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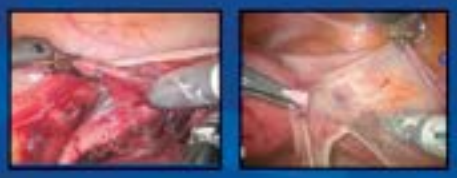

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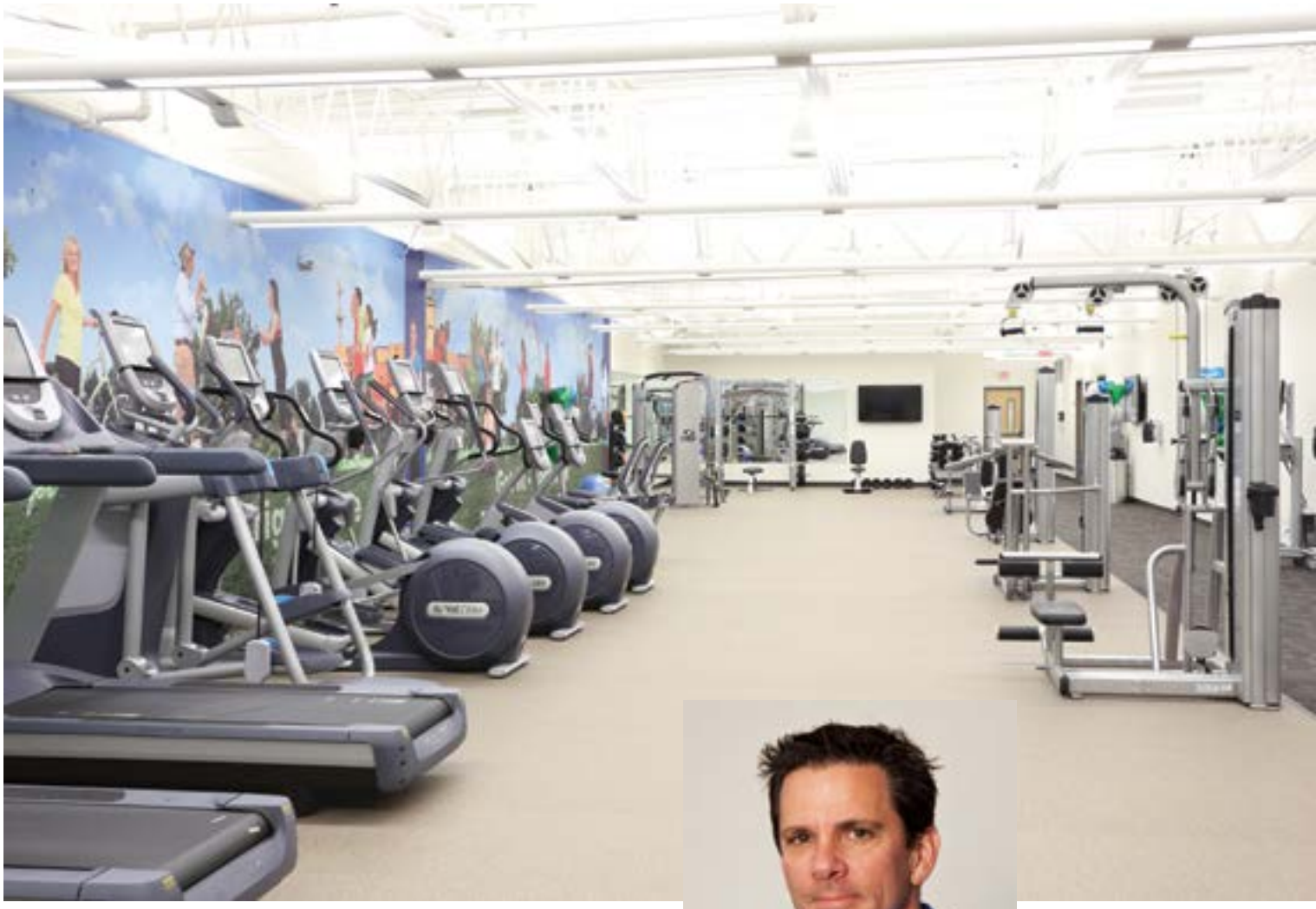

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FEATURES

DEPARTMENTS

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"We have to repeal and replace Obamacare."
- *Donald Trump*

OKAY. HERE WE GO AGAIN.

There is no doubt the passing and implementation of the Affordable Care Act has caused a fair amount of angst among healthcare providers and American citizens throughout the past administration. Nobody quite knew how they were to be affected. Some people were hopeful. Some people were angry and downright scared.

One thing we know is the implementation wasn't easy. It's estimated by *Forbes* that the development and implementation of the Affordable Care website alone is in the range of two billion dollars. Apparently we couldn't find a website company to build the healthcare marketplace site for only one billion dollars. But as usual, I digress.

After all of this hubbub, the Trump administration is now discussing ways to repeal and replace this system. But what does this mean?

At one point, Mr. Trump toyed with the idea of a single-payer system, but he's since backed off that. He has floated ideas of importing prescription drugs, pricing transparency, free-market principles, keeping the prohibition on denying coverage for preexisting conditions, designing Medicaid as a state block grant system, tax exemptions for individuals purchasing their own coverage, and allowing insurers to sell policies across state lines. These are some of the potential ingredients. But, the coordinated balance has yet to be explained.

Trump will need 60 votes in the Senate to get a true repeal and replace. It's not determined yet if he will in fact, seek full repeal and replace as he campaigned on. Even if Trump doesn't achieve repeal and replace, there are many significant changes he can make to the current system, especially considering the power to control much of the funding.

According to the CDC, the uninsured rate is at an all-time low of 8.9%. Also, healthcare premiums have risen, significantly. We are seeing some outcomes of the Affordable Care Act; some we like and some we don't.

But what does this all mean to local hospitals, doctors, and patients? Well, we get to wait and see. Somehow I think whatever direction is chosen will also be wrought with aspects we like and aspects we don't like, but somehow the shock has diminished. Even if we return to the system prior to the Affordable Care Act, it's a system we know. Most people seem to prefer what they know and dislike over what they don't know.

Moving forward, we do know one thing. We know if we treat patients well and skillfully, present ourselves well, and avoid frivolous mistakes, we are much more likely to succeed.

Bottom line – Change is inevitable. The future is unknown. It's just like every other day.

Smith Hartley
Chief Editor
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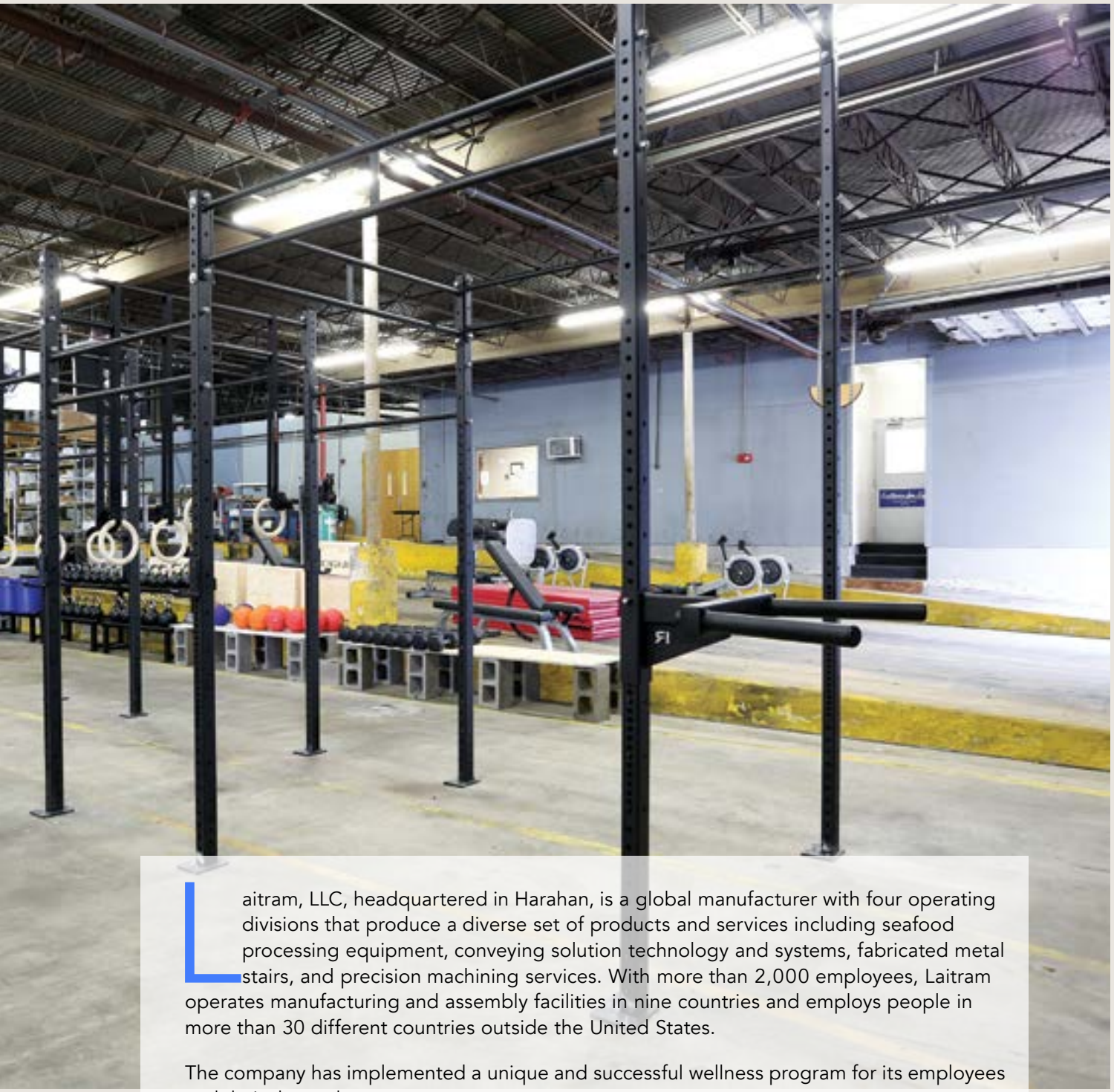
WITH

Franck LaBiche

Human Resources Director/
Corporate Counsel
Laitram, LLC

ONE OF THE ON-SITE WORKOUT AREAS LAITRAM HAS CREATED FOR ITS EMPLOYEES.



Laitram, LLC, headquartered in Harahan, is a global manufacturer with four operating divisions that produce a diverse set of products and services including seafood processing equipment, conveying solution technology and systems, fabricated metal stairs, and precision machining services. With more than 2,000 employees, Laitram operates manufacturing and assembly facilities in nine countries and employs people in more than 30 different countries outside the United States.

The company has implemented a unique and successful wellness program for its employees and their dependents.

Franck LaBiche joined Laitram's legal department in 1995 in a corporate counsel role. Supporting the company's commercial, production, and administration areas, he worked in various areas including labor and employment, benefits, commercial transactions, immigration, and others. LaBiche has also worked alongside Laitram's CFO to manage the company's insurance and risk management program. In 2009, he was volunteered to manage the company's Human Resources group.

CHIEF EDITOR SMITH W. HARTLEY What does it mean to be self-insured?

FRANCK LABICHE Basically from a self-insured perspective you're assuming all the risk of the claims that you incur in your health or other type of benefit plan. So basically you are taking on all that risk unless you put in place a stop loss type of policy to cover any losses above a certain amount, which companies our size typically do. A lot of larger companies do not do that. They will self-insure their total risk. So basically all claims are paid through the assets of the company.

EDITOR And that includes hospital as well?

LABICHE Correct. So in the health plan, you are including basically your medical spend, your pharmacy spend, and then you have your administrative expenses, reinsurance expenses, and for us, we have our on-site health clinic expenses included in that.

EDITOR I guess your protection is your stop loss?

LABICHE Correct. We have a $250,000 per member, per year stop loss, so as an individual if I incur $250,000 in losses the company will pay that amount. Then above that we have a reinsurance company that will pay any claims above that amount in a given year.

EDITOR Let's talk a little bit about the on-site clinic. That's a little bit unusual for a company. How much does it cost, how is it staffed, and how does it pay for itself?

LABICHE The emphasis behind the clinic from our perspective was that we were seeing our medical premiums for our employees trending up, from 2005 to 2011, roughly 40%. We knew that would be really unsustainable in a sense that something would have to give. Either we would have to pass on more premium to the employee or we might have to reduce our benefits. So with the on-site clinic what we were trying to do is create better or greater control over ourselves and our employees in their healthcare and wellness. So we are trying to get employees engaged with the health center, with the practitioners. What you are doing is you are basically creating a fixed cost, so you create that control and you are trying to redirect behavior and engagement from more expensive providers.

Think about when you have an acute type situation you are possibly going to urgent care, the ENT, in some situations folks will go to the emergency room, so you are spending a lot more on care or conditions that could be treated at the health center by a nurse practitioner. At our health center, you can really set these up depending on what your resources are, what your anticipated capacity is. Our health center is currently staffed by one full-time nurse practitioner, one part-time nurse practitioner, and a medical assistant. When we started however, we actually started out with one part-time nurse practitioner and a medical assistant, but we quickly reached capacity within about three months. So we moved those folks to full-time and within the year we were looking to bring on another nurse practitioner.

So the cost is obviously relative to the capital expenditure that you want to put into the health center. You can really convert an office into a health center, just a standalone office, or you can go very elaborate. Some health centers have X-ray services and a lot of other amenities that we don't have. A lot of those are trying to do things like occupational medicine and may have much larger populations than we do.

The Health and Wellness Team at Laitram includes two nurse practitioners, a medical assistant, two personal trainers and a dietician.

of negotiating all the imaging and lab and those sorts of things?

LABICHE From an imaging perspective, things that are outside the health center, would fall under our health plan. The third party administrator, since we are self-insured, is Highmark of Pennsylvania. They are a Blue Cross and Blue Shield provider so we basically use the Blue network in Louisiana and any other state where we have employees. And they follow the typical insurance model where they are negotiating in-network providers with local hospitals and physicians. So anything that can't be done in the clinic, most of the time employees will use those in-network negotiated rate providers.

EDITOR How is this communicated to employees? Is it done in a way that you tell them the clinic is now their primary care provider?

So it all depends on the scale you are trying to achieve and the resources that you have. Our health center costs from an annual operating perspective, is roughly $500,000, but it's actually, when you go look at our budget, the smallest expense in our healthcare spending, our whole healthcare budget. Hopefully, we are by creating that fixed cost because we can put as many people through the clinic as capacity allows with the same cost. So the more people we redirect from higher cost providers, the more we are going to save long term and of course, we are hopefully engaging those folks from a wellness and behavioral aspect to improve their health and well-being long term, thereby reducing costs even further.

EDITOR Do you go through the process

"The emphasis behind the clinic from our perspective was that we were seeing our medical premiums for our employees trending up, from 2005 to 2011, roughly 40%. We knew that would be really unsustainable in a sense that something would have to give. "

LABICHE What we wanted to do with the health centers, we wanted to really, as much as possible, remove any barriers to access. One of the things we care about with the current state of affairs with healthcare is that access can sometimes be limited. So we wanted to prevent that as much as possible. With our health center if you are on the Laitram health plan you can go to the health center at no charge; you are not paying any copay or any deductible to go visit the health center. And you can visit as much as you want.

We also dispense roughly 30 generic medications from the health center that the nurse practitioners are allowed to dispense at no charge. Again, there's no cost for getting those medications. And if they don't have the medication they can always send in an electronic scrip to their local pharmacy, be it Walmart or Walgreens, or whatever it may be.

So what we have tried to do when we are messaging this to employees and supervisors is when someone has to leave the campus to go to an offsite provider we say that on average that's roughly two and a half hours lost time or lost productivity both from our standpoint and the employee's standpoint. And a lot of times those employees may not come back depending on the type of doctor or visit they have. By going to the health center we don't have any walk-in appointments, so everything is by appointment. Once you arrive you are seen immediately and then you are back at your work station or desk within 20 to 30 minutes. So we have a lot of productivity gains by having the health center. Also, for employees, which is a big benefit and reduces that barrier to access, is they remain on the clock. So they are being paid for the time they are at the health center. There is no incentive not to go to the health center. You are actually incentivized to go to the health center by being paid versus having to take PTO time if you have to leave the campus to go to a personal physician.

EDITOR **I imagine this system encourages a focus on wellness.**

LABICHE It's a focus on wellness, but it's really a focus on behavior. Poor behavior with respect to lack of physical activity or poor nutrition typically drives chronic disease, which is the driver for most costs under our health plan and I think you would find in most health plans. We know that in order to reduce that risk we have to change behavior, so we are always trying to focus on how we can engage employees to change their behavior and by doing so we improve their wellness.

EDITOR **And that's probably one of the million dollar questions. In the state of Louisiana everybody likes food and drink so how do you address that?**

LABICHE Yes, we are usually at the bottom of most lists. We know that at our company more than 50% of our employees are over 40. Obviously when you live in New Orleans there's a lot of great food to eat all the time, but we also have a lot of individuals who have been sedentary for the majority of their life or at least their adult life. So if you think about how difficult it is to change that behavior, it's not a very easy battle to win in order to change people. They've not eaten well or exercised at all for a good part or the majority of their adult life so you are fighting an uphill battle to start, and then also given our demographics. We treat it as a journey or a marathon; we know we have a long way to go. We are really early in the program; we're in our fourth year. We've seen some significant gains, but we know we still have a long way to go.

> "Our health center costs, from an annual operating perspective, roughly $500,000, but it's actually, when you go look at our budget, the smallest expense in our healthcare spending, our whole healthcare budget."

Laitram employees can attend free healthy cooking classes.

EDITOR With regard to encouraging wellness, what are some of the motivations that are working? Are they financial, peer pressure, health-driven?

LABICHE We have a little of all that. There's always the question is it the carrot or the stick approach to this? I think when you talk to people that have wellness programs you can find success both ways. And we have an element of each. When I talk to our employees I try to talk to them about accountability and what I try to make them understand is in the world of employer-provided healthcare really you are just talking about one risk pool. And people really don't in general I think, understand how their behavior or actions impact that risk pool and ultimately impact the cost to themselves and the company by way of premiums and how that aligns.

So we try to bring it back to when they are in the outside world purchasing products for themselves such as auto insurance and life insurance and homeowner's insurance. We try to make them understand or at least tie it to those items so that they know when they go to try and purchase that type of insurance they have to answer questions and have to basically create a risk profile. That risk profile drives their premium. When you explain it to them that way the light bulb kind of goes off and they start to understand how their individual behavior drives the risk in the pool for our plan, which ultimately drives premiums.

So we try to create some accountability through biometric screenings. We require employees every year to do biometric screenings, to do an online health assessment, and then every other year they have to have at least one health coaching visit with one of the nurse practitioners. If they don't do that then they are going to pay more in premiums. So that's where we try to create that accountability for both the employee and the spouse on the plan.

We also try to do a lot of things that create more of a community. We have an on-site fitness center where we have group exercise classes, we have group training with personal trainers, we have a registered dietician. And we use some technology to create a community around an exercise program

"We see a lot of productivity gains with people not having to leave the campus. We have roughly 250 to 300 visits to the health center a month..."

we call MyZone, which is a heart monitoring system that basically operates something like Facebook where you can see others' workouts, you can send comments about a workout, you can like a workout. So we try to create that peer pressure you talked about earlier, but in the context of a kind of community, a wellness community.

EDITOR **So basically you do have a metric of some sort to measure the wellness and health outcomes?**

LABICHE Right. The company that runs the on-site health center is Marathon Health, out of Vermont. So they are constantly crunching the data to evaluate our metrics to see where we are actually moving the needle in different areas and they are calculating an ROI on the investment of the health center. You know some assumptions of course go into those calculations, but over time they are trying to project for us what the savings are that we have with the health center.

And we have a lot of visible success stories...there are a number of employees who have done great things with either their weight or their diet or their physical fitness in connection with this program so we see a lot of benefits to that. We see a lot of productivity gains with people not having to leave the campus. We have roughly 250 to 300 visits to the health center a month and if you multiply that by 2 ½ hours you can get to the number on the productivity side that we're gaining with that. So yes, there are a lot of metrics that get generated out of the data that we are able to obtain from both Marathon Health and Highmark, who administers our plan.

EDITOR **After all the numbers are crunched and you look at the expenses of having a clinic, and a fitness center, and staff, when you compare that to the traditional insurance system can you confidently say this is a financially successful program for your company?**

LABICHE If I look at some of the metrics that we trace...I can't go into them all obviously here...but we look at things like specialty care visits. We have reduced our specialty care visits from 7.3 to 3.5 per health plan member, per year. We've reduced our ER visits from 230 to roughly 170. The projected ROI we calculated over three years was roughly over $7 million assuming our pre- go-live trend of 13% that we were incurring before we put the health center on site. So yes we believe that the health center, and as I said it's the lowest cost of our plan, has definitely provided the payback that we wanted to, both from some of those quantifiable costs, but then you get into some of those soft costs that are harder to quantify from a number perspective, but we know are there–retention, recruiting, things of that nature that employees say, "Hey, that's something that nobody else is doing in this area."

EDITOR **Since you have looked at this a lot and you have looked at the numbers a lot, Laitram has 2000 - 3000 employees, how many employees do you think are needed for this program? Do you think that maybe other companies might be interested in something like this or maybe co-oping with each other to create something?**

LABICHE Sure. When we talked to Marathon Health, they say that the scale you need is 500 employees because you are typically going to bring in spouses and dependents also so they can utilize the clinic. But there are opportunities to co-op, if they are a smaller company within the same geographical area and can align along their values and what they want to get out of the health center. Some companies have remote sites that they will use a traveling nurse practitioner or RN to handle those folks. And of course you can always go part-time. You don't have to always have your health center fully staffed from the get-go. So there are different ways to reduce the cost in order to fit the individual company's needs or budget. But roughly, we have always heard around 500 is the starting point.

EDITOR **Do you think this might be a future trend for companies?**

LABICHE I think as healthcare continues in its current state with the trend they are seeing in the opportunity to add these clinics, I definitely see that there is going to be an increase. And we have seen more vendors coming into the market. We hear from Marathon Health that they continue to increase their book of business so I think there's a great opportunity for this market to continue to grow. ■

"We have reduced our specialty care visits from 7.3 to 3.5 per health plan member, per year. We've reduced our ER visits from 230 to roughly 170…So yes we believe that the health center, and as I said it's the lowest cost of our plan, has definitely provided the payback that we wanted…"

LACHIP, MEDICAID, AND THE FUTURE OF CHILDREN'S HEALTHCARE IN LOUISIANA

By Claudia S. Copeland, PhD

Could CHIP Be Chopped?

