

IN THE NEWS

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[THURSDAY, JULY 24, 2008]

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LSU HCSD Annual Report Receives 1st Place Award From the Press Club of New Orleans LSU Health Care Services Division | 07.23.08

The LSU Health Care Services Division Office of Communications and Media Relations received the 2008 first place award for best annual report from the Press Club of New Orleans in its 50th Annual Excellence in Journalism Competition.

The annual report features the story of the LSU HCSD response to hurricanes Katrina and Rita and the recovery efforts of the multihospital system. It also highlights accomplishments of LSU HCSD hospitals during 2006.

The LSU HCSD Office of Communications and Media Relations enlisted the services of X Design, the Baton Rouge graphic design firm, to implement the design of the 2006 report.

The LSU HCSD Office of Communications and Media Relations also recently received the 2008 Pelican Award for Best Hospital System Website from the Louisiana Society for Hospital Public Relations and Marketing, which gives annual awards to honor exemplary efforts in hospital public relations.

LSU HCSD Office of Communications and Media Relations staff includes Marvin McGraw, director, Michael Higgins, coordinator, Shawn Taylor, public information officer, and Stephanie Aymond, administrative assistant.

The LSU Health System is one of the largest public health care delivery systems in the country. It has over 60,000 admissions, 350,000 patient days, 1 million outpatient visits, and over 350,000 emergency department visits. Each year 1700 residents from the LSU and Tulane Schools of Medicine and Ochsner Health System and 4,000 nurses and allied health students from many colleges and universities are trained in LSU facilities.

LSU is the largest single provider of uncompensated inpatient care in Louisiana. LSU hospitals have an economic impact of over \$1.6 billion in asset business activity, \$918 million in personal earnings, and support over 10,000 jobs.

<http://www.lsuhs hospitals.org>

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EDITORIAL: Promises to keep
Times – Picayune | 07.24.08

As U.S. House Speaker Nancy Pelosi and other Democratic House leaders took their latest tour of South Louisiana's recovery zone, they made a pledge to keep fighting for us.

"There is no one in this group that has grown tired of what is required here," said House Majority Whip James Clyburn. That is a comfort to hear, and it is important that they keep their promises. This region still has vital needs in health care, criminal justice, flood protection and more.

Thankfully, Speaker Pelosi and her delegation seem to have a firm grasp on the issues. Rejecting Gov. Bobby Jindal's suggestion that the state might put up its yet-to-be-received oil and gas royalties to pay Louisiana's \$1.8 billion share of levee work, she promised to "find another way" to relieve the state of that burden.

Others argued that the governor ought to push President Bush for a wholesale waiver and shouldn't offer to give away a resource that Louisiana fought years to get.

They make a good point. Now all of them need to help the state get more favorable terms for its share of levee construction costs. Currently, Louisiana is on the hook to pay the \$1.8 billion over three years. If that isn't reversed, health care, education and other essential services could take a massive hit in the short-term.

That isn't smart fiscal policy, and it isn't fair. President Bush could take care of the matter by executive order, but if he doesn't, Congress should approve more reasonable terms.

Gov. Jindal has asked for a 30-year payoff, which is something other states have received on similar projects. Louisiana can make a credible argument that its share should be smaller as well. Yet the Bush administration inexplicably added to the state's financial burden by increasing the state's share by \$200 million last month.

If the White House refuses to come around on this issue, Congress can and should apply pressure. Lawmakers have done that at other points since Katrina -- and have been successful in turning the administration around.

The devastation from Katrina and the levee breaches -- which was compounded by Hurricane Rita just weeks later -- was so vast as to be almost incomprehensible. But seeing leads to understanding. As Rep. Laura Richardson said earlier this week, government needs to "stop looking at a manual and look at the people" who are still in need of aid.

<http://www.nola.com/news/t-p/editorials/index.ssf?/base/news-5/1216877682216820.xml&coll=1>

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N.O.-area hospitals bleeding red ink, federal report says

Times – Picayune | 07.19.08

By Bruce Alpert

WASHINGTON -- The five major New Orleans area hospitals lost a combined \$386.8 million between 2005 and 2007, and still face major financial hurdles despite lower losses projected in 2008, according to a congressional report released Friday.

Some hospital executives said they hope the Government Accountability Office report will persuade Congress to approve a stalled \$350 million package intended to help hospitals in Louisiana and Mississippi deal with continuing post-Katrina cash-flow problems. The five New Orleans area hospitals would combine to receive \$135 million under the package.

The GAO said that operating losses for the five hospitals totaled \$212.5 million in 2005 -- the year Katrina hit -- dropped to \$28.7 million in 2006 when some of the hospitals were struggling to reopen; shot back up to \$145.6 million in 2007 and are projected to be about \$103 million in 2008.

