

IN THE NEWS

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University Medical Center Receives \$2 Million for Emergency Department Expansion LSU HCSD | 10.10.07

Additional space will relieve overcrowding

Baton Rouge (October 9, 2007) -- University Medical Center (UMC) is receiving \$2,045,000 for expansion and renovation of its emergency department. The State Bond Commission approved on September 20, 2007, the UMC Emergency Department Expansion Project, with \$340,000 available immediately and \$1,705,000 available for future expenses.

UMC will hold a press conference to discuss the expansion on Thursday, October 11, 2007, at 1:30 PM, at UMC, 2390 West Congress St., Lafayette, La. Speakers will include Senator Donald R. "Don" Cravins, Jr., Representative Sydnie Mae Durand, UMC Hospital Administrator Larry Dorsey, and UMC Medical Director Dr. James Falterman, Jr.

"Our emergency department staff has provided quality health care under less than ideal conditions for a long time," said Dr. Michael Butler, acting chief executive officer for the LSU Health Care Services Division. "The expansion will give the citizens of Acadiana a superior facility to match the high quality care that University Medical Center provides."

Studies indicate that the current area of the emergency department, about 5,000 square feet, is not adequate for its 42,000 patients a year. Instead, for that number of patients, the emergency department should be at least 16,000 square feet, which is the amount of space that the expansion will provide.

The current space, which is extremely inefficient, increases patient wait time to see a physician, and the growing number of psychiatric patients in the emergency department contributes to this increase. The use of the department by psychiatric patients also leads to an escalating number of ambulance diversions.

To meet these demands, UMC implemented a quality improvement initiative in 1995 and reduced wait times, but the lack of space hinders further improvement.

"The expansion will allow us to meet national benchmarks in the provision of prompt emergency care," said Larry Dorsey, UMC hospital administrator. "A well-designed emergency department promotes efficient patient flow and good care, and our expansion will do that."

The expansion will occur in segments, permitting the ongoing provision of emergency care, and will meet regulatory standards. Once completed, the space will include examination rooms; trauma rooms; orthopedic rooms; holding and observation areas; triage; registration and isolation rooms; radiology, minor-procedure, and ophthalmology; a nurses station; waiting room; patient conference room; physician work station; supply room; common areas and an ambulance ramp.

The fifth largest public hospital system in the country, the LSU Health Care Services Division is the medical provider for almost 20% of Louisiana's population. It has over 60,000 admissions, 350,000 patient days, 1 million outpatient visits, and over 350,000 emergency department visits. Each year 1700 residents from the LSU and Tulane schools of medicine and Ochsner Health System and 4,000 nurses and allied health students from many colleges and universities are trained in LSU HCSD facilities.

LSU HCSD is the largest single provider of uncompensated inpatient care in Louisiana and provides over 95% of the health care for Louisiana's prisoners. LSU hospitals have an economic impact of over \$1.6 billion in asset business activity, \$918 million in personal earnings, and support over 10,000 jobs.

For more information, contact Marvin McGraw, Director of Communications and Media Relations, LSU Health Care Services Division, 225.922.1424 or mmcgra@lsuhsc.edu.
<http://www.lsuhs hospitals.org/>

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Troubled waters **GBR Business Report | 10.10.07**

To those people who have dealt with Swaggart, he has proven to be a tough businessman.

Family Worship Center has been involved in several lawsuits over the value of its property, including a dispute with the city-parish, which offered Swaggart \$320,060 in order to run the Picardy/I-10 interchange through his property. Swaggart has argued that an appraisal shows the .3-acre section by the Mall of Louisiana is worth more than \$1 million, and the case is currently in court.

The biggest—and most bitter—legal dispute centers around plans to build a new charity hospital or medical research park on a large tract of his remaining Bluebonnet property.