LaCHIP, Louisiana's children's health program, provides healthcare for more than 130,000 children from low-to middle-income families on top of the more than 600,000 children covered by traditional Medicaid. CHIP, the joint federal-state Children's Health Insurance Program that provides funding for LaCHIP, was created to complement Medicaid's mission of providing healthcare to low-income children. CHIP filled a gap by providing coverage for children from families earning too much to qualify for Medicaid, but too little to afford private health insurance. In Louisiana, the LaCHIP program has allowed working-class and small-business owning families to receive the same care as traditional Medicaid-eligible families, either for free or at an affordable cost, for almost two decades. Federal funding for CHIP, however, is set to expire in 2017. In the current climate of political uncertainty, LaCHIP's future is in question—what would happen if federal funding for CHIP failed to be reauthorized?

One way to look at the consequences of CHIP nonrenewal or funding cuts is to revisit Louisiana in the years before CHIP existed. In November of 1998, when LaCHIP was first introduced, Louisiana had the third highest rate of uninsured children, according to former Medicaid director Ruth Kennedy.

Today, Louisiana is among the leading states for lowest rate of uninsured children nationwide, with only Illinois, New Jersey, and Michigan reporting lower percentages of uninsured individuals in the 0-18 age range, according to the Kaiser Family Foundation.

What is LaCHIP?

Before 1998, healthcare coverage was provided to very low-income children through traditional Medicaid. Created in 1965, Medicaid is provided on the basis of income and age thresholds that are the same throughout the U.S. There are no per-state caps on spending, so anyone who falls within the income and age limits will receive Medicaid. CHIP was introduced in 1997 to address the needs of children whose families earned too much to qualify for traditional Medicaid, but who could also not afford private health insurance. Many small business owners and hourly wage earners fall into this category, as do creative professionals like musicians and artists. Unlike traditional Medicaid, the federal funding for the program is provided as block grants, with considerable flexibility given to states in how to implement the funds.

CHIP was introduced in 1997 to address the needs of children whose families earned too much to qualify for traditional Medicaid, but who could also not afford private health insurance.

In Louisiana, CHIP-funded care is provided through expanding the Medicaid system to accommodate lower-to-middle income families. (In other states, other models and practices are employed–some states address the funding limitations through waiting lists, for example.) Louisiana has been nationally recognized for its continued work in expanding eligibility, enrollment, and retention; for example, expanding eligibility from 133% of the Federal Poverty Level to 200% FPL in 2001, and providing coverage to pregnant women through the LA-MOMS program in 2002.

LACHIP AFFORDABLE PLAN. In addition to free LaCHIP coverage for families earning up to 200% of the Federal Poverty Level, in 2007, Louisiana expanded coverage to many middle-income families through a low-premium ($50/month) plan called the LaCHIP Affordable Plan, a non-Medicaid plan administered through the state's Office of Group Benefits. Coverage eligibility limits are generous, designed to ensure that all children in the state have access to healthcare. For example, a family of four can earn up to $61,968 annually and still be eligible for the LaCHIP Affordable Plan.

CHIPRA and MACRA. By 2008,

CHIP, originally designed to be funded by a tobacco tax, was facing shortfalls in several states. The CHIP Reauthorization Act, or CHIPRA, was enacted in 2009 to extend and improve CHIP coverage, while mandating increased vigilance; for example, requiring allotments to be reassessed every two years on the basis of the amount of care actually provided by the states. The new authorization was generous, allowing and incentivizing expansion to more children, and Louisiana took advantage of most of the provisions. (One notable exception: while CHIPRA explicitly allows Medicaid/CHIP coverage for legally resident immigrant children and pregnant women in their first five years in the United States, Louisiana chose to retain the previous 5-year waiting period for new immigrants.) In 2015, CHIP was once again extended through the Medicare Access and CHIP Reauthorization Act of 2015, or MACRA. Meanwhile, as part of the ACA, CHIP programs' funding was mandated to increase by 23% starting in October 2015, raising the federal share of CHIP funding for Louisiana to 96%.

Together, LaCHIP and the LaCHIP Affordable Plan were designed so that, with the exception of new immigrants, there would essentially be no economic reason any child lawfully residing in Louisiana should be uninsured. However, there are social/psychological reasons for not enrolling—from a lack of knowledge about the program to a sense of "pride" that repels some families from taking advantage of public services.

According to the Urban Institute, Louisiana has been unique among states in its proactive approach to such issues: "A critical factor that has permitted Louisiana's success over the last decade has been the significant effort to change the 'culture' of the eligibility staff that performs these functions for Medicaid/LaCHIP. Specifically, this change involved reshaping staff attitudes toward eligibility, and moving away from a gatekeeper frame of mind toward a more facilitative, client-centered approach aimed at making enrollment and renewal processes as minimally burdensome as possible. To accomplish this goal, DHH drew upon the expertise and experience of those working in the field—the Medicaid analysts themselves—to solicit their input on process improvements."

Outreach efforts have included participation in health fairs and community gatherings, distribution of flyers with key messages such as "applying for LaCHIP is easy!", and the branding of both Medicaid and LaCHIP as a single, seamless program. While the behind-the-scenes structure of the two programs (traditional Medicaid vs. block-grant funded CHIP) are very different, consumers generally have no idea whether their children are enrolled in traditional Medicaid or CHIP—it is all called LaCHIP and treated as a unified program, a single application, single renewal process, and single program in terms of the healthcare provided to the children.

LaCHIP beyond 2017?

The outlook for U.S. healthcare in the coming years is, at the moment, a big question mark, and this extends to children's healthcare programs. The ACA specified the continuation of the federal CHIP matching rate through 2019, but this guarantee will disappear if the ACA is repealed. In addition, while it authorized the program through 2019, federal funding has not been allocated past September of 2017. Trump campaign promises included repealing and replacing the ACA, but few details have been offered on how healthcare will be restructured, either for adults or children.

The outlook for U.S. healthcare in the coming years is, at the moment, a big question mark, and this extends to children's healthcare programs. The ACA specified the continuation of the federal CHIP matching rate through 2019, but this guarantee will disappear if the ACA is repealed.

Dr. Rebekah Gee

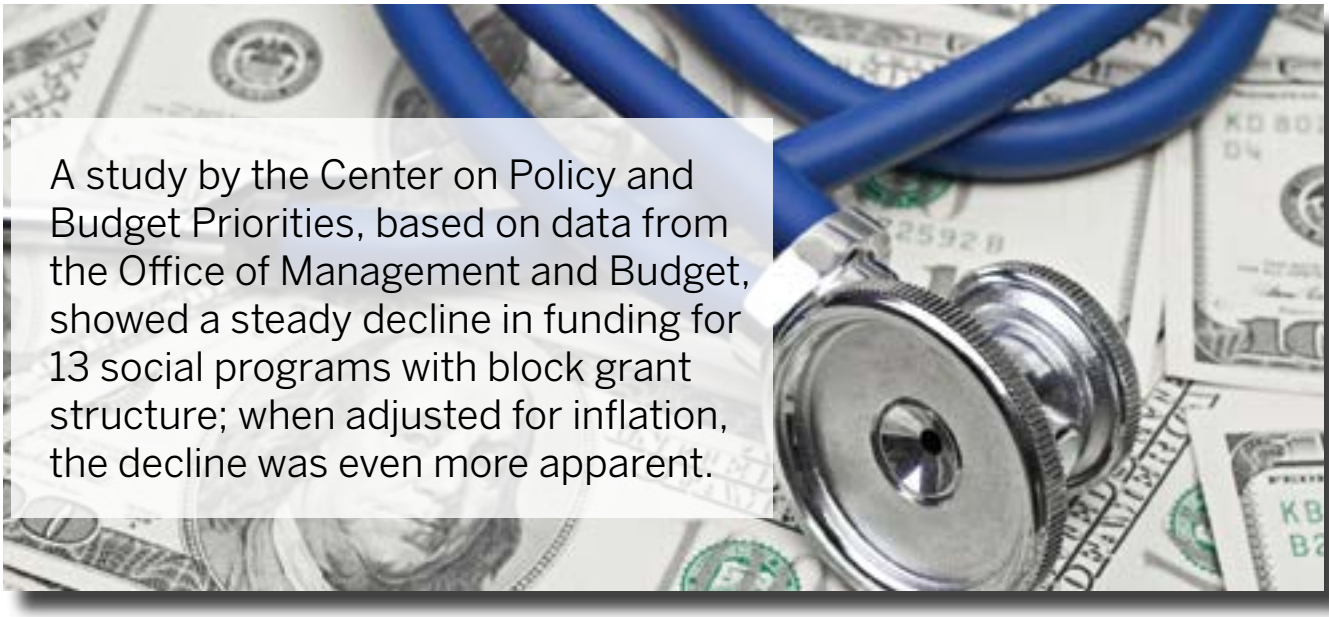
"While it is much too early to speculate about President-elect Trump's health care plans – especially as they relate to the Affordable Care Act – we are aware of existing plans that call for reduced federal funding for the Children's Health Insurance Program, the elimination of federal funding for Medicaid expansion to low-income adults in states such as Louisiana, and plans that would make Medicaid a block grant program."

While the most immediate concern of the Louisiana Department of Health is adult Medicaid expansion, a key component of the ACA brought to Louisiana last summer and now under direct threat, the future of our children's healthcare programs is also uncertain. According to Dr. Rebekah Gee, Secretary of the Louisiana Department of Health, "While it is much too early to speculate about President-elect Trump's health care plans – especially as they relate to the Affordable Care Act – we are aware of existing plans that call for reduced federal funding for the Children's Health Insurance Program, the elimination of federal funding for Medicaid expansion to low-income adults in states such as Louisiana, and plans that would make Medicaid a block grant program. We are currently analyzing the financial impact to the state for each of the different options that have been proposed so far. Also, the Department and the Edwards Administration are sharing our concerns, and the impact to Louisiana and its health care community, with our legislative delegation, and we are committed to working with President-elect Trump's Administration to ensure continued access to affordable health care to Louisiana residents."

Both CHIP and Medicaid are funded jointly by the federal government and states, but not in the same way. The federal share of funding for CHIP has been consistently higher than that for Medicaid, and while the federal share of Medicaid funding has been essentially level for the past several years, CHIP federal funding has steadily risen, from just over 72% to over 96%. This high level of funding has allowed Louisiana to expand LaCHIP into the robust program it is today, but it also means that the impact will be harder if that funding is not renewed in 2017. Furthermore, a proposal to switch traditional Medicaid funding to block grants, one of the seven cornerstones of the Trump healthcare policy, could have key implications for the future of LaCHIP as a whole.

The problem with block grants

The success of LaCHIP is undisputed.



A study by the Center on Policy and Budget Priorities, based on data from the Office of Management and Budget, showed a steady decline in funding for 13 social programs with block grant structure; when adjusted for inflation, the decline was even more apparent.

However, the fact that the CHIP portion is built on a foundation of federal block grants builds in a degree of instability that would only be increased if the Medicaid portion were to be switched to a similar structure. Block grants provide funding as capped allotments, meaning that once the funds run out, the state will be responsible for any remaining costs. Block grant proponents tout this structure as allowing states—assumed to know their people's needs better than the federal government—to choose how best to administer social programs. While the CHIP grants have been well-funded in recent years, the inherent structure of block grants makes them uniquely susceptible to budget cuts and fiscal erosion.

A study by the Center on Policy and Budget Priorities, based on data from the Office of Management and Budget, showed a steady decline in funding for 13 social programs with block grant structure; when adjusted for inflation. In general, when block grants are first used to replace traditionally funded programs, they are structured to provide the same amount of funding as the previous version of the program. However, over time, they tend not to keep up with inflation and population growth—most block-granted programs show a steady decline in real funding over time.

In addition, all funds with built-in flexibility are more vulnerable to being "raided" than strictly allocated funding. Diversion of funding away from clearly intended purposes is far from unknown in Louisiana; in one health-related example, according to a 2012 Urban Institute report, several million dollars in performance bonuses for excellence in the management and expansion of the LaCHIP program did not go back into the program; instead, the money went directly into the General Fund to fill budget shortfalls.

In addition to the issue of instability, conversion of Medicaid to a block grant structure would be problematic because, in times of economic stress, block-grant funded programs are not forced to respond when they are needed most. For example, during 2008-2009, the unemployment rate skyrocketed. In response, SNAP program ("foodstamps"; a traditionally funded program) expenditures grew steadily, and have since declined along with the unemployment rate. In contrast, TANF (Temporary Assistance to Needy Families), funded with a block-grant structure, rose by only 13% in response to a 200% increase in unemployment. The flexibility of the TANF funding was originally touted as a mechanism for states to take innovative approaches like job training and childcare.

None of these reforms have materialized, though—the percentage of funding allocated for such services has declined since changing from the previous program, AFDC, to the block-grant funded TANF. If economic hard times were to hit Louisiana families, capped funding for traditional Medicaid could mean a shortfall in funding for the state's poorest children, creating pressure to lower income thresholds for CHIP to allow those funds to be used for low income children formerly insured through traditional Medicaid.

Families, Insurance Companies, and Hospitals

While CHIP funding cuts would hurt low- to middle-income families, recipients would not be the only entities to be affected. The five insurance providers for the program—Aetna Better Health of Louisiana, Amerigroup Louisiana, Inc.,

Children can be insured for less than a quarter of the cost of insuring the elderly and less than a sixth of the cost of insuring disabled adults.

AmeriHealth Caritas Louisiana, Inc., Louisiana Healthcare Connections, and UnitedHealthcare Community Plan—would be directly affected by cuts. On the other hand, other insurance companies might actually come out ahead, since children are medically inexpensive and perhaps some of the former CHIP population would move to private insurance. Most families in the LaCHIP program, however, will most likely revert to being uninsured if they lose their public health insurance. In the past, the healthcare behavior of this population has tended towards forgoing primary and preventative care. Then, when severe sickness or injury strikes, they seek care at the local emergency department.

Since 1986, when the Emergency Medical Treatment and Labor Act (EMTALA) was passed as an unfunded mandate, emergency departments have been required to screen and stabilize all patients, regardless of their ability to pay. In the past, many uninsured families turned to emergency rooms as the only care available for their kids, saddling hospitals located in low-income areas with staggering uncompensated care costs. Such hospitals, known as safety-net facilities, made up only 2% of acute care hospitals, but provided 20% of uncompensated care to the uninsured before the ACA. In the past, the associated costs were partially offset by federal funding known as the disproportionate share hospital program, or DSH. DSH funds, however, are being steadily reduced in line with increased insurance coverage through ACA-based insurance subsidies and Medicaid expansion. If the ACA is repealed, will DSH funds be reinstated? If they are not reinstated, will there be any other, new mechanism to compensate safety-net hospitals for treating uninsured patients in their emergency rooms?

The low cost of insuring children through Medicaid. Amid all of the complicated legislative and financial details surrounding children's healthcare, it is easy to forget one simple fact: providing children with healthcare coverage through Medicaid is cheap, relatively speaking. Medicaid has very low administrative costs, and while children make up 44% of Medicaid enrollment, they generate only 19% of Medicaid expenditures, because they incur fewer costs than other groups. The cost per child as of 2015 was less than $125 per child per month. Children can be insured for less than a quarter of the cost of insuring the elderly and less than a sixth of the cost of insuring disabled adults. The vast majority of LaCHIP care is preventative and primary healthcare, which is relatively inexpensive. For this and many other reasons, the wise and compassionate choice for 2017 is clear: retain the CHIP program, for the sake of families, insurance companies, and hospitals, but most of all, for the children themselves. ■

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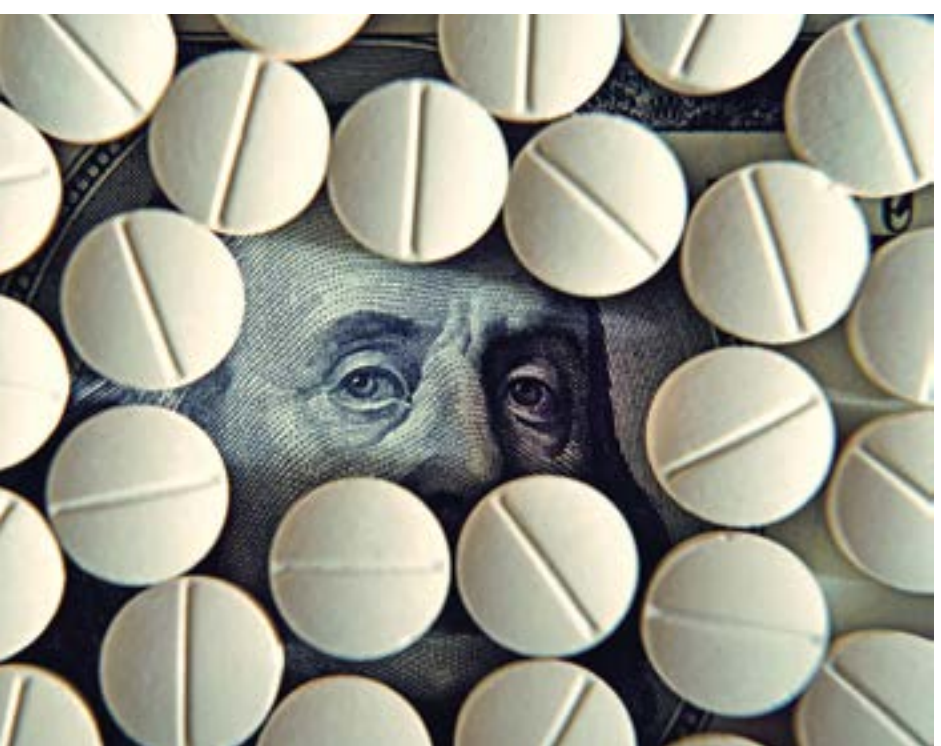
A bill that would speed up approval for medications and medical devices shows how a major initiative can get traction even in the midst of Washington gridlock – but critics say all the lobbying is drowning out some warnings about patient safety.

Would Washington's FDA Fix Cure the Patients *or* the Drug Industry?

By **Alec MacGillis**
ProPublica, Nov. 30, 2016
(Update: This legislation was passed and signed into law in December 2016)



THIS WEEK, Congress is taking back up a sweeping bill introduced last year that would expand medical research funding while also loosening the regulations for approving new drugs and medical devices. While the legislation has undergone revisions, it still includes many of the deregulatory provisions that have drawn criticism from some consumer safety advocates. Back in October 2015, we detailed the bill's origins and the massive lobbying push by the drug and device industry supporting it.

This might seem to be a rough political patch for the pharmaceutical and medical device industries. The exponential price increases of several drugs have brought scrutiny to the overall rise in drug costs and have prompted several 2016 candidates, most notably Hillary Clinton, to vow action to rein in the industry. Meanwhile, thousands of complaints are pouring into the Food and Drug Administration about a contraceptive implant made by Bayer.

In Congress, however, things are looking better for the manufacturers. Legislation is advancing that would speed up the FDA's approval process for medications and medical devices, offering a rare example of how major initiatives can get traction even in today's gridlocked Washington.

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The industry has mounted a major lobbying and public relations push for the 21st Century Cures Act. The bill, in turn, has garnered an unusually broad range of support, ranging from Republican lawmakers and conservative think tanks to the White House, patient advocacy groups, Democrats and nonprofit organizations that are typically leery of deregulatory efforts by industry. One reason: Lawmakers softened up the usual opponents of looser rules with a big carrot – billions of dollars in new federal medical research funding for the National Institutes of Health. After years of austerity, that money is awfully difficult to turn down.

But the enthusiasts have left a small band of critics warning that bipartisan consensus does not necessarily affirm the bill's worth. Far from showing that Washington can still get big things done, they say, it shows how a lobby can blow past skeptics if the pot of resources is sweet enough. They maintain that the bill, which easily passed the House in July and has a counterpart soon to be introduced in the Senate, hasn't received the scrutiny that such sweeping legislation deserves.

"Expanding NIH funding in a substantive amount is a grand and wonderful thing," said Susan Wood, a former assistant FDA commissioner for women's health who is now a professor at George Washington University. "But the price of that expansion should not be the gutting of the FDA."

Wood's criticism is echoed by other former FDA officials including David Kessler, who was appointed commissioner by President George H.W. Bush, as well as by two Harvard medical school professors who argued in a leading journal that the bill "could lead to the approval of drugs and devices that are less safe or effective than existing criteria would permit."

For their part, the bill's proponents say it would spur innovation, particularly when it comes to finding cures for rare diseases – of the 10,000 or so known diseases, 7,000 are considered rare and treatments exist for only 500. Francis Collins, director of the NIH and a leading champion of the bill, says it now takes "around 14 years and $2 billion or more" to develop a new drug and notes that all but five percent of drugs fail during development.

If the legislation passes the Senate and is signed by President Obama, the FDA would be encouraged to develop faster routes to the approval of new products. Under the current system, most new drugs and devices must pass through multiple levels of clinical trials that can take years to conclude. One alternative would be to make more frequent use of so-called "biomarkers" that gauge physical responses to a drug rather than waiting for the final results from a patient trial.

To increase the incentive for drug makers to seek cures for rare diseases, the bill also would grant an extra period of exclusive marketing rights to a company if an existing drug were approved to treat a rare disease after having been previously approved for a different disease.

"The 21st Century Cures legislation is viewed very positively by both political parties and the public at large," said Michael

Castle, a former House Republican from Delaware who is the vice chairman of Research America, an organization that lobbies for biomedical research funding. "If you get down to a list of substantive legislation that has actually a chance of passage now, something like 21st Century Cures is very high on that list."

The legislation is responding, in part, to the demand from many patients' groups for medical breakthroughs. "It doesn't mean you give the industry free rein, but are you really protecting the public if you're preventing real cures from getting to them?" said Brian Baird, a former Democratic congressman from Washington state who supports the bill.

The bill's critics have argued that the FDA has already greatly streamlined its approval processes. A recent analysis by Forbes found that so far this year the FDA has rejected only three never-before marketed drugs, and approved 25, an approval rate of 89 percent, up from 66 percent just seven years ago. "We're the fastest regulatory agency in the world," said Gregg Gonsalves, a prominent HIV activist now working as a research scholar at Yale Law School. "Pharma would just be very pleased to do less work for more gain."

