



LSU

HEALTH CARE SERVICES DIVISION
LOUISIANA'S HOSPITAL SYSTEM

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

EXECUTIVE VP/CEO: DONALD R. SMITHBURG

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

IN THE NEWS

[\[HTTP://WWW.LSUHOSPITALS.ORG/MEDIA-RELATIONS/IN-THE-NEWS.HTM\]](http://www.lsuhs.org/media-relations/in-the-news.htm)

[SUNDAY, MAY 27, 2007]

Most to stay open, stockpile supplies
Times – Picayune | 05.27.07

Last week at the Legislature
The Advocate | 05.27.07

Politics Notebook for May 27, 2007
The Advocate | 05.27.07

BRIEFING BOOK
Times – Picayune | 05.27.07

Money hottest topic of the week in La. Legislature
Shreveport Times | 05.27.07

Renowned surgeon addresses medical school graduates
Shreveport Times | 05.27.07

Physicians Sue Louisiana Over Uninsured Post-Katrina Care
Acadiana Medical News | June 2007

St. Theresa Wins Battle with Ochsner
Acadiana Medical News | June 2007

Hospitals Prescribe Incentives, Improvisation to Fill Nursing Shortage
Acadiana Medical News | June 2007

Insurer's Proposed Fine Draws Physicians' Ire
Acadiana Medical News | June 2007

Most to stay open, stockpile supplies

Times – Picayune | 05.27.07

By Kate Moran

The horrors of Katrina remain etched in the minds of medical personnel: the dozens of deaths at Memorial Medical Center, patients and doctors alike trapped in stifling heat at Charity Hospital. And yet most local hospitals plan to remain open should a major hurricane hit New Orleans this year.

In anticipation, they have dug wells, bought satellite phones, and stockpiled food and medicine to ensure they can sustain operations for at least a week after a storm.

A few hospitals won't rule out full evacuation if a monster storm targets the city, but most plan to keep emergency rooms humming and to continue providing care to patients who are not ready for discharge.

While the lion's share of hospitals will remain open, most plan to winnow their roster of patients should a major storm threaten. They will cancel elective surgeries several days before the storm and work with families to discharge patients who are hardy enough to evacuate.

"We have planned for our intensive-care babies and our high-risk pregnant mothers to be transported out ahead of time," said Janice Kishner, chief operating officer at East Jefferson General Hospital. "We will work with our medical staff to discharge as many patients as possible. We have not been very aggressive about that in the past."

To protect the safety of those who remain behind, the hospitals have bought new radios less prone to interference from atmospheric conditions to bolster communication with a regional emergency coordinator and with one another. Many also have added satellite phones and installed antennas to ensure that Internet service is uninterrupted.

"If you can't talk to us, there has been a nuclear event," said Travis Sisson, chief operating officer at North Shore Regional Medical Center, which has bought a variety of radios and satellite phones to communicate with federal, state and local authorities.

A tougher skin

Hospitals also have armored their buildings and equipment against wind and water. West Jefferson Medical Center has elevated its generators to 20 feet above sea level to keep air conditioners running and installed two wells to supply drinking water in case the parish water system fails. St. Tammany Parish Hospital several years ago installed windows that are rated to withstand winds of up to 145 miles per hour.

Kim Ryan, interim chief executive at Tulane University Hospital and Clinic, said her hospital spent millions flood-proofing the plant where emergency generators are housed. It also bought a rooftop antenna that can be taken down before a storm and reinstalled afterwards so it won't blow away, as the old one did during Katrina.

Touro Infirmary built a command center fitted with satellite phones and radios where executives can meet and hash out strategy in the teeth of disaster. Ochsner Medical Center has upgraded its wells and generators to run air conditioning at full strength in its hospital, research building and hotel.

Before Katrina, most hospitals in the area stocked enough food, medicine and fuel to sustain operations for three to five days. They now plan to truck in enough provisions for a week or more. Ochsner will have two weeks of supplies on hand, while Children's Hospital is hoarding enough to last three weeks.

"Our plan is to defend in place, even for a Category 5 storm," said Grant Walker, vice president of support services for Ochsner Health System.

Planning for the worst

While Ochsner and other hospitals have vowed to remain open in even the most dire circumstances, several hospitals could switch to evacuation mode depending on the severity of a storm and the angle at which it is approaching the metro area.

Slidell Memorial Hospital is in an area prone to flooding, and its electrical plant is on the first floor. Spokesman Sam Caruso Jr. said the hospital would shelter patients in place as long as water was not entering the building.

Ryan said Tulane would weigh the benefits and risks of moving the sickest and frailest patients. While the hospital intends to stay open through most storms, Ryan said, "We would absolutely do a total evacuation if there was a Category 5 storm and it was headed right for us."

