

**IN THE NEWS**

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[WEDNESDAY, JULY 30, 2008]

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## **182 LSU med school students don white coats New Orleans CityBusiness | 07.28.08**

The number of second-year medical students at Louisiana State University Health Sciences Center this fall will reach a new post-Katrina high. A white coat ceremony held Saturday marked the start of the sophomore year of medical school for 182 students.

In some schools, the white coat marks the students' entrance to clinical medicine. At LSUHSC, the ceremony signifies students' increased contact with patients and patient responsibilities that expand during their sophomore year.

Dr. Anna Pou, an LSUHSC professor, was the featured speaker for the ceremony. LSUHSC students nominated her for the Humanism in Medicine Award to be presented by the Association of American Medical Colleges. The award winner will be chose at the AAMC's fall conference.

Former Attorney General Charles Foti sought an indictment against Pou following the deaths of four patients under her care at the former Memorial Medical Center. A grand jury refused to bring charges against her.

<http://www.neworleanscitybusiness.com/viewStory.cfm?recID=31382>

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## Letters document doctors' romance by mail, time at Mayo, Charity, and Shreveport Post-Bulletin | 07.30.08

By Jeff Hansel

Think about your true love, the man or woman who seemed physically attached to your every thought.

If that person moved half a continent away for two years, how often would you write?

Joe Holoubek of Omaha, Neb., and Alice Baker of New Orleans met during a summer pathology fellowship program at Mayo Clinic in Rochester, says their daughter Martha Fitzgerald.

"They courted long-distance before their marriage in 1939, writing twice a week during their senior years of medical school and daily during their internships," Fitzgerald wrote in an announcement that she will donate a copy of their approximately 770-letter collection to the Mayo Clinic Historical Archives. Copies will be donated to three other institutions.

"The Holoubek-Baker Letters, 1937-1939: An Annotated Collection" comes with the potential for medical research because Fitzgerald's parents "recreate the medical era before antibiotics, when radiation was applied liberally and sulfa compounds were the latest miracle drugs."

"Public hospitals were crowded, tuberculosis was rampant and interns were easy prey for serious infections," Fitzgerald wrote.

"Any collection of letter of this size during that very-dynamic period in the history of American medicine will be of great interest to future historians of medicine," said Dr. Bruce Fye, medical director of the Mayo Center for the History of Medicine.

Fitzgerald told the Post-Bulletin that researchers will be interested because her parents shared intimate details of their medical-training experience.

"In the overcrowded conditions at New Orleans' old Charity Hospital, TB was rampant in the late 1930s. Several interns, including my mother, developed tuberculous lesions and lost months or a year of training," she said via e-mail. Her father got strep and scarlet fever at Omaha's University Hospital. His strep was treated with high radiation doses ("40 'r' through three ports three times a day") and sulfanilamide.

"Later, after catching scarlet fever, he spent three weeks at the City Isolation Hospital. Patients were allowed no meat, and any papers they touched were destroyed," Fitzgerald said. He dictated letters to his future wife. Her letters were destroyed when he was discharged. The collection also contains historical references to Rochester-area life.

The letters discuss Mayo doctors, hospitals and research; dances at the Valencia and Pla-Mor ballrooms; and lawn parties Mayo staff members' homes, Fitzgerald said.

Dr. Alice and Dr. Joe, as they were known, practiced internal medicine for more than 40 years. She was one of the first women to graduate from Louisiana State University and he helped establish the LSU School of Medicine in Shreveport.

"In Rochester's history, my parents are only footnotes -- two of the 22 medical students selected for a summer pathology fellowship under Dr. William C. MacCarty. But Dr. MacCarty and Mayo Clinic had a profound influence on their lives," Fitzgerald said. "What they saw and heard that summer broadened their way of thinking and fueled their budding ambitions." MacCarty encouraged students to question, hypothesize and stay open to new ideas. MacCarty told Fitzgerald's parents "progress is made by the minority. Be not afraid of criticism."

"Mayo Clinic, for its part, presented a powerful example of group practice -- a system that valued patients more than profit, and placed equal emphasis on clinical care, research, and postgraduate training," Fitzgerald said. Her parents embraced those principles, practiced them and passed them on to future generations, she said.

[http://news.postbulletin.com/newsmanager/templates/localnews\\_story.asp?z=2&a=353862](http://news.postbulletin.com/newsmanager/templates/localnews_story.asp?z=2&a=353862)

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## Ochsner Health System to Transform Healthcare in Louisiana Using Carefx Interoperability Solution and Federated Model

Market Watch | 07.30.08

SCOTTSDALE, Ariz., Jul 30, 2008 (BUSINESS WIRE) -- Expanding its information technology and data integration solutions to more Louisiana hospitals, health systems and physician practices, Carefx Corporation today announced that New Orleans-based Ochsner Health System will deploy the Fusion from Carefx(R) interoperability platform to provide 15,000 users, including 1,500 physicians, with a detailed and unified view of patient data from multiple clinical databases. Ochsner physicians will be able to access real-time patient information through a portal from anywhere - at the point-of care, remotely from home, the office or while traveling.

"Carefx's technology furthers Ochsner's goal of improving clinical care and efficiency in the post-Katrina era," says Lynn Witherspoon, M.D., Ochsner's System Vice President and Chief Information Officer, who was recently named an IT innovator by Healthcare Informatics magazine. "With the ability to access all of a patient's information, anytime, from across the Ochsner system, physicians can improve their medical decision-making and obtain a more complete picture of their patients' health."