It also said that the reduced losses projected for this year aren't a sign of improving financial health because four of the five hospitals reported a decline in assets, meaning they are using the assets to pay for operating costs.

"We've been living off our savings accounts, assets that we've saved over the years," said Lawrence Van Hoose, senior vice president of Ochsner Health Systems. "We can't continue to do that."

GAO broke down the losses for the five hospitals:

- Tulane University Hospital and Clinic lost \$42.6 million in 2007 and is projected to lose another \$37.6 million in 2008;
- Touro Infirmary lost \$36.4 million in 2007 with a projected loss of \$15 million in 2008;
- West Jefferson Hospital lost \$5.8 million in 2007, and is likely to lose \$3.5 million in 2008;
- East Jefferson Hospital lost \$29.6 million in 2007 and projects a loss of \$23.9 million this year;
- Ochsner Health Systems lost \$31.6 million in 2007 and is projected to lose \$23 million in 2008.

The GAO said three of the five hospitals lost money in the year before Hurricane Katrina, but far less than they did after the hurricane. The post-Katrina financial problems are caused, in part, by the higher salaries being paid key personnel because of the shortage of nurses and physicians, the GAO said.

The GAO report had been requested by the leaders of the House Energy and Commerce Committee after hospital administrators testified last year that they couldn't sustain their operating losses much longer. The Senate included the hospital bailout package in an emergency war supplemental spending bill last month. But the funds were stripped out following negotiations between House leaders and the White House.

Sen. Mary Landrieu, D-La., and other Louisiana lawmakers have vowed to try to get the financing approved as part of another emergency spending bill Senate and House leaders hope to take up in September.

Dr. Robert Lynch, CEO of Tulane University Hospital and Clinic, said Tulane is trying to cut costs as best as possible, but the report shows that federal help is required if area hospitals are to meet the growing medical needs as more people return from the devastation of Katrina.

None of the hospitals will discuss what specific cutbacks might result if the federal financing is not forthcoming.

<http://www.nola.com/timespic/stories/index.ssf?/base/news-2/121644493751980.xml&coll=1>

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Delgado's new site to bring more health care classes to north shore
Times – Picayune | 07.24.08
By Kia Hall Hayes

Delgado Community College on Wednesday unveiled a new Covington location that will allow it to significantly expand its north shore training programs for those seeking jobs in the medical field.

Since Delgado opened its first Covington building at the Greater Covington Center on North Jefferson Street in 2002, it has grown from having four classes and 23 students to having 150 classes and an anticipated 1,000 students, Interim Dean Ashley Chitwood said.

And thanks to a \$6 million Community Development Block Grant received through the Recovery Workforce Training Program, Delgado Northshore is leasing a 4,600-square-foot building, with custom renovations and state-of-the-art equipment, on Theard Street near the St. Tammany Parish courthouse. Chitwood said the expansion "has been six years in the making."

The new facility at 500 N. Theard St. will join Delgado's other locations on North Jefferson and East Lockwood streets. It will enable Delgado to provide complete programs for surgical technology, pharmacy technician, respiratory therapy and veterinary technician. Students in those programs previously had to travel to the south shore to complete their studies, Chitwood said.

"Now we have four programs that our residents on the north shore can do here without traveling across that dreaded bridge," she said.

The grant supports the Careers That Heal program, which helps recruit, train and place health care workers, and will finance the recruitment and training of approximately 600 to 800 people in the greater New Orleans area who will be eligible to receive tuition assistance through 2009.

Approximately \$2.3 million of the \$6 million grant is dedicated to health care training programs on the north shore. Robin Keegan, deputy director and chief of staff of the Louisiana Recovery Authority, said the program is helping to fill a critical shortage of health care workers in Louisiana.

A recent study forecasted a need for more than 8,800 workers in the Katrina-impacted region of the state between 2006 and 2009. Chitwood estimated that the north shore's share of that need is about 30 percent.

Keegan said the new site is particularly critical to the north shore, where population numbers have swelled since the storm.

"We need to have enough health care facilities to address these peoples' health care needs," she said.

Dr. James Hurrell, director of Delgado's veterinary technology program, said the new site will make health care training more accessible to students from places such as Baton Rouge and Luling, who might not otherwise travel to the north shore for their technical education.

Just after the storm, Hurrell said he had 12 students in the veterinary technician program and that seven graduated. This fall, he will have nearly 40 first- and second-year students.

"It's come a long way in a short period of time," he said.

Veterinary technician student Stephanie Chiasson, of LaPlace, said she prefers her smooth drive to Covington over "waiting in that 30-minute traffic to New Orleans."

"I would do it if I had to, but I appreciate that this place is here," she said.

