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Touro Gynecologic Oncologist Joan Cheng, MD is pictured above with patient Amanda Schwald. Read about Amanda's cancer journey online at touro.com/AmandasJourney



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A team with a focused, uplifting attitude can reach far beyond individual capabilities to accomplish great things. A team with talented, but harsh individuals can fail at even the simplest task. **Attitude is everything.**



HEALTHCARE ORGANIZATIONS succeed by building teams the right way. These organizations are often one big team, supported by many small teams with a unified vision. All individuals work together, from nursing, to accounting, to doctoring, to building maintenance staff, striving

to provide important, valuable services to our community and our health.

Education and skill are the foundation. We hire those with skill sets and talents to bring the orchestra together, and we always find out, **attitude is everything**. Individuals will come into a healthcare organization with skills. They will learn the system, the culture, the accountability, and the way. But, deep within this individual is a huge asset to positive results, or a force intent on working against collective progress, or somewhere in between. Call it street smarts. Call it whatever you like. Smart organizations don't keep destructive forces for very long. Smart organizations recognize the good ones. Smart organizations have keen discernment.

Managers study the value of systems from such organizational design leaders as Deming, Juran, and Crosby, etc. Quality organizations understand the science and importance of design to achieve consistent outcomes with human assets. In addition, we've all seen those exceptional people throughout all lines of an organization. Those people who have a great attitude, avoid slanderous gossip, lead through example, and focus on the entire patient experience, while being respectful to their teammates. These are the people you want. These are the people to hold onto.

About twenty-five years ago, while running a group practice in Houston, we had a talented, skilled nurse who was becoming quite destructive to our organization. She was basically bad mouthing all of us quite often. We decided to terminate her employment. Things improved. Then, almost a year later, this nurse came into

my office crying, and begging to return. She expressed a kind of humility I never expected to see in her. She was remorseful. She had seen the grass wasn't greener. She understood what she did to our group practice. I believed her, against conventional wisdom. I went to bat for her—convinced the others that she should come back. After all, I was told, a tiger doesn't change its stripes. It was beautiful. She was hired back. She became our organization's greatest advocate. She was a joy to have around. She remained as a nurse at this practice for at least ten more years. That's one of the greatest things about attitude; it can change on a dime. It is a decision. **Attitude is everything.**

I'm not talking about the Pollyannaism to the point of not recognizing opportunities to improve. We should always look for, and be aware of organizational opportunities to improve. But, it's all in the way you do it. Know the difference. **Attitude is everything.**

When you are working in a healthcare team environment, seek to improve by using good words, and intentions. Seek to improve in all the ways you can. Smart leaders will tune into passive-aggressive defeatism. I've always thought one of the downsides of political correctness is creating a culture of passive-aggressiveness. Passive-aggressiveness basically means being destructive and cowardly at the same time. We shouldn't encourage this behavior. Let people speak. Let people say what's on their minds. Give people an opportunity to communicate their visceral selves. This is how we understand each other. This is how we best construct a team. Teams will change people. People will change teams. Build the system and watch them shine. If they're intent on destruction, let them go. This isn't just management. This is leadership. Real leaders see the twisted angles. Real leaders understand the value of attitude. Leaders are at all levels of the organization. Just in case it hasn't been said, once you have the skillset, **attitude is everything**. Ultimately, the patient succeeds.

Smith Hartley
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New CEO John Nickens leads a second-line parade of Children's Hospital employees as they make their way to the party honoring the hospital's Employee of the Year.



Ushering in a New Era at Children's Hospital

Q&A with John Nickens, CEO

JOHAN NICKENS is the new President and Chief Executive Officer of Children's Hospital in New Orleans. He comes to New Orleans from Houston, where he served as Executive Vice President of Operations at Texas Children's Hospital. Nickens has nearly three decades of experience in the healthcare industry. He began his career at Texas Children's Hospital in 1990 with management positions in revenue cycle and clinical operations. He went on to hold various administrative positions at Baylor College of Medicine in Houston, and then returned to Texas Children's Hospital as Executive Vice President, overseeing system-wide clinical business analytics, Pediatric subspecialty medical service lines, and inpatient and outpatient operations. Nickens earned a Bachelor's Degree in Business Management from LeTourneau University in Longview, Texas, a certificate in Medical & Healthcare Management from Rice University, and a Master's in Business Administration from Texas Tech University.



A \$300 million campus transformation will establish Children's as a destination hospital for the Gulf Coast.

Chief Editor Smith W. Hartley Welcome to New Orleans. What are some of your first priorities as the new CEO?

John Nickens Thank you. I'm honored to be a part of the LCMC Health Children's Hospital team.

I've joined Children's at an incredibly exciting time. Not many CEOs get the

opportunity to join an organization tackling so many mission critical initiatives at once. First, consider the commitment made by the Board of Trustees to invest \$300 million into a campus transformation that will establish Children's as a destination hospital for the Gulf Coast. Next, we're implementing a best-in-class electronic health record system that will dramatically improve care coordination

and clinical integration across all Children's services, including primary care, specialty care, our outpatient clinics, and all inpatient services. Truly, by December of 2020 Children's New Orleans will have built the foundation to be a top nationally ranked children's hospital.

My personal priority the first few months has been to listen and learn. To listen to our employees. To listen to the community. To learn what it means to be a New Orleanian, and to better understand exactly why Children's is so essential to the New Orleans healthcare landscape. I have discovered that the treasure of Children's and of New Orleans is the people! I am committed to honoring the community's deep heritage while challenging us to grow, improve, and win for the children of Louisiana.

I believe the history of Children's Hospital is powerful and I have been intentional about reminding our team of who they are and where they came from. In the 1950's, Crippled Children's Hospital was established through a dynamic vision to address the polio epidemic, yet a vaccine was discovered

2020

“...by December of 2020 Children's New Orleans will have built the foundation to be a top nationally ranked Children's Hospital.”

about the time the first shovel was put in the ground. Despite this adversity, those forward-thinking leaders stayed the course, built a great hospital, and then recreated the organization in the 1970s to become a full-service children's hospital. The commitment to resilience was demonstrated again during and after Hurricane Katrina. The stories are humbling and a reflection of what many in this city endured, and yet chose to grow again – Wow!

In 2018, we are focused on access, quality, and growth. We will honor the role of the safety-net hospital for kids in the State of Louisiana. We will be an attractive employer to talented healthcare workers by establishing ourselves as the place to work! We are relentless in our efforts to ensure access to pediatric-trained healthcare for every child, regardless of their ability to pay. We are unyielding in our purpose to create a safe, quality environment with spectacular surroundings for the best possible healing. We will be unapologetic in our quest to grow as we believe we are the health experts for kids and must hold ourselves to one high standard of care.

Editor How would you describe your leadership style?

Nickens Anyone who works alongside me would tell you this is an area where I spend a lot of time. I love to study leadership and believe the privilege of leading requires a commitment to serve. I've pushed the leaders on our team to develop their own leadership statements and to think about what leadership means for them. For me, leaders empower others to ACT. And that requires Accountability, Collaboration, and Transparency. By nature I am a playful, fun-loving person mixed with a focused sense of responsibility, raised by parents that expected daily excellence. I enjoy engaging with all functions of the organization and believe we are in the midst of a culture change to create an environment that empowers individuals to be owners, to be their best, and have the freedom to serve our patients and families. If you come and visit



John Nickens (Right) and Elwood Cahil (Center Back), Chairman of Children's Hospital's Board of Trustees, celebrate the Clemson Football Team's visit to the hospital along with patients Kaitlyn Truxillo and Carson Lambert.

for a tour, there's a good chance you'll hear a Trombone Shorty song playing from my office and that you'll leave with Children's Hospital Mardi Gras beads.

Editor Please discuss reimbursement and research funding models. Are they adequate for children's hospitals? Or, is a change needed, or preferred?

Nickens Like so many other areas of healthcare, the only thing constant about reimbursement and funding is change. I had the opportunity to live through payment reform during my time in Texas and I remain a strong advocate for reimbursement models that encourage us to keep kids well instead of ones that pay us to treat them when they're sick. I was fortunate to work for Baylor College of Medicine with a strong reputation for research. I believe investing in research is an absolute necessity in an academic medical center, allowing us to drive the next evolution of protocols and therapies.

Editor Please characterize the training of pediatric care givers. How is it evolving?

Nickens When I think about pediatric training at Children's, my first thought is how fortunate we are to have such a strong academic partner in LSU Health New Orleans. Dr. Ray Watts, the school's Head of the Department of Pediatrics, is a luminary in his field with a national reputation, and we are lucky to have been able to attract him here to New Orleans. He brings innovation, high expectations, and achievement know-how that will benefit Children's Hospital for the next decade.

As for the training environment itself, we have discovered that adult learners prefer more interactive educational settings with more hands-on and practical experiences. We are also looking at ways to leverage technology to enhance the educational experience. A great example of both is the expanded use of patient care simulators (think of a patient care dummy with computer connections) for our learners. Airline

pilots have used simulators to practice how to respond to urgent or emergent situations for many years and we now have the ability to incorporate those methods into educating healthcare learners. At Children's education is at the core of our mission, and we'll continue to look for ways to innovate in this area.

Editor Children's Hospital Association claims hospital staffing vacancies are a problem. Is this the case at Children's Hospital, New Orleans?

Nickens The healthcare worker shortage continues to be a challenge for organizations across the country. At Children's we're very focused on making sure we're attractive to the next generation of healthcare workers, and we're looking at several options for how to stay relevant in the current climate. We have established a workforce advisory group so that we can listen and gain constant feedback from each generation on how Children's can be the employer of choice for talented healthcare workers. When recruiting talent from outside of the area, we're fortunate to be able to leverage the many benefits of living and working in New Orleans in our recruitment efforts.

Editor How important is it for Children's Hospital to be a part of the LCMC Health system? From a referral and operational standpoint, what advantages or challenges are realized from being part of a larger organization?

Nickens After our employees and our medical staff, our relationship with LCMC Health is by far our biggest asset. There is an interesting debate playing out nationally among children's hospital executives about the value of participating in a system versus remaining independent. The majority of my career was spent at Texas Children's Hospital, which was steadfast in its commitment to remain independent, and at Baylor College of Medicine, one of only a few independent free-standing medical schools. I understand the independent mindset and recognize many of the attributes that justify

“At Children's we're very focused on making sure we're attractive to the next generation of healthcare workers, and we're looking at several options for how to stay relevant in the current climate.”

the approach. However, as a practical matter, the future of healthcare will require system think to eliminate cost and waste across those areas that do not require unique pediatric resources. Shared services create economies of scale which produce cost-savings that can be realized across our health system, allowing the individual hospitals to focus on quality, safety, patient experience, innovation, academics, and employee engagement to ensure a daily focus on their mission.

Editor What children's health issues are on the rise, or posing new challenges?

Nickens Childhood obesity and the health complications associated with it continues to be a tremendous hurdle nationwide. Here in New Orleans, violence and the lack of robust pediatric mental health services also present unique challenges. Fortunately, the availability of pediatric mental health services is squarely within our purview. We offer the most comprehensive suite of behavioral health services in the region and have plans to expand our capabilities in this area. Stay tuned for more from us on this issue.

Editor What are some of the innovative things children's hospitals are doing these days to improve the experience of patients and their families?

Nickens As you point out, in the world of pediatrics, we have the unique challenge of managing both the health of the child and the emotional well-being of the parent. As part of our campus transformation project, we're being very thoughtful about the way

families will interact with both the physical plant and the providers. For example, we're making big investments in surgical waiting areas so that families feel more comfortable while their children are in surgery. We're also completely re-shaping the way we think about our Child Life programs. We are excited to challenge the typical framework of healing sick children to a more proactive focus on the health of children. We are enthusiastic about the opportunity to engage community partners to tackle this worthy challenge.

Editor What are some specific things Children's Hospital, New Orleans is doing to improve and measure quality?

Nickens Safety & Quality is our number one priority as an organization. For several years now, we've participated in Solutions for Patient Safety (SPS), a national collaborative of 130+ children's hospitals committed to sharing best practices for keeping patients safe. We have adopted several best practices from that organization. For example, about two years ago we adopted a Daily Safety Brief - a standing room only huddle that happens daily where leaders from across the organization report out on safety incidents and operational concerns so that these items can be addressed in real time. Just this week, we're rolling out Daily Safety Brief 2.0, an even more effective version of that SPS-endorsed best practice. As a result of our commitment in this area, our Safety and Quality team has also been invited to participate as part of the SPS leadership group to help develop and shape best practice safety and quality guidelines that can be shared across the country.

Editor What's in the future for pediatric care, children's hospitals in general, and specifically Children's Hospital, New Orleans?

Nickens The future for Children's Hospital, New Orleans is bright. In conjunction with improvements in our building, our technology, and access to our services, we are focused on recruiting the best and brightest talent to deliver one consistent high standard of care. We expect to see a further emphasis on pediatric trained providers. We know that kids aren't just little adults, and we recognize the value of having pediatric trained specialists available. These pediatric specialists can pick up on child-specific subtleties and nuances that an adult provider might not be able to notice or appreciate.

As the dedicated safety net children's hospital in Louisiana, we believe investing in kids provides the greatest return possible—a next generation of healthy Louisiana citizens! ■



“As part of our campus transformation project, we’re being very thoughtful about the way families will interact with both the physical plant and the providers.”





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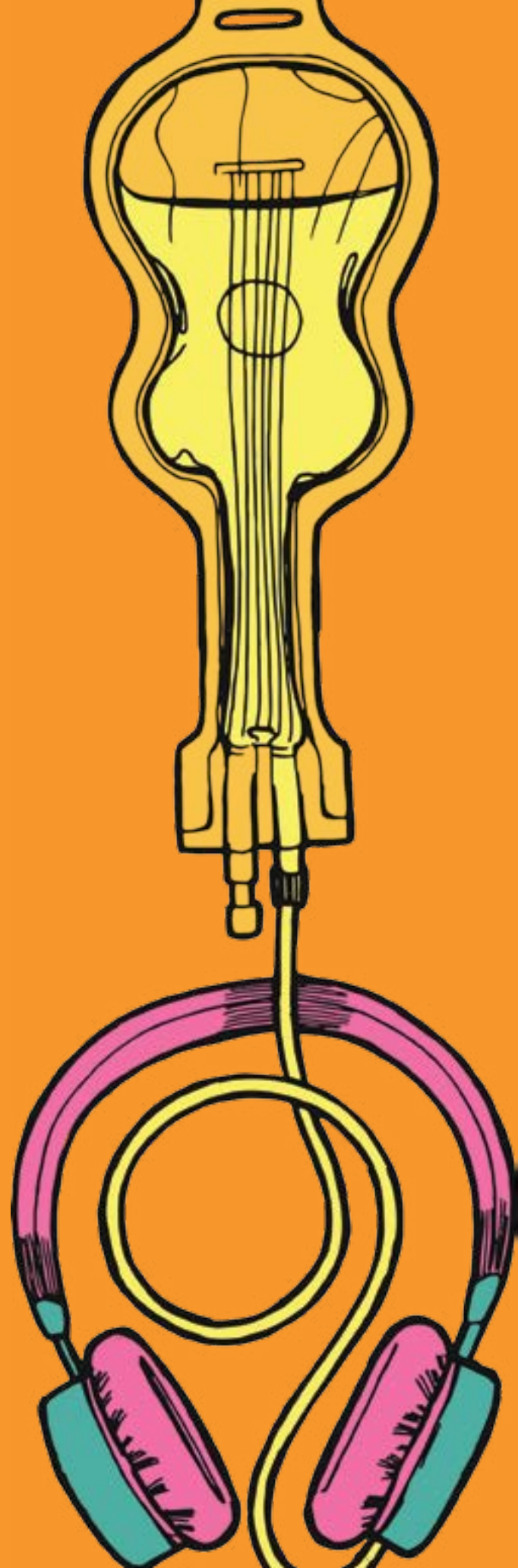
East Jefferson General Hospital

By Claudia S. Copeland, PhD

MUSIC THERAPY

Sound Advice for Surgeons

WHEN BOB MARLEY famously asserted that when music hits you, you feel no pain, he was probably not talking about surgery. And yet—evidence from controlled trials is showing that music can indeed lower post-surgical pain and the need for potentially addictive pain medication. Music's vaunted power to soothe emotional trauma may in fact extend to surgery as well. Preoperative, perioperative, and postoperative music therapy interventions are increasingly being shown to be helpful in terms of pain and anxiety, and, consequently, the need for painkillers and sedatives.



COUNTLESS VOICES throughout history have spoken of how music can be instrumental in both well-being and healing from trauma. Notwithstanding the universality of this folk wisdom, these ideas have stayed somewhat distant from the realm of science because of difficulty in quantitative measurement. Still, it has been known for some time that certain measures of outcomes after surgery can be positively influenced by non-physical factors. For example, postoperative stay can be reduced by positive communications during an operation—even though the patients are unconscious while receiving them. For example, Carlton Evans and P.H. Richardson of Guy's and St. Thomas's Hospitals in London found that therapeutic suggestions, such as “you will not feel sick, you will not have any pain”, repeated to patients during surgery significantly reduced postoperative stay, along with reduced pyrexia and gastrointestinal difficulties, and better assessment of recovery by nurses. Other measures of unconscious learning, such as recognition of words presented during anaesthesia, indicate that patients can perceive and process sounds, on some level, during unconsciousness. One study found that anaesthetized patients given suggestions to touch their ears did indeed touch their ears more frequently during a postoperative interview than controls, even though they did not remember hearing the suggestion and did

not realize what they were doing. For this reason, the simple act of donning headphones during surgery could be beneficial, to drown out anxiety-inducing hospital sounds or expressions from surgeons, such as shock at seeing something unexpected.

The finding that suggestions during surgery can aid in healing is remarkable. Still, it is a further leap that music, which does not include any direct instructions on healing, can also be beneficial during surgery. Certain mechanistic studies, however, have shown how music can have a unique impact on processes related to stress. SUNY-based researchers Salamon et al., in 2003, and Stefano et al., in 2004, found that music could exert a measurable effect on nitric oxide levels, mu opiate receptor expression in mononuclear cells, and IL-6 expression, with nitric oxide and mu opiate receptor expression increasing in response to music and IL-6 decreasing. Roehampton University researchers Fancourt et al., in a review of the psychoneuroimmunological effects of music, report that in addition to the mu opiate receptor, relaxing music affected the opioid peptide neurotransmitter beta-endorphin. They also noted that several studies found a decrease in cortisol and an increase in oxytocin in response to relaxing music. Like Stefano et al., a number of studies also noted decreased IL-6 in response to music therapy or simply listening to relaxing music.

Regardless of mechanism, a number of

clinical studies over the past few decades have supported the notion of beneficial effects of music—before, during, or after surgery. While most studies did not find enhanced healing from the surgery itself (such as reduced hospital stay), they did in general support the benefit of music for relief of pain and anxiety, including significant reductions in the amount of pain medication and anxiolytics needed or requested by the patient. A 2015 meta-analysis of 260 reports on the use of music vs. headphones with white noise or no sound did show a clear improvement for the music-exposed patients in terms of pain. While music alleviated pain regardless of when it was administered, the reduction in pain was greatest when the music was played preoperatively, followed by music played during the operation and then by music played postoperatively. While postoperative music had the smallest effect on pain perception, pain was still significantly reduced compared with patients who did not listen to music. Both anxiety and use of painkillers followed a similar pattern, with significant reductions in all groups but greater reductions when the music intervention took place earlier. Also, the effect of perioperative music was stronger for surgeries in which patients were conscious vs. patients under general anaesthesia, for perceived pain, anxiety, and analgesic use.

Music therapy is used in a number of settings, with evidence-based efficacy for a



“A 2015 meta-analysis of 260 reports on the use of music vs. headphones with white noise or no sound did show a clear improvement for the music-exposed patients in terms of pain.”

range of conditions; for example, improving tremor in Parkinson's patients, reducing asthma episodes, and improving sleep patterns and facilitating weight gain in premature infants, to name just a few. In surgery, the music therapy technique is designed to guide the physiology of the patient toward an optimal state. New Orleans music therapist Givonna Joseph, MT-BC, designs her programs, for both surgery and labor/childbirth, on the basis of an initial consultation in which the patient gives her a list of music they enjoy. From the list, she chooses music that corresponds to the optimal physiological state needed, based on tempo and intensity, to create a dynamic set of recorded music to be played. The music is specifically tailored to support a pattern of desired physiological states. So, during childbirth, for early labor the music may be soothing, geared towards deep relaxation, while in later transition, strong contractions are matched to high-energy, inspiring music. (For example, she chose James Brown's "I feel good!" for intense labor contractions for one mother—a choice that may resonate with many who have undergone natural birth!) For surgery, the pattern is generally one of calm and deep relaxation, facilitating restful equilibrium, during the procedure, turning gradually towards a brighter and more active feel as the patient awakens from anaesthesia.

One group of patients who may particularly benefit from music therapy is children. Although music for pediatric surgery has not been extensively studied, three randomized, controlled studies (conducted in the USA, Sweden, and Brazil) found that music interventions significantly reduced pain and distress for pediatric surgical patients—and did so naturally, without the side effects of increased pharmacological treatments. Joseph, in fact, first began doing perioperative music therapy at Texas Children's Hospital, when her daughter Aria needed to undergo multiple procedures requiring general anaesthesia. Aria would emerge from surgery with severe nausea, a common complication in the pediatric population.

Introducing music therapy dramatically changed that—Aria emerged from anaesthesia with a marked difference in nausea, and with far greater ease in waking up from the anaesthesia. After that time, she used music therapy for all of her procedures, with great benefit in terms of stress reduction as well as reduction in the specific symptom of nausea. "I would recommend it to anybody," she says.

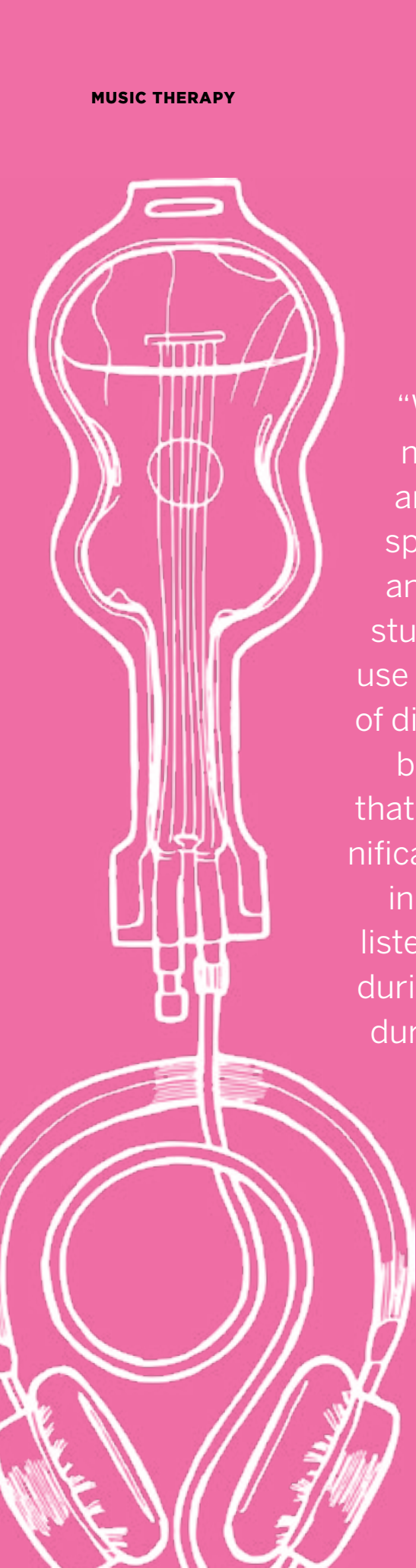
Unlike suggestions, music therapy appears to work on a primal, biological level. "The whole science of music is all about the fact that we are biologically wired for it," explains Joseph. "Blood pressure changes, pulse changes, everything organizes itself to that sound... so it's a powerful tool." She has found that music seems to tap into innate abilities that are not accessible via conscious choice. For example, an important challenge for stroke patients is impaired swallowing ability due to a lack of control over tongue musculature. "Using music therapy, I have worked with patients with strokes and it helped them get their tongue pressure back in order, because music organizes the brain and tells the muscles what to do. Music was able to help them get their motor skills back." She has also used music to achieve similar successes with rehabilitation of walking after knee replacement. The key seems to lie in music's ability to organize physiological responses on an unconscious level, similar to the common experience of exciting music accelerating our heartbeat or compelling us to dance to its tempo. The data certainly support the idea that this seemingly direct connection between music and physiological responses can cause a reduction in anxiety and pain, and therefore a reduced need for potentially addictive medication. "It's amazing, because it's already there," Joseph observes, "You just have to tap into it, and we come wired to do that with music."

