Rivera Returns as VA CEO

Fernando Oscar Rivera has taken over as the new director and chief executive officer of the Southeast Louisiana Veterans Health Care System, where he will oversee the new \$1 billion VA medical center currently under construction on Canal Street.

Rivera actually began his Department of Veterans Affairs (VA) career in 1984 as a project engineer at the VA Medical Center in New Orleans. In 1993 he was named VA Engineer of the Year and for two consecutive years he was named VA's Communicator of the Year.

While at the New Orleans facility, Rivera held numerous leadership positions and ultimately

# HOSPITAL ROUNDS



**March of Dimes, LHA Recognize STPH** From left: Nicole Norris, STPH NICU and Pediatrics department head; Sharon Moore, STPH New Family center Clinical Coordinator; Katherine Olivard, March of Dimes Division Director-New Orleans area; Frankie Robertson, March of Dimes State Director-Louisiana; Sandra DiPietro, STPH Chief Financial Officer; Becky Patton, STPH Labor and Delivery department head; Kerry Milton, STPH Chief Nursing Officer; Diana Brovold; STPH Women and Children's Services director; Ken Alexander, Louisiana Hospital Association Vice President; and Patti Elish, STPH President and CEO.

became the facility's associate director and chief operating officer. In December 2004, he received a call from VA headquarters informing him that he had been selected as the director of the VA Medical Center in Martinsburg, W.V.

In 2010 Rivera was appointed director of the VA's Capital Healthcare Veterans Integrated Service Network. There he oversaw the operations of four VA medical centers and 18 community based outpatient clinics in Washington, D.C., Maryland, Northern Virginia, and parts of West Virginia and Pennsylvania. He briefly served in VA Central Office as acting Deputy Under Secretary for Health & Operations Management.

## **March of Dimes, LHA Recognize STPH**

The March of Dimes recognized St. Tammany Parish Hospital for reducing the number of early elective deliveries and cesarean births performed before 39 weeks of pregnancy. After reviewing the number of early elective deliveries at STPH, the hospital dedicated a scheduler to ensure delivery criteria is met, educated staff and physicians on the change, and created evidence-based policies.

Beginning in the third quarter of 2012, STPH implemented a "hard stop" for the scheduling of non-medically indicated deliveries before 39 weeks. Every patient is screened for gestational age and any medical reason to be induced early. The initiative helped decrease the amount of elective early

term deliveries to less than 5 percent. This is a 64 percent improvement from previous results prior to implementation of the "hard stop." Additionally, STPH has eliminated neonatal transfers to a higher level of care.

## **Starke Signs with Louisiana Heart Medical Group**

The Louisiana Heart Medical Group (LHMG) announced that it has completed an agreement for clinical integration with Internal Medicine physician Ulrich A. Starke, MD. This agreement represents another step in the growth of the Louisiana Heart Hospital integrated delivery system.

Dr. Starke has practiced since 1990 and is certified by the American Board of Internal Medicine. He received his medical doctorate from Louisiana State University School of Medicine and completed his residency in Internal Medicine at Ochsner Medical Foundation, New Orleans.

## **Golf Tournament Benefits St. Tammany Hospital Foundation**

The St. Tammany Hospital Foundation is registering golfers for its fourth annual Get Lucky! Golf Tournament, to be held April 17 at Tchefuncta Country Club in Covington.

Corporate foursomes and individual players are welcome to sign up. There are only 25 team slots available, so teams are encouraged to register by

April 3. This popular event features food and beverage on the course from local vendors; gifts for every golfer; Longest Drive, Straightest Drive and Closest to the Pin contests; and a chance to win a new car.

This year's Get Lucky! Title sponsor is Canteen Vending Services, while Ochsner Health System is the Lucky Friday Awards Presentation sponsor.

For more information, contact Foundation Specialist Nicole Suhre at 985-898-4171 or nsuhre@stph.org. You can also go to [sthfoundation.org/golf](http://sthfoundation.org/golf).

## **Candlewood Suites Partners with Cancer Center**

Mary Bird Perkins Cancer Center at TGMC has announced the formation of a new community partnership in the fight against cancer. Candlewood Suites, a new business to the Houma community, will generously donate a portion of online bookings of designated rooms to Mary Bird Perkins Cancer Center at TGMC, said Melanie Rasmusson, the Cancer Center's director.

Ten percent of the nightly rate will be donated to the Cancer Center when rooms are booked through [mbptgmc.org/candlewood](http://mbptgmc.org/candlewood).

Candlewood Suites is located at 737 Corporate Drive in Houma.

## **Physicians Appoint Medical Exec. Committee**

Nine area physicians have been selected by their peers to serve on the North Oaks Medical Center Medical Executive Committee for 2015. These officers will serve as liaisons between the North Oaks Medical Staff and North Oaks Health System Board of Commissioners.

Serving as Chief-of-Staff and Chairperson is Family Medicine Physician Gregory J. Allen, MD.

Chief-of-Staff Elect is Oncologist David N. Oubre, MD.

Members-at-Large are Surgeon Ian A. Hodgdon, MD, and Cardiologist James Parker, MD.

The following physicians were appointed in 2013 to fill 2-year terms as departmental chairpersons for 2014-2015:

- Family Medicine Physician Michael Drapcho, MD, will serve as Family Practice Chairperson.
- Pulmonologist Arvind R. Yertha, MD, will serve as Medicine Chairperson.
- Pediatrician Elizabeth H. Fritz, MD, will serve as OB/GYN & Pediatrics Chairperson.
- Urologist Robert B. Kidd, MD, will serve as Surgery Chairperson.
- Emergency Medicine Physician Jay W. Smith, MD, will serve as Emergency Medicine Chairperson. ■



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Suite 302  
504.988.8070 for appt.  
TulaneOBGYN.com

### \*PHYSICIAN ASSISTANT TIMELINE SOURCES

Timeline images courtesy of [www.pahx.org/timeline.html](http://www.pahx.org/timeline.html)

1942 - Eugene Stead and Students, Duke University Medical Center (DUMC) Archives and Physician Assistant History Society

1957 - Thelma Ingles, Duke University Medical Center Archives, Durham, NC

1965 - Bulletin of Duke University, DUMC Archives, Durham, NC (student photo from article "More than a Nurse, Less than a Doctor," September 6, 1966, *Look Magazine*)

1967 - PA Certificate signing, first graduating class, Duke University Medical Center Archives, Durham, NC

1971 - *Physician's Associate Journal*, Library Collection, PA History Society, Johns Creek, GA

1975 - Certificate, National Commission on Certification of Physician Assistants (NCCPA) and the PA History Society, Johns Creek, GA

1987 - National PA Day Pin, Museum Collection, PA History Society, Johns Creek, GA

2010 - President Obama signs Health Insurance Legislation into law. Photo by Pete Souza, from Wikipedia



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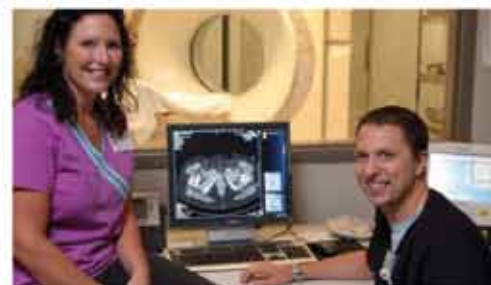
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References:

1. Thomas GS, et al. *Circ Cardiovasc Genet*. 2013;6(2):154-162.
2. Rosenberg S, et al. *Ann Intern Med*. 2010;153:425-434.

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