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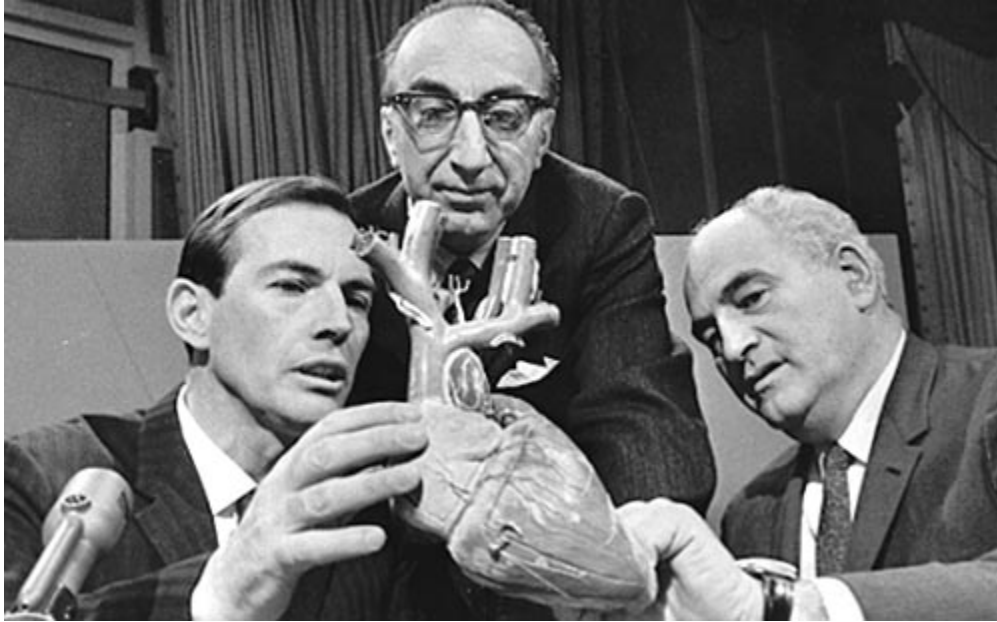
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THREE'S A CURE: Dr. Christian Barnard of South Africa, Dr. Michael DeBakey of Houston and Dr. Adrian Kantrowitz of Brooklyn, N.Y., confer in December 1967 in Washington before appearing on the CBS program "Face the Nation."

DeBakey first saw a living heart in 1933, while he was a young intern at New Orleans Charity Hospital. Police had brought in a young stabbing victim and his pulsating heart could be clearly seen through the opening in his chest.

"I saw it beating and it was beautiful, a work of art, an awe-inspiring sight," he later told United Press International. "I still have an almost religious sense when I work on the heart. It is something God makes and we have yet to duplicate."

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Cuts concern DHH official

The Advocate | 07.15.08

By MARSHA SHULER

The new state budget will prompt belt-tightening and potentially cuts in Louisiana's health insurance program for the poor, elderly and uninsured, Department of Health and Hospitals Secretary Alan Levine said Monday.

Gov. Bobby Jindal refused the addition of chiropractic services to the Medicaid program before he signed the \$29.9 billion budget Monday after Levine said it would further aggravate the health care funding situation.

"Some time in the next few weeks I'm going to have to project a deficit in Medicaid on the basis it is not fully funded," Levine said.

The state budget allocates \$6.76 billion for the Medicaid program in the fiscal year that began July 1.

It is nearly \$50 million short of the funds requested in Jindal's original budget proposal, DHH Undersecretary Charles Castille said.

The shortfall is part of the \$4.66 billion allocated to reimburse private providers such as physicians, nursing homes and hospitals, he said.

Levine said DHH's financial analysts are reviewing the situation so he can, as required by law, present a report to the Legislature on the projected Medicaid shortfall and how the agency plans to address it.

"Once we do project the shortfall we want to quickly address it because the longer we wait the worse it gets," said Levine. "Our commitment is to look at efficiencies in the program first instead of cutting provider (reimbursement) rates."

"If we can't do it through efficiencies, we may have to look at rate cuts," Castille added.

Levine said the Legislature's proposed addition of the chiropractic services would have made the situation worse.

DHH estimated that the new program would have cost an extra \$27 million annually, Castille said.

No extra funding was provided to cover the Medicaid chiropractic expansion, Levine said. In addition, those providing chiropractic services would have been reimbursed at a higher rate than medical doctors, he said.