Stephen Ostroff, now the FDA's interim commissioner, has said the agency initially had concerns about the House bill, but that officials were reassured by revisions. The version that passed would only encourage the agency to use the alternate approval methods, rather than require them. Still, critics note that the FDA would get only $550 million to administer the new approval processes, far less than it says it needs to do so properly.

The legislation has its roots in a longstanding push by conservative groups to liberate drug and device development from red tape. "Now, I don't want to get your hopes up, but Phase Three, maybe we'll take out FDA," said Newt Gingrich during the Republican Revolution of 1994, when he also called the agency the nation's "leading job killer." More recently, the deregulatory crusade against the FDA has been led by conservative think tanks such as the Goldwater Institute and Manhattan Institute, which launched its "Project FDA" to reform the agency so that it provides a "more predictable, transparent, and efficient pathway" for new medications and devices.

The cause was taken up in Congress over the last couple years by House Energy and Commerce Committee Chairman Fred Upton, a Michigan Republican who will be giving up his gavel to term limits next year and is, his colleagues say, eager for a major legislative capstone before he leaves. Upton has received major backing from the drug and device industries—in the last election cycle, they contributed about $370,000 to him and his associated political action committee, according to the Center for Responsive Politics, more than all but two other business sectors.

Besides campaign contributions, the industry has invested in lobbying. The Pharmaceutical Research and Manufacturing Association, which represents drug makers, increased its quarterly lobbying from $3.96 million to $5.44 million as Upton prepared to release the legislation early this year. The Advanced Medical Technology Association, which represents device makers, increased its quarterly lobbying spending from $550,000 to $740,000 in the same period. Drug and device makers themselves also increased their lobbying expenditures, the records show.

But the key for the legislation's proponents has been to earn support beyond Republicans and the industry. Early on, Upton enlisted help in crafting the bill from Rep. Diana DeGette, a Colorado Democrat, for whom the legislation was a chance to make a mark on the Energy and Commerce committee, and Rep. Gene Green, a Texas Democrat whose physician daughter took great interest in aspects of the bill.

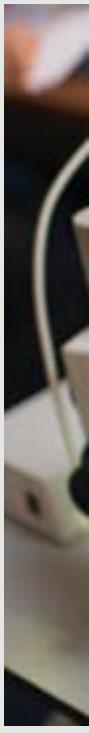
Then many other Democrats, including New Jersey's Frank Pallone, the ranking member on Energy and Commerce, lined up behind the legislation when Republicans in June added nearly $9 billion in new support for the NIH over the next five years. The agency has seen its funding essentially flat-line for more than a decade at about $30 billion per year. Pallone did manage to scale back many of the "marketing exclusivity" provisions.

The legislation has its roots in a longstanding push by conservative groups to liberate drug and device development from red tape.

The NIH money also brought the bill support from patient advocacy organizations, from the American Cancer Society to smaller groups seeking cures for rare diseases, which the bill's proponents say would benefit particularly from the deregulatory reforms.

"I don't see this as a pro-industry bill," said Ellen Sigal, the founder and chairwoman of the Friends of Cancer Research. "It's a bill for innovation and research at basic levels." She added: "It's hard, frankly, not to support it. There are very few people who are not supporting it."

The promised NIH money also brought on board major universities, which carry out about $15 billion of all NIH-funded research. "It was the investment in NIH that led everyone to get behind it," said Atul Grover, chief public policy officer at the Association of American Medical Colleges. "As soon as we talked about innovation, people said, look, you can try to grease the skids on the approval process, but if we're not investing as a nation in research, then this other stuff



is not going to make much difference. You have to invest in cures to get them."

The list of entities lobbying on the bill now runs to about 1,800 quarterly entries in the Senate's lobbying database, with more than 1,100 lobbyists registered as working on it, which is staggering even by the standards of Washington. And what has been so beneficial for the legislation is that the vast majority of those entities are not companies or trade associations, which are motivated by bottom-line demands, but patient groups and universities, which have a far more neutral sheen.

"Members of Congress who wouldn't be responsive to pharma's lobbying did respond to universities' lobbying or to patients' lobbying," said Diana Zuckerman, president of the National Center for Health Research, an advocacy group that has spoken out against the legislation. "It was a perfect storm of lobbying."

In fact, there is considerable overlap between the sets of advocates. Drug and device makers have long provided financial support to many patient and disease groups—some of the money that those groups are spending in pushing for the legislation is also coming from industry coffers. Similarly, many academic researchers whose institutions are lobbying for the legislation in Washington have received consulting and speaking fees from the industry.

The lobbying has also gotten a big boost from Michael Milken, the former junk-bond king who took up the cause of medical research after surviving prostate cancer. Milken has been hosting events in Lake Tahoe, New York, and elsewhere to bring members of Congress together with researchers, patient advocates and industry executives who support the bill.

Meanwhile, an array of the bill's promoters, including industry representatives, patient groups and scientific associations, are monitoring the legislation's progress in weekly conference calls and monthly meetings at the office of the American Association of Medical Colleges, regular contacts that the association says it has been hosting for years to push for funding.

The overlap was on display recently at the annual luncheon for one of the nonprofit groups backing the bill, Research America. At the Newseum in Washington, dozens of industry officials, patient advocates and academic researchers mingled with the event's sponsors, which included the drug companies Astellas, Shire, Janssen, Celgene and Gilead, as well as AdvaMed, the device lobby. Various panel discussions ranged widely across the challenges facing medical research, but throughout the event there was a steady drumbeat urging those in attendance to keep pushing Congress to pass 21st Century Cures.

"We want them to hear us in the Capitol," said Research America director Mary

"As soon as we talked about innovation, people said, look, you can try to grease the skids on the approval process, but if we're not investing as a nation in research, then this other stuff is not going to make much difference. You have to invest in cures to get them."

Woolley as she kicked off the event. "Decisions made just a few blocks from here this fall will be consequential." (Research America itself receives support from the industry to help cover its costs, which includes Woolley's roughly $500,000 in annual compensation.)

She was followed by Jeffrey Bloss, Astellas' senior vice president for medical affairs, who hailed the "groundswell of support" and "massive effort" for the bill. "We need to count on your impassioned advocacy for these changes," he said.

In an interview afterward, Woolley hailed the coalition behind the legislation. "It's a very broad consensus—as broad as you can have," she said. "It's patient groups, it's physicians, it's industry, it's the academic community, it's everybody. It's a goal America can embrace. This is legislation that can make everybody look good."

And she dismissed the notion that concerns about the bill's impact on drug safety were being cast aside. "Industry are people too, and they're patients too," she said. "The idea that industry is just in this to peddle toxic drugs to sick people is absurd." She added, "You'd have to think that people from industry and their families are exempt from disease. It's preposterous. Mistakes hurt everybody."

Also buttressing the coalition are experts and organizations that in the past have sometimes cautioned against FDA deregulation. One of the bill's strongest early proponents was the Bipartisan Policy Center, which in January announced a one-year initiative to overhaul the FDA led by former Senate majority leader Bill Frist, the Tennessee Republican and physician.

The bill has also gotten vocal backing from the center-left Brookings Institution, whose director of health care policy, Mark McClellan, served as FDA commissioner under George W. Bush. "None of [the bill's reforms] is replacing or modifying the FDA's standards that it needs to be confident that a drug is safe before approval," he said. "It's just modifying the evidence that can be brought to bear in making that decision." McClellan said his support for the bill had zero connection to the funding Brookings receives from drug and device companies, which includes between $500,000 and $999,000 from Genentech and between $100,000 and $249,000 from Amgen. "Those are gifts to the overall institution and they are a small fraction of support to the institution," he said.

The bill has even gotten support from Pew Charitable Trusts, which has in the past taken the lead in advocating for drug safety. More recently, though, it has taken up the cause of developing antibiotics to combat dangerous infections, and the legislation includes language to speed the development of new antibiotics. Allan Coukell, Pew's director of health programs, says the organization has endorsed only that portion of the bill, along with a section on prescription painkiller abuse. "I have to limit myself to talking about the provisions we're working on," he said. But in promoting those sections of the bill, Pew has also not issued public criticisms of other sections of the bill, to the dismay of some of its usual allies.

"The most difficult thing for the consumer-protection groups has been seeing these seemingly nonpartisan groups sweeping in and embracing the bill as if it's good for science when everything shows it has the opposite effect," said Vijay Das, a health care advocate with the watchdog group Public Citizen.

The legislation passed the House by a lopsided 344–77 vote in July. All eyes are now on Lamar Alexander, the Tennessee Republican who chairs the Senate Health, Education, Labor and Pensions Committee, which is expected to release its own version of the bill soon. Alexander has also spoken out for the need to speed up drug approvals—he coauthored a Bipartisan Policy Center report calling for an FDA overhaul—which leaves it likely that the deregulatory language in the Senate version will mirror that in the House. What remains to be seen is whether the Senate will match the House in mandating additional billions for the NIH, an approach that would break from the Senate's traditional appropriations process.

Meanwhile, the White House has also expressed support for the legislation, while suggesting some changes, lauding it as a rare example of bipartisan action and a breakthrough against GOP-led budget austerity.

But David Ross, a former deputy director of drug evaluation at the FDA who now oversees HIV, hepatitis and public health pathogen treatment for the Veterans Administration, still questioned the bill's underlying justification – that it would result in a higher number of effective drugs getting to market much faster.

"We definitely need more effective drugs, but just calling something effective doesn't make it so," Ross said. "It's a little like gluing some feathers together and calling it a duck. Most drugs that go into studies don't make it not because the FDA is too strict, but because they don't just work." ■

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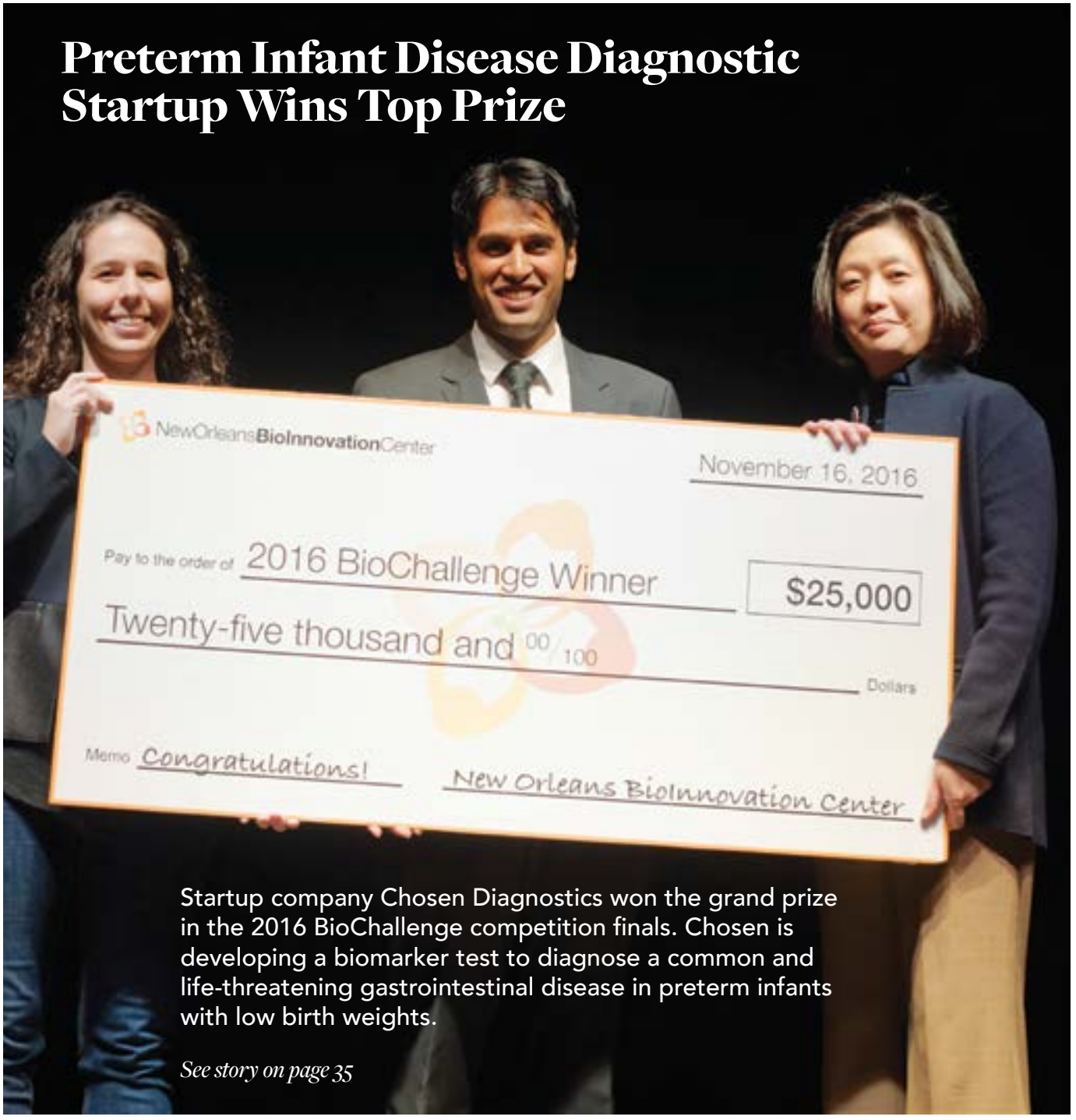
Healthcare Briefs

Preterm Infant Disease Diagnostic Startup Wins Top Prize



Startup company Chosen Diagnostics won the grand prize in the 2016 BioChallenge competition finals. Chosen is developing a biomarker test to diagnose a common and life-threatening gastrointestinal disease in preterm infants with low birth weights.

See story on page 35

Healthcare Briefs

STATE

Am I Your Type?

The Blood Center recently launched a regional donor awareness campaign with the theme, "Am I Your Type?" to raise greater understanding and recognition for The Blood Center and the critical need for donors, both life-saving and philanthropic.

The Blood Center is the largest supplier of blood and blood components in the Gulf South, and most people don't know that a not-for-profit organization is out there ready to save their life if they need blood. The Blood Center, led by a volunteer Board of Trustees, is the primary supplier of blood and blood components to more than 30 hospitals and outpatient transfusion facilities throughout Southeast Louisiana and Southern Mississippi. The Blood Center operates 14 donor centers in the Gulf South.

Every type is the right type, and while 60% of the population is eligible to donate blood, less than 5% does it. To maintain a healthy and stable community blood supply, The Blood Center must collect between 300 to 350 pints of blood every day.

Fast facts:

- Just one pint of blood can help save up to three lives
- Donating blood is safe, simple, and easy
- The donation process takes less than an hour
- Someone needs blood every three seconds

Blood is traditionally in short supply during the holidays, yet the demand is constant. The campaign, which hopes to attract a younger audience, will be driven largely through social media and includes paid outdoor and in-theater advertising. Find The Blood Center on social media at @TheBloodCenter and #ItTakesAllTypes.

Louisiana Long Term Care Foundation Awards Nursing Scholarships

The Louisiana Long Term Care Foundation (LLTCF) has awarded 10 nursing scholarships to recipients employed in Louisiana's long term care facilities. These scholarships support education and training to help improve the high quality of clinical care provided in Louisiana's nursing facilities.

The LLTCF is committed to providing annual scholarships to encourage nursing students of high academic and caregiving caliber to continue to pursue a career in the long term care profession. This program is funded through the generosity of long term care providers and related organizations, supporting the Foundation's mission to promote the development of a skilled and quality-centered workforce.

The following nursing students are the recipients of the 2016 LLTCF scholarships:

- Natasha Cabarubio, Village Health Care at the Glen, Shreveport
- Bianca Cantu, Pontchartrain Health Care Centre, Mandeville
- Bryan Counts, Village Health Care at the Glen, Shreveport
- Tiffany Dubroc, Colfax Reunion Nursing and Rehabilitation Center, Colfax
- Brandi Ervin, Village Health Care at the Glen, Shreveport
- Brittany Evans, Village Health Care at the Glen, Shreveport
- Darryl Ford, Pontchartrain Health Care Centre, Mandeville
- Nikita Jones, Guest House of Slidell, Slidell
- Alicia Joseph, Chateau D'Ville Rehabilitation & Retirement, Donaldsonville
- Toni Streams, Metairie Healthcare Center, New Orleans

Peoples Health Announces Passing of CEO Solomon

In December, Peoples Health announced the sudden passing of Chief Executive Officer, Carol Solomon at the age of 72. "Carol was a true visionary who inspired everyone around her as a healthcare innovator, business leader, and compassionate, supportive friend," said a company statement.

Solomon grew Peoples Health into one of the largest employers in the area. More significantly, the way she led, and through the company she created, she touched the lives of hundreds of thousands of people in Louisiana and beyond. Solomon demonstrated a passion for creating a healthier, happier community inside and outside of the office. From the creation of the Peoples Health Champions program to her commitment to ending the epidemic of senior hunger, she

Carol Solomon

positively impacted countless individuals.

Solomon gave generously throughout her life and led Peoples Health in support of impactful community and philanthropic organizations. "While our lives will never be the same, Carol's legacy will continue forward tomorrow and in the years ahead with the same exceptional care and performance that was her hallmark," said the company.

Amerigroup Louisiana and BCBSLA Announce Collaboration

Amerigroup Louisiana and Blue Cross and Blue Shield of Louisiana have signed a definitive agreement to pursue a Medicaid-focused collaborative effort that will bring together expertise to benefit hundreds of thousands of Louisianans who participate in the state's Medicaid, Medicaid Expansion and LaCHIP programs.

Amerigroup Louisiana is a managed care organization that administers Healthy Louisiana services and benefits to approximately 229,000 members who participate in the state's Medicaid, Medicaid Expansion and LaCHIP programs. Blue Cross and Blue Shield of Louisiana is the state's oldest and largest health insurer. Formed in 1934, the company and its subsidiaries currently provide group and individual health insurance plans and services, life and disability insurance, and group voluntary products to more than 1.5 million Louisianans.

Blue Cross and Blue Shield of Louisiana's stability, brand recognition, and established local presence are expected to complement Amerigroup's best-in-class Medicaid solutions and capabilities as a leading managed care provider. Synergies in products and service areas will provide opportunities for the health plans to address the

healthcare challenges of the increasingly diverse segments, customers, members and communities they serve.

This collaboration will have no immediate impact on Amerigroup or Blue Cross and Blue Shield of Louisiana health plan members, network providers or associates. Also, it will have no effect on Blue Cross and Blue Shield of Louisiana's commercial or Medicare businesses. All necessary approvals to this transaction and satisfaction of the conditions of the definitive agreements are expected to occur in the first quarter of 2017.

Delta Dental Will Remain in Louisiana Public Exchange

Delta Dental Insurance Company announced its recommitment to participate in the Louisiana public exchange for plan year 2017. The open enrollment period for plan year 2017 is November 1, 2016, to January 31, 2017.

In 2016, about 250,000 public exchange customers purchased either DeltaCare® USA1, a prepaid/dental HMO-type program, or Delta Dental PPOSM plans, which allow enrollees to get covered services from both in- and out-of-network providers. Enrollees typically have the lowest out-of-pocket costs by visiting in-network providers.

LDH Team Member Recognized for HIV Prevention Efforts

David Armstead, HIV program monitor with the Louisiana Department of Health Office of Public Health, has been named as one of the Top 100 people in the nation working to end the HIV/AIDS epidemic. Armstead was recognized for his volunteer outreach efforts in the New Orleans area where he also serves as chair of the New Orleans Regional AIDS Planning Council.

In addition to Armstead, six other Louisiana residents were also recognized by *POZ*, an award-winning print publication and website that targets people living with and affected by HIV/AIDS.

POZ wrote that Armstead became involved with HIV prevention in 2012 when a friend asked him to volunteer at an outreach event. "Six months later, Armstead started working as a community specialist and began conducting HIV testing and outreach to young black gay and bisexual men. He has built a strong relationship within the New Orleans community by providing a source of information people could trust," *POZ* said in their feature on Armstead.

The *POZ* 100 focuses on nominees located in the south as this part of the country generally lags behind other U.S. regions in many key HIV prevention and care indicators.

The other Louisiana residents on the *POZ* 100 list include:

Dazmine Allen, New Orleans
Chip Eakins, Shreveport
Darnell Ferrell, Marrero
Monica Johnson, Columbia
Alleen King-Carter, Shreveport
Dr. Joyce Turner-Keller, Baton Rouge
Go to poz.com/100 to see this year's full list.

Tulane and Blue Cross Join Forces to Improve Healthcare

Blue Cross and Blue Shield of Louisiana and Tulane University have created the Partnership for Healthcare Innovation, an unprecedented level of cooperation between the insurer and a university. The venture will find solutions for healthcare issues in Louisiana, where a disproportionate share of the population suffers from diabetes, heart disease, and other chronic illnesses.

"Researchers from across Tulane are exploring different facets of these healthcare challenges," said Senior Vice President for Academic Affairs and Provost Robin Forman. "This new partnership will combine their ideas, questions and analysis with the deep expertise and experience of Blue Cross and Blue Shield of Louisiana to yield new insights and innovative solutions in healthcare delivery."

The two organizations recently held an inaugural workshop at Tulane where nearly 100 people gathered to exchange information about the resources each can offer the partnership. John Maginnis, vice president of Corporate Communications at Blue Cross, told the crowd it was important to understand why they were there.

"There is a health crisis here in Louisiana," Maginnis said, noting that Louisiana has the highest adult obesity rate in the nation at 36.2 percent, as well as ranking No. 4 in obesity for children ages 10 to 17, No. 5 for adult diabetes, No. 4 for hypertension and fifth worst for heart disease.

Maginnis also said Louisiana has six of the 10 highest-spending Medicare markets in America. "For these compelling reasons, Blue Cross and Blue Shield of Louisiana and Tulane University are coming together with a mission of transforming healthcare in this state—and beyond," he said.

The original steering committee for the partnership, made up of representatives from both Blue Cross and Tulane, brainstormed an extensive list of potential projects for the group to consider. As examples, the School of Science and Engineering might examine issues related to telemedicine, while Public Health and Tropical Medicine could develop simulations and mapping tools for anticipating health threats. Several collaborations, formal and informal, have already taken place, and a research project on medication adherence—headed by a Tulane professor of Medicine and Epidemiology and a Blue Cross clinical pharmacist—is ongoing.

Attendees at the Oct. 19 event heard updates on those projects and were given handouts for submitting project ideas they would like to see developed. The original steering committee that saw the partnership through its inception has divided itself into two committees—one devoted to research, data and analytics and the other to education and community outreach—that will evaluate submissions, choose projects to help develop and work with the researchers as needed.

