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Friday, May 26, 2006

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LSU Health Care Services Division hospital and clinic system is one of the largest providers of health care in the state of Louisiana.

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State may need health-care 'czar' to guide reform 5/26/06; The Daily Advertiser

The Council For A Better Louisiana has offered a unique approach to solving Louisiana's health-care problems. The nonpartisan organization, which works to focus attention on issues that will move the state forward, is calling for a health-care reform "czar." Answerable to the governor and possessed of broad powers, the czar would direct Louisiana's efforts to fix its broken health-care system.

Major repair work is needed. Hurricane Katrina delivered a knockout punch when it wrecked charity hospitals in the New Orleans area. The system was broken before the storm, however. It is oppressively expensive, yet so inadequate that the World Health Organization, which groups the U.S. with the rich and healthy nations of the planet, ranks Louisiana with the poorest countries with the sickest people. Louisiana spends more per capita on health care than nine other Southern states, yet still ranks next to last in health outcomes, according to a national survey. Even Mississippi, which ranks last, spends considerably less than Louisiana yet gets a nearly equal outcome.

A long procession of committees, task forces and study groups has examined ways to shore up the system. Now, CABL says, "We must shift the focus from continued studies, that will likely say much the same thing, to development of plans for implementation." The longer we wait, the organization adds, the more entrenched the status quo becomes.

We urge the Blanco administration and the legislature to seriously consider naming a health-care czar, as suggested by CABL.

The selection must be one based on ability. The state must not fall back on the good-old-boy political patterns that have failed at every level. The czar must be a special individual with special powers.

CABL suggests that the person chosen "be above the Cabinet level, have the ability to speak on behalf of the state directly to federal authorities, have broad powers to work across multiple agencies and report directly to the governor."

Because of the immensity of the issues, CABL officials say, the czar should not be expected to perform other duties. The position should entail a full-time focus on health-care reform. That reform will not come quickly or easily.

U.S. Department of Health & Human Services Secretary Michael Leavitt said recently of our ineffective two-tiered delivery system, "It would be wrong to rebuild the old health-care system back. We can use this as an opportunity to build a system that can become a national model. Our objective is to create a vehicle to bring transformation." That vehicle will need a strong and capable driver.

We believe CABL's proposed czar - if chosen carefully and given the authority suggested - can finally put Louisiana on the right road to effective public health care.

<http://www.theadvertiser.com/apps/pbcs.dll/article?AID=/20060526/OPINION01/605260314/1014>

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KINDNESS FROM STRANGERS, AND WORDS THAT STING 5/25/06; The Atlanta Journal-Constitution

On Friday, Sept. 2, Susan Sanborn lined up for a tetanus shot and a dose of Cipro at a hospital in Covington, La. The vaccine and antibiotic would help ward off bacteria that the Charity Hospital student nurse might have picked up from the filthy water in New Orleans.

A chartered bus then drove her to a shelter in Lafayette, La., where she received fresh underwear, new scrubs, flip-flops, toiletries, a towel and washcloth. She took her first shower in nearly a week, luxuriating in the soap, water and shampoo.

A school bus took her to a banquet hall where evacuees were regaled with a feast of Popeyes chicken and home-cooked jambalaya. Sanborn, already a slim, small woman, had lost nearly 4 pounds while marooned in Charity Hospital after Hurricane Katrina.

Her evacuation had come courtesy of the Hospital Corporation of America and a makeshift helipad across the street, at Tulane Hospital's parking garage. Now she was in the care of HCA, Tulane's corporate owner, which had set up shelters in Lafayette. About 1,200 evacuees, mostly Tulane employees and staff, would come through them in the next 24 hours.

Sanborn was overwhelmed by the outpouring of assistance. Someone asked for her name, Social Security number and where she wanted to go. They handed her information on how to get relief assistance, disaster benefits and, if she were a Tulane employee, a paycheck.

Where do you want to go? they asked her. She said she was from Columbus, Ohio, but joked she would be happy to stay put. I'm clean, there's nobody here with weapons, the food is wonderful, it's air-conditioned.

The next day, Sanborn and about 60 others boarded buses for the Lafayette Regional Airport. HCA had chartered planes to Houston and Atlanta. Anyone going farther would receive a ticket to a final destination.

