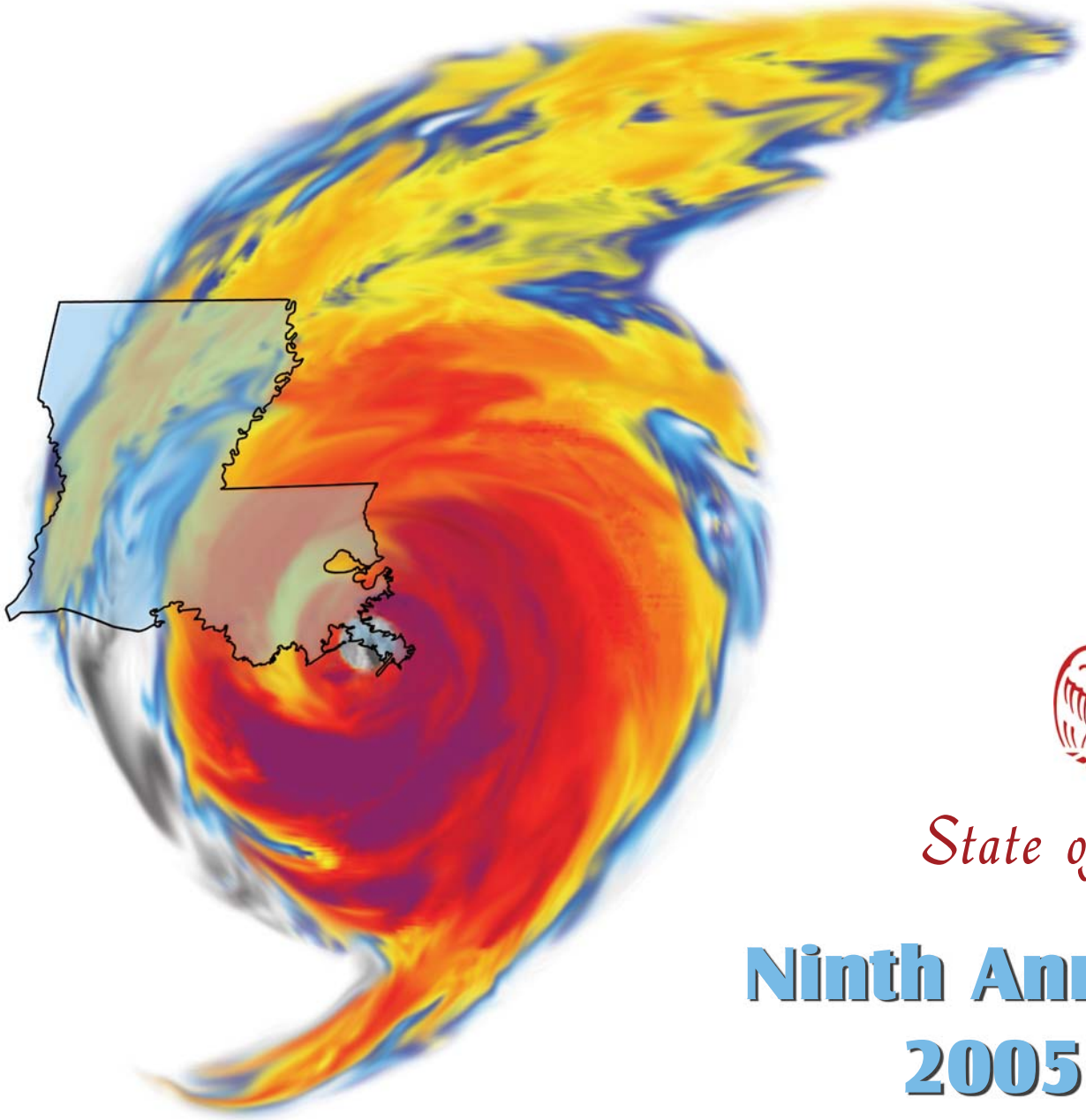
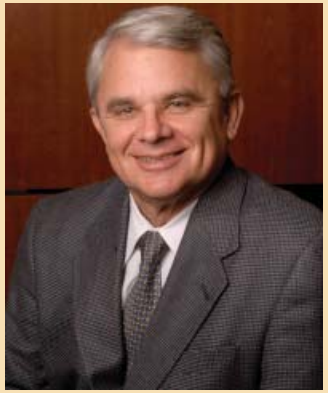
The Medical Education Commission



State of Louisiana

Ninth Annual Report:
2005 & 2006

Contents



CHANCELLOR'S REPORT

OFFICE OF THE CHANCELLOR

SCHOOL OF ALLIED HEALTH PROFESSIONS
SCHOOL OF DENTISTRY
SCHOOL OF GRADUATE STUDIES
SCHOOL OF NURSING
SCHOOL OF MEDICINE IN NEW ORLEANS
SCHOOL OF PUBLIC HEALTH

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

Dear Secretary Cerise:

The Medical Education Commission is issuing this Ninth Annual Report 2005-2006. 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 update data on GME after the biggest traumatic event ever in Louisiana – Katrina. The changes in GME are detailed to show the steady and excellent past record compared with change and uncertainty from the storm. The institutions mounted a courageous and innovative response in geographic and infrastructure relocation, and now are moving forward in return and reengineering.

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 a 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,

Larry Hollier, M.D.
Chancellor

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER • 433 BOLIVAR STREET • SUITE 815 • NEW ORLEANS, LOUISIANA 70112-2223
PHONE (504) 568-4800 • FAX (504) 568-5177 • www.lsuhsc.edu

ANNOUNCEMENT

THE MEDICAL EDUCATION COMMISSION HAS CHANGED AND ADDED TO OUR 2004 ANNUAL REPORT PRESENTATION.

The website is the expanded version, with color, at www.lsuhsc.edu/no/administration. 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:

1) Rigby PG. Physician Production is at a Steady Supply, but Demand for Physician Services is Increasing. J LA State Med Soc March/April 2004; 156:89-92

2) Sessions BA, Hilton CW, Chauvin SW, et al. Forecasting Change in Louisiana Physician Age Cohorts: 1994-2020. J LA State Med Soc March/April 2006; 158:81-84

3) Rigby PG, Pinsky WW, Amedee R, et al. The Medical Education Commission Report 2004: The Competition for Physician Recruitment is Increasing. J LA State Med Soc March/April 2005; 157:103-109.

4) 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.

5) 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.

6) Rigby PG, Foulks E, Riddick FA, et al. The Medical Education Commission Report on Trends in Graduate Medical Education in 2001. J LA State Med Soc 2001; 154:411-418.

7) 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.

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

INTRODUCTION 2006

The Ninth Annual Report of the Medical Education Commission (MEC) Provides a Comprehensive view of Graduate Medical Education (GME) with and Emphasis on Trends and changes Post Katrina.

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 effect of Katrina was significant and recovery is underway. 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. The ninth report provides new information and trends on Physician Supply 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 most immediate priority is to meet the Southern Regional Average for the annual stipends to promote recruitment and retention of the best residents and fellows in the troubled context and recovery process based on Katrina.

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. Andy Chesson (LSUHSC), Dr. Eric Hovland (LSUHSC) and Ms. Barbara McNamara (Ochsner).

The Medical Education Commission (MEC) is reporting 2 years of data, especially about the impact of Katrina on GME in Louisiana. This edition includes the two matches for PGY-1 and PGY-2 in 2005 and 2006, with note of the trends from 2004 through 2006. Only one more set of yearly tables for all of GME everywhere in Louisiana is available, for 2004 – 2005; the next year 2005 -2006 (now last year) is being assembled.

However, we have captured the same time frame and bring GME up-to-date with the four reports from the largest institutions: LSUHSC-NO, LSUHSC-Shreveport, Tulane and Ochsner. These narratives and data characterize the Katrina effects, and some of the chronologic, geographic, and institutional changes in response. A remarkable job was done, recovery is on the way, and more changes will occur.

Several other pieces presented deserve recognition. The accepted premise that a shortage of physicians is imminent and will be protracted is looked at with changing demographics in primary care, as well as, specialties. An increase in stipends for each of the first 6 years of GME is

shown with serial data that expresses the relationship to keeping up, over time, with the Southern Regional Average. This will enable the sorely stressed institutions to continue to recruit residents and fellows while coping with Katrina fallout.

This report is added to our website, while keeping prior narrative and data bases for comparison. Reports are also published as papers in the Journal of the Louisiana State Medical Society, yearly as accepted by the journal.

More information may be obtained from the MEC members, listed below, who have made these reports possible and useful.

Perry G. Rigby, M.D., Chair, LSUHSC
Kurt Braun, Ph.D., HCSD
William Pinsky, M.D., Ochsner
Ronald Amedee, M.D., Tulane
Charles Hilton, M.D., LSUHSC-NO
Andy Chesson, M.D., LSUHSC-Shreveport

Contact Louise Baker for questions and requests.

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. Katrina has interceded and interrupted GME in LA; challenging the continuity, shifting the geography, and altering the kinetics of operation and support.

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 had been 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 hospitals in New Orleans suffered severe damage from Katrina, closing them. The other hospitals swelled with patients and accommodated many more students and residents. These GME programs still 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 met the national averages regarding the ratio of residents and fellow/total physicians (16%), the ration of primary care physicians/total physicians (about one-third, 34%, and the ration of physicians/100,000 population (268/100,000). Louisiana exceeded national averages in the retention of trainees into practice sites in the state. New post Katrina data is not yet available.

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 Ninth Annual Report of the data on GME has been constructed to be accurate and detailed for the last 2 full years, 2004-2005 and 2005-2006, 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 many other sources are ongoing concerns of the Medical Education Commission, i.e. recovery and reconstruction, 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 are to maintain the stipends at the level of the Southern Regional Average for recruitment of the highest quality future physicians, and to return to pre-Katrina levels and quality. 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 Dates	Seventh Report Dates	Eighth Report Dates	Ninth Report Dates
April 24, 2001	January 28, 2002	January 28, 2003	May 11, 2004	December 15, 2005*
July 12, 2001	July 22, 2002	July 29, 2003	September 27, 2004	June, 2006*
December 17, 2001	October 28, 2002	August 26, 2003	November 23, 2004	July 24, 2006
				*Telephone Conferences

MEDICAL EDUCATION COMMISSION

The Match

The success of the match in Louisiana this year 2006 is of special note. The Medical Education Commission (MEC) therefore provides expanded and updated information on the details and importance of the events of the last two years, portraying the trends of GME in Louisiana beyond the record as annually complied 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 (NMRP), 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 NMRP match signifies a contract of acceptance by both parties. The immediate results are recorded in NMRP 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 2005 and 2006 matching processes are represented in the following tables and graphics:
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 for 2005, then 2006. Pie charts depict institutional proportions on the match in 2004 on the website.
The aftermath of Katrina on matching new residents is remarkably good for those institutions hardest hit, as well as all affected. These are however, fewer seniors from the Medical Schools staying for residency in Louisiana. There are 48 fewer Residents, both PGY-1 and PGY-2 from matches in '05 and '06, related to Katrina, in the Table Summary on three years trends.

