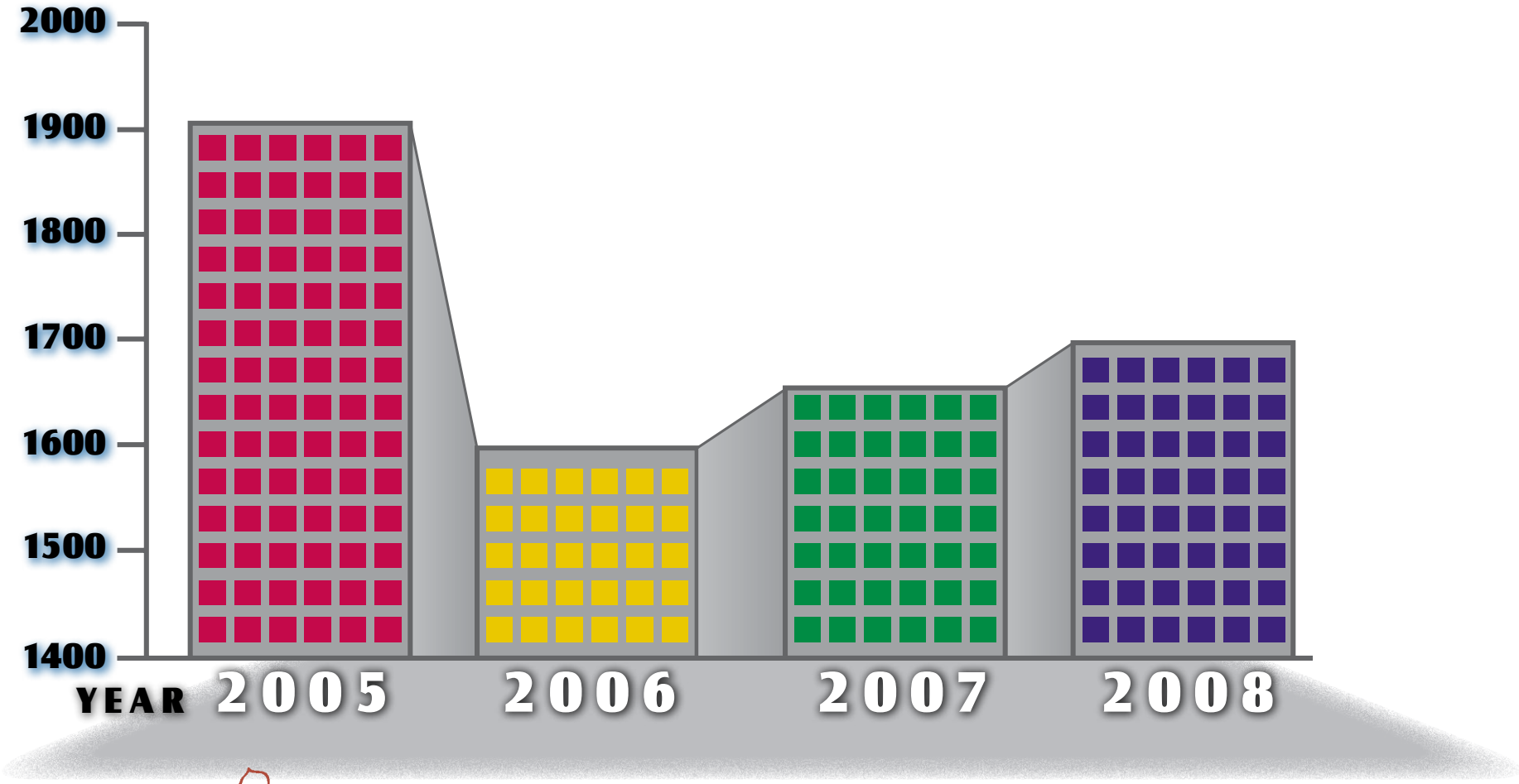
The Medical Education Commission



State of Louisiana

Eleventh Annual Report: 2008

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

Alan Levine, Secretary
Department of Health & Hospitals
P.O. Box 629
Baton Rouge, LA

Dear Secretary Levine:

The Medical Education Commission is issuing this Eleventh Annual Report 2008. 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. While changes in institutional leadership have occurred practically everywhere, I would like to commend the steady and excellent work of Kurt Braun, Ph.D. in preparation of these reports.

The Commission reports the multi-year changes in data on GME after the biggest traumatic event ever in Louisiana – Katrina. The changes in GME are detailed to show in a public/private partnership the steady and excellent past record compared with change and uncertainty from the storm now at least stable, slowly improving. The institutions mounted a courageous and innovative response in geographic and infrastructure relocation, and now are moving forward in recovery 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

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ANNOUNCEMENT

THE MEDICAL EDUCATION COMMISSION HAS CHANGED AND ADDED TO OUR 2008 ANNUAL REPORT PRESENTATION.

The website is the expanded version, with color, at lsuhsc.edu/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, Pinsky W, Braun K, Wiese J, et al. The Medical Education Commission Report 2008: GME is Recovering from Katrina. J LA State Med Soc. 2008; IN PRESS.

2) 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.

3) 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.

4) 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.

5) 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.

6) 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.

7) 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.

8) 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.

9) 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 2008

The Eleventh 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 in Recovery and Restoration.

Three years after the enormous trauma of Katrina, the data presented in our eleventh report updates the recovery after the initial responses, and the hope of continued, improvement and restoration.

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 tenth report provides new information and trends on Physician Supply. The recommendations address both the long and short-term cycles and concerns for the future of GME in Louisiana. The most immediate priority once again 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. Jeff Weise (Tulane), Dr. William Pinsky (Ochsner), Staff Member: Dr. Kurt Braun (HCSD), and by Dr. Charles Hilton (LSUHSC), Dr. Andy Chesson (LSUHSC), Dr. Henry Gremillion (LSUHSC), and Dr. Jimmy Guidry (DHH).

The Medical Education Commission (MEC) is reporting data, about the impact of Katrina on GME in Louisiana two years later. This edition includes the new match for PGY-1 and PGY-2 in 2008, with noted trends from 2004 through 2008.

These narratives and data characterize the public/private partnerships 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.

The ongoing priority is to 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
Jeff Weise, 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. Recovery from losses is not yet complete.

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. The hospitals in New Orleans suffered severe damage from Katrina, closing Medical Center of Louisiana New Orleans (MCLANO). 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, before Katrina in 2005, 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 shows the decreases and recovery so far.