At the airport, security stopped her. She had forgotten she was still carrying her scalpel. Guards confiscated it.

In Atlanta, HCA representatives met the evacuees at the gate. Anyone who had to stay overnight received cash and a hotel reservation. Sanborn was booked on Delta Flight 1630 to Columbus. Before heading to the gate, she said goodbye to the people she knew, and for the first time that week she felt lonely. Wearing scrubs and flip-flops, she started to board her flight that Saturday night, when a Delta representative suddenly pulled her aside.

Here, my dear, you have a different seat, he told her. My cousin, Katrina, upgraded you to first class.

Sanborn was confused. Oh, my God, she didn't have to do that, she said. Later, she wondered whether he thought she had lost her mind.

Columbus was the city where Sanborn had grown up and trained to be a dancer. Other than the people at Charity, she felt she had no real family. But she did have a friend and mentor in Columbus — her ballet professor, who offered her a room until she could get settled.

One day, after arriving in Columbus, Sanborn saw a picture of one of her patients in U.S. News & World Report. He was sitting on a New Orleans median strip. What do you mean they put him there? she said to herself.

She spent hours on the Charity Web site looking for her patients' names on the list of those who had been evacuated. All had left her unit alive, and she wanted to know they were OK. But one of her patients was missing from the list: the man she initially knew as Ebony.

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Ebony and Ivory were the names Sanborn and others had coined for two elderly nursing home patients, one black and one white, brought to Charity the day of the storm. They were on ventilators, with no medical information. Sanborn had grown attached to the two men.

Later she would learn that Ebony was one of two patients who had died in the garage while waiting for a helicopter. The student nurse felt empty, sad and angry. How could the government just leave a city like that?

She spent much of her time those first few weeks watching television coverage of the hurricane. She had developed conjunctivitis in both eyes, probably from the water she had crossed from Charity to Tulane, but she remained glued to the set, and wept.

On Sept. 8, she was watching a CNN broadcast called “Angels in the Storm” that chronicled individual tales of heroism. Toward the end was a segment about the helicopter rescue off Tulane Hospital’s parking garage.

There on the screen was Dr. Ben deBoisblanc from Charity, speaking excitedly about his patients. “Two of them have already died here on this ramp waiting to get out!” he said. “In this very spot!”

The correspondent reported, “The Charity staff watches as Tulane’s people get out while their own patients are ignored.”

Sanborn immediately called CNN. She was transferred several times and finally left a message: That’s erroneous reporting. It’s not true. Tulane delayed evacuation in order to help our critical care patients.

She left her number, saying she was a student nurse who had been there. But no one called back.

Spurred on by the broadcast, the next day Sanborn e-mailed HCA. She was tired of the media focusing on snipers and guns. “There are truly no words to express my gratitude to HCA for absorbing and rescuing our patients at Charity Hospital and for rescuing me, five nurses and two children from our unit,” she wrote. “I wish you and your staff members and hospitals the very best as we all try to put the pieces back together after this tragedy.”

Jack Bovender, CEO of HCA, would be one of the first to read the student nurse’s e-mail.

The CNN account was one of several media reports in which Charity officials criticized Tulane Hospital’s treatment of their patients.

A Sept. 11 article in The Philadelphia Inquirer quoted Dr. Ben: “We sat there from 7 a.m. Thursday until 7 p.m. trying to keep these patients alive ... while HCA landed helicopter after helicopter after helicopter to carry off healthy people. I had to physically restrain some of the residents who went ballistic.”

Some of the most critical comments came from Dr. Dwayne Thomas, CEO of Charity and its affiliate, University Hospital. In a Sept. 14 broadcast, he told CNBC, “In actuality, HCA did not assist us in evacuation at all.”

In a Sept. 19 article in The New York Times, “a quietly furious” Thomas blasted Tulane: “To load able-bodied staff before you let patients off a roof is reprehensible.” Thomas, who now refuses to comment, was never at Charity that week, nor was he on the Tulane garage roof.

Months later, some bad feelings remain.

Since Hurricane Katrina, HCA administrators have refrained from criticizing the government for failing to rescue Charity, or Charity for sitting back and waiting. They have said that as a private hospital, Tulane has far more resources than the public hospital. It would be unfair to make a comparison. But they are quick to defend what they did for Charity’s sickest patients, and they bristle at Thomas’ disparaging remarks.

