# THE MEDICAL EDUCATION COMMISSION

# STATE OF LOUISIANA

# EIGHTH ANNUAL REPORT: 2004

LSU Health Sciences Center
NEW ORLEANS
Office of the Chancellor

School of Medicine
School of Dentistry
School of Nursing
School of Allied Health Professions
School of Graduate Studies

December 1, 2004

Fred Cerise, Secretary
Department of Health &
Hospitals P.O. Box 629
Baton Rouge, LA 70802

Dear Secretary Cerise:

The Medical Education Commission is issuing this Eighth Annual Report 2004. The value of this cooperating working group is evident in illustrating a dynamic process, with clarity of information on Graduate Medical Education (GME) in the entire State of Louisiana.

The member representatives from LSU Health Sciences Center, Tulane University Health Sciences Center, Alton Ochsner Clinic Foundation, and the Department of Health and Hospitals, have worked to consistently promote a partnership of understanding and trust focused on GME activity in our Teaching Hospitals.

The Commission reports a comprehensive and detailed description of GME size, quality, contributions, timetable, and changes in this necessary and productive enterprise in the State. Special characteristics, such as public and private components, the major involvement in the Public Hospital System, the continuing contributions to the physician workforce, the combined education and service, are evident and substantial. The detailed data presentations document the array of GME programs by institution, by hospital location, by level of training and by specialty.

I am pleased to endorse this report and the work of the Commission, and encourage your acceptance and ongoing support to connect a bright present with brighter future; the benefits of this cooperative venture will accrue not only to the individuals in training and our patients, but also the institutions involved and the people of the State of Louisiana.

Sincerely,

John A. Rock, M.D.
Chancellor
LSU Health Sciences Center

# Announcement

The Medical Education Commission has changed and added to our 2004 annual report presentation. The website is the expanded version, with color, at lsuhsc.edu/administration. A shorter summary of new data will be distributed as a black and white paper copy. We now annually submit a scientific article for publication in the Journal of the Louisiana State Medical Society. A bibliography of recent publications is included:


Hilton CW, Plauche' WC, Rigby PG. Projecting Physician Supply at a State Level: Physicians in Louisiana in 2001 and 2006. *So Med J* 1998; 91:914-918.

Rigby PG, Foulks E, Pinsky WW, et al. The Medical Education Commission Report on Trends of Graduate Medical Education in 2002. *J LA State Med Soc 2002*; 154:262-268.

Rigby PG, Foulks E, Pinsky WW, et al. The Medical Education Commission Report 2003: GME Production Renews Physician Supply. *J LA State Med Soc 2003*; 155:271-278.

Rigby PG, Foulks E, Riddick FA, et al. The Medical Education Commission Report at the Turn of the New Millennium 2000. *J LA State Med Soc 2000;* 152:386-391.

Rigby PG, Foulks E, Riddick FA, et al. The Medical Education Commission Report on Trends in Graduate Medical Education 2001. *J LA State Med Soc 2001;*153:411-418.

# The Medical Education Commission
# State of Louisiana
# Eighth Annual Report: 2004

## Table of Contents

# Introduction

The Eighth Annual Report of the Medical Education Commission (MEC) provides a comprehensive view of Graduate Medical Education (GME) with an emphasis on trends. It is reorganized with new and revised information to explain the structure and function of GME as a dynamic process, constantly changing but within a framework of continuity, essential and important to the State of Louisiana. Act 3 of the 1997 Louisiana Legislature established the Medical Education Commission (MEC).

This work on Graduate Medical Education (GME) documents the nature and scope of all training programs for the post-doctoral residents and fellows in Louisiana. The report illustrates the interrelated workload and workforce production in and by the Health Care Services Division Hospitals and the Academic Medical Centers: Louisiana State University Health Sciences Center, Tulane University Health Sciences Center, and Alton Ochsner Clinic Foundation. This seventh report provides new information and trends on Physician Supply and Demand in the United States and in Louisiana.

The recommendations address both the long and short-term cycles and concerns for the future of GME in Louisiana. The first and most immediate priority is to meet the Southern Regional Average for the annual stipends to permit recruitment and retention of the best residents and fellows.

The report has been written and collated by the members of the MEC: Dr. Perry Rigby (LSUHSC) Chairman, Dr. Ronald Amedee (Tulane), Dr. William Pinsky (Ochsner), Dr. Jimmy Guidry (DHH), Staff Member: Dr. Kurt Braun (HCSD), and by Dr. Charles Hilton (LSUHSC), Dr. John McDonald (LSUHSC), Mr. Joseph Miciotto (LSUHSC), Dr. Eric Hovland (LSUHSC) and Ms. Barbara McNamara (Ochsner).

# The Medical Education Commission

Act 3, H.B. no. 1162 of the 1997 Louisiana Legislature establishes the Medical Education Commission under the Department of Health & Hospitals (D.H.H.). The members are appointed by the Louisiana State University Medical Center (LSUMC); Tulane Medical Center (TUHSC); and Ochsner.

The Medical Education Commission (MEC) shall:

I. Make recommendations to the Secretary of D.H.H. on the distribution of funding for residency positions, residency supervision, and other medical education resources for the hospitals in the health care services division (HCSD) of LSUMC among medical education programs providing services in such hospitals.

II. Analyze and make recommendations to the Secretary of D.H.H. regarding appropriate formulas to be used in calculating the amounts to be paid to a medical institution in support of its training programs in the HCSD of LSUMC.

**D.H.H. purpose and function as stated (pages 47 and 48):**

Responsibilities for development, provision and coordination of health and medical services, continuity, allocation, distribution and determinations are ensured. The Secretary shall consider advice by the MEC, the historical distribution of Graduate Medical Education (GME) resources, the long term effect of the allocation of medical education resources to each program, and the clinical workload of each program (emphasis added)

**Objectives of the MEC**

The MEC should initiate a method to develop and report for its recommendations:

1. Accurate, recurring data on GME
2. A dependable funding source, amount and distribution for the HCSD
3. Cyclical long-term requirements and continuity

The MEC may gather supporting information and comment on:

1. Educational excellence
2. Workforce production
3. Fulfilling HCSD objectives for patient care
4. State-wide focus for planning

# GME in Louisiana
# Executive Summary

The success of graduate medical education (GME) in Louisiana has been recognized nationally and internationally for more than 100 years. The growth of GME in Louisiana and the U.S. has been continuous in quality and quantity; a dynamic process based on the reputation, expertise, capacity, and commitment of the States academic institutions. The interesting and unique feature of this arrangement in Louisiana is the major role of the State public hospitals in a statewide healthcare delivery system inextricably linked with health professional students and GME programs. Sixty percent of all residents and fellows in Louisiana are assigned and trained in these public hospitals at any one time, and practically all at some time in the course of their training programs. The patient care in these hospitals could not be provided in any other cost-effective way. These GME programs are the major source of future physicians in Louisiana. The continuity, stability and quality improvement in GME are essential for the academic institutions, the public hospitals, and for enlightened public policy.

The State of Louisiana meets the national averages regarding the ratio of residents and fellows/total physicians (16%), the ratio of primary care physicians/total physicians (about one-third, 34%), and the ratio of physicians/100,000 population (268/100,000). Louisiana exceeds national averages in the retention of trainees into practice sites in the state.

The Medical Education Commission was established by Act 3 of the Louisiana Legislature in 1997. The report and these recommendations are to describe the work of the Commission, the nature, number, recruitment, location, workload, variety, and complexity of GME. The national settings, background, and other parameters are detailed, as well as the overall and individual academic programs in the hospitals related to LSUHSC, Tulane and Ochsner.

The Eighth Annual report of the data on GME has been constructed to be accurate and detailed for the last full year, 2003-2004, and to be recurring. It is similar in content to the prior reports of the MEC. The issues raised by collecting and reviewing the data and from information from many other sources are ongoing concerns of the Medical Education Commission, i.e., education, primary care, workforce and workload, resident hours distribution and funding. The trend information on total and primary care GME has been updated, and trends on the match have been included. The recommendations emphasize both the long and short-term objectives in the GME cycle. The most pertinent and important recommendation is to maintain the stipends at the level of the Southern Regional Average for recruitment of the highest quality future physicians. Every year Louisiana=s residency training programs must compete with others throughout the nation to recruit the young physicians through the matching program. This process is compromised each time the State of Louisiana allows the stipends for residents to drop lower than other states and institutions.

The meetings of the Medical Education Commission were held on the following dates:

| First Report Dates | Second Report Dates | Third Report Dates | Fourth Report Dates |
|---|---|---|---|
| July 30, 1997 | January 21, 1998 | March 2, 1999 | January 25, 2000 |
| August 27, 1997 | February 10, 1998 | May 6, 1999 | March 29, 2000 |
| October 1, 1997 | March 23, 1998 | August 17, 1999 | May 30, 2000 |
| November 19, 1997 | June 9, 1998 | September 28, 1999 | August 22, 2000 |
| | July 30, 1998 | | |
| | August 26, 1998 | | |
| | September 30, 1998 | | |
| | November 4, 1998 | | |

| Fifth Report Dates | Sixth Report Date | Seventh Report Dates | Eighth Report Dates |
|---|---|---|---|
| April 24, 2001 | January 28, 2002 | January 28, 2003 | May 11, 2004 |
| July 12, 2001 | July 22, 2002 | July 29, 2003 | September 27, 2004 |
| December 17, 2001 | October 28, 2002 | August 26, 2003 | November 23, 2004 |

# Medical Education:
# History of Development

Key scientific discoveries and educational trends around the turn of the 20th century ignited a quest for better healthcare by application of improvements in education and biomedical research. These improvements framed the mission and provided the thrust for quality and then quantity in healthcare delivery. They became the basis for the comprehensive training of physicians to achieve competence in a continuum of education, the understanding of biomedical research and excellence in patient care, a movement, which culminated in the development of Academic Health Sciences Centers.

The new emphasis on a scientifically based education embodied in the Flexner Report (1910) initially reduced the number of medical schools and physician production, but greatly enhanced quality. Medical school education increased to 4 years with attention to improvements in both basic and clinical science.

Formal postgraduate education of physicians became an increasing part and then a requirement of physician training and education. The addition of 3 to 9 years of graduate medical education became necessary in order to master the new discoveries in medical science and technology and acquire specialized knowledge and techniques.

The education of a physician to serve patients is made every more interesting by the nature of the subject of the human body and mind (self-included), the impact of disease and disorder on the health of individuals and populations, and the expansion of sophistication and complexity in information and technology. The physician component for patient care is dynamic and must be renewed annually B a continual pipeline of recruitment, education, service, and attrition.

The education of a physician is fundamentally different in many aspects from other types of education. It is preparation for service to others that is intimate, caring, intrusive, scientific, trusted, valued, intensive, and lasting. Each student must obtain values, attitudes, abilities, knowledge, skills, and commitment to achieve high quality and sophisticated ability to heal. Thus a series of fundamental and personal relationships characterize the long learning process, built and connected to individual student/teacher and institutional goals and strategies. Each student is educated in the context of patient care and research, which is obtained in specific programs of study in the Academic Health Sciences Center and teaching hospitals, and in a broad institutional culture.

The importance of relationships should be stressed as part of the quality of the mission and its desired components. The art of medicine is enhanced by its continuing emphasis on the physician-patient relationship. The values involved in each step and component are prerequisite to good treatment outcomes. There is competition at each interface between and among many individuals and groups in recruitment, education, research, and patient care. Fundamental to every encounter is the necessity of putting patients first as a primary principle.

As we enter the new millennium, an historical perspective brings the view of medical education into focus at present and presents a vision to the future. A continuity of constant change, growth and progress emerges, dynamic and inexorable, to achieve quality and then quantity in health care delivery. It involves a myriad of detail, the efforts and struggles of individuals and groups along the pathway to examine the purpose and take incremental steps in a sea of complexity.

The convergence of the component connections and relationships in education, research, and patient care is truly remarkable, a public-private partnership. This is a discernable differentiating feature in comparing the United States to other countries.

The connection to the future suggests some continuation, attention to the trends and rate of change in certain areas, and issues raised requiring problem solving interventions. The physician workforce is generally of high quality, yet improvable; the quantity of physicians is leveling off gradually in total, and in primary care specialties. Funding of education is a major current issue.

Research productivity in biomedicine continues to expand rapidly, giving an ever-increasing stream of discovery, invention, information and innovation. Decisions on quality, safety and efficacy related to cost and benefit are ongoing considerations before consumption.

The cost and quantity of patient care is increasing gradually over time, now prompting efforts to slow and predict expenditures. The desire to maintain and improve quality persists. The goal to increase coverage to eventually include all emerges once again. Funding is a current issue.

The role of Graduate Medical Education plays a fundamental and necessary role in health care. This successful enterprise will require incremental funding increases to keep pace and produce excellence.

# Medical Education:
# The Dynamic Process of Physician Renewal

A student decides to set his/her career goal to become a physician, motivated to pursue the long pathway in the continuum of medical education. This process is structured to progress in the entry and exit of groups of students at the key interfaces of college, medical school, and Graduate Medical Education (GME) including residents and fellows, leading to the practice of medicine. The continuous but constantly changing dynamic for individual career choice and institutional operation and commitment is characteristic for renewal to occur.

This account of the structure (Anatomy) and function (Physiology) of medical education is to define briefly the flow in the continuum and timing of the segments, compartments, rotations and categories involved. Data collected by the Medical Education Commission, supplemental by National AMA and AAMC publications and the LA State Board of Medical Examiners (LSBME) are used to illustrate trends over several years.

The renewal process for the physician workforce (supply) is one of constant and dynamic change, moving individual students in groups along a timed sequence of medical education. Yearly totals and reports may appear to be relatively static, but the internal kinetic activities of learning experience under supervision are relentlessly pursued. The process is characterized by key times of next step choice and acceptance, and is divided as follows for the purpose of explanation on this course of events.

**Segments** of medical education as broad subdivisions are on average 4 years each, college, Medical School, GME.

**Compartments** represent the year-by-year (year-tight) subdivisions in each segment, with key interface choices and motion.

**Rotations** are generally one to three month assignments on clinical services, varying from general to specific for medical students, residents and fellows.

**Interface** decisions are career choice exit/entry to the next stage in the segments, sometimes within compartments, in the medical continuum.

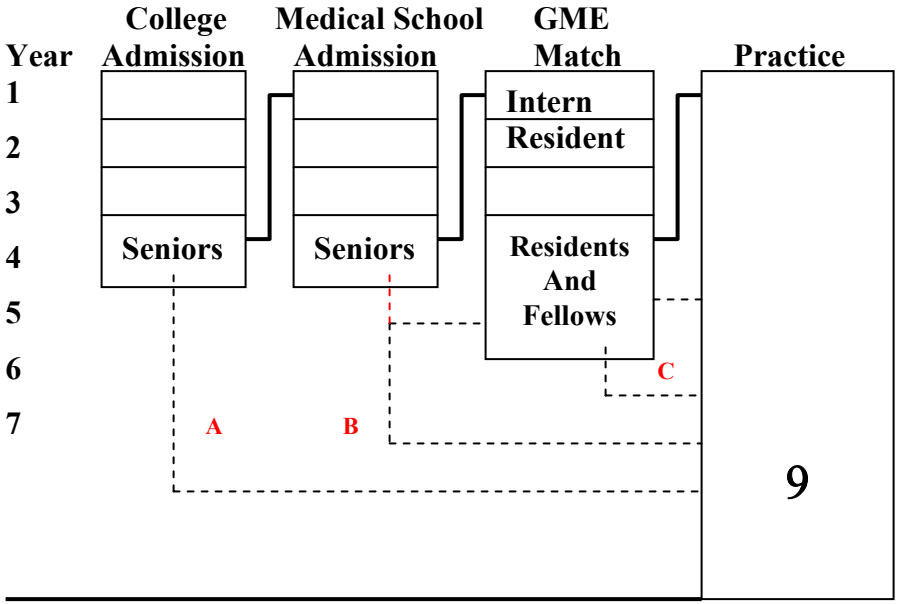
**Categories** include division into type of specialty, i.e. primary care, specialization, and sub-specialization, public and private institutional bases, and geographic locations.

This continuum of education generally leads to fully and comprehensively educated physicians, ready to settle in a practice location with appropriate credentials, license, and tools to deliver patient care. Some who finish GME training may choose a career in academic medicine, public health or administration. The majority practice their medical specialty in communities across the state in a lifetime career of patient service.

The segments in sequences of the board requirements for physician education and training are:

| College | Medical School | GME residents and Fellows | Practice ≡ |
|---|---|---|---|

Each of these segments have year-tight compartments for progression and performance in the respective educational programs, and key interface transitions.




This chart of the segments and compartments of medical education shows the basic flow and timing of the progression of steps in the continuum. The dashed lines add information on the complexity of tracking these mobile students as some leave and re-enter the state at various times.

The pathway of college to medical school to GME to practice may occur all in the same state. However, other paths are not uncommon.

The flow chart on Medical Education emphasizes interface decisions in the sequential pathway over time:

**A.** College students may return after all or part of their medical education elsewhere, either to GME or directly into practice from outside their state.

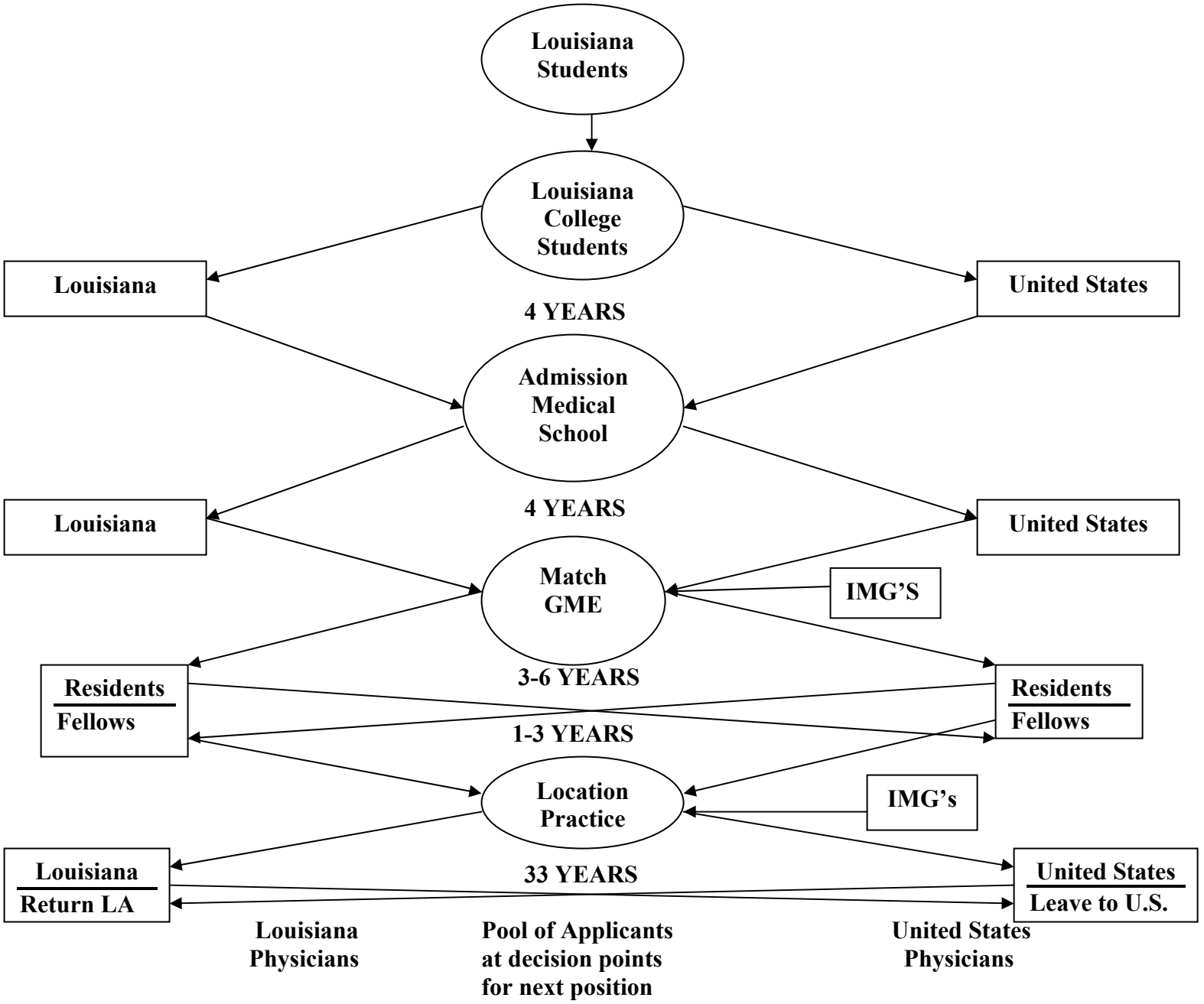
**B.** Senior medical graduates may leave the state and return to fellowships or return to practice in Louisiana.

**C.** Residents or Fellows on Finishing, even through recruited into GME from outside the state, may enter or return to enter practice in Louisiana.

**D.** Those in practice may leave Louisiana, and then return or enter practice at a later date (not illustrated).

The return and reentry to medical practice in Louisiana augments considerably the retention of those retained and educated in Louisiana. The mix of practicing physicians in Louisiana, therefore, is predominantly made up of those having had all or part of their medical education based in Louisiana institutions.

**MEDICAL EDUCATION: THE SEQUENTIAL PATHWAY AND TIMING INTERFACE DECISIONS ON ENTRY AND LOCATION OF PHYSICIAN RENEWAL**



# Counting Physicians, Tracking Education to Practice in Louisiana

Each year, physicians in training move in groups (cohorts) at career decisions points to the next level of education and into practice. The three medical schools, two public and one private, admit a new class (415), and graduate seniors (401) who match into first year residency positions (GME) (384). Those finishing GME settle into practice sites (257). Since physicians in training and in practice exhibit mobility at each interface decision, and are retained graduates in Louisiana (169) or leave to the US (232), tracking includes counting those educated at some stage in Louisiana who enter GME (215) or return from the US into Louisiana (120) as well as physician from the US entering directly into practice (123).

There are about 500 licensed physicians who have finished GME who settle in practice sites in Louisiana each year. This group (cohorts) can be counted as replacing physician loss to inactive status (300) and adding to the total active pool (200) renewing each year the supply of the practicing physician population. They also can be tracked from the source of production, either educated in Louisiana institutions or added from the US pool and IMG's.

Of the 500 entering practice, 248 of the 401 Louisiana senior graduates, 62%, represent 50% of the 500. Moreover, 129 of recruited US physicians into Louisiana GME, trained in Louisiana hospitals are retained, and 123 U.S. and IMG physicians come directly into practice, a total of 252, the other 50% entering practice.

Thus 248 retained LA graduates and 129 GME participants total 377, indicating the high yield (75%) of physicians educated in Louisiana entering practice.

Some physicians educated in Louisiana, however, are lost to the US pool, 139 Louisiana seniors graduate (35%) and about 59 Louisiana GME participants total 198. Since 252 US graduates enter Louisiana at some stage, the difference of 54 US graduates represent the net gain, a brain gain from Louisiana.

**BALANCE SHEET: LA PHYSICIAN EDUCATION, ENTER PRACTICE CALCULATIONS**

**DATA: MATCH 2002, MEC 2001-2002, PER YEAR**

| LOUISIANA | LA Total | From LA | From U.S. | Gross Loss to U.S. | Grads Return to LA | GME Return to LA | Net Loss | Net Gain from LA to practice | Net Gain from U.S. to practice |
|---|---|---|---|---|---|---|---|---|---|
| Enter: Medical School | 415 | 310 | 105 | | | | | | |
| | | 75% | 25% | | | | | | |
| Match: | | | | | | | | | |
| Graduates | 401 | ↓ | | (232) | 93 | | (139) | | |
| GME: PGY-1 | 384 | 169 | 215 | (127) | | 27 | (100) | 128 | 129 |
| Enter: Practice | 500 | 257 | 123 | | 93 | 27 | | 120 | 123 |
| Totals | 500 | | | | | | | 248 | 252 |
| | 100% | | | | | | | 50% | 50% |

| Louisiana Trained Physicians GME & LA Grads in practice | 377 total 75% | 257 Stay in LA after GME 257/384 67% | 93 LA Grads return | 27 LA GME return | Louisiana Grads in Practice 248/401 62% | US Grads and IMG |
|---|---|---|---|---|---|---|

# MEDICAL EDUCATION, GME, PRACTICE IN LOUISIANA

| | MEDICAL SCHOOL GRADUATE | GME PGY-1 IN LA | RETAINED AFTER GME | RETURN AFTER GME | ENTER PRACTICE DIRECT | TOTAL PRACTICE IN LA |
|---|---|---|---|---|---|---|
| | (NUMBER IN 2002) | | (ESTIMATED % CALCULATIONS) | | | |
| LA GRADS | 401 | 169 (42%) | 128 (75%) | 93 (40%) | | 221 |
| US GRADS & IMG'S | | 215 | 129 (60%) | 27 (20%) | | 156 |
| Total PGY-1 Start | | 384 | | | | |
| Total Trained in LA to practice | | | 257 (67%) | 120 | | 377 (75%) |
| US GME & IMG To Practice | | | | | 123 | 123 |
| TOTAL/YR | | | | | | 500 (100%) |

## THE CHARACTERISTICS AND PROGRESSION OF MEDICAL EDUCATION

| CATEGORY | EDUCATION | TIME SPAN | RECRUITMENT ENTRY | ACTIVITY EXPERIENCE | SUPERVISION | EVALUATION |
|---|---|---|---|---|---|---|
| College | Undergraduate | 3-4 years | Admission Process | Major/Minor Courses | College Faculty | Exams |
| Medical School | UME | 4 years | Institution Admission | Interdepartmental | Medical School Faculty | USMLE |
| Resident | GME | 3-7 years | Match | Specialty | Department Faculty | License Boards ACGME |
| Fellow | GME | 1-3 years | Departments | Sub-specialty | Program Faculty | Boards |
| Practice | CME | 33-45 years | Community | Provide/ Referral | Laws Regulatory Agencies | Renew License |

UME = Undergraduate Medical Education
GME = Graduate Medical Education: Interns, Residents, Fellows
CME = Continuing Medical Education

# Rotations

Students learning medicine have a curriculum of study using rotations on clinical services in a variety of locations, after completion of basic science courses. These vary by level of student, last usually one to three months, and progress from the general to the specific specialty. These rotations are supervised by faculty attendings on the ward service or in the clinics, involve a team approach, on-call, and are predicted on performance, experience, and evaluation at each level.

The following rotation schedules are illustrated for a junior medical student, a medical resident, and a hematology/oncology fellow for a year.

The location of education on clinical rotation is usually the base academic institution with closely affiliated hospitals and clinics.

The public and private institutions have similar curriculum and rotations, and considerable cooperation in inter-institutional rotations and programs.

The methods and process of clinical education include rounds, clinics, conferences, didactic presentations, and individual small group attention.

| MONTH | JUNIOR MEDICAL STUDENT | MEDICAL RESIDENT | HEME/ONC FELLOW |
|---|---|---|---|
| July | Medicine Wards | Wards | Clinics |
| Aug | Medicine Clinics EKL | Emergency Room | Consults |
| Sept | Medicine Subspecialties | MICU | Wards |
| Oct | Ob-Gyn | Cardiology | Elective - Tulane |
| Nov | Ob/Psych | Kenner | Clinics |
| Dec | Psych | Clinics | Wards |
| Jan | Pediatrics | Infectious Disease | Research |
| Feb | Pediatrics | Wards | Consults |
| March | Family Medicine | Pulmonary/Intensive Care | Wards |
| April | Surgery | Touro | Baptist |
| May | Surgery/Urology | Clinics | Baptist |
| June | ENT/Ophthalmology | Wards | Baptist |

# Summary

The total annual number of medical students in Louisiana is about 1700, 425 per class, producing about 400 graduates per year. The total annual number of post-graduate year-one (PGY-1) GME positions in Louisiana is about 400 of which about 200 are filled by graduates of Louisiana Medical Schools. More graduates then return to Louisiana, either in later years of GME or in practice. The retention of LSUHSC Louisiana medical school graduates into Louisiana residency programs is about 60%; the retention of physicians finishing GME going into practice in Louisiana is about 60%, higher in the primary care specialties.

**<u>Recruitment and Retention</u> of those physicians completing GME in LA. Compared to national averages**

**Louisiana Rank (Siefer et al., - JAMA 274, pg. 685, 1995)**

| | |
|---|---|
| **4th** | **% Physicians, Generalists, Trained in State** |
| | **66%** |
| **7th** | **% Practicing Physicians, Generalists, Trained in State** |
| | **65% (First in the South)** |
| **9th** | **Practicing Physicians Trained in State** |
| | **58% (First in the South)** |
| **13th** | **Physician Retention after GME** |
| | **52% (Fifth in the South)** |

Louisiana has 87.6% of physicians in metro areas, compared to the national average of 89.7%; and 82% of primary care physicians in metro areas compared to 88.2% in the U.S. (AMA)

Annually, the net gain in physicians in Louisiana is about 3.0%, 250 more physicians than last year. The number newly recruited is about 500, about equally divided from inside vs outside Louisiana from date of last address. The greater number recruited compensates for those retiring or lost by moving outside Louisiana etc. Most new physicians after GME enter into the practice area and office based compartment where they were trained.

The distribution of primary care specialties has shown growth in Family Medicine. There are larger numbers in Internal Medicine within Primary Care, similar to the U.S. Medicine and Pediatrics also provide a considerable contribution to the sub-specialty physician component.

Louisiana is different measured by two important parameters:

1. Louisiana is ranked high, near the top of the South and in the U.S. in <u>retention</u> of physicians from GME programs in the state into the practicing physician component.
2. Louisiana has developed comparatively more Family Medicine GME programs and positions than many other states.

# Gme Change: Imposition Of A Reduction Of Hours Worked By Residents To 80 Per Week

## Requirement Initiated

The institution of the ACGME requirements in 2003, known to many as the “80 hour work week,” has had a variable effect on programs and institutions. The major factor pushing work hours beyond 80 hours per week has been required in house call. A number of residency programs do not require in-house call and some that do, such as Internal Medicine, have had the “80 hour rule” in place for a number of years.

## Predominant Effect

In most cases the greatest effect has been that programs must rearrange schedules and carefully develop plans to assure that violations do not occur, to accurately monitor the work hours of residents and to assure the educational objectives are met. Not surprisingly, the residents themselves may create the greatest challenge to implementation since they do not want to have to leave complex cases that are evolving. For example, they might admit a patient at 4 AM after being up all night and feel it would not be in the best interest of patient safety to leave the patient by noon the next day as is required. Some institutions may have to hire more qualified people to replace or substitute for residents, if work loads are not covered.

## Strict Enforcement

Nevertheless, programs are required to enforce these rules and early data suggest this is being done successfully. Institutions and programs both operate under the strict impression that any violations will be dealt with in the harshest terms by the accreditation agency. For this reason, the biggest adaptation that most programs and institutions have had to make are the development of multiple, redundant and occasionally quite expensive systems to monitor resident work hours and compliance. Many of these involve multiple samplings from time logs or swipe cards and annual or semi-annual inspection of each program. It is too early to know how complete and detailed a system must be to satisfy the accrediting body. In the end, most systems depend on some form of self-reporting by the residents.

# Medical Education Commission:

# The Match

The success of the match in Louisiana this year 2004 is of special note. The Medical Education Commission (MEC) therefore here provides expanded and updated information on the details and importance of this event, portraying the trends of GME in Louisiana beyond the record as annually compiled by the MEC of filled positions for the year past.

