



LSU

HEALTH CARE SERVICES DIVISION
LOUISIANA'S HOSPITAL SYSTEM

BOGALUSA MEDICAL CENTER
EARL K. LONG MEDICAL CENTER-BATON ROUGE
HUEY P. LONG MEDICAL CENTER-ALEXANDRIA
LALLIE KEMP REGIONAL MEDICAL CENTER-INDEPENDENCE
L. J. CHABERT MEDICAL CENTER-HOUMA
MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS
UNIVERSITY MEDICAL CENTER-LAFAYETTE
W. O. MOSS REGIONAL MEDICAL CENTER-LAKE CHARLES

EXECUTIVE VP/CEO: DONALD R. SMITHBURG

DEPUTY CEO: ROBERT M. PLAISANCE

MEDICAL DIRECTOR: MICHAEL K. BUTLER, M.D.

IN THE NEWS... FRIDAY, JULY 14, 2006

LSU, Veterans Administration look at hospital setup
The Advocate | 07.14.06

DHH moving to new downtown offices
The Advocate | 07.14.06

Blanco aide: New blood sought for LSU board
The Advocate | 07.14.06

HIV services are still hampered in New Orleans
The Advocate (California) | 07.14.06

Medicare gap hits seniors in the wallet
Star – Ledger (New Jersey) | 07.13.06

Katrina's Silver Lining
Acuity Care Technology Magazine | June/July 2006

Daily Briefing
Health Care Advisory Board

LSU, Veterans Administration look at hospital setup

The Advocate | 07.14.06

By MARSHA SHULER

State and federal officials are talking about the Veterans Administration operating some beds at LSU's proposed Baton Rouge hospital and trauma center, the LSU hospital system chief said Thursday.

Discussions began between LSU and the Veterans Administration a couple of months ago on a "kind of wouldn't it be nice level," LSU Health Care Services Division CEO Don Smithburg said. "They are open to it and we can go either way," he said.

What's under discussion is the Veterans Administration leasing between 25 and 50 beds at the hospital to be constructed in the medical corridor off Interstate 10 in the Essen Lane-Bluebonnet Boulevard area, Smithburg said.

The addition of the Veterans Administration beds and the income derived would help with the hospital's business plan, Smithburg said.

The document is used to assess a project's financial viability, specifically if sufficient revenue from operations can cover construction costs.

The Veterans Administration already operates an outpatient medical clinic in Baton Rouge as well as facilities in Hammond and Slidell, he said.

VA officials could not be reached for comment late Thursday. VA offices were already closed.

LSU and the VA have already formed a partnership to construct hospitals on the same campus in New Orleans with some shared facilities and services.

A decision on the Baton Rouge collaboration will have to be made in the next couple of months as final decisions are made on the size of the new LSU hospital, Smithburg said.

The hospital would replace the antiquated Earl K. Long Medical Center, on Airline Highway in north Baton Rouge.

Smithburg said he expects a request for proposal to be issued in either September or October for those interested in constructing the hospital complex. Yet to be decided is the method of financing — private development, through the U.S. Housing and Urban Development or state revenue bonds.

That solicitation has been delayed as LSU had to go back to the drawing board to reanalyze the project as the Baton Rouge area grew in population in the wake of hurricanes Katrina and Rita, Smithburg said.

Before the storms LSU had been looking at a 175 bed hospital. "Right now we are thinking the hospital size will be in the range of 225 to 300 beds," Smithburg said.

Project consultants are assessing population data from a variety of sources including the U.S. Census Bureau, the Rand Corp., the Louisiana Recovery Authority and the Centers for Disease Control and Prevention, Smithburg said.

They are also looking at Louisiana Hospital Association information on medical services provided in the area "and what the population shift has done to that," he said. "What does this town need?"

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[\[BACK TO TOP\]](#)

DHH moving to new downtown offices

The Advocate | 07.14.06

Various units to relocate on assigned Fridays during July

By MARSHA SHULER

Some 1,200 state Department of Health and Hospitals employees will start moving offices today into the newly finished Bienville Building in the heart of downtown Baton Rouge.

The move will continue each Friday in July with various offices closing on their assigned move days.

The opening of the \$31.2 million, nine-story Bienville Building at 628 N. Fourth St. signals a near-end to the Capitol Complex construction program.