"It's an excellent profession that provides an invaluable service," said Levine. He said he would meet with officials of the Chiropractic Association.

Chiropractic services had been covered through the Medicaid program until late 1995 when there were cuts. The chiropractic services were limited to those required by federal law, generally only those for children. Jindal retained the policy when he became DHH secretary in 1996.

The Legislature reinstated the program as a language amendment to the budget bill, but provided no funding — meaning that it would have come out of the funding pool of physician providers.

Castille said DHH had "issues" with the language because it called for chiropractic reimbursement at 100 percent of the Medicare rates and set out specific diagnostic codes that would be reimbursable.

Neither conditions were acceptable, Castille said.

Medicare is the government's insurance program for the elderly and the federal government sets the reimbursement rates.

Medicaid physicians who care for the state's poor and uninsured are reimbursed at about 90 percent of the federal Medicare rate, Castille said. In addition, state payment methodology is done by policy not inserted in state law, he said.

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'Pork' pulled from budget

The Advocate | 07.15.08

By MICHELLE MILLHOLLON

Gov. Bobby Jindal angered a number of lawmakers Monday by purging \$16 million in "pork barrel projects" from the state operating budget.

"For too long, state government has spent and spent with little regard for taxpayers' money," the governor said during a news conference at the State Capitol.

Jindal removed funding for community organizations, museums and a Baton Rouge balloon festival from the \$29.9 billion state operating budget. In all, Jindal "line-item vetoed" 258 legislative pet projects.

The vetoes prompted Senate President Joel Chaisson II, D-Destrehan, to suggest that Jindal made a mistake in eliminating so many projects.

Other lawmakers were more vehement about the vetoes.

"The governor is asinine," said state Sen. Yvonne Dorsey, D-Baton Rouge, who lost funding for a number of groups.

Dorsey called Jindal "a blatant liar" and accused him of pandering to the national Republican Party in order to ultimately become president.

Dorsey said she hopes legislators return to the State Capitol to overturn the vetoes.

A veto session would be unprecedented even though it is automatically scheduled after the session adjourns.

The House and the Senate send a packet of the governor's vetoes to legislators along with a ballot on whether a veto session is necessary. If a majority of either chamber votes against holding the session, it is cancelled.

State Rep. Pat Smith, D-Baton Rouge, said the governor's action on the budget could result in a veto session.

"There's no telling what it might trigger," she said.

Senate Finance Committee Chairman Mike Michot said he does not think the budget vetoes will prompt lawmakers to return to the State Capitol.

"The perception would be that it was in retaliation of the (legislative) pay raise bill," said Michot, R-Lafayette. "It would be hard to overcome that perception."

Under public pressure, Jindal vetoed a more than doubling of legislators pay earlier this month after promising them he would not intervene. He called the pay increase "excessive."

In addition, lawmakers have been around the Capitol for the last six months and many have no desire to return for a while, Michot said.

Jindal said the vetoes affected some good organizations that should not be funded with public dollars.

He said taxpayers can make private donations to programs they consider to be worthwhile.

"This is what people are demanding and expecting," Jindal said.

House Bill 1, the budget bill, had \$53 million in projects — also called “nongovernmental organizations,” or NGOs — before the governor’s vetoes.

The \$29.9 billion budget outlines the operating expenses for the state government spending year that started July 1. The budget ensures that the charity hospitals treat patients, that the public colleges hold classes and that state workers get paid.

Every year, legislators pile hundreds of projects in their districts into the budget. This year’s list included festivals, neighborhood groups and churches. The governor’s line-item veto power gives Jindal the authority to remove any project he does not want the state to fund.

Jindal said Monday that he told lawmakers in April that projects had to meet his criteria.

He said the projects:

- * Must have a statewide or substantial regional impact.
- * Must have been presented or openly discussed during the legislative session.
- * Must be a state agency priority.
- * Must have the proper disclosure form published online prior to consideration for funding.

Baton Rouge Rep. Smith said the criteria was unrealistic.

There is not enough time in the session for every organization to plead its case, she said.

Smith and Dorsey pushed for state funding for McKinley High School Alumni Association.

The governor cut \$370,000 for the organization, which runs a youth outreach program.

State Rep. Regina Barrow, D-Baton Rouge, said she was disappointed that Jindal purged \$160,000 for RIZ UP!

