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A GROWING TITLE IN  
HEALTHCARE**

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## ARTIFICIAL INTELLIGENCE AS A NEW WAVE OF PHYSICIAN?



THE IDEA of artificial intelligence, or AI, has been around for a long time. The momentum of AI enthusiasm fluctuates with successes and failures of its design. AI hasn't necessarily flourished yet as previously

expected. But, then again, we're just getting started.

Recently, I moderated a panel discussion at the New Orleans Bioinnovation Center on the topic of digital health. Normally, when we think of digital health, we conceive of electronic medical records, diagnostic technology, procedural technology, etc. Managing existing technologies, while introducing new technologies, is always a challenge in bringing about total cohesiveness in healthcare delivery. Basically, it all must make sense together. As the rate of technology increases exponentially, there may be a point where we experiment with an end game in which technology itself has become a physician. Until now, the role of technology has been to support human physicians. Perhaps one day, the script will be flipped.

The idea is a general intelligence of a machine that continually learns from itself. Imagine a machine that can assess traditional intake information of blood, DNA, history, etc., with a series of questions, and provide the ideal treatment plan. Critics of AI as a physician may point to personal subjective talents of human physicians. However, a true AI physician will bring these subtle information factors into the decision-making process as well.

There are some significant downsides to AI; most notably, it could destroy us. Elon Musk claims AI is the greatest threat to humanity. As machines proceed to develop hypotheses and then test them for optimal outcomes, the machines may at some point determine that human beings are best handled as a secondary class of creature, much like humans think of cows or pigs. I'm not sure we are ready to give up our status of most intelligent.

The evolution of AI can lead to tremendous solutions for diseases such as Alzheimer's disease, cancer, etc. All the world's information and statistical analysis is at the disposal of a

technological physician. This AI physician could be in remote parts of the world, or available on a phone.

The act of robotic surgery is currently performed by trained humans. Perhaps someday the human won't be necessary anymore.

Of course, we like to believe that we will ultimately remain in control, and maybe this is so. Or, maybe designing machines is best done by machines. Sci-fi films have been toying with these ideas for decades. It all starts with an idea, and we know it's possible. It's possible that the purpose of humans is to create a greater, more sustainable intelligence.

The unintended consequences of AI are almost beyond our comprehension. Trying to code human values alone can be problematic enough. If we code that the goal is to make everyone healthy, does the AI decide to destroy the unhealthy, and what exactly will this machine deem as healthy once it has all the information?

Changes to the labor force and the role of humans would likely change considerably. On the other hand, perhaps we don't deserve to really be at the top of the intellectual food chain. After all, look around, we are not exactly geniuses. Perhaps a kinder, gentler existence could come through a more intellectual superpower. Perhaps consciousness can be transferred.

The curiosity of humans suggests, considering our current advancements, that artificial intelligence is just around the corner. I'm neither advocating for or against, nor encouraging the creation of, artificial intelligence, but merely recognizing the path. We may want to discuss our intentions now, before we wake up and the future is here.

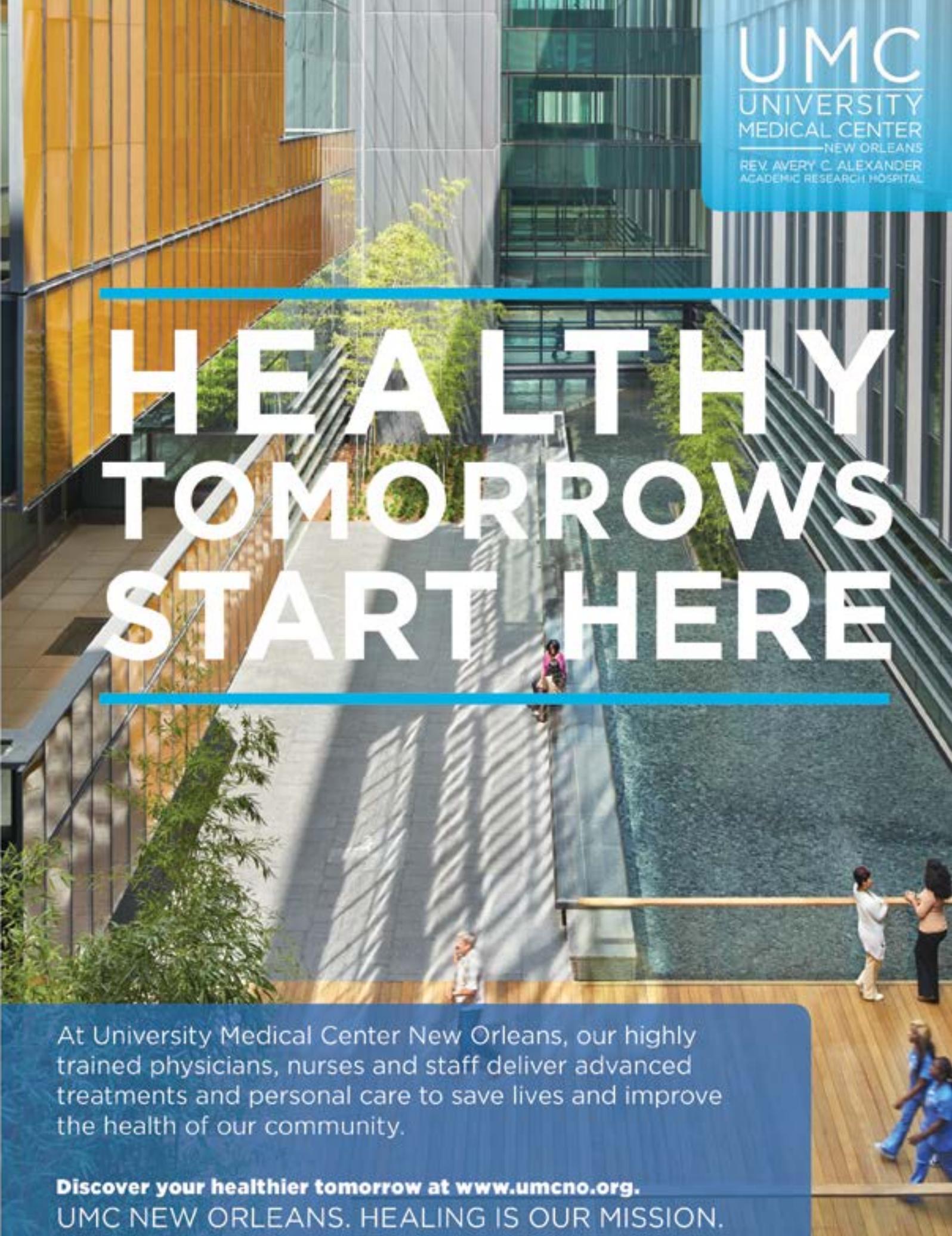
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# HEALING THE VOICE

BY CARRIE DEYO

**BREATHE IN, BREATHE OUT.** As air makes its way out of your body, you can choose to produce sound—you can tell someone how you feel, yell a warning, or sing. Thanks to your larynx (voice box) and its vocal cords (or vocal folds) and related muscles, various pitches can be produced and ride the air you exhale. Our versatile human vocal ability, however, is often taken for granted—until something goes wrong. Luckily, there are voice therapists to help when that happens.

## VOICE THERAPY



PHOTO COURTESY OF TOURO

Touro voice therapists Maggie Homer, M.C.D. CCC-SLP CGIS, and Morgan Sioke, CCC-SLP use specialized equipment, including stroboscopes, flexible laryngoscopes, and a computerized speech lab to evaluate pitch, volume, and quality of voice.

**SPEECH PATHOLOGIST** Angelique Vialou, MS, currently Director of Response to Intervention at Lycée Français de la Nouvelle-Orléans, draws on her experiences as a pediatric outpatient speech pathologist at Children’s Hospital in New Orleans, where she worked with childhood disorders of speech and voice such as cleft palate. In cases of mechanical dysfunction of airflow pathways, Vialou says that voice therapists can “help individuals visualize what is going

on in their bodies” and motivate them to “reform their habits of speaking.”

Education about vocal hygiene issues can be useful as well. For example, Vialou points out that some voice problems are caused by allergic inflammation that is then exacerbated by the dryness caused by taking certain antihistamines. Keeping vocal cords well hydrated, by avoiding caffeine and drinking plenty of water, is a technique strongly recommended by voice therapists.

The vocal folds are intimately linked to the anatomy of the respiratory system. The trachea is the airway from the lungs, held open at all times by a series of cartilaginous rings. At the top of the trachea is the larynx, which is composed of nine pieces of cartilage. The main ones are the thyroid cartilage in front, composed of two wing-shaped pieces and making up the bulge of the “Adam’s apple,” and the cricoid cartilage, a ring-shaped structure just below

**“...voice therapy concentrates on the production of pitched sounds from the larynx and vocal folds, while speech therapy concentrates on the rapid modifications of those sounds that occur when the tongue, lips, and mouth are positioned in different ways to form the various elements of speech.”**

the thyroid cartilage. Closing over the top of the larynx during swallowing is a flap called the epiglottis, which prevents food or liquid from entering the larynx and trachea. Also acting as valves to close the airway during swallowing are the vocal cords, or vocal folds, and another set of muscles sometimes known as the “false vocal cords,” since they may be inappropriately used for sound production instead of the true vocal cords.

The vocal folds are thin, delicate muscular tissue covered by a specialized cell layer and a mucosal membrane, lying in a “V” shape along either side of the larynx. They are attached to the arytenoid cartilages that control the lengthening and shortening of vocal cords, resulting in pitch changes.

#### **When Something Goes Wrong**

Both voice and speech therapy are used in treating vocal issues. Though the two sometimes overlap, voice therapy concentrates on the production of pitched sounds from the larynx and vocal folds, while speech therapy concentrates on the rapid modifications of those sounds that occur when the tongue, lips, and mouth are positioned in different ways to form the various elements of speech. Voice therapy is usually considered to be a subset of speech therapy, and can be especially important for singers, teachers, politicians, and others whose livelihood depends on voice.

Problems of the larynx and vocal folds include congenital defects, acute laryngitis, acute epiglottitis, laryngo-tracheo bronchitis (croup), neurological abnormalities, trauma, benign or cancerous growths, or inhalation of foreign bodies. Laryngitis may be a result of a viral infection, and usually subsides with time and rest. Sometimes it is caused by overuse or misuse of the voice, which can lead to vocal cord nodules.

Polyps and cysts are other growths that may appear. Smoking causes a hypercellular layer to form in the vocal folds, which can cause a lower, gruff voice. Parkinson’s disease results in problems of voice control and voice perception, which voice therapists can address.

One neurologically based voice problem is spasmodic dysphonia, which occurs when brain to muscle communication is impaired. The result is a rough-sounding and irregularly paced voice. In these cases, botulism treatment to relax vocal muscles, coupled with voice therapy to re-train their proper use, may be helpful in regaining control of the voice.

Maggie Homer, MCD, an inpatient speech therapist at Touro, notes that voice therapy may be required for patients who have been intubated due to respiratory failure. Intubation can be damaging to the vocal cords, causing voice disorders and at times vocal cord paralysis. Often patients with long oral intubation periods will have a tracheostomy tube placed below the larynx and vocal cords. In these cases, an inpatient speech language pathologist will begin voice therapy, which will involve a passy muir valve to aid in restoring voice and oral-nasal breathing pattern.

Morgan Soike, MS, a speech and language pathologist also at Touro, often works with outpatients after these surgeries, helping them to strengthen and improve their voices through a variety of voice-training techniques such as humming, vowel glides, and breathing exercises.

Often it is overuse that leads to vocal problems. If the vocal folds are dry, they are more prone to damage from overuse. In these cases, dietary, behavioral, and environmental changes are recommended. These include avoiding caffeine, carbonated drinks, and smoking; refraining from yelling



or straining the voice; and adding microphones or otherwise adjusting the environment to spare the voice. Especially if nodules have already appeared, two weeks of complete vocal rest may be recommended. Over the course of several weeks or several months, depending on the patient and the circumstances, nodules can disappear while voice therapy decreases the muscular tension in the larynx and reduces strained, breathy, or hoarse sounds.

Soike points out that the voice is highly personal; the owner of an overused voice may be the only one distressed by it. When she meets such a patient, often a singer, teacher, or professional speaker, a recording of how the voice originally sounded can point the way for a voice therapy plan.

She further explains that the voice also sends tonal and emotional messages to others, who may perceive the sound as an aspect of character or personality. With voice issues, she notes, “emotional components of voice (intonation, stress, and prosody) may not be as evident.” By helping people to keep their larynx healthy and enhance natural resonance and quality, voice therapists empower this unique and wonderful channel of human communication. ■



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# LESSONS FROM OUTSIDE HEALTHCARE: A GROWING TITLE IN CONSUMER MARKETS

By Steve Ambrose, DC

## Where is the Chief Growth Officer – and the Growth – in Health Systems and Hospitals?

JUST FOR S&GS (Snickers and Giggles), do me a favor: Google 'Chief Growth Officer Hospital' (or Health System) and start looking, page after page. Not finding too much, right?

The Chief Growth Officer (CGO) became a title back in 2004...later fizzling during the recession. Now it's come back again, with 40% of companies with fewer than 50 employees having one. Surprisingly, CGOs are now also entering the leadership hubs of larger consumer darlings such as Hershey, Kellogg, and Coke. In fact, Coke recently made a transformational change by replacing its Chief Marketing Officer (CMO) role with the CGO—this on the heels of three years of decreasing earnings and growth in the company. The pullback was a big surprise.

Coke even created a can that split in two—to share with a friend. Awww!

**W**hat they couldn't account for in their marketing was the increased chance for that friend to gain weight, take in artificial sweeteners, and move that much closer to acquiring type 2 diabetes. Consumer behavior in purchasing Coke is slowly moving beyond the desire for a cold bubbly feeling on the lips, and a sweet taste on the tongue. Fact is... healthier lifestyle choices are in. Coca-Cola and its many carbonated/sugared brand drink competitors are slowly moving out of favor and being replaced by healthier beverage options. Even for a company of this size, intelligence, and talent, recognition of confirmation bias often still happens at a pace slower than what is clearly needed, according to their consumer market.

Coke's insertion of the CGO position is not only about fixing a marketing leadership miscue. Whereas the CMO historically drove creativity, brand positioning, and awareness, the CGO has become a reportable CEO advisor and key leader focused solely on growth. This happens through introducing a blend of updated results from tactics and operational efforts from the four key areas of business activity creating profit: *marketing, sales, product/service, and finance.*

CGOs look at many possible methods to help their organizations grow. This can include rapid experimentation across marketing channels, development of products or services, evaluation of consumer/customer insights, identification of strategic partnerships, and creation of new ideas to grow the business. The need for a CGO is not just in driving sustained profitable growth as part of the company strategy, but also in recognizing that the days of "easy growth" are over. CGOs optimize resources, expect cutting-edge marketing, build necessary capacity and efficiency, and focus on both disruptive and incremental innovation.

#### CONSUMERS VS. PATIENTS

Here's where the rubber meets the road: one of the most important facets of healthcare today is the need for hospitals, health

systems, and other providers to recognize that health consumers, no matter how they are segmented and targeted, *are meant to be competed for.*

One of the great glories of capitalism is the establishment of competition and the results that stem from it. In a free market, firms compete, on the basis of price and/or quality, to provide goods and services. Ultimately, consumers and customers benefit as the recipients of increasing quality and/or lower competitive pricing, as a result of company costs dropping.

Many medium- to large-scale providers have had a tremendous revenue run over the last 25+ years. This has been largely due to a fee-for-service system that did little to improve poor care quality and outcomes. This payment environment has allowed healthcare-related costs to skyrocket *a jaw-dropping factor of 274 times what they were in 1950, compared with only 8 times the cost for other products and services*—all with continued massive demand by patients for drugs and chronic care services.

**The need for a CGO is not just in driving sustained profitable growth as part of the company strategy, but also in recognizing that the days of "easy growth" are over.**



# Today's mass unaffordability, and the death knell for status-quo healthcare systems, appears to be emanating from a lack of pricing competition.

Today's mass unaffordability, and the death knell for status-quo healthcare systems, appears to be emanating from a lack of pricing competition. Decades worth of payer-based pricing regulation have removed the free market forces of price-based competition. With great demand and no competitive system in place for cost-effective value, health providers have had great incentive to over-treat and over-bill.

For decades, the costs of healthcare services, products, and drugs were passed from provider to payer to self-insured client or individual plan member. Everyone kept paying, and all appeared fine.

Until it wasn't.

When greater cost-shifting from the payer to the plan member caused deductibles, out-of-pocket expenses, and patient drug share costs to soar, fallout in patient behavior and choices ensued. Suddenly, prescriptions weren't getting filled as often, therapy wasn't being completed, elective surgeries were pushed off, and patient collections saw big problems.

By 2010, we saw the emergence of Obamacare. When we sadly realized that health coverage isn't the same as healthcare, the industry and politics shifted their sights toward a more patient-centered, risk-adjusted, and outcome-based model, with reimbursement tied to these factors.

The truth is, however, that whether value-based care rolls out tomorrow or in years to come, health payers and drug companies still do not and will not operate as true competitors. This means healthcare prices are not likely to come down on their own. Though healthcare costs are likely to stay

high and tight for years to come, we also know that the current health system, with its underlying industries, is largely unsustainable, and certainly unaffordable for many American consumers and companies.

As a result, the market has actively employed its own free-market forces to reorganize into new innovative services, products, and arrangements for patient care and coverage. These include direct care, retail clinics, on-site primary care, direct contracting, direct primary care, super third party administrators (TPAs), and a stronger scrutinizing of claim management by broker-persuaded traditional-insurer administrative services organizations (ASOs).

## A CHIEF GROWTH OFFICER FOR HOSPITALS & HEALTH SYSTEMS

In full candor, I have enjoyed a past career as a healthcare provider, and then as a health tech entrepreneur, and finally as a consumer strategy and outbound digital marketing leader. This experience has given me a much wider view of consumers: tapping into consumer stress and behavior, and well as guiding actions toward desired outcomes.

One of my favorite quotes, from Mike Tyson, is: "Everyone has a plan—until they get punched in the mouth." The punch to providers of all sizes is that consumers and patients have a greater financial role than ever. Knowing this, hospitals and health systems must recognize that the same strategy that led them to acquire and grow a patient base locally is the same growth mindset and strategy they must employ to grow remotely, and to benefit from that growth.

Larger shifts to patient financial

responsibility don't necessarily mean that everyone is poor and cannot afford services, but rather that selective marketing for patient acquisition is of greater importance than ever. Those companies that properly segment, target, position, and capture a patient base, by utilizing smart marketing, communications, telehealth services, and efficiency, within measurable resource allocation and investment, will be in an advantageous role toward sustainability.

As technology drives efficiency and costs drop, providers must seek to effect greater engagement through adding a stronger growth mindset to provider leadership. While many leaders already have expectations of growth contribution within their job role, their other responsibilities preclude their being solely dedicated to such.

Hence, we have the Chief Growth Officer. CGOs are well-suited for, and well-needed by, health providers who seek to compete, capture, and grow, in order to best sustain profitability, whether in a fee-for-service or value-based care environment.

Provider growth is more than the immediacy of a quarterly revenue stream. It also entails recognizing that as laws open up for telehealth coverage within and across states, providers have an incredibly powerful opportunity to compete by utilizing a robust set of technologies and competencies in selectively choosing and sizing their patient base and services. Moreover, this will not only benefit such providers financially, but will also create a system where they can compete more effectively for patient-portion monies. It is not inconceivable that once the first shots are fired, free market forces may be positively injected to help grow quality, coupled with lower pricing and affordability. Perhaps even greater in impact, providers may begin to empower patients to gain the benefits of engagement—better outcomes and services—while earning and sustaining the loyalty of these consumers. At the same time, patients would be taking action for their own health as they continue their healthcare journey. ■

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**And You Pay  
for the Waste**

By Marshall Allen  
*Propublica*, October 18, 2017

This story was co-published with  
NPR's Shots blog

*The makers of cancer drugs also make vials with too much medication for many patients. The excess drugs are tossed in the trash — another reason health care costs are so high.*

## EYE DROPS

If you've ever put in an eyedrop, some of it has almost certainly spilled onto your eyelid or cheek.

The good news is the mess doesn't necessarily mean you missed. The bad news is that medicine you wiped off your face is wasted by design – and it's well-known to the drug companies that make the drops.

Eyedrops overflow our eyes because drug companies make the typical drop – from pricey glaucoma drugs to a cheap bottle of Visine – larger than a human eye can hold. Some are so large that if they were pills, every time you swallowed one, you'd toss another in the garbage.

The waste frustrates glaucoma experts like Dr. Alan Robin, whose patients struggle to make pricey bottles of drops last. He has urged drug companies to move to smaller drops – to no avail.

"They had no interest in people, their pocketbooks or what the cost of drugs meant," said Robin, a Baltimore ophthalmologist, researcher and adjunct professor at the University of Michigan Medical School.

*ProPublica* has been documenting the many ways health care dollars are being wasted. We've shown how hospitals throw out brand new supplies, nursing homes flush tons of unexpired medication and drug companies concoct costly combinations of cheap medication. Recently, we described how arbitrary drug expiration dates cause us to toss safe and potent medicine.

Often, large swaths of the medical and pharmaceutical communities know about this waste – even about solutions to it – but do nothing. Those who end up paying the bill, in one way or another, are consumers.

Liquid medication is squandered every day. Beyond eyedrops, liquid cancer drugs are frequently packaged in oversized single-use vials that contain more of the drug than most patients need. This guarantees that a quantity of life-saving medication is tossed – and its cost tacked onto patients' bills.

"Why are they putting the providers in a position where we have so much waste and it's costing everybody money?" said Lorraine Holzapfel, an administrator at Marin Cancer

Care in California who has analyzed the cost of wasted cancer drugs. "We are in a time when we are trying to cut medical costs."

Both eyedrops and cancer drugs are sold by volume, and we spend billions of dollars every year on them. Chemotherapy drugs can run thousands of dollars per infusion. Crucial eye medications to treat conditions like glaucoma may cost hundreds of dollars for a small bottle that only lasts a month, making the waste of even a drop a problem for low-income patients.

Gregory Matthews said there have been times when he's run out of his \$295 bottle of Azopt, a glaucoma medication, with a few days remaining before his refill and he's blamed himself. "You feel like you're doing something that's going to cause your blindness and it's because of you," said Matthews, 63, a teacher from Baltimore.

