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Officials hope to create "medical homes" for poor, uninsured

The Associated Press | 08.30.06

By MELINDA DESLATTE

BATON ROUGE, La. (AP) — A proposed health care overhaul in the New Orleans area after Hurricane Katrina centers on the creation of "medical homes" — community clinics, health centers and other neighborhood facilities to coordinate care for those who depend on the state for services.

The "medical homes" would refer patients to specialists, manage disease care and provide a consistent system for tracking care that officials hope will provide better and cheaper care to the poor and uninsured with the pool of state and federal dollars available to Louisiana.

Patients could avoid redundant testing, could treat preventive illnesses earlier and wouldn't turn to expensive emergency rooms for care that could be provided elsewhere, said Fred Cerise, the head of Louisiana's health department.

"We need to move from this current state where we've got unconnected silos of care," Cerise, secretary of the Louisiana Department of Health and Hospitals, told a panel of the Louisiana Recovery Authority on Wednesday.

However, Cerise said the details of how private providers and the LSU-run charity hospital system would fit into that model still are being developed, a crucial detail to be determined before formal health care redesign plans are submitted to federal officials in October.

U.S. Health and Human Services Secretary Mike Leavitt is working with state officials on a comprehensive revamp of the health care system in Orleans, Jefferson, St. Bernard and Plaquemines parishes — parishes hardest-hit by Katrina.

In the area, many hospitals, clinics and doctor's offices were flooded and remain shuttered, further battering an already fragmented system of care in which the poor and uninsured depended on the charity hospitals and insured patients relied on private providers.

Leavitt, who holds the purse strings for many of the dollars Louisiana spends on health care and who can waive regulations needed to reorganize that spending, says the storm provided an opportunity for the area to improve its health care services and become a national model.

A 40-member group called the Louisiana Health Care Redesign Collaborative, set up by the state Legislature, is working on the design of the health care restructuring. The collaborative is slated to give a blueprint by Oct. 20 to Leavitt's office.

But Sonia Madison, Leavitt's representative who is working with Louisiana officials on the redesign, said there have been difficulties coordinating with a group that includes 40 members. She said Leavitt suggested a smaller group of five or seven members of the health care collaborative work on the final revamp and then present it to the full group.

"Let's get a plan on the table because Oct. 20 will be here very soon," Madison said.

Leavitt has agreed to provide flexibility with the federal health care dollars Louisiana receives but has asked the state to develop a plan that redirects current dollars, not asks for new federal cash.

Fifty-one percent of all the health care dollars spent in Louisiana are spent on public health care programs for the uninsured and for the poor, elderly and disabled in Medicaid and Medicare programs.

Cerise said a prototype computerized health information exchange would be running in New Orleans by the end of next month to let major health care providers share information on patient diagnoses, lab

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results and other medical records. He said providers have agreed to the patient tracking system that lets different computer systems share information.

Cerise said the "medical home" facilities would probably be a combination of existing clinics and health centers and new ones for neighborhoods where medical offices were washed away by Katrina or were inadequate even before the storm.

<http://www.nola.com/newsflash/louisiana/index.ssf?/base/news-27/115696736557500.xml&storylist=louisiana>

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Summary Box: State working on revamp of New Orleans health care The Associated Press | 08.30.06

(AP) — HEALTH CARE OVERHAUL: Part of a proposed restructuring of health care in the New Orleans area includes the concept of "medical homes," facilities in different neighborhoods that provide a central stopping point to coordinate health care services for the poor and uninsured.

WHY RESTRUCTURE?: The area had a fractured system of health care even before Hurricane Katrina, with a charity hospital system that provided services mainly to those who depend on the state for care and with private providers giving care to insured patients. Federal health officials say Katrina gives the region a unique opportunity to rework its health care system.

WHAT'S COMING UP: A state health care panel is supposed to have a design for the health care revamp by Oct. 20 to the U.S. Department of Health and Human Services, which will have to waive certain regulations for the state to reorganize much of its spending on health care.

