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CARTER LAW GROUP

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

Smith W. Hartley
shartley@ushealthcarejournals.com

Managing Editor

Claudia S. Copeland, PhD
ccopeland@ushealthcarejournals.com

Contributing Editor

Karen Tatum
ktatum@ushealthcarejournals.com

Web Editor

Betty Backstrom
bbackstrom@ushealthcarejournals.com

Copy Editor

Vida Fonseca
prsfone1@gmail.com

Contributors

Claudia S. Copeland, PhD; Zara Zemmels

Correspondents

Amritha Appaswami; Pamela W. Carter; Rebekah E. Gee, MD, MPH;
Jeré Hales; Karen C. Lyon, PhD, APRN, NEA; Cindy Munn

Art Director

Cheri Bowling
cheri@ushealthcarejournals.com

Sponsorship Director

Dianne Hartley
dhartley@ushealthcarejournals.com

Photographer

Sharron Ventura

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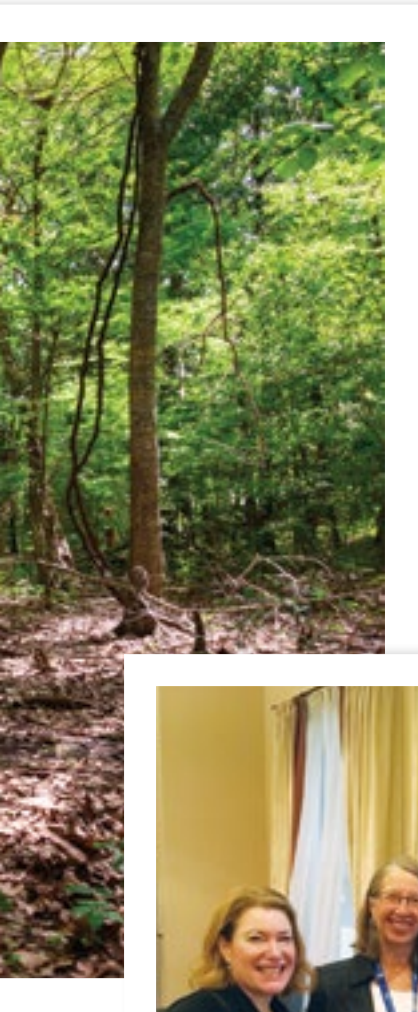
Insurance Solutions for Louisiana Healthcare Providers

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Hate is bad for your health.



WHEN HATE DISAPPEARS, misery disappears. You'll laugh more, love more, and enjoy life more. It can all happen with a choice. But, we all know someone who would gladly trade their own health just for the self-destructive dark pleasure of hate.

I'm not talking about the media's version of hate, which seems more political, or manufactured. I'm talking about what you know as real, the kind of hate you feel. If you suffer from the affliction of too much hate, you may be causing serious problems for yourself. The first big step to take is to understand who, or what, or why you hate. Then, consider other options.

For the most recent Super Bowl, I was at a Super Bowl party. I talked with a guy I like very much and asked him, "Who are you cheering for?"

"The Atlanta Falcons," he said immediately.

"Why the Falcons?" I asked.

And he said, "Because I hate Tom Brady so much."

Of course, I laughed and asked, "Why do you hate a guy who has so many Super Bowl MVP awards?"

And then he said, "Because he's also so good-looking".

The truth made us both laugh.

Hate is very interesting. Many times, hate comes from flat-out envy. Many times, hate comes from witnessing a behavior we do not understand. Many times, hate comes from a place of fear.

Does hate serve a useful purpose? It certainly puts people into action. Those running with an emotion of hate, are also running with an emotion of moral superiority. These emotions often go together.

I'm not sure hate is really the opposite of love. I heard someone say they thought indifference was the opposite of love. That seems to make more sense to me because hate seems like an entirely different thing, especially since hate usually involves someone you love.

Hate is dislike but with powerful, deep-seated emotions attached to it.

Hate is also a decision. Bringing mindfulness to the decision helps to clarify the decision. It helps the person choosing hate, as a decision, to better understand themselves.

Concerning the healthfulness of hate, research indicates it can often lead to weakening of the immune system, the ruin of relationships, loss of sleep, and a troubled mind. It puts a person at risk for much more serious health complications.

Hate is often acted upon, usually in the form of slander or something more serious. Hate can have a harmful effect on the person or group receiving the hate, but haters will likely cause much more damage to themselves, both physically and through an erosion of spirit.

Be mindful of those selling hate, and avoid being gullible and seduced by their misery. If you are thinking of accepting some new hate, it may taste fascinating at first, but then it will begin to destroy you. Wisdom will help you graciously avoid the offer.

When speaking with patients, it's sometimes appropriate to ask them about grudges, jealousies, and focused anger. It's unlikely you'll get an admission, because with grudges, jealousy, and anger, comes pride. But, let them know that if they can understand their source of pain and disease, they begin the path to healing.

No one really likes to hate, or be hated. It's really an odd thing to do. Peaceful and forgiving people seem to enjoy life so much more.

Please be patient with haters, for they know not what they do. Most haters want to return to a place of peace. Most importantly, be at peace yourself.

A handwritten signature in dark ink, appearing to read "Smith Hartley".

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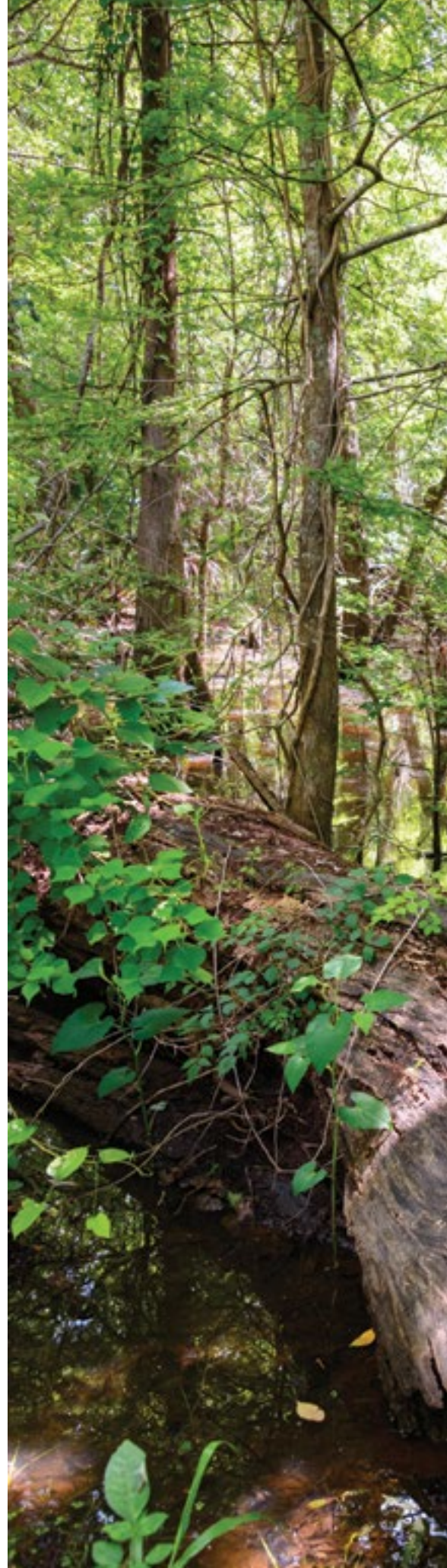


SHINRIN-YOKU

森林浴

By Claudia S. Copeland, PhD

Time in nature as a wellness practice is as old as history itself. Hippocrates, more than 2,000 years ago, stated it plainly: “Nature itself is the best physician”. However, in today’s high-tech world, we tend to view time in nature as a pleasant pastime at best and, at worst, an irresponsible indulgence—a guilty pleasure when there are so many more important things to do. When pressed, though, even the busiest of us would concede that health should be among our topmost priorities. So, can spending time in nature truly be considered a high-priority wellness activity, alongside other lifestyle health practices like exercise and good nutrition? According to recent research from Japan, the answer to that question is a resounding “yes”, at least when it comes to spending time in a forest.



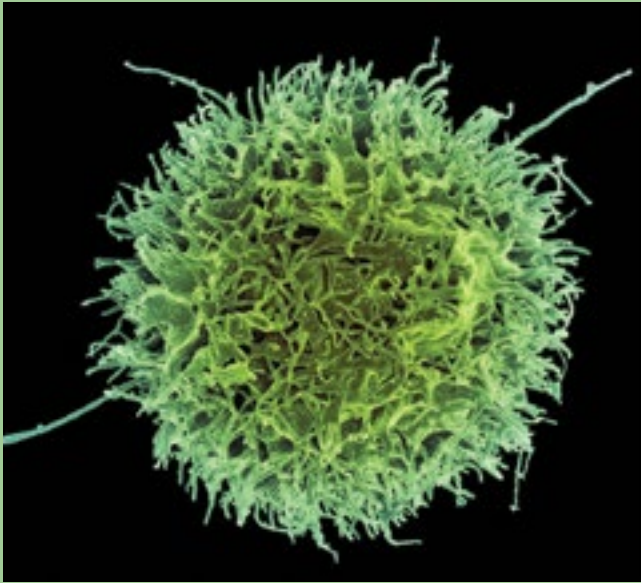


Lake Fausse Pointe State Park, Louisiana

THE JAPANESE PRACTICE of shinrin-yoku (森林浴), translated into English as “forest bathing”, is the practice of mindfully walking in the environment of a forest for the sake of one’s health. Somewhat different from hiking, shinrin-yoku is a slow, meditative immersion in the forest environment. Intrinsic to the practice is taking time to appreciate the richness of a living ecosystem, with all the senses: breathing the air, mindfully seeing the forest’s natural beauty, feeling the roughness of bark or smoothness of stones, and listening to the sounds of the living and nonliving elements that make up an arboreal ecosystem. On a shinrin-yoku walk, you might stop to watch a column of leaf-cutter ants on the march, or take in the glint of sunlight on a spider weaving her web. You might slow your pace to listen to the rapid-fire tapping of a woodpecker hidden in the foliage overhead, or the gentle murmur of a stream flowing through rocks and logs, all while mindfully breathing in the scents of the forest air. Recently, the physiological effects of this practice have been studied scientifically, and biomedical researchers have found significant health benefits, ranging from lowered blood pressure to increased immune cell activity and expression of anti-cancer proteins.

Volatile Organic Compounds

One prominent explanation for the health benefits of shinrin-yoku is immersion in the volatile organic compounds—experienced as smells—of the forest. Many of these compounds, known as phytoncides or wood essential oils, are antimicrobial, and laboratory evidence has supported their ability to stimulate the immune system. Researcher Qing Li of the Nippon Medical School in Tokyo has looked into this aspect of forest bathing, both in the lab and in the field. In the lab, he and his associates have found that compounds such as alpha-pinene, 1,8-cineole, and d-limonene enhance antimicrobial immune activity in cell culture. The compounds do this in a dose-dependent manner, and are also able to partially counteract



By NIAID (Human Natural Killer Cell)

“Looking at measures of immune function before and after walking in a forest, they found increased numbers of natural killer (NK) cells, which kill tumor or virus-infected cells, as well as increased NK activity and intracellular perforin-, GRN-, and GrA/B-expressing lymphocytes, known mediators of NK activity.”

a decrease in immune activity induced by dichlofos, an organophosphorus pesticide. In cell culture, they also worked as preventatives: pretreatment of the cells with the phytoncides lowered the immune activity reduction induced by subsequent dichlofos exposure. Brazilian researchers da Silva et al. found that volatile oil from *Zanthoxylum rhoifolium*, used in South American traditional medicine as an anti-inflammatory and malaria treatment, and the phytoncide compound beta-caryophyllene, increased anti-tumor immune activity and significantly increased survival time in tumor-bearing mice. Similar positive effects, including improved immune activity and reduced oxidative stress, have been identified from several other phytoncides.

To better understand the effects of forest immersion on humans in realistic conditions, Dr. Li and his associates followed their cell culture experiments with field studies. One group of subjects spent time walking in a forest, *shinrin-yoku* style, while a comparison “city tourist” group walked in an urban setting for the same amount of time, to control for the effect of exercise. Looking at measures of immune function before and after walking in a forest, they

found increased numbers of natural killer (NK) cells, which kill tumor or virus-infected cells, as well as increased NK activity and intracellular perforin-, GRN-, and GrA/B-expressing lymphocytes, known mediators of NK activity. These increases were not fleeting; they lasted for more than 7 days, with some increases still evident 30 days later. The control subjects, who spent time walking in a city, did not show any of the increased immune indicators.

Stress management and psychological well-being

Although volatile organic compounds have been shown to increase NK activity, another factor may be at work in the forest: stress. The stress hormones adrenaline and noradrenaline (epinephrine and norepinephrine) are associated with decreased immune function, including NK activity. Qing Li’s group compared levels of these neurohormones in the “city tourist” walkers and forest bathers, and found significantly lower levels of both stress hormones in the forest bathers. The decrease in adrenaline after spending 1-2 days in the forest was particularly dramatic in female subjects: adrenaline levels had dropped to

nearly 1/3 of their baseline levels by the end of the second day spent in the forest.

Another group of Japanese researchers, Chiba-based University and Forestry Institute collaborators Park et al., also compared subjects spending time in a forest vs. a city area (sitting and walking for timed periods). To ensure that their results were not restricted to any specific location, they conducted the studies in 24 different Japanese forest environments. As an added control, they switched the groups so that comparisons could be made between the same subjects in the different environments, as well as between groups. Before, during, and after sitting and walking in the urban or forest environment, a number of parameters were measured, including salivary cortisol concentration, heart rate variability (time between R waves on an electrocardiogram), sympathetic and parasympathetic nervous activity, blood pressure, and heart rate. In addition, psychological response was measured using the Profile of Mood States (POMS).

When the subjects spent time in the forest environment, several of the measures of stress went down. Cortisol concentrations, pulse rate, blood pressure, and sympathetic

nervous activity were significantly lower, and parasympathetic nervous activity was higher, after subjects spent time in the forest, compared with time in the city. Psychologically, as measured by the POMS, subjects showed improved psychological condition on the scales of tension, depression, anger, fatigue, and confusion, as well as enhanced psychological vigor, when spending time in the forest, compared with their scores after spending time in a city environment.

In Zhejiang, China, a mixed team of hospital-based and forestry-based researchers, Xiang et al., conducted a similar study, comparing students who were immersed in a forest environment, the Wuchao Mountain Forest, or an urban environment located nearby (15 km away). In accord with the results from Japan, they found that the forest-immersion group had significantly better immune profiles, lower stress indicators, and more positive psychological states as measured by the POMS, including tension-anxiety, depression-dejection, anger-hostility, vigor-activity, and fatigue-inertia. In addition, they looked at the cardiovascular

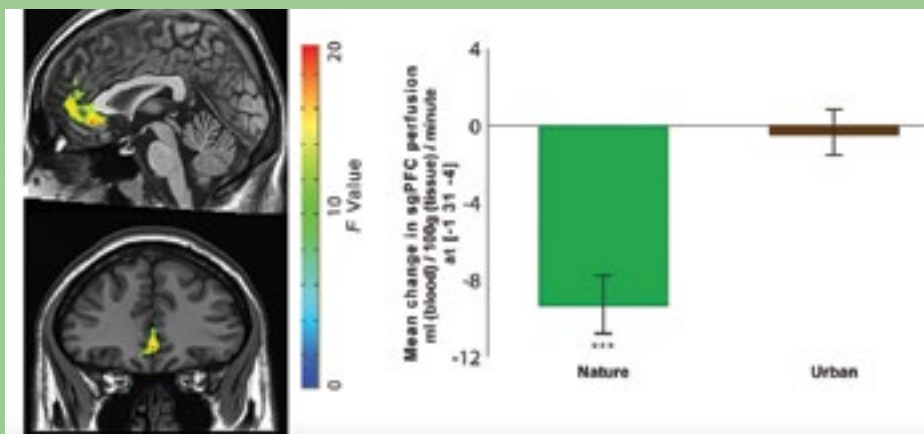
indicator ET-1, a powerful vasoconstrictor associated with cardiovascular disease. ET-1 levels were significantly lower in the forest bathers than in the urban group.

Outside of East Asia, other research has supported the folk wisdom that time in nature builds psychological well-being. Stanford researcher Gregory Bratman and an international team of collaborators looked at activity in the subgenual prefrontal cortex, which is associated with a maladaptive pattern of self-referential thought that heightens the risk for depression and other mental illnesses. After a 90-minute walk in a natural environment, differences in regional cerebral bloodflow in the subgenual prefrontal cortex could be detected by neuroimaging, compared with control subjects who walked the same distance along an urban street in the same time frame. They also found, in a separate study, that subjects who had just completed a nature walk had better scores in certain cognitive and affective measures, including verbal working memory and anxiety, than those who had just completed an urban walk.

Diabetes

While little research has been done specifically on diabetes and shinrin-yoku, one study by Hokkaido University researchers Ohtsuka et al. found that blood glucose levels declined by 74 and 70 mg/dl in diabetic patients taking short and long walks in a forest. The decreased blood glucose levels were significant, but there was no control group, so the improvement could have been due simply to the exercise, rather than the forest. The authors do discuss this issue, however. They present expected levels of glucose decline based on the amount of exercise activity from the walks, and compare this with the greater decrease seen in the forest-walking patients. They conclude that the levels of blood glucose decline that they saw are greater than those that would be expected solely from the exercise of the walks.

Regardless of whether the effects are due to exercise, time in the forest, or a combination of both, what is clear is that shinrin-yoku walks can lower blood glucose levels in diabetic patients—all without any



Regional cerebral bloodflow in the prefrontal cortex is significantly different after walking in nature, compared with walking along an urban road.

Image originally published in: Bratman et al., 2015: Nature experience reduces rumination and subgenual prefrontal cortex activation. PNAS; 112(28):8567-72. Used by permission.

“After a 90-minute walk in a natural environment, differences in regional cerebral bloodflow in the subgenual prefrontal cortex could be detected by neuroimaging, compared with control subjects who walked the same distance along an urban street in the same time frame.”



Both Arkansas and Louisiana are home to large swaths of forest, including the Ouachita and Ozark National Forests in Arkansas and the Kisatchie National Forest in Louisiana.

But you don't need to go far to go forest bathing: smaller tracts of forest can be just as conducive to shinrin-yoku as large wildlife reserves. In less than 45 minutes' driving time, New Orleanians can reach the Bayou Sauvage national wildlife refuge or the Barataria Preserve of Jean Lafitte National Park. Other trails throughout Louisiana can be found at: <<https://www.alltrails.com/us/louisiana>>.

negative side effects and substantial positive side-effects in terms of enhanced mental health and immunity.

Beyond Japan — the growing practice of global shinrin-yoku

While the Japanese may have been the first to formally propose shinrin-yoku as a practice, the general idea that being outdoors is healthy has long been around in other cultures. Throughout the world and throughout history, the belief that spending time in nature is healthy has been strong, despite its lack of a formal name. So, it should not be surprising that the more deliberate Japanese version of the practice—which combines elements of meditation with light exercise and time in nature—is catching on rapidly throughout the world.

The North American Association of Nature and Forest Therapy, the Spanish Asociación Europea Shinrin-Yoku, and the Australian In My Nature all provide training programs and support for the global practice of this Japanese art. Shinrin-yoku guides are increasingly advertising their services in corners of the world far from the centers of the practice in Japan, Europe, and the United States. If you're in Johannesburg, shinrin-yoku South Africa will be happy to provide guided natural immersion walks nearby; in Ontario, Ben Porchuk of Restorative Nature Experiences can guide you in the Canadian forest; in Siem Riep, Cambodia, the Navutu Dreams wellness resort provides guided forest bathing in the Angkor Archeological Park.

Closer to home, in Abita Springs, Louisiana, Rue McNeill, the executive director of

the Northlake Nature Center, gives guided shinrin-yoku tours, as well as a number of focused forest walks: "We do several 'walks' in the woods," she explains. "Our 'Nature Walk & Titivation' is done about three times a month—it goes with trimming the trails. Our 'Walk in the Woods' program is done four times a year—a seasonal tree and plant identification walk. Our 'Bird Watch thru the Woods' is done twice a year, with bird migration in the spring and fall, with avid bird guides." In addition, "we take people into the woods via biking with our 'Biking the Back Trails', a 7 mile bike ride, and kayaking or canoeing on our bayou goes through very scenic woody areas. The benefits are amazing; as participants comment afterwards, 'How invigorating and uplifting!'" ■

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A VOICE FOR ACA REPEAL: One on One with Twila Brase, RN, PHN Citizens' Council on Health Freedom

AS THE NATIONAL HEALTHCARE DEBATE RAGES ON, diverse voices are weighing in on alternative visions of healthcare in the United States. For this issue, Chief Editor Smith Hartley spoke with Twila Brase, RN, PHN, of the Citizens' Council for Health Freedom, a group that advocates for a full repeal of the Affordable Care Act. The goals of the Citizens' Council on Health Freedom are to promote the principles of free market healthcare, freedom in healthcare decision making, and protection of patient privacy, physician autonomy, and patient dignity.

Chief Editor Smith W. Hartley Could you talk about your ideas as to why the federal government would want to intrude into our privacy and take control through the Affordable Care Act, and why the federal government would want control over our medical records?