The Ochsner partnership brings Carefx's Louisiana deployments to nearly 70. It also complements and extends Carefx's involvement with the Louisiana Rural Health Information Exchange (LARHIX), which links 24 northern Louisiana community hospitals with Louisiana State University Health Sciences Center in Shreveport.

In supplying Ochsner with its Fusion platform, architecture and aggregate view of real-time patient data within a portal framework, Carefx is also fostering implementation of a transformational federated model where data need not be moved, replicated or changed. Ochsner physicians stand to benefit from real-time single views of patient information emanating from multiple, different databases.

"Overall, the federated data model goes a long way to minimize common squabbles over data ownership, while overcoming physician reticence and lack of confidence related to data accuracy and timeliness," says Andy Hurd, chairman and CEO of Carefx. "The model offers physicians' workflow-specific data views from disparate systems, while encouraging higher levels of information exchange for better decision-making and better care."

Ochsner's movement toward a federated model began when Dr. Witherspoon experienced an increased sense of urgency to provide access to all clinical information collected at any of Ochsner's facilities. He launched a search for a solution that would build upon previous IT successes and facilitate the seamless integration of Ochsner's internally developed electronic medical record (EMR) with systems from Meditech, Siemens, McKesson, and Agfa. Dr. Witherspoon found the interoperability solution he needed in Fusion from Carefx.

"Ochsner's partnership with Carefx is one more step toward achieving the post-Katrina healthcare renaissance where healthcare facilities join forces with vendors and government to drive change through technology," says Dr. Witherspoon. "The beneficiaries of our partnership are the clinicians who've elected to labor on in a tough environment and our patients who, in many cases, have lost everything and are deeply grateful for the opportunity to receive quality healthcare."

In addition to simplifying provider access to clinical data, Dr. Witherspoon hopes to create an IT infrastructure compatible with LARHIX. Launched in March 2008, LARHIX chose Fusion from Carefx because it does not rely on a central data repository and because of its ability to provide a real-time interface between LSU Shreveport physicians and 24 participating rural hospitals. Whether physicians are at LSU or on a rotation at a rural hospital, they can now click into a portal offering similar navigation and access to patient information. Ochsner physicians can look forward to experiencing the same kinds of benefits.

"The Ochsner partnership delivers a web services model that takes advantage of an advanced Service Oriented Architecture (SOA) framework," says Oscar Diaz, EVP and Chief Software Architect at Carefx. "Ochsner will be taking advantage of SOA to improve workflow for physicians and clinicians and provide

rapid access to patient information across the enterprise at the right place and the right time. This framework delivers a ready architecture that complements the implementation of the statewide access to a patient's information that is consistent with the LARHIX architecture."

The Ochsner partnership and LARHIX announcements come in the midst of impressive national growth for Carefx, a leader in healthcare IT interoperability. Carefx experienced record-breaking growth during the fourth quarter of 2007 and the first quarter of 2008, adding more than 70 healthcare facilities to its client base which now stands at more than 300.

#### About Ochsner Health System

Ochsner Health System ( [www.ochsner.org](http://www.ochsner.org)) is a non-profit, academic, multi-specialty, healthcare delivery system dedicated to patient care, research and education. The system includes seven hospitals and over 35 health centers located throughout Southeast Louisiana. Ochsner employs over 600 physicians in 80 medical specialties and subspecialties and 450 clinical research trials annually. Ochsner was ranked one of the "Best Places to Work" by New Orleans CityBusiness in 2005, 2006 and 2007 and received the Consumer Choice for Healthcare in New Orleans for 12 consecutive years. Ochsner was ranked as "Best" Hospital by U.S. News and World Report in July 2007. Ochsner has over 10,000 employees system-wide.

#### About Carefx Corporation

Scottsdale, Ariz.-based Carefx is the only provider of an open, scalable patient data aggregation platform that provides clinicians with real-time access to information residing in disparate clinical applications. Fusion from Carefx(R) can be operated either in a desktop or a web-based environment and is customizable to each user's workflow. For more information, visit [www.carefx.com](http://www.carefx.com).

<http://www.marketwatch.com/news/story/ochsner-health-system-transform-healthcare/story.aspx?guid=%7B8EFCF6E6-2D29-4E71-98D4-56FB6BEA5322%7D&dist=hppr>

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## **Louisiana Officials, HHS Secretary Leavitt Discuss Medicaid Changes, Other Issues Kaiser Network | 07.29.08**

HHS Secretary Mike Leavitt last week met with Louisiana Gov. Bobby Jindal (R) and other policymakers to discuss changes to the state's Medicaid program, among other issues, the New Orleans Times-Picayune reports. The meeting comes 18 months after the state rejected a Leavitt-backed plan to restructure safety net funding, according to the Times-Picayune.

The meeting focused on three issues:

- \* Changing the Medicaid program into an HMO-style system in which beneficiaries would choose a managed care plan and use local clinics;

- \* Determining federal reimbursement to the state for damage Charity Hospital sustained during Hurricane Katrina; and

- \* Settling claims that the federal government overpaid Louisiana \$600 million for Medicaid.

Louisiana Department of Health and Hospitals Secretary Alan Levine said that the Medicaid changes would not disrupt the flow of charity care funding and instead would use funds already allocated by the state and federal government for the program. If an agreement is reached, the proposed changes would first affect three major markets by 2010 -- likely Baton Rouge, New Orleans and Shreveport, according to Levine. He said it is unclear whether the changes would increase the state's Medicaid rolls to reduce the number of uninsured residents or only affect current beneficiaries.