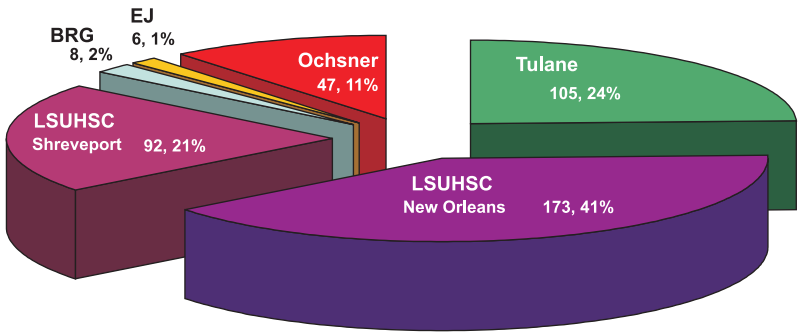
Hospital/Institutional Match 2005
PGY-1 AND PGY-2

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	166	115	113	2	13	13	0
Earl K. Long		27	26	1			
UMC		15	15	0			
Lake Charles		6	6	0			
Subtotal		163	160	3			
LSUHSC-Shreveport	100	74	74	0	3	3	0
N. Caddo		2	2	0			
E.A. Conway		8	8	0			
Alexandria		5	5	0			
Subtotal		89	89	0			
LSUHSC Total	266	252	249	3			
Tulane	143	94	94	0	11	11	0
Ochsner		47	47	0			
Baton Rouge General		8	8	0			
East Jefferson		6	6	0			
Private Total	143	155	155	0			
Louisiana Total	409	407	404	3	27	27	0
% Filled		99%					

Hospital/Institutional Match 2006
PGY-1 AND PGY-2

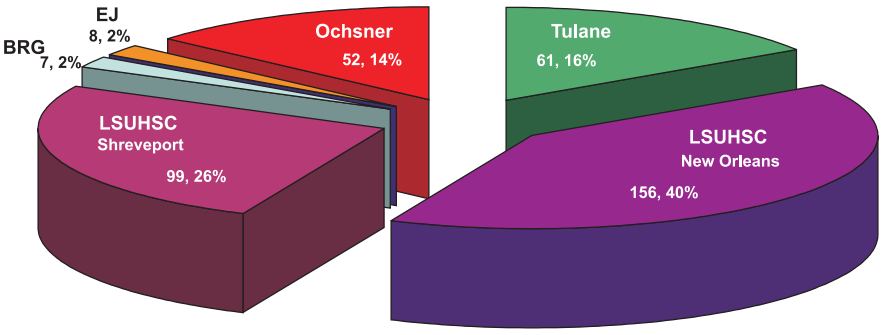
Program	Match 2005 # Sr. Graduates	PGY-1 Quota	PGY-1 Filled	PGY-1 Open	PGY-2 Quota	PGY-2 Filled	PGY-2 Open
LSUHSC-New Orleans	172	105	101	4	5	5	0
Earl K. Long		25	27	0			
UMC		17	17	0			
Lake Charles		6	6	0			
Subtotal	172	153	151	2			
LSUHSC-Shreveport	92	81	81	0	3	3	0
N. Caddo		2	2	0			
E.A. Conway		8	8	0			
Alexandria		5	5	0			
Subtotal	92	96	96	0			
LSUHSC Total	**264**	**249**	**247**	**2**			
Tulane	**153**	**54**	**54**	**0**	**7**	**7**	**0**
Ochsner		52	52	0			
Baton Rouge General		7	7	0			
East Jefferson		8	8	0			
Private Total	153	121	121	0			
Louisiana Total	417	370	368	2	15	15	0
% Filled		99%					

MATCH-FILLED POSITIONS 2005
PGY-1 and PGY-2



Filled Total
431

MATCH-FILLED POSITIONS 2006
PGY-1 and PGY-2



Filled Total
383

MATCH-FILLED POSITIONS
PGY-1 and PGY-2

	2005		2006	
LSUNO	173	40%	156	41%
LSUSH	92	21%	99	26%
TULANE	105	24%	61	16%
OCHSNER	47	11%	52	14%
BRG	8	2%	7	2%
EJ	6	2%	8	2%
Total	**431**	**100%**	**383**	**100%**

Total net Loss -48
% Loss 11%

HOSPITAL/INSTITUTIONAL MATCH 2004-2006
PGY-1 AND PGY-2
THREE YEAR MATCH COHORTS SEQUENCE

Program	PGY-1 First Year Filled Positions				PGY-2 Second Year Filled Positions		
PGY-1	2004	2005	2006	Difference 05/06	2004	2005	2005
LSUHSC-New Orleans	128	113	101	-12	13	13	5
Earl K. Long	27	26	27	+1			
UMC	16	15	17	+2			
Lake Charles	5	6	6	0			
Subtotal	169	160	151	-9			
LSUHSC-Shreveport	63	74	81	+7	2	3	3
N. Caddo	2	2	2	0			
E.A. Conway	8	8	8	0			
Alexandria	6	5	5	0			
Subtotal	79	89	96	+8			
LSUHSC *Total*	248	249	247	-2	15	16	8
Tulane	94	94	54	-40	11	11	7
Ochsner	47	47	52	+5			
Baton Rouge General	8	8	7	-2			
East Jefferson	6	6	8	+2			
Private Total	155	155	121	-34	11	11	7
PGY-1	403	404	368	-36	26	27	15
PGY-2	26	27	15	-12			
Total PGY-1 & PGY-2	429	431	383	-48			

THE MATCH TRENDS

Table M shows the medical match trends for Louisiana Senior Graduates from the three medical schools for the last eight years including 2006. The variations are relatively small but interesting; this last year was below average in graduates staying for GME in Louisiana and in primary care, down compared with the prior year.

The Hospital/Institutional match trends are shown 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 2006 for the matching process for PGY-1, including Louisiana seniors retained and out of state recruitment. These results are relatively consistent over time, until 2006 whereupon there are a smaller number of offered and filled positions post Katrina; and more residents were signed after the scramble, from unmatched recruits.

Louisiana institutions have ranked high in the U.S., in the recruitment and retention of seniors, in filling open PGY-1 positions, and in primary care GME. Katrina has changed that, and recovery may take years, and will require new support for development.

The number of graduating seniors is approximately 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
2005	409	177		232		
2006	417	147		267		
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
2005	166	85	52	81	45	97
2006	172	76		96		
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
2005	100	61	30	39	19	49
2006	92		49	43		
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
2005	143	31		112		
2006	153	25		128		

Table M

MATCH TRENDS IN LOUISIANA 2004

SENIOR GRADUATES AND PGY-1

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
2005	409	407	404	177	227
2006	417	370	368	147	221

INSTITUTIONAL MATCH TRENDS IN LOUISIANA PGY-1

YEAR	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
2005	407	404	252	249	135	155
2006	370	368	249	247	121	121

FAMILY MEDICINE PGY-1 TRENDS

Year	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
2005	54	41	13	53
2006	53	40	13	53

GME TRENDS 1997 TO 2006

The Medical Education Commission has now collected and reported nine 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. Data on total GME are updated with the addition of 2004-2005.

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, and has receded to a plateau. 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 2005-2006 report: the match, the institutional sections, the primary care section, and the tables.

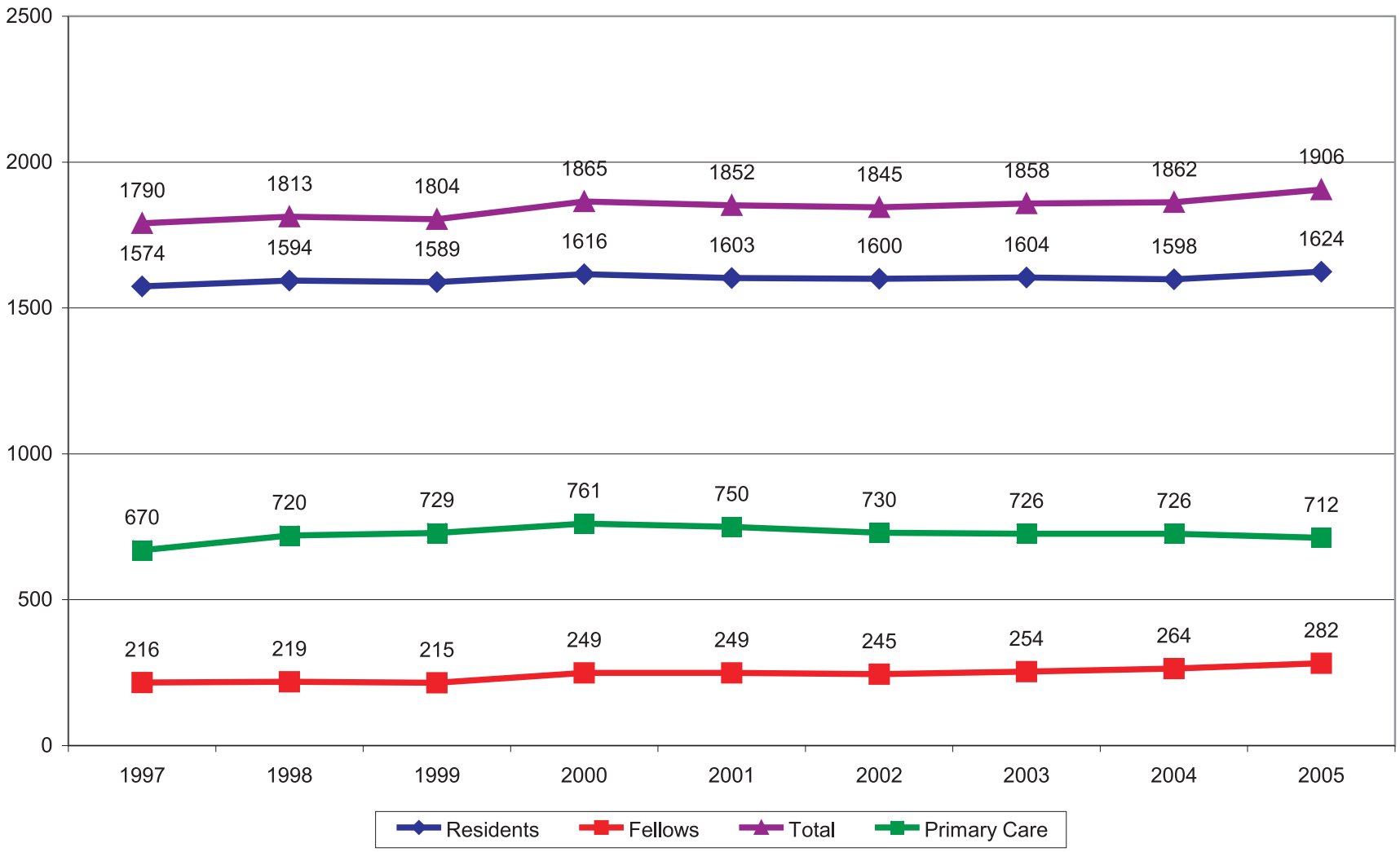
The pie charts from 2004 on the website show the institutional and hospital proportions of GME placement and activity, the public and private contributions, and some interrelationships. This pattern is similar in Academic Health Centers and major teaching hospitals throughout the United States. The major role of the public hospitals providing and supporting GME based in all of the academic institutions is evident for both public and private.

We do not have new and accurate data for all GME in the State post-Katrina. These data will be published when available.

Table VI
LOUISIANA GME TRENDS 1997 TO 2005

	1997	1998	1999	2000	2001	2002	2003	2004	2005	8 Year Change #	8 Year Change %
Residents	1574	1594	1589	1616	1603	1600	1604	1598	1624	**50**	**3%**
Fellows	216	219	215	249	249	245	254	264	282	**66**	**31%**
Total	1790	1813	1804	1865	1852	1845	1858	1861	1906	**116**	**7%**
Primary Care	670	720	729	761	750	730	726	726	713	**43**	**6.4%**
% Primary Care/Residents	43%	45%	46%	47%	47%	46%	45%	45%	44%		
% Fellows/Total	12%	12%	12%	13%	13%	13%	14%	14%	15%		

LOUISIANA GME TRENDS 1997 TO 2005



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 partially receded, and the current efforts lead to a plateau, a new steady state. This effort is sustained, in concert with the academic medical 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 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. Katrina has made this more difficult, and part of the recovery effort is addressed to reinvigorate Primary Care GME.

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 specialties 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.