Another factor is the empowerment of patients by the music therapy process. When they go into surgery, the patients have already taken a degree of control over their surgical experience in the form of having



Givonna Joseph, MT-BC

"New Orleans music therapist Givonna Joseph, MT-BC, designs her programs, for both surgery and labor/childbirth, on the basis of an initial consultation in which the patient gives her a list of music they enjoy."



“While data on music therapy and biopsies is sparse, a meta-analysis of nine studies of music use with a variety of different tissue biopsies found that pain was significantly reduced in patients who listened to music during the procedures compared with controls who did not.”

worked with the music therapist to choose their playlist of music. In that sense, before even starting the surgery, Joseph feels that the patient is coming into the operating theater in a good baseline state. The finding that preoperative music therapy appears to have a more powerful effect than perioperative and postoperative music therapy supports the idea that a more relaxed and positive state of mind going into surgery can have a substantial effect on the experience of pain after surgery. Giving patients an aspect of control over their surgical experience could, by itself, improve their preoperative outlook in a beneficial way.

This may be especially important when it comes to anxiety during procedures that are not conducted under general anaesthesia. One such operation is craniotomy for brain tumors, in which the patient must be awake in order to perform language tests so that the surgeons can determine cortical language locations. Even though pain is prevented by local anaesthetic, this procedure can be highly distressing to patients. A recent study by Taiwanese researchers Wu et al. found that listening to soothing music (matched to a relaxed heartbeat) during awake craniotomy significantly lowered patient anxiety during the procedure. Tissue biopsies also tend to produce acute anxiety in patients, and anxiety can lead to higher perceived pain. While data on music therapy and biopsies is sparse, a meta-analysis of nine studies of music use with a variety of different tissue biopsies found that pain was significantly reduced in patients who listened to music during the procedures compared with controls who did not.

Above all, one of the biggest advantages of music therapy is its lack of adverse side effects. It's also flexible; it can be combined with any drug, and also with other psychological interventions, such as positive suggestions, to take advantage of additional healing benefits, such as decreased recovery time. Headphones, moreover, provide the added advantage of blocking out potentially anxiety-inducing hospital sounds. In Joseph's experience, anaesthesiologists, and particularly nurse anaesthetists, have been very supportive of the use of music therapy during surgery. “Less pain, less nausea, better awakening from anaesthesia, and certainly a better outlook”—all without side effects, and with the subjective approval of patients—have all combined to garner the support of these professionals. With the smile of someone who truly enjoys helping others, Joseph asks, “Why not use it?”

To find a music therapist in your area, go to the American Music Therapy Association's online directory at <https://www.musictherapy.org/>. ■

LOUISIANA HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION

Q&A with Kimberly Bryan



President of Louisiana HFMA
& Vice President of Revenue Cycle
Management, Oceans Healthcare



2017-2018 LA HFMA BOARD OF DIRECTORS (L-R) Top Row: Henry Brook Harvey, Secretary; Kim L. Hebert, President-Elect; Kimberly E. Bryan, President; Anthony Verdicanno, Treasurer; Corinna Goron, VP of Membership; Teresa Jenkinson, VP of Media/Public Relations; and Olivia Davis, VP of Registration.

Chief Editor Smith W. Hartley What are some things Louisiana HFMA is working on?

Kimberly Bryan The Louisiana Chapter of HFMA, Healthcare Financial Management Association, is primarily focused on providing education and networking opportunities to our members. We are highly aware of the scrutiny of the cost of staff development and education within our health organizations. As a result, we are constantly reinventing the way in which we provide benefits at an efficient cost to our members. Bringing the spectrum of healthcare professionals (hospitals, payers, and clinicians) together in discussion is a constant emphasis on our programming.

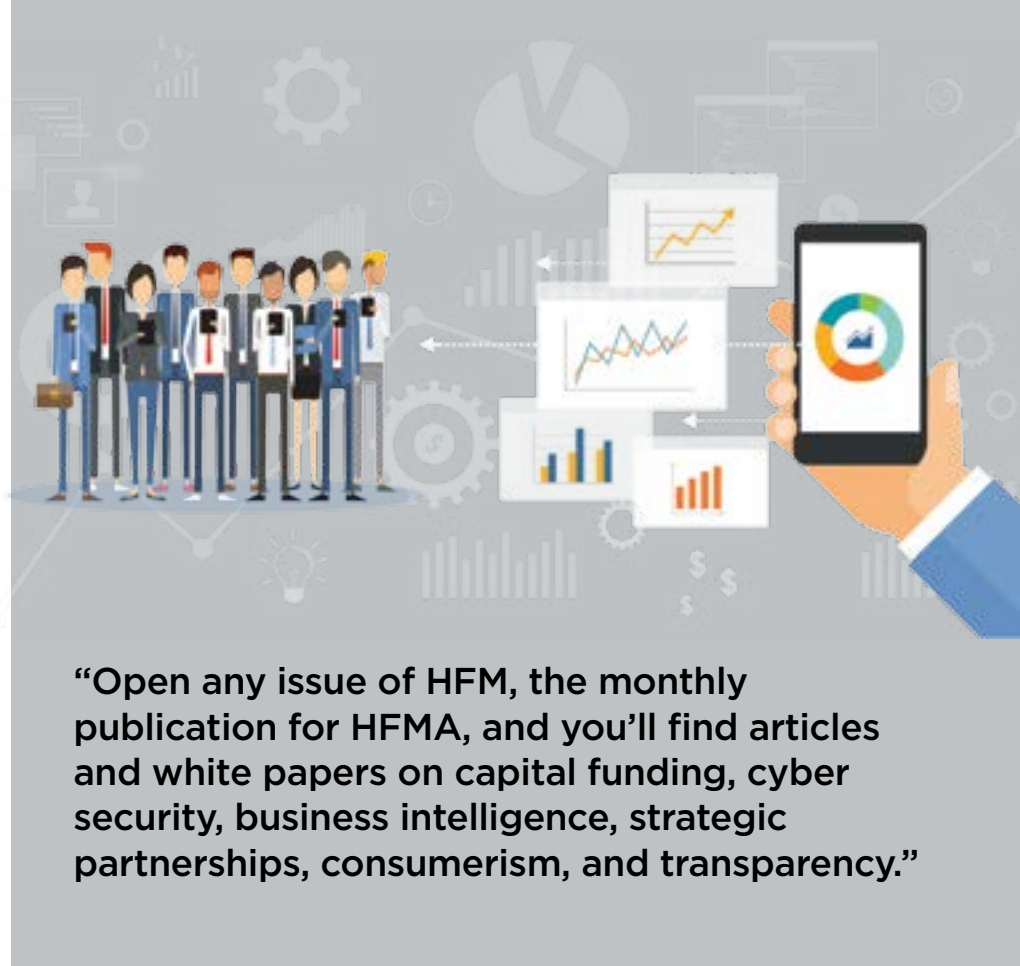
Editor Are Louisiana's HFMA goals unique to the national chapter in any way? If so, please describe.

Bryan The Board of Directors are volunteer leaders who challenge the content and means of providing services to our members. This is not unique to the National organization. However, we provide state specific regulatory updates, build collaboration with other state professional organizations, and engage statewide-managed care payers at our events.

Editor What do your membership numbers look like? How often do you folks get together, and where?

Bryan The Louisiana Chapter of HFMA is comprised of over 400 healthcare financial professionals throughout the state. We typically offer the following educational/networking events:

- Annual Institute – Lafayette in May
- Summer Institute – Shreveport in August
- Region 9 – New Orleans in November (LA, TX, OK, MS, AR)
- Winter Institute – Baton Rouge in January
- Women's Leadership – Baton Rouge in January
- Payer Summit – Lake Charles in February
- Monthly webinars



“Open any issue of HFM, the monthly publication for HFMA, and you’ll find articles and white papers on capital funding, cyber security, business intelligence, strategic partnerships, consumerism, and transparency.”

Editor How has the finance world changed over the years?

Bryan The constant evolution of reimbursement models, dynamic regulatory oversight, an aging population, and quality indicators has been the primary drivers of the delivery of care model. Interpreting and operationalizing those factors have forced all of us to collaboratively embrace innovative approaches to healthcare finance. Simply stated, we are all searching for ways to improve outcomes while reducing costs.

Editor Please describe the regulatory issues facing healthcare accounting and financing for group practices and hospitals.

Bryan There are so many buzzwords in the regulatory discussion – population health, value-based purchasing, Medicaid expansion, meaningful use initiatives, etc. It's clear that all healthcare providers are focused on demonstrating higher value at a lower cost. These are the many topics that drive our programming at HFMA.

Editor What are some other non-regulatory issues facing healthcare financial executives?

Bryan Open any issue of *HFM*, the monthly publication for HFMA, and you'll find articles and white papers on capital funding, cyber security, business intelligence, strategic partnerships, consumerism, and transparency. Tax reform, GAAP changes related to revenue recognition, and advanced CPA license requirements are specific topics on the forefront of the Louisiana HFMA programming.

Editor What is the future of healthcare financing?

Bryan Recent articles, periodicals, and policy makers reveal that there are supporters of 3 major possibilities that will drive the future of healthcare financing:

- Government-funded single payer system
- An improved version of our current market system
- A consumer-driven healthcare marketplace. ■

Healthcare Briefs



Photo: Bernie Saul

Pictured, l-r: Inspired Cross recipients Dr. Gary M. Wiltz, Dr. Robert M. Post, Dr. Sandra L. Robinson, and Dr. Donald T. Erwin with Michael G. Griffin, president and CEO of Daughters of Charity Services of New Orleans.

Daughters of Charity Foundation Announces Inspired Cross Recipients

Daughters of Charity Foundation of New Orleans (DCFNO) announced that Dr. Donald T. Erwin, chief executive officer at St. Thomas Community Health Center; Dr. Robert M. Post, chief medical officer at Daughters of Charity Services of New Orleans; Dr. Sandra L. Robinson, pediatrician at Daughters of Charity Services of New Orleans; and Dr. Gary M. Wiltz, chief executive officer and chief health officer at Teche Action Clinic in Franklin, have been selected to receive Inspired Cross Awards at the Foundation's Seventh Annual Keeping Our Promises Gala. The event was held at Messina's at the Terminal. A Patron Party was held from 7 to 8 p.m., followed by the gala, which included the presentation of the Inspired Cross Awards and a silent auction.

"We're honored to present Inspired Cross Awards to Drs. Erwin, Post, Robinson, and Wiltz," said Michael G. Griffin, president and CEO of Daughters of Charity Services of New Orleans. "This distinguished group of healthcare professionals has worked tirelessly to provide the highest quality of care to all Louisianians – regardless of their ability to pay, and their commitment to this cause is laudable."

The Inspired Cross Award is presented annually to individuals and/or organizations who have worked with Daughters of Charity Services of New Orleans (DCSNO), a nonprofit healthcare organization, to provide healthcare for those in need and to transform healthcare through innovation and courage.

The Keeping Our Promises Gala also serves as a fundraiser to support the organization's mission to provide high-quality, compassionate care to all, with special attention to those who are struggling.

Dr. Robert and Mrs. Joanne Marier are chairs for this year's event.

LSU Health NO Helping to Develop Microeconomic Intervention to Reduce Risk of HIV17

LSU Health New Orleans is one of three universities that will share a \$723, 931 award from the National Institutes of Health to develop and test a pilot microeconomic intervention to reduce the risk of HIV transmission among economically disadvantaged male-to-female transgender women. Rick Zimmerman, PhD, associate dean for Research, Scholarship, and Science at LSU Health New Orleans School of Nursing, is the LSU Health principal investigator. The consortium also includes Virginia Commonwealth University, the University of Missouri-St. Louis, and Johns Hopkins University.

Microeconomic interventions are defined as very small-scale initiatives designed to improve the financial status of individuals. Recent studies suggest that there are a variety of economic factors contributing to HIV vulnerability in transgender women. They include discrimination in employment and housing, as well as the high cost of medical and clinical services required for male-to-female transition, all of which lead to financial instability and reliance on high-risk income generation. Their HIV risk is also increased by being victims of sexual violence and having a much higher incidence of psychiatric symptoms and substance use, all linked to higher HIV prevalence and transmission. The estimated HIV prevalence is greater than 25% among United States transgender women and up to 50% in African-American transgender women.

"This population is three times as likely to be unemployed, four times as likely to be unstably housed, and twice as likely to be poor, and around 80 times more likely to have HIV than the general population" noted Dr. Zimmerman.

In this project, the researchers will develop an integrated microeconomic intervention for HIV prevention tailored for economically disadvantaged transgender women that addresses multiple economic vulnerabilities in two United States, HIV-prevalent and resource-poor metropolitan areas – Richmond, Virginia and the St. Louis, Missouri/Illinois metro area. The project will subsidize three-four month internships to help study participants find jobs in the mainstream economy, link them to low-cost housing organizations, and

provide financial literacy and employment readiness training.

"Microeconomic interventions have been shown in low-income countries to improve protective sexual behaviors, and HIV communication and testing, by combining HIV education and financial training, mentoring, and economic resources," Zimmerman concluded. "We hope that these microeconomic interventions will yield the same great results here. Our ultimate goal is to establish a feasible, acceptable, and scalable microeconomic intervention for HIV reduction in this vulnerable group."

American Lung Association 'State of Lung Cancer' Report Finds that Louisiana Can Do More to Reduce Its Toll

The American Lung Association is releasing the results of its first annual LUNG FORCE "State of Lung Cancer" report, which brings together national and state-specific data to show how the toll of lung cancer varies by state. This is the first time that these lung cancer statistics have been analyzed in one report, and gives a better understanding of the impact of lung cancer across the country. This report compares lung cancer incidence, survival, stage at diagnosis, surgical treatment and screening centers, and shows how states can do more to reduce the burden of lung cancer.

Details of the "State of Lung Cancer" report can be found at Lung.org/solc.

Every two and a half minutes, someone in the United States will be diagnosed with lung cancer, and the five-year lung cancer survival rate is only 15.9 percent in Louisiana. The LUNG FORCE "State of Lung Cancer" report is both a guidepost and a rallying cry, providing policymakers, researchers, healthcare practitioners, patients, caregivers, and others committed to ending lung cancer with a one-stop resource for identifying how their state can best focus to support lung cancer patients.

Eat Fit Continues Expansion in Partnership with Blue Cross Blue Shield Foundation of Louisiana

Eat Fit, a program of Ochsner Health System, announced that its program has begun its

statewide expansion in partnership with Blue Cross Blue Shield Foundation of Louisiana (BCBSLAF), serving as a resource for all things wellness throughout Louisiana. Through their partnership with BCBSLAF, Eat Fit will continue to expand statewide over the next three years, expanding its Baton Rouge presence in early 2018 and launching in new markets including Acadiana (Lafayette) and Southwest Louisiana (Lake Charles). Current Eat Fit regions include Eat Fit Baton Rouge, Bayou, New Orleans, Northshore, and Washington Parish.

Eat Fit— a program that encourages chefs to offer nutritious, delicious meals for those who want to eat clean, watch their weight, and manage certain health issues — was founded by Ochsner Fitness Center Registered Dietitian Molly Kimball in New Orleans in 2013. Free to all restaurants and foodservice partners, Eat Fit encourages nutritious choices whether an individual is looking to lose weight, feel better, or look better. The program also offers help to manage health issues, including diabetes, cholesterol, and high blood pressure. The Eat Fit team of dietitians works closely with local restaurants, markets, and other types of foodservice establishments to identify and develop dishes that meet the Eat Fit nutritional criteria. These items are identified directly on the menu with the Eat Fit seal of approval, making the healthy choice the easy choice when dining out.

"Our mission is to help people to live the strongest, healthiest lives possible," said David Gaines, Chief Executive Officer – System Retail Services and senior vice president of Public Affairs for Ochsner Health System. "Eat Fit has been a successful program aimed at providing nutritious dining options that can easily be integrated into new lifestyle changes. This is one of the many ways we are committed to improving health and wellness across the state."

Each region will be staffed with an Eat Fit registered dietitian who will serve as a liaison for Eat Fit, the local community, and program partners. As the physical support to each region, these registered dietitians will embark on a three-pronged mission of transforming access to healthy eating by incorporating Eat Fit into restaurants and markets, prevention and management of chronic disease through positive lifestyle changes, and

improving nutrition literacy for all individuals.

"The Blue Cross and Blue Shield of Louisiana Foundation is committed to supporting regional initiatives like Eat Fit," said Michael Tipton, the organization's president. "We know from many years of investing in this field that communities that work together toward an inclusive vision of health are most likely to be successful. Eat Fit fostered that kind of change in New Orleans, and we're excited to see the same long-lasting, sustainable results across the state."

Additional partners in the Eat Fit coalition currently include the Louisiana Department of Health, Healthy BR, Fit NOLA, Well-Ahead Louisiana, FoodCare, the Louisiana Restaurant Association, Ochsner Health Network, the Louisiana Academy of Nutrition and Dietetics, Ballard Brands, Whole Foods Market, Centerplate, Morrison Healthcare, Waitr Meal Delivery App, Uber-EATS, Cumulus Radio, Natural Awakenings Magazine, and many additional restaurant and grocery partners.

Download the Ochsner Eat Fit smartphone app on Google or the Android app store to find participating Eat Fit restaurants with full nutrition facts for Eat Fit menu items, recipes, community wellness resources, and opportunities to connect with a health professional in your area.

More information can also be found at www.OchsnerEatFit.com.

LSU Health NO's Backes Elected to National Leadership

The membership of the American Society for Pharmacology and Experimental Therapeutics elected Wayne Backes, PhD, Professor of Pharmacology and Experimental Therapeutics and Associate Dean for Research at LSU Health New Orleans School of Medicine, as its next leader. He will begin his term as president-elect on July 1, 2018, and the following year, will become president. Following a one-year term as president, he will then serve as past president for one year.

According to the Society, "The American Society for Pharmacology and Experimental Therapeutics (ASPET) is a 5,000-member scientific society, whose members conduct basic and clinical pharmacological research and work for academia, government, large pharmaceutical companies, small biotech companies, and non-profit

organizations. ASPET is governed by an elected council consisting of a president, past president, president-elect, secretary/treasurer, past secretary/treasurer, secretary/treasurer-elect, and three councilors."

Backes joined the LSU Health New Orleans faculty as an assistant professor in 1984 after serving for three years on the pharmacology faculty at the University of Connecticut Health Center. He earned a doctor of philosophy degree in biochemistry from West Virginia University in 1979, followed by a postdoctoral fellowship at the University of Connecticut Health Center.

He has served as an ASPET councilor since 2015 and as a finance committee at-large member since 2013. He has also served as treasurer of the Society of Cytochrome P450 and as a member of the Scientific Advisory Committee of the International Symposium on Microsomes and Drug Oxidations since 2015. He was chair of ASPET's Drug Metabolism Division from 2011-2014 and served as secretary/treasurer of ASPET's Toxicology Division from 2008-2011. He has coordinated a number of national and international symposia and conferences on drug metabolism.

Backes is an associate editor for Drug Metabolism and Disposition and *Frontiers in Pharmacology*, where he is also a member of the editorial board. He has served as a reviewer for a host of other journals.

His research interest is drug metabolism, and he has been awarded about \$30 million in grant funding over his career.

To date, Backes has authored or co-authored 70 publications, 25 book chapters and instructional videos, and 89 abstracts. He has given nearly 60 invited lectures.

Medical-Legal Team Moves to Protect and Help Opioid Affected Infants and Children in Louisiana

Louisiana has one of the highest dependency rates on Medicaid insurance in the nation with more than 1.4 million Medicaid enrollees, and unfortunately, one out of every five Medicaid-served mothers consumed opioids at some point during their pregnancy resulting in numerous babies being born addicted, according to a medical-legal team which took its case to protect opioid-affected infants to court in Louisiana.

To the best of the lawyers' knowledge, this is the first case of this type in the country. The suit seeks funds to treat and protect these opioid dependent babies, children, and youth.

A key party to this team is Kanwaljeet J. S. "Sunny" Anand, an expert on opioids and infants and a professor of pediatrics, anesthesiology, perioperative, and pain medicine at Stanford University School of Medicine.

"There is an unprecedented epidemic of opioid addiction sweeping across the U.S.," said Dr. Anand. "Newborn babies are the most vulnerable citizens; their lives and developmental potential are disrupted by Neonatal Abstinence Syndrome (NAS), but arrangements for their short-term and long-term care have been ignored, until now. Babies like K.E.R. need strong advocacy and legal action to ensure that their rights are protected, and that they urgently receive essential medical care and rehabilitation."

The plaintiff in the case is Tyler Roach, on behalf of his child K.E.R. and those similarly situated and born with Neonatal Abstinence Syndrome. K.E.R.'s mother's life was derailed by opioid addiction following a car accident. Due to the neurotoxic effect of opioids on the unborn child, K.E.R. needed medical attention following birth. Now three years of age, K.E.R. has undergone behavioral, speech, and hearing therapy and may forever face mental deficiencies due to being exposed to opioids in his mother's womb.

"Use of prescription opioids during pregnancy increased from 1.2 to 5.6 per 1,000 births per year, leading to sevenfold increases in the total NICU days attributed to NAS," said Dr. Anand. "On average, one infant with NAS is hospitalized every hour in the U.S. It is high time that the medical and legal communities stand up to demand comprehensive treatment and care for the most needy and vulnerable citizens of our great country."

"The worst part of the growing opioid addiction problem in America is that it has unintended victims: the unborn and the children of their parents who became unwitting users due to over-prescribing of these meds for everyday pain," said Dr. Brent Bell, one of the lead medical experts in the team which filed suit in the 22nd Judicial Court for St. Tammany Parish.

The class action lawsuit is filed on behalf of all

children afflicted with Neonatal Abstinence Syndrome (NAS) born in Louisiana because their mothers consumed opioids in Louisiana during pregnancy. NAS is a clinical diagnosis and a consequence of the abrupt discontinuation of chronic fetal exposure to substances that were used or abused by the mother during pregnancy.

"National studies of Medicaid-enrolled women by the Centers for Disease Control found that 21.6 percent filled at least one opioid prescription during pregnancy," said Dr. Bell. "As the opioid epidemic has spiraled out of control across our nation, so to has the harm that has been caused to infants across the country. As of September 30, 2016, child and family assistance spending related to the epidemic was about \$6.1 billion."

"We are seeking to make the child victims of opioid addiction, to the greatest extent possible, whole," said Celeste Brustowicz, with Cooper Law Firm. "But that is only part of it. We have an obligation to bring forward this class action to eliminate the hazard to public health and safety caused by the opioid epidemic and to hold fully responsible those whose actions created this crisis."

Named as defendants in the suit are an array of pharmaceutical manufacturers, distributors and retailers, all of whom netted millions if not billions of dollars due to unfair and deceptive trade practices that preyed on all Americans, including the unborn, say the attorneys. To establish and exploit the lucrative market of chronic pain patients, the defendants developed a well-funded, sophisticated, and deceptive marketing and/or distribution scheme targeted at consumers and physicians, according to the suit.

"Facts show that pharmaceutical drug companies and their distribution partners exaggerated the benefits of opioids and downplayed risks and consequences," said Scott Bickford, Martzell Bickford & Centola A.P.C. "They knew the drugs were being overly prescribed yet failed to warn doctors of the extremely addictive nature of the narcotics and the need to strictly limit and monitor the dose. Because of the willful wrongdoing of the defendants, an opioid addicted baby is born every 19 minutes in our country."