The state officials and Leavitt also discussed how much the federal government will pay for damages to Charity Hospital. The state says the federal government should pay to replace the hospital at an estimated \$492 million. However, the Federal Emergency Management Agency estimates the cost in the tens of millions of dollars, according to the Times-Picayune. The state would use the funds to finance a new \$1.2 billion teaching hospital in New Orleans. However, if the federal funding is not granted, "it could imperil the project by increasing the subsidies required from the state," according to the Times-Picayune.

Lastly, the state discussed three Medicaid "disallowances" that the federal government claims it paid Louisiana. Levine said that the state protests the \$600 million figure and is working to reduce the amount it must pay back to the government to a fraction of that amount (Moller, New Orleans Times-Picayune, 7/25).

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=53577](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=53577)

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## **Buzz on business: Willis-Knighton Health System recognized**

**Shreveport Times | 07.29.08**

Willis-Knighton ranked top 50

Willis-Knighton Health System has been recognized in U.S. News & World Report's 2008 publication of America's Best Hospitals for the second consecutive year, according to a news release.

The hospital was ranked among the top 50 hospitals nationwide in respiratory disorders and neurology & neurosurgery.

"To be ranked among the top hospitals in the United States is, indeed, a high honor," James K. Elrod, president and CEO of Willis-Knighton Health System, said in the release. "We know that we provide excellent care throughout the health system, but these two departments have gone the extra step, not only providing that excellent care but systematically documenting what has been done on an in-depth level."

The ratings, available at [www.usnews.com/besthospitals](http://www.usnews.com/besthospitals), were published in the magazine released at newsstands July 14. The guide ranked 170 medical centers nationwide in 16 specialities.

Griggs to receive award Wednesday

Roy Griggs, one of the area's McDonald's franchise owners, is the 2008 recipient of the McDonald's-Al Golin Communications Excellence Award.

The award is given to an "individual that best exemplifies the commitment to excellence," a news release states. Griggs opened his first restaurant in 1989 in Thomasville, Ala., and today, he operates 11 restaurants in the Shreveport-Bossier City area and three restaurants in East Texas.

"In addition to providing employment opportunities for young people coming out of the juvenile justice, Roy also has ensured that his McDonald's employees as well as other adults within the community receive access to higher education classes," according to the news release. "In 2004 alone, he secured more than \$500,000 in state grants to train his existing workforce to be not only great McDonald's employees, but also more productive citizens who can contribute and give back to the community."

Griggs' other volunteer contributions also have included work with Community Renewal International, the Shreveport Chamber of Commerce and North Louisiana Economic Development Foundation.

Griggs will receive the award Wednesday in Chicago.

— From Staff Reports

<http://www.shreveporttimes.com/apps/pbcs.dll/article?AID=2008807290330>

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## **SMH board selects builder for cancer center The Times-Picayune | 07.25.08**

After an extensive national search, Slidell Memorial Hospital's leadership and Board of Commissioners recently selected AE Design as the architectural firm for design and construction of a new regional cancer center.

AE Design, based in Marietta, Ga., and specializes in oncology and diagnostic imaging facilities, has completed more than 100 oncology facility projects in the world.

Engineers began drilling test bores in Slidell recently to determine the necessary depth of the pilings required for the construction of the cancer center, which will offer East St. Tammany residents one-stop cancer care close to home. Groundbreaking is anticipated in December.

Daniel Chang, AE Design president, and Mike Palazzo, associate, are leads on the project.

The company has assembled a team of engineers for the project including Duplantis Design Group of Thibodaux, La.; Wardlaw and Lasseigne, LLC, Baton Rouge; CRS Engineering & Design Consultants, Birmingham, Ala.; and Louisiana Landscape Specialty, Inc., Baton Rouge.

Developing a cancer center with the scope of care that will be available at SMH's new cancer center requires the cooperation of many different groups who are working closely with AE Design during the design and construction of the center.

The Cancer Program Working Group, an internal team including physicians, nursing staff, commissioners and other hospital employees, helps ensure the facility incorporates efficiencies and attributes that best serve the patients and medical specialists helping them fight their disease.

Bob Hawley, Chief Executive Officer of the hospital, and several members of the Cancer Program Working Group recently toured several cancer facilities in different locations. Hawley said the center will allow SMH to provide comprehensive cancer care in one central location.

The SMH regional cancer center will host advanced technologies such as image-guided radiation therapy, nanotechnology for drug delivery, specialized ultrasound, genetic testing and more.

Funding for the center's creation will come from \$17.5 million in excess funds available from a 2003 tax millage that was rededicated with voter approval in late 2007. After the center is completed, patients will be able to have diagnostic work-up, outpatient treatment and support services all under one roof.

<http://www.nola.com/timespic/stories/index.ssf?/base/news-18/1217014971127300.xml&coll=1>

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## Program Combating Nursing Shortage NewsWise | 07.28.08

A leading researcher recently compared America's growing nursing shortage to a developing storm that will strike the nation "like a Category Three Hurricane."

It is an analogy that the average American might not fully grasp but one that people in Louisiana understand all too well. A major nursing producer, Southeastern Louisiana University, is implementing strategies to combat this issue.