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

Politics Notebook for May 27, 2007 The Advocate | 05.27.07

The Rothenberg Political Report is claiming a meeting took place between State Treasurer John Kennedy and White House adviser Karl Rove. According to the national political newsletter, Rove encouraged Kennedy to run against U.S. Sen. Mary Landrieu, D-La., as a Republican next year. Kennedy is a Democrat. The treasurer's aide, Jason Redmond, confirms that Kennedy met with Rove in New Orleans recently. Redmond would not comment on what transpired during the conversation.

BR contractor prepares for race

Baton Rouge contractor Lane Grigsby is getting involved again in a race for an East Baton Rouge Parish seat in the Louisiana Legislature.

Grigsby spent lots of cash undermining the recent state Senate bid of state Rep. William Daniel, R-Baton Rouge. Daniel lost. Now, Grigsby's out to see that state Rep. Bodi White, R-Central, gets beaten this fall.

What riled Grigsby enough to put an advertisement in local publications soliciting candidates to run against White? "That plumber's vote," said Grigsby.

White opposed legislation that would have relaxed plumbing licensing requirements — a vote businessman Grigsby considered pro-union. And White spoke against the legislation, which died in a House committee.

"I sincerely don't believe that Bodi's constituency is pro-union. I do not believe that the plumbers' union should be deciding who gets to be a plumber and how many there are," said Grigsby.

White said he was voting for his constituency.

"If you check my voting record with business and industry, I've got the second- highest score there is," said White. "But on this occasion I had to support people in my district that work for a living. It was a threat to their livelihood."

White said Grigsby's ad "has energized my district, and my friends."

Grigsby said he had eight different people call to say they were interested in running after the anti-White add ran.

Grigsby said he's not particularly trying to find a candidate to support. "The idea is to ask those constituents, 'Don't you think you can do better?'" Grigsby said.

Edwards to speak at fundraiser in La.

The Louisiana Democratic Party's annual major fund-raising event this year will feature Democratic presidential candidate John Edwards.

Edwards, a former U.S. senator from North Carolina, will be the featured speaker at the Saturday, July 21, Jefferson-Jackson Dinner, which honors the state's Democratic mayors.

The event originally was planned for June, but Edwards backed out because of a presidential campaign conflict. That prompted a search for a new speaker, then some reshuffling to allow Edwards to participate.

More information on the 7 p.m. Hilton Capitol Center event may be obtained by calling (225) 336-4155. Individual tickets are \$150 each. Other contribution levels range from \$1,000 to \$5,000.

LaFonta new chair of Black Caucus

Rep. Juan LaFonta, D-New Orleans, will become the new chairman of the Louisiana Legislative Black Caucus on July 1.

Other officers elected recently include Rep. Michael Jackson, D-Baton Rouge, vice chairman; Rep. Jalila Jefferson-Bullock, D-New Orleans, first vice chairman; Rep. Charmaine Marchand, D-New Orleans, secretary; Sen. Ann Duplessis, D-New Orleans, treasurer; Rep. Austin Badon, D-New Orleans, parliamentarian; and Rep. Elbert Guillory, D-Opelousas, sergeant-at-arms.

Carter to hold major fundraiser

Republican Metro Council member Wayne Carter of Zachary is holding a major fundraiser for his campaign to unseat veteran Democratic Agriculture Commissioner Bob Odom.

The June 7 reception will begin at 5:30 p.m. at the City Club of Baton Rouge, 355 North Blvd. Tickets range from \$500 to \$5,000 per person. For more information, call (225) 218-4393.

<http://www.theadvocate.com/news/politics/7705487.html?showAll=y&c=y>

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

BRIEFING BOOK**Times – Picayune | 05.27.07****AROUND THE CAPITOL****GOP courts Kennedy for Senate run**

Democratic state Treasurer John Kennedy has made no secret of his ambitions for higher office and that he's open to the idea of switching to the Republican Party. So it isn't a huge surprise that Kennedy had a private audience recently in New Orleans with senior White House strategist Karl Rove to discuss the possibility of Kennedy challenging U.S. Sen. Mary Landrieu, D-La., in her 2008 re-election bid. A source close to Kennedy confirmed the meeting, which was first reported by The Rothenberg Report, a Washington, D.C.-based newsletter. But the source said Kennedy, for now, remains focused on the legislative session and on getting re-elected to a third term as treasurer this fall. Other potential GOP candidates to challenge Landrieu, whom national Republicans view as one of the most vulnerable Democratic senators in the 2008 election cycle, include Secretary of State Jay Dardenne of Baton Rouge and Family Research Council President Tony Perkins, a former state legislator. Kennedy has said he will decide this summer whether to switch parties.