LOCAL

Preterm Infant Disease Diagnostic Startup Wins Top Prize

Startup company Chosen Diagnostics won the grand prize in the 2016 BioChallenge competition finals, an event presented by the New Orleans BioInnovation Center at the Joy Theater. Chosen is developing a biomarker test to diagnose a common and life-threatening gastrointestinal disease in preterm infants with low birth weights. Dr. Sunyoung Kim presented the winning pitch for the company, a spin-out based on research conducted at the School of Medicine at LSU Health New Orleans that aims to spur earlier treatment and improved outcomes in these fragile patients.

The BioChallenge is an annual startup

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Demetrius Porche, DNS, PhD, FACHE, FAANP, FAAN

Leonardo Seoane, MD

Robert Zura, MD

Scott Delacroix, Jr., MD

competition for emerging Louisiana life sciences companies that is developed and presented by the New Orleans BioInnovation Center. A second prize, a $25,000 investment award from the New Orleans BioFund, was presented to Carre BioDiagnostics. The company is developing an innovative, simple blood test to identify those chronic kidney disease patients with coronary artery disease who are at high risk for heart attacks, allowing for earlier treatment, improved outcomes, and reduced costs.

Chosen Diagnostics was also selected as the winner of the $2,500 Audience Favorite prize at the competition, chosen by audience votes.

Along with Carre BioDiagnostics, the other finalists were advanced materials startup Grapheno and pancreatic cancer drug development company Segue Therapeutics, both companies based in Shreveport. The four companies were selected from a statewide applicant pool of nearly twenty startups developing new disease treatments, better diagnostics, tools to improve care delivery, advanced materials, and other solutions.

National Nursing Accrediting Agency Taps New Orleans Dean

Demetrius Porche, DNS, PhD, FACHE, FAANP, FAAN, Professor and Dean of LSU Health New Orleans School of Nursing, has been appointed to a three-year term on the Commission on Collegiate Nursing Education's (CCNE) Report Review Committee.

The 14-member committee advises the Board of Commissioners and makes recommendations regarding continued compliance of CCNE-accredited programs. The committee reviews continuous improvement progress reports, compliance reports, special reports, and annual data.

The Commission on Collegiate Nursing Education is an autonomous accrediting agency, contributing to the improvement of the public's health. The Commission ensures the quality and integrity of baccalaureate, graduate, and residency programs in nursing. The Commission serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuing self-assessment by nursing programs, as well as continuing growth and improvement of collegiate professional education and entry-to-practice nurse residency programs. CCNE accreditation is a nongovernmental peer review process that operates in accordance with nationally recognized standards established for the practice of accreditation in the United States.

Porche also holds an appointment in the LSU Health New Orleans School of Public Health. He is certified as a Clinical Specialist in Community Health Nursing and Family Nurse Practitioner. He was the Associate Editor of the *Journal of the Association of Nurses in AIDS* for 10 years. He is currently the Chief Editor of the *American Journal of Men's Health* and serves on the Editorial Board of *The Journal for Nurse Practitioners*. He was elected President of the American Assembly for Men in Nursing and served two terms.

Seoane Named Head of School for UQ – Ochsner Clinical School

Leonardo Seoane, MD, has been named Head of School for the University of Queensland (UQ) – Ochsner Clinical School. Dr. Seoane has previously served as Interim Head of School and was named Associate Professor in 2009.

The UQ – Ochsner Clinical School is in its eighth year of providing medical education through a unique training, academic and clinical experience across two continents. Over the course of the four-year program, students complete the first two years of the medical school curriculum in Brisbane, Australia, and the last two years in the curriculum clinical phase of core rotations across the Ochsner Health System.

Zura Helps to Get Powdered Gloves Banned

Powdered gloves used for everything from surgery to patient exams, have now been banned, a result that Robert Zura, MD, Professor and Chair of Orthopaedics at LSU Health New Orleans School of Medicine has worked to achieve since his undergraduate days. The Food and Drug Administration published the final rule of the ban, which also includes absorbable powder for lubricating a surgeon's glove, on December 19, 2016.

As an undergrad, Zura was part of a team led by his mentor, Dr. Richard Edlich, conducting research on the hazards of powder in wounds. Their findings, which were published in the *Journal of Emergency Medicine*, documented that in contaminated wounds, cornstarch enhanced the growth of bacteria and elicited exaggerated inflammatory responses as measured by wound sclerosis, or hardening.

"Using powdered medical gloves poses a risk to both patients and clinicians," notes Zura, who also holds the Robert D'Ambrosia Chair of Orthopaedics at LSU Health. "In patients, aerosolization is a risk. During the donning of powdered

gloves, minute particles fill the air. After donning, particles can continue to fall away from the gloves as the surgery proceeds. In addition, powdered gloves have been identified as the largest single contributor to latex aeroallergen levels in healthcare facilities. Powder also heightens latex sensitivity, which affects an estimated 8 – 12% of healthcare workers. Powder can delay wound healing and contribute to such post-operative complications as adhesions, infections and granulomas. The potential risks of powder to clinicians are clear as well: it contributes to compromised skin health and Irritant Contact Dermatitis (ICD), which causes dry, itchy and irritated skin."

Dr. Richard Edlich's research underpinned a decades-long effort to do away with the powdered gloves. Along with Edlich and others, Zura also co-authored citizen petitions to the FDA encouraging a ban, along with editorials, letters and reviews providing further evidence of their harm. These papers were published in the Journal of Emergency Medicine, the American Journal of Emergency Medicine and Annals of Plastic Surgery.

"The FDA ban is the right thing to do to help make the operating room safer for patients and clinicians," Zura concludes. "Though Dr. Edlich is not here today to witness it, the FDA's action is a fitting tribute to the man who so tirelessly advocated and worked to eliminate powder. A mentor to many and a vigorous patient advocate, Dr. Edlich's work and memory lives on as the industry now moves to a powder-free future."

Fit NOLA Recognizes Eight New Orleans Businesses

Mayor Mitch Landrieu and the New Orleans Health Department's Fit NOLA initiative recently recognized eight local organizations for their achievements in workplace wellness through the Fit NOLA Business Tool Kit Certification Program.

Humana Inc., Healthy Community Services, and higherpower Cycle|Yoga|TRX achieved Gold designations; Geaux Cycle achieved a Silver designation; and Café Reconcile, Top Box Foods-New Orleans, Jean Laffite and Jazz National Parks, and Footprints to Fitness received Bronze designations.

The Fit NOLA Business Tool Kit Certification Program is based on national worksite wellness models that help businesses move toward physical and nutritional fitness. This program recognizes businesses in the Greater New Orleans region that meet certain standards for worksite wellness such as: being physically active, eating fresh fruit and vegetables, providing lactation rooms in the office, and having a tobacco-free workplace. Businesses that meet or surpass these standards receive a Platinum, Gold, Silver or Bronze award and public recognition from Mayor Landrieu.

In 2013, the Fit NOLA team developed the Fit NOLA Business Toolkit to help companies assess their current state of workplace wellness, and to identify opportunities to improve employee health and lower health expenses. The Fit NOLA business team is comprised of leaders from Fortune 500 companies and local non-profits and universities who champion employee health.

St. Thomas Community Health Center Adds Heart & Vascular Center

St. Thomas Community Health Center (CHC) has announced the addition of St. Thomas Heart & Vascular Center, bridging access to quality cardiovascular care in New Orleans. A full-range of cardiovascular services will be available five days a week from 8 a.m. to 5 p.m.

New Orleans native, Dr. Arthur "Chip" Grant, was named the Director of the St. Thomas Heart & Vascular Center. Dr. Grant attended Louisiana State University School of Medicine, completed his residency at Duke University, and fellowships in both Cardiovascular Disease and Interventional Cardiology at Ochsner Medical Center. Dr. Grant has practiced at Cardiology Associates in Mobile, Ala. for the past eight years.

The St. Thomas Heart & Vascular Center will offer a full-range of highly specialized diagnostic and interventional care including echocardiography, vascular ultrasound, stress testing, and ambulatory ECG monitoring. Dr. Grant will utilize the facilities at University Medical Center New Orleans (UMC) for cardiac and vascular angiography and intervention. A complete list of services can be viewed at sthvc.com.

Delacroix Elected To NCI Steering Committee

Scott Delacroix, Jr., MD, Director of Urologic Oncology at LSU Health New Orleans School of Medicine, has been elected as the new community oncology representative to the Genitourinary Steering Committee, one of the Scientific Steering Committees of the National Cancer Institute's Coordinating Center for Clinical Trials. Dr. Delacroix is an assistant professor of urology and serves as Clinical Trials Site Leader at LSU Health New Orleans Stanley S. Scott Cancer Center's Minority/Underserved NCI Community Oncology Research Program, where he also leads the Genitourinary Multidisciplinary Cancer Care Team. He will serve a minimum of a three-year term on the steering committee.

According to the National Cancer Institute, "Scientific Steering Committees (SSCs) are composed of leading cancer experts and advocates from outside the Institute as well as NCI senior investigators who meet regularly to:

- Increase the transparency and openness of the trial design and prioritization process;
- Enhance patient advocate and community oncologist involvement in clinical trial design and prioritization;
- Evaluate clinical trial concepts and set disease-specific strategic priorities;
- Convene Clinical Trial Planning Meetings to identify critical questions, unmet needs, and prioritize key strategies."

Nunez Opens Patient Care Technician Program

Beginning in January 2017, Nunez Community College will offer a new patient care technician certificate program. The certificate of technical studies builds upon some of the College's existing programs in certified nursing assistant, electrocardiogram (EKG) technician, and medical office management, and includes the new phlebotomy program which will also be offered for the first time this spring. The patient care technician program will prepare graduates for entry-level employment in a variety of healthcare settings.

Patient care technicians tend to ill and injured people under the supervision of doctors, nurses, and other medical professionals. Duties include taking vital signs, collecting specimens for testing, and assisting patients with eating and personal hygiene. Patient care technicians also assist with charting and make notes and assessments of the care they are providing. They may use their education and experience to pursue more

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advanced health careers with additional training.

Health sciences faculty and academic administrators worked closely with local healthcare agencies to develop the patient care technician program. At St. Bernard Parish Hospital, located near the Nunez campus, patient care technician program graduates can work in multiple roles because they are trained in several specialties. This gives graduates a competitive advantage when seeking employment.

Spring 2017 course registration at Nunez Community College is open now. Applications can be submitted online at www.nunez.edu. Online registration will be available through the start of classes on Tuesday, January 17. New or returning students in need of advising or registration assistance can contact the Office of Student Affairs at (504) 278-6467 or email advisinghelp@nunez.edu.

Test for Early Diagnosis of Preemie Disease Advances

The National Science Foundation (NSF) has chosen an LSU Health New Orleans team that developed a test for the early detection of a potentially life-threatening gastrointestinal disease affecting pre-term, low birthweight babies to receive expert guidance to move the technology forward. The LSU Health New Orleans researchers led by Sunyoung Kim, PhD, Associate Professor of Biochemistry and Molecular Biology at LSU Health New Orleans School of Medicine, will participate in the national NSF Innovation Corps (I-Corps) Program in January 2017.

Kim developed a novel diagnostic biomarker panel for necrotizing enterocolitis, a potentially fatal condition described as the most common and serious intestinal disease affecting pre-term infants. The disease develops when tissue in the small or large intestine is injured and begins to die. Inflammation follows, and sometimes the intestine perforates, leaking bacteria and waste. The resulting infection can quickly overwhelm these fragile babies.

Diagnostic tests are critical for disease management and better outcomes, but current ones have poor success in identifying necrotizing enterocolitis. The current gold standard diagnostic method is X-ray, which has a true positive rate of only 44%. LSU Health New Orleans' noninvasive Neonatal DDx biomarker panel, which is performed on stool samples, identifies 93% true positives and 95% true negatives in diagnosing the disease that affects about 6,000 premature infants every year in the US.

To make the test widely available, Kim started a spin-out company, Chosen Diagnostics, to commercialize this promising new technology. Because NSF "recognizes that transitioning technology out of an academic laboratory requires a skill set and knowledge base that differ from those required for research and those skills and expertise are much more common in a start-up environment than an academic one," NSF established the I-Corps Program. According to NSF, the I-Corps program "teaches NSF grantees to identify valuable product opportunities that can emerge from academic research and offers entrepreneurship training to participants by combining experience and guidance from established entrepreneurs through a targeted curriculum."

I-Corps teams are composed of the principal investigator(s) (PI), an entrepreneurial lead (EL), and a mentor, typically an experienced or emerging entrepreneur with experience in transiting technology out of academic labs.

Kim, who also has experience in grant management and intellectual property development, is the principal investigator. Rebecca Buckley, PhD, a postdoctoral researcher working in Kim's lab at LSU Health New Orleans who has relevant experience and deep knowledge of all technical aspects of the biomarker panel, is the entrepreneurial lead. James Davis, PhD, Director of the Stephenson Entrepreneurship Center in LSU's E. J. Ourso College of Business and an entrepreneur with a proven background in creating new business opportunities through technology, is the I-Corps team mentor. The team participated in a regional I-Corps Program at LSU A & M in Baton Rouge over the summer. With the new award, the team will continue its education and training in California in the new year.

Kim's hopes for the technology and her startup revolve around the tiny beneficiaries of her labors. "By personalizing medical management of infants, our technology may prevent 1,000 infants from dying each year. The added benefit is it may also save US insurance companies $720 million in health care costs."

Ninety-four Students Honored at UQ – Ochsner Clinical School Culmination Ceremony

The University of Queensland (UQ) – Ochsner Clinical School recently honored 94 students comprising the Class of 2016, the largest class to date, at its 5th Culmination Ceremony, marking the completion of their medical school training. The ceremony concluded with a memorable moment for all physicians – the reciting of the Hippocratic Oath signifying their dedication to their patients and profession.

The UQ – Ochsner Clinical School is in its 8th year of providing medical education through a unique training, academic and clinical experience across two continents. Over the course of the four-year program, students complete the first two years of the medical school curriculum in Brisbane, Australia, and the last two years in the curriculum clinical phase of core rotations across the Ochsner Health System.

Five classes have graduated from the UQ – Ochsner Clinical School, boasting a 94% Match Rate in the National Residency Match Program (NRMP). Over 850 student interviews have been scheduled for students for the upcoming Match in 2017. Some graduates also choose to participate in the Ochsner Post Graduate Research Fellowship Program which provides an opportunity for them to remain engaged in clinical and health services research.

Long-Term Hormone Therapy May Damage Kidneys

Long-term estrogen treatment after menopause may increase the risk of new kidney damage and negatively affect women who already have abnormal kidney function, according to a study by Tulane University School of Medicine researchers published in the *American Journal of Physiology—Renal Physiology*.

Estrogen seems to protect against high blood pressure, one cause of kidney damage. Since fewer premenopausal women have high blood pressure than men of the same age, the study focused on a breed of rats that mimic this gender-specific blood pressure difference to determine

the effects of long-term estrogen therapy on women.

The research team studied three groups of middle-aged rats without ovaries, which simulates the low estrogen environment of menopause. One group ("short-term") was given a short course of estrogen. A second group ("long-term") received a longer regimen of estrogen. The estrogen groups were compared to a control group that did not receive hormones.

Women who are concerned about the long-term impact of estrogen should ask their doctor to monitor their kidney health, especially if they have a history or family history of kidney disease.

Researchers found that after the hormone treatments, the long-term group had more damage to the tiny tubes that collect and carry urine than the short-term and control groups. The rate at which the kidneys filtered blood decreased, and creatinine levels and protein in the urine (markers of impaired kidney function) increased in the rats receiving long-term estrogen. The long-term group showed more kidney damage in each marker than the short-term or control groups.

"With women now living 30 years or more after menopause, the big question is…how long is it ok to take estrogen?" says senior author Dr. Sarah Lindsey, assistant professor of pharmacology at Tulane School of Medicine. "Our study shows that estrogen has good effects for a while but could be damaging with prolonged use. Women who are concerned about the long-term impact of estrogen should ask their doctor to monitor their kidney health, especially if they have a history or family history of kidney disease."

UQ – Ochsner Celebrates Partnership with Haiti

The University of Queensland (UQ) – Ochsner Clinical School and the government of Haiti have extended their long-standing partnership allowing medical students to study tropical medicine, social determinants of health and community medicine through a special clinical rotation in Haiti. Ochsner, in coordination with the Haitian Ministry of Health, introduced medical missions in Haiti to assist with the devastating aftermath of the January 2010 earthquake. In 2012, UQ – Ochsner Clinical School began offering one of their core rotations (called Medicine in Society) in Haiti to provide firsthand experience to 4th-year medical students.

"The country has seen so much devastation since the earthquake almost seven years ago," said Yvens Laborde, MD, Assistant Clinical Professor, University of Queensland – Ochsner Clinical School and Haitian native. "Through these rotations, our physicians and students have been able to treat over 3,500 people who had no other options for care. So many others have benefited from the supplies and preventative health education. I can personally tell you how important our work is and how appreciative the people of Haiti are."

A health clinic, located in the northern region of Haiti, was established to assist people with needed medical services and supplies. This was done through a partnership with FONDYLSAHH, a Haitian non-profit organization promoting health, education, agriculture, and economic development.

Over the last five years, 24 students and 11 physicians have participated in the Medicine in Society rotation with an additional six students scheduled for the 2017 rotation. Beyond providing medical care, UQ – Ochsner Clinical School students have set up electronic medical records and a system for incorporating patient photographs to better manage and track patient treatments.

"As a medical school with the mission to train global leaders in medicine, it is vital that our students have opportunities to not just learn, but help provide healthcare where it is desperately needed," said Leonardo Seoane, MD, Associate Professor of Medicine and Head of School, University of Queensland – Ochsner Clinical School. "Students learn social determinants of health, public health, tropical medicine, community medicine in resource-limited settings and professionalism. The experience has been transformative for those lucky students who have had the opportunity to rotate in Haiti."

LSU Health Reports Innovations in Defining Sources of GI Bleeding

A team of physicians at LSU Health New Orleans has found that endoscopy combined with the administration of antiplatelet or anticoagulant agents is a safe and effective technique for identifying hidden sources of gastrointestinal bleeding. The work is published online in *Gastrointestinal Endoscopy* (GIE), available at http://www.giejournal.org/article/S0016-5107(16)30276-0/fulltext and reviewed in *New England Journal of Medicine Journal Watch* in October 2016.

"This is the first case series to evaluate the benefit and safety of provocative testing combined with endoscopy to be reported in the literature," notes Dr. Daniel Raines, Chief of the Section of Gastroenterology at LSU Health New Orleans School of Medicine, and lead author of the paper.

According to the Agency for Healthcare Research and Quality, GI bleeding results in more than 500,000 hospitalizations each year. In some cases, the source cannot be defined despite exhaustive testing resulting in the need for repeated transfusions, repeated hospitalizations and sometimes death.

The LSU Health New Orleans team developed a novel technique to find the leak—giving these patients blood thinners to stimulate or provoke bleeding before endoscopy because some sources are only visible when actively bleeding.

To define the effectiveness of this practice, they reviewed their large database of endoscopic procedures to identify 27 patients with refractory bleeding who were treated with medical provocation combined with endoscopy. Provocative procedures were divided into three groups depending upon the method by which the provocative agent was selected and administered. All of the patients in this study had transfusion-dependent, iron-deficiency anemia and/or persistent bleeding. Provocative testing was successful in 15 patients (56%).

"The decision to attempt provocation of bleeding in patients with an unknown bleeding source should not be taken lightly, particularly when the provocative agent is not otherwise indicated," says Dr. Raines. "Our study demonstrates that provocative endoscopy can be performed safely and successfully, and it may be a justifiable intervention in highly selected cases where death associated with recurrent bleeding justifies the risk."

Other members of the team included Dr. Kellen Jex and Mark Nicaud at LSU Health New Orleans

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and Dr. Douglas Adler at the University of Utah.

Ochsner Medical Student Association Names Teacher of the Year

The Ochsner Medical Student Association (OMSA) has named Sonia Malhotra, MD of Ochsner Medical Center – Jefferson Highway as 2016 Teacher of the Year.

OMSA is a student advocacy organization run by the students of the University of Queensland (UQ) and Ochsner Clinical School, a joint collaboration in medical education between UQ and Ochsner Health System. The Teacher of the Year award recognizes the top teachers from the UQ Clinical School. The medical students nominated 12 Ochsner Clinical School faculty members who go above and beyond in their clinical teaching and inspire the next generation of care providers.

Dr. Malhotra received a Doctor of Medicine degree from Ross University School of Medicine in Dominica, West Indies. She completed an Internal Medicine and Pediatrics Residency at Tulane University and served as Chief Resident in Pediatrics for the Tulane-Ochsner Pediatrics Residency program. She then completed a one year fellowship in Hospice and Palliative Medicine at the University of Pittsburgh where she remained as faculty while completing a Master's degree in Medical Education. Dr. Malhotra is a member of the American Academy of Hospice and Palliative Medicine, American College of Physicians, the American Medical Association and a fellow of the American Academy of Pediatrics.

Study Shows Increased Hospital Admissions for Heart Attacks Post Katrina

Ten years after Hurricane Katrina hit New Orleans, hospital admissions for heart attacks in the city were three times higher than they were before the storm, according to research presented at the American Heart Association's Scientific Sessions 2016 at the Ernest N. Morial Convention Center.

The research, funded by the American Heart Association, was conducted right here in New Orleans at Tulane Medical Center. Investigators at Tulane Medical Center found that post-Katrina patients were more likely to smoke, have coronary artery disease, diabetes, high cholesterol, and high blood pressure than before Katrina. Results also show that the rate continues to be high and has not subsided in addition to not discriminating across gender and ethnicity.

"Although the general emphasis after an event such as Katrina is on rebuilding, we should not neglect the health of those affected by a disaster," said Anand Irimpen, MD, study lead author and professor of medicine at Tulane University School of Medicine and chief of cardiology at Southeast Louisiana Veterans Health Care System in New Orleans, Louisiana. "This massive natural disaster may have had a greater impact on the development of chronic medical diseases than originally realized."

But there's hope yet for the health of New Orleans communities. Twelve of the clinics/health systems in Louisiana (nine in the Greater New Orleans area) are joining the American Heart Association and American Medical Association to impact the rates of both heart attack and stroke by targeting one of the biggest risk factors for both – high blood pressure.

Target: BP™ is an innovate, national initiative aims to reduce the number of Americans who have heart attacks and strokes by urging medical practices, health service organizations, and patients to prioritize blood pressure control.