The lawsuit also argues that access to treatment services are woefully insufficient to meaningfully improve outcomes related to opioid addiction

abatement, noting that the 2012 National Survey of Substance Abuse Treatment Services data indicate that only a small percent of outpatient-only substance abuse treatment facilities and of residential treatment facilities offered special programs for pregnant/postpartum women; within hospital inpatient treatment facilities, a significantly smaller percentage offered special programs for pregnant/postpartum women.

"The only way we will ever be able to truly win the war against opioid addiction and those who have profited from the production, distribution and sale of opioids is through providing access to treatment options," said Brustowicz. "Hospitals and drug rehabilitation centers must have the means necessary to address addiction. That is the only way we can hope to end this crisis."

AMA, FDA Team Up to Help Prevent Spread of Foodborne Illness

On the heels of the recent nationwide E. coli outbreak that caused Americans across more than a dozen states to become ill and led to one death, the American Medical Association (AMA), in collaboration with the U.S. Food and Drug Administration (FDA), announced new online continuing medical education (CME) videos aimed at helping physicians combat the spread of foodborne illness. The new videos provide physicians with the information and resources they need to diagnose, treat, and report foodborne illnesses. The videos also educate patients on preventing foodborne illness.

"The CDC estimates that 48 million Americans are sickened by contaminated foods each year, leading to 128,000 hospitalizations and approximately 3,000 deaths. These staggering statistics reinforce the reason why the AMA and FDA are taking action to help ensure all of our frontline physicians are prepared when a patient with foodborne illness comes into their hospitals, clinics, and emergency departments," said AMA President David O. Barbe, MD. "Building on the AMA's longstanding efforts urging physicians to remain informed on diagnosing and managing foodborne illness, the new videos will serve as an important reminder for physicians that they have a vital role in recognizing symptoms and reporting cases of foodborne illness to public health

authorities for investigation—which speeds up the recognition of outbreaks and helps prevent further illnesses."

The AMA and FDA are offering the online videos to physicians free of charge. One is entitled, "What Physicians Need to Know About Foodborne Illness: Suspect, Identify, Treat, and Report", and the second is entitled, "Talking to Patients About Food Safety." The video modules are intended for use by primary care and emergency medicine physicians who are most likely to see the index case of a potential food-related disease outbreak. Upon completion, physicians will be able to identify populations who are most susceptible to foodborne illness, describe recent significant foodborne outbreaks in the United States, explain the steps taken in evaluating a patient with foodborne illness, identify common symptoms of foodborne illness in patients, and explain the importance of reporting foodborne illnesses to the health department.

To view both videos, visit the AMA's Education Center website, <https://cme.ama-assn.org/Activity/5652403/Detail.aspx>. The videos qualify for AMA PRA Category 1 creditTM.

Blue Cross Blue Shield of Louisiana, AAAneurysm Outreach to Provide Screenings

Blue Cross Blue Shield of Louisiana and AAAneurysm Outreach worked in partnership with Jefferson Council on Aging and Endologix to provide free, abdominal aortic aneurysm screenings during the annual Senior Expo at the Pontchartrain Center in Kenner.

"This quick, easy ultrasound of the abdomen is painless," according to Claudie Sheahan, MD, Associate Professor of Clinical Surgery at LSU Health Sciences Center. "We will be able to determine whether or not an aneurysm is present. If the aneurysm is found early, it can be treated to prevent rupturing."

This event is the first AAA screening in Jefferson Parish, and is expected to reach hundreds of people who attend the expo. "We are glad to be able to provide this free service to Jefferson Parish residents, at a convenient location," said AAAneurysm Outreach board member and University of New Orleans healthcare professor Don Zimmerman, a Jefferson Parish resident and AAA survivor.

"The Senior Expo is such a fun way to meet new people, catch up with the ones you know, and learn about what your community has to offer you. Whether with friends, or on your own, please consider stopping by for a fast and easy AAA (abdominal aortic aneurysm) screening. It is a perfect opportunity to save yourself an office visit, and get a wonderful, potentially lifesaving service for free," said Cynthia Lee-Sheng, Councilwoman at Large, Division B, Jefferson Parish.

An abdominal aortic aneurysm (AAA) is a ballooning of the abdominal aorta, the artery that carries blood to the lower part of the body. This type of aneurysm rupture is the third leading cause of sudden death in men 60 and older in the United States. It is estimated that more than one million people are living today with an undiagnosed AAA. There are no symptoms. Risk factors for AAA include a history of smoking, high blood pressure, high cholesterol, and hardening of the arteries.

LSU Health NO Dental Student Jeffrey Kerst Elected to National Office

Jeffrey Kerst, a third-year student at LSU Health New Orleans School of Dentistry, is one of two national vice presidents elected to the Board of Trustees of the American Student Dental Association (ASDA) for a one-year term. The Board of Trustees governs the 27,000-member national student-run organization that connects dental students on local and national levels and gives them the training to be better leaders and dentists.

Kerst was the District 5 Trustee on the Board and served as the liaison to the American Dental Association's (ADA) Joint Commission on National Dental Examinations and as a student delegate to the ADA Annual Session.

Kerst is a member of the LSU Health New Orleans School of Dentistry Class of 2019. LSU Health New Orleans School of Dentistry is the only dental school in Louisiana and is unique among the dental schools in the United States because it offers degrees in dentistry, dental hygiene, and dental laboratory technology. Three out of every four dentists and dental hygienists practicing in Louisiana today are graduates of the school.

LSU Health NO Match Day Helps Determine LA Physician Supply

Envelopes revealing the number of new doctors who will train in Louisiana were opened at the LSU Health New Orleans School of Medicine Match Day Ceremony on March 16 at the Mercedes-Benz Superdome, St. Charles Room. It was the culmination of months of interviewing for graduating medical students with academic health centers and hospitals that have residency programs.

The students list their choices for residency programs, and the academic health centers and hospitals list their choices of students to fill them. All selections are fed into a computer, and "matches" are made.

Match Day is when the students and their families find out where they matched and where they will go to complete their graduate medical education.

A residency program is a period of education in a chosen specialty that physicians undergo after they graduate from medical school. Most residency programs last from three to seven years, during which residents care for patients under the supervision of physician faculty and participate in educational and research activities. When physicians graduate from a residency program, they are eligible to take their board certification examinations and begin practicing

independently. Residency programs are sponsored by teaching hospitals, academic medical centers, healthcare systems, and other institutions.

Since statistics show that the majority of physicians remain in the communities and set up practice where they've done their residencies, Match Day also reveals important information about the supply and types of physicians the New Orleans area and the state of Louisiana will have. The supply of physicians practicing here not only affects access to care, but also local economies and the larger state economy. LSU Health New Orleans educates the majority of Louisiana's physicians.

The National Resident Matching Program was established in 1952 to provide an orderly and fair mechanism to match the preferences of applicants for U.S. residency positions with residency program choices of applicants. The program provides a common time for the announcement of

the appointments, as well as an agreement for programs and applicants to honor the commitment to offer and accept an appointment, if a match results.

Residency programs begin on July 1, 2018.

CIS Relocates, Celebrates 5th Anniversary

Cardiovascular Institute of the South (CIS) has relocated to a new office location at 107 Maryland Dr., located at the corner of Highway 90 and Maryland Drive. CIS is also celebrating its fifth anniversary of being in the Luling community.

Interventional cardiologists Dr. Christopher Paris and Dr. Owen Mogabgab will be providing cardiovascular care for patients at the Luling clinic. This clinic will be open Monday-Friday and will offer a full range of cardiovascular services including ultrasound, nuclear, and treadmill testing to diagnose and treat cardiovascular disease.

Dr. Mogabgab, a native of New Orleans, earned his medical degree from the University of Texas Medical School in Houston and has worked at Tulane Medical Center for the past four years. He is board-certified in internal medicine, cardiovascular disease, endovascular interventions, and interventional cardiology. He is a member of Alpha Omega Alpha Honor Society, Texas Medical Association, the American College of Cardiology, and the Society for Cardiac Angiography and Interventions.

In 2013, CIS brought comprehensive cardiovascular care to the community of St. Charles Parish, increasing access to care for more than 3,000 patients in the area. CIS also designed and oversaw the construction of a new cath lab and medical clinic space which opened in Luling in July of 2014. Putting patient needs first, CIS has maintained a high level of patient satisfaction (based on recent surveys) and remains committed to the community of St. Charles Parish.

The CIS clinic phone number remains the same.

To reach the CIS Luling clinic, call (985) 308-1604.

LSU Health NO Research Discovers New Rx for Allergic Contact Dermatitis

Research led by Nicolas Bazan, MD, PhD, Boyd Professor and Director of the Neuroscience Center of Excellence at LSU Health New

Orleans School of Medicine, has found a promising new treatment for allergic contact dermatitis that offers an alternative to corticosteroids and their possible side effects.

Working in an experimental model of allergic contact dermatitis, the research team developed a mixture of antioxidants and moisturizers, combined with potent free radical scavengers and inhibitors, which suppressed an inflammatory response to the irritant. The cream relieved itch, reduced swelling, and protected peripheral nerves in the affected area.

Allergic contact dermatitis (ACD) is caused by exposure to an allergen in sensitive people. Sensitizing allergens include nickel and gold, perfumes, soaps, or organic compounds. Although removal of the allergen reduces symptoms, recovery can take weeks. The authors also note that allergic contact dermatitis represents 5-10% of doctor visits.

One of the current primary treatments for severe allergic contact dermatitis is the use of corticosteroids. Long-term use of corticosteroids can result in skin atrophy, spider veins, loss of skin color, or corticosteroid acne. They can disrupt the skin's barrier and lead to adrenal suppression, altered growth, hypertension, hyperglycemia, insulin resistance, and cataracts. In addition, they may increase the risk for certain cancers.

The experimental cream, on the other hand, successfully treated allergic contact dermatitis in mice, without the side effects of corticosteroids. The new cream works in a different way by preventing or stopping the process that initiates inflammation.

This project is part of a long collaboration that Dr. Bazan developed with Dr. Ricardo Palacios-Pelaez from Spain on inflammation, immunity, and neurodegenerative diseases.

"Now with the new cream, we targeted some of those mechanisms in a relatively less complex condition in the skin, always with translational-enabling goals," said Bazan.

Other members of the research team included Drs. William Gordon, Surjyadipta Bhattacharjee, and Bokkyoo Jun at LSU Health New Orleans Neuroscience Center of Excellence, as well as Drs. Virginia Garcíá López, David Rodríguez Gil, Javier Alcover Díaz, Fernando Pineda de la Losa, Ricardo Palacios Peláez, Concha Tiana Ferrer, and

Gabriela Silvina Bacchini from Madrid, Spain. Also on the team was Hélène Varoqui at Ochsner.

"While our results are very promising, additional studies are needed to determine the ideal duration of treatment and the most efficacious concentrations of the active components in the test formulations that will best alleviate ACD," Bazan concluded.

The research was supported by a grant from the National Institute of General Medical Sciences, as well as LSU Health New Orleans Neuroscience Center of Excellence.

This work is part of Bazan's innovative research searching for novel fundamental principles of tissue/organ injury involving inflammation, immunology, genetics, and epigenetics. Most of his efforts are focused on responses to damage to the brain and retina and include Parkinson's, Alzheimer's, pain, macular degeneration, and traumatic brain injury. As these findings demonstrate, fundamental discoveries have broad application.

Hidden Gambling Addiction Affects Thousands of Louisiana Families

Gambling addiction plagues thousands of Louisianans, putting a strain on themselves, their families, friends, co-workers, and society as a whole. Any urge to continuously gamble despite harmful negative consequences or a desire to stop is considered problem gambling.

A Louisiana study on problem gambling revealed that as many as 275,000 Louisianans are involved in problem gaming activities.

To raise awareness about Louisiana's services for those experiencing problems with gambling, Gov. John Bel Edwards declared March 2018 as Problem Gambling Awareness Month, a move which coincides with the National Problem Gambling Awareness Month initiative.

The study found that problem gambling is a problem that crosses all ages, genders, and races. Some facts in the study state:

There are an estimated 179,239 potential adult problem gamblers statewide. A problem gambler is someone who is at risk for addiction.

There are 98,020 potential adult pathological or compulsive gamblers in Louisiana.

A 2010 Louisiana youth survey found that more

than 40 percent of 6th, 8th, 10th and 12th grade students have engaged in some form of gambling in the previous year.

Calls to the toll-free Problem Gamblers Helpline show that females represented 44 percent of the callers and males represented 56 percent.

Most of the callers identified themselves as either Caucasian (49 percent) or African American (45 percent).

"It is important to remember that our efforts to improve health in Louisiana must include the availability of treatment and prevention for problems such as gambling addiction," said Department of Health Secretary Dr. Rebekah Gee. "Louisiana offers a wide variety of treatment programs aimed specifically at problem gamblers, and we will use this month to spread awareness of the problem and shine light on the resources available to address it."

Signs of a gambling problem include:

- Lying to loved ones about gambling activity.
- Deterioration of work performance
- Trouble concentrating
- Missing deadlines and important responsibilities
- Worrying about mounting debts and inability to pay them

"Gambling becomes a serious problem when you can't stop," said Karen Stubbs, assistant secretary of the Office of Behavioral Health. "A problem gambler loses control and cannot stick to limits, even when gambling is causing serious financial, family, work, or other problems."

There are multiple resources in Louisiana to provide support to gamblers and their families. The state offers counseling and treatment programs at no cost to Louisiana residents including the country's premiere residential treatment facility, The Center of Recovery (CORE), located in Shreveport. Since it opened in 1999, CORE has treated more than 3,200 compulsive gamblers.

For help, call the Louisiana Problem Gambler's Helpline at (877) 770-STOP (7867), or chat live at www.helpforgambling.org.

This toll-free helpline handles, on average, 2,400 calls or direct requests for help each month.

LSU Health NO Medical Students Raise Funds for Camp Tiger

LSU Health New Orleans Camp Tiger Benefit Auction was held recently at Club



Pictured at the unveiling of the Hands-Only CPR Kiosk at Xavier University are, Left to right, Brittany Gay, American Heart Association New Orleans vice president; Dr. Raymond Poliquit, Healthy Blue medical director; Aaron Lambert, Healthy Blue president; Dr. C. Reynold Verret, president of Xavier University; Dr. Kathleen Kennedy, American Heart Association Greater New Orleans board chair; Lt. Liz Belcher, EMT and public information officer, New Orleans Emergency Medical Services; and Jonathan Fourcade, EMT and field training officer, New Orleans Emergency Medical Services.

American Heart Association, Anthem Foundation Unveil Hands-Only CPR training kiosk at Xavier University

The American Heart Association and Anthem Foundation, the philanthropic arm of Anthem Inc. and affiliated foundation of Healthy Blue, unveiled a Hands-Only CPR Kiosk at Xavier University. The interactive Hands-Only CPR Kiosk, located in the University Center building, can teach students and faculty in about five minutes in-between classes or during study breaks.

Every year, more than 350,000 cardiac arrests occur outside of the hospital in the United States. Cardiopulmonary resuscitation (CPR), especially if performed immediately, can double or triple a victim's chance of survival.

The kiosk has a touch screen with a video that provides a brief introduction and an overview of Hands-Only CPR, followed by a practice session and a 30-second test. With the help of a practice manikin, or a rubber torso, the kiosk gives feedback about the depth and rate of compressions and proper hand placement – factors that influence the effectiveness of CPR. The entire training takes about five minutes. The instruction is also available in Spanish, and has closed captioning in both English and Spanish.

Only 46 percent of people who suffer an out-of-hospital cardiac arrest receive bystander CPR before professional help arrives. The machine is one way to help increase bystander CPR efforts in order to help meet the Association's goal to double bystander CPR response by 2020.

"Cardiac arrest remains a leading cause of death in the United States, and survival depends on immediately receiving CPR from someone nearby," said Brittany Gay, American Heart Association Vice President-New Orleans. "Although in-person training is still the best way to learn the skills necessary for high-quality CPR, the kiosk will provide additional training that could make a difference and save the life of someone you love."

Many Americans don't perform CPR for a variety of reasons such as lack of training, low confidence, or fear of hurting a cardiac arrest victim. However, Hands-Only CPR has two easy steps, performed in this order—when you see a teen or adult suddenly collapse, call 911. Then, push hard and fast in the center of the chest until help

XLIV- Champions Square, located on LaSalle Street adjacent to the Mercedes-Benz Superdome. The event is the major fundraiser supporting the free, week-long summer day camp for children with special needs in the metropolitan New Orleans and Baton Rouge communities.

Camp Tiger is planned, organized, staffed, and funded by the efforts of first-year students at LSU Health New Orleans School of Medicine. The students' fund-raising efforts underwrite the cost of the camp, so it remains free to campers and their families. All proceeds go directly to running LSU Health New Orleans Camp Tiger.

While adjusting to their first year of medical school, LSU Health New Orleans medical students plan the Camp Tiger Benefit Auction, solicit donations and auction items, book the location, hire the entertainment, set up, staff, and tear down the event. At the same time, they are planning and making all of the arrangements for this year's LSU Health New Orleans Camp Tiger, which will be May 21-25.

LSU Health New Orleans medical students volunteer their time to be counselors and staff for the camp. The ratio of counselors to campers is

2:1. About 130 campers are expected to participate this year.

LSU Health New Orleans Camp Tiger was founded in 1985 by first-year students from the LSU Health Sciences Center New Orleans School of Medicine. Its mission is to give mentally and physically challenged children an enjoyable summer camp experience. For the campers, this may be their only chance to socialize with other children without being singled out for their disabilities. This week-long day camp lets campers be just one of the kids and provides them with the freedom to play, socialize, and express themselves as healthy, vibrant children. Since its inception, LSU Health New Orleans Camp Tiger has benefitted more than 2,000 children from the Greater New Orleans and Baton Rouge areas.

Besides continuing the LSU Health Sciences Center New Orleans tradition of community outreach, Camp Tiger gives first-year and incoming first-year LSU Health New Orleans medical students an opportunity to begin to understand and work with some of the medical conditions they may encounter during their professional careers.

arrives. Hands-Only CPR has been shown to be as effective as conventional CPR for cardiac arrest when it occurs in public.

"Approximately 90 percent of cardiac arrest victims outside of the hospital die, often because bystanders don't know how to start CPR or are afraid they'll do something wrong," said Aaron Lambert, president of Healthy Blue. "The kiosk's instruction will help instill confidence in students and the public about performing Hands-Only CPR and, ultimately, empower them to perform this life-saving technique if they witness a cardiac emergency. We need students and the campus community to understand that it is much better to act than to do nothing at all."

The kiosk sits on the first floor by the Art Gallery at the University Center on the campus where approximately 3,000 students are enrolled. The kiosk at the university marks the first Hands-Only CPR training kiosk to be placed in Louisiana.

"We applaud the American Heart Association, Healthy Blue, and Anthem Foundation for working proactively to improve the survival rates for victims of cardiac arrest," said Xavier University of Louisiana President Reynold Verret. "It is my hope that every Xavier University student and staff member learns this skill by utilizing this great Hands-Only CPR kiosk training tool, increasing their knowledge and potential to save a life in an emergency." To learn more about the Hands-Only CPR campaign and learn how to save a life, visit www.heart.org/handsonlycpr or [facebook.com/AHACPR](https://www.facebook.com/AHACPR).

Advance Care Planning/ LaPOST Seminar Held to Recognize National Healthcare Decisions Day

The Louisiana Physician Orders for Scope of Treatment (LaPOST) Coalition, along with other national, state and community organizations, highlighted the importance of advance healthcare decision-making through an effort that has culminated in the formal designation of April 16 as National Healthcare Decisions Day (NHDD). NHDD is designed to encourage patients to express their wishes about healthcare and for providers and facilities to respect those wishes, whatever they may be. With its overall theme—"It always seems too early, until it's too

late" – NHDD has recently expanded to a week-long event (April 16-22) that was dedicated to different aspects of advance care planning awareness and education.

Louisiana Gov. John Bel Edwards proclaimed April 16 as Healthcare Decisions Day. In our state, end-of-life care preferences can be recorded through advance directives (living wills), the power of attorney for healthcare, and/or the LaPOST document. LaPOST is a physician's order designed specifically for patients with serious, advanced illnesses that complements the other documents and is not biased for or against medical treatment. The LaPOST website features special NHDD toolkits for health care professionals and consumers. The toolkits are featured on the website at <https://www.lhcqf.org/lapost>.

To mark the annual observance, Susan Nelson, MD, LaPOST Coalition Chair, presented the second in a series of three, on-site seminars for physicians, nursing facility administrators, nurses, and social workers in long-term care facilities.

Planning for the Best Care Possible was held at the National EMS Academy in Lafayette. Nelson reviewed the causes of potentially avoidable hospitalizations, explained the advance care planning documents, and discussed ways to improve advance care planning for healthcare professionals, residents, and caregivers.

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 Homes Residents' Trust Fund.

Major Media Report that Doctors are Leaving Louisiana

Louisiana's chronic refusal to address its structural budget deficit is a likely reason why medical school graduates are leaving the state at higher rates than just a few years ago. As the AP's Melinda Deslatte reports, newly minted doctors recently found out where they will match with post-graduate residency programs. Only 46 percent of LSU's medical school in New Orleans will stay in Louisiana - down from 64 percent just six years ago.

"The anxiety our students feel over budget cuts, either proposed or imposed, to higher education

and health care is continuing to erode their confidence in Louisiana," Larry Hollier, chancellor of the LSU Health Sciences Center-New Orleans, said in a statement. "Our graduates are in great demand by programs in other states, and the constant uncertainty is driving them out of Louisiana in growing numbers," he said.

Nola.com/The Times-Picayune's Maria Clark notes that Louisiana's financial shortfall could prompt the operators of the new University Medical Center to walk away from their state contract.

"Depending on what happens to the hospital it would be extraordinarily difficult for the schools," said Dr. Lee Hamm, the Dean of Tulane's School of Medicine. "We would have to find other training vehicles for residents in the city if it happens. Would it be extremely problematic for the resident? Yes."

Number of LSU Health NO Medical Grads Staying in LA Continues to Fall

Forty-six percent, or 89 of 193 LSU Health New Orleans graduating medical students participating in the National Resident Match Program this year, chose to remain in Louisiana to complete their medical training, and 75% of those staying in-state will enter an LSU Health residency program. That is down from 49% staying in-state last year and 64.3% in 2012. The LSU Health New Orleans School of Medicine residency programs in New Orleans, Baton Rouge, Lafayette, Lake Charles, and Bogalusa will accept 215 new residents for 215 residency positions. The vast majority of physicians providing care to the citizens of Louisiana are LSU Health-trained doctors.

"The anxiety our students feel over budget cuts, either proposed or imposed, to higher education and healthcare is continuing to erode their confidence in Louisiana," noted Dr. Larry Hollier, Chancellor of LSU Health Sciences Center New Orleans. "Our graduates are in great demand by programs in other states, and the constant uncertainty is driving them out of Louisiana in growing numbers. We are very concerned about the future of healthcare here."

The Match, conducted annually by the National Resident Matching Program (NRMP), is the primary system that matches applicants to residency

programs with available positions at U.S. teaching hospitals and academic health centers. The choices of the students are entered into a software program as are the choices of the institutions with residency programs. All U.S. graduating medical students found out at the same time where they matched and where they will spend their years of residency training. National studies have found that a high number of physicians set up their permanent practices in the areas where they have completed their residency programs. Therefore, match results figure prominently in Louisiana's physician work force.