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“Let me make something clear,” said Mel Lagarde, the HCA executive in charge that week at Tulane. “At no point in time did we ever turn away a patient from this hospital. At no time did we say less acute patients are going ahead of critical patients. That would never enter the minds of anyone. The last thing we wanted was for someone to die.”

Hospital administrators had nothing to do with the triage of patients, he said. That was handled by physicians whose sole goal was to save as many lives as possible. Dr. Norm McSwain, trauma director at Charity, was one of those who helped decide who went out first.

McSwain, who as chief of trauma surgery for the Tulane medical school had affiliations with both hospitals, blames criticism of Tulane on “smoke and mirrors.” By making Tulane the bad guy, he said, Thomas could deflect criticism away from the state.

“The true story is the government didn’t show up,” McSwain said. “Nobody showed up — not the state, not the federal government, not the local government. Nobody showed up to evacuate Charity’s patients.”

Had it not been for HCA, McSwain said, Charity’s critically ill patients would not have been rescued, at least not in as timely a fashion.

There were heated arguments on the rooftop. Jim Montgomery, president and CEO of Tulane Hospital, says he had words with Dr. Ben when Charity brought over not just patients on stretchers, but those who could walk.

“We were hot, tired, sweaty, hungry, all the above, and yeah, it was frustrating,” he said. “But at the end, when you turn around and think about it, you knew you had to help them. And that’s what has irritated us — their somewhat aggressive attitude in trying to say we didn’t.”

In the end, Lagarde said, “We were able to accomplish for them what they were unable to do on their own.”

As time has passed, the harsh remarks about Tulane have dwindled. At a slide presentation to medical students and residents two months after the storm, Dr. Ben steered away from criticizing Tulane.

But the already strained relationship remains fragile between the public and private hospitals. Like thousands of others in New Orleans, those inside the hospitals lived through a disaster of near-biblical proportions, and chaos at times reigned. Tulane “was a different world” from Charity, Dr. Ben said. “It’s a parallel universe.” In recounting what happened, “Everybody’s telling the truth. It’s just a different perspective.”

From his perspective, a breakdown in communication on the rooftop and the lack of a command-and-control structure higher than Tulane or Charity led to a “Lord of the Flies” struggle to survive. It was the haves vs. the have-nots, and Charity got in Tulane’s way.

“They had their own responsibilities to evacuate their own patients, their own medical staff. And basically, they helped us when they could, but we were more of a nuisance than anything.”

Still, his perspective has changed with time, at least partially. “It’s become obvious to me that they did care a lot,” he said recently. “The truth is probably somewhere between those two perspectives. It usually is.”

About a week after sending her e-mail to HCA, Susan Sanborn got a call. Bovender, the CEO, had instructed his human resources department to track Sanborn down.

The woman on the phone asked Sanborn her plans. Sanborn told her she hoped to get her associate nursing degree at a state school in Ohio, where she now lived. The woman told her HCA wanted to offer her a scholarship and encouraged her to go to Mount Carmel College of Nursing, a private school in Columbus where she could get her bachelor’s degree.

Sanborn was stunned. You understand, I have nothing to do with y’all, she said.

On Sept. 20, Sanborn wrote another e-mail to HCA: "This will not be an eloquent letter because I have not yet sorted out my feelings," she wrote. "However, I must in some small way, again acknowledge the great gift you have given to me. In time, I will have the words I need in order to thank you properly. In the meantime, know that I am crying. And these tears are the first I've shed in several weeks that are not out of grief, but out of joy."

<http://www.ajc.com/blogs/content/shared-blogs/ajc/twohospitals/>

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Our View: Health system long overdue to be replaced 5/26/06;The Town Talk

Efforts to restructure or replace the state's charity hospital system for poor and uninsured people are going nowhere in the Legislature. That's too bad. Now is the time to let go of a health-care system that was considered progressive 70 years ago, but today is being kept alive by hot air from a political respirator.

Lawmakers are studying the issue and forming committees to study it -- so much so that Sen. John Schedler, R-Mandeville, said Wednesday that he was not going to vote for a bill to establish yet another committee to study the problem. The frustration showed on his face as he pronounced he'd vote no.