Based on the most current AHA guidelines, Target: BP supports physicians and care teams by offering access to the latest research, tools, and resources to reach and sustain blood pressure goal rates of less than 140/90 mmHg within the patients populations they serve.

Working together, medical practices and health service organizations can significantly improve the nation's current national blood pressure control rate of 54 percent. You can join Target: BP and be a part of this national movement to build a healthier America, starting today.

Participating providers have access to tools and resources, including the AHA/ACC/CDC Hypertension Treatment Algorithm, to help achieve their goals. In addition, Target: BP will recognize those who achieve high levels of blood pressure control in their practices.

The goal for participating clinics is to have their high blood pressure patients controlled to below 140/90 mm Hg. The hope is to improve on that rate with a heightened focus on blood pressure management as part of the Target: BP program. Current program participants include: Access Health Louisiana, Care South / Capitol City Health Center, NOELA Community Health Center, Excelth1111 Newton Street, Daughters of Charity Health Centers, Ochsner Baptist Pain Management, Heart Clinic of Hammond, LLC, PACE Greater New Orleans, Urgent Care, Xavier University Health & Wellness Center, and Tulane University Medical Group.

Clinics interested in participating can contact the American Heart Association-New Orleans to enroll in the program.

By taking a more proactive and formulated approach to blood pressure management the American Heart Association anticipates a change in frequency of heart episodes in New Orleans.

Omniseq Forms Partnership with LSU for Genomic Profiling

Louisiana State University Health Sciences Center New Orleans (LSU Health New Orleans) and Omniseq (OmniSeq®), a subsidiary of the Roswell Park Cancer Institute (RPCI), are now partnering to provide oncologists with comprehensive next generation sequencing of solid tumors for clinical decision support.

LSU Health New Orleans will utilize OmniSeq ComprehensiveSM, a pan-cancer tumor profiling diagnostic panel, to screen patients at their facilities. The 144-gene panel is New York State (NYS) CLEP-approved, the gold standard in clinical laboratory testing. Oncologists and patients at LSU Health New Orleans will receive personalized reports on the patients' individual genetic variants including: FDA-approved therapeutics, clinical trials for which the patient may qualify, and potential hereditary variants.

OmniSeq Comprehensive utilizes the least amount of tissue of any commercially available comprehensive tumor profiling assay. To date, OmniSeq Comprehensive identified actionable variants – including FDA-approved therapeutics and precision medicine trials – for over 83% of patients tested. Through this partnership, LSUHSC will receive access to molecular tumor boards to support clinical decision making as well as collaborate with OmniSeq's customers to strategize on increasing enrollment of minority and

underserved populations in the Gulf South community. Additionally, LSUHSC patients will have access to the OmniSeq CARES℠ financial assistance program to help alleviate any patient out-of-pocket cost.

Neighborhood Stressors Associated with Biological Stress in Kids

Neighborhood stressors including the density of liquor or convenience stores, reports of domestic violence, and the rate of violent crime are associated with signs of biological stress in children. That's according to a new study led by Tulane University researchers and published in the prestigious journal *JAMA Pediatrics*.

Katherine Theall of the Tulane University School of Public Health and Tropical Medicine looked at the association of the three neighborhood-level stressors with biological outcomes reflected by telomere length and cortisol functioning. Telomeres are the region at the end of chromosomes that naturally shorten with age. Shorter telomere lengths are associated with higher risks for cardiovascular disease, obesity, mental illness and poor health outcomes in adulthood. Cortisol is a hormone that regulates changes that occur in the body related to stress including blood pressure and immune responses.

The study included 85 children between the ages of 5 to 16 (50 of them were girls) from 52 neighborhoods around New Orleans from 2012 through the first six months of 2013. Neighborhood stressors were measured within a 500 to 2000-meter radius of the children's homes.

The authors report that each neighborhood stressor was associated with biological stress as measured by shortened telomere length and impaired cortisol functioning.

Many children are exposed to violence and a greater understanding of the effect on children's health is critical because social environmental conditions likely contribute to adult health disparities. Neighborhoods may be important targets for interventions to reduce the impact of violence exposure in the lives of children.

While neighborhood stressors are not the only source of stress among children, the impact of witnessing violence or living in communities with higher violence cannot be overlooked, including impact of violence in the home. It is also important to think about the connections between community violence, often stemming from larger structural forces and lack of infrastructure and investment in some neighborhoods and the ultimate impact on those most vulnerable, like children.

Limitations of the study include its lack of applicability to other demographic groups. The study also cannot establish causality.

LSU Health Nursing Inks Articulation Agreement with Fletcher

LSU Health New Orleans School of Nursing has signed an Articulation Agreement with the School of Nursing at Fletcher Technical Community College to admit Fletcher graduates to LSU Health New Orleans' Bachelor of Science in Nursing degree program. To be eligible, Fletcher graduates must have earned an associate degree and meet all of the admission requirements of the RN to BSN program at LSU Health New Orleans.

"This articulation agreement will provide Fletch graduates with an opportunity to pursue a Bachelor of Science in Nursing degree at LSU Health through a seamless process," notes Demetrius Porche, DNS, APRN, Professor and Dean of LSU Health New Orleans School of Nursing. "These students will then be able to pursue graduate nursing education at LSU Health School of Nursing." The agreement is similar to one executed with Delgado/Charity School of Nursing several years ago. "These articulation agreements assist Louisiana in reaching the goal of increasing the number of baccalaureate-prepared nurses in our state."

The RN to BSN Program at LSU Health New Orleans School of Nursing is a one-year program of study designed specifically for the RN with an Associate Degree or Diploma in Nursing. This program is based on principles of adult education and focused on the skills and experiences nurses bring to the educational setting. The RN to BSN coursework includes required general education and nursing courses designed and delivered for RNs only. This program admits students in the fall and spring each year. This program of study is fully accredited by the Commission on Collegiate Nursing Education and is approved by the Louisiana State Board of Nursing. LSU Health's RN to BSN degree program provides a broad liberal and professional education that builds upon the competencies and knowledge achieved in previous nursing education and practice. A student must have an unencumbered license to practice nursing in the state of Louisiana and have earned an Associate Degree or Diploma in Nursing from any accredited college or university to fulfill the required pre-nursing courses. More information about the program is available at http://nursing.lsuhsc.edu/AcademicPrograms/Undergraduate/RN-BSN/RN-BSN.html.

Denise Flock-Williams

Flock-Williams Named Interim Foundation President

The Board of Directors of LSU Health New Orleans Foundation has named Denise Flock-Williams Interim President of LSU Health New Orleans Foundation. She has a 20-year history with the Foundation, most recently serving as Senior Director of Development for Corporate and Foundation Relations. Flock-Williams has raised millions of dollars to support the mission of LSU Health Sciences Center New Orleans through annual giving, grant writing and endowments. She has administered special projects, including the LSU Biomedical Research Fund, helping to secure capital and operate the $5 million Pfizer-funded program.

The move is part of recent restructuring efforts to build upon a foundation of steady growth and better position the non-profit to take its success to the next level.

The Foundation was formed in 1988 and organized as a nonprofit, tax-exempt, public charity to support and promote the charitable, scientific and educational mission of the LSU Health

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Sciences Center. Incorporation was guided by the School of Medicine Alumni Association supporting the LSU Medical Center. In 1999, the LSU campus transitioned to become the LSU Health Sciences Center comprised of six schools: Medicine, Dentistry, Nursing, Allied Health Professions, Public Health and Graduate Studies. The Foundation also transitioned to become a support organization for the six schools and executed a uniform affiliation agreement with the LSU System in 1999 defining its role as a recognized LSU affiliated organization. Through its current and past leadership, the Foundation's assets have grown from $2 million in 1988 to over $100 million today.

Fiore, Govindan Earn Alton Ochsner Award

The selection committee of the Alton Ochsner Award Relating Smoking and Disease awarded Michael C. Fiore, MD and Ramaswamy Govindan, MD its 31st annual award. The $15,000 prize will be shared between the two honorees and presented, along with a medal and plaque for each recipient, commemorating this achievement, at the annual meeting of the American Public Health Association in Denver, Colorado.

Dr. Fiore is a nationally recognized expert on tobacco who has written extensively in many of the most prestigious medical journals on cigarette smoking and the myriad of illnesses and deaths produced by tobacco. His contributions have clarified the science underlying these diseases for the public as well as the medical profession. Among his most important publications, he served as Chair of many important panels including all three editions the Surgeon General's United States Public Health Service Clinical Practice Guidelines: Treating Tobacco Use and Dependence (1996, 2000, 2008). His leadership has resulted in the development of policies which led to the Justice Department's lawsuit against the tobacco industry in 2005 that crafted the $150 billion plan to assist 33 million smokers to quit.

He presently serves as the Hilldale Professor of Medicine at the University of Wisconsin School of Medicine and Public Health, in Madison, where he is the Director of the Center for Tobacco Research and Intervention and Senior Consultant for the National Cancer Institute (National Institutes of Health).

Dr. Govindan is a leader in lung cancer clinical trials and translational research. His scientific investigations have led to seminal results defining genomic changes in patients with lung cancer. For example, using whole genome sequencing, he and his colleagues discovered previously unsuspected, significant differences in the genomes of non-small cell lung cancer patients who never smoked compared to the genomes of non-small cell lung cancer patients who had smoked.

He is presently the Professor of Medicine and Director, Section of Medical Oncology, Division of Oncology at Washington University School of Medicine, St. Louis. His contributions defined the specific differences in genetic structure of those fewer patients who never smoked and had a less severe type of lung cancer than those patients who did smoke and had a more severe type of lung cancer.

The award is named in honor of Dr. Alton Ochsner, co-founder of the Ochsner Clinic, New Orleans. In 1939, Doctor Ochsner was the first to publish evidence relating cigarette (tobacco) smoking as the primary cause of lung cancer. The award acknowledges Doctors Fiore and Govindan for their major contributions to further promote understanding and awareness of that relationship.

LSU Dental School Opens After-Hours Pediatric Clinic

LSU Health New Orleans School of Dentistry has opened an after-hours pediatric dental clinic with support from a $37,156.83 grant from Healthy Smiles, Healthy Children (HSHC): The Foundation of the American Academy of Pediatric Dentistry.

Dental students and pediatric dental residents, under faculty supervision, will treat children and adolescents by appointment in the clinic on the LSU Health New Orleans School of Dentistry campus, 1100 Florida Avenue. Services include examinations, x-rays, cleanings and sealants, as well as restorative services (fillings, crowns, pulp therapy, space maintenance) and extractions. The clinic will be open two evenings a month, from 5:00 - 8:00 p.m. and one Saturday per month, from 8:00 a.m. - 12:00 p.m. Appointments can be made by calling 504-941-8201. The clinic will accept Medicaid and LaCHIP, and others can benefit from the discounted care under the school's student fee schedule.

"While dental disease is preventable, many working families cannot take off from work or take children out of school to go the dentist," notes Dr. Henry Gremillion, Dean of LSU Health New Orleans School of Dentistry. "By offering after-hours care, we hope to remove those barriers to dental care and establish a dental home for children of the Greater New Orleans community."

According to a 2011 survey published by the Louisiana Department of Health, almost two out of every three children in Louisiana had experienced cavities before entering 4th grade. The Centers for Disease Control and Prevention released rankings in 2015 indicating that Louisiana ranks second in the country in the number of third graders with untreated dental decay.

Tulane Professor Named to National Academy of Medicine

Maureen Lichtveld, a Tulane University professor, has been elected as a member of the National Academy of Medicine, considered one of the highest honors in the fields of health and medicine. Dr. Lichtveld is professor and chair in the Department of Global Environmental Health Sciences and Freeport McMoRan Chair of Environmental Policy at Tulane University School of Public Health and Tropical Medicine.

National Academy of Medicine membership recognizes individuals who have demonstrated outstanding professional achievement and commitment to service. Lichtveld is one of 70 regular members and nine international members to be elected during NAM's annual meeting.

Lichtveld's career in environmental public health spans more than 30 years. Her research focuses on environmentally induced diseases including asthma and cancer, health disparities, environmental health policy, disaster preparedness, and public health systems.

Cho Joins North Oaks Physical Medicine and Rehabilitation Clinic

Physical Medicine and Rehabilitation physician Dong Sik Cho, MD, has joined North Oaks Physical Medicine and Rehabilitation Clinic.

Dr. Cho is a member of the American Academy of Physical Medicine and Rehabilitation and the American Association of Electrodiagnostic

Maureen Lichtveld, (Photo by Paula Burch-Celentano)

Dong Sik Cho, MD

Medicine.

Dr. Cho joins Julie Larson, MD, and Nurse Practitioner Vyrl Traylor at North Oaks Physical Medicine and Rehabilitation Clinic. They specialize in the diagnosis and treatment of illnesses or injuries affecting movement and work to improve performance without surgery. They also are experts in treating brain and spinal cord injuries, stroke, arthritis, carpal tunnel syndrome and neck/back pain.

UQ Ochsner Clinical School Offers Innovative Virtues and Professionalism Program

Educating the next generation of physicians is more than just teaching treatment protocols and the science behind diseases and cures. It is about ensuring physicians deliver patient care compassionately and in a way that places the patient at the center of all that they do. The University of Queensland (UQ) Ochsner Clinical School has developed the Virtues and Professionalism Program, an innovative course for its medical students that helps accomplish this, and a whole lot more.

The Virtues and Professionalism Program focuses education on core virtues of courage, gratitude, hope, wisdom, humility, and character. This toolkit of values becomes the foundation on which physicians can make decisions, achieve work-life balance and develop the skills to more effectively interact with patients.

The program challenges students through self-reflecting journaling and instruction by a team of physicians and experts who provide personal accounts based on their career experience. It also gives students a forum to discuss common questions they may have as they enter their career. The goal is to prepare physicians to better handle the rigors of medicine so they can, in turn, provide the best care for their patients.

Mary Bird Perkins TGMC Cancer Center Earns Guardian of Excellence

Mary Bird Perkins TGMC Cancer Center was recognized as a 2016 Guardian of Excellence Award® winner by Press Ganey. This award recognizes top-performing healthcare organizations that have consistently achieved the 95th percentile or above of performance in patient experience.

The Press Ganey Guardian of Excellence Award is a nationally recognized symbol of achievement in healthcare. Presented annually, the award honored Mary Bird Perkins TGMC Cancer Center, for consistently sustaining performance in the top 95 percentile of all Press Ganey clients for each reporting period during the course of one year.

Attorney General Makes Four Medicaid Fraud Arrests

Attorney General Jeff Landry announced recently that Djuana Richard, Joseph Richardson, Kishawn Holmes, and Lynette Dowell were arrested by his Medicaid Fraud Control Unit.

Richard, 51, of Independence, was arrested on four counts of Medicaid Fraud for allegedly working at a patient care facility while simultaneously claiming to be providing in-home care to another Medicaid recipient.

Richardson, 45, of New Orleans, was arrested on two Counts of Medicaid Fraud for allegedly causing the presentation, for payment, of false or fraudulent claims for providing medical services.

Holmes, 45, of New Orleans, was arrested on two Counts of Medicaid Fraud for allegedly submitting time sheets and service logs that indicated that she provided services to a Medicaid recipient during a time period where no services were provided.

Dowell, 45, of New Orleans, was arrested on two Counts of Medicaid Fraud for allegedly causing the presentation, for payment, of false or fraudulent claims for providing medical services.

All four were booked into the East Baton Rouge Parish Prison. ■

January 1 marks the beginning of a new year for most people. Jan. 1, 2017 was particularly significant for the U.S. health care system because it also signaled the implementation date for the Medicare Access and Children's Health Insurance Program Reauthorization Act, also known as MACRA.

GAINING PERSPECTIVE ON MACRA

Richard Bridges, MD

Flip Roberts, MD

Jeff Williams

MACRA REFERS TO bipartisan federal legislation passed in 2015 that aims to transform and reform the way our health care system evaluates and pays for care. Key to this rule is a physician payment system that replaces the Medicare Sustainable Growth Rate formula and is designed to drive the industry from volume to value-based care. The practical implications of the new Quality Payment Program will be far-reaching, affecting providers, payers, purchasers and consumers

For providers across the health care continuum, MACRA will not only profoundly alter the way they deliver care, but the way they practice in general. Recently, I surveyed leaders of several provider-related organizations in Louisiana and asked them for a broad, overall view of the legislation's potential impact on their respective members.

DO YOU BELIEVE THAT YOUR MEMBERS ARE KNOWLEDGEABLE ABOUT MACRA AND READY FOR IMPLEMENTATION?

Richard Bridges, MD, Chair of Legislative and Membership Issues Committee for the Louisiana Academy of Family Physicians (LAFP): I feel that the members are aware. I think some have been very aggressive at preparing, but there is a generational gap in being ready for this. At our hospital staff meetings, where only two of the physicians are less than 40 years old and the rest are 60 plus years old, there are a lot of questions. I don't think most of them are ready for the implementation. I feel that those who are active in their medical societies are more aware, but many are not. In our community, frankly, we are seeing the older physicians weigh the cost of changing their practices to fit MACRA versus the years until they retire. One is doing away with electronic medical records. And two have decided not to change and just accept the financial penalties involved. They feel that the disruption to their practices is not worth it.

Dr. Floyd J. "Flip" Roberts, Jr., FACP, FCCP, Vice President of Clinical Affairs for the Louisiana Hospital Association (LHA): I have had the opportunity to speak with medical staff leaders from across the state in recent weeks. It appears that many Louisiana physicians have little, if any, familiarity with the MACRA or its implications for their practices. From my perspective, many physicians are fortunate that CMS has created an opportunity to avoid a penalty during the 2017 measurement period (for calculation of what a physician will be paid in 2019) by minimally reporting in 2017. This strategy will then create the opportunity to use the year of 2017 to prepare for a full year of reporting Merit-based Incentive Payment System (MIPS) measures in 2018 (for calculation of physician payment in 2020).

Jeff Williams, Executive Vice President/ CEO of the Louisiana State Medical Society (LSMS): National surveys show that a significant number of physicians are not aware of MACRA and/or ready for its implementation, and I believe that to also be the case for Louisiana, especially in rural areas. That is why the LSMS is currently working internally and with external partners to craft tools and educational materials that will both educate and prepare Louisiana physicians not just for the implementation of MACRA but for success within the Quality Payment Program as well.

HOW WILL THE IMPLEMENTATION OF MACRA IMPACT YOUR MEMBERS IN THE SHORT-TERM? LONG-TERM?

Dr. Richard Bridges: In the short-term, I think it will result in physicians making less on reimbursements. Long-term, I think it

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Chief Executive Officer
Louisiana Health Care Quality Forum

can have many different effects on the practice of primary care. Some may be good and some may be bad. This is a very large federal policy, and we will not know the full impact of the changes until we are in the middle of them ... sort of what creates the anxiety of the situation.

Dr. Flip Roberts: The vast majority of Louisiana physicians will be paid under the MIPS mechanism in 2019, and likely for years to come. In the short-term, the issues are educating physicians about the MIPS measures and assisting with the complex task of setting up mechanisms of reporting to CMS. Successful performance under MIPS essentially requires the use of electronic health records (EHRs), and many practices in Louisiana are not currently using EHRs. The cost and complexity of this transition will likely lead to smaller practices re-evaluating whether to work with or for a larger institution. There are incentives in the MACRA to move toward the Alternative Payment Model (APM), in which the physician practices in a payment situation which puts the practice at substantial downside financial risk. Over the long-term, physicians and institutions will evaluate the possibility of creating a mechanism to take advantage of the APM.

Jeff Williams: In the short term, MACRA is another administrative burden that will cost practices time, money and resources in preparation and reporting requirements. In the long-term, the impact is financial in nature depending upon how each physician/practice is scored and where they are rated in comparison to others. Some will be winners, but many will be losers simply because CMS does not allow for any disparities in socioeconomics and/or population health. Additionally, the fact that physicians won't know how they performed until two years after the fact is problematic in many ways.

FOR YOUR MEMBERS, WHAT ARE THE BIGGEST CHALLENGES ASSOCIATED WITH MACRA?

Dr. Richard Bridges: For those that are well-established and their practices are running well for them, it will be changing how they do things, implementing facets and steps they have not previously used.

Dr. Flip Roberts: First, physicians need to know much more about the MACRA and MIPS. The assessment of what to report and how to report will be the next chapter. Then comes the work of how to improve performance on the measures ... meaning the ability to analyze their data and undertake performance improvement redesign of processes within the practice. Note well, all of this is on top of trying to stay current with the rapid progress in medical knowledge, technology and patient care that is the foundation of what patients expect. Adapting to the MACRA might be likened to trying to change the wheels on a car that is flying down the road at 60 mph!

Jeff Williams: Initially the biggest hurdle is the reporting requirement itself. After that, it's insuring that each physician/practice is reporting the best data for their individual practices to receive higher quality scores. There are multiple ways to achieve compliance while increasing quality within MACRA and MIPS but they do not all lead to the same score, i.e. reimbursement. Our goal is to help physicians build a road map that will allow them to strike a balance between what they report and how they are reimbursed.

HOW DO YOU SEE MACRA RESHAPING THE HEALTH CARE LANDSCAPE?

Dr. Richard Bridges: I think that it can have many effects on health care, one being the redesign and changing of the model of primary care delivery. It is possible that you could see more and more providers transitioning to the Patient-Centered Medical Home model. I think this will be driven by new physicians and new practices along with the changing landscape of more hospital-owned practices. This will be part of the quality versus quantity reimbursement changes. There can also be possible negative outcomes. One would be more doctors beginning to see fewer and fewer Medicare patients, if any at all. This would strain an already stressed model. Other concerns are that it could drive more and more physicians into concierge and direct primary care which would also take them away from seeing Medicaid and Medicare patients.

Dr. Flip Roberts: Unlike the Affordable Care Act of 2010, the MACRA of 2015 was passed with bipartisan support in Congress. Accordingly, the principles in the MACRA appear likely to be the foundation of physician payment for the near term. That is, Congress and the people are expecting physicians to focus on value and outcomes, and there will be new transparency to inform patient choice. A challenge is that after a nearly 1,000-page piece of legislation in 2015 (the MACRA), CMS has provided nearly 2,500 pages of rules that have to be digested and accommodated. There will clearly be further discussion about how best to deliver value and good outcomes to patients and some fine-tuning of this massive redesign.

Jeff Williams: As fee-for-service reimbursements are replaced by value-based payments, I think you'll see private insurers mimic the same reporting metrics as contained within MACRA.

