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ONE ON ONE

Lisa Miranda, COO, UMC

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The background of the advertisement is a photograph of a modern, multi-story building with a glass facade and a prominent wooden slat exterior. A large, covered walkway with a glass railing and lush green plants runs along the side of the building. Several people are visible walking on the path. The overall atmosphere is bright and modern.

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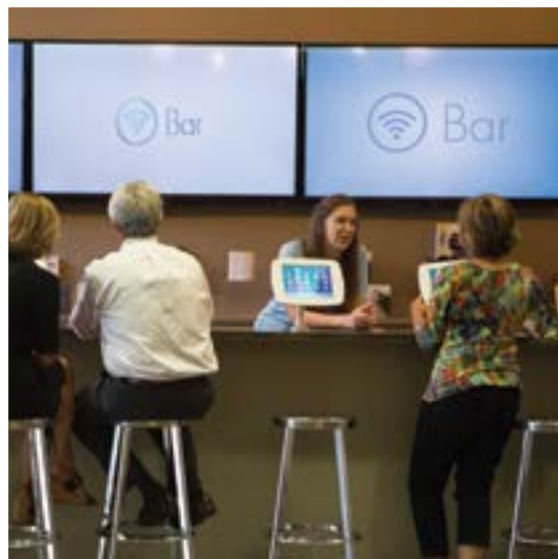
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IT'S TIME FOR HERBALISM TO BE MAGNIFIED IN OUR CONSCIOUS DISCUSSIONS.



NATURE produces the herbs to significantly benefit our health.

It's almost astounding that we really don't have a thorough understanding of the opportunities we have to treat ourselves with regards to the impact herbalism can play in our well-being.

Part of the challenge is the information. There are studies and other viable sources to explain the impact nature's plants can have on our chemical design. A larger challenge is being able to adequately prescribe an ideal herbal treatment plan. When I go to a health food store and look at all the herbal propositions, I'm basically overwhelmed. Does this really help? How much of this is just marketing? And, yes, all the outcomes such as better sleep, increased energy, reduced pain, stamina, better skin, better hair, better mood, etc., all sound great. Do I take everything? But most of the challenge seems to be that herbalism is not significant in our modern culture.

There is an opportunity in the world of health to become an expert in all things herbalism. There are experts, but surprisingly, they are rarely sought out. Much of it has to do with our culture. The concept of natural prevention is usually pressed towards the back of the discussion. We have a culture. We like our culture. It would be important, however, to bring a mindfulness to the possibilities of herbal health to the forefront. Nature gives us what we need; I'm just not sure we are paying attention.

Some examples that I'm told are effective include:

- 🌿 Circulatory system: Hawthorne berries, Yarrow, Lime Blossom, and Arnica
- 🌿 Musculoskeletal system: Willow and Meadowsweet
- 🌿 Respiratory system: Licorice, White Horehound, Goldenseal, and Coltsfoot
- 🌿 Digestive system: Slippery Elm, Chamomile, Peppermint, Fennel, Agrimony, Oak Bark, and Ginger
- 🌿 Skin: Chickweed, Arnica, Plantain, and St. John's Wort
- 🌿 Urinary System: Corn Silk, Couchgrass, Bearberry, and Horsetail
- 🌿 Nervous System: Slippery Elm, Hops, Mugwort



Also, there are thousands of specific herbal treatment modules such as treatment for anti-inflammatory issues, for example, which include Calendula, Turmeric, Arnica, Licorice, and Wild Yam.

There are literally thousands of options and treatment possibilities with herbs. Obviously, too many to list here, but information is available. Prior to our modern industrial revolution, cultures throughout the world became experts in many of these treatment techniques. Many still use them today. It seems as if it would be a nice balance to our modern system.

Not all products are as proclaimed. Being a sophisticated herbalist will take many years of practice and trial and error. There are side effects to herbs. The proper coordination of dosage and interaction is an art and science.

I think our culture is almost ready. By slowing down and observing the health possibilities, we can find enhanced treatment modalities, new opportunities for farming and business, and an awareness of life options we have not yet given proper mindfulness.

Smith Hartley
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New Orleans turns 300

BY KAREN DESALVO

Health
Innovation
Past,
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THIS YEAR WE CELEBRATE THE TRICENTEN-
NIAL OF THE GREAT CITY OF NEW ORLEANS,
 reflecting upon successes, past and present, and oppor-
 tunities for the future. Throughout her history, New Or-
 leans has been a true laboratory for medical and public
 health innovation. At the center of this story is an icon—
 Charity Hospital. Established in 1736 as a hospital for the
 poor by Jean Louis, a French sailor and shipbuilder, it soon
 became a symbol for health and hope. Doctors practic-
 ing medicine at Charity early
 in New Orleans history spent
 their days reducing suffering
 from the major public health
 challenges of the day—com-
 municable diseases like yellow
 fever or tuberculosis. These
 doctors also would have
 worked beyond the hospital
 to prevent these scourges by
 building a strong public health
 foundation—safe water, flush
 toilets, mosquito control, and
 vaccinations.





The Charity Hospital—New Orleans.



THOUSANDS OF HEALTH PROFESSIONALS flocked to Charity Hospital from across the globe, drawn by the opportunity to advance the science and technology that would soon define modern medicine—IV fluids, anesthesia, EKGs, cardiac catheterization, and the development of open-heart surgery.¹ In these early days the hospital was at the center of health care as the site where we could do the most good.

But the world has changed. The catastrophe of Katrina shook us from our hospital-focused mentality, which had been a source of pride and innovation for centuries. Following the storm Charity, like many hospitals, closed. Doctors moved to the street delivering care at makeshift sites made of card tables and ice chests. What naturally emerged was a new way of practicing medicine, serving patients, and meeting them where they are. Not only was it more team-based but it also used technology in new ways to digitize health records and make patient data more accessible.²

The flood forced us to build upon an emerging national trend—a model centered on the community, not the hospital. New Orleans established state-of-the-art community health centers where people could get care in their neighborhood. Such a model was better suited to meet the health challenges of patients in 2005. No longer suffering from infections like yellow fever or tuberculosis, now they had chronic diseases like diabetes that are better managed in the outpatient setting. The shift took an upstream approach to addressing the health concerns of the city. Rather than waiting until a medical condition brought someone to the hospital we could avoid life-threatening complications or even prevent disease entirely. This new network of clinics, 504HealthNet, now serves 160,000 people.³

Ochsner Health System whose “O Bar” prescribes remote monitoring tools to get people home from the hospital faster or keep them from ever getting admitted.

While innovative clinics and state-of-the-art hospitals like University Medical Center and the recently opened New Orleans Veterans Affairs Medical Center (VA) are critical elements of health care in our city, they are only one component of a much broader health system. The mission of hospitals is changing; the goal is no longer to make patients better, but to keep them from coming through the doors in the first place. A local example is Ochsner Health System whose “O Bar” prescribes remote monitoring tools to get people home from the hospital faster or keep them from ever getting admitted. Our VA has gone a step further in pursuing their “Hospital at Home” program, allowing veterans the chance to mend at home, avoiding some of the risks associated with hospitalization. Our universities, hospitals, and bioinnovation labs comprise a thriving health sciences sector focused beyond “one-size-fits-all” health care. They are well positioned to be leaders in the new world of gene therapy and precision medicine.

New Orleans is leading the way in a building a healthier community where we live, learn, work, and play. We defined a new era called Public Health 3.0 where public-private partnerships between medicine, public health, the faith community, the business sector, and more work together to create the conditions in which the healthy choice is the

easy choice. In 2015 we became a smoke-free city and the addition of green spaces like the Lafitte Greenway are creating a culture of health in our communities. This harkens back to our roots from 300 years ago when we saved lives not only with Charity Hospital, but also with public health. That tuberculosis is no longer a scourge is more a result

of progressive housing policies that eliminated crowded tenements than of drug therapy. True prevention of disease will come only from creating the conditions in which everyone can be healthy.

Looking further into the future, we envision a world in which life expectancy may be four times what it was at New Orleans’



Our universities, hospitals, and bioinnovation labs comprise a thriving health sciences sector focused beyond “one-size-fits-all” health care.



beginning. In this future, physicians' focus will be to keep patients healthy rather than treating their diseases. More so than hospitals, clinics, healthy communities, or even precision medicine, digital technology will be the tool we rely on most to keep patients well. Individuals expect from health care what they already get from other sectors like finance and retail—customized service and guidance driven by artificial intelligence. This is a world of precision health where the individual is at the center—not a building or even a health care system. In this future of precision health, individuals will be empowered to make the choices that optimize their health and longevity, supported by a virtual medical home hosting the information related to health, ranging from medical history to the foods they consume and the steps they take. Physicians will have a critical leadership role in helping guide their patients as they leverage these new technologies.

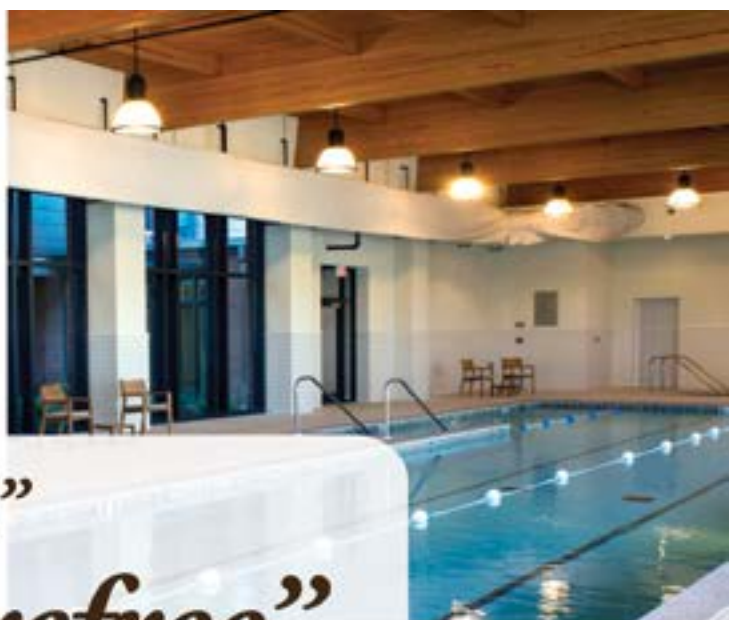
For three centuries New Orleans has been a pioneer in health, changing the face of modern medicine and defining public health. Initially as an iconic hospital that saved lives by tackling infections and inventing technology, then as a modern, integrated health system grounded in primary care, and most recently as a public health system that is defining the very future of public health. We have a proud record of innovation and all the building blocks needed to lead in this emerging world of precision medicine and precision health. We can and we should define this future. As a laboratory for innovation and change, New Orleans is poised to build a future worthy of our city.

REFERENCES

¹ Salvaggio, John E. *New Orleans' Charity Hospital: a story of physicians, politics, and poverty*. LSU Press, 1992.

² DeSalvo, Karen B., and Stefan Kertesz. "Creating a more resilient safety net for persons with chronic disease: beyond the "medical home" *JGIM*. 2007. 1377-1379.

³ 504HealthNet. "Annual Report." 2016. Available at: <http://504healthnet.org/about/>



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ONE ON ONE

LISA MIRANDA

COO, UNIVERSITY MEDICAL CENTER



Lisa Miranda is UMC's Chief Operating Officer. She previously served as Vice President of Operations. Prior to joining UMC, Ms. Miranda worked for 27 years at Children's Hospital New Orleans in a number of roles, including Administrative Director of Laboratory Services, Hospital Safety Officer, and Emergency Management Coordinator. She began her career as a medical technologist in the Children's Hospital Laboratory, and transitioned into several administrative roles, including Laboratory Supervisor, Assistant Director of the Laboratory, and Assistant Director of Quality Assurance/Infection/Utilization Review. Ms. Miranda received a Bachelor of Science Degree in Medical Technology from Nicholls State University and a Masters of Business Administration from the University of Phoenix.

Chief Editor Smith W. Hartley Why did you leave Children's Hospital to join UMC?

Lisa Miranda It was an exciting opportunity to both learn another aspect of healthcare and to be part of the wonderful story of the new UMC. Although I didn't grow up in New Orleans, I am from southern Louisiana (Houma to be exact) and I knew that Charity Hospital was an iconic part of the City's culture. To be part of continuing that mission in a new patient centered state-of-the-art healthcare environment, and to be so closely involved in the transition planning as Incident Command Leader for the move from ILH to UMC, was a once in a lifetime event.

Editor What are your first priorities as the new Chief Operating Officer?

Miranda My top priority is to work with department directors and front-line staff on improving efficiencies while improving patient care. This will help continue the tremendous growth of the organization and continue improving our patient experience.

Editor How would you characterize the role of a hospital COO?

Miranda I'm a "Trekkie" at heart, so I feel like Scotty—making sure the engine is running smoothly at all times so the captain can steer us in the right direction.

Editor How does a COO help lead an organization's quality initiatives?

Miranda The most important thing I do to support the organization's quality initiatives is to be a staunch advocate for the "patient always comes first" culture, and participating in as many quality task forces as possible.

Editor How does a COO help lead an organization in controlling costs?

Miranda As COO I work directly with department directors and staff in educating and advocating for appropriate changes in practice—be that analyzing contractual changes, operational efficiencies or staffing pattern appropriateness—that lead to savings.

Editor Can you discuss and characterize the importance of UMC's partnerships with LSU and Tulane and what this means to the overall mission of UMC? How are these partnerships mutually beneficial?

Miranda We're very fortunate in our area to have strong partnerships with two medical schools, LSU and Tulane, and a host of other academic institutions in the region. These partnerships provide us with the intellectual resources and knowledge to bring state-of-the-art care to our patients. We provide an incredible environment and ever-changing

technology so that schools can teach our future providers and they can be better equipped to care for patients across the state, country, and beyond.

Editor Can you tell us about UMC's patient capacity and payor mix? What are some of the hospital's targets or goals regarding payors and capacity?

Miranda We are proud to provide care for all patients, regardless of their ability to pay. We've experienced strong growth since our opening in 2015, and we are steadily working to increase our capacity, but like other hospitals, we're limited in some ways by a nursing shortage. We continue to bring in new services, with our most recent and exciting one being a comprehensive Burn Center that I was privileged to be involved in. Our goals are to continue to improve efficiencies in order to increase access to patients, as evidenced by our new Primary Care Center, and continue to hire staff and open more inpatient beds.

Editor What are some of UMC's strengths? Can you discuss some areas that need improvement?

Miranda Our most important asset is our staff (employees and medical staff). Without them we are just four walls. Our staff has the passion to care for our patients, who truly represent a "melting pot" of cultures that is reflective of New Orleans. In a one-month period we saw patients with over twenty-three different languages and dialects. In a tourist city, and with UMC being a Level 1 Trauma Center, our patients come from many places. We make sure our technology can sustain that level of diversity in our patients' needs.

High volume patient growth and service/program growth during a nursing shortage is a challenge. Using lean technology to improve patient throughput, and increasing community connections for patient placement and care management with difficult patient populations is crucial to success,

"To be part of continuing that mission in a new patient centered state-of-the-art healthcare environment, and to be so closely involved in the transition planning as Incident Command Leader for the move from ILH to UMC, was a once in a lifetime event."





“I believe in teamwork and supporting others so that we all succeed.”

and are areas we continue to work on. Limitations on outpatient Behavioral Health options and placements for the homeless are very problematic and have a direct affect on patient throughput.

Editor What is your management style?

Miranda I often take a problem-solving approach—investigating processes and problems and analyzing information to work toward solutions. I believe in teamwork and supporting others so that we all succeed.

Editor What does UMC mean to the city of New Orleans?