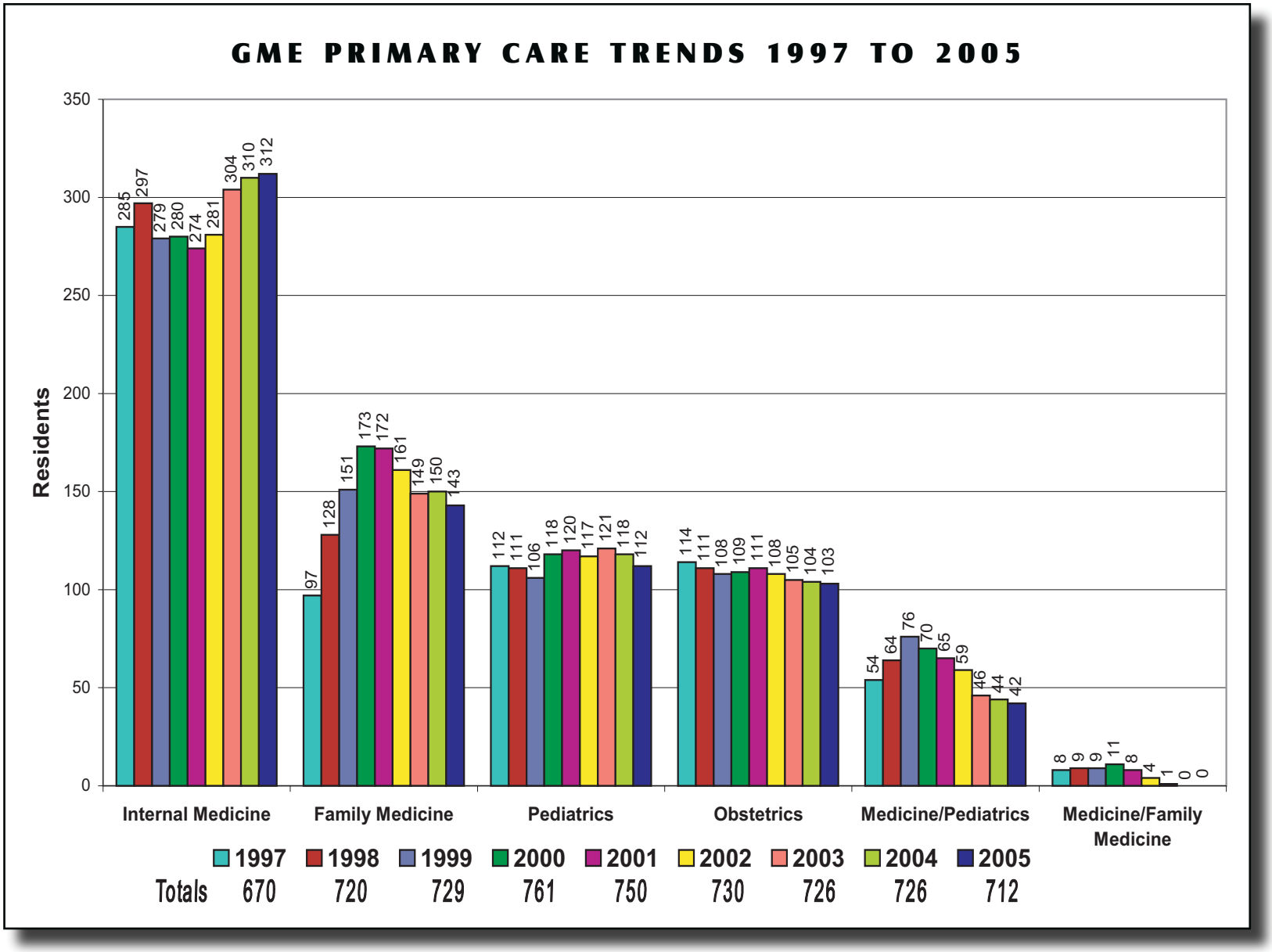
The development of primary care GME in Internal Medicine and Pediatrics has been different, emphasizing improved recruitment to existing programs and career pathways. Med-Peds GME programs have been successfully begun at LSUMS-NO, LSUMS-Shreveport, and TUHSC. Generally now about 27% of trainees in Internal 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 2005

Total For Louisiana

										8 Year Change	
	1997	1998	1999	2000	2001	2002	2003	2004	2005	#	%
Internal Medicine	285	297	279	280	274	281	304	310	312	**27**	**9%**
Family Medicine	97	128	151	173	172	161	149	150	143	**46**	**47%**
Pediatrics	112	111	106	118	120	117	121	118	112	**0**	**0%**
Obstetrics	114	111	108	109	111	108	105	104	103	**-11**	**-9.6%**
Medicine/Pediatrics	54	64	76	70	65	59	46	44	42	**-12**	**-22%**
Medicine/Family Medicine	8	9	9	11	8	4	1	0	0	-8	**-100%**
TOTAL	670	720	729	761	750	730	726	726	713	43	**6.4%**


GME PRIMARY CARE TRENDS 1997 TO 2005
Residents
350
300
250
200
150
100
50
0
285 297 279 280 274 281 304 310 312
97 128 151 173 172 161 149 150 143
112 111 106 118 120 117 121 118 112
114 111 108 109 111 108 105 104 103
54 64 76 70 65 59 46 44 42
8 9 9 11 8 4 1 0 0
Internal Medicine
Family Medicine
Pediatrics
Obstetrics
Medicine/Pediatrics
Medicine/Family Medicine
1997 1998 1999 2000 2001 2002 2003 2004 2005
Totals 670 720 729 761 750 730 726 726 712

THE INVISIBLE HAND

The ♂ and ♀ who are in Medical School and GME choose their specialty training, career path, and practice sites. Their free choices are guided and based on their own internal as well as external circumstances, not an authoritarian placement, similar to the Smithian market concept of the invisible hand.

There are a series of constraints on the candidate group (a Cohort) in each years cycle, such as total available "slots" (open PGY-1 positions) the number in each specialty and subspecialty, locations, the NRMP match and all submatches, the application process, the couples match etc. The annual sum of this mobility exercise is some left over vacant slots after the majority are filled according to the match choices. There are enough slots for all U.S. Medical Graduates and significant others, i.e. U.S. IMG's, foreign IMG's, and others returning to training. The open slots are an opportunity.

The significant recent trend in the GME process is that fewer are choosing primary care and more are choosing other specialties. There are more primary care slots open each year, less competition per slot, thus more residual slots unfilled. The financial reasons for these choices are fairly clear and quantifiable, i.e. more student debt, more projected income for specialists. Other reasons are more intellectual, family oriented, subtle, personal.

This trend is documented in the decrease in open slots and filled slots in the family medicine match, i.e. data for eight years, a loss of about 10%. A recent and new perception is larger in total numbers, and not as easily recognized; the physicians in Internal Medicine GME are now choosing to sub-specialize predominately (73%), a shift from 46% within the last seven years. In addition, more graduates are choosing Emergency medicine GME, and some internists become Hospitalist's. Therefore fewer internists will be available in primary care, a shift of 27% within Internal Medicine and 15% in primary care. There are a few more graduates entering Pediatrics GME, and a few more in Ob/Gyn. There are a few less in Med Peds.

This shift in GME to more specialists has many implications, as well as many causes. It is in the context of a growing shortage of physicians, total, now well documented and accepted by national experts and organizations i.e. AAMC and COGME. The looming shortage over 10-20 years will be in both specialty and primary care physicians, so internal shifts will not solve this problem. The AAMC and COGME groups have proposed an increase of 3000 U.S. Medical Graduates, which will require 3000 more GME slots, to respond. This expansion has in fact begun, and data are available regarding slow progress to date and projections. This much change is going to fall short of maintaining present ratios and future demand, especially regarding demand forces such as population growth, aging, technology increase, and economic upward pressures.

THE INVISIBLE HAND

(continued)

However, it may reflect the invisible hand of market guidance, i.e. the choices of those in training and the recognition of patient preferences. The choices of patients to go directly to specialists, if assisted by appropriate triage measures, may avoid some duplication and delay. More freed up time is potentially available by tracking patients to reduce unnecessary redundancy, combined with electronic and uniform medical records. The practicing physician, especially in primary care, may improve efficiency with EM coverage and Hospitalist involvement, freeing more time.

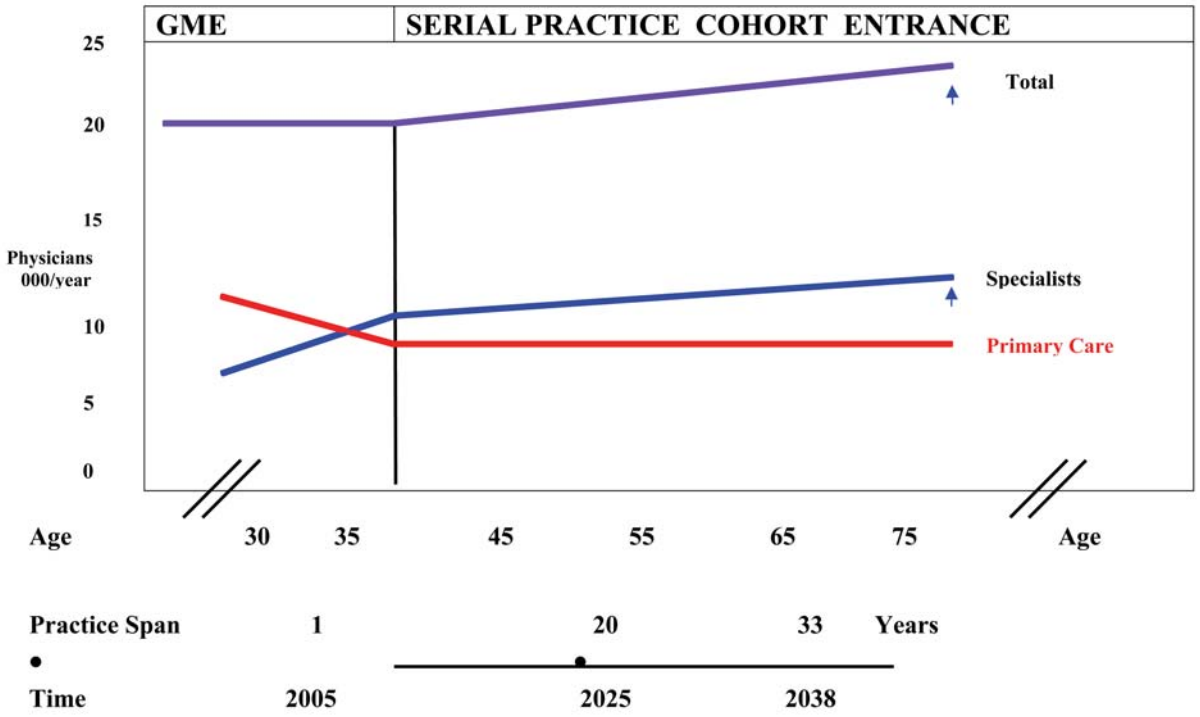
The primary care physician will eventually become more valuable, will be consulted by specialists for preventive, comprehensive, and follow-up care, and will be financially rewarded more appropriately. This is quite possibly another self correction of the system by an invisible hand.

CONCLUSIONS

The absolute number and percentage of specialists in the U.S. is increasing and will increase over time. The percentage of primary care specialists is in decline and will continue downward to a plateau in absolute numbers. The total number of physicians in the U.S. will rise somewhat, slowly, as 3000 new slots are gradually put in the pipeline. The physician shortage predicted will still occur, but blunted by the above trends. The State of Louisiana will be involved in such trends over the same time frame.