The organization, which Barrow directed before becoming a legislator, works to prevent teen pregnancies and to encourage youth leadership.

The governor cut a number of groups that provide after-school tutoring, Barrow said.

“I am certain this is going to be a huge burden for families,” she said.

Tommie Stout, coordinator for the Glen Oaks High School Security Dads, said the loss of \$15,000 in funding will hamper the group’s efforts to help teens without an involved father.

He said his organization sponsors outings to give the teens a mentor.

Louisiana Art and Science Museum President and Executive Director Carol Gikas said the museum lost \$45,000 in science education funding for schoolchildren from Jindal’s vetoes on Monday. The museum received \$100,000 a year ago and has been in HB1 for several years, Gikas said.

“I’m really not sure what we’re going to do now,” Gikas said, except somehow try to work with fewer resources.

The museum hosts more than 100,000 schoolchildren a year, she said. The museum has science education programs, including the state-of-the-art planetarium.

“Maybe I’m naive,” Gikas said. “I guess because I know the quality of the programs and the people served, but I really was surprised we were cut.”

Jim Brandt, president of the Public Affairs Research Council of Louisiana, said the governor applied the criteria more extensively than he expected.

“There’s obviously going to be a lot of disappointed legislators,” Brandt said.

Funding cut from local programs

Gov. Bobby Jindal cut \$16 million in legislative projects from the state budget, including a number of local projects, such as:

- * Achieve to Succeed, \$25,000.
- * Advance Baton Rouge, \$50,000.
- * Ascension Economic Development Corporation, \$85,000.
- * Capital Area Legal Services Corp., \$100,000.
- * City at Peace, \$15,000.
- * East Baton Rouge Parish School Board for a United Way Agency, \$50,000.
- * Glen Oaks High School Security Dads Inc., \$15,000.
- * Hot Air Balloon Festival, \$25,000.
- * Knock Knock Children’s Museum, \$250,000.
- * Leadership Seminars of America, \$30,000.
- * Livingston Outdoor Sports Association Inc., \$80,000.
- * Louisiana Arts and Science Museum, \$45,000.
- * Louisiana Association of Museums, \$50,000.
- * Louisiana Leadership Institute School of Performing Arts, \$100,000.
- * McKinley High School Alumni Association, \$370,000.
- * North Baton Rouge Community Center, \$150,000.
- * Opera Louisiane, \$25,000.
- * Options Inc., \$10,000.
- * Progress 63, \$400,000.
- * RIZ UPI, \$160,000.
- * Scotlandville Community Development Corporation, \$15,000.
- * Shiloh Missionary Baptist Church Charitable Foundation, \$30,000.
- * The Hope Group, \$55,000.
- * Urban Restoration Enhancement Corp., \$5,000
- * Watson YMCA, \$25,000.
- * Young Men’s Christian Association of Baton Rouge Baranco/Clark branch, \$25,000.

Jordan Blum and Marsha Shuler of the Capitol news bureau contributed to this report

<http://www.2theadvocate.com/news/25455884.html?index=14&c=y>

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Grants to help cancer patients

The Advocate | 07.15.08

By TED GRIGGS

Advocate business writer

Our Lady of the Lake Regional Medical Center and Mary Bird Perkins Cancer Center are among five grant recipients chosen nationwide for a pilot program designed to help patients untangle the treatment process.

The \$105,000 grant from Ralph Lauren Center for Cancer Care and Prevention will allow the facilities' cancer program to develop a Patient Navigation Program. The program will help patients whose free screenings from the Lake and Mary Bird Cancer Program reveal an abnormality, such as a breast lump.

A number of studies have shown there are disparities in health care and in particular cancer care for minorities and the uninsured or underinsured, said Renea A. Duffin, executive director, Mary Bird Perkins CARE (Cancer support services, Awareness and education, Research and Early detection) Network.

Cancer incidence and mortality rates in African-American men are significantly higher than in white men, Duffin said. Among African-American women, the incidence rates for breast cancer are about the same in Louisiana, but the mortality rates are about 19 percent higher.

"That's primarily due to late-stage diagnosis," Duffin said. "You know, putting off preventive screening and having cancers diagnosed at a point where it's too late for care."

The idea behind the Patient Navigation Program is to reduce the time between when a screening reveals an abnormality and when that abnormality is resolved, Duffin said. A breast lump doesn't always mean a person has cancer; further testing is needed to resolve the question.