"A decline of 18% in the last five years is of concern," said Dr. Steve Nelson, dean of the School of Medicine at LSU Health New Orleans. "The anticipated opening of University Medical Center New Orleans bolstered our Match numbers in 2012, but consternation about the future of UMC and our other teaching hospitals, as well as the fate of our residency programs based in them, is taking its toll. In the past, when our students chose out-of-state residency programs, they left to broaden their experience, and many would come home to practice. But if they leave because they think Louisiana's future as a place to live and practice is in question, they will never return. We train Louisiana's physician workforce, and Louisiana is among the states with the highest number of physicians age 60 and older. The constant budget uncertainty is making it increasingly difficult to retain our highly qualified graduates to replace retiring doctors and maintain an adequate supply of physicians."

The percentage of LSU Health New Orleans medical graduates going into primary care is 49.7% this year, down from 51% last year. Primary care specialties include family practice, internal medicine, medicine-preliminary, medicine-primary, obstetrics-gynecology, pediatrics, and medicine-pediatrics. OB-GYN is not always included in primary care data; however, in some Louisiana communities the only physician is an OB-GYN.

LSU Health New Orleans medical graduates training in other states will be going to such prestigious programs as Johns Hopkins, Vanderbilt, the University of Alabama-Birmingham, the Medical University of South Carolina, and Emory University, among others.

LSU Health NO Medical School Earns Maximum Accreditation

LSU Health New Orleans School of Medicine received formal notification from the Liaison Committee on Medical Education (LCME) that it received full accreditation for the maximum period of eight years. Jointly sponsored by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), the LCME is the accrediting body for programs leading to the MD degree in the United States.

According to the LCME, "LCME accreditation is a voluntary, peer-reviewed process of quality assurance that determines whether the medical education program meets established standards. Programs are required to demonstrate that their graduates exhibit general professional competencies that are appropriate for entry to the next stage of their training and that serve as the foundation for lifelong learning and proficient medical care. Most state boards of licensure require that U.S. medical schools granting the MD degree be accredited by the LCME as a condition for licensure of their graduates. Eligibility of U.S. students in MD-granting schools to take the United States Medical Licensing Examination (USMLE) requires LCME accreditation of their school. Graduates of LCME-accredited schools are eligible for residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)."

It took more than two years to prepare for the site visit. More than 250 people participated, including full-time faculty, medical students, residents, alumni, administrative staff, and representatives from clinical partners. The school submitted more than 2,500 pages of documents to demonstrate its compliance with the LCME accreditation standards. These standards address curriculum, student services, faculty, governance and leadership, teaching facilities, clinical facilities, and finances.

"The LCME commended the dean's leadership; the collegial atmosphere between students, faculty, and administration; the strong commitment of our clinical partners; and our excellent educational facilities," said Richard DiCarlo, MD, senior associate dean for Faculty and Institutional Affairs at LSU Health New Orleans School of Medicine,

who led the re-accreditation effort. "They were again impressed with the Learning Center, and they were newly impressed with the Medical Education and Innovation Center in Baton Rouge."

"Over the last two years, the LCME has not given full accreditation to a substantial number of the medical schools that underwent review," noted Steve Nelson, MD, dean of LSU Health New Orleans School of Medicine. "They gave many schools a warning and placed several on probation. Our success is a testament to stable and respected leadership of the Health Sciences Center, a highly dedicated faculty and staff, engaged students, and a strong commitment to the school's mission from our clinical partners."

Alertgy wins NOLA Health Innovators Challenge Diabetes Pitch Competition

The New Orleans Business Alliance (NOLABA) joined Blue Cross and Blue Shield of Louisiana and Ochsner Health System to present Alertgy with \$36,000 as part of the inaugural New Orleans Health Innovators Challenge. Alertgy will now work within the New Orleans medical community to further develop its solution – a wearable, noninvasive, real-time blood glucose monitoring and alert system that works with a smartphone application.

"This is an incredible endorsement and validation that the need I've been telling people about is a valid need," said Alertgy President Marc Rippen, who founded the company in Melbourne, Florida. "Working with Blue Cross and Ochsner will help us move the company forward and get this product tested and out to market as soon as possible. This is the kind of traction that makes a difference."

NOLAHI, a groundbreaking initiative to connect the city's leading healthcare stakeholders with the best high-growth startups in the nation, helped kick off the 10th annual New Orleans Entrepreneur Week at The Shop at the Contemporary Arts Center. In addition to winning the cash prize and pilot opportunity, Alertgy also wins free co-working space to launch its company presence in New Orleans, along with legal and consulting services.

Diabetes is among the leading causes of death in Louisiana, inspiring Blue Cross and Ochsner to look for true innovations in determining three

finalists and the eventual winner. In 2000, 6.6 percent of Louisiana adults had diabetes, which rose to 11.6 percent by 2013, according to the Behavioral Risk Factor Surveillance System.

"As a national and global healthcare destination, Ochsner continues to transform care and deliver innovative new ways to address chronic disease, like diabetes that create value and improve health," said Aimee Quirk, CEO, innovationOchsner. "We are proud to partner with Blue Cross who shares the same vision in supporting entrepreneurship to drive positive change in the healthcare industry. We also applaud all of the finalists for bringing forward-thinking solutions that can make a difference for our patients and the community."

The other two finalists were Bonbouton (New York, N.Y.) and DIASYST (Atlanta, Ga.). They were chosen from a pool of national applicants by an elite group of judges and online crowd voting.

"Blue Cross was eager to partner with Ochsner on this challenge because we both recognize that digital technology and innovation will be critical to changing the way healthcare is delivered in our state," said Dr. Vindell Washington, Blue Cross and Blue Shield of Louisiana chief medical officer. "We're very encouraged by the solutions we've found through NOLAHI, and we thank New Orleans Business Alliance for the opportunity to seek new ways of engaging patients with diabetes and help them stay on top of their care."

NOLABA also revealed the winners of two other NOLAHI challenges. They include Medspace (San Diego, Calif.), winner of the Navigator Challenge by Tulane Health System, which sought digital solutions for patient navigation without adding full-time employees; and SimplyVital Health (Bloomfield, Conn.), winner of the Interoperability Challenge by Lafayette General Foundation, which focused on finding innovative solutions to improve access to healthcare data through blockchain.

"Launching NOLAHI was a great experience partnering with Blue Cross and Blue Shield of Louisiana, Ochsner Health System, and other healthcare delivery partners to connect the New Orleans region to digital health innovations that enhance treatment of diabetes among other challenges facing healthcare providers and payers," said Quentin L. Messer, Jr., NOLABA president

and CEO. "Economic development matters because it transforms people's lives, and today's NOLAHI represents another step forward in our collective efforts to change lives through a growing, diversified economy. We look forward to engaging with Alerty to create more economic benefits for the New Orleans region over the coming weeks and months."

LSU Health NO's Juzar Ali, MD, Named CDC U.S. TB Elimination Champion

The Centers for Disease Control and Prevention (CDC) has selected Juzar Ali, MD, FRCP (C), FCCP, professor of Medicine at LSU Health New Orleans School of Medicine, as one of 10 CDC 2018 U.S. TB Elimination Champions. According to the CDC, the designation recognizes individuals and organizations for their work to end tuberculosis (TB) in the United States. Their successes serve as best practices to guide efforts to prevent and control the disease.

Dr. Ali, who specializes in Pulmonary/Critical Care Medicine, is the medical director of the LSU Health New Orleans Wetmore Foundation Program for Mycobacterial Diseases. The innovative programs he and his team developed and implemented have resulted in better coordinated and streamlined care, from referral to follow-up. The team opened lines of communication between primary care clinics, local hospitals, emergency rooms, and homeless shelters. They established working relationships with those who treat the homeless, including LSU Health New Orleans medical students who operate homeless clinics in New Orleans at the New Orleans Mission and Ozanam Inn. Ali's team also launched a Video Direct Observed Therapy pilot program for patients with latent TB, which has reduced inconvenience for patients as well as the use of system resources and personnel. They also established a medical home for TB patients that recognizes the importance of family in treatment compliance and provides multidisciplinary support and case management.

The CDC noted, "This project underscores the importance of 'connecting the dots' of TB care with primary and community care, in addition to ensuring treatment completion. This helps in closing the healthcare delivery loop for individual

clients and patients in TB elimination and establishes access pathways with primary care and specialty care, if needed. It streamlines care coordination between clinical, academia, community, and public health systems. Improved overall patient care, enhanced patient engagement, experience, reduction in redundancy, and cost of care are some of the potential overall benefits of constructing a TB Medical Home concept in addition to the ability to focus on aggressive comprehensive treatment, testing contacts, and follow through of TB patients with other co-morbid conditions."

According to the National Institutes of Health, "Tuberculosis (TB) is a contagious and often severe airborne disease caused by infection with *Mycobacterium tuberculosis* (Mtb) bacteria. TB typically affects the lungs, but it also can affect any other organ of the body. It is usually treated with a regimen of drugs taken for six months to two years depending on whether the infecting organisms are drug resistant. Tuberculosis is one of the major causes of disability and death worldwide."

The CDC reported that in 2015, Louisiana ranked 18th among the 50 states in TB rates (2.5 per 100,000 persons).

Ali's clinical, research, and academic niche is TB and non-TB mycobacterial disease.

"This honor recognizes Dr. Ali, a Fulbright Scholar, for his leadership and innovative approach to the prevention and management of TB," said Steve Nelson, MD, dean of LSU Health New Orleans School of Medicine. "His outstanding research and lifelong work, both nationally and internationally, have contributed significantly to eradication efforts."

Mark J. Peters, MD, Named Chief Medical Officer for UnitedHealthcare-Gulf States Region

Mark J. Peters, MD, CPE, is chief medical officer for UnitedHealthcare-Gulf States Region. He is responsible for the clinical excellence, medical affordability, relationship development and enhancement, and growth for health plans in Louisiana, Mississippi, and Alabama.

As the chief medical officer, Peters is also charged with leading the health plans to



Mark Peters, MD

successfully deliver affordable, quality-based health programs to members, including broad access to healthcare professionals and consumer-friendly tools to improve the overall health and well-being of the population served.

Peters is the former CEO/president of East Jefferson General Hospital in Metairie. During his 15-year tenure with East Jefferson, Dr. Peters brought experience in financial operations, board relations, community leadership, and physician engagement to the 460-bed, tertiary care, public magnet hospital. He also oversaw its health system which employed the physician network, laundry, EMS service, and hospital-physician joint ventures.

Under his leadership, he had oversight of a medical staff of 650 and 2,330 full-time employees. He also brought in annual gross revenues of \$1.1 billion. Dr. Peters brings 37 years of medical expertise to his new role with the UnitedHealthcare (UHC) leadership team and its more than two million covered lives across the Gulf States.

Peters did his family practice residency at Miami Valley Hospital in Dayton, Ohio. He received his Doctor of Medicine degree from Ohio State University in Columbus, Ohio and holds a Bachelor of Arts in Chemistry from Valparaiso University, Valparaiso, Indiana.

New Orleans Autism Treatment Center Named as Top National Behavioral Service Provider

The Behavioral Health Center of Excellence (BHCOE) has recognized Within Reach with a one-year accreditation, acknowledging the organization as a top behavioral service provider in the country. The BHCOE Accreditation

recognizes exceptional behavioral health providers that excel in the areas of clinical quality, staff satisfaction and qualifications, and consumer satisfaction. These areas are measured via a wide-ranging audit, including interviews with agency clinical leadership, a detailed staff qualification review, anonymous staff satisfaction survey, and anonymous consumer satisfaction survey.

"Within Reach is a wonderful example of dedication to high-quality care," said Sara Gershfeld Litvak, founder of BHCOE. "They clearly strive for clinical excellence while utilizing current best practices in the field of applied behavior analysis (ABA) and are dedicated to the clients they serve. We are excited to congratulate Director Emily Bellaci and her fantastic team on running a program that is truly an incredible resource for the New Orleans Metro Area community and beyond."

BHCOE Accreditation is the only ABA-specific accreditation. It provides feedback regarding clinical best practices, staff satisfaction and turnover, and consumer protection. Acting as a third-party, the organization systematically measures and reports on existing quality criteria in the behavior analysis community using standardized methods and practices, and accredits only those service agencies that meet these standards.

"At Within Reach Center for Autism, we strive to support our clients and their families through a well-rounded approach," said Director Emily Bellaci, LBA, BCBA, MA. "We are honored and excited to receive the BHCOE Accreditation because it reflects our commitment to providing ethical, effective care that helps our clients to make meaningful progress and improve their quality of life. We're grateful to have a dedicated and compassionate staff that is committed to helping our clients achieve success and made achieving this accreditation possible."

LSU Health NO Research Discovers How Some Cancers Resist Treatment

An international team of researchers led by Lucio Miele, MD, PhD, professor and chair of Genetics at LSU Health New Orleans School of Medicine, and Justin Stebbing, BM BCh MA, PhD, professor of Cancer Medicine and Medical Oncology at Imperial College of Medicine in

London, has found new genetic mutations that promote the survival of cancer cells. The research also provided a clearer understanding of how some cancer cells are able to resist treatment.

"All cancers are caused by genetic damage, mutations to key genes that control the lives of cells," notes Dr. Miele, who also heads LSU Health New Orleans' Precision Medicine Program. "Mutant genes that cancers depend upon for survival are called 'driver' mutations."

The researchers tested genes in 44 cancers that no longer responded to therapy. These are not often tested in clinical practice. The tumor types included breast, lung, colorectal, sarcomas, neuroendocrine, gastric, and ovarian, among others. They found that these advanced cancers had selected many new possible "driver" mutations never described before, in addition to drivers already known. The cancers had evolved new driver mutations to become resistant.

No two cancers were genetically identical, even cancers of the same organs that looked the same under a microscope. In some cases, the researchers found evidence that an individual cancer had evolved two or even three drivers in the same gene, a sign that multiple cancer cell clones had evolved in the same tumor that had found different ways of mutating a particularly important gene. Many of these new genetic mutations are in functional pathways that can be targeted with existing drugs.

"These findings imply that genomic testing should be performed as early as possible to optimize therapy, before cancers evolve new mutations, and that recurrent cancers should be tested again because their driver mutation may be different from those that existed at diagnosis," said Miele.

With this information, therapy could be tailored to the evolving genomic picture of each individual cancer – the hallmark of precision medicine.

"We are working toward a day when we won't have to give a patient the devastating news that a cancer has come back and isn't responding to chemotherapy," Miele concluded.

Other members of the research team included Drs. Antonio Pannuti and Chindo Hicks at LSU Health New Orleans Stanley S. Scott Cancer Center and Department of Genetics; Aleksandra Filipovic at Imperial College of Medicine; and Eliot

Lefkowitz and Travis Ptacek at University of Alabama at Birmingham School of Medicine.

The research was supported by the National Institute of General Medical Sciences and the National Center for Advancing Translational Sciences.

Statewide Smoke-Free Campaign Asks Legislators to Implement a Policy to Protect All of the Louisiana Workforce

The Coalition for a Tobacco-Free Louisiana kicked off its Smoke-Free Louisiana Campaign, a public campaign to ask legislators to stand up for the health of their constituents by passing a statewide comprehensive smoke-free policy to make all workplaces smoke-free, including bars and gaming facilities.

"Today's campaign announcement is the first step in moving Louisiana to be a healthier state," said bill author and nurse practitioner, Representative Dustin Miller. "We are losing too many loved ones to diseases that are largely preventable. Now is the time for changes that can save lives and create better places to work, live, and play."

The Smoke-Free Louisiana Campaign is a coalition of organizations that supports evidence-based strategies proven to reduce tobacco use and exposure to harmful secondhand smoke, including spearheading the effort to protect all employees, musicians, and entertainers in bars and gaming facilities from secondhand smoke.

Tobacco is the number one cause of preventable death nationwide. This year alone, an estimated 480,000 people in the United States will die from tobacco use and exposure to secondhand smoke. In Louisiana, 7,200 adults die every year from their own smoking, and given current smoking rates, 98,000 children currently living in the state will ultimately die prematurely from smoking.

A comprehensive smoke-free policy at the state level would follow the passage of many comprehensive smoke-free local and metro policies around the state. Local governments in 14 cities and municipalities have enacted comprehensive smoke-free policies in advance of a statewide policy, including the City of Baton Rouge (2017), the Parish of Lafayette (2017), the town of

Lecompte (2017), the town of Colfax (2017), the town of Glenmora (2017), the City of Bogalusa (2016), the City of New Orleans (2015), the City of Hammond (2015), the Town of Cheneyville (2014), Monroe (2013), West Monroe (2013), Ouachita Parish (2013), the Town of Woodworth (2012), and the City of Alexandria (2012).

"We applaud the work that has been done by councils all over Louisiana. Their votes in favor of protecting the health of all employees in their parishes has helped to protect many lives, but there is still work to be done to be inclusive to all of Louisiana's workforce," said Raegan Carter, spokesperson for the CTFLA and Region 2 Manager for the Louisiana Campaign for Tobacco-Free Living (TFL).

On Jan. 1, 2007, Act 815, also known as the Louisiana Smoke-Free Air Act, went in to effect. This policy prohibits smoking in most public places and workplaces, including all restaurants with or without attached bars. However, the act left a gap and did not protect employees in bars and gaming facilities. Only a small fraction of the state's population (21.9%) is protected from secondhand smoke.

Each day that Louisiana delays in establishing smoke-free bars and casinos adds to our state's healthcare costs, costs employers' productivity, and results in loss of income from potential visitors to our state. Thousands of Louisianans die from smoking-related causes yearly and smoking drains Louisiana of almost \$1.5 billion in healthcare costs every year.

Currently, 17 states have enacted strong statewide policies, prohibiting smoking in workplaces, restaurants, bars, and gaming facilities. They include Arizona, California, Delaware, Illinois, Massachusetts, Maryland, Minnesota, Montana, Nebraska, New York, North Dakota, Ohio, South Dakota, Vermont, Washington, and Wisconsin.

The smoking prevalence among Louisiana adults has been on the decline. In the last two years, Louisiana's adult smoking rate has decreased by 1.6 percent -- dropping from 23.5 percent of adult smokers in 2013 to 22.8 percent in 2015. However, the state's smoking rate is still significantly higher than the national rate, currently at 15.5 percent.

Secondhand smoke contains more than 7,000 chemicals, including hundreds that are toxic and

at least 69 that cause cancer. According to the Surgeon General, secondhand smoke causes lung cancer, heart disease, and stroke in non-smoking adults and sudden infant death syndrome (SIDS), low birth weight, respiratory problems, ear infections, and more severe asthma in infants and children. The Surgeon General has also found that secondhand smoke is responsible for tens of thousands of deaths in the United States each year—there is no safe level of exposure, and only smoke-free laws provide effective protection.

Society of Behavioral Medicine Holds Meeting in New Orleans

The Society of Behavioral Medicine (SBM) recently held its 39th Annual Meeting & Scientific Sessions in New Orleans. The 2018 SBM Annual Meeting was attended by an estimated 2,100 individuals from the United States, and abroad, and featured more than 1,400 presentations. The meeting theme is Extending Our Reach, and encouraged attendees to venture outside of their academic and clinical comfort zones by connecting directly with community organizations, industry partners, government agencies, the media, and the general public.

SBM is the nation's leading scientific society dedicated to behavioral medicine, representing approximately 2,400 behavioral and biomedical researchers and clinicians from more than 20 disciplines.

Behavioral medicine professionals include psychologists, physicians, nurses, epidemiologists, nutritionists, exercise scientists, biostatisticians, and public health experts. They work to understand, prevent, and treat chronic diseases such as cardiovascular diseases, respiratory diseases, diabetes, and cancer. In short, they improve health by helping people change their behaviors. This improves quality of life and reduces healthcare costs.

SBM's annual meetings are a major forum for behavioral medicine's most important ideas and breakthrough findings. This stimulates new thinking that can lead to scientific innovations. Attendees apply the knowledge gained to the prevention and management of diseases, and the creation of innovative research designs, effective clinical interventions, and evidence-based health policies. ■



The Growing Lonely Hearts Club: **ADDRESSING ISOLATION IN OLDER ADULTS**

IF YOU'RE THE ADULT CHILD OF AN AGING PARENT, you might recall the moment when you noticed a shift in the subject matter of your conversations with them. I do. It was in my mother's late 70s that she started reporting all the people from her social circle who had moved away, become acutely ill, or passed away. As I think about it now, I cringe at my reaction to her pain.

Of course, I offered heartfelt condolences, but I failed miserably in my ability to fully understand what was happening to her... she was losing her social network. Friends and family who had supported her over the course of a lifetime were leaving, one by one, and her life was changing with each loss. Adult children, providers, and caregivers of older adults are keenly aware of how a senior's world begins to shrink. Loss of a spouse/partner, loss of friends, loss of independence, loss of mobility, loss of hearing or vision are among the precious things that are bid farewell, and for some seniors, the result can lead to social isolation and utter loneliness.

Depending on which research study you refer to, it is estimated that roughly 1 in 6 Americans over the age of 65 is isolated either geographically or socially. According to the AARP Foundation's Connect2affect website, isolation involves more than just being alone. Rather it is the sense of feeling detached or disconnected, either psychologically or physically, from one's family, friends, or community. The causes vary and include the losses experienced by my mother and other factors such as:

- Challenges with transportation
- Social barriers (such as ageism)
- Sensory impairment (loss of vision or loss of hearing to the degree that one feels alone or isolated even while in the midst of others)
- Decreased mobility

To make matters worse, isolation and loneliness have been associated with poor health, depression, and an increased risk for coronary artery disease and stroke. Some research suggests that the stress caused by loneliness is as damaging to health as smoking 15 cigarettes a day. According to findings from the Harvard Study of Adult Development, loneliness appears to be toxic and has been associated with waning brain function, early health declines, and shorter life spans. The study suggests that good relationships, however, keep us happier and healthier, and buffer the effects of stress caused by chronic loneliness. Finally, the study concludes that quality and depth of relationships matter greatly. High conflict relationships can be just as detrimental to one's health as loneliness. For instance, staying in a loveless, miserable marriage long term might have a more damaging effect on one's health than the stress caused by divorce.

So, what can healthcare providers do to address this potential epidemic?

Encourage social settings that are conducive to developing and exploring new relationships. Senior centers and retirement communities are excellent options. Both have programs that foster and encourage socialization. These settings offer



the opportunity for shared experiences and make it easy to enjoy the company of others.

Recommend the use of technology to connect to friends and family. Social media and video calls are fantastic ways to stay in touch. Educating a senior on proper use may also be necessary.

Encourage vision and hearing tests. Older adults with hearing and vision issues often shy away from social interactions. Addressing undiagnosed sensory impairments may help.

Recruit social services to recommend resources that address the root causes of isolation. For example, transportation challenges can be easily addressed by providing a list of local driver services. Jennifer Credeur, Director of Social Services at Lambeth House, recommends Meals on Wheels, companion services and visiting pet services to address the woes of loneliness. Credeur also recommends coordinating visits with adult day care centers, churches, and community groups. For those who are suffering from depression resulting from isolation or grief, she suggests counseling for mental health support.

Finally, Credeur states that the feelings shared from an adult who feels isolated and alone should never be minimized and should always be validated. "Acknowledge the loss *and its impact*, and then commit to being part of the solution. As providers and caregivers, that's our role." Sage advice, I'd say, for a growing issue. ■

On April 5, 2018, over 200 healthcare professionals came together at Pennington Biomedical Research Center to collectively respond to the challenges of health equity in Louisiana. As a follow-up to last year's highly successful Culture of Health Summit 2017, this year's Summit examined health disparities that exist in our state. As it turns out, the opportunity to be healthy depends on where you live, work, and play. To put it more precisely, your zip code is a greater determinant than your genetic code of your ability to experience a healthy lifestyle and positive health outcomes. This second Culture of Health Summit built on the 2017 inaugural session, which established a common understanding of data for health and identified collaborative efforts across the state. The 2018 session engaged speakers and participants in collective discussions, and applied breakout sessions to act together to reduce health disparities and promote health equity, regardless of zip code, race, or socioeconomic status.