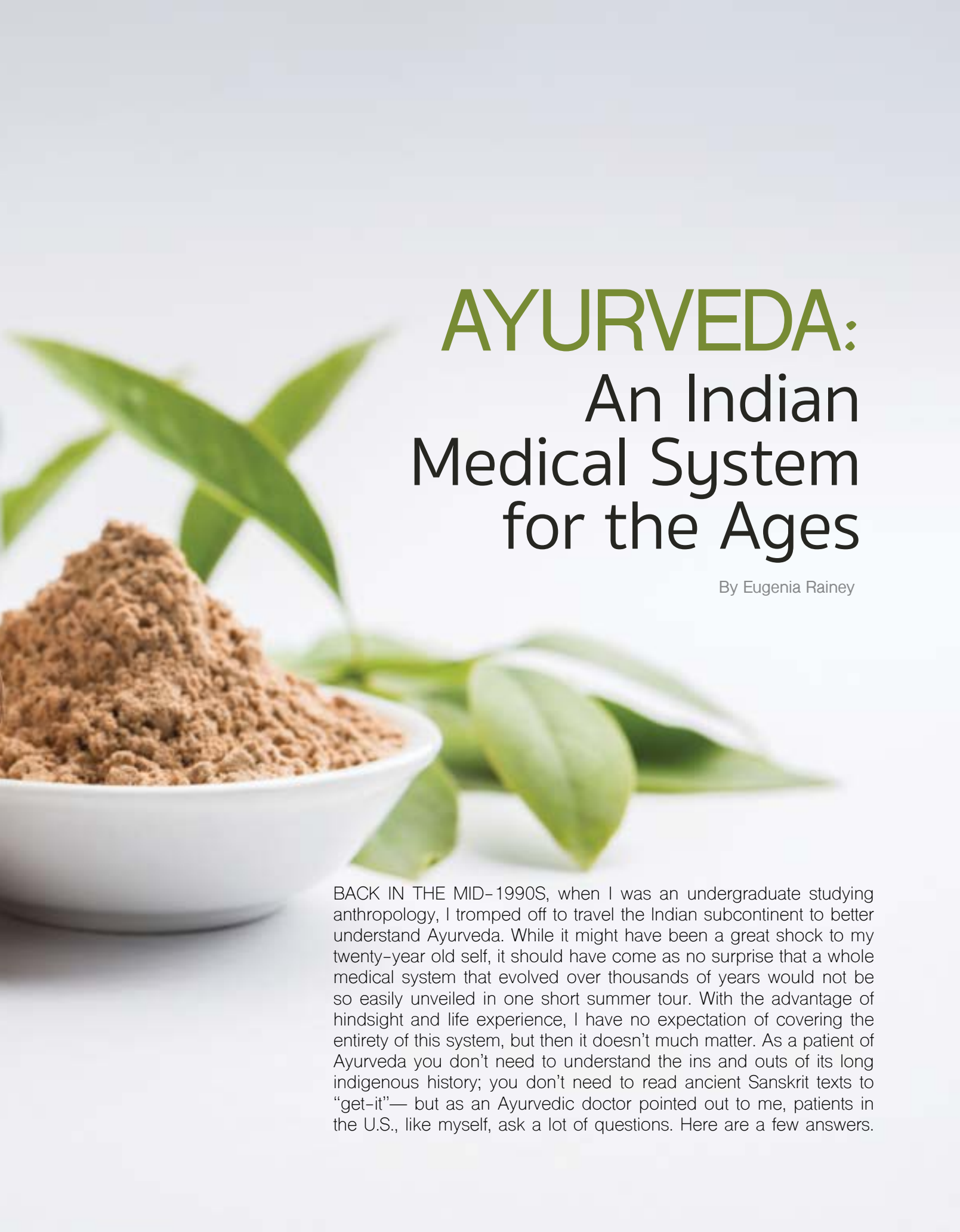
Miranda UMC means many things for New Orleans. It's an anchor for the new biomedical corridor. It represents a legacy of care for all that dates back nearly 300 years with the first Charity Hospital. It's a symbol of resilience and rebirth. It represents the future of healthcare—from the bright, airy, design that encourages healing, to the state-of-the-art technology, to the many learners who will be our future healthcare providers. UMC is also an economic engine that employs more

than 2,000 people.

Editor What are some of your short and long-term goals as COO?

Miranda In the short-term I'm working on increasing space efficiencies with some construction projects to improve services, staff and visitor experience, and patient access. In the long-term I'm focusing on strategies that will continue to improve quality and patient throughput in order to increase access to services. ■





AYURVEDA: An Indian Medical System for the Ages

By Eugenia Rainey

BACK IN THE MID-1990S, when I was an undergraduate studying anthropology, I tromped off to travel the Indian subcontinent to better understand Ayurveda. While it might have been a great shock to my twenty-year old self, it should have come as no surprise that a whole medical system that evolved over thousands of years would not be so easily unveiled in one short summer tour. With the advantage of hindsight and life experience, I have no expectation of covering the entirety of this system, but then it doesn't much matter. As a patient of Ayurveda you don't need to understand the ins and outs of its long indigenous history; you don't need to read ancient Sanskrit texts to "get-it"— but as an Ayurvedic doctor pointed out to me, patients in the U.S., like myself, ask a lot of questions. Here are a few answers.

At the root of Ayurvedic medicine are three physiological systems—vata, pitta, and kapha. These systems regulate the body's physiological processes. There is no familiar English translation for these words, although they are often referred to as humors, or humor-like. Vata encompasses the nervous system, respiratory system, cardiovascular system, and peristaltic movement. Pitta encompasses enzymes, catabolic processes, lymphatic system, and digestive function. Kapha encompasses hormones, insulin, and lubrication and cushioning of the body. Each system also covers a different aspect of mental function. When these systems are imbalanced, a person becomes ill, and the role of an Ayurvedic practitioner is to bring these systems back into alignment.

On the surface, Ayurveda seems quite alien to biomedicine. The term humor sounds positively medieval to a Western ear. Certainly these two systems have

completely separate histories, and maybe more confusing yet, separate vocabularies. Still, biotechnologists, botanists, pharmacologists, and biomedical doctors have been researching and producing numerous scientific studies to explore the efficacy of Ayurvedic treatments for many years. Generally, these treatments are herbal, although herbs are not the entirety of the therapeutic treatments in the Ayurveda toolbox: meditation/controlled breathing, exercise, massage, yoga, and most importantly food—both types of food and types of food preparation—are also critical to Ayurvedic treatment.

HEALING THROUGH AYURVEDA

Ayurveda is primarily focused on catalyzing the power of the body to heal itself. It is no great secret that life in the U.S. is stressful. As a parent in New Orleans I spend three hours a day on packed roads driving back and forth across town just getting my kids and myself to school and work. Chances

are that all of the drivers on the road are stressed before we even get where we're going. These daily stresses are not passing things; they stay with us. Our bodies collect toxins on account of not only stress, but also other factors like poor diets, polluted environments, and pharmaceuticals. Over the course of a lifetime toxins build up, and the more they build up, the more out of balance we get. Ayurvedic medicine is designed to help the body rid itself of the toxins which set it off balance and realign the body's systems so that the patient can feel better.

Ayurveda can often serve as a complement to biomedicine in helping patients recover from biomedical procedures. Historically, biomedicine has developed as a way to combat acute illness. When your appendix is inflamed, biomedicine can provide a quick and effective surgical solution. According to New Orleans Ayurvedic practitioner Catherine Robbins, Ayurveda can follow up and help the body to recover from the stress of surgery, remove the toxins that are often incorporated into the pharmaceuticals used in medical procedures, and set the body on the path to full recovery. If you fall and break your leg, biomedicine can expertly mend it but then what? How long will it take to recover? Ayurveda can help in



Ayurvedic medicine is designed to help the body rid itself of the toxins which set it off balance and realign the body's systems so that the patient can feel better.

Louisiana is a “Health Freedom” state, which means alternative health practitioners can practice.

that process by setting your system in balance so that it can better heal itself, rebuild bone, and rejuvenate the systems hit when you broke your leg in the first place.

WHAT IS INVOLVED IN AYURVEDIC TREATMENT?

Ayurvedic doctors spend a lot of time with their patients. Diagnosis is of course the heart of medical treatment. In Ayurveda, doctors will most often examine the symptoms, metabolism, and pulse. Three independent pulses are taken in different locations, which provide the doctor with different information about the patient's condition. During the first visit with an Ayurvedic doctor, they will need to get a solid grasp of the patient's daily life, and this is likely to take at least 45 minutes to an hour, if not longer. The daily schedule during wakeful hours, sleep schedule, eating schedule, and bathroom schedule are all essential information for an Ayurvedic practitioner. Often patients in the U.S. bring biomedical diagnoses with them, although Ayurvedic doctors will require further examination to establish their own diagnosis. Patients should also keep in mind that in the U.S., unlike India or Canada or Germany, Ayurvedic doctors are not allowed to use biomedical terminology with patients: diabetes is sweet urinary disorder, for example.

The advantage of this lengthy doctor patient interaction is that Ayurvedic doctors are able to gain enough information to treat patients individually. While it can be seductive to go on-line and read up on different herbs and treatments, the information you read is not based on you. The system is not so easily unveiled by a Google

search. Each patient who receives treatment from an Ayurvedic doctor receives treatment designed for his or her specific case. There is no substitute for the expertise of someone with extensive training and experience, especially when that experience involves the level of patient-centered care involved in Ayurveda.

Ayurvedic doctors and other alternative health practitioners in the U.S. often find that many of their patients use them as a last resort. Baton Rouge Ayurvedic doctor Nishal Ramnunan planned to be a family practitioner when he was studying in India, but when he began practice in the U.S., he did not find the runny noses and upset tummies that he was expecting. Unlike the patients that he saw in India, patients in the U.S. are more often suffering from multiple chronic conditions. Those who have found only minimal relief—or no relief at all—from biomedicine, often look to Ayurveda, and other systems like Traditional Chinese Medicine and Homeopathy, to provide solutions. Conditions like diabetes, irritable bowel syndrome, painful menses, fibromyalgia, and high blood pressure, which often involve a lifetime of pharmaceuticals, can often be better addressed, generally without side effects, by a qualified and experienced Ayurvedic practitioner.

TRAINING AN AYURVEDIC PRACTITIONER

In south Louisiana, alternative health practitioners are hard to come by. Fortunately, Louisiana is a “Health Freedom” state, which means alternative health practitioners can practice. Unfortunately, since Ayurveda is not a familiar system, it can be hard to decipher who is best qualified to provide treatment. Many qualified yoga instructors have received minimal instruction in Ayurveda as part of their certification. In the U.S. there are a few schools of Ayurveda, which offer a spectrum of training from low to high intensity. In India you can apply to medical school to study Ayurveda. The most rigorous programs will require you to complete four years of coursework and

two years of clinical experience with patients in an Ayurvedic hospital, and time alongside graduate students in the laboratory.

Given the extensive amount of knowledge available through the system of Ayurveda and the importance of the doctor patient interaction, you should seek out a well-trained Ayurvedic practitioner for treatment. The practitioner's education and training in Ayurveda should be readily available. The National Ayurvedic Medical Association has a link on their website that directs you to a practitioner in your area. In New Orleans, Catherine Robbins can be reached through her website, “Herbs to Live By” (<http://herbstoliveby.com/>). In Baton Rouge you can visit Nishal Ramnunan, who can be visited at the Aathma Studio for Wellness. Dr. Ramnunan also has a website (<https://doctornishal.com/>) that provides extensive information about Ayurveda and academic references to research regarding evidence-based treatments.

WHAT ELSE SHOULD I KEEP IN MIND?

As with any alternative medical treatments, one should question the quality of herbs, a topic that should be addressed by the doctor during consultations. There is also the question of cost. While the true cost of Ayurvedic treatment is quite low, it may not feel that way. A doctor visit and one follow-up generally cost between 150-200 dollars, regardless of the practitioner's level of training and expertise. When most Americans are discouraged from using healthcare due to the high costs of medical insurance and out of pocket expenses, it can seem daunting to pay for alternative treatment. On a practical level it can sometimes be covered by “flex-spending,” if you have it. In the bigger picture Ayurvedic treatment is healthier and shorter. While the advice of practitioners will benefit the patient over the course of their lifetime, treatment is not necessary for an extended period of time. For better or worse, health does have a cost, much like illness does. Ayurveda does not simply provide a path to freedom from illness; it provides a path to good health—that is priceless. ■

INTERNATIONAL MEDICINE:


Q & A with Heidi Chumley MD, MBA

Executive Dean, American University of
the Caribbean School of Medicine



DR. HEIDI CHUMLEY was named Executive Dean of the American University of the Caribbean School of Medicine in 2013 and is responsible for the development of a strategic vision for academic excellence and career outcomes. She also acts as the head of Adtalem Global Education's Academic Council.

Dr. Chumley joined AUC following an eight-year career at the University of Kansas School of Medicine where she most recently served as Associate Vice Chancellor for educational resources and inter-professional education. Her responsibilities included fostering a vibrant learning environment supported by technology and other academic resources, as well as developing a center for inter-professional education and simulation. She also served for nearly four years as Senior Associate Dean for medical education, responsible for admissions, curriculum, and student affairs. Dr. Chumley also led initiatives in rural health and cultural enhancement and diversity.



**“...international schools have
for the last 40 years played
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She has been recognized with national awards for teaching, leadership, and scholarship, including the President's Award from the Society of Teachers of Family Medicine for leading the task force that created the national Family Medicine Clerkship Curriculum. She is an editor of the textbooks *Color Atlas in Family Medicine*, *Color Atlas in Internal Medicine*, and *Color Atlas for Pediatrics*.

Dr. Chumley earned her medical degree from the University of Texas Health Science Center in San Antonio, where she also completed her residency in family medicine and a fellowship in academic leadership. She recently completed an executive MBA at the University of Miami with an emphasis on Latin America and the Caribbean. She received her bachelor's degree in biochemistry from Abilene Christian University.

Chief Editor Smith W. Hartley Why are international medical students filling residency positions in the United States?

Dr. Heidi Chumley Many international medical students are actually U.S. citizens who plan to practice back at home in the U.S., so they would naturally seek a residency here in the U.S. At AUC for example, about 90% of our enrolled students are American citizens or permanent residents who plan to come back to the U.S. and look at U.S. residency positions. From the residency program side, you know they are seeking to fill their positions with the best candidates available. Best means different things to different people and often, best to a residency program means people who are from your area. So, if we have in our school people who are from a certain town in America that needs doctors and also has a residency program, then that residency program can be really interested in those students. About one in four of all first-year residency positions that are in The Match are filled by international grads. For residency positions in primary care, it's even higher, up to a third of first year positions, that are filled by international grads.

Editor Can you give us some examples of residencies being filled in New Orleans?

Chumley I can. Certainly at the Louisiana level, and then I'll get a little bit more

specific where I can with New Orleans. Since 2000, AUC has had over 200 graduates who've gone into residencies in the state of Louisiana, and again, these are people who were competitively chosen by residency programs in Louisiana. About 75% of those 200 AUC graduates went into primary care specialties. If I look at just last year, 2017, we had eight graduates go to residencies in Louisiana, including three at Baton Rouge General Medical Center, one in family medicine, and two in internal medicine. We also had two graduates go into residency at LSU-Shreveport.

Editor In Louisiana, is there a certain specialty that they are going into?

Chumley Yes, in Louisiana eight graduates together; two in family medicine, three in internal medicine, and one in an emergency medicine/family medicine combined residence.

Editor Are medical schools outside the U.S. different at all in regards to curriculum, training, etc.?

Chumley They're really very similar because even the schools outside of the U.S., if they are modeled after U.S. schools like AUC is, take the same set of licensing exams as students who attend U.S. medical schools. The curriculum is designed to prepare students

for residency training in the U.S. and to pass those licensing exams, so they're really very similar. At AUC the first approximately two years of study are what we call the basic sciences or medical sciences. This is very similar to U.S. schools. The last two years are called the clinical years, and that is when students complete different clinical rotations at teaching hospitals. One difference at AUC is that students have the opportunity to complete clinical rotations at many places in the world. Many return to the U.S. to do their clinical training. Many go to the U.K., which has a very different healthcare system, providing a very interesting learning experience. There are elective opportunities for our students in many different parts of the world: Dominican Republic, Vietnam, Russia, Uganda, and Zimbabwe—places where they get to see and do a number of things that you typically don't get to do in the U.S. during clinical rotations.

Editor Is the curriculum designed for a specific region of the world?

Chumley No. Most of our students are U.S. or Canadian citizens, about 90% U.S. and 8% Canadian, who plan to return to the U.S. or Canada to practice, so we're really set up to help people be ready for that. But, being located in another country does broaden your worldview. America is a place of many different cultures and backgrounds, and when you take people to another country and expose them to different cultures and backgrounds, they begin to learn how you integrate that type of information into care of patients.

Editor And overall, is there a physician shortage in the United States, and if so, why?

Chumley Yes, there is a physician shortage. We think there will probably be close to a shortage of about 90,000 positions by 2025. Several reasons for that. I think the most important reason is that there are not enough U.S. medical school slots to support

“America is a place of many different cultures and backgrounds, and when you take people to another country and expose them to different cultures and backgrounds, they begin to learn how you integrate that type of information into care of patients.”



“In general, most people stay within a hundred miles of where they do their residency program and that includes international medical graduates.”

the number of physicians that are needed in the U.S. with population growth and aging. The number of people in their later years, people living longer, and living longer with chronic disease—all of those things increase the number of positions that are needed, particularly around primary care. While there are probably places in the U.S. that don't have a shortage of physicians overall, there are primary care shortages, particularly in rural and inner city underserved areas, spread throughout the country, and those will face the brunt of increasing shortages as the number of physicians produced by the U.S. medical school system cannot keep pace with the number of physicians needed to treat the population.

Editor Are international medical students treated differently at all in the U.S. residency program?

Chumley There is a stigma attached to being an international medical student but once graduates get into the residency program that stigma generally goes away. It is challenging for students. They face other obstacles in doing some of their clinical rotations in the elective years or even in the primary clinical year, which is the third year, as many people believe that an international medical graduate's education is inferior, which of course, I don't believe.

Editor Do international medical students typically stay in the regions of their residency programs?

Chumley In general, most people stay within a hundred miles of where they do their residency program and that includes international medical graduates. There are really three factors. People like to go back

to where they're from; they like to go close to where they did their clinical training, and they like to go to where they did their residency training. So, if they come from a place and return there for clinical training and residency, they're incredibly likely to stay there.

Editor By doing an international medical program, what other opportunities exist for international medical students when they don't do the traditional U.S. residency?

Chumley An international medical graduate or a graduate from a U.S. medical school cannot be licensed to practice medicine in the U.S. without doing a residency. Whether you graduate from a U.S. school or an international medical school, if you don't do a residency, you have to look at a pathway



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besides clinical medicine. So, people use their MD degree, which is still a valuable degree, to go into research, business, the pharmaceutical industry, public health, health policy, or any number of areas. But, in general, people go to medical school to practice medicine, and that's where they want to be.