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 Eleventh Annual Report of the data on GME has been constructed to be accurate and detailed for the years, 2008, 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
July 30, 1997
August 27, 1997
October 1, 1997
November 19, 1997

Second Report Dates
January 21, 1998
February 10, 1998
March 23, 1998
June 9, 1998
July 30, 1998
August 26, 1998
September 30, 1998
November 4, 1998

Third Report Dates
March 2, 1999
May 6, 1999
August 17, 1999
September 28, 1999

Fourth Report Dates
January 25, 2000
March 29, 2000
May 30, 2000
August 22, 2000

Fifth Report Dates
April 24, 2001
July 12, 2001
December 17, 2001

Sixth Report Dates
January 28, 2002
July 22, 2002
October 28, 2002

Seventh Report Dates
January 28, 2003
July 29, 2003
August 26, 2003

Eighth Report Dates
May 11, 2004
September 27, 2004
November 23, 2004

Ninth Report Dates
December 15, 2005*
June, 2006*
July 24, 2006
*Telephone Conferences

Tenth Report Dates
September 6, 2007
May 21, 2007

Eleventh Report Dates
October 6, 2008
June 3, 2008

MEDICAL EDUCATION COMMISSION

The Match

The success of the match in Louisiana this year 2008 is a sign of resurgence of GME in LA. The Medical Education Commission (MEC) therefore provides expanded and updated information on the details and importance of the events of the last four 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 seven 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, 2006, 2007 and 2008 matching processes are represented in the following tables and graphics:

- 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 each year.
- Pie charts depict institutional proportions on the match in 2008 on the website

The aftermath of Katrina on matching new residents is remarkably good for those institutions hardest hit, as well as all affected. There are however, a few more seniors from the Medical Schools staying for residency in Louisiana than last year. There are more Residents, than last year, responding to Katrina, in the Table Summary on five year trends.

MEDICAL EDUCATION COMMISSION

The Match
(continued)

The 2008 year after Katrina and Rita in 2005 showed continuing recovery, with some increases compared with 2006-2007 as well as deficits.

Total LA PGY-1 slots filled (406) after the scramble were back up by a gain of 17 in third match post Katrina and Rita. PGY-2 recruitment in the NRMP match remained the same, (15) for a grand total of 421 for 2008.

The number of graduating seniors in Louisiana from the three medical schools decreased to 395, down from 417 one year ago and 409 two years ago.

Of these 395 graduates, 143 were retained in GME slots in LA. Moreover, 270 additional USMG's and IMG's were recruited, the largest numbers in at least 11 years.

Of interest is that the PGY-1 places (about 400 slots) offered are generally equal to the number of senior graduates, and the Graduating seniors leaving (249) are mre than equally replaced (270) by recruitment of out-of-state medical graduates.

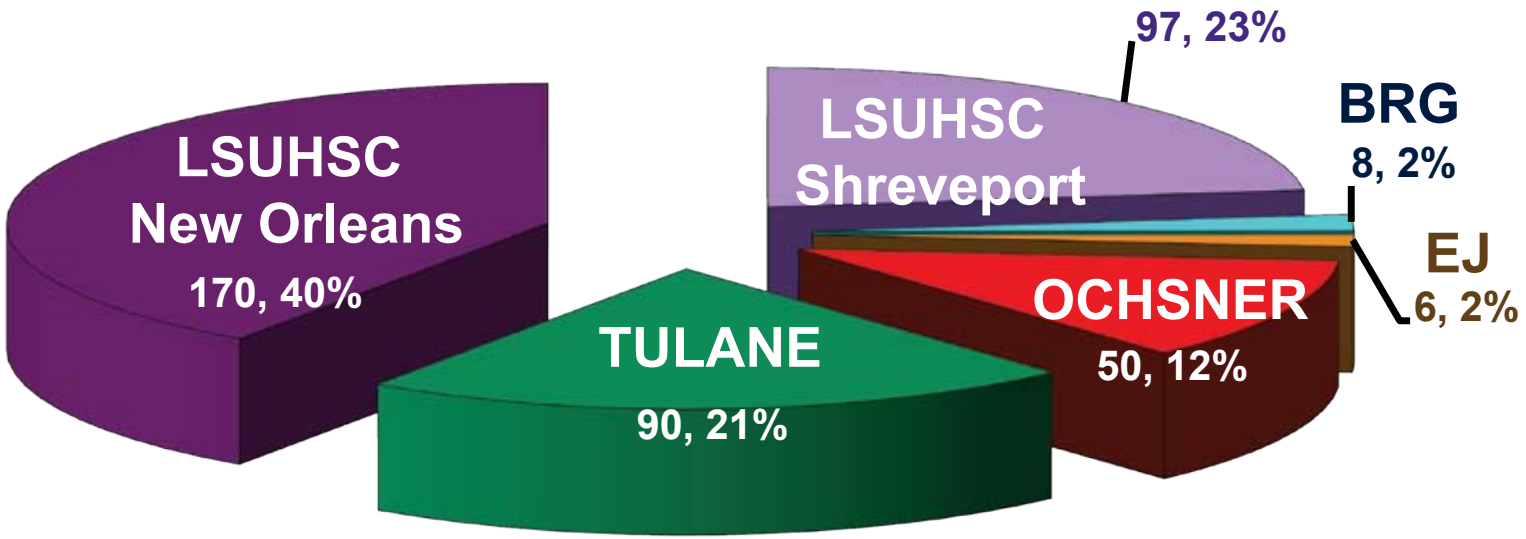
To reach a decision about a brain gain or brain drain in Louisiana, the following factors need to be considered:

a) the number of medical school senior graduates per year (395)
b) the number of these retained in LA for PGY-1 (143)
c) the number of outside MD's recruited for PGY-1 (270)
d) the number retained after finishing GME in LA
e) the number of those senior graduates who left returning to practice
f) the number of those finishing GME who are returning to practice
g) the retention of practicing physicians in Louisiana who stay for all or part of their practice span
h) others that are uncounted or in other categories, i.e. VA, US Military, Public Health, etc
i) accounting for the kinetic mobility in each year as well as over several or many years

Table I
THE Match
2008

Med. Students	Program	First year filled positions (PGY-1)				Second year filled positions (PGY-2)		
	PGY-1	Quota 2008	Filled	Open	Total	Quota 2008	Filled	Open
152	LSUHSC-New Orleans	114	112	2	117	5	5	0
	Earl K. Long	35	35	0	35			
	UMC	14	14	0	14			
	Lake Charles	4	4	0	4			
	Subtotal	***167***	***165***	***2***	***170***			
93	LSUHSC-Shreveport	87	79	8	83	4	4	0
	N. Caddo	2	1	1	1			
	E.A. Conway	6	8	0	8			
	Alexandria	5	5	0	5			
	Subtotal	***100***	***93***	***9***	***97***			
	LSUHSC Total	***267***	***258***	***0***	***267***			
148	Tulane	84	66	0	90	6	6	0
	Ochsner	50	48	0	50			0
	Baton Rouge General	6	8	0	8			
	East Jefferson	6	6	0	6			
	Private Total	***146***	***148***	***0***	***154***			
	PGY-1	413	406	0	↓			
	PGY-2	15	15		↓	15	15	0
	Total PGY-1 & PGY-2	***428***	***421***	***11***	***421***			