GME TO PRACTICE: COHORT ENTRANCE

Data Approximations:
U.S. Practicing Physicians = 700,000
Practice span = 33 years
700,000 ÷ 33 = 21,212 per year – a cohort
The vertical line at age 35, year 1, is the number in 2005
The total increase is gradual, to an increase of ± 3000/year



Supply Note: *The production of physicians goes through GME, including some IMG's*
Demand Note: *U.S. population increases = 2.3% per year, aging cohort increases about 3.3% per year*
Past evidence, future possibilities:

- *The production and supply of specialists has been and will increase in both absolute numbers and %. (Blue)*
- *Primary care physician production has decreased in absolute numbers and %, but will stabilize in number. (Red)*
- *The proposed increase in physicians by expansion of present schools in the U.S. by AAMC and COGME (and others) is suggested to be 3000 per year. (Purple) This increase, if and when it occurs, will reduce the expected shortage, but only partially.*

SERIAL COHORT ENTRANCE

Each year a new class enters Graduate Medical Education (GME) as PGY-1, and each year a cohort (group) finishes GME and enters practice in the United States. These yearly cohorts enter GME or practice with certain predictable chronologic averages. The average GME span is about 4 years; the average practice span is about 33 years. Even though the mixture of primary care and specialty physicians changes during the GME span to finish, the cohort is about the same size unless a countrywide policy or program is in force to increase or decrease the numbers. A cohort in 2005 enters practice was approximated by the numbers of practicing physicians (700,000) divided by the practice span (33 years) = 21, 212 per year.

The graphic on cohort entrance depicts the current trends in primary and specialty care choices in GME, and the current program policy by the AAMC to increase the medical student's numbers countrywide by 15% (3000) per year. Assuming other factors stay the same, the age line and practice span at the bottom puts the proposed line current to future perspectives. The line represents the cohort size for each year, not cumulated or predicted totals.

The current trend in primary care GME is down, but is predicted to stabilize in total numbers. This will be a decrease in percentage, since the specialists are and will increase in number, and thus in percent. The total will gradually rise as 3000 more medical students in U.S. schools enter GME and finish, and will be effectuated gradually. The rise in total physicians will not be enough in this scenario to offset rising demand and need, as projected by Cooper and endorsed in principle by the AAMC, AAHC, COGME, AMA and almost all national medical associations.

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, before Katrina both undergraduate and graduate medical 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. There is now an acute scarcity of physicians in Louisiana, and numerical changes and ratios are not known. These parameters are changing constantly, and currently improving from local levels.

These physicians were 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 US 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 US 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 US, virtually all of the AHC residents and fellows, as well as undergraduate students, have been 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 had worked well in producing physicians in the renewal of the workforce in Louisiana.

The 2003 data on the website 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 an essential base to provide and improve GME, with focus and emphasis on educational direction. The private hospitals in New Orleans and Baton Rouge have responded post Katrina to increase their rate in medical education. Several have revised and preserved GME programs for LSU School of Medicine in New Orleans and Tulane. These are cited in the reviews by those institutions.

KATRINA KINETICS: GME IN LA

Katrina stormed at Graduate Medical Education (GME) in Louisiana, disrupted and changed it, but GME stormed back and survived.

GME before Katrina was one of the good things in LA; statewide, stable, competitive, productive, retentive, effective and successful. GME was aligned with State needs and priorities: physician workforce supply, excellent patient care provision, biomedical economic growth activity, community involvement and service. The opportunity to continue medical education, after medical school graduation, in the state and contribute to academic and teaching hospital missions was valued and taken by youthful citizens all over the state.

What were the interrupting, disrupting, changing forces imposed on this positive but complex system of higher education and service? The initial powerful and disaster hurricane force and its overwhelming aftermath have been repeatedly described and documented. The response, however, by those in and in charge of GME have not been so widely disseminated. The changes were immediate, short and long-term, geographic, programmatic, serial, scrambling, supporting and still ongoing.

The record is not complete until all the stories are told of heroic efforts by those who stayed, the changes in location (repeatedly), the contribution to post Katrina community efforts, and the acceptance and accommodation to different living and working conditions. Also on the record are the supportive contributions of people and institutions all over the state, and indeed the nation, to continue to make GME work for those enrolled in LA. The faculty and staff, the physicians in teaching hospitals, rose to the challenge to support the teaching programs.

What could have been an unmitigated disaster was avoided. The worst did not happen, closure, because of supportive management and loyal and dedicated residents and fellows. Considering the physical damage to New Orleans Hospitals, the population out migration, and general and prolonged catastrophic events, the complete disaster would have been predicted and likely. Not so! The physician and GME migrations were encouraged and supported by newly found and generous institutions and individuals across the state.

The four large institutions comprising the vast majority of GME positions were affected quite differently and responded accordingly. LSUHSC-New Orleans transferred most house officers to locations in the State, especially to other Louisiana public hospitals. Tulane transferred most house officers to out-of-state supportive institutions. Ochsner was not much damaged, stayed open, and retained their own house officers, as well as providing some places for those from Tulane and LSU. LSUHSC-Shreveport was undamaged, stayed open, grew in patient care, and

provided some positions for LSUHSC-New Orleans House Officers. Other state teaching hospitals and physicians also participated in this complex rescue and recovery of the damaged and storm-surged institutions. The pattern of various educational and medical institutions helping each other on short or long notice, not unexpected, saved GME in LA, bent but not broken.

The enclosed graphs and tables are presented to illustrate the one year change in locations, and the shifts from public to private teaching hospitals, from 7/1/2005 to 7/1/2006. This kinetic of year to year statistics certainly does not take into account the variety of all the many individual and institutional shifts and turns in between. Data are composites and estimates from several sources, i.e. from GME institutions, Medical Education Commission reports, media and individuals. The LSUHSC-NO changes, State of Louisiana changes, data on hospitals, physicians and populations are point-in-time observation, centering around to year to year dates as above.

The follow-up is relatively good so far, especially considering the negative alternative. The net loss of about 300 Residents and Fellows state-wide from about 1900 to 1600 is indeed remarkable, attributed to leaders and participants alike. Further shifts and changes will occur, some already underway or planned. Accreditation visits are not only increased, and generally passed with acknowledgements, but continue to take place this fall ('06) as this is written.

THE LESSONS LEARNED ARE MANY FROM SUCH A DISASTER WITH THE RESULTS OF RESCUE AND SURVIVAL:

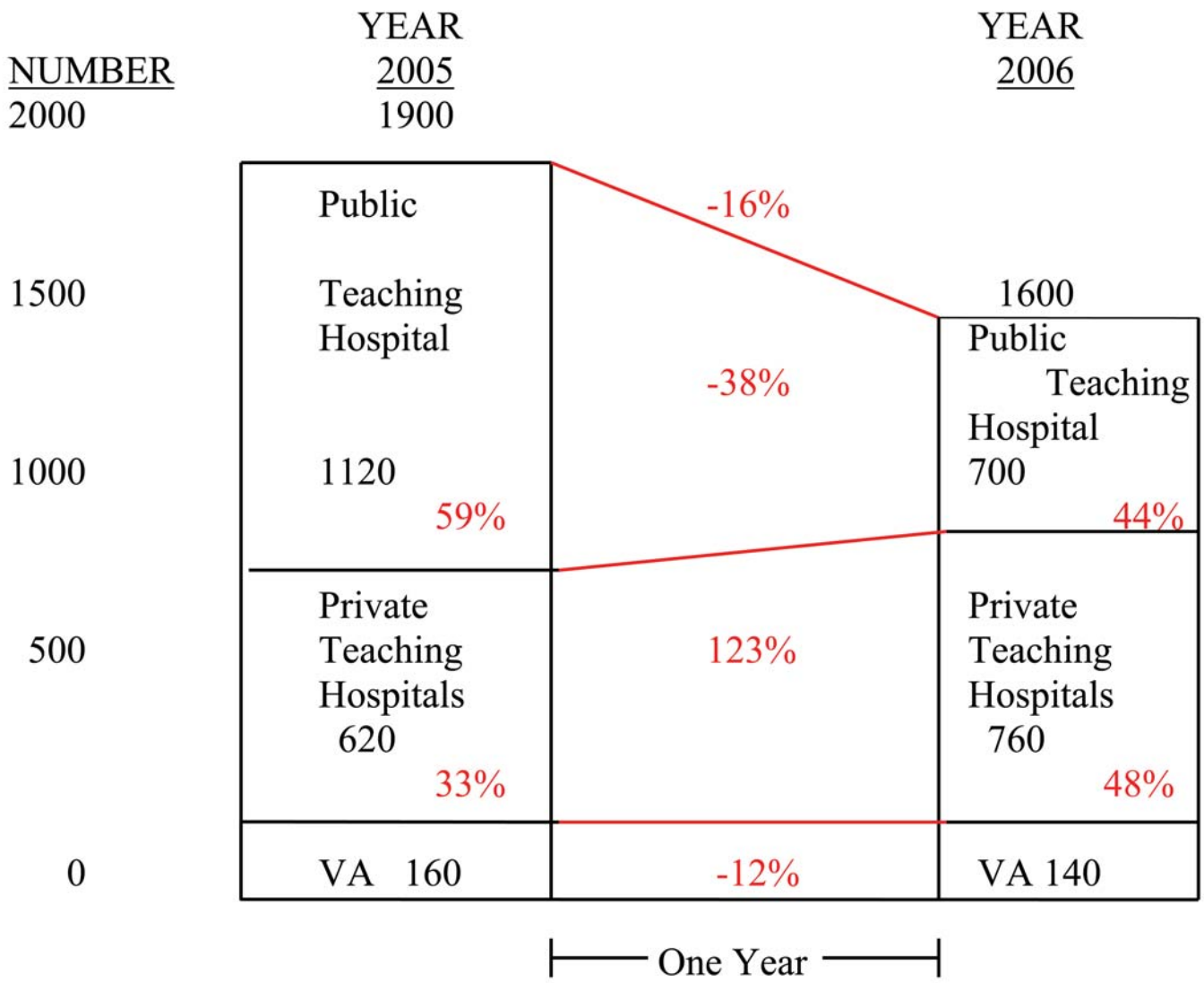
Never was so much done by so many for so many – GME was perpetuated by literally hundreds if not thousands of supportive, brave and understanding people.

In crisis, not just examination of, but use of alternative possibilities, saves as much of the day as possible.

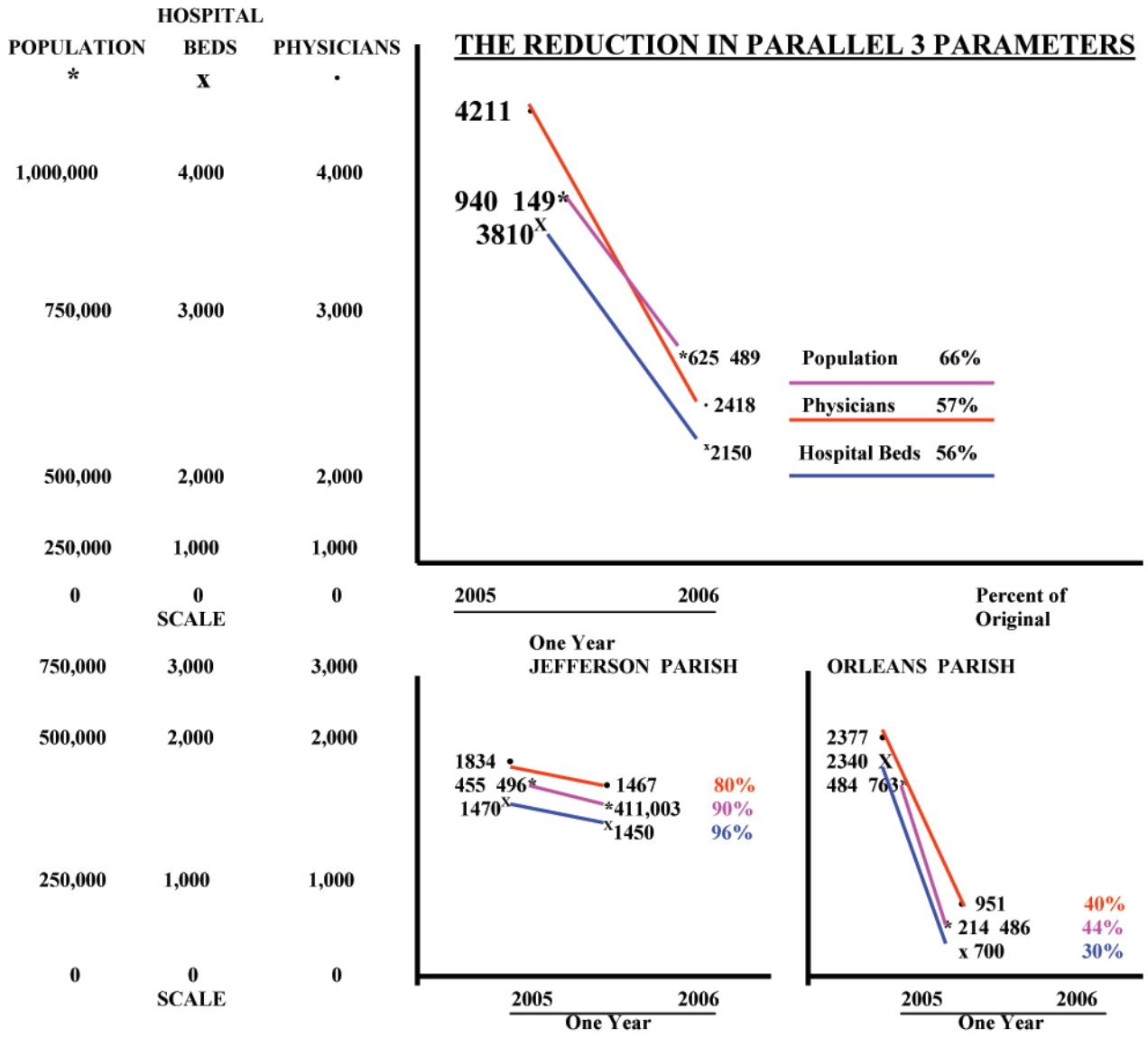
Essentials to crisis management are leadership, knowledge, wisdom, courage, understanding, loyalty and some luck.