<http://www.nola.com/timespic/stories/index.ssf?/base/library-152/1216877567216820.xml&coll=1>

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**New breast health programs coming to B.R.
GBRBR Daily Report | 07.23.08**

Breast care is being ratcheted up in Baton Rouge, with Woman's Hospital announcing the creation of the Woman's Comprehensive Breast Care program in affiliation with the Mary Bird Perkins Cancer Center, and Baton Rouge General announcing its own comprehensive breast health program will be launched next month. Both programs tout full services and total continuum of care, from initial detection to diagnosis, treatment and recovery. Compared to its immediate neighbors—Texas, Arkansas and Mississippi—Louisiana ranks highest in breast cancer incidence and in deaths from breast cancer. The state will have an estimated 2,840 new breast cancer cases this year, with an estimated 750 deaths. <http://www.businessreport.com/archives/daily-report/2008/jul/23/583/>

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\$10M grant awarded to LSU Health Sciences Center

The Daily Reveille | 07.24.08

By: Aimee Effler

The National Center for Research Resources awarded a grant worth more than \$10 million to the LSU Health Sciences Center in New Orleans. The Center of Biological Research Excellence grant funds cardiovascular research projects and provides mentoring to junior faculty.

"This \$10 million competitive award represents a significant sign of recovery and recognition of the quality of research here at LSUHSC," said Larry Hollier, LSUHSC-NO chancellor. "This type of grant is valuable because it not only funds basic science research but also helps develop the next generation of competitively funded faculty research scientists."

The five-year grant, effective July 1, from the NCRH is part of the National Institutes of Health and is the second grant awarded to LSUHSC-NO since 2003.

"The need for the development of a cardiovascular center of excellence is pivotal and is demonstrated by the really tragic state of cardiovascular disease in the United States," said Dr. Daniel Kapusta, professor of pharmacology at LSUHSC-NO and director of the COBRE Cardiovascular Program.

Kapusta said the goal of the COBRE grant is to provide mentoring and research support to a group of selected scientists and clinicians who focus on cardiovascular disease. The grant will provide start-up money for cardiovascular research projects to five scientists. He said the funding will support four research projects and one pilot project of LSUHSC-NO junior faculty investigators. One of these will focus on why diabetics who have stents placed in their coronary arteries are at increased risk for reclosing the arteries. Funds will also aid in providing new technologies for four core laboratories at LSU-HSC, according to Kapusta.

"This will help [investigators] gain national recognition and funding," Kapusta said.

Cardiovascular disease is a problem nationwide, but statistics show it is the No. 1 killer in Louisiana, according to Kapusta. Nationwide, Louisiana had the eighth-highest mortality rate due to CVD and 12th-highest mortality rate for strokes in 2002, according to the Louisiana Department of Health and Hospitals and the American Heart Association's 2005 Louisiana State of the Heart and Stroke Report. In the United States, almost 700,000 people die of heart disease each year, which is about 29 percent of all U.S. deaths, according to the Centers for Disease Control and Prevention.

"Stroke is an unbelievable global burden, and coronary heart disease is a major leading cause of death worldwide and clearly has no borders," Kapusta said. "About 75 percent of people in Louisiana who are 45 and older have significant risk factors that would lead to cardiovascular events, including hypertension, high cholesterol, obesity and diabetes."

According to Kapusta, part of the cardiovascular problems in Louisiana are because of the high cost of health care. In 2002, Louisiana residents spent a total of 455,652 days in the hospital because of CVD at a cost of \$2.4 billion, according to the CDC.

"An influx of grants will help new therapies to be discovered and made available to Louisiana residents," said Dr. Steve Nelson, dean of the School of Medicine at LSUHSC-NO. "It is our goal that our patients will no longer have to travel outside of Louisiana to have access to the latest break through therapies."

<http://media.www.lsureveille.com/media/storage/paper868/news/2008/07/24/News/10m-Grant.Awarded.To.Lsu.Health.Sciences.Center-3394147.shtml>

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States bemoan budget woes; La. among exceptions **The Advocate | 07.24.08**

NEW ORLEANS — More and more state governments are grappling with diminishing finances as the economic slump bites into sales tax collections and other money sources.

Louisiana, however, is expected to have a \$1 billion surplus for the third year in a row.

The state's financial outlook is far brighter than the bleak picture painted of other state governments Wednesday during a budget discussion at the annual meeting of the National Conference of State Legislators.

"I really don't anticipate budget problems," said state Rep. Jim Fannin, D-Jonesboro and chairman of the House appropriations committee.

Lawmakers and legislative staff from across the country are in Louisiana this week for the conference. Discussions focus on everything from insuring the next disaster to moving children out of foster care.

At a meeting on state government budgets, legislators talked about their states' financial challenges. Some states are prospering despite the housing market crash and soaring gas and food costs. Most are bracing for a downturn that seems to be just beginning.