MATCH-FILLED POSITIONS 2008
PGY-1 and PGY-2



Filled Total
421

Table II
HOSPITAL/INSTITUTIONAL MATCH 2004-2008
PGY-1 AND PGY-2
FIVE YEAR MATCH COHORTS SEQUENCE

	PGY-1						PGY-2				
Program	**First Year Filled Positions**						**Second Year Filled Positions**				
PGY-1	**2004**	**2005**	**2006**	**2007**	**2008**	**Difference 05/08**	**2004**	**2005**	**2006**	**2007**	**2008**
LSUHSC-New Orleans	128	113	101	106	112		13	13	5	5	5
Earl K. Long	27	26	27	34	35						
UMC	16	15	17	18	14						
Lake Charles	5	6	6	5	4						
Subtotal	***169***	***160***	***151***	***163***	***165***	***+5***					
LSUHSC-Shreveport	63	74	81	84	79		2	3	3	3	4
N. Caddo	2	2	2	2	1						
E.A. Conway	8	8	8	8	8						
Alexandria	6	5	5	4	5						
Subtotal	***79***	***89***	***96***	***98***	***93***	***+4***					
LSUHSC Total	***248***	***249***	***247***	***261***	***258***	***+9***	***16***	***16***	***8***	***8***	***9***
Tulane	94	94	54	66	84		11	11	7	5	6
Ochsner	47	47	52	48	50						
Baton Rouge General	8	8	7	8	8						
East Jefferson	6	6	8	6	6						
Private Total	***155***	***155***	***121***	***128***	***148***	***-7***	***11***	***11***	***7***	***7***	***6***
PGY-1	403	404	368	389	406	+2					
PGY-2	26	27	15	15	15	-12	26	27	15	15	
Total PGY-1 & PGY-2	***429***	***431***	***383***	***404***	***421***	***--10***					***-12***
Change from Prior Year		***+2***	***-48***	***+21***	***+17***	***Diff. 05-08***		***+1***	***-12***	***0***	***Diff. 05-08***

THE MATCH TRENDS

The Table shows the medical match trends for Louisiana Senior Graduates from the three medical schools for the last eight years including 2008. The variations are relatively small but interesting; the last several years were below average in graduates staying for GME in Louisiana and in primary care.

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 2008 for the matching process for PGY-1, including Louisiana seniors retained and out of state recruitment. These results are relatively consistent over time, until 2007 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 III
MATCH-FILLED POSITIONS
PGY-1 AND PGY-2

	2005		2006		2007		2008	
LSUNO	173	40%	156	41%	168	42%	170	41%
LSUSH	92	21%	99	26%	101	25%	97	23%
TULANE	105	24%	61	16%	71	18%	90	21%
OCHSNER	47	11%	52	14%	50	12%	50	12%
BRG	8	2%	7	2%	8	2%	8	2%
EJ	6	2%	8	2%	6	2%	6	2%
	431	100%	383	100%	404	100%	421	100%

Table IV

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		
2007	394	145		249		
2008	395	143		252		
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	57	96	51	108
2007	154	69	40	85	33	73
2008	152	75		77		
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	49	43		
2007	92	49	49	43		
2008	93	48		45		
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		
2007	148	27		121		
2008	150	20				

Table V

MATCH TRENDS IN LOUISIANA 2008 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
2007	394	384	389	145	244
2008	395	413	406	143	270

INSTITUTIONAL MATCH TRENDS IN LOUISIANA PGY-1 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
2007	384	389	258	261	126	128
208	413	406	267	258	146	148

GME TRENDS 1997 TO 2008

The Medical Education Commission has now collected and reported eleven years of consecutive data on GME in Louisiana. The trends over time are of considerable interest regarding the prior stability, show increase and continuity of GME programs. This has changed to focus on development in the response for reconstruction after Katrina. Data on total GME are updated with the addition of 2008.

The illustrations of these trends show that the overall totals in GME and the number of residents were generally stable and consistent, with slight gains and losses. The downturn after Katrina is illustrated and quantified.

More details, explanations, and correlations of these findings are in several other areas of this 2008 report: the match, the primary care section, and the tables.

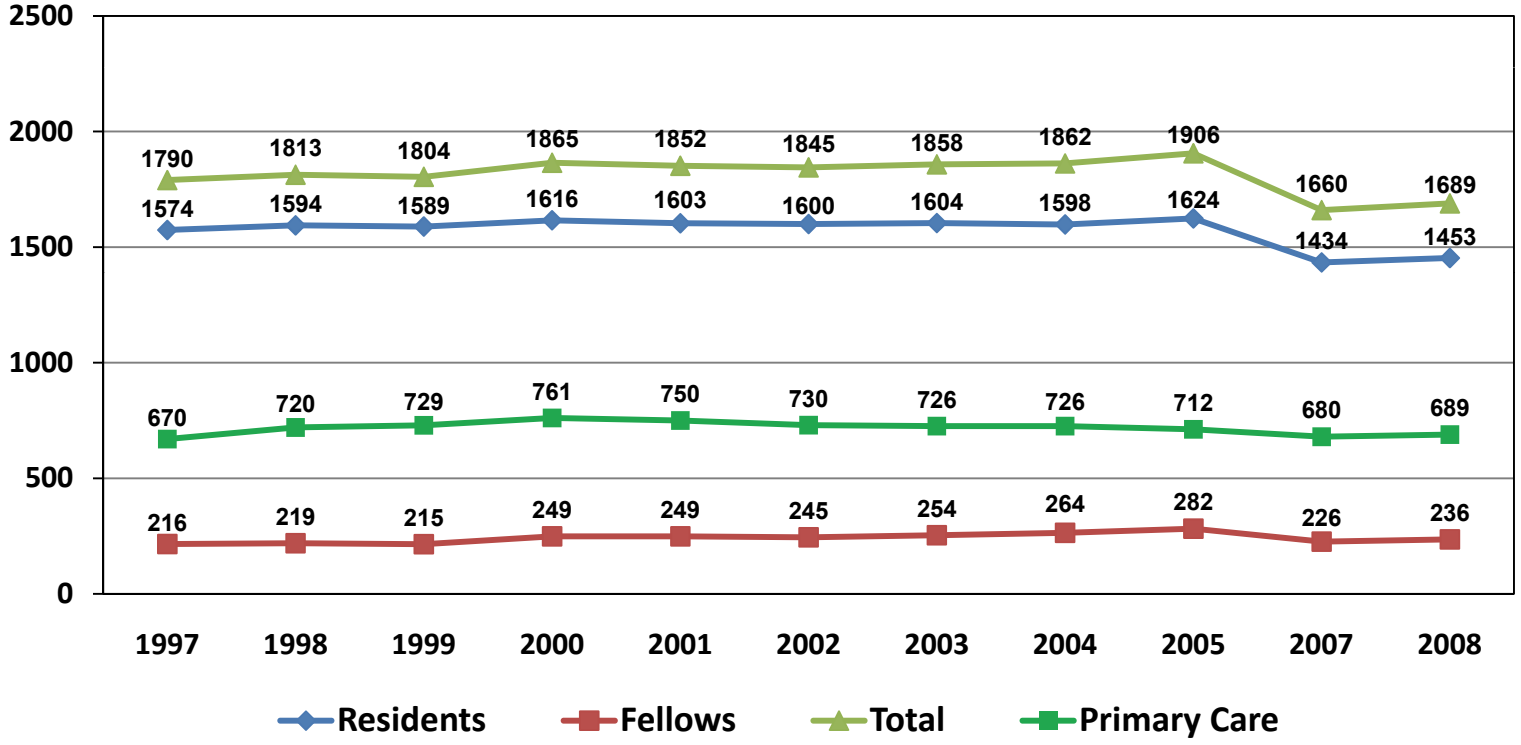
The pie charts from 2008 on the website show the institutional and hospital proportions of GME placement and activity, the public and private contributions, and some interrelationships. This pattern is similar in Academic Health Centers and major teaching hospitals throughout the United States. The major role of the public hospitals providing and supporting GME based in all of the academic institutions is evident for both public and private. New data show similar but changes in some institutions affected by Katrina, and are reviewed in the section on public/private partnership these new data represent a two year separation after Katrina.