Last year, drug companies brought in about \$3.4 billion in the U.S. alone on drops for dry eyes and glaucoma drops, according to the research firm Market Scope.

With both eyedrops and cancer drugs, pharmaceutical companies have done research showing that it's possible to waste less – and save consumers money. Some of that research has been around for decades.

Robin, for example, consulted in the early 1990s with Alcon Laboratories, one of the world's largest eye-care companies, when its researchers developed a so-called microdrop. Patients, he said, were able to safely and effectively deliver the tiny drops, with nothing wasted. But instead of being a breakthrough, the innovation, he said, became a case study in how business interests trump patient needs.

In the early 1990s, Bill York recalled his bosses at Alcon coming to him with a pressing request. Patients were complaining that some of the company's drops caused stinging and burning in their eyes. Could he find a fix?

York, head of the research lab at the company's Fort Worth, Texas, headquarters, knew one way to ease the irritation: Make the drops smaller. The size of eyedrops isn't regulated, he said recently. Some are over

50 microliters, more than twice what the eye can hold.

When drops are too big, the overflow runs down the face or drains into the body through the ducts in the corner of the eye, he said. This explains why you sometimes get the sensation of "tasting" your eyedrop – it's entered your sinuses.

"If it spills out, it's just wasted," said York, who has a doctorate in pharmaceutical chemistry and is now retired. "It's not doing any good."

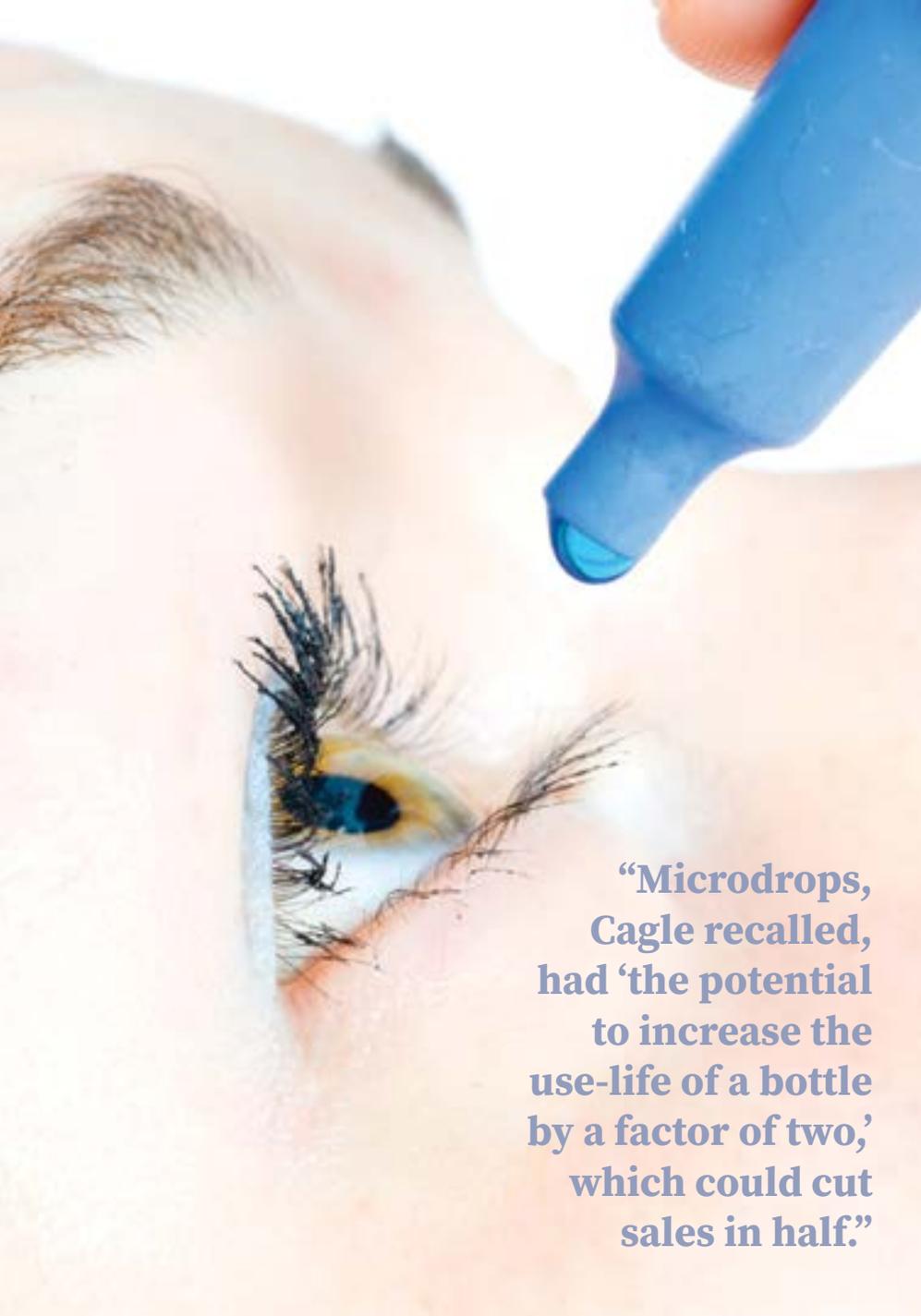
So his team created a 16-microliter drop – a microdrop – that was about a half to a third of the size of most drops on the market today, he said. They used a standard bottle with a latex dropper tip that wouldn't cause injury if it touched the eye. Then they recruited 29 glaucoma patients to test the tiny drops. Glaucoma, a leading cause of blindness in the United States, is characterized by increased pressure in the eye, which can damage the optic nerve. Daily use of medicated eyedrops preserves sight by reducing the pressure.

The patients tried different formulations of the same medication in both micro- and regular drops, which were about twice as large, for a week at a time. The researchers tracked the patients' eye pressure and



Matthews' eyedrop medication, Azopt, is made by the drug company Alcon. It retails for about \$295 a bottle.

PHOTO: MATT ROTH FOR PROPUBLICA



**“Microdrops, Cagle recalled, had ‘the potential to increase the use-life of a bottle by a factor of two,’ which could cut sales in half.”**

side effects, such as burning, stinging, itching and dryness.

Their results were conclusive: Microdrops worked as well as larger drops to lower eye pressure. They also reduced some of the uncomfortable side effects of larger drops. And all the patients preferred using them.

York and two of his Alcon colleagues published their results in 1992 in the *American Journal of Ophthalmology*. Robin, who consulted on the research, was the principal investigator.

“The microdrop delivery system worked,”

York said recently. The drop “was manufacturable. It reduced stinging and the amount of drug needed to produce the same biologic effect. Excess drug draining out of the eye would be significantly reduced.”

But his innovative solution ground to a halt when it came to getting it on the market.

Back in the early 1990s, Jerry Cagle was the head of product development at Alcon. Cagle, who has a doctorate in microbiology, retired in 2008 after 32 years at the company. He said the microdrop project failed because it raised too many questions – all

of them about profits.

First, would competitors in the cutthroat eye-care business undermine the project? One time, Cagle recalled, Alcon wrapped one of its bottles in foil to reduce evaporation, extending the life of the product. A competing company started a rumor that Alcon’s drops needed the foil because they were toxic. Alcon had to remove the foil.

“No good deed goes unpunished,” Cagle said.

Second, if Alcon reduced the drop size on this product, would they have to do the same on the company’s other eyedrop products?

And maybe most crucially, how would the microdrop affect sales? Microdrops, Cagle recalled, had “the potential to increase the use-life of a bottle by a factor of two,” which could cut sales in half. But if they raised the price on the bottle to recover revenue, Cagle said, “then what’s a competitor going to say? ‘Look at Alcon’s product. It’s twice as expensive as ours.’”

Alcon would also have to get Food and Drug Administration approval. Company-funded studies would need to prove to the agency that the smaller drop was just as effective as a larger drop.

So the project was killed, Cagle recalled, doomed by the cost of bringing the microdrops to market, combined with the risks of whether they would sell.

“I’m a believer in small drops, don’t get me wrong,” Cagle said. “If this had been an innovation we thought would have increased Alcon’s sales, I think it would be in the marketplace today.”

Novartis, which now owns Alcon, did not want to talk about the microdrop study. When asked about the drop size, a spokesperson said the drops include a “margin of safety” to ensure patients get enough of the drug in their eyes.

Robin recalled a different response back in the 1990s when he urged Alcon executives to pursue the microdrop. It was, he said, like asking your wife if you could leave town for your anniversary or her birthday.

“It was a dead issue,” Robin said. “They would say, ‘It’s not profitable. We’re going

to sell less drugs.' Very simple. Bottom line."

Twenty-five years later things haven't changed. Those in the eye industry – doctors, pharmaceutical officials, researchers – know that eyedrops are much larger than the eye can hold.

But there's little focus on the waste. Dr. Michael Repka, spokesman for the American Academy of Ophthalmology, said the drops have been larger than the eye's capacity for the three decades he's been in practice. While the focus has been on drop administration and ensuring patients can get refills, he said, the industry should be looking at drop size.

You might think the FDA would intercede, but the agency's mission is the safety and efficacy of drugs, not prices or indirect costs due to waste.

Since Alcon's mothballed research in the early 1990s, other studies have similarly found that most drops on the market are larger than necessary. A 2006 study published in the *Journal of Ocular Pharmacology and Therapeutics*, for example, said 15 microliter drops are as effective as large drops. "Smaller drops would be preferable to minimize systemic exposure and spilled or wasted medicine," the study said.

That study, like Alcon's, was the work of an eyedrop maker. Two of its authors worked for the pharmaceutical giant Allergan, which also funded the study. Eleven years later, Allergan still doesn't make any drops that are 15 microliters or smaller. The company declined to comment.

Another study published in May in the journal *BMC Ophthalmology* said "a significant portion of an eyedrop is wasted."

Internal drug company documents and depositions unearthed in a recent court case in Illinois also suggest that companies have long known their eyedrops are bigger than human eyes can absorb.

A 2002 Bausch & Lomb memo said drop-per-tips "deliver drops which exceed that of which the physiology of the eye can retain." In a 2014 deposition, the company's executive director of research and development said the pharmaceutical giant had no

"procedure related to the development of what a drop size should be."

A 2011 Pfizer memo said: "The drop size is not a medical dosing issue because the human eye can only absorb 7 (microliters) of fluid." Common drop sizes are between 25 and 56 microliters, the memo added.

And in a 2014 deposition, a principal scientist from Allergan acknowledged that the company studied glaucoma drops of 5, 10, 15, 20 and 30 microliters in size and found no statistically significant difference in the ability of the drops to reduce eye pressure.

None of the drug companies wanted to discuss these documents or why they haven't pursued a smaller drop.

Even a drug industry consultant, Gary Novack, said it would be ideal to have a smaller drop with a higher concentration of medicine. But Novack, a pharmacology expert who helps companies shepherd products to market, does not believe reducing the size of drops would lower health care costs. The drug companies, he said, would "acclimate," raising prices by charging by dose instead of volume.

"People would price it per day or per month. It would work for a while but in the end the prices, I think, would adjust," Novack said.

That may sound cynical, but what happened with cancer drugs suggests Novack's probably right.

More than a decade ago, Genentech got a powerful new drug, Herceptin, approved for breast cancer. The drug, which helped slow the spread of the cancer, came in shareable vials so little of it would be wasted. This was no small issue since every milligram costs about \$9 and each of a patient's regular infusions can run more than \$3,000.

Herceptin became a blockbuster. In 2016, U.S. sales were about \$2.5 billion.

Then, this May, Genentech announced it would stop making the 440-milligram shareable vials of the drug and would replace them with 150-milligram single-use vials. The switch would make the supply chain more reliable because single-use vials are used worldwide, the company wrote in

a statement.

But cancer doctors, pharmacists and administrators immediately seized on the trouble with the change. The dosage of such drugs is based on body weight, so while some patients would have no wasted medicine, others would end up billed for medicine that would have to be thrown away.

The announcement lit up an internet discussion group for pharmacists who work in cancer centers.

"I'm assuming since it will now be a single dose vial that we'll have to bill for the waste?" wrote James Meier, a pharmacist at Hays Medical Center in Hays, Kansas.

"Yes you will bill for the waste," replied another pharmacist.

This "sets all of us back in our efforts to reduce waste in our facilities," wrote a pharmacist in Montana.

Payers will now have to spend millions of dollars "for a drug that's literally going in the trash can," Meier said in an interview following up on his comments.

Some pharmacists speculated that there's a financial reason for the change. "Biosimilar" drugs – those that are almost an exact copy – are expected to compete with Herceptin, which could cut into Genentech's profits.

In a statement, the company said the "change has been in the works for several years and required significant time and investment to achieve."

When Marin Cancer Care administrator Holzapfel heard about the switch she decided to estimate how much it would cost. She calculated use for the clinic's 37 Herceptin patients in the first five months of the year, when they could share the larger 440-milligram vials. Then she analyzed how much they would have wasted with the new 150-milligram single-use vials.

The average patient used 340 milligrams per infusion, she said. That would require three of the 150-milligram single-use vials, resulting in 110 milligrams of waste per infusion. Each milligram costs the clinic \$9, so that's an average of almost \$1,000 of drugs wasted per infusion, she said.



PHOTO: MATT ROTH FOR PROPUBLICA

Glaucoma patient Gregory Matthews holds his eye open while he administers the drug Azopt. The eyedrop pools in the corner of Matthews' eye. No matter what, Matthews says he's always wiping away wasted drops.

Individual patients would have to pay for more or less waste depending on their body size. Two of the Marin patients would have been billed for more than \$10,000 in medicine they didn't use over the course of their infusions, Holzzapfel's analysis showed. One would have been billed for more than \$18,000 in wasted chemotherapy drugs.

Holzzapfel was appalled and fired off an email to her colleagues: "Is this in the best interest of the patient?" she wrote. "How can they be allowed to change a drug from multi-use vials to single dose only? Is there scientific justification for this?"

Her analysis is a small sample, but it showed the change to single-use vials would waste 16 percent of all the Herceptin used at the facility. Apply that rate nationally and it would total about \$401 million in wasted Herceptin in a year, based on 2016 numbers.

Given the high cost of cancer drugs, the thought of needlessly throwing any away outrages cancer researchers like Dr. Peter Bach.

It's "evil" to pass along the cost of this enforced waste to patients, said Bach, director of the Center for Health Policy and

Outcomes at Memorial Sloan Kettering Cancer Center in New York.

Bach led a study in 2016 that calculated the waste associated with the top 20 cancer drugs packaged in single-use vials. It estimated that 10 percent of the medication gets wasted at a cost of \$1.8 billion a year.

A cancer diagnosis doubles the risk of bankruptcy in the United States, and paying for wasted drugs adds to the cost borne by patients, Bach said. "It's a business, and in the middle of this are people dying of cancer."

It isn't hard to find patients who are paying the cost of this waste without knowing it.

David Zinke, 67, lamented on Facebook that he couldn't afford the \$185 per month drops his doctor had just prescribed.

He was shocked to hear about micro-drops. He always thought "a drop was a drop." Zinke said he was getting by on his Social Security plus what he made by selling fudge and driving for Uber in Tucson, Arizona, clearing about \$1,500 a month. His budget doesn't cover the brand-name drug his doctor prescribed, so every day he uses three less expensive bottles of drops.

"If we could deliver it in a smaller and

more appropriate way," he said, "then that little bottle of 2.5 milliliters would last me two months instead of one."

In Baltimore, Matthews, the teacher who fears running out of his drops, carefully puts a single drop of Azopt into each eye twice a day to preserve his remaining eyesight. His glaucoma has left him almost completely blind in one eye, and partially blind in the other.

The drops allow him to continue to work as a teacher and watch his beloved Baltimore Orioles. Azopt is made by Alcon. Matthews has good insurance so he doesn't pay the \$295 sticker price, but he can't get a refill until a certain date, so it's critical not to waste a single drop.

But Matthews told me, no matter how hard he tries, the drug gets wasted. Each drop is more like a milky "gob," he said that collects in the corner of his eye. "Sometimes I feel like I'm wiping half of it out," he said.

As he talked about the size of eyedrops, Matthews grew more irritated. "This whole blind thing takes some getting used to," he said. "If the maker of the medicine isn't really looking out for me, that bothers me." ■

# Some U.S. Hospitals **DON'T** Put Americans First for Liver Transplants

At a time when there aren't enough livers for ailing Americans, wealthy foreigners fly here for transplants.

By Charles Ornstein, *Propublica* and  
Lee Zurik, Fox 8 (WVUE), New Orleans  
November 20, 2017

PATIENTS IN EQUAL NEED of a liver transplant should not have to wait and suffer differently because of the U.S. state where they reside," wrote Dr. Herbert Pardes, former chief executive and now executive vice president of the board at NewYork-Presbyterian Hospital.

But Pardes left out his hospital's own contribution to the shortage: From 2013 to 2016, it gave 20 livers to foreign nationals who came to the United States solely for a transplant – essentially exporting the organs and removing them from the pool available to New Yorkers.

That represented 5.2 percent of the hospital's liver transplants during that time, one of the highest ratios in the country.

Little known to the public, or to sick patients and their families, organs donated domestically are sometimes given to patients flying in from other countries, who often pay a premium. Some hospitals even seek out

foreign patients in need of a transplant. A Saudi Arabian company, Ansaq Medical Co., whose stated aim is to "facilitate the procedures and mechanisms of 'medical tourism,'" said it signed an agreement with Ochsner Medical Center in New Orleans in 2015.

The practice is legal, and foreign nationals must wait their turn for an organ in the same way as domestic patients. Transplant centers justify it on medical and humanitarian grounds. But at a time when President Donald Trump is espousing an "America First" policy and seeking to ban visitors and refugees from certain countries, allocating domestic organs to foreigners may run counter to the national mood.

Even beyond the realm of health care, some are questioning whether foreigners should be able to access limited spots that might otherwise be available to U.S. citizens. For instance, public colleges compensate for reductions in state funding by accepting

more foreign students paying higher tuition, and critics say in-state students are being denied opportunities as a result.

Dr. Sander Florman, director of the transplant institute at the Mount Sinai Hospital in New York, said he struggles with “in essence, selling the organs we do have to foreign nationals with bushels of money.”

Mount Sinai has not performed any transplants on patients who came to this country specifically for that purpose, but it has done so for international patients here for other reasons.

Between 2013 and 2016, 252 foreigners came to the U.S. purely to receive livers at American hospitals. In 2016, the most recent year for which data is available, the majority of foreign recipients were from countries in the Middle East, including Saudi Arabia, Kuwait, Israel and United Arab Emirates. Another 100 foreigners staying in the U.S. as non-residents also received livers.

All the while, more than 14,000 people, nearly all of them American citizens, are waiting for liver transplants, a figure that has remained stubbornly high for decades. By comparison, fewer than 8,000 liver transplants were performed last year in the United States – and that was an all-time high. The national median wait time for a liver is more than 14 months, and in states like New York, the wait is far longer. (The wait for livers varies from one state to the next, depending on such factors as the number of organ donors, and the resourcefulness of organ procurement agencies.)

Many patients die before reaching the front of the line. In 2016, more than 2,600 patients were removed from waiting lists nationally because they either died or were too sick to receive a liver transplant.

Most transplant centers only serve American citizens or residents, either by happenstance or by design. Foreign transplants are concentrated among a handful of centers, including NewYork-Presbyterian, Memorial Hermann-Texas Medical Center in Houston (31 such transplants from 2013 to 2016), Ochsner (30), and Cleveland Clinic in Ohio (21).

# 252

**Between 2013 and 2016, 252 foreigners came to the U.S. purely to receive livers at American hospitals.**

“When you take people from other parts of the world and provide an organ transplant to them rather than someone who’s here, there’s a real cost, there’s a real life that’s lost,” said Jane Hartsock, a visiting assistant professor of medical humanities and health studies at the Indiana University School of Liberal Arts. Hartsock and her colleagues wrote a journal article published last year saying foreigners should be last in line for a transplant.

NewYork-Presbyterian said it does not advertise its transplant program to foreign patients and that the majority of the transplants it performed on foreign nationals traveling to New York for that reason – 11 of the 20 – were on children under 18.

In a statement, the hospital and its academic partner Columbia University said they follow federal guidelines. “We strongly support efforts that aim to address the critical issue of equitable distribution of livers for transplant and are working closely with a wide range of stakeholders to help increase the number of organ donor registrations in New York State.”

A spokeswoman for the Cleveland Clinic, Eileen Sheil, said her hospital does not actively seek out foreign national business and has a “thoughtful and ethical approach that is well within the rules and aligned with our overall mission for taking care of patients.” Ochsner similarly said, “patients seek out Ochsner’s expertise because of our relentless commitment to provide the highest-quality, complex care.” Memorial Hermann did not respond to requests for comment.

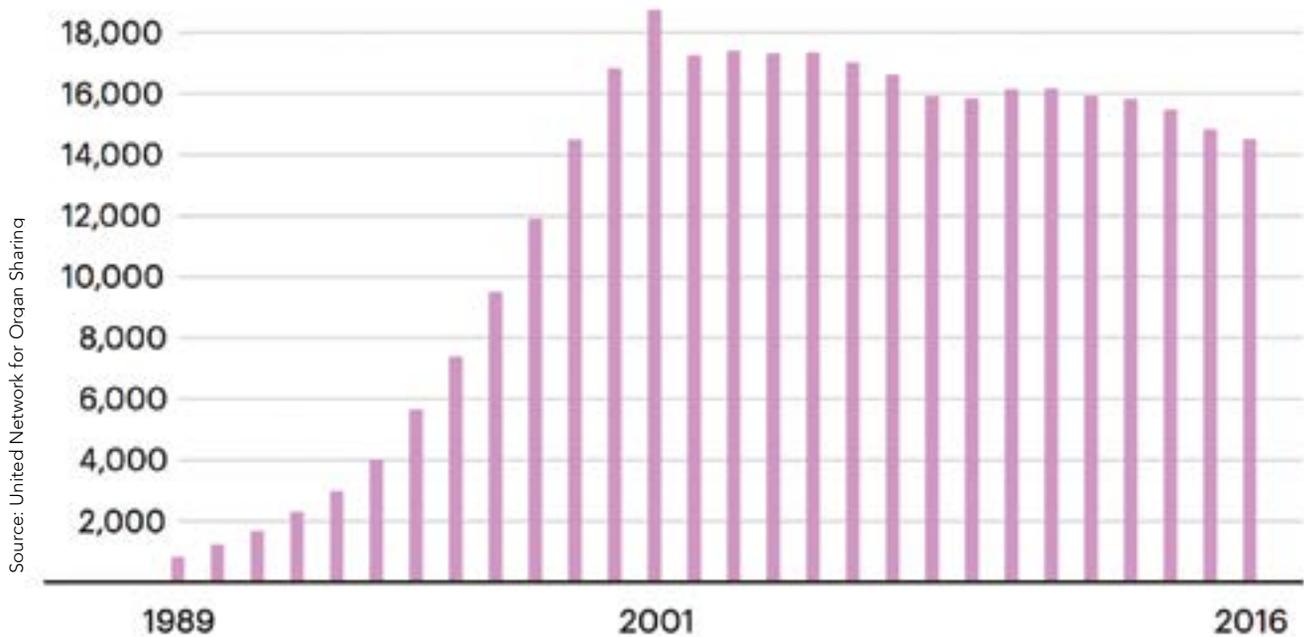
To be sure, the proportion of available livers that go to foreigners is tiny – slightly less than 1 percent of liver transplants nationwide from 2013 to 16. The figure appears to be dropping further in 2017. Even if all recipients were Americans, wait times would still be substantial. Moreover, foreigners queue up on the waitlist like everybody else – although it may be easier for them, since they aren’t rooted in any particular state, to choose a hospital in an area with a shorter wait, such as Ochsner. And some Americans discouraged by the lengthy wait in this country have gone abroad for transplants.