Health Disparities and Health Equity for Louisiana: **COMING TOGETHER FOR ACTION**

THE FIRST keynote speaker, Dr. Parham Jaberi, Assistant Secretary in the Office of Public Health for the Louisiana Department of Health (LDH), provided an overview of health statistics in our state, identifying the priorities of LDH for improving health outcomes. As Dr. Jaberi noted, highly disadvantaged families, when compared to families with low disadvantage, are 2 times more likely to have low birth weight infants, 1.5 times more likely to have preterm infants, 2 times more likely to have infants who die before their first birthday, 35 times more likely to live in poverty, and 3 times more likely to have teen pregnancy. Additionally, Dr. Jaberi presented alarming statistics related to sexually transmitted infections (STI) and human immunodeficiency virus (HIV). Louisiana has the 3rd highest HIV case rate in the United States, and STI and HIV rates are well above the national average. In terms of gender, race, and age, males are three times as likely to have STI/HIV as females, blacks are three times more likely to be diagnosed as whites, and youth between 20 – 29 years of age are twice as likely as other age groups to have these infections. With these data in mind, the priorities of LDH, along with their community partners, include decreasing the incidence of mortality and morbidity from infectious diseases, increasing access to healthy foods, increasing access to primary care providers, decreasing morbidity and mortality from unintended injuries, improving clean air, food, and water to prevent illness, decreasing preventable deaths from smoking and tobacco use, decreasing the impact of chronic diseases, decreasing fetal mortality, and improving community resilience.¹

Dr. Jaberi's presentation was followed by a discussion of County Health Rankings and Roadmaps by Dr. Julie Willems Van Dijk. Dr. Van Dijk is Senior Scientist and Director of the County Health Rank-

Karen C. Lyon, PhD APRN, NEA
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ings & Roadmaps program, a collaboration between the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute. She has over 20 years' experience in public health, and has led the development of the Roadmaps to Health Action Center, which is a web-based set of tools and guidance for communities to improve health. Dr. Van Dijk described multiple models to assist healthcare providers collect data, use the evidence, guide communities toward action, and tell our stories. Data helps us identify factors that influence health, such as health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and physical environment (air & water quality, housing & transit). The county health rankings allow us to see not only how Louisiana ranks overall on all these factors, but also how each parish ranks. Data can be accessed at <http://www.countyhealthrankings.org/explore-health-rankings/use-data>.²

Dr. Van Dijk's presentation was followed by a panel discussion of Louisiana innovators, all of who shared experiences of best practices in their organizations. Charlotte Parent from LCMC Health identified transportation as a key barrier to access to care. The Claiborne Corridor in New Orleans was the target of LCMC's Build Health Mobility project. By partnering with other organizations including the City of New Orleans, Bike Easy, Foundation for Louisiana, RIDE, UMC, LPHI, The Network for Economic Opportunity, New Orleans Health Department, and RTA, locally-derived data and community-driven analyses were used for mobility planning and policy decisions. Activities to date include RTA mobility plan workshops, aligning with UMC's Community Health Assessment, working with UMC's ambulatory care clinics to as-



Dr. Julie Willems Van Dijk discusses County Health Rankings and Roadmap with Summit attendees.

sess consequences of mobility on access to care and participation in the Claiborne Corridor Cultural Innovation District Launch.

Chaquetta Johnson of the Louisiana Department of Health described the partnership for prevention, which is leading the effort to build a holistic, integrated, and innovative system to prevent STIs and HIV. Louisiana is currently first among all states for primary and secondary syphilis and congenital syphilis (CS), and second for chlamydia and gonorrhea. Dr. Johnson described significant efforts by her department to address congenital syphilis, a disease that occurs when a syphilis-infected mother passes the infection along to her baby during pregnancy. Programs have been implemented for formal case review,

syphilis screening and testing, appropriate treatment of pregnant women with syphilis and their partners, and patient education to reduce re-infection. Other efforts to combat STI/HIV include operationalizing regional STI/HIV Task Forces.

Jared Hymowitz, Director of the Mayor's Healthy Baton Rouge Initiative, described the outcome of the 2018 Community Health Needs Assessment and Community Health Implementation Plan. Healthy BR is successful because it is a public-private partnership to promote and protect the health of people, and the communities where they live and work. The top 10 priorities identified by the needs assessment were **access to care**, cancer prevention, cardiac disease and stroke prevention, diabetes prevention, healthy babies, **healthy**



Karen Lyon and Coletta Barrett, members of the Summit Planning Committee, discuss use of parish health rankings with Summit participants.

living, injury prevention, **mental health**, **STI/HIV**, and substance abuse, with the top 4 issues in bold.

Jeanne Solis, of the Terrebonne Chamber of Health Leadership Alliance, ended the panel discussion by describing a coalition of regional chambers of commerce and the Region 3 Office of Public Health working on improving the local culture of health by increasing workplace wellness, building stronger public health practices, and improving parish health rankings, all of which are intended to have a positive local economic impact.³

The afternoon session included a deeper dive into the county health rankings by parish, with each participant able to pull up their own parish ranking to examine such health outcomes as length of life, premature death, low birthweight incidence, age-adjusted mortality, infant mortality, incidence of physical and mental distress, diabetes prevalence, HIV prevalence, adult smoking, adult obesity, and a variety of other health behaviors. Stephen Wright, of CHRISTUS Health, spoke about diversity and inclusivity, differentiating for the audience the difference between health equality and health equity. He emphasized the need to ensure cultural competence of all

staff, especially in regards to race, ethnicity, and language access, emphasizing the importance of all patients being spoken to in their native language by qualified bilingual staff. Mr. Wright challenged participants to examine their own biases when providing care to patients, and reminded us that, although the largest proportion of patients in Louisiana hospitals and health-care institutions are black, in terms of equity of care, they have the poorest health outcomes.

David Zuckerman, Director of Health-care Engagement for The Democracy Collaborative, examined community wealth building and anchor institutions, defined as nonprofit or public institutions, such as local government, universities, hospital and health systems, and community & place-based foundations, that are the economic engines of a region. He reminded the audience that to address health inequalities, we have to address social and economic inequalities, including education, employment, income, family & social support, and community safety. To narrow the widening health and wealth gap, we need to build a community wealth ecosystem. He identified drivers of community wealth building:

- PLACE – Develop local assets to benefit local residents
- OWNERSHIP – Promote local ownership as foundation of economy
- MULTIPLIERS – Encourage buy local strategies to keep money circulating locally
- COLLABORATION – Bring non-profits, anchors, philanthropy, and cities together
- INCLUSION – Aim to create living wage jobs that help all families enjoy economic security
- WORKFORCE – Link training to employment, and focus on jobs for those with barriers to employment
- SYSTEM – Develop institutions and supportive ecosystems to create a new normal of economic activity⁴

Sarah Gillen, COO of Louisiana Public Health Institute, brought the Summit to a close with a call to action, summarizing the presentations, and reminding us that persistent health disparities limit the opportunity for all Louisianans to thrive. Participants were challenged to produce a collective response, in order to leverage our assets, and drive improvements for population health. As organization leaders, we have the vision, knowledge, wherewithal, and experience to identify social determinants of health, and transform the environment, in order to eliminate those determinants that serve as barriers to optimal health, and enhance those factors that facilitate positive health outcomes. ■

REFERENCES

¹Louisiana Action Coalition, April 5, 2018. *Proceedings of the 2018 Culture of Health Summit: Health Disparities and Health Equity in Louisiana: Coming Together for Action*. Baton Rouge, LA: Pennington Biomedical Research Center.

²Willems Van Dijk, Julie, April 5, 2018. *County Health Rankings & Roadmaps: Moving with Data to Action*. 2018 Culture of Health Summit. Baton Rouge, LA. Pennington Biomedical Research Center.

³Parent, Charlotte, Johnson, Chaquetta, Hymowitz, Jared, and Solis, Jeanne. April 5, 2018. *Panel Discussion of Louisiana Innovators Building a Culture of Health in Louisiana*. 2018 Culture of Health Summit. Baton Rouge, LA. Pennington Biomedical Research Center.

⁴Zuckerman, David. April 5, 2018. *Community Wealth Building and Anchor Institutions*. 2018 Culture of Health Summit. Baton Rouge, LA. Pennington Biomedical Research Center.

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MEDICAID FRAUD

Combatting waste, fraud, and abuse in our state's Medicaid program is an expectation of the public, and a goal shared by myself, the leadership team of the Louisiana Department of Health, and our elected officials. Every dollar wasted or spent fraudulently is a dollar that could be better spent providing a mammogram, a treatment for a heart attack, a flu shot, or another legitimate health care service.

It is for this very reason the Medicaid program in Louisiana has made combatting waste, fraud, and abuse a top priority.

AS MEDICAID ADDRESSES WASTE, fraud, and abuse, an important subject taxpayers are constantly reminded about, it is imperative we understand that waste, fraud, and abuse are three separate issues. Unfortunately, many people lump all three together to try and score cheap political points at the expense of accuracy.

With Louisiana's consistent budget problems, we all look for areas to find savings so that revenues will not have to be raised or services cut. Each year, I am reminded of a federal report that found 12 percent of Medicaid payments are made in error. It is then suggested these erroneous payments are all fraudulent and Louisiana's budget can be easily fixed simply by stopping fraud.

Some people also suggest that Medicaid recipients are responsible for the majority of the fraud. This is also incorrect. As most of the readers of this publication know, Medicaid does not make payments to recipients. All payments go to providers such as hospitals, physicians, clinics, managed care organizations, and other health care professionals.



“With Louisiana’s consistent budget problems, we all look for areas to find savings so that revenues will not have to be raised or services cut.”

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



So, what are the differences between fraud, waste, and abuse? Fraud is a criminal act. It is knowingly and willfully attempting to, or executing a scheme to defraud the Medicaid program. Typically, it is the intentional submission of fake or false payment claims, receipts, and/or invoices for services that did not occur.

Although it is a misuse of resources, waste is not fraud. Waste is the overutilization of services or other practices that directly or indirectly result in unnecessary costs to the health care system, including Medicaid.

Abuse is a payment for services when there is no legal entitlement to that payment, but the individual or entity did not knowingly or intentionally misrepresent facts to obtain payment.

In Louisiana, our Medicaid program takes aggressive steps to ensure that improper payments—whether they are criminal in nature (fraud) or not (waste and abuse)—are prevented from occurring, or recovered if a payment was made in error. This effort is known as program integrity.

The Centers for Medicaid & Medicare Services, or CMS, has reported that improper payments make up 12 percent of all federal health care payments, but CMS points out this statistic is not a measure of fraud. Rather, it is a measure of payments made in error to providers. Such errors can include missing documentation or incorrect coding on a claim for payment of health care services provided, in addition to intentional and illegal claims for payments.

Our program integrity efforts, I am happy to report, were recognized by CMS last year as a national leader following their audit. CMS reported that our Medicaid program was in full compliance with all federal fraud-reporting requirements, and that we have the proper procedures in

“...Louisiana’s Medicaid payment error rate is below the national error rate, and we have systems in place to recover payments made in error.”

place to detect and report fraud. This 2017 federal audit sets a high bar for anti-fraud efforts. It is notable that Louisiana was one of only four states to pass this audit since 2014.

The federal audit reviewed Louisiana Medicaid’s financial and management anti-fraud systems, policies, and practices. Combined, these work to ensure that credible cases of Medicaid fraud are detected, that actions are taken to stop payments to suspicious providers, and referrals are made to the Attorney General’s Office for investigation and prosecution.

In its review, CMS’ Office of the Inspector General reviewed 225 cases of suspected fraud and abuse. In 100 percent of these reviewed cases, our agency made the proper decision regarding referring a provider suspected of fraud to the Louisiana Attorney General.

This is how our fraud prevention efforts work. We start by reviewing claim submissions using sophisticated data mining software that uses pattern matching algorithms and predictive analytics to look for duplicate charges and other potentially fraudulent billing practices. This system can detect unusual billings that may be fraudulent.

Each managed care organization that serves Medicaid also has its own program integrity units that work with the department to coordinate data and information that is critical to fraud prevention.

When we find something suspicious, we collect evidence, conduct an investigation, and provide our findings to the Attorney General, who can take enforcement and

prosecution actions.

Specifically, our program integrity staff conducts reviews to determine if providers meet all federal and state participation requirements, if they deliver only medically necessary and appropriate services, and if all payments are for the right amount, and for the appropriate services.

I recently read a letter to the editor in the Baton Rouge Advocate that confused wasteful spending with fraud, and then suggested that Louisiana does not have a “working Medicaid fraud prevention system in place.” This claim couldn’t be further from the truth. Louisiana is a national leader in Medicaid fraud prevention, and the audit by CMS is also clear evidence that the writer provided an inappropriate assessment of the current program.

The letter writer misused a national statistic about improper payments to come to the incorrect conclusion that Medicaid recipients are committing fraud to the tune of \$1 billion. As I said earlier, an incorrect payment is not necessarily fraud.

The reality is Louisiana’s Medicaid payment error rate is below the national error rate, and we have systems in place to recover payments made in error. When this occurs, Medicaid recoups an improper payment to a health care provider by withholding the amount of that payment in the next billing cycle.

As stewards of limited taxpayer dollars, preventing Medicaid fraud is a top priority of the department. We remain committed to being both nonstop and relentless in our efforts to stop criminals who are intent on defrauding the Medicaid program. ■

Since ancient times, humans have used opioids for their analgesic (pain-relief), euphoric, and narcotic (sleep inducing) properties. Historically, prescription opioids have been prescribed to patients following surgery, trauma, or for pain related to terminal conditions, such as cancer. They have been regulated as controlled substances since 1970.¹

THE OPIOID EPIDEMIC: RESOURCES AND FAST FACTS

PRESCRIPTION OPIOID ABUSE has become a major health concern in the United States, and the statistics are alarming. Every day over 1,000 people are treated in emergency rooms across the U.S. for abuse of prescription opioids.² In 2016, prescribers wrote 66.5 opioid prescriptions for every 100 Americans. The Centers for Disease Control and Prevention (CDC) reports that from 1999 to 2015, more than 183,000 people died from overdose related to opioid medication. Opioids were involved in 33,091 deaths in 2015—63.1 percent of all drug-related deaths in the U.S.—and opioid overdoses have quadrupled since 1999. Over the past two decades in the United States, the use of opioids—the group of drugs that includes heroin and prescription painkillers such as oxycodone, hydrocodone, codeine, morphine, fentanyl, and others—has exploded.

Currently, drug overdose is the leading cause of accidental death in the United States, with 47,055 lethal overdoses in 2014.³ Opioid addiction is driving this death toll, with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin in 2014.⁴ See Figures 1 and 2.

The enormity of the problem has

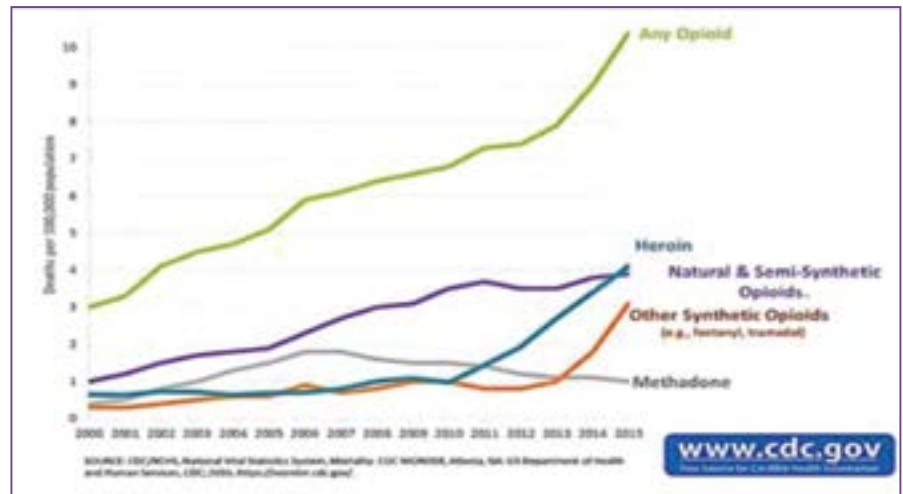


Figure 1. Overdose Deaths Involving Opioids by Type of Opioid, United States, 2000-2015.

compelled the National Forensic Laboratory Information System to collect drug identification results from drug cases submitted to and analyzed by Federal, State, and local forensic laboratories.⁵

A Legal Review

On August 26, 2016, Dr. Vivek H. Murthy, former Surgeon General of the United States, sent a letter to physicians imploring them

to help fight the opioid epidemic facing the country. The letter read, in part:

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure...



Pamela W. Carter
CEO, Apex Healthcare Solutions, LLC

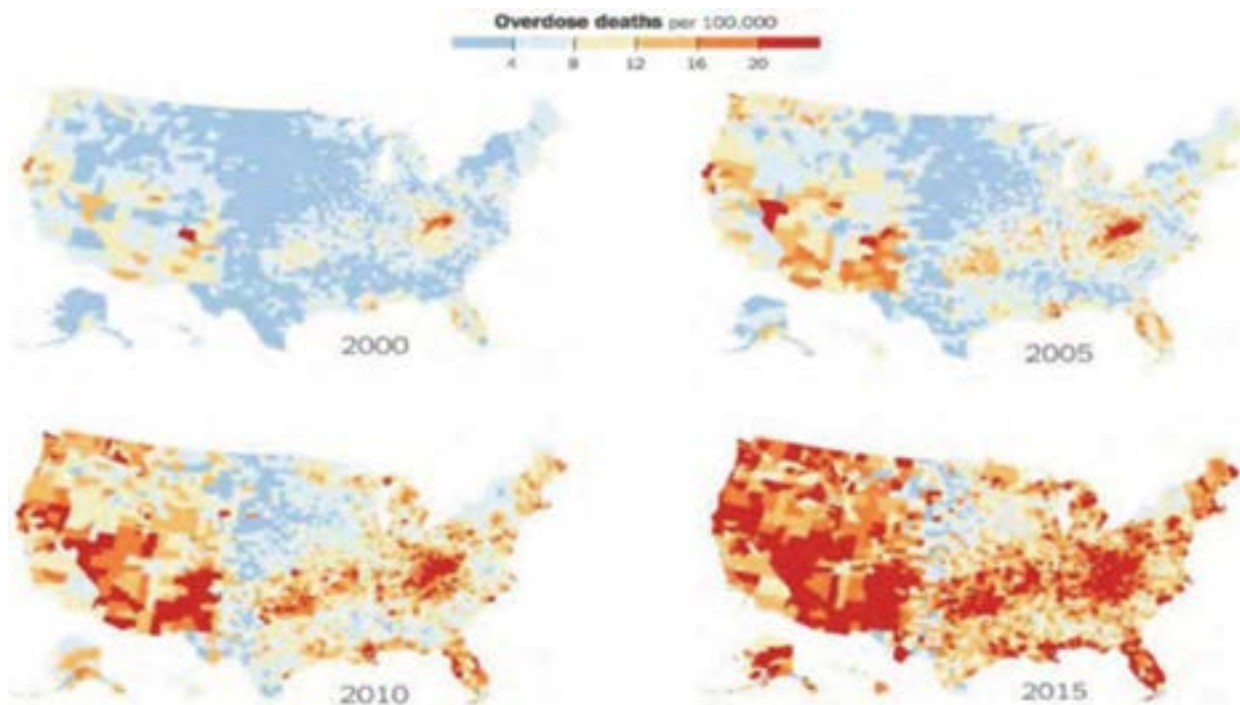


Figure 2. CDC, Drug Overdose Deaths Per 100,000 in the United States.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly—almost enough for every adult in America to have a bottle of pills. Yet, the amount of pain reported by Americans has not changed. Now, nearly 2 million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.⁶

On October 26, 2017, President Trump directed the acting Health Secretary to declare the opioid epidemic a public health emergency under the Public Health Service Act (PHSA), 42 U.S.C. §§ 201, et seq.⁷ The PHSA authorizes the Health Secretary to “take such action as may be appropriate to respond to the public health emergency, including making grants, providing awards for

expenses, and entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of a disease or disorder[.]” 42 U.S.C. § 247d(a)(2).

While the president’s directive does not, on its own, release any additional funds to deal with the crisis, see id. at § 247d(b)(1), the Trump administration announced that it intends to work with Congress to fund the Public Health Emergency fund to increase federal funding in year-end budget deals currently being negotiated. The legislative response to the opioid epidemic includes expanding healthcare providers’ ability to access databases that track opioid prescriptions.⁸ Further, on July 22, 2016, President Obama signed into law the Comprehensive Addiction and Recovery Act (CARA Act). This was the first major federal addiction

legislation in 40 years, and implementing regulations still need to be developed. A number of cities and municipalities across the U.S. are currently pursuing litigation for their medical, public health, and law enforcement costs related to the opioid crisis. These cases generally allege that the opioid epidemic stems from the pharmaceutical companies’ aggressive promotion and sales of prescription opioid medications and the failures to report suspicious bulk opioid orders as required by state and federal laws.⁹ In the past year, 15 attorneys general have filed opioid lawsuits on behalf of their states and more states are expected to follow.¹⁰ Each action involves distinct factual and legal issues that predominate common questions raised by this litigation.¹¹

According to the Centers for Disease Control and Prevention, there were 259 million opioid prescriptions written in the United States in 2012—enough for every American to have at least one.

Conclusion

According to the Centers for Disease Control and Prevention, there were 259 million opioid prescriptions written in the United States in 2012—enough for every American to have at least one. There were also more than 165,000 opioid overdose deaths across the nation. The numbers seem to indicate that a responsibility to help reduce drug abuse lies, in part, with practitioners who prescribe opioids. Many providers are tackling that responsibility by educating themselves on how the drugs can be used more safely and by screening patients more thoroughly.

In the face of the drug epidemic, the CDC issued guidelines regarding long-term pain management, excluding that for cancer patients and end-of-life care. State regulations also dictate how opioids should be dispensed.¹² The country is struggling to reverse the devastating opioid epidemic, which has its roots in many places and requires a collective response across multiple sectors. But to be maximally effective, healthcare providers must ensure their efforts go beyond academic medicine's traditional commitment to increasing knowledge and finding best practices. Opioid addiction cannot be addressed in isolation; education and training in substance use disorders must be comprehensive, addressing all substances, as well as prevention and chronic disease management necessary to help the rest of the country fight the opioid epidemic. ■

REFERENCES

- ¹ CDC, NAT'L CENTER FOR INJURY PREVENTION AND CONTROL, Drug Overdose Death Data, Dec. 16, 2016 <<https://www.cdc.gov/drugoverdose/data/statedeaths.html>>.
- ² CDC, NAT'L CENTER FOR INJURY PREVENTION AND CONTROL, Annual Surveillance Report of Drug-Related Risks and Outcomes — United States, 2017, Aug. 31, 2017 <<https://www.cdc.gov/drugoverdose/pdf/pubs/2017-cdc-drug-surveillance-report.pdf>>.
- ³ Increases in drug and opioid-involved overdose deaths—United States, 2010-2015. Centers for Disease Control and Prevention. December 30, 2016. <https://www.cdc.gov/mmwr/volumes/65/wr/mm65051e1.htm>. Accessed January 26, 2017.
- ⁴ Art Van Zee, The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy, 99 AM. J. PUB. HEALTH 2 (2009).
- ⁵ U.S. DEP'T OF JUSTICE, DRUG ENFORCEMENT ADMIN., NAT'L FORENSIC LABORATORY INFO. SYS., 2016 Annual Report (2017).
- ⁶ Pamela T. M. Leund, et al., A 1980 Letter on the Risk of Opioid Addiction, 22 N. ENG. J. MED. 376 (2017).
- ⁷ U.S. DEP'T OF HEALTH AND HUMAN SERVS., OFFICE OF THE SURGEON GENERAL, Vivek H. Murthy, Surgeon General's Call to End the Opioid Crisis, Aug. 26, 2016 <<http://turnthetidex.org/>> (emphasis added). WHITE HOUSE, OFFICE OF THE PRESS SECRETARY, Remarks by President Trump on Combatting Drug Demand and the Opioid Crisis, Oct. 26, 2017 <<https://www.whitehouse.gov/the-press-office/2017/10/26/remarks-president-trump-combatting-drug-demand-and-opioid-crisis>>.
- ⁸ CDC, NAT'L CENTER FOR HEALTH STATISTICS, WONDER Online Database, Underlying Cause of Death— Multiple Cause of Death (Detailed Mortality) <<https://wonder.cdc.gov/>> (MCD ICD-10 Codes T40.0 (Opium); T40.1 (Heroin); T40.2 (Other Opioids); T40.3 (Methadone); T40.4 (Other Synthetic Opioids); T40.6 (Other and Unspecified Narcotics)).
- ⁹ See, e.g. Nina Shapiro, Washington state AG Bob Ferguson, Seattle sue OxyContin maker over opioid deaths, THE SEATTLE TIMES, Sep. 28, 2017 <<https://www.seattletimes.com/seattle-news/health/washington-state-ag-bob-ferguson-seat>

[tle-sue-oxycontin-maker-over-opioid-deaths/](https://www.seattletimes.com/seattle-news/health/washington-state-ag-bob-ferguson-seat-tle-sue-oxycontin-maker-over-opioid-deaths/)>; OFFICE OF THE ARIZ. ATTORNEY GENERAL, AG Brnovich Files Lawsuit Against Opioid Manufacturer Insys Therapeutics and Three Arizona Doctors, Aug. 31, 2017 <<https://www.azag.gov/press-release/ag-brnovich-files-lawsuit-against-opioid-manufacturer-insys-therapeutics-and-three>>.