According to Peter Buerhaus, a leading nursing work force analyst from Vanderbilt University, and his colleagues, there could be as many as 500,000 vacant nursing positions nationwide by 2025. This severe shortage could "incapacitate the health care system," leading to "more infections, falls, cardiac arrests and medication errors," Buerhaus said.

Their report, published in "Nursing Economic\$, The Journal for Health Care Leaders," and presented in May to the National Press Club in Washington, pinned the anticipated shortage on an aging nursing work force and an exploding demand for health care as 78 million baby boomers reach age 65.

Although there are no available studies that identify the extent of the anticipated shortage in Louisiana, health care and education leaders are preparing for the worst. The University of Louisiana System Board, presidents, and eight universities, of which Southeastern is a part, have pledged to produce an additional 2,400 new graduates per year by 2012 in high-demand areas, including health care.

Southeastern, the fifth largest nursing producer in the United States, is working with state nursing and education leaders to recruit more students into the profession, give them a high quality education that is grounded in the realities of the work place, graduate more nurses quickly and help keep them on the job.

In the fall, Southeastern will begin enrolling students under a new program that allows graduates of associate degree and diploma nursing programs to earn a bachelor's degree in nursing in as little as a year if prerequisites have been met. In addition to this CALL — Continuum for All Louisiana Learners — program, Southeastern developed a similar accelerated track program for students seeking a second bachelor's degree. It allows students to obtain a degree in nursing in as little as 18 months.

Additional state funding allows Southeastern and other universities to enroll more nursing students to address the shortage. This has helped Southeastern graduate over 40 additional nursing students per year — an increase of more than 45 percent over the past four years — and the state to increase nursing graduates by about 36 percent over the last six years, according to Southeastern School of Nursing Director Barbara Moffett.

"We're seeing a great response to our recruitment efforts. I think we're all doing our part to keep the workforce in place. The challenge is retention," she said. "That's where working with nursing leaders statewide and hospitals in the region is essential."

One way Southeastern is responding is by giving nursing students hands-on work experiences with one of its approximately 100 health agency partners — both in Hammond and in the surrounding area.

"We're even working on the front end — at admission — to make students aware of what the field is really like, so they won't be disappointed when they find out it's different from what they see on TV," Moffett said.

Southeastern also is working with hospital administrators and other health care leaders to survey nursing graduates and address the issues that coax nurses out of the profession.

"We want to find out what they like about their jobs or what it would take to satisfy them. In some cases, it's more flexible working hours. In others, it's giving nurses a greater say in the operation of their facility," Moffett said. "Once we know what the issues are, we are better equipped to address them."

Moffett said the need for nurses is particularly acute in hospitals. “Nurses are more mobile than they were in years past, and they have more choices. Some in this generation of students, who are coming into the program and graduating now, have their careers mapped out. They might start out at a hospital but often see their career as taking them to become nurse practitioners, nurse anesthetists or into private practice, so their time in an acute care facility is limited. We want to help address that.”

One of Southeastern’s primary and longstanding partners is North Oaks Health System, the largest community-based hospital organization on the north shore and second largest employer in Tangipahoa Parish. North Oaks serves as a clinical site for Southeastern’s School of Nursing and other health studies programs. The health system also subsidizes students’ educations through a stipend program that pays students for every semester they spend at Southeastern, in exchange for working at the hospital after graduation.

Hospital officials agree with Moffett’s assessment. “The transition from nursing student to registered nurse can be challenging. That’s why we set the expectation that each staff member is counted upon to mentor, support and assist our new nurses with their entry into practice. Our new nurses are our future, so we put special resources into providing them with an outstanding orientation to professional nursing,” said North Oaks Senior Vice President/Chief Nursing Officer Paula Hymel, RN. “Our senior staff are key to these processes. They lend their expertise, skill and personal knowledge in the art of nursing. From there, a collaborative relationship develops between the staff, and excellence in nursing is the result.”

North Oaks and Southeastern are taking the same collaborative approach to assessing and addressing health care worker needs on the north shore. In March, health system and university officials formalized a cooperative endeavor agreement that calls for North Oaks to provide facilities and services to the university to assist in increasing the number of students in its health care education programs.

“Increasing the number of students creates a larger pool of available candidates to ensure our ability to meet the north shore region’s current and future health care needs,” said North Oaks Senior Vice President of Human Resources Carolyn Adema.

Through the cooperative endeavor agreement, North Oaks officials will make available to Southeastern an interactive auditorium-style classroom they are constructing as part of a \$250 million expansion to meet the health system’s own community and employee educational needs. The \$1.7 million community investment is scheduled for completion by year’s end on the main hospital campus in Hammond.

“Not only will the new classroom provide a north shore location for courses to be taught, but also it will be a place for clinical instructors to simulate the patient care environment to ensure nursing skill and competency,” added North Oaks Vice President of Human Resources Jeff Jarreau.

“Another benefit to the North Oaks partnership is that Southeastern can offer students opportunities that allow them to stay on the north shore for some of the classes that have traditionally only been offered in Baton Rouge, which is often a tough commute for these students,” Moffett said.

It also makes it easier for adult students — many who work and have families — to get their nursing degree and enter the ranks.

<http://www.newswise.com/articles/view/542958/>

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## **Surgical Errors Cost Almost \$1.5B a Year Washington Post | 07.29.08**

MONDAY, July 28 (HealthDay News) -- Preventing medical errors that occur during or after surgery could save lives and almost \$1.5 billion a year, according to U.S. Agency for Healthcare Research and Quality (AHRQ) study.