The \$400 million-plus program — launched in the Foster administration — consolidates more of state government's administrative offices near the State Capitol. The idea was to help revitalize downtown while over time saving the state money it spends to lease property throughout the city.

The state Department of Social Services is scheduled to start moving into the new \$29.8 million Iberville Building on Aug. 17. The move into the building, across the street from DHH's new facilities, is expected to be complete by early September.

"These are the last two major facilities" in the Capitol Complex program, Jerry Jones, director of Facility Planning and Control, said Thursday. "There's a couple of minor things left."

One of the jobs left to be done is construction of a four-story parking garage near the Visitor's Center along River Road, Jones said. He said bids will soon be let on the 400-car garage.

The Bienville Building will become home to the state health department's administrative offices housed on the Capitol Access Road near the Governor's Mansion exit. About 600 employees work there.

In addition, DHH will move some public health program offices from Bluebonnet Boulevard to the new building as well as a Medicaid office at North 7th Street and Laurel Street and a Louisiana Children's Health Insurance Program processing center at 5700 Florida Blvd.

Remaining at their current locations will be the Region 2 (Baton Rouge area) Medicaid office on the fourth floor at 617 North Blvd. and the East Baton Rouge Parish Health Unit at 353 North 12th St., off Florida Street.

The affected DHH offices will not be open for business and telephone service may not be available beginning at 5 p.m. the Thursday before each move. The offices will reopen for business at 8 a.m. the Monday after each move.

Most offices will retain the same phone numbers and post office mailing addresses after the move, DHH spokeswoman Kristen Meyer said. In the event contact information changes, Meyer said, DHH will publish a list of those new telephone numbers following the move.

The offices that will be moved today generally include public health, Medicaid field operations and information and technology and technical support.

On July 21, the Offices of Mental Health, Addictive Disorders, Citizens with Developmental Disabilities, public water system enforcement, retail food and safe drinking water programs are among those moving.

In the final group, scheduled to move July 28, are DHH top administrators' offices, including the secretary, undersecretary, deputy secretary, the Medicaid director; the communications offices; the remaining Medicaid sections, planning and budget; the Bureau of Primary Care and Rural Health and the Governor's Council on Physical Fitness and Sports/Minority Health.

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[\[BACK TO TOP\]](#)

Blanco aide: New blood sought for LSU board

The Advocate | 07.14.06

Outgoing members say positions lost after opposition to agenda

By JESSICA FENDER

A top aide to Gov. Kathleen Blanco denied allegations Thursday that politics played a role in the governor's recent appointments to the LSU Board of Supervisors.

Two outgoing board members have said they lost their spots on the governing panel when they opposed Blanco's alleged agenda to install a University of Louisiana system leader as the new LSU system president and to give some of the LSU campuses to that separate state-run university system.

Leonard Kleinpeter, who oversees boards and commissions for the governor, said Blanco's only motivation for the turnover was getting new blood on the board.

"Frankly, I'm disappointed that they feel that way. They are two very classy board members who served their time well," Kleinpeter said. "We have two extremely qualified ... class acts coming on the board."

The terms of Ronald Anderson of Ethel and Stewart Slack of Shreveport expired in June. Blanco did not reappoint them.

"Being replaced is sometimes hard to accept, particularly when you've been a good board member. However, these aren't lifetime appointments," reads a Thursday statement from Denise Bottcher, press secretary for the governor.

Roderick Hawkins, a press aide, said Thursday Blanco was not available to comment. Slack said Wednesday he was told that the administration wants to hire a new LSU system president quickly and needed new board members in place.

"I think they have an agenda for LSU, and they didn't think I fit into it," Slack said.

Current System President William Jenkins announced his resignation plans in February, though he will serve until a replacement is found. There was talk at the time that University of Louisiana System President Sally Clausen was favored as a replacement.

Since Blanco's election in 2003, LSU leaders have worried that the governor's ties to the University of Louisiana system would color her judgment. Her husband, Raymond "Coach" Blanco, is an administrator at the University of Louisiana at Lafayette, a UL system school.

Anderson said Blanco's decision not to reappoint him and Slack is proof of favoritism. Taking Anderson and Slack's places are John George of Shreveport and Alvin Kimball of Baton Rouge, a doctor and a businessman, respectively.

George is a supporter of Blanco and helped get her elected in 2003.