Twila Brase Well, Congress writes the laws, right? I think Congress believes that the only way to cut the cost of healthcare is to get control of the doctors. And, essentially, to get control of patients as well, through profiling the doctors, profiling the patients, and figuring out a way to get the patients to take care of themselves and get the doctors to only provide services that other folks might think are medically necessary or needed.

Editor But why would the federal government want to control doctors and patients?

Brase Because Medicare has a 43 trillion-dollar unfunded liability, and because Medicaid is an even more expensive program than Medicare, although only paid about 50/50 by the federal government versus the state government. So, the programs are a huge draw down. They're a huge burden to the budget. Our country is facing a deficit that will become even larger as the Baby Boomers head into retirement. There are 10,000 people entering Medicare every day, so there is not enough money coming into Medicare to pay for the Medicare bills in the future. As a matter of fact, the amount of money coming out of Medicare in payments

“There are 10,000 people entering Medicare every day, so there is not enough money coming into Medicare to pay for the Medicare bills in the future.”



exceeded the amount of money coming into Medicare in payroll taxes in 2008. That was the first time there was a structural deficit in the program. So, really, if you're Congress, and you're looking at budgets, then you're looking at Medicare and, well, Social Security too, but you're looking at Medicare and Medicaid just being something that is going to blow huge holes in the budget. They already are, but it's only going to get worse, the longer we go.

Editor With regard to medical records, why do you think the federal government wants control over our medical records?

Brase The mandate of the electronic health record was a mandate that allowed the government to get control of the medical records. So that's the first thing. Well, actually, there's one thing before that, and that is HIPAA. So, the passage of HIPAA in 1996, and the administrative simplification section of it allowed the movement of all of our medical records into an electronic format. Then, when the HIPAA privacy rule was published, it clarified that individuals no longer have consent over the sharing of their data and that government is one of the entities, in its various forms (state, local and federal) that can have access to our medical records without our consent if those who are holding the data choose to give the data to the government.

So that was the beginning. HIPAA, which said we don't have any consent rights anymore, and then the mandate to have electronic health records, which facilitates the sharing with the government and others, outsiders. And coming up in the future, through the electronic health record, is a National Health Information Network. They don't call it that anymore, that's its old name, and the short way of saying it was NHIN. Now it's called the eHealth Exchange. But the whole idea there is that all of our electronic medical records will be digitized and hooked up through federal specifications to the e-Health Exchange, and then available to everyone that can have access to it under HIPAA. The federal government, in a 2010 regulation, listed who is under HIPAA's permissiveness, and there are more than 700,000 covered entities; the health plans, the doctors, the hospitals, the nursing homes, the data clearing houses, all those sorts of folks. And then there are 1.5 million business associates who contract with these covered entities. But not included in that number, not in that 2.2 million number, are all of the government entities that can have access without consent. Because the government is neither a covered entity nor a business associate, but HIPAA still provides access.

Editor Why wasn't the Citizens' Council for Health Freedom in favor of the GOP's Graham-Cassidy bill?



Brase Our organization is in favor of a real repeal, and Graham-Cassidy doesn't even come close to a real repeal. It doesn't. It isn't a repeal. It is a reshuffling of the money, and it is a zeroing out of penalties, but the penalties aren't repealed, which means another Congress can come in and just raise those penalties even higher than they are today. Because all the language is still present in the law.

In addition to that, it's still federal control of the entire healthcare system. The Affordable Care Act is really a takeover of both the financing and the coverage of medical care, as well as the delivery of medical care. And so, there are so many things in the Affordable Care Act that most of the American

“So that was the beginning. HIPAA, which said we don't have any consent rights anymore, and then the mandate to have electronic health records, which facilitates the sharing with the government and others, outsiders.”



public has no idea about, but none of them would be going away.

Particularly troublesome to us is the fact that most Americans don't understand all of the controls on medical practice, particularly through payment reform and through the Medicare administration's innovation center, which will lead to limits on treatment choices and outside controls on the treatments that are actually provided. And all of it happens through data. So, there are a lot of data requirements in the Affordable Care Act, a lot of reporting requirements, and payment is made according to what the data looks like.

"He who holds the data makes the rules"; that's one of our big mottoes. That's one of

the reasons why we support real privacy rights, which HIPAA took away, so that we can choose who will see our information, who will know all of the details of our lives, who will even know what our doctor does. And if the outsiders don't know what our doctor does, they don't know anything about us, they can't control us. But with our data, they can. Outsiders should not be in control of medical practice, that should be between the patient and the doctor.

Editor Could you talk about your vision of what a truly free healthcare market would look like, in terms of relationships, such as patients choosing doctors, or choosing hospitals or other providers, and how that

would all look from a financing perspective and a quality perspective?

Brase We have something called the five C solution for health care and there are obviously five Cs, right, so cash for care, catastrophic coverage, charity, confidentiality, and compassionate care. We believe that unless you understand what freedom looks like, you will never reach it. And freedom for us is encompassed in those five Cs so that if those five Cs were implemented, we would have affordable care, confidential care, and patient-centered care.

Right now, we have a health care system that is not working for the patient; it's working for the payers. So, within the five Cs, cash for care, that would be cash, check, or charge payments for routine and minor care. It would not go through a health plan, it wouldn't go through an insurance company. It would be between the patient and the doctor. Even some things like less catastrophic surgery could be paid for that way, as is happening right now down at the Surgery Center of Oklahoma, which is doing surgery for people all over the country and into Canada for cash. Cash, check, or charge. And at a far, far, more affordable price than anywhere else. It is an example of how low the prices can go and how affordable health care can be. So that's cash for care.

Next, catastrophic coverage. So, catastrophic coverage is true insurance. The current health plans are not insurers; they are prepaid healthcare that has morphed into a catastrophic kind of a plan, but at a prepaid healthcare price. So catastrophic coverage means a true insurance plan that is there for the conditions you do not have, do not want to have, but would be financially devastating if you get. That's what insurance is for. It is financial protection against a medical catastrophe. And because so few people actually have medical catastrophes, it's very affordable.

It's the kind of policy that you tuck into a drawer and you leave it there and you forget about it, and then you go pay your

cash prices for minor and routine care and because they're not running through a third-party payer, they do not cost the doctor or the surgical center, or whoever, the same price. And so, the prices can come down because it doesn't require all of that overhead and all of that bureaucracy, all that reporting, and all that extra staff.

Charity recognizes that the foundation of medical practice is charity. And that even in countries where they have so-called "universal coverage", people are in need of charity. There are people who haven't signed up, there are people who don't pay taxes, which are required in some of those countries. There are systems that don't provide care when you actually need it because you have to wait too long. And so, there will always be a need for charity, and we must always keep the charitable part of medicine in play. We must always keep charity in play.

As a matter of fact, I have heard from physicians who find such joy in charity because there is such gratitude from the recipients. It's this wonderful relationship of someone being able to give freely, and someone receiving it with gratitude, as opposed to the government entitlement programs, where there's a sense when the patient comes in that the patient just thinks that they have a right to the doctor's services even though they're paying nothing. Charity really honors the long-standing mission of medicine. Today's health care system essentially is trying to move away from the mission of medicine to the business of health-care, and that is not patient friendly.

The fourth one is confidentiality. So again, "he who holds the data makes the rules," and as a nurse myself, I understand that when you come in as a patient, sometimes you have to say things that are embarrassing. You might have to say things about other members of your family that are embarrassing. You might need to say certain things in order to just get the care that you need.

If there is anything standing between you and a frank conversation with your doctor, you may not get the accurate or the timely care that you need. There are

“Today, a lot of people do not feel cared for. They don’t even feel like the doctor is looking at them. In the practice of medicine, without compassionate care, then what do you have?”

studies, already, way back in the late 90s, that showed that people were trying to protect themselves and they were not, there were certain things that they wouldn't tell the doctor. They'd use different doctors. They would use a false name. There are all these things that they were doing to protect their own privacy because they felt like they were losing their privacy.

The exam room should be a sanctuary. It should be a safe place to say whatever has to be said. And the relationship between the patient and the doctor should be as privileged as it is with the attorney, so that the patient can feel, in complete confidence, that they can say whatever has to be said in order to get the cure and the care that they need.

The last one is compassionate care. You can see the problem today as healthcare has become a business, rather than a mission. The doctors' eyes are trained on the computer screen. The doctor's mind is wrapped around whatever is in the computer. The doctor is thinking about how he will get paid for this visit; there is information he has to collect, there are boxes he's got to check, there are certain things that he's got to do, so he's spending a lot of time, or she's spending a lot of time looking at the computer screen. Considering all the 132,000 plus pages of Medicare regulations and all the other regulations, state and federal laws have intruded in the doctor-patient relationship and impeded the entire medical decision-making process.

Compassionate care requires a doctor

who can look at a patient, watch the patient, listen to the patient, touch the patient, and give the patient his or her full attention, so that they feel cared for. Today, a lot of people do not feel cared for. They don't even feel like the doctor is looking at them. In the practice of medicine, without compassionate care, then what do you have? What do you have with a doctor who is considering other things before they consider the patient, or vice-versa, with the patient towards the doctor. We don't have a healthcare system whose whole attention is focused on the patient. It's focused on other things.

Editor There are so many ways to go from here. But, if we were to have a truly free market economy, with true catastrophic insurance, then what role, if any, would the federal government play? Would role do you think it would be important for the federal government to play? If any?

Brase So, constitutionally, the federal government does not belong in healthcare. So, when they first stepped into healthcare they stepped out of their Constitutional bounds. Because the Constitution is very clear that all of the powers not given to the federal government that are precisely stated in the Constitution are for the states and the individuals.

And a really good reason for that, of course, is: who is the closest to the people, the federal government or the state legislatures? So, when you put things at the federal

level and then you have all the federal agencies, they are very far from the American people and yet they are making all sorts of decisions concerning the people's doctors and the patients themselves.

Our organization is focused on building escape hatches back into freedom. You can see this with Medicare with the \$43 trillion underfunded liability and what the Affordable Care Act did. It took half a billion dollars from Medicare. It put in this innovation center whose whole purpose is to figure out ways to cut down access to care and therefore cut down costs. And then we have the IPAB, the Independent Payment Advisory Board, which is not yet in place, but is supposed to be in place to make decisions about whether a treatment will ever get funding. As soon as Medicare gets to a certain point of financial difficulty, IPAB is supposed to take over these decisions and completely bypass the President and Congress. That's why people said that it's all unconstitutional, but that's particularly unconstitutional because it is an unelected entity all unto itself.

With the whole purpose of reducing costs in Medicare, the only way you can reduce costs in a program that's already \$43 trillion in unfunded liability with 10,000 patients coming in every day is to ration the care.

The other thing that the Affordable Care Act has in it are the Accountable Care Organizations, the ACO's, which have been called HMO's on steroids. People in Medicare are being assigned to an ACO if they are in original Medicare. Not all of them. To date, the last number I saw was 9 million. You have a choice as a senior in Medicare, of traditional or original Medicare, which means you can go anywhere you want. Anywhere in the country. Any doctor. Any hospital. Or you can go into Medicare Advantage, which is a health plan with a network, so your options are limited. But the ACO is a managed care entity, an HMO entity. And so, at least 9 million people who have chosen original Medicare, where they can go anywhere, are being assigned to the ACO. Without their knowledge. And they freely admit that you might



not know.

And then the doctors that they get...a lot of people don't know that their doctor is in an ACO. But those doctors are graded and the ACO gets more or less money according to how well they keep their Medicare patients within the ACO.

So here are patients who think they can go anywhere. They have paid more, probably, to be able to go anywhere. And yet their doctor is kind of working a little bit against them to make sure they stay within the ACO network, and the patient doesn't even know. These kinds of rationing strategies are happening. This is one of the reasons why we are building the escape hatches.

One of the escape hatches could be that people, when they turn 65, would not be automatically enrolled in Medicare Part A. Right now, they're not automatically enrolled, but if they don't enroll they lose their Social Security benefits. That's not a law. It's not a rule. It's something the Clintons put in the procedural manual in 1993 and we are trying to strike that out of that manual. All it would take would be President Trump doing so, because it's not a law, it's not a rule, it can just be struck.

And there's now a lawsuit about it, but the

Supreme Court chose not to hear it. That was unfortunate.

The whole idea is that once you're in Medicare, Medicare becomes your primary coverage. So even though you had better private insurance and even though you still have private insurance, that private insurance can't be your primary coverage. You are limited to all of these rationing restrictions with Medicare and you have to go through that entire process before you can move into your secondary coverage. And for some people that might be too late. Right? And they're vulnerable. They could be dying. They could be dealing with cancer, and they just can't figure out they are limited by Medicare.

So that's one of our escape hatches: to strike that from that procedural manual. Another one is the Wedge of Health Freedom, which is our initiative to drive patients to doctors who are in the free trade zone. We call that free trade zone the Wedge of Health Freedom because we needed Americans to have something to grab onto as a place to go for affordable, confidential, patient-centered care. These doctors have no contracts with insurance, no contracts with the government, but they will welcome any patient. So,

whether you're Medicare, Medicaid, uninsured, Obamacare, private insurance-- it doesn't matter. You have to come with cash, check, or charge in order to receive care, but the prices are so much lower because they don't deal with the government or insurers and they don't do all that paperwork. They don't do all that reporting. They don't have electronic health records that leave their four walls.

Another escape hatch is letting people know about health-sharing, which is outside the insurance system. These are cooperatives that share medical expenses amongst themselves. And they pay cash, check, or charge for everything as well.

Those are just three of the escape hatches. There are more. Rescinding HIPAA and giving people back control over their data or putting in true patient consent is another one that would stop the violation of the Fourth Amendment with the government getting all this data without our consent. And it would also allow you to have a confidential patient-doctor relationship without government or health-plan interference.

Editor What do you think it would take to get full repeal and to get to a position of a free market economy in healthcare? Is it a matter of political will with people? What will help achieve this goal?

Brase Right now, because of the combination of Medicare/Medicaid and the Affordable Care Act, the policy in this nation is moving towards socialized medicine run by the health plans for the government. We look at health plans as socialized medicine under corporate cover. Ted Kennedy, who was a proponent of single payer socialized medicine, was the author of the act in 1973. He intended, according to his comments, which I've written up in something called, "Blame Congress for HMOs" to meld the delivery and the financing of healthcare together, and that is a socialized system. And that's what's happening in health plans in this corporate version of socialized

“The repeal bills are two pages long. Just repeal the entire 2700-page law and away go all the 20,000 or more pages of ACA regulations. Then we could at least have catastrophic coverage reemerge.”

medicine.

So, when you asked, "What would it take?"-- the whole country is moving in that direction and most of the American people are not realizing it because there are still these health plans around and a lot of them think of those as being the private market. Often Congress talks about them as though they were the private market.

I was recently in Washington D.C., where I was telling one of the staffers, "You know, we think about the health plans like they are the tail wagging the dog." And he looked at me and he said, "They are the dog."

So, they have extraordinary power, and Congress gave them that extraordinary power in trying to deal with... well, Ted Kennedy, when he did it, he had the Medicare healthcare cost crisis or something. I think he had four hearings, or four days of hearings. (I can't quite remember which, it was in 1971.) Then he had this bill that got passed in 1973 and it was all about dealing with Medicare.

I think nobody in Congress wants to see the whole Medicare system implode while they're in office. I think they would believe that they would lose their positions. And so, they're all just trying to keep this thing going and they look at the health plans as the way that healthcare can be rationed at an arm's-length distance from Congress. So, it looks like the health plans are the bad guys, but Congress put them in. And now Congress has given them all this authority, particularly under the Affordable Care Act, which prohibits traditional indemnity health insurance-- the real, affordable catastrophic type, the law prohibits them from being sold to

anyone over the age of 29. So, their competition, the affordable competition of the health plans has gone away. Now they are in this very powerful position and when they say, "Jump", Congress does, because Congress doesn't know what to do anymore since they have made themselves dependent on the health plans.

So, when we think about how we're going to move from this situation, we don't necessarily believe Congress has the political desire to repeal the Affordable Care Act. They haven't even put up a real repeal bill for a vote. The repeal bills are two pages long. Just repeal the entire 2700-page law and away go all the 20,000 or more pages of ACA regulations. Then we could at least have catastrophic coverage reemerge.

So, we're not waiting for Congress. Congress is doing all of these bills and they're calling them Repeal and Replace. The federal government doesn't belong in healthcare, so the last thing we want to do is replace one federal program of control with another federal program of control. And they keep loosely using the word repeal, when there's no repeal whatsoever here. That's because they made a promise, but I don't think that they really intended to follow through on that promise. I think some Republicans did, but I think leadership never intended to do so.

So, we're not waiting for them. I don't exactly know what's going to happen, but under the Affordable Care Act, there are so many wage redistribution and premium redistribution schemes that if those schemes fail, the health plans are likely to back away. And if the health plans back



away from the exchanges and they don't get the bailouts, probably the very best thing that happens is that the states do what the states should be doing. That is, they should stand up and say, "You know what? We remember our Fourth Amendment state's rights. That you, the federal government, don't actually get to tell us, the states, what to do in healthcare. And we are going to bring back two things. We're going to bring back catastrophic coverage to our state. We're going to allow these really inexpensive plans to be purchased. We're going to encourage these kinds of companies to come back to our state, so that we can offer our people affordable coverage no matter what you do and if you try and come after us as a state, I'd like to see it."

I can't actually imagine the Trump Administration coming after the states that decided to rise up and give affordable coverage to their people. That is, not health plan coverage, but indemnity insurance.

And the other thing that would happen is the states would likely, for the people with pre-existing or what we call uninsurable conditions, they would start up their risk pools again. They would begin their high-risk pools and they would spread that out amongst the states. But then hopefully, they would look and say, "You know, we don't want to have this high-risk pool thing going forever. How do we keep people from ever getting in this situation of having an uninsurable condition?" And the way they do that is to move towards individually owned and preferably lifelong policies. We would like those policies sold pre-birth to parents to then hand off to their child once the child reaches maturity, which is what often happens with life insurance policies. Then their child goes out into the world with their own personally owned, very affordable, true catastrophic health insurance policy. Never locked into an employer; they would get their entire compensation in cash rather than having it shifted to the health plans through their employer.

And then, they get to make their own decisions about what they want to do with all of their money, rather than having part of it taken by their employer for a plan.

If you go to jointhewedge.com, you can go to the "Find a practice" page and you can see all the practices, well, they're not all the practices, but we put them on every week or so, those that have newly joined. They don't automatically join because we don't just let people automatically put themselves on our map. So, we don't have them all yet. But jointhewedge.com is an initiative that we're building.

Healthcare has become so complicated because of all the third-party payer involvement. That's why costs are so high and that's why it's complicated. It doesn't have to be complicated, but because it is so complicated there are things I learn every day that I didn't know before. ■



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By Zara Zemmels

Keeping the Music Alive

*The New Orleans
Musicians' Clinic:
Providing healthcare
for the city's musicians*



Musicians perform at the 2017 Tropical Blood Drive.

Musicians and other performing artists are expected to sacrifice for their art, but all too often, the sacrifice they make is their own health. Performers face unique challenges that prevent their access to affordable health care, nutritious food, restful sleep, good emotional health, and care of injuries from day jobs. The New Orleans Musicians' Clinic was founded to address these unique healthcare needs and respond to the challenges musicians face in their mental, emotional, and physical well-being.

BETHANY BULTMAN, co-founding director of the clinic, spoke about what her clinic does and what inspired its founding. “I was part of a team of people who realized New Orleans might be the birthplace of American music, but it was an early grave for everybody who played it.”

In 1998, when the clinic was founded, she was working as a journalist and being paid more money to write about the tragic demise of certain musicians, than those artists made in any calendar year. “I saw this as a horrible, horrible irony that everyone wanted to write about the tragedy but they didn’t want to solve the problem.”

The deaths of great musicians are so commonplace as to be cliché. From Kurt Cobain to Karen Carpenter, the world of professional music is awash with great musicians who died before their time. But those dying most often and in the greatest numbers, often from preventable causes, are impoverished musicians in inner cities. Catherine Lasperches, nurse practitioner and primary care provider at the Musicians’ Clinic, explains that “most of the time, I treat chronic diseases like diabetes, hypertension, and depression.” All of these are conditions that can be prevented or managed through lifestyle changes, but musicians struggle with preventable complications stemming from them at staggering rates.

“Buying health coverage is overwhelming for anybody, regardless of socioeconomic status,” said Megan McStravick, the intake coordinator and social worker for the Musicians’ Clinic. Many musicians can’t afford healthcare through commercial providers but also can’t prove their income is low enough to qualify for low-income government coverage. This is because a performer’s world is usually a cash-only world. “Most of the time everything is cash,” says Lasperches. “[Our patients] panic because they don’t pay taxes, they have no idea how much they make, and it’s very hard for them to figure out how much they make. If you have no income taxes to show, you can’t get coverage.”

McStravick gave this example to illustrate the struggles musicians face when



Catherine Lasperches, N.P. taking a clinic patient’s blood pressure.

seeking health coverage: A number of the clinic’s patients work on Bourbon Street. They might work four days per week and make \$100 for each day that they work. So \$1600 per month, right? Not so. The problem is that taxes are not taken out of those gig checks, so a musician’s overall adjusted gross income ends up being a lot less. And when they’re not getting a W-2 from the venue where they work, it’s difficult to prove their actual income. “The musicians who are trying to do the right thing are the ones who are negatively impacted,” she says. “Here they are, trying to project what their income is going to be [so they

can get health insurance,] but when asked to prove it, they can’t, so they lose coverage. The insurance system is not set up for self-employed artists.”

