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NEW ORLEANS EDITION

## Health-care prognosis brightens

*N.O. doctor ranks  
top U.S. average,  
report says*

**By Jennifer Evans**  
Staff writer

Despite the mass exodus of doctors from the New Orleans

area after Hurricane Katrina nearly three years ago, a journal published today reports that doctors have returned here at a rate that has pushed their per-capita number above the national average, one of many signs medical professionals say indicates the local health-care system is recovering.

The August issue of the American Journal of the Medical Sciences says the number

of doctors in Orleans, St. Bernard, Plaquemines and Jefferson parishes is growing at an impressive rate: from 239 doctors per 100,000 people in 2005 to 256 doctors per 10,000 in 2007. The national average is 237 doctors per 100,000.

A series of articles in the journal, written mostly by local medical professionals, paints a somewhat healthy picture of the New Orleans medical sector, highlighting the rebound-

ing number of local doctors in addition to the recovery of LSU and Tulane medical schools.

"From disaster comes opportunity," said Dr. Maric Krousel-Wood, a researcher for Ochsner Health System and Tulane, who served as the guest editor for the journal's special issue.

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for health care in New Orleans and the Gulf Coast region since Katrina.

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# N.O. health care system still fragile, doctors say

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Since February 2007, \$39.2 million in federal money administered through the state Department of Health and Hospitals helped recruit and retain medical professionals in New Orleans. To qualify for the Greater New Orleans Service Corps grants, professionals must commit to stay in the New Orleans area for at least three years and serve populations of patients with little or no insurance.

More than \$10.8 million to date went to recruiting and retaining primary care doctors, said Dory Tschudy of the state Bureau of Primary Care and Rural Health, the state department that oversees the program. So far, the program has recruited 42 primary care physicians.

### At a crossroads

But despite many signs of recovery and the optimistic tone of the articles, a lead author for the journal cautioned the city is in a crucial period for health care.

Karen DeSalvo, chief of internal medicine and geriatrics at Tulane University, said many local physicians are uneasy about a gap in services for the uninsured, the troubling financial situation of hospitals and because construction has not yet started on a new downtown academic medical center that will serve indigent patients.

State Department of Health and Hospitals Secretary Alan Levine said he expects it could be up to a year before the new hospital that will serve low-income patients begins construction, and three to four years to finish it.

"Without the safety net system back to what it was before (Katrina), the system feels very broken," DeSalvo said. "There's enough health care out there, but it's mismatched in terms of who can access it and what's available."

While the number of primary care doctors has grown in post-

Katrina New Orleans, some specialists have been slower to return, creating a disparity among the patients that have access to specialized care, she said.

"If you have (private) insurance, you're OK," DeSalvo said of people seeking specialized care. For patients on Medicaid or who are uninsured, getting an appointment with a local ophthalmologist or neurosurgeon can mean lengthy waits for appointments, she said.

### Hospitals lose money

Hospitals also have struggled to bounce back because of increased labor and insurance costs and reduced revenue. Tulane, Touro Infirmary, West Jefferson, East Jefferson and Ochsner Health System lost more than \$380 million combined between 2005 and 2007, according to a recent federal report.

"We're living off our savings account," said Lawrence Van Hoose, senior vice president of Ochsner Health System. "We're all concerned if one hospital fails, it will have ripple effects for all."

Nonetheless, DeSalvo said tremendous progress has been

made in restoring health care in the area.

New Orleans is attracting more medical students than ever before, said Dr. Marc Kahn, medical director at Tulane School of Medicine. This year, Tulane had 8,300 applicants — nearly 2,000 more than usually applied before the storm — and accepted 178 into the class of 2012, the largest class in the school's history.

"Students come to New Orleans knowing this is a community in need and know they can make a difference here," Kahn said. Students typically spend more than 100 hours each year volunteering in neighborhood clinics, he said.

Despite the temporary closing of LSU and Tulane after Katrina, administrators from both schools said the quality of medical training remains strong. LSU professors said the disaster presented new training opportunities throughout the state. A report from Tulane found no differences in the performance of Tulane students on medical licensing exams before and after the storm.

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I waited all summer for one of my health stories to run on the front page. My last day in New Orleans, I got my wish (Health-care prognosis brightens, 8.15.08).

The idea for this story began after I received a press release announcing the *American Journal of the Medical Sciences* was dedicating its entire August issue to the lessons learned and progress made in the rebuilding of New Orleans' healthcare system during the nearly three years following Hurricane Katrina. The special issue included more than 28 articles, ranging from original research on patient populations before and after Hurricane Katrina to the personal stories of doctors and students who witnessed first-hand the rebuilding of their hospitals and schools.

Following several interviews with the local professor who served as a guest editor for the special issue and other contributing authors, I hit a wall. The majority of the progress benchmarks included in the journal seemed, at best, to be old, repackaged news; at worst, it seemed the entire journal painted an overly optimistic view of health care in New Orleans.

The guest editor of the journal acknowledged the main goal of the journal was to show while Hurricane Katrina was a horrible disaster there were many signs of progress related to the health care system. However, one of the contributing writers for the special issue explained contributors were pressed to present positive news on the status of healthcare in the region.

After months of covering the healthcare beat in New Orleans I knew there was truth to the recovery of the healthcare system in New Orleans; I also knew there was much progress still to be made. The admission by Tulane doctor Karen DeSalvo that despite progress in New Orleans, many doctors felt uncertain about the future of the hospitals, gave me the nugget I needed to pursue a more in depth analysis of healthcare in New Orleans.

I used the most newsworthy detail within the journal – the fact that doctors were returning to New Orleans at a rate that exceeded the national average – to highlight the journal and then offered readers a balanced look at the progress and problems with healthcare in New Orleans since Katrina.

I felt pleased with the way this story turned out because it didn't discredit the journal or the healthcare progress made since Katrina, but it demonstrated the need for a continued commitment to healthcare for all people in the city.

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