Corina Eckl, the NCSL's fiscal program director, said 33 states recently had to fill gaps in their state operating budgets when they failed to generate enough revenue to sustain expenses from one year to the next. California's budget gap is expected to be \$15.2 billion, she said.

"It might be time to hold onto the reins because it might get a little rough," she said.

To balance their 2009 budgets, Massachusetts, Minnesota and Nevada dipped into their rainy day funds.

Tennessee Comptroller John Morgan said his state launched a voluntary buyout plan in an attempt to save at least \$60 million.

State government workers were offered four months' salary and two years' tuition at a vocational school, he said.

"It was a very humane approach," Morgan said.

The approach was not as popular as hoped, only drawing 60 percent of the desired effect, he said.

Hawaii State Rep. Pono Chong, D-Kaneohe, said rising fuel costs are stretching across the Pacific Ocean to touch his island. The state is more of a leisure destination than a business destination, he said. The increased fuel costs are contributing to a 12 percent to 15 percent drop in tourism, Chong said.

Hawaii now is facing a \$300 million budget deficit, he said.

Illinois State Sen. Chris Lauzen, R-Aurora, said there has been talk in his state of selling assets, including a tollway and the lottery.

The state has the worst state government pension deficit in the nation, he said.

Eckl said states appear to be at an early point in the economic downturn.

Where it ends is anyone's guess, she said.

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Texas State Rep. John Otto said sales tax collections in his state were up until May when they suddenly fell.

Texas is starting to see some of the downturn in the housing market but did not see it as early as other states, Otto said.

Energy-producing states and states with a big agricultural bent are doing better than other states.

Alaska, for example, is expected to end the current state spending year with a \$10 billion rainy day fund.

West Virginia Delegate John Doyle, D-Jefferson, said his state is doing well because coal prices are through the roof.

"We're pretty much treading water," he said.

Fannin said the discovery of natural gas in shale in north Louisiana should sustain the state. The state collects taxes on the harvest of the mineral.

The challenge, he said, will be to spend the money wisely.

<http://www.2theadvocate.com/news/25840934.html?showAll=y&c=y>

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Our Views: Red ink hits other states The Advocate | 07.24.08

Gov. Bobby Jindal's veto of millions in state spending comes at a time when Louisiana's state treasury, unlike many state budgets across the country, is relatively flush.

"This time, we have the money. Cash isn't an issue," the nonpartisan Council for a Better Louisiana noted in a recent commentary on the budget. "Louisiana is cutting its spending not because we're being forced to, but because we're making a strategic decision to fund things in a different way."

Fiscal restraint is wise, CABL added, because Louisiana's fairly robust state budget isn't the result of transformations in the state economy, but two special circumstances: an influx of rebuilding dollars after the 2005 storms, and high energy prices. As an oil and gas state, Louisiana gets extra tax and royalty revenue when energy prices rise.

These special circumstances mean that in the long term, Louisiana's state government shouldn't use these windfalls as an excuse to continue business as usual.

"As we move forward, we must maintain our fiscal restraint," CABL urged. "While our state general fund is relatively healthy now, we need to place a moratorium, of sorts, on the kinds of things that will reduce it or make it less stable and predictable. Louisiana has largely avoided the major effects of the slowing national economy, but we are not immune."

In its commentary, CABL argued for investing windfalls in the state budget strategically in keys areas, such as education.

"While (many) other states are struggling to make ends meet, Louisiana's biggest enemy right now is being shortsighted. Fortunately, that's an enemy we can easily overcome, if we choose to," CABL said.

Increasing teacher pay and fully funding higher education during the recent legislative session suggest the kind of strategic investment CABL is talking about.

We don't think the governor vetoed enough wasteful spending in the state government's budget, but his willingness to cut as much as he did, even without a sea of red ink lapping at the steps of the State Capitol, is a welcome development.

<http://www.theadvocate.com/opinion/25840129.html>

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While other states struggle, La. expects budget surplus

Times – Picayune | 07.24.08

By Jan Moller

Louisiana is among a handful of energy-producing states bucking a national trend that has seen state budgets deteriorate in recent months because of the stagnating national economy, according to data released Wednesday. A survey by the National Conference of State Legislatures includes midyear data from all 50 states, and 43 states, including Louisiana, reported on their 2009 budgets. Seven states -- including California, which faces a \$15 billion budget deficit -- had not completed work on their budgets in time for inclusion in the report.

The states that reported on their 2009 budgets had an average revenue growth of 2.2 percent compared with the previous fiscal year. In Louisiana, by contrast, the \$9.7 billion state general fund is 12.4 percent above last year's. And while some states will likely face midyear budget gaps, Louisiana is expected to run another surplus, as the 2009 budget is based on an average oil price of \$84 per barrel, far below recent prices.