Difficulty getting healthcare coverage isn’t the only challenge New Orleans musicians confront when trying to lead a healthy lifestyle. The staff at the clinic reported that many of their patients work another job, often in service or construction. Those jobs come with health risks of their own, from sleeping odd hours to getting hurt on the job. “You would think most of the musicians who come in have hurt themselves playing music but it’s not the case,” says Lasperches,

“I was part of a team of people who realized New Orleans might be the birthplace of American music, but it was an early grave for everybody who played it.”

— Bethany Bultman

“I don’t think musicians are neglected so much as they neglect themselves. For an artist, certain parts of the brain are more developed than others, it’s true, but they still need to be held responsible for their own health.”

— Catherine Lasperches, N.P.



“Most of my patients are carpenters; they cut their fingers a lot doing carpentry, not from playing music. Or they do pressure washing, which is really hard on the wrists and fingers. There are a lot of injuries not related to playing.”

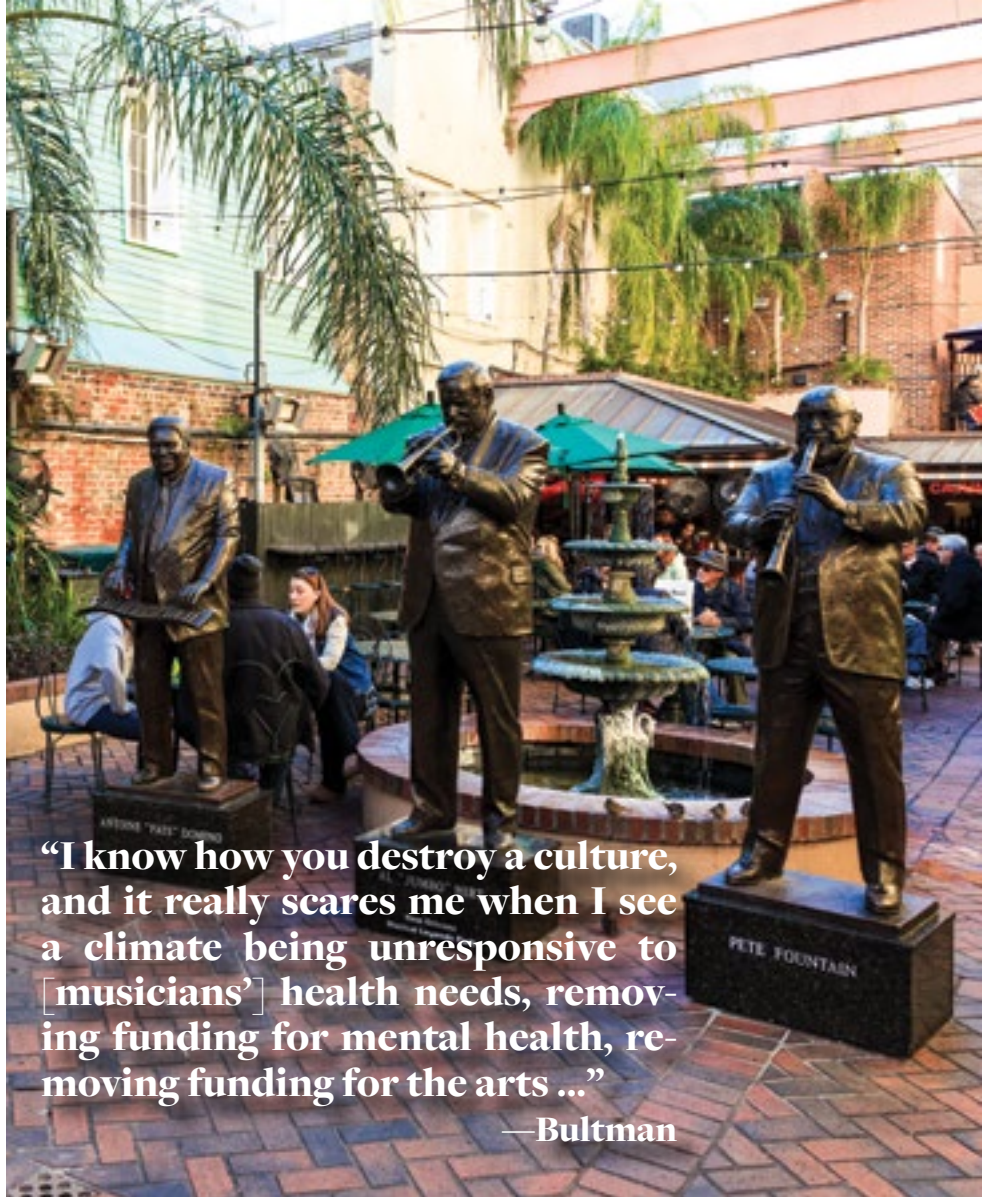
One of the biggest issues the Musicians’ Clinic addresses is mental health problems in their patients. Musicians, as a group, are especially vulnerable to depression and anxiety disorders. Bethany Bultman addressed this topic specifically. “There’s research coming out showing that with that gene to be creative you also get depression,” she says. “The fact is there’s no performer who doesn’t struggle with it. It’s like a handmaiden of the creative gift you’ve been given.”

For artists who live in poverty, emotional health is an area of their wellbeing that is sorely neglected. For musicians in poor communities, criminality and violence become such familiar parts of life, it never occurs to them to seek mental health care following traumatic experiences. Megan McStravick elaborated on this point: “Because we didn’t have mental health services for so long, they’ve become very stigmatized. We’ve worked with a grammy-nominated band who witnessed one of their bandmates shot, and none of them have ever addressed their trauma or had any form of grief counseling. They just became accustomed to substance abuse of any kind.”

Especially for performers in poverty, poor mental health brings substance abuse. The nature of a musician’s work and lifestyle also put them at high risk for these problems. “A very high number of our patients struggle with substance abuse issues,” says McStravick, because musicians have a work environment that is, for their audience, a relaxation environment. While they perform, they are surrounded by alcohol and patrons who have access to drugs. Much like in the service industry (which has significant overlap with the musician population), a huge part of musician culture is having a few drinks (or more than a few) after you’ve finished your set. Working in an environment where it can be so tempting to party

after every set makes musicians more likely to develop an addiction.

Catherine Lasperches believes the health-care situation for musicians will improve when musicians as a subculture begin to take their health more seriously and become more vocal advocates on their own behalf. “I don’t think musicians are neglected so much as they neglect themselves. For an artist, certain parts of the brain are more developed than others, it’s true, but they still need to be held responsible for their own health.” Bethany Bultman adds, “Many people are willing to say [to a musician] ‘this is what you signed up for, get another career if you don’t like it,’ but do we really want a society where the bearers of our musical culture are dying young of treatable diseases, simply because their chosen profession limits their access to affordable care?”



“I know how you destroy a culture, and it really scares me when I see a climate being unresponsive to [musicians’] health needs, removing funding for mental health, removing funding for the arts ...”

—Bultman

When we talk about the loss of New Orleans’ musical culture, we’re not just talking about the loss of our favorite local bar to the tourist hordes; we’re talking about the poor quality of life of the people who are in the business of creating and promoting New Orleans culture. Speaking of her background in anthropology, Bultman says: “I know how you destroy a culture, and it really scares me when I see a climate being unresponsive to [musicians’] health needs, removing funding for mental health, removing funding for the arts ... [Music is] different here. It’s like a wildflower; it has to come up through the crack in the concrete. No matter what, it has to come through that crack.”

Here’s to watering our New Orleans wildflowers, like the Musicians’ Clinic and the culturally invaluable population they serve. We’ve got plenty of water! ■

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Healthcare Briefs



New Orleans Musicians' Clinic, NOLA Organ Grinders Host Fourth Annual Blood Drive in Response to Blood Supply Shortage

The New Orleans Musicians' Clinic and The Organ Grinders were proud to partner with local dance troupes and musicians for the fourth year in a row to collect 227 blood donations for the nonprofit Blood Center of New Orleans, in spite of challenging weather. The tiki-themed blood drive, held at Tipitina's, was attended by 800 people who were entertained by a DJ, 4 bands, and 12 dance troupes. Many blood units were sent to Houston to aid in recovery from Hurricane Harvey's destruction.

"This isn't your average blood drive," says Christina Duggar, Founding President of the NOLA Organ Grinders. "The event illustrates the philanthropic capacity of Mardi Gras Dance troupes, all while doing something very important-- stocking blood transfusions at a time when the city needs it the most."

The Blood Center of New Orleans says it relies on a collection rate of 350 pints each day to answer the needs of the region. "This event is a tremendous benefit to New Orleans-- it engages new blood donors at a time when we need them the most," says Paul Adams, Public Relations Manager for the Blood Center. "We applaud the Organ Grinders and Musicians' Clinic for their dedication to solving a problem that affects everyone. We all know someone who has needed a transfusion."

North Oaks Physician Group Opens Endocrinology Clinic in Hammond

Endocrinologist A. Mannan Khan, MD, certified in internal medicine by the American Board of Internal Medicine, staffs the new North Oaks Endocrinology Clinic in Hammond. A graduate of Tulane School of Medicine in New Orleans, Khan carried out a residency in internal medicine and fellowship training in endocrinology through Ochsner Medical Center in New Orleans. Khan specializes in diagnosing and treating medical conditions of the endocrine system. Commonly treated conditions include: thyroid disorders and cancer, osteoporosis, diabetes, metabolic syndrome, pituitary disorders, hyperparathyroidism, obesity and adrenal disorders.

Vic Linden, MD, Joins New Leaf Psychiatry & Counseling Center

Psychiatrist Vic Linden, MD, has joined New Leaf Psychiatry & Counseling Center, and is accepting new patients. Linden specializes in adult psychiatry, which involves the diagnosis and treatment of individuals, 18 years of age and up, with chemical imbalances in the brain, including stress, depression, anxiety, schizophrenia, bipolar disorder, and other psychiatric and mental health issues.

Describing his treatment philosophy as "helping his patients move forward," Linden completed both an internship and residency in Psychiatry through Louisiana State University Health Sciences Center in New Orleans. He joins family psychiatric and mental health nurse practitioners Elisa Himel and Kevin Mixon in practice at New Leaf Psychiatry & Counseling Center.

NIH Awards LSU \$10 Million Grant to Study Virus-induced Cancers

The National Institute of General Medical Sciences has awarded LSU Health - New Orleans a \$10 million grant over five years to support new basic research studies advancing the development of new diagnostic and therapeutic approaches for virus-induced cancers. The grant complements funding donated by the Al Copeland Foundation for cancer research through the Copeland-LSUHSC Partnership in Viruses, Cancer, and Immunotherapy.



A. Mannan Khan, MD



Vic Linden, MD



Kerin Spears

"Viruses are responsible for approximately 20% of all human cancers," notes Krzysztof Reiss, PhD, Professor and Director of Neurological Cancer Research at LSU Health - New Orleans' Stanley S. Scott Cancer Center, the grant's principal investigator. Virus-related cancers include cervical, anorectal, and head and neck cancers associated with Human Papilloma Virus (HPV); Kaposi sarcoma and primary effusion lymphoma associated with Kaposi sarcoma-associated herpes virus; liver cancers associated with Hepatitis B and Hepatitis C viruses. These cancers and others are rapidly increasing in our region and disproportionately affect the African-American population. This increase may be explained in part by the large number of HIV+ patients in the region. "Our data also show that co-infection with viruses promotes malignant transformation," continues Dr. Reiss. "Therefore, understanding why and how particular viruses and viral co-infections promote the development of malignancies in our minority and vulnerable populations is essential to identifying and implementing new prevention, diagnostic and treatment strategies."

The grant is a Centers of Biomedical Research Excellence (COBRE), grant, and is intended to support investigators from several complementary disciplines. "This \$10 million competitive award represents a significant recognition of the quality of research here at LSU Health - New Orleans," says Dr. Larry Hollier, Chancellor of LSU Health - New Orleans. The funding will support research projects led by LSU Health - New Orleans' promising junior investigators: Zhiqiang Qin, MD, PhD, and Chris McGowin, PhD, both Assistant Professors of Microbiology, Immunology & Parasitology, and Donna Neumann, PhD,

Assistant Professor of Pharmacology, as well as Tulane Assistant Professor of Pathology Zhen Lin, MD, PhD. It will also support two pilot projects: Myeloid-Derived Suppressor Cells (MDSCs) and HIV Malignancies, and John Cunningham Virus-induced MDSCs in Central Nervous System Tumors.

"This major award dovetails with the clinical programs in cancer prevention and immunotherapy of our Cancer Center, and will bring cutting-edge research in these important fields to our state," says Dr. Augusto Ochoa, Director of the Stanley S. Scott Cancer Center at LSU Health - New Orleans.

American Heart Association Names Kerin Spears as Vice President for Greater Louisiana

The American Heart Association has named Kerin Spears as Vice President of the AHA, Greater Louisiana. Spears will work with executives, residents, survivors, and businesses, on the road to reducing disability and death from the country's No. 1 leading cause of death-- heart disease. Spears will lead the communities of Baton Rouge, Lafayette, Lake Charles, Alexandria, Shreveport, and Monroe.

Blue Cross-Blue Shield Foundation Announces 2017 Angel Award Honorees

This October, the Blue Cross and Blue Shield of Louisiana Foundation honored 10 everyday Louisianans doing "extraordinary" good for the state's children at the 2017 Angel Award® ceremony. This year's honorees were chosen from a record number of nominations submitted

from throughout the state, from New Orleans to Shreveport. Each Angel will receive a \$20,000 grant to the charity of their choice to deepen the impact of their work. The work of the 2017 class of Angels ranges from supporting Louisiana's foster children to community development and education. Each recipient is notable for a long-term commitment that has inspired others and built a movement around bettering the lives of children.

"Each of our Angels began their work by making the decision to do something simple to help a child. But what makes them stand out is how these individuals have thrown themselves fully into a life of service and impact," says Michael Tipton, foundation president. "We hold these people up because we want to show how a commitment to everyday goodness takes hold and spreads in a way that completely changes the future for our children."

The angel award recipients are: Kim Winston Bigler of Covington, founder of James Storehouse, a nonprofit which ensures that children in the foster care system have the necessities they need to thrive through tough transitions; Tammy Cook of Lake Charles, creator of School2U, a mobile classroom providing academic support to Lake Charles-area children; Lloyd Dennis of New Orleans, co-founder and executive director of the Silverback Society, Inc., which connects young men with adult male mentors who can relate to, motivate, and mentor them; Mark and Maegan Hanna of Lafayette, who have made a lifelong commitment to children through building the Clearport Learning Center, a no-cost resource facility to help teens succeed through high school; Verni Howard of Shreveport, executive director of Providence House, a nonprofit that provides shelter and a childhood development center for homeless men and women with children; Jonathan James of Baton Rouge, President and CEO of Hope Charities, which helps people living with hemophilia and their families by providing financial, emotional, and practical support; Dr. Clyde Johnson of Baton Rouge, who has spent the last 13 years working to close the student achievement gap as part of Volunteers in Public Schools; and Peggy Kirby of West Monroe, executive director of the Louisiana Foster & Adoptive Parent Association and a foster parent for nearly 30 years, who has opened her home to more than 100 teenage girls. In addition, each



Blue Cross-Blue Shield Angel Award Honorees

year, the Foundation also honors a "Blue Angel," an employee of Blue Cross and Blue Shield of Louisiana who has shown extraordinary commitment to children. This year, the Foundation has selected Anselmo Rodriguez of Baton Rouge. Rodriguez is a longtime member of the Rotary Club of Baton Rouge's CHOICES program, which equips students with important tools for learning financial, career, and time management skills.

LSU Health NO's Campbell Named Family Physician of the Year

James Campbell, MD, Associate Professor and Director of the Kenner Family Medicine Residency Program at LSU Health - New Orleans School of Medicine, has been selected as the Family Physician of 2017 by the Louisiana Academy of Family Physicians. The award honors "Dr. Campbell's years of service to his patients, his dedication to Family Medicine, and his contributions to developing and improving the profession for future physicians and their patients."

Campbell joined the faculty of LSU Health - New Orleans School of Medicine in 2000. He has facilitated physician oversight at LSU Health - New Orleans' Student-Run Homeless Clinic for the past two years. Campbell has contributed significantly in meeting Louisiana's primary

care workforce needs by leading the LSU Health - New Orleans' Family Medicine Residency Program based in Kenner. This postgraduate training program provides positions for six first-year, six second-year, and six third-year family medicine residents. Campbell's leadership helped reopen the LSU Health - New Orleans Family Medicine Kenner clinic, a primary training site, after Hurricane Katrina. A board-certified family physician, Campbell is the Medical Director of the Skilled Nursing Facility at St Joseph of Harahan, and Medical Director of the Riverdale School-Based Health Center.

In the words of Dr. Ray Quebedeaux, one of his current residents, "Dr. Campbell has been a great role model for us in terms of professionalism and dedication to medicine, in particular. He's always very respectful and attentive to patients, and takes time to make sure problems are solved before moving on. He keeps the patient first, and makes sure that we do, as well. "

LDH Receives Prestigious Wellness Frontiers Award

Well-Ahead Louisiana, an initiative of the Louisiana Department of Health, was recently honored with the prestigious Wellness Frontiers Award, presented by the Healthcare Leadership Council, for their work to create WellSpots

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across Louisiana. WellSpots are worksites, hospitals, schools, childcare centers, colleges/universities, and restaurants that have worked with the LDH to meet wellness benchmarks, and to implement voluntary, smart changes to make healthier living easier for all Louisiana residents. There are currently 2,267 WellSpots across Louisiana.

"The greatest healthcare challenge our nation faces today is the escalation of chronic illnesses like diabetes and heart disease. The good news is that we can successfully combat this problem through innovative approaches that encourage wellness and healthy lifestyles," said Mary R. Grealy, president of the Healthcare Leadership Council. Grealy presented the Wellness Frontiers Award to Melissa Martin, director of Well-Ahead Louisiana.

"Each WellSpot designation is a small step toward improving Louisiana's health outcomes, and reducing the financial and personal cost of chronic disease," said Martin. "Receiving the national Wellness Frontiers Award commends our efforts to balance our state's vibrant culture with healthy living. It also celebrates communities and partners that are helping us move Louisiana's health forward."

LSU Health Discovery may be Key to Obesity, Diabetes RX

Research led by Suresh Alahari, PhD and Fred Brazda Professor of Biochemistry and Molecular Biology at LSU Health - New Orleans School of Medicine, has demonstrated the potential of a protein to treat or prevent metabolic diseases, including obesity and diabetes. The findings are published online in the *Journal of Biological Chemistry*.

Nischarin is a novel protein discovered by the Alahari lab. The research team demonstrated that it functions as a molecular scaffold that holds and interacts with several protein partners in a number of biological processes. The lab's earlier research found that Nischarin acts as a tumor suppressor that may inhibit the spread, or metastasis, of breast and other cancers. "These studies demonstrate the potential of Nischarin as a regulator of metabolic diseases, and suggest that suppression of Nischarin function may be a valuable approach in the quest to cure such diseases as diabetes and obesity," notes Dr. Alahari.

Dr. Alahari's research team included Drs.

Shengli Dong, Somesh Baranwal, Silvia Serrano Gomez, Steven Eastlack, and Donald Mercante at LSU Health - New Orleans, as well as Drs. Anapatricia Garcia from Emory University, Tomoo Iwakuma from Kansas University Medical Center, and Franck Mauvais-Jarvis from Tulane University. The research was supported by LSU Health - New Orleans School of Medicine, Fred G. Brazda Foundation, and grants from the National Institutes of Health

LSU Health - NO Research Discovers Potential New Rx Target for Colon Cancer

Genetic research conducted at LSU Health - New Orleans School of Medicine and the Stanley S. Scott Cancer Center demonstrated, for the first time, that a novel protein can cause normal cells in the lining of the colon to become malignant, grow, and spread, as well as take on the characteristics of stem cells. The work, which details the process, is published online in *Nature Research's Scientific Reports*.

SATB2 is a novel transcription factor – a protein "switch" that controls which genes are turned on or off inside a cancer cell. Drs. Rakesh Srivastava and Sharmila Shankar identified it in so-called "cancer stem cells" – cancer cells that behave like stem cells. Cancer stem cells are a small subset of immortal cells in tumors that are not only capable of renewing themselves, but also of giving rise to other cells needed by the tumors to survive and grow. Cancer stem cells are thought to be a major cause of treatment failure, disease relapse, and metastasis. Certain signals can turn a regular cancer cell into a cancer stem cell, making it resistant to treatment. SATB2 appears to be a master regulator of that process, controlling several of the mechanisms involved.

When Drs. Srivastava and Shankar compared normal human colorectal epithelial cells and tissue with human colorectal cancer cell lines and primary colorectal tissues, they found that while SATB2 is not active in normal colorectal tissue, it is highly active in colorectal cancer cells. When the researchers upregulated SATB2 in normal cells, the cells became cancerous, with a much greater ability to survive and proliferate. Silencing SATB2 in the colorectal cancer cells, on the other hand, not only suppressed cell growth, motility, and colony formation, but also the characteristics



Jonathan Hunter, MD is installed as 70th President of Louisiana Academy of Physicians.

of cancer stem cells were no longer present. This means that if agents are identified that can block SATB2, they may be used, along with standard of care, to prevent cancer relapses and metastasis.