Health Science Center LLC acquired an option from Swaggart for 65 acres of land, but the deal fell through after Katrina. Swaggart's attorneys accused the developers of wanting to force hurricane relief agencies off the property, and the developers said Swaggart was trying to take advantage of the soaring real estate market after the hurricane. While the lawsuit is still pending, Swaggart has since countersued, saying the church was defamed by Health Science Center's statements and was the victim of unfair trade practices.

Attorneys for Health Science Center say they still have an option to buy the property, which would seriously reduce Swaggart's Bluebonnet holdings. Swaggart declined comments on the suit, referring questions to his attorneys. They say the option expired in 2006. The matter most certainly will be resolved in the courts.

<http://www.businessreport.com/news/2007/oct/09/land-baron-rlet1/>

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Jindal, critics argue Medicaid cuts

The Advocate | 10.10.07

Candidate says action necessary

By MICHELLE MILLHOLLON & MARSHA SHULER

U.S. Rep. Bobby Jindal launched his political career by bringing Louisiana's runaway Medicaid budget under control before he was 26.

But Jindal's health-care cuts in the mid-1990s haunt his efforts to become governor.

Voters in the Oct. 20 primary election are being presented with two very different views of the Republican congressman.

State Sen. Walter Boasso, D-Arabi, contends the Rhodes scholar made budget cuts at the state Department of Health and Hospitals that show he has a big brain but little heart. Boasso aired a commercial that blames Jindal's Medicaid cuts for the eviction of a mentally disabled man from a New Orleans nursing home.

Jindal, R-Kenner, responded to the criticism with a commercial featuring a Richland Parish physician who praises him for rescuing a Medicaid program teetering on the brink of collapse from corruption.

Jindal reined in a runaway Medicaid budget and landed a position on Capitol Hill. But it casts a shadow over him as a campaign issue.

He contends he cut Medicaid spending by \$300 a person without sacrificing care.

His political opponents say that is not possible.

Lois Simpson, executive director for The Advocacy Center in New Orleans, said the budget cuts affected people and included "ridiculous" proposals, such as severely limiting Medicaid patients' prescriptions.

"Thinking back it seems like there were a lot of across-the-board kind of cuts instead of looking at individual needs. It's very wonkish," Simpson said.

Dr. John Cooksey, a Monroe ophthalmologist and a former congressman, said Jindal helped the elderly and others by restoring a state Medicaid program that was practically bankrupt.

"He provided leadership to get Medicaid back on an even footing. Had it been left the way it was, a lot of people would have been let out of nursing homes," he said.

Budget problems

Jindal was 24 in 1996 when Gov. Mike Foster appointed him to be secretary of the state Department of Health and Hospitals. He served two years before taking a \$110,000-a-year job in early 1998 as executive director of the National Bipartisan Commission on the Future of Medicare.

In 1996, the state was grappling with significant health-care budget cuts. The state and the federal government share in the cost of Medicaid, a program that helps provide medical care to the poor and uninsured.

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Louisiana got itself into a bind by taking advantage of a federal loophole to draw triple the dollars for caring for poor patients.

Basically, the state leveraged federal funds to attract more federal funds through a match program. Between 1991 and 1995, the state's Medicaid spending increased by about 30 percent a year, said David Hood, who worked for Jindal and later replaced him as DHH secretary.

Congress eventually put an end to the spending spree, forcing the state to cut millions of dollars in costs.

The Legislature at the tail end of the last term of former Gov. Edwin Edwards chopped almost \$1.1 billion from the DHH budget for the fiscal year beginning July 1, 1995.

Jindal was given the task of cutting another \$400 million right off the bat.

Jindal admits that some of his proposals were less than ideal.

"We never argued to the Legislature that it was good policy to do across-the-board cuts," Jindal said.

Hood said it is inevitable that someone "got a bad deal" in the cuts that followed.

"We were very careful," Hood said, "to make sure that they had the smallest impact on patient care."

Beginning in 1996, Louisiana's Medicaid spending started falling short of the national average. Between 1995 and 1996, the state's spending decreased 22 percent while the national average increased about eight percent.