We are dependent on each other to survive, and to improve GME in gathering sufficient resources and providing excellent education and patient care.

State of Louisiana
GME KATRINA KINETICS



ONE YEAR AFTER KATRINA



THE LOUISIANA STATE UNIVERSITY HEALTH CARE SERVICES DIVISION

Jean Louis would be amazed. This French seaman/boat builder gave us our start. He willed the monies necessary to build Le Hospital de Charite de St. Louis. He died in March of 1736 and within six months his estate was already at work in a small building in the old quarter of New Orleans bringing medical care to the poor.

The words Safety Net were not part of the vernacular in the era of Jean Louis. But they were obviously in his subconscious. That first Le Hospital de Charite most assuredly met today's definition of a safety net ... a place of health care sustenance for those who simply cannot afford a private medical system. Louisiana operates just such a strong, all-embracing Safety Net: The LSU Health Sciences Centers Health Care Services Division and the eight medical centers which fall under its banner. It serves as the medical home for over 600,000 Louisianans, providing inpatient, outpatient, and emergency services to the un- and under-insured.

Prior to Hurricane Katrina in August 2005, in State Fiscal Year 2005 the LSU-HCSD hospital system with its 350 clinics and 1,000 staffed beds provided 40,000 medical/surgical admissions, 6,000 psychiatric admissions, 850,000 clinic visits, and 400,000 emergency visits. Within its facilities the LSU-HCSD trained 1,200 medical residents and fellows and 4,000 nurses and allied health professionals. All of these accomplishments were made possible with 8,000 employees and an approximate budget of $850 million, with 74 percent of this amount federal funding through the Medicaid and Medicaid-Disproportionate Share Program.

After Hurricane Katrina the LSU-HCSD medical centers completed State Fiscal Year 2006 with 175 clinics and 600 staffed beds, and provided 25,000 medical/surgical admissions, 4,000 psychiatric admissions, 684,000 clinic visits, and 287,000 emergency visits—all with a budget of $711 million (76% of this amount being Medicaid and Medicaid-DSH) and 5,700 employees. With Katrina rendering the Medical Center of Louisiana at New Orleans vastly destroyed, the LSU-HCSD trained fewer health professionals -- approximately 700 medical residents and fellows and 2,000 nurses and allied health professionals.

THE LOUISIANA STATE UNIVERSITY HEALTH CARE SERVICES DIVISION

(continued)

The LSU-HCSD network is in the central portion of the state at Pineville where the Huey P. Long Medical Center serves Central Louisiana, and in the South in Houma, home base for the Leonard J. Chabert Medical Center. The southwest has University Medical Center in Lafayette and W.O. Moss Regional Medical Center in Lake Charles. Baton Rouge is served by Earl K. Long Medical Center. To the east is the Lallie Kemp Regional Medical Center in Independence, and, in Bogalusa, the Bogalusa Medical Center. And continuing its critical role as anchor of the system in New Orleans is the Medical Center of Louisiana with its University Hospital (formerly known as Hotel Dieu) and the historically endowed Charity Hospital, now known as the Reverend Avery C. Alexander Charity Hospital.

Louisiana's public hospital system is a unique, compassionate way to care for almost a million of our most vulnerable citizens and to assure that the young men and women who are healthcare career bound have quality centers of educational opportunities in which to grow their future in medicine. The LSU medical centers and clinics serve the most vulnerable, within State Fiscal Year 2005, 60 percent of our patients uninsured, 21 percent Medicaid eligibles, 15 percent Medicare eligibles, and 6 percent commercially insured. With a state uninsurance rate hovering at or above 20 percent for the last decade, the LSU hospitals are truly recognized as "Louisiana's Health System". Although specific figures are yet to be determined, in Louisiana's post-Hurricane Katrina era it appears that the state's uninsurance rate has significantly increased.

Table H Portrays the Pre and Post Katrina statistics of the HCSD:

The Health Care Services Division (HCSD)
Statistics and Comments Regarding Katrina

	FY Pre-K 2005	FY Post-K 2006
Hospitals	8	7
Clinics	350	175
Staffed Beds	1000	600
Med/Surg Admissions	40,000	25,000
Psych Admissions	6000	4,000
Clinic Visits	850,000	684,000
Emergency Visits	400,000	287,000
Education		
Med Residents & Fellows	1,200	700
Nurses & Allied Health	4,000	2,000
Employees	8,000	5,700
Budget	850,000,000	711,000,000
	74% Medicare and Medicaid	76% Medicaid + Medical DSH

Although the operating parameters are less, and represent the loss of MCLANO after Katrina, the system has responded in persistent and remarkable ways to provide much needed service and education. The HCSD Hospitals took on more patients, displaced and dispersed, and even then crowded – took on more residents, fellows, and students for education. Jean Louis would truly be amazed at the progress and persistence of the hospital created for the sick and the poor, and the resilience over many years to many insults – the latest called Katrina.

LSU SCHOOL OF DENTISTRY (LSUSD)

ORAL AND MAXILLOFACIAL SURGERY (OMFS) RESIDENT AND GENERAL PRACTICE RESIDENT (GPR) ACTIVITIES POST-KATRINA

Code Grey came via email Saturday, August 27, 2005 to LSUHSC in New Orleans and residents assigned to the Code Grey team reported to Charity-MCLNO. Since oral and maxillofacial surgeons (OMFS) are an integral part of the level-one trauma team, three OMFS residents and three interns reported for duty at Charity. Initially six OMFS residents/interns assisted other residents, faculty, and nurses with different tasks. For example, they helped move patients physically down stairs as well as equipment that had to be moved physically since there were no functioning elevators. The OMFS residents/interns also provided assistance in the care of critically ill patients.

Within 10 days of landfall of Hurricane Katrina to New Orleans, the OMFS residents had been placed at several LSU-HCSD facilities in Louisiana. They were placed at Huey P. Long Charity in Alexandria, Chabert Charity in Houma, and Earl K. Long Charity in Baton Rouge where their presence actually doubled. Prior to Katrina, the OMFS residents/interns had functioned at three locations in New Orleans: MCLNO (University and Charity Hospital), LSUHSC School of Dentistry, and at the Metairie Faculty Practice facility. As the residents were relocated, full and part-time faculty traveled many miles to oversee and coordinate activities at these distant sites. The administrative and medical support from our sister Charity hospitals was very welcoming and supportive.

November 15, 2005, the LSUHSC OMFS Faculty Practice facility in Metairie, Louisiana was able to reopen, and two OMFS residents began rotation. April 1, 2006, Elmwood Trauma hospital reopened and the OMFS residents, interns, and faculty began to function as a level-one trauma center much like the previous MCLNO facilities. Mid- December 2005, the OMFS residents and faculty began to function at the "interim" facility at the LSU School of Dentistry South Campus in Baton Rouge, Louisiana. Trauma patients treated at Elmwood quickly returned to pre-Katrina numbers by May-June 2006 and patients treated with penetrating wounds from gun-shots actually increased over pre-Katrina levels.

Throughout post-Katrina, the LSUHSC OMFS full and part-time faculty remained intact. Only two OMFS residents with families did not return because their spouses would not move back to the New Orleans area. The 2006/07 academic year had a successful OMFS MATCH and the intern class was filled. The effects of Hurricane Katrina have been a trying experience but many lessons were learned that will make the LSU OMFS all the stronger in the future.

LSU SCHOOL OF DENTISTRY (LSUSD)

Oral and Maxillofacial Surgery (OMFS) Resident and General Practice Resident (GPR) Activities Post-Katrina (Continued)

The GPR program was profoundly impacted by Hurricane Katrina. Not only was MCLNO GPR physical plant and the LSUSD inoperable, but a new GPR director reported for duty September 1, 2005. Many GPR residents evacuated to the GPR apartment in Alexandria, Louisiana. A few stayed in New Orleans, one was rescued five days later. One was out of the country and one was with family in a hotel in Ruston, Louisiana. At this time we had six second year residents and seven first year residents. By end of September, we had lost two first year residents due to family situations beyond our control and one resident took a leave of absence. One first year left the program and chose to go to another state.

By October 1, 2005, we had the following GPR rotations in place: 1) Pinecrest Development Center (PDC), Pineville, Louisiana; 2) Hammond Development Center & Lafayette Senior Clinic (L/H); 3) Huey P. Long Medical Center, Pineville, Louisiana (HPL); 4) HIV Outpatient Clinic at Huey P. Long -- England Air Park, Alexandria, Louisiana (HPL-EAP); 5) LSUSD Senior Clinic at HPL-EAP. Two second year residents worked at PDC's dental clinic in Pineville, Louisiana treating the residents on grounds. Another second year resident worked with Dr. Bruce Phillips, an OMFS at Huey P. Long Medical Center in Pineville while another second year worked with Dr. John Dagate at the Huey P. Long England Airpark dental clinic covering the senior clinic. A second year resident also worked at Hammond Developmental Center and Lafayette Senior Clinic. A first year resident worked in the Lafayette senior clinic two days a week and two days at the HIV outpatient clinic at the HPL-EAP clinic. One first year resident assisted the second year residents at PDC and two first year residents assisted the chief resident of OMF at Chabert Medical Center in Houma, Louisiana. In mid-October, GPR began manning the two chair clinic in the parking lot of MCLNO (University Hospital). Two second year residents were sent to University Hospital leaving three second year residents rotating between PDC, HPL-EAP senior and HOP clinic and HPL (OMFS). The first years rotated between Chabert and Alexandria. These activities continued until November 11 at which time the entire MCLNO Emergency Department/EMED unit moved into the New Orleans Convention Center Hall J with a six chair dental clinic.