"Since the SATB2 protein is highly expressed in the colorectal cell lines and tissues, it can be an attractive target for therapy, diagnosis, and prognosis," notes Dr. Rakesh Srivastava, Professor of Genetics at LSU Health New Orleans School of Medicine and Stanley S. Scott Cancer Center.

"Importantly, SATB2 is present not only in colon cancer, but in other cancers as well," adds Dr. Sharmila Shankar, PhD, Associate Professor of Genetics at LSU Health - New Orleans School of Medicine and Stanley S. Scott Cancer Center.

Other members of the research team include Drs. Wei Yu and Yiming Ma from Kansas City VA Medical Center. The research on SATB2 was supported by a grant from the National Institutes of Health and a VA Merit Award to Dr. Shankar, who is also a senior scientist at the Southeast Louisiana Veterans Healthcare System.

Louisiana Academy of Family Physicians Installs 70TH President

The Louisiana Academy of Family Physicians (LAFP) announced that Dr. Jonathan Hunter of Alexandria, LA was installed as its president for

2017-2018. Sworn in at the inaugural luncheon in New Orleans, Dr. Hunter became the LAFP's 70th president.

Dr. Hunter is living, practicing proof that the "grow your own" approach to solving the shortage of primary care providers works. Following a path dedicated to becoming a physician since he was a small child growing up in Central Louisiana, Dr. Hunter earned his medical degree from LSUHSC School of Medicine - New Orleans in 2000. During residency, he won numerous awards, including the peer-voted "Resident of the Year," award in all three years of his residency. He still holds the record for the multiyear honor.

After completion of his family practice residency at LSUHSC in Alexandria, Dr. Hunter became a family physician at The Brian Clinic. He serves a broad cross section of the patient population in several Cenla parishes. As Medical Director of Oasis Hospice, he has gone above and beyond the call of duty to educate the public about the importance of hospice care, home health care, and preventative medicine. Dr. Hunter also serves as Medical Director of Thompson Home Health. He has served on various hospital committees at Rapides Regional Medical Center, including Physician Advisor to the Patient Resource Committee. Dr. Hunter also serves as a Rapides Parish Deputy Coroner.

Dr. Hunter served his country as a major in the Louisiana Army National Guard, where he was awarded numerous medals of honor for providing medical care to US soldiers.

East Meets West Medicine Conference Connects Tibetan and Louisiana Physicians

The East Meets West Mindful Medicine Conference, held in Dharamsala, India, from Oct. 26 to Nov. 5 of this year, brings together Tibetan and Louisiana Physicians to create a dialogue on Western and Tibetan medical philosophies. Organized by the Louisiana Himalaya Association, Ochsner Hospitals of New Orleans, and the Louisiana-Mississippi Hospice Palliative Care Organization, the conference will allow Western MDs to meet with Tibetan physicians to share ideas and practices.

Tibetan medicine teaches that the purpose of life is ultimately to be happy, and consists of philosophy, science, and healing practices that

create and maintain both a healthy body and a healthy mind. It is a holistic approach to maintaining one's health rather than simply treating disease. By applying Tibetan medical practices to self-care, one becomes more aware of how thoughts and behaviors influence overall health and happiness. In exchange for these teachings, the Tibetan medical community has expressed a desire for education on infectious disease (TB, Hepatitis B, Dengue) control and management, ophthalmology practices, stroke and rehabilitation, and age-related health risk screening as practiced in the United States. Integrated into this exchange of medical philosophy and practice will be further study of Tibetan Buddhism and culture, mindfulness, and meditation, as applied to the medical field.

Every year, the Louisiana Himalaya Association organizes multiple group trips from Louisiana to Dharamsala, India, home of the Tibetan community in exile and of His Holiness the Dalai Lama. To participate in future trips, Neil Guidry, President of the Louisiana Himalaya Association, can be contacted at nguidry@tulane.edu.

LAMMICO Presents "Practice Solutions" for Safer Medical Practices

LAMMICO, the leading medical professional liability insurance company in Louisiana, announced the launch of a new on-demand risk management resource for its policyholders and qualifying practice managers called "Practice Solutions." For more than 35 years, policyholders have trusted LAMMICO's comprehensive, customized approach to risk management. This new online hub is the insurance carrier's new one-stop collection of resources and services for their policyholders to be used to mitigate malpractice risk and other risks, and to help make the business of medicine more manageable.

"We were consistently hearing from policyholders that they needed more resources to guide them on how to efficiently and effectively manage a practice, while simultaneously remaining compliant and avoiding the risk of a claim," said Natalie Cohen, LAMMICO Practice Management Specialist. "We listened to our policyholders' current pain points, and developed Practice Solutions to satisfy their needs in the face of evolving regulations and systemic threats."

Categories of available content include risk reduction, revenue cycle management, cyber security, HIPAA, news & insights, and quality payment program regulatory guidelines, self-assessments, and consultation. To become a registered member, please contact the Risk Management and Patient Safety Department at (504) 841-5211.

Blue Cross Blue Shield Hosts Business-to-Business Forum on Healthcare Solutions

Blue Cross and Blue Shield of Louisiana recently partnered with Greater New Orleans, Inc. and the New Orleans Chamber of Commerce to host the second annual Business-to-Business Forum on Healthcare Solutions (B2B Health Forum) at the Hyatt Regency - New Orleans. The day long event gave Louisiana business owners a chance to meet with subject matter experts to learn more about potential changes to healthcare reform, and how to rein in the rising costs from prescription drugs. Other topics included applying Big Data concepts to healthcare, and developing worksite wellness programs.

"We know a lot of Louisiana business owners are trying to plan as best they can for every possible future, while continuing to navigate within our current system," said Dr. I. Steven Udvarhelyi, Blue Cross president and CEO. "There's a lot of information out there, and it's not always easy for businesses, particularly small businesses, to get access to leading experts in the field. The B2B health forum is a way we can provide that service to the employer community."

The forum featured a series of small breakout sessions and two main sessions, including a keynote address on improving healthcare through innovations such as the Apple Watch, given by Dr. Richard Milani, Ochsner Health System.

The New Orleans Chamber joined as a sponsoring partner of the event this year, in response to members' concerns. "The unpredictability of healthcare costs is a huge concern for our members," said Johnson. "Due to anticipated proposed legislation changes, small businesses are unable to determine future costs and budget accordingly."

Michael Hecht, president & CEO of Greater New Orleans, Inc., addressed high healthcare costs as an issue for economic development for Louisiana as part of his opening remarks at the

forum. "Personnel benefits costs are typically the second-largest expense for businesses," said Michael Hecht. "For us in Louisiana, managing these costs is not just an issue of doing what's right for our employees, but of also ensuring that our state remains a great place to do business."

National Dialogues on Behavioral Health Annual Conference Held in New Orleans

The 2017 58th Annual National Dialogues on Behavioral Health (NDBH) annual conference, themed "Framing the Future of Behavioral Health Services: What's the Next Step?", was held in New Orleans at the Renaissance Arts Hotel from Oct. 22 -25. Conference partners included the National Association of County Behavioral Health and Developmental Disability Directors (NACB-HDD), the National Association of State Mental Health Program Directors (NASMHPD), and the Western Interstate Commission for Higher Education (WICHE) Mental Health Program.

This year's conference confronted the turmoil of the changing national healthcare environment, its impact on behavioral healthcare and broader healthcare policy, and how to build on successes achieved in the face of changes in funding, clinical models, and workforce, and the emergence of new technologies.

The conference was attended by psychiatrists, social workers, nurses, psychologists, counselors, addiction counselors, case managers, administrators, policymakers, behavioral healthcare providers, state/county behavioral healthcare administrators, members of the judiciary, justice system administrators, law enforcement/justice system stakeholders, emergency-/disaster-response professionals, educators, school-based counselors, health-plan administrators, health policymakers, and academicians.

LSU Health NO to Study New Drug to Regenerate Heart Muscle

In collaboration with Novo Biosciences, Inc., LSU Health - New Orleans Cardiovascular Center of Excellence will receive more than \$500,000 over two years to study the effectiveness of a novel drug designed to stimulate the regeneration of heart muscle and prevent the formation of scar tissue following a heart attack. The funding is part of a \$1.5 million Small Business Innovation

Research program (SBIR) award from the National Heart Lung and Blood Institute to Novo Biosciences, Inc.

The drug, MSI-1436, inhibits an enzyme that turns off the switch regulating tissue repair and regeneration processes. Earlier studies in small animal models have shown that MSI-1436 stimulates regeneration of heart, connective, nerve, skin, bone, and vascular tissues. In mice, studies found it improved cell survival and heart function, and reduced the size of the area damaged by the heart attack. This drug was also previously shown to be well-tolerated by patients in Phase 1 and 1b clinical trials for obesity and type-2 diabetes.

"Following an injury such as a heart attack, damaged heart cells are replaced with stiff, non-functional scar tissue, which reduces heart function, and can ultimately lead to heart failure and death," notes David Lefer, PhD, Director of LSU Health - New Orleans Cardiovascular Center of Excellence. "Our studies will further test this drug in a model of heart attack, the next critical step to eventual tests of the drug in heart attack patients. If successful, MSI-1436 could rapidly move into clinical trials for heart attack and heart failure."

According to the American Heart Association, about 790,000 people in the United States have heart attacks each year. Of those, about 114,000 will die. The estimated annual incidence of heart attack in the United States is 580,000 new attacks, and 210,000 recurrent attacks. The average age at the first heart attack is 65.3 years for males and 71.8 years for females. Approximately every 40 seconds, an American will have a heart attack.

St. Thomas Community Health Center Adds Spanish Language Function to Website

St. Thomas Community Health Center (CHC) announced the addition of a Spanish-language function to its new website, making requesting appointments from any device and understanding the scope of services offered at their five sites across New Orleans easy for all users. The Federally Qualified Health Center (FQHC) launched their significantly upgraded website in April and recently rolled out the Spanish-language function. Patients who speak Spanish can switch the website over to Spanish with one simple click.

According to the United States Census Bureau's 2016 population estimates, the Hispanic

population in New Orleans grew by 7,103 in 2016. As of July 2016, there were 111,289 Hispanics in the metro area, representing 8.8 percent of the metro population. Central to St. Thomas Community Health Center's mission is working to overcome cultural divides that may create health disparities, ensuring that all families receive equal access to healthcare, regardless of their insurance status or ability to pay. To ensure all appointments are as pleasant as possible, Spanish-speaking personnel are available at each St. Thomas Community Health Center location: Uptown, Central City, Gentilly, and on the West Bank.

AmeriHealth Caritas Louisiana Achieves NCQA's Commendable Accreditation Status

AmeriHealth Caritas Louisiana, a Healthy Louisiana Medicaid managed care health plan and part of the AmeriHealth Caritas Family of Companies, has earned a Commendable Health Plan Accreditation status from the National Committee for Quality Assurance (NCQA).

NCQA awards a status of Commendable to organizations with service and clinical quality that meet NCQA's rigorous requirements for consumer protection and quality improvement.

"Achieving Commendable status through NCQA's rigorous accreditation process directly reflects our commitment to excellence in providing the highest level of quality care for our members," said Kyle Viator, market president of AmeriHealth Caritas Louisiana.

NCQA is a private, nonprofit organization dedicated to improving healthcare quality. NCQA accredits and certifies a wide range of healthcare organizations. It also recognizes clinicians and practices in key areas of performance.

Tulane School of Medicine Receives \$25 Million Gift from Deming Family

For seven decades, internal medicine physician Dr. John Winton Deming (M '44) and his family have been making a profound impact on Tulane University and Tulane University School of Medicine. Now, his family's tremendous generosity is reaching new heights with a \$25 million gift that will transform and strengthen the Department of Medicine's research enterprise.

The gift is the largest in the School of Medicine's

history.

"By making this gift, I wanted to pay tribute to John's deep love for Tulane, and his belief in the importance of education," said Bertie Deming Smith, John Deming's wife of 50 years. The gift, naming the John W. Deming Department of Medicine, honors a physician and civic leader who believed strongly in education, and in giving back to his community and to Tulane. John Deming passed away in 1996 at the age of 76.

"Tulane and the School of Medicine would not be where it is today without the exceptional commitment and remarkable foresight of the Deming family. No family has been as significant to the success of the school over the years," said Tulane President Mike Fitts. "This is a gift that will build our research enterprise, and encourage breakthroughs that we can only imagine today.

\$1.4 Million Grant to Support Diversity, Fund LSU Health Research Pipeline

The National Institute of General Medical Sciences (NIGMS) has awarded LSU Health - New Orleans a \$1.4 million grant over five years to prepare individuals from backgrounds underrepresented in the biomedical sciences to earn either a PhD or MD/PhD degree. The grant was awarded through the Postbaccalaureate Research Education Program (PREP), and LSU Health - New Orleans is the only Louisiana university, and one of only three in the Gulf Coast region, to successfully compete for this type of grant.



Dr. John Winton Deming and Bertie Deming Smith

"We aim to enhance the diversity of the biomedical research workforce by preparing PREP Scholars for the rigors and challenges of a biomedical doctoral degree program so that they can successfully obtain a PhD degree or MD/PhD degree and contribute their expertise to the biomedical scientific community," notes Principal Investigator and PREP Director Lisa Harrison-Bernard, PhD, Associate Professor of Physiology at LSU Health - New Orleans School of Medicine.

The program will be executed by a strong leadership team, which also includes Co-Directors Allison Augustus-Wallace, PhD, and Fern Tsien, PhD; Program Coordinator Flavia Souza-Smith, PhD; and Program Administrator Betsy Giaimo. Other keys to the program's success include 55 dedicated faculty research mentors, the institutional advisory council, external advisory council, scholar recruitment contacts at nearby universities, and external consultants.

"The LSU Health New Orleans PREP will become the regional hub for advancing the educational opportunities for students from groups underrepresented in the biomedical sciences," adds Dr. Harrison-Bernard.

LSU Health - New Orleans Receives \$2 Million to Study Disparities in Cancer Precision Medicine

The National Cancer Institute has awarded LSU Health - New Orleans and Moffitt Comprehensive Cancer Center in Tampa a \$2 million grant to study cancer precision medicine with an emphasis on underserved minorities and to train students and junior scientists in cancer health disparities-based precision medicine research.

"Louisiana cancer mortality is among the worst in the nation, and many of these cancers are diagnosed in understudied, underserved patients," notes Lucio Miele, MD, PhD, Director of the Precision Medicine Program at LSU Health - New Orleans School of Medicine, and co-principal investigator. "Precision medicine is making tremendous advances in tailoring cancer treatment and prevention measures to specific molecular cancer subtypes. However, the patients who are most affected by cancer

are often the ones with the least access to precision medicine studies. This leaves a huge gap in our understanding of how to plan cancer prevention and care, and risks worsening existing health disparities."

The LSU Health Research team also includes Drs. Paula Gregory, Fern Tsien, Jovanny Zabaleta, and Arnold Zea. Dr. Cathy Meade is the co-principal investigator at Moffitt, and her team includes Drs. Teresita Antonia, Doug Cress, Clement Gwede, and Gwendolyn Quinn.

Dr. Miele, who is also a professor and Head of Genetics at LSU Health - New Orleans, added, "There is an acute need for investigators who will carry the torch into the future, investigate cancer health disparities, and share their results with stakeholder communities. This partnership's goal is to address both these needs, by carrying on ground-breaking research on patient-derived cancers, as opposed to laboratory models, and by training students and junior investigators in how to rigorously and ethically conduct such research, as well as how to communicate its results to the community."

Sunbelt, Science of Sport, And CFP Foundation Team for Teacher Continuing-Education Program

A continuing-education opportunity for teachers held at the New Orleans Saints Indoor Practice Facility in Metairie sought to promote science and math (STEM) in schools. The event was sponsored by the Sun Belt Conference, Science of Sport, and the College Football Playoff Foundation. During the event, teachers got on the playing field to experience the finer points of the game through science and math.

This is the first of three Science of Sport sessions, being funded by the College Football Playoff Foundation. Science of Sport will lead the sessions, which not only promote science and math, but also technology and engineering, as well.

"The Science of Football, and its curriculum, brings STEM to life through active participation in sports," said Science of Sport's Vice President Daren Heaton. Topics included passer ratings, pass trajectory, field goal percentages, angles receivers take to catch balls, geometrical angles of the football field, and the importance of hydration, according to Heaton. "Exploring the game

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Continuing education held at the New Orleans Saints Indoor Practice Facility in Metairie for teachers, to promote science and math (STEM) in schools. The event was sponsored by the Sun Belt Conference, Science of Sport, and the College Football Playoff Foundation.

like this provides a fresh way for educators to present STEM to their students.”

“The College Football Playoff Foundation is helping us to provide what will be a really cool experience for teachers,” said Sun Belt Commissioner Karl Benson. “This is going to be a lot of fun for them, but ultimately, it is the students who will get the most fun out of it. Integrating sports in the classroom will get students further engaged with STEM materials, and the outcome will be beneficial to their learning experience.”

The 15 lessons taught during the session on Sept. 25 were tailored to meet Louisiana’s state academic standards. The remaining sessions will be held throughout the 2017-18 academic year,

with each session including 30 teachers. In March, a session will be conducted on basketball, and a baseball session will be conducted in May.

In addition to the training, each teacher received a classroom kit that will include items such as stopwatches, cones, protractors, calculators, footballs, and a flag football set.

Tulane University Awarded \$6.28M For Blood Pressure Study in Low Income Patients

The National Institutes of Health has awarded Tulane University a five-year, \$6.28 million grant to test ways to best implement new guidelines to more aggressively manage high blood pressure in adults, especially among low-income patients at high risk for cardiovascular disease. Last year, the NIH’s landmark Systolic Blood Pressure Intervention Trial (SPRINT) called for doctors to more intensively manage hypertension for adults over 50, aiming for blood pressure targets well below previously established guidelines. The study found that adjusting medication to achieve systolic pressure of 120 mm Hg, instead of the standard recommendation of 140 mm Hg, significantly reduced rates of cardiovascular disease in adults 50 years and older, with high blood pressure. The lower blood pressure target reduced rates of cardiovascular events, such as heart attack, heart failure, and stroke, by 25 percent,

Dr. Jiang He and Dr. Marie “Tonette” Krousel-Wood awarded grant for blood pressure study in low income patients.

and reduced risk of death by 27 percent.

Tulane researchers across the schools of medicine and public health will explore ways to put those findings into practice in real-world clinical settings, and will explore how best to reach traditionally underserved hypertension patients who are at high risk for cardiovascular disease. Researchers will work with 30 federally qualified community health centers (FQHC) serving low-income patients in southeast Louisiana to recruit 1,350 participants with high blood pressure.

The National Heart, Lung, and Blood Institute awarded the grant to Dr. Jiang He, Joseph S. Copes Chair of Epidemiology at Tulane University School of Public Health & Tropical Medicine, and Dr. Marie “Tonette” Krousel-Wood, professor and senior associate dean of Tulane University School of Medicine and Tulane associate provost for the health sciences. Other investigators included Katherine Mills, Dr. Jing Chen, Erin Peacock, Hua He, and Dr. Paul Whelton.

“Our goal is to generate urgently needed data on effective, adoptable, and sustainable intervention strategies aimed at eliminating health disparities and reducing the blood pressure-related disease burden that disproportionately affects minority and low-income patients in the United States,” he said.

LSU Health NO Joins National Precision Medicine Research Database Effort

LSU Health - New Orleans’ Precision Medicine team will participate in the National Institutes of Health’s All of Us Research Program, which seeks to gather information about the health of one million or more participants living in the United States. The database, projected to be the largest in US history, will be accessible to researchers throughout the country to drive studies on a variety of health conditions, which may help lead to more individualized approaches to the prevention and treatment of diseases.

“Each individual is unique,” notes Lucio Miele, MD, PhD, Chairman of Genetics and Director of the Precision Medicine Program at LSU Health - New Orleans School of Medicine. “We respond differently to disease risk factors and treatments. Adequate reflection of the diversity of America will assure that ‘all of us’ can benefit from precision medicine. Louisiana, a state with a unique



population and major health challenges, should be properly represented in precision medicine research. This is the first step in that direction.”

People who enroll in the program will answer survey questions about their health, environment, and lifestyle. Some participants may also be asked to have their physical measurements taken, and/or give blood and urine samples.

“LSU Health - New Orleans’ role will be to enroll participants in consultation with a genetics counselor, share de-identified clinical data for patients who consent to participate, and collect biospecimens for the program,” adds Dr. Miele.

AAPA President Gail Curtis Speaks At LA-APA Annual Conference In New Orleans

Gail Curtis, PA-C, MPAS, DFAAPA, president and chair of the American Academy of PAs Board of Directors, was a highlighted speaker at the Louisiana Academy of Physician Assistants Annual CME Conference in New Orleans. Physician assistants work with physicians and other providers across all specialties and settings to expand access to healthcare, and improve the patient experience. With more than 115,500 physician assistants today, the PA profession is projected to increase 30 percent from 2014 to 2024.

There are more than 1,000 PAs in Louisiana, and most (83.8%) are employed by a physician group, or solo practice. In July, a bill was passed enabling PAs in Louisiana to admit individuals in crisis to mental health or substance abuse treatment. Additionally, the Louisiana State Board of Medical Examiners updated the rules regulating PA practice in Louisiana, increasing their ability to deliver quality care.