"Patient navigators can make the difference between someone from an underserved population becoming a cancer survivor or a cancer death," according to the National Cancer Institute.

The program will assign the Lake-Mary Bird Cancer Program patients a "patient navigator," who will help explain what an abnormality means, make sure the patient receives a timely follow-up care, even helping with transportation if the patient needs assistance getting to an appointment.

The pilot program for breast cancer screening patients at the LSU Mid-City clinic and Leo Butler Community Center is under way and ends Aug. 31. The Lake and Mary Bird Perkins will evaluate the pilot program in September, and the formal program for all breast cancer screening patients will begin in October.

Programs for prostate, skin and colorectal screening participants will be in place by June 2009. Breast screenings are available to the underserved through a partnership with Woman's Hospital.

Duffin said the \$105,000 grant is renewable every year for three years. The Ralph Lauren Center for Cancer Care and Prevention is providing the funding through the Pfizer Foundation.

The money will be used to:

- * Hire a full-time patient navigator.
- * Develop a tracking system that will help measure the time between detection and resolution, the barriers patients face in following up an abnormal finding and how those obstacles were overcome.
- * The program may provide patients with a bus pass, cab fare or even a gas card to help them make their follow-up appointment or appointments.

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William Jenkins gets veterinary honor

The Advocate | 07.15.08

Advocate Capitol News Bureau

A veterinary by training, LSU interim Chancellor William Jenkins recently became the first recipient of the South African Equine Veterinary Association's Merit Award.

Jenkins, a South African native, is officially retiring from LSU at the end of July when new Chancellor Michael Martin takes over.

Jenkins said he is "truly honored and humbled" by the award.

Jenkins came to Baton Rouge 20 years ago as dean of the LSU School of Veterinary Medicine. He eventually worked his way up to chancellor and then LSU System president before retiring last year.

When LSU Chancellor Sean O'Keefe stepped down in January, Jenkins was made interim chancellor again.

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Physical fitness may slow Alzheimer brain atrophy

The Times-Picayune | 07.15.08

By MALCOLM RITTER

The Associated Press

NEW YORK (AP) — Getting a lot of exercise may help slow brain shrinkage in people with early Alzheimer's disease, a preliminary study suggests. Analysis found that participants who were more physically fit had less brain shrinkage than less-fit participants. However, they didn't do significantly better on tests for mental performance.

That was a surprise, but maybe the study had too few patients to make an effect show up in the statistical analysis, said Dr. Jeffrey Burns, one of the study's authors.

He also stressed that the work is only a starting point for exploring whether exercise and physical fitness can slow the progression of Alzheimer's. The study can't prove an effect because the participants were evaluated only once rather than repeatedly over time, he said.

While brains shrink with normal aging, the rate is doubled in people with Alzheimer's, he said.

Burns, who directs the Alzheimer and Memory Program at the University of Kansas School of Medicine in Kansas City, reports the work with colleagues in Tuesday's issue of the journal *Neurology*.

The study included 57 people with early Alzheimer's. Their physical fitness was assessed by measuring their peak oxygen demand while on a treadmill, and brain shrinkage was estimated by MRI scans.

Dr. Sam Gandy, who chairs the medical and scientific advisory council of the Alzheimer's Association, said the result fits in with previous indications that things people do to protect heart health can also pay off for the brain.

<http://www.nola.com/newsflash/index.ssf?/base/national-9/121608445583240.xml&storylist=health>

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Doctors hopeful easier blood thinners are nearing

The Times-Picayune | 07.15.08

By LAURAN NEERGAARD

The Associated Press

WASHINGTON (AP) — A trio of experimental drugs has doctors hopeful that for the first time in decades, millions of people at risk of lethal blood clots may soon get easier treatment.

The first goal is a pill option for people who now need daily blood-thinning shots for weeks after knee or hip replacement surgery.

But the ultimate goal is an alternative to that old standby warfarin, also called Coumadin, the nation's most troublesome lifesaver because of side effects and restrictions its 2 million users face.

Now in late-stage testing in thousands of Americans are three pills that work to prevent blood clots in ways that promise to be less burdensome. One of the trio, Boehringer Ingelheim's Pradaxa, just began selling in Europe.

The drug research comes as Medicare is considering withholding payment from hospitals when at-risk patients develop clots in their veins, usually the legs — a common preventable cause of hospital deaths. The National Quality Forum has estimated that only about a third of patients who need protective blood thinners while hospitalized get them.