¹⁰ See California v. Purdue Pharma, LP, No. 8:14-cv-01080 (C.D. Cal. Nov. 12, 2014) (ECF No. 51) (remand to state court); West Virginia ex rel Patrick Morissey v. McKesson Corp., No. 2:17-cv-03555 (S.D. W. Va. Jan. 24, 2017) (ECF No. 29) (same); Purdue Pharma, LP v. Kentucky, 704 F.3d 208 (2d Cir. 2013) (same). Ohler v. Purdue Pharma, L.P., 2002 U.S. Dist. LEXIS 2368, at *5 (E.D. La. 2002).

¹¹ In re: Nat'l Prescription Opiate Litig., MDL No. 2804 (J.P.M.L. 2017).

¹² <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

SOURCES

Guideline for prescribing opioids for chronic pain [press briefing transcript]. Centers for Disease Control and Prevention; March 15, 2016. www.cdc.gov/media/releases/2016/t0315-prescribing-opioids-guidelines.html. Accessed January 5, 2017.

The Facts Hurt: A State-By-State Injury Prevention Policy Report, Trust for America's Health and Robert Wood Johnson Foundation, June 2015, <http://healthyamericans.org/assets/files/TFAH-2015-InjuryRpt-final6.18.pdf>.

49 states combat opioid epidemic with prescription database. Morning Edition. National Public Radio. May 10, 2016. www.npr.org/2016/05/10/477449821/as-opioid-crisis-es-calates-missouri-is-without-monitoring-database.

National Alliance for Model State Drug Laws. 2015 annual review of prescription monitoring programs. www.namsdl.org/library/1810E284-A0D7-D440-C3A9A0560A1115D7/. Published September 2015. Accessed January 11, 2017. Mass Ann Laws ch 94C, §24A; Md HB 437 (2016); Cal SB 482 (2016).

Drug overdose immunity and Good Samaritan laws. National Conference of State Legislatures Website. www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx. August 1, 2016. Accessed January 11, 2017.



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NATIONALLY, more than seventy-four million low-income Americans, including women, children, low-income seniors, and people of all ages with physical or mental disabilities, receive health coverage through the Medicaid program. National data from the Kaiser Family Foundation (KFF), utilizing survey results from the CDC National Center for Health Statistics, indicates about seventy percent of office based physicians accept new Medicaid patients. Yet, here in Louisiana, where Medicaid covers more than approximately 1.6 million residents, we are one of only five states that fall significantly below that national average. Fewer than fifty-seven percent of Louisiana physicians accept new Medicaid patients. Given that recent research has found a direct correlation between higher Medicaid fees and higher rates of Medicaid participation among physicians, Louisiana's Medicaid fee schedule, and its impact on access to care, are issues of critical importance.

The Medicaid Fee Schedule and Access to Care: **Building a Healthy Louisiana**

HOW THE MEDICAID PROGRAM WORKS

The Federal and State Government jointly fund the Medicaid program. While the Federal Government pays states for a certain percentage of Medicaid program expenditures, states are required to fund their share of these expenditures for the services provided under their individual state plans.

As a way to manage cost and quality, Louisiana's Medicaid program operates within a managed care model. The state's five Managed Care Organizations (MCOs) are responsible for ensuring the delivery of Medicaid benefits and services through active partnerships with healthcare providers and health systems. The managed care model, which provides the MCOs with a set per member per month (PMPM)

capitation for these services, enables the state to reduce overall program cost, while achieving improved outcomes for beneficiaries.

THE IMPACT OF THE FEE SCHEDULE

Regardless of whether a state adopts a managed care model, or follows a traditional fee-for-service (FFS) model, each state establishes its own Medicaid provider payment rates, or fee schedule. Here in Louisiana, the Medicaid fee schedule is sixty-seven percent of Medicare, meaning a Louisiana physician providing services to a Medicare patient is reimbursed thirty-three percent more than when he or she provides the same services to a Medicaid patient. As a point of comparison, the Medicaid fee schedule is significantly higher in neighboring Mississippi. (See Table 1)

Although to date, no study has been conducted in Louisiana to determine the full impact of the state's Medicaid fee schedule on access to care, extensive research has been done on this issue at the national level.

In 2017, Princeton University examined variations in Medicaid reimbursement rates after the Affordable Care Act (ACA) mandated that states raise Medicaid payments to match Medicare rates for primary care visits in 2013 and 2014. In exploring the impact of physician payment on access to treatment, the study found that increasing Medicaid payments to primary care physicians (PCPs) correlated to improved access to care, better self-reported health, and fewer school days missed among Medicaid beneficiaries.

The results of the Princeton study echo those of a ten state "secret shopper" study conducted by the KFF in 2017. The KFF found that the availability of primary care appointments for adult Medicaid patients increased significantly when Medicaid fees for PCPs were increased to Medicare levels.



Stewart T. Gordon, MD, FAAP
 Chief Medical Officer, Medical Affairs
 Louisiana Healthcare Connections

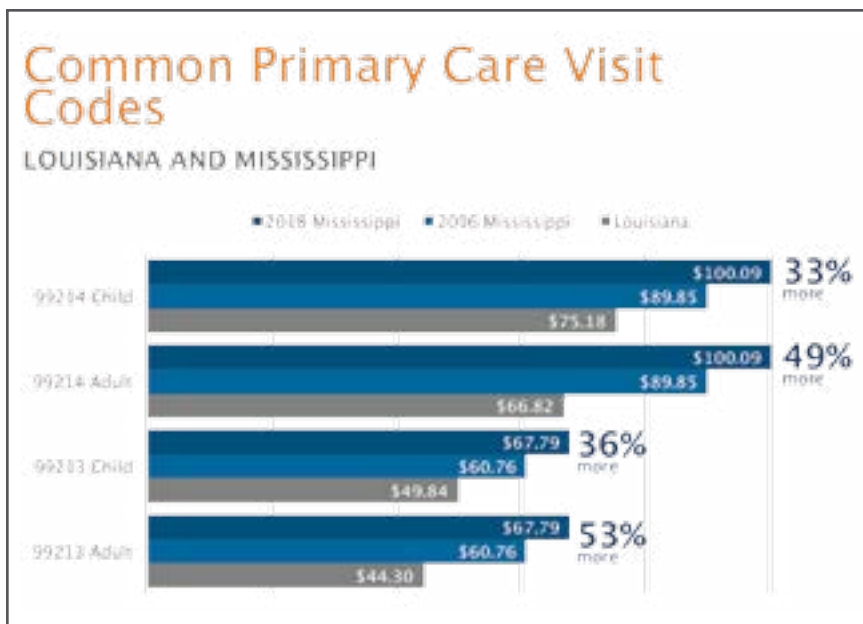


Table 1

THE LOUISIANA LANDSCAPE

Louisiana has historically fallen well below national averages in terms of population health, according to KFF research. In addition to higher rates of heart disease, diabetes, HIV, drug mortality, and cancer diagnoses and deaths than most other states, Louisiana also suffers from disparities in access to care, with significant percentages of the population reporting the lack of a personal doctor. These poor health ratings were largely attributed to the state's high numbers of residents without health insurance.

However, with the expansion of Medicaid in 2016 under Governor John Bel Edwards, the state made significant strides in overcoming its high uninsured rate. In just the first ten days of expansion, more than two hundred thousand individuals had enrolled; by the end of the first year, that number had climbed to more than four hundred thirty thousand. These enrollment successes gave Louisiana one of

the best reductions in uninsured rates in the nation, and generated \$199 million in savings for the state.

Further, the Louisiana Department of Health (LDH) took an innovative approach to simplifying Medicaid eligibility and enrollment processes, and earned recognition as a national leader for streamlining renewal processes for children receiving Medicaid and CHIP benefits. The unique data-driven approach by LDH included integrated communications to target enrollment populations, and strong partnerships with communities, providers, and health systems, to elevate expansion buy-in statewide.

LDH's approach to expansion resulted in increases of adult residents who have received mental health and substance abuse treatment. Further, the numbers of new Medicaid enrollees who have received cancer screenings, women's health services, and comprehensive diabetes care, have grown exponentially. As a result of these

successes, Louisiana is finally moving the needle on the healthcare issues that have plagued it for generations, while working together to deliver quality-driven, cost-effective care to one of the state's most vulnerable populations.

BUILDING A HEALTHY LOUISIANA

States continue to examine their Medicaid programs for opportunities to control cost, while ensuring the delivery of accessible, quality care to their beneficiaries, and Louisiana is no exception.

Beyond its innovations with Medicaid expansion, the LDH has, in recent years, taken an aggressive approach to quality and access for Medicaid members through its partnership with the five MCOs.

Increasing the professional services fee schedule to a rate more comparable to Medicare will strengthen the state's investment in Medicaid recipients, while supporting the combined efforts of LDH, the MCOs, and the state's physicians, to truly build a healthier Louisiana. ■

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.

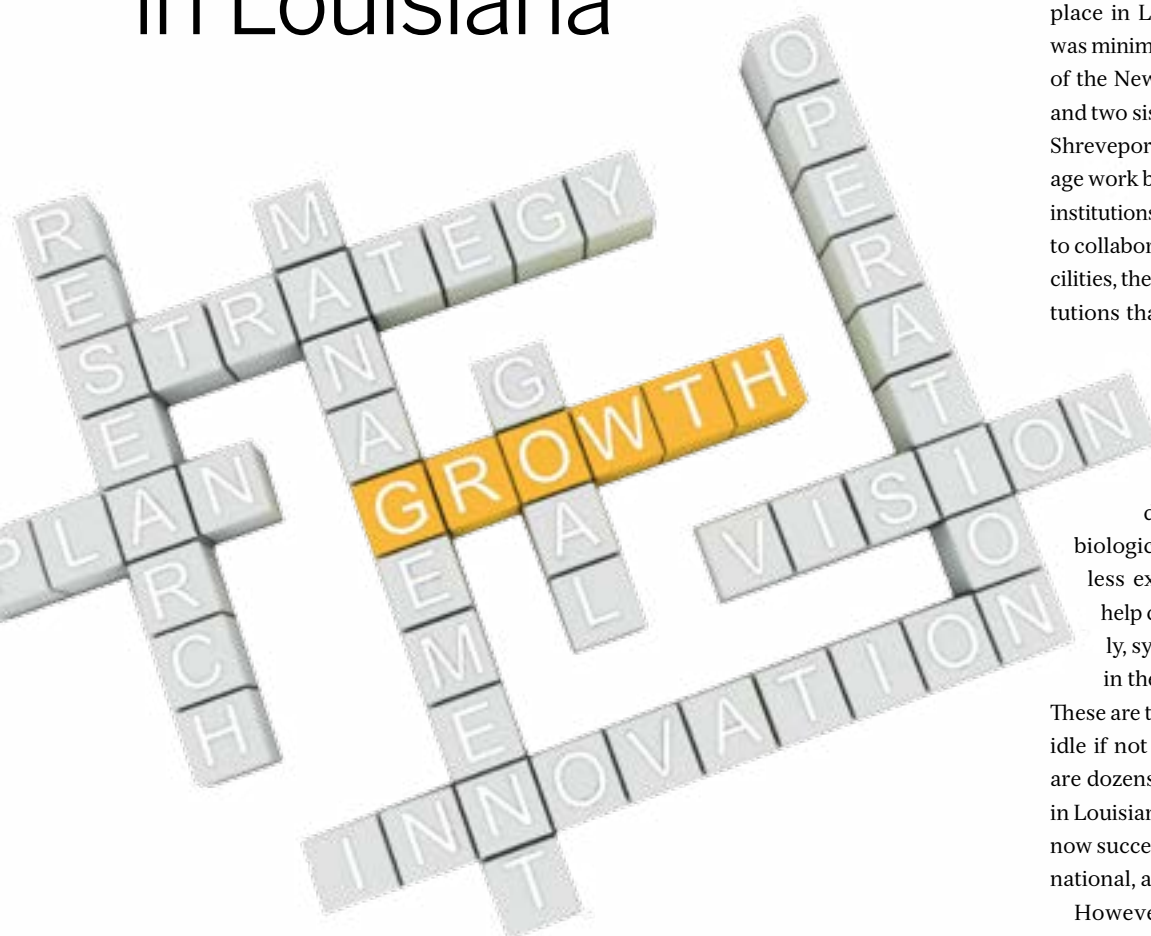
I HAVE ALWAYS BELIEVED in the value of life science research in Louisiana. While many see the life science economy as purely academic, the work being done in our universities and private companies is producing technologies that could have a significant economic impact on our state, and a meaningful impact on healthcare globally. This success has rightfully attracted the attention of national institutions, firms, investors, and other experts in bioscience fields. We are now forced to ask ourselves if Louisiana is content to export our successes and promising companies to other markets, or are we prepared to move our life science economy to the next stage by retaining new companies to benefit the economy and workforce in Louisiana over the long term.

Developing a **Life Science Economy** in Louisiana

IN 2002, the Governor's office commissioned a Vision 20/20 report that looked for ways to expand and diversify the state's economy. The report showed that although we had a fair amount of research taking place in Louisiana, the economic impact was minimal. This finding led to the creation of the New Orleans BioInnovation Center, and two sister facilities in Baton Rouge and Shreveport. Recognizing the need to leverage work being done in individual research institutions, and bring these groups together to collaborate and share equipment and facilities, the state also created research institutions that could promote collaboration, such as the Louisiana Cancer Research Consortium.

As a result of these efforts, we are now looking at diagnostics that can potentially detect cancer at earlier stages, biologicals that can help screen drugs less expensively, IT systems that will help clinical trials work more efficiently, systems that will assist physicians in their patient care, and many more. These are technologies that would be sitting idle if not for the state's initiatives. There are dozens of technologies being explored in Louisiana's research institutions that are now successfully moving towards regional, national, and global markets.

However, developing a life science



Aaron Miscenich
President
New Orleans BioInnovation Center, Inc.



“To attract these organizations and develop these programs, we have to ensure that our research, clinical, and business organizations maintain a cooperative spirit, and attract more related companies to our region.”

economy is not just a matter of finding grant funding for a lab, or helping a researcher start a company. It is the value of the technology and the team that must be organized around the initiative. Louisiana has been able to grow talent and attract new professionals to our state, but we need to ensure our community remains vibrant and strong while transitioning to the next growth stage of life science research and technology commercialization.

It all boils down to the community we continue to develop in Louisiana. In order to maintain and grow our research base, we need to create an environment where researchers are encouraged to work together and commercialize their technologies, as we build and invest in infrastructure that caters to those companies. The statewide business community is working hard to partner with our research community, but more can be done to attract vendors who will properly service these companies. We need more equipment companies to work one on one with startups, we need contract research organizations to provide direct and immediate work for clinical trials, and we need workforce development programs to train staff.

To attract these organizations and develop these programs, we have to ensure that our research, clinical, and business organizations maintain a cooperative spirit, and attract more related companies to our region.

To appreciate the value of this cooperation, I look at our own clients at the BioInnovation Center. I recently attended a product announcement for MicroBiome Therapeutics, a New Orleans based company that has developed a drink to promote digestive health. The mixture of institutional talent and individual experience that has come together in Louisiana to get MicroBiome to this point is incredible. They have management with research skills developed in major pharmaceutical companies, and other managers who have taken numerous companies public. The company has engaged angel and institutional investors with decades of experience in developing emerging companies such as this. They have engaged law firms with experience in patent law and technology licenses, they have attracted talent with knowledge of complex regulatory procedures, and the list goes on. Each part of their network is important for the development of the company, and all

of these contacts were made through work they've done in Louisiana. They continue to blaze a trail for the next set of Louisiana entrepreneurs to follow.

In contrast, I know of another company that felt they would be stronger if they moved out of state. This was a business decision made based on the company's needs, and the resources available in Louisiana, compared to a renowned biotech hub. Louisiana has clear advantages, but national biotech hubs, such as Silicon Valley and Research Triangle Park, are years ahead in their development of biotech communities. Louisiana offers multiple university research centers, pharmaceutical schools, private research centers, world-class clinical operations, and the ability to accelerate, and eventually, even surpass these locations. It all comes down to how we will work together to reach this goal.

Our state leaders and business community must remain focused and dedicated to the growth of our life science and high-tech economies. There are numerous threats to our work, but we have so much to gain by simply making the most of the resources available. ■



George S. Ellis, Jr., MD
2018-2019 President
Orleans Parish Medical Society

Orleans and Jefferson Parish Societies Collaborate to Serve Physicians and Medical Students in the Greater New Orleans Area

WHEN IT COMES TO PROVIDING HEALTHCARE, no region in the country has dealt with more unique environmental, sociological, and cultural challenges than those experienced by the Greater New Orleans area. Poverty, crime, drug addiction, teen pregnancy, low levels of education, and natural disaster have plagued it for decades. Hurricane Katrina caused a major brain drain in the medical community, and yet there are over two thousand physicians replenishing the area. Poor health indicators, including a high smoking rate, morbid obesity, and alcoholism, contribute to the high incidence of cancer, heart disease, diabetes, hypertension, and mental health issues.

ORLEANS PARISH MEDICAL SOCIETY (OPMS) and Jefferson Parish Medical Society (JPMS) have long played important roles in representing and supporting the unique needs of physicians and medical students living and working in Orleans, Jefferson, Plaquemines, St. Bernard, and the River Parishes. Now, more than ever before, the two societies are working in tandem to meet the needs of its members, future members, and the patients they serve. In 2017, these organizations took important steps to solidify their collabora-

tive efforts to best serve physicians, medical students, patients, and communities in the three-parish area located on both sides of the 17th Street Canal (a primary boundary that separates Orleans and Jefferson parishes). "Established over one hundred forty years ago, Orleans Parish Medical Society has always played an important role in supporting the unique needs of physicians and their patients in the Greater New Orleans area. We are proud of our history, and excited for the future as we work closely with Jefferson Parish Medical

Society to benefit the citizens of our region, and the people who deliver the healthcare to them," said Dr. George Ellis, Jr., 2018-2019 President, OPMS.

Both organizations were established to:

- Assist in the advancement of medical science
- Improve the delivery of medical care in Orleans, Jefferson, and surrounding parishes
- Assist governmental agencies in the development of policy affecting the citizens of our region
- Provide timely health education and information to the people and physicians living and practicing medicine in these areas
- Provide medical services to the people in those areas in times of disaster
- Further medical education

Another important function of OPMS, JPMS, and the combination of the two, is to serve as liaisons to other professional medical associations, such as the American Medical Association (AMA) and Louisiana State Medical Society (LSMS), in providing government and industry leaders with impartial information relevant to physician/patient issues. OPMS and JPMS also provide physicians, residents, and medical students who qualify for membership, with ample opportunity to network and socialize with peers.

In 2017, the organizations co-hosted a networking event at historic Rock & Bowl, which included bowling, food, beverages, dancing, and music by The Arrhythmias—a rock and roll band consisting of members of JPMS, and other medical professionals from the Greater New Orleans area. In 2017, the organizations provided CME/CE opportunities, as well as other information and seminars, on topics related to practice management, policy, and health care trends. Continuing medical education activities included a MACRA educational



John H. Wales, MD
2018-2019 President
Jefferson Parish Medical Society

event in March, presented by LSMS at Drago's Restaurant in Metairie, and a Simply Speaking HIV program at Ralph's On The Park in April. In August 2017, OPMS and JPMS also co-hosted a Healthcare Legislative Wrap-Up at The Heritage Grill in Metairie. Members gathered to hear LSMS outline the major successes during the 2017 Legislative Session. OPMS and JPMS are currently planning educational, informational, and social events throughout 2018, including a meet and greet event in April, with the AMA's new president-elect, Dr. Barbara McAneny. The program will include a social and networking reception, followed by a presentation by Dr. McAneny, and representatives from both organizations on the topic, "How to survive and prosper in a time of MIPS, MACRA and the burden of regulatory changes: Predictions for healthcare in the next 3-5 years".

In the medical practice environment, OPMS and JPMS have advocated for significant legislative and regulatory reform to help physicians address changes, which have come with third party insurance, and government mandates, that make it more difficult for patients to receive quality healthcare.

In January 2017, the Louisiana State Medical Society (LSMS) House of Delegates voted to amend its LSMS charter and bylaws, as they relate to the requirement for joint membership in state and individual parish medical societies. As a result, membership in state and parish organizations is encouraged, but no longer required. Physicians, medical residents, and medical students in Jefferson, Orleans, and St. Bernard parishes, may now choose to join their parish societies, or LSMS, or both. Any physician, resident, or medical student who lives and/or practices in Orleans, Jefferson, Plaquemines, St. Bernard, or the River Parishes, qualifies for membership in OPMS or JPMS. Annual dues



L-R: John H. Wales, MD, President, Jefferson Parish Medical Society; Barbara L. McAneny, MD, President-Elect, American Medical Association; Jay Kaplan, MD, FACEP, Medical Director of Care Transformation, LCMC Health; Hal Watz, MD, Chief Medical & Compliance Officer, MedData; and George S. Ellis, Jr., MD, President, Orleans Parish Medical Society.



Medical Students L-R: Shana Zucker (Tulane), Ashley Duhon, Keanan McGonigle (Tulane), Muhammad Farooq, Blake Denley, Dr. Barbara McAneny, Kelsey Lacourrege, Allison Feibus, Neal Dixit (Tulane).

MEDICAL SOCIETY

in both organizations remain only \$250 for active members, and free for medical students and residents. OPMS and JPMS now have simple online enrollment and renewal platforms that can be found on their respective websites, along with more specific news and information about the medical societies, including history, officers, upcoming events, bylaws, and contact information. Both organizations are also on Facebook, LinkedIn, and Twitter social media platforms.

Membership in OPMS and JPMS provide physicians and medical students with:

- A reliable source of information on issues that affect physician practices
- An unbiased forum for professional unity, through opportunities to network with colleagues in every medical specialty and practice setting, at OPMS/JPMS sponsored CME and social events
- An educational resource for physicians and their practice managers on medical practice issues

- A referral resource for patients seeking assistance in selecting a physician in the Greater New Orleans area

The vision for their collaborative efforts going forward is to provide a strong, unified voice for patient advocacy, and professional development for physicians throughout Orleans, Jefferson, and surrounding parishes, while advocating for physicians' rights, and quality care for patients as related to Medicare, Medicaid, or private insurers. ■

ABOUT ORLEANS PARISH MEDICAL SOCIETY:

Founded in 1878, the mission of Orleans Parish Medical Society remains to serve as the voice of, and advocate for the medical profession in the Greater New Orleans area, for the benefit of patients and the community, and to be the primary proponent of the ethical practice of medicine.