<http://www.nola.com/newsflash/louisiana/index.ssf?/base/news-27/115696857595750.xml&storylist=louisiana>

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New health care outline nearly done

Times – Picayune | 08.31.06

Aim is to include all in the N.O. area

By Jan Moller

BATON ROUGE -- State officials will have a preliminary outline ready to present to federal health officials by mid-September, spelling out how they plan to provide everyone in the New Orleans area with a "medical home," Health and Hospitals Secretary Fred Cerise said Wednesday.

Cerise said the plan would propose ways to make more efficient use of the state's Medicare and Medicaid dollars, which account for more than half of all health-care spending in Louisiana. The goal is to create a more coordinated system of care for people with and without health insurance.

Cerise chairs the Louisiana Health Care Redesign Collaborative, a 40-member panel charged with overhauling the way health care is delivered and paid for in Orleans, Jefferson, Plaquemines and St. Bernard parishes. The group has until Oct. 20 to present a plan to U.S. Health and Human Services Secretary Michael Leavitt.

Sonia Madison, who is Leavitt's chief liaison to the redesign group, said the preliminary plan will allow policy-makers in Washington to decide if the state's ideas are feasible under existing rules.

"If there is a concern, it's about getting specifics on the table. What will the plan look like?" Madison said.

As the federal official in charge of the Medicare and Medicaid programs, Leavitt will have to sign off on the state's request to redistribute the way money is spent under those programs.

While there is broad agreement on the need for better coordination in Louisiana's fragmented health-care system, there is little consensus on how to pay for such a plan. Any proposal that seeks to redistribute billions of health-care dollars is bound to produce winners and losers.

Cerise said the overhaul plan will seek to level the two-tiered approach to health-care delivery that prevailed in New Orleans before Katrina, where people with insurance were treated in private hospitals and doctors' offices, while charity hospitals and clinics cared for Medicaid patients and the uninsured.

To promote better coordination among primary-care clinics, specialists and other parts of the health-care system, the state plans to launch a pilot program by the end of September that will allow medical records, test results and other information to be shared between providers.

"It is the piece that would tie this together," Cerise said.

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Jan Moller can be reached at jmoller@timespicayune.com or (225) 342-5207.

<http://www.nola.com/news/t-p/capital/index.ssf?/base/news-4/1157006506225860.xml&coll=1>

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Staffers were heroes in Charity's darkest hour Times – Picayune | 08.31.06

I am a registered nurse and was on the activation team during Hurricane Katrina at Charity Hospital's emergency room.

To say that conditions were horrific is putting it mildly. There was no electricity, no air conditioning, no restrooms, no bath facilities, no cafeteria because the basement flooded -- the list goes on. The patients and hospital employees were not evacuated until Friday evening, Sept. 2.

I am so proud to have worked with so many heroes. The nurses, doctors, aides, respiratory technicians, housekeepers, hospital police and all other employees worked with such kindness, compassion, love, valor, almost beyond human endurance, that it still brings me to tears. There was sadness, yes, but no panic.

Many of the staff found out that they had lost their homes and all their possessions, but continued to give outstanding patient care and continually reached out to comfort each other. There were prayer meetings every day on the emergency room ramp or the hospital lobby. The singing and praying were beautiful. Some personnel told jokes and tried to make each other laugh. The toughness yet gentleness was something to behold.

As we told our patients how sorry we were that they had to go through the terrible conditions, they would reply that they were glad they were at Charity Hospital and they knew that everyone was doing everything to make them comfortable.

To see the doctors and nurses carry patients on spine boards down 12 flights of hot, damp and dark stairwells to safely evacuate them would make the whole city proud.

I feel blessed and honored to have worked at Charity Hospital.

Goldie Huguenel, R.N.

Metairie

<http://www.nola.com/news/t-p/letterstoeditor/index.ssf?/base/news-8/1157006891225860.xml&coll=1>

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Democrats offer few details on Katrina plan

The Associated Press | 08.30.06

By BECKY BOHRER

NEW ORLEANS (AP) — The federal government has been "negligent" in its response to Hurricane Katrina, a leading House member said Wednesday, as fellow Democrats, fresh off a trip to the storm-stricken Gulf Coast outlined priorities for speeding the recovery. They say bureaucracy has hindered recovery.