Known medically as a "deep vein thrombosis" or DVT, such a clot can kill quickly if it moves up to the lungs. There aren't good counts, but recent estimates suggest that about 900,000 people a year suffer a vein clot, and nearly 300,000 die. Being immobile for long periods, such as during hospitalizations or even long airplane flights, can trigger a clot. Vice President Cheney suffered one after a long trip last year. NBC correspondent David Bloom died of one in 2003 after spending days in a cramped military vehicle while covering the invasion of Iraq.

But there are a variety of risks, including increasing age, smoking, birth control pills, obesity — and especially, big surgeries like knee or hip replacements.

Doctors use faster-acting shots of the blood thinner enoxaparin to protect orthopedic surgery patients. But warfarin is a top treatment once a vein clot strikes — and the leading protection for other types of clots, such as strokes caused by the irregular heartbeat atrial fibrillation. But too many of those patients go unprotected, too, because warfarin is so hard to use. Dangerous bleeding is the worst side effect, but it requires monthly blood checks because diet and other factors can throw off the dose.

"The need is substantial" for an easier alternative, says Dr. Richard Becker, a hematology and cardiovascular specialist at Duke University Medical Center who is monitoring the pipeline. "I don't know of a drug that has the inherent complexities and potential for harm that Coumadin does."

Hopes have been dashed before. Just a few years ago, the highly anticipated blood thinner Exantra was pulled off Europe's market, and rejected here, because of surprising liver damage. So while trial results have U.S. specialists optimistic about the three new attempts, they're watching closely for any hints of problems.

"There are some huge benefits to these drugs, all three of them — if they play out," says pharmacist John Fanikos of Boston's Brigham and Women's Hospital and the North American Thrombosis Forum.

In the pipeline:

_Rivaroxaban tamps down action of a key player in blood clotting, called Factor Xa. Last month, the New England Journal of Medicine published two studies of more than 7,000 knee and hip replacement

recipients who received either a daily rivaroxaban pill or today's standard injections. Pill users were less likely to suffer fatal and nonfatal vein clots. Bleeding and other side effects were similar with both drugs.

Johnson & Johnson, which is developing rivaroxaban with Bayer Healthcare AG, plans to seek Food and Drug Administration approval later this summer.

_Pradaxa, or dabigatran, interferes with another blood clotting agent, called thrombin. European regulators cited research showing Pradaxa was as effective as standard shots in protecting orthopedic patients. Duke's Becker cautions that one U.S. study didn't show as big an effect; other research is continuing. This drug works similarly to the ill-fated Exantra, but Becker says there are no signs of liver toxicity so far.

_Bristol-Myers Squibb's apixaban works against the same clotting factor as rivaroxaban; its key studies are under way.

Orthopedic surgery is an easier hurdle — because vein clots are quick and common — than proving if these pills will work as well as warfarin for people who need longer-term care. Stay tuned: Large studies comparing warfarin to each have begun at hospitals nationwide.

If they work, their targeted action promises fewer side effects, dietary restrictions or dose problems than warfarin, Fanikos notes. But warfarin still will play an important role, he cautions — since the generic form sells for as little as \$40 for a three-month supply.

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EDITOR'S NOTE — Lauran Neergaard covers health and medical issues for The Associated Press in Washington.

<http://www.nola.com/newsflash/index.ssf?/base/politics-4/121608445283240.xml&storylist=health>

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Drugs to Build Bones May Weaken Them

The New York Times | 07.15.08

By TARA PARKER-POPE

New questions have emerged about whether long-term use of bone-building drugs for osteoporosis may actually lead to weaker bones in a small number of people who use them.

The concern rises mainly from a series of case reports showing a rare type of leg fracture that shears straight across the upper thighbone after little or no trauma. Fractures in this sturdy part of the bone typically result from car accidents, or in the elderly and frail. But the case reports show the unusual fracture pattern in people who have used bone-building drugs called bisphosphonates for five years or more.

Some patients have reported that after weeks or months of unexplained aching, their thighbones simply snapped while they were walking or standing.

"Many of these women will tell you they thought the bone broke before they hit the ground," said Dr. Dean G. Lorich, associate director of orthopedic trauma surgery at NewYork-Presbyterian/Weill Cornell and the Hospital for Special Surgery. Dr. Lorich and his colleagues published a study in *The Journal of Orthopaedic Trauma* last month reporting on 20 patients with the fracture. Nineteen had been using the bone drug Fosamax for an average of 6.9 years.

