

New Orleans Health System Still Struggling to Heal

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Two years after Hurricane Katrina, the relatively few open health care facilities and diminished corps of physicians in New Orleans are struggling to serve the needs of a smaller, but just as needy, population. It's a picture that's changed little since this time last year.

Emergency rooms, in particular, bear the brunt of the broken system, as they are one resource that is nearly always available to the uninsured and those with little access to primary care.

It is thought that about 200,000 people now reside in the city, with another 400,000 in the three surrounding parishes (Jefferson, Plaquemines, and St. Bernard). There are some 101,000 uninsured residents and 147,000 Medicaid recipients, according to the Louisiana Department of Health and Hospitals (DHH).

It's still unclear how many of the roughly 3,000 physicians in the area before the storm have returned. In mid-2006, according to Blue Cross and Blue Shield, only half were back. The Louisiana State Board of Medical Examiners said from August 2005 to July 2006, the number of primary care physicians declined from 2,645 to 1,913.

The lack of access has hit hard. An analysis of death notices in the Times-Picayune by Dr. Kevin U. Stephens, Sr., director of the city health department, and associates, showed a 47% mortality increase in the first half of 2006—to 91/100,000, versus 62/100,000 in 2002-2004 (Disaster Med. Public Health Preparedness 2007;1:15-20). The authors studied death notices because of vast gaps in state and city data.

Primary Clinics to Be Medical Homes

In an interview, Dr. Frederick P. Cerise, secretary of the Louisiana Department of Health and Hospitals, said there are 26 primary health care sites in the New Orleans area, including federally qualified health centers, Tulane University and Louisiana State University outpatient clinics, and mobile and nonprofit clinics. The sites will receive \$100 million from the federal government over next 3 years as part of a \$161 million allocation aimed at improving health care in the area.

The clinics are eagerly awaiting that money, said Dr. Karen DeSalvo, executive director of Tulane University Community Health Center at Covenant House, in an interview. The money will give "a chance to expand upon what's been developing—multiple neighborhood clinics that are turning into medical homes," said Dr. DeSalvo, also chief of general internal medicine and geriatrics at the university and special assistant to its president for health policy. Dr. DeSalvo said that though primary care is improving (the 18 clinics see about 900 patients daily), too many still seek routine care in EDs. "We're trying to find those patients in the ER and get them into our system."

Inpatient Capacity Still Down

Currently, in New Orleans proper, five hospitals are open; and five more are abandoned or closed, according to the Louisiana Hospital Association.

Grants Aim to Recruit, Retain Primary Care Help After Katrina

Louisiana and the city of New Orleans are struggling to lure physicians and nurses back to the city, and to convince those who have returned to stay despite many uninsured patients and a patchwork system of care.

In April 2006, the federal government declared the greater New Orleans area a health-professional shortage area, making it eligible for federal grants to retain or recruit health professionals, and gave rise to the Greater New Orleans Health Service Corps.

The Louisiana Department of Health and Hospitals, which oversees the Corps, has received \$85 million for recruitment and retention, said Gayla Strahan, of the DHH's Bureau of Primary Care and Rural Health and manager of the Service Corps effort. Half goes for recruitment and half for retention.

When the state applied for federal health shortage funds, in mid-2006, there were 405 primary care physicians

and 30 psychiatrists in the region, but just 76 primary care doctors and 6 psychiatrists took Medicaid or uninsured patients. Based on the region's then population (about 700,000) and Medicaid enrollment (about 135,000), the DHH determined there was a need for 48 more primary care physicians, 38 more dentists, 10 more psychiatrists, and 33 other mental health professionals (psychologists, licensed clinical social workers, and marriage and family therapists).

The goal is to retain 50 primary care physicians and recruit 48 more by September 2009, when the grant cycle ends, she said. For mental health, the goal is 24 retentions and 43 recruits; for dentists, it is 10 and 30, and for faculty, the aim is to keep 48 current positions and bring in 46 more, including 24 at the medical schools.

The Service Corps also earmarked just over \$2 million to retain 5 special-

ists and bring in 15 more. The applicant has to show there is a dire need, for instance, if there's only one cardiologist who agrees to accept Medicaid.