Insurance bill gaining fans

The House Appropriations Committee has been slogging through bills redirecting cash from the state Treasury to specific programs, but it has put many of them on hold until the state's budget bill clears the House. One that Appropriations Chairman Rep. John Alario, D-Westwego, seemed to warm to was House Bill 87 by Rep. Dan "Blade" Morrish, R-Jennings, which would be used to pay the annual assessments on insurance policies to keep the state-run insurance company, Louisiana Citizens Property Insurance Corp., solvent. Morrish said about \$230 million a year is generated by the tax on insurance premium and surplus line insurers, and all of that now flows to the treasury. His bill would redirect about \$80 million to pay the assessments imposed on policyholders for \$1 billion in bonds sold last year to keep Citizens in the black. The assessments now are paid by policyholders and recaptured on their following year's income tax as a credit. "There would no longer be a need for a credit because the assessment would be paid by the premium tax," Morrish said. "This is a tax people are already paying. . . . People would see an immediate decrease" in their insurance bills. Alario called it "an interesting concept. "I like the assessment coming right off the bills" without policyholders paying it and waiting to take a tax credit, Alario said.

Fireworks bill fizzles out

A bill that would have required fireworks vendors to check IDs and deny sales to those who live in parishes or cities where fireworks are banned fizzled last week. The House Commerce Committee voted 9-4 against House Bill 769 by Rep. Gary Smith, D-Norco. The bill would have required the State Fire Marshal's Office to supply vendors with a list of the cities and parishes where fireworks are banned. The bill called for fines of \$250 to \$1,000 depending on the number of offenses, with a two-year loss of license possible on a third offense. St. Charles Parish Sheriff Greg Champagne joined Smith in pushing the bill. He told the panel he wanted to "put up a speed bump" to deter the sales of fireworks that can injure or kill children. Smith's bill also would have raised the legal age to buy fireworks from 15 to 18. "Let's let the fireworks vendors card people," said Rep. Diane Winston, R-Covington, a vocal opponent of the bill. "You make the retailers enforce the law because you can't." Rep. Henry "Tank" Powell, R-Ponchatoula, agreed: "Why don't you just put up a roadblock around your parish and tell people it is not in their best interests to come into it?"

Black Caucus elects new leaders

The Legislative Black Caucus last week elected Rep. Juan LaFonta of New Orleans as its chairman for 2007-08. Other officers include Rep. Michael Jackson of Baton Rouge, vice chairman; Rep. Jalila Jefferson-Bullock of New Orleans, vice chairwoman; Rep. Charmaine Marchand of New Orleans, secretary; Sen. Ann Duplessis of New Orleans, treasurer; Rep. Austin Badon of New Orleans, parliamentarian; and Rep. Elbert Guillory Opelousas, sergeant-at-arms. All are Democrats. The group assumes the new posts July 1. LaFonta will serve two years. All other terms are one year. Black lawmakers occupy 22 percent of the Legislature's 144 seats: 23 seats out of 105 in the House and nine seats of 39 in the Senate.

Steel mill to pump up Alabama economy

The steel mill that the ThyssenKrupp Group plans to build near Mobile, Ala., will yield \$965 million in annual economic activity, according to a study done for Alabama's economic development office and reported last week in the Press-Register, Mobile's daily newspaper. That represents 0.7 percent of the state's economy, using Alabama's \$134 billion total economic activity in 2005, as estimated by the federal Bureau of Economic Analysis. ThyssenKrupp chose the Alabama site over one in St. James Parish. Louisiana's total economic output in 2005 was \$135.5 billion, according to federal estimates, and \$137.5 billion in 2004, the last year not skewed by hurricanes and their aftermath. The study, written by Auburn University Montgomery economist Keivan Deravi, said state and local governments in Alabama will take in \$1.4 billion in tax revenue. The Press-Register reported that state and local governments would break even on \$461 million in direct cash incentives by 2020 and on additional property, income and utility tax breaks by 2030. Louisiana had offered about \$1.1 billion worth of initial cash investments, mostly for site preparation.

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

INFORMATION PLEASE

STAYING IN TOUCH

To contact lawmakers:

-- Senate: (225) 342-2040; fax: (225) 342-0617

-- House: (225) 342-6945; fax: (225) 342-8336

TRACKING BILLS

Citizens can find the Louisiana legislative home page on the Internet at www.legis.state.la.us. Information on legislators, committee assignments, schedules and bills is available, as well as information on services for people with disabilities.

TUESDAY'S SCHEDULE

House convenes at 4 p.m.

House committees:

-- Appropriations, 9:30 a.m.

Senate convenes at 3 p.m.

Senate committees:

-- Judiciary B, 1 p.m.

-- Judiciary C, 1 p.m.

QUOTABLE

"Can we have a moment of silence for Mrs. Wooton?"

Rep. JIM TUCKER, R-Algiers, in response to an announcement by Rep. Ernest Wooton, R-Belle Chasse, that he and his wife are celebrating their 40th wedding anniversary this weekend.

"Let's let the state of Louisiana be the nanny for everybody."