The report found that 33 states faced a cumulative shortfall of \$40.3 billion while crafting their 2008-09 budgets. Additionally, 20 states faced midyear budget shortfalls of \$13 billion in the budget cycle that ended June 30. That contrasts with a year ago, when virtually every state reported stable fiscal conditions, said Corina Eckl, who authored the report, released during the conference's annual meeting in New Orleans.

"State fiscal conditions are expected to get worse before they get better," Eckl said, citing rising energy costs and a slowdown in sales-tax receipts among the chief culprits. States such as Nevada and Arizona, whose economies had benefited from the boom in housing prices, have been particularly hard-hit, she said.

The downturn still is not as severe as what states experienced from 2001 to 2004, when the post-Sept. 11 economic slowdown and bursting of the dot-com bubble helped produce budget shortfalls in 42 states, totaling \$84 billion at its peak in 2004.

"That one was worse than this," said William Pound, the conference's executive director.

But unlike earlier economic downturns, when many states filled their budget gaps by raising taxes, most states this year decided to balance their books by cutting spending, raiding rainy-day funds or using one-time revenue such as tobacco-settlement windfalls. Ten states made across-the-board budget cuts, while other states made targeted reductions to higher education, Medicaid and aid to local governments. Seven states, including New York and Massachusetts, raised taxes to help balance their budgets. Others delayed planned infrastructure spending or expanded their gambling operations to save money or raise revenue.

Eckl said the 2010 budget cycle likely will be worse than this year's. States that already have retrenched might not find it as easy to achieve savings the next time. "Some of the more easy actions to take to deal with budget problems have been taken," Eckl said. Louisiana is among a group of states, including Alaska, Texas, North Dakota, Wyoming and West Virginia, whose budgets have boomed because of the rise in energy prices.

Ken Svedjan, a state representative from North Dakota, said revenue for that state's upcoming budget cycle already is 18 percent ahead of projections, thanks to a flourishing farm economy and high energy prices. "Everything is going up," he said. Alaska just put \$10 billion in its rainy-day fund.

State Rep. Jim Fannin, D-Jonesboro, said recent natural-gas discoveries in north Louisiana are likely to keep revenue high, even if the national economic troubles begin to affect the state. "I really don't anticipate a budget problem," Fannin said.

<http://www.nola.com/news/t-p/capital/index.ssf?/base/news-6/1216876984185950.xml&coll=1>

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Stumbling economy affects mental health **The Daily Advertiser | 07.24.08**

The economic downturn is hurting many Americans' mental health: Anxiety, depression, sleep problems and money-rooted marital conflicts are growing, say experts around the U.S.

Advertisement

Requests for therapists increased 15 percent to 20 percent in the last three months, "primarily driven by concerns about the financial situation," says Richard Chaifetz, chairman and CEO of Chicago-based ComPsych, the nation's largest employee-assistance mental health program with more than 24 million members.

There's been a surge in people online talking about how economic woes are triggering stress, says John Grohol, a psychologist and publisher of PsychCentral.com. "It's rare to see one topic so infiltrating the concerns of people who otherwise seem to have nothing in common," he says.

Joy Browne, a New York psychologist whose WOR radio network talk show airs on 200 stations, says for about a year she has been hearing from working-class listeners beset by breadwinner layoffs and hair-trigger tempers at home. But now even upper-middle-class people are taking a big hit to their emotional well-being. "They expected to retire, and now they can't. They're being asked to take care of their grandchildren's education. They have homes they can't sell and they can't travel."

In Plantation, Fla., Priscilla Marotta said, "People are more agitated, anxious and angry. You wouldn't believe how much the economy is talked about in therapy these days. It's the first time I've seen it in 20 years of practice, and I'm hearing the same thing from colleagues across the country."

More than half of clients in her middle-class practice talk about economic fears, and about a quarter to a third say money-related stress was the main reason they came for therapy; both were rare occurrences until the last six months, Marotta says.

<http://www.theadvertiser.com/apps/pbcs.dll/article?AID=2008807240307>

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LETTER: Cancer screening saves cash, lives
Monroe News Star | 07.24.08

I want to thank the Louisiana Legislature and Gov. Bobby Jindal for their approval of the Colorectal Cancer Screening Demonstration Project, which was supported by the American Cancer Society, LSU and a number of health organizations in our state. This project will save lives and save the costs related to colorectal cancer treatment.

Everyone eligible for colorectal cancer screening in Louisiana deserves access to these life-saving tests. The Louisiana Colorectal Cancer Screening Demonstration project will help low-income, uninsured and underserved residents aged 50-64 across the state gain access to life-saving screening programs for early detection of colorectal cancer.

The demonstration project has been allocated \$1.5 million in the budget. This is a sound investment for a healthier Louisiana. Early estimates are that the demonstration will save more than \$7.4 million over three years in initial colorectal cancer treatment costs and more than \$2.7 million in ongoing treatment costs.