The researchers analyzed data on more than 161,000 patients in employer-based health plans who underwent surgery between 2001 and 2002.

The study found that insurers paid an additional \$28,218 (52 percent more) and an additional \$19,480 (48 percent more) for each surgery patient who suffered acute respiratory failure or post-operative infections, respectively, compared to patients who didn't suffer those complications.

Among the other findings:

Nursing care associated with medical errors, including pressure ulcers and hip fractures, cost an additional \$12,196 (33 percent more) per patient. Metabolic problems, such as kidney failure or uncontrolled blood sugar, linked to medical errors cost an additional \$11,797 (32 percent more) per patient. Blood clots or other vascular or pulmonary problems associated with medical errors cost an additional \$7,838 (25 percent more) per patient. Wound opening tied to medical errors cost an additional \$1,426 (6 percent more) per patient.

In addition, the study found that one out of every 10 patients who died within 90 days of surgery did so due to a preventable error, and one-third of the deaths occurred after the initial hospital discharge.

The study was published in the July 28 issue of the journal Health Services Research.

"Like the physical and emotional harm caused by medical errors, the financial consequences don't stop at the hospital door. Eliminating medical errors and their after-effects must continue to be top priority for our health care system," AHRQ director Dr. Carolyn M. Clancy said in an agency news release.

<http://www.washingtonpost.com/wp-dyn/content/article/2008/07/28/AR2008072801488.html>

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## **Insurers increasingly going against doctors' orders** **Hartford Courant | 07.29.08**

Insurers are increasingly rejecting imaging procedures recommended by U.S. doctors as the companies work to trim \$30 billion a year they say is wasted on the tests. With U.S. health costs projected to grow to 25% of the economy in 2025 from 16% now, insurers are turning to so-called radiology benefit managers who can reject scans determined to be unneeded, said representatives from a Washington-based consultant to hospitals.

In addition to requiring advance approval, screeners are negotiating discounted fees for scans, requiring imaging facilities to win accreditation, and guiding consumers to cheaper test centers.

[http://healthplans.hcpro.com/content.cfm?content\\_id=215921&topic=WS\\_HLM2\\_HEP](http://healthplans.hcpro.com/content.cfm?content_id=215921&topic=WS_HLM2_HEP)

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## Dr. Pou's trial changes laws and her life

WWLTV.com | 07.29.08

Meg Farris / Eyewitness News



Bill Haber / Associated Press

### Dr. Anne Pou and her attorney, Richard Simmons

Her story made national and international news. Dr. Anna Pou, along with two nurses, arrested for second-degree murder after patients died in Memorial Medical Center in the days after Hurricane Katrina.

Now in an exclusive, she reveals that her ordeal could change the way doctors practice disaster medicine across the U.S.

"I don't think any of us, ever any of us who work and live in the United States of America, ever thought we'd find ourselves in a situation like that because we do live in the best country in the world. I think and we have the best health care in the world," says Dr. Anna Pou, a professor of Otolaryngology at LSU Health Sciences Center.

It's been a year since an Orleans Parish grand jury decided there was not enough evidence to indict Dr. Anna Pou.

Today, she is busy as a head and neck cancer specialist and surgeon. She is on the faculty of LSU Health Sciences Center in New Orleans and treats her patients and the needy of the state, commuting to clinics set up in Baton Rouge. She also runs the program to train the state's future doctors in that field.

"This is my home and I came home just a year before Katrina so I could be near my family and I could give back to the state that had give n so much for me," she said.

And now she has taken on another mission in life. Along with her attorney Rick Simmons they gathered the support of lawmakers this past session to do something no other state has done.

"We have just passed unprecedented laws regarding disaster medicine, so Louisiana is really the leader in this," she says.

Here's what the three new laws do in a declared disaster.

First, doctors and nurses who are volunteering or getting paid are not responsible for injury or death unless there is gross negligence or intentional misconduct.

Second, when the government is making decisions on who is evacuated or treated first, doctors and nurses are not accountable for patient outcomes again unless there is intentional misconduct.

And third, a special panel of the coroner, medical and disaster experts will review forensics and advise government prosecutors if there is enough evidence to pursue the case.

Doctors say the laws protect patients too, assuring that enough doctors will stay and come help from other states during a storm. In some states, doctors took their names off of the disaster volunteer list after Dr. Pou was arrested.

"I think it's necessary for this state to understand that it's important that visiting doctors are welcome here and they will be treated fairly," says attorney Rick Simmons.

"This is a national problem it can be for any disaster and the ones that are more likely to happen in the near future would be a pandemic or a terrorist attack, but it could be a chemical spill, a tornado, whatever," Dr. Pou adds.

She says the new laws are similar to the protection military doctors get.

"What made Katrina so different is that civilian doctors are not used to being in war-like conditions. For the military, when you're in war their typical triage for them is for you to save as many people as possible. You do the most good for the most number of people," says Dr. Pou.

Now other states, and prestigious medical organizations around the U.S., are interested in what Louisiana has done, inviting Dr. Pou to help them make change as well.

"In some ways, it was a very good thing that happened because so much good is going to come from it regarding disaster preparedness and disaster management," she says.

Even with these three new state laws to protect medical workers, hospitals and corporations could still be liable for wrong doing.

There are still three civil cases pending against Dr. Pou.