LSU Health NO Researcher Discovers New Class of Molecules That May Protect Brain From Stroke

Research led by Nicolas Bazan, MD, PhD, Boyd Professor and Director of the Neuroscience Center of Excellence at LSU Health - New Orleans, has discovered a new class of molecules in the brain that synchronize cell-to-cell communication and neuroinflammation/immune activity, in response to injury or diseases. Elovonoids (ELVs) are bioactive chemical messengers made from omega-3 very long chain polyunsaturated

fatty acids (VLC-PUFAs, n-3). They are released on demand, when cells are damaged or stressed.

Working in neuronal cell cultures from the cerebral cortex, and from the hippocampus and a model of ischemic stroke, the researchers found that elovanoids not only protected neuronal cells and promoted their survival, but helped maintain their integrity and stability. Bazan’s co-authors include Jessica Heap, Shawn J. Marcell, and Larissa Khoutorova, as well as Drs. Surjyadipta Bhattacharjee, Bokkyoo Jun, Ludmila Belayev, Marie-Audrey Kautzmann, and Hemant Menghani at LSU Health - New Orleans; Dr. Andre Obenaus at the University of California, Irvine; and Drs. Rong Yang and Nicos A. Petasis at the University of Southern California, Los Angeles. The work is published in *Science Advances*.

“Although we knew about messengers from omega-3 fatty acids, such as neuroprotectin D1 (22 carbons), before, the novelty of the present discovery is that elovanoids are made of 32 to 34 carbon atoms in length,” noted Dr. Bazan. “We expect that these structures will profoundly increase our understanding of cellular cross talk to sustain neuronal circuitry, and particularly to restore cell equilibrium, after pathological insults.”

Four Healthcare Entrepreneurs Are Finalists in 2017 BioChallenge

The New Orleans BioInnovation Center recently announced the four finalists in the 2017 BioChallenge pitch competition. This annual business challenge offers more than \$50,000 in cash and investment prizes to Louisiana life sciences startups. Four entrepreneurs will pitch in the free, public final event, held on Nov. 8 at the Joy Theater. All based in New Orleans, the four finalist startups are Instapath, Obatala Sciences, Inc., RDnote, and Ready Responders.

Instapath has developed a solution that provides an exact picture of a whole biopsy at sub-cellular resolution, within seconds, to ensure the quality of biopsies. Instapath’s solution also reduces the length of time for biopsy procedures, enhances the overall workflow, and supports remote evaluation.

Obatala Sciences, Inc. is a tissue-engineering company that offers its core technology, Fat-on-a-Chip, as both a service and a kit. This drug screening tool will help researchers to identify more

efficacious lead compounds in human tissue and reduce the time, money, and efforts required for large-scale animal models.

RDnote is a digital health company which helps healthcare providers to deliver quality care and to receive compensation for effective, customized interventions with high-risk patients in hospital and ambulatory settings.

Ready Responders recruits, trains, and equips a network of full- and part-time EMTs and healthcare professionals to respond to the city’s 911 medical calls, working in partnership with local ambulance services. Utilizing a proprietary app and GPS technology to rapidly deploy its first responder network and telehealth technology supported by board-certified emergency medicine providers, Ready Responders aims to reduce response times, direct patients to appropriate points of care, reduce costly ambulance transports, and reduce use of overcrowded ERs.

The competition is presented as part of the Bio-Innovation Center’s Innovation Louisiana series of events, which highlights scientific discoveries from universities and startups across the state.

New Orleans Seniors Benefit from Innovative, Value-based Care

A new report released by senior healthcare provider ChenMed has found that seniors treated with a concierge-style, value-based healthcare model gain major improvements in their health, leading to an overall reduction in costs.

The report includes key findings for the four JenCare Senior Medical Centers in New Orleans, showing how concierge care can provide improved outcomes while reducing costs: (1) New Orleans-area JenCare facilities have a 54 percent lower rate of ER visits. (2) New Orleans-area JenCare facilities have a 35.9 percent lower rate of hospital admissions, and (3) New Orleans-area JenCare facilities have a 44.9 percent lower rate of hospital days. The lower rates of ER visits and hospitalization would be expected to yield substantial savings. The average ER visit costs \$1,062. In a local JenCare practice of five doctors, each with 450 patients, the savings from reduced ER visits alone would be almost \$1.2 million per year. The average inpatient hospital day costs around \$2,271. In a local JenCare practice of five doctors, each with 450 patients,



Pictured at the North Oaks Hospice memorial service are, (first row, from left), Hospice Program Assistant Lacey Norwood, Hospice Manager Courtney Ridgedell, Hospice Chaplain Ty Wells, Lois Gordon, Maureen Felder, Hospice Bereavement Counselor Sr. June Engelbrecht, (second row, from left) Hospice Certified Nursing Assistant Elaine Varnado, Hospice Social Worker II Jessica Wilkes, and Hospice Nurses Jane Frederick, Trenice Coleman and Patrice Pellittieri.

the savings from reduced hospitalizations alone would be over \$4.2 million per year. In a hypothetical New Orleans-area JenCare facility with five doctors, each with 450 patients per panel, the annual savings would be more than \$5.4 million.

LA Dept of Health Offers Funding for Local Mosquito Control Efforts

Funding is now available to help local communities start new mosquito control programs. Using a one-time grant of \$500,000 from the federal Centers for Disease Control and Prevention (CDC), the Louisiana Department of Health is now offering funding to local governments to help them establish new mosquito control programs.

With the funding from the CDC, the LDH will award up to five individual grants to parishes or municipalities that currently do not have an in-house mosquito abatement district. Those who receive the grants from the Louisiana Department of Health can use the money to purchase equipment and supplies to start local mosquito control efforts. Local governments must apply for the funding from the Department of Health. The amount of each individual award will be adjusted, depending on the number of qualified applicants. To enhance surveillance and control efforts, the funding may also be awarded to an existing mosquito abatement district in which local transmission of the Zika virus is discovered.

"Surveillance-based local mosquito abatement districts provide a tremendous benefit to their communities," said State Medical Entomologist

Kyle Moppert. "Identifying disease-carrying mosquitoes, and keeping them under control, helps keep the community safe from a host of mosquito-borne diseases such as West Nile virus and Zika."

Applications must be received by 4:30 p.m., CST, on Dec. 1, 2017. For more information, and to apply, contact Kyle Moppert at kyle.moppert@la.gov.

LSU Health NO Receives \$401,500 Grant to Develop Pre- & Probiotic Therapies to Reduce Diseases Linked to HIV & Alcohol Use

The National Institute on Alcohol Abuse and Alcoholism has awarded LSU Health - New Orleans a \$401,500 grant to study the role of gut bacteria in the development of heart and metabolic diseases in those with HIV who use alcohol, as well as to devise strategies to address these risks. David Welsh, MD, Associate Professor of Medicine at LSU Health - New Orleans School of Medicine, and Patricia Molina, MD, PhD, Professor and Head of Physiology at LSU Health - New Orleans School of Medicine and School of Graduate Studies, will lead the research.

"This project will develop prebiotic and probiotic therapies that are personalized for each patient in order to reduce co-morbid illness, particularly illness related to harmful alcohol use, in people living with HIV," notes Dr. David Welsh, the study's principal investigator.

Communities of bacteria, or microbiota, that

live in the gastrointestinal tract are increasingly recognized as a focal point in the regulation of metabolic disorders and related conditions, such as cardiovascular disease. Both alcohol use and HIV infection disturb the gut microbiota, and increase their ability to breach the gut barrier and leak into tissues, triggering immune activation and inflammation.

Memorial Service at North Oaks Hospice Helps 98 Families Cope with Loss

Ninety-eight former patients were remembered at the Annual North Oaks Hospice Memorial Service, held in the E. Brent Dufreche Conference Center on the North Oaks Medical Center campus. The Memorial Service is a component of the North Oaks Hospice Bereavement Program, which provides support to family members and caregivers for one year following each patient's passing. It is a special time for families to come together through music, prayer, scripture, words of encouragement, remembrance, and fellowship. While the reading of the names of those lost, and the presentation of memorial gifts to their families, continue to serve as the cornerstones of the service, a butterfly release was added this year. People around the world see butterflies as a symbol of endurance, change, hope, and life, according to North Oaks Hospice Manager Courtney Ridgedell.

North Oaks Shock Trauma Center, Southern Louisiana University School of Nursing to Host Trauma Symposium

North Oaks Shock Trauma Center, in partnership with the North Oaks Foundation and Southeastern Louisiana University's School of Nursing, hosted the region's first "Prepared for the Unexpected" Trauma Symposium. Several regional and local leaders with expertise in trauma care, from pre-hospital to discharge, headlined the event.

The symposium was held in the Student Union Ballroom on the Southeastern Louisiana University campus in Hammond, La. The one-day conference was attended by physicians, nurses, allied health professionals, pre-hospital personnel, and nursing students who practice or study in the areas of surgery, trauma surgery, and emergency medicine. ■



PET OWNERSHIP IN ASSISTED LIVING? Some Practical Considerations

The biophilia hypothesis, a notion introduced by Edward O. Wilson in the 1980s, suggests that humans possess an innate propensity to connect with other living creatures and with nature. It is the basis of past and recent research related to the human-animal and the human-canine bond. And, it could explain why roughly 6 in 10 Americans opt to have a household pet (American Pet Product Association 2015-2016 (APPA)).

THE THEORY SUGGESTS that the attraction we have to our furry friends is deeply rooted in our biology and, consequently, there is a positive reaction that occurs by simply being in their presence or having them in ours. According to some studies, pets provide emotional support, have a positive effect on blood pressure, decrease stress, anxiety, and depression, and improve overall quality of life. However, while research has shown that seniors are hugely impacted by the presence of animals, there are special considerations to keep in mind for this demographic, particularly those anticipating or already in need of additional care or support. When advising elderly adults about pet ownership, a provider might contemplate the following: **Would the senior be able to care for the pet properly?**

Seniors who live independently likely have no issues properly caring for their pets; however, those in assisted living settings need a more careful assessment. Some assisted living residents are or soon become unable to care for their pets due to progressing cognitive and/or physical conditions and limitations. The inability to clean up waste after a pet leads to issues related to

sanitation. Forgetting to feed or overfeeding the animal due to an inability to remember can be extremely problematic. And, grooming or walking a pet (especially at late or odd hours) might prove difficult to those already challenged with managing their own activities of daily living. This situation is not only distressing for the pet owner, but it is also grossly unfair to the animal.

Would the pet present a safety hazard?

According to the Centers for Disease Control, there is an estimated average of over 86,000 Americans treated each year in emergency departments for falls associated with household pets (specifically cats and dogs). The most common injuries are fractures and contusions, with the highest fracture rates occurring among seniors 75 years and older. Walking or chasing the pet presented the largest number of injuries, the most serious being hip fractures. Entanglements in a pet's leash and stumbles over pet toys are also potential fall hazards. Small breed animals could pose a trip hazard as falls often occur while bending to pick up the pet or by accidentally stepping/tripping on the pet. Larger breeds might knock a frail, older adult down, pull them over, or create other

injuries by jumping. Seniors with known balance issues are particularly at risk.

For most seniors, the benefits of having a pet far outweigh the risks. For others, where safety factors or the person's inability to care for the pet full time are of concern, there are alternatives. A professional pet therapy program or a structured pet-assisted activities program might be a better option. In these programs, experienced handlers with well-trained animals offer a safer alternative. Additionally, most assisted living communities allow and encourage pet visitation. This is particularly important for seniors who can no longer care for their beloved pet. A friend or family member can adopt the pet and arrange visitation which can make the transition from home to an assisted care setting smoother for all parties. The challenge is finding the balance between the emotional needs of the senior and what is both safe and practical.

So, as the aging process occurs, there is no need to abandon our biophilial tendencies. We can still reap the benefits of our lovable, furry companions by considering and implementing a few simple modifications. ■

BACKGROUND: In his 2004 State of the Union Address, President George W. Bush outlined a bold plan to ensure that most Americans would have electronic health records (EHRs) by 2014. Later that year, he established the Office of the National Coordinator for Health Information Technology (ONC) to advance the national health information technology (IT) agenda. President Barack Obama reinforced the mandate in 2009 by signing the Health Information Technology for Economic and Clinical Health (HITECH) Act into law, as part of the American Recovery and Reinvestment Act. This ambitious legislation was designed to promote the adoption and meaningful use of health IT to improve healthcare quality, safety, and efficiency. With its passage, the health IT landscape quickly evolved, enabling rapid digitization of paper medical records and facilitating the increased electronic exchange of health information.

ASSESSING THE HITECH FACTOR: Physicians' Perspectives

IN THE SEPT. 7, 2017 ISSUE, *The New England Journal of Medicine* featured two articles that focused on the impact of the HITECH Act with observations regarding current challenges and health IT's future.

"The HITECH Era and the Path Forward" was written by four former leaders of the ONC—**David Blumenthal, MD, MPP**; **Karen DeSalvo, MD, MPH**; **Farzad Mostashari, MD**; and **Vindell Washington, MD, MHCM**. The authors begin by acknowledging that the HITECH Act spurred the digitization of health information among providers and hospitals. Citing ONC's 2015 statistics, they note that almost all hospitals in the country and nearly 80% of office-based practices are using certified EHR systems. In addition, they mention that numerous studies indicate this transformation has affected care quality, safety, and efficiency in a positive or partially positive manner. On the other hand, the former national coordinators state that the swift progress has also burdened healthcare providers, especially physicians. And looking ahead, the group identifies ongoing issues such as interoperability, usability, privacy, security, and data stewardship, among others, as challenges and opportunities to foster an improved electronic health system for the nation.

John D. Halamka, MD, CIO for Beth Israel Deaconess Hospital in Boston and **Micky Tripathi, PhD**, president and CEO of the Massachusetts eHealth Collaborative, offer a more targeted view of HITECH progress. In "The HITECH Era in Retrospect," they also recognize the fast-tracked growth of EHR utilization, echoing the ONC statistics. The authors note that while considerable progress was made, hospitals and physicians were overloaded on many levels. To clarify, they list five major areas of concern: usability, workflow, innovation, interoperability, and patient engagement. The article offers examples of how "burdensome requirements" complicated the digitization of healthcare for clinicians who were simultaneously dealing with EHR system costs, Meaningful Use (MU) reporting, new payment models, updated billing codes, cultural change, and privacy/safety/security concerns, among other complex issues. Finally, the authors recommend reassessing the current situation and considering changes related to MU and payment models, EHR certification, interoperability, and adoption of standards to facilitate EHR exchange.

With this national perspective as a backdrop, how has the HITECH Act affected Louisiana's health care system? According

to the ONC's latest dashboard, 96% of hospitals and 69% of office-based physicians are using certified EHR systems in our state.

As the state's Regional Extension Center, the Louisiana Health Care Quality Forum assisted more than 2,000 providers and 40 critical access/rural hospitals with adoption, implementation, and meaningful use of EHRs. "The providers we have supported include physicians, nurse practitioners, certified nurse-midwives, physician assistants, and dentists, and they have definitely experienced the same pain points as those referred to in these articles," said Marcia Blanchard, MHA, SHRM-SCP, vice president of strategic development and operations for the Quality Forum. "There's no doubt that the transition has been challenging. Our goal has been to mitigate those challenges for providers by serving as a trusted advisor for health IT information, helping them successfully implement and utilize their EHR system, and working with them to improve the value and quality of patient-focused care in their practice."

To learn more about how HITECH's impact is affecting physicians in general and in Louisiana, I asked Jonathan Hunter, MD, for his perspective. In addition to practicing family medicine with the Brian Clinic in



Marcia Blanchard, MHA, SHRM-SCP



Jonathan Hunter, MD

Alexandria, Louisiana, Dr. Hunter serves as the current board president of the Louisiana Academy of Family Physicians (LAFP).

As LAFP's board president and a family medicine doctor, what are your thoughts about these two articles?

"In my opinion, these articles are written by authors with differing views regarding the ease by which EHR technology has been adopted within our healthcare system. While they both acknowledge the difficulties that have surfaced, Dr. Blumenthal et al. place considerable blame on the lack of interoperability as a principal culprit for the difficulties that providers and patients have encountered. The challenges of EHR implementation and use are far more broad and significant than data transmission. I am grateful that Drs. Halamka and Tripathi recognize the onerous burden of MU! As a concept, the aim of EHRs is noble: more thorough documentation, increased patient accessibility, reduced errors, and data transmissibility. Unfortunately, the reality is increasing provider dissatisfaction, a higher propensity for burnout, reduced provider-patient communication, and ultimately, another blow to our beleaguered delivery system."

How has EHR adoption/implementation affected solo/small group practices with usability, workflow, innovation, interoperability, and patient engagement in mind?

"Principally, the herculean task of EHR adoption cannot be understated. It is a markedly expensive endeavor that yields a

profound effect on solo/small practices. In an era of contracting reimbursement, many providers simply cannot withstand such a capital investment without stifling adjustments to their ability to care for their patients—if not a change of their practice model. Many practices are faced with the hard decision to either comply or be penalized. Based on dialogue with Louisiana family physicians, usability, workflow, and patient engagement are the principal impediments to the successful use of EHR in patient care. While fluid interoperability is clearly a desired eventual outcome, it is viewed as less of a priority than efficient, quality, direct patient care. Family physicians are passionate about their patients, and anything that impedes this relationship will draw their ire—and rightly so."

How has the transition to EHRs as well as these key areas affected your practice?

"As a private practice physician that adopted EHRs in 2011, I can provide an admittedly equivocal assessment. Thankfully, I am in a group that could sustain the significant financial impact of adoption. My documentation is at least more elaborate than when we were paper-bound. I have also found that durable medical equipment companies are more responsive, and insurance companies are more amenable to approving medications and diagnostic studies. Unfortunately, workflow in the office is decidedly disaffected. Providers must devote at least as much time to the laptop as to the face. We are now as obligated to checking boxes as

we are to stamping out disease. For the most part, we are agreeable to innovation and best practice, but both have groaned under the introduction of EHRs. My partners and I prioritize usability, workflow, and effects on patient engagement over technology and communicability."

You mentioned patient engagement as one of your priorities. How has the use of EHRs impacted your relationship with your patients?

"The physician-patient relationship has been undeniably affected by the integration of documentation technology in my practice. Put simply, it is slower. While the charting is superior and the exchange capability ostensibly bettered, the left placed on the physician-patient encounter is undeniable. While charges may be more accurately captured, daily scheduling has been altered to allow for the time needed to document. The end product is more thorough and useable, but it is generated at a price."

If you could make one recommendation relative to MU and EHR adoption and implementation, what would it be?

"After six years of EHR use within my practice, if I could make one recommendation, it would be to place the heaviest software design emphasis on advice from those who are actually using the products. What may initially seem brilliant and efficient in a beta-phase trial may in practice be a clunky, inefficient platform that hinders more than helps the provider. And once the product is in use, continual feedback from the provider is essential to success. In the end, we want this to work!" ■

REFERENCES:

- "Perspective: The HITECH Era and the Path Forward" Vindell Washington, MD, MHCM, Karen DeSalvo, MD, MPH, Farzad Mostashari, MD, and David Blumenthal, MD, MPPN Engl J Med 2017; 377:904-906 September 7, 2017 DOI: 10.1056/NEJMp1703370 <http://www.nejm.org/doi/full/10.1056/NEJMp1703370>
- "Perspective: The HITECH Era in Retrospect" John D. Halamka, MD, and Micky Tripathi, PhD N Engl J Med 2017; 377:907-909 September 7, 2017 DOI: 10.1056/NEJMp1709851 <http://www.nejm.org/doi/full/10.1056/NEJMp1709851>

Did you know that the Louisiana Department of Health plays a significant role in disaster response? While our state was mostly spared from what has turned out to be an active and devastating hurricane season, our department was still involved in helping our brothers and sisters in neighboring states and even in Puerto Rico.

Responding to and Mitigating **CRISES**

IN THIS COLUMN, I'll share more about our role during times of crisis and tell you how the Louisiana Department of Health continues to improve the lives of our residents by addressing opioid drug use and obesity.

Responding during a crisis

In the aftermath of Hurricanes Harvey, Irma, and Maria, instead of having to help our residents recover, Louisiana is fortunate to be in a position of assisting people from other states.

While our state was spared, we find ourselves better prepared because of lessons learned from the devastation of previous storms such as Hurricane Katrina, that killed thousands of people. We've learned to identify resources, and to activate and evacuate early.

Today, we have a statewide response network of public and private partners that includes hospitals, EMS, nursing homes, home health, and forensic and public health officials. These networks coordinate directly with the state to mobilize a response by providing on-the-ground assistance and real-time coordination with local emergency responders and the

Governor's Office of Emergency Response.

We've shifted from a system of post-storm evacuation to pre-storm evacuation. Approximately fifty percent of Louisiana's population, and the majority of its healthcare infrastructure, is located near the coast. These facilities are now ready to move their patients early.

Detailed medical evacuation plans and planning today allow for the safe evacuation of more than 1,000 patients from multiple hospitals within a 38-hour period. Additionally, sites where we will open medical shelters are readied to accept patients before a hurricane makes landfall.