The national resident matching program for first year residents is the focal point for the annual cycle of recruitment and appointment in graduate medical education. Newly graduated physicians begin their residencies on July 1st each year, but budgetary and institutional commitment both precedes and follows this date. Decision as to the number of positions to be offered must be made in the spring of the preceding year; interviewing and recruitment occurs during the preceding summer and fall, and the institution makes a final commitment about number of positions offered by October. Both institutions and applicants submit selection lists in February and the results are announced in March of each year. The institution has a binding commitment to provide a residency position for the trainee accepted for the entire three to six years of Residency training depending on the specialty.

The match is an annual event, accomplished by a national computerized program, the National Residency Matching Program (NRMP), through a process of aligning each senior=s prioritized list of choices to the ordered list of choices by institutions providing opportunities for residency positions. Several subspecialty matches also occur.

The process begins in the senior year of medical school when each student officially signs up for the match, gathers information, visits, interviews, analyzes then enters the choices in priority order for open positions (slots) in an array of residency programs. In parallel, institutions (teaching hospitals and medical schools) offer residency positions in the match program and prioritize the order of acceptance. A NRMP match signifies a contract of acceptance by both parties. The immediate results are recorded in NRMP publications including each position offered, filled and open. Some slots are filled outside the match programs.

The array of applicants include not only U.S. medical school seniors, but also U.S. graduates from prior years who have delayed matching, international medical graduates (IMG=s, both U.S. nationals and foreign nationals), osteopathic graduates, and those seeking reentry into a new specialty, etc.

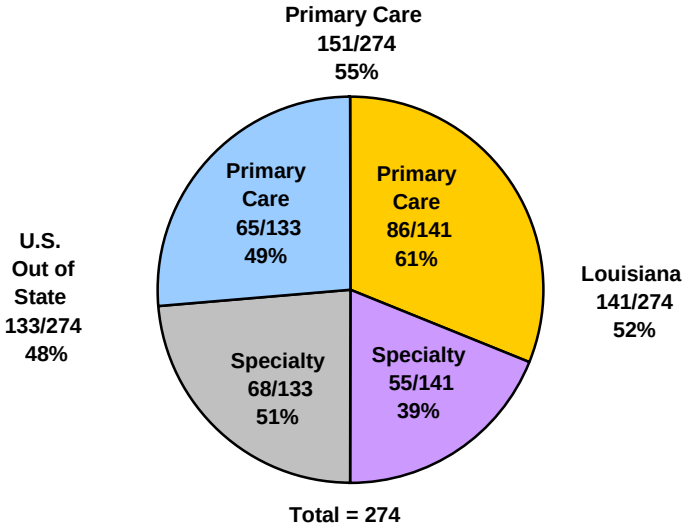
The results of the 2004 matching process are represented in the following data and graphs: I) The offered residency positions in GME, PGY-1 and PGY-2, by GME programs in Louisiana show the number of matched and filled positions. Pie charts depict institutional proportions on the match. The graduating senior medical students numbers recruited and retained in Louisiana, with the proportion entering primary care, are illustrated.

**Table I**

# HOSPITAL/INSTITUTIONAL MATCH 2004
## PGY-1 AND PGY-2

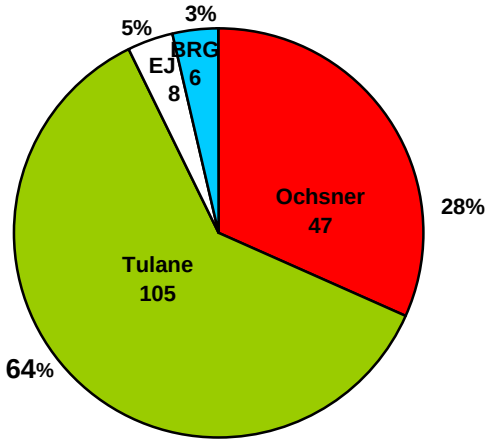
| Program | Match 2004 # Sr. Graduates | PGY-1 Quota | PGY-1 Filled | PGY-1 Open | PGY-2 Quota | PGY-2 Filled | PGY-2 Open |
|---|---|---|---|---|---|---|---|
| LSUHSC-New Orleans | 176 | 122 | 128 | 0 | 13 | 13 | 0 |
| Earl K. Long | | 26 | 27 | 0 | | | |
| UMC | | 16 | 16 | 0 | | | |
| Lake Charles | | 5 | 5 | 0 | | | |
| Subtotal | | 169 | 169 | 0 | | | |
| LSUHSC-Shreveport | 98 | 67 | 63 | 4 | 2 | 2 | 0 |
| N. Caddo | | 2 | 2 | 0 | | | |
| E.A. Conway | | 8 | 8 | 0 | | | |
| Alexandria | | 6 | 6 | 0 | | | |
| Subtotal | | 83 | 79 | 4 | | | |
| LSUHSC Total | 274 | 252 | 248 | 4 | | | |
| TULANE | 151 | 94 | 94 | 0 | 11 | 11 | 0 |
| OCHSNER | | 47 | 47 | 0 | | | |
| Baton Rouge General | | 8 | 8 | 0 | | | |
| East Jefferson | | 6 | 6 | 0 | | | |
| Private Total | 151 | 155 | 155 | 0 | | | |
| Louisiana Total | 425 | 407 | 403 | 4 | 26 | 26 | 0 |
| % Filled | | | 99% | | | 100% | |

## LSUHSC Seniors Into Residency 2004 Match Results



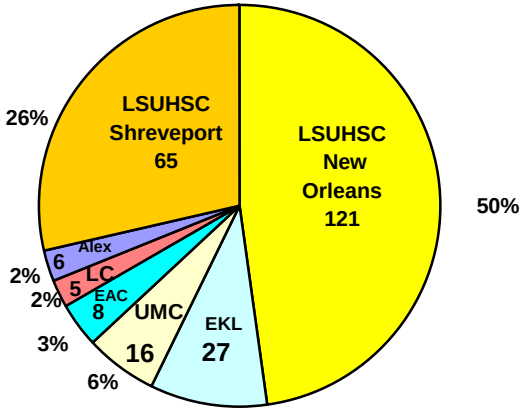

Total = 274

## Louisiana Match 2004 Private Institutional Programs Base



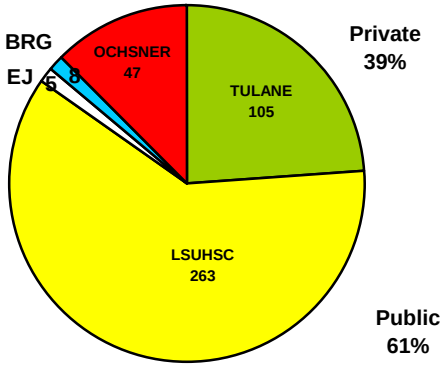

PGY-1 and PGY-2 Filled Positions = 166

## Louisiana Match 2004
## Public Institutional Programs Base




PGY-1 and PGY-2 Filled Positions = 248

## Louisiana Match Results Institutional Program
## Filled Slots PGY-1 and PGY-2 2004




Total 429

## THE MATCH TRENDS

Table II shows the medical match trends for Louisiana Senior Graduates from the three medical schools for the last four years including 2004. The variations are relatively small but interesting; this year was average in graduates staying for GME in Louisiana and in primary care, back up compared with the prior year. Table III illustrates the proportions for LSUHSC; over 50% of graduates enter GME in Louisiana, and over 60% are in primary care.

The Hospital/Institutional match trends for 2004 are shown in Table IV for postgraduate year one (PGY-1). Each program is listed to document the offered and filled positions in each category, and totals. At this juncture, the success of the matching process for Louisiana, 99% filled, is evident. This table depicts the trends from 1999 to 2004 for the matching process for PGY-1, including Louisiana seniors retained and out of state recruitment. These results are relatively consistent over time, although there are a slightly smaller number of offered and filled positions over this short time frame.

A “brain gain” compensates loses at this time, recruiting out of state graduates across the country. Louisiana institutions rank high in the U.S., in the recruitment and retention of seniors, in filling open PGY-1 positions, and in primary care GME.

The number of graduating seniors is equivalent to the first year (PGY-1) resident positions, thus netting gains and losses.

**Table II**

# MEDICAL
# MATCH TRENDS
# LOUISIANA SENIOR GRADUATES

| TOTALS | # Total Graduates | Stay for GME in LA | Primary Care in LA | Leave LA for GME | Primary Care in U.S. | Total Primary Care All |
|---|---|---|---|---|---|---|
| 1999 | 379 | 183 | 107 | 196 | 82 | 189 |
| 2000 | 420 | 181 | 116 | 239 | 150 | 266 |
| 2001 | 404 | 154 | 96 | 250 | 139 | 235 |
| 2002 | 401 | 169 | 108 | 232 | 131 | 239 |
| 2003 | 407 | 159 | 93 | 248 | 132 | 225 |
| 2004 | 425 | 174 | 112 | 251 | 119 | 231 |
| **LSUHSC** | | | | | | |
| 1999 | 161 | 97 | 58 | 64 | 34 | 92 |
| 2000 | 177 | 100 | 67 | 77 | 52 | 119 |
| 2001 | 169 | 78 | 51 | 91 | 53 | 104 |
| 2002 | 166 | 93 | 57 | 73 | 42 | 99 |
| 2003 | 161 | 86 | 53 | 75 | 43 | 96 |
| 2004 | 176 | 94 | 50 | 82 | 37 | 87 |
| **LSUHSC-SHREVEPORT** | | | | | | |
| 1999 | 83 | 45 | 29 | 38 | 23 | 52 |
| 2000 | 97 | 49 | 34 | 48 | 32 | 66 |
| 2001 | 86 | 39 | 21 | 47 | 20 | 41 |
| 2002 | 90 | 41 | 28 | 49 | 28 | 56 |
| 2003 | 94 | 38 | 25 | 56 | 38 | 63 |
| 2004 | 98 | 47 | 36 | 51 | 28 | 64 |
| **TULANE** | | | | | | |
| 1999 | 135 | 41 | 20 | 94 | 25 | 45 |
| 2000 | 146 | 32 | 15 | 114 | 66 | 81 |
| 2001 | 149 | 37 | 24 | 112 | 66 | 90 |
| 2002 | 145 | 35 | 23 | 110 | 61 | 84 |
| 2003 | 152 | 35 | 15 | 117 | 51 | 66 |
| 2004 | 151 | 33 | 26 | 118 | 54 | 80 |

**Table III**

## MEDICAL MATCH TRENDS
## LOUISIANA SENIOR GRADUATES LSUHSC

| LSUHSC | # Total Graduates | | Stay for GME in LA | | Primary Care in LA | | Leave LA for GME | | Primary Care in U.S. | | Total Primary Care All | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1999 | 244 | 100% | 142 | 58% | 87 | 61% | 102 | 42% | 57 | 56% | 144 | 59% |
| 2000 | 274 | 100% | 149 | 54% | 101 | 68% | 125 | 46% | 84 | 67% | 185 | 68% |
| 2001 | 255 | 100% | 117 | 46% | 72 | 62% | 138 | 54% | 73 | 53% | 145 | 59% |
| 2002 | 256 | 100% | 134 | 52% | 85 | 64% | 122 | 48% | 70 | 57% | 155 | 61% |
| 2003 | 255 | 100% | 124 | 49% | 78 | 63% | 131 | 51% | 81 | 62% | 159 | 62% |
| 2004 | 274 | 100% | 141 | 52% | 86 | 61% | 133 | 48% | 65 | 49% | 151 | 55% |
| Average | | | | | | | | | | | | |

Table IV

## SENIOR GRADUATES AND PGY-1 MATCH TRENDS IN LOUISIANA 2004

| YEAR | Senior Graduates | PGY-1 Offered | PGY-1 Filled | Louisiana Sr. Graduate | Out-of State |
|---|---|---|---|---|---|
| 1999 | 379 | 427 | 411 | 183 | 228 |
| 2000 | 420 | 418 | 404 | 181 | 223 |
| 2001 | 404 | 404 | 394 | 154 | 240 |
| 2002 | 401 | 396 | 384 | 169 | 215 |
| 2003 | 407 | 419 | 414 | 159 | 247 |
| 2004 | 425 | 407 | 403 | 174 | 229 |
| AVERAGE | 406 | 412 | 402 | 170 | 230 |

## INSTITUTIONAL MATCH TRENDS IN LOUISIANA PGY-1

| | TOTAL OFFERED | TOTAL FILLED | LSUHSC OFFERED | LSUHSC FILLED | PRIVATE OFFERED | PRIVATE FILLED |
|---|---|---|---|---|---|---|
| 1999 | 427 | 411 | 270 | 259 | 157 | 152 |
| 2000 | 418 | 404 | 262 | 253 | 156 | 151 |
| 2001 | 404 | 394 | 247 | 240 | 157 | 154 |
| 2002 | 396 | 384 | 247 | 237 | 149 | 147 |
| 2003 | 419 | 414 | 250 | 247 | 169 | 167 |
| 2004 | 407 | 403 | 252 | 248 | 155 | 155 |

## FAMILY MEDICINE PGY-1 TRENDS

| | TOTAL OFFERED | LSUHSC FILLED | PRIVATE FILLED | TOTAL FILLED |
|---|---|---|---|---|
| 1999 | 69 | 42 | 15 | 57 |
| 2000 | 63 | 44 | 16 | 60 |
| 2001 | 63 | 41 | 16 | 57 |
| 2002 | 57 | 38 | 10 | 48 |
| 2003 | 56 | 42 | 13 | 55 |
| 2004 | 57 | 41 | 14 | 55 |

# GME TRENDS 1997 TO 2004

The Medical Education Commission has now collected and reported five years of consecutive data on GME in Louisiana. The trends over time are of considerable interest and concern regarding the stability and continuity of GME programs, especially in primary care.

The illustrations of these trends show that the overall totals in GME, and the number of residents are generally stable and consistent, with slight gains and losses. Primary Care GME, however, has grown, especially in Family Medicine and Medicare/ Pediatrics. The number of fellows has increased, in part now reflecting those supported by grants and funds not reimbursed by hospitals. The increase is spread over the four major academic medical centers.

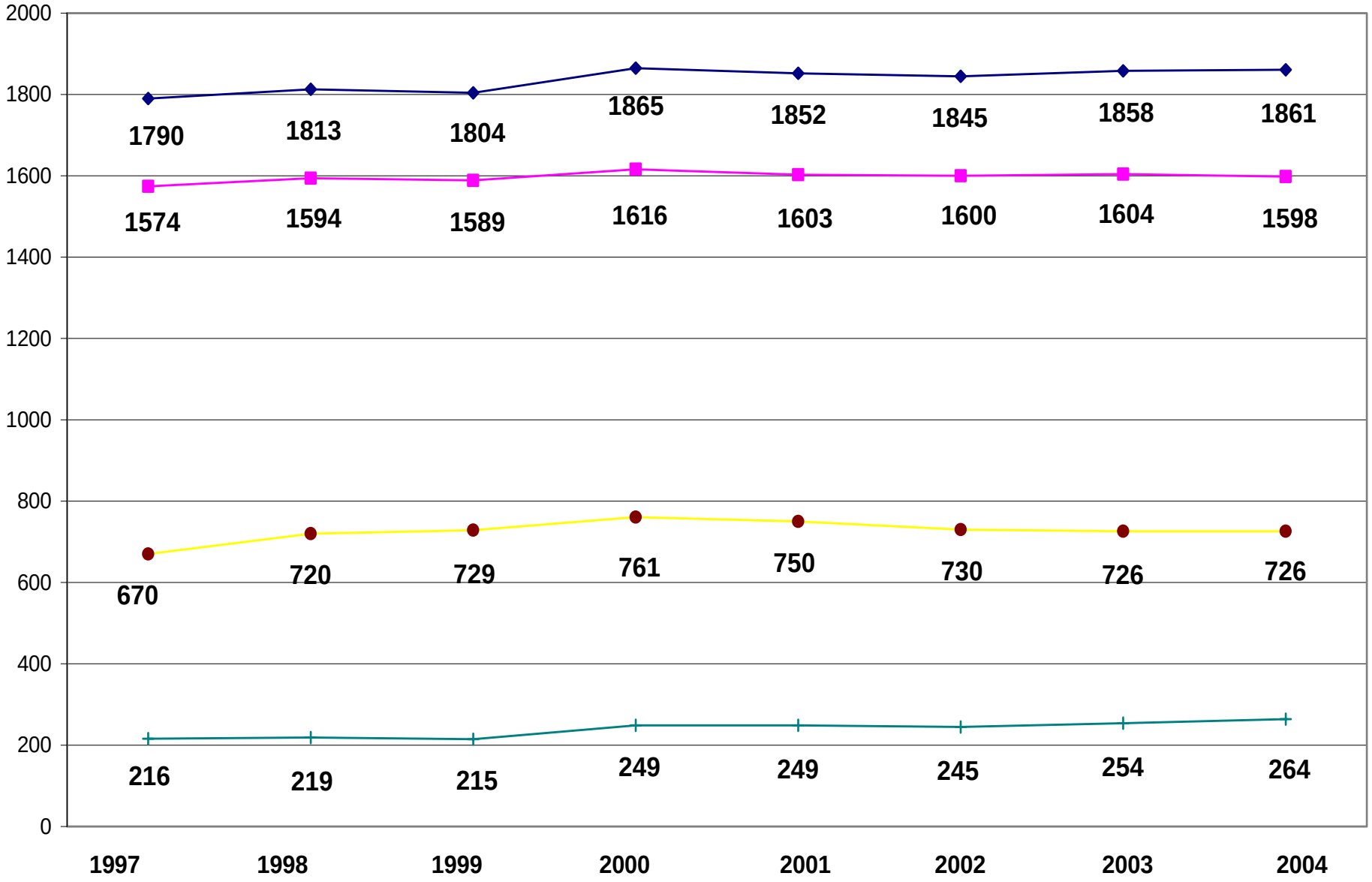
More details, explanations, and correlations of these findings are in several other areas of this 2004 report: the match, the institutional sections, the primary care section, and the tables. Corrections were made for the trend data, a few each in 1997, 1998, and 1999 statistics as discovered on review each year.

The pie charts show the institutional and hospital proportions of GME placement and activity, the public and private contributions, and some interrelationships. This pattern is similar in Academic Health Centers and major teaching hospitals throughout the United States. The major role of the public hospitals providing and supporting GME based in all of the academic institutions is evident for both public and private.

**Table VI** **LOUISIANA GME TRENDS 1997 TO 2004**

| | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 7 Year Change # | 7 Year Change % |
|---|---|---|---|---|---|---|---|---|---|---|
| **Residents** | 1574 | 1594 | 1589 | 1616 | 1603 | 1600 | 1604 | 1598 | 24 | 1.5% |
| **Fellows** | 216 | 219 | 215 | 249 | 249 | 245 | 254 | 264 | 48 | 22% |
| **Total** | 1790 | 1813 | 1804 | 1865 | 1852 | 1845 | 1858 | 1861 | 71 | 4% |
| **Primary Care** | 670 | 720 | 729 | 761 | 750 | 730 | 726 | 726 | 56 | 11% |
| **% Primary Care/Residents** | 43% | 45% | 46% | 47% | 47% | 46% | 45% | 45% | | |
| **% Fellows/Total** | 12% | 12% | 12% | 13% | 13% | 13% | 14% | 14% | | |

# LOUISIANA GME TRENDS 1997 TO 2004



# Primary Care
# Graduate Medical Education (GME)

The Medical Education Commission (MEC) is concerned about the Graduate Medical Education (GME) component in Primary Care training programs and the special attention in Louisiana on supplying the physician workforce in primary care. The Academic Medical Centers and teaching hospitals have played the key role in expanding Primary Care. As the largest state academic medical center, LSUHSC has strategically emphasized, over the last 10 years the recruitment and retention of primary care physicians. In addition, Tulane School of Medicine has appointed the First Chair in the New Department of Family Medicine. This trend has peaked, and the current efforts lead to a plateau, a new steady state. This effort is sustained, in concert with the academic medical institutions, hospitals, and physicians in Louisiana, with state government and community officials and providers, and with the cooperation of and benefit to the patients we serve.

The results are comparatively better than many other states in the development of new GME primary care programs, increased numbers of primary care physician opportunities, retention of both graduating senior medical students and those finishing Primary Care GME programs, applicants by senior medical students into Primary Care GME programs, Primary Care curriculum development, and outreach programs such as telemedicine and the AHEC (Area Health Education Center) initiative. These plans are substantial and appropriate to develop programs in Louisiana to meet the needs for more primary care physicians.

While General Internal Medicine, Pediatrics and Family Medicine have traditionally been considered to be primary care specialties, the definition of primary care is not simple. The distinctions are mixed in the patient care delivery process. Many specialists also deliver some primary care. The MEC has also included in primary care data the residents in Medicine-Pediatrics, Ob-Gyn and Internal Medicine/Family Practice as have some national databases.

Family Medicine GME is a well defined program, almost all graduates practice primary care, more than 90% go into practice, 75% of those finishing GME are retained in the state, and there has been expansion, leading to a new steady state.

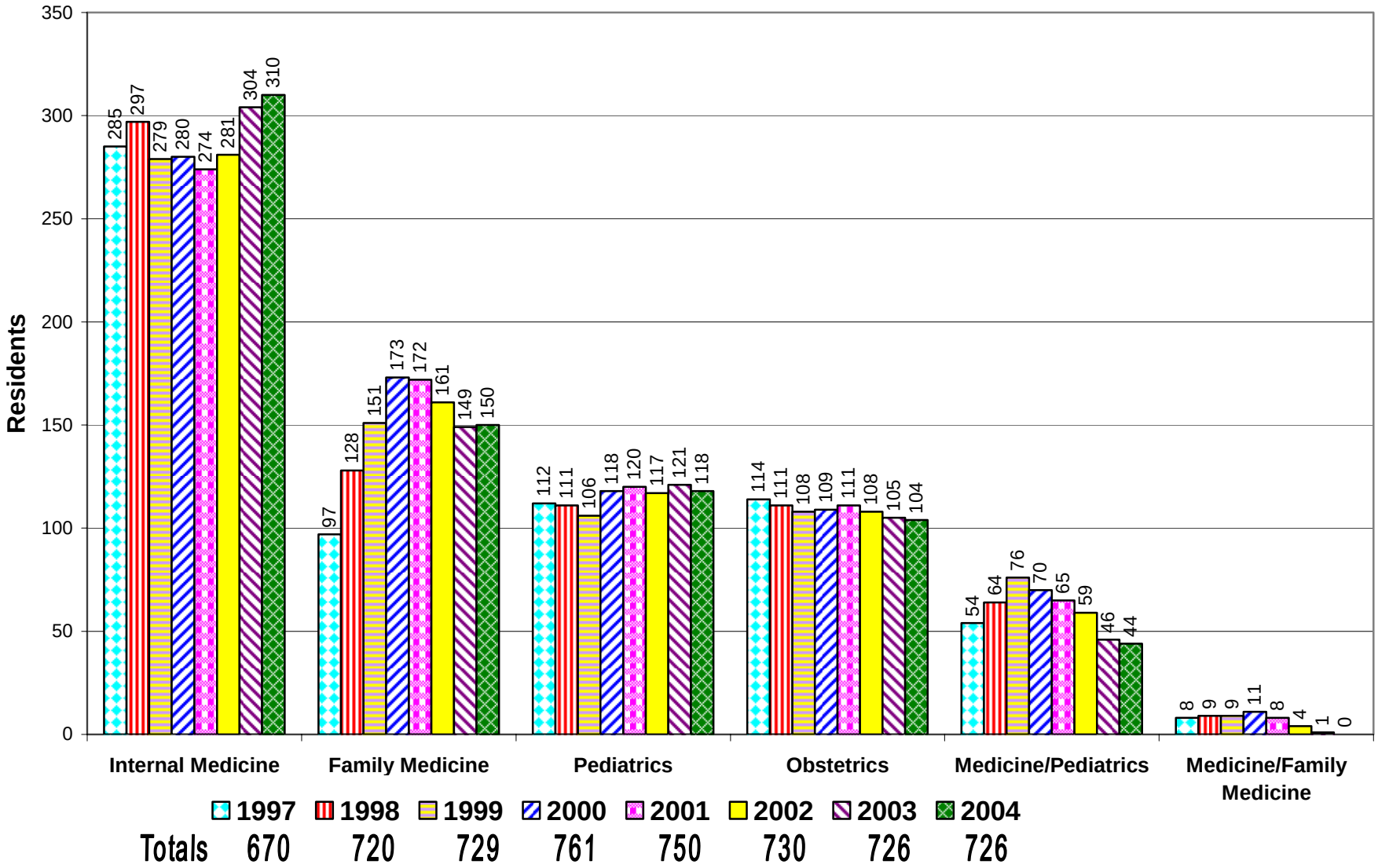
The development of primary care GME in Internal Medicine and Pediatrics has been different, emphasizing improved recruitment to existing programs and career pathways. Med-Peds GME programs have been successfully begun at LSUMS-NO, LSUMS-Shreveport, and TUHSC. Generally about 50% of trainees in Internal Medicine and 80% in Pediatrics enter a generalist practice, and most in Med-Peds. Physicians in Ob/Gyn usually do both primary and specialty care. The long pipeline for physician workforce production requires opportunity, recruitment, and sustenance. Primary Care GME programs assist recruitment in many ways into practice settings in Louisiana, where the initiative, work and interest is that of the communities.

**Table VII**

# GME PRIMARY CARE TRENDS 1997 TO 2004
# TOTAL FOR LOUISIANA

| | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 7 Year Change # | 7 Year Change % |
|---|---|---|---|---|---|---|---|---|---|---|
| Internal Medicine | 285 | 297 | 279 | 280 | 274 | 281 | 304 | 310 | 25 | 8.8% |
| Family Medicine | 97 | 128 | 151 | 173 | 172 | 161 | 149 | 150 | 53 | 54.6% |
| Pediatrics | 112 | 111 | 106 | 118 | 120 | 117 | 121 | 118 | 6 | 5.4% |
| Obstetrics | 114 | 111 | 108 | 109 | 111 | 108 | 105 | 104 | -10 | -8.8% |
| Medicine/Pediatrics | 54 | 64 | 76 | 70 | 65 | 59 | 46 | 44 | -10 | -18.5% |
| Medicine/Family Medicine | 8 | 9 | 9 | 11 | 8 | 4 | 1 | 0 | -8 | -100% |
| Total | 670 | 720 | 729 | 761 | 750 | 730 | 726 | 726 | 56 | 8.4% |

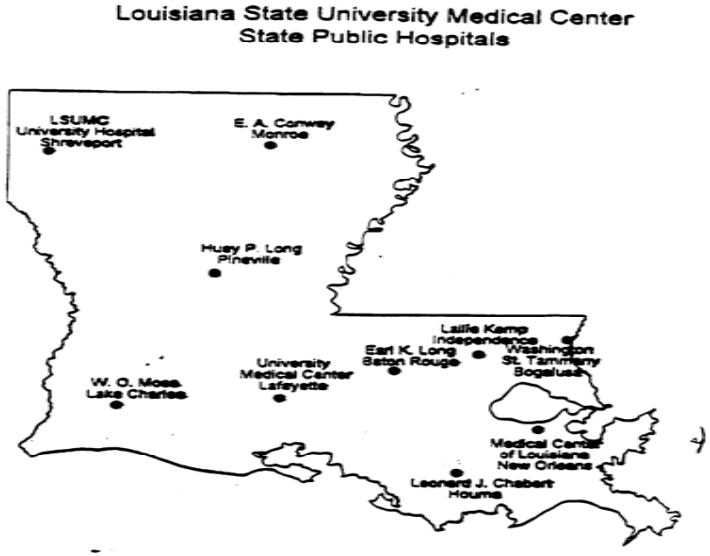
# GME PRIMARY CARE TRENDS 1997 TO 2004



# Medical Education & Patient Care

In medical education, in general, and in graduate medical education, in particular, patient care and education are inextricably linked. The bulk of medical education occurs in the context of residents and medical students delivering medical services to patients while being carefully supervised by experienced physicians. The work is accomplished in small groups or teams. Quality education requires diverse patient populations of various socioeconomic, ethnic, racial, etc. groups. The patterns of care may vary with the systems of care and their organization and finance. The extent of diversity and the intensity of care varies by site and facility. Medical education is predominately conducted in health care settings and institutions in which there are several levels of students of medicine, several levels of residents, fellows and experienced faculty supervision. The faculty also provides an academic or learning component to education through rounds, case demonstration, small groups, conferences, didactic, and lecture approaches.

The Louisiana Public Hospital System has been an excellent place to base educational programs because of the number, the breadth, and the diversity of patients. In most graduate medical education programs, the clinical experiences in the Louisiana Public Hospital System needs to be balanced and augmented in other settings in which different patients and medical care organizational arrangements are available. Optimum training and education are often obtained with 60-70% of the duties occurring in the Charity System and the remainder in other settings and agencies in the community.



# Physician Supply and Demand

Predictions and projections on physician supply and demand in the United States, still controversial and difficult, are now forecasting a shortage, not a surplus. The yearly renewal from U.S. graduates, Graduate Medical Education, and International Medical Graduates is now in a steady state. The ripple effect of expanded cohorts of active practicing physicians through the practice span, not yet over, shows the beginning signs of stabilization. The demand and need for physician services in health care delivery continue to rise, although more difficult to calculate and define, as population, economic indicators, and technology inexorably expand. The mismatch in the balance of steady supply and increasing demand produces a dilemma for analysis regarding consensus on public policy and intervention. An informed dialogue is important to ascertain the role and emphasis of market place incremental steps and/or the possibilities of governmental intrusion.

The supply side physician numbers are recorded consistently over time, and are subject to analysis as a finite group characterized by

yearly renewal, cohorts rippling through a practice span, and loss after active status. The sole sources for physicians are clearly defined; U.S. Medical School Graduates (USG), Graduate Medical Education (GME), and International Medical Graduates (IMG's).

The demand side for physician services is more controversial, more difficult to define and calculate, and subject to variations in methods, analysis, and interpretation. Considerations on the drivers and components of demand include the increasing population, the aging of the population, economic forces and expansion, more technology through discovery and invention, new and increasing diagnoses and therapy, and heightened information dissemination.

Historical trends form a basis for prediction, in some instances better than other methods[9]. The vectors ascertained by historical trends, (up, down, flat), suggest the future direction of system components, qualitatively if not quantitatively, provided no obvious dramatic changes are evident[9]. The activity of physicians in health care delivery is preformed by a proportion of the total number; reduced by retirement, the reduction of practice time by female physicians, and other circumstances.

# Production and Supply: United States

Figure 1 depicts U.S. Medical Graduates from 1928 to 1998, a slowly rising number followed by an infusion, a doubling from 42 new medical schools and expansion of class size. The quantity has been steady since 1982; the vector is flat.

The Figure represents GME totals from 1970 to 2000, showing a rise and near doubling to 95,725. This expansion accommodated all U.S. seniors in the match, and an expanding number of IMG's. GME totals have been stable since 1995, including U.S. seniors and IMG's; the vector is flat.

Total and active physicians have been consistently increasing over this same time frame, as expected from the infusion of USG's and IMG's in the yearly renewal process (Figure 2). Also as expected from the ripple effect as cohorts proceed through these categories, the active physician rise is slowing as the inactive status increases and the number over age 65 expands.

The increase in the proportion of women physicians is substantial in this time frame. (Figure 3) It is noted that women physicians tend to take time off and practice proportionally less time than men.

As the ripple effect of one time expansion proceeds, the eventual result of stabilization shows up in examination of age related cohorts, before the expansion effects are over. The 10-year cohorts in ages 35-44 and 45-54 are now equivalent. (Figure 4) Those recorded over age 65 now exceed the under age 35. The practice span of physicians is, of course, finite, on average about 33 years. There is considerable variation from age completing residency or fellowship and age of retirement of inactivity. However, average ages 35 to 67 are 33 years, resulting in about 3% per year renewal and 3% per year loss after active status. Over time, after a bolus infusion, the number of older and inactive physicians goes up and continues to increase in quantity and proportion. However, the increase in the total and active and practicing components of physicians slows, a decrease in the increase.