<http://www.wwtv.com/topstories/stories/wwl072908mlpou.15d33edf.html#>

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## Houston doctors say they may have found a way to destroy HIV

WWLTV.com | 07.30.08

Lee McGuire / KHOU.com



**Researcher holds test tubes with separated HIV infected blood.**

HOUSTON -- There is real hope that what's happening in a Houston lab might lead to a cure for HIV.

"We have found an innovative way to kill the virus by finding this small region of HIV that is unchangeable," Dr. Sudhir Paul of the University of Texas Medical School at Houston said.

Dr. Paul and Dr. Miguel Escobar aren't talking about just suppressing HIV – they're talking about destroying it permanently by arming the immune system with a new weapon lab tests have shown to be effective.

Ford Stuart has been HIV positive for 15 years. He's on a powerful drug cocktail that keeps the disease in check.

"I'm on four different medications. Three of them are brand new, and it's the first time that I've ever been non-detectible," Stuart said. "I'm down to about – just for the HIV – about nine pills per day, five in the morning and four at night."

But Stuart knows HIV mutates, and eventually it will learn how to outsmart his medications.

"The virus is truly complex and has many tricks up its sleeve," Paul said.

But Dr. Paul thinks he's cracked a code.

"We've discovered the weak spot of HIV," he said.

Paul and his team have zeroed in on a section of a key protein in HIV's structure that does not mutate.

"The virus needs at least one constant region, and that is the essence of calling it the Achilles heel," Paul said.

That Achilles heel is the doctors' way in. They take advantage of it with something called an abzyme. It's naturally produced by people, like lupus patients. When they applied that abzyme to the HIV virus, it permanently disarmed it.

"What we already have in our hand are the abzymes that we could be infusing into the human subjects with HIV infection, essentially to move the virus," Paul said.

Basically, their idea could be used to control the disease for people who already have it and prevent infection for those at risk.

The theory has held up in lab and animal testing. The next step is human trials.

Meanwhile, every day in Houston, three people are diagnosed with HIV.

The doctors still need funding to launch human trials. In the world of HIV research, that's often where things fall apart.

"Clinical trials are very expensive," Paul said.

"That is the worry of the researcher. This is what nightmares are made of – that after 30 years of work, you find it doesn't work," Paul said.

But so far, it is working.

"This is the holy grail of HIV research, to develop a preventative vaccine," Paul said.

"If we can get the viral loads down to a manageable level, that will preclude the need for these conventional drugs," Escobar said.

Still, even if everything goes well, it's at least five years before the research could help people with HIV.

The doctors know people like Ford Stuart are waiting.

"There are so many people struggling with the disease because it affects not only your body, but also your psyche, how you perceive yourself," he said.

If nothing else, the research is promising for the tens of millions waiting for a cure.

<http://www.wwltv.com/topstories/stories/wwl072908hiv.14fe12ba.html#>

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## **U.S. Blacks, if a Nation, Would Rank High on AIDS**

**The New York Times | 07.30.08**

By LAWRENCE K. ALTMAN

If black America were a country, it would rank 16th in the world in the number of people living with the AIDS virus, the Black AIDS Institute, an advocacy group, reported Tuesday.

The report, financed in part by the Ford Foundation and the Elton John AIDS Foundation, provides a startling new perspective on an epidemic that was first recognized in 1981.

Nearly 600,000 African-Americans are living with H.I.V., the virus that causes AIDS, and up to 30,000 are becoming infected each year. When adjusted for age, their death rate is two and a half times that of infected whites, the report said. Partly as a result, the hypothetical nation of black America would rank below 104 other countries in life expectancy.

Those and other disparities are “staggering,” said Dr. Kevin A. Fenton, who directs H.I.V. prevention efforts at the Centers for Disease Control and Prevention, the federal agency responsible for tracking the epidemic in the United States.

“It is a crisis that needs a new look at prevention,” Dr. Fenton said.

In a separate report on Tuesday, the United Nations painted a somewhat more optimistic picture of the worldwide AIDS epidemic, noting that fewer people are dying of the disease since its peak in the late 1990s and that more people are receiving antiretroviral drugs.

Nevertheless, the report found that progress remained uneven and that the future of the epidemic was uncertain. The report was issued in advance of the 17th International AIDS Conference, which begins this weekend in Mexico City.

The gains are partly from the Bush administration’s program to deliver drugs and preventive measures to people in countries highly affected by H.I.V.

The Black AIDS Institute took note of that program in criticizing the administration’s efforts at home. The group said that more black Americans were living with the AIDS virus than the infected populations in Botswana, Ethiopia, Guyana, Haiti, Namibia, Rwanda or Vietnam — 7 of the 15 countries that receive support from the administration’s anti-AIDS program.

The international effort is guided by a strategic plan, clear benchmarks like the prevention of seven million H.I.V. infections by 2010 and annual progress reports to Congress, the group said. By contrast, it went on, “America itself has no strategic plan to combat its own epidemic.”

In a telephone interview, Dr. Fenton said, “We recognize this is a crisis, and clearly more can be done.”

The institute, based in Los Angeles, describes itself as the only national H.I.V./AIDS study group focused exclusively on black people. Phill Wilson, the group’s chief executive and an author of the report, said his group supported the government’s international anti-AIDS program. But Mr. Wilson’s report also said that “American policy makers behave as if AIDS exists ‘elsewhere’ — as if the AIDS problem has been effectively solved” in this country.

The group also chided the government for not reporting H.I.V. statistics to the United Nations for inclusion in its biannual report.