If there is one thing Louisiana knows how to handle, it's a hurricane. And, I guess, you can add floods, tornadoes, and other various natural disasters to the list. Although our southern location provides many jobs and vital resources, it also makes us vulnerable to the elements. Years of experience have brought Louisiana to the forefront of disaster expertise, and we are now considered a national leader in emergency preparedness and disaster response.

In fact, in August, September, and October, emergency responders from our

department have been actively engaged in responding to the human needs of those affected by hurricanes Harvey, Irma and Maria.

Hurricane Harvey made three landfalls in Texas, with Louisiana receiving heavy rainfall in the southwest area of the state. In the aftermath of this terrible storm, our department operated a medical special needs shelter within a mega-shelter in Alexandria and another medical special needs shelter in Shreveport. Our team, along with medical volunteers, provided healthcare for more than 100 patients and worked with partners to deliver over 1,300 prescriptions.

After Hurricane Irma caused major destruction in Florida, our state was able to send 22 nurses to the state for medical assistance.

Almost immediately following Hurricane Maria, Louisiana went to work.

Within the National Disaster Medical System, or NDMS, Shreveport has been designated as a federal coordinating center (FCC). A main component of the NDMS is coordinating the movement of patients from a disaster area to an FCC in an unaffected area. The team is made up of a Veteran's Administration leader, Hospital Designated Regional Coordinator, and EMS Designated Regional Coordinator. They are supported by hospitals in the Shreveport region, EMS personnel, first responders from the City of Shreveport, the Caddo Parish Sheriff's Office and Fire Department, and our federal partners, all

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



“In the aftermath of this terrible storm (Hurricane Harvey), our department operated a medical special needs shelter within a mega-shelter in Alexandria and another medical special needs shelter in Shreveport.”

working together to receive evacuees from Puerto Rico.

One week after Hurricane Maria made landfall, the Shreveport Federal Coordinating Center had received a total of 29 patients from Puerto Rico, including several babies who were evacuated from hospitals on the island. They were accompanied by 15 caregivers, with additional patients and caregivers expected. These patients were brought to the FCC by the teams with the Department of Defense and a FEMA contractor, American Medical Response, and are being treated in Louisiana hospitals.

Louisiana is committed to supporting our fellow human beings and lending expertise in the wake of this tragic storm. Our years of rebuilding and devastation have allowed us to provide comfort and assistance to those in need. We understand what it takes to rebuild. Natural disasters like Hurricane Maria will continue to hap-

pen for decades to come, but Louisiana stands strong and ready to face what is next.

Ongoing work to reduce opioid abuse

The Department of Health continues our work to reduce the opioid problem in our state. The CDC has awarded our Department nearly \$1 million for ongoing data collection, tracking, and analysis of opioid-related overdoses statewide.

The CDC's Data-Driven Prevention Initiative has awarded \$540,000 to be used for increased surveillance of opioid overdoses and deaths. This funding is an extension of a grant first awarded in 2016 which allowed us to work with external partners to merge statewide data sources that track deaths, prescription rates, and emergency-room and inpatient utilization.

Additionally, through its Enhanced State

Opioid Overdose Surveillance initiative, the CDC has awarded a second grant for \$457,702 which will be used to establish a “rapid surveillance” system through a collaboration with local law enforcement agencies and coroners. This will make data on fatal and non-fatal overdoses available within weeks of the event.

Having the best data is crucial to effectively combating the opioid epidemic in the state. These surveillance tools, along with our already robust prescription drug monitoring program, will help us to better target responses, resources and life-saving interventions.

National recognition for wellness initiatives

Well-Ahead Louisiana, an initiative of the Louisiana Department of Health, was recently honored with the prestigious Wellness Frontiers Award from the Healthcare Leadership Council.

The Healthcare Leadership Council created the Wellness Frontiers Award to promote best practices and draw attention to existing wellness initiatives that demonstrate excellence and quality.

Well-Ahead Louisiana earned this recognition for their work to create WellSpots across Louisiana. WellSpots are worksites, hospitals, schools, child care centers, colleges/universities, and restaurants that have worked with the Louisiana Department of Health to meet wellness benchmarks and to implement voluntary, smart changes to make healthier living easier for all Louisiana residents.

There are currently 2,267 Well Spots across Louisiana.

Each WellSpot designation is a small step toward improving Louisiana's health outcomes and reducing the financial and personal cost of chronic disease.

To learn more about becoming a WellSpot, visit www.wellaheadla.com. ■

The Future of Nursing Campaign for Action is an initiative of the AARP Foundation, AARP, and the Robert Wood Johnson Foundation.¹ Together with the American Association of Nurse Practitioners, these groups have been sponsoring workshops around the country directed at identifying barriers to APRN full scope of practice and developing strategies to overcome said barriers. Since 2010, the Campaign, in response to the Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health*, has been advocating for removal of laws, regulations, and policies that prevent APRNs from delivering the care they are educated and trained to provide.²

WINNING STRATEGIES FOR APRN FULL PRACTICE AUTHORITY: Using the Future of Nursing Campaign for Action Model

TO BEGIN, it is important to note what is meant by the acronym ‘APRN’ and the term ‘full practice authority’. There are four categories of APRN, which stands for Advanced-Practice Registered Nurse: certified nurse practitioners (CNP), certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM) and clinical nurse specialists (CNS). Although each state has its own licensing, titling and practice act privileging for APRNs, ‘full practice authority’ has been defined by the American Association of Nurse Practitioners as “the collection of state practice and licensure laws that allow for nurse practitioners (APRNs) to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribing medications—under the exclusive licensure authority of the state board of nursing.”² Louisiana is not a full practice authority state—we are a limited practice state where a written collaborative practice agreement (CPA) exists between APRN(s) and collaborating physician(s) that specifies acts of medical diagnosis allowed, including prescriptive and con-

trolled substance authority, with general supervision requirements specified within the CPA.⁴ Other barriers to APRN full practice authority that have been identified include legislative support or lack thereof, organizational restrictions within the credentialing process, and reimbursement restrictions.

Since the beginning of the campaign, nine states (South Dakota, Connecticut, Maryland, Minnesota, Nebraska, Nevada, North Dakota, Rhode Island, and Vermont) have removed statutory barriers to APRN practice.¹ By allowing APRNs to provide care within the full scope of their education, these states have improved access to care and ensured that consumers have increased choices for high-quality healthcare. Additionally, the federal government has incorporated full APRN care and nurse-led practice models within the Veterans Administration (VA) as of December 2016 for the roles of CNP, CNS, and CNM. Although CRNAs were not included in the VA guidelines, nursing organizations across the country have gone on record in support of full practice authority for

CRNAs within the VA system.

Louisiana is a primarily rural state and APRNs provide broad healthcare services across the age continuum in a variety of settings. Although many of our state’s APRNs care for patients within hospitals or hospital systems, others provide their services within critical access hospitals or in single or small group practices. They are often the only healthcare providers in these rural settings, and the requirement for collaborative practice agreements in our state has been cited as a barrier to full access to care. Fateux et al. summarize the effects of collaborative practice agreements on access to and costs of care. These are summarized below.⁵

- Physicians often charge APRNs for their collaborative services and these charges are unregulated. They can amount to thousands or tens of thousands of dollars.
- Many physicians hesitate to enter CPAs with APRNs because of perceived additional liability.
- Laws often limit the geographic distance that is permitted between the APRN and



their collaborating physician(s), which can discourage APRNs from practicing in rural areas where they are desperately needed.

- When physicians move, retire, leave practice, or die, the termination of the CPA can leave patients without care. Often patients will fill this gap in services by seeking care in emergency departments. This overwhelms emergency services with provision of primary care, further limiting their ability to care for patients with emergent or trauma needs.
- An insufficient supply of collaborating physicians limits the opportunity of APRNs to provide interventions that improve health outcomes and lower costs.
- States with more restrictive practice acts are penalized in terms of workforce as APRNs are attracted to practice in areas where full practice authority is allowed.

One of the prevailing arguments from the medical community against APRNs being granted full practice authority is that APRNs have fewer years of education than their medical colleagues. While it is true that medical doctors have more formal education, APRNs often have more years of experience. The general education model for APRNs is 4 years of baccalaureate education in nursing followed by 3-5 years of graduate education at either the master's or doctoral level for a total of 7-9 years of formal education plus their experiential foundation, which can range from 2-20 years of practice as a registered nurse before entering their APRN program. Physicians' education model is 4 years of baccalaureate education, 4 years of medical school, and 3-5 years of residency in a medical specialty, bringing their formal education to 11-13 years. Additionally, physicians don't usually have similar practice experience because their education takes them from undergraduate education to medical school to residency. It is in their

residency where significant experience in practice for their chosen specialty begins.

It is also important to note that APRNs are not practicing medicine. They are practicing advanced levels of nursing with provision of services that overlap with their medical colleagues. APRNs "... practice within established standards and [are] accountable for the quality of advanced nursing care rendered, for recognizing limits of knowledge and experience, planning for the management of situations beyond one's expertise; and for consulting with or referring patients to other health care providers as appropriate".⁴ APRNs are properly educated to perform the scope of services within their respective roles and populations and for which they are certified and licensed. They make appropriate referrals to their medical colleagues and other healthcare practitioners when their patients' needs fall outside of their scope of practice and competence level. They act in these ways because they are educated to consult and collaborate in these ways and not because of the existence of the requirements in a CPA.

The Louisiana State Board of Nursing (LSBN) and the Louisiana State Board of Medical Examiners (LSBME) have been working closely and collaboratively to address barriers to full practice authority for APRNs. In September 2016, LSBN and LSBME published a joint statement on physician/APRN collaboration and collaborative practice. With the provision of that statement, both agencies intended to:

- (i) safeguard the life and health of the citizens of Louisiana through promotion of safe and competent practice;
- (ii) provide guidance to advanced practice registered nurses and physicians licensed in Louisiana in order to meet the expectation and requirements for practice in this

state; and
(iii) foster compliance with regulations in Louisiana.⁶

The Joint Statement makes clear that "in no instance is the scope of practice of APRNs delegated to them through the physician's scope or authority. The provision of effective, comprehensive care hinges upon all professionals functioning to their maximum ability, with coordination of care and communication that provides for patient needs and mutual recognition of and respect for each professional's knowledge, skills, and contributions to the provision of health care."⁶ The joint statement serves as a basis for rulemaking by both agencies, with said rules currently working their way through the normal rulemaking processes.

APRNs have been providing safe, effective, quality healthcare for over four decades. Their track record demonstrates exceptional outcomes. We will continue to work with our dedicated medical colleagues, legislators, patients, and other providers to modernize practice laws and regulatory activities in order to ensure that all Louisianans have access to quality healthcare at affordable costs. ■

REFERENCES

- ¹Robert Wood Johnson Foundation; AARP Foundation, September 2017. *Campaign Successes*. Future of Nursing Campaign for Action. Princeton, NJ.
- ²National Academy of Sciences, Institute of Medicine, 2010. *The Future of Nursing. Leading Change, Advancing Health*. <http://www.nationalacademies.org/hmd/-/media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Report%20Brief.pdf>. Accessed October 2, 2017.
- ³American Association of Nurse Practitioners, 2013. *Issues at a glance: Full practice authority*. <http://c.ymcdn.com/sites/www.npamonline.org/resource/resmgr/imported/Full%20practice%20authority.pdf>. Accessed September 27, 2017.
- ⁴Louisiana Administrative Code, Title 46, Part XLVII, Subpart 2. Registered Nurses, Chapter 45, §4505 Definitions. As amended July 2017.
- ⁵Fauteux, N., Brand, R., Fink, J.L.W., Frelick, M. and Werrlein, D. March 2017. *The Case for Removing Barriers to APRN Practice*. Robert Wood Johnson Foundation, Princeton, NJ.
- ⁶Louisiana State Board of Nursing and Louisiana State Board of Medical Examiners, September 2016. Joint Statement of Position. *Collaboration and Collaborative Practice*.

Just How Far Does the Patient Privilege Waiver Go?

BREACHES OF PATIENT CONFIDENTIALITY: PART 1

THERE ARE CERTAIN RELATIONSHIPS that, by their very nature, require one or both party's consent before information can be disclosed to a third party. Perhaps the most common of these relationships include those of: doctor to patient, therapist to patient, and attorney to client. Because these types of relationships often involve very personal and sensitive information (such as medical conditions), confidentiality serves to facilitate open and forthright communication between the parties—thereby serving the best interests of all involved. People generally assume all communications between them and their doctor or other health professional will remain private, and the law generally reflects this expectation. If it were not so, some people might be reluctant to seek medical treatment. Also, patients may be less honest in describing their ailments if they are not assured of confidentiality. So most medical professionals are protected by a statutory or common law requirement of confidentiality, in addition to the more recent statutory obligations in relation to privacy.

Pamela W. Carter
CEO, Apex Healthcare Solutions, LLC



WHAT IS DOCTOR-PATIENT CONFIDENTIALITY?

Patient confidentiality is based on the notion that a person shouldn't be worried about seeking medical treatment for fear that her condition will be disclosed to others. The objective of the confidential relationship is to make patients feel comfortable enough providing all relevant information. Confidentiality in medical treatment refers to the ethical duty not to disclose information learned from the patient to any other person or organization without the consent of the patient or under proper legal compulsion. Confidentiality is essential to treatment. This is based in part on the special nature of treatment as well as on the traditional ethical relationship between physician and patient. Growing concern between the civil rights of patients and the possible adverse effects of computerization, duplication equipment, and data banks makes the dissemination of confidential information an increasing hazard.

The professional duty of confidentiality covers not only what patients may reveal to doctors, but also what doctors may independently conclude or form an opinion about, based on their examination or assessment of patients. Confidentiality covers all medical records (including x-rays, lab-reports, etc.) as well as communications between patient and doctor, and it generally includes communications between the patient and other professional staff working with the doctor.

The duty of confidentiality continues even after patients stop seeing or being treated by their doctors. Once doctors are under a duty of confidentiality, they cannot divulge any medical information about their patients to third persons without patient consent. There are, however, exceptions to this rule which are discussed below.

“Confidentiality in medical treatment refers to the ethical duty not to disclose information learned from the patient to any other person or organization without the consent of the patient or under proper legal compulsion.”

What are some exceptions to privilege?

Exceptions to the privilege generally include:

- When a valid waiver of privilege is executed by a competent adult patient or her legal guardian
- The patient-litigant exception, in which the patient has initiated litigation when her mental or emotional condition is an element of a claim or defense in a legal proceeding
- Most court-ordered examinations involving a wide range of legal issues.
- Malpractice proceedings initiated by the patient against the medical provider.
- Involuntary civil commitment proceedings.
- Legal proceeding where a Will is contested.
- Criminal proceedings.
- Reports required by various mandatory reporting statutes or court orders.

The above list is not inclusive, and the types of exceptions differ from state to state. For example, some state statutes allow for the waiver of a patient privilege, at the discretion of the judge, in child custody disputes.

What Is Covered by Notions of Privilege and Confidentiality?

The professional duty of privilege and

confidentiality cover not only what a patient may reveal to the doctor and his staff, but also any opinions and conclusions the doctor may form after having examined or assessed the patient. Confidentiality and privilege cover all medical records (including medical history, pre-existing medical conditions, x-rays, lab-reports, etc.), as well as communications between the patient and the doctor. Generally, this also includes communications between the patient and other professional staff working with the doctor.

What Constitutes a Breach of Privilege and Confidentiality?

A breach of privilege and confidentiality occurs when a patient's confidential information is disclosed to a third party without her consent. There are limited exceptions to this, including disclosures to state health officials and court orders requiring medical records to be produced.

Patient confidentiality is protected under state law. If a patient's privileged information is disclosed without authorization and causes some type of harm to the patient, he or she could have a cause of action against the medical provider for malpractice, invasion of privacy, or other related torts. Of course, if the patient consented to the disclosure, no breach occurred. ■



Amritha Appaswami

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

Talent Attraction, Development, and Retention in New Orleans

IN THE FIELD OF ECONOMIC DEVELOPMENT, business attraction and talent attraction form a virtuous cycle. A strong pipeline of talent in a city begets new businesses, and a diverse footprint of businesses with regional presence and operational functions brings more talent to a city. This explains why, despite higher costs, businesses still consider it worth their while to have some presence in regions known for leading higher education institutions. The coasts are an example.

NOT SURPRISINGLY, talent attraction, development, and retention is an important pillar of programmatic focus for the New Orleans Business Alliance (NOLABA). NOLABA recently convened a group of high-profile thought leaders from across business and public services for a symposium titled Winning in the Talent Marketplace. This event brought together stakeholders to advance talent attraction and retention strategies for area businesses and the City of New Orleans. Speakers included Tim Daly (EdNavigator), Kevin Dawson (GE Digital), Matt Findley (inXile Entertainment), Franck LaBiche (Laitram) and Linda Brenner & Tom McGuire (Talent Growth Advisors).

New Orleans has nine institutions of higher education—and is one of only 15 cities in the U.S. with two medical schools. However, it sometimes goes unnoticed that New Orleans is a college town at its heart. While these institutions provide the city with a critical mass of talented professionals, there is a concentration of talent both in the early career stages and the advanced professional stages. This presents an opportunity for us, as a city, to strengthen the core, or in this case, supplant this wealth of talent with middle management cadre professionals. In the true style of a public-private partnership, and as, once again, a facilitator of critical dialogue, on Sept. 28, NOLABA

brought together experts and decision makers to discuss and ideate on this vital wheel of economic development.

In addition to facilitating discussion on best practices and innovative ways to advance talent attraction and retention strategies, NOLABA also walks the walk by bringing in exceptional talent from across the country to learn about opportunities to create new industry and prosper in New Orleans. This fall, NOLABA welcomed two Venture for America fellows to its team—Vanderbilt graduate Thomas Krumins and Columbia graduate Sally Lindsay. Lindsay is especially involved in health & bioinnovation initiatives, including the New Orleans Health Innovators, on which we'll provide more updates soon. Venture for America was founded in 2011 to pair smart, ambitious college graduates with startup opportunities in 18 U.S. cities, and NOLABA is one of 15 New Orleans organizations currently hosting VFA fellows. The fellowship is a two-year full-time engagement between the fellow and the host organization. The intended outcome is for talented graduates to move to cities where economic growth is trending upward and, by moving there, to help catalyze that growth, making their mark on startups in those cities. Many fellows go on to make their assigned cities their professional homes, starting businesses of their own or growing existing businesses, and being the vehicles of talent attraction/retention and idea exchange.

In partnership with our area businesses and public institutions, NOLABA hopes to identify many more mechanisms of talent attraction and retention in its quest to write New Orleans' future as a thriving city for business. These programs I've outlined are just the beginning, so we welcome ideas from informed readers like you on how we can reach this goal. ■

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LCMC Sends Medical Supplies to Residents of Hurricane-Ravaged Puerto Rico

LCMC Health employees organized relief efforts to aid the residents of hurricane-ravaged Puerto Rico in the aftermath of Hurricane Maria. The aid follows remarks by Puerto Rico Governor Ricardo A. Rosselló, who expressed a strong desire to make repairing rural hospitals a priority for hurricane recovery, stating that medical aid and other supplies were in very short supply.

In response to the Governor's plea, and in coordination with State Senator Karen Carter Peterson and local restaurateur Bill Hammack, LCMC Health donated four pallets of medical supplies valued at more than \$40,000. The supplies included catheters, sutures, needles, scrubs, operating room gloves, tourniquets, surgical drapes, personal toiletries supplies, and much more.

"LCMC is proud to support these relief efforts, joining civic, government, and other business leaders to bring much needed aid and relief to those in dire need in Puerto Rico," said Greg Feirn, CEO, LCMC Health.

In another effort to lend aid, Touro Infirmary donated four pallets – about 6,400 pounds – of badly needed medical and emergency supplies. This effort was led by Emergency Department physician Dr. Elisa Arrillaga, whose family is from Puerto Rico. Touro delivered the supplies to the Cajun Airlift, a newly-formed group of volunteer pilots who are transporting aid to communities in Puerto Rico that remain in dire need.

Revolutionary Robotic Thymectomy Procedure at Tulane Saves Life of Local Cheerleader

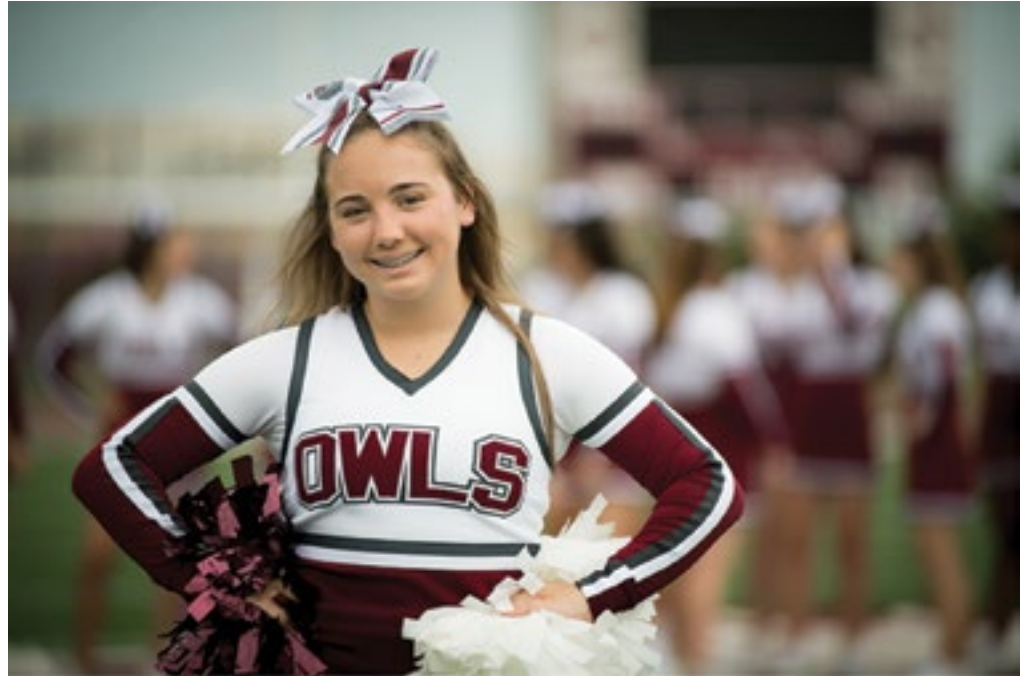
Dr. Emad Kandil, Tulane Health System chief endocrine surgeon, recently performed the first-ever robotic thymectomy in the world that used a single incision under the armpit, a revolutionary technique that gave one young patient something to cheer about. A few years ago, 14-year-old Alexis Resendez started complaining of a sore neck. Her mother, Brandi Resendez, thought it might be a pulled muscle from the extra work Alexis was putting into preparing for high school cheerleading tryouts. When Alexis' pain continued to get worse, Brandi knew something was wrong.