In closing, as these three leaders have noted, change is the overriding theme for health care providers in Louisiana and across the country in 2017. But even in the middle of this transition, one thing is certain: MACRA is here with possibilities, challenges and opportunities for all stakeholder groups to deliver and/or receive high-quality, high-value and patient-centered care. ■

PRACTICE DRIFT: Avoiding Work Arounds that Imperil Safe Nursing Practice

IN THE HECTIC WORLD that is professional nursing practice, Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) have developed work arounds, shortcuts, and rule bending that may imperil patient care and violate our standards for integrity and practice guided by best evidence. We are experts at this kind of 'practice drift' whereby we abandon safe practices in our fast-paced, high intensity work environments and risk human error in our quest to care for more patients, with less staff, in shorter periods of human-to-human interaction. A review of some of the actions that constitute 'practice drift' might include the following:

- Borrowed a medication from another patient to override slow pharmacy systems;
- Administered pain medication without a thorough pain assessment;
- Signed as a witness for a narcotic waste that you didn't actually see because the nurse was your friend;
- Failed to check two identifiers for any patient procedure or medication administration because you were too busy;
- Pre-documented care in the medical record because you knew you might not have time later;
- Looked up information in a medical chart on a patient for whom you weren't assigned;
- Delegated a task to an experienced certified nursing assistant that was outside their scope of practice because you knew they had done the task before;
- Talked about patients with other nurses in public settings within the organization;
- Worked overtime or an extra shift even though you were so fatigued you were falling asleep just because your supervisor stated there was "no one else to work".[1]

As a regulatory agency, the Louisiana State Board of Nursing (LSBN) is tasked to reduce preventable errors, protect the public by ensuring that RNs and APRNs are safe practitioners, and oversee the education of our future nursing workforce. Nurses practice in complex environments and often struggle to adapt new technologies and treatments in caring for their patients. When barriers are perceived in either structure or process that interfere with nurses' adoption of best practices through deviations from policy, protocol, and/or procedure, the Board has a professional obligation to work with our nursing constituents to correct those process and structure problems.

The Institute for Safe Medication practices posits that behavioral research supports that all humans are programmed to change gradually in their responses to everyday behaviors that become routine. As our perceptions of risk diminish over time, we are more likely to try to do more with less and to 'drift' away from actions that we know to be safer.[3] Generally, nurses develop these types of solutions to save time, enhance patient care or improve a faulty process. Rather than solve the problem, we treat the symptoms without ever analyzing the consequences of our short-cuts. Over time, these short-term solutions become a cultural norm, especially if there are no immediate untoward outcomes that threaten patient safety.

In a recent study by Westphal et al., fourth year nursing students were asked to identify common work-arounds and describe the reasons why nurses engaged in these types of behaviors.[6] The student assignment revolved around identifying behaviors that were inconsistent with the Quality and Safety Education for Nurses

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"RCA is an analytical tool in which the problem is first identified and then a series of "Why?" questions are asked to drill down until a process or system is identified that has a potential for redesign to reduce risk."

(QSEN) six core patient competencies including patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics.[4] The researchers conducted content analysis to identify commonalities and differences related to the work-arounds. Specific categories and themes emerged from this iterative process. Most of the work-arounds occurred on medical-surgical units and were related to prevention of infections and medication administration. Included under prevention of infections were breakdowns in isolation procedures, violation of sterile technique during invasive procedures, and violation of proper hand hygiene. Work arounds related to medication management included following correct verification procedures, interpretations of medication orders, and violation of special handling procedures. Time was a factor in that, during heavy workload, nurses did not have sufficient time to perform routine responsibilities. Patient condition was also a factor including patient preferences and care prioritization, either of which might preclude nurses following proper protocols.[6]

At LSBN, we don't believe that most nurses intentionally commit mistakes that threaten patient welfare. Generally, when nurses are brought to our attention for disciplinary reasons, it is because they violated rules that caused patient harm. When asked for explanation, these nurses often believe that their deviations from standards were an attempt to provide the best care possible within environments where they are consistently faced with limited resources. Unfortunately, the outcomes of using shortcuts, bending the rules, or developing work-arounds are often compromised patient care and damage to one's reputation and credibility. Additionally, these deviations from standards have the potential to result in suspension or even revocation of your license. If patient injury or death occurs from the nurses' actions, financial loss is also a possibility through malpractice claims.

A better solution to process and structure problems within our institutions is root cause analysis (RCA). RCA is an analytical tool in which the problem is first identified and then a series of "Why?" questions are asked to drill down until a process or system is identified that has a potential for redesign to reduce risk. The Joint Commission has developed a framework that assists in answering analysis questions which aid in organizing the steps of the RCA after a sentinel event occurs. Some of the relevant questions include:

1. What was the intended process flow?
2. Were there any steps in the process that did not occur as intended?
3. What human factors were relevant to the outcome?
4. How did equipment performance affect the outcome?
5. What controllable environmental factors directly affected this outcome?
6. What uncontrollable external factors influenced this outcome?
7. Was the staff properly qualified and currently competent for their responsibilities at the time of the event?
8. How did actual staffing compare with ideal levels?
9. Did staff performance during the event meet expectations?
10. To what degree was all the necessary information available when needed? Accurate? Complete? Unambiguous?
11. How does the organization's culture support risk reduction?
12. How can orientation and in-service training be revised to reduce the risk of such events in the future?[5]

All nurses need to work together to identify work-arounds and other 'practice drift' issues. Specific problems that may be amenable to the processes identified herein include short staffing, insufficient supplies and equipment, inadequate support services, and inefficient education and in-service training.[2] Regulatory agencies like LSBN are committed to working with our practice partners to promote solutions to practice challenges that will ensure excellence in patient outcomes and protection of public health. ■

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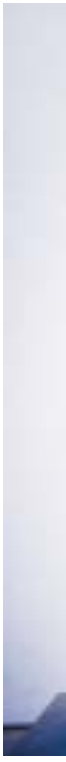
As I write this article I reflect on the success of the recently concluded Innovation Louisiana conference and university showcase conducted by the New Orleans BioInnovation Center. Events like these play an important role in bringing various members of a Bio and Health Services Innovation ecosystem together, and help drive growth of the local Bio economy.

Growing our Ecosystem



THIS BEGS A FEW QUESTIONS—how does a vibrant ecosystem for innovation and commercialization of Bio and Health Services technologies foster economic prosperity? And how is the development of such an ecosystem integral to economic development in this industry cluster?

In the coming months, I will illustrate the contribution of each player in such an ecosystem towards a vibrant Bio economy. In this issue, I would like to lay the foundation by describing the efforts involved in cultivating the ecosystem as a whole.

Ultimately, the sign of a thriving industry cluster is growth in commercialization, company formation and quality job creation.

In the Bio and Health Services cluster, economic output arises in large part from biological and clinical research and the generation of novel intellectual property that is both commercially viable and can be safely administered or adopted by patients and consumers. The close interaction among academic institutions, industry, government, and investors is therefore a necessary component for building a strong pipeline of innovative technologies and services—one that is well funded and has a pathway to clinical adoption.

The job of economic development in this cluster is, in equal measure, a job of ecosystem development and business attraction. My time is equally divided into activities that are outward facing and inward facing. A large part of my outward-facing role at the New Orleans Business Alliance includes identifying companies in other markets that may benefit from the assets and incentives for businesses in New Orleans, and marketing those benefits to them through multiple channels.

My time is equally divided on the crucial inward-facing activities of cultivating our ecosystem. This work not only helps homegrown innovation find a path for commercialization and job creation locally, it also forms the asset base that I can promote to stakeholders in other markets.

The work of developing a vibrant ecosystem, however, is neither fast nor simple. It takes time and thoughtful dialogue with public and private partners, academic and industry partners, as well as non-profit institutions. On any given day, my job consists of any or all of the following. I engage in dialog with members of the Bio and Health Services ecosystem to assess strengths and gaps in the ecosystem. I also identify and implement platforms through which various

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"In the Bio and Health Services cluster, economic output arises in large part from biological and clinical research and the generation of novel intellectual property that is both commercially viable and can be safely administered or adopted by patients and consumers."

actors of this ecosystem can partner. In addition, my role involves outreach and advocacy to fund mechanisms that can attract sponsorships for research, customers and investments that leverage our strengths and can fill any gaps.

As you can tell, the job is by its very nature a collaborative one. It's also iterative and incremental.

One large endowment to an academic institution, one major corporate relocation, one massive grant can doubtless alter the pace of progress. But more often than not, it's a series of small steps, numerous meetings, successes that start out modest and build upon each other, best practices that are borrowed and fine-tuned for local relevance. It's a combination of startups and mid-sized companies that relocate, almost experimentally, and become ambassadors for the city.

Over time all of these achievements lead to an ecosystem that is as diverse as it appears natural and effortless. Events like Innovation Louisiana are crucial building blocks to such a robust ecosystem. The announcement of a company relocation to New Orleans, or expansion of an incumbent, is really a victory for every actor in this ecosystem, and is a testament to the painstaking work of keeping the ecosystem well-oiled and functioning as a powerful and efficient machine in fueling innovation and commercial activity. ■

I accepted the position of Secretary of the Louisiana Department of Health about a year ago and I still believe that I have the best job in state government because we have increased health care coverage to so many residents through Medicaid expansion. It is both an honor and a privilege to work with a team of professionals who care so deeply about improving the health of all Louisianians and creating a better future for our state.

Wrapping Up the Year and Looking Ahead

IT'S BEEN A BUSY YEAR. In addition to being faced with daunting budget problems when we first took office, we have taken on several major efforts. First, the Louisiana Department of Health worked with Governor John Bel Edwards to expand Medicaid; and we have worked to plan, prepare for and educate residents about the Zika virus.

Medicaid Expansion

Only six months after Louisiana implemented Medicaid Expansion, more than 8,600 newly enrolled Louisiana residents are getting care for chronic conditions. As of December 1, more than 350,000 new adult members have enrolled.

Matthew Guidry of Opelousas is one of thousands of Louisiana residents who is now getting care because of Medicaid expansion. Guidry, who has lived with sickle cell anemia almost all of his life, looked to the local emergency room for care. Although he could get relief for his pain there, it was much more difficult to find someone to treat his ongoing vision problems.

When coverage became available in Louisiana under the newly expanded Medicaid program in July, Guidry applied. He now has a primary care physician who can provide all of the necessary care for his sickle cell disease including infection prevention, pain management and care that can prevent organ damage.

Matthew's story is not unique. He is one of thousands who are now receiving lifesaving care. The most recent data provides this picture of the benefits of Medicaid coverage that began for adults this past July:

- Over 38,500 members have received preventative care visits with a care provider.
- 3,565 women have completed important screening and diagnostic breast imaging such as mammograms, MRIs and ultrasounds, and 45 were diagnosed with breast cancer as a result of this imaging.
- Over 3,000 adults had colonoscopies; and 786 patients had precancerous polyps removed.
- Treatment has begun for almost 600 adults newly diagnosed with diabetes.
- Nearly 1,500 patients have been newly diagnosed with hypertension.
- During this year's flu season, more than 6,300 new members have received a flu shot.

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

350,000

The number of new adult members that have enrolled in Medicaid as of December 1.

Medicaid expansion is leading to better health outcomes for hardworking Louisianians who previously did not have coverage. Before expansion, some of our sickest, most vulnerable citizens, the majority of whom work every day, could not afford health insurance. Consequently, they either did not seek the medical attention they needed or, like Mr. Guidry, visited hospital emergency rooms for care. That led to many being diagnosed late when care is the most expensive and the prognosis is poor. Thanks to Medicaid expansion more people are getting their health needs met and our state is realizing significant savings in health care costs.

Zika Virus

As I was writing this column (November 30) the state of Texas reported their first locally transmitted case of Zika virus. A South Texas woman was diagnosed and health experts confirm that she likely received the virus from a local mosquito.

So what does local transmission in Texas mean for Louisiana? According to Dr. Raoul Ratard, State Epidemiologist, Louisiana is in a different situation than Texas.

"We can look to dengue as an indicator for Zika, as the two viruses are very similar and can both be transmitted by Aedes mosquitoes. South Florida and south Texas, the two areas in the United States that have had local transmission of Zika, both have a history of dengue transmission by local mosquitoes. This is not the case in Louisiana, where we have not had a local dengue case in over 30 years," Dr. Ratard explained.

There have been 39 total identified cases of Zika virus in Louisiana. None of these cases were contracted from a local mosquito; all are travel-related. Residents are urged to check their travel plans to see if there is local Zika transmission, which means they could get Zika from a mosquito bite, in the areas they are visiting.

Zika virus is of greatest threat to pregnant women, as their child may be at risk for certain severe birth defects as a result of infection. Pregnant women and women trying to get pregnant should avoid travel to areas with Zika transmission. Because Zika can spread through sexual activity, pregnant women should have their partners use a condom correctly every time or abstain from sex if their partner has traveled to an area of the world with Zika transmission.

Preventing Mosquito-Borne Diseases

- All travelers to areas where Zika virus is active should be aware and take the following steps to protect themselves from mosquito bites:
- Use an EPA-approved insect repellent. Wear light-colored, long sleeves and pants.
- Sleep under a mosquito net if you are outdoors or in an area without door and window screens.
- The same precautions apply at home, and people should also make sure their house is mosquito-proof by ensuring their windows and doors have intact screens. Once a week or after every rainfall, empty standing water from any containers around your home, especially small containers.

Looking Ahead to 2017

The Louisiana Department of Health is focused on HEALTH. We believe in accountability, transparency and high-quality care. One of the key issues that we plan to address in 2017 is Medicaid payment reform. In fact, we are actively meeting with health care administrators to begin this process. You will also see a renewed focus on electronic health records for Medicaid providers and ongoing efforts to reduce opioid abuse. I fully expect the New Year to be just as exciting as 2016 has been. ■

With escalating obesity rates facing our state and nation, there is a need for a deeper understanding of the mechanisms that modulate body weight.

TURNING UP THE HEAT ON OBESITY

Brown adipose tissue (BAT)-induced heat could be a promising therapy to treat obesity and metabolic diseases, according to new research

OBESITY RESULTS WHEN WE CONSUME more energy, or calories, than we expend, but underlying mechanisms have many factors.

Brown adipose tissue (BAT), or brown fat, burns calories in order to generate heat and maintain body temperature. Leptin, a hormone produced by fat cells, plays a part in the process of heat generation, also called thermogenesis. It is a crucial and powerful hormone in keeping body weight normal. Past research shows that leptin receptors in specific brain regions regulate the amount of energy expended, body weight and food intake.

Researchers are honing in on how brown adipose tissue can be used to burn fat more effectively. A team of scientists from LSU's Pennington Biomedical Research Center with colleagues from Tulane University sought to determine the role of leptin receptor expressing neurons in distinct brain areas in energy homeostasis. Previous research discovered brown adipose tissue (BAT)-induced thermogenesis as a promising therapeutic target to treat obesity and

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"After all these years of obesity research, still we're not able to completely treat the disease because there are so many different circuitries that contribute to obesity. With soaring obesity rates, this research is critical to our understanding of how the energy balance in our bodies is regulated."

metabolic diseases, but scientists do not exactly understand the brain circuits that activate BAT-induced thermogenesis.

"After all these years of obesity research, still we're not able to completely treat the disease because there are so many different circuitries that contribute to obesity. With soaring obesity rates, this research is critical to our understanding of how the energy balance in our bodies is regulated. With a deeper understanding, we can devise better strategies for obesity treatment. Every research endeavor is a proactive step towards a healthier Louisiana," said Dr. Heike Münzberg, associate professor of research at Pennington Biomedical.

Key Findings

Neurons in our brains that express leptin receptors promote weight loss and negative energy balance by suppressing food intake and enhancing energy expenditure. Notably, the preoptic area (POA), which is a region of the brain that controls body temperature, is not considered a site for body weight control and its role in balancing body weight equilibrium is unknown.

These neurons mediate adaptations to ambient temperature changes. In animal models, the activation of these neurons decreased core body temperature and energy expenditure, thus suppressing food intake and causing significant body weight loss.

Most importantly, these neurons regulate food intake and energy expenditure, and are critical for maintaining equilibrium in body weight and body temperature.

Another result was these leptin-receptor preoptic neurons are activated by warm temperatures, but not by cold temperatures.

One result of the study that was inconsistent with earlier models of this circuitry showed other neurons to have no effect on energy expenditure. This study was the first to test the activation of specific neuronal subpopulations at different ambient temperatures in animal models. This research significantly expands our understanding on how the circuits and mechanisms in our brains operate and modulate energy homeostasis, but further investigation is still needed.

This discovery about neural circuits mediated by these neurons has significant implications in better understanding how energy balance is regulated and devising new strategies for obesity treatment. The data suggests a new view into the neurochemical and functional properties of BAT-related preoptic area circuits and highlights their additional role in modulating food intake and body weight. This study contributes to a better understanding of how BAT activity is regulated by the brain and holds great potential as a therapeutic strategy to target obesity.

This type of biomedical research is key to our understanding of chronic diseases such as obesity and it contributes to a body of knowledge that advances the diagnosis, treatment, and prevention of this and other metabolic diseases.

The study entitled "Glutamatergic preoptic area neurons that express leptin receptors drive temperature-dependent body weight homeostasis," was recently published in the prestigious *Journal of Neuroscience*. For more information on research underway at Pennington Biomedical please visit www.pbrc.edu. ■

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HEALTHCARE JOURNAL of New Orleans

Hospital Rounds

Two STPH Nurses Recognized Among Great 100 Nurses

St. Tammany Parish Hospital announced that two of its nurses were recognized by the Great 100 Nurses Foundation. Ryan Nunez, CRNA and Susan Aultman, RN were recognized for the outstanding level of care they deliver to their patients.

The Great 100 Nurses Foundation honors nurses as Louisiana's 100 greatest nurses. Nurses are nominated by colleagues, patients, family members, and friends. The unidentified nominations are scored by an anonymous group of reviewers who consider what the nurse has done for humanity and the nursing profession and how they serve as a role model for other nurses.

Hospital Rounds

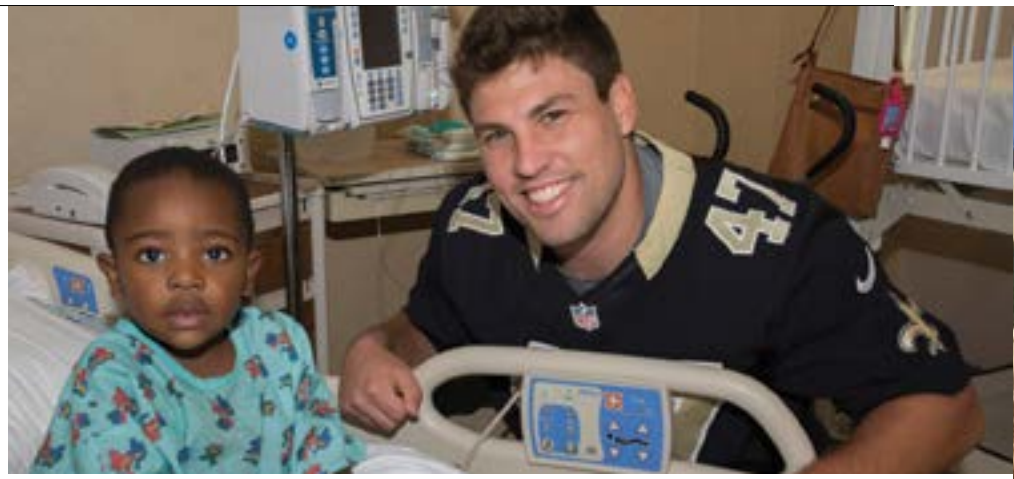
Drescher Surprises Young STPH Patients

"I love to do this," Saints long snapper Justin Drescher explained, as he walked down the hall of St. Tammany Parish Hospital's child-centered pediatric unit. "No one wants to be in the hospital, least of all a child or teen. And New Orleans Saints, we're role models in the community. If talking to me can cheer them up, put a smile on their face, I'm happy to be here."

St. Tammany Parish Hospital, a member of the Ochsner Health Network (OHN), provides west St. Tammany families a broad spectrum of pediatric services including its pediatric unit with pediatric hospitalists, a dedicated pediatric emergency department opening in January, and pediatric rehabilitation and therapy.

In October 2014, STPH and Ochsner formed a long-term, strategic partnership to increase local access to care, improve quality and reduce overall healthcare costs. Pediatric specialty services were one of the top three areas of focus from the very beginning of the relationship.

Since then, STPH and Ochsner opened Ochsner Health Center for Children Pediatric Subspecialties Clinic and STPH added pediatric orthopedist McCall McDaniel to its Bone and Joint Clinic.



Saints long snapper Justin Drescher visits children at St. Tammany Parish Hospital .

NO Docs Perform High-Risk Coronary Angioplasty with Novel Device

LSU Health New Orleans interventional cardiologist Murtuza Ali, MD, led a team that performed the first coronary angioplasty using the investigational HeartMate PHP™ in Louisiana at University Medical Center New Orleans. The procedure was part of the SHIELD II clinical trial to compare St. Jude Medical's PHP (Percutaneous Heart Pump) Heartmate™ device to Abiomed's Impella® 2.5 device for mechanical circulatory support in high-risk patients undergoing percutaneous coronary intervention (PCI), also known as coronary angioplasty.

Some patients who undergo PCI have reduced pumping power, which puts them at higher risk for potential problems, so it is standard care to use a heart assist device to maintain blood flow during the procedure. The two devices being compared in the SHIELD II study are used as heart assistive devices to provide support to the left side of the heart during PCI.

The HeartMate PHP cardiac assist device is placed via catheter to temporarily assist circulation by continuously pumping blood during PCI. Unlike traditional catheter-based support devices, the HeartMate PHP cardiac assist device can generate an average blood flow of four to five liters per minute, which is the normal amount of blood pumped out by the left ventricle.

SHIELD II (Coronary Interventions in High-Risk Patients Using a Novel Percutaneous Left Ventricular Support Device) U.S. IDE Clinical Trial is a prospective, randomized, multi-center, open-label study. The study will randomize up to 425 patients in centers nationwide.

For more information about the SHIELD II trial, call Dr. Ali's office at (504) 568-4631.