Kleinpeter said Blanco wanted another person with medical experience on the board because of challenges facing the university-run health-care system.

Blanco rewarded another political supporter with a spot on the board in June.

She gave a two-year appointment to Lake Charles lawyer Benjamin Mount, the husband of one of the governor's lieutenants in the state Legislature, Sen. Willie Mount, a Democrat.

Two other board members' terms have expired. Charles Cusimano of Metairie and Marty Chabert of Chauvin are serving at the pleasure of the governor.

Kleinpeter said he could not predict if or when either man would be replaced.

"They, too, are excellent board members, excellent candidates," Kleinpeter said.

<http://www.2theadvocate.com/news/3350121.html?showAll=y>

[\[BACK TO TOP\]](#)

HIV services are still hampered in New Orleans The Advocate (California) | 07.14.06

The devastating effects of last summer's Hurricane Katrina are still being felt among New Orleans's HIV patients, who face difficulties accessing physicians, clinics, and treatment programs, The Times-Picayune reports. About half of Louisiana's 15,000 HIV patients lived in New Orleans before the hurricane struck, according to state health officials,

Nearly all of the city's HIV treatment centers were adversely affected, including the primary outpatient clinic at New Orleans's Charity Hospital, which provided care to about 3,500 city residents and now can serve only about 1,200. Most of the satellite clinics and pharmacies that supply antiretroviral drugs in the city have remained closed since the hurricane nearly 11 months ago.

Noel Twilbeck, executive director of the city's NO/AIDS Task Force, says his organization has seen the health of many HIV patients deteriorate since the hurricane because of inadequate HIV care in the city. He also says that about half of the city's HIV-positive residents have not returned to New Orleans after evacuating the city in August, and he worries that many may not have accessed care and treatment programs since leaving.

"Those that are out of care—that's one of the largest concerns that we have," he told The Times-Picayune. "If people can't get to their prescriptions, they are at risk of the virus possibly mutating and becoming resistant to medication." (The Advocate)

[\[BACK TO TOP\]](#)

Medicare gap hits seniors in the wallet

Star – Ledger (New Jersey) | 07.13.06

Elderly falling into the 'doughnut hole'

BY CAROL ANN CAMPBELL

The Medicare Part D prescription drug plan has thrust Anne McBride into the "doughnut hole."

The 80-year-old retired English teacher now must pay for all her medications, even though she remains covered by her new Medicare prescription drug plan and still pays her monthly premium.

McBride has entered the coverage gap known as the doughnut hole.

"This happened sooner than I thought," said McBride, of Moorestown. "At the beginning, Part D seemed wonderful. But now I don't know."

Even seniors who understand the coverage gap are expressing anger as they come face-to-face with the consequences of the doughnut hole.

This aspect of the new federal prescription drug plan is sparking political debate.

The Institute for America's Future distributed a report yesterday that said 7 million Americans will fall into the coverage gap, including 195,000 in New Jersey. The group said the average Medicare Part D recipient will hit the doughnut hole on Sept. 22. About 42 million Americans are on Medicare, and some 22 million have prescription drug plans.

The liberal think tank released a report calling for changes in Medicare at a teleconference with New Jersey Citizen Action and U.S. Rep Frank Pallone (D-6th Dist.).

"We want Medicare to negotiate drug prices the way the VA (Veterans Administration) does. Many seniors can't imagine paying a premium and all (of a) sudden not getting any benefit," Pallone said.

A spokesman for America's Health Insurance Plans, a trade association based in Washington, D.C., disputed the figures, and cited a June 8, 2006, report by PriceCoopersWaterhouse that said 3.4 million Americans will fall into the coverage gap.

"Citizen Action misuses older estimates of Medicare beneficiary spending before the program was implemented to create an artificial deadline of September 22 during this election year," said the association's spokesman, Mohit Ghose.

The doughnut hole is one of the more complex aspects of the nation's new Medicare prescription drug program, which took effect for the first time this year. Drug coverage stops when participants reach the threshold of \$2,250 worth of prescription drugs. The total is based on the actual cost of the drugs, not on what the participant pays under the plan.

Catastrophic coverage kicks back in only when, and if, the participant spends \$3,600 on drugs out of his or her own pocket within the same calendar year. Then, Medicare pays 95 percent of drug costs.