Dr. Fenton said the C.D.C. had ensured that its data were forwarded to officials in the Department of Health and Human Services and was investigating why the data were not in the United Nations report.

Others speaking for the agency said the answer would have to come from the State Department, which did not respond to an inquiry.

Dr. Helene Gayle, president of CARE and a former director of H.I.V. prevention efforts at the disease control centers, told reporters on Tuesday that the United States needed to devote more resources to care for people with sexually transmitted diseases. Such infections can increase the risk of H.I.V. infection.

The federal government and communities needed to promote more testing among all people, particularly blacks, to detect H.I.V. infection in its earliest stages when treatment is more effective, Dr. Gayle said.

Also, she said, more needed to be done to promote needle exchange programs, which have proved effective in preventing H.I.V. infection among injecting drug users but that are illegal in many places.

The United Nations report said that in Rwanda and Zimbabwe, changes in sexual behavior had led to declines in the number of new H.I.V. infections.

Condom use is increasing among young people with multiple partners in many countries and more young people are postponing their initial sexual intercourse before age 15.

The percentage of pregnant women receiving antiretroviral drugs to prevent transmission of H.I.V. to their infants increased to 33 percent in 2007 from 14 percent in 2005. During the same period, the number of new infections among children fell to 370,000 from 410,000.

The United Nations report affirmed treatment gains in Namibia, which increased treatment to 88 percent of the estimated need in 2007, from 1 percent in 2003; and in Cambodia, where the percentage rose to 67 in 2007 from 14 percent in 2004. Other countries with high treatment rates are Botswana, Brazil, Chile, Costa Rica, Cuba and Laos.

In most areas of the world, more women than men are receiving antiretroviral therapy, the report said.

Despite inadequate monitoring systems in many countries, data suggest that most of the H.I.V. epidemics in the Caribbean appear to have stabilized. A few have declined in urban areas in the Dominican Republic and Haiti which have had the largest epidemics in the region.

Increased treatment was partly responsible for a decline in AIDS-related deaths to an estimated 2 million in 2007 from 2.2 million in 2005.

The AIDS epidemic has had less overall economic effect than earlier feared, the report said, but is having profound negative effects in industries and agriculture in high-prevalence countries.

The United Nations has set 2015 as the year by which it hopes to reverse the epidemic. But even if the world achieved that goal, the report said, "the epidemic would remain an overriding global challenge for decades."

To underscore the point, the United Nations said that for every two people who received treatment, five people became newly infected.

[http://www.nytimes.com/2008/07/30/health/research/30aids.html?\\_r=1&oref=slogin](http://www.nytimes.com/2008/07/30/health/research/30aids.html?_r=1&oref=slogin)

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## Progress fragile as world AIDS epidemic slows

USA TODAY | 07.30.08

By Steve Sternberg



By Alexander Joe, AFP/Getty

Dr. Bernhard Gaede, left, who heads the AIDS anti-retroviral clinic in Emmaus, South Africa, talks to people in the waiting room. Sub-Saharan Africa accounts for 75% of AIDS deaths.

A major boost in AIDS prevention and treatment efforts worldwide over the past two years has helped slow the epidemic's growth and reduce its death toll, the United Nations' AIDS agency reported Tuesday.

The cost of cementing those gains will grow, along with the demand for prevention and the need for treatment, the United Nations' Joint Programme on HIV/AIDS (UNAIDS) report says.

"We've achieved more in the last two years than in the preceding 20," UNAIDS director Peter Piot said Tuesday at the United Nations in New York. "We need now to continue these efforts more than ever. Otherwise all our previous investments will be wiped out."

Among the findings:

- Roughly 33 million people worldwide are infected with HIV, 67% of whom are in sub-Saharan Africa, home to 75% of all AIDS deaths.
- Approximately 3 million people in developing countries were being treated for HIV by the end of 2007, with an increase of 1 million in the past year alone. Tripling the number of people in treatment will cost about \$11 billion a year.
- Deaths fell to 2 million last year from 2.2 million in 2005. About 25 million people have died since AIDS emerged.
- The epidemic has leveled off in some African countries. Though in several, infection rates hover at 15%. It continues to grow in Asia and Eastern Europe. About 1.5 million people are infected in Eastern Europe, 90% of them in Russia and Ukraine.

"There are still five new infections for every two people newly added to treatment," says Paul De Lay, UNAIDS' director of monitoring and evaluation.

Even as the U.S. prepares to ramp up its battle against AIDS abroad, a report Tuesday from the Black AIDS Institute charged that the nation neglects AIDS among blacks. President Bush today is to sign a congressional reauthorization of his emergency plan for AIDS relief, allotting \$48 billion over five years to help prevent and treat AIDS, tuberculosis and malaria in 15 countries.

About 1 million people in the USA have HIV. Although one of every eight Americans is black, blacks account for half of the roughly 37,000 infections diagnosed each year. Black women are 23 times more likely to be infected than white women; black men are seven times more likely to be infected than white men.

Kevin Fenton, director of the Centers for Disease Control and Prevention's National Center for HIV/AIDS, acknowledged that funding for HIV prevention in the USA has been flat for a decade, apart from recent modest increases for HIV testing.

"What is exemplified by the data in the Black AIDS Institute report is that we need to expand prevention to meet the urgent unmet need," he says.