The transplant figures in this article do not include transplants involving living donors, meaning a relative or friend who donates part of his or her liver to a patient. No one interviewed for this story said it is inappropriate for a foreign national to come to the U.S. for a procedure with a living donor.

There’s also an important distinction between giving an organ to a foreigner who happens to be in the U.S. – someone on a student visa or even an undocumented immigrant – and giving one to someone flying over just for surgery. Someone in the first group would be eligible to donate an organ if something happened to them in this country; someone in the latter group would not because livers must be transplanted quickly and there wouldn’t be enough time to ship them.

“If you live in the United States, no matter what your [citizenship] status is, you could potentially be an organ donor if you get hit by a car or something happens to you,” said Dr. Gabriel M. Danovitch, medical director of

## LIVER TRANSPLANTS



The number of people waiting for a liver transplant, by year. Despite efforts to increase the number of organ donors in recent years, the number of people waiting for a liver transplant has remained relatively stagnant. Meanwhile, dozens of foreign nationals come to the United States every year solely to get a liver transplant.

the kidney and pancreas transplant program at Ronald Reagan UCLA Medical Center, who previously led the UNOS international relations committee. “But if your home is somewhere else, a long way away, there’s no way that you can be a donor or your family or your friends could be donors.

“And in some respects, when you then come to the United States, you are using up a valuable resource that is in great shortage here.”

Foreign patients generally are not entitled to the same discounts as those with private insurance or Medicare, the federal insurance program for seniors and the disabled. In 2015, for instance, the average sticker price for a liver transplant at NewYork-Presbyterian was \$371,203, but the average payment for patients in Medicare was less than one-third of that, \$112,469, according to data from the Centers for Medicare and Medicaid Services, which runs Medicare. In the case of Saudi Arabia, its embassy in Washington often guarantees payment for patients.

The topic is emerging now because the nation’s transplant leaders will meet next

month to consider rewriting the rules governing how livers are distributed, giving programs in New York City, Los Angeles, Chicago and other areas greater access to organs from people who die in nearby regions. The proposal by a committee of the United Network for Organ Sharing, the federal contractor that runs the national transplant system, faces opposition from programs and regions that stand to lose organs. Pardes’ comments were posted in an online comment forum devoted to the proposal, which does not address the issue of transplants for foreigners.

UNOS said it has worked to get better data on foreigners that receive transplants in this country but ultimately, federal law doesn’t prohibit these transplants.

“This is an individual medical decision that the individual transplant hospital makes,” spokesman Joel Newman said. “If we addressed citizenship or residency as a particular reason for whether to accept a patient or not, then that would open up the door to lots of other nonmedical criteria – religion, race, political preference, any

number of things that as a community we have decided from an ethical standpoint not to consider.”

UNOS has the authority to ask questions of transplant centers about surgeries on foreign nationals, but Newman said UNOS committees are still trying to figure out what information they would want, and, in any event, the transplant centers don’t have to answer the questions.

The federal rules governing the transplant system, written more than three decades ago, say organ allocation decisions must be based on medical criteria, which would exclude consideration of a person’s nationality or citizenship. While centers can perform as many transplants on foreigners as they want, many programs have tried to keep them below 5 percent of all transplants for each organ type. Until several years ago, 5 percent was the threshold above which UNOS could audit a program. No programs were ever formally audited, and the cutoff was eventually eliminated.

It’s time to revisit the rules, some lawmakers say.

“As a general rule, you’ve got to take care of Americans first as long as you have more demand than supply,” said Sen. John Kennedy, R-La., whose state is home to Ochsner, a leader in transplants for foreign nationals. Kennedy said he would favor curbing transplants for foreigners, while creating a national board that could make exceptions. “But what you don’t want to get into, it seems to me, is subjective areas like well, ‘If this person could live an extra few years, what could they contribute to society?’”

There have been scandals in the past about foreigners and organ transplants. In 2005, a liver transplant center in Los Angeles shut its doors after disclosing that its team had taken a liver that should have gone to a patient at another hospital and instead had implanted it in a Saudi national. The hospital said its staff members falsified documents to cover up the incident.

The University of California, Los Angeles, came under fire in 2008 for performing liver transplants on a powerful Japanese gang boss and other men linked to Japanese gangs, and then receiving donations afterward from at least two of the men. The hospital and its surgeon said they do not make moral judgments about patients.

Further complicating matters is a 2008 document endorsed by transplant organizations around the world, called the Declaration of Istanbul, which seeks to eliminate

organ trafficking and reduce transplant tourism internationally. One concern was that patients went to China and received transplants using organs from prisoners. (China said it was stopping the practice in 2015, but experts question whether that has happened.) Another concern was that if a country’s wealthiest or most powerful residents could get transplants overseas, its leaders may not have an incentive to set up a system of their own.

The non-binding declaration also says that there should be a ban on “soliciting, or brokering for the purpose of transplant commercialism, organ trafficking, or transplant tourism.” It was endorsed by UNOS and other national transplant groups.

Former Ochsner employees say they recall Saudi nationals coming for transplants, some wealthy and some not. A New Orleans bar posted a photo on Facebook in 2015 of a young man who brought his mom from Saudi Arabia for a transplant.

Ochsner said in a statement that it was proud of its liver transplant program, which is the nation’s largest. It said that it is willing to accept donated organs that other centers turn down for medical reasons, expanding its ability to help patients while keeping its survival rate high. And it noted that the median waiting time for its patients is only 2.1 months, far below the national median.

“UNOS does not have any restrictions

preventing transplant for international patients and they are subject to the same guidelines as domestic patients,” the statement said.

Still, many American candidates for livers don’t make Ochsner’s waiting list. It refused to put Brian “Bubba” Greenlee Jr. on its list right after Christmas in 2015, because of his “poor insight into his drinking and lack of proper social support,” his medical records show. He had cirrhosis and died weeks later at age 45.

His sister, Theresa Greenlee-Jeffers, said Ochsner led her brother to believe that he would get a new liver. Her brother had stopped drinking and she had volunteered to take care of him after a transplant, but then the hospital suddenly reversed course.

“His last Christmas, he was given false hope that he was going to get a transplant. That’s not OK. You don’t play with somebody’s emotions like that,” Greenlee-Jeffers said.

Ochsner did not answer questions about Greenlee’s care but said in its statement, “Not every patient is a candidate for transplant.” It said its criteria are similar to those of other liver transplant centers.

“At Ochsner, we are caregivers, dedicated to providing our patients with high-quality care, improved outcomes and the gift of a second chance at life,” its statement said. ■

**“Further complicating matters is a 2008 document endorsed by transplant organizations around the world, called the Declaration of Istanbul, which seeks to eliminate organ trafficking and reduce transplant tourism internationally.”**





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# Healthcare Briefs

## New Orleans Startup RDnote Wins Statewide BioChallenge Business Competition

*Story next page*



# Healthcare Briefs

## New Orleans Startup RDnote Wins Statewide BioChallenge Business Competition

RDnote has won the 2017 BioChallenge pitch competition, an annual business challenge for Louisiana life science startups presented by the New Orleans BioInnovation Center. Four companies pitched in the competition finals at the Joy Theater, and New Orleans-based startup RDnote won the competition's \$25,000 grand prize. The digital health startup helps healthcare providers deliver quality care and receive compensation for effective, customized nutrition interventions with high-risk patients in hospitals and clinics. This can have demonstrable impacts that improve patient health outcomes.

"RDnote will have an incredible impact on improving how nutrition is integrated into care for patients in Louisiana," said Aaron Miscenich, President of the New Orleans BioInnovation Center. The company is already working with Lafayette General Health.

The other finalists were Instapath, Obatala Sciences, and Ready Responders.

Every year, one in five U.S. patients receiving a biopsy to diagnose cancer will need to repeat the procedure due to inadequate biopsy quality. Instapath's new solution can provide an exact picture of a whole biopsy within seconds, thus ensuring biopsy quality, shortening procedure times, preventing repeated procedures, and speeding life-saving interventions.

Obatala is developing a fat-on-a-chip technology for use in drug discovery. This screening tool will help academic and pharmaceutical researchers identify more effective lead drug compounds and reduce the time, money, and effort required in testing potential drugs to treat obesity, diabetes, and other metabolic diseases.

Ready Responders develops networks of EMTs and health professionals to respond to 911 medical calls in partnership with ambulance services. With rapid deployment and telehealth technology, Ready Responders speeds response times, directs patients to suitable points of care, and reduces ambulance transports and use of overcrowded ERs.

Two other prizes were awarded. The New Orleans BioFund, a micro venture capital fund and subsidiary of the BioInnovation Center,

awarded RDnote an additional \$25,000 investment prize. Audience members selected Instapath via a text vote to win the \$2,500 Audience Favorite Award. Each company presented an eight-minute pitch to six national health and life science investors from across the country, who then asked questions, provided feedback, and scored each pitch.

Developed and run annually by the New Orleans BioInnovation Center, the BioChallenge supports new businesses that will generate jobs and economic growth in Louisiana. The competition has awarded more than \$175,000 in funding prizes to regional companies since it was launched in 2012. The competition was presented as part of the Center's annual Innovation Louisiana series of events, which highlights scientific discoveries from universities and startups across the state.

## LSU Health NO Dental School's Vision Nationally Recognized

For the second time, LSU Health New Orleans School of Dentistry will receive a prestigious American Dental Education Association (ADEA) William J. Gies Award. The ADEA Gies Foundation will present the 2018 William J. Gies Award for Vision - Academic Dental Institution to Louisiana's only dental school during the ADEA Annual Session & Exhibition in March of 2018. The Gies Awards, named for William J. Gies, PhD, honor individuals and organizations that exemplify the highest standards in oral health and dental education, research, and leadership. In 2008, the school was the inaugural recipient of the William J. Gies Award for Outstanding Innovation

for rebuilding dental education in the State of Louisiana after Hurricane Katrina.

Three out of every four dentists and dental hygienists practicing in Louisiana today are graduates of LSU Health New Orleans School of Dentistry. From a national perspective, LSU Health New Orleans' dental school is unique among the more than 65 dental schools in the United States because it offers degrees in dentistry, dental hygiene, and dental laboratory technology, as well as advanced education and residency programs in 11 dental specialties. By training students in all aspects of dentistry, LSU Health New Orleans School of Dentistry has earned a reputation for outstanding clinical education.

## Fundamentals of Tibetan Medicine Workshops Offered at Tibetan House

Jason Whitlow, director of Sorig Khang Bay Area, a nonprofit center offering programs in the study and practice of Traditional Tibetan Medicine, taught the first of a series of workshops on the fundamentals of Tibetan Medicine this fall at Tibetan House in New Orleans. Whitlow will travel to New Orleans again for a second series of workshops in the spring of 2018.

Short, evening talks introduced attendees to Yuthok Nyingthig, the unique spiritual tradition of Tibetan Medicine, practiced by doctors, healers, and meditators from all lineages. Known for its concise methods and swift blessings, it is the perfect practice for modern, busy practitioners. It contains one-of-a-kind techniques to develop intuition and healing abilities while cultivating wisdom and compassion.

Pictured below: Jason Whitlow teaches fundamentals of Tibetan Medicine.



Full day workshops taught a more thorough understanding of the foundation of Tibetan Medicine. One of the oldest medical systems in existence, Tibetan Medicine offers a truly personalized approach to cultivating health based on understanding the distinctive traits of an individual's body and mind, to guide better choices to prevent and cure disease and to support well-being. The fundamentals of Tibetan Medicine were explored, including Tibetan Medicine advice about diet, lifestyle, and external therapies for each unique individual. Also taught was Nejang, a Tibetan healing yoga practice that consists of simple breath work, physical exercises, and self-massage.

Before becoming the director of Sorig Khang Bay Area, Whitlow graduated with honors from Harvard University, where he studied neurobiology and computer science, and worked as a somatics teacher and professional modern dancer. He has studied and practiced for many years under the guidance of Dr. Nida Chenagtsang, a renowned doctor of Tibetan Medicine and holder of the Yuthok Nyingthig lineage.

## **World's Largest Meeting of Eye Physicians and Surgeons Held in New Orleans**

Thousands of eye physicians and surgeons came to New Orleans to attend AAO 2017, the American Academy of Ophthalmology's 121st annual meeting. The meeting delivered opportunities to hear from the most respected minds in medical and surgical eye care, discussing the latest scientific breakthroughs in vision treatment and research.

Featuring more than 350 instruction courses, more than 100 hours of lectures and discussions on cutting-edge science and new ideas in practice management, 7 subspecialty meetings, and 535 exhibitors showcasing the latest pharmaceuticals, devices, and technologies for improving patient care, the AAO is considered the world's largest ophthalmology meeting. Highlights included a keynote address by Seema Verma, administrator of the Centers for Medicare and Medicaid Services, and a second keynote lecture by blind New Orleans musician Henry Butler, who is also a world-class photographer, on the nature of "seeing".

Among the many highlights of the conference was the presentation of Irene Maumenee, MD, with the Academy's highest honor, the 2017 Laureate Recognition Award, for her seminal work in the rapidly advancing field of ophthalmic genetics. Dr. Mumenee has devoted her life work to understanding and teaching genetic eye diseases, and her insights have contributed significantly to the development of the first effective gene therapy for inherited retinal disease.

"The annual meeting of the American Academy of Ophthalmology continues to evolve to meet the needs of our global community of eye physicians and surgeons," said Maria M. Aaron, MD, Secretary for the Annual Meeting. "There is no other conference in the world that provides the breadth and depth of clinical education, research, and practice management advancements that continue to advance our specialty and help physicians navigate their practice and improve the quality of care they provide to patients each day."

The American Academy of Ophthalmology is the world's largest association of eye physicians and surgeons. A global community of 32,000 medical doctors, The AAO protects sight and empowers lives by setting the standards for ophthalmic education and advocating for patients and the public.

## **LDH Tightens Oversight of Behavioral Health Provider Networks**

The Louisiana Department of Health recently implemented new processes to ensure that managed care organizations are providing accurate and adequate provider information to the state and to individuals seeking specialized behavioral health services.

"Ensuring that individuals understand their options for care and are receiving the appropriate services from the appropriate, licensed providers is a priority for the Louisiana Department of Health," said Michelle Alletto, deputy secretary, Louisiana Department of Health. She added that making these necessary improvements is difficult because of past staffing reductions that left the Department with only four staff members dedicated to monitoring behavioral health networks that include thousands of providers.

In July of 2017, the Louisiana Department of

Health enhanced its oversight of the managed care organizations and the accuracy of the available information about licensed behavioral health providers. This oversight includes desk audits, on-site reviews, and targeted secret-shopper calls to behavioral health providers in order to verify provider qualifications, licensure, and whether or not providers are accepting new patients; technical assistance provided on-site to the managed care organizations to improve reporting; notices of non-compliance from the state to the managed-care organizations; and monetary penalties for non-compliance.

"Since this work began, we have already noticed that the information shared by the managed care organizations has improved, and we will continue to move forward with further improvements," said Dr. James Hussey, assistant secretary of the Office of Behavioral Health, Louisiana Department of Health.

## **LSU Health NO Collaboration Working to Improve Drinking Water Safety**

Adrienne Katner, DEnv, Assistant Research Professor of Environmental & Occupational Health Sciences at LSU Health New Orleans School of Public Health, is part of a team working to help homeowners in Texas and Florida whose drinking water comes from wells that may have been affected by Hurricanes Harvey and Irma.

Led by Virginia Tech engineering professor Marc Edwards, the team also includes faculty at Texas A & M's AgriLife Extension Service and the University of Florida's Institute of Food and Agricultural Sciences. With a \$200,000 RAPID grant from the National Science Foundation, teams in the affected areas will distribute educational training and water sampling kits that will be tested to determine whether water from privately owned wells is safe to drink. Contamination from storm surge and flooding associated with hurricanes can cause serious health problems.

"When a well is submerged, anything in the floodwater, including bacteria, sewerage, or toxic chemicals can get into the well," notes Dr. Katner. "This funding will allow us to build upon the research on risk communication strategies we began last year after the catastrophic flooding in Louisiana."

The funding will also support the assessment of owner resource and information needs. "Since private wells are not regulated, many private well owners don't know where to get information about testing and decontamination," says Katner.

The grant's scope of work also includes evaluating treatment methods including shock chlorination procedures and monitoring well recovery.

Katner and her Virginia Tech collaborators also received a \$600,000 Healthy Homes Technical Study grant from the US Department of Housing and Urban Development to study both short- and long-term effectiveness of common point-of-use water filters in removing lead from drinking water in high-risk systems.

## Louisiana Health Care Quality Forum Announces New Board Members

The Louisiana Health Care Quality Forum has named three new members to its Board of Directors: Michael Fleming, MD, Ruth Kennedy, and Cheryl Tolbert.

Michael Fleming, MD, FAAP (Principal, Fleming Advisors) was one of the organization's founding board members and its first board president. Prior to his current role, Dr. Fleming practiced family medicine for 30 years in north Louisiana, led the American Academy of Family Physicians, and served as chief medical officer for Amedisys.

Ruth Kennedy (Health Policy Director, Southern Strategy Group) is a health policy expert with more than 35 years of state-level experience. Previously, Kennedy directed Louisiana's Medicaid program and spearheaded the state's Medicaid Expansion Project.

Cheryl Tolbert (CEO, Louisiana Business Group on Health) leads a not-for-profit, membership organization that represents employers on health-care issues in the state. Tolbert's responsibilities include public policy at the state and federal levels as well as educational programs, committee activities, and group purchasing for the organization's members.

## LPHI Launches 'Geaux Talk' to Spark Dialogue on Comprehensive Sex Education

Louisiana consistently has some of the highest rates of teen pregnancy and new STD/HIV



Michael Fleming, MD



Cheryl Tolbert

infections in the country. To spur change and foster dialogue, the Louisiana Public Health Institute (LPHI) launched the Geaux Talk campaign to engage Louisiana caregivers, students, educators, and legislators in honest, fact-based conversations about comprehensive sex education (CSE). CSE teaches that abstinence is the best way to avoid pregnancy and STDs, but also includes medically accurate information about other ways to reduce the risk of unplanned pregnancy and STDs, including birth control and condoms.

"Comprehensive sex education is one of the best ways to positively impact the poor sexual health statistics for our teens here in Louisiana," said Kristie Bardell, Associate Director, Family Health Portfolio at LPHI. "The Geaux Talk campaign provides the tools parents and caregivers need to have these conversations with their children that align with their individual family values and beliefs to ensure a healthier future for our kids."

According to the CDC, in 2015, Louisiana had the highest rate of syphilis and the second highest rates of chlamydia and gonorrhea among adolescents nationwide, and the sixth highest teen birth rate. Currently, instruction in sexual health education is not required in Louisiana at any grade level.

"As a parent, I know the value of high-quality, research-driven, comprehensive sex education," said Stacy Head, Councilmember-At-Large for the New Orleans City Council. "But as a policy maker, it's important to me to have data and facts inform my work. We have known that comprehensive sex education keeps kids in school and healthy by reducing pregnancies and STIs."

## Compliance Partners Announces Partnership with the National Rural Health Association to Provide Patient Safety, Quality, Risk, and Compliance Solutions

Healthcare services firm Compliance Partners has formed a nationwide partnership to provide patient safety, quality, risk, and compliance services and technology to members of the National Rural Health Association (NRHA), the nation's leading association dedicated to improving access and equity in rural health-care through advocacy, communication, education, and research. NRHA improves the viability of more than 21,000 healthcare facility members nationwide.

The national partnership between Compliance Partners and NRHA will help rural and community healthcare organizations streamline patient safety, quality, risk, and compliance programs in shifting regulatory environments. With numerous facilities across the country sharing resources, costs are reduced without organizations losing the flexibility to respond to local conditions and needs.

To develop this partnership with NRHA, Compliance Partners underwent an extensive due diligence process. NRHA determined that Compliance Partners could fill resource gaps for hospitals and healthcare centers and maximize existing resources.

"Partners like Compliance Partners provide significant value to community and rural healthcare centers who seek streamlined, standardized administrative systems so they can focus on high-quality care for their patients," said Larry Bedell, Chief Executive Officer of NRHA Services

Corporation. "This new program will allow health-care organizations in our membership to take advantage of services and technology that have traditionally only been accessible by large health systems."

### **Louisiana Receives F Grade, Among Worst in U.S. for Preterm Birth**

The 2017 March of Dimes Premature Birth Report Card shows that Louisiana moms face a higher risk of preterm birth than moms in many other states. However, Louisiana is far from alone in having unacceptable numbers of premature births.

The rate of preterm birth rose in states across the country for a second year in a row, earning the nation as a whole a "C" on the report card from the March of Dimes. Here in Louisiana, the preterm birth rate of 12.6% earned the state an "F" on the 2017 Report Card.

### **Veterans Study Reports Reduction in Suicide Ideation after HBOT**

A pilot case control study of veterans of the US armed forces with mild traumatic brain injury (TBI) or persistent post-concussion syndrome (PPCS), with or without post-traumatic stress disorder (PTSD), has found significant improvements in PPCS and PTSD symptoms, neurological exam, memory, intelligence quotient, attention, cognition, depression, anxiety, quality of life, and brain blood flow following hyperbaric oxygen therapy (HBOT). Compared with controls, the patients' brain scans were significantly abnormal before treatment and became statistically indistinguishable from controls in 75% of abnormal areas after treatment.