"Alexis started to lose weight because it hurt to swallow—at times she would even choke on water," said Brandi. "She would tell me she was exhausted all the time, which was completely unlike her." A trip to the emergency room revealed a mass in Alexis' neck and chest near her thyroid gland, and she was referred to Dr. Kandil.

"Alexis needed to have a tumor surgically removed from her thymus, a gland located in the base of the neck that produces T cells," said Dr. Kandil. "Traditionally, surgeons have to split the breastbone to remove the thymus, requiring a long incision in the chest, and leading to more recovery time for the patient. But here at Tulane, we perform the surgery through one tiny incision."

Dr. Kandil is a pioneer in performing thyroidectomy and thymectomy using a robotic surgical system that provides a detailed 3-D magnified view of the anatomy around the glands, enabling him to perform precise surgery through a single incision. Using this minimally invasive approach, patients heal faster, and many are able to go home the same day. In Alexis' case, Kandil was able to use robotic thymectomy to remove the tumor from her thymus gland through a hidden incision under the armpit.

"This is the first time that a robotic thymectomy was performed using a single hidden incision under the arm," said Kandil. Other robotic thymectomies are performed through incisions through the chest between the ribs, which can be painful, and requires special care of the lungs during the surgery. "We performed the operation through a single hidden incision in the armpit without any chest wall incisions, resulting in



Tulane Health System Chief Endocrine Surgeon, Dr. Emad Kandil, performs revolutionary robotic thymectomy procedure on local teen, Alexis Resendez.

lessening of symptoms, less risk of infection, and faster recovery."

"When Dr. Kandil came in that waiting area and told me he was able to remove the whole mass, I remember jumping up and hugging him," said Brandi. Alexis went home the following day, quickly showing signs of improvement. A month later, the teen was back to tumbling. Shortly after that, she tried out for the cheerleading squad.

She made the team.

"Alexis is like a whole different kid," said Brandi. "She is doing so well."

Free Screenings, Health Education at STPH Health Fair

More than 100 members of the community came out to take advantage of free screenings and health education offered at St. Tammany Parish Hospital's eighth annual fall health fair, held at the Paul D. Cordes Outpatient Pavilion in Covington.

The event offered numerous free health screenings, for chronic obstructive pulmonary disease (COPD), peripheral artery disease (PAD), carotid artery disease, blood pressure, flexibility, and

body mass index (BMI). Medical professionals were also available to discuss various health topics, including diabetes education, sleep apnea, stroke, breast health, wound care, proper hand washing techniques, tobacco cessation, CT/MRI, hospice and advance directives, nutrition, and supplements. Representatives from National Alliance on Mental Illness (NAMI) of St. Tammany were available to discuss mental health issues, and the STPH Parenting Center offered information on car seat safety.



STPH Health Fair

Check-up Party at LSU Health - NO After-Hours Pediatric Dental Clinic Helps Underserved Children

Dozens of underserved children got their back-to-school smiles ready at a dental check-up event held at the LSU Health - New Orleans After-Hours Pediatric Dental Clinic, sponsored by Healthy Smiles, Healthy Children (HSHC): The Foundation of the American Academy of Pediatric Dentistry. At the event, dental and dental hygiene students from the LSU School of Dentistry volunteered their time to provide professional services, and also enjoyed some fun and games with patients and their families. The children, many of whom would otherwise not have access to dental care, received free dental exams and cleanings, learned about proper oral care, and left with a backpack filled with school supplies provided by MCNA (Managed Care of North America, Inc.).

Ochsner Celebrates 11th Class of STAR Scholars

Ochsner Health System is proud to announce the 16-member graduating class of the 11th Annual STAR (Science, Technology, Academic, Research) Summer Scholars Program. This rigorous, full-day, four-week program is offered to selected high school students who have an interest in pursuing education and careers in science and medicine.

Over 80 high school students throughout the state of Louisiana applied and interviewed for the free, educational summer program, designed to support high school science curricula through Ochsner's inquiry-based research projects. Students gleaned insights from over 50 healthcare-related departments and specialties and learned from more than 150 Ochsner employees and staff that comprise the program's faculty. Students also worked with Ochsner scientists to complete Leadership Development Coursework and participated in hands-on training with the DaVinci Surgical Robot and the MAKO Robot. They also learned clinical skills with the University of Queensland - Ochsner Clinical Medical School medical students. The 16 Student Scholars received CPR Certification, traveled to four Ochsner campuses within the New Orleans region, and completed poster defense for their PhD-led Research Projects focused on antibiotic resistance, infectious



Ochsner Class of STAR Scholars

disease, cancer screening, and cancer drug effectiveness.

"Ochsner is committed to educating and encouraging the next generation of physicians, scientists, and healthcare workers," said Dr. Jawed Alam, Interim Vice President for Research and STAR Scientific Director, Ochsner Health System. "Every year we conduct this program, I am amazed at these students as they progress through the program. They come in every day, ready to learn, get hands-on experience, and show a real passion for the science and medicine. We are extremely proud of them."

The 2017 Class of STAR Scholars are: Andrew Bordelon of Hammond High Magnet School; Madeleine Brake of North Atlanta High School; Ashley Couget of Mount Carmel Academy; Chelsea Deitelzweig of Benjamin Franklin High School; Kaylan Green of Destrehan High School; Brandon Jeudy of John Ehret High School; Sahabia Kamal of Archbishop Chapelle High School; Carrie Beth Lloyd of Mandeville High School; Isiah Lundy of Loranger High School; Graeme Mjevovich of Jesuit High School; Ethan Nicklow of Benjamin Franklin High School; Mia Robertson of St. Katherine Drexel Prep; Heidi Santos Viera of New Orleans Military Academy; Michaela Stevenson of St. Katherine Drexel Prep; Layla Taylor of

Hammond High Magnet School; and Talon Washington of New Orleans Charter Science & Math

The 2017 STAR Program was funded by a generous donation from Dr. Barbara Beckman. STAR is also supported by the Research Department in the Academics Division at Ochsner Health System, and through generous private donations and local grant funding

TGMC Implements Innovative Breast Imaging Technology

Terrebonne General Medical Center (TGMC) has expanded its offering of advanced breast imaging technology with the implementation of 3D mammography and dense breast tissue screening with the Automated Breast Ultrasound System (ABUS).

The 3D mammography uses a low-dose short X-ray sweep around the positioned breast with a "step-and-shoot" method, removing the potential motion from the tube, helping to reduce blur and increase image sharpness, increasing the possibility of detecting breast cancer. A key challenge when performing screening mammography is keeping the radiation levels as low as possible; with TGMC's 3D mammography, there is no increase in dose from a 2D standard mammogram to a 3D view, which means there is no increased radiation to patients during a breast exam.



ABUS enhances the consistency, reproducibility and sensitivity of whole breast ultrasound, demonstrating a 35.7 percent improvement in cancer detection (sensitivity) in women with dense breasts without prior breast intervention. TGMC is currently the only facility in the southeast region to offer this technology.

Artists Create Flower Installation for Tulane Cancer Center with Help of Kids

When Dana Beuhler and Caroline Thomas were invited to be artist demonstrators in the Kids Tent at the 2017 New Orleans Jazz & Heritage Festival, they saw an opportunity to do something big—really big! They were determined to engage the children in a hands-on project to create a large floor-to-ceiling art installation for the Tulane Comprehensive Cancer Clinic at Tulane Health System.

"We knew we would be working with a large audience of young artists at Jazz Fest," said Thomas, who works as a Mardi Gras float builder and artist. "We wanted to share the magic of three-dimensional art with the kids by showing them how to create beautiful hand-painted paper mache' flowers, butterflies, and bugs that collectively would become a large art installation for the Tulane Cancer Center."

"At first, we wondered if we would be met with resistance from young artists who became

attached to their work, and felt strongly about taking it home; but actually, the opposite happened. When we explained that their flower would be part of a larger work at the Tulane Cancer Center, the kids felt genuinely excited about letting their artwork go. Knowing what would become of their colorful paintings, some even wrote messages of love and inspiration," said Beuhler, who works in the art departments of local motion picture films and creates Mardi Gras costumes.

Our Lady of the Lake Adds Slidell Clinic to Physician Group

Our Lady of the Lake Physician Group is continuing to increase access to services for adult medicine on the Northshore with the addition of a second clinic to its integrated network of providers. Miguel Culasso, MD, of Instant Care Family Medical Center, now Our Lady of the Lake Physician Group Slidell, has joined the Physician Group as a family medicine specialist providing comprehensive care for all ages.

"Dr. Culasso is a tremendous partner who shares Our Lady of the Lake's commitment to providing exceptional care," said Curtis Chastain, MD, president of Our Lady of the Lake Physician Group. "This agreement brings together the best of our two worlds-- quality, safety, and clinical integration supported by compassionate, trusted physicians."

Dr. Culasso provides evaluation and care of illnesses and minor injuries, preventive healthcare,

comprehensive physical exams, management and treatment for chronic medical conditions, school and sports physicals, and more. Dr. Culasso is also Board Certified in emergency medicine and accepts urgent care patients.

Ochsner Baptist Opens New Women's Walk-In Care Location

Ochsner Baptist, a campus of Ochsner Medical Center, has opened a new clinic specifically for urgent obstetric or gynecological needs. This clinic location provides a new option for patients seeking timely women's care without scheduling an appointment in advance.

"This new clinic represents our commitment to providing women with multiple options to access high quality healthcare for their specific needs," said Lisa Pellerin, Vice President of Women's Services, Ochsner Health System. "Through Ochsner Baptist Women's Walk-In Care, patients now have fast and convenient access to care at a minute's notice."

The clinic offers same-day access to services, including urinary tract infection care, vaginal discharge screenings, vaginal spotting care, and STD testing. The Walk-In Women's Care team can also assist with urgent pregnancy symptoms such as nausea, decreased fetal movement, vaginal spotting, and contractions.

Lakeview Regional Receives Stroke Gold Plus TS Elite Quality Achievement Award

Lakeview Regional Medical Center, a campus of Tulane Medical Center, is proud to announce it has received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus TS Elite Quality Achievement Award, which recognizes the hospital's commitment to providing the best stroke treatment according to nationally recognized, research-based guidelines.

"A stroke patient loses 1.9 million neurons each minute stroke treatment is delayed. This recognition further demonstrates our commitment to delivering advanced stroke treatments to patients, quickly and safely," states Bret Kolman, Chief Executive Officer for Lakeview Regional. "Lakeview Regional continues to strive for excellence in the acute treatment of

stroke patients. The recognition from the American Heart Association/American Stroke Association's Get With The Guidelines-Stroke further reinforces our team's hard work."

Lakeview Regional has also met specific scientific guidelines as a Primary Stroke Center, featuring a comprehensive system for rapid diagnosis and treatment of stroke patients admitted to the ER. "The American Heart Association and American Stroke Association recognize Lakeview Regional Medical Center for its commitment to stroke care," said Paul Heidenreich, M.D., M.S., National Chairman of the Get With The Guidelines Steering Committee and Professor of Medicine at Stanford University.

West Jefferson Medical Center Hosts Family Fest

West Jefferson Medical Center hosted its Eighth Annual Family Fest this October, behind the hospital in Marrero. Guests enjoyed live music by The Topcats, Ryan Foret & The Foret Tradition, The Joey Thomas Band, Aaron Foret, and Junior & Sumtin' Sneaky. Mia Kylie Ditta sang the National Anthem. Participants also enjoyed amusement rides, a Kid Zone, a cruise night, a car and bike show, a kid's costume contest, Trunk or Treat, and food and beverages from various vendors. Proceeds from the event will go toward patient care.

'Boo Fest' on Lakeview Regional's Campus Benefits Children with Disabilities

ACCESS (Adapting and Changing Children's Environments with Successful Solutions), a locally founded nonprofit fund of the Northshore Community Foundation, held the eighth annual Boo Fest on the grounds of Lakeview Regional Medical Center. The popular Northshore event is open to all, but particularly designed to welcome children with disabilities. The wheelchair-accessible walking path around the duck ponds, and green space adjacent to Lakeview Regional Medical Center, allows children of all abilities to go house-to-house collecting treats.

"For children with disabilities, especially those with mobility issues, trick-or-treating can be difficult" says Aaron Karlin, MD, ACCESS Chairman and event co-chair. "Boo Fest is a Halloween party for kids who wouldn't normally be able

to enjoy the Halloween spirit. It gives them the whole experience in a fun, safe, and less scary environment."

"We started this event eight years ago as a way for all children in our community to experience the fun of trick-or-treating. It has grown to nearly 10,000 attendees each year, and has more than 70 trick-or-treat houses and castles for the kids to visit and enjoy," said Jim Silvestri, ACCESS board member and event co-chair.

All proceeds raised from Boo Fest sponsorships assist families of children with disabilities with purchasing home or van modifications, assistive devices, and adaptive equipment that have been denied by private insurance and/or Medicaid.

St. Tammany Parish Hospital Breast Program Approved by the NAPBC

St. Tammany Parish Hospital has been granted a three-year/full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Accreditation by the NAPBC is only given to those programs that have voluntarily committed to provide the highest level of quality of care for those with diseases of the breast, including breast cancer, and that undergo a rigorous evaluation process and review of their performance. STPH is one of only five breast programs in the state of Louisiana to be designated by NAPBC.

"Receiving care at an NAPBC-accredited hospital ensures that a patient will have access to comprehensive care," said Greg Henkelmann, MD, radiation oncologist and chair of the breast program leadership team. "This includes a full range of state-of-the-art services, a multidisciplinary team approach to coordinate the best treatment options, information about ongoing clinical trials and new treatment options, and most importantly, breast care close to home."

Tulane Medical Center's Men's Health Event Features New Orleans Saints Legends

NFL legends and former New Orleans Saints appeared during Tulane Medical Center's Men's Health Event to help promote prostate cancer



WJMC Family Fest

awareness and screening. Rickey Jackson, NFL Hall of Famer, Super Bowl champion, and prostate cancer survivor, shared his story with attendees. He emphasized that "being a man" means more than successes "on the field." It means taking care of one's health in order to take care of the people in one's life.

Other football celebrities at the event included Vaughn Johnson, "Dome Patrol" linebacker, four-time Pro Bowl selection and Louisiana Sports Hall of Famer; Bobby Hebert, quarterback who led the Saints to their first two playoff appearances in team history; Dalton Hilliard, New Orleans Saints Hall of Famer and LSU standout running back; Buford Jordan, Saints running back and Louisiana Sports Hall of Famer; Tyrone Legette, Saints cornerback from 1992-1995; Torrance Small, Saints wide out from 1992-1996 and Super Bowl Champion; Chuck Commiskey, Saints offensive lineman from 1986-1988, named to USFL All-League Team in 1984; Brad Edelman, Saints guard from 1982-1989, 1987 Pro Bowl selection, and first-team All-American at Missouri; Tyrone Hughes, Saints defensive back from 1993-1996 and 1993 Pro Bowl

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selection; Jack Holmes, Saints fullback from 1978-1982; Emanuel Zanders, Saints offensive lineman from 1974-1980 and a member of the Saints Hall of Fame 25 Years All-Time Team; and Steve Korte, Saints offensive lineman from 1983-1990 and consensus All-American at Arkansas.

Drs. Joseph DiPietro and Corey Major Join North Oaks Health System

Joseph DiPietro, MD, has joined North Oaks Physical Medicine and Rehabilitation Clinic, and Corey Majors, MD, has joined North Oaks Endocrinology Clinic, both located in Hammond.

After earning his medical degree from Mercer University School of Medicine in Savannah, Georgia, Dr. DiPietro completed a residency in Internal Medicine and a residency in Physical Medicine and Rehabilitation as chief resident through Albany Medical Center in Albany, New York. He belongs to the American Medical Association and the American Academy of Physical Medicine and Rehabilitation. Dr. DiPietro also has conducted research on recovery time for sports-related concussions in adolescents, and reducing referral wait times for U.S. Armed Forces veterans to improve care quality.

Dr. Majors earned his medical degree through Louisiana State University School of Medicine in New Orleans. He completed an Internal Medicine residency through Louisiana State University Health Sciences Center in Baton Rouge. A fellowship followed in Endocrinology, Diabetes and Metabolism through the University of Mississippi Medical Center in Jackson. Professionally, he belongs to the Endocrine Society. Dr. Majors specializes in diagnosing and treating thyroid disorders and cancer, osteoporosis, diabetes, metabolic syndrome, pituitary disorders, hyperparathyroidism, obesity and adrenal disorders.

Tulane Health System Launches New Hand Surgery Service

Led by Dr. Gleb Medvedev, orthopedic hand surgeon, Tulane Health System recently launched a new hand surgery service specializing in the diagnosis and treatment of patients with hand and upper extremity injuries and disorders. The program provides comprehensive care and treatment for a broad range of conditions affecting the hand



Joseph DiPietro, MD



Corey Majors, MD



Allen Borne, MD

and arm, including fractures and trauma, tendon and ligament injuries, tennis elbow, arthritis, neuromuscular disorders, tumors of the hand and forearm, and hand deformities, such as Dupuytren's contracture. Surgical options offered include arthroscopic wrist procedures, and endoscopic and open carpal tunnel surgery.

Dr. Medvedev also specializes in complex nerve injuries and conditions in which the nerves are compressed, causing numbness, weakness, or pain in the hands or arms. In some cases, nerve transfers may offer an alternative to tendon transfers if the injury occurred within the past year, said Dr. Medvedev.

Thibodaux Regional MC Welcomes Allen Borne, Orthopedic Hand and Elbow Surgeon

Thibodaux Regional Medical Center announced the addition of Allen Borne, MD, Orthopaedic Hand and Elbow Surgeon, to the active medical staff. He will be joining the practice of OrthoLA in Thibodaux. A native of Houma, Dr. Borne earned his medical degree from Louisiana State University School of Medicine in New Orleans. He completed an orthopaedic surgery residency at the University of Arkansas for Medical Sciences, followed by a fellowship in hand and upper extremity surgery at The Philadelphia Hand to Shoulder Center and Thomas Jefferson University Hospital.

Dr. Borne specializes in the treatment of a variety of conditions affecting the hand and upper extremities, including fractures, tendon and nerve injury, carpal and cubital tunnel, trigger finger, arthritis, infections, masses, congenital deformities, and others.

Tulane Health System CEO William Lunn, MD, Honored in Hospital Review

Tulane Health System CEO, William Lunn, MD, is featured in the 2017 edition of Becker's Hospital Review's list of "Physician Leaders of Hospitals and Health Systems to Know," highlighting hospital and health system presidents and CEOs who hold medical degrees. Dr. Lunn is a Harvard fellowship-trained executive with 18 years of distinguished experience in roles leading high-profile academic medical centers and a major regional health system, in addition to private practice. He was appointed Chief Executive Officer of Tulane Health System in August of 2014.

During his tenure at Tulane Health System, the organization has achieved a Joint Commission accreditation with top scores; Tulane Lakeside Hospital for Women and Children was named a 2016 Top Teaching Hospital by The Leapfrog Group; and Lakeview Regional Medical was added as a campus of Tulane Medical Center. Under Lunn's leadership, Tulane Health System has also expanded service lines, including the opening of the Professional Athlete Care Clinic, an expansion of the Tulane Bone Marrow Transplant Unit, and the creation of the Grace Anne Dorney Pulmonary and Cardiac Rehabilitation Center at Tulane Medical Center.

Dr. Lunn is the recipient of numerous awards, including the American College of Chest Physicians' Young Investigator Award, and the Fulbright and Jaworski award for educational leadership. He has authored several book chapters and original articles published in various medical journals, and has been guest faculty for numerous courses. He is also on the governing board for the Louisiana

Emergency Response Network, and Chair of the New Orleans American Heart Association's 2017 Heart & Soul Gala.

Sports Medicine Specialist Jeffrey B. Witty, MD, Joins North Oaks Orthopaedic Specialty Center in Hammond

Orthopaedic Surgeon and Sports Medicine Specialist Jeffrey B. Witty, MD, has joined North Oaks Orthopaedic Specialty Center in Hammond. Witty is certified by the American Board of Orthopaedic Surgery in orthopaedic sports medicine, and comes to North Oaks from the Lafayette area, where he was a practicing physician for three years.