Rep. DIANE WINSTON, R-Covington, in opposition to a bill that would have required fireworks vendors to check IDs before selling to anyone who lives in a city or parish where the devices are outlawed. The bill was killed.

<http://www.nola.com/news/t-p/capital/index.ssf?/base/news-4/118024884081950.xml&coll=1>

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

Money hottest topic of the week in La. Legislature

Shreveport Times | 05.27.07

By Mike Hasten

BATON ROUGE — The Louisiana Legislature finally dealt with money issues last week, four weeks after its so-called fiscal session began April 30. When first implemented in 1994, fiscal sessions were to focus legislators' attention on the state budget in an abbreviated term in which every proposal had to affect state spending or revenue. But since then, lawmakers have turned it into a modified general session with all sorts of other bills.

The focus turned to money last week after the Revenue Estimating Conference recognized an additional \$118 million in revenue that could be added to the budget for the fiscal year that will start July 1. The House Appropriations Committee, which deals primarily with spending issues, and the House Ways and Means Committee, which primarily deals with tax matters but also handles the state construction spending bill, got their primary pieces of legislation out committee last week.

The \$29.6 billion appropriations bill will head to the House of Representatives this week. And the capital outlay bill, at more than \$5 billion, will go to the Appropriations Committee for its blessing before heading to the House. Both proposals have more projects than they had when originally filed. But the \$111 million in amendments to House Bill 1, the budget proposal, have the blessing of the Blanco administration and have a good chance of survival, if the Senate doesn't change them. Since some of the money can be used to secure federal funds, the amendments could produce an additional \$300 million.

The multitude of amendments added to House Bill 2, the state construction proposal, is a different story. Most of its amendments likely will not see funding for many years — if at all — because the state limits the amount of bonds sold each year to finance construction. And when the capital outlay program has more projects than can be funded, the administration-influenced state Bond Commission decides what can be funded.

The House traditionally makes few changes in the bills; the Senate sometimes rewrites them with its own priorities. The final versions are often the last major issues settled in a session after conference committees put together compromises. Items in House Bill 1 that are not likely to change are pay raises for teachers, support workers, college faculty members, state employees, school support workers, college staff members and law enforcement officers and firefighters who qualify for supplemental pay. Also, additional funding for LA4, the state's prekindergarten program, and money to fully fund state colleges and universities appear to be safe because of widespread legislative support.

Also during last week:

The House approved legislation aimed at saving students' lives by sending House Bill 157 by Rep. Mike Walsworth, R-West Monroe, to the Senate for debate. The proposal calls for installing on every public school bus arms that swing out and prevent children from passing closely in front of buses where drivers cannot see them. Two 5-year-olds, one in Union Parish and another in East Baton Rouge Parish, were killed this school year when they crossed in front of buses that had stopped. Installing the \$300 attachments on the 2,000 buses that don't have them could save lives, Walsworth said.

The Senate approved a health-care redesign plan in legislation authored by Sen. Joe McPherson, D-Woodworth. The plan calls for uninsured and Medicaid patients to receive regular care through doctors at clinics, instead of hospital emergency rooms, which would save the state money and improve patients' overall health. The plan would expand the number of people who are eligible for service.

The House is trying to avoid voting on a Senate-passed bill that would outlaw cockfighting as of August, rather than August 2008, as stated in a House-passed bill. Representatives referred Metairie Sen. Art Lentini's bill to the House Agriculture Committee, which is chaired by Rep. Francis Thompson, D-Delhi, who told the House that if it sent the bill to his committee, it wouldn't have to worry about voting on an immediate ban. "If you move it out of committee you will not get the intended results you want," Thompson said, reminding members they had voted 101-1 for a bill calling for a 2008 deadline.

The Senate approved a bill that would abolish the Insurance Rating Commission and allow the state insurance commissioner to decide insurance rates based on his staff's advice. A similar House bill awaits action on the House floor. Under legislative rules, the two proposals could be declared duplicates and passed without the Senate bill going to a House committee.

Separate House and Senate bills also call for insurance companies to get grants of \$2 million to \$10 million for writing that much in new insurance policies in Louisiana. At least 25 percent of the coverage would have to be taken from holdings of Louisiana Citizens Property Insurance Corp., the state's high-risk insurance pool.

A Senate committee has approved an administration-backed bill by Sen. Lydia Jackson, D-Shreveport, that would grant tax credits to parents who have minor children at home. The bill would provide a state child tax credit that is 10 percent of the federal child tax credit.

<http://www.shreveporttimes.com/apps/pbcs.dll/article?AID=/20070527/NEWS01/705270326/1002/NEWS>

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

Renowned surgeon addresses medical school graduates

Shreveport Times | 05.27.07

By Teasha Barker

Hard work and dedication paid off Saturday for more than 120 graduates of Louisiana State University Health Sciences Center in Shreveport.