"Simultaneously, and most importantly, subjects experienced a significant reduction in suicidal ideation and anxiety, possibly the most significant finding in the study given the current veteran suicide epidemic," noted Dr. Paul Harch, Clinical Professor and Director of Hyperbaric Medicine at LSU Health New Orleans School of Medicine. "The PTSD symptom reduction is one of the greatest reductions in PTSD symptoms in a four-week period with any reported treatment, and combined with the effect on PPCS outcomes,

HBOT represents the only reported effective treatment for the combined diagnoses of blast-induced PPCS and PTSD."

The improvements, including a discontinuation or decreased dosage of psychoactive medications, continued to increase over the six-month post-treatment period. Dr. Harch and Dr. Edward Fogarty, Chair of Radiology at the University of North Dakota School of Medicine, led the research.

"Mild traumatic brain injury, persistent post-concussion syndrome, and post-traumatic stress disorder are epidemic in United States Iraq and Afghanistan war veterans," added Dr. Fogarty. "The only effective treatment of the combined diagnoses that is available and well studied is via these chambers – this is not solely a biochemical intervention. Gas pressure physics impacts neurobiology beyond simple oxygen chemistry."

Hyperbaric oxygen therapy is the use of increased atmospheric pressure and increased oxygen levels as drugs to treat disease by turning genes on and off. Treatment effects are a function of dose and timing of intervention in the disease process.

A 2008 Rand Report estimates that 300,000 (18.3%) of 1.64 million military service members who have deployed to Iraq and Afghanistan war zones have PTSD or major depression, and 320,000 (19.5%) have experienced a TBI. Overall, approximately 546,000 have one of the three diagnoses, and 82,000 have symptoms of all three.

In addition to Drs. Harch and Fogarty, the research team also included Dr. Keith Van Meter, Juliette Lucarini, and Dr. Susan Andrews.

### **LDH Seeing Early Flu Activity, Emphasizes Importance of Flu Vaccine**

The Louisiana Department of Health is warning residents about the danger of not getting vaccinated for the flu, which causes approximately 500 deaths and nearly 3,000 hospitalizations each year in Louisiana.

"We're seeing flu activity early this year, and an annual flu shot is the best way to protect yourself and your family from the flu, which can be very serious, even deadly," said Dr. Rebekah

Gee, secretary of the LDH. "Flu shots have been proven, time and time again, to be both safe and effective, and I encourage everyone to take this important step to protect their communities this flu season."

The CDC and the LDH recommend a yearly flu shot for everyone over six months of age who does not have a complicating condition, such as a prior allergic reaction to the flu shot. While recommended for everyone, getting a flu shot is especially crucial for people who may be at higher risk for serious complications. This includes babies and young children, pregnant women, people with chronic health conditions, and people 65 years of age and older.

### **Molina, MD, PhD, Receives Grant to Study Exercise and Blood Sugar Regulation in HIV+ People who Use Alcohol**

Patricia Molina, MD, PhD, Professor and Head of Physiology at LSU Health New Orleans School of Medicine, has been awarded a grant in the amount of \$390,532 over two years to test the effectiveness of physical exercise to improve the regulation of blood sugar levels in people living with HIV/AIDS who also use alcohol. The National Institute on Alcohol Abuse and Alcoholism awarded the competitive grant.

With advancement of anti-retroviral therapy, HIV infection has emerged as a chronic disease leading to an enhanced risk for other conditions, such as myopathy (muscle disorders), insulin resistance, and pre-diabetes.

"Persons living with HIV are at higher risk for developing diabetes mellitus," noted Dr. Molina, who is also the Director of the LSU Health New Orleans Alcohol and Drug Abuse Center of Excellence. "Chronic alcohol misuse further increases that risk. The studies will select persons at high risk for developing diabetes, and test an exercise program to improve health and decrease risk for diabetes. These studies are important because they will decrease the burden of disease in this vulnerable population."

### **SMG Staff Members Receive "Stop the Bleed" Training**

Employees from SMG New Orleans, the company that operates the Mercedes-Benz

Superdome and Smoothie King Center, underwent “Stop the Bleed” training at the Superdome, led by physicians and medical staff from LSU Health New Orleans and Tulane University School of Medicine. The Stop the Bleed program at University Medical Center, which leads the training, is a joint venture with LSU Health New Orleans and the Tulane University School of Medicine.

Participating in the SMG training were security officers, catering personnel, members of the maintenance staff, and other front-line employees who work to produce professional sporting events, music concerts, and other large-scale special events at the Mercedes-Benz Superdome, the Smoothie King Center, and Champions Square. SMG is among the first professional sporting venues to receive such training.

Launched in October 2015 by the White House, “Stop the Bleed” is a national awareness campaign and a call to action. The ‘Stop the Bleed’ course is intended to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives. UMC offers “Stop the Bleed” classes for free every other Monday at UMC to local organizations and businesses by request. They can also arrange to present the course in the community at schools, churches, businesses, neighborhood meetings, and other locations as requested.

## **NOLABA launches Health Innovators Challenge**

The New Orleans Business Alliance (NOLABA) joined Blue Cross and Blue Shield of Louisiana, Ochsner Health System, and the City of New Orleans today to launch the inaugural NOLA Health Innovators Challenge (NOLAHI) at the New Orleans Jazz Market.

NOLAHI is a groundbreaking initiative designed to connect the city’s leading local healthcare stakeholders with the best high-growth startups by encouraging entrepreneurs to submit digital health solutions to any of three challenge statements submitted by Blue Cross and Blue Shield of Louisiana and Ochsner Health System, Tulane Health System, and Lafayette General Foundation. NOLABA’s vision is for these connections to accelerate business activity in New Orleans and

empower innovators and investors to leverage New Orleans’ unique and growing health tech ecosystem to solve critical health challenges.

NOLAHI is powered by MedStartr technology, a leader in enabling healthcare crowd challenges. The deadline to submit custom solutions is Jan. 15, 2018. Industry experts will then review the applications, and the MedStartr platform will analyze applicants on more than 100 metrics, including product-market fit. People interested in healthcare innovation can also vote for their favorite startup solutions by visiting the NOLAHI website and joining the online community.

The challenge will culminate at New Orleans Entrepreneur Week (NOEW) in March 2018 when finalists will pitch their tailor-made solutions. Selected finalist(s) are eligible to receive a cash prize of up to \$36,000, as well as the opportunity to receive in-kind prizes, such as free co-working space, a spot on a startup accelerator program, and more items, subject to availability.

“NOLAHI is another proof point that economic development matters because people matter,” said NOLABA President & CEO Quentin L. Messer, Jr. “More than the promise of attracting the most creative digital health companies to New Orleans, NOLAHI’s potential to transform health outcomes of patients throughout the state is why NOLABA is so honored to be a part of this initiative. Economic growth can and must positively impact lives. With our partners, collectively, New Orleans and all of Louisiana are taking a large step to ensure positive impact reaches more of our friends and neighbors through healthcare innovation.”

Blue Cross and Blue Shield of Louisiana and Ochsner posed a joint diabetes care challenge. Diabetes is among the leading causes of death in Louisiana. In 2000, 6.6 percent of Louisiana adults had diabetes. That number rose to 11.6 percent by 2013, according to the Behavioral Risk Factor Surveillance System (BRFSS, 2013).

“Our mission at Blue Cross is ‘to improve the health and lives of Louisianans,’ and in keeping with that, we are proud to partner with Ochsner and the New Orleans Business Alliance to be part of the NOLA Health Innovators Challenge,” said Dr. Vindell Washington, chief medical officer, Blue Cross and Blue Shield of Louisiana. “We are excited about the potential for digital health

solutions that will engage and empower patients while leading to more effective information sharing among payers and providers.”

“At Ochsner Health System, innovation is part of our mission and we believe in the power of innovation, entrepreneurship, and new thinking to lead to better health outcomes in our communities,” said Aimee Quirk, Chief Executive Officer, innovationOchsner. “Diabetes is a major concern in the communities we serve and we will continue to seek out and implement innovative new ways to care for our patients so they can live their best lives. Through NOLAHI, we, together with our partner Blue Cross and Blue Shield of Louisiana, have a unique opportunity to engage some of the brightest and most creative minds to work alongside us to improve our region’s health.”

Tulane Health System’s challenge statement focuses on patient navigation, and the Lafayette General Foundation is seeking digital health solutions around interoperability.

Rebecca Conwell, Senior Advisor for Economic Development to Mayor Mitch Landrieu, said NOLAHI is an example of New Orleans’ incredible strides in healthcare innovation.

“This challenge allows us to leverage New Orleans’ emerging digital tech industry with the priority of being a health innovation hub,” Conwell said. “We’re bringing the two together now in a way that allows us to put together all of our talents.”

NOLABA thanks its other partners supporting NOLAHI: Stone Pigman Walther Wittman LLC, Capital One, LookFar, Propeller, and The Warehouse.

## **LSU Health NO – University Medical Center Partnership Wins GOLD**

The 2017 Governor’s Outstanding Leadership in Disabilities (GOLD) Awards were a win-win for LSU Health New Orleans and University Medical Center (UMC). UMC, nominated by LSU Health New Orleans Human Development Center, was recognized as Employer of the Year for its disability-employment initiative in partnership with LSU Health New Orleans’ Post-secondary Apprenticeship Pilot for Youth, or PAY Check, Program.

The PAY Check pilot is an innovative collaboration between LSU Health New Orleans Human

Development Center (HDC), Louisiana Rehabilitation Services, Delgado Community College, two public school systems, one public charter school association, and University Medical Center. PAY Check prepares post-secondary students with disabilities who are eligible for vocational rehabilitation services for employment. It is a three-to-five semester program. PAY Check participants select courses at Delgado Community College related to UMC-targeted apprenticeship areas, participate in professional career-development activities, learn community and work skills, and gain employment experience through a paid apprenticeship at University Medical Center.

"The disability hiring initiative is strengthened through the hiring commitment of our community employers as evidenced by University Medical Center," said Susan Killam, MEd, CWIC, CESP, LSU Health New Orleans PAY Check Program Director.

### Turtles & Technology Advance Understanding of Lung Abnormality

A study of an unusual snapping turtle with one lung found shared characteristics with humans born with one lung who survive beyond infancy. Digital 3D anatomical models created by Emma Schachner, PhD, Assistant Professor of Cell Biology & Anatomy at LSU Health New Orleans School of Medicine, made the detailed research possible. The work is published in the December 2017 issue of *The Journal of Anatomy*, the cover of which features an image of the study's 3D models.

"These shared traits include an enlarged single lung with a more homogenous distribution of respiratory parenchyma (the gas exchanging tissues), an opposing bronchus that ends where the opposite lung should be and malformations of the spine (such as scoliosis)," notes Dr. Schachner. "It is possible that similar genetic mutations are at play in both this turtle and in humans with this condition."

The turtle was found in Minnesota and brought to the Wildlife Rehabilitation Center of Minnesota because of a bizarre shell deformity. When the single lung was discovered, Senior Veterinarian Renee Schott, DVM, contacted Schachner and co-author Dr. Tyler Lyson because of their

previous work on turtle lungs. Although the common snapping turtle has been well-studied, very little is known about developmental abnormalities and soft tissue pathologies of turtles and other reptiles.

Using computed tomography (CT) and microCT imaging data and a pen tablet with special software, Schachner manually created 3D digital models of the areas of interest in both the live turtle and normal turtle specimens for comparison. She created solid 3D representations of the negative spaces within the lungs – the bronchial tree, the lung surface, and the skeleton.

"This allowed us to compare the architecture of the branching patterns inside the lung and the position of the lungs relative to the shell in the pathological turtle with those of the normal turtles," Schachner explains. "These types of models facilitate visualization of specific anatomical structures that are extremely difficult to see in living animals, like blood vessels and air spaces, and allow us to make qualitative and quantitative comparisons between animals without hurting or destroying the specimens."

The research team was composed of Drs. Emma R. Schachner and Jayc C. Sedlmayr at LSU

Health New Orleans; Renee Schott at the Wildlife Rehabilitation Center of Minnesota; Tyler R. Lyson at the Denver Museum of Nature and Science; R. Kent Sanders at the North Canyon Medical Center; and Markus Lambert at Rheinische Friedrich-Wilhelms-Universität and Zoologisches Forschungsmuseum Alexander Koenig in Bonn, Germany.

### Fish Oil Component Preconditions Vision Cells to Survive Future Injury, Disease

A team of LSU Health New Orleans scientists discovered that a component of fish oil not only protects cells critical to vision from potentially lethal initial insults, but also from those that occur in the future. The study showed that the omega-3 fatty acid DHA and its derivatives "precondition" photoreceptor and retinal pigment epithelial (RPE) cells to survive.

"Our findings support the proposed concept that DHA and docosanoids (molecules made in the brain at the onset of injury or disease) are responsible for activating sustained cellular mechanisms that elicit long-term preconditioning protection," says Nicolas Bazan, MD, PhD, Boyd Professor and Director of LSU Health New Orleans



**HEALTH INNOVATORS CHALLENGE** L-R: Courtney Ardoin, Blue Cross and Blue Shield of Louisiana Vice President of Corporate Strategy and Business Development; Aimee Quirk, CEO of innovationOchsner; and Keith Toussaint, Founder and Principal of KMT Strategies, celebrate the launch of the NOLA Health Innovators Challenge at the New Orleans Jazz Market.

Neuroscience Center of Excellence.

The LSU Health New Orleans Neuroscience Center research team also included Drs. William Gordon and Bokkyoo Jun, as well as graduate students Khanh Do and Eric Knott.

The work was supported by the National Eye Institute, National Institute of General Medical Sciences, and the Eye, Ear, Nose, and Throat Foundation.

## **Peak Performance Physicians Announces Affiliation with World Renowned Sports Performance Expert Mackie Shilstone**

Peak Performance Physicians is forming an affiliation with America's Premier Sports Performance Manager and Career Extension Specialist, Mackie Shilstone. Shilstone is one of America's most influential fitness experts. His expertise has played a pivotal role in the success and longevity of a multitude of world-class athletes. More than 3,000 professional athletes over the past 30 years have turned to Mackie to give them the body, the drive, the stamina, and the performance they need to win. In addition to working with Serena Williams, Mackie has also worked with two-time Superbowl-winning quarterback Peyton Manning, Hall of Fame NFL kicker Morten Anderson, and with boxing greats including World Light Heavyweight Champions Andre Ward, Bernard Hopkins, and Roy Jones, Jr. Due to his work with Hopkins, Jones, and other boxers, KO Magazine voted him among the top 50 most influential people in the history of boxing. Baseball Hall-of-Famer Ozzie Smith even wrote Mackie into his induction speech, as he felt the partnership earned him an additional 11 outstanding years.

While countless professional athletes have received career-changing help from the health and fitness guru, Mackie is dedicated to helping anyone and everyone better their lives through his consummate knowledge. He has transformed the lives of hundreds of non-athletes struggling with health and weight problems, poor nutrition, and lack of motivation. To Mackie, there are no fundamental differences between professional athletes and the average person, only different target goals and differing training times to reach those goals.

## **Patricia Molina, MD, PhD, Nationally Honored by APS for Mentorship**

The American Physiological Society (APS) has selected Patricia Molina, MD, PhD, Professor and Chair of Physiology at LSU Health New Orleans, as the second recipient of its prestigious A. Clifford Barger Underrepresented Minority Mentorship Award.

The A. Clifford Barger Underrepresented Minority Mentorship Award honors a member of the American Physiological Society who is judged to have demonstrated leadership, guidance, and mentorship of underrepresented minority students in the physiological sciences. The award promotes and embodies the APS goal of broad diversity among physiologists by recognizing outstanding mentors who make significant impacts on diversity in physiology. It recognizes mentoring as a highly valued professional activity that merits a high level award by the Society.

As Director of LSU Health New Orleans' Biomedical Alcohol Research Training Program, an NIH-funded grant that supports the training of MD and PhD pre- and post-doctoral fellows, Dr. Molina has helped trainees submit successful grant proposals. More than half of her predoctoral trainees obtained extramural funding under her guidance.

Molina has worked to increase general recruitment and has been successful in recruiting a diverse group of trainees, including Hispanics, African Americans, women, and other individuals from underrepresented backgrounds. She has started new courses for graduate and medical students, as well as journal clubs for graduate students and weekly seminars from intramural and visiting distinguished researchers. One of her main initiatives as Physiology Department Chair has been to help junior faculty receive grant funding from major sources.

In 2016, Molina received the Aesculapian Excellence in Teaching Award from LSU Health New Orleans School of Medicine. She developed a Medical Spanish elective for students in all health-care professions to help them develop skills needed to work with Spanish-speaking patients. In addition to serving as a role model, Molina has mentored two high school students, 13 undergraduates, 13 graduate students, 15 medical

students, 11 postdoctoral fellows, 1 post-resident, and 2 junior faculty members. Molina will be honored as the recipient of the 2018 Barger Award during the 2018 Experimental Biology Meeting in San Diego in April.

## **Louisiana Association of Health Plans Awards 2018 Scholarships at Annual Meeting in New Orleans**

The Louisiana Association of Health Plans (LAHP) awarded its annual Gil Dupré Graduate Student Scholarship to two students at its annual meeting in New Orleans. Both winners, Chelsea Ardoin and Jasmine Perkins Pate, are students at the University of New Orleans.

Ardoin, who is pursuing an Executive MBA, works for Healthy Blue, one of Louisiana's five Healthy Louisiana Medicaid managed care plans. She has also previously worked as Special Assistant to the Secretary at the Louisiana Department of Health. Chelsea plans to continue working at the Medicaid health plan level following graduation.

Perkins Pate is pursuing an MBA with a concentration in Healthcare Management. She is an accountant for the City of New Orleans as well as the founder and director of DO It FOR ME, a Christian organization that works to create awareness of HIV/AIDS in New Orleans. Perkins Pate says her goal is to continue being an educator on HIV/AIDS through her organization after graduation.

The Gil Dupré scholarship was established by LAHP as a community service to promote careers in the health insurance and health benefits industry.

## **LSU Health NO Researchers Develop Technology to Study Obesity-Related Diseases**

Researchers led by Frank Lau, MD, Assistant Professor of Clinical Surgery at LSU Health New Orleans, have successfully kept white fat tissue alive outside of the body for up to eight weeks. This breakthrough will pave the way for research advances improving treatment or prevention of such diseases as obesity, diabetes, heart disease, stroke, cancer, and others associated with white adipose tissue.

The tissue-engineered microstructure is called Sandwiched White Adipose Tissue, or “SWAT” for short. White adipose tissue (WAT) is a type of human fat that is strongly associated with several life-threatening illnesses. An ongoing hurdle for scientists has been developing a technique for the long-term culture of WAT. In SWAT, WAT is cultured in a three-dimensional, multicellular environment, and these conditions faithfully mimic those of the human body. In SWAT, WAT is viable in culture for up to eight weeks, and during this time frame, it maintains crucial cellular qualities and whole-tissue functioning.

“We are the first group in the world to keep human fat alive outside of the body for several weeks,” notes Dr. Lau, who is also Surgical Director of Regenerative Medicine at LSU Health New Orleans School of Medicine. “This isn’t just a major breakthrough for our lab, but also for obesity and fat research. SWAT holds great potential for anti-obesity drug screening, new research into cancer-obesity interactions, and many basic experiments regarding fat physiology.”

The research team also included Drs. Camille Rogers, Oren Tessler, Charles Dupin, Hugo St. Hilaire, Kazi Islam, Kelly Vogel, John Luckett, Maxwell Hunt, Alicia Meyer, and Steven Scahill at LSU Health New Orleans School of Medicine, along with Dr. Jeffrey Gimble at Tulane University and Dr. Trivia Frazier at LaCell, LLC.

### **Bazan Named Adjunct Professor at Prestigious Karolinska Institute**

Nicolas G. Bazan, MD, PhD, Boyd Professor, Ernest C. and Yvette C. Villere Chair for Retinal Degeneration and Director of the Neuroscience Center of Excellence at LSU Health New Orleans School of Medicine, is one of 23 international academics and one of only 11 from the United States appointed as foreign adjunct professors by the Karolinska Institute in Stockholm, Sweden. Dr. Bazan’s appointment is in the Department of Neurobiology, Care Sciences, and Society.

According to the Institute, foreign adjunct professors are well-reputed colleagues who have had a long-standing collaborative scientific relationship with the Karolinska Institute. A foreign adjunct professor must hold a position or an appointment corresponding to full professor



Chelsea Ardoin

at their home university or elsewhere and be an internationally leading researcher in his or her field. The term of office normally lasts six years and can be extended upon review.

“I have a collaboration on a novel mechanism involved in the onset and progression of Alzheimer’s disease there, and I am a co-mentor of a Karolinska graduate student,” notes Bazan. “She will also spend some time working in my lab as her thesis is developed.”

Bazan’s research has led to significant advances in our understanding of neurodegenerative diseases like Alzheimer’s and stroke, as well as head trauma, retinitis pigmentosa, and age-related macular degeneration. He has unraveled inter-cell communication in the brain, tracking how and when changes happen as cells are damaged by diseases. This research has provided information critical to recognizing how the brain reacts to disease onset and development, as well as how to minimize the often catastrophic effects of brain injury or disease. An early breakthrough, which is now known as the “Bazan Effect,” was that polyunsaturated fatty acids – omega 3 (DHA) and Omega 6 – are released during seizures and interruptions in blood flow. Other discoveries include that the supply of DHA to the photoreceptors and synapses is liver-regulated and that in photoreceptor cell renewal, retinal pigment epithelium recycling retains DHA within photoreceptors by a “short loop” (RPE-to-photoreceptors) after the “long loop” (liver-to-retina). He found that Usher’s Syndrome patients have a DHA shortage in the blood, implicating the long loop in retinal degeneration. He discovered enzyme-mediated formation of DHA derivatives in the retina and coined the term docosanoids. He and his colleagues, in



Jasmine Perkins Pate

collaboration with Dr. Charles N. Serhan, then discovered the synthesis and bioactivity of the first docosanoid, neuroprotectin D1 (NPD1, 2003-4), which arrests cell death in retinal pigment epithelial cells and is neuroprotective in brain ischemia-reperfusion and cellular models of Alzheimer’s disease.