## Production and Supply: Louisiana

The State of Louisiana has experienced similar growth and leveling in these parameters, proportional to the United States. Graduating senior's number about 400 per year, and GME entry at PGY-1 is also 400 per year, for the last four years. Total GME in Louisiana, and proportions of residents and fellows, are relatively constant over this same time frame. Primary Care GME numbers in the United States, and more so in Louisiana, have increased as this infusion of physicians in training progressed. There is now a proportional decrease in entering primary care GME nationwide, evident in the last several years in the match. Louisiana has a lower percentage of IMG's (15%) compared to the United States, (24%).

The expansion in physician renewal over 30 years has appeared as expected in Physician totals and the active, practicing, office based, and inactive compartments. As the infusion cohorts proceed through these physicians' populations, the ripple effect, the signs of leveling of the supply are evident in Louisiana. The rate of increase is diminishing; the numbers of physicians over age 65 and those inactive are increasing, the over age 65 number exceeds the under age 35 number, the age group cohorts of ages 35-44 and 45-54 are equivalent, and the calculated loss after active status (LSMS) is increasing and essentially equal to the entering supply side, calculated on a physician practice span of 33 years age average 35 to 68.

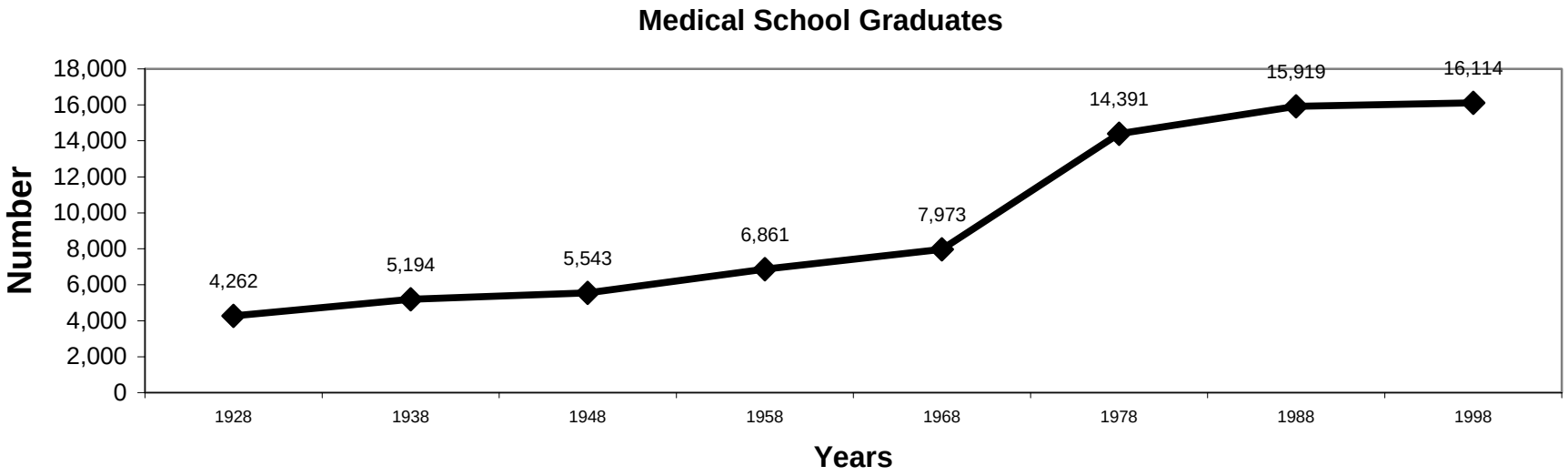
Several conclusions are derived concerning the status and the future of GME in Louisiana. The programmed increases in primary care GME, planned and implemented over a decade, are reaching a higher but finite capacity. The total numbers and proportions of GME positions are relatively stable in general, with small fluctuations among programs and institutions. The state public hospitals provide for a large proportion of placement and considerable support for GME, involving both public and private institutions. The dynamic, cyclical process of constant renewal of GME should now emphasize recruitment and continuous quality improvement in all essential components of this complex system.

## Demand and Need

Figure 6 illustrates the U.S. population growth from 1950 to 2000. The size and rate of increase shows a gradual and steady growth of about 25,000,000 each 10 years, 2.5 million per year on average. The "baby-boom" numbers are included in this population, as well as in physician data, and more older people are expected proportionately in the "graying" of America. The expectation is that more physician services will be needed as population expands. The vector is up.

Figure 7 is a depiction of the rise in Gross Domestic Product from 1960 to 2000. Other economic data over the same time frame show similar characteristics. The vector is up

**FIGURE I**


Medical School Graduates
Number
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
4,262
5,194
5,543
6,861
7,973
14,391
15,919
16,114
1928
1938
1948
1958
1968
1978
1988
1998
Years

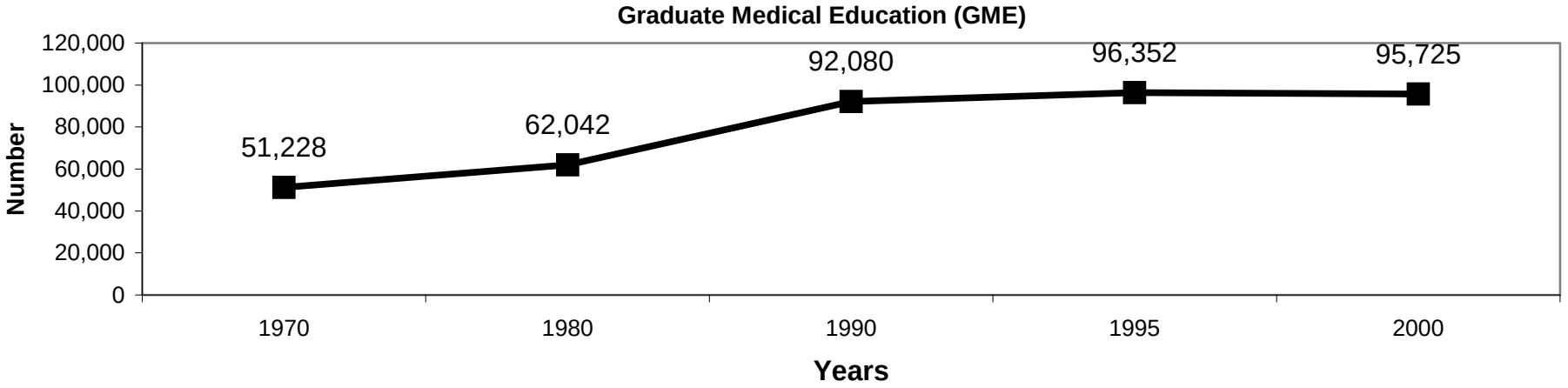
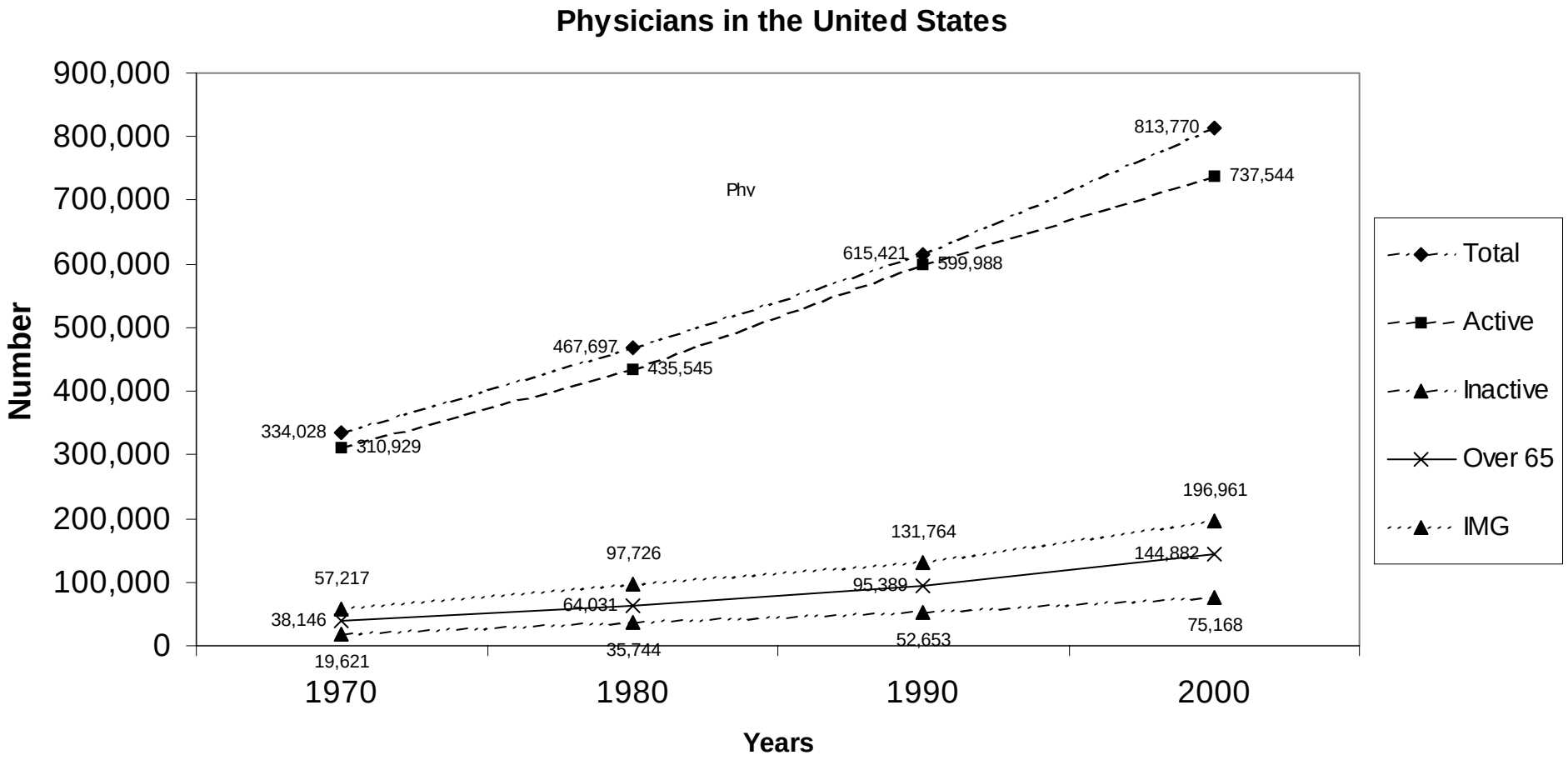
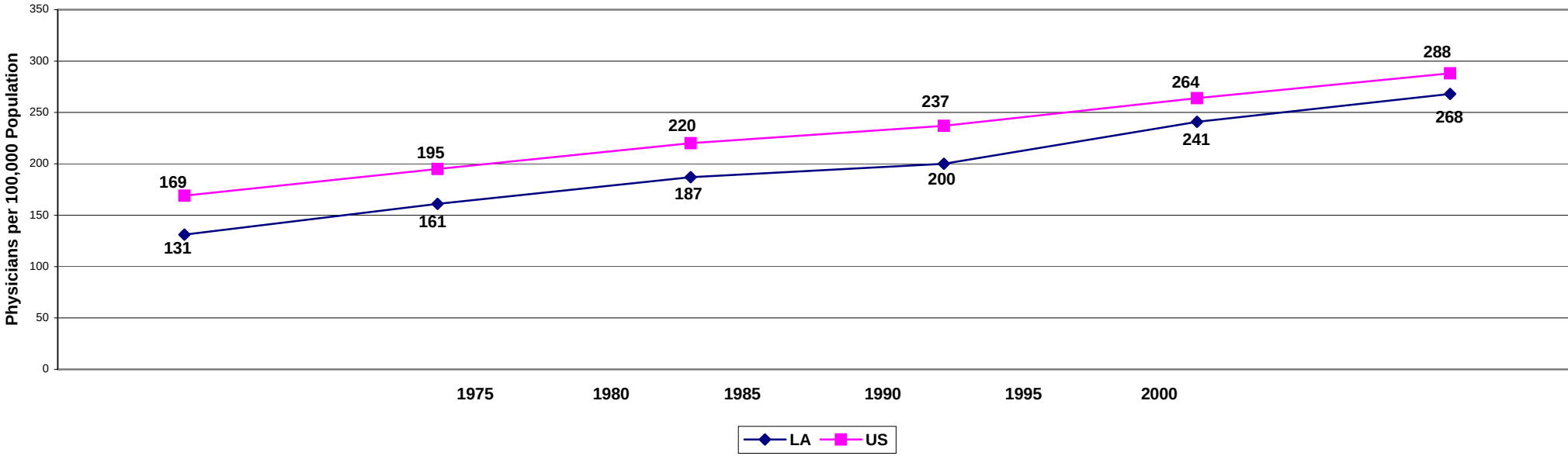

Graduate Medical Education (GME)
Number
120,000
100,000
80,000
60,000
40,000
20,000
0
51,228
62,042
92,080
96,352
95,725
1970
1980
1990
1995
2000
Years

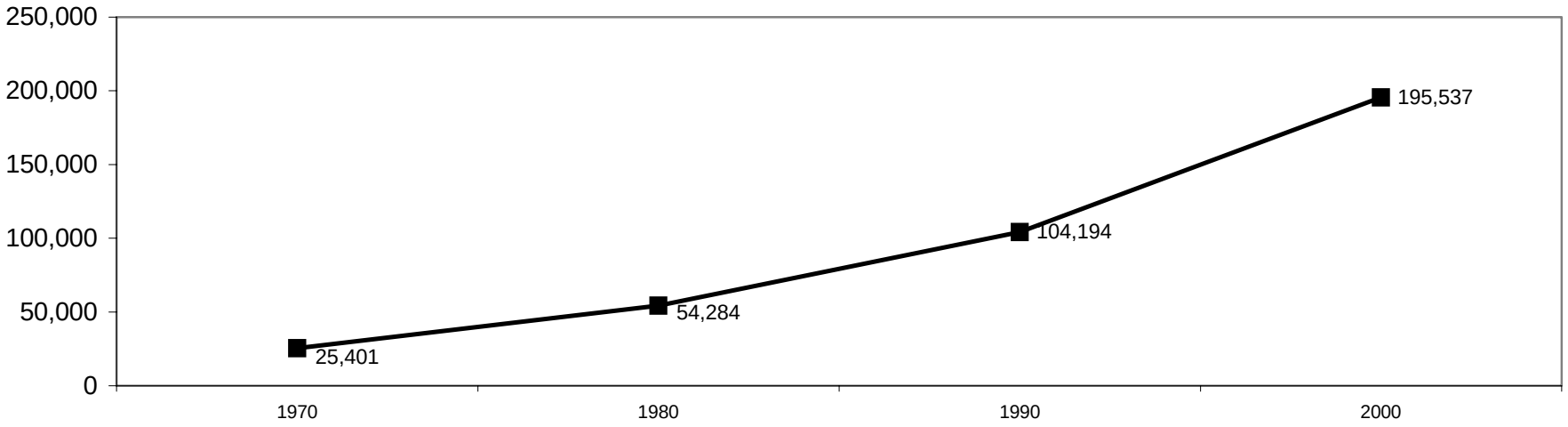
**FIGURE 2**


Physicians in the United States
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
Number
Phy
813,770
737,544
615,421
599,988
467,697
435,545
334,028
310,929
196,961
131,764
97,726
57,217
144,882
95,389
64,031
38,146
75,168
52,653
35,744
19,621
1970
1980
1990
2000
Years
Total
Active
Inactive
Over 65
IMG

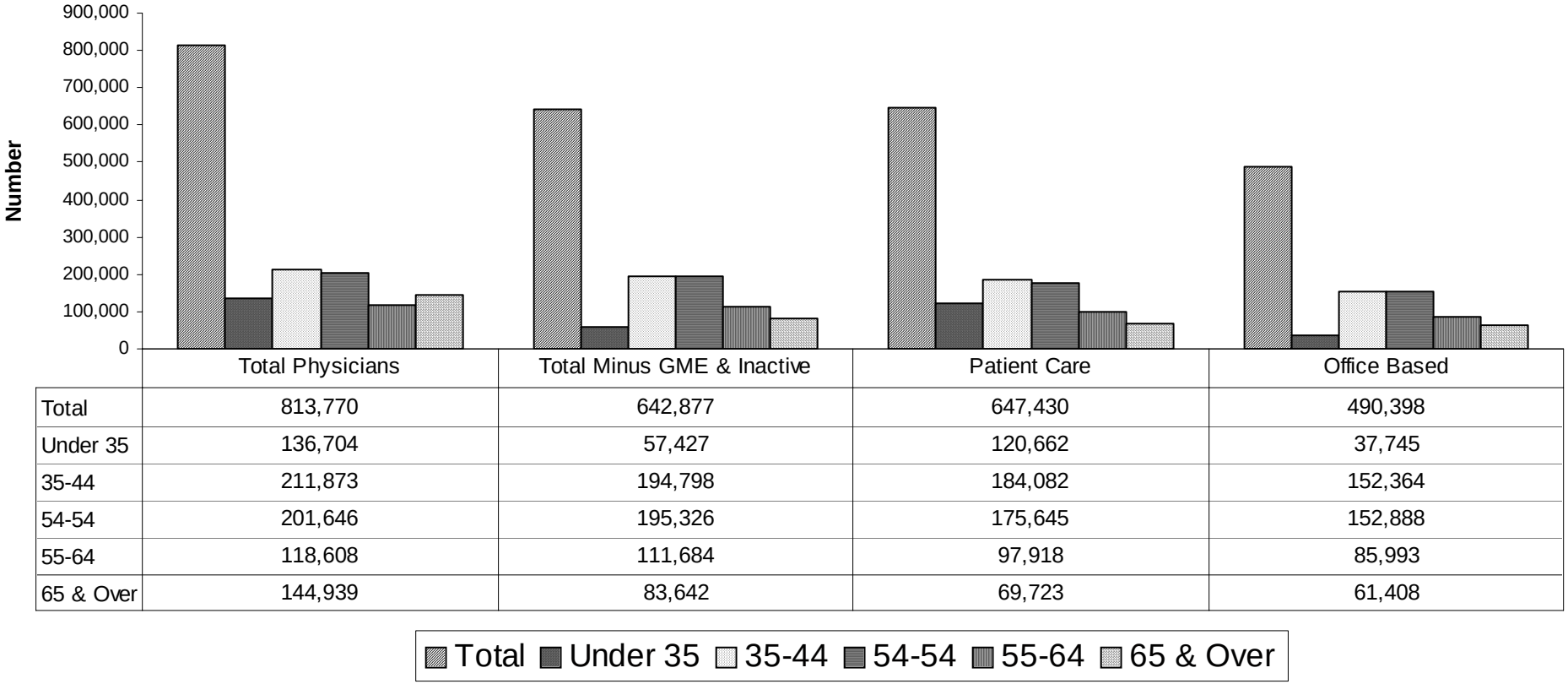
## Non-Federal Physician Population Rates per 100,000




## Female Physicians by Activity Levels for Selected Years (1970 to 2000)

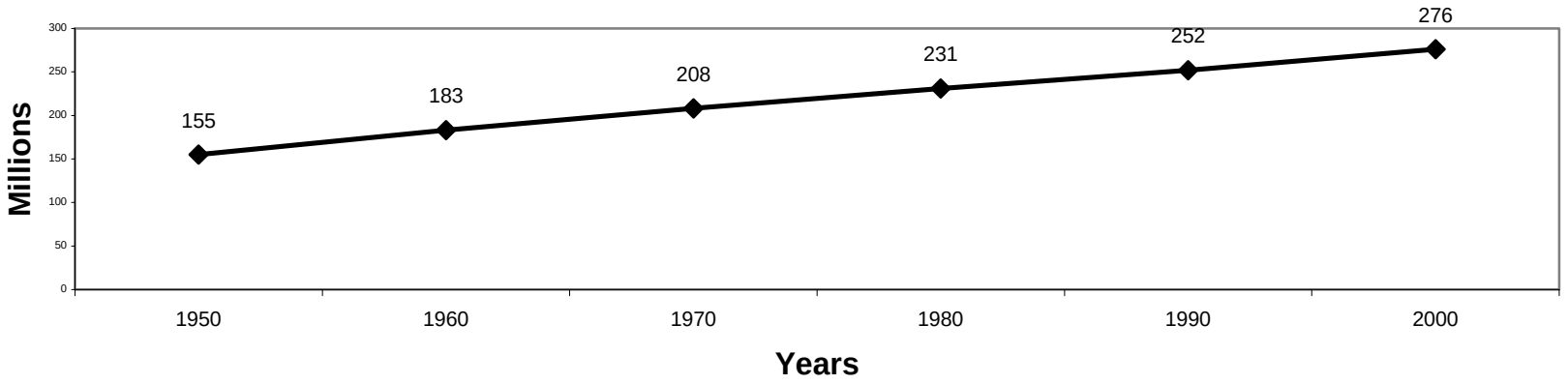


# COHORTS OF PHYSICIANS -- 10 YEARS

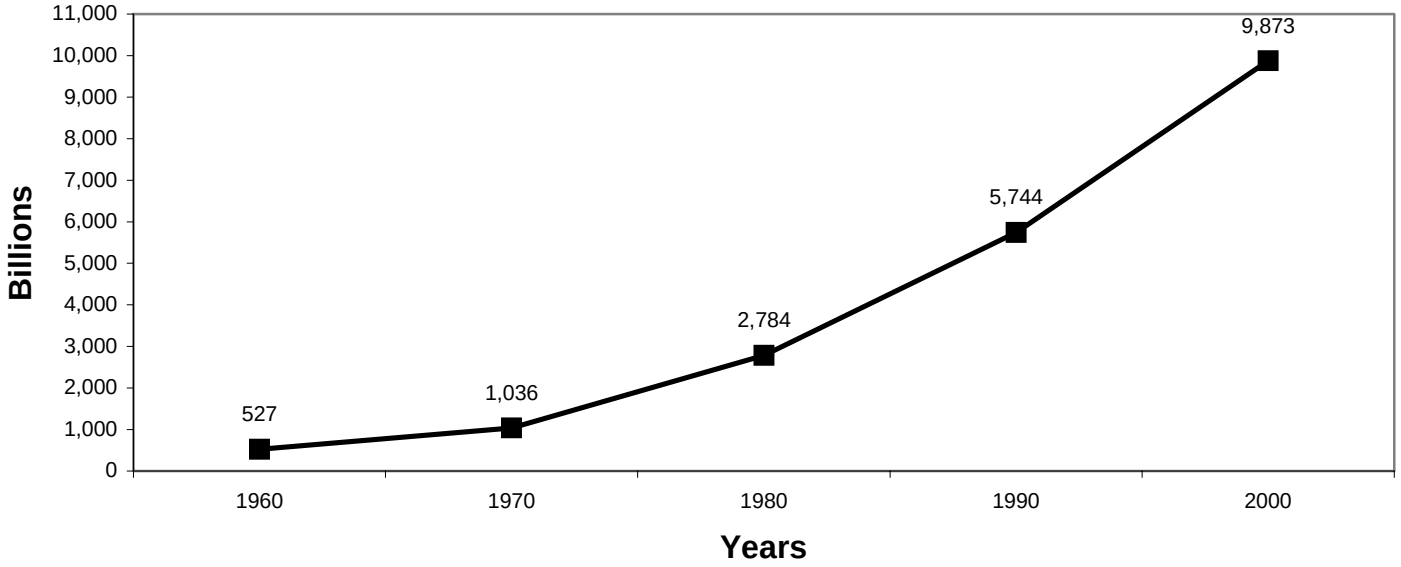



| | Total Physicians | Total Minus GME & Inactive | Patient Care | Office Based |
|---|---|---|---|---|
| Total | 813,770 | 642,877 | 647,430 | 490,398 |
| Under 35 | 136,704 | 57,427 | 120,662 | 37,745 |
| 35-44 | 211,873 | 194,798 | 184,082 | 152,364 |
| 54-54 | 201,646 | 195,326 | 175,645 | 152,888 |
| 55-64 | 118,608 | 111,684 | 97,918 | 85,993 |
| 65 & Over | 144,939 | 83,642 | 69,723 | 61,408 |

## U.S. Population in Millions




## U.S. Gross Domestic Product in Billions



# Discussion

The presentation of these charts, and many other publications regarding physician supply and demand, indicate that there will be a mismatch. A steady state supply will lead to a stabilization of physician numbers. While the reasons and driving forces for increasing utilization for health services are in dispute, the factors and indications for demand and use of health services are inexorably increasing as conceived in multi-factorial analysis, supported by economic trends and demographic projections. The national strategy and ongoing perception of increasing the supply of physicians has been questioned and periodically debated, especially related to concepts of demand.

The supply and demand balance of physician services in the United States has long-term characteristics, as depicted over decades in macro analysis, a complex private and public system with many variations and changing parameters. If the production and supply input is steady, and projections for demand are increasing, (however determined), interventional plans may be formulated upon dialogue and further analysis to affect either or both sides of the equation.

Supply side increases require ten to fifteen-year time frames to achieve substantial numbers in USG's and GME, and large financial input. Increasing IMG's is already controversial, and although perceived as faster, not likely to be effective as a long-term proposition.

So, while shortages of physicians are now described antidotally, and stabilization of supply is just beginning to appear in cohort analysis, the looming mismatch is projected to grow over time, 10 to 20 years.

Changes in the effective utilization of the physician workforce may influence both the short and long-term balance, i.e. unused capacity, triage, system analysis. Health professionals other than physicians provide needed healthcare delivery services. While there is some expansion of nurses and allied health professionals, there are also shortages presently in Nursing, Allied Health, and Dentistry. Questions inevitably arise on the efficiency of the workforce in healthcare delivery, substitution of other professionals for physicians, the distribution of physicians by specialty and geography, and the relationship of numbers of physicians to desired outcomes in patient care.

Demand side changes in the context of American personal expectations of health care availability and access, coupled with increasing and aging population and economic forces are more difficult to effect. Proposed solutions to reduce the uninsured and provide for the indigent, if successful, will further complicate the pressing need for more and better health care. There may be a decrease in unnecessary or marginal services, improvements through prevention or technology, system changes, and, in the short term, working longer.

# Trends in Primary and Specialty Care

The annual reports of the MEC alert the profession and the public about changes in primary and specialty care supply and demand.[3,4,5] Uniform and consistent definitions are required to accurately portray short-term variations and longer term trends. The MEC has collected such consistent data on the Match during the last 5 years and on GME in Louisiana for 6 years, which has been utilized for this analysis.

Definitions of what specialties are included under "Primary Care" have shifted through the years. The primary care category had been limited to Family Practice, Pediatrics, and Internal Medicine. Ob/Gyn has now been included by most. Med-Peds and Med-Family Practice are also included but are numerically smaller in composition.

Among these primary care GME programs, a number of trainees will go on to take further subspecialty education. Recent statistics indicate that about 50% of internists sub-specialize and 20% of pediatricians sub-specialize. Some PGY-1 positions in Internal Medicine are preliminary to other specialties. The designation of primary care also varies in the practice of medicine, as contrasted with the training program period, since many physicians provide primary care supply (Table VIII). The total PGY-1 matched increased from the prior year, by 359 to 18,806, and comparable to 18,398 in 1998. Changes from last year within the Primary Care specialties, including Family Practice (-115), Ob-Gyn (-17) and Med Peds (-23) showed a loss of 155 total, which Pediatrics (+107) and Internal Medicine (+67) gained 174 filled positions. These yearly changes are only at the level of 1% to 2%/year over time. Trends are larger gains for other non-primary specialties.

The number of primary care physicians in practice over the past 25-years have been gradually increasing, (Physician Characteristics and Distribution in the US – AMA 2003-2004 Edition)[6] The current characteristic of physician production in the US is remarkable stability. The doubling expansion in the 1960's to 1980's, has now leveled off[3]. Minor fluctuations are unpredictable and may or may to lead to long-term trends. The physician supply in Louisiana has also been stable over the last several years. Some earlier year-to-year gains have occurred in the several primary care components, and the longer-term numbers are still above 1997 level. A comparison of total Physicians and Primary Care Physicians for the United States (Table IX) and Louisiana (Table X) suggests the following[6,7,8]:

- Louisiana is equal or slightly higher in 5-year percentage change in all categories and totals.
- Louisiana is lower in 1-year percentage change in all categories and totals, except it is higher in Family Practice.
- The number of physicians and primary care physician's rose steadily over this time frame, the residual increase resulting from prior expansion in training programs and IMG's.
  The trends level off to a steady state presently.[9,10,11]

**Table VIII** **Positions PGY-1 Filled, Total, NRMP 2003 Match Data**

| Match Year | 1999 | 2002 | 2003 | 1 Year Difference | 1 Year % Change | 5 Year Difference | 5 Year % Change |
|---|---|---|---|---|---|---|---|
| **Family Practice** | 2683 | 2342 | 2227 | -115 | -5% | -456 | -17% |
| **Internal Medicine** | 4506 | 4395 | 4462 | +67 | +1.5% | -44 | -1% |
| **Medicine/Pediatrics** | 382 | 340 | 317 | -23 | -7% | -65 | -17% |
| **OB/GYN** | 1049 | 1067 | 1050 | -17 | -1.6% | +1 | 0.1% |
| **Pediatrics** | 2077 | 1992 | 2099 | +107 | +5% | +22 | 1% |
| **Subtotal Primary Care** | 10,697 | 10,136 | 10,155 | +19 | +0.2% | -542 | -5% |
| **Subtotal Other Specialties** | 7,701 | 8,311 | 8,651 | +340 | +4% | 950 | 11% |
| **Total** | 18,398 | 18,447 | 18,806 | +359 | +2% | +408 | +2% |
| **% Primary Care** | 58% | 55% | 54% | | | | |

**Table IX**

## Primary Care Physicians by Specialty for Select Years* in the United States

| Year | 1995 | 2000 | 2001 | 1 Year Difference | 1 Year % Change | 5 Year Difference | 5 Year % Change |
|---|---|---|---|---|---|---|---|
| **Total Physicians** | **720,325** | **813,770** | **836,156** | **22,386** | **2.7** | **115,831** | **14** |
| **Active Physicians** | **646,022** | **732,504** | **751,689** | **19,185** | **2.6** | **105,667** | **14** |
| **Primary Care** | **241,329** | **274,653** | **283,583** | **8,930** | **3.2** | **42,254** | **15** |
| **% of Total** | **34%** | **34%** | **34%** | | | | |
| **Family Practice** | **59,109** | **71,102** | **74,431** | **3,329** | **4.5** | **15,322** | **21** |
| **General Practice** | **16,867** | **15,210** | **14, 166** | **-1,044** | **-7%** | **2,691** | **-16** |
| **Internal Medicine** | **88,240** | **101,353** | **105,229** | **3,876** | **3.4** | **16,989** | **16** |
| **Ob/Gyn** | **33,519** | **35,922** | **36,869** | **947** | **2.6** | **3,350** | **9.1** |
| **Pediatrics** | **43,594** | **51,066** | **52,888** | **1,822** | **3.4** | **9,294** | **18** |
| **Residents/Fellows** | **96,352** | **95,725** | **93,674** | | | | |

*Physician Characteristics and Distribution in the U.S., 2003-2004 Edition

**Table X** **Primary Care Physicians by Specialty for Select Years* in Louisiana**

| Year | 1995 | 2000 | 2001 | 1 Year Difference | 1 Year % Change | 5 Year Difference | 5 Year % Change |
|---|---|---|---|---|---|---|---|
| **Total Physicians** | **10,616** | **12,207** | **12,439** | **232** | **1.9** | **1,823** | **15** |
| **Primary Care** | **3,464** | **4,073** | **4,169** | **96** | **2.3** | **705** | **17** |
| **% of Total** | **34%** | **34%** | **34%** | | | | |
| **Family Practice** | **726** | **975** | **1,045** | **70** | **6.7** | **319** | **31** |
| **General Practice** | **330** | **286** | **265** | **-21** | **-8.0** | **-65** | |
| **Internal Medicine** | **1,182** | **1,367** | **1,398** | **31** | **2.2** | **216** | **15.5** |
| **Ob/Gyn** | **579** | **656** | **659** | **3** | **0.5** | **80** | **12.1** |
| **Pediatrics** | **629** | **789** | **802** | **13** | **1.6** | **173** | **22** |

*Physician Characteristics and Distribution in the U.S., '96-'97, 02-03, 03-04 Editions

The members of the MEC have assembled a list of current issues in GME, categorized and charted as follows:

**MEDICAL EDUCATION COMMISSION**
***ISSUES: GME IN LOUISIANA***

| Issue | Louisiana | United States | Comment |
|---|---|---|---|
| 1. Stipends for residents and fellows | No increase for 4 years | Up 3% per year every year | Louisiana is falling behind |
| 2. Public Hospital Finance from Government | Reduced several years sequentially | Variable, but most large public hospitals survive | Louisiana is falling behind |
| 3. 80-hour limit on work week | Yes | Yes | All have to comply |
| 4. Added requirements to GME without funding | Yes | Yes | Increase in administration and core curriculum |
| 5. Qualitative improvement | Deserves attention | Competition increasing | Depends on continuation of funds |
| 6. Out of state and IMG's recruited | Growing, a brain gain, losses recouped | Steady, last several years | Total GME is similar, thus the proportion changes |
| 7. Percent and number in primary care | Steady | Falling in some areas | Louisiana has reached a higher plateau in the last 6 years |

The following chart illustrates a comparative analysis of impending shortages of Health Professionals (HP):

| Strengths | Weaknesses |
| --- | --- |
| HP more valuable – jobs created | HP harder to recruit, jobs open |
| More attractive to enter profession | Less service to patients collectively |
| All specialty types needed | Geographic distribution problems |
| Recognition of need | Public finance lags |
| Alternatives sought, proposed | Alternatives not accepted yet |
| New emphasis on quality | Constraints such as 80hr/week |
| Proposed increase in capacity | Long timeframe regarding changes |
| Some open positions available | Most GME positions filled |

# The Rationale to Emphasize Recruitment

A shortage of physicians is present and growing, now accepted by most as inevitable[7-9]. A shortage is a smaller supply compared to a larger demand. A few cling to the notion, hope, or desire for a reduced demand, notwithstanding the long ingrained consumption demand pattern in the United States. The yearly supply of physicians is now steady, having doubled in 30 years. Since the supply is steady, then the growing shortage projected must be based on increasing demand. The forces of increased demand are multifactional and inexorable: these include increasing population, aging of this population, more technology, new diseases and disorders, consumer media contacts, increases in GDP and funds expended on healthcare. Unsolved problems of demand are geographic and type of specialty distribution, i.e. number of rural physicians, the primary/specialty balance, and access, cost and quality issues longstanding in the American insured/uninsured system. Longer term, a strategy to increase the supply, or a strategy to reduce demand, or both would tend to reduce the mismatch, if effectively applied. In either case, long time frames (5-10 years) are required to see the results of intervention. As shortages loom in the health professions, it is unlikely that timely actions culminating in of residency programs by other entities including significant increases will take place in the next 10-15 years. In the short run, a shortage will increase the competition in recruitment, and in retention, of physicians at all levels. The profession may be more attractive to applicants, and more opportunities will be open. Physicians therefore will be recruited more assiduously at all levels. If the competition in recruitment increases, then each program (or institution, or state) should take steps to improve and to attract the limited pool of applicants. The following are considerations and suggested responses.