We do not have new and accurate data for 2006 GME in the State post-Katrina. These data are presently unavailable.

Table VI
LOUISIANA GME TRENDS 1997 TO 2008

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2007	2008
Residents	1574	1594	1589	1616	1603	1600	1604	1598	1624	1434	1453
Fellows	216	219	215	249	249	245	254	264	282	226	236
Total	1790	1813	1804	1865	1852	1845	1858	1861	1906	1660	1689
Primary Care	670	720	729	761	750	730	726	726	713	680	689
% Primary Care/Residents	43%	45%	46%	47%	47%	46%	45%	45%	44%	47%	47%
% Fellows/Total	12%	12%	12%	13%	13%	13%	14%	14%	15%	14%	14%

LOUISIANA GME TRENDS 1997 TO 2008



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 two state academic health sciences centers, LSUHSC has strategically emphasized, over the last 11 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, with the recent Katrina down turn. The effort is now refocused on restoration, recovery and recruitment, in concert with the academic medical community officials and providers, and with the cooperation of and benefit to the patients we serve.

The results have been comparatively better than many other states in the development of new GME primary care programs, the increased numbers of primary care physician opportunities, emphasis on retention of those finishing Primary Care GME programs, applications such as telemedicine and an active AHEC (Area Health Education Center) initiative. The plans are needed 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.

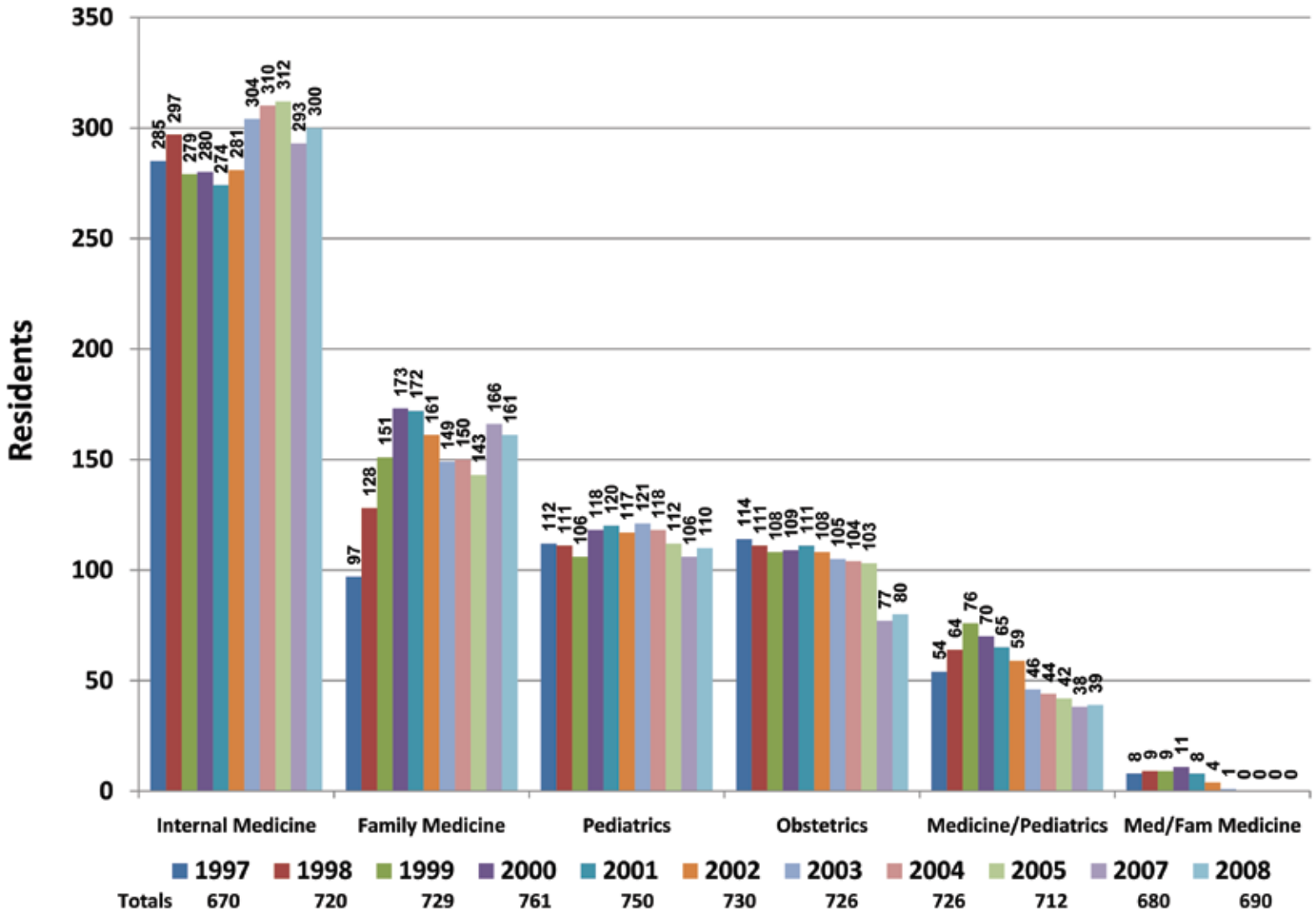
Family Medicine GME is a well defined program, almost all graduates practice primary care, more than 90% go into practice, 75% of those finishing GME are retained in the state, and there has been expansion and sustainability even after Katrina.

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 fewer than 27% of trainees in Internal Medicine and 80% in Pediatrics enter a generalist practice. 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 2008
TOTAL FOR LOUISIANA

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2007	2008
Internal Medicine	285	297	279	280	274	281	304	310	312	293	300
Family Medicine	97	128	151	173	172	161	149	150	143	166	161
Pediatrics	112	111	106	118	120	117	121	118	112	106	110
Obstetrics	114	111	108	109	111	108	105	104	103	77	80
Medicine/Pediatrics	54	64	76	70	65	59	46	44	42	38	39
Medicine/Family Medicine	8	9	9	11	8	4	1	0	0	0	0
TOTAL	670	720	729	761	750	730	726	726	713	680	689

GME PRIMARY CARE TRENDS
1997 TO 2008



THE NATURE OF KATRINA GME LOSSES, THE NURTURE OF RECOVERY AND RESTORATION

Medical institutions involved in GME education are by nature large, complex, and asymmetric, i.e. Academic Health Centers, Medical Schools and Teaching Hospitals. Asymmetry has many thesauric relatives, i.e. lopsided, imbalanced, irregular, uneven, unsteady, cockeyed, and disproportionate. This characterization is because of the expected and essential variations in the size of components, diverse specialties, each individual's education, experience, personal attributes, locations, environment and almost every difference up and down the line.