Jeff Cruz of the Institute for America's Future said most seniors who fall into the coverage gap will never reach the point of catastrophic coverage.

Melba Heck may hit catastrophic coverage just as the year ends.

[\[BACK TO TOP\]](#)

The Old Tappan woman takes medications for osteoporosis, high blood pressure and cholesterol. She took Plavix earlier this year after doctors put a stent into her heart.

Her AARP Medicare RX plan recently alerted her that she is \$120 away from the coverage gap, she said.

"My osteoporosis medicine will put me right into the doughnut hole," said the 76-year-old woman. "And I will have to spend \$2,596.34 out of my own pocket before I qualify for catastrophic coverage."

She expects she will reach that amount just as the year ends. On Jan. 1, she will start all over again.

"I feel like the government put one over on the people," she said. "I see these commercials and people are saying, 'I'm saving! I'm saving!' What planet are these people on?"

More than 1.2 million people in New Jersey are Medicare beneficiaries, and some 363,000 signed up for Part D stand-alone plans. Another 80,000 joined Medicare Advantage plans, which are managed-care-style health plans that include prescription drug coverage.

New Jersey has 44 stand-alone plans. One includes coverage for generic and brand-name drugs through the doughnut hole, while five others provide generic doughnut hole coverage.

Some say seniors can avoid the doughnut hole by purchasing these plans, but critics said these plans can be more costly because of higher premiums and reduced drug coverage.

Critics also note that poor Medicare beneficiaries have full coverage through the gap and lower-income Americans are eligible for subsidies.

Jeffrey Hall, a spokesman for the U.S. Centers for Medicare and Medicaid Services, said people in the coverage gap will still get discounts for using their Part D card. He also said beneficiaries can avoid reaching the coverage gap by switching to generics or less expensive brand-name medicines.

Hall said beneficiaries in the coverage gap should continue to use their cards so Medicare can keep track of their purchases and determine if they qualify for catastrophic coverage.

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<http://www.nj.com/news/ledger/index.ssf?/base/news-7/1152770671110840.xml&coll=1>

[\[BACK TO TOP\]](#)

Katrina's Silver Lining

Acuity Care Technology Magazine | June/July 2006

LSU Hospitals are on the fast track to telemedicine.

All hospitals today face challenges, but none comes close to matching the recent experiences of Louisiana hospitals. Louisiana State University (LSU) Health Systems had marked a milestone in upgrading patient information management throughout their nine-hospital system.

They had standardized their patient monitoring equipment with Ultraview SL monitors from Spacelabs Medical, and the installation of Spacelabs' Intesys Clinical Suite (ICS) was nearly complete at Charity and University Hospitals in New Orleans. This new platform offered access to patient monitoring data from anywhere in the LSU system, forming a foundation for a fully electronic medical record — that is, until just two weeks later when the calamity called Katrina devastated the area, closing both New Orleans hospitals.

The setback has proved to be temporary however; the other seven hospitals in the LSU system are linked via ICS, making comprehensive patient data available to caregivers whenever and wherever needed. For example, while attending a patient at Earl K. Long Hospital in Baton Rouge a physician can also see the realtime patient waveforms of a patient at Bogalusa Hospital, using any of LSU's networked PCs. Ultimately, he or she will be able to do the same “virtual consult” from the home or off-site office.

“Today, more than ever, having information accessible anytime, anywhere is essential for decision-making, research and documentation for core measures, JCAHO standards and the like,” said Michael Butler, M.D., chief medical officer for HCSD Systems. “The monitoring platform that Spacelabs provides facilitates this process.” In the Forefront of New Technology Although LSU Health Systems has always faced financial challenges — in a state where nearly 20 percent of the population was below the poverty level even before Katrina — it enjoys a reputation for excellence and is well on its way to setting new standards for information management.

LSU had the foresight to use its limited resources wisely to invest in technology that created a platform for growth into the future, enhancing workflow and patient care. One step was the Ultraview SL patient monitoring system equipped with WinDNA that monitors not only physiological data, but also permits point-of-care access to patient records, radiology and reports from other areas of the hospital. With WinDNA, nurses can even do charting at the bedside monitor. Secondly, data and alarms from more than 90 stand-alone devices such as IV pumps and ventilators may also be integrated into the Spacelabs monitors via Spacelabs' unique Flexport interfaces.