November thru March, from this point, there were four second year residents in New Orleans and two in Alexandria rotating between Pinecrest and HPI. The first year residents maintained the rotations between Chabert in Houma, HIV outpatient clinic at HPL -- EAP, and PDC. Beginning in January, one intern rotated at Earl K. Long Hospital in Baton Rouge with the OMFS residents, eliminating the Pinecrest rotation. In early March 2007, the entire ED moved again to the old Lord & Taylor department store adjacent to the Louisiana Superdome. The Dental Clinic was placed on the second floor. This allowed expansion to five second year residents and two interns with rotations between Chabert and

the clinic in New Orleans. One second year remained at PDC and one intern remained at the HIV outpatient clinic in Alexandria during the spring of 2006, GPRs participated in journal clubs, as well as the meetings of the local components of the LDA. Currently, weekly "Patient Care Conferences" are held via teleconference between New Orleans and Baton Rouge and monthly "seminars" held the first Friday of every month.

Although the OMFS and GPR programs have had trying times, each program has risen to the occasion and is now functioning proficiently in new geographic venues. It is a tribute to the LSU, LSUHSC, LSUSD and LSU-HCSD administrative and departmental leadership that such a bright future could come from such a devastating disaster. To punctuate these statewide achievements, it must be noted that these two services saw approximately 150 patients per day from October 2005 thru early 2006, and many of these patients were Katrina victims.

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 a physician 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 institutions, hospitals and totals in columns as designated on each page can be cross-referenced.

INSTITUTION ABBREVIATIONS

AOMC	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 SPECIALITY AND INSTITUTION - FISCAL 2005

	Total	LSU	Ochsner	Tulane
Anesthesiology	2.45		.50	1.96
Dermatology	17.78	7.86		9.92
Dentistry	9.98	9.98		
Emergency medicine	45.12	45.12		
Family medicine	3.57	3.24		
Internal medicine	69.43	41.73		27.42
- Allergy, immunology	4.00			4.00
- Cardiology	17.89	9.97		7.92
- Endocrinology	3.17	2.00		1.17
- Gastroenterology	6.67	3.00		3.67
- Hematology and oncology	5.91	3.00		2.92
- Infectious disease	2.99	2.99		
- Nephrology	5.56	3.08		2.48
- Pulmonary disease and critical care	9.41	2.83		6.58
- Rheumatology	1.97	1.97		
Neurology	12.64	6.55		6.08
- Neurophysiology	2.50	2.50		
Neurological surgery	7.08	3.58		3.50
Obstetrics and gynecology	41.52	20.85		20.67
Ophthamology	19.97	11.80		8.17
- Cornea	1.96	1.96		
- Retina	1.00	1.00		
Oral Surgery	15.89	15.89		
Orthopaedic surgery	19.74	10.74		9.00
- Sports medicine	.50			.50
Otolaryngology	6.75	2.08		4.67
Pathology	22.40	10.90		11.50
- Blood Banking & Transfusion	1.00	1.00		
- Cytopathology	1.00	1.00		
Pediatrics	43.17	21.80		21.38
- Allergy, immunology	2.00	2.00		
- Cardiology	1.50			1.50

	Total	LSU	Ochsner	Tulane
- Endocrinology	.94	.94		
- Gastroenterology	1.00	1.00		
- Genetics	2.00			2.00
- Hematology and oncology	1.00	1.00		
- Infectious diseases	4.00	1.00		3.00
- Nephrology	1.00			1.00
- Neonatal-perinatal	.79	.79		
Physical medicine and rehabilitation	12.06	12.06		
- Musculoskeletal	1.00	1.00		
Psychiatry	34.07	17.20		16.88
- Forensic	.99	.99		
Psychiatry, Child	7.25	6.00		1.25
Radiology	23.18	21.26		1.92
- Musculoskeletal	.59	.59		
- Vascular interventional	.41	.41		
Surgery	43.04	20.65		22.40
- Vascular surgery	1.00	1.00		
Surgery, Plastic	3.83	3.00		.83
Thoracic surgery	1.00	1.00		
Urology	4.99	2.99		2.00
Transitional year	12.42			12.42
Medicine/Pediatrics	30.42	23.51		6.92
Internal medicine/Emergency medicine	7.16	7.16		
Internal medicine/Physical medicine and rehabilitation	1.20	1.20		
Not Classified	6.08	6.08		
Primary Care Residents	157.69	87.61		69.46
% Residents and Fellows in Primary Care	25.94%	22.98%		0.31
% Residents in Primary Care	30.08%	22.98%		0.31
Total Residents	524.21	334.25	0.50	188.85
Total Fellows	83.74	47.01		36.73
Total Residents and Fellows	607.95	381.25	0.50	225.58

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER NEW ORLEANS

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2005

	TOTAL	PUBLIC	HCSD	MCLNO	CHILD	VANO	EKL	UMC	AOMC	TOURO	OTHER
Dermatology	13.92	8.86	8.86	7.86		3.99	1.00		1.00	.08	
Dentistry	10.98	9.98	9.98	9.98		1.00					
Emergency medicine	57.76	47.02	47.02	45.12	.59				4.40	1.58	6.06
Family medicine	37.53	6.13	6.13	3.24				.50			21.42
Internal medicine	50.45	41.73	41.73	41.73						4.65	4.07
- Cardiology	14.96	9.97	9.97	9.97						2.99	2.00
- Endocrinology	2.00	2.00	2.00	2.00							
- Gastroenterology	5.98	3.00	3.00	3.00							2.98
- Hematology and oncology	5.98	3.00	3.00	3.00							2.99
- Hyperbaric	3.00										3.00
- Infectious disease	4.21	3.21	3.21	2.99				.22			1.00
- Nephrology	6.07	3.08	3.08	3.08					1.99		1.00
- Pulmonary disease and critical care	8.98	2.83	2.83	2.83					3.24		2.91
- Rheumatology	2.00	1.97	1.97	1.97							.03
Neurology	9.56	6.55	6.55	6.55	.93					.08	1.99
- Neurophysiology	6.30	2.50	2.50	2.50						.56	2.23
- Pediatric Neurology	1.00				1.00						
Neurological surgery	5.99	3.58	3.58	3.58	.41				2.00		
Obstetrics and gynecology	35.51	32.50	32.50	20.85			8.69	2.96			3.02
Ophthamology	27.92	15.79	15.79	11.80	.91	2.99	1.99		6.07	.08	4.07
- Cornea	1.96	1.96	1.96	1.96							
- Retina	1.00	1.00	1.00	1.00							
Oral Surgery	25.12	17.63	17.63	15.89		.32	1.74				7.17
Orthopaedic surgery	19.50	14.41	14.41	10.74	1.99		2.99	.67			.39
Otolaryngology	11.97	4.07	4.07	2.08	1.99	2.91		1.99			2.99
Pathology	12.96	10.90	10.90	10.90		1.93					.13
- Blood Banking & Transfusion	1.00	1.00	1.00	1.00							
- Cytopathology	1.00	1.00	1.00	1.00							
Pediatrics	54.54	21.80	21.80	21.80	31.29						1.46
- Allergy, immunology	3.85	2.00	2.00	2.00	1.00						.85
- Endocrinology	2.35	.94	.94	.94	.99						.42

	TOTAL	PUBLIC	HCSD	MCLNO	CHILD	VANO	EKL	UMC	AOMC	TOURO	OTHER
- Special Fellow	2.10				2.10						
- Gastroenterology	2.00	1.00	1.00	1.00	1.00						
- Hematology and oncology	2.98	1.00	1.00	1.00	1.98						
- Infectious diseases	2.00	1.00	1.00	1.00							1.00
- Neonatal-perinatal	2.99	.79	.79	.79	1.49						.72
Physical medicine and rehabilitation	22.27	12.06	12.06	12.06		2.90			2.82	3.41	1.09
- Musculoskeletal	1.99	1.00	1.00	1.00		1.00					
Psychiatry	35.99	17.20	17.20	17.20					12.40	.22	6.19
- Forensic	1.99	.99	.99	.99							1.00
- Geriatric	1.46					.49			.98		
Psychiatry, Child	6.00	6.00	6.00	6.00							
Radiology	27.91	21.26	21.26	21.26	1.96	3.99					.46
- Abdominal imaging	1.00										1.00
- Musculoskeletal	2.74	.59	.59	.59							2.16
- Neuroradiology	1.43										1.43
- Vascular interventional	2.96	.41	.41	.41							2.55
Surgery	50.79	32.19	32.19	20.65	2.00	7.40	6.17	5.37	1.00		8.20
- Vascular surgery	1.00	1.00	1.00	1.00							
Surgery, Plastic	4.32	3.00	3.00	3.00		1.00					.33
Thoracic surgery	1.99	1.00	1.00	1.00	.34	.66					
Urology	7.98	2.99	2.99	2.99	1.00				3.99		
Medicine/Pediatrics	27.12	23.51	23.51	23.51						1.93	1.68
Internal medicine/Emergency medicine	9.97	7.82	7.82	7.16	.39				.33	.50	1.60
Internal medicine/Physical medicine and rehabilitation	1.61	1.20	1.20	1.20		.17			.08	.08	.08
Not Classified	8.00	6.08	6.08	6.08					.08		1.83
Primary Care Residents	205.16	125.66	125.66	111.12	31.29	0.00	8.69	3.46	0.00	6.58	31.65
% Residents and Fellows in Primary Care	30.35%	29.74%	29.74%	29.15%	58.64%	0.00%	38.48%	29.51%	0.00%	40.71%	30.59%
% Residents in Primary Care	35.51%	33.49%	33.49%	33.25%	71.45%	0.00%	38.48%	30.08%	0.00%	52.19%	42.64%
Total Residents	577.69	375.27	375.27	334.25	43.79	29.25	22.58	11.50	34.17	12.61	74.22
Total Fellows	98.29	47.23	47.23	47.01	9.56	1.49	0.00	0.22	6.21	3.55	29.25
Total Residents and Fellows	675.98	422.50	422.50	381.25	53.35	30.74	22.58	11.72	40.38	16.17	103.47

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
EARL K. LONG MEDICAL CENTER - BATON ROUGE
GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2005

Specialties	TOTAL	PUBLIC	HCSD	EKL	BRG	Other
Emergency medicine	36.32	14.62	14.62	14.62	21.53	
Internal medicine	38.14	36.38	36.38	36.10	1.11	.50
Primary Care Residents	38.14	36.38	36.38	36.10	1.11	.92
% Residents and Fellows in Primary Care	51.22%	71.33%	71.33%	71.17%	4.90%	100%
% Residents in Primary Care	51.22%	71.33%	71.33%	71.17%	4.90%	100%
Total Residents	74.47	51.00	51.00	50.72	22.64	.92
Total Fellows	0.00	0.00	0.00	0.00	0.00	0.00
Total Residents and Fellows	74.47	51.00	51.00	50.72	22.64	.92

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
UNIVERSITY MEDICAL CENTER - LAFAYETTE

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2005

	TOTAL	PUBLIC	HCSD	UMC	Health South	Other
Family medicine	24.52	24.24	24.24	24.24	0.00	0.28
Internal medicine	23.50	21.45	21.45	21.45	0.99	1.07
Primary Care Residents	48.02	45.69	45.69	45.69	0.99	1.35
% Residents and Fellows in Prim	100.00%	100.00%	100.00%	100.00%	100.00%	100%
% Residents in Primary Care	100.00%	100.00%	100.00%	100.00%	100.00%	100%
Total Residents	48.02	45.69	45.69	45.69	0.99	1.35
Total Fellows	0.00	0.00	0.00	0.00	0.00	0.0
Total Residents and Fellows	48.02	45.69	45.69	45.69	0.99	1.35