OPMS has served as a thought leader and resource in improving population health, and health outcomes in the Orleans and St. Bernard parish areas. OPMS's heritage is rich, and woven into the fabric of New Orleans. Its impact has been felt in the public health arena as a leader in polio eradication, the smoking cessation movement, and EMS protocol development and oversight.

In 2017, OPMS leadership approved a strategic plan to be used for the future direction of the organization, that consists of five primary goals:

1. Re-establish organizational infrastructure
2. Create value, grow membership, and enhance membership engagement
3. Establish and be recognized as experts and the voice of medicine in New Orleans, to influence and improve community health
4. Position OPMS as a premier source of education for physicians on health care trends and policy, lifestyle, and practice management opportunities
5. Position OPMS to be the convener of organizations in the community, to develop consensus and strategy to address public health challenges and improve patient outcomes

George Ellis, Jr., MD, serves as 2018-2019 President of Orleans Parish Medical Society. 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 twelve years as full time faculty at the LSU Eye Center and Tulane University Department of Ophthalmology, he assumed the Directorship of Ophthalmology at Children's Hospital of New Orleans, and maintains appointments at both medical schools. He served as president-elect from 2016 through 2017. Dr. Ellis replaced Royce Dean Yount, MD, a cardiologist, who served as president from 2016 through 2017.

Led by Juan Gershanik, MD, 2018-2019 president-elect, OPMS recently drafted and submitted a resolution to the Louisiana State Medical Society House of Delegates to raise the tobacco purchase age in Louisiana to 21. The resolution was approved and now awaits Louisiana legislative sponsorship.

ABOUT JEFFERSON PARISH MEDICAL SOCIETY:

In 1959, before there were any hospitals in the parish, thirty-five Jefferson Parish physicians realized the patients and physicians of Jefferson Parish needed to have their own voice in Louisiana's medical affairs. This group of physicians petitioned the Louisiana State Medical Society to charter the Jefferson Parish Medical Society (JPMS). The physicians who chartered JPMS were leaders who influenced the extraordinary growth of health care delivery in Jefferson Parish, now recognized as the premiere provider of medical care in our area.

Jefferson Parish Medical Society exists to represent physicians and medical students. JPMS helps patients find doctors in Gretna, Harvey, Kenner, Marrero, and Metairie. JPMS holds educational meetings and publishes newsletters and an online physician directory.

John H. Wales, M.D., serves as of President of Jefferson Parish Medical Society. Since joining JPMS in 1994, Dr. Wales has been an active and involved leader in both JPMS, where he served on the JPMS Board since 2012, and the Louisiana State Medical Society, where he has served as a Delegate in the House of Delegates. He attended Albany Medical College, and completed his Emergency Medicine Residency in Denver, followed by active duty in the Air Force Medical Corps at Andrews AFB.

He has been the Medical Director of the Emergency Department at East Jefferson General Hospital since 1994, and recently retired in January. Dr. Wales succeeds Pablo Labadie, MD who served as President in 2017.

Some of the issues that JPMS has tackled include endorsing water fluoridation, and the K.O. polio immunization drive that resulted in ninety percent of children and adults being vaccinated in the early 1960s. The excess funds from that drive were used to underwrite D-T immunizations. After Hurricane Katrina, JPMS helped members rebuild their practices so Jefferson Parish residents could have access to medical care. JPMS is a not for profit organization with a non-profit charitable subsidiary called the Jefferson Physician's Foundation (JPF). Both organizations raised funds and contributed volunteer hours to Jefferson Parish Drug Free School programs, educational displays for the Louisiana Science and Nature Center, Second Harvest Food Bank, and Teen Life Counts (a suicide prevention and awareness program).

For additional information, or to enroll in Orleans Parish Medical Society or Jefferson Parish Medical Society, visit their respective websites at OPMS.org or JPMS.org. Both organizations can be found on LinkedIn, Facebook and Twitter.

Hospital Rounds



A Collaborative Effort Brings Kids Play Space and Nursing Rooms to Lakeside Shopping Center

Story next page

Children's Hospital, The Parenting Center, and The Family Birthing Center at Touro Provide Kids Play Space, Nursing Rooms at Lakeside Shopping Center

Lakeside Shopping Center's new Kids' Castle play space sponsored by Children's Hospital, The Parenting Center, and the Family Birthing Center at Touro will offer some help for busy parents shopping in the mall.

Lakeside Shopping Center in Metairie announced the play space, which features a modern take on a fairy tale theme with whimsical play elements made of sculpted foam. The elements include dragons, a prince frog, Jack and the Bean Stalk, a castle kids can climb through, and a Louisiana alligator, of course.

In addition to the play elements, The Kids' Castle features amenities atypical of a mall play space, including parent dining counters with charging stations, a hand washing station, baby changing counters, a family restroom, and three nursing rooms.

The castle play tower boasts two slides and three levels of interactive elements. Baby dragons and acoustical ceiling tiles in the shape of clouds are suspended from an exposed ceiling. The ground level play elements are surrounded by safety flooring and are also interactive—the sleeping dragon snores, the bears and alligator growl, and the frog prince ribbits. The bridge and the cave light up when crawled into. Two of the columns in the space were outfitted with the fairy tale images of Jack climbing down a bean stalk and Rapunzel in a tower.

The entry and parent counter portals visually connect the Kids' Castle to the food court area. Once inside the Kids' Castle, the immersive environment features murals designed by local digital artist Zoe Robison. These murals carry the fairy tale theme throughout the space and feature animated characters amidst rolling hills, mermaids, and water scenes. The aquatic section was designed to entice children to use the handwashing station.

The design of the play area is a collaborative effort between Sizeler Thompson Brown Architects, Sims Patrick Studio, Playtime, and Lakeside customers. The space was constructed by Hillside Builders, and opened on April 19th.

"One of the great things about this project is that a few New Orleans moms came together, created a space to meet the needs of young families, and gained the support of the mall's ownership and a partner to make our vision a reality. Lakeside Shopping Center's partnership with LCMC Health and its member hospitals was a natural fit due to our shared focus on providing first class experiences to the community. So, whether you're a new mom venturing out of the house for the first time with your little one, or a caregiver looking for something to do with the kids, we look forward to sharing this one-of-a-kind amenity with you," said Tricia Phillpott, general manager and leasing manager of Lakeside Shopping Center.

"We are thrilled to partner with Lakeside in providing a place for families to take a break from grown-up activities and let young children get the wiggles out," said Barbara LeBlanc, director of The Parenting Center at Children's Hospital. "The inviting child (and parent) friendly space is sure to be a popular destination."

The public will be able to register to attend monthly classes and workshops held at the Kids' Castle on pregnancy, newborn and child development, nutrition, and more. Classes will be provided by The Parenting Center and The Family Birthing Center at Touro.

The Kids' Castle play space is located at the food court entrance and will be open to adult-supervised children, Monday – Saturday from 10 a.m. – 8 p.m. and Sundays from 12 p.m. – 6 p.m. For more information on The Kids' Castle, visit <http://www.lakesideshopping.com/kids-castle/>

George Bisset, III, MD, Joins Children's Hospital as CMO

One of the world's leading pediatric radiologists and radiology educators, George Bisset, III, MD, will join Children's Hospital as its chief medical officer. Bisset will be responsible for leading and coordinating medical affairs across the Children's Hospital enterprise, with focuses on safety, quality, service excellence, and the consistent delivery of an exceptional patient experience.

"Children's Hospital is an asset for both New Orleans and the entire region, and the hospital's chief medical officer plays an important role as such," said Greg Feirn, CEO of LCMC Health. "We're thrilled to be adding Dr. Bisset to the deep



George Bisset, MD

roster of pediatric talent at Children's."

Bisset currently serves as radiologist-in-chief at Texas Children's Hospital and as a tenured professor of radiology at Baylor College of Medicine. After training at Children's Hospital Medical Center in Cincinnati, he began his career in academic medicine in the divisions of pediatrics and pediatric cardiology at Tulane University School of Medicine. Over the course of his career, Bisset has also held tenured faculty appointments at the University of Cincinnati, where he served as chief of the section of body imaging, and Duke University, where he served as chief of the division of pediatric radiology. A prolific researcher and writer, Bisset has authored more than 200 peer-reviewed publications on a wide variety of imaging and educational topics.

"The addition of Dr. George Bisset, an internationally recognized pediatric radiologist and healthcare leader, to the leadership team of Children's Hospital is a dream come true," said Dr. Raymond Watts, head of the department of pediatrics at LSU Health New Orleans. "With continued recruitment like this, New Orleans is uniquely situated to lead pediatric healthcare innovation and evolution."

His work has been recognized on many fronts. In 2012, Bisset was elected by his peers to serve as the president of the Radiological Society of North America, an international society of medical professionals with more than 54,000 members. Bisset has been invited as lecturer or commencement speaker to major medical programs worldwide, including Harvard, Yale, Columbia, Cleveland Clinic, The Hospital for Sick Children in Toronto, and Boston Children's Hospital.

"We couldn't be more excited to have Dr. Bisset joining the Children's Hospital team at this exciting time in our history," said John R. Nickens, IV, president and CEO of Children's Hospital, New Orleans. "It's a testament to both the city of New Orleans and what we're building at Children's Hospital that such an accomplished academic physician leader like Dr. Bisset would choose us for the next phase of his career."

Bisset is triple-board-certified in pediatrics, pediatric cardiology, and radiology, with an additional subspecialty certification (CAQ) in pediatric radiology.

North Oaks Health System, American Heart Association Launch Program to Battle High Blood Pressure

A free community-based program is making a difference for participants battling a top health threat — high blood pressure, the second-leading cause of death in the United States.

"Only cigarettes kill more people than high blood pressure," says Cardiologist Jherie Ducombs, MD, vice president and assistant chief medical officer of North Oaks Health System. "You can't see or feel high blood pressure, so regularly check your numbers and be accountable in a program like Check. Change. Control. This program can help motivate people to make life-saving changes. And we encourage the community to participate in this free program."

Participants in the free, science-based program have seen an average drop in systolic blood pressure of 11 mmHg, according to the American Heart Association/American Stroke Association.

Sponsored locally by North Oaks Health System, anyone can participate in the free, online program and track and manage their blood pressure by signing up at www.heart.org/cc. The Northshore community campaign code is "NOHS1."

"We are excited to begin this program because high blood pressure is a key health issue. Nearly half of American adults have high blood pressure," said Brittany Gay, vice president of American Heart Association New Orleans. "Getting on the front lines of preventative care can help prevent the damage that high blood pressure does to the circulatory system. This is a significant contributing factor to heart attack, stroke, and other

health threats."

Such programs need more extensive use because more than 100 million American adults have high blood pressure, defined as a blood pressure reading of 130/80 or higher. High blood pressure increases the risk of heart attack, stroke, and heart failure, as well as contributing to vision loss and kidney disease.

African Americans are more likely to have high blood pressure at younger ages, and along with Hispanic Americans, are less likely to have their blood pressure under control, according to recent research.

Louisiana has high rates of obesity, physical inactivity, and hypertension. Just over 39 percent of adults in Louisiana have high blood pressure, according to the Centers for Disease Control and Prevention. But support from Check. Change. Control. can help local residents keep their blood pressure in check with monitoring, group activities, and mentoring. Nationwide, more than 65,000 people have enrolled in Check. Change. Control.

STPH Named Among America's 100 Best Hospitals for Patient Experience by Women's Choice Award®

St. Tammany Parish Hospital has been named one of America's 100 Best Hospitals for Patient Experience by the Women's Choice Award®, a referral source for the "best in healthcare."

"Our goal is to care for the whole patient to deliver on our promises for quality and the patient experience," said Patti Elish, STPH president and CEO. "It is an honor to earn this award, and it shows us that we are meeting our goal."

The methodology used to select STPH as one of America's 100 Best Hospitals for Patient Experience is unique in that it evaluates specific Hospital Consumer Assessment of Healthcare Providers and Systems along with primary research about women's healthcare preferences.

The Women's Choice Award collects the data for the following HCAHPS survey measures, and uses a weighted average to award the best hospitals for patient experience:

- Effective communication with nurses and doctors
- Responsiveness to requests for help

- Pain management
- Explanation about medications before being administered
- Bathroom and room cleanliness
- Patient recommendation rating

According to the Agency for Healthcare Research and Quality, good patient experience positively correlates to disease management, adherence to treatment plans, and health outcomes.

"This hospital was awarded because it is one of the best at treating their patients the way their patients want to be treated," said Delia Passi, founder and CEO of the Women's Choice Award. "Hospital choice is a critical decision, particularly for women, who make over 80 percent of health-care decisions. Our designation makes it easier for them to choose a hospital where they and their families are more likely to have a better experience and outcome."

Terrebonne General Medical Center Welcomes Jeffrey Aycock, MD, Oral & Maxillofacial Surgeon

Terrebonne General Medical Center (TGMC) welcomes Dr. Jeffrey E. Aycock, oral and maxillofacial surgeon, to its active medical staff. Dr. Aycock will practice with the Oral Facial Surgery Center in Houma.

Dr. Aycock earned his medical degree at the University of Mississippi School of Dentistry in Jackson, Miss. He completed his oral and maxillofacial surgery residency at the University of Texas Medical Branch in Galveston, Tex., where he served as chief resident.

Dr. Aycock is a major in the United States Army Dental Corps, and most recently, was an assistant professor in the Oral and Maxillofacial Surgery Program at the University of Texas Medical Branch.

"We are pleased to welcome Dr. Jeffrey Aycock to TGMC," said Phyllis Peoples, President and CEO. "He brings extensive knowledge and practice experience in the oral and maxillofacial surgery field."

Ochsner Named Among Top 100 Hospitals® by IBM Watson Health™

Ochsner Medical Center—Baton Rouge has been named to IBM Watson Health's 100 Top Hospitals®, an annual study identifying top-performing

Hospital Rounds

hospitals in the United States based on overall organizational performance. Ochsner Baton Rouge is categorized under Medium Community Hospitals, while Ochsner Medical Center, Ochsner Baptist Medical Center*, Ochsner Medical Center – West Bank Campus** are among the Major Teaching Hospitals awarded. Small Community Hospital Springhill Medical Center is the only other Louisiana hospital included in the Top 100 listing.

Formerly known as the Truven Health Analytics® 100 Top Hospitals, the study highlights the best-performing hospitals in the United States based on a balanced scorecard of publicly available clinical, operational, and patient satisfaction metrics and data. It has been conducted annually since 1993.

“The award’s name may have changed, but Ochsner Baton Rouge’s place on the list has not,” said Eric McMillen, CEO, Ochsner Medical Center – Baton Rouge. “We live our mission— striving to serve, heal, lead, educate, and innovate. Our caregivers show relentless efforts in caring for all of our patients. This is a team award.”

To conduct the 100 Top Hospitals study, IBM Watson Health researchers evaluated 2,740 short-term, acute care, non-federal hospitals. All research was based on the following public data sets: Medicare cost reports, Medicare Provider Analysis and Review (MEDPAR) data, and core measures and patient satisfaction data from the Centers for Medicare & Medicaid Services (CMS) Hospital Compare website. Hospitals do not apply for awards, and winners do not pay to market this honor.

Overall, the Watson Health 100 Top Hospitals® study found that the top-performing hospitals in the country achieved better risk-adjusted outcomes while maintaining both a lower average cost per beneficiary and higher profit margin than non-winning peer group hospitals.

The IBM Watson Health 100 Top Hospitals winners outperformed peer group hospitals on all 11 clinical and operational performance benchmarks evaluated in the study: risk-adjusted inpatient mortality index, risk-adjusted complications index, mean healthcare-associated infection index, mean 30-day risk-adjusted mortality rate, mean 30-day risk-adjusted readmission rate, severity-adjusted length of stay, mean



TERREBONNE GENERAL MEDICAL CENTER BLOOD DONOR CENTER CELEBRATES GARY ROBICHAUX'S 200TH PINT

Terrebonne General Medical Center (TGMC) celebrated Gary Robichaux's cumulative donations of 200 pints of blood at the TGMC Blood Donor Center. He has been donating blood since 1997 and his donations have benefited many community members. All blood donated at the TGMC Blood Donor Center remains at TGMC and is used to treat patients in need. Robichaux is pictured with his wife Sandra, left, and his mother-in-law, Ida Trahan, right.

emergency department throughput, case mix and wage-adjusted inpatient expense per discharge, Medicare spend per beneficiary index, adjusted operating profit margin, and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) score (patient rating of overall hospital performance).

Ochsner Health System Adopts New AI Technology to Save Lives in Real-time

Ochsner Health System announced it launched new artificial intelligence (AI) technology to help treat patients more proactively. As one of the first systems in the country to integrate AI into patient care workflows, the new capabilities deliver rich patient insights to Ochsner care teams in real time, using machine learning for clinical data to detect patients' potential adverse health events more quickly and accurately. Cloud and

AI technologies from Epic and Microsoft power the platform, augmenting existing early warning alerts with the goal to eliminate adverse events in advance of a potential event.

Technology is transforming every corner of the healthcare industry, including the way clinicians monitor patients. With Epic's machine learning platform and Microsoft Azure, Ochsner is focused on preventing patient deterioration. Deploying a predictive model via Epic powered by Microsoft Azure has enabled Ochsner's Rapid Response Team (RRT) to intervene on patients proactively, rather than reactively, in real-time. During the 90-day pilot, the team successfully reduced adverse events outside of the Intensive Care Unit (ICU) by 44 percent.

“At Ochsner, patients are at the center of everything we do,” said Laura Wilt, System Vice President and Chief Information Officer, Ochsner Health System. “By utilizing Epic's machine

learning platform and Microsoft Azure, we can detect health patterns, learn from these insights, and develop a more aggressive treatment plan as a preventative measure. It is about delivering a higher quality of care to change and save more lives.”

Epic’s machine learning platform enables health systems of all sizes to get the most of machine learning with real-time information embedded directly into clinician workflows and scaled across their organizations.

With successful implementation, Ochsner will begin implementing Epic’s machine learning platform powered by Azure to improve other clinical specialties and reduce care challenges like pressure ulcers and hospital acquired infections. The health system sees these AI-powered capabilities core to how it will treat people in the future, representing its commitment to staying on the cutting edge of innovative, technology-empowered care for patients.

“Cloud and AI technologies are helping health organizations around the world deliver better outcomes for patients,” said Joseph Sirosh, corporate vice president, Cloud AI Platform at Microsoft. “Microsoft Azure and AI technologies, working together with Epic, help deliver more proactive, precise care. We’re thrilled to work with Epic and Ochsner to make the health system a unique place to receive care.”

Azure is a cloud platform and set of intelligent services helping health organizations improve care, reduce costs, and streamline operations. Health organizations using Azure benefit from Microsoft’s significant investments in security, privacy, and regulatory compliance, including the ability to deploy HIPAA- and HITRUST-ready technologies.

Children’s Hospital Appoints Leron J. Finger, MD, as Chief Quality Officer

Children’s Hospital has named Dr. Leron Finger to the newly created position of chief quality officer. In the role, Dr. Finger will work closely with leadership and staff to ensure the delivery of high-quality, effective, safe, and patient-centered care across the Children’s Hospital enterprise.

“The creation of a chief quality officer role reflects our organization’s commitment to safety



Leron J. Finger, MD

and quality. It’s our number one priority as an organization,” said John R. Nickens, IV, president and CEO of Children’s Hospital. “Leron has played a vital role in helping us emphasize the importance of this key area of focus.”

In partnership with Jennifer Schwehm, director of the Hospital’s Patient Safety & Quality Department, Finger has overseen significant growth in the scope of the hospital’s safety and quality program over the last several years. As a result of these efforts, the hospital has been recognized on numerous occasions for achievements in the safety and quality arena by Children’s Hospitals’ Solutions for Patient Safety, a network of more than 130 children’s hospitals committed to sharing best safety and quality practices. Finger is also a regular speaker at the Children’s Hospitals’ Solutions for Patient Safety National Learning Sessions.

“In order to be an effective CQO, you have to be comfortable connecting with people across disciplines,” said Matt Schaefer, Children’s Hospital’s chief operating officer. “Leron’s sphere of influence extends beyond his physician colleagues, and the trust and respect he’s earned across the enterprise has done wonders for safety and quality at Children’s Hospital.”

Finger joined Children’s Hospital in 2014 as assistant medical director, Patient Safety and Quality, and was promoted to associate medical director, Patient Safety and Quality in 2016. Before joining Children’s, he served as a pediatric intensivist and as medical director for the flight care team at Ochsner Clinic Foundation Hospital. He also held a faculty appointment at Tulane University School of Medicine in the Department of

Pediatrics. He completed his residency and pediatric critical care fellowship at Rainbow Babies and at Children’s Hospital in Cleveland, Ohio.

Ochsner Hospital for Children Receives CHA Pediatric Quality Award

Ochsner Hospital for Children was honored with the Children’s Hospital Association (CHA) Pediatric Quality Award at the 2018 Quality & Safety in Children’s Health Conference. The only hospital in Louisiana to be recognized by (CHA), Ochsner Hospital for Children was honored in the category of Patient Safety and Reduction of Harm as the top example based on 110 submissions from 60 children’s hospitals across the country. The Pediatric Quality Awards (PQA) honor and share best practices for pediatric improvement initiatives that can be replicated to achieve positive results in children’s hospitals.

Every two years, CHA member hospitals submit their improvement projects that have made a big impact in patient safety, financial performance and hospital culture. An expert panel of peers and international health care experts select the winners. Ochsner Hospital for Children was honored for their efforts to promote safe patient care in the Pediatric Intensive Care Unit. The project showcased the team’s efforts to reduce unplanned extubation, a serious adverse event which has the potential to cause severe complications and increase the length of time a child has to stay in the hospital. Over a three-year period, the team adjusted training and protocols to incorporate the latest science available, and developed innovative techniques to prevent this problem from occurring. At the conclusion of the three-year period, outcomes were greatly improved. Patients and the hospital experienced significant savings and children spent 43 fewer days in the hospital.

North Oaks Health System Earns National Award for Best Website Design

North Oaks Health System’s website, www.northoaks.org, recently earned a Best Site Design Distinction Award at the 18th annual eHealthcare Leadership Awards.

North Oaks is one of more than 200 healthcare organizations nationwide honored for outstanding



NORTH OAKS WEBSITE AWARD

Members of the North Oaks Business Development team responsible for redesign of the health system's website gather to celebrate receiving a Best Site Design Distinction Award at the 18th annual eHealthcare Leadership Awards. Seated, left to right, are Creative Manager Pam Cantrelle, Digital Media & Production Specialist DJ Miller, and Graphic Designer Allison Portier. Standing, left to right, are Marketing Director Shantel Johnson, Communications Manager Nanette White, Vice President of Strategy & Outreach Tracy Randazzo, and Communications Specialist Laura Hanzo. Not pictured are Graphic Designer Brandi Courrege and Market Strategist/Business Development Representative Ashley Miller.

websites and digital communications. Award recipients were announced in conjunction with the 21st Healthcare Internet Conference in Austin, Texas. A total of 116 healthcare and digital media professionals judged eHealthcare Leadership Awards entries in 15 categories. They looked

at how each entry compared with peer organizations based on a proprietary multi-point standard of Internet excellence.

"Digital marketing and communications in healthcare organizations continue to evolve rapidly, and we are thrilled to recognize the best of

the best in the industry," said Matt Humphrey, president of Plain-English Health Care, producer of the eHealthcare Leadership Awards. "We see winning organizations focusing on improving the patient or consumer experience in everything they do – from web and app design to content, rich media, social networking, and marketing campaigns."

The North Oaks website was revamped with responsive design technology that scales the website to the device type used to view it. The redesign also offers many enhanced features, including an online physician directory, online bill payment, and a robust news network.

Jane Weber Brubaker, chair of the eHealthcare Leadership Awards, noted, "Award winners range from hospitals and health systems to pharmaceutical firms and online health companies, but they share common attributes. They understand their target audience, and they know how to present information in a format that is both pleasing to the eye and highly functional. Visitors to these sites can easily find what they are looking for and accomplish what they set out to do."

Since re-launch, the North Oaks website has surpassed goals set for visitors per month, according to Digital Media & Production Specialist DJ Miller.