LCMC Health Presents National Patient Safety & Quality Colloquium

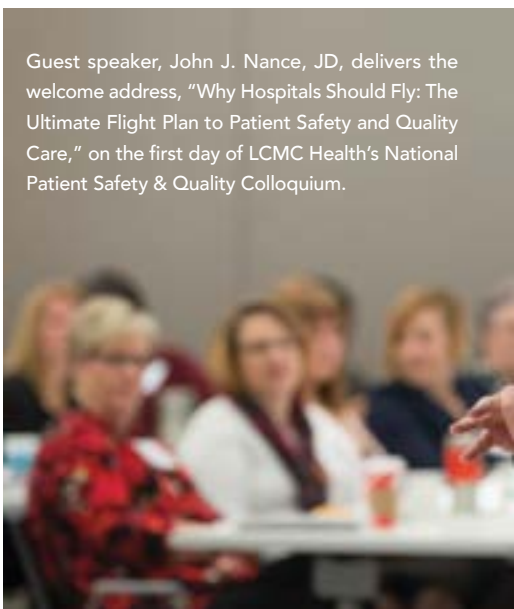
In November, LCMC Health presented the health system's annual National Patient Safety & Quality Colloquium. During the two-day conference, held in University Medical Center New Orleans' Conference Center, more than 125 senior leaders and Board members representing Children's Hospital, Touro, University Medical Center, West Jefferson Medical Center and New Orleans East Hospital attended and gained valuable insights on regulatory readiness, leadership, and culture from national experts and regulatory partners in the healthcare industry.

Expert speakers included Pam Beitlich, RN, ARNP, RN; Carson Dye; Robert Laszewski; George Mills, MBA, FASHE, CEM, CHRM, CHSP; Michelle McDonald, RN, MPH; Ana Pujols McKee, MD; John J. Nance, JD; Mark Pelletier, RN, MS; Lisa Waldowski, MS, APRN, CIC.

Multi-Organ Transplant Institute Selected for National Pilot

Ochsner Multi-Organ Transplant Institute is one of 19 transplant hospitals in the United States to participate in the initial pilot phase of the Collaborative Innovation and Improvement Network (COIIN), a three-year project by the United Network for Organ Sharing (UNOS) intended to increase kidneys used for transplantation.

During the study, transplant centers will participate in an alternative, collaborative quality improvement framework to drive improvements



Guest speaker, John J. Nance, JD, delivers the welcome address, "Why Hospitals Should Fly: The Ultimate Flight Plan to Patient Safety and Quality Care," on the first day of LCMC Health's National Patient Safety & Quality Colloquium.

Jyric Sims in Jerusalem, one of three cities he visited during a week-long delegation trip to Israel.

in organ offer and acceptance, waitlist management and care coordination.

Each pilot hospital will create and test improvement aims during successive rapid improvement cycles and can share lessons learned with other study participants on an interactive, virtual learning site. Hospitals can also monitor their improvement in key measures including outcomes, processes, relationships, and structures.

Training and coaching for pilot participants will begin in October 2016, and the data collection and collaborative learning will begin in January 2017.

The pilot is funded by the Health Resources and Services Administration.

Sims Selected for Prestigious Israel Delegation

Jyric Sims, senior vice president and chief operating officer of Tulane Health System, was recently selected as one of 20 African American leaders to participate in a weeklong delegation to Israel.

The delegation, sponsored by American Israel Education Foundation (AIEF), a charitable organization affiliated with American Israel Public Affairs Committee (AIPAC), selected executive leaders from various business and community organizations from nine states, with the goal of gaining an in-depth understanding of modern Israel and the current U.S.-Israel relationship.

"To meet with high-level leaders and citizens to understand the complexity of the challenges facing this region – and also to experience the resiliency, hospitality, and culture of the Israelis – was tremendously impactful," Sims said. "This was truly a once-in-a-lifetime experience to see first-hand the economic revolution occurring there and tour dynamic healthcare facilities. This has afforded me a new appreciation for the region and enhanced my desire to become an ambassador for the continued development of the U.S.-Israel relationship."

The intense educational experience included visits to key cities Jerusalem, Tel Aviv, and Tiberias. In each city, participants met with current and former high-ranking religious, political and military leaders to better learn about the culture and the groups' perspective on the future. The delegation visited holy and historical sites in Jerusalem and near the Sea of Galilee and Dead Sea, as well as the Holocaust museum. It also met with military leaders in the border zones of Syria, Gaza, and Lebanon.

"I'm proud Jyric was selected to participate in this prestigious delegation and represent Tulane Health System and the healthcare industry," said Dr. William Lunn, president and CEO of Tulane Health System. "His experience reminds us that we live in a global society, and healthcare advancements here can have a global impact."

Sims has received a number of recent accolades, including the 2016 American College of Healthcare Executives Regents Award as Early Careerist of the Year, the 2016 University of Arkansas Alumni of the Year, the 2016 New Orleans Regional Leadership Institute Emerging Leader Award, and the prestigious national 2015 *Modern Healthcare* "Up and Comer" Award.

Other leaders were selected from New Orleans to represent Louisiana, including Todd McDonald, a vice president with Liberty Bank and Trust, and Erika McConduit, CEO, Urban League of New Orleans.

Ochsner – North Shore Now Offering Cutting Edge Robotic Surgery

Ochsner Medical Center – North Shore is now offering state-of-the-art robotic surgery, or robot-assisted laparoscopic surgery, at its campus on Medical Center Drive. This technology now allows surgeons at Ochsner Medical Center – North Shore to perform complex procedures, including surgery for prostate cancer, hernias, kidney tumors, weight-loss/bariatrics, and obstructed kidneys, with improved outcomes.

Hospital Rounds

For most patients, when compared to conventional surgery, robotic surgery can result in significantly less pain, less blood loss, shorter hospital stays, shorter recovery periods, and a quicker return to normal daily activities.

Surgeons include:

- Michael Pinsky, MD, Urology
- Gary Wolf, MD, General Surgery
- Josh Parks, MD, General Surgery
- Richard Leblanc, MD, General Surgery
- Ace Gridley, MD, Bariatric Surgery, General Surgery.

EJGH Expands Footprint in Kenner

East Jefferson General Hospital (EJGH) announced its expanded investment into the Kenner community with the official opening of EJGH Kenner on Dec. 9, offering the same quality of care available at EJGH in a new, convenient location.

The medical facility will provide primary care services with convenient extended hours, offering patient appointments from 8 a.m. – 8 p.m., Monday through Friday, and 8 a.m. – noon on Saturdays. EJGH Cardiologist Gary Menszer, MD, FACC will also be located at EJGH Kenner.

East Jefferson General Hospital Kenner is located at 671 W. Esplanade Ave. and offers primary care services at a wide array of locations, including Destrehan, Old Metairie, Lakeview, and Kenner, as well as its main campus in Metairie on Houma Blvd.

Ochsner – Covington Marks Major Milestone in Expansion Project

A major milestone was reached in the construction of a multi-million dollar project to expand Ochsner Health Center – Covington. Crews laid the final supporting steel beam, signed by Ochsner employees to celebrate a major milestone in the construction phase.

Rising on schedule, the 43,000-square-foot expansion of the Covington campus marks a $19 million investment in the facility on Ochsner Boulevard which will bring 30 new jobs to the area.

When the expansion of the Covington campus is complete in 2018, the facility will offer a total of 45 services or specialties, including Foot and Ankle, Neurosciences, Orthopedics, Sports medicine, and Physical Therapy. The new addition will also include three more procedure rooms that will support continued growth in our procedural and surgical specialties.

LSU Health Recognized as 1st Hidden Scar Center

LSU Health New Orleans announced it has become the first Hidden Scar™ Breast Cancer Surgery Center in New Orleans. Dr. Adam Riker, Professor and Chief of Surgical Oncology at LSU Health New Orleans School of Medicine, is one of the few Louisiana surgeons trained in the Hidden Scar™ Breast Cancer Surgery technique. This advanced approach to breast cancer surgery hides scars, minimizing the daily emotional reminder of a breast cancer diagnosis.

Through this technique, surgeons can remove the cancerous tissue through a single incision made in an inconspicuous area, preserving the natural shape of the breast while reducing visible scarring. The Center will give more women access to transformative options.

Performing breast cancer surgery through a smaller incision requires consistent illumination throughout the surgical cavity, so surgeons can clearly see and remove the tumor. Invuity's Intelligent Photonics™ technology, which Dr. Riker uses, improves visibility during procedures such as lumpectomy and nipple sparing mastectomy.

Dr. Riker performs Hidden Scar™ Breast Cancer Surgery at University Medical Center and Touro Infirmary. To learn more about the technique, visit http://www.lsuhn.com/services/Hidden-Scar-Breast-Cancer-Surgery.

Tulane Lakeside Earns Top Teaching Hospital Award

Tulane Lakeside Hospital for Women and Children has been named a 2016 Top Teaching Hospital by The Leapfrog Group, a national healthcare quality ratings organization. Widely acknowledged as one of the most prestigious distinctions a hospital can receive in the United States, the recognition showcases Tulane Lakeside's commitment to patient safety and quality.

Tulane Lakeside is one of just 115 hospitals nationwide – and one of just two hospitals in Louisiana – to earn a Leapfrog 2016 Top Hospital recognition. According to Tulane it is also the only hospital in the state, and one of just 29 hospitals in the country, to be named a Top Teaching Hospital.

In addition to providing top-quality emergency, pediatric, obstetric, gynecological, and orthopedic patient care, Tulane Lakeside's partnership with the Tulane University School of Medicine offers the opportunity to help train the nation's next generation of physicians while advancing medicine through cutting-edge research projects. Tulane physicians are currently aiding medical advancement in studies ranging from preventing the Zika virus to better understanding the effects of post-traumatic stress disorders in children.

Tulane Lakeside was also recently recognized for its dedication to patient safety by being a awarded an "A" grade – the highest available – in The Leapfrog Group's Fall Hospital Safety Score listing.

This is the first year The Leapfrog Group has included a Top Teaching Hospital distinction in its annual awards. This year's recognitions include:

- 29 Top Teaching Hospitals
- 56 Top General Hospitals
- 9 Top Children's Hospitals
- 21 Top Rural Hospitals

The selection of Top Hospitals is based on the results of the 2016 Leapfrog Hospital Survey. Performance across many areas of hospital care is considered in establishing the qualifications for the award, including infection rates, maternity care and a hospital's ability to prevent medication errors. The rigorous standards are defined in each year's Top Hospital Methodology.

Touro Infirmary honored as 2016 Best Place to Work

Touro was recently honored in the large company category for the 14th *CityBusiness* Best Places to Work. *CityBusiness* selected 35 honorees in the large company category and 15 honorees in the small business category.

To compete, companies must submit extensive nomination forms disclosing workforce data such as salaries, benefits, retention levels, and employee advancement. The next part of the process involves a survey of company employees to measure workplace culture. All 50 companies chosen were honored at an awards luncheon at the Hyatt Regency.

Touro Opens New Patient Care Unit

Touro recently celebrated the grand opening of its new W5 16-bed patient care unit with

Danita Sullivan, Chief Nursing Officer and Vice President of Patient Care Services – Touro Infirmary, and Hugh Long, Governing Board Member – Touro Infirmary.

a reception and ribbon cutting. The opening of W5 created additional private medical/surgical beds for the hospital.

The W5 unit will be used to care for general surgery, urology, bariatrics, and breast surgery patients.

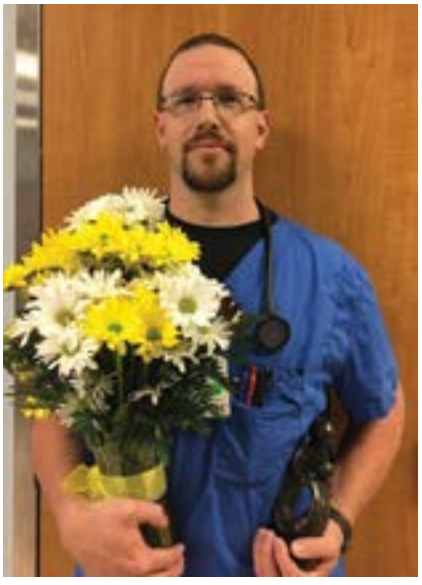
Ochsner Orthopedic Surgeon Lands Prestigious Fellowship

Ochsner Health System Orthopedic Surgeon, Dr. Brad Waddell, was recently selected as the American Association of Hip and Knee Surgeons' (AAHKS) Health Policy Fellow (HPF) for 2017-2018.

This two-year fellowship provides exposure to the various legislative and regulatory bodies that impact the ability to render healthcare services to patients. It's one of the nation's most comprehensive learning experiences connecting health, science and policy on a national level.

The HPF program will require that Dr. Waddell meet with healthcare leaders, the American Medical Association (AMA), congressmen, senators, and others through the leadership of the Health Policy and Advocacy Committee of AAHKS. Dr. Waddell will also participate in research and author papers on health policy and advocacy in addition to speaking at various meetings, including the AAHKS Annual Meeting, to provide updates on the work they are completing.

Dr. Waddell's areas of expertise include hip and knee replacement, anterior hip replacement, hip resurfacing, adult orthopedic deformities, robotic hip and knee replacement, revision hip and knee replacement, orthopedic research, and general orthopedics.



Ryan David, RN

David Named TGMC DAISY Award Winner

Terrebonne General Medical Center (TGMC) has honored Ryan David, RN, with the DAISY Award for Extraordinary Nurses.

An Emergency Department nurse at TGMC, David displays outstanding professionalism and compassion while treating patients. Praised by his patients and their families for his can-do attitude, David goes above and beyond to provide excellent care with a smile, said TGMC.

Annual North Oaks NICU Reunion Attracts 200 Guests and Graduates

Fourteen-year-old twins Gracie and Abbey Wainwright spent eight weeks in North Oaks Medical Center's Neonatal Intensive Care Unit (NICU) as babies, but were on hand at this year's annual NICU Reunion to welcome their fellow "graduates."

Dressed as elves, the twins "wanted to give back" to the NICU by helping out with the event, held Dec. 3, at the North Oaks Diagnostic Center. The free event was attended by about 200 former NICU patients and their family members who came out on a rainy, gloomy Saturday to enjoy holiday music and videos, storytelling, craft-making, face painting and refreshments provided by Chick-fil-A. In addition, each child had his or her photo taken with Santa Claus, and received a coloring book and crayons.

Sometimes, a baby may be born prematurely or with a health condition that requires admission to North Oaks Medical Center's NICU. In these cases, the baby's NICU stay may range from a few days to as long as 6 months.

The Wainwright twins, who are now freshmen at Albany High School, were born about 12 weeks prematurely. Gracie weighed 2 pounds, 2 ounces and Abbey weighed 2 pounds, 5 ounces. They have attended the event each year since their birth and wanted to assist Santa this year with the younger graduates.

Hospital Rounds

Carol Burt

It was the first NICU reunion for the Brown family, who attended the NICU event with 6-month-old Tinsley. She was born in June, 10 weeks early, weighing in at 4 pounds. Today, she weighs 11 pounds.

NICU Nurse Debbie McGinnis, RN, attended the event to "see my little patients." Having worked on the unit for the past nine years, she greeted many familiar faces. Although the babies have grown and changed in appearance, she recognized their parents and was eager to hear about the progress her former patients have made.

"Because these babies often spend a long time in the hospital, it is natural for a strong bond to form between medical personnel and the families, sometimes becoming close friends," according to Kirsten Riney, North Oaks Vice President of Patient Services.

Along with the Wainwright twins, 33 North Oaks Health System staff members volunteered their personal time to make the event a success.

For more information about North Oaks' NICU or any of the health system's services for women and children, please call the North Oaks Business Development Department at (985) 230-6742 or visit www.northoaks.org.

Brittany Carey (left) and 3-year-old Deuce visit with Neonatal Nurse Debbie McGinnis during the NICU Reunion. Deuce was in NICU for 98 days after his premature birth.

TGMC Honors Burt as December Employee of Month

Terrebonne General Medical Center (TGMC) honored Carol Burt as the December Employee of the Month. Burt is an Informatics Analyst in the Information Technology Department at TGMC.

In an effort to recognize outstanding employees, TGMC names an Employee of the Month. Employees of the Month show an outstanding constant commitment to the wellbeing of patients, staff, and extended families, and through their participation in the personal journeys they have with them. The employee of the month also makes it a priority to live out the TGMC mission of providing exceptional healthcare with compassion.

According to the hospital, Burt represents TGMC and IT and portrays all the iCARE values on a daily basis. While Burt's role has changed in the last year as TGMC prepares to implement new major software hospital-wide, she has never wavered in her commitment to TGMC and IT, said the hospital.

Tulane Launches Bone Marrow Transplant Unit Expansion

Tulane Health System's Bone Marrow Transplant (BMT) program is getting a new state-of-the-art patient care unit at Tulane Medical Center. The $3.8 million expansion project is expected to be complete in the summer of 2017.

The BMT Unit renovations include a complete remodel and expansion of the current unit, increasing the number of patient beds from seven to 16. New, state-of-the-art airflow and water filtration systems will run throughout the unit to ensure continued clean, filtered air and water for patients who have weakened immune systems. Additional amenities will include an exercise/recreation room for patients to use during their hospital stay.

Tulane's Bone Marrow Transplant Program is accredited by the internationally recognized Foundation for the Accreditation of Cellular Therapy (FACT), the Commission on Cancer and part of the Sarah Cannon Blood Cancer Network. It is FACT-accredited for both autologous and allogeneic transplants, performing related and unrelated donor transplants. Additionally, it is a National Marrow Donor Program (NMDP) transplant, apheresis and collection center for adults in Louisiana.

The BMT Unit renovations are part of Tulane Health System's year-long construction initiative to renovate and improve several areas of its downtown Tulane Medical Center campus. The $6 million in recent improvements also includes the renovation of three medical/surgical units and the addition of a 128-slice CT scanner and 3 Tesla MRI.

LCMC Health Hospitals Honored by Louisiana Marketing Organizations

LCMC Health's hospitals, including Children's Hospital, Touro, University Medical Center (UMC) New Orleans, and West Jefferson Medical Center recently received numerous recognitions for exceptional work in marketing, advertising, and public relations. Several hospital campaigns were recognized, in addition to individual awards received by marketing professionals at Touro and UMC New Orleans.

Tulane Bone Marrow Program physicians, Dr. Nakhle Saba and Dr. Hana Safah kick off renovations of Tulane's BMT Unit.

James Newcomb, MD

Gregory C. Feirn

Newcomb Appointed VP, Medical Affairs for SMH, OMC-NS

Slidell Memorial Hospital Chief Executive Officer Bill Davis announced the appointment of local family medicine physician James Newcomb, MD, as the Vice President of Medical Affairs, joining the leadership team guiding both SMH and Ochsner Medical Center-Northshore.

Effective Jan. 1, Newcomb will assume his new role, in which he will serve on the Consolidated Management Team overseeing the two East St. Tammany Hospitals, as called for in the Joint Operating Agreement between SMH and Ochsner Health System (OHS).

Newcomb will partner with other senior leadership members and the two medical staffs to work toward a shared vision for SMH and OMC-NS; assure regulatory compliance in physician areas; and drive quality and performance programs in both hospitals, Davis said. Additionally, Newcomb will act as a liaison between hospital administration and the physician staff members; assess clinical needs such as resources and equipment; and monitor all aspects of operational and clinical performance. Davis said Newcomb will also be responsible for driving the culture of safety and interdisciplinary teamwork as well as developing goals for inpatient care that adhere to or exceed national standards.

Newcomb is a well-known, respected physician in St. Tammany Parish. He has practiced in Slidell for nearly 30 years and has additionally held several local healthcare leadership positions, including Vice President of Medical Affairs at OMC-NS, and medical staff president, board representative, and board vice chairman at SMH. He is certified by the American Board of Family Medicine.

West Jeff Partners with Children's Hospital for Pediatric ER

West Jefferson Medical Center (WJMC) in partnership with Children's Hospital has opened a dedicated, pediatric emergency room within WJMC. The emergency room is conveniently located across from the adult ER and just off the main lobby/atrium.

This new alliance will provide care close to home for the West Bank community with convenient, quick access to emergency care for the whole family from birth through adulthood. The pediatric emergency room at WJMC offers 24/7 emergency care with pediatric specific equipment, seven exam rooms and physicians and nurses who are specially trained to work with children.

Ochsner's ALS Center Awarded Recognized Treatment Center Status

The Amyotrophic Lateral Sclerosis (ALS) Association recently awarded the Ochsner ALS Center the status of Recognized Treatment Center in the Association's nation-wide network of Certified Treatment Centers of ExcellenceSM. Since 1998, The ALS Association's nationwide network has provided evidence-based, multi-disciplinary ALS care and services in a supportive atmosphere with an emphasis on hope and quality of life.

The ALS Association Certified Treatment Center of Excellence Program designs, implements, and monitors a national standard of best-practice care in the management of ALS. Certifications are based on established requirements of the program, professionals' skill sets, people living with ALS served, relationships with local chapters, and access to care.

To become a Recognized Treatment Center, each center must meet The ALS Association's clinical care and treatment standards based on the American Academy of Neurology Practice Parameters and successfully complete a comprehensive site review.

The ALS Center at Ochsner offers comprehensive care for patients with this neurological condition and related disorders. Ochsner's team represents many specialties and uses a collaborative approach to create personalized care plans. The center is modeled after the national guidelines for care that have been developed by the ALS Association of America. In addition, Ochsner collaborates with the Louisiana-Mississippi Chapter of ALSA.

LCMC Health CEO Receives National Recognition

LCMC Health Chief Executive Officer Gregory C. Feirn was recognized by *Becker's Hospital Review*, a national healthcare publication, as one of the 135 Nonprofit Hospital and Health System CEOs to Know in 2016. The annual list is compiled based on a competitive nomination process. Nominees are evaluated on business accomplishments, leadership style, and community involvement.

Feirn has served as CEO of LCMC Health, a Louisiana based, not-for-profit hospital system, since 2014. LCMC Health operates and manages Children's Hospital New Orleans, Touro, University Medical Center New Orleans, New Orleans East Hospital, and West Jefferson Medical Center. As CEO, Feirn works closely with the Board of Trustees to provide executive oversight, analysis of system and hospital operations, and overall strategic direction.

Ochsner – North Shore Takes Home "Innovation Award"

Ochsner – North Shore is the recipient of the 2016 "Innovation Award" for its success in treating patients through the TeleStroke program. The award was presented by the St. Tammany West Chamber of Commerce at the Business Appreciation Awards.

