Recruitment Efforts Underway

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Hospital on a 37-acre partly undeveloped parcel that the city has said it will take.

According to testimony by Mayor Nagin at a field hearing of the U.S. House Committee on Veterans' Affairs in early July, the new campus would include 30 public, private, and nonprofit organizations, including LSU, Tulane, Xavier University, Delgado Community College, the LSU and Tulane hospitals, medical offices, and biotechnology companies. The state has put aside $38 million to fund a cancer research institute at the site.

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 has recently added a 20-bed detox unit (only 5 were staffed as of press time) and is in the midst of adding 33 inpatient mental health beds elsewhere in the city, as well as a mental health unit in the emergency department.

The lack of access to care has hit hard. According to an analysis of death notices in the Times-Picayune by the Dr. Kevin U. Stephens Sr., director of the city health department, and colleagues, there was a 47% increase in the mortality rate in the first 6 months of 2006—to 91/100,000, compared with 62/100,000 seen in 2002-2004 (Disaster Med. Public Health Preparedness 2007;1:15-20). The authors said that they studied death notices because of vast gaps in state and city data.

Primary Care Providers In Demand

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

In April 2006, the federal government declared the greater New Orleans area—encompassing Orleans, Jefferson, Plaquemines, and St. Bernard parishes—a health-professional shortage area. The region became eligible for federal grants to offer incentives 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 is overseeing the Corps, has received $50 million to spend on recruitment and retention. The first chunk, $15 million, was received in March 2007; 70% of the funds were earmarked for recruitment and 30% for retention.

In mid-June, the state agency received another $35 million. Realizing how difficult it is keep physicians in the city, the state received permission to adjust the split, said Gayla Strahan, a program administrator for the DHH's Bureau of Primary Care and Rural Health and manager of the Service Corps effort. Now, 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 at that time took Medicaid or uninsured patients.

The DHH determined that—based on the region's population at that time (about 700,000) and the Medicaid enrollment (about 135,000)—there was a need for 48 more primary care physicians, 38 more dentists, 10 more psychiatrists, and 33 other mental health professionals, such as psychologists, licensed clinical social workers, and marriage and family therapists.

The department also will seek to retain and recruit faculty at the area's medical, nursing, and allied health schools, said Ms. Strahan. The goal is to retain 50 primary care physicians and recruit 48 new ones 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 new appointments, including 24 at the medical schools.

The Service Corps also has earmarked a little over $2 million to retain 5 specialists and bring in 15 new ones. The bar is a little higher for a specialist—the applicant has to show there is a dire need. For instance, if there's only one cardiologist who agrees to accept Medicaid patients, "that's a dire need," said Ms. Strahan.

Applicants—and there had been 300 as of press time—have to accept Medicare, Medicaid, and the uninsured; must work at least 32 hours a week in clinical practice; and have to be licensed in Louisiana or at least agree to become licensed before starting work. Once accepted, participants have a 3-year obligation.

Physicians, psychiatrists, and dentists can tailor their own package of incentives up to $110,000, which is paid in one lump sum at the beginning of the 3 years. They can use it toward 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 $10,000 to $40,000, depending on the discipline.

So far, there have been 127 awards, including 62 primary care positions, 16 dentists, 42 mental health professionals, and 5 pharmacists

Primary Clinics to Be Medical Homes

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 LSU outpatient clinics, and mobile and nonprofit clinics.

The sites will receive $100 million from the federal government over the next 3 years, as part of a $161 million allocation aimed at improving health care in the area, he said in an interview.

The clinics are eagerly awaiting the shot in the arm, said Dr. Karen DeSalvo, executive director of Tulane University Community Health Center at Covenant House, in an interview. The Tulane clinic is part of an 18-clinic alliance, the Partnership for Access to Healthcare (PATH).

The money is "going to give us a chance to expand upon what's been developing—multiple neighborhood clinics that are turning into medical homes," said Dr. DeSalvo, who also is chief of general internal medicine and geriatrics at the university and special assistant to its president for health policy.

All PATH clinics have agreed to uphold and advance the principles of a medical home, she said. The concept was developed by the American Academy of Pediatrics and is being promoted on a national level by the American Academy of Family Physicians and the American College of Physicians.

Dr. DeSalvo said the primary care picture in the city is improving—the 18 clinics see about 900 patients a day—but too many patients still seek routine care from the emergency departments. "We're trying to … get them into our system."

EDs Feel Ripple Effect

The lack of inpatient beds, mental health care, and shortage of primary care sites are felt most acutely in the area's emergency departments.

Two years ago, the now-shuttered Charity Hospital received 120,000 to 200,000 ED visits a year. Although there are fewer people in the city now, there are more now who come in the door sicker or in need of basic care, said Dr. Jim Aiken of the emergency medicine department at LSU.

"We do a lot of renewing prescriptions and checking blood pressures," and other primary care types of interventions, he said in an interview.

The Interim Hospital sees about 3,500 patients a month. Although things have improved in the last year, the ED is admitting more patients than before the storm, and "we struggle every day with surge capacity," said Dr. Aiken.

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 around the city.

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 of them actually in downtown New Orleans, said Dr. Cerise.

The deteriorated mental health system is "probably in my mind 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. ■

For more information about the health care provider recruitment program and to download an application, visit www.pcrh.dhh.louisiana.gov.

Funding Key In Planning For Disasters

BY MARY ELLEN SCHNEIDER
New York Bureau

Public health systems need more federal funding to respond to day-to-day emergencies and mass-casualty events, according to disaster preparedness recommendations released by a coalition of 18 health organizations.

The coalition, led by the American Medical Association and the American Public Health Association, issued a report with 53 recommendations aimed at leaders in medicine and government. Other coalition members include the American Academy of Pediatrics, the American College of Emergency Physicians, and the American College of Surgeons. The project was funded under a cooperative agreement from the Centers for Disease Control and Prevention.

"The only thing we can probably predict with any certainty about terrorism attacks and other mass casualty events is this—we're not going to know the time, location, and magnitude in advance," Dr. Ronald M. Davis, AMA president, said at a press conference to release the report. "But we have no excuse if our responses aren't known in advance."

The report identifies nine critical areas needing immediate action, including:

► Increased federal funding should be allocated to expand emergency medical, trauma care, and disaster health preparedness systems across the country.

► Governmental entities and health systems must develop and evaluate processes to ensure a return to readiness for routine health care and future mass-casualty events following a disaster.

► Funding for economic recovery after a disaster must emphasize the reestablishment of public health and health care systems.

► The Institute of Medicine should perform a comprehensive study of health system surge capacity.

► Emergency and disaster preparedness must be integrated with public health and health care systems nationwide to provide effective care.

► Public health and health care officials must participate directly in disaster preparedness planning, mitigation, response, and recovery operations.

► Health disaster communications and health information exchange networks must be fully integrated and interoperable at every level of government and health systems.

► The government, health systems, and professional organizations should develop and distribute information on the management of adult and pediatric patients in day-to-day emergencies and catastrophic events.

► Responders must be given adequate legal protections for providing care during a disaster. ■

The full report is available at www.ama-assn.org/go/disasterpreparedness.