Editor Finally, can you tell us what your opinion is on the future of international programs? Do you see this as a growing trend and something U.S. medical students should try and create more capacity for, or do you think you'll see growth in enrollment?

Chumley Yes, international schools have for the last 40 years played a really important role in providing physicians for the U.S. healthcare system. Even as the U.S. schools expand, and we see a few new U.S. medical schools and a few new DO schools come on board, there are still more qualified applicants than there is capacity for in U.S. MD and DO schools. There are still more residency positions that can be filled by graduates of U.S. MD or U.S. DO schools. So yes, there are a number of people who want to be physicians, who go to international schools, and there are opportunities for them to return to the U.S. I think in the future, international schools are going to continue to be a really important part of the U.S. physician workforce. ■

INTERNATIONAL MEDICAL STUDENTS FILLING RESIDENCY POSITIONS IN THE U.S.

- Many international medical students are U.S. citizens who plan to practice back home in the U.S. At AUC approximately 90% of enrolled students are American, 8% are Canadian, and 2% are international.
- IMGs were 24% of all first-year residency positions filled this year in the NRMP match. Among primary care positions, they represented 34% of new residents.
- IMGs comprise a major pipeline of new physicians entering the U.S. healthcare system and make up 24% of all active physicians in the U.S. (as high as 38% in some states).
- According to a report by the Association of American Medical Colleges, there could be a shortage of up to 88,000 doctors by 2025.
- The primary care sector faces the brunt of that shortage with up to 35,600 more primary care physicians needed by 2025.
- In 2017, IMGs were 34% of all first-year primary care residency positions. They are filling positions in family medicine, internal medicine, and pediatrics, and going into rural and underserved areas of the country.

	Total Positions Filled	Filled by US-IMG	Filled by Non-US IMG	Filled by IMG
All Residency Positions	27,688	2,777 (10%)	3,814 (14%)	6,591 (24%)
Internal Medicine	7,101	1,030 (14.5%)	2,003 (28%)	3,033 (42.7%)
Family Medicine	3,215	658 (20.5%)	337 (10.5%)	995 (31%)
Pediatrics	2,693	204 (7.5%)	253 (9.4%)	457 (17%)
All Primary Care	13,009	1,892 (14.5%)	2,593 (20%)	4,455 (34%)

Since 2000, 201 AUC graduates earned residencies in the state of Louisiana. Most of those placements (75%) are in primary care specialties. Of those graduates, about half (100) were in New Orleans or Baton Rouge. And of those, 50 were originally from the state.

- Historically, the most popular residency programs for AUC graduates have been Baton Rouge General Medical Center's family practice program, Baton Rouge General Medical Center's internal medicine program, LSU's emergency medicine program, and LSUHSC's family practice program.

In 2017, eight graduates earned residencies in Louisiana, including:

- Three in family medicine: Baton Rouge General Medical Center (2) and LSU (1)
- Four in internal medicine: Baton Rouge General Medical Center (2), Ochsner Health System, and LSU Shreveport (2)
- One in emergency medicine/family medicine: LSU Shreveport



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Touro cardiologist Than Nguyen, M.D. is pictured above with patient Tim Darby. Read Tim's story online at touro.com/timsheart





TELEMEDICINE

Physician and Patient Concerns

By Christopher Joseph, Jr.

THE 21ST CENTURY has brought an array of technological and medical advances. As a result, healthcare professionals implemented ingenious techniques and procedures to increase overall public welfare. Among these new innovations is the emergence of telemedicine. Although many patients are still unaware of the concept, physicians and healthcare providers have utilized telemedicine for over twenty years. Seemingly, as technology continues to evolve, the opportunities for telemedicinal use will increase. However, as the use of telemedicine becomes more common, new legal implications will arise.

This article focuses on both physician and patient concerns regarding the increased use of telemedicine throughout our healthcare system. Part One introduces telemedicine, provides a brief view at its origins, and highlights the benefits it provides to both physicians and patients. Parts Two and Three discuss physician and patient concerns with the use of telemedicine. Finally, Part Four offers suggestive methods for physicians and patients with the application of telemedicine during diagnosis and treatment.

I. WHAT IS TELEMEDICINE?

Telemedicine is the delivery of healthcare services, where distance is a critical factor, by healthcare professionals with information and communication technologies for the exchange of valid information to successfully diagnose, treat, and prevent disease and injury.¹ Healthcare professionals also use telemedicine for research and evaluation with the goal of advancing public welfare.² The Louisiana legislature has codified the definition of telemedicine, and focuses more on the distance between the patient and practitioner:

“Telemedicine” means the practice of health care delivery, diagnosis, consultation, treatment, and transfer of medical data using interactive telecommunication technology that enables a health care practitioner and a patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously. Neither a telephone conversation nor an electronic mail message between a health care practitioner and patient.³

The medical industry uses telemedicine in three ways: (1) store and forward technology, (2) interactive video conferencing, and (3) remote surgery.⁴ Store and forward, which accounts for over 80% of telemedicine use today, allows any image to be scanned and forwarded anywhere in the world for review and analysis.⁵ This is the most common application because it is inexpensive, and the receiving physician can review the documents remotely and conveniently.⁶ An

example of interactive video conferencing is an emergency room remotely discussing with specialists in various locations to properly care for a patient.⁷ This method becomes pivotal for a local hospital in a disaster-stricken area to seek assistance from other physicians in various regions of the nation.⁸ Finally, and most technologically advanced, remote surgery allows a surgeon to use sophisticated devices and technology to operate on a patient who is located at a different location.⁹

Although telemedicine may appear as a breakthrough concept, some uses are well-established practices with physicians across the nation. One of the oldest and most common uses of telemedicine is teleradiology, which allow providers at one location to send a patient's x-rays and records to a qualified radiologist at another location to receive a quick and accurate analysis of the patient's condition.¹⁰ This process began in the 1960's and allowed smaller hospitals without an on-site radiologist to view documents of regularly scheduled patients or newly admitted emergency room patients.¹¹ Other forms of telemedicine include:

1. *Telepsychiatry* - allows a psychiatrist to provide treatment to patients remotely using videoconferencing
2. *Teledermatology* - allows a dermatologist to view pictures sent by the patient of a rash, mole, or other skin anomaly for a remote diagnosis
3. *Telerehabilitation* - allows medical professions to deliver and instruct rehab services (such as physical therapy) remotely¹²

Physicians use telemedicine when the location of either the physician or patient poses a significant inhibitor to offer quality, expedient healthcare. For example, in 2013 Louisiana's state corrections department contracted with a Texas telemedicine company to provide medical treatment to prisoners.¹³ This company allowed LSU doctors to conduct remote video-conference check-ups, which decreased state costs and safety risks of transporting prisoners to medical facilities.¹⁴ Another example is

the LSU Health Network, which conducts a monthly telemedicine clinic to treat and diagnose patients with Hepatitis B and C. Although telemedicine is a vital component in healthcare in some respects, and its use will continue to expand, there are legal concerns that both physicians and patients should be privy to.

II. PHYSICIAN CONCERNS

Two major physician concerns regarding the expansive use of telemedicine are medical malpractice for breach of the standard of care and licensure. For example, telemedicine creates the possibility of a hospital's breach of contract actions against a software vendor of telemedicine communications if the software was negligently designed or caused an unauthorized dissemination of protected health information.¹⁵ Moreover, negligence and products liability actions can also arise against product manufacturers of telemedicine devices.¹⁶ The existence of these claims are of significance to physicians who use telemedicine because a patient can assert a medical malpractice claim against the physician for a physician's misdiagnosis or erroneous treatment if such determinations were based solely on telemedical data – especially if the data was incorrect or corrupted.¹⁷

Another physician concern regarding telemedicine is licensure. Louisiana Revised Statutes requires a physician to obtain a separate board-issued telemedicine license to practice across state lines.¹⁸ The applicant must hold a full and unrestricted license to practice medicine in either another state or territory of the country.¹⁹ To receive a telemedicine license a physician must also establish a bona fide physician-patient relationship through the following steps: (1) conduct an appropriate examination of the patient, (2) establish a diagnosis through the use of accepted medical practices, (3) discuss any diagnosis, risk, and benefits of various treatment options with the patient, and (4) ensure the availability of appropriate follow-up care.²⁰ An applicant must complete an application, complete an online

education course and assessment, and pay a yearly fee to prevent licensure expiration.

III. PATIENT CONCERNS

Two major concerns from the patient perspective are implied-consent and patient confidentiality. The Louisiana legislature codified an entire medical consent law that lists qualifiers for those needing medical attention to consent to medical treatment, and it also states who can authorize consent in instances where the patient is unable to offer consent himself.²¹ Implied consent, whether verbally or in writing, is a prerequisite to physician treatment and requires the physician to provide an explanation to the patient of his condition, alternative forms of available treatment, and a cost-benefit analysis of such treatment.²² However, with the increased use of telemedicine the implied consent doctrine may change since patients have an increased access to medical information. For example, because patients have more access to information due to the breadth of the internet, patients can expand their medical knowledge regarding their condition and forms of treatment. As a result, some argue that since a patient is more informed of his condition, the less information is required by the physician to disclose. However, others argue that the duty to disclose should be raised, in which the physician can provide more specific and advanced medical information that the patient may not discover or understand under his own research.²³ Therefore, telemedicine potentially blurs the lines of implied consent for patients, which can defeat an otherwise valid claim of medical malpractice against a physician for negligence.

Another patient concern focuses on the confidentiality of patient information. Although federal legislation such as HIPPA and HITECH provide structure and security within the nation's healthcare system, the increased use of telemedicine leads to a heavier reliance on computer technology to electronically store and transfer information.²⁴ As a result telemedicine creates



One of the oldest and most common uses of telemedicine is teleradiology, which allow providers at one location to send a patient's x-rays and records to a qualified radiologist at another location to receive a quick and accurate analysis of the patient's condition.¹¹

confidentiality issues in two ways. First, the transfer of patient medical information risks exposure to unknown parties or computer hackers.²⁵ Second, patients may object to the possibility that their medical records are available to third-party vendors such as technicians of store-and-forward companies—who may not be licensed medical professionals but are necessary in the electronic storage or transmission of medical information.²⁶

IV. SUGGESTED METHODS OF APPLICATION

A. Recommended Practices For Physicians

To address the concern that the increased use of telemedicine heightens exposure to malpractice claims for the breach of the standard of care, both private-practice physicians and healthcare networks should be extremely thorough in their vetting process of telemedicine vendors. Telemedical vendor contracts should include a metric to monitor software updates, virus protection, and firewall settings to ensure that the telemedical components are up to date and protected from unauthorized use or damage. If a device or software is properly protected and monitored, the likelihood of a data breach or system malfunction will decrease. Although this standard operation procedure seems full, there must also be a protocol in place in case of a data breach or virus if one should occur.

Regarding concerns of licensure, physicians should adhere to state legislation to ensure compliance. The Louisiana Revised Statutes provides an extensive list of requirements to lawfully utilize telemedicine within the state. Failure to obtain the telemedicine license, or failure to prevent a license from expiring, is crucial to avoid liability regarding the use of telemedical procedures on existing and new patients. These requirements do not appear overly burdensome to physicians; and in cases such as the state correctional facility and University Medical Center-New Orleans clinic, the cost-benefit analysis of telemedical use is positive (i.e. the use of telemedicine does not cause any unreasonable harm to patients.)

B. Recommended Practices For Patients

Implied consent is a significant and pivotal element of the physician-patient relationship, and although telemedicine affects its application, the state legislature and judicial system will preserve the implied consent doctrine for policy concerns. Although patients have an increased access to medical information, patients should continue to ask their treating physicians questions regarding a medical diagnosis. Patients are urged to clearly state a desire to know and understand all relevant information regarding the diagnosis as well as options for treatment before agreeing or complying with an initial recommendation. Although telemedicine is an exciting and innovative avenue to provide medical treatment, it should not lower the physician's duty to fully disclose information to the patient or to obtain consent. This dialogue between patient and physician establishes trust and a mutual understanding that the common goal of the appointment is the patient's well-being.

V. CONCLUSION

Telemedicine is an exciting and opportunistic element within our medical system today. Physicians can use telemedicine in various ways to efficiently provide satisfactory healthcare to patients in need. As technologies continue to advance, a new industry of telemedicine will emerge to aid physicians in the service of maintaining public health. However, legal considerations are associated with this new wave of telemedical operations and both physicians and patients must be aware of these concerns to avoid exposure or harm. Oftentimes, the law is slow to respond to advanced leaps in technology, however, Louisiana and other states have accepted the challenge to create laws that specifically address telemedicine. Because state law is a breathing document monitored by its legislators, both physicians and patients should feel confident that our legislature will address the legal implications connected to telemedical use within the state. ■

SOURCES:

¹ World Health Org., Telemedicine: Opportunities and Developments in Member States 6 (2010), available at http://www.who.int/goe/publications/goe_telemedicine_2010.pdf.

² *Id.*

³ La. Stat. Ann. § 37:1262.

⁴ Heather L. Daly, *Telemedicine: The Invisible Legal Barriers to the Health Care of the Future*, 9 *Annals Health L.* 73, 73 (2000).

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

¹⁰ "Telemedicine Guide," *The Ultimate Telemedicine Guide*, (Jan. 6, 2018), available at <https://evisit.com/what-is-telemedicine/>

¹¹ *Id.*

¹² *Id.*

¹³ Melinda Deslatte, "Texas Firm Hired for Louisiana Prisoners' Telemedicine Care," *The Times Picayune*, (Jun. 21, 2013); available at http://www.nola.com/politics/index.ssf/2013/06/texas_firm_hired_for_louisiana.html.

¹⁴ *Id.*

¹⁵ Barbara K. Boxer, "Telemedicine: Overcoming the Legal Issues Surrounding Telemedicine or Allowing Physicians to Charge for Phone Calls," 10 No. 5 *Health Law* 18, 19 (1998).

¹⁶ *Id.*

¹⁷ *Legal Considerations of Telemedicine*, 64 *Tex. B.J.* 20, 23 (2001).

¹⁸ La. Stat. Ann. § 37:1276.1.

¹⁹ *Id.*

²⁰ *Id.*

²¹ La. Rev. Stat. Ann. § 40:1159.4.

²² *Supra* Note 17, at 23.

²³ *Id.*

²⁴ *Id.* at 25.

²⁵ *Id.*

²⁶ *Id.*

The COMPLEXITY of Patient-Centered Psychiatric Care

By Vininder Khunkhun, MD, FAAP



Over the last 40 years there has been a focus in the healthcare industry to offer more patient-centered care around clinical decisions (Levenstein, 1984; Mead, 2000; Michie, 2003; Stewart, 2001; Charles, 1999). The goal is to achieve less of an authoritarian role of the physician and more of a partnership with the patient (Laine, 1996).

IN A RECENT ARTICLE (Clay, 2016) three strategies were identified to promote a patient/family-centered relationship. The first strategy is to communicate and collaborate, which includes the patient/family in care discussions and encourages them to participate. This also includes families asking questions regarding the medical illness and speaking up when they do not understand or feel like there has been an error. The second strategy is to advance health literacy, which addresses the patient/family's understanding of the illness, as well as risks, side effects, and benefits of treatment,

to improve compliance. The third strategy is to include the patient and family in making clinical decisions. This includes considering patients' preferences for language, cultural backgrounds, and belief systems when making decisions.

Although these models seem to foster an improved doctor-patient relationship, there is evidence to support that this interaction style does not fit all patients and may lead to increased stress (Levy, 1989). Some patients feel increasing emotional stress and pressure when more information is given and would prefer less of a shared decision

making approach (Hack, 1994). Shattner (2002) argues that, "respecting patients' autonomy should include identification of those patients who wish to know less, and complying with their choice."

We have been conducting a research study at the Tulane University Behavioral Health Clinic – Metairie (TUBHC-M) to systematically learn what patients want in a psychiatric clinician-client relationship. Patients were asked to complete surveys about their past experiences with psychiatric providers and about their preferences for making decisions about their treatment.



Table 1. Patient Preferences and Previous Experiences of Adult Psychiatric Patients (n=14)

Question	Agree or Strongly Agree	Neutral	Disagree or Strongly Disagree
I would rather be given many choices on what's best for my health than to have the doctor make decisions for me.	71%	7%	21%
Clinicians did not give me as much information as I wanted about what I could do to manage my condition.	50%	7%	43%
Clinicians I have know knew what they were doing.	50%	29%	21%
Clinicians used the most up-to-date methods.	28%	50%	21%
For counseling, clinicians were not as focused on achieving specific goals as I thought they should have been.	64%	7%	28%
For medication, clinicians were not as focused on achieving specific goals for medication as I thought they should have been.	23%	15%	61%
Clinicians did not pay attention to what I had to say.	14%	21%	65%
Instead of waiting for clinicians to tell me, I usually ask clinicians what I want to know about my mental health.	21%	43%	36%
I was reluctant to go to clinicians in the past because I did not believe they could help.	36%	29%	35%

KEY FINDINGS

The survey results from the first 14 respondents has been interesting. Patients clearly want more choice. The area of biggest agreement was that 71% of respondents agreed or strongly agreed that they would rather be given many choices on what is

best for their health rather than have clinicians make decisions for them (Table 1). Yet patients do not generally feel that they are getting enough information because 50% of the respondents agreed or strongly agreed that clinicians did not give them as much information as they wanted.