Friends and relatives gathered in Centenary College's Gold Dome at 10 a.m. to congratulate their loved ones on their lifelong achievement. Candidates for degrees included LSUHSC's schools of Medicine, Allied Health Professions and Graduate Studies.

As the candidates lined a small corridor in preparation for the procession, they reflected on the time, hard work and determination it took to get to this point in their lives.

"It's been a long road and a life long of hard work; this is the big payoff," said Michelle Menard, a candidate for a degree from the School of Medicine.

"It's been a lot of hard work and I'm excited about moving on with my life," said David Clampitt. The Oklahoma resident, also a candidate for a degree from the School of Medicine, plans to open a family practice in Colorado.

The momentous occasion was addressed by Dr. Benjamin Carson, director of pediatric neurosurgery at Johns Hopkins Medical Institutions and a professor of neurosurgery, oncology, plastic surgery and pediatrics.

"I'm looking forward to hearing Dr. Carson speak," Michael Barnidge, a School of Medicine degreee candidate, said before Carson's address. "How often do you get the privilege of having a world-renowned pediatric neurosurgeon speak at your graduation?"

Carson spoke to the graduating class about the responsibilities of professional leadership.

He relayed the importance of demonstrating a strong commitment to the community by showing compassion and concern; taking on a leadership role in health care by purposing viable solutions to today's declining health-care system; and using their intellect to change the nation's course.

"Believing in yourself makes all the difference in the world," Carson told them.

He ended his address by encouraging everyone to "think big," Carson's philosophy on promoting outstanding academic achievement and dedication to helping others.

<http://www.shreveporttimes.com/apps/pbcs.dll/article?AID=/20070527/NEWS04/705270323/1002/NEWS>

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

Physicians Sue Louisiana Over Uninsured Post-Katrina Care

Acadiana Medical News | June 2007

LYNNE JETER

In the first lawsuit of its kind filed by Louisiana physicians since Charity Hospital was shut down in the wake of Hurricane Katrina, nearly 400 doctors at West Jefferson Medical Center (WJMC), a not-for-profit community hospital based in Marrero, filed a \$100 million lawsuit against the state on April 30, claiming they are owed money for providing free care to uninsured patients.

In the weeks following 2005 Hurricanes Katrina (Aug. 29) and Rita (Sept. 24), nearly one-third of patients treated in the emergency room at WJMC — only one of three New Orleans-area hospitals that kept its doors open post-Katrina — could not pay for medical bills. Outside the ER, uninsured patients at the Jefferson Parish hospital, which is not named in the lawsuit, account for 13 percent, up from the pre-Katrina 5.4 percent.

Last year, the state Department of Health and Hospitals (DHH) set aside \$120 million to cover uninsured patients' medical expenses, but that money is funneled to hospitals, and not to physicians.

"Since Charity Hospital closed after Katrina, the uninsured patients who were using Charity as a safety net have nowhere to go, so they've been coming to community hospitals," said Dr. K. Barton Farris, medical director of the West Jefferson Medical Center laboratory, executive medical committee member, and former president of the Louisiana State Medical Society. "Disproportionately, because of the community we're in, we're getting a larger percentage of these patients than the other hospitals."

Farris said there's also been a greater exodus of physicians than the general population, adding to "a tough situation." "The ER patients are now about 33 percent uninsured and depending on the patient's condition, the (specialist) on call, not the ER doctors themselves, has to come in, treat the patient and then often see the patient during office hours for follow up," he explained. "They may admit the patient to the hospital and do treatment there. But what happens is, between the volume of patients and the loss of physicians, the situation is costing the doctors money out of their own pockets to take care of the patients." Of the 381 doctors listed on the lawsuit, 20 are hospital employees; the remainder work in private practice through WJMC.

"We had an annual staff meeting in November, where we discussed the impending crisis, and the fact that Louisiana DHH and the Recovery Authority weren't doing anything to address the problem, so we felt the only way to resolve this was to file suit against the state," explained Farris, noting a similar situation at East Jefferson involves less than half the percentage of uninsured patients. "This action is something we didn't take lightly. Doctors don't like to be sued and they don't want to sue anybody else, because it has such a negative connotation for the medical community, so it took a lot to get us to this point. Everybody is burned out."

DHH spokesperson Robert Johannesen pointed out the state cannot reimburse private physicians. He added that the state helped secure \$8 million in federal money for private physicians' reimbursement for uninsured care after the hurricanes through Jan. 31, 2006. "Unfortunately, by federal law, the program only reimburses hospitals for the uncompensated care they provide," said Johannesen.

Farris said, "While we don't dispute this, we believe that a state with a \$3 billion budget surplus could find a way to use its funds to pay physicians for the services they provide to the indigent population and avert a deepening crisis."