Rep. Steny Hoyer, D-Md., House minority whip, assailed the Bush administration and Republicans for the post-Katrina environment. During the delegation's three-day trip to the region, he said, no member had met a person made "whole."

Few specifics of the Democrats' proposal were offered during a news conference, held a day after President Bush pledged to rebuild the stricken Gulf Coast during memorial services on the storm's one-year anniversary. But Democrats promised details would be contained in forthcoming legislation. The broad priorities ranged from improving housing opportunities for storm victims to insurance reform and the crafting of a national disaster insurance system plan, Rep. James Clyburn, D-S.C., said.

He was unsure of the prospects for any legislation put forth during this Congress but said Democrats would keep pushing their agenda.

"The president said, when we confronted terrorism, we needed to spend that which was necessary to defeat terrorism. If that's the case, then America, certainly, the richest nation on the face of the Earth, needs to be — and is able — to spend that which is necessary to make part of the body whole of America whole again," Hoyer said.

Congress appropriated \$110 billion for hurricane victims. Of that, \$44 billion has been spent and \$33 billion has been released to state and local authorities. More money likely will be needed to fund the Democratic proposal, Hoyer said. No figure was yet available.

Democrats said their legislation also will focus on changing rules and regulations concerning allocation of resources in the wake of major storms. The Federal Emergency Management Agency has been widely criticized for the speed of its response after Katrina struck the Louisiana and Mississippi coasts last August.

Bush, during his trip, acknowledged that much remains to be done in the storm-battered areas. But he has been stressing that a one-year milestone is much too soon to judge the recovery and repeating that his administration's commitment to rebuilding has not waned.

DJ Nordquist, a spokeswoman for the federal Gulf Coast coordinator, defended the administration's commitment, saying Bush helped secure \$17 billion for housing and community development funds that go to the states and "are sitting in the bank waiting to be spent as the states need them." Nordquist said Bush also secured \$6 billion "to make the New Orleans levee system better than it's ever been" and that progress toward that end has been been.

"Partisanship does not serve the people of the Gulf Coast well," she said.

Rep. William Jefferson, who represents New Orleans, said housing is a leading concern. Not only is there a lack of it, compounding efforts to draw people back to the area, but, he said, a federal act that addresses temporary housing for those displaced by disasters needs to be changed. It doesn't take into account disasters of Katrina's magnitude, he said, and the amount being spent on trailers could be better spent on more-permanent-type housing, he added.

Nordquist said her office also is interested in looking at broader, long-term policy reforms and working with Republicans and Democrats on that work. She said the president signed an executive order aimed at improving how federal disaster aid is delivered. A task force would devise a plan to address that, the order says.

<http://www.nola.com/newsflash/louisiana/index.ssf?/base/news-27/1156964357291230.xml&storylist=louisiana>

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States ranked on pocketbook issues

stateline.org | 08.30.06

By Daniel C. Vock, Stateline.org Staff Writer

Texans are more likely than citizens in any other state to be living without health insurance. Women in Wyoming have the least earning power compared to men, and more Mississippians on average live in poverty than anywhere in the country.

Those developments are part of a snapshot of Americans' economic situation released by the Census Bureau Aug. 29. The new data, based on annual surveys the Census Bureau conducts between its once-a-decade headcount, include state-by-state and, in some cases, county-by-county information on wages, poverty and demographics.

With a quarter of its population lacking health insurance, Texas held on to the dubious distinction as the state with highest rate of uninsured residents in the country, followed by New Mexico, where 21 percent of residents had no coverage.

On the other end of the spectrum, Minnesota kept its uninsured population at 8.7 percent, the lowest in the country. Hawaii, Iowa, Wisconsin, Maine and New Hampshire – in that order – rounded out the top of the list of states with the lowest rates of uninsured.

Nationally, the U.S. Census Bureau's Current Population Survey counted an additional 1.3 million Americans without health insurance coverage during 2005. That brings the total number of those without coverage to 46.6 million and marks the fifth consecutive year of increases in the number of uninsured.