[http://www.usatoday.com/news/health/2008-07-29-AIDS-UN\\_N.htm](http://www.usatoday.com/news/health/2008-07-29-AIDS-UN_N.htm)

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**Ritalin for Senior Citizens**  
**The New York Times | 07.28.08**  
Tara Parker-Pope

Most of us think of Ritalin as a drug used to treat attention-deficit disorder in childhood. But new research suggests Ritalin use in the elderly may lower their risk for serious falls.

In a small study from Israel, researchers evaluated 26 healthy seniors for their risk of falling before giving them Ritalin or a placebo. The subjects were then asked to perform the “Timed Up and Go” test, which requires they stand up from a chair, walk about ten feet, walk back and sit down. The test served as a proxy for falling risk because the longer it takes to accomplish the task, the greater the fall risk, the researchers said.

Those who took Ritalin performed the test more quickly and had less variability in their “stride time,” a common sign of instability, the researchers said. The finding was reported in The Journal of the American Geriatrics Society. Early research on those with Parkinson’s disease also shows that Ritalin may help decrease the risk of falling in those patients.

The data from such a small study are unlikely to lead to widespread prescribing of Ritalin to prevent falls in the elderly. More important, said researchers, is the evidence that walking and stability are complex, and not just about physical ability but about cognitive ability as well.

“Our study suggests that it may be possible to reduce the risk of falls in older adults by treating cognitive deficits associated with aging and disease,” said Jeffrey M. Hausdorff, a lecturer at both Harvard Medical School and the Sackler School of Medicine at Tel Aviv University. “This is consistent with a growing body of literature which has demonstrated that walking is not a simple, automated task, as it was once believed. We’ve taken this idea a step further and shown that you can capitalize on this dependence on cognitive function and use it to reduce the risk of falls.”

<http://well.blogs.nytimes.com/2008/07/28/ritalin-for-senior-citizens/>

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## **U. of C. builds on Fermi foundation**

**Chicago Sin-Times | 07.27.08**

BY SANDRA GUY Sun-Times Columnist

Doctors, scientists, physicists and researchers will enjoy technologically advanced workspaces once two new buildings take shape at the University of Chicago.

The latest advances in the Hyde Park university's grand renewal efforts are a \$375 million Center for Physical and Computational Sciences and a \$700 million New Hospital Pavilion for the University Medical Center.

» Click to enlarge image

Standing in a prototype of an operating center with robotic technology to be used in the new medical facility are Jim Hietbrink (from left), director of facility planning for the U. of C. Medical Center; Mark Urquhart, its vice president of facilities design and construction, and Rocky Kolb, chairman of astronomy and physics.

The advances are long past due, university experts say.

"Since the last time the university built a building for astronomy and astrophysics, the Cubs have won the Series twice," said Rocky Kolb, chairman of the astronomy and astrophysics department. (The Cubs last won the World Series in 1908 and before that, 1907.)

The departments are spread out over five buildings, making it difficult for scientists who work collaboratively, Kolb said.

The Center for Physical and Computational Sciences will measure a half million square feet and take up the west side of Ellis Avenue between 56th and 57th streets. The center will provide space for four physical sciences institutes and the physics and computer science department, in addition to astronomy and astrophysics. Work on the building is slated to start in fall 2010 and be completed in spring 2013.

The eight-story center will stand on the spot where Enrico Fermi built a subatomic particle accelerator -- an early version of the accelerators operating today at Fermilab.

"We're literally and physically building on the foundation Fermi laid," Kolb said.

"Even in a world so incredibly wired, there is no substitute for people sitting together, looking at each other's data and looking at fellow researchers straight in the eye," Kolb said. "I think this [building] will position Chicago to make the great discoveries of the 21st century."

A similarly ambitious effort is the futuristic New Hospital Pavilion that will become the hub of the university's medical community.

The University of Chicago Medical Center's New Hospital Pavilion will link by tunnel and bridge to Bernard Mitchell Hospital, the Duchossois Center for Advanced Medicine and Comer Children's Hospital. It will sit next to the Gordon Center for Integrative Sciences at 929 E. 57th St. and the Knapp Center for Biomedical Discovery, slated to open in 2009 at 900 E. 57th St.

The 10-story New Hospital Pavilion, at 1.2 million square feet, will bridge Maryland Avenue and extend from 57th and Drexel to 57th and Cottage Grove. Groundbreaking is slated for early 2009 with completion in summer 2012.

The pavilion is being built to allow not only for today's technology such as robotic-assisted surgeries, but for futuristic technology yet to be created. It will house the university's clinical programs in cancer, neuroscience, advanced surgery, gastrointestinal disease and high-tech imaging. It will include an outdoor cafe and retail space, laboratories, radiology, 240 patient rooms, and operating and recovery rooms.

The building's 18-foot ceiling heights, extra floor-loading capacity and large rooms, enabled by 102,000 square feet on each floor, let doctors do combination surgeries, such as a heart bypass and putting in stents in a single operation.

"We're planning this building for the next 50 years," said Jim Hietbrink, director of facility planning for the University of Chicago Medical Center.

The greatest needs are expected in equipment to diagnose and treat patients, rather than in hospital beds, according to health care forecasts.

The upgrades are essential, given that some of the existing operating rooms are 1977 vintage, said Mark Urquhart, vice president of facilities design and construction for the medical center.

"We're ensuring that we recruit the best and the brightest staff of physicians and make a leap forward in medical technology, innovation and teaching," Urquhart said.

<http://www.suntimes.com/technology/guy/1076113,CST-FIN-ecol27.article>

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