WJMC doctors are also upset that, despite the fact that state-funded Charity Hospital in New Orleans, the second oldest continuing public hospital in the United States (founded on May 10, 1736), the only certified level 1 trauma center in southeast Louisiana, and part of the 9-hospital Louisiana State University Health Science Center Healthcare Services Division, closed on Aug. 29, 2005, the Louisiana Legislature proposes an allocation of \$3.8 million to the now defunct facility for the 2007-08 fiscal year.

On behalf of physicians, DHH Secretary Dr. Fred Cerise made a request to the federal Department of Health and Human Services on April 2 for additional funding, including a waiver to pay physicians for their uncompensated care costs, and for the flexibility to use the DSH program as the mechanism. "At this time, we haven't received a response," said Johannesen.

In addition, the DHH budget for 2007-08 proposes \$64 million more to increase the rates paid to doctors in the Medicaid program. A recent Louisiana State University Public Policy Research Lab study showed the state had 657,027 uninsured citizens as of fall 2006.

"There was a little money fairly soon after Katrina," admitted Farris, "but it was set up similar to Medicaid. The problem there is, in order to get any of it, you had to already be a participating provider with Medicaid. Most physicians only accept Medicaid because they have to take call for the emergency room. They don't take Medicaid for their office because the Medicaid payment rate is so poor, it doesn't even cover expenses."

<http://acadiana.medicalnewsinc.com/news.php?viewStory=980>

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

St. Theresa Wins Battle with Ochsner

Acadiana Medical News | June 2007

TED GRIGGS

Construction on the \$60 million for-profit St. Theresa medical center will move forward despite the objections of Ochsner Health System, which launched a mail campaign to get Kenner residents' help in the dispute. "The concern is the unfair playing field it creates, and the fact that this is a duplication of highly profitable services, such as outpatient surgery, imaging and a sleep lab," said Lawrence Van Hoose, Ochsner senior vice president of external relations. "Those services are already provided at Ochsner-Kenner, and those are the services that help us balance the services that don't make a profit, such as the 24-hour emergency room." However, John J. Liljeberg Jr., co-owner of St. Theresa, said Ochsner is no better than for-profit operations and that Ochsner merely wanted to stamp out all competition.

"I could not comprehend under any set of circumstances why they (Ochsner) conjured up some hate campaign to try to keep us out of commerce," Liljeberg said.

Last year, Ochsner purchased Ochsner-Kenner, formerly known as Kenner Regional Medical Center. When Liljeberg Enterprises LLC announced its plans for St. Theresa, Ochsner objected vehemently. The health system took the unprecedented step of mailing out thousands of fliers to Kenner residents. The fliers warned that if the Kenner City Council approved an ordinance allowing St. Theresa to go forward, Ochsner-Kenner might have to shut down its emergency room and eliminate other services. The Kenner City Council voted 4-2 on May 3 to allow St. Theresa to drop its original plan for a nursing home and instead build the long-term acute care facility.

Van Hoose said Ochsner, unlike St. Theresa, has to take care of uninsured patients. Since Hurricane Katrina, the Ochsner system has provided \$36 million in care to the uninsured but has only been reimbursed around \$13 million, Van Hoose said. "It's been very slow in coming, and it's been a major challenge for us as we try to rebuild our health system," Van Hoose said.

St. Theresa can be very selective when it comes to which patients it takes, Van Hoose said, and it is a certainty that those patients will be the ones who can pay and only those. While for-profits such as St. Theresa were formed to target the most lucrative procedures and to enrich investors and stakeholders, Ochsner plows any money it makes back into its facilities and patient services, Van Hoose said.

Chuck Woepfel, chief executive officer of Liljeberg Enterprises, St. Theresa's developer, said he does not understand Ochsner's concern. The new hospital will not compete with Ochsner-Kenner, Woepfel said. St. Theresa will specialize in four major areas: long-term acute care, outpatient surgery, imaging and rehabilitation services, Woepfel explained. When complete, the 100,000-square-foot hospital will have 43 beds, an inpatient rehabilitation area with 55 beds, four outpatient surgery suites, and a complete menu of imaging services.

St. Theresa's main service, long-term acute care, is something Ochsner does not provide, Woepfel said, and that type of care has been sorely lacking in the area since Hurricane Katrina. Before the storm, there were 11 long-term acute care facilities in the New Orleans area, Woepfel said. After Katrina, there were only three.

A PricewaterhouseCoopers report commissioned by the Louisiana Recovery Authority identified a 300-bed deficit among long-term acute care facilities post-Katrina, Woepfel said. St. Theresa will have four ambulatory, or outpatient, surgery suites, according to Woepfel. Ochsner has 12 and four of those are not in use.

The imaging services St. Theresa will offer, such as the first open 6-foot MRI, are not available locally, Woepfel said. "We will provide services that Ochsner's West Bank patients would have to drive to the main campus to get," he said.

St. Theresa is being built on 4.2 acres right behind Ochsner-Kenner. The project began 25 years ago as a nursing home, with periods of construction separated by long delays.