Sen. Joe McPherson, D-Woodworth, said he's still working on getting funds to build a new Huey P. Long Hospital, the Pineville facility that is part of the charity system. Senate President Don Hines, Bunkie-D, is looking at all the plans and studies. Both are unsure whether any progress will happen during this legislative session.

The legislators know that now is the right time to initiate meaningful change. For starters, the charity hospital system in New Orleans is almost nonexistent since Hurricane Katrina hit last year. The system is a costly burden on taxpayers statewide. Caring for uninsured residents costs the state at least \$2 billion a year. Most other states deliver much better health care at much lower per-capita costs.

A recent report by the Public Affairs Research Council makes the point. The report -- "Hurricanes and Healthcare Reform: Can Louisiana turn a disaster into an opportunity?" -- states: "Louisiana is unique among the 50 states in its approach to providing health care for the uninsured population. Whereas most states rely on local community hospitals, academic medical centers and community health clinics to provide indigent care, Louisiana depends almost solely on a state-owned and operated network of 10 hospitals, some constructed during the 1930s under Governor Huey P. Long."

Some things are clear: Primary and preventive health care are less expensive and more effective than higher-cost institutional care. But Louisiana has yet to give its poor access to doctors and clinics that can provide diagnosis and treatment to prevent illness or treat it early.

For decades money has been poured into this outdated, ineffective system, and yet the health status of Louisianians is the worst in the country.

Still, lawmakers seem determined to hang on to this flawed system or parts of it, despite all the evidence that it should go. That evidence includes an analysis by Price Waterhouse Coopers, the consulting giant that, among other things, tracks best practices in the health-care sector.

Why do we accept and pay for a system that doesn't work and that no other state would replicate?

And why do we tolerate lawmakers who won't step up to the challenge and push for change?

<http://www.thetowntalk.com/apps/pbcs.dll/article?AID=/20060526/OPINION/605260302&SearchID=73245732556731>

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Claims processor compares payment data from largest insurers

The claims-processing firm Athenahealth today is expected to publish on its website a “warts-and-all” analysis of how the nation’s seven largest health insurers manage their reimbursement processes. According to the chief executive of the California Medical Association, insurers’ “tardiness or refusal” to reimburse physicians for what they perceive to be legitimate claims adds up to 20% to physicians’ overhead costs and forces many to hire costly outside resources to pursue those claims or increase fees for other patients.

Adverse events related to ADHD drugs may send ‘thousands’ to ED

In a letter published in today’s NEJM, CDC experts estimate that about 3,075 people nationwide visited hospital EDs in 2004 as a result of adverse events related to drugs that treat attention deficit hyperactivity disorder (ADHD).

New drugs show promise for treatment of bowel disorders

At this week’s Digestive Disease Week 2006 meeting, experts reported that new drug therapies for moderate to severe Crohn’s disease are showing promise and that “long-term treatments with new compounds” may be effective for less-severe bowel disorders.

Declining annual mammography rates raise concern among experts

Despite a spate of breast cancer awareness campaigns, federal statistics show that the number of women receiving mammograms each year is decreasing, leaving experts wondering whether “rising costs, complacency, confusion, or fear” are fueling the decline.

JFK (Fla.): Pays on-call specialists for treatment of uninsured ED patients

In a “unique” attempt to secure on-call specialist coverage without paying daily stipends, Atlantis, Fla.-based JFK Medical Center has launched a new program that pays on-call physicians for treating uninsured ED patients.

FDA approves expanded use of GlaxoSmithKline’s Avandamet

GlaxoSmithKline announced yesterday that it has received FDA approval for use of Avandamet in type 2 diabetes patients who have not previously received any other treatment.

CMS bans co-branding on Medicare prescription drug cards

CMS this week told insurers participating in the new Medicare drug benefit that they will no longer be allowed to issue identification cards branded with logos of pharmacies.

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

Et cetera: Study suggests video games decrease surgical errors, procedure time

A recent study suggests that surgeons who play video games for 20 minutes prior to surgical drills are faster and make fewer errors during the procedures than those who do not play the games.

<http://www.advisory.com/members/default.asp?program=1&collectionid=4> or see attached 59456_14_1_05-25-2006_0.pdf

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