Recruitment is the key to GME position competition. What to do? What has or will improve recruiting, to be competitive in times of shortage? The increase in US GME filled positions to 99,964 is 3000 more than just a few years ago. This meets the COGME recommendation of a 15% increase in physician supply. To improve GME programs, the most obvious need is to improve teaching hospital funding and infrastructure, the setting for training. This applies to the public hospitals in Louisiana, and is probably the most important step. The pursuit of the quality of education should be ongoing with improvisions and innovations.

Programs will need to augment institutional recognition and recruitment outreach. The current programs should show attention to retention of each person and all openings for individual students and programs. All are valuable facing a shortage. Additionally, better counseling of potential applicants regarding opportunities is desirable. In Louisiana, we should work together among programs and institutions in the state, especially to remain competative in GME stipends to meet each year the Southern Regional average. If supply is to be increased, then amplify GME first – it is faster and cost effective as compared to added medical students or medical schools.

# A Summary on Issues in GME

| **Issues** | **Status** | **Driver** |
|---|---|---|
| Size | Shortages | Market Place |
| Finance | Shortcomings | Investments |
| Quality | Systematic | Interventions |
| Recruitment | Strategy | Competition |

## Summary

Several conclusions have been presented concerning the status and the future of GME in Louisiana. The programmed increases in primary care GME, planned and implemented over a decade, are reaching a higher, but finite capacity. Total numbers and proportions of GME positions are relatively stable in general, with only small fluctuations improving and funding the state public hospitals to provide for the large proportion of placement, stipends and support for GME is paramount. The dynamic, cyclical process of constant renewal of among programs and institutions. Competition is increasing, so GME should now emphasize recruitment and continuous quality improvement to meet to the oncoming shortage of physicians and rising competition.

# References


Cooper RA, Getzen TE, McKee HJ, et al. Economic and geographic trends signal an impending physician shortage. *Health Aff* 2002; 21:140-154.

Cooper RA, Getzen TE. The coming physician shortage. *Health Affairs* 2002; 21:296-299.

Hilton CW, Plauche' WC, Rigby PG: Projecting physician supply at a state level: physicians in Louisiana in 2001 and 2006. *So Med J* 1998; 91:914-918.

Rigby PG, Foulks E, Pinsky WW, et al. The Medical Education Commission Report o n trends of graduate medical education in 2002. *J LA State Med Soc* 2002; 154:262-268.

Rigby PG, Foulks E, Pinsky WW, et al. The Medical Education Commission Report 2003: GME production renews physician supply. *J LA State Med Soc* 2003; 155:271-278.

Rigby PG, Foulks E, Riddick FA, et al. The Medical Education Commission Report at the turn of the new millennium 2000. *J LA State Med Soc.* 2000; 152:386-391.

Rigby PG, Foulks E, Riddick FA, et al. The Medical Education Commission Report on trends in graduate medical education 2001. *J LA State Med Soc* 2001; 153:411-418.

Rigby PG. Physician Production is at a Steady Supply; But Demand for Physician Services is Increasing. *J LA State Med Soc.* 2004; 156:90-93

Rigby PG, Plauche' WC. The physician workforce in Louisiana 1994. *J LA State Med Soc* 1995; 147:373-376.

# The Process and Structure of Graduate Medical Education (GME)

Graduate Medical Education (also referred to as GME, or Residency Education) is an essential and required phase of medical education which follows graduation from medical school. Residency education can extend from 3-9 years depending on the particular specialty training program and prepares the nascent physician for a career as a specialist in primary care. Residency education, usually completed in the physician's early to mid 30's, prepares the physician for a clinical practice of 35-45 years average duration. The total numbers of physicians and their distribution among the many medical specialties along with geographic distribution are indicators of the types and qualities of physicians available for patient needs.

The provision of graduate medical education programs in the United States is decentralized, with over 1,655 distinct institutions sponsoring or participating in 7,985 different specialty training programs. Medical school faculties are generally responsible for the training and supervision of residents in affiliated hospitals and clinics, residents are actively involved with attending physicians in the day to day care of patients.

## Accreditation

All institutions sponsoring programs of graduate medical education must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) with respect to compliance with the general essentials for graduate medical education. In addition, each specialty must meet unique standards of its accrediting arm of the ACGME, termed the Residency Review Committee (RRC). There is a Residency Review Committee for each of the recognized specialties, and the RRC usually exercises oversight over the subspecialty programs in that discipline. Typically, approval of residency programs is for three years and RRC site visits occur at three-year intervals. This system of accreditation of residency programs is a private one, which has developed during the last sixty years. It is accepted by a variety of public bodies and is responsible for quality control.

Accreditation of sponsors of programs of graduate medical education such as Tulane, LSU, and Ochsner is accomplished by assessing educational objectives, infrastructure for support of programs, the presence of an appropriate environment for education, and the quality of monitoring the progress of trainees. The activities of RRC's specific to accreditation of specialty programs assess the completeness and appropriateness of the educational experience, the adequacy of patient volume and opportunity for independent experience, the performance of the program's participants on standardized examinations conducted during the training program and on the certifying examination of specialty boards by graduates of the program. In some specialties, largely the surgical disciplines, accreditation of the program also carries with it a determination of the number of trainees permitted at each level of training. In other disciplines, notably internal medicine, pediatrics and family practice, the determination is whether there is sufficient volume of clinical experience for the program as sized. Programs are assessed on the basis of providing a graduated experience and the opportunity for senior trainees to participate in education of their juniors. The presence within an institution of accredited programs in

other disciplines is a requirement of some residency review committees. If the particular residency is judged not to be of suitable quality, the RRC may declare provisional accreditation, probation, or accreditation withdrawn, etc.

## Stipends

Residency programs involve a mixture of educational experience as well as provision of patient care services which benefit patients, the teaching hospital, and its attending physicians. The archaic concept of the post graduate trainee is that of the "house officer" who spends 24 hours of each day in the hospital providing services in exchange for the opportunity to learn and hone clinical skills while receiving room, board, and a token payment. Unlike medical school students, physicians participating in programs of graduate medical education pay no tuition. Residents instead are on contract with the sponsoring institution and receive salary and fringe benefits. Typically, these physicians are funded with stipends of $ 35 - 45,000 /year. Their total teaching and training costs to the teaching hospital however ranges from 2-3 times the cost of their stipend. Thus, each trainee represents a total cost of between $60,000 and $135,000 each year. These moneys come from a variety of sources including VA, Medicare, Medicaid, other governmental sources, and other payments for clinical services. Typically, the trainee spends up to 80 hours per week during which time an average of 20% involves didactic teaching. A resident's productivity varies according to the level of training and amount of experience. Thus, residents provide a great deal of clinical services during their educational program always under the supervision of teaching faculty and staff.

## Application to Residency Programs

Typically, there has been freedom of choice by the trainee and by the program through the "matching program" which is facilitated by the AAMC's Electronic Residency Application Service (ERAS) and the National Resident Matching Program (NRMP). ERAS is a program that provides a secure and efficient method of streamlining the residency application process using state-of-the-art electronic communications. From a personal computer at home or in the school library, applicants to residency programs can complete a standard application and provide information specific to each medical school; as well as send a scanned transcript and letters of recommendation. The combined application package can be sent over the Internet to each of the applicant's programs. The matching program NRMP is accomplished by using a computerized process that links student choices with accepting residency training programs. NRMP makes possible a uniform date for making decisions about residency selection. Through the systematic comparison of rank-order lists submitted by both applicants and programs, it effects a "match" of applicant and program choices that maximized the preferences of each.

In 2001, 15,726 fourth-year students at U.S. medical schools sought graduate training through the NRMP. The NRMP also facilitates the matching of international medical graduates, Canadian medical school graduates, and osteopathic graduates. These swelled the total participating in NRMP in 2001 to 31,956 with the difference largely attributable to non-U.S. citizens educated at foreign medical schools.

## Training Process

Graduate Medical Education consists of gradually increasing learning and clinical skills in inpatient and outpatient environments. In Louisiana, residency training takes place in several of the state's largest public hospitals, in community and VA hospitals, and in a number of private hospitals and clinics. The diversity of these training settings provides a full spectrum of educational opportunities and a variety of patients from diverse ethnic and cultural background

Each training department designs an explicit curriculum that provides the didactic and clinic requirements. All residents attend a spectrum of lectures, conferences, teaching rounds, and receive clinical supervision from attending staff physicians. All residency programs must be sufficient breadth and quality to maintain accreditation by their specialty's RRC of the ACGME. In addition to inpatient and outpatient clinical training and didactic learning experiences, every program also offers research experiences for resident's participation.

During the first year of training, a resident's day usually begins and ends with hospital patient rounds. Each day there is time devoted to the care of inpatients, case discussions with attending staff, and teaching rounds with students and junior residents. Most residents also spend some time in the ambulatory clinics of their specialty. More advanced residents answer hospital and emergency room consultations in their specialty. In surgical specialties, the majority of training time is spent in operating rooms progressing from observer, to assistant, to operator, to teacher as their skills increase. Responsibility and privileges increase as the trainee gains knowledge and experience.

Programs usually require residents to take night call, often in the hospitals, no more than every third night. To acquire the requisite variety and depth of experiences, residents are rotated from one inpatient unit to another, on hospital to another, and to departments other than the home training department, which ensures the quality and richness of training experiences.

Each department is responsible for the supervision and evaluation of residents wherever they rotate. Close supervision and explicit evaluation by attendings allow awarding or restricting individual clinical privileges commensurate with observed abilities. It is the department's responsibility to certify that a trainee is prepared to take the specialty board examination after completing the requisite training.

## Licensure and Specialty Boards

Following GME, most graduates become eligible to take a national board examination, which will certify them in their specialty. The involvement of Specialty Boards is appropriate because these boards certify physicians as meeting certain standards based in part upon satisfactory completion of an acceptable training program.

While the effort of specialty boards is invaluable in ensuring physician competence for practice, the legal authority to grant a license to practice medicine rests with 54 different state and jurisdictional licensing authorities. The requirements to obtain a license to practice medicine are not uniform among these jurisdictions, but all require at least one year of graduate medical education. The external examination required all candidates for licensure, whether graduates of accredited U.S. schools or of foreign medical schools, is the three-part United

States Licensing Examination (USMLE). Beginning in 1994, the USMLE replaced a multiple examination system that effectively produced separate pathways to licensure U.S. and foreign medical graduates.

USMLE is cosponsored by the National Board of Medical Examiners (NBME), an organization that has been long involved in developing medical licensing examinations, and the Federation of State medical Boards (FSMB), which represents the various state and jurisdictional licensing authorities. The licensing process however is specific to each state.

Uncertainty about the quality of education that some international medical graduates receive has prompted many jurisdictions to impose additional requirements at the interface between medical school and residency. International medical graduates seeking entry to accredited graduate medical education programs must first obtain a certificate awarded by the Education Commission for Foreign Medical Graduates (ECFMG). This certificate is now based upon satisfactory completion of the first two parts of the USMLE, an English language proficiency requirement, and complete documentation of specified medical credentials.

Although the array of agencies, associations, and authorities involved in these processes may appear bewildering to the public, their respective roles and interrelationships are based on several principles. These include: the need for multiple agencies to provide checks and balances in assessing the competence of individuals and the quality of programs; the desire to complement standardized paper-and-pencil evaluations of physician-educators; and the assurance provided by completion of a documented and accredited program of studies and supervised clinical experience.

## Funding GME

With the exception of individuals who are sponsored by one of the uniformed services or who receive one of the rare special scholarships, salaries are borne by the sponsor of the educational program. The sponsoring institution defrays the cost of the educational program largely from funds from hospital budgets. Teaching hospitals in turn allocate a portion of patient care revenues to the educational enterprise. In the instance of the Medicare Program, teaching hospitals receive explicit payments for support of graduate medical education. In general, Medicare funding is proportional to the quantity of services provided by the hospital to patients who are involved in Medicare Programs, e.g., if 30% of patient days are for Medicare patients, then 30% of direct educational costs are reimbursed by the Medicare program. In addition, payments for hospital care of patients under Medicare’s prospective payment system are augmented under a complex formula to reward the teaching hospital for its increased costs related to inefficiencies imposed by the presence of a teaching program, the increased complexity of the patient mix in a teaching environment and often the provision of an increased volume of un-reimbursed care.

## Supply

The number of graduate medical education positions available in the United States is not governmentally regulated. It is the sum of those positions offered by the accredited programs of the nation's teaching hospitals. The supply of positions exceeds the number of graduates of U.S. schools of medicine and osteopathy, a stable number of 16,500 per year. There are about 25,000 first year Post Graduate Year (PGY) positions available to be filled by these graduates and eligible international graduates. A number of national commissions, the latest of which is the Council of Graduate Medical Education (COGME), have studied the need of the United States for physicians required to meet the needs of the citizens of the United States. To date, there has been no effective control mechanism to govern the linkage between number of graduates, number and type of graduate GME positions, and societal needs. Recent changes in education provide a weak steering mechanism.

## Consortia

For various reasons, the traditional hospital-based residency program is giving away, albeit slowly, to sponsorship of residency programs by other entities including GME consortia, formal partnerships involving two or more institutions. The AAMC has supported and encouraged the formation of GME consortia as a way to strengthen graduate medical education programs. According to a 1996 study, one-fourth of U.S. medical schools are now involved in a GME consortium, which includes an average of six hospitals as members. Nearly half include a Veterans Affairs Medical Center.

GME consortia have various purposes. They enable participating institutions to centralize the administration of residency programs and develop joint systems for resident and program evaluation, allocation of costs, and disbursement of payments for GME under Medicare and Medicaid. They enhance medical education by ensuring that training experiences are varied and include time in ambulatory clinics and community facilities. Consortia also aid in aligning residency positions among specialties with the physician workforce needs of the locality or region. Many have had an explicit goal of increasing the output of generalist physicians.

# LSU Health Sciences Center
# Health Care Services Division

Louisiana's commitment to providing medical care for the poor dates back to 1834 when it assumed management of two hospitals, one was the historic Charity Hospital in New Orleans, the other in Northeast Louisiana. Today, under the banner of the Louisiana State University Health Sciences Center's Health Care Services Division, there are eight hospitals and health systems. Two additional public hospitals are directed by the LSUHSC hospital in Shreveport and Monroe. Those under the direction of LSUHSC New Orleans are Earl K. Long in Baton Rouge, Huey P. Long in Pineville, Lallie Kemp in Independence, the Bogalusa Medical Center, Walter O. Moss in Lake Charles, University Medical Center in Lafayette, Leonard J. Chabert Hospital in Houma and the Medical Center of Louisiana-New Orleans' two campuses…Charity and University…in New Orleans.

The mission of LSUHSC Health Care Services Division is:

….provide access to high quality medical care;

….to develop medical and clinical manpower through accredited residency and other health education programs;

….while operating efficiently and cost effectively; and

….while working cooperatively with other health care providers and agencies to improve health outcomes and achieve objectives.

## The Teaching Mission Of Our Hospitals

Serving as regional referral centers across the state, the LSUHSC-HCSD public hospital system today provides sophisticated, contemporary medicine with major clinical concentrations and programs in diabetes, asthma, congestive heart failure, HIV, oncology, women's and children's services, behavioral health, emergency/trauma care and rehabilitation. An expectation of excellence is emphasized through these established centers of excellence with the focus centered on quality, caring and the dignity of every patient.

Excellence in medical training and education keeps Louisiana Public Hospitals in a leadership position in the southern region. A Health Care Effectiveness Team was established by the HCSD to maximize value for our stakeholders. Once the appropriate quality standards are met, the focus is set on the aspects of the value equation of costs and stakeholder satisfaction. Disease Management is the main

**LSU Health Sciences Center – Health Care Services Division 2002 Facts**

- Eight Hospitals and Clinics
  - 1,054 Staffed Beds/1,556 Licensed Beds
  - 7,753 Employees
  - $790 Million Appropriated Budget
- Louisiana Population Served
  - 733,911
- Number of Inpatients
  - 52,611 Admissions
  - 280,931 Inpatient Days
  - 4,807 Births
  - 27,114 Operating Room Cases
- Number of Outpatients
  - 917,815 Clinic Visits
  - 388,206 Emergency Department Visits
- Medical and Clinical Education
  - 1,217 Medical Residents and Fellows
  - 3,748 Nurses and Allied Health Professionals
- Economic Impact
  - Estimated impact of $1.7 billion in overall business activity and 15,744 jobs generated

vehicle used to meet the value equation variable. There are multiple initiatives in Asthma, Congestive Heart Failure, (CHF) Cancer Screening, Diabetes, HIV, Blood Pressure Management, Tobacco Control, and Chronic Renal Disease.

The Health Care Services Division (HCSD) began fiscal year 2003-2004 facing a severe budget deficit – ***receiving $66.5 million less than their prior year expenditure level.*** Of the $66.5 million deficit, $12.8 million was for mandated merit increases and $9.2 million was in inflation costs.

As required by legislative and executive mandates, each HCSD medical center is required to operate within its annual budget allocation. In order to adhere to this legal mandate, each medical center had to make some difficult yet realistic decisions relative to reducing expenditures and continuing to provide quality care to patients. Many options that would least affect patients and medical education was considered.

All of the HCSD medical centers, as well as the central support administrative office, were forced to reduce level of staffing which in some cases resulted in layoffs of employees. There was a total reduction of 792 full-time equivalent (FTE) employees during FY 2004. Hospital administrators were also forced to implement what most administrators hope to never do – cut available services. Systemwide there was a reduction in mental health contracts, other affiliated contractual agreements, and inventory/supply purchases. Restrictions were placed on travel and overtime pay.

The impact was also acutely felt by the residency programs based in the HCSD hospitals. The LSU Health Sciences Center's ability to maintain the accreditation of the residency programs is and remains dependent on the resources and services available in the hospitals.

During the fiscal year, the legislature provided relief to the HCSD by implementing the following:

- In February 2004, the legislature approved $16.4 million in additional Medicaid-Uncompensated Care (UCC) funding; and
- In May 2004, the legislature approved $11.8 million in payments for prior year Medicaid-UCC cost reports.

The legislature also provided $6.5 million for increased prisoner funding and $9.4 million to cover an increase in risk management premiums. Without this relief, cuts would have been more severe.

HCSD's 2004 Annual Report gives a comprehensive assessment on the successes and challenges faced from July 1, 2003 through June 30, 2004. The 2004 HCSD Annual Report can be viewed at the HCSD homepage: http://www.lsuhsc.edu/hcsd/

# The Future of Medical Education and the Public Hospital System in Louisiana

The future of medical education in Louisiana is tied directly and similar to that in the United States. The statistical comparisons of Louisiana to US physician education, both undergraduate and graduate medial education (GME), and physicians entering practice are closely aligned in most respects. These are the GME percent of physicians (16%), physicians per 100,000 (268), primary care proportion (34%), and other parameters.

These physicians are US medical school products (4 out of 5), who finish GME and enter practice. Seventy-nine percent (79%) of all residents and fellows are trained in the U.S. Academic Health Center teaching hospitals, where 44% of all indigent care in the US is provided (safety net hospitals). In Louisiana, three medical schools (LSUHSC New Orleans, LSUHSC Shreveport, Tulane) in three of the 125 U.S. Academic Health Centers (AHC's) produce 400 graduates per year. These three large AHC's enter (Match 2003) about 352 of the 412 residents in Louisiana into their teaching hospitals, and the Alton Ochsner Clinic Foundation teaching hospital enters 47, for a total of 399, or 97% of the State GME.

In Louisiana compared to the U.S., virtually all of the AHC residents and fellows, as well as undergraduate students, will be trained in the public hospitals, 60% at any one time. This high proportion of total GME in public hospitals is not as prominent in other states. Thus, the closely linked and interwoven medical education while providing patient care model in the public hospitals is essential to producing physicians in the renewal of the workforce in Louisiana.

This 2003 data illustrate the annual numbers in Louisiana involved in the cycle of physician production and renewal. The sequence of college, medical school, GME and practice require years in each step, and allow change and mobility at each interface. If Louisiana is to compete, as it must, for physicians entering practice in sufficient numbers, then this system using the public hospital AHC model is the predominant method. It is the essential present base to provide and improve GME, with focus and emphasis on educational direction.

# Educational Relationships And Responses By The State Of Louisiana

The health professions educational opportunities and experiences have been affected dramatically by the recent and extraordinary policy and funding changes in the U.S. health care system, including the State of Louisiana.

The State of Louisiana and the Department of Health and Hospitals monitor and determine the Medicaid budget annually. Reduction has had a negative impact, especially on the availability of Disproportionate Share Funds (DSH). Graduate and postgraduate medical education opportunities and experiences are provided by LSU

Health Sciences Center, Tulane University Health Sciences Center and Ochsner Clinic Foundation mainly in the public hospital system, and in community hospitals as well. The state public hospitals during the past ten years have been increasingly dependent on disproportionate share dollars, Louisiana=s only dedicated resources for the uninsured, as their other revenues decline. Louisiana=s unique statewide network of charity hospitals provide extensive secondary and tertiary specialty care to many of the state=s uninsured population. Louisiana provides more access for its underserved populations than many other states, with emphasis on acute care treatment

# Reform Of The Charity Hospital System

The State of Louisiana with the support of the Governor and Legislature transferred the governance of the nine hospitals in the Charity Hospital System to the Louisiana State University Health Sciences Center in 1997. The Health Care Services Division (HCSD) of LSU Health Sciences Center has the responsibility for managing this part of the Hospital System. The University Hospital in Shreveport is managed by LSUHSC. The mission of the LSUHSC State Public Hospitals is to offer high quality services for all patients including the underserved while serving as a model of excellent medical education. This Public Hospital System has been and continues to be an excellent place to base educational programs because of the number, breadth, and diversity of patients and illnesses.

Current and future plans for these hospitals are to place more emphasis on preventive and primary care. The objectives of integration and coordination of the provision of health care are: 1) comprehensive health care of high quality; 2) improved health outcomes of the patient population; 3) enhanced availability of necessary medical graduate and postgraduate educational opportunities to learn the continuum of care from the prevention to the treatment; 4) reduced individual health care costs; 5) development of an efficiently operated, fiscally prudent hospital system; 6) implementation of disease management; 7) exploration of partnering opportunities with community health care providers.

# Louisiana's Commitment To Graduate And Postgraduate Medical Education

The State of Louisiana expects the Public Hospital System to become a national model of excellent medical education as a result of the development and implementation of an integrated delivery system of care for both patient care and educational experiences.

The following are essential commitments from the State of Louisiana to assure that health professionals completing their training are the best trained. These commitments included that:

1) The Governor and Legislature support the necessary administrative and financial mandates in order for the Public Hospital System to meet the missions and objectives adopted by both branches of government;
2) The Public Hospital System be supported by the Department of Health and Hospitals and Legislature in their efforts to develop an integrated health care delivery system;
3) The availability and adequacy of Disproportionate Share Funds allocated by the Department of Health and Hospitals and Division of Administration always receive high priority, especially for GME funding.
4) The Hospital Advisory boards participate in supporting patient care and educational requests; and the Hospitals collaborate with the LSU Health Sciences Center Telemedicine Network.

## Summary

The Public Hospital System, as the main locus where 60-70% of medical education and training occurs, should be developed to a position where it will be able to offer high quality and effective services while serving as a national model for excellent medical education. It should operate efficiently and should compete effectively to serve Medicaid, Medicare and all patients who choose these institutions for their health care.

The transition of our Public Hospital System should take place in an orderly and predictable way, which allows the Hospital System to remain strong and progress as it enters the 21st Century.

The Public Hospital System should become the main force in changing Louisiana from a health problem state to a state that is one of the healthiest in the country.

The quality of health care delivery in the Public Hospital System has a substantial impact on the overall health status of many Louisiana citizens and influences the health ranking of our state in comparison to other states. Therefore, the State of Louisiana should commit the resources necessary to enable the Public Hospital System to deliver high quality patient care and excellent medical education.

# Federal Actions Affecting Graduate Medical Education

The Balanced Budget Act of 1997 (BBA) impacts funding of graduate medical education (GME) by Medicare in several ways. It imposes a limit on the number of residents counted for reimbursement, reduces the formula for augmenting diagnosis-related group (DRG) payments to teaching hospitals for the so-called indirect medical education (IME) payment, restores educational support which was shifted from teaching hospitals to managed care organizations, rewards teaching hospitals which voluntarily decrease the size of their programs, and provides funds for graduate medical education occurring in non-hospital settings.

Other provisions of the BBA affect all hospitals, with reduction in reimbursement related to changes in calculation of DRG payments for patients transferred to skilled nursing facilities, to reduction in payments to disproportionate share hospitals (DSH) and a shift to a prospective payment system for services delivered in the hospital outpatient setting. The Association of American Medical Colleges(AAMC) estimates that each major teaching hospital will experience accumulative reduction in payment of $40 million under the BBA provisions by the year 2002 and that 50% of major that date.

Both AMC and the American Hospital Association (AHA) mounted a vigorous campaign to convince Congress to restore some of the cuts to the Medicare program that would most severely impact teaching hospitals, and the Balanced Budget Refinement Act (BBRA) of 1999 did make certain adjustments, largely cosmetic in the views of many institutions. AAMC and AHA continue activities to ameliorate BBA effects, especially the significant reduction in Medicare and Medicaid payments produced by the shift in payments for hospital outpatient services.

BBA created the Medicare Payment Advisory Commission (MedPAC) merging the function of two existing commissions; this action has potential for even greater impact. MedPAC is charged to study virtually the entire universe of issues in graduate medical education and recommend changes to Congress. These include: optimal techniques for paying for GME and who should receive the funds, needs of the United States for physicians, policies on international medical graduates.

The initial MedPAC report to Congress in August 1999 concluded that Medicare should no longer make explicit payments for direct medical education (DME) costs and IME costs, as it views these expenditures for graduate medical education to be related to the provisions of care in teaching hospitals. Instead they propose augmenting payment for patient care in teaching settings *when the enhanced valued of that care justifies it higher costs.* The teaching hospital community has expressed little confidence that revenues lost by eliminating of DME and IME payments would be counter balanced by such augmentation.

Simultaneously, Congress is considering its own approaches. Included in various proposals is one to shift support of GME out of Medicare and make it subject to annual budgetary debate. The Health

Care Financing Authority (HCFA) concerns over computer issues associated with the Y2K delayed implementation of some GME mandates; these will be coming online in 2000 and 2001. The existence of a federal budgetary surplus, election year proposals to address concerns of different constituencies – most notably by adding prescription drug benefit for Medicare recipients, concerns over addressing medical errors and their consequences, and the dismal track record of attempts to offer managed care and other options under Medicare make it impossible to predict likely congressional actions.

The outcome of the 2000 presidential and congressional elections will influence the fate of GME funding. Because congressional concern is focused on the Medicare program and its costs rather than on developing the optimal technique for funding GME almost all proposals will decrease rather than increase federal support for GME.

One of the few proposals which have the potential for stabilizing funding of graduate medical education is legislation initially proposed by Senator Moynihan of New York which would create an all payor system for support for graduate medical education.

# GME At LSU School Of Medicine In New Orleans

LSUMS-NO annually trains a variety of graduate physicians in the programs of 16 clinical departments. These departments maintain staff and administer 20 accredited residency programs, 28 accredited subspecialty fellowship programs, 4 combined residency programs such as Med-Peds, and 18 fellowships that are recognized by a number of Boards or professional specialty organizations but are not separately accredited by the ACGME. These programs train approximately 510 residents and 110 fellows. In addition we have some administrative activities for 40 residents in various dental programs. The majority of training positions is at the Medical Center of Louisiana in New Orleans with other training positions at Veterans Administration Hospital, and private (non-public hospital) institutions such as Memorial Medical Center, Kenner Regional, Touro Infirmary, Children's Hospital, Ochsner, Slidell Memorial, and others. Residents in some New Orleans Programs also rotate to Earl K. Long (EKL), University Medical Center (UMC) and Huey P. Long Hospital. Approximately 40% of LSUSOM-NO trainees are in primary care specialties defined as Medicine, Pediatrics, Med/Peds, Family Medicine, and Ob/Gyn.

There are free standing programs at EKL training about 70 residents in Internal Medicine, Emergency Medicine, and Family Medicine and at UMC in Lafayette training about 46 residents in Internal Medicine and Family Medicine. Residents at EKL also rotate at private hospitals such as Baton Rouge General and Our Lady of the Lake. Although free standing from an accreditation viewpoint, the programs affiliated with LSUSOM-NO.