Among Bazan’s awards and recognitions are the Javits Neuroscience Investigator Award from the National Institute of Neurological Diseases and Stroke (1989); election to the Royal Academy of Medicine, Spain (1996), fellowship in the Royal College of Physicians of Ireland, Dublin (1999); President, American Society for Neurochemistry (1999-2001); Doctor Honoris Causa, Universidad de Tucuman, Argentina (1999); Endre A. Balazs Prize, International Society of Eye Research (2000); the Proctor Medal, the highest honor awarded by the Association for Research in Vision and Ophthalmology (ARVO) (2007); the Alkmeon International Prize (2011); the Chevreul Medal, Paris, France (2011); the Excellence Award, Annual European Association for Vision and Eye Research, Nice, France (2013); and the Mossakowski Medal, Polish Academy of Sciences, Warsaw, Poland (2013).

He is the Founder and Editor-in-Chief of *Molecular Neurobiology* (Springer) (1986-present), a founding Senate Member (2009-2016) for the German Center for Neurodegenerative Diseases (DZNE), a nationwide research program on Alzheimer’s disease in Germany, a member of numerous NIH study sections, and Chairman of the Board of Governors for the Association for Research in Vision and Ophthalmology (ARVO) Foundation (2011-2014). ■

When Yola Pertuit moved into independent living at Lambeth House four years ago, she was 89 years old. Perfectly coifed and extremely energetic, she wasted no time taking advantage of the robust list of activities available to our residents. She is, undoubtedly, one of the most active people I know. And, as I contemplated the notion of writing a piece on active aging, I knew that Yola would be a tremendous resource. I approached her, only to be informed that I would have to “schedule” some time with her later because she was running to her line dancing class. Who better to interview for an intimate view of aging well?

## “KEEP MOVING” *A Mantra for Aging Well*

YOLA QUICKLY summed up her recipe for aging well with one insightful pearl of wisdom: Keep moving. And, she lives by her own advice. At age 90, shortly after moving in, she took painting lessons for the first time in her life. She maintains a standing appointment to play bridge three times a week, attends weekly happy hour with her friends, and if there is a dance floor nearby, you will likely find her on it. She says that if you just push yourself, you’ll remain independent and healthy. To her, it’s that simple.

Could it be that easy? I marveled at how effortless she made it sound. She trivialized her innate ability to stay connected to her various life interests. She shrugged off the brilliance of her simple mantra to “keep moving”, stating more than once, “it’s just a mindset.” But studies prove that there is

much more to it than that. The Center for Disease Control (CDC) cites various recommendations for healthy aging that coincidentally align perfectly with the ones Yola practices everyday: engaging in regular physical activity, exploring hobbies that support cognitive and mental wellbeing, and remaining socially engaged.

We are all aware of the CDC activity recommendations for adults 65 or older without health limitations: 75-150 minutes of aerobic activity (depending upon intensity) per week coupled with 2 days or more of muscle-strengthening exercises that work all major muscle groups.

But, at 93 years old (or young), Yola has never consulted the CDC for its recommendations. The “movement” she’s referring to is a lifestyle practice that allows her to follow

her own passions, each enhancing the quality of her life and each motivating the desire to keep moving. Painting provides an avenue and means of self-expression. Playing bridge offers multiple benefits that assist in retaining mental agility such as memory recall, logic, strategy, and sequencing; plus, bridge offers additional opportunities to socialize. Weekly happy hour guarantees time with friends and the opportunity to create new experiences within her social network. And, dancing allows an opportunity for her to remain physically active in the most enjoyable way she knows.

John McElree, Director of Wellness at Lambeth House, agrees, and says that as we age, we should “move well, move often, and move safely”. He also concurs with the well-documented notion that socialization is a critical component of healthy aging. John recommends finding a variety of physically active interests and engaging in them with others to enhance the overall experience. He emphasizes the power of “community” and the positive correlations between social engagement and healthy aging. Again, this aligns perfectly with Yola’s approach.

So...maybe she’s right, and, on some level, maybe it’s that simple. The goal is to encourage a lifestyle that influences one’s health and well-being in a way that allows an older adult to remain physically, socially, and cognitively vital for as long as possible. Perhaps in addition to reviewing standard healthcare recommendations with our aging patients, we should augment the conversation by encouraging them to do what inspires them and to “keep moving”, in whatever directions their passions lead them! ■

**Jeré Hales**  
Chief Operating Officer  
Lambeth House



*“At age 90, shortly after moving in, she (Lola) took painting lessons for the first time in her life.”*

Since I began this job two years ago, this administration has been focused on improving the health of Louisiana residents. From ensuring access to healthcare through Medicaid expansion, to creating policy to reduce prescription drug abuse, to securing grant dollars to extend community programs to residents, we continue to find innovative ways to improve health.

# Preventing Opioid Abuse, STDs, and Influenza

## Fewer Opioids Prescribed Since Medicaid Expansion Started

More than 445,000 people have enrolled in Medicaid expansion and are getting the lifesaving care and medications they need when they are ill.

In addition, in the first year alone, more than 13,000 people have received substance abuse treatment through the expansion.

New data from the Louisiana Department of Health and the Louisiana Board of Pharmacy show there are fewer opioids being prescribed since Medicaid expansion began in July 2016.

According to the Board of Pharmacy, which administers the Prescription Drug Monitoring Program, both the total number of opioid prescriptions and the total number of opioid pills have decreased alongside Medicaid expansion. Comparing the year before Medicaid expansion to the year afterwards, opiate prescription decreased as shown here:

- The number of prescriptions decreased by 109,675, a 2.08% reduction.
- The total number of pills prescribed decreased by more than 10 million doses, a 3% reduction.

The information is consistent with preliminary data from the Department of Health that shows similar reductions in first-time opioid users being prescribed short-acting opioids in the State's Medicaid program over two separate time periods:

- Since July 2016, the first month of Medicaid expansion to August 2017, there has been a 40.1% decrease in the amount of opioids dispensed for average claims.
- Since Medicaid policy changes were first implemented in January 2017, the number of pills per prescription for Medicaid patients has decreased by more than 25%.

Because of new laws and policies, and better access to the right care, physicians are prescribing fewer total opioids and fewer opioids per patient. Health officials partly attribute these reductions to policy changes made by the Legislature and by the Medicaid program. These changes are summarized here:

### 2017 Regular Session Legislation

- House Bill 192 limited first-time prescriptions of opioids for acute pain to a seven-day supply, with exceptions when medically appropriate.

- House Bill 490 created a 13-member advisory council on opioid abuse prevention and education.
- Senate Bill 55 strengthened the Prescription Monitoring Program.
- Senate Bill 96 broadened the Prescription Monitoring Program to include counselors, parole officers, medical examiners, and coroners.

### Medicaid Policy Changes

- January 2017: 15-day prescription limit for patients in traditional Medicaid
- March 2017: 15-day prescription limit for patients in Medicaid managed care
- July 2017: Limited doses of Morphine Equivalent Dosing to 120 mg per day or a 7-day supply, whichever is less, for all Medicaid patients.

## Department of Health earns grant to help fight STDs

The Louisiana Department of Health has received a \$550,000 grant from the Centers for Disease Control and Prevention (CDC) to strengthen its congenital syphilis activities and initiatives.

Congenital syphilis, which is highly preventable, has become an alarming problem that urgently requires awareness, attention, and action. In Louisiana, data from the most recent STD Surveillance Report found that the number of congenital syphilis cases spiked for the fourth year in a row. From 2015-2016 alone, there were a total of 628 cases – a rise of nearly 30% over the previous year.

The grant will support activities statewide, with targeted attention in the Baton Rouge and Shreveport areas as these areas

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



have especially high rates of congenital syphilis. This priority funding will enhance current STD activities and bolster congenital syphilis control efforts.

Syphilis in pregnant women can cause miscarriages, premature births, stillbirths, or death of newborns. Without adequate prenatal treatment, historical data indicates up to 40% of babies born to women with untreated syphilis may be stillborn or die from the infection as a newborn.

Babies who live after contracting syphilis can have deformed bones, skin rashes, severe anemia, jaundice, enlarged livers and spleens, seizures, developmental delays, and other neurologic problems.

These outcomes are a sadness that we simply cannot allow. The effects of congenital syphilis ripple through homes, families, and communities – it can alter the course of someone’s entire life and create many challenges for families.

The grant will allow the Louisiana Department of Health’s STD/HIV Program to

conduct focused efforts on the following specific activities:

Improving congenital syphilis case data collection, including maternal and fetal epidemiologic and clinical risk factor data.

Improving collection of pregnancy status for all cases of syphilis among women of reproductive age.

Strengthening congenital syphilis morbidity and mortality case review boards at the local and state level to help identify causes of congenital syphilis and develop interventions to address the causes.

Improving methods to match vital statistics birth and mortality data with syphilis surveillance data to review syphilis testing practices among stillbirths, identify missed cases of syphilis-related stillbirth, and strengthen stillbirth case report data.

Strengthening partnerships with local healthcare providers, community organizations, state and local Title V maternal and child health programs, Medicaid programs, and healthcare organizations.

In total, the CDC has awarded \$4 million to public health agencies in Louisiana, California, Illinois, Florida, Georgia, Maryland, Ohio, and Texas. The 15-month awards ranged from \$250,000-\$700,000.

### **It’s not too late to get a flu vaccine**

With flu season well underway, I would be remiss if I didn’t remind you of the importance of getting an annual flu vaccine.

The flu causes approximately 500 deaths and nearly 3,000 hospitalizations each year in Louisiana, and tens of thousands of deaths in the U.S.

The Centers for Disease Control and Prevention and the Louisiana Department of Health recommend a yearly flu shot for everyone over six months of age who does not have a complicating condition, such as a prior allergic reaction to the flu shot.

While recommended for everyone, getting a flu shot is especially crucial for people who may be at higher risk for serious complications. This includes babies and young children, pregnant women, people with chronic health conditions, and people 65 years and older.

The flu shot protects individuals from getting the flu, but it also keeps people from spreading it to others who are more vulnerable. Some people are not eligible for a flu shot, which makes it especially important that others in the community get vaccinated. Although a young, healthy person might not get very sick from the flu, they can be a carrier and pass it on to someone in a high-risk group who might become seriously ill.

Additionally, the flu shot is safe for pregnant and breastfeeding women, who can pass on antibodies to their babies that will help protect them.

The flu shot starts to offer partial protection immediately, but takes about two weeks to offer full protection. Visit [flushot.healthmap.org](http://flushot.healthmap.org) for a flu shot provider near you. ■

# STRATEGIC INITIATIVES FOR THE LOUISIANA STATE BOARD OF NURSING: 2018-2020

The start of a new year brings with it the opportunity to reflect on what we have accomplished over the past 12 months and to recommit to the mission of our agency. I always like to recognize and thank the committed men and women who comprise the Louisiana State Board of Nursing (LSBN).

DR. LAURA BONANNO serves as President of the Board joined by Vice President Teresita McNabb and Alternate Officer Tim Cotita. Other Board members include Dr. Tavell Kindall, Dr. Jacqueline Hill, Dr. Jolie Harris, Dr. Patricia Prechter, Nancy Davis and Dr. Sue Westbrook as well as ex officio M.D. officers Dr. Juzar Ali and Dr. Marelle Yongue. In 2018, we will be saying good-bye to Dr. Ali, who will be replaced by a consumer member as authorized by the legislature in 2016, as well as education members Dr. Prechter and Dr. Westbrook. Dr. Harris, who represents nursing administration, will also be rotating off the Board. We offer our most sincere thanks to these individuals for their eight years of dedication to the regulation of nursing practice in Louisiana and to advancing our profession.

In early November 2017, the Board and executive staff engaged in Strategic Planning for 2018 – 2020, with guidance and facilitation by The Clarion Group. We began with a re-commitment to our Mission and Vision as follows:

**Mission:** To safeguard the life and health of the citizens of Louisiana by assuring persons practicing as registered nurses and advanced practice registered nurses are competent and safe.

**Vision:** LSBN will be a nationally recognized leader and trend-setter in regulatory excellence that advances nursing education, practice, and workforce.

Our mission defines our fundamental purpose



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



the reason why we exist <sup>¾</sup> while our vision defines an end state for our organization <sup>¾</sup> how we hope the world will be different because of our efforts. We believe that LSBN's regulatory excellence improves nursing education and practice in our state as well as facilitates the development of the professional nursing workforce.

During the Strategic Planning Retreat, Board members and staff identified the Central Challenge for LSBN over the next 3 years:

In order to accomplish this Central Challenge, five strategic priorities were established:

- Strengthen the practice of nursing; Pursue RN Compact status;
- Build a unified voice with stakeholders and the legislature;
- Elevate awareness of LSBN's contributions to the profession; and
- Improve organizational efficiency and effectiveness.

In the area of nursing practice, we are committed to redesigning and simplifying the approval process for nursing education programs in the state as well as those out-of-state graduate APRN programs which provide clinical education in Louisiana. Additionally, we will be exploring identification of core competencies for RNs and APRNs, insuring compliance with uniform licensure requirements for both domestically and internationally educated nurses, and proactively reviewing and revising declaratory statements and practice opinions in line with changes and advances in nursing education and practice. Finally, our Center for Nursing will continue its local, state, and national leadership in developing the nursing workforce of the future.

In terms of pursuing the enhanced Nurse Licensure Compact (eNLC) status,

our desire is to begin collaboration with our colleagues at the Louisiana State Board of Practical Nurse Examiners (LSBPNE) to identify and strengthen the bonds that join us in regulating all levels of nursing practice. Our plan is to work with LSBPNE, legislators, the National Council of State Boards of Nursing, and other stakeholders to develop an education plan on the benefits of eNLC status. Nurses benefit from a multistate license for a variety of reasons. The foremost reason is that a nurse will not need individual licenses in each state where the nurse requires authority to practice. Obtaining individual licenses is a burdensome, costly, and time-consuming process to achieve portability and mobility. Nurses are required to be licensed in the state where the recipient of nursing practice is located at the time service is provided. Any nurse who needs to practice in a variety of states benefits significantly from a multistate license. These nurses include military spouses, telehealth nurses, case managers, nurse executives, nurses living on borders, nurses engaged in remote patient monitoring, school nurses, travel nurses, call center nurses, online nursing faculty, home health nurses, nurses doing follow up care, and countless more.<sup>1</sup>

Building a unified voice with stakeholders and legislators begins with creating and engaging a coalition of nursing organizations and other interested stakeholders to promote a unified nursing voice and identify shared nursing priorities. These efforts will then inform our work with the legislature to create appropriate laws and rules to guide regulatory and disciplinary efforts in Louisiana.

LSBN is also committed to elevating awareness of the Board's contributions to advancing the nursing profession. Besides our regulatory and disciplinary responsi-

bilities, we are also committed to engaging with our colleagues in practice and education to identify the immediate challenges to nursing practice within the rapidly changing environment of healthcare delivery. Together with the Louisiana Department of Health, the legislature, and other healthcare delivery stakeholders, we hope to address the many challenges facing healthcare in general and nursing in particular. These include creating a culture of health, the goal of which is to keep everyone healthy, for which nurses are uniquely qualified because of our commitment to wellness and prevention. Other challenges include access to care, interprofessional collaboration, and advancing education within the profession.

Finally, LSBN is committed to improving organizational efficiency and effectiveness. In that regard, we have already begun initiatives to redesign the organizational structure under three Chiefs to improve interdepartmental cooperation and improve customer service and responsiveness.

In the first year, LSBN's Board committed to three areas of emphasis, which are identified and color coded in the Strategic Map<sup>2</sup> included herein. Strategic Priorities C, D, and E will receive our collective efforts designed to continue to improve LSBN's performance. We welcome input and ideas from every RN and APRN constituent in Louisiana in our quest to better serve our licensees and hope that 2018 will demonstrate a renewed and strengthened partnership with all our healthcare colleagues. ■

#### REFERENCES

- eNLC Implementation FAQs (2017). National Council of State Boards of Nursing. Chicago, IL.
- LSBN Strategic Map, 2018 - 2020 (November 2017). Louisiana State Board of Nursing, Baton Rouge, LA.

# JUST HOW FAR DOES THE PATIENT PRIVILEGE WAIVER GO?

## Breaches of Patient Confidentiality: Part II

**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.

### WHAT ARE THE PRINCIPLES OF CONFIDENTIALITY FOLLOWING A PATIENT'S DEATH?

The U.S. Supreme Court decision in *Swindler & Berlin v. United States*, 118 S.Ct. 2081 (1998), which held that the privilege survives the death of the client, provides support that the physician-patient privilege also generally is maintained following a patient's death. Confidentiality ethically survives a patient's death unless disclosures are required by statute or case law. Some state statutes allow the executor or administrator of the deceased patient's estate or certain relatives to have access to the patient's medical record. Additionally, the physician-patient privilege may be waived in certain states following the patient's death. The medical provider should obtain guidance from legal counsel or the court concerning this issue when questions exist concerning the waiver of the privilege.

Similar issues arise which are not addressed by statute or case law. The medical provider may be questioned during an investigation involving the death of a patient, or may be asked specific questions by grieving family members. The provider should not disclose specific information obtained from the patient, although answering questions in terms of general principles is appropriate. The provider's liability for breach of confidentiality is minimized by obtaining authorization from the patient's legal representative and close family members.

### HOW LONG DOES PATIENT PRIVILEGE LAST?

The duty continues even after a patient has stopped being treated. The duty even survives the death of a patient. That means that if the patient passes away, his or her medical records and information will still be protected by doctor-patient privilege. The reasoning behind the rule is to ensure that a patient feels comfortable sharing openly and honestly with her treating physician. If



**Pamela W. Carter**  
CEO, Apex Healthcare Solutions, LLC

the patient were afraid of sharing the truth for fear that it may lead to an arrest or damaging testimony at trial, the patient may not be truthful, and the treatment process could become ineffective, take much longer, or lead to an incorrect diagnosis. For example, an underage teen could come to a doctor with a pregnancy or a venereal disease, but without the assurance of physician-patient privilege could be unwilling to divulge the exact nature of the illness. This may be particularly true if the teen's partner is above the age of consent, and the patient fears criminal charges for the partner. This could cause a doctor to misdiagnose the symptoms and prescribe treatment that could be dangerous to the fetus or ineffectual in treating the illness. Fortunately, physician-patient privilege prevents that fear and allows the sharing of information without fear of reprisal.

### IS THE PRIVILEGE ABSOLUTE?

The privilege is not, however, absolute. It can be limited by statutes, such as those that mandate the reporting of such issues as gunshot wounds, abuse and sexually-transmitted diseases, allowing the production of records and testimony about these issues in court.

### SOME PRACTICAL POINTERS

The concepts of confidentiality and privilege often are confusing due to overlapping principles and the many exceptions, which have been briefly summarized. Confidentiality is an essential element in developing an alliance with patients. A breach of confidentiality can result in legal liability, ethical complaints, and adverse actions. Listed below are some practical pointers that are best practices in managing the patient privilege:

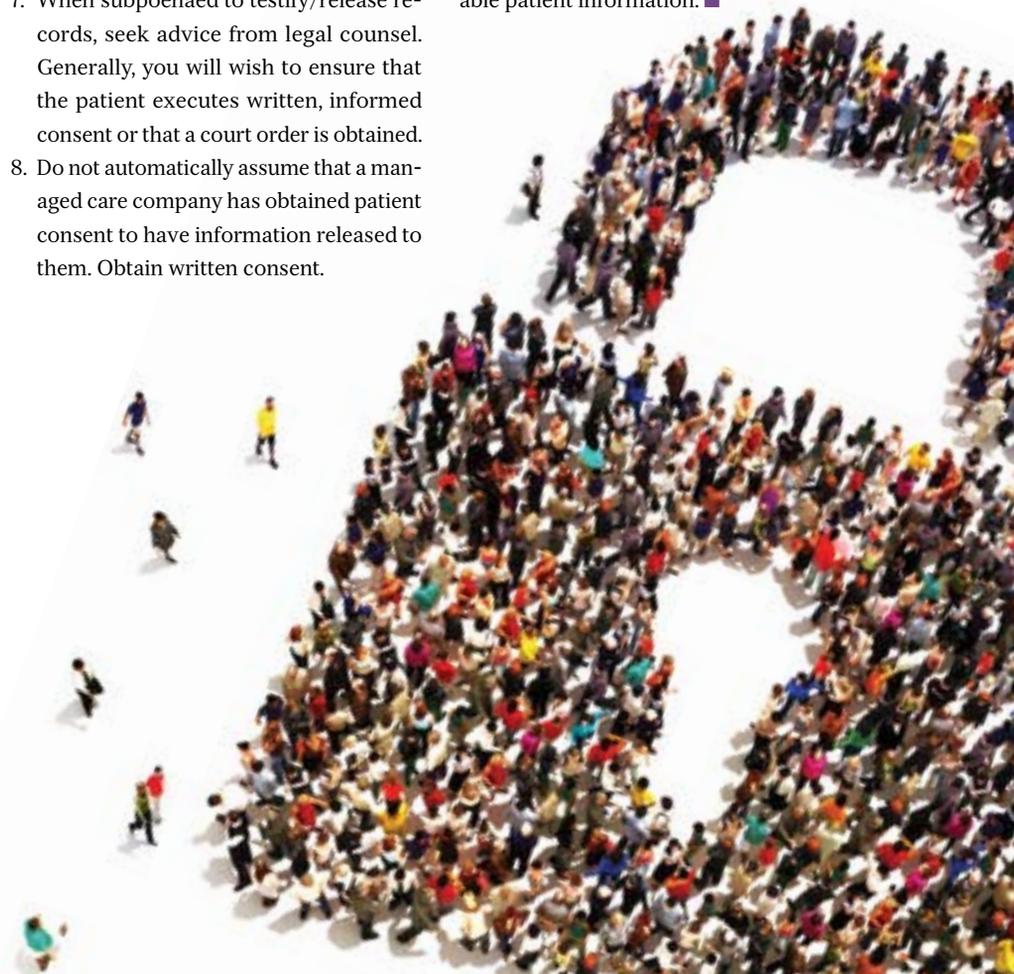
1. Follow the general principle to honor a patient's confidences unless a legally cognizable exception applies.
2. Have your own written "Authorization

- for Release of Medical/Mental Health Information" form that can be tailored to specific circumstances. If requested to release AIDS/HIV information, check with the Department of Health to meet legal requirements.
3. When in doubt about the validity of consent to release information, call your patient to discuss information and to verify consent.
4. When performing an evaluation (e.g., worker's compensation), clarify limits of confidentiality at the outset. Explain who will/will not receive a copy of the report.
5. Obtain competent advice before releasing information to anyone after a patient's death.
6. Apprise group therapy members about parameters of confidentiality.
7. When subpoenaed to testify/release records, seek advice from legal counsel. Generally, you will wish to ensure that the patient executes written, informed consent or that a court order is obtained.
8. Do not automatically assume that a managed care company has obtained patient consent to have information released to them. Obtain written consent.