These institutions in overall, macro terms appear relatively stable, performing and adding tasks and service contributions, and are important for workforce production and community service and interaction. But inside, in micro terms, the institutions are seething with activity and change, discovery and transmission, endless varieties in complex arrays and patterns.

Katrina happened. Losses in GME, physicians, hospital beds, population from location, etc. are inevitable in its destructive path. The losses are asymmetric, unpredictable, related to the storm path and intensity and the nature of the institutions and locations affected. So the gross numbers of categorical losses only represent the surface of deep variability. The asymmetric losses result in some whole programs lost, while others survive; some specialties depleted, some not.

The GME programs and institutions in Louisiana did a remarkable job; exhibiting leadership and tenacity in first responses, minimizing losses, shifting locations and priorities as needed; and posited a beginning recovery from what could have been a far worse collapse. The ongoing, now, progressing restoration of GME will have the difficult problem of the asymmetry in the nature of the institutions, the varieties in the losses, and the planning and implementation required to gain both macro and micro GME components.

The asymmetric nature of this complex arrangement, a system of education in Louisiana was not fully appreciated before Katrina, and the nurture of growth in GME after Katrina needs to be recognized in its complexity. It will continue to take committed leaders and institutions, and informed and supportive advocates, to grow GME, with recovery and restoration.

THE FUTURE OF MEDICAL EDUCATION AND THE PUBLIC HOSPITAL SYSTEM IN LOUISIANA

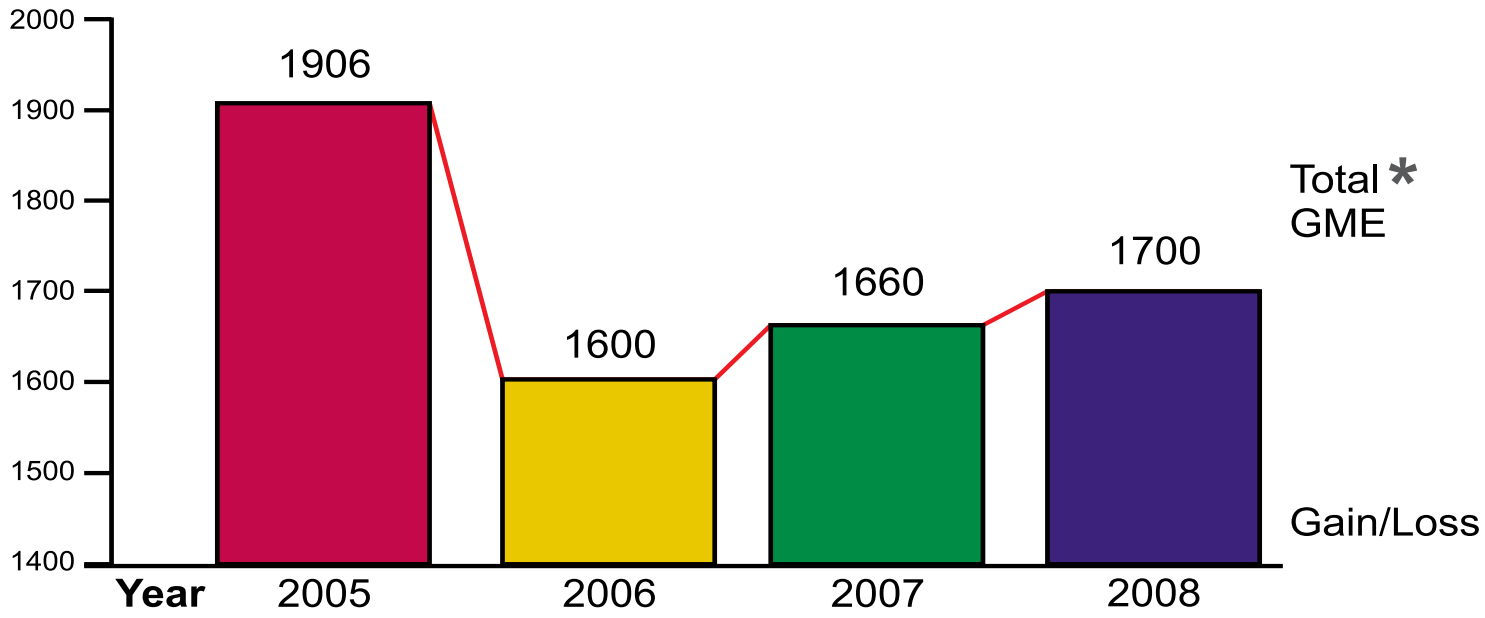
The future of medical education in Louisiana is tied directly to that in the United States. The statistical comparisons of Louisiana to US physician education, before Katrina in both undergraduate and graduate medical education (GME), and physicians entering practice are closely aligned in most respects. 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 and growing scarcity of physicians in Louisiana. These parameters are changing constantly, and currently some restoration back-up to prior levels is beginning, although detailed objective data is scarce.

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 about 400 graduates per year. These three large AHC's enter about 352 of the 412 house officers (Interns) 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 numbers in medical education GME. Several have revised, increased and/or preserved GME programs for LSU School of Medicine in New Orleans and Tulane Medical School. Both private and public hospitals have come through to help those severely affected by Katrina, and have in fact increased as a group the types and numbers of GME as a cooperative venture.

State of Louisiana
GME KATRINA KINETICS
2005-2008



Hospitals				
Public Teaching	1120	700	750	800
Private Teaching	626	760	830	820
Veterans Admin.	160	140	80	80

**** rounded***

GME IN LOUISIANA
THE PUBLIC/PRIVATE PARTNERSHIP

Consider the total Graduate Medical Education (GME) in the State (LA) as a system of education; necessary for each medical school graduate and the pipeline for recruitment of practicing physicians. As we in the Medical Education Commission (MEC) have previously reported and now wish to emphasize, this is a public/private partnership. The MEC has published the data on GME for 11 years, and this data has shown stability with very gradual increase, and then changed by – Katrina in 2005.

The following tables and graphs show what happened, - insult, response, recovery in the subsequent three years '05 to '08. Although losses in GME were sustained by all programs in the New Orleans area, partially compensated by others, the public/private partnership survived, thrived, and was in fact demonstrably enhanced. All of the institutions with GME programs made crucial decisions in the aftermath of Katrina, and they cooperated with each other to preserve most of GME in the State. It was a four-way cooperation, asymmetric, complex, but balanced to result in some more GME in private hospitals, even though private institutions had there own program losses as well as did public institutions.

	Public	Private
Public	Yes	Yes
Private	Yes	Yes

Cooperation between Institutions and Hospitals

The data show an increase in GME in private hospitals from 33% to 47%, from 620 to 770 (2005-2007). This was in partial compensation for losses in public hospitals from 1120 to 750, a drop from 59% to 45%. The net loss over two-years was thus 246, or 13%. The graphic shows the intermediate years (2006) as well, so the perspective in net losses and gains is positive for the second year after Katrina. The third year showed gains in the public hospitals, and stabilty in the private sector. The VA losses are now fully evident.