Patients also would like clinicians who are more focused and more competent; 64% agreed that clinicians needed to be more focused on achieving specific goals, and somewhat surprisingly only 50% agreed or were neutral when asked if their clinicians “knew what they were doing.” Patients also

65%

While 65% of patients agreed or strongly agreed that they felt listened to, 35% were neutral or disagreed.



varied in their perceptions of whether they felt listened to by their clinicians. While 65% of patients agreed or strongly agreed that they felt listened to, 35% were neutral or disagreed. Lastly, while 21% responded that they usually take the initiative to ask clinicians what they want to know about their mental health, 36% did not take the initiative, appearing to confirm previous studies where patients differed on their preference for interaction.

These findings are consistent with an evolving change in the doctor-patient relationship, which supports matching patient preference to how doctors interact with their patients in regards to information provision, participation in decision making and patient and doctor interpersonal behavior (Kiesler, 2006). Our results and recent studies indicate that some patients may prefer a traditional style of patient care, which involves more of a physician's role in the decision making process. Other patients and

families may want more choices and information regarding treatment options. It appears the most efficacious intervention would be to assess patient/family's preference for decision-making and the level of stress that may go with the complexity of medical and mental illness.

Knowing that these preferences exist is a good first step, but what we hope to achieve next at TUBHC-M is to take a step towards figuring out the best methods to actually incorporate these preferences into patient care. Information needs representation, and the best understanding in the world is of little value if there are not tools to put the understanding into practice. Patients need easy, consumer-friendly ways to express their preferences. Doctors need better ways to receive these preferences and to know how to adjust care to individual patients. ■

It appears the most efficacious intervention would be to assess patient/family's preference for decision-making and the level of stress that may go with the complexity of medical and mental illness.

REFERENCES

- Levenstein JH. The patient-centered general practice consultation. *South African Fam Pract* 1984; 5; 276-82
- Mead N, Bower P. Patient-centeredness; a conceptual framework and review of empirical literature. *Soc Sci Med* 2000; 51; 1087-110
- Michie, S, Miles J, Weinman J. Patient-centeredness in chronic illness; what is it and does it matter? *Patient Educ Couns* 2003; 51; 197-206
- Stewart MA, Brown JB. Patient-centeredness in medicine. In: Edwards A., Elwyn G, editors. *Evidence based patient choice; inevitable or impossible?* New York: Oxford University Press; 2001; p. 97-117
- Charles C, Gafni A., Whelan T. Decision-making in the physician-patient encounter: revisiting the shared treatment decision-making model. *Soc Sci Med* 1999; 49; 651-61
- Laine C, Davidoff F. Patient-centered medicine. A professional evolution. *J Am Med* 1996; 275; 152-6
- Levy SM, Herberman RB, Lee JK, Lippman ME, Dangelo T. Breast conversation versus mastectomy-distress sequelae as a function of choice. *J Clin Oncol* 1989; 7; 367-75
- Hack TF, Degner LF, Dyck DG. Relationship preferences for decisional control and illness information among women with breast cancer: a quantitative and qualitative analysis. *Soc Sci Med* 1994; 39; 279-89
- Schattner A. What do patient really want to know? *QJM* 2002; 95; 135-6
- Kiesler D.J.; S.M. Auerbach/Patient Education and Counseling 61; 2006 319-341
- Clay Aaron M.; Parsh Bridget. Patient- and Family-Centered Care: It's Not Just for Pediatrics Anymore; *AMA Journal of Ethics*. January 2016, Volume 18, Number 1: 40-44. doi: 10.1001/journalofethics.2016.18.01.medu3-1601.

Healthcare Briefs



**LSU Health Nursing
School Offering
Two New Degree
Concentrations**

Story next page

LSU Health Nursing School Offering Two New Degree Concentrations

LSU Health New Orleans School of Nursing is taking applications for two new Doctor of Nursing Practice (DNP) degree concentrations. The Acute Care Pediatric Nurse Practitioner concentration is the first in Louisiana. As is the case with all of its degree offerings, the Primary Care Pediatric Nurse Practitioner concentration at LSU Health New Orleans is the only one within an academic health sciences center in the state. Both concentrations are supported by Children's Hospital of New Orleans. The deadline to apply for fall admission is July 1, 2018.

The Acute Care Pediatric Nurse Practitioner (AC-PNP) concentration is a three-year plan of study preparing graduate nursing students to care for children with complex chronic, acute, and critical illnesses from birth to adulthood. The AC-PNP plan of study immerses the student into a variety of clinical experiences and settings designed to develop the student's competency in the complex management of pediatric patients who may be physiologically unstable, technologically dependent, or are highly vulnerable to complications in an effort to restore/maximize optimal health or provide palliative care.

The Primary Care Pediatric Nurse Practitioner (PC-PNP) concentration is a three-year plan of study preparing graduate nursing students to care for children from birth to adulthood with in-depth knowledge of primary health care. The PC-PNP plan of study immerses the student into primary care and community health settings designed to develop the student's competency in the prevention and management of common acute and chronic pediatric illnesses to support optimal health of children within the context of their families and community.

Students in both concentrations will be prepared to lead the translation of research into practice in an effort to improve the timeliness, efficiency, and quality of practice and/or patient outcomes. Students will collaborate one-on-one with DNP faculty throughout the curriculum and AC-PNP and PC-PNP practice mentors during clinical experiences in the planning, implementation, and evaluation of the student's DNP project.

LPCA Executive Director Releases Statement on Community Health Center Funding Reauthorization

On Feb. 9, 2018, the following statement was released by Gerelda Davis, executive director for the Louisiana Primary Care Association, in the wake of Congress reauthorizing funding for Community Health Centers: After 130 days, Louisiana's Community Health Centers are finally breathing a sigh of relief in light of two-year reauthorized funding from Congress. The 385,000 Louisianans who depend on Community Health Centers for their care can rest easy knowing that services will go on uninterrupted. We are enormously proud of the leadership shown by Louisiana's Congressional delegation and we thank them for putting patients first in their government funding negotiations.

Since Sept. 30, 2017, health center advocates across the country have worked tirelessly to educate our Congressional members on the importance of the Health Centers Program. When the funding deadline lapsed, health centers were at risk of losing 70% of their federal funding – amounting to over \$62 million in Louisiana.

While health centers avoided the worst case scenario, the funding crisis still had an adverse impact on our members. We hope that, in the future, Congressional leaders can avoid a "cliff" and renew funds well ahead of the deadline.

The Louisiana Primary Care Association looks forward to continued discussion and engagement with Louisiana's Congressional delegation. It is our goal to ensure that Louisiana's 250 individual Community Health Center sites remain on a sustainable path well into the future – our communities are depending on it.

Susan Nelson, MD, Conducts Seminars on Advance Care Planning

Susan Nelson, MD, Louisiana Physician Orders for Scope of Treatment (LaPOST) Coalition Chair, is conducting a series of three, on-site seminars for physicians, nursing facility administrators, nurses, and social workers in long-term care facilities.

The courses, which are free of charge, will focus on different learning objectives related to advance care planning and use of the LaPOST

document. The first presentation was held Feb. 22 at the Victory Addiction Recovery Center, 111 Liberty Ave. in Lafayette.

This seminar is certified for two hours of continuing education credit for social workers and nursing facility administrators. For more information, email lapost@lhccf.org. The series is part of the Louisiana Health Care Quality Forum's educational training for long-term care facilities with grant funding from the Louisiana Department of Health using civil money penalties paid into the Nursing Home Residents' Trust Fund.

Sen. Cassidy's Steve Gleason Act Moves Forward in House

United States Senator Bill Cassidy, MD (R-LA), and former New Orleans Saints player Steve Gleason, who suffers from ALS, applauded the inclusion of the Steve Gleason Enduring Voices Act (S. 1132 and H.R. 2465) in the United States House's government funding package that is scheduled for a vote.

The Steve Gleason Enduring Voices Act permanently fixes the Centers for Medicare and Medicaid Services (CMS) policy that limited access to speech generation devices for people with degenerative diseases. Dr. Cassidy, along with Senator Amy Klobuchar (D-MN), introduced the legislation last year. United States Representatives Cathy McMorris Rodgers (R-WA) and John Larson (D-CT) introduced the House companion bill.

"This legislation gives a voice to those who cannot speak and empowers those affected by degenerative diseases," said Dr. Cassidy. "The previous administration's decision to limit patient access to these devices was misguided, and I thank my House colleagues for advancing this bipartisan legislation to permanently fix this problem. I look forward to voting for its passage in the Senate."

"The silence and isolation that comes from losing the ability to communicate does not discriminate between types of injuries, diseases, accidents, or conditions. Most people who have severe disabilities are expected to fade away quietly and die. For me, that was not OK. With the right equipment and the right technology, these same people can live and be productive for decades. I know I speak for all who use this





Former New Orleans Saints player Steve Gleason, who suffers from ALS, with LA State Senator Steve Scalise.

technology in saying, we cannot revert back to the changes that preceded the Steve Gleason Act of 2015," said Steve Gleason. "I am grateful for Senators Cassidy and Klobuchar for their leadership on this issue."

"ALS is a devastating disease that often robs people of the ability to communicate with their loved ones and the healthcare providers that care for them. On behalf of people living with ALS, we thank Steve Gleason for his leadership on this issue and we applaud Republicans and Democrats for coming together to pass bipartisan legislation to permanently ensure access to speech generating devices," said Calaneet Balas, president and CEO of The ALS Association.

LSU Health Nursing Alumni Host Mudbug March to Help 'Stomp Out' Pulmonary Hypertension

The LSU Health New Orleans School of Nursing Alumni Association will hold its 4th Annual Mudbug March to "stomp out" pulmonary hypertension on March 4. The event, which included a one-mile walk, a silent auction, music, and food, took place at New Orleans City Park Peristyle.

The purpose of the event, honoring the memory of Chelsea Umbach Yates, is to raise funds and awareness for pulmonary hypertension and



Grant Providing Dental Care to Kids Given to LSU Health N.O. School of Dentistry

LSU Health New Orleans School of Dentistry is one of three dental schools in the United States awarded funding by the American Dental Association (ADA) Foundation to provide comprehensive care to children whose parents cannot afford it. Children who need restorative or surgical care identified during Give Kids a Smile Day will receive services through this \$12,500 grant this year.

Give Kids a Smile (GKAS) Day is a free outreach program sponsored by the ADA Foundation to provide free dental exams, sealants, oral health education, and more to children from low-income families.

A high proportion of the children at the school served during LSU Health New Orleans School of Dentistry's 2018 Give Kids a Smile Day are from immigrant families for whom there is a waiting period to access programs like Medicaid. Some of these same families' homes were flooded on Aug. 5, 2017, imposing further financial burdens.

"Many people feel that access to care is not a problem for poor children due to government programs and safety net clinics," noted Janice Townsend, DDS, Associate Professor and Chair of Pediatric Dentistry at LSU Health New Orleans School of Dentistry. "There is, however, a large, silent population of children who fall through these gaps and suffer due to lack of care despite their parents' best efforts. Our whole school is proud to serve these children and get them on track to have healthy teeth for a lifetime."

LSU Health New Orleans School of Dentistry provides follow-up care to about 50 children after the annual GKAS event, which will be held Feb. 23. This grant will expand the program to serve an additional 50 children this year.

The only dental school in Louisiana, LSU Health New Orleans School of Dentistry educates three of every four dentists and dental hygienists practicing in the state. It is also the only dental school in the country offering degrees in dentistry, dental hygiene, and dental laboratory technology.

to educate patients about the importance of taking care of themselves. Chelsea was diagnosed with pulmonary hypertension when she was 15 years old. Despite the disease, Chelsea excelled academically, worked, and married. Her struggle with the disease lasted 11 years and included a heart-double lung transplant. She died suddenly on July 17, 2011, after contracting an infection that her immune system couldn't overcome.

The Mudbug March was sponsored by the LSU Health New Orleans School of Nursing, the LSU Health Foundation New Orleans, Bayer, Gilead, Tulane Lung Center, Harry's New Orleans, and University Medical Center.

Dr. George Ellis, Jr., is New President of Orleans Parish Medical Society

George S. Ellis, Jr., MD, has begun his two-year term as president of the Orleans Parish Medical Society (OPMS). The board also welcomes six new board members.

Dr. Ellis served as president-elect of the board from 2016 through 2017. He replaces Royce Dean Yount, MD, cardiologist, who served as president from 2016 through 2017.

Dr. Ellis is an ophthalmologist who specializes in pediatric eye diseases and adult strabismus. After completing a residency in Ophthalmology at the Duke University Eye Center, he received specialized training in his chosen field with Drs. Zane Pollard, Marshall Parks, David Guyton, and Clinton McCord. In 1995, after 12 years on full time faculties at the LSU Eye Center and the Tulane University Department of Ophthalmology, he became the director of ophthalmology at Children's Hospital New Orleans.

In addition to beginning his term as president, Dr. Ellis welcomes the following New Orleans Parish Medical Society board members:

- Ann E. Borreson, MD, LOTR, allergy-immunology, Ochsner Health System
- John F. Heaton, MD, MMM, Chief Medical Officer, LCMC Health and Children's Hospital New Orleans
- William S. LaCorte, MD, primary care/internal medicine, Touro Infirmary
- Mehdi Qalbani, MD, psychiatry/forensic psychiatry, Integrated Behavioral Health, LLC
- Michael L. Wheelis, MD, FACEP, emergency/



George S. Ellis, Jr., MD



Susan M. Bankston, MD



Jennifer Manning, DNS,
APRN, CNS, CNE

industrial medicine, West Jefferson Industrial Medicine

- Shana Zucker, MD/MPH/MS candidate, Tulane University School of Medicine

"I'm excited about this opportunity to serve as president. Orleans Parish Medical Society has always played an important role in helping to support the unique needs of physicians and their patients in the Greater New Orleans area," said Dr. Ellis.

Dr. Ellis has a special interest in infant vision testing and in the diagnosis and treatment of Ptosis, Strabismus, Amblyopia, and Lachrymal Obstruction. He enjoys the training of residents and students, both medical and orthoptic.

Dr. Ellis has been involved in multiple medical and ophthalmological organizations. He has served as President of the American Association for Pediatric Ophthalmology and Strabismus (AAPOS); the American Eye Study Club; the Southern Medical Association; the Louisiana-Mississippi Ophthalmology and Otolaryngology Society; the New Orleans Academy of Ophthalmology; and the American Orthoptic Council. He has also served as Chair of the Section of Ophthalmology of the American Academy of Pediatrics (AAP), Chair of the Department of Surgery at Children's Hospital of New Orleans, and incoming President of the Louisiana Academy of Eye Physicians and Surgeons.

Susan M. Bankston, MD, Named Louisiana State Medical Society President

Susan M. Bankston, MD, of Baton Rouge is the new president of the Louisiana State Medical Society (LSMS).

As president-elect for the society in 2017, Dr. Bankston spent the past year learning more about the society's involvement in key healthcare issues at both the state and federal legislative levels.

"Wisdom comes from experience and new ideas come from young minds. We need to meld the two in order to move forward successfully, because together we are stronger," Bankston said.

Dr. Bankston received her undergraduate degree from Louisiana State University in Baton Rouge and graduated from LSU Medical School in Shreveport. She completed an internship at Earl K. Long Memorial Hospital in Baton Rouge and her residency at LSU Medical School in Shreveport. She is board-certified in pediatrics and is a practicing pediatrician. Bankston serves on the executive committee at the Baton Rouge Clinic.

Dr. Bankston has served as a board member of the Capital Area Medical Society (CAMS) since 2008 and has been a member since 2003. She has served in numerous leadership roles within the LSMS since joining in 2003. Outside of practicing medicine, Dr. Bankston is involved with the Junior League of Baton Rouge as a sustaining advisor to the diaper bank. She is a member of Bengal Belles and has appeared on "House Calls with Dr. B" on WAFB for more than 16 years.

Gov. Edward Appoints LSU Health NO's Manning to State Nursing Board

Jennifer Manning, DNS, APRN, CNS, CNE, Associate Dean for Undergraduate Programs at LSU Health New Orleans School of Nursing, has been appointed by Gov. John Bel Edwards to a

four-year term on the Louisiana State Board of Nursing. Dr. Manning is a Certified Nurse Educator and a board-certified Clinical Nurse Specialist.

According to its mission statement, the Louisiana State Board of Nursing serves "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."

According to statute, the board is comprised of 11 gubernatorial appointments. Members include representatives from several areas of nursing practice including nursing education, nursing administration, and advanced practice nursing, as well as public representation.

Manning earned her Doctor of Nursing Science degree at LSU Health New Orleans School of Nursing in 2014, after completing her Master of Science in Nursing and Bachelor of Science in Nursing degrees, also through LSU Health New Orleans.

She joined the faculty of LSU Health New Orleans School of Nursing in 2008 and teaches in both the undergraduate and graduate programs. Manning oversees the quality of the undergraduate nursing programs and is a Joanna Briggs Institute comprehensive systematic review trainer. She is a nursing researcher with special interests in nursing education, simulation, and registered nurse healthy work environments.

