



Quarter 3 STQN Newsletter

Navigating your patients' health

2025 Physician Member



St. Tammany HEALTH SYSTEM | STQN.org

Dates to Remember:

Third annual STHS Trauma Symposium

Aug. 28 | 8 a.m. to 4:30 p.m. | The Greenwood

Third-Quarter STQN Performance and Operations Committee Meeting

Oct. 7 | 7 a.m. | Ponchatoula Conference Room

Fall Med Staff Meeting

with presentation on the use of AI in healthcare

Oct. 16 | cocktails at 5:30 p.m., followed by
dinner and general meeting at 6 p.m. | Southern
Hotel

2025 2nd Quarter Medical Director's Award

The Medical Director's Quality Award
is awarded to Dr. Joesph Landers and
Dr. Andrew Bair for their contributions to the
development and implementation of Structured
Interdisciplinary Bedside Rounding (SIBR) at
St. Tammany Health System.



A Message from STQN:

STQN Physicians,

We are pleased to introduce the new Breathe Well ConneCTion mobile lung screening unit, which arrived in mid-May! This mobile CT unit will join our Be Well Bus in bringing diagnostic technology directly into the community. The lungmobile is outfitted with an AI-powered CT unit for low-dose lung cancer screening and also offers a multi-organ approach that addresses coronary calcium in the heart, aorta measurements and bone density in the vertebra. We would like to thank the Mauti Cancer Fund and Mauti family for their transformational donation, which allowed STHS to buy and outfit this one-of-a-kind vehicle!

Sincerely,

STQN



The right care at the right place

To minimize unnecessary ER visits, it is essential to ensure that your patients understand the appropriate levels of care. Guide your patients in obtaining the appropriate care at the right location.

Get the Right Care, at the Right Place.

MATCH YOUR SYMPTOMS TO THE RIGHT LOCATION.

PRIMARY CARE

Comprehensive and Continuous Care

- ✓ Annual Check-Ups
- ✓ Routine Immunizations
- ✓ Minor Sprains & Joint
- ✓ Chronic Disease Management
 - High Blood Pressure
 - High Cholesterol
 - High Blood Sugar
- ✓ Cough, Cold Symptoms & Sore Throat
- ✓ Not Life-Threatening Allergic Reactions *
- ✓ Minor Burns or Injuries
- ✓ Mild Asthma
- ✓ Mild to Moderate Stomach-Ache
- ✓ Rashes or Other Skin Irritations
- ✓ Fever or Flu-Like Symptoms
- ✓ Back Pain
- ✓ Mild to Moderate Chest Pain
- ✓ Headaches

Express Care

80 Gardenia Dr. Ste B,
Covington
985-898-4001

Visit stqn.org/findaphysician to search St. Tammany Quality Network Physicians.

URGENT CARE

Immediate Medical Attention for Common Illnesses

* Afterhours

- ✓ Sprains, Broken Bones & Fractures Needing X-Ray
- ✓ Lacerations
- ✓ Abscesses *
- ✓ Urinary Pain *
- ✓ Ear-Ache *
- ✓ Minor Burns, Rashes, sunburns & Heat Ailments *
- ✓ Not Life-Threatening Allergic reactions *
- ✓ Mild to Moderate Stomach-Ache *
- ✓ Select Immunizations

St. Tammany/Ochsner Urgent Care Clinics

St. Tammany/Ochsner Covington Urgent Care
1111 Greengate Dr., Ste. B
985-327-6095

St. Tammany/Ochsner Mandeville Urgent Care
2735 US-190 Ste D
985-778-2510

Express Care
80 Gardenia Dr. Ste. B,
Covington

EMERGENCY CARE

Treatment for Severe and Life-Threatening Conditions

- ✓ **Stroke** Symptoms
- ✓ **Severe** Chest Pain
- ✓ **Severe** Bleeding
- ✓ **Severe** Asthma Attack/ Difficulty Breathing
- ✓ **Severe** Head Trauma
- ✓ **Loss** of Consciousness
- ✓ **Severe** Allergic Reaction
- ✓ **Sudden** Vision Loss or Impairment
- ✓ **Severe** Abdominal Pain
- ✓ **Severe** Dehydration

For all Emergencies, Go To Your Local Emergency Dept. or Dial 9-1-1.

Covington
1202 S. Tyler Street

Mandeville
2929 Hwy 190

STPH.ORG/ERWAITTIME



Exploring outpatient diabetes and hypertension management

Small wins, big health gains: Transforming the care of cardiometabolic disease with STHS | Ochsner Digital Medicine

Ochsner Digital Medicine is a proven program to manage chronic conditions **from home**.