Additionally, by building capacity for screening and treatment, Louisiana will be in the position to access federal Centers for Disease Control and prevention dollars once approved by Congress. These dollars will most likely go first to states with a proven track record for successful, population-based colorectal cancer screening.

This project is a huge victory for our state, and I applaud our elected leaders for sharing in the vision.

Terry Sawyer
West Monroe

<http://www.thenewsstar.com/apps/pbcs.dll/article?AID=/20080724/OPINION03/807240328/1014/OPINION>

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House Panel Approves Bill to Spur Use of Electronic Health Records Congressional Quarterly | 07.23.08

By Drew Armstrong and Leah Nylen, CQ Staff

The House Energy and Commerce Committee, racing a rapidly shrinking legislative calendar, cleared one more obstacle for a floor vote on legislation designed to promote faster adoption of electronic medical records.

After considering amendments from members of both parties, the committee approved the bill (HR 6357) by voice vote. The measure seeks to spur a shift to electronic records by hospitals, doctors and other health care providers through loans and grants. It also would set up privacy protections for patient data. Before the bill was approved, the committee adopted, by voice vote, a substitute amendment by Chairman John D. Dingell, D-Mich., that embodied a bipartisan compromise between committee leaders.

Committee ranking Republican Joe L. Barton of Texas called the bill “a good faith effort by all parties.” Committee members debated a series of amendments, largely dealing with patient privacy issues. Most were withdrawn with a promise from Dingell to work with their authors, including one from Rep. Mike Rogers, R-Mich., that Rogers said would make sure health care providers could share records within their organization, for business purposes.

Rogers argued that if the privacy considerations were important, so too were the large dollar savings and increased patient safety that could result from a comprehensive health information technology system. Dingell and other Democrats were skeptical of Rogers’ amendment’s actual effect, however, but promised to work on the language with him.

“What we’re trying to do here is balance out the protection of privacy but also make sure the system moves,” Dingell said.

The House bill would authorize grants and loans to help hospitals and doctors — especially small practices — buy health information technology equipment. It also would require the government to settle on a standard for electronic health records and start using them in its health programs as it replaces existing equipment. Lawmakers hope those standards would spread to the private health industry.

Several amendments were adopted by voice vote, including those offered by:

- Mike Rogers, R-Mich., clarifying that any graduate professional school would be eligible for grants for demonstration projects to develop academic curricula integrating health IT into clinical education.
- Anna G. Eshoo, D-Calif., to require the secretary of Health and Human Services to conduct a study on the use of technology for care of seniors and the disabled.
- Eshoo, to clarify language in the bill to ensure that it is technology-neutral.
- Edward J. Markey, D-Mass., to require the secretary to create a model informed- consent agreement in plain language that is easily understandable.

The House Ways and Means Committee has partial jurisdiction over the bill, and will hold a hearing Thursday on the topic. The bill’s supporters on the Energy and Commerce have been optimistic about their bill’s chances this year, despite the few remaining legislative days. But others have been less sunny about getting the bill through this year, including Rep. Michael C. Burgess, R-Texas, who has said the bill will provide too large a burden on health care providers, and who doubts the bill can be finished this year. “If we’re going to have a little more time, we ought to get it right,” Burgess said Wednesday.

In the Senate, Massachusetts Democrat Edward M. Kennedy and Wyoming Republican Michael B. Enzi, the chairman and ranking member of the Health, Education, Labor and Pensions Committee, have been working on their own health IT bill (S 1693). However, Kennedy has been largely absent from the Senate since undergoing brain surgery on June 2.

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Children's Health Continues to Fall; Increases in Children's Obesity Largely to Blame Congressional Quarterly | 07.23.08

By Danielle Parnass, CQ Staff

Children's health has steadily declined over the past 30 years, mostly because of obesity and a sluggish economy, according to a new report.

Dramatic increases in obesity have largely caused the deep decline in children's health, one of the seven areas measured to determine child well being between 1975 to 2006, the Child and Youth Well-Being Index (CWI) 2008 report found. The number of overweight children more than tripled — from 5.74 percent to 17.6 percent — since the 1970s, it found.

Children's overall quality of life has remained in a stable but stagnant period in the past few years, following an eight-year upward trend from 1994 to 2002, according to the report by the Foundation for Child Development, a national private philanthropy group.

"The slow growth of [overall child well being in] recent years is troubling," said Kenneth Land, CWI project coordinator and sociology professor at Duke University. "We haven't made enough progress to shield ourselves for the future."

Although quality of life peaked in 2002, the report explained it as a temporary reaction to the events of the Sept. 11 terrorist attacks as communities and families across the nation united together behind a common purpose.

But looming macroeconomic concerns such as the housing crisis, the price of food, energy inflation and job loss are all contributing factors to how little has changed in more recent years, Land said. He predicted a continued decline in child well being 2007 to 2009 because of these factors.