Medically needy

Five months into the job of running the state health department, Jindal gave a legislative budget panel a list of suggested cuts. He proposed scrapping funding for the critically ill, limiting Medicaid clients to five prescriptions a month and reducing nursing homes' profits.

Lawmakers loudly objected to his suggestion of cutting the \$58 million Medically Needy program, which helped cover the catastrophic health-care costs of people who did not qualify for Medicaid. Constituents, some of whom relied on the program to prevent costly treatments and drugs from sending them into the poorhouse, also railed against the move.

Jindal quickly located money to keep the program going and fully restored funding the following fiscal year.

Legislators subsequently accused Jindal of not listening to their warnings about the likely fallout of cutting the program.

Jindal now says he made a mistake in putting the program on the chopping block. He noted that he found an alternative funding source to maintain patient care.

The prescription limit proposal was not implemented during Jindal's tenure. However, some are critical that he suggested it.

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The Legislature stopped the move because of its potential impact on the mentally ill, elderly and children, said Sandra Adams, executive director of the Louisiana Maternal and Child Health Coalition.

Adams said Jindal could have cut costs by doing such things as negotiating with pharmaceutical companies to lower drug prices.

Reimbursement rates

Part of Jindal's campaign platform calls for emphasizing preventive care by increasing patients' access to private providers. He wants to redirect some of the dollars currently going to charity hospitals and wean the uninsured from relying on emergency rooms for primary care.

Dr. Steven Spedale, chairman of the Medicaid policy committee for the Louisiana chapter of the American Academy of Pediatrics, said Jindal's cuts at DHH included a reduction in rates paid doctors in private practice who treat Medicaid patients.

As a result of Jindal's cuts, Spedale said, doctors stopped seeing Medicaid patients, especially children.

"We're actually still reeling today from lowered reimbursement," he said.

Currently, more than half-a-million children in Louisiana receive medical care through the traditional government Medicaid program.

But Hood said the number of physicians participating in the Medicaid program actually increased while Jindal was at DHH. In 1995, nearly 8,940 physicians participated in Medicaid in Louisiana. Two years later, nearly 9,760 physicians were participating.

Jindal said he would not characterize his campaign platform as an about-face from his reimbursement rate cuts. He said the cuts were made out of necessity.

"We were in a time of deficits," he said. "We had to cut the budget by \$1 billion."

<http://www.2theadvocate.com/news/politics/10406877.html?showAll=y&c=y>

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Grant to help create health network The Advocate | 10.10.07

A \$1.5 million federal Department of Health and Human Services grant will be used to establish a health information technology network in Pointe Coupee Parish, state health officials announced Tuesday.

The grant funds will be used to link 11 rural health-care providers serving the region so they can electronically share medical information about patients they serve.

Network members include Pointe Coupee General Hospital, Our Lady of the Lake Regional Medical Center, four local rural health clinics managed by Our Lady of the Lake Regional Medical Center in New Roads, Innis Community Health Center, Better Access to Community Health, two private practice primary care clinics and Pointe Coupee Homebound Health and Hospice.

“Establishing this network is going to change the way health care is delivered in Pointe Coupee,” state Department of Health and Hospitals Secretary Dr. Roxane Townsend said in a news release.

“We expect to see improved patient safety, lower health care costs and improved management of chronic disease through streamlined electronic information sharing.”

Rural Pointe Coupee Parish is a designated health-care shortage area for primary, mental health and dental care. The parish is also considered a medically underserved area.

While there are nine private providers locally, 50 percent of them are near retirement and have significantly reduced their hours of operation. Also, the 25-bed Pointe Coupee General Hospital is the only hospital in the parish.

Establishing an electronic health information network is expected to improve the overall health-care system and, more importantly, improve patient care.

Several other Louisiana parishes and communities are working to develop projects or have implemented health information technology on a smaller scale, DHH officials said.