Manning holds membership in the National Association for Clinical Nurse Specialists, the American Association of Colleges of Nursing, the American Nurses Association, the National Diversity Council, the Southern Regional Education Board, and the Louisiana State Nurses Association. She serves as Governance Chair of the Epsilon Nu Chapter of Sigma Theta Tau International, Secretary of the Louisiana Council of Administrators of Nursing Education, and Center of Excellence consultant to the National League for Nursing, as well as State Liaison to the Southern Nurses Research Society.

LSU Health New Orleans School of Nursing is the only Louisiana nursing school integrated into an academic health sciences center. It provides local, regional, national, and international leadership in the education of professional nurses to function as generalists, advanced practitioners, educators, scholars, and researchers who shape

the delivery of nursing practice and education.

LSU President Presents New Economic Impact Study Plan at LSU Health NO

In February, LSU President F. King Alexander, alongside Dr. Larry Hollier, Chancellor of LSU Health New Orleans, presented "LSU 2025: Challenge Accepted | LSU's Role in Addressing the Biggest Problems Facing our State - and our Nation" to LSU Health New Orleans faculty, staff, students, donors, and invited guests.

The talk demonstrated LSU's collective ability to address Louisiana's most difficult problems through research, education, and intellectual capital. Dr. Hollier updated the group on LSU Health New Orleans initiatives and accomplishments that are improving the health and well-being of people living in Louisiana and beyond. The event included the announcement of results from LSU's newest economic impact study, as well as specific information about LSU Health New Orleans' impact on the health of our economy.

"LSU is recommitting to its land grant mission of research, education, and service for the benefit of our state," said Alexander. "The entire LSU family has a responsibility to help secure an even brighter future for Louisiana, with each campus playing a distinct and vital role in paving the path forward. The mantle of finding solutions to the state's most pressing problems is upon our shoulders. And to that, we say, 'Challenge accepted.'"

"One of our greatest strengths is our comprehensiveness, both in being part of the extensive family of LSU universities spanning Louisiana, and as the health sciences university with the largest number of professional health disciplines in the state," Hollier noted.

YMCA of GNO, American Diabetes Association Partner to Increase Diabetes Awareness

Across Louisiana, more than 35 percent of adults have prediabetes and are at an increased risk for serious health complications including kidney failure, blindness, heart disease, and stroke. On the larger scale, approximately 84.1 million Americans have prediabetes, but only 10 percent are actually aware they have the condition.

Prediabetes is a condition in which individuals

have blood glucose levels that are higher than normal, but not high enough to be classified as diabetes. Often preventable, people with prediabetes can reduce their risk for developing type 2 diabetes by adopting behavior changes that include eating healthier and increasing physical activity.

In light of this growing health issue in Louisiana, the YMCA of Greater New Orleans and the American Diabetes Association (ADA) for Louisiana and Mississippi have partnered to increase awareness of this devastating disease and to provide programming to decrease the prevalence of diabetes in our community.

"The partnership between the YMCA and the ADA seemed like such a natural fit for our two organizations," said Erica Halpern, YMCA's Diabetes Prevention Program Director. "Through our collaborative efforts, we can fight against the diabetes epidemic that impacts both our region's health and our resources. While there isn't a cure for diabetes, we are committed to helping our neighbors live longer, live stronger, and live healthier through diabetes prevention and management programs that offer education and support."

The YMCA Diabetes Prevention Program (DPP) helps overweight adults at risk for type 2 diabetes reduce their risk for developing the disease by taking steps that will improve their overall health. DPP is a yearlong program featuring 16 weekly sessions followed by monthly meetings. The program also includes a free membership to the local YMCA for the participants and their families. The classes are led by a trained lifestyle coach in a classroom setting. Participants learn realistic, healthier eating tools and habits along with safe ways to increase physical activity. Classes are available in Orleans, Jefferson, St. Tammany, and Plaquemines parishes and other surrounding communities.

The ADA Wellness Lives Here initiative inspires awareness and healthy habits both at work and at home. Year-round engagement empowers families, community groups, organizations, and companies to drive healthy behaviors and amplify health messaging. For some, it will mean fewer sick days and higher productivity. For others, it will mean looking and feeling better. For everyone, it will mean more empowered New Orleanians



Doneisha Atkinson, left, of Gonzales Healthcare Center receives a nursing scholarship from Karen Miller, director of the Louisiana Long Term Care Foundation.



The Louisiana Long Term Care Foundation (LLTCF) awarded nursing scholarships to nine recipients employed in long-term care facilities across the state. Director Karen Miller, upper left, presented the \$500 checks to recipients.

who can better control, delay, or prevent diabetes and other health problems. To learn more about the Wellness Lives Here initiative, visit www.diabetes.org.

"More than 35 percent of the Louisiana adult population have prediabetes with blood glucose levels higher than normal, but not yet high enough to be diagnosed as diabetes," said Madhavi Rajulapalli, MD, MBA, CHCQM, ADA board member and Aetna Better Health of Louisiana Chief Medical Officer. "As diabetes is the main cause of complications such as heart disease, stroke, amputation, end-stage kidney disease, blindness, and death, it is extremely important that individuals, and physicians, take advantage of these programs to reduce their risk for developing the disease and improve their overall wellbeing."

To learn more about YMCA's Diabetes Prevention Program, or to register to participate, visit <http://www.ymcaneworleans.org/ydpp>. Those wishing to learn if they are at risk can take the risk assessment at <https://www.ymcaneworleans.org/ydpp-participant>.

Louisiana Long Term Care Foundation Awards Nine Nursing Scholarships

The Louisiana Long Term Care Foundation (LLTCF) has awarded nursing scholarships to nine recipients employed in long-term care facilities across the state. Recipients will receive \$500 to further their professional development within the long-term care profession and to continue their mission to bring high-quality care to the residents they serve.

The scholarship recipients are:

- Doneisha Atkinson, Gonzales Healthcare Center, Gonzales
- Jennifer Brock, Colonial Oaks Living Center, Metairie
- Bianca Cantu Brown, Pontchartrain Health Care Centre, Mandeville
- Lucas Corona, Consolata Home, New Iberia
- Torri Corrao, Heritage Manor of Houma, Houma
- Angela Ducote, Naomi Heights Nursing & Rehabilitation Facility, Alexandria
- Shelby Fourroux, Jefferson Healthcare Center, Jefferson
- Emily Jones, Good Samaritan Living Facility,

Franklinton

- Brittany Pluckett, Colfax Reunion, Colfax

"With our aging population, the need for quality nursing staff in Louisiana is more critical than ever," said Karen Miller, Director of the Louisiana Long Term Care Foundation. "This scholarship recognizes staff members who go above and beyond to provide the best possible care while helping them reach their professional goals. This program is a win for the staff, a win for the facilities and, most of all, a win for the residents served throughout our state."

"This year's scholarship recipients stood out with their undeniable commitment to providing Louisiana's frail and elderly with the highest level of care while also achieving academic excellence," said Mark Berger, Executive Director of the Louisiana Nursing Home Association. "Their drive to always learn more is commendable, and as we look towards the future of our profession, it is vitally important to recognize excellence and provide support to encourage these individuals to continue their pursuit of a rewarding, lasting nursing career." ■



SAY NO TO AGEISM

We're all aware of the discriminatory issues of racism and sexism, but what about ageism?

AGEISM, the practice of regarding a person as debilitated on the basis of age, is fast becoming a topic of interest given the impact Baby Boomers are having on the national census. According to Pew Research Center roughly 10,000 Boomers are turning 65 every day, a rate that is expected to continue in years to come. Organizations such as LeadingAge and AARP are at the forefront of initiating efforts to eradicate what some refer to as a type of senior profiling. Often age-based assumptions are sweeping and include perceptions of low physical or cognitive capabilities or a lifestyle that is sedentary (or in the opinion of the profiler, should be sedentary). These generalizations can directly impact the tone of an interaction between an older adult and the profiler. If the profiler is a medical professional, the effects can be detrimental. It can affect how a provider interacts with an older adult and alter healthcare options, potentially leading to either under or over treatment. If the profiler is the older adult, it may determine whether treatment is sought or impede the person's willingness to advocate for him/herself.

My father was an extremely active 75-year-old, former Army officer when his boxer, Delilah, accidentally knocked him over, causing a fracture to his knee. I took him to an orthopedic specialist in his area. After taking a quick look at the medical chart and engaging in a five-minute conversation primarily directed at me, the doctor advised my father to "go home and stay off your leg".

We explained that my dad golfed 3-5 times a week, worked at his hardware store five days a week, and was very active in his church. A sedentary lifestyle would be the equivalent of a death sentence. Surely there must be another option. In a patronizing and dismissive tone, he assured us there was not.

I immediately asked for a copy of the chart and x-rays and contacted an orthopedic surgeon I had worked with in New Orleans. Our experience with this physician was *totally* different. This physician asked very pointed questions about my father's prior functioning status. He included me in the conversation, but mainly directed his discussion to my father and respectfully made eye contact with him. After a thorough assessment, a treatment plan was agreed upon and surgery was scheduled within days. Aggressive physical therapy followed, and my extremely energetic father soon resumed his active lifestyle. I shudder to think about what would have happened had we not sought a second opinion.

In the senior care industry, we hear stories like this fairly often and sadly, even witness older adults engaging in ageism. To an ageist conditions such as depression, a diminishing libido, pain, or chronic fatigue are considered normal aging. These generalizations can alter how a provider offers care or whether an older adult seeks care, as demonstrated by my father's encounter with the first physician.

The good news is that we can all become part of the movement to erase ageism.



FOR HEALTHCARE PROVIDERS

Raise consciousness about ageism. Identify negative behaviors, perceptions, and attitudes around growing older through training.

Commit to a shift in culture. Help redefine what aging means. Some say aging is not the loss of youth, but rather an opportunity to attain a unique level of growth, strength, and wisdom.

FOR OLDER ADULTS

Be your own advocate. Dr. Joyce Mathison, a retired physician and Independent Living resident of Lambeth House says, "Speak up and respectfully call ageism out when you hear it."

Resist the urge to perpetuate stereotypes of getting older. Stop using age as an excuse not to try new things. Drop lines like, "I'm too old for that" or "I've missed my chance".

Live your best life, one of purpose and meaning. As they say, "You're not over the hill, you're on top of the mountain." ■

EPIDEMICS: FACING SHORT AND LONG TERM HEALTH CRISES

As I write this column, Louisiana is in the middle of a severe flu season. In more severe seasons, the flu causes approximately 700 deaths and nearly 8,000 hospitalizations each year in Louisiana. We are already on track to meet and possibly exceed these statistics for the 2017/18 flu season.

BEGINNING IN DECEMBER and through the month of January, more than 10 percent of health care visits have been flu related. This high-level of flu activity is typically only something we see for a week or two during the peak of flu season. In Louisiana, flu typically begins in October and lasts through February and into March. With several weeks to go, and more than one flu strain being passed from person to person, it's important that you protect yourself.

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.



Rapides Parish Health Unit prepares to offer flu vaccinations on the January 31, to kick off the no cost flu vaccine day. In one afternoon, more than 2,800 flu vaccines were given throughout the state.



In an effort to minimize the spread of the flu, the Louisiana Department of Health Office of Public Health acted quickly to offer no cost flu vaccines for the first two weeks of February. On the first day of the no cost vaccine campaign, more than 2,800 flu vaccines were given across the state. I'm proud of our team for mobilizing quickly to respond to the public need.

I'm also proud of all of the health care workers in our state. I fully understand that hospitals, emergency rooms, and clinics have been taxed with incredibly high demands for care. I am grateful for the health care professionals in our state who work tirelessly to ensure the health care needs of our state are met. From hurricane season, to flu season, and everything after and in-between, health care professionals across our state rise to every challenge to provide care and to do everything possible to help patients. We are fortunate to have this level of commitment in our state.

Another epidemic impacting our state is opioid use. In January, I renewed the standing order (prescription) for the life-saving medication Naloxone. Through this action, laypeople who are helping a person who has overdosed or who is at risk of an overdose on heroin can have this medication at hand. This means friends and family of people addicted to morphine or another opioid drugs can get this lifesaving medication, naloxone, from their pharmacist without having to get a direct prescription from a doctor.

Naloxone is an antidote medication that reverses an opioid overdose. Used by medical professionals for years, naloxone is the most effective way to counteract an overdose and save lives.

The State of Louisiana first issued this naloxone "standing order" a year ago. Now this action keeps the order in place and allows pharmacists to dispense naloxone

to laypeople including caregivers, family and friends of an opioid user. People who receive naloxone from a pharmacy will be provided education about how to recognize an overdose, how to store and administer the medication, and will be given information about emergency follow-up procedures.

Louisiana has more opioid prescriptions than we have people, and the widespread distribution of Naloxone is a key component of our strategy to combat the opioid epidemic and save lives. Louisiana has seen a steady increase in deaths since 1999, and the number of deaths has more than doubled from 2011 to 2015. The Centers for Disease Control and Prevention has stated that more than 1,000 people died from a drug overdose in Louisiana in 2016. This number surpasses the number of deaths from motor vehicle accidents, homicides, or suicides.

Additionally, Louisiana continues to address opioid use through changes to policy and approved legislation that limits prescriptions to opioids. The Department of Health has also secured grant funding that enhances treatment and prevention programs.

The good news is we are beginning to see improvements.

You may have read articles that suggest opioid use is up and the cause in Medicaid expansion. This is not the case as the statistics below clearly demonstrate. New data from the Louisiana Department of

Health and the Louisiana Board of Pharmacy show there are fewer opioids being prescribed now than in the past years.

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 from the year before Medicaid expansion to the year afterwards, as shown here:

- The number of prescriptions decreased by 790,993, from 5.77 million prescriptions in 2013 to 4.98 million in 2017.
- This represents a 15 percent reduction in opioid prescription for this time period.

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 percent 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 percent.

The Louisiana Department of Health will continue its ongoing work to address this challenge. ■

"The number of prescriptions decreased by 790,993, from 5.77 million prescriptions in 2013 to 4.98 million in 2017."

“TO SLEEP, PERCHANCE TO DREAM”¹

SLEEP DEPRIVATION & ITS IMPLICATIONS FOR HEALTHY LIVING

If queried, how many of us would think that we had gotten enough sleep during the past week, month, year? Can you remember the last time you awoke naturally during the work week and not by way of some artificial alarm on your bedside or iPhone? If you can't answer either question in the affirmative, you aren't alone. Americans sleep roughly two hours less than they did just 50 years ago, and the National Institutes of Health estimates that 40% of American adults and 70% of adolescents are sleep deprived.²

MY INTEREST IN SLEEP, sleep deprivation, and the impact of lack of sleep on health was piqued when I discovered Dr. Matthew Walker's fascinating book, *Why We Sleep*³. Dr. Walker is a neuroscientist and sleep expert who has spent the last two decades studying the importance of sleep and dreams. As Director of the University of California Berkeley's Sleep and Neuroimaging Lab and former professor of psychiatry at Harvard, Dr. Walker has published more than a hundred scientific studies that demonstrate how sleep improves learning, regulates hormones, prevents cancer and other chronic illnesses, and slows aging. Beginning with the evolutionary foundation of sleep, Dr. Walker describes the explosion of discoveries that support the multiple processes that occur while we sleep. Within the brain sleep provides benefits that include enriching our ability to learn and make logical decisions, resetting our emotive circuits, calming hurtful memories, and inspiring imagination. Down below, the body also benefits as our immune system is reprogrammed to assist in fighting malignancy, infection, and other illnesses; metabolic processes are fine-tuned and our cardiovascular system is recharged. Based on his and others' research, there is a clear message; "...sleep is the single most effective thing we can do to reset our brain and body health each day – Mother Nature's best effort yet at contra-death (p. 8)”³

All states have regulations prohibiting driving under the influence of alcohol or controlled, dangerous substances and yet these same states, including Louisiana, think nothing of letting individuals drive after working an all night shift. People are clueless about the effects of fatigue and the similar alcohol-related impairments it causes related to driving. The National Transportation Safety Board (NTSB) investigates all road, rail, and aviation accidents in the United States that they believe are associated with factors that can be mitigated to improve safety for everyone in the country. Unfortunately, nearly 40 of the NTSB's recommendations to reduce fatigue-related accidents have not been implemented.² Consider the fact that we know that nurses and physicians work long, consecutive hours. With the routine shift now encompassing 12 hours, up to half of our nurses and many residents in training are working night shifts when their circadian rhythms are telling them they should be sleeping and renewing their body functions. Unfortunately, hospitals are open 24 hours per day, 7 days per week, 52 weeks per year; in other words, they never close and we must have nurses and physicians present to care for patients. However, when nurses and physicians work 16-20 hour shifts, especially at night, for several days in a row and are already sleep-deprived because they are forced



to reprogram their bodies to sleep during the day, often averaging less than 5 hours of uninterrupted sleep, they are impaired to the same level as someone who is legally drunk.³ We should no more be letting our health care workers practice under these conditions than we should be letting them get into their cars and driving home, imperiling both themselves and other drivers on the road.