The acute responses by all cooperating parties are very much appreciated, leading to ongoing prospects for continued systematic restoration of GME in Louisiana.

GME IN LOUISIANA: A PUBLIC/PRIVATE PARTNERSHIP
ACADEMIC INSTITUTIONS – BASE FOR GME '05, '07 & '08

Institutions	PUBLIC			PRIVATE		
	Total 2005	**Total 2007**	**Total 2008**	**Total 2005**	**Total 2007**	**Total 2008**
LSUNO	660	511	540			
LSUSHR	384	445	426			
EKL	74	69	79			
UH	47	57	52			
	1165	**1077**	**1097**			
% Total Public Institution	**61%**	**65%**	**65%**			
Tulane				497	323	332
Ochsner				205	221	219
BRG				22	22	26
EJ				17	18	18
				741	584	595
% Total				39%	35%	35%

THE PUBLIC/PRIVATE PARTNERSHIP
THE GME HOSPITAL/INSTITUTIONAL RELATIONSHIP

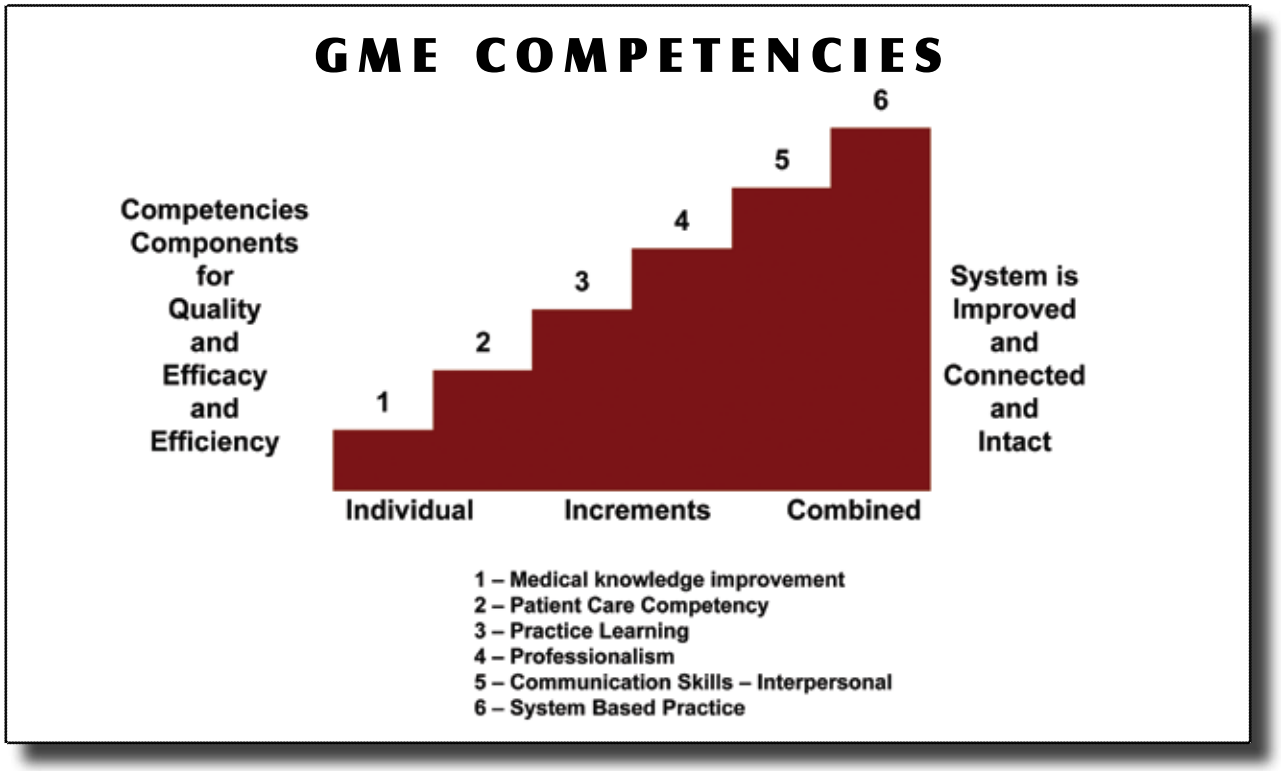
				PUBLIC 2008		PRIVATE 2008			
TEACHING HOSPITALS	**GME Number**			**LSUNO**	**LSUSHR**	**TULANE**	**OCHSNER**	**BRG**	**E JEFF**
	'05	**'07**	**'08**						
PUBLIC									
LSUSHR	278	399	319		319				
MCLANO	608	170	260	186		72	1		
*EKL	73	81	83	83					
*UMC	61	77	71	71					
LJC	22	36	30	14			16		
EAC	34	32	27		27				
LC	18	18	20	20					
HPL	9	8	5			5			
RAPIDES			12		12				
PRIVATE									
AOMC	277	277	261	40		25	196		
TMC	137	164	175			175			
CHILD	61	87	92	85		7			
TOURO	20	44	29	27		2			
BRG	46	43	47	**EKL** 21				26	
KENNER	16	37	35	35					
E JEFF	15	31	24	6					18
OLOL	0	24	24	24					
W JEFF	0	16	17	9		8			
*WK	9	9	15		15				
VA									
VAA		45	45		45	26			
VANO	121	37	38	12		5			
VAB	5		5						
OTHER	164	82	64	29	8	10	17		

Numbers are rounded
Hospital abbreviations are named in section just before tables
*EKL and UMC are listed with LSUNO, WK with LSUSHR

WHAT IS THE ROLE OF GME IN THE US HEALTH CARE SYSTEM?

GME is central in the supply of physicians, advanced education after medical school and before practice, a required accredited experience, and the chronologic place of specialty choices and mobility. This movement is a triple opportunity at the junction of (1) medical school senior: intern, (2) resident: fellow; and (3) finish GME: practice, with change in program or location of about 50% at each interface.

The total GME number in training in 2007 had increased to 106,012, from 98,258 in 2002, a gain of 7,754 over 5 years including all specialties in multi-array. This elevates the number per year by about 1,550, and rising. The ACGME has placed increasing emphasis on program accreditation details and educational compliance and evaluation; the introduction of the six competencies and their interrelationships are illustrated by Figure I. They are each presented in educational scenarios multiple times, in all years of GME training, and documented by various evaluation techniques. There is also an emphasis on evidence based medicine, when and where such evidence exists and can be assessed. While later outcomes are as yet untested, the crossover into practice of these educational pieces is a hope and anticipation.



SUPPLY HAS STARTED UP

United States Medical Schools, encouraged by the AAMC and others to address the physician shortage, have collectively increased the number of medical students. Many schools have added students, and there are several new medical schools. There has been concern that Graduate Medical Education (GME) and especially Postgraduate Graduate Year One (PGY-1) slots will not be enough to accommodate the increase.