At the state level, Delaware, Florida and South Carolina experienced increases in the percentage of uninsured residents for at least a second straight year in 2005. Meanwhile, Idaho and New York decreased the size of their uninsured population two years running, according to the Census data.

Other states that saw a significant spike in their uninsured rates were Arizona, California, Georgia, Utah and Vermont. Meanwhile, Iowa reduced its already low level of uninsured residents.

The data also show that three Northeastern states that recently enacted laws designed to provide coverage for nearly all of their populations are already in better shape than most of the country. In 2005, Massachusetts had an uninsured rate of 10.7 percent, Maine 10.4 percent and Vermont 10.7 percent.

Other information released by the Census reveals disparities in income between states, between areas within states and even between women and men.

New Jersey residents reported the highest household income in the country when surveyed in 2005. The average annual income for households in the Garden State was \$61,672 compared to an average of \$32,938 in Mississippi, which came in last.

Mississippi also had the highest poverty rate in the nation, followed by Louisiana. Because the poverty data cover the entire calendar year of 2005, it doesn't fully measure the impact of Hurricane Katrina, which struck the Gulf Coast last August, Census officials noted.

While more than 21 percent of Mississippians live in poverty, only 7.5 percent of New Hampshire residents made less than the federal poverty level.

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Health Care's Vicious Cycle

Washington Post | 08.31.06

And how enlightened policy could break it

TUESDAY'S REPORT from the Census Bureau adds to the fear that the employer-based insurance system is in long-term decline. The share of people without medical insurance edged up from 15.6 percent in 2004 to 15.9 percent last year, bringing the number of uninsured to a record 46.6 million. That increase is particularly striking because it took place despite a strong economy. It cries out for an imaginative policy remedy.

Even before the appearance of Tuesday's data, the trends in the health insurance market were disturbing. The total share of the uninsured has risen steadily from around 14 percent in the late 1980s to just under 16 percent now. But this slow shift has masked faster changes deeper down. Because public health programs such as Medicaid and the State Children's Health Insurance Program for poor children have expanded, fewer poor people are uninsured. But the share of middle-class workers without coverage has shot up. Among workers ages 25-34 who earn the median income or more, the proportion of those without insurance stands at 26 percent, twice what it was in 1979, according to Harvard's Katherine Swartz. In the 35-44 cohort earning the median or more, the percentage of the uninsured stands at 19 percent, also a near doubling.

Poor Americans remain far more likely than rich ones to be without insurance. But the decline of insurance coverage among the middle class reflects pressures that weaken the system for everyone, and that are likely to get stronger. As health care has grown more sophisticated, health spending per American has doubled since 1975 in inflation-adjusted terms, driving up insurance premiums correspondingly. As a result, small companies and self-employed people think twice before buying insurance; companies that hire mainly young and healthy workers, or self-employed people who are young and healthy, frequently decide that insurance is not worth paying for. This exit of inexpensive patients from insurance pools drives up premiums for patients who remain, forcing yet more exits. Because of this vicious cycle, insurance for small firms or individuals grows prohibitively expensive. Add in the trend toward self-employment and the outsourcing of work to small contracting firms, and you can see why the traditional health insurance market is allowing a growing number of workers to fall through the cracks.

Congressional Republicans offer one reasonable idea to make health insurance more affordable: reduce the number of mandates requiring insurers to cover particular medical conditions. This would free insurers to offer slimmed-down policies that might appeal to healthy workers who now opt not to buy coverage. Unfortunately, too much slimming down can create fresh problems. Excluding coverage of a condition such as mental illness from most policies could drive up the cost of policies that do cover mental health, harming a vulnerable minority.

A second option, which has been tried successfully in New York state and is being considered in Vermont and Massachusetts, is for government to backstop private insurers that sell coverage to small firms and individuals. To get around the problem that the customers who have not exited these markets are sicker than average, government can promise to reimburse insurers when the bills generated by a patient rise above, say, \$50,000 in one year. That way the high risk of offering insurance to small firms and individuals can be removed. Premiums will fall back to around the level offered for workers at large firms, and the vicious cycle will be broken.