Sleep is not just one of the three pillars of good health, the others being diet and exercise, it is foundational to the other two. The impact of sleep loss is insidious and affects every major organ and system in the body. Epidemiologic studies over the last 20 years and including millions of participants have established clearly that the shorter time we sleep, the shorter our life. Leading causes of death and disability in the developed nations include heart disease, obesity, dementia, diabetes and cancer – all of these have been linked causally to sleep deprivation. In most studies conducted regarding the effects of sleep deprivation on the body, an overactive sympathetic nervous system has been observed, meaning that the body remains in fight or flight status as long as the sleeplessness persists. This effect can last for years in those with an untreated sleep disorder, work hours that limit sleep or its quality, or just sleep neglect. The sleep-deprived heart beats faster and blood pressure is increased. The stress hormone cortisol is also increased, which further exacerbates hypertension. Growth hormone is limited thus the inside of damaged blood vessels is not replenished and atherosclerosis is accelerated.³

In addition to cardiac effects there are major metabolic sequelae to sleep deprivation. The less you sleep, the more you eat, leading to being overweight or obese. We are also less able to manage the concen-

trations of sugar in our blood, which can lead to a pre-diabetic state or even type 2 diabetes. The most compelling evidence demonstrates that lack of sleep disrupts blood sugar control by making cells unresponsive to the otherwise normal message of insulin, that is, we become insulin resistant. Our cells actually begin to repel rather than absorb the high levels of glucose leading to hyperglycemia and ultimately diabetes. At a cost of \$85,000 per patient over a lifetime and the loss of 10 years of life expectancy, diabetes is a major health problem in developed countries.³ Chronic sleep deprivation is recognized as a major contributor to its development, one that is entirely preventable.

Finally, and most especially concerning for night shift nurses, several prominent epidemiologic studies have reported a link between different forms of cancer and the disruptions to circadian rhythm caused by nighttime shift work. Included are associations to the development of breast, prostate, uterine wall and colon cancers. It is becoming clearer that the increase in cancers associated with sleep deprivation is associated with that pesky sympathetic nervous system response described earlier, and the sustained inflammatory response from the immune system. Cancers use inflammation to their advantage using inflammatory factors to initiate a network of blood vessels that supplies the tumor with oxygen and other nutrients to help it grow. That same inflammatory response can also alter the DNA of the tumor, increasing its malignant factors and assisting it to metastasize from its primary location to secondary sites throughout the body.

Sleep deprivation may be the greatest public health challenge facing developed countries in the 21st century. It should be evident from the descriptions above that we need to have a societal shift in our un-

derstanding of the morbid effects of lack of sleep. Especially for shift workers like nurses, we must appreciate the value of sleep in promoting wellness, vitality, and healing. In closing, I offer these *Twelve Tips for Healthy Sleep* published in 2012 by the National Institutes of Health.

- Stick to a sleep schedule. Go to bed and wake up at the same time each day.
- Exercise at least 30 minutes on most days but not later than 2-3 hours before bedtime.
- Avoid caffeine and nicotine.
- Avoid alcoholic drinks before bed.
- Avoid large meals and beverages late at night.
- Avoid medicines that delay or disrupt your sleep; many heart, blood pressure, and asthma medicines, as well as OTC cough or allergy medicines, cause insomnia.
- Don't take naps after 3 p.m.
- Relax before bed; read or listen to music.
- Take a hot bath before bed.
- Dark bedroom; cool bedroom; gadget-free bedroom.
- Have the right sunlight exposure. Daylight is the key to regulating daily sleep patterns. At least 30 minutes outside in natural sunlight is recommended.
- Don't lie in bed awake. If you are still awake after being in bed for 20 minutes, get up and do something relaxing until you feel sleepy.⁴ ■

REFERENCES

- ¹Shakespeare, William (1604). *Hamlet*, Act III, Scene I.
- ²National Geographic (2014) *Sleepless in America*.
<http://channel.nationalgeographic.com/sleepless-in-america/episode/sleepless-in-america>.
- ³Walker, Matthew (2017). *Why We Sleep. Unlocking the Power of Sleep and Dreams*. New York: Scribner (an imprint of Simon and Schuster, Inc.)
- ⁴Reprinted from *NIH Medline Plus* (Internet). Bethesda, MD: National Library of Medicine (US); summer 2012. Tips for Getting a Good Night's Sleep. <https://www.nlm.nih.gov/medlineplus/magazine/issues/summer12/articles/summer12pg20.html>

INVESTING IN CARE PAYS OFF: QUALITY THAT PAYS IN PRACTICE

INCENTIVE PROGRAMS that reward providers for improving quality are nothing new in healthcare, and that includes Medicaid. A Center for Health Care Strategies, Inc. report indicates that more than 25 states' Medicaid programs have some level of provider incentives in place, and Louisiana's Medicaid managed care program is among that number. For many states, the results have been mixed, due largely to incentive programs that weren't clearly defined, or weren't promoted among physicians. Yet research shows that when incentive programs are well structured, include clear and measureable goals, and engage the appropriate provider audiences, the results are much different. Here in Louisiana, one Medicaid Managed Care Organization's \$58 million investment in physicians and OB/GYNs has yielded significant improvements in quality care for the state's most vulnerable patients.

A MODEL THAT WORKS

The Medicaid managed care model was introduced in Louisiana in 2012, and initially, it was not a popular transition. Since the first round of Medicaid managed care contracts, great strides have been achieved, thanks to the leadership of the Louisiana Department of Health (LDH) and state policymakers, and their commitment to improving outcomes for vulnerable populations.

In support of that commitment, in February 2015, Louisiana Healthcare Connections, the state's largest Medicaid MCOs with over 475,000 members, launched an incentive program for network PCPs and OB/GYNs. The program encourages improvements in key quality areas such as access to preventive care services.

Using the lessons learned in CommunityCARE 2.0 (Louisiana's primary care case management program prior to managed care) and other states, and the feedback of the state's PCPs and OB/GYNs, Louisiana Healthcare Connections built its model on clearly defined quality measures and financial incentives. Every targeted measure is data-driven and based on the specific healthcare needs of Louisiana's complex Medicaid population.

One component of the program is centered on achieving improvements in HEDIS measures such as adolescent well care, chlamydia screenings, and comprehensive diabetes care - all areas in which Louisiana has historically ranked poorly. For meeting the designated targets, PCPs and OB/GYNs receive a Per Member Per Month (PMPM) incentive.

Another component enables PCPs to earn increased rates for providing after-hours care, and provides an incentive for OB/GYNs for conducting timely post-



Stewart T. Gordon, MD, FAAP
Chief Medical Officer, Medical Affairs

QUALITY MEASURE	2015	2017
Chlamydia Screenings	57.5%	63.3%
Adolescent Well Care Visits	39.4%	45.2%
Well Child 3-6	57.5%	60.4%
Adult Access	81.3%	84.2%

Table 1: Louisiana Healthcare Connections' \$58 million investment in incentives for primary care physicians and OB/GYNs has yielded improvements in key quality measures for Louisiana's Medicaid population.

partum visits and completing cervical and breast cancer screenings. These objectives are based on high rates of low birth weights and cervical and breast cancer diagnoses in Louisiana.

To support providers in achieving quality targets and closing care gaps, Louisiana Healthcare Connections provides a comprehensive set of tools and resources, including access to timely, actionable data reports related to ED utilization, HEDIS measures, and incentive targets.

Further, the health plan employs a statewide team of provider consultants who work one-on-one with PCPs and OB/GYNs to provide support for quality improvement efforts and education about resources for both providers and members.

In addition, the health plan conducts free provider education and training opportunities throughout the year, across the state, to increase program awareness and engagement.

RESULTS THAT MATTER

Since 2015, more than \$58 million in

provider incentives has been paid to healthcare providers across the state, and significant increases in quality care delivery have been achieved.

In 2015, the health plan paid nearly \$16.9 million in provider incentives; in 2016, that amount increased to \$20.6 million. In 2017, more than \$20.8 million was paid to providers, with over \$10 million going to PCPs and OB/GYNs. Additionally, shared savings for 2017 for primary care totaled nearly \$1.5 million.

The results of that investment are clear. Since 2015, adolescent well care visits and chlamydia screenings have each increased by nearly six percent. Well child visits for children ages three-six and adult access to preventive care have increased by three percent each.

These quality improvements were achieved while simultaneously supporting providers in delivering care to a Medicaid Expansion population that includes hundreds of thousands of residents who previously lacked access to preventive services and continuity of care.

These achievements contributed to Louisiana Healthcare Connections being awarded Commendable Accreditation status from the National Committee for Quality Assurance (NCQA) in 2017 for demonstrating outstanding operations and clinical performance, and scoring near perfect in member satisfaction.

INCENTIVES WORK

Louisiana Healthcare Connections has demonstrated that when incentive models are well planned, and provider buy-in is secured, quality improvements happen, patient outcomes improve, and significant savings for the state are achieved.

One of the most critical components in transforming the health of Louisiana is a strong partnership with PCPs, OB/GYNs, and other providers. An investment in these quality-focused providers is an investment in the health of our state – and it's clearly a sound investment. ■

Stewart T. Gordon, MD, FAAP, is a general pediatrician who worked for 18 years as professor of clinical pediatrics and chief of pediatrics at LSU Health Sciences Center/Earl K. Long Medical Center. A graduate of Louisiana State University and LSU Medical School in New Orleans, Dr. Gordon completed his training in pediatrics at Charity Hospital and Children's Hospital. His clinical practice predominantly involved providing medical services to underserved children and families. As Chief Medical Officer for Louisiana Healthcare Connections, he provides peer-based support for enhanced communication and collaboration with the LHCC provider network. Dr. Gordon's areas of interest include advancing public policy for children's health issues, especially focusing on investing in early childhood education. He is an active member of the Louisiana Chapter of the American Academy of Pediatrics, helping to shape health policy reform. Dr. Gordon serves on the boards of the Capital Area United Way and the Louisiana Partnership for Children & Families.



NOLA Innovator's Challenge Winner: FOCUS ON DIABETES

THE NOLA HEALTH INNOVATORS CHALLENGE (NOLAH) is a signature initiative of the New Orleans Business Alliance (NOLABA) brought to you by Blue Cross and Blue Shield of Louisiana and Ochsner Health System. Our title partners posed a NOLAH challenge statement focused on diabetes care, emphasizing the pressing need to focus on diabetes and specific barriers patients face on their path to wellness.

This column features a Q&A with Aimee Quirk, CEO of innovationOchsner, about the long-term goals of NOLAH, specifically the Diabetes Care Challenge.

NOLABA: What are the biggest dangers with diabetes that make it one of the leading causes of death in Louisiana?

QUIRK: If left unchecked or mismanaged diabetes can cause serious complications for just about every system and organ in the body. Not only can diabetes put you at greater risk for heart disease and stroke, it can cause kidney failure, foot complications, and even permanent blindness. These are serious issues that affect many people in our community. The good news is that there are ways we can manage Type 2 diabetes and prevent these dangers from happening with health maintenance and a healthy lifestyle.

NOLABA: Why is diabetes care an area ripe for innovation in New Orleans?

QUIRK: Chronic diseases like diabetes, high blood pressure, and heart failure represent 86% of healthcare costs and 75% of deaths in this country. It is a real problem, particularly here in the Gulf South where the prevalence of chronic disease is the greatest. These diseases affect our families, our friends, and our neighbors every day. Innovation – applying new thinking and the latest technology with a focus on the patient and making the experience better for them – can help us solve this persistent problem and save and change lives in our community.

NOLABA: The NOLA Health Innovators Challenge encouraged applicants to create a digital tool that supports diabetic health maintenance. What would an ideal digital innovation in diabetes care entail?

QUIRK: There are a number of actions people living with Type 2 diabetes need to take to manage their condition, including consistent diet, physical activity and blood glucose monitoring, taking daily medications, regular doctor visits, and routine screenings. This is a lot to manage on a daily basis and keeping up with this routine



Aimee Quirk

"Ochsner has a 75-year track record of providing quality care and leading healthcare innovation in this community, and today through iO Ochsner is a pioneer in digital health, and is leading the way to use innovation to help solve some of the most pressing healthcare challenges we face."

can be stressful and overwhelming. To minimize this "diabetes distress" and increase their opportunity to maintain disease control we need to make the daily lives of people with diabetes easier, and we believe innovation can help us do that. At Ochsner we have developed an innovative new care model that offers convenient and comprehensive care for Type 2 diabetes. Our Diabetes Digital Medicine program uses the patient's smartphone and a connected digital glucometer to get regular blood sugar readings, allowing our care team to provide real-time adjustments to our patients, all from the comfort of the patient's home or wherever they are in their busy lives.

And through the NOLAHI Challenge, together with our partner Blue Cross and Blue Shield of Louisiana, we seek to find another digital tool to make it easier for patients to get the recommended routine foot and eye screenings. Ideally the Challenge will help us find a solution that allows patients to do these screenings at home using technology, perhaps the patient's smartphone, that would seamlessly and discreetly transmit data to a patient's electronic medical record, allowing the patient's care team to address issues earlier and proactively. We believe a tool like this will help people with diabetes

better manage the condition on their own schedule.

NOLABA: Tell us what innovationOchsner (iO) hopes to accomplish when it comes to making new strides in healthcare in the New Orleans area?

QUIRK: Ochsner has a 75-year track record of providing quality care and leading healthcare innovation in this community, and today through iO Ochsner is a pioneer in digital health, and is leading the way to use innovation to help solve some of the most pressing healthcare challenges we face. We want to make getting excellent, quality healthcare convenient and even enjoyable, so that ultimately this community that we love so much is as healthy, vibrant, and strong as we can be.

NOLABA: Aside from its juvenile form, diabetes tends to affect an older demographic, so what innovative approaches are you taking to make digital adaption easier for digital non-natives?

QUIRK: All of our innovation initiatives are designed with the end user in mind – our goal is to make the process convenient and easy to use. To ensure that community

members can benefit from the new, convenient, technology-enabled care models our team has created, regardless of how tech-savvy they are, Ochsner launched the O Bar several years ago. The O Bar is a first-in-the-nation healthcare-focused genius bar that offers in-person support from a friendly tech "genius" who is up to speed on healthcare apps and technology. Community members can visit the O Bar and in one stop get the apps and connected devices synced to their electronic medical record, and leave completely set up and equipped with the knowledge they need to use it all from home. It's been a great success and patients of all ages are actively participating in our digital programs. We now have multiple locations across our region and leading organizations from around the world look to us as a model for driving patient engagement and improving health outcomes using technology.

We encourage all of you to attend our NOLAHI finale event at New Orleans Entrepreneur Week this month. Finalists will pitch their innovative solutions to healthcare challenges and we will reveal the winners of prizes and pilot opportunities unique to New Orleans. Learn more on our website – www.nolaba.org. ■

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Hospital Rounds



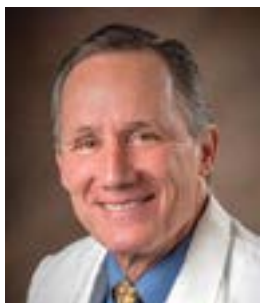
Tulane Pediatrics Hold Annual Patients' Parade

Tulane Pediatrics' annual parade, Krewe De Peds, hit the hallways of Tulane Lakeside Hospital for Women and Children on Feb. 6. Patients decked out in costumes and riding on decorated stretchers and wagons paraded through the hospital tossing throws donated from the Krewe of Bacchus. Members of Krewe des Fleurs and representatives from Bacchus accompanied the patients on the route.

"Our patients and employees look forward to the Krewe Du Peds parade every year," said Julie Connelly, Tulane Health System arts in medicine coordinator. "Many of our patients won't be able to attend the outdoor parades, so we feel it's important to bring carnival season to them right here in the hospital."

Tulane Health System's Child Life Department and Art in Medicine Program recognize the importance of creative outlets to help reduce stress, anxiety, boredom, and the perception of pain.

"The annual Krewe Du Peds parade is just one example of how we use art, fun, and laughter to heal the body and mind," said Connelly.



Darren Rowan, MD, FACS

Dr. Darren Rowan Joins North Oaks Surgical Associates

Local, fellowship-trained and board-certified General Surgeon Darren Rowan, MD, FACS, has joined North Oaks Surgical Associates.

Rowan, who is certified by the American Board of Surgery in General Surgery, shares that his daily goal is to improve the quality of life for each person with whom he has contact – whether in the operating room or community. He has practiced medicine for a total of 24 years in Alabama and Louisiana with 13 years spent on the Northshore.

A fellow of the American College of Surgeons, Rowan earned his medical degree from the Louisiana State University Medical Center in New Orleans. He completed a residency through the University of South Alabama Medical Center in Mobile, where he also served as an Emergency Room Clinical Instructor.

Rowan specializes in the diagnosis and surgical intervention for complex conditions, including biopsy procedures, colon disorders (diverticulitis and cancer), breast disorders (benign cysts, masses, and cancer), hernia (recurrent, inguinal, hiatal, umbilical, and incisional), thyroid (nodules and cancer), parathyroid disorders, adrenal gland disorders, anorectal disorders (hemorrhoids, anal fissures, and fistulas), gallbladder disorders, and gastroesophageal reflux disease. He also has extensive experience utilizing advanced, minimally invasive surgery (laparoscopic and robotic) to treat many of the diseases mentioned above.