9. If using a collection agency or small claims court to collect an unpaid bill, make sure that you send the patient appropriate notice in writing. (Caveat: collections often lead to malpractice counterclaims.)

### A POSITIVE DUTY TO PROTECT

The key rationale behind privilege is that it serves to foster loyalty between the medical provider and patient, and strengthen the faith and trust that a provider will be able to actively advocate on their behalf. Associated with the right to privacy, the medical provider has a duty to maintain confidentiality of all patient information. The patient's well-being could be jeopardized and the fundamental trust between patient and provider destroyed by unnecessary access to data or by the inappropriate disclosure of identifiable patient information. ■



# Igniting Entrepreneurship in New Orleans: The NOLA Health Innovators Challenge

**DIGITAL TRANSFORMATION** has been the prevailing theme for New Orleans during these past few months – and for good reason. First came the announcement from DXC Technologies, a Fortune 250 company that selected New Orleans for opening its Digital Transformation Center. Then came the launch of the NOLA Health Innovators Challenge (NOLAHI). As I mentioned in my last few columns, NOLAHI was introduced as one of NOLABA’s signature initiatives to accelerate business attraction and grow the startup ecosystem in New Orleans and the wider region, particularly in the area of digital innovation in healthcare. Envisioned as a multi-year initiative, NOLAHI’s objectives are to catalyze regional economic growth driven by healthcare innovation and to position the New Orleans region as an innovation hub, perpetuating a virtuous cycle of business attraction and job creation. We are thrilled to be working with title partners Blue Cross and Blue Shield of Louisiana and Ochsner Health System to present this inaugural challenge.



UNLIKE MANY other forms of pitch competitions or startup contests, which showcase innovations in search of a marketplace or adopter, NOLAHI begins with the adopter in mind by being a needs-first competition. As I’ve reiterated, New Orleans and the wider region have some daunting health outcomes in dire need of disruptive innovation. And nobody understands those challenges better, especially from the perspective of easing patient lives, than the healthcare organizations at the front lines delivering care and developing patient-centered solutions.

For instance, the specific challenge statement chosen by NOLAHI’s title partners focuses on diabetes care. It emphasizes both the pressing need to focus on diabetes and the specific barriers patients face on their path to wellness: Diabetes is among the leading causes of death in Louisiana, which has the fifth-highest rate of diabetes in the nation. An estimated one in eight Louisiana



### Amritha Appaswami

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



“Our challenge is to develop a digital solution that will encourage patients with diabetes to stay on top of their health, decrease their stress, and improve their diabetes control.”

adults has been diagnosed with diabetes. Our challenge is to develop a digital solution that will encourage patients with diabetes to stay on top of their health, decrease their stress, and improve their diabetes control. In particular, the solution should facilitate convenient access to routine diabetes health maintenance activities, specifically eye exams and foot exams.

Indeed, chronic diseases such as diabetes affect the lives of so many New Orleanians and Louisianians. In addition to diabetes care, the NOLAHI Challenge spotlights other pressing areas where technology could improve patients' lives. Tulane Health System, for instance, posed a challenge statement calling for a technology solution to replicate the function of a patient navigator to enhance patient-centered care because the navigation process is often complex, including appointments, post-acute care, and insurance.

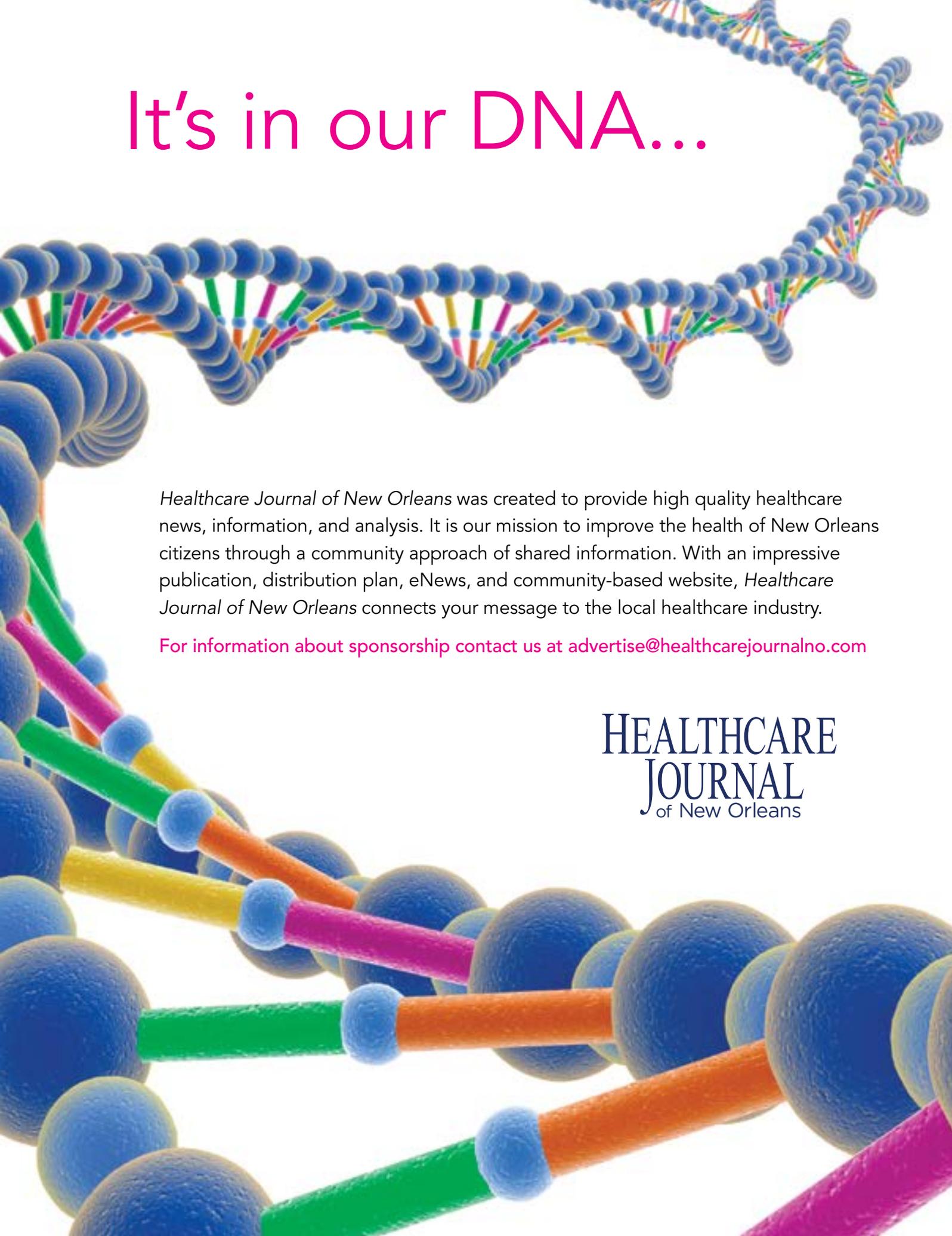
As a third category, the NOLAHI Challenge invites entrepreneurs to address the issue of inter-operability, or the lack thereof, as posed by the Lafayette General Foundation. Timely access to healthcare data is a point of consternation when patients and clinicians alike don't have the ability to readily retrieve essential information, and this often hinders the healthcare process. This challenge statement seeks an appropriate technology intervention to increase data inter-operability.

We are delighted that through the NOLAHI Challenge, we can bring enterprising new innovators to tackle these areas in dire need of a technology intervention. By entering the Challenge, they can compete for prizes and potential partnerships with these healthcare organizations to take their innovative solutions to market. NOLABA will roll out the red carpet for the finalists in 2018 by inviting them to showcase their technologies

during New Orleans Entrepreneur Week and by facilitating meetings with stakeholders who would bring to light the numerous business resources and benefits of locating their businesses in New Orleans.

The NOLAHI Launch Event unveiled all of this on Nov. 16, and the Challenge is currently live and accepting applications through Jan. 15. So, if you are an enterprising healthcare professional with an appropriate intervention, or a health tech entrepreneur with a cutting-edge solution, be sure to enter the NOLAHI Challenge at <http://www.medstart.com/pages/nolahichallenge>.

As an informed reader, you also have a role to play. Once the Challenge closes for applicants, there will be a period of crowd voting from mid-January through mid-February, when you will have the opportunity to shape the course of this Challenge by voting for your favorite submissions and helping choose the finalists who stand to make an economic and healthcare impact in our region. So, visit the Challenge website to join the NOLAHI community and help us recruit the brightest minds to solve our region's biggest healthcare challenges. ■



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# Hospital Rounds



## LikeMinded Ladies Host Holiday Superhero Craft Activity with Children’s Hospital Patients

LIKEMINDED LADIES, a 501c6 business organization aimed at supporting greater New Orleans women both personally and professionally, aims to help the young patients at Children’s Hospital realize their real-life “superpowers.” Donning superhero costumes, the Executive Team headed to Children’s Hospital and provided capes, masks, and supplies for the kids to decorate as a craft activity. As part of the fun, the Ladies encouraged the children to explore what their superpowers are and express that power in their cape and mask decorating.

The event complemented a toy drive by the LikeMinded Ladies in partnership with the Jefferson Parish Library system and City Park. Both events were intended to help make it an extra special holiday for little ones spending the season in the hospital.

# Hospital Rounds



## HOLY GHOST FOURTH-GRADERS DONATE TOYS TO NORTH OAKS PEDIATRIC UNIT

Each year since 1996, Holy Ghost Catholic School's fourth-grade students have earned and collected money as an Advent project to purchase toys for the Pediatric Unit playroom at North Oaks Medical Center. Linda Owens, Shanna DeMarco, and Alexis Walette teach the students. The project was started 21 years ago in memory of a former fourth-grade student Jason Tinnerello, according to Owens. North Oaks Women & Children's Services Director Kimberly Woods and Patient Services Secretary Linda Jo Kincaid visited with the students to personally thank them and explain how the donated toys will be used to comfort and entertain hospitalized children.

## St. Helena BR Football Team Surprises Injured Teammate at Touro

This fall, 17-year-old Aaron Hurst, Senior St. Helena Linebacker/ Running Back suffered an incomplete spinal cord injury during a high school football game. Following surgery to repair a broken bone in his neck in Baton Rouge, Hurst was admitted to Touro Rehabilitation Center. Just in time for the holidays, Hurst received a surprise visit from his football team and coaches, presenting the St. Helena Spirit Award to Hurst at Touro, surrounded by his family and medical team.

Hurst was elated by the presence of his teammates and family, who gathered in Touro's Medical Library for the surprise presentation of the school's Spirit Award and a celebratory cake decorated with the St. Helena Hawk mascot. Coaches and teammates marveled at Aaron's determination and progress, but are not surprised by his hard work and dedication to get better. Hurst is receiving intensive physical and occupational



rehabilitation to regain function and independence before going back home.

Hurst thankfully retained a lot of function and is already getting back to walking. His therapy team is focused on building muscle control and movement on his right side which is where he has the most deficiency. He even surprised his visitors by standing up unassisted toward the end of the visit, for which he received a round of applause. It was a lovely occasion for a special and determined young man.

Touro Rehabilitation Center is one of the premier rehabilitation centers in the country, offering inpatient and outpatient rehabilitation services that promote healing and recovery for patients experiencing catastrophic injuries, neurological disorders, and diseases. Touro Rehabilitation Center is dedicated to restoring function to individuals with various conditions and physical complications, enabling them to lead active, productive, independent, and fulfilling lives.

### **Center for Bleeding and Clotting Disorders Now Open at UMC New Orleans**

The Louisiana Center for Bleeding and Clotting Disorders, a comprehensive center offering specialized care for people living with bleeding disorders as well as clotting (thrombotic) disorders, has a new home on the campus of University Medical Center New Orleans.

"We are excited to have these services housed at UMC," said Dr. Cindy Leissing, a Tulane hematologist and medical director of the Center. "Our mission at the Center is to ensure that our patients have sustained access to proper treatment and a range of services to improve their quality of life."

Hemophilia, an inherited and potentially life-threatening disorder that affects the blood's ability to clot, is the best-known bleeding disorder, but the center works with a wide variety of patients, including many who have had life-threatening blood clots such as deep vein thrombosis and pulmonary embolism. The needs of patients with bleeding disorders are very specific and unique, with guidelines mandated through the federal Maternal and Child Bureau.

The care provided at the Center is multidisciplinary and comprehensive. "It's not just the doctor going to see a patient. We have a hematologist, nurse educator, social worker, physical

therapist, dentist or dental hygienist, and research nurses," Leissing said. In addition, because bleeding disorders are rare, most patients participate in one or more research studies. "We are on the cusp of quite a few amazing developments. We have had some new treatments come along in recent years and things have changed very much for the better."

### **North Oaks NICU Reunion Helps Families Reconnect with Hospital Staff**

Five-year-old Isabella Ambrose joined about 257 former NICU patients and their family members, who were honored during the annual North Oaks NICU Reunion, where guests were treated to holiday music and videos, face painting, games, craft-making, and refreshments.

"Isabella bounded out of bed this morning and said, 'I'm ready to go,'" shares her mother, Tara. "She picked out her outfit days ago. She loves coming here and knows her way around."

Because of respiratory issues, Isabella spent about a week in the NICU after her birth. Others were there much longer, like 7-month-old Allie Hoffman of Denham Springs, who was born at 28 weeks, weighing just 2 pounds, 14 ounces. Her mother, Sunny, went into premature labor two weeks after a life-threatening and unprecedented surgery.

"I wasn't familiar with North Oaks, but I can't say enough about the staff here, especially (neonatologist) Dr. Vo. Everyone really listened to me and they were so personable," Mrs. Hoffman explains.

Sometimes, a baby may be born prematurely or with a health condition that requires admission to the NICU, and the baby's stay may range from a few days to as long as six months. With extended lengths of stay, it is natural for a strong bond to form between medical personnel and the families, to the extent of sometimes becoming close friends, according to Kirsten Riney, vice president of patient services.

"We form an attachment to these babies who come to us at their most vulnerable. Their families go through such trying times," she explains. "It's common that we develop a strong bond as we all pull together to keep them healthy."

Since the NICU was opened in 1991, thousands of children have spent time in the unit. Last year, 208 babies were admitted, with 136 admitted in



The Pritchard Family

the first six months of 2017, according to Riney. The Pritchard family has had three babies admitted to the NICU: Avery, 12; Rylee, 10; and Korey 3. "We come every year," notes their mother, Terri. "I have a niece who is pregnant and I told her that if it comes to pass and she needs it, this NICU is state of the art and she will get good care here."

### **Matthew Schaefer named COO of Children's Hospital**

Children's Hospital is pleased to announce the selection of Matthew Schaefer as its new Chief Operating Officer. Schaefer, 38, will be heavily involved in the \$300 million expansion project at the Uptown Campus, as well as strategic planning and growth. He has 10 years of healthcare experience, most recently as President of Texas Children's Hospital's West Campus. Prior to his nine years at Texas Children's, he served as Associate for McKinsey & Co., a global management consulting firm. Schaefer received a BS in Biomedical Engineering from Texas A&M and earned his MBA from Rice University, Jones Graduate School of Management.

"The experience Matt brings will lend itself well to our ongoing strategies," said John Nickens, IV, CEO. "I'm excited to welcome him to the team, and I look forward to the outstanding leadership he will bring to Children's Hospital."

### **Lakeview Regional Medical Center Welcomes New Chief Nursing Officer**

Lakeview Regional Medical Center, a campus of Tulane Medical Center, is proud to announce the

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Jennifer Schmidt, MSN, RN



Darlonda Harris, MD, MPH



Brittany Hattier, DO



Vernon K. Palmisano, MD

addition of Jennifer Schmidt, MSN, RN as Chief Nursing Officer. Most recently, Ms. Schmidt was the Associate Chief Nursing Officer at Tulane Medical Center and the onsite nursing leader for the Lakeside Hospital for Women and Children. She joined Tulane Health System more than 20 years ago as a staff nurse and advanced progressively to larger roles serving as Clinical Supervisor of the Pediatric Intensive Care Unit, Clinical Manager of Tulane Hospital for Children, Director of Pediatrics, and Director of Women's and Children's Services.

As Chief Nursing Officer, Schmidt will serve as the on-site senior nursing leader for Lakeview Regional while coordinating key patient care activities throughout the hospital. "Ms. Schmidt has demonstrated a record of success and we are excited to have someone with her clinical experience lead our nursing staff," states Bret Kolman, Chief Executive Officer for Lakeview Regional. "Ms. Schmidt is committed to patient-centered care and will be a great asset to our organization and our community."

Schmidt holds a Master of Science in Nursing (MSN) degree with a focus in Healthcare Systems Management from Loyola University in New Orleans and graduated from the year-long HCA Executive Development Program.

## **Drs. Darlonda Harris and Brittany Hattier Join North Oaks Family Medicine**

Darlonda Harris, MD, MPH, and Brittany Hattier, DO, have joined North Oaks Family Medicine in Hammond. Harris is certified in internal medicine by the American Board of Internal Medicine. She completed a residency through Tulane University School of Medicine in New Orleans as

chief resident in Internal Medicine and Pediatrics. In her last year of residency, she also mentored new residents as a preceptor for the Tulane Medicine – Pediatrics Continuity Clinic in New Orleans. Because of her dual residency training in pediatrics and internal medicine, Dr. Harris shares that she is comfortable transitioning children with chronic diseases into adult medicine.

Hattier is certified in family medicine by the American Board of Family Medicine. She completed an internship through Oakwood Southshore Medical Center in Trenton, Michigan and the Promedica Monroe Regional Hospital Family Medicine Residency program in Monroe, Michigan. She belongs to the American Academy of Family Physicians. Hattier also experienced multiple specialties during residency and served as chief resident in her final year. She spent one additional year in an obstetrics and gynecology program and also trained with a geriatrician and hospice/palliative care physician. Not only does Hattier feel that her training affords her the comfort of treating children, but also it gave her a better understanding of the unique needs of women and the key aspects of healthcare for aging adults.

Both Harris and Hattier put the patient at the center of their approach to medical care.

"Listening carefully and attentively to my patients is important because they know their bodies best," affirms Harris. Hattier concurs, "Listening to my patients' stories and their ideas on managing their health is the best way to find a treatment plan that sticks."

## **Our Lady of the Lake Covington Welcomes Vernon K. Palmisano, MD**

The Northshore community has a new family

medicine physician providing comprehensive primary care services for patients ages 6 and up. Vernon K. Palmisano, MD, has joined Our Lady of the Lake Physician Group Covington, a primary care clinic that also provides full-service offerings for orthopedic care, where he is offering evaluation and treatment for a broad range of illnesses and medical issues.

Dr. Palmisano joins family medicine specialist Dr. Galofaro and orthopedic surgeons Timothy Devraj, MD, and Matti Palo, MD, in providing services that include preventive medicine, evaluation and care of illnesses and minor injuries, wellness visits, physical exams, management and treatment for chronic medical conditions, sports medicine, joint replacement, complex shoulder reconstruction, and more. Dr. Palmisano received his medical degree from Louisiana State University School of Medicine in New Orleans, where he also completed his residency. He is Board Certified in family medicine.

## **University Medical Center Names Jeffery Carter, MD, Director of New Burn Center**

University Medical Center (UMC) New Orleans has named Dr. Jeffery Carter, MD, the Medical Director for the new UMC Burn Center, opening in early 2018. The UMC Burn Center will be the city's only dedicated center for the care and treatment of burn injuries. The Burn Center will include 16 acute inpatient beds with a comprehensive clinic including rehabilitative and critical-care services.

Dr. Carter comes to UMC from Wake Forest University in Winston Salem, N.C., where he served as Associate Director of the Burn Center at Wake Forest Baptist Medical Center, Director of Surgical Education at Wake Forest University School



University of Queensland Ochsner Clinical School Graduating Class

of Medicine, and Medical Director at the Center for Applied Learning. Dr. Carter practiced general surgery and surgery critical care before specializing in burn treatment. He completed his burn/trauma fellowship at the University of North Carolina, Chapel Hill, and is board-certified by the American Board of Surgery in Surgery and Surgical Critical Care.

"UMC is extremely fortunate to have Dr. Carter join our staff," said Bill Masterton, UMC President and CEO. "He's doing groundbreaking work to improve medical burn treatment, and that makes him a perfect fit for an academic medical center that continuously innovates."

In 2008, Dr. Carter's research in burn injuries was nationally recognized by the American Burn Association with the Moyer Award. He has won numerous teaching and research awards and is credited as the cofounder of the Center for Applied Learning, an experiential learning center driven to improve outcomes in patient care. He is internationally recognized for his use of advanced surgical techniques that minimize patients' pain and suffering and optimize recovery. Most recently he earned the Honorary Faculty Award at Sanya People's Hospital in Hainan, China. An Associate Professor of Surgery at LSU Health New Orleans, his research has been featured in publications such

as the *Journal of the American College of Surgeons*, *JAMA Surgery*, and the *Journal for Burn Care Rehabilitation*.

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

### **University of Queensland Ochsner Clinical School Honors Largest Class to Date**

The University of Queensland (UQ) Ochsner Clinical School honored its class of 2017 at its sixth Culmination Ceremony, marking the completion of their medical school training. As the largest class to date, with 111 students completing the program, UQ – Ochsner Clinical School has given each student the tools they need to continue their professional growth. Dr. Gary Roubin, a UQ graduate and pioneer in cardiac stent technology, gave the keynote address.

January 2018 will mark the UQ – Ochsner Clinical School's ninth year of providing medical education through a unique training, academic, and clinical experience across two continents. Over the

course of the four-year program, students complete two years of medical school curriculum in Brisbane, Australia (consistently ranked as one of the top universities in the world), and two years of clinical study at Ochsner Health System (recognized as one of the top academic medical centers in the United States).

"The UQ – Ochsner Clinical School program provides an opportunity for our students to learn from some of the best medical professors in the world while gaining a global perspective on the industry," said William McDade, MD, PhD, Executive Vice President and Chief Academic Officer, Ochsner Health System. "We have the utmost confidence in this class as they continue to learn, grow, and flourish as medical professionals."