Applicants must accept Medicare, Medicaid, and the uninsured; work at least 32 hours a week in clinical practice; and be licensed in Louisiana or agree to become licensed before starting. Participants, who have a 3-year obligation, can tailor their own package of incentives up to \$110,000, which is paid up front as a lump sum. They can use it for salary, to repay loans, for malpractice premiums, and/or to buy health information technology. Mid-level providers are eligible up to \$55,000, registered nurses and nurse faculty up to \$40,000, and allied health professionals can receive up to \$40,000.

For more information on the program and to download an application, visit www.pcrh.dhh.louisiana.gov.

Louisiana State University, Baton Rouge, is once again operating a level one trauma center in downtown New Orleans at the LSU Interim Hospital (formerly University Hospital).

The now 179-bed Interim Hospital and Tulane Hospital are all that's left of the Medical Center of Louisiana at New Orleans. Before Katrina, that campus also included Charity Hospital, a Veterans Affairs (VA) hospital, and medical office buildings. LSU was able to open Interim Hospital with \$64 million in Federal Emergency Management Agency (FEMA) funds. It recently added a 20-bed detox unit (only 5 were staffed at press time), and is in the midst of adding 33 inpatient mental health beds elsewhere in the city, plus a mental health unit in the emergency department.

LSU is one of the main backers of a huge new medical campus within a few blocks of Charity Hospital on a 37-acre parcel that the city said it will take.

According to testimony by Mayor C. Ray Nagin at a field hearing of the U.S. House Committee on Veterans' Affairs in early July, the campus would include 30 public, private, and nonprofit organizations. The state has put aside \$38 million for a cancer research institute at the site. The city—along with LSU and Tulane—is trying to convince the VA to rebuild on the campus.

Before Katrina, 75 Tulane physicians had joint VA-Tulane appointments, and 120 Tulane residents received training at the VA, said Dr. Alan Miller, interim senior vice president for health sciences at Tulane, at the hearing. Currently, 40 Tulane doctors provide services and training at VA outpatient clinics, which represents \$2.2 million in physician compensation, he said.

The private Ochsner Health System is vying to have the new VA hospital built across the street from its Jefferson Parish campus. At the hearing, Dr. Patrick J. Quinlan, Ochsner's CEO, noted the site "is above sea level and not located in a flood plain." In the end, however, the VA decided to stay

in downtown New Orleans. It has not decided yet whether it will rebuild on the existing shuttered 34-acre site or join together with Charity and University on a new parcel of land. Because the federal government has not agreed to fund a new campus for Charity and University, Gov. Kathleen Blanco signed an executive order allocating an immediate \$74.5 million for land acquisition and planning. To come up with the additional \$1.2 billion needed, the state will issue a series of bonds.

Some have not given up on Charity. Last year, the state legislature approved a study to see if the first three floors could be refurbished while a new medical campus is put together.

EDs Feel Ripple Effect

Two years ago, the now-shuttered Charity Hospital ED received 120,000 to 200,000 visits annually. Fewer people are in the city now, but more are sicker or in need of basic care, said Dr. Jim Aiken of the emergency medicine department at LSU, in an interview. "We do a lot of renewing prescriptions and checking blood pressures," and other primary care interventions. The Interim Hospital sees about 3,500 patients a month. Although things have improved in the last year, the ED admits more patients than before the storm. "We struggle every day with surge capacity," he said.

Diversion is not uncommon, but the hospitals in the area now at least have a new communications module that lets them track online what's happening at other facilities in the area.

Lack of adequate mental health care, combined with poststorm stress and anxiety, is having the biggest impact on the ED, said Dr. Aiken. It is not unusual for the hospital to be holding 15 psychiatric patients at its 31-bed ED, he said.

Charity also housed a crisis intervention unit where the police could take the mentally ill. With that unit gone, those with psychiatric needs have been spread out.

Before Katrina, there were 578 psychiatric and detox beds in and around New Orleans; that number is now at 236, with only a small portion actually in downtown New Orleans, according to Dr. Cerise. The deteriorated mental health system is "probably the most critical health care issue in this state since the storm," said Dr. Aiken.

Even the LSU system in Baton Rouge has been affected, said Dr. William "Beau" Clark, president of the Louisiana chapter of the American College of Emergency Physicians. Emergency rooms in that city have absorbed some of New Orleans' outflow, including psychiatric patients who end up boarding in Baton Rouge, he said. ■

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