In 2015, Ochsner – North Shore's door-to-needle (DTN) was among the best throughout Ochsner's 41 sites offering the TeleStroke program. DTN describes the time taken to administer the clot buster drug rTPA (Recombinant Tissue Plasminogen Activator), after the patient has entered the emergency room (ER) door. Since joining the

Hospital Rounds

network in 2009, Ochsner – North Shore has completed 562 TeleStroke consults to Ochsner Medical Center – New Orleans, delivering on the promise to the community to keep patient care close to home through innovative technology and collaboration via hospital partnerships and affiliations.

In August 2009, Ochsner Medical Center – New Orleans became the first hospital in Louisiana to use telemedicine to treat stroke and has become one of the fastest growing networks in the country with more than 40 active spoke hospitals. Through Ochsner Health System's TeleStroke program, ER physicians in rural and urban hospitals have the ability to consult immediately with Ochsner vascular neurologists 24 hours a day, 7 days a week, 365 days a year using telemedicine equipment to determine the best treatment options for stroke patients

Peoples Health Welcomes Pointe Coupee General Hospital

Peoples Health announced that Pointe Coupee General Hospital has joined its hospital network. Peoples Health, a Metairie-based Medicare Advantage company, serves more than 50,000 Louisiana residents and is enrolling Medicare beneficiaries in its health plans across the state, including in the Pointe Coupee area.

Pointe Coupee General Hospital offers acute care services, patient and family education, medical imaging and rehabilitation services. In addition, it offers case management and social services, providing patients with various treatment options. Services offered include:

- An emergency department staffed 24/7 with an emergency department physician
- Endoscopy
- Laboratory services
- Radiological services, including CT and MRI scans, digital mammography, general ultrasounds, and echocardiograms and vascular ultrasounds
- Outpatient clinics, including cardiology, orthopedics, ophthalmology, podiatry, and urology
- Outpatient infusion therapy
- Physical, occupational and speech therapy services
- Respiratory services, including an asthma clinic, sleep studies, and smoking cessation services
- Skilled care rehabilitation
- Surgical services, including feeding tube insertions, debridement and other skin surgeries, as well as cataract and other minor eye procedures

Regina Ramazani

Dr. Jay P. Goldsmith

Dr. Samir S. El-Dahr

Tulane Health System Names Ramazani CFO

Tulane Health System has named Regina Ramazani, a healthcare financial executive with more than 25 years of senior leadership experience, its chief financial officer. Ramazani will join Tulane's executive team in early November. Ramazani will provide financial oversight to Tulane Health System's two hospitals and more than 33 clinics.

Ramazani most recently served as chief financial officer and chief operating officer at Garden Park Medical Center in Gulfport, Mississippi, a sister HCA facility of Tulane Health System. Known as a dynamic collaborator, Ramazani served in several roles at Garden Park since 1999. As Garden Park's chief financial officer and chief operating officer, she provided a high level of strategic and analytical healthcare financial leadership and seamlessly navigated the continually evolving and complex healthcare landscape.

Ramazani is replacing Todd LaCaze, who served as Tulane Health System's CFO since 2013. LaCaze will join HCA's Riverside Community Hospital in Riverside, California.

Tulane Physicians Appointed to Prestigious Associations

The American Academy of Pediatrics (AAP) recently re-appointed Dr. Jay P. Goldsmith to the AAP Committee on the Fetus and Newborn. In this highly competitive election process, committee members are appointed by the AAP Board of Directors and reappointed biennially for a six-year term. As a member of the Committee on the Fetus and Newborn, Dr. Goldsmith will help develop many of the AAP policies and programs relating to fetal and neonatal care world-wide.

Dr. Goldsmith is a diplomat of the American Board of Pediatrics and is board certified in neonatal-perinatal medicine, with more than 40 years

Dr. Charles Baier (l) and Dr. Mark James (r) receive the Third Quarter Medical Director's Award from St. Tammany Quality Network.

of clinical experience in neonatology. Dr. Goldsmith is currently the Elsie Schaefer Chair of Neonatology and Section Chief of Neonatology-Perinatology Medicine at Tulane University School of Medicine. His publications include over 100 scientific articles, 25 book chapters, and six editions of the textbook he co-authored, Assisted Ventilation of the Neonate.

Dr. Samir S. El-Dahr was recently elected to the Board of Directors of the Association of Medical School Pediatric Department Chairs (AMSPDC). The membership of AMSPDC consists of the chair of each accredited medical school in the United States and Canada and is a major voice for academic pediatrics in North America. Its purpose is to improve the health and wellbeing of children in their communities and throughout the world. As an elected member of the board of directors, Dr. El-Dahr will serve a two-year term.

Dr. El-Dahr is the Jane B. Aron Professor and Chair of the Department of Pediatrics at Tulane University School of Medicine. He is an active clinician with an interest in pediatric hypertension and transplantation. Dr. El-Dahr is actively involved in laboratory research and currently holds NIH funding related to mechanisms of kidney development.

Tulane Lakeside Earns "A" for Patient Safety

Tulane Lakeside Hospital for Women and Children has been recognized for its dedication to patient safety by being awarded an "A" grade – the highest available – in The Leapfrog Group's Fall 2016 Hospital Safety Score, which rates how well hospitals protect patients from preventable medical errors, injuries and infections within the hospital.

The Hospital Safety Score is considered one of the gold standard ratings for patient safety. It is compiled under the guidance of the nation's leading patient safety experts and administered by The Leapfrog Group, a national, non-profit hospital safety watchdog.

The Leapfrog Hospital Safety Grade uses 30 measures of publicly available hospital safety data to assign A, B, C, D and F grades to more than 2,600 U.S. hospitals twice per year. It is calculated by top patient safety experts, peer-reviewed, fully transparent and free to the public.

Tulane Lakeside Hospital for Women and Children was one of 844 hospitals to receive an "A" ranking among the safest hospitals in the United States.

To see Tulane Lakeside's full grade, and to access consumer-friendly patient tips for staying safe in the hospital, visit www.hospitalsafetygrade.org.

Quality Network Announces Third Quarter Medical Director's Award

St. Tammany Quality Network presented its 2016 third quarter Medical Director's award to Drs. Charles Baier and Mark James for their exceptional quality outcomes in the management of target populations.

Patients of Dr. Baier, an internist in Mandeville, and Dr. James, a family physician in Folsom, were more likely to maintain healthy blood pressures, comply with prescribed medications for certain chronic conditions, receive tobacco cessation counseling when appropriate, and have controlled diabetes.

Southwest Health System and Ochsner Announce Partnership

Southwest Health System (Southwest) and Ochsner Health System (Ochsner) have announced a strategic partnership that brings together two strong healthcare providers in the region. The partnership is designed to allow the collaboration needed to offer patients access to more highly specialized, innovative care locally and to provide an opportunity to share best practices and protocols while increasing learning opportunities for physicians and leaders at both organizations.

The partnership provides benefits for both organizations, physicians, and most importantly, patients, who will gain better access to the depth and breadth of care for which Ochsner is nationally recognized with the convenience of being treated close to home. The alignment, both clinically and financially, will create greater opportunity for joint investments in new programs and the expansion of patient services and resources in the region.

The two organizations plan growth and development in several area that are a priority in southwest Mississippi, including comprehensive cancer care, cardiac electrophysiology care, and other potential services locally including pediatric, rheumatic, orthopedic, endocrine, and infectious disease subspecialty care. In addition, Southwest will offer a full suite of TeleHealth services to allow for local consults, second opinions and additional support for high-acuity patients and their care teams as well as greater access to more clinical trials as a result of the partnership.

Under the agreement, each organization will retain its name, assets, and employees to allow them to continue doing the great work that has brought them to this point. The partnership does not change the governance, employees or medical staff relationships of Southwest Health System or of Ochsner Health System.

Collaboration rather than competition will result in sharing of best practices, reduction of unnecessary costs, development of innovative care solutions through technology and clinical teamwork and a relentless focus on quality and value.

Ochsner and LWC Expand Medical Assistant Program

Ochsner Health System and the Louisiana Workforce Commission (LWC) have partnered to expand the successful Ochsner Medical Assistant Training Program to the River Parishes.

This program is a tuition-free Medical Assistant training and development program targeted to the unemployed and underemployed of St. John, St. James and St. Charles parishes through funding provided by the River Parishes Workforce Development Board and the Louisiana Workforce Commission.

Launched in New Orleans in 2013, the four-month Medical Assistant Training Program features accelerated classroom, clinical and on-the-job training and addresses both the need for certified Medical Assistants (MAs) and the need to build additional career pathways. Additionally, the program includes training for students to be certified in Cardiopulmonary Resuscitation (CPR). More than 550 MAs are currently part of the Ochsner team, and they play an increasingly important role in healthcare delivery. These professionals are typically the first and last to see a patient, taking vitals and translating patients' concerns to the physician before circling back at the end of the appointment to take questions and schedule follow-ups.

To be eligible to apply, the applicant must have a high school diploma or equivalency, successful completion of drug screen and criminal

Hospital Rounds

Chad Dugas, MD

background check, and ability to commit to the 20-week program. After successfully completing the program and hiring requirements, 100% of the graduates will have the opportunity to interview for positions and 75% or more will be hired as a full-time Medical Assistant at one of the Ochsner Health Centers in the Southeast Louisiana area.

Since its inception, more than 100 individuals have completed the Medical Assistant Training Program and 94 percent are still part of our team today. Additionally, more than 400 Ochsner employees have received additional MA training to further develop their skills and increase their scope of practice.

EJGH Earns "A" Grade for Patient Safety

The latest Leapfrog Hospital Safety Grades, which assign A, B, C, D and F letter grades to hospitals nationwide and provide the most complete picture of patient safety in the U.S., were announced recently by The Leapfrog Group, a national patient safety watchdog. East Jefferson General Hospital (EJGH) has once again received an "A", ranking among the safest hospitals in the United States.

Developed under the guidance of an Expert Panel, the Leapfrog Hospital Safety Grade uses 30 measures of publicly available hospital safety data to assign A, B, C, D and F grades to more than 2,600 U.S. hospitals twice per year. It is calculated by top patient safety experts, peer-reviewed, fully transparent and free to the public. 844 hospitals received the "A" grade.

Thibodaux Regional Adds Cardiologist

Thibodaux Regional Medical Center announced the addition of Chad Dugas, MD, Cardiologist, to the active medical staff. He has joined the practice of Cardiovascular Institute of the South located at 1320 Martin Luther King Drive, Thibodaux.

A Thibodaux native, Dr. Dugas received his medical degree from Louisiana State University Health Sciences Center School of Medicine in New Orleans. He completed an internship in internal medicine at Emory University School of Medicine in Atlanta, Georgia, and an internal medicine residency at Earl K. Long Memorial Hospital in Baton Rouge. Additionally, Dr. Dugas completed a fellowship in cardiovascular disease at the Ochsner Heart & Vascular Institute in New Orleans, and a fellowship in interventional cardiology at the Baylor Heart & Vascular Hospital in Dallas, Texas.

Dr. Dugas is a diplomate of the American Board of Internal Medicine and has additional board certification in cardiovascular disease. He is a member of the American College of Cardiology, the American Heart Association, and the Society for Cardiovascular Angiography and Interventions.

Lakeview Regional Receives Five-Star Ratings

Lakeview Regional Medical Center has achieved three five-star ratings from Healthgrades, the leading provider of information to help consumers make an informed decision about a physician or hospital, for the quality of its pneumonia, carotid surgery, and respiratory failure care. According to Healthgrades®, patients treated at a hospital receiving five stars have a higher chance of survival and a lower risk of complications during a hospital stay than if they were treated at a hospital receiving a one-star rating in that procedure or condition.

The 2017 Healthgrades achievements are for Treatment of Pneumonia for 5 Years in a Row (2013-2017), Carotid Surgery and Treatment of Respiratory Failure.

The achievements are part of new findings and data released recently on Healthgrades.com and in the Healthgrades 2017 Report to the Nation. This annual report assesses the quality of care provided by the nation's hospitals, based on objective clinical outcomes. A five-star rating indicates that a hospital's clinical results are statistically significantly better than expected. Every year, Healthgrades evaluates hospital performance at nearly 4,500 short-term acute care hospitals nationwide for 34 of the most common inpatient procedures and conditions. For the 2017 report, Healthgrades evaluated nearly 45 million patient records.

Healthgrades independently evaluates hospitals based on Medicare data that hospitals submit to the federal government. No hospital can opt in or out of being measured, and no hospital pays to be measured. Mortality and complication rates are risk adjusted, which takes into account each hospital's unique population (demographics and severity of illness).

Ochsner Opens Expanded State-of-the-Art PICU

Ochsner Hospital for Children, a children's hospital within Ochsner Medical Center – Jefferson Highway, celebrated a milestone with the expansion of its Pediatric Intensive Care Unit (PICU) and establishment of a Cardiovascular Intensive Care Unit. This specialized unit cares for patients between the ages of birth through 18 years. Some children require care for a short time, while others may remain in there for many weeks.

Construction began in March of this year; nearly one year after CN Miracle Match selected Ochsner Hospital for Children as the sole U.S. beneficiary of the 2015 CN Miracle Match campaign, a charitable initiative to rally communities to support children's hospitals in North America.

CN pledged to match up to $300,000 in donations to help expand the PICU at Ochsner Hospital for Children. On March 9, 2016, CN and Ochsner celebrated a successful campaign and CN presented a $300,000 check at a gathering of community donors and pediatric caregivers at Ochsner. Over 600 donors supported the campaign for the PICU expansion raising a total of more than $625,000.

With more than 7000 additional square footage, the expanded PICU now offers critical cardiac services and will nearly double capacity from 14 beds to 26 beds, offering Level 1 care – the highest level available – to our sickest patients. The new space also provides private space for patients and their families complete with calming ocean illustrations above each bed and access to an outside balcony.

"The expanded PICU allows us to care for even more children with highly complex medical conditions across the Gulf South Region," said Dr. William Lennarz MD, MMM, FAAP, FAAEM, System Chair of Pediatrics, Associate Medical Director, Ochsner Health System. "We are extremely

grateful to CN and all of the donors who contributed to this campaign and continue to support our commitment in providing access to high quality care for our pediatric patients."

Ochsner Hospital for Children is only the second U.S. institution to be selected since the CN Miracle Match program began in 2006.

STPH Earns Another "A" Grade for Patient Safety

St. Tammany Parish Hospital was one of 844 hospitals to receive an "A" from The Leapfrog Group, a national patient safety watchdog, ranking it among the safest hospitals in the United States for the second consecutive period.

"Safety is our highest priority at St. Tammany Parish Hospital," said Patti Ellish, STPH CEO and president. "We are honored once again to earn an A for the quality of care and safety that we provide each day."

Developed under the guidance of an Expert Panel, the Leapfrog Hospital Safety Grade uses 30 measures of publicly available hospital safety data to assign A, B, C, D and F grades to more than 2,600 U.S. hospitals twice per year. It is calculated by top patient safety experts, peer-reviewed, fully transparent and free to the public.

Ochsner Partners with Louisiana Workforce Commission

Ochsner Health System will partner with the Louisiana Workforce Commission (LWC) and state high schools for the Expanding Opportunities Today to Meet Tomorrow's Needs project. The LWC has been awarded a $1,550,000 million grant by the U.S Department of Labor (USDOL) for this initiative, which is aimed at increasing the number of registered apprentices throughout the state. While aimed at developing registered apprenticeship programs in the medical technician and licensed practical nurse fields, LWC will look to increase the number of all registered apprentices in Louisiana by 100 percent over the next three years.

The project will also focus on expanding opportunities in Information Technology (IT), and increasing access to Registered Apprenticeship for underrepresented populations including women, people of color, disabled veterans, youth primarily under the age of 24, and low income individuals. Furthermore, this project will supplement the WIOA, and allow the state of Louisiana to initiate a pilot program to develop pre-apprenticeship training and provide supportive services in the recruitment and retention of more women in the state's registered apprenticeship system. This strategy will include an incentive to recognize excellence in the Equal Employment Opportunity (EEO) program in registered apprenticeship. These incentives will award various program sponsors for increasing the percentage of underrepresented populations in their respective industries. Additional monetary awards will be given to individuals who reach certain registered apprenticeship goals.

Tulane Medical Center Earns Five Stars for Pneumonia Care

Tulane Medical Center announced that it has achieved 5 stars for its performance in pneumonia care from Healthgrades, the leading online resource helping consumers make informed decisions to find the right doctor, the right hospital for the right care. This achievement is part of new findings and data released today by Healthgrades and is featured in the Healthgrades 2017 Report to the Nation.

Every year, Healthgrades evaluates hospital performance at nearly 4,500 hospitals nationwide for 34 of the most common inpatient procedures and conditions. A 5-star rating indicates that Tulane Medical Center's clinical outcomes are statistically significantly better than expected when treating the condition or performing the procedure being evaluated.

Tulane Caregiver Receives Louisiana ER Nurse Educator Award

Tulane Medical Center emergency department nurse educator Sarah McLelland, RN, was recently awarded the 2016 Nurse Educator Award by the Louisiana Council of the Emergency Nurses Association.

The annual award recognizes a nurse who has made significant contributions to the education of colleagues, nursing students, EMS personnel, patients/families and/or the community through the publication of articles, formal or informal courses, or the development of a specific emergency nursing program or curriculum.

McLelland, an eight-year veteran in the Tulane Medical Center ER, oversees the continuing education of nurses. She is a certified Trauma Nursing Core Course instructor and Emergency Nursing Pediatric Course instructor.

Sarah McLelland receives the 2016 Louisiana Emergency Nurse Educator Award from Tulane ER Director Olivia Fleming.

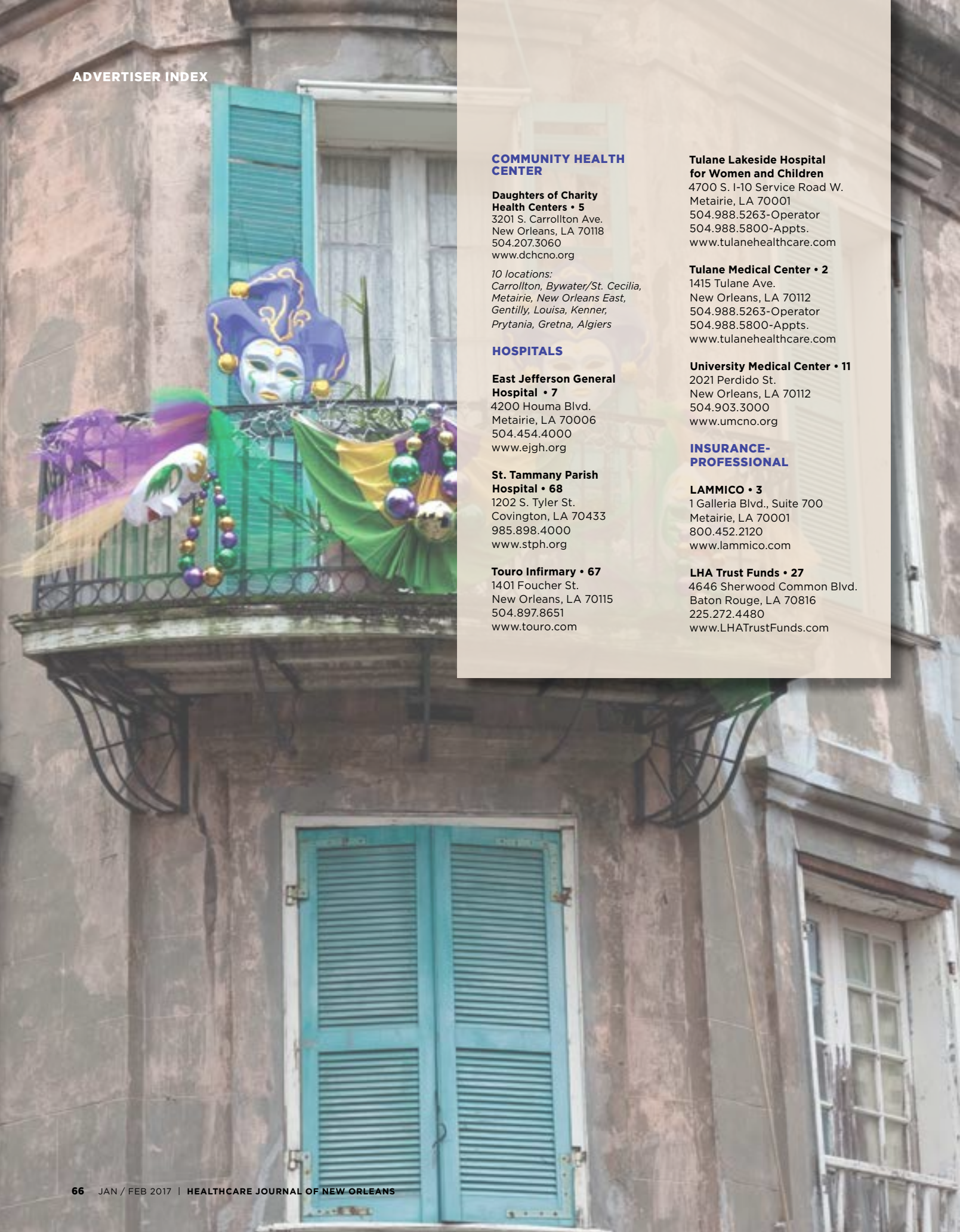
Lakeview Regional Receives National Recognition for Stroke Care

Lakeview Regional Medical Center is a recipient of this year's Stroke Care Excellence Award™ by Healthgrades®, the leading provider of information to help consumers make an informed decision about a physician or hospital. The recognition places Lakeview Regional among the top 10 percent of hospitals in the nation for treatment of stroke, according to Healthgrades.

Lakeview Regional is also a 5-star recipient for treatment of stroke. A 5-star rating indicates Lakeview Regional's clinical outcomes are statistically significantly better than expected when treating the condition or performing the procedure being evaluated.

Every year, Healthgrades® evaluates hospital performance at nearly 4,500 short-term acute care hospitals nationwide for 34 of the most common inpatient procedures and conditions. For its 2017 report, Healthgrades® evaluated nearly 45 million patient records.

Lakeview Regional's achievements are part of findings recently released in the Healthgrades 2017 Report to the Nation, which demonstrates how clinical care continues to differ dramatically between hospitals both nationally and regionally, and how this variation in care may have a significant impact on health outcomes. ■



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We enjoy receiving awards and recognition from our peers, but the joy we get from seeing positive outcomes for patients is our true reward. We achieve those positive results thanks to the dedication of our nurses. On their behalf, we're proud to announce that STPH is one of only three hospitals in the state to achieve the Pathway to Excellence® from the American Nurses Credentialing Center. We're also excited to have received our third consecutive Women's Choice Award for Heart Care & Obstetrics.

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