<http://www.washingtonpost.com/wp-dyn/content/article/2006/08/30/AR2006083003097.html>

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Unhealthy risks

Albany Times Union | 08.31.06

The latest census figures show number of Americans who lack health insurance has risen

Two years ago, the number of Americans without health insurance stood at a disgraceful 45.3 million. Last year, that total increased to 46.6 million, according to the latest Census Bureau estimate. That works out to 15.9 percent of the nation's population.

The numbers should be a wake-up call for Congress and state legislatures to finally confront the issue of affordable health care. Yet federal and state lawmakers seem more interested in scoring political points than in working together to produce solutions. And while they dawdle, 46.6 million Americans are taking a huge risk with their health by going without any coverage at all and hoping they won't fall ill.

Critics have rightly deplored the high number of uninsured as a symbol of a nation divided between the haves and have-nots. But others have long argued that the numbers are misleading because they reflect a high percentage of immigrants who work at low-level jobs that provide no health coverage. The census figures demolish that argument. They show that 80 percent of the uninsured are U.S. citizens.

Efforts to find a national solution have ranged from the frustrating to the disappointing. During the 1990s, then-first lady Hillary Rodham Clinton attempted to win congressional support for a national health insurance program. But her efforts failed amid partisan rancor and legitimate concern that much of the plan would be crafted in secret.

More recently, President Bush has proposed tax-sheltered private savings accounts as a way for uninsured workers to buy coverage on their own. But his idea ignores the reality that many, if not most, uninsured workers are toiling at part-time jobs and have little disposable income to set aside in private accounts.

Meanwhile, some states have begun to confront the issue on their own. Massachusetts now requires all adults to buy health insurance, much as drivers in many states are required to purchase auto insurance. But it's too soon to tell if this approach will work. Meanwhile, Maryland passed the so-called Wal-Mart bill, which mandates employee coverage, but the courts have struck it down.

In New York, where there are 3 million uninsured, Gov. Pataki has expanded Medicaid programs to provide health insurance for children and low-income families. Yet a comprehensive solution remains elusive. This year, the Legislature rightly rejected a Wal-Mart bill as too burdensome on smaller employers and too likely to cost jobs. Now the lawmakers must turn their full attention to a proposed commission that would explore all facets of the health insurance crisis -- including the so-called Medicare for All plan; HMOs; employer mandates and more -- and conduct a cost-benefit analysis to see which approach would best serve New Yorkers' needs.

New Jersey and Illinois already have such commissions at work exploring these options. New York should follow their lead -- and soon.

<http://timesunion.com/AspStories/story.asp?storyID=512921&category=OPINION&BCCode=&newsdate=8/31/2006>

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Daily Briefing Health Care Advisory Board

August 30, 2006

Census: America's uninsured population reached record 46.6M in 2005

The number of uninsured Americans reached a record 46.6 million last year, representing a 1.3 million increase over 2004 figures, according to a new U.S. Census Bureau report.

Study charts course for rebirth of New Orleans health care system

A report published online in Health Affairs suggests that Hurricane Katrina's obliteration of New Orleans's health care infrastructure created an opportunity to address underlying flaws such as widespread uninsurance and access disparities.

TIME: VA Health System 'acing' private sector counterparts in cost, quality

The VA Health System during the last decade improved care quality, costs, and automation to such an extent that observers are questioning whether the private sector truly can outperform government-managed health care.

Schering-Plough to pay \$435 M to settle federal charges

Schering-Plough yesterday agreed to pay the U.S. government \$435 million to settle charges that it misreported pricing data to federal programs, marketed cancer therapies for off-label uses, and provided illegal kickbacks to physicians.

J&J wins antitrust lawsuit over supply 'bundling contracts'

A federal jury yesterday rejected claims by Applied Medical Resources that Johnson & Johnson had illegally used its dominance in the surgical suture market to increase sales of its other surgical devices

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

Et cetera: Hypnosis may slow 'patchy' form of balding

Hypnosis may help patients with the autoimmune hair loss disease alopecia areata experience renewed hair growth.

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

or see attachment "61186_14_1_08-30-2006_0.pdf"

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