LSUMS-NO administers it postgraduate training programs through the Office of Medical Education with the allocation of residency positions, required institutional review of training programs and their accreditation being the responsibility of the Institutional Graduate Medical Education Committee composed of Program Directors from most residency programs as well as general faculty and resident members. All LSUSOM-NO residency programs are currently accredited. Most residency programs participate in the NRMP Amatch@ process described elsewhere in this document.

# GME At Tulane University Health Sciences Center School Of Medicine

The primary mission at Tulane University Health Sciences, School of Medicine is to conduct the highest quality educational programs which will result in academically and clinically prepared physicians (generalists and specialists), biomedical scientists and public health professionals to satisfy regional, national, and international health needs.

The Tulane University Health Sciences Center School of Medicine currently provides undergraduate and graduate medical education. Opportunities also exist for the attainment of graduate degrees and postdoctoral work in the basic sciences and in Public Health and Tropical Medicine. The faculty conduct extensive laboratory and clinical research at the Tulane University Health Sciences Center campus and other locations.

Graduate Medical Education at Tulane University School of Medicine consists of 40 programs in all specialties and most subspecialties of medicine. During academic year 2002-2003 there were 515 full-time residents enrolled.

Tulane University Health Sciences Center School of Medicine participates in the National Residency Matching Program (NRMP) in selecting residents for the following programs: Anesthesiology, Internal Medicine, Medicine/Pediatrics, Medicine/Psychiatry, Obstetrics & Gynecology, Orthopaedics, Pathology, Pediatrics, Psychiatry, Radiology, Surgery, Psychiatry/Neurology, and Transitional.

All residents are selected on criteria based on the national universal adapted for all Tulane GME programs; and on criteria regarding personal interests, aptitudes and preparation for specific program requirements.

There are currently twenty participating institutions in the affiliated Tulane's Graduate Medical Education network. Of the twenty, five are used as sites for medical student clerkship rotations: Tulane University Health Sciences Center Hospital and Clinic (TUHSC); the Medical Center of Louisiana at New Orleans (MCLNO); the New Orleans Veterans Affairs Medical Center (NOVAMC); the Alton Ochsner Clinic Foundation (Ochsner); Huey P. Long Hospital (HPL); and Touro Infirmary. These hospitals also present the major training sites for Tulane Graduate Medical Education with 120 residents located at TUHSC; 220 at MCLNO; 91 at NOVAMC; 14 at Ochsner; 13 at HPL and 5 at Touro. More than 85% of residents in Tulane programs are on rotation at these medical student clerkship sites.

The Institutional Graduate Medical Education Advisory Committee (IGMEAC) is the institutional policy setting body which monitors and advises all Tulane residency programs. In order to provide appropriate liaison with all relevant stakeholders the IGMEAC membership includes but is not limited to program directors and other medical faculty, residents, officers of the "Residents' Association", the Associate Dean of Graduate Medical Education, and a physician representative from each major participating teaching institutions.

# Graduate Medical Education At Ochsner

Graduate Medical Education is an important facet of the rich heritage of Ochsner. Residency training began in 1944 with one medical resident each in urology, general surgery and orthopedic surgery. In academic year 2003-2004, there were 190 interns, residents and fellows appointed to seventeen (17) Ochsner-sponsored residency and subspecialty fellowship programs accredited by the Residency Review Committee (RRC) of the Accreditation Council of Graduate Medical Education (ACGME); 65 in jointly sponsored programs of Ophthalmology, Psychiatry and Urology with Louisiana State University School of Medicine (LSU), and 38 in a jointly sponsored program of Pediatrics with Tulane University Health Sciences Center School of Medicine. Additionally, there are approximately 20 residents and fellows rotating to Ochsner in various disciplines of medicine under affiliation agreements with LSU and Tulane. Graduates of the program total slightly over 2500 physicians practicing in their respective specialties of medicine and surgery in 47 of the 50 United States and Puerto Rico. Approximately, 70 practice internationally.

Selection of residents and fellows rests with the respective specialty department or division through its chairman and program director in conformance with the ACGME standards and Graduate Medical Education Committee (GMEC) policy and oversight. Residents enter the first postgraduate year through the National Resident Matching Program (NRMP) by institutional commitment. Advanced level placement is either through a matching program appropriate for those specialties or by recommendation from the program director and approved by the GMEC.

Residency training, as a rule, takes place in the Ochsner Foundation Hospital, the Ochsner Clinic(s), The Leonard J. Chabert Medical Center in Houma, Louisiana. The Leonard J. Chabert Medical Center (LJCMC), a member of the Health Care Services Division, is a fully accredited 201-bed hospital located 55 miles south of New Orleans. Ochsner residents in Internal Medicine, Obstetrics and Gynecology, Orthopaedic Surgery and General Surgery have in-patient and/or ambulatory rotations at LJCMC. Individual programs may have affiliations with a medical school or other academic medical center for residency training (e.g. Medical Center of New Orleans (Charity), Children's Hospital, St. Thomas Health Services, Memorial Hospital, Tulane University Health Sciences Center, and University of South Alabama-Mobile).

Ochsner maintains formal associations with both the Louisiana State University and Tulane University Health Sciences Center Schools of Medicine for undergraduate medical education. Medical students from both institutions and from many other medical schools nationwide choose Ochsner for a variety of rotations offered in virtually every specialty and subspecialty of medicine and surgery. Annually, approximately 450 medical students participate in the Ochsner medical student programs.

# LSUHSC – Shreveport

# Graduate Medical Education

LSUHSC-S is the sponsoring institution for thirty-one accredited residency and fellowship training programs that train approximately 375 house officers annually. Our programs include Anesthesiology and Pain Management, Family Medicine, Internal Medicine and a variety of Medicine subspecialties, Obstetrics and Gynecology, Ophthalmology, Otolaryngology, Pathology and Cytopathology, Pediatrics, Allergy/Immunology and Neonatology, Neurosurgery, Psychiatry, Radiology, Surgery, and Urology. The Department of Emergency Medicine was granted approval to establish a Residency Program by the Accreditation Council for Graduate Medical Education (ACGME) in 2004. The program received accreditation for 21 positions, or seven (7) positions at each PGY level.

The Graduate Medical Education Committee (GMEC) has the responsibility for monitoring and advising all aspects of residency education. The Chancellor/Dean or his designee appoints GMEC members. Membership of the committee is selected based on the guidelines set forth in the ACGME Institutional Requirements.

The GMEC is responsible for ensuring quality resident education by maintaining appropriate oversight of the training programs. The committee also develops and oversees the implementation of policies to govern resident's duty hours.

House Staff benefits include, but are not limited to, meals, parking, disability insurance coverage, initial BLS/ACLS/PALS training, lab coats, scrub suits and pagers. The Graduate Medical Education (GME) Office provides support services to the house officers and training programs. For additional information, visit the Graduate Medical Education website at www.sh.lsuhsc.edu/gme.

# Lsuhsc School Of Dentistry
# Graduate Medical Education

Dental residences supported by the state public hospitals in partnership with the LSU School of Dentistry provide critical education and patient care needs of the state. Presently there are four dental residency programs included in the statewide GME system.

1. ORAL AND MAXILLOFACIAL SURGERY
(24 residents- 16 MCLANO, 8 Shreveport)
(2 interns MCLNO)

Residents are enrolled in a 6-year MD/Oral and Maxillofacial Surgery program (two of those years are spend in medical school). Patient care is provided at MCLNO, the LSU School of Dentistry, and Earl K. Long Hospital in Baton Rouge. (There are currently 16 residents enrolled and 2 one-year interns–all 18 are supported by MCLANO GME.)

2. GENERAL PRACTICE RESIDENCY
(15 Residents)

Residents are enrolled in a 2-year residency program based at MCLNO. Residents spend a large portion of their training providing dental care to medically compromised patients. Three of these concentrate on Oral Medicine and are based at the LSU School of Dentistry. One resident treats patients at an HIV outreach clinic associated with Huey P. Long Hospital in Alexandria, LA.(and is funded by a HRSA grant); one is associated with and funded by the VAMC in New Orleans; and, one fellow treats patients at the Pinecrest Developmental Center in Pineville, LA and is funded through a contract with DHH. (There are currently 14 residents and one fellow enrolled, 12 residents are supported by MCLNO GME.)

3. MAXILLOFACIAL PROSTHODONTICS
(1 Resident)

This one-year fellowship based at MCLNO provides training and patient care for patients that need complicated Maxillofacial Prosthodontics treatment. This program supports the Cancer Center, ENT Department, and other hospital services at MCLNO. (There is currently 1 fellow enrolled and supported by MCLNO GME.)

4. ADVANCED EDUCATION IN GENERAL DENTISTRY (AEGD)
(0 Residents)

This one year advanced general dentistry residency provides care for MCLNO and other patients at the LSU School of Dentistry. This program was not continued for the 2004-2005 academic year.

There are a total of 34 residents/fellows associated with LSU School of Dentistry at MCLNO, 31 of these are supported by MCLNO.

In addition, LSUSD has an annual average total of 40 school-based (non-GME) residents. Four of these residents treat patients at the Children's Hospital of New Orleans, which participates in the Children's Hospitals GME Program. LSUSD was unable to integrate the remaining 36 non-GME residents in the five school-based advanced education programs, not supported by MCLANO, into the GME system through non-LSUHSC hospitals. The August 1, 2003 CMS rule limited participation by non-hospital based dental residency programs to only those programs which have been supported since their inception by the hospital. Each of these programs has been supported since its inception by the LSUHSC School of Dentistry.

# Interinstitutional GME In Louisiana

The Accreditation Council for Graduate Medical Education (ACGME) defines a sponsoring institution of graduate medical education as Aan organization having the *primary purpose* of providing educational and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner=s office, a consortium, an educational foundation)@. Sponsoring institutions assume the ultimate responsibility for a residency program and must maintain substantial compliance with requirements recognized by Accreditation Council for Graduate Medical Education and the appropriate Residency Review Committee for a particular specialty program.

Accredited sponsors of medical education, however, may also be a participating institution of another sponsor for a specific residency or fellowship training program. A *participating institution* is defined as an institution that *provides specific learning experiences* within a multi-institutional program of Graduate Medical Education. If residents rotate for a required experience the participating institution is characterized as major.

An example of this is the Ochsner Clinic Foundation.

The Ochsner Clinic Foundation sponsors 21 fully accredited graduate medical education training programs for over 200 interns, residents and fellows annually. Although the Alton Ochsner Medical Foundation training programs are independent and freestanding, Ochsner also maintains program affiliations with both major Louisiana Medical Universities, as well as the University of South Alabama in Mobile, as a participating institution for several residency/fellowship programs.

Currently, Ochsner maintains affiliations with LSUMC-NO as a major participating institution for programs in:

- Dermatology
- Nephrology
- Neurosurgery
- Physical Medicine and Rehabilitation
- Pulmonary Disease/Critical Care Medicine

LSU and Ochsner jointly sponsor residencies in Urology, ophthalmology and psychiatry.

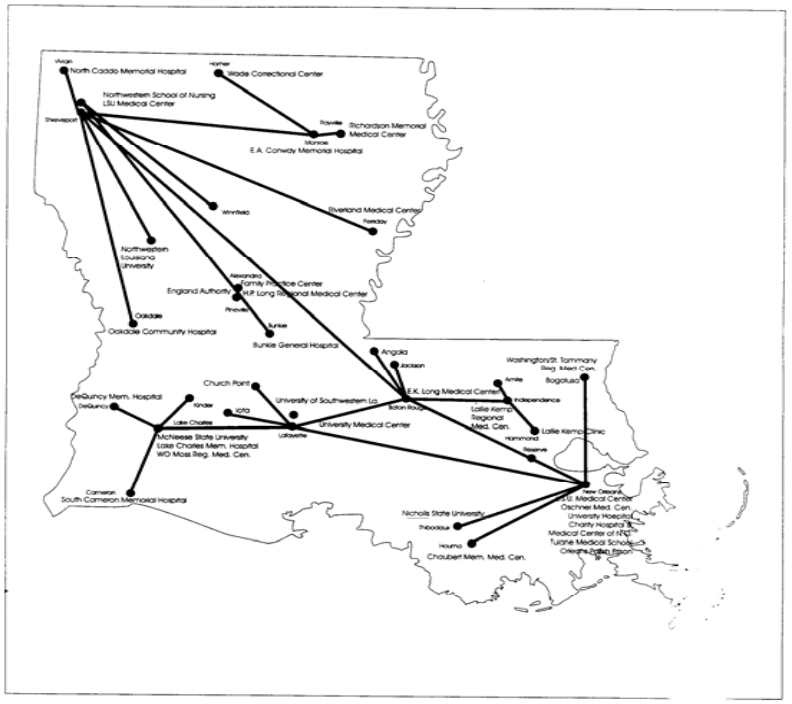
Ochsner also maintains affiliations with Tulane as a major participating institution for Programs in:

- Dermatology
- Hemopathology
- Neurology
- Otorhinolaryngology

Tulane and Ochsner jointly sponsor a program in Pediatrics.

Ochsner utilizes HCSD Hospitals, predominantly L.J. Chaubert, for GME program rotations.

THE LSU MEDICAL CENTER TELEMEDICINE NETWORK




The example of interinstitutional GME by the Ochsner Clinic Foundation cross-references involvement in GME with the HCSD Hospitals, LSUHSC-NO, Tulane University Health Sciences Center, and others.

LSUHSC-NO, Tulane University Health Sciences Center, and LSUMC-Shreveport are equivalently complex, involved in the above interaction as well as many others. They are involved more substantially with the HCSD Hospitals at various locations, with each other, and a number of additional institutions.

Some details of these interactions are illustrated in sections of this MEC report; each of the four separate sections on GME at LSUSM-NO, LSUMC-Shreveport, Tulane Medical Center and Ochsner include GME distributions. The tables of GME data show each institutional GME program numbers and locations by hospital, as well as summaries.

Louisiana Graduate Medical Education is intricate with a network of sponsoring and participating institutions, accrediting bodies, licensing authorities and specialty certification boards which through their respective roles and inter-relationships provide assurances that physicians in practice have acquired the requisite knowledge and skills to be licensed and to practice specialty medicine safely, effectively and humanely.

## Table Notes:

Louisiana State University, Tulane University, Alton Ochsner Clinic Foundation, Baton Rouge General, and East Jefferson Hospital were the five institutions providing graduate medical education in 2003-2004. The data in the following tables are from these five institutions and cover the period of fiscal 2004 (July 1, 2003 through June 30, 2004).

## Terminology

Resident is used in this document to refer to a participant in a formal program of graduate medical education leading to initial certification in a specialty or to a participant in a program of postgraduate medical education which is prerequisite for entry into a program leading to initial certification (transitional year programs). Intern refers to a first year resident.

Fellow is used to refer to physicians who has completed the requirements of a program leading to initial certification in a specialty and who is participating in a program of graduate medical education in a subspecialty of the discipline. Most of these programs lead to certification in a subspecialty of a discipline (e.g. cardiology, maternal and fetal medicine) but in some instances the primary certifying body has not yet developed programs of certification in the sub-discipline (e.g. retinal disease, cutaneous micrographic surgery).

Specialties considered primary care are in italics, see separate section on Primary Care GME regarding definitions.

## Method

The MEC method on data collection annually is to begin with submission of GME filled positions for the last full year by the academic medical institution. The number of filled positions are identified by institution, program (e.g. LSUHSC/EKL, LSUHSC/UMC) PGY level, specialty and/or subspecialty and assignment (hospital). The numbers are rolled up into summaries for additional presentation to indicate totals and percentages.

These tables are cycled to each institution for correction and the MEC group to finally agree on the presentations. The institution, hospitals and totals in columns as designated on each page can be cross-referenced.

# Institution Abbreviations

| | |
|---|---|
| **AMOF** | Alton Ochsner Medical Foundation, New Orleans |
| **BRG** | Baton Rouge General Medical Center, Baton Rouge |
| **CHILD** | Children's Hospital, New Orleans, LA |
| **EAC** | E.A. Conway Medical center, Monroe, LA |
| **EJEFF** | East Jefferson General Hospital, Metairie, LA |
| **EKL** | Earl K. Long Medical Center, Baton Rouge, LA |
| **HPL** | Huey P. Long Medical Center, Pineville, LA |
| **LC** | Lake Charles Memorial Hospital, Lake Charles, LA |
| **LSUSHR** | LSU Health Sciences Center-University Hospital, Shreveport, LA |
| **RAPIDES** | Rapides Regional Medical Center, Alexandria, LA |
| **OBVA** | Overton Brooks Veterans Affairs Medical Center, Shreveport, LA |
| **OLOL** | Our Lady of the Lake Regional Medical Center, Shreveport, LA |
| **MCLANO** | Medical Center of Louisiana at New Orleans, LA |
| **NO** | North Oaks Medical Center, Hammond, LA |
| **TOURO** | Touro Infirmary, New Orleans, LA |
| **TUHSC** | Tulane University Health Sciences Center, New Orleans, LA |
| **VAB** | Veterans Affairs Medical Center, Biloxi, MS |
| **VANO** | Veterans Affairs, Medical Center, New Orleans, LA |
| **WK** | Willis-Knighton Medical Center, Shreveport, LA |

Medical Center of Louisiana, New Orleans
Graduate Medical Education Filled Positions by Specialty and Institution – Fiscal 2004

| | TOTAL | LSU | Ochsner | Tulane | E. Jefferson |
|---|---|---|---|---|---|
| Anesthesiology | 2.49 | | .32 | 2.17 | |
| Dermatology | 20.43 | 10.68 | | 9.75 | |
| Dentistry | 8.49 | 8.49 | | | |
| - Advanced | 8.57 | 8.57 | | | |
| Emergency Medicine | 44.82 | 44.82 | | | |
| Family Medicine | 3.59 | 3.17 | | | 0.41666667 |
| Internal Medicine | 75.78 | 45.19 | | 30.58 | |
| - Allergy, immunology | 7.05 | 3.05 | | 4.00 | |
| - Cardiology | 16.15 | 8.07 | | 8.08 | |
| - Critical Care | .75 | | | .75 | |
| - Endocrinology | 2.92 | 1.84 | | 1.08 | |
| - Gastroenterology | 7.01 | 4.01 | | 3.00 | |
| - Hematology and oncology | 7.01 | 3.51 | | 3.50 | |
| - Infectious disease | 6.25 | 3.25 | | 3.00 | |
| - Nephrology | 6.51 | 3.01 | | 3.50 | |
| - Pulmonary disease and critical care | 6.97 | 3.01 | | 3.96 | |
| - Rheumatology | 1.86 | 1.86 | | | |
| Neurology | 13.26 | 7.59 | | 5.67 | |
| - Neurology EEG | .08 | .08 | | | |
| - Neurology EMG | 2.01 | 2.01 | | | |
| - Neurophysiology | 1.00 | 1.00 | | | |
| Neurological surgery | 6.01 | 3.01 | | 3.00 | |
| Obstetrics and gynecology | 41.34 | 20.89 | | 21.25 | |
| Ophthalmology | 26.75 | 12.04 | | 14.71 | |
| - Cornea | .99 | .99 | | | |
| - Retina | 1.36 | 1.36 | | | |
| Oral Surgery | 11.74 | 11.74 | | | |
| Orthopaedic Surgery | 20.35 | 10.85 | | 9.50 | |
| - Sports medicine | .50 | | | .50 | |
| Otolaryngology | 7.13 | 3.13 | | 4.00 | |
| Pathology | 21.24 | 9.27 | | 11.97 | |
| - Cytopathology | 1.00 | 1.00 | | | |

State of Louisiana – Public versus Private Hospital Participation
Graduate Medical Education Filled Positions by Specialty – Fiscal 2004

| | TOTAL | LSU | Ochsner | Tulane | E. Jefferson |
|---|---|---|---|---|---|
| Pediatrics | 42.65 | 21.69 | | 20.96 | |
| - Allergy, immunology | 2.01 | 2.01 | | | |
| - Cardiology | 2.00 | | | 2.00 | |
| - Gastroenterology | 2.01 | 2.01 | | | |
| - Genetics | 2.00 | | | 2.00 | |
| - Hematology and oncology | 1.00 | 1.00 | | | |
| - Infectious diseases | 3.86 | .99 | | 2.88 | |
| - Neonatal-perinatal | .76 | .76 | | | |
| - Pulmonary | 2.00 | | | 2.00 | |
| Physical medicine and rehabilitation | 10.97 | 10.97 | | | |
| - Musculoskeletal | 1.68 | 1.68 | | | |
| Psychiatry | 35.12 | 18.51 | | 16.61 | |
| - Forensic | .67 | .67 | | | |
| Psychiatry, child | 7.35 | 5.60 | | 1.75 | |
| Radiology | 22.80 | 21.88 | | .92 | |
| - Neuroradiology | 1.00 | 1.92 | | | |
| Surgery | 48.72 | 24.69 | 1.00 | 23.03 | |
| - Critical care surgery | 1.00 | | | 1.00 | |
| - Laparoscopic | 1.00 | | | 1.00 | |
| - Vascular surgery | 1.00 | 1.00 | | | |
| Surgery, Plastic | 3.01 | 3.01 | | | |
| Thoracic surgery | 2.01 | 2.01 | | | |
| Urology | 4.98 | | 2.98 | 2.00 | |
| Transitional year | 11.08 | | | 11.08 | |
| Medicine/Pediatrics | 33.36 | 26.36 | | 7.00 | |

State of Louisiana – Public versus Private Hospital Participation
Graduate Medical Education Filled Positions by Specialty – Fiscal 2004

| | **TOTAL** | **LSU** | **Ochsner** | **Tulane** | **E. Jefferson** |
|---|---|---|---|---|---|
| Internal medicine/Emergency medicine | 7.54 | 7.54 | | | |
| Internal medicine/Physical medicine and rehabilitation | 2.99 | 2.99 | | | |
| Primary Care Residents | 163.35 | 90.15 | | 72.79 | 0.5 |
| % Residents and Fellows in Primary Care | 25.69% | 22.93% | | 0.31 | 100% |
| % Residents in Primary Care | 30.48% | 22.93% | | 0.31 | 100.% |
| Total Residents | 535.98 | 335.33 | 4.29 | 195.94 | 0.5 |
| Total Fellows | 99.99 | 57.74 | | 42.25 | |
| Total Residents and Fellows | 635.97 | 393.07 | 4.29 | 238.19 | 0.5 |

Graduate Medical Education Filled Positions by Specialty – Fiscal 2004
Louisiana State University Health Sciences Center – New Orleans

| | TOTAL | PUBLIC | HCSD | MCLNO | CHILD | VANO | EKL | UMC | AOMC | TOURO | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Dermatology | 23.16 | 16.95 | 12.94 | 10.68 | | 4.86 | 2.26 | | 1.25 | | 4.10 |
| Dentistry | 11.43 | 8.49 | 8.49 | 8.49 | | 1.92 | | | | | 1.02 |
| - Advanced | 8.68 | 8.57 | 8.57 | 8.57 | | | | | | | .11 |
| Emergency medicine | 51.45 | 44.82 | 44.82 | 44.82 | .64 | | | | | 1.92 | 4.07 |
| Family medicine | 37.97 | 5.89 | 5.89 | 3.17 | | | | .51 | | | 34.29 |
| Internal medicine | 54.93 | 45.19 | 45.19 | 45.19 | | | | | | 6.19 | 3.55 |
| - Allergy, immunology | 4.01 | 3.05 | 3.05 | 3.05 | | | | | | | .96 |
| - Cardiology | 12.03 | 8.07 | 8.07 | 8.07 | | | | | | 3.01 | .96 |
| - Endocrinology | 1.84 | 1.84 | 1.84 | 1.84 | | | | | | | |
| - Gastroenterology | 6.21 | 4.01 | 4.01 | 4.01 | | | | | | | 2.19 |
| - Hematology and oncology | 6.52 | 3.51 | 3.51 | 3.51 | | | | | | | 3.01 |
| - Infectious disease | 4.18 | 3.35 | 3.25 | 3.25 | | | | | | | .92 |
| - Nephrology | 6.02 | 3.01 | 3.01 | 3.01 | | | | | 2.01 | | 1.00 |
| - Pulmonary disease and critical care | 9.86 | 3.01 | 3.01 | 3.01 | | | | | 4.01 | | 2.84 |
| - Rheumatology | 2.01 | 1.86 | 1.86 | 1.86 | | | | | | | .14 |
| Neurology | 10.69 | 7.59 | 7.59 | 7.59 | 1.09 | | | | | | 2.01 |
| - Neurology EEG | 1.00 | .08 | .08 | .08 | | | | | | | .92 |
| - Neurology EMG | 3.01 | 2.01 | 2.01 | 2.01 | | | | | | | 1.00 |
| - Neurophysiology | 2.00 | 1.00 | 1.00 | 1.00 | | | | | | 1.00 | |
| - Pediatric Neurology | 1.00 | | | | 1.00 | | | | | | |
| Neurological surgery | 4.60 | 3.01 | 3.01 | 3.01 | | | | | 1.59 | | |
| Obstetrics and gynecology | 32.26 | 32.25 | 32.25 | 20.09 | | | 9.16 | 3.01 | | | 3.01 |
| Ophthalmology | 25.48 | 14.05 | 14.05 | 12.04 | 1.00 | 3.01 | 2.00 | | 6.61 | | .81 |
| - Cornea | 1.02 | .99 | .99 | .99 | | | | | | | .04 |
| - Retina | 1.36 | 1.36 | 1.36 | 1.36 | | | | | | | |
| Oral Surgery | 21.02 | 13.74 | 13.74 | 11.74 | | | 2.01 | | | | 7.28 |
| Orthopaedic surgery | 19.56 | 14.13 | 14.13 | 10.85 | 2.08 | | 2.95 | .33 | | | 3.35 |
| - Pediatrics | .08 | | | | .08 | | | | | | |
| Otolaryngology | 11.23 | 5.13 | 5.13 | 3.13 | 1.00 | 3.00 | | 2.01 | | | 2.10 |
| Pathology | 10.86 | 9.27 | 9.27 | 9.27 | .50 | 1.01 | | | | | .08 |
| - Cytopathology | 1.00 | 1.00 | 1.00 | 1.00 | | | | | | | |
| - Forensic | 1.00 | | | | | | | | | | 1.00 |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2004
# Louisiana State University Health Sciences Center – New Orleans

| | TOTAL | PUBLIC | HCSD | MCLNO | CHILD | VANO | EKL | UMC | AOMC | TOURO | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Pediatrics | 51.44 | 21.82 | 21.82 | 21.69 | 29.08 | | .13 | | | | .54 |
| - Allergy, immunology | 2.34 | 2.01 | 2.01 | 2.01 | .34 | | | | | | |
| - Special Fellow | 2.25 | | | | 1.84 | | | | | | .41 |
| - Gastroenterology | 3.01 | 2.01 | 2.01 | 2.01 | .75 | | | | | | .25 |
| - Hematology and oncology | 2.01 | 1.00 | 1.00 | 1.00 | 1.00 | | | | | | |
| - Infectious diseases | 1.82 | .99 | .99 | .99 | | | | | | | .83 |
| -Neonatal-perinatal | 1.61 | .76 | .76 | .76 | .86 | | | | | | |
| Physical medicine and rehabilitation | 21.62 | 10.97 | 10.97 | 10.97 | | 3.49 | | | 2.49 | 2.88 | 1.79 |
| - Musculoskeletal | 2.01 | 1.68 | 1.68 | 1.68 | | .32 | | | | | |
| Psychiatry | 31.50 | 18.51 | 18.51 | 18.51 | | | | | 11.66 | .16 | 1.17 |
| - Forensic | .67 | .67 | .67 | .67 | | | | | | | |
| Psychiatry, Child | 5.60 | 5.60 | 5.60 | 5.60 | | | | | | | |
| Radiology | 27.40 | 21.88 | 21.88 | 21.88 | 1.00 | 4.35 | | | | | .17 |
| - Abdominal imaging | 2.01 | | | | | | | | | | 2.01 |
| - Musculoskeletal | .25 | | | | | | | | | | .25 |
| - Neuroradiology | 1.42 | 1.00 | 1.00 | 1.00 | | | | | | | .41 |
| - Thoracic | 1.00 | | | | | | | | | | 1.00 |
| Surgery | 53.42 | 36.09 | 36.09 | 24.69 | 2.69 | 8.03 | 6.09 | 5.31 | 1.00 | | 5.61 |
| -Plastic Microsurgery | .96 | | | | | | | | | | .96 |
| - Vascular surgery | 2.01 | 1.00 | 1.00 | 1.00 | | 1.01 | | | | | |
| Surgery, Plastic | 4.01 | 3.01 | 3.01 | 3.01 | | 1.00 | | | | | |
| Thoracic surgery | 2.01 | 2.01 | 2.01 | 2.01 | | | | | | | |
| Medicine/Pediatrics | 28.91 | 26.44 | 26.44 | 26.36 | | | .08 | | | 1.01 | 1.46 |
| Internal medicine/Emergency medicine | 8.70 | 7.54 | 7.54 | 7.54 | .41 | | | | | .25 | .50 |
| Internal medicine/Physical medicine rehabilitation | 3.98 | 2.99 | 2.99 | 2.99 | | .18 | | | | .48 | .33 |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2004
# Louisiana State University Health Sciences Center – New Orleans

| | TOTAL | PUBLIC | HCSD | MCLNO | CHILD | VANO | EKL | UMC | AOMC | TOURO | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Primary Care Residents | 208.52 | 131.60 | 131.60 | 116.50 | 29.08 | 0.00 | 9.37 | 3.52 | 0.00 | 7.20 | 42.85 |
| % Residents and Fellows in Primary Care | 31.96% | 30.24% | 30.52% | 29.64% | 64.09% | 0.00% | 37.96% | 31.52% | 0.00% | 42.60% | 43.53% |
| % Residents in Primary Care | 37.49% | 34.87% | 35.24% | 34.74% | 73.63% | 0.00% | 37.96% | 31.52% | 0.00% | 55.84% | 55.49% |
| Total Residents | 556.24 | 377.39 | 373.38 | 335.33 | 39.50 | 30.85 | 24.69 | 11.16 | 24.61 | 12.89 | 77.22 |
| Total Fellows | 96.19 | 54.74 | 57.74 | 57.74 | 5.88 | 1.33 | 0.00 | 0.00 | 6.02 | 4.01 | 21.22 |
| Total Residents and Fellows | 652.43 | 435.13 | 431.12 | 393.07 | 45.38 | 32.18 | 24.69 | 11.16 | 30.63 | 16.90 | 98.44 |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2004
# Louisiana State University Health Sciences Center – Earl K. Long Medical Center – Baton Rouge

| SPECIALTIES | TOTAL | PUBLIC | HCSD | EKL | BRG | OLOL | OTHER |
|---|---|---|---|---|---|---|---|
| Emergency medicine | 35.47 | 15.04 | 15.04 | 15.04 | 19.83 | | |
| Internal medicine | 34.36 | 32.83 | 32.83 | 32.83 | .98 | | .48 |
| Primary Care Residents | 34.36 | 32.83 | 32.83 | 32.83 | 0.98 | | .92 |
| % Residents and Fellows in Primary Care | 49.21% | 68.58% | 68.58% | 68.58% | 4.70% | | 100% |
| % Residents in Primary Care | 49.21% | 68.58% | 68.58% | 68.58% | 4.70% | | 100% |
| Total Residents | 69.83 | 47.87 | 47.87 | 47.87 | 20.81 | | .92 |
| Total Fellows | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| Total Residents and Fellows | 69.83 | 47.87 | 47.87 | 47.87 | 20.81 | | .92 |