The North Oaks website also earned recognition at the state level in 2017 through the Louisiana Hospital Association's Pelican Awards. Out of 22 participating healthcare organizations, it received the Best of Show Award for design and the Pelican Award for Website Initiatives in the multi-hospital system category.

St. Tammany Cancer Center Screens Film Exploring End-of-Life Care

St. Tammany Cancer Center recently hosted a free community screening of the documentary *Being Mortal* in the second floor conference room at the cancer center. After the screening, audience members participated in a guided conversation on how to take concrete steps to identify and communicate wishes about end-of-life goals and preferences.

Being Mortal delves into the hopes of patients and families facing terminal illness. The film investigates the practice of caring for the dying and explores the relationships between patients and

their doctors. It follows a surgeon, Dr. Atul Gawande, as he shares stories from the people and families he encounters. When Dr. Gawande's own father gets cancer, his search for answers about how best to care for the dying becomes a personal quest. The film sheds light on how a medical system focused on a cure often leaves out the sensitive conversations that need to happen so a patient's true wishes can be known and honored at the end.

Being Mortal underscores the importance of people planning ahead and talking with family members about end-of-life decisions.

While 70 percent of Americans say they would prefer to die at home, nearly 70 percent die in hospitals and institutions. And 90 percent of Americans know they should have conversations about end-of-life care, yet only 30 percent have had those conversations.

University of Queensland-Ochsner Clinical School Celebrates 2018 Residency Match

The University of Queensland (UQ) – Ochsner Clinical School 2017 graduating class celebrated Match Day results with a 95 percent Match Rate through the National Residency Match Program (NRMP), which is comparable to other medical schools in the United States.

Students matched into residency training programs at many prestigious institutions across the country such as Ochsner Medical Center, UCLA, Vanderbilt, Emory University, University of Chicago, Dartmouth University, St. Louis University, Loma Linda University, and Icahn SOM at Mount Sinai, as well as the in-state programs at Tulane University and LSU New Orleans and Shreveport.

"We had 87 students enter the Match, our largest class to date; 37 percent of our Matched graduates have chosen to remain in Louisiana for residency training, with 23 percent staying in the Ochsner Health System. The data demonstrates that physicians tend to practice in the state in which they train. We are proud to train future physicians in the Ochsner Way who will care for us and our families while addressing the physician shortage in our state," said Leonardo Seoane, MD, regional dean of the University of Queensland-Ochsner Clinical School.

"The Ochsner Department of Graduate Medical Education is pleased to have filled 100 percent of the positions offered in this year's match," said Ronald Amedee, MD, Accreditation Council for Graduate Medical Education (ACGME) Designated Institutional Official, Ochsner Health System.

The class of 2017 UQ – Ochsner Clinical School students graduated in December of 2017 and will begin their residencies in July of 2018.

Ochsner Baptist Opens Louisiana's First Human Milk Bank

Ochsner Baptist, a campus of Ochsner Medical Center, announced the accreditation and opening of the Mothers' Milk Bank of Louisiana at Ochsner Baptist. Mothers' Milk Bank of Louisiana received accreditation by the Human Milk Banking Association of North America (HMBANA) in early March, making Louisiana the 22nd state in the United States to open a HMBANA approved human milk bank.

The Milk Bank accepts donated human milk, following a detailed screening process of a lactating woman. The milk is then given to infants who are born prematurely and are unable to receive enough milk from their birth mother due to maternal conditions.

Infants born prematurely (three or more weeks before their due date) frequently require a hospital stay to continue to grow. Mothers' milk is exceptionally beneficial for these preterm infants, as it contains numerous bioactive immune components, essential proteins, and fats which are not present in commercially made formula. It is well known that infants offered human milk have a lower incidence of infection and feeding intolerances. Often, mothers of preterm infants or multiples have difficulty providing enough milk for their babies. Donor milk provides life-saving nutrients to vulnerable newborns and reduces the rate of necrotizing enterocolitis, a deadly intestinal infection that afflicts low birth weight infants. Donated milk is pasteurized then cultured so that it is safe to offer to babies with specific medical needs.

"The Mothers' Milk Bank of Louisiana at Ochsner Baptist was but a dream that with the help of many has become a reality. If we wish to impact and decrease infant mortality in our state, then the ability to provide human milk for all babies in need

is crucial," said Harley Ginsberg, MD, section head of Neonatology and Medical Director of Neonatal Intensive Care at Ochsner Baptist. "Research has shown that our most vulnerable patients, critically ill newborns, benefit exponentially from mothers' milk. The generous gift of donor milk has the ability to improve the outcome of these babies and shorten their hospitalization."

The Mothers' Milk Bank of Louisiana at Ochsner Baptist began as a depot site in December 2015, collecting donated human milk and sending it to the Mothers' Milk Bank at Austin, its HMBANA mentor. In 2017 alone, Louisiana's three depot sites shipped over 55,000 oz. or approximately 429 gallons, to the Mothers' Milk Bank at Austin.

The Mothers' Milk Bank of Louisiana at Ochsner Baptist now functions as a fully operational, not-for-profit human milk bank, meaning shipments no longer have to be sent to Austin for processing and distribution. The Milk Bank screens potential donors; receives, processes, and pasteurizes donated milk; then distributes to hospitals for babies in need. Currently, the Mothers' Milk Bank of Louisiana at Ochsner Baptist distributes the milk to Neonatal Intensive Care Units (NICUs) across the state with plans to expand the supply to critically ill, older infants across Louisiana.

Mary Bird Perkins Cancer Center in Hammond Celebrates 30 Years of Service

Thousands of cancer patients have walked through the doors since Mary Bird Perkins Cancer Center in Hammond opened in March of 1988. Prior to the organization's entry into Tangipahoa Parish 30 years ago, there were no significant cancer care services in the area. Today, Hammond patients and their families have access to the most advanced early detection, technology, treatments, and support services available.

"The Cancer Center has the clinical expertise and technology rivaling that of what's available in larger cities," said Andrew Elson, MD, radiation oncologist at the Hammond location. "We also have the resources and backing of the entire Mary Bird Perkins network that extends throughout Southeast Louisiana; this adds additional strength to what we can offer patients with rare or highly-complicated diseases."

The Cancer Center recently installed the

Hospital Rounds

Elekta Agility multileaf collimator, a state-of-the-art device allowing more precise radiation delivery only to the affected area, minimizing the impact to nearby healthy tissue and improving outcomes and quality of life for patients. The Center is also the only provider in the area to offer Optune, a technology used to treat adult patients with recurrent glioblastoma multiforme (GBM), a form of brain cancer. This technology disrupts tumor cell division and inhibits tumor growth, enhancing quality of life for those with GBM.

In addition, the Cancer Center's physics team has worked with North Oaks Health System to extend highly-specialized technological innovation to areas residents. It has credentialed and established protocols to enable the MRI scanner at North Oaks to produce high resolution images for use with the breakthrough Gamma Knife Icon (GKI) used for brain tumors and other central nervous system disorders. This streamlines the process of radiation planning and delivery for patients living in the Hammond area, requiring them to travel to Baton Rouge only once for GKI treatment.

In the Hammond area each year, approximately 1,300 cancers are diagnosed.

Todd Stevens, president and chief executive officer, Mary Bird Perkins Cancer Center, said the facility opened on the North Oaks campus at a time when many people diagnosed with the disease did not have the resources or transportation to access cancer treatments in larger cities.

"It really was a critical situation in the fact that some people were going untreated because there were no cancer services available in the area and they were unable to travel to Baton Rouge or New Orleans to receive care. When Mary Bird Perkins opened its Hammond Cancer Center, it removed a major barrier to patients receiving treatment because it brought advanced cancer care closer to their doorsteps; it has been an absolute privilege serving this community," said Stevens.

Tammy Asmus, radiation program manager, said she and the rest of the Hammond Cancer Center team are proud of the investments Mary Bird Perkins has made in the location, including a major facility renovation and technology upgrade several years ago. She also said that the relationship with the community has been particularly strong and special.



MBP CANCER CENTER HAMMOND 30

Pictured at a 30th anniversary event on the North Oaks Health System campus are, left to right, Jonas Fontenot, PhD, chief operating officer and chief of medical physics, Mary Bird Perkins; Andrew Elson, MD, radiation oncologist, Mary Bird Perkins; Todd Stevens, president and chief executive officer, Mary Bird Perkins; Michael Watkins, chief operating officer, North Oaks Health System; Tracy Randazzo, vice president of strategy and outreach, North Oaks Health System; and Tammy Asmus, radiation therapy program manager, Mary Bird Perkins - Hammond location.

"The community's generosity and support has fueled our ability to improve survivorship and lessen the burden of cancer for families impacted by cancer for 30 years. And we continue to need the community's engagement to keep pace with leading advances in care. We're also so appreciative of our wonderful volunteers who dedicate many hours to providing a helping hand to Cancer Center patients and staff," said Asmus. "Many of us not only work here, but also live in the Hammond area; our patients are our friends, neighbors, and loved ones. We have a vested interest in providing the highest quality care, and it's the right thing to do."

At a recent event celebrating the Hammond location's 30th anniversary, Stevens thanked the Center's volunteers who have contributed many hours of service. Volunteers recognized and their number of years of service included Rosemary Rownd, 28 years; Juanita Pearson, 27 years; Mary Greathouse, nine years; and Lynn McRae, six years.

Ochsner Health System and NASA Celebrate Opening of Ochsner Health Center-Michoud

Ochsner Health System and the National Aeronautics and Space Administration (NASA) announced the opening of Ochsner Health Center - Michoud. The new facility offers primary care onsite, and offers specialty services including cardiology, neurology (headache), and diabetes education through telemedicine. These visits are conducted virtually through a computer, where a specialist is able to consult with patients in the same way as an in-person appointment through Ochsner's technology. Physical therapy and rehabilitation are also available, and laboratory services will be offered in the near future.

"The opening of Ochsner Health Center - Michoud represents the power of partnership," said Brad Goodson, CEO, Ochsner North Shore Region. "Our leadership, along with NASA and Michoud, recognized the need to build a



Aditya Bansal, MD

community within this facility and improve access to healthcare. Offering quality healthcare in a convenient location brings us one step closer to building a healthier and thriving community.”

“NASA is proud to have the Ochsner Health System as a new partner on the Michoud campus,” said Keith Hefner, director of the NASA Michoud Assembly Facility. “The services they provide will benefit NASA and additional companies located at Michoud and will bring a new service to the community. We look forward to continuing this partnership for years to come and welcome them to the NASA family.”

NASA is the owner of the Michoud Assembly Facility, a multi-tenant 832-acre campus facility specializing in large-scale aerospace manufacturing. Michoud is now home to a variety of companies from the commercial and governmental sectors.

LCMC Health Offers University Medical Center New Orleans Hosts Community Health Fair

University Medical Center New Orleans hosted a free community health fair, offering blood pressure checks, body mass analysis, nutrition education, pet therapy, and more.

Participants had the opportunity to meet and speak with UMC’s new Primary Care physicians, Dr. Kendria Holt-Rogers and Dr. Alan Gatz.

The Community Health Fair is an extension of UMC’s mission to increase access to care throughout Orleans Parish. Attendees learned more about their personal health and the new Primary Care Center at UMC, which opened in January.

The first 100 people to register online received a UMC wellness bag.

John Ochsner Heart and Vascular Institute Performs Rare Double LVAD Surgery

The John Ochsner Heart and Vascular Institute (JOHVI) recently performed a groundbreaking double left ventricular assist device (BIVAD). Dr. Aditya Bansal was the surgeon for this procedure, directing a talented team of nurses and medical professionals throughout the nine-hour complex surgery.

The procedure used HeartMate 3™ LVADs, which received FDA approval in late 2017. In preparation for the procedure, the cardiac surgery team collaborated with surgical colleagues in Germany who recently performed the procedure using the same type of LVAD.

“Our team is incredibly proud to continue our legacy of innovation in healthcare and cardiothoracic surgery,” said Dr. Bansal, surgical director, Mechanical Assist Device Circulatory Support Program at JOHVI. “This cutting-edge procedure was the product of collaboration with international leaders in cardiothoracic care and utilization of the latest technology. As procedures and devices continue to evolve, we’re able to provide personal approaches to the millions of individuals facing heart failure.”

According to the Centers for Disease Control and Prevention, heart failure is a serious condition that affects approximately 5.7 million adults in the United States. The condition occurs when the heart muscle is unable to pump enough blood through to meet the body’s needs for blood and oxygen. The heart compensates for this issue by enlarging, developing more muscle mass and pumping faster. These temporary measures can mask the problem while heart failure worsens. Heart failure can affect the heart’s left side, right side or both, but frequently impacts the left side first.

Patients experiencing heart failure are considered for heart transplant, but may need additional surgical intervention if they are not candidates or are not healthy enough to await the gift of life. LVADs, also known as heart pumps, are used either as a bridge to transplant for patients awaiting a heart transplantation or destination therapy for patients who are not eligible for heart transplantation. LVADs are surgically implanted and attached to the heart; they are designed to

assist with the pumping function of the failing ventricles. While LVAD therapy is becoming standard of care for advanced left ventricular heart failure, implanting the device on both sides of the heart is exceptionally rare.

“Our patients benefit exponentially by the spirit of collaboration; not only between our medical and surgical teams, but by our work with leaders across the globe,” said Dr. Sapna Desai, medical director, Mechanical Assist Device Circulatory Support Program at JOHVI. “Just as we don’t want our patients to feel limited by their diagnoses, our team isn’t limited to past approaches to care. We push ourselves to think differently to develop the treatments of tomorrow.”

Traditional surgical approach to treat patients experiencing failure of both ventricles may include implanting a total artificial heart (TAH) to provide full pumping capabilities to the entire heart. However, a TAH device tends to be bulky and may not always be compatible for a patient with a smaller chest cavity. In these cases, other solutions are explored, and utilizing two LVADs to serve as temporary support while waiting for a transplant can be a viable option. The HeartMate 3™ LVADs used in this procedure were small enough to fit the patient’s chest cavity, allowing the patient to return home once recovered from surgery.

“Our approach to patient care is focused on the individual patient,” added Dr. Bansal. “Rather than solely looking at past treatment plans, our team looks towards the future and explores ways to not only save lives, but preserve quality of life for our patients.”

The LVAD first received FDA approval in 1994 and was originally attached to a large, external power source. A more portable electric version received FDA approval the following year. The device has continued to evolve over the last two decades, becoming more compact and providing a longer-term heart failure solution to individuals who are ineligible for transplant.

This surgery is the latest accomplishment for JOHVI, which has been a regional and national leader in cardiology and cardiac surgery for decades. JOHVI performed its 500th LVAD and 950th heart transplant in 2017.

For the privacy and protection of those involved, no information will be released on the patient or their family at this time.

Career Jumpstart Program to Community

LCMC Health is offering Career Jumpstart, a free five-week program designed to prepare job seekers for clerical positions within the medical field. Career Jumpstart classes are designed to foster participants' professional development and to improve their technical skills (which are easily transferrable to other industries and positions). This program is made possible with the support of the Greater New Orleans Foundation (GNOF).

Career Jumpstart takes a blended learning approach, offering both small-group classroom sessions and self-paced online classes. At the end of the program, participants can expect to have gained knowledge and skills in communication, career growth, customer service, time management, conflict resolution, professional presence, and basic computer skills. The computer skills-training is designed to prepare participants to take the Microsoft Word Certification exam.

Recognizing Early Signs of Autism, Ochsner's Boh Center to Open

The importance of recognizing the early signs of autism is crucial to a child's development. Studies have shown that early behavioral intervention can improve a young child's learning, communication, and social skills.

According to Ochsner Pediatrician Myriam Ortiz, MD, parents and caregivers should become familiar with typical developmental milestones that a child should be reaching. "Every child develops at their own pace," said Dr. Ortiz. "It's important to discuss your child's behaviors with your pediatrician at each visit to determine if your child needs a little extra help."

Some pediatricians' schedules will vary slightly, but the American Academy of Pediatrics recommends babies get checkups at birth, three to five days after birth, and then at one, two, four, six, nine, 12, 15, 18, and 24 months.

Red flags in a baby's behavior to discuss with a pediatrician include:

- No eye contact, such as looking at you while being fed (by six months).
- No back-and-forth sharing of sounds, smiles, or other facial expressions (by nine months).
- No babbling (by 12 months).
- Does not respond to his or her name or to the

sound of a familiar voice (by 12 months).

- Does not follow objects visually or follow your gesture when you point things out. Doesn't point or wave goodbye, or use other gestures to communicate (by 12 months).
- No spoken words (by 16 months).
- Regression of babbling, speech, or social skills (at any age).

In America today, one in six children have one or more developmental disability and one in 68 children fall somewhere on the autism spectrum. In Louisiana, 20% of all children have special health-care needs.

Ochsner will be opening the Michael R. Boh Center for Child Development in 2018. The center will be located at 1315 Jefferson Hwy. in New Orleans. At the center, patients and their families will find multidisciplinary care, specialty services, and the resources they need under one roof.

For some children, realizing their potential might mean a little extra help in the classroom or special tools to support communication in the world around them. For others, intensive therapies to overcome the effects of complex neuromuscular conditions make the difference. Conditions treated at the Boh Center will include attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, cerebral palsy, developmental delays, feeding disorders, intellectual disabilities, muscular dystrophy, spinal muscular atrophy, and spina bifida.

East Jefferson General Hospital Using New Technology for Bladder Tumor Detection

With Cysview Blue Light technology, physicians at East Jefferson General Hospital (EJGH) can detect tumors related to bladder cancer more effectively than ever before.

In Louisiana and Mississippi, only East Jefferson General Hospital has this technology. Having Blue Light puts EJGH in exclusive company with only 100 hospitals in the United States, including leading cancer centers like MD Anderson, UAB, The Cleveland Clinic, Johns Hopkins, and the medical centers at both Vanderbilt and Ohio State University.

Cysview (hexaminolevulinate HCl) is an optical imaging agent indicated for use in the cystoscopic detection of non-muscle invasive papillary

cancer of the bladder among patients suspected or known to have lesions on the basis of a prior cystoscopy. Cysview enters the mucosal cells and acts as a precursor to porphyrins, which selectively accumulate in rapidly proliferating cells (e.g., tumors). During a cystoscopy, blue light causes the porphyrin within tumors to fluoresce a pink color, which contrasts with normal mucosa.

Trials in the United States, Canada, and Europe led to Cysview being the only FDA approved technology that allows greater detection, better patient management decisions, and improved tumor resection. It was effective in more than 1,800 known or suspected bladder cancer cases. For those with bladder cancer, this represents a safer, more accurate and effective way of identifying and removing tumors.

Children's Hospital Pediatric Clinic Opens in River Ridge

Expanding to meet the needs of the New Orleans region, Children's Hospital recently celebrated the opening of Children's Pediatrics River Ridge location with a ribbon-cutting and open house.

"Offering increased pediatric specialty care close to home for our River Ridge families has been a goal of Children's Hospital and its family of clinics," said Matt Groninger, vice president, Ambulatory Services for Children's Hospital. "This endeavor strengthens our mission to provide comprehensive pediatric care to the residents of the entire metropolitan area."

Located at 9605 Jefferson Highway, Suite E, the clinic's hours will be Monday – Friday, 8:30 a.m.–4 p.m. Walk-in appointments will be available. Later this year, an after-hours clinic will be incorporated into the space, offering pediatric walk-in care after hours and on weekends.

The River Ridge clinic features treatment provided by four pediatricians – Drs. Joanna Buckingham, Mary Hulin, Denise Kerut, and Isabel Remedios – who will offer care to children from birth to 18 years of age. The site includes 11 exam rooms, well and sick waiting areas, two nurses' stations, and a designated triage area.

The clinic accepts all insurance, and should a patient need to see a pediatric specialist, the physicians can refer specialty care in the Children's Hospital system. ■

You only have two hands.
That's all and when they're full, you're done.
You can't hold more items, pick up more work,
or take on additional anything. Two hands,
that's all you have to offer but in the new
book "Tears of Salt" by Pietro Bartolo and
Lidia Tilotta, you can also offer your heart.

Lampedusa, a tiny island just off the coast of Italy, has always been where Pietro Bartolo feels the most at home. It is, after all, where his parents came when they married. It's where Bartolo brought his own bride, where his three children were born – and it's the current site of his clinic and the first port of call for refugees fleeing terrorism in Somalia, Lebanon, Tunisia, Syria, and Nigeria.

There's an odd inconsistency between a beautiful island surrounded by crystal seas and the misery of those who wash ashore. Long before the refugee crisis began, Lampedusa was quietly idyllic; today, it's still a place frequented by wealthy vacationers, Popes, and statesmen but also by corpses and people who are gravely injured.

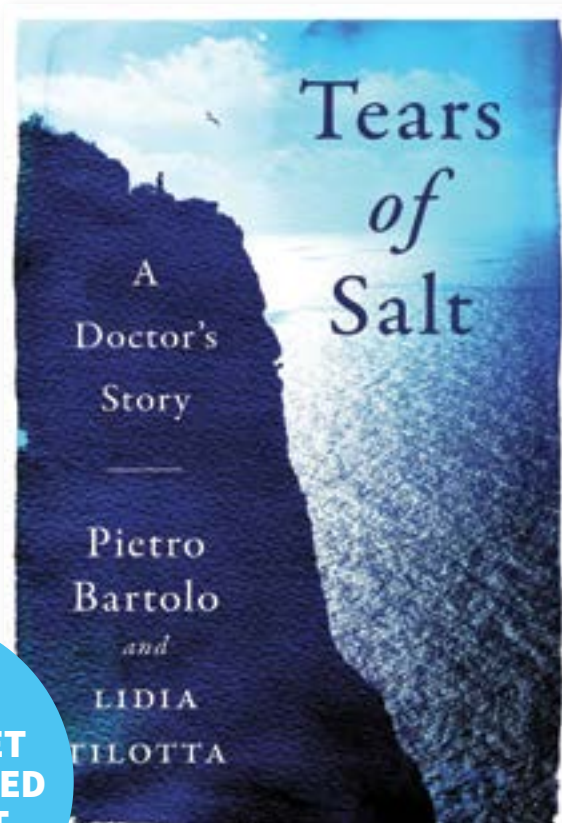
Bartolo is proud of the former, dismayed and overwhelmed by the latter. He gets constant calls to come to work, to meet rescue boats on the pier, to deal with refugee trauma in both mind and body. His wife runs a laboratory, and she's often called, too. Like fellow villagers, they've taken in refugees who required extra care. Even that, he indicates, can break his heart.

So many things do.

He knows why some female refugees beg him to abort the babies they carry, fathered by soldiers of war. He's seen the bravery of mothers who hand their children to strangers to save. He's observed families torn apart, and some reunited. A paralyzed mother begged for a job, so that she might bring her family to Europe. Women are preyed upon by traffickers. Toddlers die. A ten-year-old boy refused to cry over his father, who was killed by Boko Haram.

Says Bartolo: "You can wear all the protective gear you like, but you cannot protect your soul."

Have we become inured to tragedy? Author Pietro Bartolo (with Lidia Tilotta) is afraid we have, so when offered the opportunity to become the subject of a short movie, he seized upon it to call attention to the plight of the refugees. That story, and more, are inside "Tears of Salt."



“...BE PRE-
PARED TO GET
PRETTY DARNED
UNCOMFORT-
ABLE.”

By **Pietro Bartolo & Lidia Tilotta** with
c.2018, W.W. Norton

But before you start, be prepared to get pretty darned uncomfortable. Although he might often temper his tales with lovely barefoot-childhood memories of a village filled with people who care for one another, Bartolo doesn't hold back from the horror he's seen, or the things his patients have endured to find a better life. Beware that some anecdotes are downright gruesome. He tells... and tells... and tells stories that beg to be shouted from the cliffs, making this a book that may never become a bestseller but for compassionate readers concerned with current events, it's a must-read.

If that's you, find "Tears of Salt." Get it in your hands. ■

COMMUNITY HEALTH CENTERS

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