North Oaks Surgical Associates is located in Suite 108B of the North Oaks Office Plaza at 15770 Paul Vega, MD, Drive in Hammond. Clinic hours of operation are 8 a.m.-5 p.m. weekdays.

Other North Oaks Surgical Associates providers include Dorothy A. Lewis, MD, FACS; and Nurse Practitioner Jodee D. Bernier, APRN, FNP-C.

North Oaks Medical Center Physicians Appoint 2018 Medical Executive Committee

Nine area physicians have been selected by their peers to serve on the North Oaks Medical Center Medical Executive Committee for 2017. These officers will serve as liaisons between the North Oaks Medical Staff and North Oaks Health System Board of Commissioners.

Serving as Chief of Staff is Urologist Robert Kidd, MD. He earned his medical degree from Tulane University School of Medicine in New Orleans. He completed his internship and residency through Memorial Medical Center in Savannah, Georgia, and is certified by the American Board of Urology. He joined the North Oaks medical staff in 1982. His previous medical executive committee positions include chief-of-staff in 1991 and 2007; chief of staff-elect in 1990, 2006, and 2017; Surgery Department chairperson from 2010-2011 and 2014-2015; member-at-large in 2013; and member in 1989. In addition, he served on the Bylaws and Credentials Committee in 1993, 1995, and from 2008-2009; the Professional Practice Evaluation Committee in 2012; and the Surgery Steering Committee from 1996 to 2001.

Chief of Staff-Elect is Anesthesiologist Michael Cordone, MD. He is a graduate of Tulane University School of Medicine in New Orleans and fulfilled his internship there. He completed his residency through Johns Hopkins Hospital in Baltimore, Maryland. He is certified by the American Board of Anesthesiology and joined the North Oaks medical staff in 2008. For the past two years, Cordone has chaired the Surgery Department.

Members-at-Large are Ear, Nose and Throat Physician Jeffrey LaCour, MD, and Family Medicine Physician Leonard Treanor, MD. Both are entering the final year of a two-year term as members-at-large.

LaCour earned his medical degree from the School of Medicine at Louisiana State University (LSU) and completed his internship and residency through the LSU Health Sciences Center, both in New Orleans. A residency followed through University of North Carolina Hospitals

at Chapel Hill. He also completed a fellowship in otology through Pittsburgh Ear Associates in Pittsburgh, Pennsylvania, and a fellowship in rhinology through Georgia Nasal and Sinus Institute in Savannah, Georgia. He is certified by the American Board of Otolaryngology and joined the North Oaks medical staff in 2010.

Treanor earned his medical degree from the Medical University of the Americas in Charlestown, Nevis, West Indies. He carried out his internship and residency through Baton Rouge General Medical Center and is certified by the American Board of Family Medicine in family medicine, hospice, and palliative care. He joined the North Oaks medical staff in 2011 and was vice chairman of the Family Practice Department in 2016.

The following physicians will serve as departmental chairpersons:

- Family Medicine Physician Smitty Smith, MD, will serve as Family Practice Chairperson. He earned his medical degree from LSU School of Medicine in New Orleans. He completed his internship and residency through LSU Health Sciences Center in Bogalusa. He is certified by the American Board of Family Medicine and joined the North Oaks medical staff in 2014. He served on the Bylaws and Credentials Committee in 2017.
- Hospital Medicine Physician Wonestta Collins, MD, will serve as Medicine Chairperson. She joined the North Oaks medical staff in 2015 and earned her medical degree from the LSU School of Medicine in New Orleans. She carried out her internship and residency through the University of Alabama in Montgomery.
- Obstetrician and Gynecologist Brian Ashford, MD, who is certified by the American Board of Obstetrics and Gynecology, will serve as Obstetrics and Gynecology and Pediatrics Chairperson. He earned his medical degree from the LSU Health Sciences Center in New Orleans, where he also completed an internship and residency. Ashford, who joined the North Oaks medical staff in 2010, has served on the Pharmacy and Therapeutics Committee since 2014.
- Ear, Nose, and Throat Physician D'Antoni Dennis, MD, who joined the North Oaks medical staff in 2013, will serve as Surgery Department

Chairperson. He earned his medical degree through the LSU Health Sciences Center in Shreveport. He completed an internship and residency in otorhinolaryngology (ear, nose, and throat) through the LSU Health Sciences Center in New Orleans. He is certified by the American Board of Otolaryngology.

- Emergency Medicine Physician Brandon Cambre, MD, will serve as Emergency Medicine Chairperson. He earned his medical degree from LSU in Shreveport and completed an internship and residency through the LSU emergency medicine program at the former Earl K. Long Memorial Hospital in Baton Rouge. Cambre, who is certified by the American Board of Emergency Medicine and who joined the North Oaks medical staff in 2005, was the emergency medicine vice chairman for the hospital's Medical Executive Committee in 2017. Cambre's other leadership roles include service on the hospital's Emergency Medicine Steering Committee in 2009 and the Bylaws and Credentials Committee (2014 vice chairman and 2015-2016 member). Cambre also represents hospitals with more than 100 beds on the Regional Commission of the Louisiana Emergency Response Network (LERN) for Region 9.

Terrebonne General Medical Center Announces 2018 Bayou Region Athletic Hall of Fame Inductees

The Foundation for Terrebonne General Medical Center (TGMFC), along with the TGMFC Community Sports Institute, has announced six Bayou Region Athletic Hall of Fame inductees. These individuals will be recognized at a banquet which will be held June 29 at Cypress Gardens in Gray.

The inductees include the following:

Ron Estay graduated from South Lafourche High School in 1968 where he was an all-state defensive lineman for the Tarpons. He went on to star at Louisiana State University, earning the ABC-TV Chevrolet Defensive NCAA Player of the Year in 1971, along with being chosen as an Associated Press All-American. Estay played in the Canadian Football League (CFL) and was a six-time Grey Cup Championship winner with the Edmonton Eskimos. He is presently a CFL Hall of Fame member.



TGMC MEDICAL AUXILIARY PRESENTS BUBBA DOVE MEMORIAL SCHOLARSHIP

The Bubba Dove Memorial Scholarship Fund and the TGMC Medical Auxiliary Group presented a \$1,000 scholarship to Madalyn Beyer. This scholarship is awarded on a yearly basis to a Nicholls State University nursing student or pre-medicine junior or senior. Beyer is a Biology, pre-medicine student who has a 4.0 GPA at Nicholls State University.

Pictured, left to right, are Sye Broussard, Dove Foundation; Mark Lee, board president of the Foundation for TGMC; Paul Duplantis, president of the Bubba Dove Memorial Foundation; Madalyn Beyer, scholarship recipient; Jackie Dove Broussard, Dove Foundation; and Ann Dupre, TGMC Medical Auxiliary.

Earl Gros is a 1958 Terrebonne High School graduate and played football at Louisiana State University. At LSU, he received All-SEC recognition and led the team in rushing yards in 1961. Gros was drafted by the Green Bay Packers as a first round pick in 1962 and played nine years in the National Football League.

Harold Haydel attended St. Francis High School and led the Terriers to become baseball State Champions in 1959, 1961, and 1962. Haydel was the first bayou region native to be drafted into the MLB when he was chosen by the Houston Colt 45's in 1962. He later pitched for the Minnesota Twins in 1970 and 1971.

In 1985, Tommy Hodson graduated from Central Lafourche High School after receiving all-state honors as aquarterback for the Trojans. He attended Louisiana State University and holds the LSU career passing record of 9,115 yards and 69 touchdowns, along with multiple All-SEC and All-American honors. Hodson was a third round draft

pick by the New England Patriots in 1990 and had more than 1,800 passing yards and seven touchdowns in his NFL career.

Wally Whitehurst graduated from Terrebonne High School in 1983. He then attended the University of New Orleans where he led UNO's baseball program to the first NCAA World Series appearance in Louisiana collegiate history. He was a third round draft pick by the Oakland A's in 1985 and pitched in the MLB for seven years with the New York Mets, the San Diego Padres, and the New York Yankees.

Larry Wilson attended Central Lafourche High School where he earned High School Basketball Dapper Dan All-American honors and was the Louisiana State High School MVP in 1975. Wilson graduated from Nicholls State University as a two-time Gulf Coast Conference Player of the Year and a three-time Division II Associated Press All-American. He is the NSU career scoring leader with 2,596 points. Wilson was drafted by the Atlanta



Julie Z. Larson, MD

Hawks in 1980 in the second round.

The Hall of Fame banquet honoring these will be held from 6 p.m. – 9:30 p.m. Each honoree will earn a spot of prominence on the Bayou Region Athletic Wall of Fame, which is located in the TGMC Community Sports Institute.

Inductees represent some of the top athletes from Terrebonne, Lafourche or Assumption Parishes who are also dedicated to community involvement.

Event tickets will go on sale May 14 on TGMC.com. For more event information, call (985) 873-4603 or email Paul Labat at paul.labat@tgmc.com.

North Oaks Rehabilitation Hospital Physicians Appoint 2018 Medical Executive Committee

Three area physicians have been selected by their peers to serve on the North Oaks Rehabilitation Hospital Medical Executive Committee for 2018. These officers will serve as liaisons between the medical staff and the North Oaks Rehabilitation Hospital Board of Managers.

Serving as chief of staff is Physiatrist Julie Z. Larson, MD. She earned her medical degree from Creighton University School of Medicine in Omaha, Nebraska, performed an internal medicine internship at University of Nebraska Medical Center in Omaha, and performed an internship in physical medicine and rehabilitation at the Kansas University Medical Center in Kansas City. She joined the North Oaks medical staff in 2016.

Members-at-large include Family Medicine Physician H.A. "Rowdy" Valdes, MD, and Internal Medicine Physician Susan Zacharia, MD.

Valdes is a graduate of Louisiana State University School of Medicine in New Orleans. He

completed an internship and residency through the University of Alabama in Tuscaloosa. He is certified by the American Board of Family Medicine and joined the North Oaks medical staff in 1999.

Zacharia earned her medical degree from the Universidad Tecnologica de Santiago in Santo Domingo. She completed an internship and residency at the University of Texas Medical Branch in Galveston, Texas. She is certified by the American Board of Internal Medicine and joined the North Oaks medical staff in 1995.

Blue Cross and Blue Shield of Louisiana Honors STPN Physicians for Top-Quality Care

Blue Cross and Blue Shield of Louisiana awarded St. Tammany Physicians Network doctors in their top performance for patient care as part of the Quality Blue Primary Care program.

The local doctors achieved top scores on the clinical quality measures in three of the program's targeted conditions--diabetes, hypertension, and vascular disease.

STPN is among several clinics and more than 175 primary care doctors that Blue Cross recognized at the annual Quality Blue Primary Care Statewide Collaborative at the end of 2017 for their role in improving the health and lives of Louisianans.

STPN doctors that were recognized include:

- Dr. Charles Baier – Hypertension Care
- Dr. Libeau Berthelot – Hypertension Care, Vascular Care
- Dr. Christopher Foret – Hypertension Care
- Dr. Nathalie Kerkow – Hypertension Care
- Dr. Glen Kesler – Hypertension Care
- Dr. Jennifer Miles – Hypertension Care, Diabetes Care
- Dr. J. Ralph Millet – Hypertension Care.

CEO Bill Davis Leaving Slidell Memorial Hospital at End of 2018

The Slidell Memorial Hospital (SMH) Board of Commissioners announced that CEO Bill Davis has notified them of his intention to not renew his contract, which expires at the end of 2018. For personal family reasons, Davis will be leaving Slidell at the end of this year. At last night's meeting, the SMH Board approved the hiring of Korn Ferry Associates to conduct a national search for

the next SMH CEO, and Davis will play an integral role in selecting his successor. According to the most recently published data, Korn Ferry is the second largest executive healthcare recruiting firm in the United States.

As CEO, Davis has led the hospital for six years after first serving as Chief Financial Officer from 2001 to 2012. In these roles, he helped lead SMH from a precarious fiscal and operational situation to become a healthcare leader and important community resource. When Davis became CFO, SMH was in double technical default on its outstanding bond issues and had lost \$12.8 million in 2000. He led an impressive financial turnaround, with the hospital generating a \$776,600 income the very next year, in 2001. In the years since, SMH has made an income in every year, except 2011 and 2013. His efforts in restoring SMH to fiscal health were lauded in a commendation resolution by the Louisiana Legislature.

Under his leadership, successful initiatives included:

- Improved patient safety and quality of care, which earned SMH top placement with national and healthcare industry ratings organizations
- The new, expanded SMH Emergency Department and new SMH Heart Center
- The SMH Community Outreach program that touches over 30,000 lives per year
- 55% improvement in employee satisfaction measurements
- 58% improvement in patient satisfaction measurements

The hospital's partnership with Ochsner Health System expanded Davis' role as he became Chief Executive Officer of the Slidell Market, which includes Slidell Memorial Hospital, Ochsner Medical Center – North Shore, related clinics, and outpatient facilities. His efforts have led to more effectively organized care and the creation of more than 300 new jobs within the past two years.

"Bill Davis has been an inspirational leader for SMH, undertaking initiatives affecting employee culture, health programs and services, and community outreach to fulfill our mission to improve our community's quality of life," said Dan Ferrari, board chairman. "Since Bill joined this organization, he performed in an exemplary manner as CFO and CEO, improving our finances, our quality

ratings, our employee morale, and our patient satisfaction. Bill further demonstrated his management skills as CEO of the Slidell Market in defining the partnership. As CEO, he combined, managed, and guided two organizations that were fierce competitors a few years ago into financial stability for both organizations, an increase in healthcare employment in the region, and lowered healthcare costs, as well as added services to this region. He has played a crucial role in positioning East St. Tammany to have a healthcare system that can support its citizens well into the future."

"This is a bittersweet moment, and it is a difficult choice. I have loved being the CEO of Slidell Memorial Hospital and, more recently, Ochsner Medical Center – North Shore through our partnership. I cannot imagine working with a better group of people. The impressive talent enabled so many big, audacious goals to be set and achieved. It was their willingness to go after being the absolute best they could be as individuals and as a team that made the difference," Davis said.

Davis has earned several industry and community honors during his time in Louisiana. In 2014, he was named American Hospital Association Grassroots Champion for the state of Louisiana; a finalist in the National Community Leadership Award by Modern Healthcare; and the East St. Tammany Chamber of Commerce Board Member of the Year. In 2015, Davis was honored as a *New Orleans CityBusiness* Healthcare Hero and a Safe Harbor Real Man of St. Tammany. In 2016, he was named American Hospital Association Political Action Committee Louisiana's Most Valuable Player and graduated from the Leadership Louisiana Program.

Ochsner Health System Expands Services in Mid-City

Ochsner Health System (Ochsner) announced the expansion of healthcare services in the heart of Mid-City with an urgent care and specialty health center. The newest location of Ochsner Urgent Care is in the 9,000-square foot facility at the corner of Canal and S. Carrollton, giving residents of Mid-City a convenient option for non-emergency illness or injury.

"We are excited to bring new healthcare services to Mid-City, building upon our primary care health center located in the Mid-City Market,"

said Dawn Pevey, System Vice President of Service Lines, Ochsner Health System. "We look forward to continuing to advance our capacity and delivery of healthcare services to ensure the residents of Mid-City and surrounding neighborhoods have options for a wide-range of medical care, close to home, should they need it."

The urgent care will also provide occupational health services, focused on the prevention, evaluation, treatment, and resolution of work-related injuries, illnesses, and diseases.

West Jefferson Medical Center Receives National Awards for Stroke Care

West Jefferson Medical Center (WJMC) recently received *Healthgrades'* 2018 America's 100 Best for Stroke Care Trophy and 2018 Stroke Care Excellence Award.

"We are proud to be one of two hospitals in Louisiana to receive both these prestigious awards. It is a true validation of the outstanding care provided by our team of physicians, nurses, and staff," said Nancy R. Cassagne, president and CEO of West Jefferson Medical Center. "This recognition by *Healthgrades* further demonstrates our continued commitment to delivering the best care possible through progressive stroke treatments."

West Jefferson is one of 100 hospitals to receive the honor of America's 100 Best for Stroke out of nearly 4,500 hospitals nationwide.

West Jefferson is the recipient of the *Healthgrades* Stroke Care Excellence Award for the second consecutive year. This achievement places WJMC among the top five percent of hospitals in the nation for stroke care, as measured by lowest risk-adjusted mortality.

St. Tammany Hospital Foundation Calls for 2018 Gurney Games Sponsors

St. Tammany Hospital Foundation is seeking sponsorships for the 2018 Gurney Games presented by fl+WB Architects on March 25 from 2-5 p.m. at the Covington Trailhead.

"We were thrilled to bring back this unique and wildly fun event last year," said Melanie Rudolph, foundation specialist. "Our community, employees, and corporate partners had a blast, and we

look forward to another exciting Gurney Games this year!"

Gurney Games is a fundraising event benefiting St. Tammany Hospital Foundation, a 501 (c) 3 nonprofit organization. The event features teams of costumed racers navigating hospital gurneys through a fun and challenging obstacle course. In addition to the race, teams also parade down the street and are judged on costuming, gurney décor, and "Fan Favorite."

There are many opportunities to be involved in Gurney Games. Participants may sponsor a St. Tammany Parish Hospital department team, form a team of their own, or sponsor an event area or raceway sign.