TULANE MEDICAL CENTER

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2005

	TOTAL	PUBLIC	HCSD	TMC	AOMC	HPL	MCLNO	TOURO	VAB	VANO	OTHER
Anesthesiology	30.33	1.96	1.96	24.33			1.96			1.33	2.71
Dermatology	12.92	9.92	9.92	1.00	1.00		9.92		1.00		
Internal medicine	87.21	27.42	27.42	12.00			27.42			47.79	
- Allergy, immunology	4.00	4.00	4.00				4.00				
- Cardiology	20.17	7.92	7.92	4.67			7.92			5.00	2.58
- Endocrinology	4.08	1.17	1.17	.92			1.17			1.00	1.00
- Gastroenterology	9.42	3.67	3.67	2.75			3.67			2.00	1.00
- Geriatric medicine	3.75									3.75	
- Hematology and oncology	5.83	2.92	2.92	1.83			2.92			1.00	.08
- Infectious disease	4.00									1.00	3.00
- Nephrology	6.33	2.48	2.48	1.48			2.48			2.00	.38
- Pulmonary disease and critical care	11.08	6.58	6.58	2.00			6.58			2.50	
Neurology	14.58	6.08	6.08	3.83	.83		6.08			3.83	
Neurological surgery	7.00	3.50	3.50	1.50			3.50			2.00	
Obstetrics and gynecology	29.67	24.08	24.08	3.58		3.42	20.67	2.00			
Ophthamology	19.33	9.33	9.33	5.00		1.04	8.17		2.00	2.00	1.13
Orthopaedic surgery	25.08	9.00	9.00	10.00			9.00			4.00	2.08
- Sports medicine	1.00	.50	.50	.50			.50				
Otolaryngology	12.00	4.67	4.67	2.00	3.67		4.67		1.67		
Pathology	15.50	11.50	11.50	4.00			11.50				
Pediatrics	38.33	21.38	21.38	16.96			21.38				
- Cardiology	3.25	1.50	1.50	1.75			1.50				
- Genetics	2.00	2.00	2.00				2.00				
- Infectious diseases	3.00	3.00	3.00				3.00				
- Nephrology	1.92	1.00	1.00				1.00				.92
Preventive medicine	4.17									1.50	2.67
Psychiatry	28.63	16.88	16.88	6.00			16.88			5.75	
- Forensic	3.00										3.00
Psychiatry, Child	2.71	1.25	1.25	1.46			1.25				
Radiology	18.40	1.92	1.92	12.36			1.92	1.21		1.50	1.42
Surgery	39.42	26.48	26.48	12.19		4.08	22.40	.75			
Surgery, Plastic	2.00	1.00	1.00	.50	.50		.83				.17
Urology	8.00	2.00	2.00	2.50			2.00			2.50	1.00
Transitional year	12.42	12.42	12.42				12.42				
Medicine/Pediatrics	6.92	6.92	6.92				6.92				

	TOTAL	PUBLIC	HCSD	TMC	AOMC	HPL	MCLNO	TOURO	VAB	VANO	OTHER
Primary Care Residents	162.13	79.79	79.79	32.54	0.00	3.42	76.38	2.00	0.00	47.79	0.00
% Residents and Fellows in Primary Care	32.59%	34.04%	34.04%	24.09%	0.00%	)00.00%	33.86%	50.53%	0.00%	52.83%	0.00%
% Residents in Primary Care	39.10%	40.36%	40.36%	27.30%	0.00%	)00.00%	40.44%	50.53%	0.00%	0.00%	0.00%
Total Residents	414.61	197.69	197.69	119.21	6.00	8.54	188.85	3.96	4.67	72.21	11.17
Total Fellows	82.83	36.73	36.73	15.90	0.00	0.00	36.73	0.00	0.00	18.25	11.96
Total Residents and Fellows	497.44	234.42	234.42	135.11	6.00	8.54	225.58	3.96	4.67	90.46	23.13

OCHSNER CLINIC FOUNDATION

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2005

Specialties	TOTAL	PUBLIC	HCSD	AOMC	MCLNO	LJC	All Other
nesthesiology	16.00	.50	.50	15.50	.50		
nternal medicine	57.98	.33	.33	56.76		.33	.90
- Cardiology	19.82			19.82			
- 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	2.00			2.00			
bstetrics and gynecology	16.00	7.66	7.66	8.26		7.66	.08
- Glaucoma	1.00			1.00			
rthopaedic surgery	10.42	2.00	2.00	7.57		2.00	.85
adiology	21.00			20.90			.10
- MRI	2.00			2.00			
urgery	30.96	5.99	5.99	22.97		4.99	3.00
- Colon & Rectal	2.81			2.81			
- Vascular surgery	2.00			2.00			
horacic surgery	2.00			2.00			
rology	8.00	3.00	3.00	4.00			4.00
rimary Care Residents	73.98	7.99	7.99	65.01	0.00	7.99	0.98
Residents and Fellows in Primary Care	36.09%	41.02%	41.02%	36.00%	0.00%	53.34%	10.95%
Residents in Primary Care	45.57%	41.02%	41.02%	47.13%	0.00%	53.34%	10.95%
otal Residents	162.36	19.47	19.47	137.95	0.50	14.98	8.93
otal Fellows	42.63	0.00	0.00	42.63	0.00	0.00	0.00
otal Residents and Fellows	204.99	19.47	19.47	180.59	0.50	14.98	8.93

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER SHREVEPORT

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2005

	TOTAL	PUBLIC	HCSD LSUSHR	OBVA	EAC	RAPIDES	WK	OTHER
Anesthesiology	23.33	20.25	20.25	3.08				
- Pain Management	2.83	2.83	2.83					
Dermatology	2.00	2.00	2.00					
Emergency medicine	7.00	6.25	6.25	.75				
Family medicine	54.83	33.75	11.42	1.00	22.33	16.17		3.92
Internal medicine	56.17	45.58	45.58	10.58				
- Allergy, immunology	4.08	4.08	4.08					
- Cardiology	9.96	7.00	7.00	2.96				
- Endocrinology	1.92	.92	.92	1.00				
- Gastroenterology	3.00	2.08	2.08	.75			.17	
- Hematology and oncology	13.33	12.17	12.17	1.17				
- Infectious disease	2.00	1.21	1.21	.79				
- Nephrology	5.08	3.25	3.25	.92			.92	
- Pulmonary disease and critical care	5.92	2.29	2.29	3.63				
- Rheumatology	2.85	1.88	1.88	.98				
Neurological surgery	5.00	5.00	5.00					
Obstetrics and gynecology	22.08	21.29	16.29		5.00		.79	
Ophthamology	9.00	7.00	6.00	2.00	1.00			
Oral Surgery	11.00	10.92	10.92	.08				
Orthopaedic surgery	14.42	10.42	10.42	2.00				2.00
Otolaryngology	7.58	5.67	5.67	1.92				
- Fellow	1.00	1.00	1.00					
Pathology	15.25	15.25	15.25					
Pediatrics	19.25	19.25	19.25					
- Neonatal-perinatal	3.83	3.83	3.83					
Psychiatry	17.08	16.37	14.63	.71	1.75			
Radiology	13.00	13.00	13.00					
Surgery	31.75	23.75	19.75	2.67	4.00		5.33	
- Critical care surgery	2.17	2.17	2.17					
- Colon & Rectal	1.00							1.00
Urology	8.00	4.00	4.00	2.00			2.00	

	TOTAL	PUBLIC	HCSD	LSUSHR	OBVA	EAC	RAPIDES	WK	OTHER
Medicine/Pediatrics	8.00	7.75		7.75	.25				
Primary Care Residents	160.33	127.62	0.00	100.29	11.83	27.33	16.17	0.79	3.92
% Residents and Fellows in Primary Care	41.78%	40.88%	#Num!	36.06%	30.17%	80.20%	100.00%	8.60%	56.63%
% Residents in Primary Care	49.37%	47.71%	#Num!	42.97%	43.76%	80.20%	100.00%	9.74%	66.20%
Total Residents	324.75	267.50	0.00	233.42	27.04	34.08	16.17	8.13	5.92
Total Fellows	58.98	44.71	0.00	44.71	12.18	0.00	0.00	1.08	1.00
Total Residents and Fellows	383.73	312.21	0.00	278.13	39.23	34.08	16.17	9.21	6.92

BATON ROUGE GENERAL MEDICAL CENTER

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2005

	TOTAL	PUBLIC	HCSD	BRG
Family medicine	22.00	0.00	0.00	22.00
Primary Care Residents	22.00	0.00	0.00	22.00
% Residents and Fellows in Prim	100.00%			100.00%
% Residents in Primary Care	100.00%			100.00%
Total Residents	22.00	0.00	0.00	22.00
Total Fellows	0.00	0.00	0.00	0.00
Total Residents and Fellows	22.00	0.00	0.00	22.00

EAST JEFFERSON MEMORIAL HOSPITAL

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2005

	TOTAL	PUBLIC	HCSD	EJEFF	MCLNO	CHILD
Family medicine	16.58	0.33	0.33	15.25	0.33	1.00
Primary Care Residents	16.58	0.33	0.33	15.25	0.33	1.00
% Residents and Fellows in Primary Care	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	16.58	0.33	0.33	15.25	0.33	1.00
Total Fellows	0.00	0.00	0.00	0.00	0.00	0.00
Total Residents and Fellows	16.58	0.33	0.33	15.25	0.33	1.00

SPECIALITY AND INSTITUTION SUMMARY

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2005

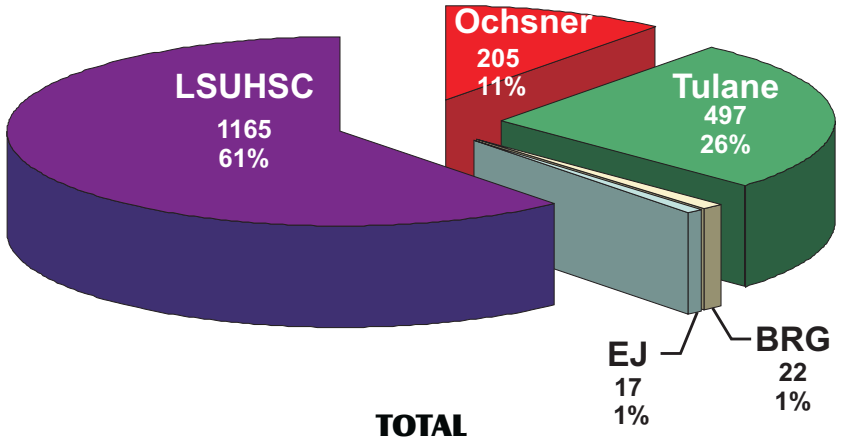
	TOTAL	LSU-NO	LSU-SHR	Tulane	Ochsner	EKL	UMC	EJEFF	BRG
Anesthesiology	69.67		23.33	30.33	16.00				
- Pain Management	2.83		2.83						
Dermatology	28.84	13.92	2.00	12.92					
Dentistry	10.98	10.98							
Emergency medicine	101.08	57.76	7.00			36.32			
Family medicine	143.09	25.16	54.83				24.52	16.58	22.00
Internal medicine	312.47	50.45	56.17	87.21	57.98	38.14	22.52		
- Allergy, immunology	8.08		4.08	4.00					
- Cardiology	64.91	14.96	9.96	20.17	19.82				
- Endocrinology	10.00	2.00	1.92	4.08	2.00				
- Gastroenterology	24.40	5.98	3.00	9.42	6.00				
- Geriatric medicine	3.75			3.75					
- Hematology and oncology	25.15	5.98	13.33	5.83					
- Hepatology	1.00				1.00				
- Hyperbaric	3.00	3.00							
- Infectious disease	12.21	4.21	2.00	4.00	2.00				
- Nephrology	17.48	6.07	5.08	6.33					
- Oncology	2.00				2.00				
- Pulmonary disease and critical	25.98	8.98	5.92	11.08					
- Rheumatology	6.85	2.00	2.85		2.00				
Neurology	24.14	9.56		14.58					
- Neurophysiology	5.30	5.30							
- Pediatric Neurology	1.00	1.00							
Neurological surgery	17.99	5.99	5.00	7.00					
Obstetrics and gynecology	103.26	35.51	22.08	29.67	16.00				
Ophthamology	56.25	27.92	9.00	19.33					
- Cornea	1.96	1.96							
- Glaucoma	1.00				1.00				
- Retina	1.00	1.00							
Oral Surgery	36.12	25.12	11.00						
Orthopaedic surgery	66.72	16.79	14.42	25.08	10.42				
- Sports medicine	1.00			1.00					
Otolaryngology	31.55	11.97	7.58	12.00					
- Fellow	1.00		1.00						
Pathology	43.71	12.96	15.25	15.50					