Last year, *The Journal of Bone and Joint Surgery* published a Singapore report of 13 women with low-trauma fractures, including 9 who had been on long-term Fosamax therapy.

The doctors emphasize that the problem appears to be rare for a class of drug that clearly prevents fractures and has been life-saving for women with severe osteoporosis. Every year, American adults suffer 300,000 hip fractures.

Merck, which makes Fosamax, says it will study whether the unusual fracture pattern is really more common in bone-drug users. Arthur Santora, Merck's executive director for clinical research, noted that the fracture accounted for only about 5 or 6 percent of all broken hips, while drugs like Fosamax reduced the risk for the other 95 percent.

The fracture pattern did not emerge in placebo-controlled studies of bone drugs. But those studies have lasted only three to five years, although follow-up studies of the drug users have lasted longer. Now that the fracture pattern has been identified, researchers expect more doctors to publish reports.

"I have several similar patients myself," said Dr. Susan M. Ott, associate professor of medicine at the University of Washington. "Prior to these recent articles, there were a few cases here and a few cases there, but they are kind of starting to add up."

Bones are in a constant state of remodeling — dissolving microscopic bits of old bone, a process called resorption, and rebuilding new bone. After age 30 or so, a woman's bones start to dissolve faster than they can be rebuilt, and after menopause she may develop thin, brittle bones that are easily broken. Bisphosphonates, including Fosamax, Procter & Gamble's Actonel and GlaxoSmithKline's Boniva, slow this process.

But some experts are concerned that microscopic bone cracks that result from normal wear and tear are not repaired when the bone remodeling process is suppressed. A 2001 study of beagles taking high doses of bisphosphonates found an accumulation of microscopic damage, though there was no evidence that their bones were weaker.

Last September, the medical journal *Bone* reported on a study of 66 women, financed by Eli Lilly, that showed an association between Fosamax use and an accumulation of microdamage in bones.

In January 2006, the medical journal *Geriatrics* published an unusual autobiographical case report. Dr. Jennifer Schneider, a 59-year-old physician from Tucson, wrote that she was riding a New York City subway when the train lurched. "I felt a crack and I fell," she recalled in an interview. "I knew I'd fractured my femur."

Dr. Schneider, who had been taking Fosamax for seven years, said she had had pain in her thigh, but X-rays and scans had not found a problem.

In recent years, another rare side effect has been associated with bone drugs: osteonecrosis of the jaw, in which a patient's jawbone rots and dies. Most victims are cancer patients taking a potent intravenous form of the drug, but a small number of cases from ordinary users have been reported.

Notably, studies suggest there is little extra benefit in taking the bone drugs more than five years. Dr. Lorich says that doctors should monitor the bone metabolism of long-term users and that some patients may want to consider taking time off the drugs. When fractures do occur, surgeons need to be alerted about long-term drug use, because the fracture may require more aggressive treatment and be slower to heal.

Dr. Ott says the focus should be on using bone drugs only in patients with a fracture risk of at least 3 percent over the next 10 years. (An online fracture risk tool is at www.shef.ac.uk/FRAX.)

"Too many of these people are not getting adequate treatment that definitely is beneficial," Dr. Ott said. "My major caution is that the bisphosphonates should not be used in people who don't have a high risk of fracture."

http://www.nytimes.com/2008/07/15/health/15well.html?_r=1&ref=health&oref=slogin

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Study: Many patients don't understand their ED care or discharge instructions
AHA News | 07.14.08

Many patients do not understand the care they receive in the emergency department, nor do they understand their discharge instructions, concludes a study in the online edition of the Annals of Emergency Medicine.

Researchers surveyed 140 adult patients and primary caregivers to assess comprehension of the patient's diagnosis and cause, ED care, post-ED care and follow-up instructions.

According to the study, 78% of patients did not understand at least one aspect of their ED visit, while more than a third of patients had difficulty comprehending their post-ED care plan, including prescriptions and instructions for follow-up care.

The study also found that patients' own assessment of their comprehension was much more positive than objective analysis, with only 20% of patients reporting comprehension difficulties.

"[O]ur study findings suggest that we need better strategies for identifying patients who are having difficulty understanding their care and instructions in the ED," the authors said.

http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_080714_ed&domain=AHANEWS

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