"We really need to underscore that our economic policies, our social policies, our health policies, all contribute to the well being of our youth," said Larke Huang, senior advisor on children with the Department of Health and Human Services.

The study also compared quality of life of kids today with their parents growing up in the 1970s, and found little improvements in areas of education and suicide rates. It also saw increases in the number of children living below the poverty line between 2003 and 2005.

The study did find improvements between the generations in mortality rates, violent crimes, alcohol and drug use and teenage birth rates.

But even though such statistics are falling, the figures are "still high," said Kelleen Kaye, director of research for the National Campaign to Prevent Teen and Unplanned Pregnancy. Compared with other countries, the United States' teen birth rates are substantially larger — 40 percent higher than the United Kingdom, for example.

CWI Report: http://www.fcd-us.org/usr_doc/2008AnnualRelease.pdf

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HHS Awards \$49.1 Million to States to Increase Access to Health Care Coverage U.S. Dept of Health and Human Services | 07.21.08

HHS Secretary Michael Leavitt today announced awards of over \$49 million in grants to 30 states that provide health insurance to residents who cannot get conventional health coverage because of their health status.

The grants will be used by the states to offset losses that they incurred in the operation of high-risk pools, which are typically state-created non-profit associations that offer health coverage to individuals with serious medical conditions. Grant funds also provide support for disease management for chronic conditions and premium subsidies for individuals with lower incomes. Enrollment in these pools is growing, with more than 200,000 individuals enrolled in state pools.

“These grants will make it more affordable for states to expand access to health care through high risk pools for the uninsured,” Secretary Leavitt said. “Individuals who benefit from these pools usually have a history of health problems that make it extremely difficult to find affordable health coverage in the individual market.”

To be eligible, a state must have a “qualified” high-risk pool that meets the criteria specified in section 2745 of the Public Health Service Act, and must follow such rules as capping premiums at no higher than 200 percent of the standard charge in the state.

Funds were allocated based on the number of uninsured individuals in each state and the numbers of individuals enrolled in each pool. HHS’ Center for Medicare & Medicaid Services (CMS) administers the program. This year’s grants are in addition to approximately \$286 million that states have received since 2003 to support this program.

The 30 states that received grants are as follows: Alabama, Alaska, Arkansas, Colorado, Connecticut, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Utah, Washington, Wisconsin, and Wyoming.

The grants to support state high-risks pools are one piece in the Bush Administration’s broad strategy for expanding access to health care for the more than 40 million Americans without health insurance.

“Getting health insurance to the uninsured has been a high priority of the Bush Administration,” said CMS Acting Administrator Kerry Weems. “These new grants for high-risk pools will help get coverage to people who otherwise would not have access to health care.”

<http://www.hhs.gov/news/press/2008pres/07/20080721a.html>

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Grady's new guy: CEO faces daunting challenges

The Atlanta Journal-Constitution | 07.23.08

By Mike King

The new chief executive officer of Grady Memorial Hospital, Michael A. Young, faces a daunting challenge trying to nurse the state's oldest and largest charity hospital back to health.

However, he comes to the job with some experience at turning around an ailing public hospital and — more importantly — he has the support of a new governing board and a community that desperately want him to succeed, and will try hard to provide the resources he will need.

In 2004, when Young took over as CEO of the Erie County Medical Center in western New York, the hospital was \$28.4 million in the red. But by 2007 the 550-bed hospital reported a \$17 million operating profit, the second year in a row it was in the black. He apparently performed a similar turnaround at Lancaster General Hospital in Pennsylvania before going to New York.

According to colleagues and state legislators in New York, Young used his managerial skills to reduce costs at the Buffalo hospital while emphasizing profit-making services. He'll need to do all that and more at Grady.

The "more" in Grady's case involves navigating the hospital's always-tricky political currents. On the very day Young's appointment was announced, the hospital's new governing board cut a deal to remove the acting CEO, Pam Stephenson, from her post.

Stephenson, a state legislator and chairwoman of the Fulton-DeKalb Hospital Authority, which formerly ran Grady, is getting \$325,000 to leave the CEO job even though she had no real qualifications for the job in the first place.

The new board could have — and probably should have — fought Stephenson's specious contract in court. But if this move gets her out of the way and allows Young to quickly establish a new tenor for Grady's management, the \$325,000 deal for Stephenson's exit might be worth it. Grady has enough problems without Stephenson's continued presence.

Even though Erie Medical Center and Grady are both large public hospitals that serve the poor and uninsured, there are important differences in the patient mix and public support for services at Grady that make Young's job in Atlanta much more difficult.

Grady's volume of poor patients is huge — about half its patients are covered by the Georgia Medicaid program, which does not even cover the cost of their services. Relatively speaking, New York's Medicaid program is much kinder to its hospitals than Georgia's.