The number of International Medicine Graduates (IMG's) should remain the same if the medical school increases are to be effective.

The data published in JAMA, September 2008, the Medical Education issue, provides an insight as to how this is proceeding (See table).

1. The total medical school increase so far (last 4 years) is about 801/year average, or 1.2% per year. (C)
2. The total GME increase so far (last 4 years) is about 1500/year, or 1.5% per year. (G)
3. The PGY-1 increases are about 329 per year (last 4 years) or about 1.5% pr year. (J),
4. The gap, or difference between PGY-1 slots and the average medical school class is steady- about 6180 per year; these slots are filled by IMG's and others each year. (D)

1a. Most of the increase is recent, and class size grows progressively; eventually the goal (AAMC) is that at least 3000 more seniors will graduate per year and seek PGY-1 positions, a 20% increase.

2a. The total GME now looks large, but includes more than PGY-1, and there was less increase last year.

3a. The PGY-1 increases are lower than needed in the long run – and have less increase over the last 3 years. The all PGY-1 open slots is 25,987; so subtracting 23,759, the current filled number, indicates 2228 left over. If filled, these would accommodate some of the proposed increases, mostly in primary care.

The conclusion is that:
The number of medical students and first year residents are increasing, but the trends show that PGY-1 positions, and more total GME, are needed to accommodate the increasing medical student classes and maintain IMG's to successfully increase the supply of physicians in the U.S. according to plan.

The present remaining open positions after the annual NRMP match are mostly in primary care, i.e. Family Medicine, Internal Medicine, Pediatrics, Ob-Gyn, and Med-Peds. The new positions being created i.e., by new medical schools also include a preponderance of Primary Care GME. The graduates will face increasing competition for the available specialty positions. Some will move into primary care, not necessarily their first choice. Since the physician shortage is and will be in both primary and specialty care, more GME positions in specialties will be necessary.

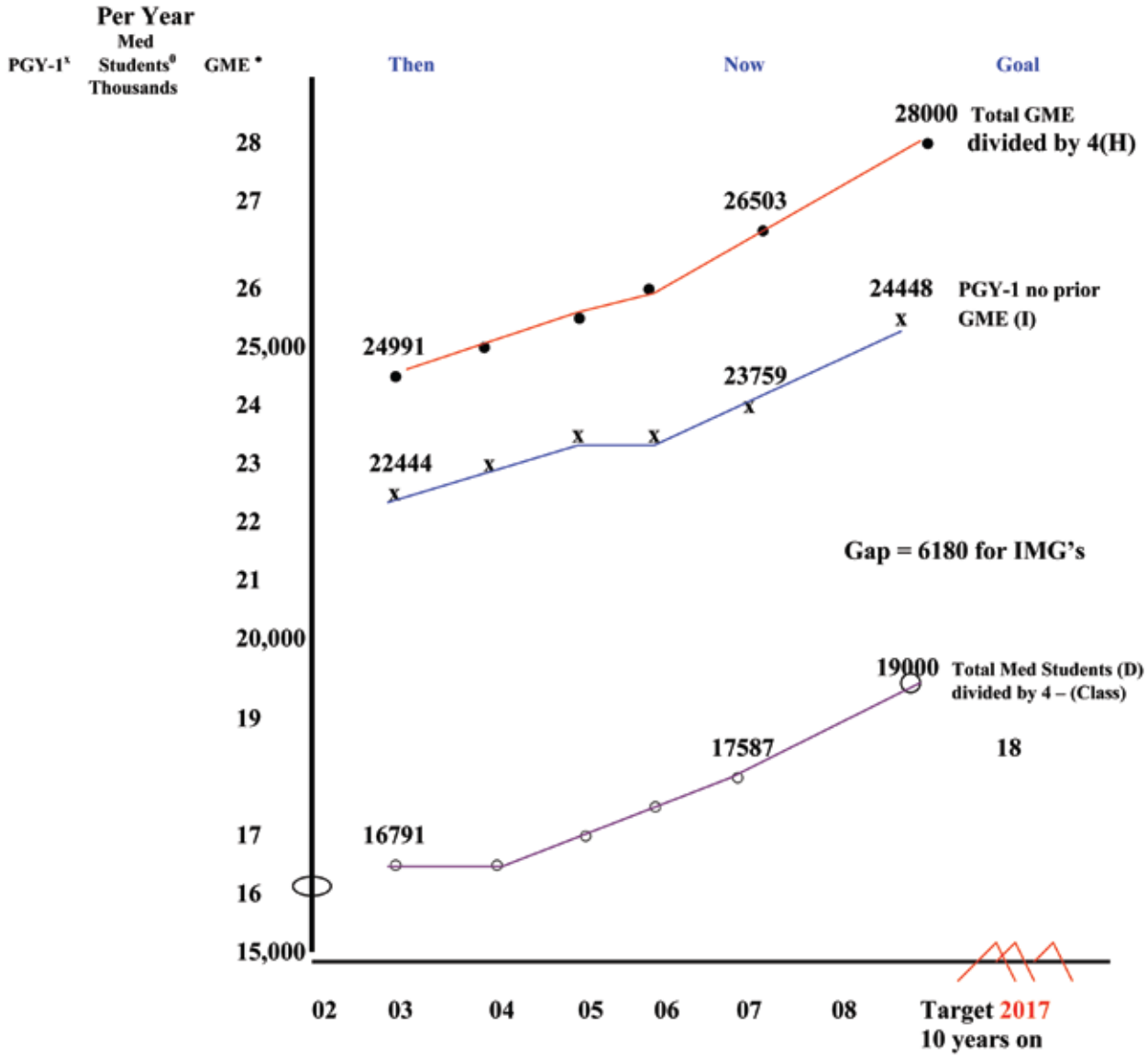
As the number of PGY-1 open positions draws closer to the number of acceptable applicants, the spread of filled positions geographically will occur even more than now. More GME in the home state will help ameliorate some losses to other states at the GME level.

Recent Increase in Medical Students in US Medical Schools and GME*

Line	Name	2003-'04	'04-'05	'05-'06	'06-'07	'07-'08	# increase	% increase
A	Total # Medical Students	67,166	67,296	68,280	69,028	70,349	3,183	4.7%
B	# Added	-------	130	984	748	1,321	3,183	
C	avg. increment/yr				+801/year for 4 years =			1.2%/yr
D	÷ 4 (#/class) approximate	16,791	16,824	17,070	17,257	17,587	796	
E	GME total	99,964	101,291	103,106	104,897	106,012	6,048	6.1%
F	# Added	---------	1,327	1,815	1,773	1,133	6,048	
G	average increment/ year				+1500/year for 4 years =			1.5%/yr
H	÷ 4	24,991	25,323	25,777	26,220	26,503	1,512	
I	PGY-1 No prior GME	22,444	22,788	23,325	23,587	23,759	1,315	5.9%
J	# Added		344	537	262	172	1,315	
					+329/year for 4 years =			1.5%/yr
I–D	Gap for IMG's and others	5,653	5,964	6,255	6,330	6,172		
					Average Gap 6180 = steady/year			

*JAMA September 10, 2008, Vol. 200 No. 10

THE PARALLEL RISE IN GME AND MEDICAL STUDENTS IN US MEDICAL SCHOOLS



DEMAND IS INCREASING

The amazing non-collapsing U.S. Health Care System has been roundly criticized, faintly supported, and subjected to a myriad of proposed reforms. It may be a system or not, depending on definitions – like many health care terms bandied about.