Gurney Games will take place at the Covington Trailhead. N. New Hampshire St. will be closed off between E. Lockwood and Plaza Drive. The games are open to the public and will include food and beverage for purchase, music, dancing, a children's play area, and more.

For more information, visit sthfoundation.org/GurneyGames or contact Melanie Rudolph in the foundation office at (985) 898-4141 or mrudolph@sthph.org.

Tulane Medical Center First in Region to Adopt Noninvasive Tool for Coronary Heart Disease

Tulane Medical Center is the first healthcare facility in the New Orleans region to offer HeartFlow® FFR-CT (or fractional flow reserve by computed tomography) Analysis technology, a noninvasive tool which offers patients and their physicians insight into both the extent of a patient's heart disease and the impact these blockages have on blood flow to the heart muscle by imaging coronary artery blockages.

"Essentially, this new imaging method allows physicians new information about both the anatomy – the blockages and physiology, the blood flow – of coronary heart disease. This noninvasive test will help make decisions as to the best approach to an individual patient's heart problems, and it allows us to do so without having patients undergo additional tests or procedures," said Dr. Robert Hendel, chief of cardiology at Tulane University School of Medicine and director of the Tulane Heart & Vascular Institute. "That means not only added patient convenience and



Nik Abraham, MD



Jean Bertrand, NP



Rachel Nickel, RN

satisfaction, but, most importantly, it helps physicians plan the best strategy for every patient. This test improves a doctor's ability to inform patients regarding whether or not they may benefit from either coronary stenting or bypass surgery."

Coronary artery disease is the leading cause of death for both men and women in the United States. Coronary artery disease develops when the arteries providing blood to the heart muscle narrow, often because of the buildup of plaque in the vessel walls. These coronary narrowings can reduce blood flow to the heart, causing chest pain, heart attacks, and death.

Studies have shown the need to improve the accuracy of noninvasive tests used to evaluate coronary artery disease. A recent study, which included data from more than 1,100 United States hospitals, found that more than half of the 385,000 patients with suspected coronary artery disease who underwent an invasive coronary angiogram had no need for intervention like stenting since no blood flow-limiting blockage was found during the test.

"Up until very recently, physicians have been faced with either using tests we knew had limitations or having a patient undergo an invasive procedure, like cardiac catheterization," Dr. Hendel said. "The HeartFlow Analysis completely changes this approach, providing essential information that can help us determine the right approach for an individual patient with a convenient, noninvasive CT scan of the coronary arteries. The impact of this approach has already been shown to select those patients who will most benefit from coronary revascularization."

Using the images obtained from a coronary CT angiogram, the HeartFlow technology creates a

personalized, digital 3D model of each patient's arteries. Powerful computer algorithms then solve millions of complex equations to assess the impact of any blockages on blood flow. This information aids physicians in determining the appropriate course of action for each patient.

"The HeartFlow Analysis will help us develop the most appropriate treatment plan for each patient with coronary artery disease, usually without the need for additional and often invasive procedures," Dr. Hendel said. "We are very proud to be the first to offer this service, which is part of our expanding cardiovascular services and cutting edge technologies at Tulane."

Dr. Nik Abraham, Nurse Practitioner Jean Bertrand Are North Oaks Health System's 2017 Providers of the Year

"Exceptional dedication to serving others," "leadership," "performance excellence," and "community involvement" are words used to describe Dr. Nik Abraham and Nurse Practitioner Jean Genzale-Bertrand as North Oaks Health System's Providers of the Year for 2017. Both practice with North Oaks Cardiology Clinic in Hammond.

The Medical Executive Committees for North Oaks Medical Center and North Oaks Rehabilitation Hospital have annually selected a Physician of the Year based on nominations from North Oaks employees, volunteers, and providers. This is the first time they have selected a Nurse Practitioner of the Year as well.

Abraham has been a provider with North Oaks Physician Group since 2013. He was chairman of the medicine department on behalf of the North Oaks Medical Center Medical Executive

Committee in 2016 and 2017. He also has served since 2014 on the hospital's committee responsible for reviewing cardiology cases since 2014.

During his time with North Oaks, he has introduced several advanced and minimally invasive cardiovascular procedures to the hospital's services. Patients have benefited from his expertise in performing adult atrial septal defect closures to repair a heart condition more commonly known as a "hole in the heart." He also is one of the few providers in the state performing alcohol septal ablation to relieve symptoms caused by abnormal thickening of the heart muscle.

Abraham is certified by the American Board of Internal Medicine in Internal Medicine and Cardiovascular Disease and also by the American Society of Echocardiography. He is fellowship-trained in Interventional Cardiology and Cardiovascular Disease through Christiana Care Health System/Jefferson Medical College in Newark, Delaware, where he also completed his medical degree, internship, and residency.

In 2009, Bertrand joined North Oaks Physician Group as a nurse practitioner with North Oaks Cardiology Clinic in Hammond. As a nurse practitioner, she manages the overall care of her patients independently, with an emphasis on education for disease prevention and management.

After earning a Bachelor's Degree in Nursing from Louisiana State University, Bertrand went on to earn a Master's Degree and Doctorate in Nursing through Southeastern Louisiana University. She is certified as a cardiovascular nurse practitioner through the American Board of Cardiovascular Medicine.

Bertrand's professional affiliations include the Louisiana Association of Nurse Practitioners, the

American College of Cardiovascular Nurse Practitioners, and the American Academy of Nurse Practitioners. She also serves on the Finance Subcommittee of the North Oaks Physician Group Network Operations Council and volunteers with North Oaks Sports Medicine to provide free physical examinations to student athletes at an annual physical day.

University Medical Center's Rachel Nickel, RN Honored with Modern Healthcare Excellence in Nursing Award

University Medical Center New Orleans announced that Rachel Nickel, RN, was recognized by *Modern Healthcare* as a Rising Star in Nursing winner, one of three awards in the 2018 Excellence in Nursing Award program.

Modern Healthcare launched its Excellence in Nursing Award to shine a spotlight on the diverse and critical roles these clinicians, managers, and executives play in delivering high-quality, compassionate care.

"Whether it is helping patients with Down syndrome become more independent or empowering people in vulnerable communities, this year's honorees exemplify what it means to strive for patient-centered, compassionate care," said *Modern Healthcare* Managing Editor Matthew Weinstock. "These nurse leaders are making huge differences, not just for patients, but the profession by serving as mentors and role models for their peers."

As a charge nurse in UMC's Medical Intensive Care Unit, Nickel provides care to patients with complex medical conditions and serves as a compassionate resource for all of the families she encounters. As a preceptor, she serves as a mentor and teacher to new and experienced nurses, alike.

"We are extremely fortunate to have Rachel at UMC," said Chief Nursing Officer Denise Danna, DNS, RN. "Not only is she a phenomenal nurse, mentor, and teacher, she is a natural leader who is making an impact in many areas of our organization."

Nickel is active on a number of committees, including the Medical ICU's Shared Governance Council, the Engagement and Retention Committee, the Standards and Practice Committee,

and the Research Committee. She participates in UMC's Steps nursing program for continuing professional development, retention, and recognition and is involved on the committee for UMC's new B-Well program, which is dedicated to physician and staff wellness.

Nickel holds a Bachelor of Science degree in Psychology from the Loyola University New Orleans and a Bachelor of Science degree in Nursing from Johns Hopkins University School of Nursing in Baltimore, Maryland.

She is a national member of the American Association of Critical Care Nurses and an active member of the Greater New Orleans Chapter of the American Association of Critical Care Nurses.

She began her nursing career in 2007 at Johns Hopkins Bayview Medical Center in the Cardiac Intensive Care Unit then worked at the NIH Heart Center at Suburban Hospital in Bethesda, Maryland. In 2013, she joined UMC in the Medical Intensive Care Unit.

University of Queensland-Ochsner Clinical School Holds White Coat Ceremony

The University of Queensland (UQ) – Ochsner Clinical School celebrated 121 future doctors at the 8th Annual White Coat Ceremony. Although traditionally celebrated in the first year of Medical School, the White Coat Ceremony for the Ochsner Clinical School students is commenced in the beginning of year three as they embark on the clinical phase of their medical school education.

Associate Professor Leonardo Seoane, MD, Head of the Ochsner Clinical School, welcomed the students and guests to the ceremony and highlighted the significance of the white coat.

"The white coat that you will receive today is a symbolic nonverbal communication used to express and affirm a fundamental belief in being a compassionate professional who places patients first and upholds the long standing code of ethic we hold dear as a physicians," Dr. Seoane told the students. "Many patients now view the white coat as a 'cloak of compassion,' a symbol of the caring and hope they expect to receive from their physicians."

The keynote speaker for the ceremony was Ronald Amedee, MD, Professor at the UQ – Ochsner Clinical School and Ochsner Designated

Institutional Officer (DIO) for Graduate Medical Education.

The ceremony concluded with the students reciting the Oath of Clinical Students to officially begin the next phase of training.

The Ochsner Clinical School is a partnership with the University of Queensland in Australia where United States students spend their first two years of study on the Brisbane campus, followed by years three and four of clinical education in the Ochsner Health System hospitals and clinics.

The White Coat Ceremony dates back to 1989 when Dr. Arnold P. Gold, a teacher and pediatric neurologist for more than 40 years at Columbia University, came to the realization that handing out white coats and reciting the Hippocratic Oath after four years of medical school was really too late. Gold felt that students needed well-defined guidelines regarding the expectations and responsibilities appropriate for the medical profession prior to their first day of education and training. This belief inspired the creation of the Arnold P. Gold Foundation for the advocacy and sponsorship of what has become known as the White Coat Ceremony.

"These students have dedicated themselves fully to this program, and it truly shows," said William McDade, MD, PhD, Executive Vice President and Chief Academic Officer, Ochsner Health System. "We are privileged to serve as teachers and mentors, providing each student with skills needed to succeed as a healthcare professional. We look forward to the next two years as they continue on this journey."

The members of the 2017 UQ – Ochsner Clinical School graduating class boasted a 95% Match Rate through the National Residency Match Program (NRMP), which is above the national match rate for United States medical schools.

Terrebonne General Medical Center Welcomes Drs. Beheshtian, Manhire to Staff

Terrebonne General Medical Center (TGMC) recently welcomed Drs. Azadeh Beheshtian and Patricia B. Manhire to its medical staff.

Dr. Beheshtian is board-certified by the American Board of Internal Medicine (ABIM) in internal medicine and cardiovascular disease. She earned her medical degree and completed her internship



Azadeh Beheshtian, MD



Patricia B. Manhire, MD



Francis Maness, FACHE

from Tehran University of Medical Services in Tehran, Iran.

Dr. Beheshtian completed her internal medicine residency from the University of Southern California and her post-doctoral research fellowship from the University of California in San Francisco in the Department of Neurology.

Dr. Manhire joins the TGMCE Emergency Department. She worked in Alaska as a family nurse practitioner for several years until returning to medical school at Kansas City University of Medicine and Biosciences, earning her Doctor of Osteopathic Medicine. She then completed her emergency medicine internship at Ingham Hospital in Lansing, Mich. and her emergency medicine residency at Michigan State University.

Dr. Manhire brings extensive experience in the emergency medicine field, working most recently at a Level II Regional Trauma Center. She has also served as an Interim and Assistant Emergency Department Medical Director.

Dr. Hoffmann recently joined the TGMCE Pathology Department. He completed his anatomic and clinical pathology residency at The George Washington University Hospital, Washington, D.C. He earned his medical degree from Louisiana State University School of Medicine, New Orleans and attended Louisiana State University for his Bachelors of Science degree.

St. Tammany Parish Hospital, Cancer Center Offer Support Groups

St. Tammany Parish Hospital and St. Tammany Cancer Center offer many services, including support groups for different needs.

One such group is the Sister Survivors Support

Group, sponsored by St. Tammany Cancer Center. This support group is open to any female cancer survivor. The group meets from 7-8 p.m. the first Tuesday of each month at the center, located at 1203 S. Tyler St. in Covington. This free support group is open to anyone receiving treatment or who has completed treatment for breast cancer. For more information, contact (985) 276-6832.

St. Tammany Parish Hospital offers a general grief support group for those adults who have suffered loss. It is unstructured and exists for support and a sense of connectedness to others experiencing loss. The group meets from 3-4 p.m. on the first Wednesday of every month in the Madisonville Conference Room at the hospital, located at 1203 S. Tyler St. in Covington. For more information, contact Daniel Vanek, chaplain, at (985) 898-4562 or dvane@stph.org.

Tulane's Francis Maness Earns Top Healthcare Management Credential

Francis Maness, FACHE, assistant chief operating officer and ethics and compliance officer at Tulane Health System, recently became a Fellow of the American College of Healthcare Executives, the nation's leading professional society for healthcare leaders.

"The healthcare management field plays a vital role in providing high-quality care to the people in our communities which makes having a standard of excellence promoted by a professional organization critically important," says Deborah J. Bowen, president and chief executive officer of ACHE.

Fellow status represents achievement of the highest standard of professional development. In

fact, only 9,100 healthcare executives hold this distinction. To obtain Fellow status, candidates must fulfill multiple requirements, including passing a comprehensive examination, meeting academic and experiential criteria, earning continuing education credits, and demonstrating professional/community involvement. Fellows are also committed to ongoing professional development and undergo recertification every three years.

"Francis is a talented leader," said Dr. William Lunn, president and CEO of Tulane Health System. "His commitment to excellence is evident in his daily endeavors, and his FACHE achievement is just another example of his dedication to providing world-class care to the patients of Tulane Medical Center and Tulane Lakeside Hospital for Women and Children."

Maness received his bachelor's degree from the University of Florida and a master's of business administration from Mississippi State University. He began his career at North Florida Regional Medical Center, serving as an accountant/financial analyst before being promoted to HCA's North Florida/South Atlantic divisions serving in various strategically aligned leadership roles.

HCA is one of the nation's leading providers of healthcare services, comprised of locally managed facilities that include Tulane Health System and 168 hospitals across the country. Maness joined the Tulane Health System in 2016 as assistant chief operating officer. In this role, he provides onsite leadership at the health system's Tulane Lakeside Hospital for Women and Children in Metairie and serves as the Tulane Health System ethics and compliance officer, ensuring compliance from governmental regulations to HCA company policies.

North Oaks Hospice Memory Tree Remembers Loved Ones

The anonymous quote, "When someone you love becomes a memory, the memory becomes a treasure," aptly describes the sentiment behind the 25-year tradition of the North Oaks Hospice Memory Tree.

Located in the lobby of the E. Brent Dufreche Conference Center on the North Oaks Medical Center campus, the tree's branches cradle a very special assortment of unique Christmas ornaments. From year to year, these ornaments celebrate the lives of former Hospice patients who passed away due to life-limiting illnesses and medical conditions. The tree and related gathering held Dec. 7, 2017 are components of Hospice's bereavement program for patients' family and caregivers. Bereavement services are provided for one year following each Hospice patient's passing.

A miniature red drum set, emblazoned with the initials, "WAM," and a vintage, purple Louisiana State University (LSU) truck hauling a snow-covered tree were among the ornaments added to the collection this year.

Virginia Maranto of Runnelstown, Miss., traveled back to Hammond for the Hospice Memory Tree Gathering to hang the drum set on the tree for her late husband Wayne Maranto. He was an accomplished musician who passed away at the age of 71 in May of 2017 from complications following a series of strokes.

She purchased the drum ornament from a non-profit organization from which a portion of proceeds will provide food to homeless animals – a cause near and dear to both her and her late husband.

"No matter the time of day, they were always available to help keep Wayne as comfortable as possible, answer questions, and provide emotional and respite support to me," Virginia said, describing Hospice staff. "In my heart of hearts, I know that Hospice gave us more time together than we would have had if we had taken a different route when we received Wayne's prognosis. They were with us until the end. I will always be grateful."

For Gobel Lynn of Hammond, the decision to use North Oaks Hospice meant leaning on an organization that he viewed as his second family. He worked with the agency as a volunteer, and



Virginia Maranto of Runnelstown, Miss., traveled back to Hammond for the Hospice Memory Tree Gathering to hang a drum set ornament on the tree for her late husband Wayne Maranto.

then as an employed social worker for 14 years.

Facing a diagnosis of throat cancer in December of 2016, Gobel began chemotherapy and radiation treatment. When it was discovered in September of 2017 that the cancer had spread, he resolutely decided to enter North Oaks Hospice on Sept. 25.

"He wanted to call the shots," she continued. "He felt strongly about people making their own choices and setting the pace. He believed Hospice did just that."

Mollie worried that it might be too difficult for the staff to care for one of their own. But Gobel reassured her saying, "Oh, it will be OK. They're professionals. They'll do fine, but you can ask them."

"So I did," said Mollie. "I called Courtney (Ridgedell), the Hospice manager, and she talked to the staff, and they all said they would be honored to take him on as a patient."

Mollie attended the memory tree gathering with their daughter, Pam. Together, they found the perfect spot on the tree for Gobel's LSU truck ornament.

A social worker herself, Mollie understands the value and importance of North Oaks Hospice's bereavement services. "Sister June (Engelbrecht), the bereavement counselor, has visited and called to check on me, and it has helped," she noted. "Now that the holidays have passed, I plan to attend the bereavement support group meetings." ■

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