<http://www.2theadvocate.com/news/10406467.html>

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La Drug Card To Provide “Free” Prescription Drug Cards to the People of Louisiana dbusinessnews.com | 10.10.07

Louisiana — The Louisiana Drug Card Program is proud to announce that it will be providing “FREE” discount prescription drug cards to the residents of Louisiana. As a resident of Louisiana, you can download a free discount prescription drug card by visiting WWW.LOUISIANADRUGCARD.COM . The card can be used at more than 50,000 pharmacies across the country to receive savings of up to 75% (savings average around 30%). Participating pharmacies include the following: Rite Aid/Eckerd’s, Walgreens, Kroger, Albertson’s, Target, Brookshire Brothers, Costco, as well as many other chain drug stores and thousands of independent pharmacies.

The Louisiana Drug Card was launched to help the uninsured and under insured people of Louisiana afford their prescription medications. However, the program can also be used by people who have health insurance coverage with no prescription benefits (which is common in many HSA’s and high deductible health plans). Program Director, Bert Melancon notes, “Even those with prescription coverage can utilize the program by using it for their non-covered or non-formulary drugs.” This program even covers some pet medications (medications that are available at participating pharmacies). The Louisiana Drug Card program has no restrictions or participation requirements and the program is open to every resident of Louisiana. Since it was first launch around a year ago we have ran almost 42,000 prescriptions and saved the people of Louisiana around 800,000 dollars this comes to about \$20 per prescription.

Louisiana Drug Card has partnered with Health Access America, a non-profit organization that educates and informs the uninsured, the media, and the public at large about affordable health care options. Health Access America develops and distributes free information about the issue of the uninsured to help citizens find health solutions. “We’re excited to have the opportunity to work with Health Access America to provide the people of Louisiana with free access to prescription discounts,” said Ryan Jumonville, president and chief executive officer of United Networks of America. “We’ve successfully launched programs in New York, California, New Jersey, Ohio, Utah, Florida, Georgia, North Carolina, Arizona, Colorado, and Tennessee. We’ve saved the residents of these states millions of dollars and we look forward to doing the same for the people of Louisiana.”

The Louisiana Drug Card Program is a special project of United Networks of America and is presented as a community service. “It has been the goal of United Networks of America (UNA) to help people around the country to obtain affordable health care,” says UNA President/CEO, Ryan Jumonville. “Our original mission was to plug the niches and gaps in coverage our health plan clients offer to their members, but we saw the opportunity to perform a valuable community service by opening this up as a free program to the uninsured as well,” continued Mr. Jumonville, “and it is our hope that this will enable more people to afford and proactively take the medications they genuinely need!”

http://neworleans.dbusinessnews.com/shownews.php?newsid=136246&type_news=latest

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Letter: New SCHIP legislation bad deal
The Advocate | 10.10.07

Election posturing has resulted in a new SCHIP law that is way beyond the initial reason for it in 1997. The federal law requires states to cover children under 6 with family income up to 133 percent of the poverty limit (about \$26,600 for a family of four), and children under 19 with family income up to 100 percent of the poverty level.

Many states decided to use the flexibility in Medicaid to increase the coverage to children beyond these minimums, sometimes accepting families who DID have private insurance. Eligibility in many states is for those with incomes of \$40,000 and “children” as old as 25 years. About 13 percent of those using SCHIP are adults! As usual, a well-intended program is being abused and now states want the federal government (you and me) to pick up the tab for their “goodness.”

The current brouhaha is being pictured as being against poor kids if you are against the new law. No one is against keeping the program. It is the proposed expansion that has so many pitfalls that has been vetoed.

For example, the House version wanted to expand the income limit to \$82,600 for a family of four. What happened to “low income”? The Democrats found this a great way to make the Republicans look like they’re “hating poor kids” by loading it with items a responsible president HAD to veto.

The funding also stands on quicksand: Some will come from raising cigarette tax by 61 percent. HUH? The proposed tax is supposed to make people smoke LESS because of the cost. So the new bill hopes smokers won’t quit!