During the Culmination Ceremony, top teachers and residents were honored with Awards of Excellence in Clinical Teaching. Dr. Caley McIntyre, MD, received the evening's highest Award of Excellence, Teacher of the Year. Dr. McIntyre received a Doctor of Medicine degree at Northwestern University Feinberg School of Medicine in Chicago, and completed an Internal Medicine Internship and Residency at Tulane University School of Medicine in New Orleans where he served as Chief Resident. Dr. McIntyre has been an inspiration to many students in the UQ – Ochsner Clinical

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School program. He takes the time to work students through rigorous clinical reasoning and is a wonderful role model of professional behavior.

"The Culmination Ceremony is a special day to honor not only our students, but those select teachers who go above and beyond to make this program truly meaningful for each class," said Leonardo Seoane, MD, Associate Professor of Medicine and Head of School, University of Queensland Ochsner Clinical School. "We are thrilled to honor Dr. Caley McIntyre as Teacher of the Year and proud to have many educators that serve as mentors for our students."

Additional honors during the event included Resident Teaching Awards to Guy Handley, MD, Amanda Henee, MD, Hayden Jahn, MD, Micah Karasov, MD, and Alden Littlewood, MD. Post-Graduate Research Fellowship Awards recipients were Bhargavi Chekuri, Derek Corpus, Phillip Feliciano, Mae Lindner, Angela Nakahara, Theresa Nguyen, and Caitlyn Sullivan.

## Positive Patient Experiences Earn North Oaks Health System National Acclaim

For the third consecutive year, patients' comments about exceptional care at North Oaks have earned the health system's diagnostic services and network of primary care and specialty clinics national acclaim in the form of the prestigious 2017 Press Ganey Guardian of Excellence Award®. North Oaks Physician Group and North Oaks Diagnostic Services also received Guardian of Excellence Awards in 2016 and 2015.

As recipients of the award, the North Oaks Physician Group and North Oaks Diagnostic Services teams are ranked among the top 5% of healthcare services in the nation in sustaining the highest level of patient satisfaction over a one-year period.

Accepting North Oaks' 2017 Guardian of Excellence Awards, from left, are Vice President of Surgical Services Terri Lewis, Vice President of Performance Management Larry Daigle, Physician Group Regional Director Eve Allen, President/Chief Executive Officer Michele Sutton, Diagnostics Director Casey Alford, Employee Services Director Tracy Pettigrew and Patient Experience Coordinator Bridget Balado.

## Healthgrades Recognizes Ochsner Health System Campuses as Top 5%, 10% in Nation

Ochsner Medical Center, Ochsner Baptist, Ochsner Medical Center – West Bank Campus, Ochsner Medical Center Kenner, Ochsner Medical Center – Baton Rouge and Leonard J. Chabert Medical Center have received Healthgrades' prestigious "Five-Star" recognition for quality care performance across 14 procedures and conditions. They were also listed as among the top 5 and 10 percent in the nation in seven areas, according to the Healthgrades 2018 Report to the Nation. In addition, Ochsner Medical Center, Ochsner Medical Center – Baton Rouge, and Leonard J. Chabert Medical Center also received a total of six Specialty Excellence Awards.

Healthgrades is the first third party organization to objectively rate hospital quality with a focus on outcomes. Using three years of Medicare patient data, Healthgrades' statistical model compares actual versus predicted performance for specific patient outcomes. A Five-Star rating reflects that outcomes were significantly better than expected.

## Taslin Alfonzo of West Jefferson MC Recognized for Excellence in PR

Taslin Alfonzo, Director of Marketing and Communications for West Jefferson Medical Center (WJMC), recently received the Individual Award

of Excellence from the Public Relations Society of America (PRSA), New Orleans Chapter, and the Public Relations Practitioner of the Year Golden Pelican Award from the Louisiana Hospital Association's Society for Hospital Public Relations and Marketing (LSHPRM). The PRSA is the world's largest organization for public relations professionals, boasting nearly 32,000 professional and student members and more than 100 chapters. The LSHPRM is a professional organization made up of hospital and healthcare marketing and public relations personnel. It hosts its annual Pelican Awards to honor the top marketing campaigns and professionals in Louisiana.

Armed with a passion to help WJMC, Alfonso launched a campaign aimed at highlighting all the positive and lifesaving work being done there. She garnered positive coverage for West Jefferson by helping the hospital and its service lines organize a number of community events and good works.

"Taslin is a valued member of our hospital family," said Nancy R. Cassagne, President and CEO of West Jefferson. "When it comes to public relations and marketing, Taslin champions the amazing work carried out by our physicians, nurses, and staff. She works tirelessly to help West Jefferson shine, and we are proud of her accomplishments in PR and marketing."

Alfonzo received her master's degree in journalism from the Columbia University Graduate School of Journalism in New York City. She has





Taslin Alfonso



Brandon C. Cambre, MD



Terri M. Lewis, RN



Jack Andonie, MD

been involved in a variety of community organizations, including the American Heart Association, Jefferson Chamber of Commerce, Café Hope, the Louisiana Hospital Association's Society for Hospital Public Relations and Marketing, Public Relations Association of Louisiana, Southern Public Relations Federation, Public Relations Society of America, West Jefferson Hospital Foundation, and LikeMinded Ladies.

### **North Oaks Appoints New Emergency Department Medical Leadership**

Brandon C. Cambre, MD, has been named medical director of North Oaks Medical Center's Emergency Department (ED), with John R. Krieg, MD, serving as Assistant Medical Director. Cambre succeeds Mark Haile, MD, in the position. Haile has been serving as interim medical director since the untimely passing of 22-year medical director Jay Smith, MD, on July 21, 2016.

"In a time of great despair for our organization, Dr. Haile stepped up to lead the ED and maintain the foundation that Dr. Smith built," notes Michele Sutton, president and chief executive officer of North Oaks Health System. "Our team is forever grateful to Dr. Haile for his contributions in our time of need." The ED was dedicated in memory of Smith on June 30, 2017.

Sutton continues, "I have every confidence in Drs. Cambre and Krieg's ability to further our ED's national reputation for high quality and positive patient experiences when those we care for face the unexpected. We are fortunate to have their leadership."

Cambre, who is certified by the American Board of Emergency Medicine and joined the ED team in 2005, is no stranger to leadership roles. He has

been ED assistant medical director since November 2016. As such, he represented the department on the Physician Informatics and Trauma Committees among his other duties. From January through October 2017, he was ED vice chairman on the North Oaks Medical Center Medical Executive Committee. With his ED medical directorship promotion, he also assumed the role of Emergency Services department chairman for the North Oaks Medical Center Medical Executive Committee. On the state level, Cambre serves on the Regional Commission of the Louisiana Emergency Response Network (LERN) for Region 9 as the representative for hospitals with more than 100 beds. Cambre obtained his medical degree from LSU in Shreveport. He completed an internship and residency through the LSU emergency medicine program at the former Earl K. Long Memorial Hospital in Baton Rouge.

Krieg joined the North Oaks ED team in 2015 with five years of previous experience working in the emergency medicine field for hospitals and urgent care clinics across Southeast Louisiana. Krieg earned his medical degree through the LSU Health Sciences Center in New Orleans. He completed an internship and residency through LSU's emergency medicine program at Charity Hospital, also in New Orleans. While interning in 2012, he gave of his time as a recovery volunteer in the aftermath of Hurricane Isaac. Before pursuing his medical degree, Krieg earned a master's degree in Physical Therapy through the LSU Health Sciences Center in New Orleans.

### **Terri Lewis Appointed North Oaks VP of Surgical and Emergency Services**

Terri M. Lewis has been named Vice President

of Surgical and Emergency Services for North Oaks Health System. Lewis will add oversight of North Oaks Medical Center's Level II Trauma Center program, the emergency department, and employed emergency department physicians to her current responsibilities of managing surgical services.

A veteran North Oaks leader, Lewis joined the organization as a staff RN in 1981. She was promoted to head nurse of the surgery unit in 1984. In 1993, she was promoted to vice president of surgical services and gained responsibility for all perioperative services. In 2008, anesthesia services were added to the surgical services division.

Lewis has been an integral part of the design and operation of the expanded inpatient and outpatient surgical and anesthesia areas at North Oaks. Her focus on safety and patient experience resulted in the division exceeding infection prevention goals, as well as significant and sustained gains in patient ratings.

In recognition of her performance excellence, Lewis was named director of the year in 1995 and received the Continued Excellence Award in 2011. "My career at North Oaks has allowed me to grow as a medical professional and follow my passion for helping others. I am beyond thrilled by this opportunity," Lewis affirms.

### **Jack Andonie, MD, Appointed to the University Medical Center Governing Board**

Jack Andonie, MD, has been appointed to the University Medical Center Management Corporation, the governing board for University Medical Center (UMC) New Orleans.

"We're very fortunate that Dr. Andonie has agreed to serve on our board," said UMC

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President & CEO Bill Masterton. "His healthcare experience, dedication to the community, and compassion will be a tremendous asset to our organization."

Dr. Andonie is a fellow of The American College of Obstetrics and Gynecology and a former clinical professor in the LSU School of Medicine OB/GYN Department. He was the first obstetrician/gynecologist to perform a C-section with an epidural in Louisiana in the 1960s. Now retired, he serves as Chairman of the Board of Chateau du Notre Dame, and Board Chair of Hotel Hope, a rehabilitation facility in New Orleans for homeless mothers and their children. He also serves on the Board of Trustees for the Spirit of Charity Foundation, formerly the Medical Center of Louisiana Foundation. He is a former Chairman of the LSU Board of Supervisors (1988-1989), the LSU Health Science Center Foundation (2010-2012), and the National Board of Directors for the LSU Alumni Association, a role he held for nearly 25 years. Prior to fulfilling those roles, he served on the Board of Directors for LSU Health Science Center Healthcare Network and the Health Education Authority of Louisiana.

"I trained at 'Big Charity' and received a fantastic education, so I loved that hospital and everything it stood for," Dr. Andonie said. "I see that spirit reflected in the compassionate and quality care that is taking place now at UMC, and want to do what I can to help the team there be able to continue that mission."

Dr. Andonie was named a "Healthcare Hero" by *City Business* in 2016. He founded a free clinic for women in Granada, Nicaragua and established the first dental clinic at Ozanam Inn. His desire to serve others, especially those less fortunate, can be traced to his childhood. "My family and I were very poor in my youth, so I'm humbled and grateful to be able to give back to those in need."

## Ochsner St. Anne Hospital Receives Baby-Friendly Birth Facility Designation

Baby-Friendly USA recently announced that Ochsner St. Anne Hospital has received international recognition as a Baby-Friendly Designated birth facility. Ochsner St. Anne, along with partner hospital Terrebonne General Medical Center, is one of only two hospitals in the region and one

of seven in the state to receive this recognition.

Baby-Friendly USA, Inc. is the United States authority for the implementation of the Baby-Friendly Hospital Initiative, a global program sponsored by the WHO and UNICEF. The initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for infant feeding and family bonding. Based on the Ten Steps to Successful Breastfeeding, this prestigious international award recognizes birth facilities that offer mothers the environment, education, and support needed to successfully reach their goals.

In 2014, Ochsner St. Anne began a rigorous process of evaluating internal policies and processes to become one of the few hospitals in the state to earn the designation from BFUSA. As of September of 2017, the hospital boasted an impressive 79 percent breastfeeding initiation rate, with 72 percent of mother/infant pairs exclusively breastfeeding from birth until discharge. The hospital provides skin to skin care, rooming in, and couplet care for all families, regardless of delivery type.

"Our staff is committed to providing quality care and giving every family a personalized experience; this is why we have worked so hard over the last three years to make the necessary changes," said Crystal Risinger, Director of Women's Services. Through these upgrades, the hospital has improved their primary cesarean section rate from 34% in 2016 to 17% in 2017.

Ochsner St. Anne is here to support families before, during, and after the birth of their child. Unique and specific classes are offered for parents, grandparents, and siblings, with focus on topics such as childbirth/Lamaze, CPR, infant safety, and breastfeeding. Along with these free classes, support groups and lactation services are also offered free to their patients.

## North Oaks' Allison Portier and Hospital Initiatives Receive Pelican Awards

The North Oaks Communications, Marketing, and Public Relations team earned "Best of Show" honors and swept several categories at the 36<sup>th</sup> Annual Gordon & Breaux Pelican Awards program hosted by the Louisiana Society for Hospital Public Relations and Marketing (LSHPRM). North Oaks Health System ranked in the top three for most awards received for hospitals with more



The Louisiana Society for Hospital Public Relations and Marketing honored Allison Portier (right) as Graphic Designer of the Year for 2017 at the 36<sup>th</sup> Annual Pelican Awards. North Oaks President and Chief Executive Officer Michele Sutton (left) was on hand to participate in Portier's recognition.

than 150 beds.

The society also presented a Golden Pelican Award to Allison Portier as Graphic Designer of the Year. Portier, a 5-year member of the North Oaks team, was honored for her passion for innovation, creativity, and community service.

"This dynamic young woman is a wonderful example of the culture of excellence we are building at North Oaks Health System," affirms Michele Sutton, president and chief executive officer of North Oaks Health System. "In everything she does, she exhibits the North Oaks values of communication, caring, compassion, and commitment to coworkers. She is an outstanding role model for young women looking to excel in their chosen paths and make a difference in their community."

Portier has earned multiple awards for her designs promoting health system services as a member of the North Oaks team. Most notably, she earned a "Best of Show" award from LSH-PRM for a campaign promoting North Oaks Medical Center's Shock Trauma program. The health system's website was also recognized as "Best of Show" for graphic design, and it earned a Pelican Award in the "Multi-hospital System Website Initiative" category.



Tulane Medical Center employees participate in heat stroke relay in recognition of World Stroke Day.

## Ochsner Named to Hospitals and Health Systems with Innovation Programs List

For the second year, *Becker's Hospital Review* recognized Ochsner Health System among its list of hospitals and health systems with innovation programs. Ochsner is the only health system from Louisiana to the Florida Panhandle to receive this designation.

Ochsner launched its innovation lab, innovationOchsner (iO), in 2015 to solve some of healthcare's most pressing problems, and to create new value by using technology and data to create precision-focused, patient-centered solutions to keep patients healthier and providers more efficient. Known as a pioneer in digital health, iO is using patient-generated health data to effectively and conveniently manage chronic disease, including hypertension and heart failure. The Ochsner Hypertension Digital Medicine program has been recognized as a model for patient engagement by the HHS Office of the National Coordinator for Health Information Technology, and as a finalist in the 2016 Harvard Business School/Harvard Medical School Health Acceleration Challenge.

iO has also expanded its innovative programs into the inpatient setting through "Optimal

Hospital." Optimal Hospital uses a new wave of digital tools and science to improve quality, safety, and the overall patient experience. Additionally, Ochsner partnered with GE Healthcare and The Idea Village to launch a national, three-year open innovation challenge as part of New Orleans Entrepreneur Week in order to crowd source new thinking and ideas to leverage technology and data, thus improving healthcare and health.

## North Oaks "Common Thread" Needle Arts Group Provides Warmth to Patients

"Common Thread," a needle arts group recently formed by North Oaks Volunteer Services, is seeking volunteers to knit/crochet and donate shawls and lap blankets of various sizes to North Oaks Medical Center and North Oaks Rehabilitation Hospital patients.

"If you can knit or crochet a simple pattern, you have the opportunity to bring warmth and comfort to patients facing serious health challenges," explains North Oaks Volunteer Services/Foundation Director Staci Arceneaux. "We accept donations year-round. This means volunteers can work at their own pace."

## American Heart Association and Tulane Health System Host Stroke Relay

To celebrate World Stroke Day, the American Heart Association hosted a fun competition between the Tulane Medical Center administration team and a team of stroke providers. The stroke relay was a fun, five-station obstacle course which demonstrated the stroke warning signs. The team of stroke providers won the relay and received the golden brain trophy.

Over the past 10 years, the death rate from stroke has fallen nearly 34% and the number of stroke deaths has decreased by 18%, making it the number 5 cause of death in the US. However, stroke remains the leading cause of disability and the leading cause of preventable disability in the United States.

## Ochsner, Baylor Scott & White Research Institute, and TGen Explore Early Detection Test for Pancreatic Cancer

A group of the nation's premier cancer researchers — including investigators from Ochsner's Precision Cancer Therapies Program (PCTP) — have joined Baylor Scott & White Research Institute (BSWRI) and the Translational Genomics Research Institute (TGen) in securing a \$5.13 million federal grant to develop an early detection system for pancreatic cancer, the nation's third-leading cause of cancer-related death. Ochsner is the only hospital within the Southeast region of the United States and one of eight hospitals participating in this project.

"Through our partnership with TGen and the Ochsner Precision Cancer Therapies Program ... we are thrilled to have the opportunity to discover innovative solutions that will improve quality of care for our patients with pancreatic cancer," said Dr. Marc Matrana, Medical Oncologist and Medical Director, Ochsner Precision Cancer Therapies Program.

Pancreatic cancer often is undetected, with no overt symptoms or pain until late in the disease process when surgical removal is often no longer an option due to its advanced progression. The aim of the project is the development of a non-invasive, rapid, accurate, and inexpensive blood test to detect pancreatic cancer. Successful development of such a liquid biopsy for pancreatic

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cancer would allow physicians to monitor their patients consistently and safely, and could also alert a physician to recurrence of cancer before it would be detectable otherwise.

"What we are working on here, it's not going to be one or two markers, but a panel of markers — a full mixture of DNA, proteins, RNA, microRNA, DNA methylation markers," said Ajay Goel, PhD, BSWRI's director of the Center for Gastrointestinal Research, and the Center for Epigenetics, Cancer Prevention, and Cancer Genomics, and the study's principal investigator. "This panel would be a more reliable, more sensitive, and more specific pancreatic screening than anything that's available in medicine today."

"Eventually, this method could be adopted for detecting and monitoring other cancers. We would know very soon if a particular drug or drug combination is working, or not," said Daniel Von Hoff, MD, one of the world's leading authorities on pancreatic cancer who serves as TGen's distinguished professor and physician-in-chief. Von Hoff also serves as a senior consultant to Ochsner's Precision Cancer Therapies Program.

## Gayle and Tom Benson and Ochsner Cancer Break Ground on \$20 Million Cancer Center Expansion

New Orleans Saints and Pelicans owners Gayle and Tom Benson and representatives of Ochsner Health System officially broke ground on the multimillion dollar expansion of the Gayle and Tom Benson Cancer Center at Ochsner Medical Center — Jefferson Highway. The \$20 million gift from the Bensons will allow the addition of more than 26 personalized and semi-private patient chemo infusion stations against the beautiful, relaxing backdrop of the Mississippi River, as well as dedicated infusion and clinic spaces for Bone Marrow Transplant (BMT) patients. The Lieselotte Tansey Breast Center, currently located across Jefferson Highway, will move to the Benson Cancer Center to further integrate the multidisciplinary treatment approach.

"Gayle and I are thrilled to break ground on the expansion of the Cancer Center," said Tom Benson. "It makes us so happy to know that here in New Orleans, we have world-class cancer treatment and research available. Cancer patients no longer need to travel out of state to feel they are

getting the best possible care. The best possible care is here — at Ochsner. Their survival rates and accolades prove it. We are so pleased with our partnership with Ochsner and can't wait to see the expansion when it is complete."

Since its opening in 2010, the Gayle and Tom Benson Cancer Center has cared for patients from 49 states and 22 countries, and has five-year survival rates for liver, lung, colon, and esophageal cancer, among others, that are consistently above the national average. A highlight of the expansion will be the patient wellness space. This new space will include areas dedicated to yoga, meditation, patient education, and support groups.

"According to the National Cancer Institute, 40 percent of Americans will one day receive a cancer diagnosis," said Dr. Brian Moore, Interim Director, Benson Cancer Center. "We understand that diagnosis affects more than just your physical being. That is why we are so proud of our new patient wellness area which will offer patients easy access to additional therapies that focus on mental, emotional, and spiritual health."

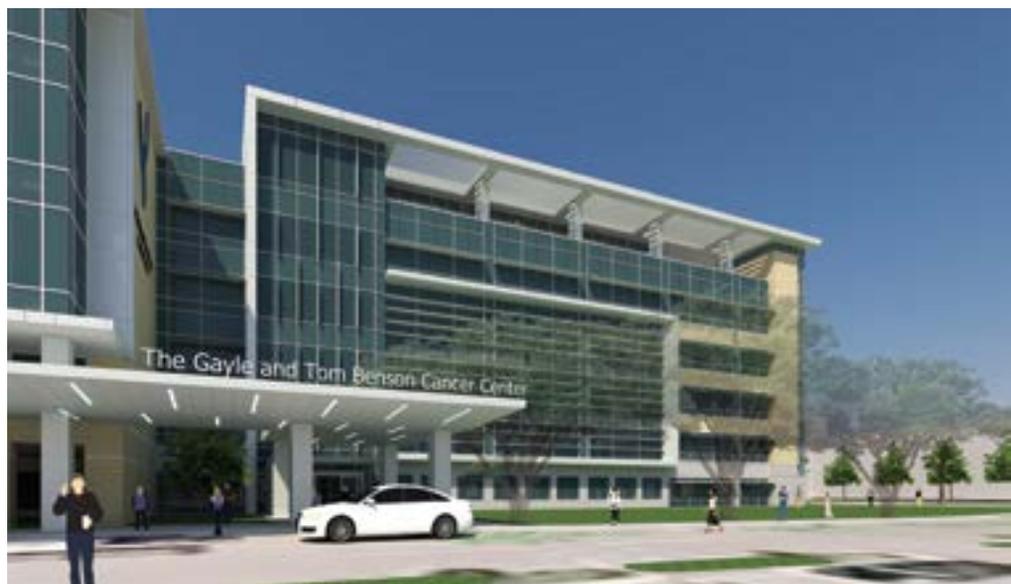
"At Ochsner, our collaborative, multidisciplinary approach and unique programs set us apart from others," said Warner Thomas, President and CEO, Ochsner Health System. "Thanks to the continued generosity of Gayle and Tom Benson, we will have greater capacity to offer cancer patients across the Gulf South Ochsner's high-quality cancer care."