Louisiana State University Health Sciences Center – University Medical Center – Lafayette
Graduate Medical Education Filled Positions by Specialty – Fiscal 2004

| | TOTAL | PUBLIC | HCSD | UMC | LAFGENMED | OTHER |
|---|---|---|---|---|---|---|
| Family medicine | 23.31 | 22.46 | 22.46 | 22.46 | 0.00 | 0.85 |
| Internal medicine | 23.27 | 22.46 | 22.46 | 22.46 | 0.00 | 0.63 |
| Primary Care Residents | 46.58 | 45.10 | 45.10 | 45.10 | 0.00 | 1.48 |
| % Residents and Fellows in Prim | 100.00% | 100.00% | 100.00% | 100.00% | #Num! | 100.00% |
| % Residents in Primary Care | 100.00% | 100.00% | 100.00% | 100.00% | #Num! | 100.00% |
| Total Residents | 46.58 | 45.10 | 45.10 | 45.10 | 0.00 | 1.41 |
| Total Fellows | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Residents and Fellows | 46.58 | 45.10 | 45.10 | 45.10 | 0.00 | 1.41 |

Tulane Medical Center
Graduate Medical Education Filled Positions by Specialty – Fiscal 2004

| | TOTAL | PUBLIC | HCSD | TMC | AOMC | HPL | MCLNO | TOURO | VAB | VANO | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Anesthesiology | 31.71 | 2.17 | 2.17 | 25.03 | | | 2.17 | | | 1.83 | 2.68 |
| Dermatology | 12.75 | 9.75 | 9.75 | 1.00 | 1.00 | | 9.75 | | 1.00 | | |
| Internal medicine | 89.75 | 30.58 | 30.58 | 12.00 | | | 30.58 | | | 47.17 | |
| - Allergy, immunology | 4.00 | 4.00 | 4.00 | | | | 4.00 | | | | |
| - Cardiology | 16.50 | 8.08 | 8.08 | 4.42 | | | 8.08 | | | 4.00 | |
| - Critical Care | 1.00 | .75 | .75 | .25 | | | .75 | | | | |
| - Endocrinology | 3.08 | 1.08 | 1.08 | 1.00 | | | 1.08 | | | 1.00 | |
| - Gastroenterology | 7.50 | 3.00 | 3.00 | 2.50 | | | 3.00 | | | 2.00 | |
| - Geriatric medicine | 4.00 | | | | | | | | | 4.00 | |
| - Hematology and oncology | 5.83 | 3.50 | 3.50 | | | | 3.50 | | | .83 | |
| - Infectious disease | 3.17 | 3.00 | 3.00 | 1.50 | | | 3.00 | | | .17 | |
| - Nephrology | 7.00 | 3.50 | 3.50 | .50 | | | 3.50 | | | 2.00 | |
| - Pulmonary disease and critical care | 8.96 | 3.96 | 3.96 | 2.00 | | | 3.96 | | | 3.00 | |
| Neurology | 13.67 | 5.67 | 5.67 | 3.83 | .58 | | 5.67 | | | 3.58 | |
| Neurological surgery | 4.83 | 3.00 | 3.00 | 1.29 | | | 3.00 | | | | |
| Obstetrics and gynecology | 31.67 | 25.25 | 25.25 | 3.67 | | 4.00 | 21.25 | 2.00 | | .54 | .75 |
| Ophthalmology | 26.79 | 16.75 | 16.75 | 5.00 | | 1.04 | 14.71 | | 2.00 | 2.00 | 2.04 |
| Orthopaedic surgery | 25.17 | 9.50 | 9.50 | 9.67 | | | 9.50 | | | 4.00 | 2.00 |
| - Sports medicine | 1.00 | .50 | .50 | .50 | | | .50 | | | | |
| Otolaryngology | 12.00 | 4.00 | 4.00 | 2.00 | 4.00 | | 4.00 | | 2.00 | | |
| Pathology | 15.06 | 11.97 | 11.97 | 4.08 | | | 11.97 | | | | |
| Pediatrics | 44.88 | 20.96 | 20.96 | 16.58 | 7.33 | | 20.96 | | | | |
| - Cardiology | 3.25 | 2.00 | 2.00 | 1.25 | | | 2.00 | | | | |
| - Genetics | 2.00 | 2.00 | 2.00 | | | | 2.00 | | | | |
| - Infectious diseases | 2.88 | 2.88 | 2.88 | | | | 2.88 | | | | |
| - Pulmonary | 2.00 | 2.00 | 2.00 | | | | 2.00 | | | | |
| Preventive medicine | .33 | | | | | | | | | .25 | .08 |
| Psychiatry | 28.57 | 16.61 | 16.61 | 6.17 | | | 16.61 | | | 5.79 | |
| Psychiatry, child | 3.08 | 1.75 | 1.75 | 1.33 | | | 1.75 | | | | |
| Radiology | 16.00 | .92 | .92 | 12.00 | | | .92 | 1.00 | | 1.08 | 1.00 |
| Surgery | 39.42 | 25.83 | 25.83 | 13.25 | | 2.81 | 23.03 | .33 | | | |
| - Critical care surgery | 1.00 | 1.00 | 1.00 | | | | 1.00 | | | | |
| - Laparoscopic | 1.00 | 1.00 | 1.00 | | | | 1.00 | | | | |
| Urology | 8.00 | 2.00 | 2.00 | 2.50 | | | 2.00 | | | 2.50 | 1.00 |
| Transitional year | 11.08 | 11.08 | 11.08 | | | | 11.08 | | | | |
| Medicine/Pediatrics | 7.00 | 7.00 | 7.00 | | | | 7.00 | | | | |

Tulane Medical Center
Graduate Medical Education Filled Positions by Specialty – Fiscal 2004

| | TOTAL | PUBLIC | HCSD | TMC | AOMC | HPL | MCLANO | TOURO | VAB | VANO | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Primary Care Residents | 173.29 | 83.79 | 83.79 | 32.25 | 7.33 | 4.00 | 79.79 | 2.00 | 0.00 | 47.17 | 0.75 |
| % Residents and Fellows in Primary Care | 34.87% | 33.92% | 33.92% | 24.01% | 56.77% | 97.16% | 33.50% | 60.05% | 0.00% | 55.00% | 7.85% |
| % Residents in Primary Care | 40.99% | 40.92% | 40.92% | 27.01% | 56.77% | 97.16% | 40.72% | 60.05% | 0.00% | 0.00% | 7.85% |
| | | | | | | | | | | | |
| Total Residents | 422.75 | 204.79 | 204.79 | 119.40% | 12.92 | 7.85 | 195.94 | 3.33 | 5.00 | 68.75 | 9.56 |
| Total Fellows | 74.17 | 42.25 | 42.25 | 14.92 | 0.00 | 0.00 | 42.25 | 0.00 | 0.00 | 17.00 | 0.00 |
| Total Residents and Fellows | 496.92 | 247.08 | 247.04 | 134.32 | 12.92 | 7.85 | 238.19 | 3.33 | 5.00 | 85.75 | 9.56 |

Ochsner Clinic Foundation
Graduate Medical Education Filled Positions by Specialty – Fiscal 2004

| Specialties | TOTAL | PUBLIC | HCSD | AOMC | MCLNO | LJC | ALL OTHER |
|---|---|---|---|---|---|---|---|
| Anesthesiology | 13.96 | .32 | .32 | 13.64 | .32 | | |
| Internal medicine | 55.12 | .57 | .57 | 54.40 | | .57 | .15 |
| - Cardiology | 19.49 | | | 19.49 | | | |
| - Endocrinology | 2.00 | | | 2.00 | | | |
| - Gastroenterology | 6.00 | | | 6.00 | | | |
| - Hepatology | 1.00 | | | 1.00 | | | |
| - Infectious disease | 2.00 | | | 2.00 | | | |
| - Oncology | 1.99 | | | 1.91 | | | .08 |
| - Rheumatology | 2.00 | | | 2.00 | | | |
| Obstetrics and gynecology | 15.08 | 6.77 | 6.77 | 8.31 | | 6.77 | |
| - Retina | 1.00 | | | 1.00 | | | |
| Orthopaedic surgery | 9.43 | 1.99 | 1.99 | 6.70 | | 1.99 | .74 |
| Radiology | 20.45 | | | 20.45 | | | |
| - MRI | 1.00 | | | 1.00 | | | |
| Surgery | 30.43 | 5.91 | 5.91 | 23.53 | 1.00 | 4.92 | .99 |
| - Colon & Rectal | 3.00 | | | 3.00 | | | |
| - Vascular surgery | 1.10 | | | 1.10 | | | |
| Thoracic surgery | 2.00 | | | 2.00 | | | |
| Urology | 7.94 | 2.98 | 2.98 | 3.97 | 2.98 | | 1.00 |
| Primary Care Residents | 70.21 | 7.34 | 7.34 | 62.71 | 0.00 | 7.34 | 0.15 |
| % Residents and Fellows in Primary Care | 36.00% | 39.59% | 39.59% | 36.15% | 0.00% | 51.52% | 5.09% |
| % Residents in Primary Care | 45.47% | 39.59% | 39.59% | 47.16% | 0.00% | 51.52% | 5.23% |
| Total Residents | 154.42 | 18.55 | 18.55 | 132.99 | 4.29 | 14.25 | 2.88 |
| Total Fellows | 40.59 | 0.00 | 0.00 | 40.50 | 0.00 | 0.00 | 0.08 |
| Total Residents and Fellows | 195.00 | 18.55 | 18.55 | 173.50 | 4.29 | 14.25 | 2.96 |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2004
# Louisiana State University Health Sciences Center – Shreveport

| | TOTAL | PUBLIC | HCSD | LSUSHR | OBVA | EAC | RAPIDES | LC | WK | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|
| Anesthesiology | 23.08 | 19.42 | | 19.42 | 3.67 | | | | | |
| - Pain management | 1.75 | 1.75 | | 1.75 | | | | | | |
| Dermatology | 2.00 | 2.00 | | 2.00 | | | | | | |
| Family medicine | 57.83 | 34.58 | 20.25 | 14.33 | 1.33 | 20.25 | 18.00 | | | 3.92 |
| Internal medicine | 52.92 | 43.63 | | 43.63 | 8.54 | | | | .75 | |
| - Allergy, immunology | 4.08 | 4.08 | | 4.08 | | | | | | |
| - Cardiology | 10.00 | 7.17 | | 7.17 | 2.83 | | | | | |
| - Critical Care | 3.25 | 3.25 | | 3.25 | | | | | | |
| - Endocrinology | 1.83 | .88 | | .88 | .96 | | | | | |
| - Hematology and oncology | 11.00 | 9.92 | | 9.92 | 1.08 | | | | | |
| - Infectious disease | 2.17 | 1.46 | | 1.46 | .71 | | | | | |
| - Nephrology | 4.25 | 3.25 | | 3.25 | .42 | | | | .58 | |
| - Pulmonary disease and critical care | 6.00 | 3.83 | | 3.83 | 2.17 | | | | | |
| - Rheumatology | 2.25 | 1.25 | | 1.25 | 1.00 | | | | | |
| Neurological surgery | 10.33 | 5.25 | | 5.25 | .08 | | | | | 5.00 |
| Obstetrics and gynecology | 21.58 | 21.50 | 4.75 | 16.75 | .08 | 4.75 | | | | |
| Ophthalmology | 7.96 | 6.00 | 1.00 | 5.00 | 1.96 | 1.00 | | | | |
| Oral Surgery | 9.00 | 9.00 | | 9.00 | | | | | | |
| Orthopaedic surgery | 18.58 | 11.58 | | 11.58 | 2.00 | | | | | 5.00 |
| Otolaryngology | 8.00 | 6.00 | | 6.00 | 2.00 | | | | | |
| Pathology | 10.00 | 10.00 | | 10.00 | | | | | | |
| - Fellow | 1.00 | 1.00 | | 1.00 | | | | | | |
| - Cytopathology | 1.00 | 1.00 | | 1.00 | | | | | | |
| Pediatrics | 22.00 | 22.00 | | 22.00 | | | | | | |
| - Neonatal-perinatal | 4.00 | 3.42 | | 3.42 | .42 | | | | .17 | |
| Psychiatry | 14.33 | 13.83 | | 13.83 | .50 | | | | | |
| Radiology | 12.17 | 12.17 | | 12.17 | | | | | | |
| Surgery | 30.92 | 25.67 | 4.75 | 20.92 | 3.17 | 4.75 | | | 2.08 | |
| Surgery Plastic | 1.00 | 1.00 | | 1.00 | | | | | | |
| Urology | 8.00 | 4.00 | | 4.00 | 2.00 | | | | 2.00 | |
| Medicine/Pediatrics | 7.58 | 7.00 | | 7.00 | .58 | | | | | |

Graduate Medical Education Filled Positions by Specialty – Fiscal 2004
Louisiana State University Health Sciences Center – Shreveport

| | TOTAL | PUBLIC | HCSD | LSUSHR | OBVA | EAC | RAPIDES | WK | OTHER |
|---|---|---|---|---|---|---|---|---|---|
| Primary Care Residents | 161.92 | 128.71 | 25.00 | 103.71 | 10.54 | 25.00 | 18.00 | .75 | 3.92 |
| % Residents and Fellows in Primary Care | 43.78% | 43.35% | 81.30% | 38.97% | 29.69% | 81.30% | 100.00% | 13.43% | 28.14% |
| % Residents in Primary Care | 51.03% | 50.55% | 81.30% | 46.32% | 40.68% | 81.30% | 100.00% | 15.52% | 28.14% |
| Total Residents | 317.29 | 254.63% | 30.75 | 223.88 | 25.92 | 30.75 | 18.00 | 4.83 | 13.92 |
| Total Fellows | 52.58 | 42.25 | 0.00 | 42.25 | 9.58 | 0.00 | 0.00 | 0.75 | 0.00 |
| Total Residents and Fellows | 369.88 | 296.88 | 30.75 | 266.13 | 35.50 | 30.75 | 18.00 | 5.58 | 13.92 |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2004
# Baton Rouge General Medical Center

| | TOTAL | PUBLIC | HSCD | BRG |
|---|---|---|---|---|
| Family medicine | 17.00 | 0.00 | 0.00 | 17.00 |
| Primary Care Residents | 17.00 | 0.00 | 0.00 | 17.00 |
| % Residents and Fellows in Prim | 100.00% | | | 100.00% |
| % Residents in Primary Care | 100.00% | | | 100.00% |
| Total Residents | 17.00 | 0.00 | 0.00 | 17.00 |
| Total Fellows | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Residents and Fellows | 17.00 | 0.00 | 0.00 | 17.00 |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2004
# East Jefferson Memorial Hospital

| | TOTAL | PUBLIC | HCSD | EJEFF | MCLNO | CHILD |
|---|---|---|---|---|---|---|
| Family medicine | 13.75 | 0.42 | 0.42 | 12.67 | 0.42 | 0.67 |
| Primary Care Residents | 13.75 | 0.42 | 0.42 | 12.67 | 0.42 | 0.67 |
| % Residents and Fellows in Primary Care | 100.00% | 0.42 | 0.42 | 100.00% | 100.00% | 100.00% |
| % Residents in Primary Care | 100.00% | 0.42 | 0.42 | 100.00% | 100.00% | 100.00% |
| Total Residents | 13.75 | 0.42 | 0.42 | 12.67 | 0.42 | 0.67 |
| Total Fellows | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Residents and Fellows | 13.75 | 0.42 | 0.42 | 12.67 | 0.42 | 0.67 |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2004
## Specialty and Institution Summary

| | TOTAL | LSUNO | LSUSHR | TULANE | OCHSNER | EKL | UMC | EJEFF | BRG |
|---|---|---|---|---|---|---|---|---|---|
| Anesthesiology | 68.75 | | 23.08 | 31.71 | 13.96 | | | | |
| - Pain management | 1.75 | | 1.75 | | | | | | |
| Dermatology | 37.91 | 20.92 | 2.00 | 12.75 | | | | | |
| Dentistry | 11.43 | 11.43 | | | | | | | |
| - Advanced | 8.68 | 8.68 | | | | | | | |
| Emergency medicine | 86.92 | 51.45 | | | | 35.47 | | | |
| Family medicine | 149.87 | 37.97 | 57.83 | | | | 23.31 | 13.75 | 17.00 |
| Internal medicine | 310.35 | 54.93 | 52.92 | 89.75 | 55.12 | 34.36 | 23.27 | | |
| Allergy, immunology | 12.09 | 4.01 | 4.08 | 4.00 | | | | | |
| - Cardiology | 58.03 | 12.03 | 10.00 | 16.50 | 19.49 | | | | |
| - Critical Care | 4.25 | | 3.25 | 1.00 | | | | | |
| - Endocrinology | 8.76 | 1.84 | 1.83 | 3.08 | 2.00 | | | | |
| - Gastroenterology | 19.71 | 6.21 | | 7.50 | 6.00 | | | | |
| - Geriatric medicine | 4.00 | | | 4.00 | | | | | |
| - Hematology and oncology | 23.35 | 6.52 | 11.00 | 5.83 | | | | | |
| - Hepatology | 1.00 | | | | 1.00 | | | | |
| - Infectious disease | 11.51 | 4.18 | 2.17 | 3.17 | 2.00 | | | | |
| - Nephrology | 17.27 | 6.02 | 4.25 | 7.00 | | | | | |
| - Oncology | 1.99 | | | | 1.99 | | | | |
| - Pulmonary disease and critical | 24.82 | 9.86 | 6.00 | 8.96 | | | | | |
| - Rheumatology | 6.26 | 2.01 | 2.25 | | 2.00 | | | | |
| Neurology | 24.36 | 10.69 | | 13.67 | | | | | |
| - Neurology EEG | 1.00 | 1.00 | | | | | | | |
| - Neurology EMG | 3.01 | 3.01 | | | | | | | |
| - Neurophysiology | 2.00 | 2.00 | | | | | | | |
| - Pediatric Neurology | 1.00 | 1.00 | | | | | | | |
| Neurological surgery | 19.76 | 4.60 | 10.33 | 4.83 | | | | | |
| Obstetrics and gynecology | 103.60 | 35.26 | 21.58 | 31.67 | 15.08 | | | | |
| Ophthalmology | 60.23 | 25.48 | 7.96 | 26.79 | | | | | |
| - Cornea | 1.02 | 1.02 | | | 1.00 | | | | |
| - Retina | 2.36 | 1.36 | | | | | | | |
| Oral surgery | 30.02 | 21.02 | 9.00 | | | | | | |
| Orthopaedic surgery | 72.75 | 19.56 | 18.58 | 25.17 | 9.43 | | | | |
| - Pediatrics | 0.08 | 0.08 | | | | | | | |
| - Sports medicine | 1.00 | | | 1.00 | | | | | |

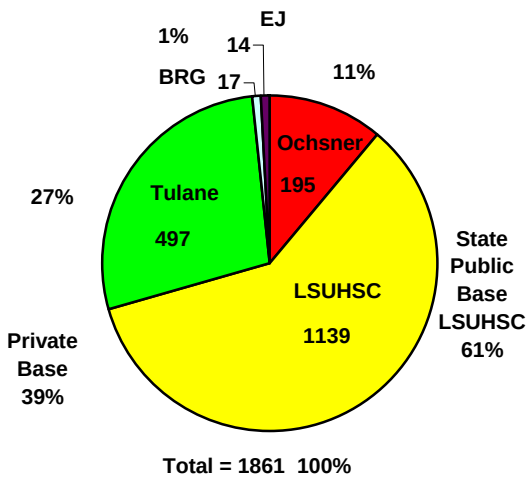
# Graduate Medical Education Filled Positions by Specialty – Fiscal 2004
## Specialty and Institution Summary

| | TOTAL | LSUNO | LSUSHR | TULANE | OCHSNER | EKL | UMC | EJEFF | BRG |
|---|---|---|---|---|---|---|---|---|---|
| Otolaryngology | 31.23 | 11.23 | 8.00 | 12.00 | | | | | |
| Pathology | 36.92 | 10.86 | 10.00 | 16.06 | | | | | |
| - Fellow | 1.00 | | 1.00 | | | | | | |
| - Cytopathology | 2.00 | 1.00 | 1.00 | | | | | | |
| Pediatrics | 118.32 | 51.44 | 22.00 | 44.88 | | | | | |
| - Allergy, immunology | 2.34 | 2.34 | | | | | | | |
| - Cardiology | 3.25 | | | 3.25 | | | | | |
| - Special Fellow | 2.25 | 2.25 | | | | | | | |
| - Gastroenterology | 3.01 | 3.01 | | | | | | | |
| - Genetics | 2.00 | | | 2.00 | | | | | |
| - Hematology and oncology | 2.01 | 2.01 | | | | | | | |
| - Infectious diseases | 4.69 | 1.82 | | 2.88 | | | | | |
| - Neonatal-perinatal | 5.61 | 1.61 | 4.00 | | | | | | |
| - Pulmonary | 2.00 | | | 2.00 | | | | | |
| Physical medicine and rehabilitation | 21.62 | 21.62 | | | | | | | |
| - Musculoskeletal | 2.01 | 2.01 | | | | | | | |
| Preventive medicine | 0.33 | | | 0.33 | | | | | |
| Psychiatry | 74.41 | 31.50 | 14.33 | 28.57 | | | | | |
| - Forensic | 0.67 | 0.67 | | | | | | | |
| Psychiatry, Child | 8.69 | 5.60 | | 3.08 | | | | | |
| Radiology | 76.01 | 27.40 | 12.17 | 16.00 | 20.45 | | | | |
| - Abdominal imaging | 2.01 | 2.01 | | | | | | | |
| - MRI | 1.00 | | | | 1.00 | | | | |
| - Musculoskeletal | 0.25 | 0.25 | | | | | | | |
| - Neuroradiology | 1.42 | 1.42 | | | | | | | |
| Surgery | 154.19 | 53.42 | 30.92 | 39.42 | 30.43 | | | | |
| - Critical Care Surgery | 1.00 | | | 1.00 | | | | | |
| - Colon & Rectal | 3.00 | | | | 3.00 | | | | |
| - Laproscopic | 1.00 | | | 1.00 | | | | | |
| - Plastic Microsurgery | 0.96 | 0.96 | | | | | | | |
| - Vascular surgery | 3.10 | 2.01 | | | 1.10 | | | | |
| Surgery, Plastic | 5.01 | 4.01 | 1.00 | | | | | | |
| Thoracic surgery | 4.00 | 2.01 | | | 2.00 | | | | |
| Urology | 23.94 | | 8.00 | 8.00 | 7.94 | | | | |
| Transitional year | 11.08 | | | 11.08 | | | | | |
| Medicine/Pediatrics | 43.50 | 28.91 | 7.58 | 7.00 | | | | | |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2004
## Specialty and Institution Summary

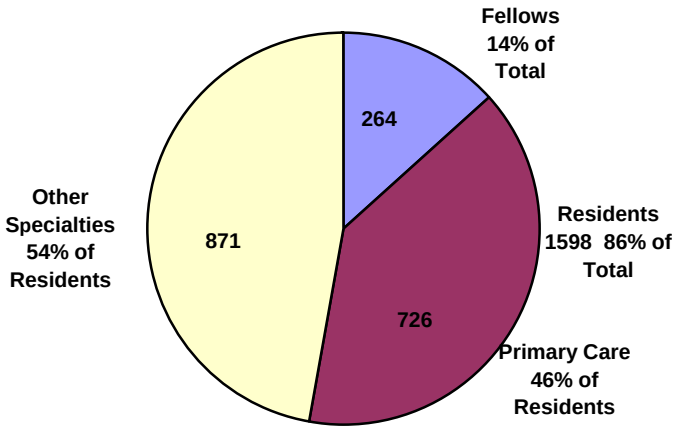
| | TOTAL | LSUNO | LSUSHR | TULANE | OCHSNER | EKL | UMC | EJEFF | BRG |
|---|---|---|---|---|---|---|---|---|---|
| Internal medicine/Emergency medicine | 8.70 | 8.70 | | | | | | | |
| Internal medicine/Physical medicine | 3.98 | 3.98 | | | | | | | |
| Primary Care Residents | 725.62 | 208.52 | 161.92 | 173.29 | 70.21 | 34.36 | 46.58 | 13.75 | 17.00 |
| % Residents and Fellows in Primary Care | 38.98% | 31.96% | 43.78% | 34.87% | 36.00% | 49.21% | 100.00% | 100.00% | 100.00% |
| % Residents in Primary Care | 45.41% | 37.49% | 51.03% | 40.99% | 45.47% | 49.21% | 100.00% | 100.00% | 100.00% |
| Total Residents | 1597.86% | 556.24 | 317.29 | 422.75 | 154.42 | 69.83 | 46.58 | 13.75 | 17.00 |
| Total Fellows | 263.53 | 96.19 | 52.58 | 74.17 | 40.59 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Residents and Fellows | 1861.38 | 652.43 | 369.88 | 496.92 | 195.00 | 69.83 | 46.58 | 13.75 | 17.00 |

## 2004 GME IN LOUISIANA INSTITUTIONAL PROGRAMS BASE



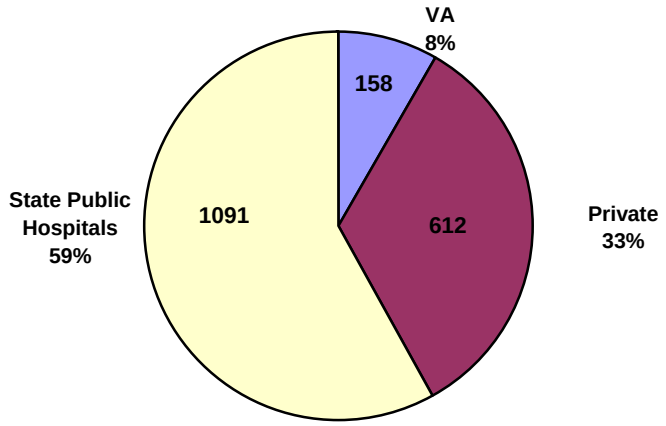

Total = 1861 100%

## 2004 GME IN LOUISIANA RESIDENTS AND FELLOWS



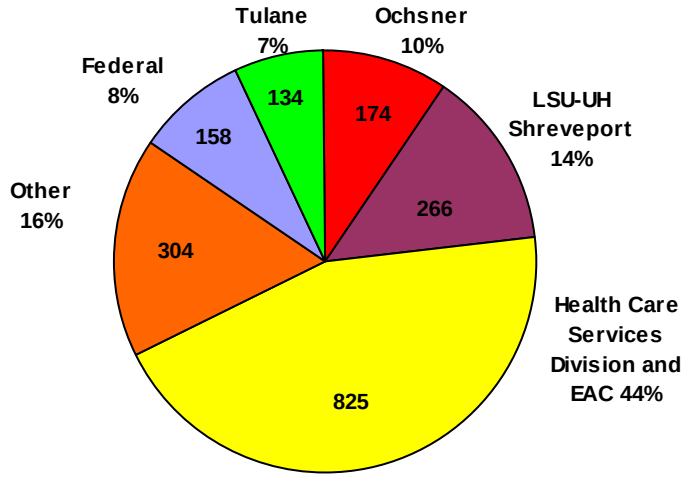

TOTAL GME = 1861

## 2004 GME IN LOUISIANA HOSPITAL DISTRIBUTION



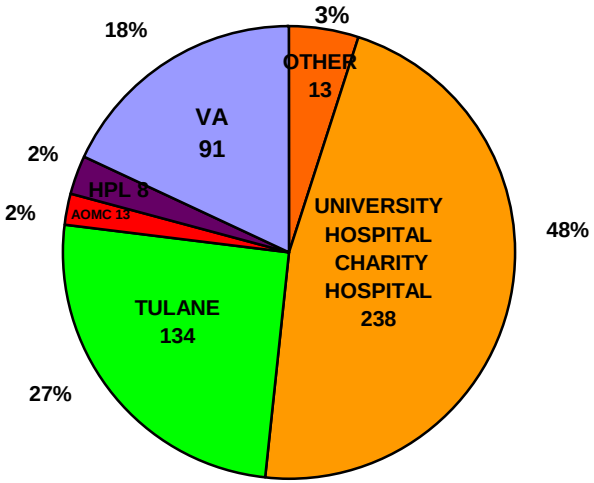

TOTAL 1861 = 100%

## 2004 GME HOSPITALS



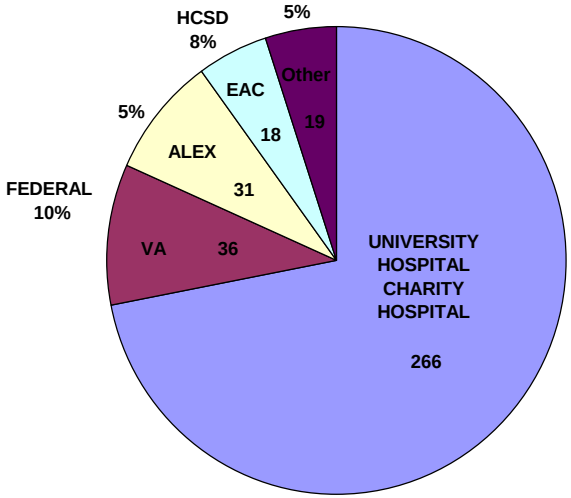

TOTAL 1861 = 100%

## 2004 TULANE GME



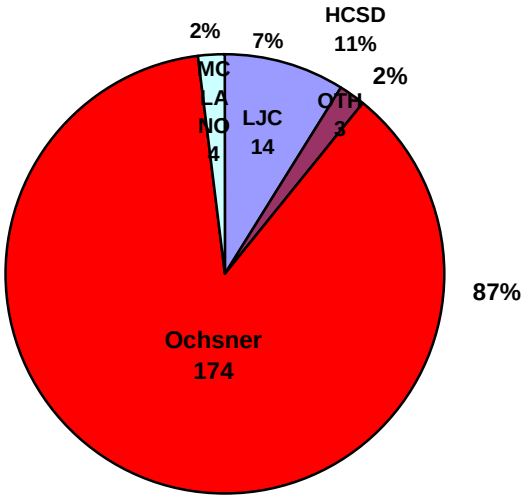

TOTAL 497 = 100%

## 2004 LSUSM-SHREVEPORT GME HOSPITALS



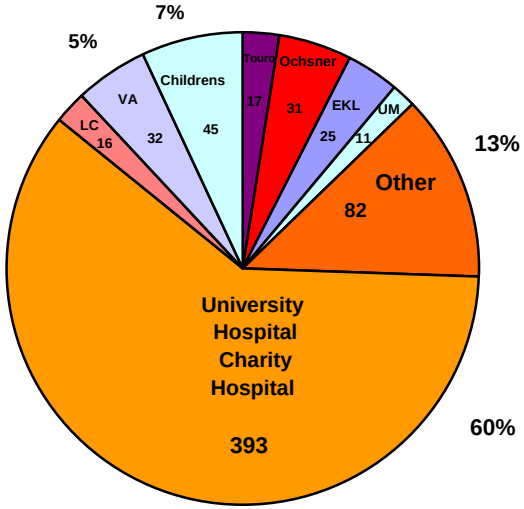

TOTAL 370 = 100%

## 2004 OCHSNER GME HOSPITALS




TOTAL 195 = 100%

## 2004 LSUHSC-NO GME Hospitals




TOTAL 652 = 100%

# MEC Stipend Strategy

The Medical Education Commission has established as a major financial priority, ongoing and each year, the recommendation to increase GME stipends. This principle is to stay current and meet or exceed the COTH Southern Regional Average. The purpose is for the continuing recruitment and retention of the best and brightest current applications for the institutions and HCSD GME programs to fulfill the workforce and workload requirements as the lifeblood of future commitments for GME in Louisiana.

The data sheet, comparing Resident Pay Scales to COTH Survey Data, depicts the history, current, and potential proposed stipend increase to Y2005-2006. The parallel and sequential columns show the PGY 1-6 data from prior years.