After earning his medical degree from University of Mississippi School of Medicine in Jackson, he completed a residency in orthopaedic surgery through Louisiana State University Health Sciences Center in New Orleans. Witty completed a fellowship in sports medicine and arthroscopic surgery through Mississippi Sports Medicine & Orthopaedic Center in Jackson, where he received training in minimally invasive surgical techniques, and in-depth exposure to procedures and health concerns unique to athletes. Professionally, he belongs to the American Academy of Orthopaedic Surgeons and to the Louisiana Orthopaedic Association.

Melanie Caughman Is Director of Emergency Services at Tulane Lakeside Hospital for Women and Children

Tulane Health System has named Melanie Caughman, RN, its director of emergency services at Tulane Lakeside Hospital for Women and Children. As director of emergency services, Caughman will have responsibility for the overall management and operations of the emergency department at the Metairie hospital.

Caughman began her career as a staff nurse on the night shift at Tulane Lakeside in 2010, where she was a charge nurse and preceptor. She advanced in leadership roles, and has served as manager of emergency services at Tulane Lakeside since October of 2013.

In her time in the emergency department at Tulane Lakeside, Caughman established and



William Lunn, MD



Jeffrey B. Witty, MD



Melanie Caughman, RN

grew the SANE (Sexual Assault Nurse Examiner) program in collaboration with the Jefferson Parish coroner's office. She was also an instrumental member of the leadership team that transitioned the pediatrics service line to the Tulane Lakeside campus in 2014.

"The emergency department at Tulane Lakeside Hospital for Women and Children scores very high when it comes to patient satisfaction," said Francis Maness, Tulane Health System's assistant chief operating officer. "Melanie's experience and enthusiasm will further elevate the high-quality care and service we provide there."

Lakeview Regional Hosts Support Group for People with Chronic Lung Diseases

In November, Lakeview Regional Medical Center, a campus of Tulane Medical Center, will mark COPD Awareness Month with a special Better Breathers Club® support group meeting, a program of the American Lung Association. Chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and emphysema, is a progressive lung disease that makes it hard to breathe. Lakeview Regional hosts a COPD support group on the second Thursday of every month. Participants will learn better ways to cope with their condition while getting the support of others in similar situations.

St. Tammany Parish Hospital to Open Offsite Emergency Department in Mandeville

St. Tammany Parish Hospital announced plans to open an offsite emergency department to provide residents with closer access to emergency care,

and quicker integration into St. Tammany Parish Hospital systems.

"Adding this emergency option in Mandeville is a way that we can live our mission and deliver on our promise of world-class healthcare close to home," said STPH CEO Patti Elish. "Once it opens, the Mandeville emergency department will be available 24/7/365, just like the main campus in Covington."

The Mandeville location will be a full-service emergency facility, able to treat emergent health situations, including heart attack and stroke. It will have onsite diagnostics and access to specialists, including Ochsner vascular neurologists, via TeleStroke.

Ochsner Medical Center Listed Among Top 100 Oncology Programs

Becker's Hospital Review has recognized Ochsner Medical Center among its 2017 list of 100 hospitals and health systems with great oncology programs. The hospitals and health systems selected for this list lead the way in oncology expertise, outcomes, research, and treatment options. Ochsner Medical Center was one of only two hospitals in Louisiana and Mississippi to be recognized on this list, with the Cancer Center of Acadiana at Lafayette General Medical Center being the other hospital. In 2015, Ochsner Health System and Lafayette General Health formed a strategic partnership to increase local access to care, improve quality, and reduce the cost of healthcare for patients across southwest Louisiana.

The oncology program at Ochsner Medical Center is part of the Ochsner Cancer Institute

Hospital Rounds

(OCI). OCI offers comprehensive cancer services and provides multidisciplinary care for adult and pediatric cancer patients. These patients benefit from a collaborative approach to cancer care by a highly skilled team of physicians, oncology nurses, social workers, researchers, and other healthcare professionals. Dedicated to cancer research and new cancer treatment development, OCI has access to a robust clinical research program, including the Precision Cancer Therapies Program, providing access to innovative therapies, cutting-edge drugs, anti-cancer agents, and early-phase clinical trials previously unavailable in Louisiana. Recently, OCI opened the Ochsner Baton Rouge Cancer Center, increasing capacity to offer convenient access to fully integrated cancer care to the people of East Baton Rouge Parish, and surrounding areas.

Touro, Crescent City Physicians Sponsor ‘Pints for Prostates’

This September, Touro Infirmary and Crescent City Physicians decided to use the power of beer tasting to increase prostate cancer awareness. The beer tasting and prostate cancer awareness event, dubbed “Pints for Prostates,” was held at NOLA Brewing Company on Tchoupitoulas St. in New Orleans. A portion of ticket sales benefitted the prostate cancer awareness organization with the same name, Pints for Prostates.

Ochsner Health System to Manage St. Bernard Parish Hospital

The St. Bernard Parish Hospital Service District Board has approved a strategic partnership with Ochsner Health System to continue the day-to-day management of St. Bernard Parish Hospital. This long-term agreement will enable Ochsner, the hospital board, and SBPH to stabilize the hospital and improve clinical and operational programs. Kim Keene, who has been serving as interim CEO, will officially assume the role of CEO when the agreement is fully implemented on Nov. 5, 2017.

Lafayette GMC and Ochsner HFC Open Pediatric Subspecialty Clinic

Lafayette General Health and Ochsner Health System recently hosted a ribbon cutting and open house to celebrate the opening of a new pediatric

subspecialty clinic, a joint venture between Lafayette General Medical Center and Ochsner Hospital for Children. The addition of pediatric subspecialty services in Lafayette, delivered by a renowned team of physicians, further strengthens the partnership between LGH and Ochsner.

“This type of collaborative effort is what we envisioned from our relationship with Ochsner,” said LGH President David L. Callecod, FACHE. “Access to specialists is paramount, and we are thankful Ochsner is helping us provide local options. Asking patients, especially children, to travel for care is not ideal.”

The new clinic offers pediatric specialties, including cardiology and plastic surgery, with plans to add gastroenterology and neurology early next year. Patients and their parents will be able to self-refer to the clinic, and local pediatricians will have the benefit of referring their patients to a program that is nationally recognized in subspecialty care.

“Meeting the growing demand for some pediatric services is a challenge, forcing families to travel long distances for the care their children required,” said Dr. William Lennarz, System Chair of Pediatrics and the Associate Medical Director (AMD) of Pediatrics at Ochsner Hospital for Children. “Partnering with Lafayette General allows us to offer families exceptional and convenient care close to home.”

Ochsner, Terrebonne General Reopen Urgent Care Clinic in Houma

Through a strategic partnership between Terrebonne General Medical Center and Ochsner, the former MHM Urgent Care clinic in Houma has reopened as Ochsner Terrebonne Urgent Care.

“By reopening our urgent care location in partnership with TGMC, the Houma community now has access to convenient, quality care close to home for non-emergent illness or injury,” said Diedra Dias, Vice President of Urgent Care and Occupational Health Service Lines, Ochsner Health System.

“It is important that other options are made available to patients so emergency rooms are not being used for routine care,” said Phyllis Peoples, President and CEO, Terrebonne General Medical Center. “Through an integrated and collaborative experience between both organizations, we

are connecting the people of our region with an unprecedented level of care, all available close to home.”

The reopening of the urgent care clinic in Houma is the latest example of Ochsner Health System and TGMC working together to improve and enhance care in the tri-parish area. Through a strategic partnership formed in 2015, Ochsner and TGMC have expanded access to care, shared best practices, and delivered innovative solutions, so that patients can remain close to home for their healthcare needs.

Lakeview Regional Is Tackling Dehydration

Lakeview Regional Medical Center, a campus of Tulane Medical Center, announced that it is the Official Hydration Sponsor for all home games at St. Paul’s School this year. As a sponsor for hydration, Lakeview Regional physicians remind parents that kids can become easily dehydrated whenever they play sports, regardless of season, temperature, or relative humidity. “It is our job as medical professionals to educate our community on the dangers of dehydration that can occur at any time of the year,” states Dr. Chad Muntan, Director of Lakeview Regional’s Emergency Department. “Serious dehydration can put a person at increased risk of heat-related illnesses, which can lead to more serious conditions.”

Prevention is simple when it comes to dehydration. Athletes should drink 8 to 20 ounces of fluid (water or sports drinks) an hour, prior to exercise. During sports, every 15 to 20 minutes, drink 4 to 6 ounces of water or sports drinks, up to 24 ounces per hour. After sports, post-exercise hydration should aim to correct any fluid lost during play as soon as possible, by drinking 16 to 24 ounces of fluid for every pound lost through sweat.

Ochsner Names Dr. Victoria Smith and Kenneth Polite to Board of Directors

Dr. Smith is a highly accomplished medical provider and administrator, and currently serves as the Associate Medical Director for St. Charles Parish Hospital and Primary Care for the River Region at Ochsner Health System. Experienced in clinical integration and physician collaboration, Dr. Smith previously acted as Medical Director of Ochsner

Physician Partners, linking more than 1,200 independent and Ochsner-employed physicians. Dr. Smith is an active leader in a number of community organizations, including SGI-USA. Fluent in English, Spanish, and Portuguese, Dr. Smith has a large bilingual patient population and often speaks on health promotion and disease prevention for lay audiences.

Mr. Polite, a New Orleans native, is a well-respected attorney and public servant. He earned undergraduate and graduate degrees from Harvard University and Georgetown University Law Center, respectively, after which he practiced white-collar criminal defense in New York City and New Orleans, followed by service as a federal prosecutor in the Southern District of New York. Appointed by President Barack Obama, Mr. Polite was unanimously confirmed and sworn in as U.S. Attorney for the Eastern District of Louisiana in 2013, and served in this position until March 2017. He currently acts as Vice President, Ethics and Compliance, for Entergy Corporation and as a board member for Youth Empowerment Project, the Anti-Defamation League of New Orleans, and New Schools for New Orleans.

Touro Now Offering UroNav System for Prostate Cancer Detection

Touro has completed the hospital's first several cases using the UroNav fusion biopsy system, a cutting-edge option for diagnosing prostate cancer for many patients with elevated and/or rising PSA levels. The UroNav system combines pre-biopsy MR images with ultrasound technology to better detect suspicious lesions, delineation of the prostate, and clear visualization of the biopsy needle.

"We are committed to providing the highest quality of care to our patients, and the UroNav is poised to become a new standard in prostate care," said Touro Urologist Richard M. Vanlangendonck Jr., MD "The UroNav fusion biopsy system allows surgeons to achieve more accurate biopsies in the prostate, in return providing more accurate diagnoses."

Other than skin cancer, prostate cancer is the most common form of cancer in American men, and the second-leading cause of cancer death in that population. One in six men will be diagnosed



New officers Elaine D. Abell, Alden J. McDonald, Jr., and Byron R. Harrell, were recently appointed to the University Medical Center Management Corporation governing board.

with prostate cancer during his lifetime. Historically, urologists have had a difficult time distinguishing between moderate and aggressive lesions in the prostate. UroNav is the "next generation" of prostate cancer detection because it accurately identifies and tests areas for more precise diagnosis.

New Officers Appointed to UMC Management Corporation

Three new officers, Alden J. McDonald, Jr., Elaine D. Abell, and Byron R. Harrell, were recently appointed to the University Medical Center Management Corporation (UMCMC), the governing board for University Medical Center (UMC) - New Orleans.

Alden J. McDonald, Jr., has been appointed chair for the governing board. McDonald is president and CEO of Liberty Bank and Trust Company, one of the top three African American-owned financial institutions in the United States. A graduate of the LSU School of Banking, and of Columbia University's Commercial Banking Management Program, McDonald began his career as the first

African American hired in the banking industry in Louisiana in 1966 at International City Bank in New Orleans. McDonald is a former chairman of the New Orleans Chamber of Commerce, a member of the New Orleans Business Council, and former chairman of the Lindy Boggs Medical Center. In 2013, he received the 100 Black Men, Inc.'s Trailblazer award. In 2001, he received the prestigious Loving Cup award from the Times-Picayune.

Elaine D. Abell will serve as vice chair of UMCMC. Abell is an attorney and the president of the Board of Directors for Fountain Memorial Funeral Home and Cemetery. Abell is very engaged in her community, where she currently serves on the Board of Directors for the Women's Foundation of Acadiana (past chairman), Citizens Advisory Committee of the Metropolitan Planning Organization (past chairman), Lafayette Metropolitan Expressway Commission (chairman), University Medical Center Management Corporation, the LSU Research and Technology Foundation, LSU Honors College Advisory Council, the LSU Press and Southern Review Advisory Board, and the Board of Directors of the Lafayette Central Park.

Byron R. Harrell will serve as secretary/treasurer of UMCMC. Harrell is currently Managing Partner at Philoptima Consulting, advising numerous private foundations on the design and implementation of strategic approaches to boost mission-related, grant-making impact. Dr. Harrell is the author of *Supercharged Giving: The Professional's Guide to Strategic Philanthropy*, and of "Size Matters" (published in *Philanthropy*). He holds a Doctor of Science from Tulane University School of Medicine, a Master's of Science in Health Services Research from Trinity University, and a BBA, Health Care Administration from West Texas A&M University.

Neurosurgeon Jack Kruse Joins Our Lady of the Lake Physician Group - Slidell

Our Lady of the Lake Physician Group - Slidell is now offering advanced neurological services to its patients on the Northshore with the addition of neurosurgeon Jack Kruse, MD. Dr. Kruse provides care for head, neck, back, spine, and peripheral nerve injuries and disorders. Dr. Kruse is a member of the American Medical Association, the Congress of Neurologic Surgeons, and the North American Spine Society, and is Board Certified by the American Board of Neurological Surgery.

Ochsner's Dr. David Carmouche Recognized as Physician Leader

Becker's Hospital Review has recognized Dr. David Carmouche, Senior Vice President of Ochsner Health System and President of the Ochsner Health Network, as a 2017 "Physician Leader of Hospitals and Health Systems to Know." The list features outstanding hospital and health system presidents and CEOs who also hold medical degrees.

Dr. Carmouche joined Ochsner with 19 years of progressive healthcare leadership experience in medicine and operations. Before joining Ochsner, Dr. Carmouche served as the Executive Vice President of External Operations and Chief Medical Officer at Blue Cross Blue Shield of Louisiana in Baton Rouge, where he successfully led important initiatives designed to organize care, improve quality, and increase affordability. Dr. Carmouche earned a BS in Biology from Tulane University, a



Jack Kruse, MD

Medical Degree from LSU-NO School of Medicine, and completed a Residency in Internal Medicine at the University of Alabama at Birmingham. He also completed the Executive Program for Managing Health Care Delivery at the Harvard Business School.

John R. Nickens IV Named President & CEO of Children's Hospital - New Orleans

Children's Hospital in New Orleans announced the selection of John R. Nickens IV as its new President and CEO. Nickens will lead a staff of more than 1,900 and manage a \$300 million expansion and renovation project. Nickens has nearly three decades of experience in the healthcare industry. He began his career at Texas Children's Hospital in 1990, with management positions in revenue cycle and clinical operations. He went on to hold various administrative positions at Baylor College of Medicine in Houston, and then returned to Texas Children's, where he currently holds the position of executive vice president overseeing system-wide clinical business analytics, pediatric subspecialty medical service lines, and inpatient and outpatient operations.

Lakeview Regional Welcomes Three Tulane Physicians to Northshore Clinics

Lakeview Regional Medical Center, a campus of Tulane Medical Center, announced that Dr. Abigail Chaffin, Dr. John "Blair" Hamner, and Dr. Thomas Francavilla are now taking office hours at clinics in Covington, providing a variety of specialized surgical services to the Northshore region.

"We are thrilled to have these highly specialized



Abigail Chaffin, MD

surgeons offering a more convenient location for our Northshore patients," said Bret Kolman, Lakeview Regional CEO. "The depths of experience they bring to our hospital expands our services, and their location helps our patients better take care of themselves close to home."

Dr. Chaffin is a double board-certified plastic surgeon who also practices at Tulane Medical Center's downtown New Orleans campus. She joined the Tulane plastic surgery full-time faculty in 2008. Dr. Chaffin is also one of only a few doctors in the state of Louisiana who is a certified wound care specialist physician.

Dr. Hamner is an assistant professor of surgery at the Tulane University School of Medicine. Dr. Hamner is board-certified in General Surgery, and is the first surgeon in the region to receive board certification in Complex General Surgical Oncology.

Dr. Francavilla is a clinical associate professor of neurological surgery at the Tulane University School of Medicine's Center for Clinical Neurosciences. Dr. Francavilla is known for his early adoption of minimally invasive spine surgery as a major advance for patients suffering from spine-related pain.

LCMC Health Honors 38 Nurses Named as 'Great 100' in Louisiana

Thirty-eight nurses from across the LCMC Health system have been recognized as "Great 100 Nurses." Great 100 Nurses are selected based on their concern for humanity, their contributions to the profession of nursing, and their mentoring of others.

"At LCMC Health, we recognize the vital work our nurses do every minute of every day, providing

quality and compassionate care to the thousands of patients who walk into our emergency rooms, receive treatment in our hospitals, and undergo life-saving surgeries in our operating rooms," said Greg Feirn, Chief Executive Officer, LCMC Health. "Our nurses are at the heart of our mission, and we are honored to have 38 outstanding nurses recognized for their hard work and dedication to the communities we serve."

The nurses being honored, by hospital, are Esther Barrios, Delores Demma, and Lynn Winfield of Children's Hospital of New Orleans; Lindsey Battle, Dorothy Buggage, Victoria Clark, Shannon Grosch, Robin Malach, Ricky McCrory, Kelly Moret, and Eileen Smith of Touro; Angela Agochukwu, Vanessa Bergeron, Patrick Buchta, Irving Cartagena, Patricia Clesi, Angela Davis-Collins, Rosemarie de la Tour, Aimee Garafola, Lisa Gelpi, Kristen Gurtner, Toilyn Kennedy-Major, Paulette Lill, Carolyn McCord, Roxanne McNally, Ann Mouille, Jennifer Nugent, Derrick O'Neal, Karla O'Rourke, Charlotte Pattison, Rachel Sanders, Anne Tucker, and Carrie Wilcox of University Medical Center New Orleans; and Monica Bologna, Christine Bromley, Scott Duhon, Jennifer Rodriguez, and Lori Ruffner of West Jefferson Medical Center.

Anti-defamation League and Ochsner Announce Partnership to Address Bullying

The Anti-Defamation League (ADL) and Ochsner Health System/Ochsner Hospital for Children announced a new partnership, aimed at eradicating hate among youth and ending bullying in our community. Spearheaded by Ochsner Hospital for Children General Pediatrician and ADL board member Daniel Bronfin, MD, and ADL's Interim Regional Director, Lindsay Friedmann, this partnership will help practitioners, parents, and patients develop the skills to engage in valuable conversations regarding topics of acceptance and respect for all.

"Our partnership with Ochsner is a first-of-its-kind at ADL, and we are thrilled to see a health-care system take the initiative to focus on the whole patient," Friedmann said. "A child's social/emotional health is an important part of overall wellness, so having practitioners better prepared to help address bullying and identity concerns is an important part of optimal patient care. We are



WJMC EMS

pleased that Ochsner will not only be educating their medical students, residents, and clinicians, but will also be taking the time to address these important conversations with parents."

"Ochsner Hospital for Children is committed to the mission of ADL in working to enhance compassion, understanding, and acceptance in children, as well as adults" said Daniel Bronfin, MD, Medical Director, Ochsner Craniofacial Program.

West Jefferson Named Among America's 100 Best for Stroke Care

West Jefferson Medical Center (WJMC) announced that it has been recognized by Healthgrades as one of America's 100 Best Hospitals™ for Stroke Care. West Jefferson is one of only two hospitals in Louisiana to receive this distinction. In addition, WJMC is ranked among the Top Five Percent in the Nation for Treatment of Stroke, and has been awarded the Stroke Care Excellence Award by Healthgrades two years in a row. Healthgrades evaluated nearly 4,500 hospitals and identified the 100 best-performing hospitals across all conditions or procedures evaluated within stroke care.

West Jefferson has also received several other distinctions from Healthgrades: in patient safety,

neuroscience, critical care, cardiac care, pulmonary care, and gastrointestinal care.

WJMC EMS Donates to Build Living Quarters for EMS Crews in Rural Tennessee

West Jefferson Medical Center (WJMC) Emergency Medical Services is donating \$500 to the Wears Valley Volunteer Fire Department in Wears Valley, TN, to help build living quarters for EMS crews in an area that doesn't currently have 24/7 EMS service.

A year ago, wild fires devastated rural communities in the Smokey Mountains, and as a result of the fires, three people died. One of them lived in Wears Valley.

Wears Valley fire chief Tony Patty said that response times are an issue for EMS crews covering Wears Valley. The closest ambulance services are 7 to 10 miles away. Those extra miles could mean the difference between life and death, according to Patty. "We're looking to raise between 40 to 50 thousand dollars to build female and male living quarters at our Wears Valley Volunteer Fire Department headquarters—two bedrooms, and two bathrooms. This will help provide faster response times." ■



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