Another source is reduction in funds for the Medicare Advantage program. This program has allowed low-income seniors affordable medical services. It is funny that Congress is hurting low-income seniors to allow high-middle-class-income families free medical services. Unbelievable!

But the election battle and helpful media will force some politicians to vote for a bad bill. The Advocate would do us all a service by writing an article outlining what we now have and what is proposed and not being part of smoke-and-mirrors posturing by politicians.

There is too much misinformation politics out there. The current bill needs more funding, but it also needs better controls on states to not abuse it and now expect a bailout by the taxpayers.

Congress could spend its time better working on incentives for private insurance companies to create insurance pools for those who do not work for employers with medical benefits. We don’t need another increase in medical services run by government!

Rudy MacDonald
 retired engineer
 Baton Rouge

<http://www.2theadvocate.com/opinion/10405797.html?showAll=y&c=y>

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Rebuild hospitals downtown

Times – Picayune | 10.10.07

Wednesday, October 10, 2007

Re: "Biomedical complex could bring down the Haus," Page 1, Sept. 28.

Is there another political boondoggle afoot? Why waste millions of taxpayer dollars conscripting additional land to build a medical complex in New Orleans when governmental agencies already own the sites where Charity and Veterans Affairs hospitals now stand?

If those buildings are indeed not serviceable then they should be razed and the complex built there.

The rubble from their demolition, along with that of numerous uninhabitable housing project buildings would go a long way in the closing of MR-GO!

Harold Hochhalter

Kenner

<http://www.nola.com/timespic/stories/index.ssf?/base/news-10/1191998220267320.xml&coll=1>

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Clinic branch to open on east bank

Times – Picayune | 10.10.07

St. John council OKs location in Reserve

By Victoria St. Martin

A health clinic on the west bank of St. John the Baptist Parish will soon extend its reach, opening a branch on the east bank. The Parish Council, during Tuesday's finance committee meeting, approved opening a Reserve location of the Teche Action Clinic. The clinic currently operates in Edgard.

Officials say the clinic's second location will be housed inside a wing of the St. John Office of Public Health on Central Avenue and could open sometime next year. Teche Action Clinic, partly federally funded, provides primary and preventive health care for the medically underserved. The Edgard location opened five years ago and St. John provides the space as well as paying the energy bill and providing janitorial services.

"It's a good thing for St. John Parish," said Parish President Nickie Monica of the new location. "Once the agreement is signed, 100 percent of St. John's population on the east bank and west bank will have access to health care."

Some council members Tuesday renewed concerns over the new east bank location, fearing the west bank location would lose patients and possibly shut down. Clinic officials estimate that about 45 percent to 50 percent of the patients at the existing East Third Street location travel across the Mississippi River from the east bank.

Fears, though, were allayed by Dr. Gary M. Wiltz, CEO of the clinic, who offered a written commitment to keep the west bank clinic open.

"My word is my bond," said Wiltz, during his presentation to the council Tuesday.

The agreement was approved, with Councilwoman Cheryl Millet voting against and others expressing concerns about the future of the west bank clinic. They said they would check back within six months.

"The east bank residents were not complaining about going to the west bank for services," said Councilman Lester Rainey Jr., who represents parts of the west bank. "So why then try to duplicate those services on the east bank, if the mission is to increase usage on the west bank? It doesn't seem logical to me."

Wiltz said that since the 1990s he has wanted Teche Action Clinic to have clinics on the east bank and west bank of St. John. Collaborating with the public health unit, he said, would complement the services the clinic already offers and take care of the whole patient since the unit could refer patients for primary care services.

Later, services such as pharmacy, dental and mental health could be added to the Reserve location, he said.

"It's a win-win situation for the parish, the public health office, but mostly for the people we are trying to serve," said Wiltz after the meeting.

Natalie Robottom, St. John's chief administrative officer, said renovations must be made to the wing at St. John's Office of Public Health before the new east bank location of the Teche Action Clinic can open.

<http://www.nola.com/news/t-p/frontpage/index.ssf?/base/news-9/1191998166267320.xml&coll=1>

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