LSU also invested in Spacelabs' ICS, a set of timesaving software components that collect, analyze, and display patient monitoring and related data throughout the hospital — and beyond. Its advanced network connectivity automates information flow to a full range of hospital information systems. ICS offers a number of specialized applications.

Some highlights include: Clinical Event Interface for sending event data from patient monitoring devices to pagers and phones; Vital Signs Viewer for viewing real-time waveforms from the office or home; 12-Lead Interface for exporting diagnostic ECG reports generated by the Spacelabs monitor to an ECG management system; Full Disclosure; Electronic Flowsheet; and others.

“Full Disclosure and Electronic Flow Sheet have streamlined our collection of rhythm strips and discreet data from the monitors,” said Mary Luce, director, Critical Care, Medical Center of Louisiana, “such that we can easily retrieve data from any computer terminal in the unit, or even elsewhere in the hospital.” LSU hospitals were also among the first in the nation to install new telemetry equipment in the higher frequency range of the Wireless Medical Telemetry Service (WMTS). This reduces the likelihood of radiofrequency interference with medical telemetry systems, which would otherwise compete with mobile radios, digital television and other wireless applications on other frequencies and put patient safety at risk.

The Future is Bright

While it is doubtful that Charity Hospital can be salvaged, portions of University Hospital are geared to reopen this summer for acute and emergency care, and discussions are underway to look at building a new hospital in collaboration with the VA whose hospital in downtown New Orleans also flooded. LSU plans to create a new state-of-the-art hospital, which will be a wireless environment and ultimately

[\[BACK TO TOP\]](#)

Daily Briefing Health Care Advisory Board

July 13, 2006

Not-for-profit hospitals' margins reach highest level since 1998

According to a new report from Fitch Ratings, the nation's not-for-profit hospitals and health systems in 2005 "exceeded expectations and showed significant [financial] improvement," with profitability ratios reaching their highest level since 1998. Fitch released the data as part of its 2006 Median Ratios for Nonprofit Hospitals and Health Care Systems report and said the rising profitability was largely a result of higher revenues and stricter operating cost controls.

Administration lowers Medicare, Medicaid spending projections

The Bush administration this week released an updated budget proposal that lowers Medicare spending projections by \$7.8 billion for 2006 and by \$4.7 billion for 2007, largely because of lower-than-expected spending on the new Medicare prescription drug benefit.

EDs can boost hospital revenue by avoiding ambulance diversions

A study in the July 12 online issue of the Annals of Emergency Medicine finds that hospitals can increase revenue if their EDs decrease ambulance diversion times and they add more ICU beds.

Survey finds more U.S. workers paying out-of-pocket for hospital care

A new survey by the federal Agency for Healthcare Research and Quality finds that 54% of workers enrolled in employer-sponsored health insurance plans paid a portion of their hospital bills in 2003, up from 33% in 1999.

El Camino Hospital (Calif.): Opens new South Asian Heart Center

In an effort to address the rising rates of heart disease among people of South Asian descent, Mountain View, Calif.-based El Camino Hospital (ECH) recently opened the South Asian Heart Center (SAHC), the world's first not-for-profit medical facility specifically aimed at addressing heart disease among people of Indian, Bangladeshi, Pakistani, Nepalese, and Sri Lankan descent.

Consumer-driven plan enrollees seek more preventive care services

A study released yesterday by UnitedHealth Group finds that individuals enrolled in consumer-driven health plans (CDHPs) are more likely to use preventive care services and less likely to be admitted to the hospital or visit the ED than individuals enrolled in traditional health plans.

Breast cancer drug raloxifene may raise risk of fatal stroke, blood clots

A study in today's NEJM finds that women with heart disease or a high risk of developing cardiovascular conditions have an increased risk of blood clots and fatal stroke if they take raloxifene to prevent breast cancer.

Around the nation: Bite-sized hospital and health industry news

Et cetera: Program offers free books to kids during physician visits to promote literacy

In an effort to improve children's development and health, physicians nationwide are joining a program that promotes childhood literacy by giving young patients free books during office visits.

<http://www.advisory.com/members/default.asp?program=1&collectionid=4>

or see attachment "60361_14_1_07-13-2006_0.pdf"

[\[BACK TO TOP\]](#)