## Medical Explorers Explore Healthcare Careers with North Oaks Health System

North Oaks Health System and the Boy Scouts of America have teamed up to offer students, ages 14-20, with an interest in healthcare as a career, the opportunity to join Medical Explorers Post 940. Post 940 enables high school and college students to "explore" at a career fair where many types of medical professionals talk about what their work is really like. Medical Explorers also will have the opportunity to continue to observe in North Oaks facilities during school holidays.

## UMC Recognized by The Joint Commission for Quality Improvement

The Joint Commission has recognized University Medical Center (UMC) New Orleans as a 2017 Pioneers in Quality™ honoree for its contributions to electronic clinical quality measure (eCQM) data for quality improvement in health care. Until recently, most hospitals collected information to measure health care quality by manually abstracting data from patient records. Today, through eCQMs — which rely on structured, encoded data present in the electronic health record, hospitals can electronically collect and transmit data on the quality of care that patients receive. The electronic data can be analyzed to measure and improve care



Rendering of the future Gayle and Tom Benson Cancer Center at Ochsner Medical Center.

processes, performance, and outcomes.

"We are thrilled to be recognized by The Joint Commission 2017 Pioneers in Quality Program," said Bill Masterton, UMC's President & CEO. "It reflects on our staff's commitment to continuous quality improvement, especially as it relates to the adoption of electronic clinical quality measures."

The Departments and staff involved with eCQM adoption are: RN Analyst Leisa Farrar; RN Director Roslyn Pruitt; System Analysts Mindy Tortorich, Jeanne Kessler, and Jessica McNulty; RN Stroke Coordinator Toni Rougeou, and Resident Leader Claude Pirtle, MD.

### **Lakeview Regional Medical Center Holds "Stop the Bleed" for Injury Prevention**

"Stop the Bleed" is a nationwide campaign aimed at educating first responders and the general public on how to stop severe bleeding and potentially save lives in an emergency. The Trauma Program of Lakeview Regional Medical Center, A Tulane Campus, conducted a community outreach for injury prevention based on this campaign. The course was open to the public for individuals interested in learning life-saving measures on how to intervene in an emergency, to assist anyone bleeding. Participants learned how to identify the source of bleeding, look for life-threatening injuries, and learn basic life-saving

medical interventions including bleeding control with direct pressure, bleeding control with gauze packs, packing a wound, and bleeding control with a tourniquet. Each participant had an opportunity to perform each skill.

### **Vascular Ultrasound Services at North Oaks Earn IAC Reaccreditation**

Vascular ultrasound services at North Oaks have been re-accredited for three additional years by the Intersocietal Accreditation Commission (IAC). North Oaks has earned IAC accreditation every three years consecutively since 1999.

"Vascular ultrasounds are a key tool in the early detection of many life-threatening cardiovascular disorders, such as stroke, blood clots, poor circulation, and other diseases," explains Casey Alford, director of Diagnostics at North Oaks. "The training and experience of our technologists, the type of equipment used, and the quality assessment metrics we are required to measure all contribute to positive patient experiences."

The re-accreditation includes examinations of carotid arteries, as well as the veins and arteries of the legs and arms. IAC accreditation is a "seal of approval" that patients can rely on as a measure of consistent quality care and dedication to continuous quality improvement. Re-accreditation signals that North Oaks has undergone an

intensive application and review process and is found to be in compliance with published standards at all locations that provide vascular ultrasound services.

### **Jody Martin Appointed Chief Legal Officer for LCMC Health**

Jody Martin has been named Chief Legal Officer for LCMC Health, serving as the system's primary legal advisor. In this capacity, Martin will oversee all legal matters for the system and serve as the primary legal advisor to the LCMC Health leadership team, the Board of Trustees, and its five member hospitals.

Martin has extensive experience in the complex healthcare and legal environments, most recently serving as Regional General Counsel for the Franciscan Missionaries of Our Lady Health System (FMOLHS) in Baton Rouge. While there, he was responsible for all legal needs for three of the five FMOLHS hospitals. This included comprehensive legal work for the hospitals and their affiliated physician groups and ancillary ventures in all areas, including acquisitions, joint ventures, affiliations, regulatory compliance, HIPAA, employment issues, medical staff matters, patient care issues, physician agreements, Cooperative Endeavor Agreement issues, graduate medical education, 340B pharmacy program, provider-based analysis, and real estate transactions. Martin holds a Juris Doctorate from Mississippi College School of Law and an LLM in Taxation from the University of Florida College of Law.

"Jody's experience will lend itself well to our ongoing strategies and efforts at LCMC Health," said Greg Feirn, CEO, LCMC Health. "This is a critical position to our system and hospitals, and I am confident of Jody's ability to lead in this area."

### **Direct Access to Physical Therapy Now Available at Lakeview Regional**

Lakeview Rehabilitation and Sports Medicine Center, A Campus of Tulane Medical Center, is happy to announce that they now offer direct access to physical therapy services. This improved access to providers who are experts in musculoskeletal issues and movement disorders will benefit patients, and also lessen the burden on primary care physicians.

"When an individual can relieve their pain,



PiClarence Buckley, Suzanne Weidenbacher, Clothilde Tilly, Richard-Gard, Derek Rousseau, Kyle Krieger, Jimmy Corne, Michelle Rouyer and Morgan Deynoodt participate in "Stop the Bleed" for Injury Prevention.

# Hospital Rounds



## NORTH OAKS 2017 FALL SEASON STUDENT ATHLETES

Top Left Photo, L-R: Ponchatoula High School Volleyball Coach Lauren Long, Hailey Gianatano, North Oaks Sports Medicine Athletic Trainer Nick Owens and Ponchatoula High School Principal Danny Strickland.

Top Right Photo, L-R: Ponchatoula High School Head Football Coach Hank Tierney, Peyton Ryan, North Oaks Sports Medicine Athletic Trainer Nick Owens and Ponchatoula High School Principal Danny Strickland.



Bottom Left Photo, L-R: Cheer Coach Melissa Wild, Taylor Leblanc and Albany High School Athletic Director and Head Football Coach Blane Westmoreland.

Bottom Right Photo, L-R: Springfield High School Head Football Coach Ryan Serpas, Sawyer Blankenship and North Oaks Sports Medicine Athletic Trainer Mandy Serpas.

improve their movement, and restore their quality of life without delay, that is our goal," stated Chris Benigno, Director of Rehabilitation Services.

Accessibility to, and timely treatment by, a licensed physical therapist, promotes optimal outcomes and recovery. According to a study conducted by the American Physical Therapy Association, patients who visited a physical therapist directly for outpatient care had fewer visits and lower overall costs on average than those who were referred by a physician.

## North Oaks Sports Medicine Announces 2017 Fall Season Student-Athletes

North Oaks Sports Medicine certified athletic trainers have joined North Oaks Physician Group orthopaedic surgeons to select Sawyer Blankenship, Hailey Gianatano, Taylor Leblanc, and Peyton Ryan as the 2017 "Student-Athletes of the Fall Season" in Tangipahoa and Livingston parishes.

Hailey Gianatano is a junior with a 3.93 GPA at Ponchatoula High School. She is a letterman in basketball and volleyball. In her sophomore year, Gianatano was recognized as a District MVP for basketball. For the past two years, she has distinguished herself as a volleyball middle blocker with

selection to the All-District Second Team. Head Volleyball Coach Lauren Long adds that Gianatano also belongs to the Interact Club, National Honor Society, CARE Club, and International Club.

Ponchatoula High School senior Peyton Ryan maintains a 3.9 GPA and scored a 32 on the ACT. Ryan throws the javelin and has committed to Southeastern Louisiana University's track & field team. He also plays football for the Green Wave. Head Football Coach Hank Tierney applauds Ryan's consistent performance. "Peyton is a leader in the classroom, on the track, and the football field," Tierney shares. Ryan also volunteers with Special Olympics Louisiana and belongs to the Interact Club at school.

Taylor Leblanc is a senior at Albany High School. As a cheerleader, she has earned recognition as a 2017 All-American through the Universal Cheerleaders Association. Leblanc currently has a 3.4 GPA and is active in the Fellowship of Christian Athletes and Family, Career, and Community Leaders of America. "Taylor's motto is 'lead by example,'" affirms Cheer Coach Melissa Wild. "She has a kind heart and always shows respect to her classmates and our faculty and staff."

Sawyer Blankenship is a senior quarterback and linebacker for Springfield High School. He

also runs track. A regional qualifier and District MVP in both sports, he is an honor student with a 4.167 GPA and more than 100 service hours, serving as a youth group leader at Community Church of Springfield and tutoring special needs students. Blankenship was also junior class president and is a recipient of the Masonic Lodge Honesty and Integrity Award. He belongs to the school's Media Team and is certified in digital media, Intro to Business Computer Applications and CPR. "Sawyer has been a significant part of our program for four years," notes Head Football Coach Ryan Serpas.

## Ochsner Health Center – East Causeway Approach Now Open in Mandeville

Ochsner Health System, the St. Tammany Chamber of Commerce, and local leaders recently celebrated the opening of Ochsner Health Center – East Causeway Approach. The new facility will offer primary care, pediatrics, endocrinology, lab services, and radiology. The 17,000 square foot facility is divided into two wings – one for adult primary and specialty care and the other for pediatrics, each with separate waiting rooms. Laboratory and radiology services are also available onsite.

"Ochsner Health System is proud of its continued growth to better serve St. Tammany Parish residents," said Bradley Goodson, Chief Executive Officer of Ochsner Health System North Shore Region. "In partnership with St. Tammany Parish Hospital, we are increasing local access to care, improving quality, and reducing the cost of healthcare for area patients. Together, the two entities serve as the most comprehensive, integrated health system in western St. Tammany Parish. The opening of the Ochsner Health Center - East Causeway Approach reinforces this commitment to provide quality, convenient care to families in the community."

### **Peoples Health Welcomes St. Bernard Parish Hospital to Its Provider Network**

Peoples Health is pleased to announce that St. Bernard Parish Hospital has joined its provider network. "The addition of St. Bernard Parish Hospital to the Peoples Health network benefits our Medicare plan members in St. Bernard Parish, and we look forward to working with the hospital to offer excellent healthcare and improve outcomes for our members," said Warren Murrell, Peoples Health president and CEO. "Peoples Health and St. Bernard Parish Hospital share a common goal—to help our members, their patients, enjoy the best health possible."

At St. Bernard Parish Hospital, 350 employees and more than 90 physicians provide high-quality and comprehensive care in a compassionate setting. The heart and soul of healthcare in St. Bernard Parish, the hospital is owned by the St. Bernard Parish Hospital Service District and managed by Ochsner Health System.

### **Children's Hospital Receives CARF Accreditation of Rehabilitation Program**

Children's Hospital's Gilda Trautman Newman Rehabilitation Program received Commission for the Accreditation of Rehabilitation Facilities (CARF) accreditation of its pediatric specialty program. Achieving accreditation requires a service provider to commit to quality improvement, focus on the unique needs of each person served, and to monitor the results of services. There are only 66 facilities in the country with CARF Pediatric Specialty Certification. Children's Hospital has the only



North Oaks Health System was among 50 companies in the Greater New Orleans Area honored by New Orleans CityBusiness as "Best Places to Work" for 2017 during an awards luncheon on Dec. 1. Representing North Oaks, from left, are: Chief Operating Officer Michael Watkins, Public Relations Coordinator Melanie Lanaux Zaffuto, Diagnostics Assistant Joseph Landrews, Employee Services Director Tracy Pettigrew, Diagnostics Director Casey Alford, Pharmacy Director Honey Pearson, Clinical Nurse Manager Suzanne Mesa, Market Strategist/Business Development Representative Ashley Miller and Vice President of Strategy and Outreach Tracy Randazzo. The event was hosted at the Hyatt Regency in New Orleans.

CARF-accredited pediatric specialty rehabilitation program between Corpus Christi and Houston to the west, Atlanta to the North, and Hollywood, Florida to the east.

"Services, personnel and documentation clearly indicate an establishment of conformance to standards," said CARF International President and CEO Brian J. Boon, PhD, in a letter recognizing the accreditation. "CARF commends your commitment and consistent efforts to improve the quality of your program in the pursuit of excellence."

"CARF accreditation demonstrates Children's Hospital's commitment to continuously improve quality and to focus on the satisfaction of our patients and their families," said John Nickens IV, president and CEO of Children's Hospital. "We take pride in achieving this high level of accreditation and will remain steadfast in helping our young children optimize functional well-being and enhance their quality of life."

### **New Orleans CityBusiness Recognizes North Oaks Health System as a Top Employer**

New Orleans CityBusiness has selected North Oaks Health System as a "Best Place to Work" for 2017. This marks the eighth time that North Oaks has received this recognition from the

business publication. CityBusiness recognizes 50 top employers annually, including 35 large companies and 15 small businesses. The health system, which is the second largest employer in Tangipahoa parish, was selected as one of 35 honorees in the large company category, based on workforce data, such as average salaries, benefits, retention levels, and opportunities available for employee advancement.

"Employee engagement is at the heart of our culture because we believe that positive patient experiences begin and end with an empowered team," affirms Michele Sutton, president and chief executive officer of North Oaks Health System. "We work very hard to establish personal connections and teamwork amongst our staff members so that everyone has a voice."

"Through compassion, courtesy, commitment, and communication, we foster a culture of excellence where healthcare professionals can do what they love, love what they do, realize their full potential and feel valued for their contributions to the health and wellness of our region," continues Jeff Jarreau, North Oaks' chief human resources officer. "We are so proud of our incredible team's work to improve lives every time and with every touch. They make this recognition possible."

## **Touro Infirmary Foundation Honors Dr. Thomas Oelsner at Annual Gala**

There's no better road to take in life than the one that leads to wellness. For those who don't have a roadmap, Touro Infirmary Foundation has a path already set: The theme for the annual Touro Infirmary Foundation Gala, held in the River City Ballroom at Mardi Gras World, was Road Trip.

This year's Road Trip theme was selected in honor of the 2017 Judah Touro Society (JTS) Award recipient Dr. Thomas Oelsner, who, along with his wife Marilyn, has visited all 48 continental states in their RV. Oelsner was recognized during the gala for his decades of service and dedication to healthcare and to Touro Infirmary. The JTS Award is the hospital's highest honor, given annually to individuals who have made outstanding contributions to the welfare of Touro Infirmary. From 1967 to 2006, Oelsner worked as a member of Touro Infirmary's medical staff, and is renowned as an excellent and compassionate physician and internist.

"No one deserves this year's JTS Award more than retired physician Dr. Oelsner," says Touro Foundation Board Chair, Nancy B. Timm. "His compassionate attitude to his patients and commitment to the highest quality healthcare in our community set him apart as a true leader. We are thrilled to name Dr. Oelsner this year's recipient to recognize his hard work and dedication over the years."

Throughout his forty years on the Touro medical staff, Oelsner participated in numerous staff and Board committees including the Medical Executive Committee. As an outstanding nephrologist, Oelsner developed the first dialysis unit in a New Orleans community hospital. During Hurricane Katrina, one of the most critical moments in the history of Touro Infirmary and New Orleans, Oelsner placed the needs of New Orleans and Touro's patients and staff above his own and participated in the plan to evacuate the hospital and then reopen the hospital and rebuild its staff.

"I am beyond humbled to receive this year's JTS Award," says Oelsner. "Touro Infirmary has always been very near and dear to my heart. To be able to help support this year's initiative in upgrading the Touro Wellness Center to improve patient access is truly an honor."

Past JTS Award honorees have included individuals such as Stephen Goldring, the inaugural recipient in 1989, Mrs. James Frank, Jr. (1995); Meryl Israel Aron (1997); Robert B. Haspel (2000); Louise L. Levy (2003); Raja W. Dhurandhar, MD (2007); Paul S. Rosenblum (2010); Margaret Epstein (2013); Harris Hyman III, MD and Salvador Caputto, MD (2014); and Stephen H. Kupperman in 2016.

## **Ochsner Health System and St. Bernard Parish Hospital Celebrate Partnership**

On November 15, 2017, the St. Bernard Parish Hospital Service District Board, Ochsner Health System, and state and parish officials gathered to celebrate the strategic partnership between St. Bernard Parish Hospital and Ochsner.

"We celebrate this strategic partnership between St. Bernard Parish Hospital, a critical resource to the citizens of St. Bernard Parish, and Ochsner Health System, a regional referral center and the Gulf South region's leading healthcare system," said Ochsner Health System CEO, Warner Thomas. "This represents an opportunity for two strong organizations to work together to keep high-quality healthcare local while ensuring that patients here also have coordinated access to the full depth and breadth of care for which Ochsner is nationally recognized."

The two organizations have already begun to work closely to bring new programs and services to improve healthcare in St. Bernard, including providing new specialty services and 24/7

emergency care. Ochsner also recently launched TeleStroke, TelePsych, and eICU programs, allowing Ochsner and St. Bernard care teams to collaborate and provide high quality neurovascular, psychiatric, and critical care coverage to the St. Bernard community without delay.

"We are proud to celebrate the strategic partnership between the St. Bernard Parish Hospital Service District Board and Ochsner Health System," expressed St. Bernard Parish Hospital CEO, Kim Keene. "This long-term management agreement ensures that St. Bernard Parish Hospital will be able to serve the residents of this area for years to come."

## **East Jefferson General Hospital Ranked No. 1 in Overall Hospital Care**

East Jefferson General Hospital (EJGH), for the third consecutive year, has been rated No. 1 in overall hospital care as well as patient safety and overall medical care in Louisiana, garnering it's highest possible ranking, a "check plus plus" status, by the 2018 CareChex quality rating system.

The No. 1 hospital in the state of Louisiana also garnered high marks from Healthgrades, a nationwide provider of patient safety data, which awarded EJGH with the Stroke Care Excellence Award and Neurosciences Excellence Award, noting the hospital's superior outcomes in those categories.

"To be named number one in the state once is outstanding, but to do it for a third straight term highlights our commitment to our patients," said EJGH President and CEO Gerald Parton. "Our dedication to excellent medical outcomes and patient safety remains our top priority; these latest quality rankings confirm our standing in the healthcare industry."

## **Lakeview Regional First Louisiana Hospital to Use Device to Confirm Handwashing**

Lakeview Regional Medical Center, a campus of Tulane Medical Center, is the first hospital in Louisiana to utilize BioVigil, the newest health technology solution in reducing hospital-associated infections through hand hygiene. The BioVigil system works with a device attached to each staff member's identification badge. A tiny computer and built-in sensor technology in the



badge detects chemical vapors from alcohol-based hand washing solutions used throughout the hospital. The BioVigil badge automatically reminds clinicians when hand hygiene is required with sounds. The visual lights communicate the clinician's hand hygiene status to the patient. A green light means hands are clean, yellow offers a hygiene reminder, and a red light indicates that the clinician must perform hand hygiene. BioVigil also offers a reporting system for an added layer of tracking and accountability.

"Consistent hand hygiene is the single most powerful method to prevent transmission of disease, and our commitment to patient safety and quality-of-care is at the forefront of why we have implemented the BioVigil system," said Bret Kolman, Lakeview Regional CEO. "The prevention of healthcare-associated infections – or the spread of flu – means anyone who comes in contact with a patient needs to act responsibly and maintain proper hand hygiene. This is another aspect of our commitment to patient safety."

### **Annual Toy Drive at Lakeview Regional Collects 500+ Toys for Children in Need**

Lakeview Regional Medical Center, a campus of Tulane Medical Center, collected over 500 toys for needy families in its Annual Toy Drive for St. Tammany Project Christmas, a 501c3 charitable corporation which operates on donations of money and gifts from public and private agencies, businesses, churches, civic organizations, and individuals. Along with gifts for the children, the family is provided with food for a Christmas meal. In 2016, over 1,650 children from nearly 650 families and 30 seniors across St. Tammany Parish were adopted, with a monetary value of toys and cash donations estimated in excess of \$156,000. Over 22,650 children have received Christmas gifts since the organization's inception.

### **North Oaks Medical Center Hosts Third Annual Play It Safe Event**

Six hundred community members took advantage of North Oaks Medical Center's Third Annual Play It Safe event, held in Cate Square in Hammond. North Oaks and nearly 40 community partners organized Cate Square into "zones" focused on themes of safety in the home, sports, outdoors, and traffic/motor vehicles. Each zone highlighted



### **ST. TAMMANY PROJECT CHRISTMAS**

Pictured, l-r: Alisha Kennedy, Lorraine Lewis, and Tiche Bodet.

hands-on safety and injury prevention activities. Zones also were offered for refreshments and fun, including a coloring contest sponsored by *The Daily Star* and won by 4-year-old Rosie Pedeaux, 6-year-old Charlee Phillips, and 9-year-old Skylar Ashford.

"Part of our Trauma Center's mission involves providing education to minimize the occurrence of preventable injuries in our region, which are the No. 1 cause of death among children in the U.S., according to Safe Kids Worldwide," states Dr. Marquinn Duke, medical director of the North Oaks Trauma Center.

They distributed child ID kits – one of law enforcement's most important tools in cases of missing children – along with reflective trick or treating bags and clip-on safety flashers.

"Play It Safe is very much needed in our community, and it aligns with everything we do," affirms Jodie Wright Rohner, executive director of Crime Stoppers.

Other partners included Alpha Omicron Pi; the American Society of Safety Engineers – SLU Student Section; the North Oaks Stroke Team; Northshore Broadcasting; *The Daily Star*; Theta Phi Alpha; Sigma Sigma Sigma; North Oaks

Nutritional Services; North Oaks Primary Care Clinic – Hammond; The Home Depot; TRACC Coalition; Well-Ahead Louisiana; Safety First Community Program; Cricket Wireless; Louisiana Search and Rescue K9 Team; North Oaks Pediatric Clinic; North Oaks Sports Medicine; Domino's; Champagne Beverage Co.; Kiwanis Club of Hammond; Jackson-Vaughn Insurance; Acadian Ambulance Services; Alexis Ducorbier Insurance Agency; Children's International Medical Group; City of Hammond; the Hammond Fire Department; the Hammond Police Department; Hammond Rotary Club; Louisiana Children's Discovery Center; Melissa and Haley Kennedy; the North Oaks Education Department; North Oaks Shock Trauma; North Shore Regional Safety Coalition; Ron S. Macaluso Law Firm LLC; and KEYs Alliance.

Play It Safe is a community outreach effort of North Oaks Medical Center's Level II Trauma Center, one of only six trauma centers in the state. It has trauma surgeons in-house at the hospital 24/7 to attend to victims suddenly stricken by serious traumatic injury. The hospital's Trauma Center serves patients in Region 9, which includes Tangipahoa, Livingston, St. Helena, St. Tammany, and Washington parishes. ■

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