Woepfel said Liljeberg moved away from the nursing home idea because it was economically unfeasible. "There was no way to make money with a nursing home given the reimbursement situation," Woepfel said. After going back to the drawing board, Liljeberg Enterprises came up with a long-term acute care facility.

However, Van Hoose said St. Theresa will further reduce an already limited supply of qualified, trained nurses and allied healthcare professionals.

The conflict may not be over.

Ochsner has sued Kenner, saying the city cannot legally permit St. Theresa to operate as a long-term acute care facility. Ochsner's lawsuit says an earlier city ordinance says St. Theresa can only be operated as a nursing home, and that the construction on the medical complex had to have been completed by 1992.

Liljeberg said his firm is not worried about the lawsuit, which was rendered moot by the City Council's decision.

<http://acadiana.medicalnewsinc.com/news.php?viewStory=985>

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

Hospitals Prescribe Incentives, Improvisation to Fill Nursing Shortage

Acadiana Medical News | June 2007

TED GRIGGS

In an effort to fill the nursing shortage, New Orleans hospitals are ponying up bonuses, helping new graduates repay student loans and recruiting workers from overseas.

Touro Infirmary in New Orleans recently kicked off a program to hire 60 nurses in 60 days, chief nursing officer Susan Pitoscia said. Nursing recruits who agree to work at Touro for two years receive \$12,000; \$6,000 for each year.

"I think what's unique about this program is we're offering the same program and payment to staff that are working here in an effort to retain them," Pitoscia said. "If they commit to working here the next 24 months, we would pay them \$6,000 now and \$6,000 next year."

The incentives are boosting Touro's costs, but are still less than paying temp agencies or contract firms anywhere from \$60 an hour to the high \$80s for each nurse, Pitoscia said. Either way the cost is significant for Touro, which is short some 60 nurses, but the bonus incentive solution might be a better way to both finding and keeping nurses.

"By nature many of them [temps] are transient, so they don't make a commitment really to the organization, to our values and our culture, and what we're trying to do in terms of providing good patient care," Pitoscia said.

The bonuses are just one way healthcare providers are expanding their nursing staffs.

Ochsner Health System is looking at ways to share nurses among its facilities and is offering extra pay for doing so, said Lisa Colletti, vice president of nursing at Ochsner-West Bank.

"We're trying to start cross training some of our staff for some of our other facilities," she said. "If we don't need some people at the main campus, then they can be shifted to the West Bank."

The shortage of nursing is more pronounced on the West Bank, Colletti said. For that reason, Ochsner-West Bank is paying an additional dollar an hour for nurses.

"Part of the issue is that people just don't know about this facility, and West Bankers like to stay on the West Bank and East Bankers like to stay on the East Bank," Colletti said. "So the pool of nurses (on the West Bank) is smaller."

Ochsner is also taking a look at special pay programs, such as additional pay for working weekends.

Ochsner has also made a major recruiting effort in the Philippines, interviewing 250 nurses in October and selecting 100 to hire, Colletti said.

Getting the new hires to the hospital is an arduous process that takes at least a year. The nurses, already licensed by the Filipino government, must also pass an English competency exam and the United States nursing exam. After that the nurses must apply for a visa and be cleared to work stateside.

Touro and for the first time Ochsner are also offering student-loan repayment programs. Touro also offers a graduation gift of \$700, which covers the cost of a nursing board exam and covers the day's pay lost in taking the boards.

All of these steps and others are necessary because the conditions that led to a pre-Katrina nursing shortage still remain, Colletti said.

Two years ago, a shortage of instructors prevented healthcare providers from enrolling enough students into nursing schools, Colletti said. The pay scale for most instructors was very low, which meant those qualified to teach could make more money in other settings, and many chose to do so.

In addition, a lot of nurses are not working in hospitals, Colletti said. Some are working for private practices; some are working for insurers or large employers.

"The amount of opportunities that nurses have now in all kinds of different settings really presents a challenge for the hospital that's open 24 hours a day, seven days a week, plus weekends and holidays and all that," Colletti said.

Hospitals face another major challenge in the post-Katrina environment, Colletti said. Many of the providers' employees have relocated. Ochsner probably lost three-quarters of its staff after the storm, Colletti said. Most of those people were ancillary staff but a good portion of those who left were nurses.

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

Insurer's Proposed Fine Draws Physicians' Ire

Acadiana Medical News | June 2007

TED GRIGGS

UnitedHealth Group sees a proposed fine for doctors who continually and knowingly refer patients to out-of-network labs for tests as an effort to protect consumers and reduce their costs.

A number of physicians and the associations that represent them see the move as an insurer trying to save money by substituting its judgment for the doctors', a disruption of patient care and even a violation of the doctors' PPO contracts.