Young and members of the new Grady board, many of whom have strong reputations in the business world, will need to educate state legislative leaders about how important Medicaid is to Grady's bottom line. Over the years, those legislators haven't trusted Grady to spend Medicaid money wisely, and candidly, at times that distrust was justified.

The Buffalo hospital, like Grady, is also a teaching facility, but its residency program is about a third the size of Grady's. The Atlanta hospital is the primary training ground for the Emory and Morehouse medical schools, and it owes the two schools more than \$50 million in unpaid bills for providing the medical staff at the hospital.

That debt is but one facet of the financial mismanagement that has plagued Grady for more than a decade. Income has matched expenses only once in the last dozen years, and that was thanks to a \$55 million, one-time bailout by the state in 1999.

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Last year, Grady finished \$43 million in the red, not counting the debt to the schools.

Despite that bleak financial record, Grady's prospects for recovery have been heightened in recent months because the Fulton-DeKalb Hospital Authority no longer is managing it. A new, 17-member nonprofit board of directors took control of the hospital in May, and the hiring of Young represents its first major decision.

The transfer of responsibility has prompted Atlanta's philanthropic community to come to Grady's rescue. Already the hospital has received \$200 million in pledges to modernize aging medical equipment and information technology systems. Another \$100 million is still being raised.

Grady's problems are serious but treatable. Long term, it will always need government assistance because it will never be able to fully compete for well-insured patients with its Atlanta counterparts that don't have the same charitable mission. Its success is directly linked to the public's perception of how well it is run and whether it is using the tax dollars wisely.

Young's task is to take the momentum the hospital has achieved by breaking with the past and see what he can make of it in the future. Success is important.

<http://www.ajc.com/opinion/content/opinion/stories/2008/07/23/gradyed.html>

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Fixing Healthcare Goes Beyond Either Candidate's Platform HealthLeaders-InterStudy

By Jennifer Cameli

Half-baked is a greatly underused term in politics and could definitely be applied to the healthcare platforms of both presidential candidates this campaign season. Both John McCain and Barack Obama have laid out some interesting ideas for reforming the country's healthcare system, but setting these plans in motion, or getting them fully baked, so to speak, is another thing altogether. Both McCain's plan for creating high-risk pools for the chronically ill and Obama's claim that he wouldn't mandate health insurance, but would instead make it cheaper for all Americans, carry massive price tags to implement. But it is campaign season and no one is really asking either candidate to back up their ideas with numbers. Not yet anyway.

Campaign season is the season of questions, and most health policy experts are asking them now, though they may feel their recommendations have generally fallen on deaf ears in Congress. Speaking recently at a conference of the Nashville Health Care Council, Susan Dentzer, editor-in-chief of the Health Affairs journal, brought up several good questions she's asking of our elected officials. Instead of starting a debate about which candidate has the right vision for this country, she wonders how we've let our healthcare system get as bad as it's gotten and how we can take back some of that responsibility ourselves.

Her first order of business would be straightening out the formula by which doctors are paid by Medicare. The Medicare cost-containment plan was adopted by Congress in 1997 and created a new formula for determining physician pay rates. Since 2002, Congress has voted four times to stop pay cuts to physicians and did so again in 2008, putting off a 10.6 percent cut that would have gone into effect July 1, 2008. Instead, Congress averted the fee cut by attacking overpayment to insurers in Medicare Advantage plans, specifically private fee-for-service products. Under the plan, insurers would get about \$13 billion less in MA payments over the next five years. Her question to Congress and one I also am asking, is why not just straighten out the formula to begin with?

She also suggested putting an emphasis back on public health, the ground zero of healthcare in this country and where some children get their first introduction to our healthcare system by getting immunized. With America's growing obesity epidemic, why not start educating more and addressing lifestyle issues first to avoid what are typically avoidable complications from being overweight and obese? While we're at it, now is the time to address healthcare workforce shortages, according to Dentzer, in order to insure better delivery of care. In other words, whatever amount of money the U.S. is willing to spend on providing healthcare, it should be ready and willing to spend just as much on prevention.

Healthcare costs in the United States already outpace inflation and put an incredible stress on families. The U.S. spends 16 percent of its gross domestic product on healthcare, a little over \$2 trillion in 2006, compared to 8 to 10 percent in most major industrialized nations, according to a report by Health Affairs. That same report projected that healthcare spending could double by 2017, reaching \$4.3 trillion. The U.S. is not alone in its fight against obesity. A recent article in Health Affairs found that more than a quarter of the adult population in China is overweight or obese, and even more alarming, that number is expected to double in the next 20 years if the government doesn't act soon.

Here's a situation, according to Dentzer, where perhaps the U.S. could benefit from watching what China does to tackle its healthcare crisis and then making a decision about how much it is willing to invest in the future of its own country.

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