

GUEST EDITORIAL

Picking Up the Pieces After Katrina

My entire professional career, except for 2 years in the U.S. Army, has been centered in New Orleans—at Tulane Medical School, the U.S. Veterans Affairs Medical Center, and for the past decade on the faculty of Louisiana State University. Although the city has weathered many storms, nothing prepared us for the terrible destruction associated with Hurricane Katrina.

In addition to the massive physical toll that Hurricane Katrina has taken on the Gulf Coast, the storm has also displaced patients, medical education, and clinical research.

At LSU, I supervised cardiology in two large clinics at Charity Hospital in New Orleans. The patients there were among the poorest people in the city, and you probably saw them in the continuous news coverage after the storm. These patients, who were always so grateful for the care they received, have lost not only their homes, but also their connection to their health care system.

And many of the private practice patients are gone as well. We simply have no idea where most of them are at this point. In many ways, they were like members of our families, and now they are out receiving care, but from strangers.

The conditions in the aftermath of the storm have been especially hard on patients with heart failure, hypertension, and other cardiovascular diseases. Some are without their medications and many are unable to follow their diets. Add to that blistering heat and humidity and unimaginable emotional stress.

The situation has also displaced medical students, fellows, and house staff from the two major universities in the area—LSU and Tulane University. In many cases, medical students are taking classes on other campuses or at different universities. However, the situation is more complex for fellows and house staff, who are required to do a certain volume of cardiovascular procedures to attain certification.

Another casualty of the storm is the research that was ongoing at the two universities. The storm damage and flooding will have a tremendous impact on basic medical research. For example, materials stored for genetic testing as part of a clinical trial are likely destroyed. All of the basic medical research infrastructure will have to be rebuilt. Records may be lost, experimental animals in vivariums may be gone, and delicate research equipment may be damaged.



BY THOMAS GILES, M.D.

It's too early to know how the research will be affected. Some larger clinical trials with centers around the country will be less affected by this, while solo investigator-initiated studies may be lost, depending on where and how the information was stored.

While some of our lab results and other tests were stored electronically at LSU, much of the information was kept in paper records.

The deciding factor in whether one's research and patient information is saved will be the location of the office. For instance, I believe that my own records have survived the storm because the water did not reach the third floor of my medical school. The need for electronic medical records is all too obvious now.

In the aftermath of this storm, we need to begin thinking about both our recovery and the need for preparedness should a disaster of this magnitude strike again.

I am optimistic that LSU's Charity Hospital, which has been a part of the New Orleans scene since 1736, will continue to be a fixture in the new city. The physical facility may need to be renovated, but the indomitable spirit will persist.

The challenge for the city's academic medical community will be to play a role in how the city is rebuilt. Our hospital and medical school leaders must be at the table and have a say in how medical care is restored to the city. The medical schools

will need to make long-term plans that will mesh the medical center with the rebuilding of the city's fabric.

Medical institutions are accustomed to preparing their facility to respond to an emergency, but there's a need to prepare also for disruption or even destruction of the facility itself in a crisis.

We need to be able to relocate patients and staff quickly. In this hurricane, many of the first responders also had to deal with the disruption of their families and homes. Physicians and other responders should at least be able to know what to do and where to go when the worst happens.

On a personal note, I stayed in my home in Metairie, La., during the storm but left the next day, as the floodwaters moved into the area. I got in my car and drove to Houston, and have been living in a hotel ever since. I hope that by the time you read this, I will have returned home.

In the meantime, I have been heartened by calls and messages from colleagues around the country, and I want to thank everyone for their concern. The road to recovery will be long, but I believe the city of New Orleans will thrive again—and so will its strong medical tradition. ■

DR. GILES is professor of medicine at the Louisiana State University and director of the program in cardiovascular research. He is also the president of the American Society of Hypertension.

Flood Disaster Highlights Need for Offsite Backup Systems

BY JENNIFER SILVERMAN AND JOYCE FRIEDEN
Associate Editors, Practice Trends

The recent disaster in the Gulf Coast may be a wake-up call for all physicians to establish some kind of emergency backup system for their businesses.

"Physicians don't always think of themselves as running a business, but they're going to think of it now," Rosemarie Nelson, a Syracuse, N.Y.-based consultant with the Medical Group Management Association, said in an interview.

Otolaryngologist Michael Ellis, M.D., is hoping that technology might have retained some of his records. His practice in Chalmette, La., south of New Orleans, is in an area flooded to the rooftops in the aftermath of Hurricane Katrina and the subsequent breakdown of New Orleans' levees.

Dr. Ellis said that he had backups in place for his billing records, both hard copy and "off campus" (outside computer services), assuming that certain computers weren't damaged or backed up during the flood.

As Ms. Nelson noted, "there is just no way to secure paper records. They're there or they're not. You're not going to copy and store them off-site." However, a fully integrated electronic medical record might not have been completely safe for stricken medical communities, either.

Anne L. Shirley, a spokeswoman with the Louisiana State Medical Society, said an undetermined number of records have been destroyed.

The Louisiana State Board of Medical Examiners is located in a hard-hit flood area in New Orleans, and the society's Web site and database were inoperable, even from remote locations, Ms. Shirley said. "This, as you can imagine, poses a problem with license verification and credentialing for displaced physicians."

One way to solve backup problems such as these is to have electronic medical records stored in a secure, remote site by a vendor, Ms. Nelson said.

Such vendors also can offer Internet-based backups, which "add a whole new sense of security," she noted. "When something happens in an area or region, that [backup disk] you took home is as insecure as your records."

Even if they don't use an electronic medical record system, physicians should consider storing their administrative records off-site, Ms. Nelson said.

"You need to think about using off-site backup for your financial applications, scheduling, patient list, and some receivables. You still have insurance receivables there, and you're going to need that cash inflow because you're going to have to buy new equipment."

The patient list will be essential when you need to inform patients that you've set

up your practice in a new location or will reopen on a particular date, she added.

An advantage of backing up financial information is that it also includes some clinical information, Ms. Nelson said. "That's because you need to have a diagnosis code to bill the insurance company."

Medical Schools Find Interim Quarters

Medical schools affected by Hurricane Katrina and its aftermath scrambled to find alternative locations and resources, to ensure that their students and residents would be able to continue practicing medicine.

At press time, most of the students from Tulane University in New Orleans were being housed 180 miles away at Jackson State University in Jackson, Miss. Tulane leadership had set up temporary headquarters in Jackson with the assistance of the University of Mississippi Medical Center.

Paul K. Whelton, M.D., senior vice president for health sciences at Tulane, said the university would establish a more permanent "interim leadership headquarters" in Houston.

"Senior administrative staff are in discussion with their counterparts at Houston-area medical schools about these schools assisting Tulane in con-

tinuing to provide medical education for Tulane students in all 4 years of medical education," the Association of American Medical Colleges reported. A similar plan was being developed for Tulane residents.

In the meantime, the School of Medicine at Louisiana State University, New Orleans, made arrangements to hold classes in Baton Rouge until its facilities were once again suitable for occupation.

Charity Hospital in New Orleans will be out of service for an extended period of time, as the city begins a major clean up effort, he said. "We will be expending our bed capacity at Earl K. Long Medical Center [in Baton Rouge], and at University Medical Center in Lafayette . . . and reassigning our residency staff to those hospitals as well as to some other private hospitals."