The controversy and confusion over the proposed \$50 fine — UnitedHealth has yet to levy one — is unlikely to end anytime soon.

"I thought it was a dead issue," said Cary Kuhlmann, executive director of the Medical Association of the State of Alabama.

Kuhlman based that opinion on an American Medical Association e-mail regarding UnitedHealth's decision to temporarily suspend the policy in New Jersey. State regulators there asked UnitedHealth to hold off until they can discuss the issue with the insurer.

However, UnitedHealth spokesman Tyler Mason said the company is not abandoning its plan to implement the fine nationwide.

"When it would be, it would be done carefully, we expect very rarely, and with respect," Mason said.

UnitedHealth will not levy the fine without first speaking to the physician, Mason said. But the company is serious about the "financial disincentive."

"What's happening is we have been receiving member calls, complaints from members saying, 'It's costing me more to go out of network. I didn't even know,'" Mason said.

The question is, how much more?

Mason said Quest Diagnostics®, its former national lab, charges seven times as much for tests as LabCorp®, UnitedHealth's current national lab. Those kinds of cost differences make this a consumer issue, Mason said.

Mason cited an American Medical Association-sanctioned study that showed only 40.2 percent of physicians routinely consider patients' out-of-pocket costs when selecting diagnostic tests.

"Nobody's saying that if you want to go out of network, you can't go," Mason said. "It's just going to cost you more. But what we're saying now is it shouldn't cost you more unless you consented."

UnitedHealth has contracts with 537,000 physicians, Mason said. Even if 99 percent of them comply with the in-network lab policy, that still leaves a fair number of doctors whose patients are paying more than they should.

However, Yarnell Beatty, general counsel of the Tennessee Medical Association, said patients do not necessarily pay more for out-of-network lab tests.

In general, participating physicians have a provision in their contracts that says they shall not balance-bill the patient, Beatty said. Basically, physicians agree to accept whatever the insurance company pays.

The in-network doctor would be reimbursed less for having the test done by an out-of-network lab, Beatty said.

"More often than not, physicians are more concerned with getting quick, reliable results than how much they're being reimbursed," Beatty said.

UnitedHealth's policy threatens to disrupt physicians' relationships with labs, and these relationships are built on trust, Beatty said. Physicians rely on the labs to provide them with results they can trust, and they may prefer a particular lab because they may know the pathologist and may be able to expedite test results.

If a local physician has to ship a specimen out of state, it may result in a longer wait, Beatty said.

"It means that there's not that physician-to-physician relationship between the physician and the pathologist," Beatty said. "They (physicians) can't pick up the phone and talk about the results."

Forcing physicians to go to a lab with which they are unfamiliar is kind of like substituting the insurer's medical judgment for the physicians', Beatty pointed out.

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

Mason countered that UnitedHealth works with 1,500 local and regional labs in addition to LabCorp so physicians have plenty of options.

In addition, the out-of-network protocol does not come into play for serious and life-threatening situations where the test results must be done as quickly as possible, Mason said. If the situation is serious, a case manager is usually involved who can work through any problem.

So far, none of the state agencies have filed lawsuits over United's proposed fine. Beatty said the Tennessee association is hoping the state will intervene, although he has not heard when or whether that will take place.

TMA has asked the Tennessee Department of Finance & Administration and the Department of Commerce & Insurance to investigate UnitedHealth's policy. TMA says the fine is an unfair and deceptive practice, imposed unilaterally and not contained in physicians' contracts with UnitedHealth.

AmeriChoice, UnitedHealthcare's public sector healthcare unit, will not impose the \$50 fine for its TennCare line of business, Beatty said.

The Louisiana State Medical Society has heard little on the topic from its members and has not taken an official stance yet, said Sadie D. Wilks, director of public affairs.

Courtney Hirscheider, spokeswoman for the Arkansas Medical Association, said the group is following the issue, but so far no members have been fined.

Karen Nikos, spokeswoman for the California Medical Association, said it's unlikely that UnitedHealth will fine any physicians before July.

"Generally if you squawk this loud, normally you don't get fined," she said.

However, Nikos said some CMA members have run into problems with the in-network lab policy. Several physicians have complained that their patients are being sent to labs 50 miles away, Nikos said, which is a huge access issue.

One Bay-area physician sent his patient to an in-network lab but it could not evaluate the biopsy of the infant's cyst, Nikos said. The lab ended up sending the sample to a lab in San Diego, 500 miles away.

"And this was something that required emergency response to see what was wrong. ... A test that normally would take one day ended up taking six," Nikos said.

Mason said it's possible that UnitedHealth's efforts to communicate the changes have helped generate so much attention on the topic.

UnitedHealth put the policy in place last fall, Mason said. The company then spent the first three months of this year sending letters and postcards to physicians, as well as calling them, to let them know about the proposed fine.

<http://acadiana.medicalnewsinc.com/news.php?viewStory=981>

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