Easy-to-use digital devices



Medication management



Lifestyle support



Proven results

Programs offered: High blood pressure and Type 2 diabetes

https://digitalmedicine.ochsner.org/signup?utm_source=STHS&utm_medium=Summer+2025+Community+Newsletter



Program eligibility:

- ✓ Patient must be receiving care from a St. Tammany Physicians Network provider or Ochsner provider
- ✓ Must be 18+ years old
- ✓ Must have eligible insurance coverage
- ✓ Must have a diagnosis of HTN or Type 2 diabetes.
- ✓ Must own Smartphone or tablet (iOS or Android).
- ✓ Must have an active MyOchsner account.
- ✓ Must *not* have exclusionary criteria.

Added perk:

Completely covered benefit for STHS colleagues!



Member enrollment is seamless:

1. Patient visits their provider and an order is placed.
2. Patient receives a MyOchsner message with a link to the portal to complete the consent form.
3. Device(s) shipped to patient's home (where applicable).
4. Patient sets up device and submits first reading in the Digital Medicine app.
5. Patient is connected to a care team for personalized clinical support.

How digital medicine helps providers:

- Improves BP/A1C HEDIS control.
- Reduces ER visits/admits/readmits.
- High patient contact model with team-based care
- Reminders regarding key health maintenance appointments.
- Quick access to readings in real time.

4 out of 5 participants achieve HTN and diabetes control goals within 6 months!



Spotlighting STHS's Outpatient diabetes education program



St. Tammany Health System's diabetes education experts are in your corner! With a referral from any physician, STHS's diabetes education program can provide the resources and support your patients' needs.

This includes assistance from certified diabetes care and education specialists who develop customized treatment plans, as well as education on proper diabetes management for patients and family members.

Services include education for patients with Type 1 and Type 2 diabetes, women with pre-existing diabetes during pregnancy and women diagnosed with gestational diabetes.

If you have any questions, you may contact the STHS Diabetes Education Department at 985-871-5983.

2025 Breast cancer screening guidelines

Managing average risk and high-risk patient populations:



Average risk patients:

- **Women ages 25-39:** clinical encounter which includes ongoing breast cancer risk assessment, risk reduction counseling, as well as a clinical breast exam every 1 to 3 years.
- **Women ≥ 40 years of age:** annual clinical encounter which includes ongoing breast cancer risk assessment, risk reduction counseling, as well as a clinical breast exam; annual screening mammography with tomosynthesis.
- **All women** should have a risk assessment by age 25, especially black women and women of Ashkenazi Jewish heritage.
- **Any new** breast changes such as nipple inversion please place consult to breast surgery.

High risk patients:

Residual lifetime risk $\geq 20\%$ as defined by models that include a comprehensive family history:

- Clinical encounter every six to 12 months.
- Consider referral to genetic counselor.
- Annual screening mammogram with tomosynthesis not prior to age 30 but to begin no later than age 40.
- Annual breast MRI with and without contrast not prior to age 25 but to begin no later than age 40.
- Consider contrast-enhanced mammography (CEM) or molecular breast imaging (MBI) for those who qualify but cannot undergo MRI. Whole breast ultrasound may be done if CEM or MBI is not available/accessible.
- Consider risk reduction strategies.
- Breast cancer awareness.

Radiation therapy with exposure to breast tissue between ages 10 and 30:

- Current age: <25 years: Annual clinical encounter to begin eight years after RT; breast awareness.
- Current age: > 25 years: Clinical encounter every six to 12 months to begin eight years after RT.
 - Annual screening mammogram with tomosynthesis to begin eight years after RT but not prior to age 25.
 - Annual breast MRI with and without contrast to begin eight years after RT but not prior to age 25.
 - Consider contrast-enhanced mammography (CEM) or molecular breast imaging (MBI) for those who qualify but cannot undergo MRI. Whole breast ultrasound may be done if CEM or MBI is not available/accessible.
 - Consider risk reduction strategies.
 - Breast cancer awareness.

Pedigree suggestive of/or known genetic predisposition:

- Refer to genetic counselor.

Atypical ductal hyperplasia (ADH) or lobular hyperplasia (LCIS/ALH) and $\geq 20\%$ residual lifetime risk:

- Clinical encounter every six to 12 months.
- Annual screening mammogram with tomosynthesis.
- Consider annual breast MRI with and without contrast.
- Consider risk reduction strategies.
- Breast cancer awareness.

For those with heterogeneous or extremely dense breasts: clinical encounter every six to 12 months, annual screening mammogram with tomosynthesis or other supplemental screening