The 2004-05 column for the MEC scale specifies that these are the amounts for the current year.

The average % change is compared by inspection for the MEC scale and the COTH Southern Regional Average. The proposed 3% increase per year is obviously conservative, and may lag behind for LA.

The timing should be emphasized. The target amounts for PGY 1-6 are an appropriate starting point for calculations and adjustments. The funds to be recommended and to be established for budget proposals will be calculated after July 1, 2004, when this years GME numbers and schedules are available.

Since the stipend increases are proposed for the year following, 2005-06, this continuity depends on the usual, now reasonably established, conservative assumptions on recruitments, matching, appointments, and finance.

# Comparing Resident Pay Scales to AAMC Survey Data

**Medical Education Commission Scale**

| PGY | 1997-98 | 1998-99 | 1999-00 | 2000-01 | 2001-02 | 2002-03 | 2003-04 | 2004-05 | 1997-98 to 2004-05 $ Change | 1997-98 to 2004-05 % Change | Average Annual % Change | Proposed 2005-06 | $ Over/Under Estimated 2005-06 AAMC | % Over/Under Estimated 2005-06 AAMC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1** | $31,045 | $33,132 | $33,351 | $35,352 | $36,413 | $36,413 | $36,413 | $36,413 | $5,368 | 17.29% | 2.47% | $38,598 | $440 | 1.15% |
| **2** | $32,133 | $34,107 | $34,332 | $36,392 | $37,484 | $37,484 | $37,484 | $37,484 | $5,351 | 16.65% | 2.38% | $39,733 | $302 | 0.77% |
| **3** | $33,379 | $35,352 | $35,585 | $37,720 | $38,852 | $38,852 | $38,852 | $38,852 | $5,473 | 16.40% | 2.34% | $41,183 | $232 | 0.57% |
| **4** | $34,803 | $36,781 | $37,024 | $39,245 | $40,422 | $40,422 | $40,422 | $40,422 | $5,619 | 16.15% | 2.31% | $42,847 | $348 | 0.82% |
| **5** | $36,092 | $38,048 | $38,299 | $40,597 | $41,815 | $41,815 | $41,815 | $41,815 | $5,723 | 15.86% | 2.27% | $44,324 | ($171) | -0.38% |
| **6** | $37,614 | $39,712 | $39,974 | $42,372 | $43,643 | $43,643 | $43,643 | $43,643 | $6,029 | 16.03% | 2.29% | $46,262 | ($338) | -0.73% |

**AAMC Southern Regional Average**

| PGY | 1997-98 | 1998-99 | 1999-00 | 2000-01 | 2001-02 | 2002-03 | 2003-04 | Estimated 2004-05 | 1997-98 to 2003-04 $ Change | 1997-98 to 2003-04 % Change | Average Annual % Change | Estimated 2005-06 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1** | $31,861 | $32,872 | $33,887 | $34,397 | $35,552 | $36,387 | $36,405 | $37,271 | $4,544 | 14.26% | 2.38% | $38,158 |
| **2** | $32,945 | $34,080 | $35,001 | $35,453 | $36,665 | $37,559 | $37,626 | $38,518 | $4,681 | 14.21% | 2.37% | $39,431 |
| **3** | $34,192 | $35,380 | $36,336 | $36,575 | $38,010 | $38,905 | $39,069 | $39,999 | $4,877 | 14.26% | 2.38% | $40,951 |
| **4** | $35,558 | $36,649 | $37,789 | $38,151 | $39,625 | $40,421 | $40,570 | $41,523 | $5,012 | 14.10% | 2.35% | $42,499 |
| **5** | $36,848 | $38,021 | $39,133 | $39,565 | $41,223 | $42,132 | $42,359 | $43,414 | $5,511 | 14.96% | 2.49% | $44,495 |
| **6** | $38,211 | $39,394 | $40,581 | $40,946 | $42,167 | $43,881 | $44,242 | $45,406 | $6,031 | 15.78% | 2.63% | $46,600 |

1. **AAMC regional means are available through 2003-04.**
2. **The AAMC means for 2004-05 and 2005-06 are estimated by adding the average increase from 1997-98 to 2003-04 to the 2003-04 Regional Average and then the 2004-05 Estimated Average.**
3. **The proposed MEC scale for FY 2005-06 is a 6% increase over the current fiscal year.**

# Historical MEC Stipend Levels

| | HO I | HO II | HO III | HO IV | HO V | HO VI |
|---|---|---|---|---|---|---|
| **1979-80** | $13,193 | $13,941 | $14,680 | $15,433 | $16,106 | $ - |
| **1980-81** | $14,097 | $14,891 | $15,716 | $16,593 | $17,273 | $ - |
| **1981-82** | $15,024 | $15,804 | $16,695 | $17,520 | $18,475 | $ - |
| **1982-83** | $16,866 | $17,807 | $18,716 | $19,656 | $20,457 | $20,932 |
| **1983-84** | $16,866 | $17,807 | $18,716 | $19,656 | $20,457 | $20,932 |
| **1984-85** | $16,866 | $17,807 | $18,716 | $19,656 | $20,457 | $20,932 |
| **1985-86** | $16,866 | $17,807 | $18,716 | $19,656 | $20,457 | $20,932 |
| **1986-87** | $17,709 | $18,697 | $19,652 | $20,639 | $21,480 | $21,979 |
| **1987-88** | $17,709 | $18,697 | $19,652 | $20,639 | $21,480 | $21,979 |
| **1988-89** | $20,507 | $21,651 | $22,757 | $23,900 | $24,874 | $25,452 |
| **1989-90** | $21,327 | $22,517 | $23,667 | $24,856 | $25,869 | $26,470 |
| **1990-91** | $21,385 | $22,579 | $23,732 | $24,926 | $25,941 | $26,543 |
| **1991-92** | $28,070 | $27,240 | $28,427 | $29,598 | $30,833 | $31,693 |
| **1992-93** | $28,000 | $29,000 | $30,000 | $31,000 | $32,000 | $33,000 |
| **1993-94** | $29,120 | $30,160 | $31,220 | $32,240 | $33,280 | $34,320 |
| **1994-95** | $29,877 | $30,944 | $32,032 | $33,078 | $34,145 | $35,212 |
| **1995-96** | $29,877 | $30,944 | $32,032 | $33,078 | $34,145 | $35,212 |
| **1996-97** | $29,877 | $30,944 | $32,032 | $33,078 | $34,145 | $35,212 |
| **1997-98** | $31,045 | $32,133 | $33,379 | $34,803 | $36,092 | $37,614 |
| **1998-99** | $33,132 | $34,107 | $35,352 | $36,781 | $38,048 | $39,712 |
| **1999-00** | $33,351 | $34,332 | $35,585 | $37,024 | $38,299 | $39,974 |
| **2000-01** | $35,352 | $36,392 | $37,720 | $39,245 | $40,597 | $42,372 |
| **2001-02** | $36,413 | $37,484 | $38,852 | $40,422 | $41,815 | $43,643 |
| **2002-03** | $36,413 | $37,484 | $38,852 | $40,422 | $41,815 | $43,643 |
| **2003-04** | $36,413 | $37,484 | $38,852 | $40,422 | $41,815 | $43,643 |
| **2004-05** | $36,413 | $37,484 | $38,852 | $40,422 | $41,815 | $43,643 |

***Does not reflect fellow stipends**

# GME Fiscal Notes

The Medical Education Commission has emphasized, for practical reasons, the payment of competitive stipends to residents and fellows. These stipends increase each year on a regular basis; thus to stay current and to compete effectively in recruitment for each next generation of GME we need to meet, at least, the COTH Southern Regional Average. To exceed this benchmark would increase our competitiveness.

There is much more to the finance of Louisiana GME than competitive stipend levels. Fringe benefits are also in this competition. The costs of GME paid by hospitals include the stipends, fringe benefits and costs of faculty supervision, support and administration. The hospitals have additional expenditures within their operation for GME programs, not included in what is paid to residents, fellows, and other institutions. These hospital expenditures are centrally budgeted yearly, and in large part reimbursed from patient care revenues mostly from Medicaid and Medicare.

The institutions that originate and run the GME programs have GME expenditures, the source of most of which comes from the hospitals. These academic centers, however, have costs, additional administrative, support and supervision burdens, that are not reimbursed by any outside source. These costs also increase on a yearly basis, and when practical and possible constitute a clear indication for additional reimbursement.

Other sections of this MEC report provide more information on GME finance. Section V-B on the HCSD, includes the financial aspects related to the hospitals of the Health Care Services Division. The Section V-A on the Process and Structure of GME provides comment on funds for residents and fellows. Sections V-C and V-D inform on the relationships and alerts regarding State and Federal actions.

# Medical Education Commission
# Recommendations

The Medical Education Commission has been formed to make reports and recommendations on Graduate Medical Education (GME), the post M.D. residents and fellows in training in Louisiana. These recommendations are both short and long-term so that yearly and multi-year cycles for GME are programmed. An initial and yearly database is required to develop accurate, recurring information on the numbers, locations, specialties, dependable funds, and distributions for GME in the HCSD. This is a significant and strategic opportunity to serve the health needs in the care and education of the citizens of Louisiana and in the education of health professionals.

## I. Long-term:

### Institutional Commitment:

1) The success of the arrangements between sponsoring institutions and the affiliated state public hospitals and clinics require continuity, stability, and commitment. Continued reciprocal support among academic institutions and the Health Care Services Division (HCSD) must be ongoing. Statue fund reductions in 2003 for the public hospitals have made many difficulties, including making stable plans.
2) The number of patients in the hospitals is large and diverse, and provides a significant opportunity for the number of physicians currently participating in GME within present accreditation standards. The importance of flexibility in management of GME programs at teaching hospitals is emphasized. Decreasing numbers and extensions of GME to network ambulatory sites will be a challenge.

### Workforce Planning:

3) The total numbers in GME in Louisiana are relatively stable and include a strong emphasis on primary care. The increase in primary care GME programs represents a substantial gain and now a plateau to fulfill this specific need.
4) The physician workforce production for Louisiana requires multi-year planning for competitive recruitment and program improvements and adjustments. The manpower planning process must be cognizant of and responsive to changes in concerns of the public and policies of governmental bodies in a timely fashion.
5) Faculty supervision and suitable administrative supports should be provided and coordinated in the context of the GME programs.

**II. Annual:**

1) An annual GME stipend increase each fiscal year, indexed to the COTH Southern Regional Average, is essential. A documented request is made for next year, 2005-2006. The incorporation of these requests into the budget cycle of the State Public Hospitals is necessary.
2) Assurances for the resident match program filled positions, is important in timing and continuity of funding.
3) Adequate funds to support the State Coding hospitals in the educational mission is essential.
4) Present contracts and current working arrangements are in place but may require minor revisions.

**III. Recruitment:**

It is essential to emphasize continually the recruitment of trainees of high quality into Louisiana's programs. Retention of the Physicians who complete them from within the state is important as well.

**IV. Communication:**

Dissemination of information on GME is important and desirable in order to continue the success of the partnership between both the State Public Hospitals and the academic institutions.

# A P P E N D I X

## Data  I: 2003 Report to Compare with 2004

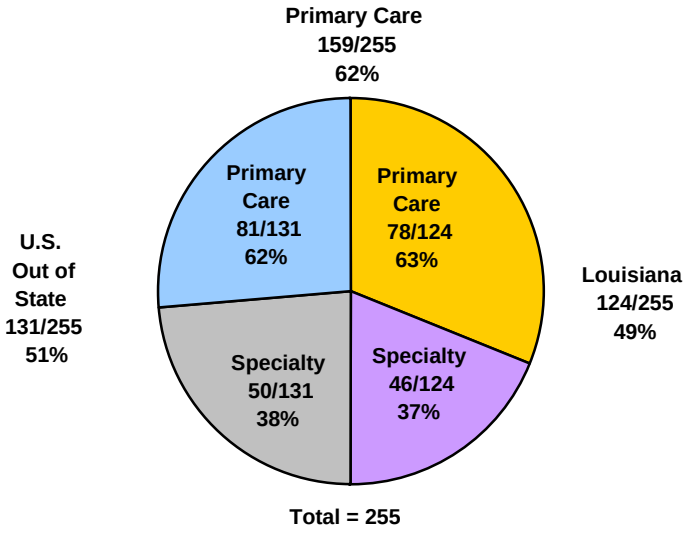
# The Medical Education Commission

# State of Louisiana

# Seventh Annual Report: 2003

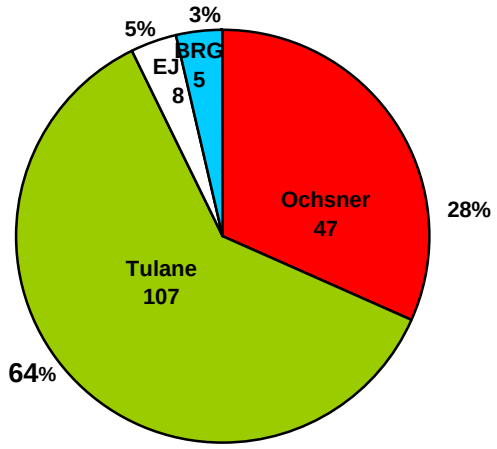
**Members of the Commission:**
**Perry G. Rigby, M.D., Chairman, LSUHSC**
**Edward Foulks, M.D., Tulane Medical Center**
**William W. Pinsky, M.D., Alton Ochsner Medical Foundation**
**Jimmy Guidry, M.D., Department of Health & Hospitals**
**Kurt Braun, Ph.D., Staff Member, Health Care Services Division**

## LSUHSC Seniors Into Residency 2003 Match Results



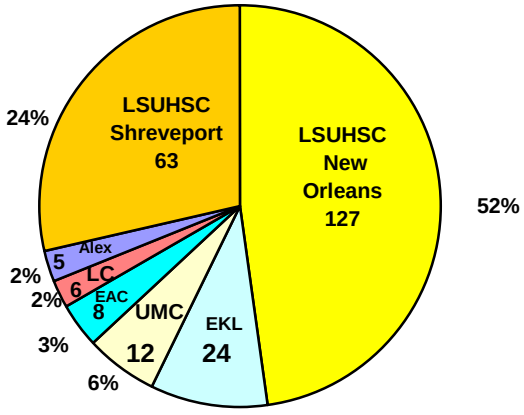

Total = 255

## Louisiana Match 2003 Private Institutional Programs Base



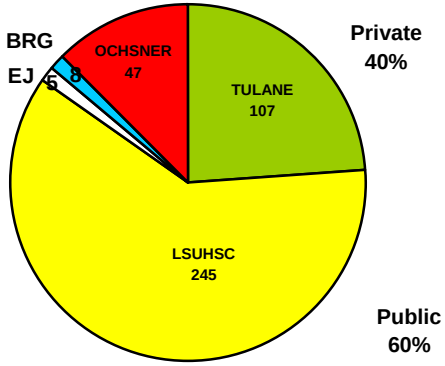

PGY-1 and PGY-2 Filled Positions = 167

## Louisiana Match 2003
## Public Institutional Programs Base




PGY-1 and PGY-2 Filled Positions = 245

## Louisiana Match Results Institutional Program
## Filled Slots PGY-1 and PGY-2 2003




Total 412

**Table I**

## HOSPITAL/INSTITUTIONAL MATCH 2003
## PGY-1 AND PGY-2

| Program | Match 2003 # Sr. Graduates | PGY-1 Quota | PGY-1 Filled | PGY-1 Open | PGY-2 Quota | PGY-2 Filled | PGY-2 Open |
|---|---|---|---|---|---|---|---|
| LSUHSC-New Orleans | 161 | 128 | 127 | 1 | 11 | 11 | 0 |
| Earl K. Long | | 24 | 24 | 0 | | | |
| UMC | | 14 | 12 | 2 | | | |
| Subtotal | | 166 | 163 | 3 | | | |
| LSUHSC-Shreveport | 94 | 64 | 62 | 2 | 3 | 3 | 0 |
| N. Caddo | | 1 | 1 | 0 | | | |
| E.A. Conway | | 8 | 8 | 0 | | | |
| Alexandria | | 5 | 5 | 0 | | | |
| Lake Charles | | 6 | 6 | 0 | | | |
| Subtotal | | 84 | 82 | 2 | | | |
| LSUHSC Total | 255 | 250 | 245 | 5 | | | |
| TULANE | 152 | 108 | 107 | 1 | 11 | 11 | 0 |
| OCHSNER | | 47 | 47 | 0 | | | |
| Baton Rouge General | | 8 | 8 | 0 | | | |
| East Jefferson | | 6 | 5 | 1 | | | |
| Private Total | 152 | 169 | 167 | 2 | | | |
| Louisiana Total | 407 | 419 | 412 | 7 | 25 | 25 | 0 |
| % Filled | | | 99% | | | 100% | |

# Institution Abbreviations

| | |
|---|---|
| **AMOF** | Alton Ochsner Medical Foundation, New Orleans |
| **BRG** | Baton Rouge General Medical Center, Baton Rouge |
| **CHILD** | Children's Hospital, New Orleans, LA |
| **EAC** | E.A. Conway Medical center, Monroe, LA |
| **EJEFF** | East Jefferson General Hospital, Metairie, LA |
| **EKL** | Earl K. Long Medical Center, Baton Rouge, LA |
| **HPL** | Huey P. Long Medical Center, Pineville, LA |
| **LC** | Lake Charles Memorial Hospital, Lake Charles, LA |
| **LSUSHR** | LSU Health Sciences Center-University Hospital, Shreveport, LA |
| **RAPIDES** | Rapides Regional Medical Center, Alexandria, LA |
| **OBVA** | Overton Brooks Veterans Affairs Medical Center, Shreveport, LA |
| **OLOL** | Our Lady of the Lake Regional Medical Center, Shreveport, LA |
| **MCLANO** | Medical Center of Louisiana at New Orleans, LA |
| **NO** | North Oaks Medical Center, Hammond, LA |
| **TOURO** | Touro Infirmary, New Orleans, LA |
| **VAB** | Veterans Affairs Medical Center, Biloxi, MS |
| **VANO** | Veterans Affairs, Medical Center, New Orleans, LA |
| **WK** | Willis-Knighton Medical Center, Shreveport, LA |

State of Louisiana – Public versus Private Hospital Participation
Graduate Medical Education Filled Positions by Specialty – Fiscal 2003

| | TOTAL | PUBLIC | |
|---|---|---|---|
| Anesthesiology | 74.63 | 24.55 | |
| - Pain Management | .50 | .50 | |
| Dermatology | 34.92 | 22.43 | |
| Dentistry | 14.62 | 12.92 | |
| Emergency Medicine | 88.72 | 62.38 | |
| Family Medicine | 149.02 | 60.35 | |
| Internal Medicine | 303.70 | 173.55 | |
| - Allergy, immunology | 6.33 | 5.00 | |
| - Cardiology | 60.94 | 20.54 | |
| - Critical Care | 2.00 | 2.00 | |
| - Endocrinology | 10.00 | 4.00 | |
| - Gastroenterology | 22.72 | 8.00 | |
| - Geriatric medicine | 4.33 | | |
| - Hematology and oncology | 19.09 | 14.36 | |
| - Hepatology | 1.00 | | |
| - Infectious disease | 14.50 | 9.58 | |
| - Nephrology | 19.92 | 11.89 | |
| - Oncology | 2.00 | | |
| - Pulmonary disease and critical care | 25.17 | 10.75 | |
| - Rheumatology | 6.12 | 3.20 | |
| Neurology | 25.13 | 14.00 | |
| - Neurology EEG | 1.00 | | |
| - Neurology EMG | 3.00 | 2.00 | |
| - Neurophysiology | 1.00 | | |
| - Pediatric Neurology | 1.00 | | |
| Neurological surgery | 15.17 | 11.58 | |
| Obstetrics and gynecology | 105.29 | 89.16 | |
| Ophthalmology | 65.02 | 39.78 | |
| - Cornea | 2.01 | 2.01 | |
| - Glaucoma | 1.00 | | |
| - Retina | 2.52 | 1.52 | |
| Oral Surgery | 30.30 | 23.11 | |
| Orthopaedic Surgery | 64.67 | 34.89 | |
| - Pediatrics | 1.00 | | |
| - Sports medicine | .92 | .46 | |

State of Louisiana – Public versus Private Hospital Participation
Graduate Medical Education Filled Positions by Specialty – Fiscal 2003

| | TOTAL | PUBLIC | |
|---|---|---|---|
| Otolaryngology | 33.00 | 18.84 | |
| - Fellow | 1.00 | 1.00 | |
| Pathology | 39.71 | 32.64 | |
| - Fellow | 2.00 | 1.83 | |
| - Cytopathology | .70 | .70 | |
| Pediatrics | 120.84 | 67.30 | |
| - Allergy, immunology | 6.00 | 5.08 | |
| - Cardiology | 3.50 | 2.17 | |
| - Endocrinology | 1.25 | 1.25 | |
| - Gastroenterology | 2.25 | 1.91 | |
| - Genetics | 1.00 | 1.00 | |
| - Hematology and oncology | 2.03 | 1.00 | |
| - Infectious diseases | 3.42 | 3.42 | |
| - Neonatal-perinatal | 5.92 | 4.83 | |
| - Pulmonary | 3.67 | 3.67 | |
| Physical medicine and rehabilitation | 20.56 | 12.20 | |
| - Musculoskeletal | 3.00 | 2.00 | |
| Preventive medicine | 5.08 | .08 | |
| Psychiatry | 73.29 | 45.37 | |
| Psychiatry, child | 9.46 | 6.63 | |
| Radiology | 76.32 | 32.82 | |
| - Abdominal imaging | .59 | | |
| - MRI | 1.00 | | |
| - Musculoskeletal | 1.00 | .08 | |
| - Neuroradiology | 1.00 | .92 | |
| - Vascular interventional | 1.08 | .08 | |
| Surgery | 152.83 | 98.00 | |
| - Colon & Rectal | 2.00 | | |
| - Laparoscopic | 1.00 | | |
| - Vascular surgery | 3.00 | .49 | |
| Surgery, Plastic | 4.00 | 3.00 | |
| Thoracic surgery | 3.00 | 1.00 | |
| Urology | 24.00 | 9.00 | |
| Transitional year | 8.83 | 8.83 | |
| Medicine/Pediatrics | 45.75 | 42.49 | |

State of Louisiana – Public versus Private Hospital Participation
Graduate Medical Education Filled Positions by Specialty – Fiscal 2003

| | TOTAL | PUBLIC | |
|---|---|---|---|
| Internal medicine/Emergency medicine | 9.84 | 8.32 | |
| Internal medicine/Family practice | 1.00 | | |
| Internal medicine/Physical medicine and reha | 5.13 | 2.99 | |
| Primary Care Residents | 725.59 | 432.86 | |
| % Residents and Fellows in Primary Care | 39.05% | 39.88% | |
| % Residents in Primary Care | 45.24% | 45.17% | |
| Total Residents | 1603.82 | 958.23 | |
| Total Fellows | 254.47 | 127.25 | |
| Total Residents and Fellows | 1858.29 | 1085.48 | |

Graduate Medical Education Filled Positions by Specialty – Fiscal 2003
Louisiana State University Health Sciences Center – New Orleans

| | TOTAL | PUBLIC | HCSD | MCLNO | CHILD | VANO | EKL | UMC | AOMC | TOURO | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Dermatology | 20.92 | 11.43 | 11.43 | 10.26 | | 4.83 | 1.17 | | 1.49 | .17 | 3.00 |
| Dentistry | 14.52 | 12.92 | 12.92 | 12.92 | | 1.71 | | | | | |
| Emergency medicine | 52.19 | 43.87 | 43.87 | 43.87 | .92 | | | | .79 | 1.95 | 4.67 |
| Family medicine | 15.42 | 2.85 | 2.85 | 2.85 | | | | | | | 12.58 |
| Internal medicine | 54.94 | 46.91 | 46.91 | 45.30 | | | | 1.61 | .17 | 4.67 | 3.19 |
| - Allergy, immunology | 2.00 | 1.00 | 1.00 | 1.00 | | | | | | | 1.00 |
| - Cardiology | 14.69 | 8.00 | 8.00 | 8.00 | | | | | | 3.00 | 3.69 |
| - Endocrinology | 2.00 | 2.00 | 2.00 | 2.00 | | | | | | | |
| - Gastroenterology | 7.22 | 4.00 | 4.00 | 4.00 | | | | | | | 3.22 |
| - Hematology and oncology | 4.22 | 3.22 | 3.22 | 3.22 | | | | | | | 1.00 |
| - Infectious disease | 5.50 | 4.92 | 4.92 | 4.92 | | | | | | | .59 |
| - Nephrology | 6.08 | 2.80 | 2.80 | 2.80 | | | | | 3.00 | | .28 |
| - Pulmonary disease and critical care | 9.00 | 3.08 | 3.08 | 3.08 | | | | | 3.28 | | 2.63 |
| - Rheumatology | 3.00 | 2.00 | 2.00 | 2.00 | | | | | | | 1.00 |
| Neurology | 11.00 | 8.42 | 8.42 | 8.42 | 1.00 | | | | | | 1.58 |
| - Neurology EEG | 1.00 | | | | | | | | | | 1.00 |
| - Neurology EMG | 3.00 | 2.00 | 2.00 | 2.00 | | | | | | | 1.00 |
| - Neurophysiology | 1.00 | | | | | | | | | 1.00 | |
| - Pediatric Neurology | 1.00 | | | | 1.00 | | | | | | |
| Neurological surgery | 4.59 | 3.00 | 3.00 | 3.00 | | | | | 1.59 | | |
| Obstetrics and gynecology | 34.80 | 32.65 | 32.65 | 20.63 | | | 7.05 | 4.96 | | | 2.15 |
| Ophthalmology | 26.42 | 14.18 | 14.18 | 12.18 | 1.00 | 3.00 | 2.00 | | 7.08 | | 1.16 |
| - Cornea | 2.01 | 2.01 | 2.01 | 2.01 | | | | | | | |
| - Retina | 1.52 | 1.52 | 1.52 | 1.52 | | | | | | | |
| Oral Surgery | 23.30 | 16.11 | 16.11 | 14.11 | | .17 | 2.00 | | | | 7.03 |
| Orthopaedic surgery | 19.00 | 14.27 | 14.27 | 10.50 | 2.00 | | 2.21 | 1.56 | | | 2.73 |
| - Pediatrics | 1.00 | | | | 1.00 | | | | | | |
| Otolaryngology | 12.00 | 5.76 | 5.76 | 2.84 | 1.00 | 2.95 | | 2.91 | | | 2.29 |
| Pathology | 13.42 | 11.01 | 11.01 | 11.01 | 1.00 | 1.41 | | | | | |
| - Cytopathology | .70 | .70 | .70 | .70 | | | | | | | |
| Pediatrics | 52.92 | 22.22 | 22.22 | 21.56 | 28.83 | | .66 | | | | 1.87 |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2003
# Louisiana State University Health Sciences Center – New Orleans

| | TOTAL | PUBLIC | HCSD | MCLNO | CHILD | VANO | EKL | UMC | AOMC | TOURO | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| - Allergy, immunology | 2.00 | 1.08 | 1.08 | 1.08 | .92 | | | | | | |
| - Endocrinology | 1.25 | 1.25 | 1.25 | 1.25 | | | | | | | |
| - Gastroenterology | 2.00 | 1.66 | 1.66 | 1.66 | .08 | | | | | | .25 |
| - Hematology and oncology | 2.03 | 1.00 | 1.00 | 1.00 | 1.00 | | | | | | .03 |
| - Infectious diseases | 1.00 | 1.00 | 1.00 | 1.00 | | | | | | | |
| -Neonatal-perinatal | 2.92 | 2.00 | 2.00 | 2.00 | | | | | | | .92 |
| Physical medicine and rehabilitation | 20.56 | 12.20 | 12.20 | 12.20 | | 2.50 | | | 1.83 | 3.20 | .83 |
| - Musculoskeletal | 3.00 | 2.00 | 2.00 | 2.00 | | | | | | | |
| Psychiatry | 29.46 | 16.04 | 16.04 | 16.04 | | | | | 12.46 | .25 | .71 |
| Psychiatry, Child | 4.76 | 4.76 | 4.76 | 4.76 | | | | | | | |
| Radiology | 23.99 | 18.99 | 18.99 | 18.99 | 1.00 | 4.00 | | | | | |
| - Abdominal imaging | .59 | | | | | | | | | | .59 |
| - Musculoskeletal | 1.00 | .08 | .08 | .08 | | | | | | | .92 |
| - Neuroradiology | 1.00 | .92 | .92 | .92 | .08 | | | | | | |
| - Vascular interventional | 1.08 | .08 | .08 | .08 | | | | | | | 1.00 |
| Surgery | 53.49 | 39.17 | 39.17 | 28.08 | 2.33 | 7.67 | 5.74 | 5.35 | 1.49 | | 2.83 |
| - Vascular surgery | 1.00 | .49 | .49 | .49 | | .51 | | | | | |
| Surgery, Plastic | 4.00 | 3.00 | 3.00 | 3.00 | | 1.00 | | | | | |
| Thoracic surgery | 1.00 | 1.00 | 1.00 | 1.00 | | | | | | | |
| Medicine/Pediatrics | 31.00 | 28.16 | 28.16 | 27.74 | | | .42 | | | 1.74 | 1.10 |
| Internal medicine/Emergency medicine | 9.84 | 8.32 | 8.32 | 8.32 | .08 | | | | | .51 | .92 |
| Internal medicine/Physical medicine rehabilitation | 5.13 | 2.99 | 2.99 | 2.99 | | .42 | | | .15 | .35 | 1.22 |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2003
# Louisiana State University Health Sciences Center – New Orleans

| | TOTAL | PUBLIC | HCSD | MCLNO | CHILD | VANO | EKL | UMC | AOMC | TOURO | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Primary Care Residents | 189.08 | 132.78 | 132.78 | 118.07 | 28.83 | 0.00 | 8.13 | 6.58 | 0.17 | 6.41 | 20.90 |
| % Residents and Fellows in Primary Care | 30.37% | 30.95% | 30.95% | 30.17% | 66.67% | 0.00% | 38.25% | 40.12% | 0.51% | 38.05% | 30.30% |
| % Residents in Primary Care | 35.10% | 34.92% | 34.92% | 34.47% | 73.63% | 0.00% | 38.25% | 40.12% | 0.63% | 49.91% | 41.91% |
| Total Residents | 538.77 | 380.20 | 380.20 | 342.54 | 39.16 | 29.65 | 21.26 | 16.39 | 27.07 | 12.83 | 49.86 |
| Total Fellows | 83.81 | 48.82 | 48.82 | 48.82 | 4.08 | 1.51 | 0.00 | 0.00 | 6.28 | 4.00 | 19.11 |
| Total Residents and Fellows | 622.58 | 429.02 | 429.02 | 391.37 | 43.25 | 31.16 | 21.26 | 16.39 | 33.34 | 16.83 | 68.97 |

Graduate Medical Education Filled Positions by Specialty – Fiscal 2003
Louisiana State University Health Sciences Center – Earl K. Long Medical Center – Baton Rouge

| SPECIALTIES | TOTAL | PUBLIC | HCSD | EKL | BRG | OLOL | OTHER |
|---|---|---|---|---|---|---|---|
| Emergency medicine | 36.53 | 18.52 | 18.52 | 18.52 | 17.01 | 1.00 | |
| Internal medicine | 36.43 | 32.62 | 32.62 | 32.62 | 3.32 | | .49 |
| Primary Care Residents | 36.43 | 32.62 | 32.62 | 32.62 | 3.32 | 0.00 | .92 |
| % Residents and Fellows in Primary Care | 49.93% | 63.79% | 63.79% | 63.79% | 16.31% | 0.00% | 100% |
| % Residents in Primary Care | 49.93 | 63.79% | 63.79% | 63.79% | 16.31% | 0.00% | 100% |
| Total Residents | 72.96 | 51.14 | 51.14 | 51.14 | 20.33 | 1.00 | .92 |
| Total Fellows | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Residents and Fellows | 72.96 | 51.14 | 51.14 | 51.14 | 20.33 | 1.00 | .92 |