	TOTAL	LSU-NO	LSU-SHR	Tulane	Ochsner	EKL	UMC	EJEFF	BRG
- Blood Banking & Transfusion	1.00	1.00							
- Cytopathology	1.00	1.00							
Pediatrics	112.13	54.54	19.25	38.33					
- Allergy, immunology	3.85	3.85							
- Cardiology	3.25			3.25					
- Endocrinology	2.35	2.35							
- Special Fellow	2.10	2.10							
- Gastroenterology	2.00	2.00							
- Genetics	2.00			2.00					
- Hematology and oncology	2.98	2.98							
- Infectious diseases	5.00	2.00		3.00					
- Nephrology	1.92			1.92					
- Neonatal-perinatal	6.83	2.99	3.83						
Physical medicine and rehabilitati	22.27	22.27							
- Musculoskeletal	1.99	1.99							
Preventive medicine	4.17			4.17					
Psychiatry	81.70	35.99	17.08	28.63					
- Forensic	4.99	1.99		3.00					
- Geriatric	1.46	1.46							
Psychiatry, Child	8.71	6.00		2.71					
Radiology	80.06	27.66	13.00	18.40	21.00				
- Abdominal imaging	1.00	1.00							
- MRI	2.00				2.00				
- Musculoskeletal	2.74	2.74							
- Neuroradiology	1.43	1.43							
- Vascular interventional	2.96	2.96							
Surgery	152.91	50.79	31.75	39.42	30.96				
- Critical care surgery	2.17		2.17						
- Colon & Rectal	3.81		1.00		2.81				
- Vascular surgery	3.00	1.00			2.00				
Surgery, Plastic	6.32	4.32		2.00					
Thoracic surgery	3.99	1.99			2.00				
Urology	31.98	7.98	8.00	8.00	8.00				
Transitional year	12.42			12.42					
Medicine/Pediatrics	42.03	27.12	8.00	6.92					

	TOTAL	LSU-NO	LSU-SHR	Tulane	Ochsner	EKL	UMC	EJEFF	BRG
Internal medicine/Emergency me	9.97	9.97							
Internal medicine/Physical medici	1.61	1.61							
Not Classified	8.00	8.00							
Primary Care Residents	712.99	192.78	160.33	162.13	73.98	38.14	47.04	16.58	22.00
% Residents and Fellows in Primary Care	37.41%	29.23%	41.78%	32.59%	36.09%	51.22%	100.00%	100.00%	100.00%
% Residents in Primary Care	43.90%	34.28%	49.37%	39.10%	45.57%	51.22%	100.00%	100.00%	100.00%
Total Residents	1624.17	562.36	324.75	414.61	162.36	74.47	47.04	16.58	22.00
Total Fellows	281.73	97.29	58.98	82.83	42.63	0.00	0.00	0.00	0.00
Total Residents and Fellows	1905.90	659.65	383.73	497.44	204.99	74.47	47.04	16.58	22.00

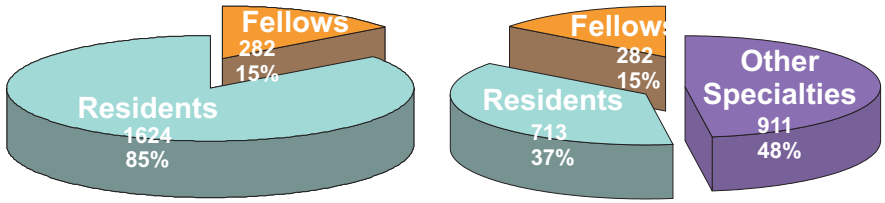
2005 GME IN LOUISIANA

INSTITUTIONAL PROGRAMS BASE



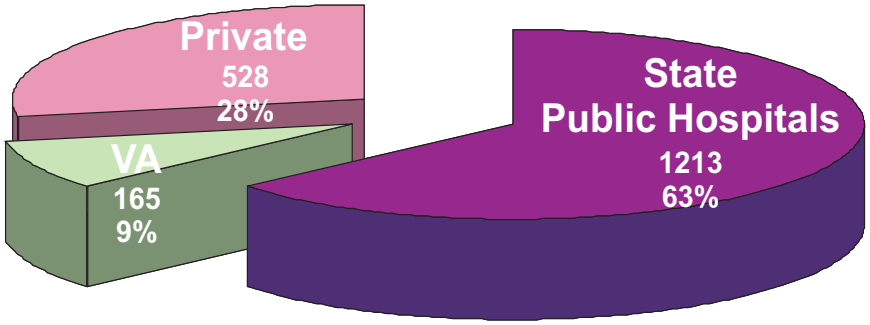
TOTAL
1906
100%

RESIDENTS AND FELLOWS



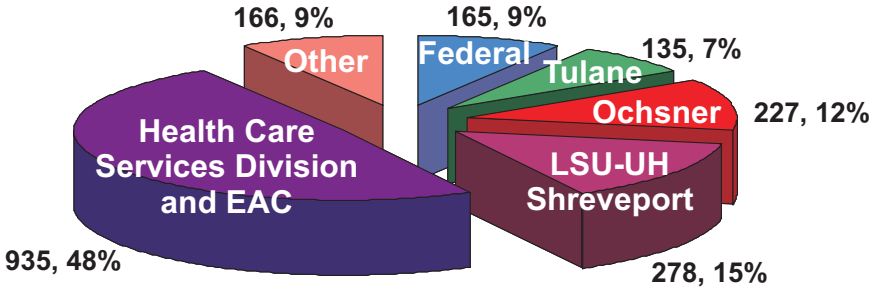
TOTAL
1906
100%

HOSPITAL DISTRIBUTION



Total
1906
100%

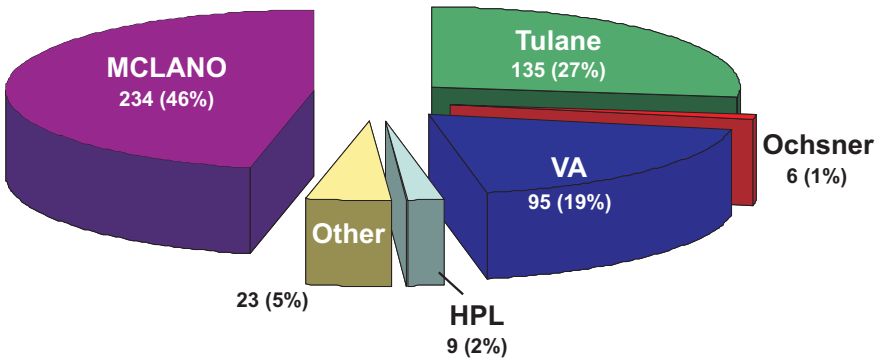
HOSPITALS



Total
1906
100%

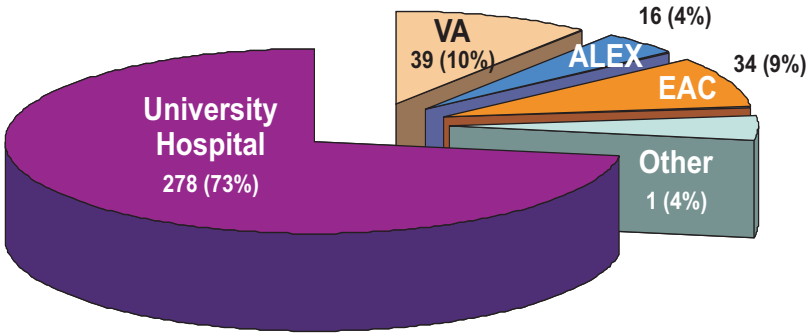
2005 GME HOSPITALS IN LOUISIANA

TULANE



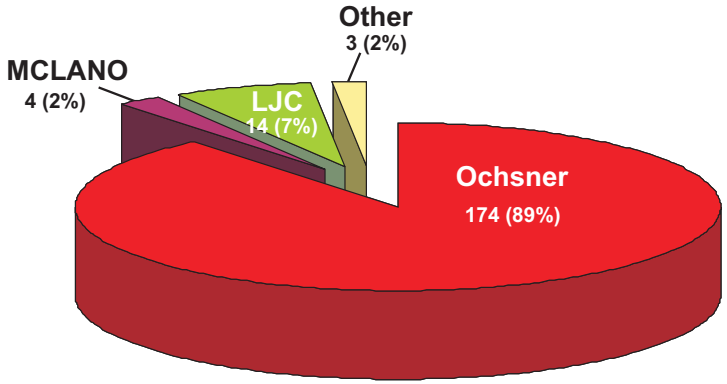
TOTAL
497
100%

LSUHSC - SHREVEPORT



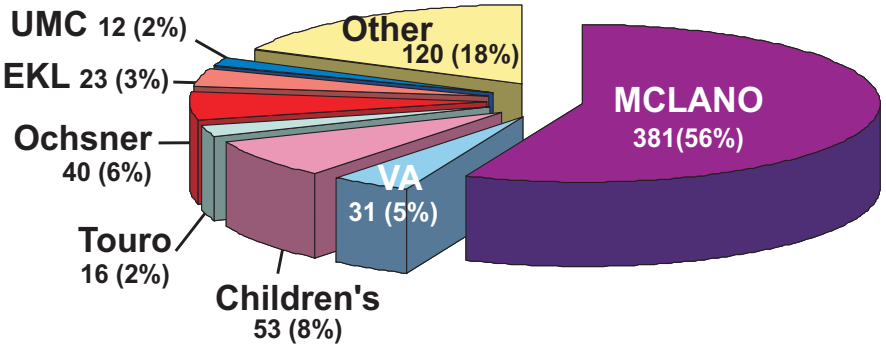
TOTAL
384
100%

OCHSNER



Total
195
100%

LSUHSC - NEW ORLEANS



Total
676
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 2006-2007. The parallel and sequential columns show the PGY 1-6 data from prior years.

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.

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, 2006, when this years GME numbers and schedules are available.

Since the stipend increases are proposed for the year following, 2006-2007, this continuity depends on the usual, now reasonably established, conservative assumptions on recruitment, 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 2004-05 $ Change	1997-98 to 2004-05 % 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
2005-06	$38,598	$39,733	$41,183	$42,847	$44,324	$46,262
EST. 2006-07	$41,468	$42,829	$44,432	$46,168	$47,814	$49,390

*Does not reflect fellow stipends

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 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. The repair and rejuvenation of Katrina damaged institutions is the number one recommendation: Flexibility in management, resources provided for specific purposes, and support by all parties across the State are key in coming back and moving forward.

II. 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. State fund reductions on occasion in some years for the public hospitals have made serious 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, and has become profoundly important after Katrina. Decreasing numbers in GME programs occurred. Major geographic and public/private hospital shifts saved the day. More changes will occur as reconstruction takes place, and will require attention to accreditation regulations

Workforce Planning:

3) The total numbers in GME in Louisiana were relatively stable and include a strong emphasis on primary care. The increase in primary care GME programs has been a substantial gain, receding now to a plateau designed 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 and responsive to changes in concerns of the public and policies of governmental bodies in a timely fashion. Institutions hit by Katrina will need resources and time to become competitive again.

5) Faculty supervision and suitable administrative supports should be provided and coordinated in the context of the GME programs.

III. 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 2007-2008. 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, and in rebuilding after the storm.

3) Adequate funds to support the State teaching hospitals in their educational mission is essential. This takes on new significance after Katrina, because of such devastating damage.

4) Present contracts and current working arrangements are in place but may require revisions.

IV. 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.

V. Communication:

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