Louisiana State University Health Sciences Center – University Medical Center – Lafayette
Graduate Medical Education Filled Positions by Specialty – Fiscal 2003

| | TOTAL | PUBLIC | HCSD | UMC | LAFGENMED | OTHER |
|---|---|---|---|---|---|---|
| Family medicine | 21.00 | 21.00 | 21.00 | 21.00 | 0.00 | 0.00 |
| Internal medicine | 22.61 | 20.61 | 20.61 | 20.61 | 2.00 | 0.00 |
| Primary Care Residents | 43.61 | 41.61 | 41.61 | 41.61 | 2.00 | 0.00 |
| % Residents and Fellows in Prim | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| % Residents in Primary Care | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Total Residents | 43.61 | 41.61 | 41.61 | 41.61 | 2.00 | 1.41 |
| Total Fellows | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Residents and Fellows | 43.61 | 41.61 | 41.61 | 41.61 | 2.00 | 1.41 |

Tulane University Health Sciences Center
Graduate Medical Education Filled Positions by Specialty – Fiscal 2003

| | TOTAL | PUBLIC | HCSD | TMC | AOMC | HPL | MCLNO | TOURO | VAB | VANO | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Anesthesiology | 32.46 | 2.17 | 2.17 | 25.04 | | | 2.17 | | | 2.08 | 3.17 |
| Dermatology | 12.00 | 9.00 | 9.00 | 1.08 | .92 | | 9.00 | | 1.00 | | |
| Internal medicine | 86.23 | 27.42 | 27.42 | 12.08 | | | 27.42 | | | 46.63 | .10 |
| - Allergy, immunology | 4.33 | 4.00 | 4.00 | | | | 4.00 | | | | .33 |
| - Cardiology | 16.42 | 5.67 | 5.67 | 3.67 | | | 5.67 | | | 4.00 | 3.08 |
| - Endocrinology | 4.00 | 1.00 | 1.00 | 1.00 | | | 1.00 | | | 1.00 | 1.00 |
| - Gastroenterology | 9.50 | 4.00 | 4.00 | 2.63 | | | 4.00 | | | 1.92 | .96 |
| - Geriatric medicine | 4.33 | | | | | | | | | 4.25 | .08 |
| - Hematology and oncology | 5.92 | 3.50 | 3.50 | 1.50 | | | 3.50 | | | .92 | |
| - Infectious disease | 5.00 | 4.00 | 4.00 | | | | 4.00 | | | 1.00 | |
| - Nephrology | | | | | | | | | | | |
| - Pulmonary disease and | 7.00 | 3.58 | 3.58 | 1.42 | | | 3.58 | | | 2.00 | |
| critical care | 10.17 | 5.17 | 5.17 | 2.00 | | | 5.17 | | | 3.00 | |
| Neurology | 14.13 | 5.58 | 5.58 | 3.58 | 1.08 | | 5.58 | | | 3.88 | |
| Neurological surgery | 6.58 | 4.58 | 4.58 | 1.50 | | | 4.58 | | | .50 | |
| Obstetrics and gynecology | 30.43 | 23.81 | 23.81 | 3.88 | | 4.38 | 19.43 | 1.92 | | | .83 |
| Ophthalmology | 29.60 | 18.60 | 18.60 | 5.00 | | 1.00 | 16.77 | | 2.00 | 2.00 | 2.83 |
| Orthopaedic surgery | 24.67 | 10.33 | 10.33 | 8.33 | | 1.50 | 8.83 | | | 4.00 | 2.00 |
| - Sports medicine | .92 | .46 | .46 | .46 | | | .46 | | | | |
| Otolaryngology | 13.00 | 5.08 | 5.08 | 2.00 | 3.92 | | 5.08 | | 2.00 | | |
| Pathology | 15.29 | 11.29 | 11.29 | 4.00 | | | 11.29 | | | | |
| Pediatrics | 46.92 | 24.08 | 24.08 | 16.33 | 6.00 | | 24.08 | | | | .50 |
| - Cardiology | 3.50 | 2.17 | 2.17 | 1.33 | | | 2.17 | | | | |
| - Gastroenterology | .25 | .25 | .25 | | | | .25 | | | | |
| - Genetics | 1.00 | 1.00 | 1.00 | | | | 1.00 | | | | |
| - Infectious diseases | 2.42 | 2.42 | 2.42 | | | | 2.42 | | | | |
| - Neonatal-perinatal | 1.00 | .83 | .83 | | | | .83 | | | | .17 |
| - Pulmonary | 3.67 | 3.67 | 3.67 | | | | 3.67 | | | | |
| Preventive medicine | 5.08 | .08 | .08 | | | | .08 | | | .92 | 4.08 |
| Psychiatry | 29.83 | 15.75 | 15.75 | 6.13 | | | 15.75 | | | 4.79 | 3.17 |
| Psychiatry, child | 4.71 | 1.88 | 1.88 | 2.75 | | | 1.88 | | | | .08 |
| Radiology | 16.33 | .83 | .83 | 12.42 | | | .83 | 1.00 | | 1.08 | 1.00 |
| Surgery | 39.33 | 24.59 | 24.59 | 11.91 | | 4.14 | 20.45 | | | | 2.83 |
| Urology | 8.00 | 2.00 | 2.00 | 2.42 | | | 2.00 | | | 2.58 | 1.00 |
| Transitional year | 8.83 | 8.83 | 8.83 | | | | 8.83 | | | | |
| Medicine/Pediatrics | 6.75 | 6.75 | 6.75 | | | | 6.75 | | | | |

Tulane University Health Sciences Center
Graduate Medical Education Filled Positions by Specialty – Fiscal 2003

| | TOTAL | PUBLIC | TMC | HCSD | AOMC | HPL | MCLNO | TOURO | VAB | VANO | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Primary Care Residents | 170.33 | 82.06 | 82.06 | 32.29 | 6.00 | 4.38 | 77.68 | 1.92 | 0.00 | 46.63 | 1.44 |
| % Residents and Fellows in Primary Care | 33.42% | 33.58% | 33.58% | 24.38% | 50.35% | 71.26% | 33.41% | 65.71% | 0.00% | 58.88% | 5.28 |
| % Residents in Primary Care | 39.59% | 40.49% | 40.49% | 27.26% | 50.35% | 71.26% | 40.71% | 65.71% | 0.00% | 0.00% | 6.65% |
| Total Residents | 430.18 | 202.67 | 202.67 | 118.45% | 11.92 | 11.02 | 190.82 | 2.92 | 5.00 | 68.46 | 21.60 |
| Total Fellows | 76.42 | 41.71 | 41.71 | 14.00 | 0.00 | 0.00 | 41.71 | 0.00 | 0.00 | 18.08 | 5.63 |
| Total Residents and Fellows | 509.60 | 244.38 | 244.38 | 132.45 | 11.92 | 11.02 | 232.53 | 2.92 | 5.00 | 86.54 | 27.23 |

Ochsner Clinic Foundation
Graduate Medical Education Filled Positions by Specialty – Fiscal 2003

| Specialties | TOTAL | PUBLIC | HCSD | AOMC | MCLNO | LJC | ALL OTHER |
|---|---|---|---|---|---|---|---|
| Anesthesiology | 18.42 | .34 | .34 | 18.08 | .34 | | |
| Family medicine | .84 | | .84 | | | | |
| Internal medicine | 47.16 | .92 | .92 | 46.16 | .25 | .67 | .08 |
| - Cardiology | 20.00 | | | 20.00 | | | |
| - Endocrinology | 2.00 | | | 2.00 | | | |
| - Gastroenterology | 6.00 | | | 6.00 | | | |
| - Hepatology | 1.00 | | | 1.00 | | | |
| - Infectious disease | 2.00 | | | 2.00 | | | |
| - Oncology | 2.00 | | | 2.00 | | | |
| - Rheumatology | 1.12 | | | 1.12 | | | |
| Obstetrics and gynecology | 16.14 | 8.80 | 8.80 | 7.35 | | 8.80 | |
| - Glaucoma | 1.00 | | | 1.00 | | | |
| - Retina | 1.00 | | | 1.00 | | | |
| Orthopaedic surgery | 11.00 | 2.28 | 2.28 | 8.22 | | 2.28 | .50 |
| Radiology | 23.00 | | | 22.52 | | | .48 |
| - MRI | 1.00 | | | 1.00 | | | |
| Surgery | 29.00 | 5.91 | 5.91 | 21.59 | 1.00 | 4.91 | 1.49 |
| - Colon & Rectal | 2.00 | | | 2.00 | | | |
| - Vascular surgery | 2.00 | | | 2.00 | | | |
| Thoracic surgery | 2.00 | | | 2.00 | | | |
| Urology | 8.00 | 3.00 | 3.00 | 4.00 | 3.00 | | 1.00 |
| Internal medicine/Family practice | 1.00 | | | 1.00 | | | |
| Primary Care Residents | 65.15 | 9.71 | 9.71 | 55.35 | 0.25 | 9.47 | 0.08 |
| % Residents and Fellows in Primary Care | 32.95% | 45.72% | 45.72% | 32.01% | 5.38% | 56.82% | 2.39% |
| % Residents in Primary Care | 41.61% | 45.72% | 45.72% | 42.01% | 5.38% | 56.82% | 2.39% |
| Total Residents | 156.56 | 21.24 | 21.24 | 131.76 | 4.58 | 16.66 | 3.56 |
| Total Fellows | 41.12 | 0.00 | 0.00 | 41.12 | 0.00 | 0.00 | 0.00 |
| Total Residents and Fellows | 197.69 | 21.24 | 21.24 | 172.88 | 4.58 | 16.66 | 3.56 |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2003
# Louisiana State University Health Sciences Center – Shreveport

| | TOTAL | PUBLIC | HCSD | LSUSHR | OBVA | EAC | RAPIDES | LC | WK | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|
| Anesthesiology | 23.75 | 22.04 | | 22.04 | | | | | .29 | 1.42 |
| - Pain management | .50 | .50 | | .50 | | | | | | |
| Dermatology | 2.00 | 2.00 | | 2.00 | | | | | | |
| Family medicine | 79.42 | 36.17 | 22.00 | 14.17 | | 22.00 | 20.00 | 16.00 | | 7.25 |
| Internal medicine | 56.33 | 45.08 | | 45.08 | | | | | 2.38 | 8.88 |
| - Cardiology | 9.83 | 6.88 | | 6.88 | | | | | | 2.96 |
| - Critical Care | 2.00 | 2.00 | | 2.00 | | | | | | |
| - Endocrinology | 2.00 | 1.00 | | 1.00 | | | | | | 1.00 |
| - Hematology and oncology | 8.96 | 7.64 | | 7.64 | | | | | | 1.32 |
| - Infectious disease | 2.00 | .66 | | .66 | | | | | | 1.32 |
| - Nephrology | 6.83 | 5.51 | | 5.51 | | | | | .58 | .74 |
| - Pulmonary disease and critical care | 6.00 | 2.50 | | 2.50 | | | | | | 3.50 |
| - Rheumatology | 2.00 | 1.20 | | 1.20 | | | | | | .80 |
| Neurological surgery | 4.00 | 4.00 | | 4.00 | | | | | | |
| Obstetrics and gynecology | 23.91 | 23.91 | 3.73 | 20.18 | | 3.73 | | | | |
| Ophthalmology | 9.00 | 7.00 | 1.00 | 6.00 | | 1.00 | | | | 2.00 |
| Oral Surgery | 7.00 | 7.00 | | 7.00 | | | | | | |
| Orthopaedic surgery | 10.00 | 8.00 | 1.00 | 7.00 | | 1.00 | | | | 2.00 |
| Otolaryngology | 8.00 | 8.00 | | 8.00 | | | | | | |
| - Fellow | 1.00 | 1.00 | | 1.00 | | | | | | |
| Pathology | 11.00 | 10.33 | | 10.33 | | | | | .67 | |
| - Fellow | 2.00 | 1.83 | | 1.83 | | | | | .17 | |
| Pediatrics | 21.00 | 21.00 | | 21.00 | | | | | | |
| - Allergy, immunology | 4.00 | 4.00 | | 4.00 | | | | | | |
| - Neonatal-perinatal | 2.00 | 2.00 | | 2.00 | | | | | | |
| Psychiatry | 14.00 | 13.58 | | 13.58 | | | | | | .42 |
| Radiology | 13.00 | 13.00 | | 13.00 | | | | | | |
| Surgery | 31.00 | 28.33 | 1.83 | 26.50 | | 1.83 | | | 1.17 | 1.50 |
| - Laproscopic | 1.00 | | | | | | | | 1.00 | |
| Urology | 8.00 | 4.00 | | 4.00 | | | | | 2.00 | 2.00 |
| Medicine/Pediatrics | 8.00 | 7.58 | | 7.58 | | | | | .08 | .33 |

Graduate Medical Education Filled Positions by Specialty – Fiscal 2003
Louisiana State University Health Sciences Center – Shreveport

| | TOTAL | PUBLIC | HCSD | LSUSHR | OBVA | EAC | RAPIDES | LC | WK | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|
| Primary Care Residents | 188.66 | 133.75 | 25.73 | 108.02 | 0.00 | 25.73 | 20.00 | 16.00 | 2.46 | 16.46 |
| % Residents and Fellows in Primary Care | 49.71% | 44.92% | 87.03 | 40.28 | #Num! | 87.03% | 100.00% | 100.00% | 29.50% | 43.96% |
| % Residents in Primary Care | 57.27% | 51.24% | 87.03% | 46.66% | #Num! | 87.03% | 100.00% | 100.00% | 37.34.% | 63.81% |
| Total Residents | 329.41 | 261.04% | 29.56 | 231.47 | 0.00 | 29.56 | 20.00 | 16.00 | 6.58 | 25.79 |
| Total Fellows | 50.12 | 36.72 | 0.00 | 36.72 | 0.00 | 0.00 | 0.00 | 0.00 | 1.75 | 11.65 |
| Total Residents and Fellows | 379.53 | 297.75 | 29.56 | 268.19 | 0.00 | 29.56 | 20.00 | 16.00 | 8.33 | 37.44 |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2003
# Baton Rouge General Medical Center

| | TOTAL | PUBLIC | HSCD | BRG |
|---|---|---|---|---|
| Family medicine | 18.33 | 0.00 | 0.00 | 18.33 |
| Primary Care Residents | 18.33 | 0.00 | 0.00 | 18.33 |
| % Residents and Fellows in Prim | 100.00% | | | 100.00% |
| % Residents in Primary Care | 100.00% | | | 100.00% |
| Total Residents | 18.33 | 0.00 | 0.00 | 18.33 |
| Total Fellows | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Residents and Fellows | 18.33 | 0.00 | 0.00 | 18.33 |

Graduate Medical Education Filled Positions by Specialty – Fiscal 2003
East Jefferson Memorial Hospital

| | TOTAL | PUBLIC | HCSD | EJEFF | MCLNO | CHILD |
|---|---|---|---|---|---|---|
| Family medicine | 14.00 | 0.33 | 0.33 | 13.00 | 0.33 | 0.67 |
| Primary Care Residents | 14.00 | 0.33 | 0.33 | 13.00 | 0.33 | 0.67 |
| % Residents and Fellows in Primary Care | 100.00% | 0.33 | 0.33 | 100.00% | 100.00% | 100.00% |
| % Residents in Primary Care | 100.00% | 0.33 | 0.33 | 100.00% | 100.00% | 100.00% |
| Total Residents | 14.00 | 0.33 | 0.33 | 13.00 | 0.33 | 0.67 |
| Total Fellows | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Residents and Fellows | 14.00 | 0.33 | 0.33 | 13.00 | 0.33 | 0.67 |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2003
## Specialty and Institution Summary

| | TOTAL | LSUNO | LSUSHR | TULANE | OCHSNER | EKL | UMC | EJEFF | BRG |
|---|---|---|---|---|---|---|---|---|---|
| Anesthesiology | 74.63 | | 23.75 | 32.46 | 18.42 | | | | |
| - Pain management | 0.50 | | 0.50 | | | | | | |
| Dermatology | 34.92 | 20.92 | 2.00 | 12.00 | | | | | |
| Dentistry | 14.62 | 14.62 | | | | | | | |
| Emergency medicine | 88.72 | 52.19 | | | | 36.53 | | | |
| Family medicine | 149.02 | 15.42 | 79.42 | | 0.84 | | 21.00 | 14.00 | 18.33 |
| Internal medicine | 303.70 | 54.94 | 56.33 | 86.23 | 47.16 | 36.43 | 22.61 | | |
| - Allergy, immunology | 6.33 | 2.00 | | 4.33 | | | | | |
| - Cardiology | 60.94 | 14.69 | 9.83 | 16.42 | 20.00 | | | | |
| - Critical Care | 2.00 | | 2.00 | | | | | | |
| - Endocrinology | 10.00 | 2.00 | 2.00 | 4.00 | 2.00 | | | | |
| - Gastroenterology | 22.72 | 7.22 | | 9.50 | 6.00 | | | | |
| - Geriatric medicine | 4.33 | | | 4.33 | | | | | |
| - Hematology and oncology | 19.09 | 4.22 | 8.96 | 5.92 | | | | | |
| - Hepatology | 1.00 | | | | 1.00 | | | | |
| - Infectious disease | 14.50 | 5.50 | 2.00 | 5.00 | 2.00 | | | | |
| - Nephrology | 19.92 | 6.08 | 6.83 | 7.00 | | | | | |
| - Oncology | 2.00 | | | | 2.00 | | | | |
| - Pulmonary disease and critical | 25.17 | 9.00 | 6.00 | 10.17 | | | | | |
| - Rheumatology | 6.12 | 3.00 | 2.00 | | 1.12 | | | | |
| Neurology | 25.13 | 11.00 | | 14.13 | | | | | |
| - Neurology EEG | 1.00 | 1.00 | | | | | | | |
| - Neurology EMG | 3.00 | 3.00 | | | | | | | |
| - Neurophysiology | 1.00 | 1.00 | | | | | | | |
| - Pediatric Neurology | 1.00 | 1.00 | | | | | | | |
| Neurological surgery | 15.17 | 4.59 | 4.00 | 6.58 | | | | | |
| Obstetrics and gynecology | 105.29 | 34.80 | 23.91 | 30.43 | 16.14 | | | | |
| Ophthalmology | 65.02 | 26.42 | 9.00 | 29.60 | | | | | |
| - Cornea | 2.01 | 2.01 | | | | | | | |
| - Glaucoma | 1.00 | | | | 1.00 | | | | |
| - Retina | 2.52 | 1.52 | | | 1.00 | | | | |
| Oral surgery | 30.30 | 23.30 | 7.00 | | | | | | |
| Orthopaedic surgery | 64.67 | 19.00 | 10.00 | 24.67 | 11.00 | | | | |
| - Pediatrics | 1.00 | 1.00 | | | | | | | |
| - Sports medicine | 0.92 | | | 0.92 | | | | | |

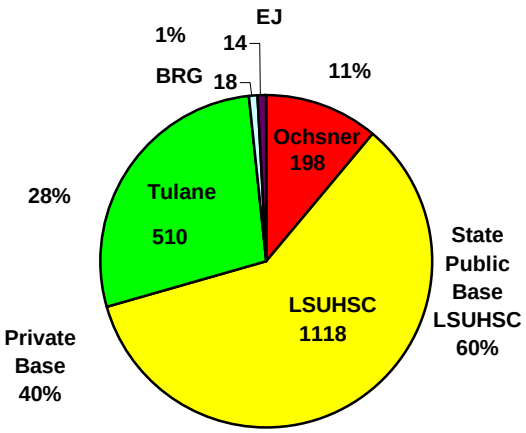
# Graduate Medical Education Filled Positions by Specialty – Fiscal 2003
## Specialty and Institution Summary

| | TOTAL | LSUNO | LSUSHR | TULANE | OCHSNER | EKL | UMC | EJEFF | BRG |
|---|---|---|---|---|---|---|---|---|---|
| Otolaryngology | 33.00 | 12.00 | 8.00 | 13.00 | | | | | |
| - Fellow | 1.00 | | 1.00 | | | | | | |
| Pathology | 39.71 | 13.42 | 11.00 | 15.29 | | | | | |
| - Fellow | 2.00 | | 2.00 | | | | | | |
| - Cytopathology | 0.70 | 0.70 | | | | | | | |
| Pediatrics | 120.84 | 52.92 | 21.00 | 46.92 | | | | | |
| - Allergy, immunology | 6.00 | 2.00 | 4.00 | | | | | | |
| - Cardiology | 3.50 | | | 3.50 | | | | | |
| - Endocrinology | 1.25 | 1.25 | | | | | | | |
| - Gastroenterology | 2.25 | 2.00 | | 0.25 | | | | | |
| - Genetics | 1.00 | | | 1.00 | | | | | |
| - Hematology and oncology | 2.03 | 2.03 | | | | | | | |
| - Infectious diseases | 3.42 | 1.00 | | 2.42 | | | | | |
| - Neonatal-perinatal | 5.92 | 2.92 | 2.00 | 1.00 | | | | | |
| - Pulmonary | 3.67 | | | 3.67 | | | | | |
| Physical medicine and rehabilitation | 20.56 | 20.56 | | | | | | | |
| - Musculoskeletal | 3.00 | 3.00 | | | | | | | |
| Preventive medicine | 5.08 | | | 5.08 | | | | | |
| Psychiatry | 73.29 | 29.46 | 14.00 | 29.83 | | | | | |
| Psychiatry, Child | 9.46 | 4.76 | | 4.71 | | | | | |
| Radiology | 76.32 | 23.99 | 13.00 | 16.33 | 23.00 | | | | |
| - Abdominal imaging | 0.59 | 0.59 | | | | | | | |
| - MRI | 1.00 | | | | 1.00 | | | | |
| - Musculoskeletal | 1.00 | 1.00 | | | | | | | |
| - Neuroradiology | 1.00 | 1.00 | | | | | | | |
| - Vascular interventional | 1.08 | 1.08 | | | | | | | |
| Surgery | 152.83 | 53.49 | 31.00 | 39.33 | 29.00 | | | | |
| - Colon & Rectal | 2.00 | | | | 2.00 | | | | |
| - Laproscopic | 1.00 | | 1.00 | | | | | | |
| - Vascular surgery | 3.00 | 1.00 | | | 2.00 | | | | |
| Surgery, Plastic | 4.00 | 4.00 | | | | | | | |
| Thoracic surgery | 3.00 | 1.00 | | | 2.00 | | | | |
| Urology | 24.00 | | 8.00 | 8.00 | 8.00 | | | | |
| Transitional year | 8.83 | | | 8.83 | | | | | |
| Medicine/Pediatrics | 45.75 | 31.00 | 8.00 | 6.75 | | | | | |

# Graduate Medical Education Filled Positions by Specialty – Fiscal 2003
## Specialty and Institution Summary

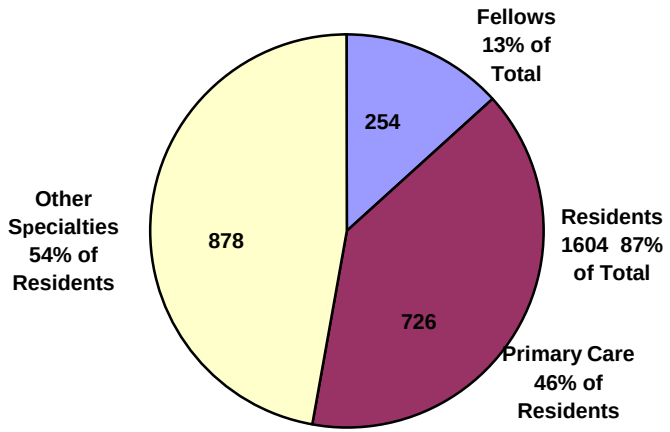
| | TOTAL | LSUNO | LSUSHR | TULANE | OCHSNER | EKL | UMC | EJEFF | BRG |
|---|---|---|---|---|---|---|---|---|---|
| Internal medicine/Emergency medicine | 9.84 | 9.84 | | | | | | | |
| Internal medicine/Family practice | 1.00 | | | | 1.00 | | | | |
| Internal medicine/Physical medicine | 5.13 | 5.13 | | | | | | | |
| Primary Care Residents | 725.59 | 189.08 | 188.66 | 170.33 | 65.15 | 36.43 | 43.61 | 14.00 | 18.33 |
| % Residents and Fellows in Primary Care | 39.05% | 30.37% | 49.71% | 33.42% | 32.95% | 49.93% | 100.00% | 100.00% | 100.00% |
| % Residents in Primary Care | 45.24% | 35.10% | 57.27% | 39.59% | 41.61% | 49.93% | 100.00% | 100.00% | 100.00% |
| Total Residents | 1603.82% | 538.77 | 329.41 | 430.18 | 156.56 | 72.96 | 43.61 | 14.00 | 18.33 |
| Total Fellows | 254.47 | 83.81 | 50.12 | 79.42 | 41.12 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Residents and Fellows | 1858.29 | 622.58 | 379.53 | 509.60 | 197.69 | 72.96 | 43.61 | 14.00 | 18.00 |

## 2003 GME IN LOUISIANA INSTITUTIONAL PROGRAMS BASE



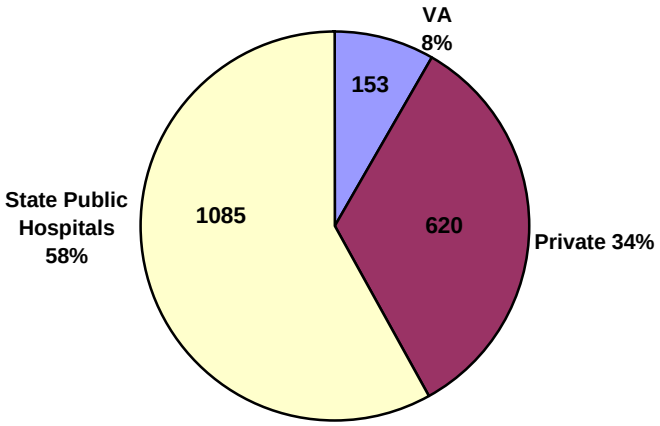

Total = 1858 100%

## 2003 GME IN LOUISIANA RESIDENTS AND FELLOWS



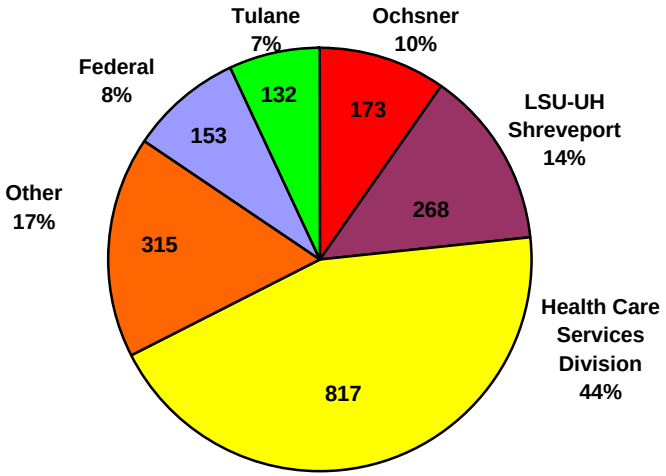

TOTAL GME = 1858

## 2003 GME IN LOUISIANA HOSPITAL DISTRIBUTION



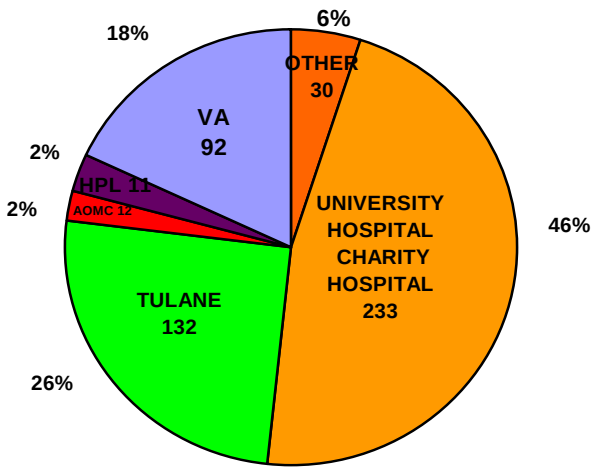

TOTAL 1858 = 100%

## 2003 GME HOSPITALS



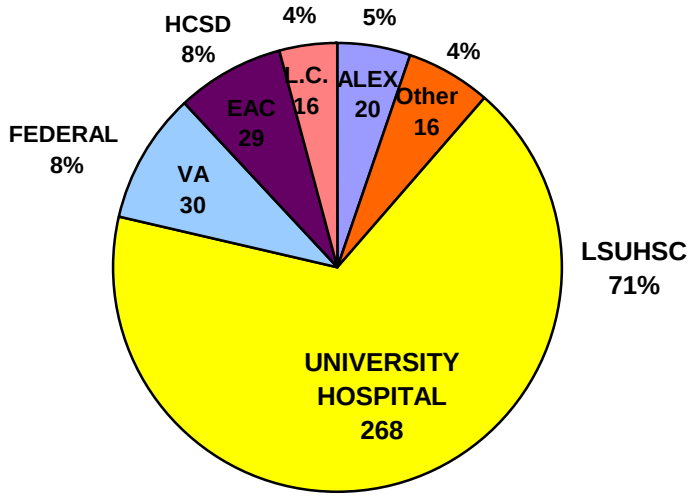

TOTAL 1858 = 100%

## 2003 TULANE GME



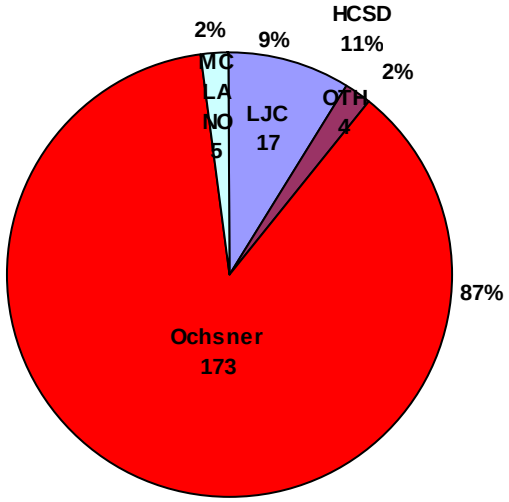

TOTAL 510 = 100%

## 2003 LSUSM-SHREVEPORT GME HOSPITALS



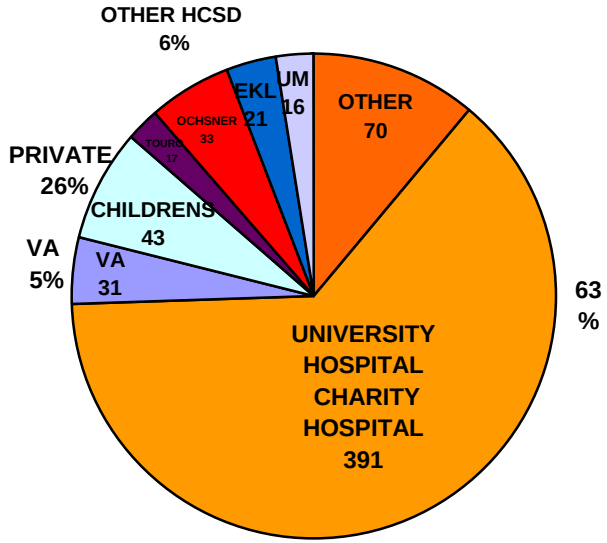

TOTAL 379 = 100%

## 2003 OCHSNER GME HOSPITALS




TOTAL 198 = 100%

## 2003 LSUHSC-NO GME HOSPITALS




TOTAL 622 = 100%