Major reform suggestions often wish to change parts whose realities are based on long standing tradition and evidence, usually with other people's money, and are thus lost as an ill-based political promise.

Several seemingly desirable changes have been resistant to reform; various reasons, long-time frames, voids or cavities in social engineering outcomes.

Dr. Jeremiah Barondess, writing Danse Macabre in the Pharos, quotes: "studies have demonstrated that disease patterns and life expectancy are related to poverty and social station in stepwise fashion", and "these linkages between social and economic status and health persist despite dramatic changes in social and health conditions over more than one hundred fifty years, and despite equally dramatic changes in risk factors, life expectancy, disease patterns, and the health care system".

This evidence suggests that it is presently virtually impossible to realistically propose that this will be corrected soon, and it will likely take an enormous amount of money to provide more for everyone and gain equality.

Money is spent in excess now in the U.S., as reported by Ezekiel Emanuel and Victor Fuchs; "The Perfect Storm of Overutilization". This includes higher prices, insurance costs, abundance of amenities, but the most important contribution is overutilization… volume, i.e. more office visits, hospitalizations, tests, procedures, drugs". Disproportionately more money is spent meticulously, defensively, on misaligned incentives and marketing. No solution in sight.

Krohmal and Emanuel further, in their special article, "Access and Ability to Pay, the Ethics of a Tiered Health Care System", state: "a tiered system… can provide broad but necessary finite universal public coverage without trampling freedom of choice". Many questions remain for American health care reformers, but on the question of tiering, the principles of justice call for a multitiered health care system.

Years	Journal	Author	Subject	Chronology (Days)	Change
2007	Pharos	Barondess	Social, Economics	54,750	possibilities
1905		Einstein	E=mc2, Relativity	37,495	universal
2008	NEJM	Brown	Non-collapse	24,820	incremental
1990	Health Affairs	Cooper	Shortage	7,300	slowly
1991	JAMA	Guyatt	Evidence	6,205	underway
2002	Pediatrics	AAP, ACP	Medical Home	2,190	unproven
2007	Arch Int. Med	Emanuel	Two Tiered System	Always	ethical
2008	JAMA	Emanuel	Overutilization	Persistent	difficult
1905		Osler	Day tight Compartments	1	timely

REFERENCE

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2. Brown, LD: The Amazing Noncollapsing U.S. Health Care System: Is Reform Finally at Hand? N Engl J Med, 358(4), Jan. 2008, pp 325-327.
3. Cooper RA: Weighing Evidence for Expanding Physician Supply. Annals Int. Med.; Vol 141, Number 9; November 2004, pp 705-714.
4. Montori VM, Guyatt GH: Progress in Evidence-Gased Medicine. JAMA, October 2008, Vol. 300(15), pp 1814-1816.
5. Krohmal BJ; Emanuel EJ: Access and Ability to Pay. Arch Int. Med., Vol 167, Mar 2007, pp 433-437
6. Emanuel EJ, Fuchs VR: The Perfect Storm of Overutilization. JAMA, June 2008; Vol. 299(23), pp 2789-2791.

KATRINA FOLLOW-UP

The effect of Katrina on Louisiana and especially New Orleans has been documented in the last several Medical Education Commission (MEC) reports. The basic GME and practice numbers are published and tracked in the MEC reports; an update to these findings is added in this article. The recovery continues in the trend to return to prior levels in GME, faculty and physicians, but the restoration is not yet back or complete. The recovery should continue to "get back on track" so that the future shortages of physicians in LA and the US can be addressed from a stable base.

The shortage of physicians has been well documented, as previously reported and confirmed by national organizations, even though discussion and dissent continues. The AAMC has championed the proposal that US Medical Schools increase the class size by 3000 per year, as a major response to future supply requirements. This increase has begun, is about two thirds implemented in the beginning stages, and reported to be fully ready by 2017. There must be a corresponding availability and/or expansion of GME to have a net gain of practicing physicians. The GME piece is very important, i.e. that is where specialty choices by graduating seniors and IMG's (International Medical Graduates) set the numbers and variety of specialists. The IMG's must be recruited in at least the same numbers and fill the various empty slots available to appreciate the overall increase in GME.

The two major events are perturbing and changing GME in LA and the US, interrupting the movement as well as the quantitative aspects of the system. The damage from Katrina was like a leak in the pipe, with patching and attempted restoration. The movement in medical school and GME expansion is a widening of the pipeline to enlarge the supply.

The net results are encouraging, if the agreed goal is more physicians for the State of Louisiana (LA). The medical schools in LA, all three, have expanded the number of students per class. LSU in New Orleans has added a rural track in medical school, above the usual 170 per year, based in Lafayette after basic sciences in New Orleans. Eventually this offers 20 additional per year, with on obligation to practice in LA. Tulane has increased class size after Katrina, to a new high of 178, an increase of about 30. LSU in Shreveport has enlarged to 110, a 10% increase, and even more so in GME. Ochsner is starting a Medical School in Australia, basic science 2 years, and the students taught their last 2 years in New Orleans. New Residency programs have begun in Bogalusa in Family Medicine and at Chaubert in Internal Medicine.

LOUISIANA MEDICAL STUDENT CLASS SIZE INCREASES POST KATRINA

	Pre-K Average	Recent Increase/yr	2008 Present	
LSU-NO	170	+20	190	12%
Tulane	150	+28	178	19%
LSU-Sh	100	+10	110	10%
Total	420	+58	478	15%
AAMC Goal				20%

Louisiana PGY-1 406

% Filled 97%

Eleven open slots after 2008 match and scramble

The previous balance of about 400 graduating medical school seniors and 400 PGY-1 open slots is changing. The addition of more medical students will increase the trend for graduates to go to other states for training in GME, unless more GME slots one added in the state.

The reference lists will supply more information about the remarkability of physician movement around the country, in states and between positions (1). The other references consider the status of Generalist Physician Supply, recruitment parameters, and US Planning in Health Profession Education (2-5).

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1. Ricketts TC, and R. Randolph: The Diffusion of Physicians. Health Affairs, Vol. 27, No. 5 (2008): pp 1409-1415.
2. Colwill JM, Cultice JM, Kruse RL. Will Generalist Physician Supply Meet Demands of An Increasing and Aging Population? Health Affairs, 27, No 3 (4/2008): w232-w241.
3. Grover A: When Money Doesn't Change Everything. Ann. Int. Med. (editorial), Vol. 149, No. 6 (9/2008), pp 429-430.
4. McDonald FS, West CP, Popkave C, Kolars JC: Educational Debt and Reported Career Plans among Internal Medicine Residents. Am. College of Physicians, Vol. 149, No. 6 (9/2008), pp 416-420.
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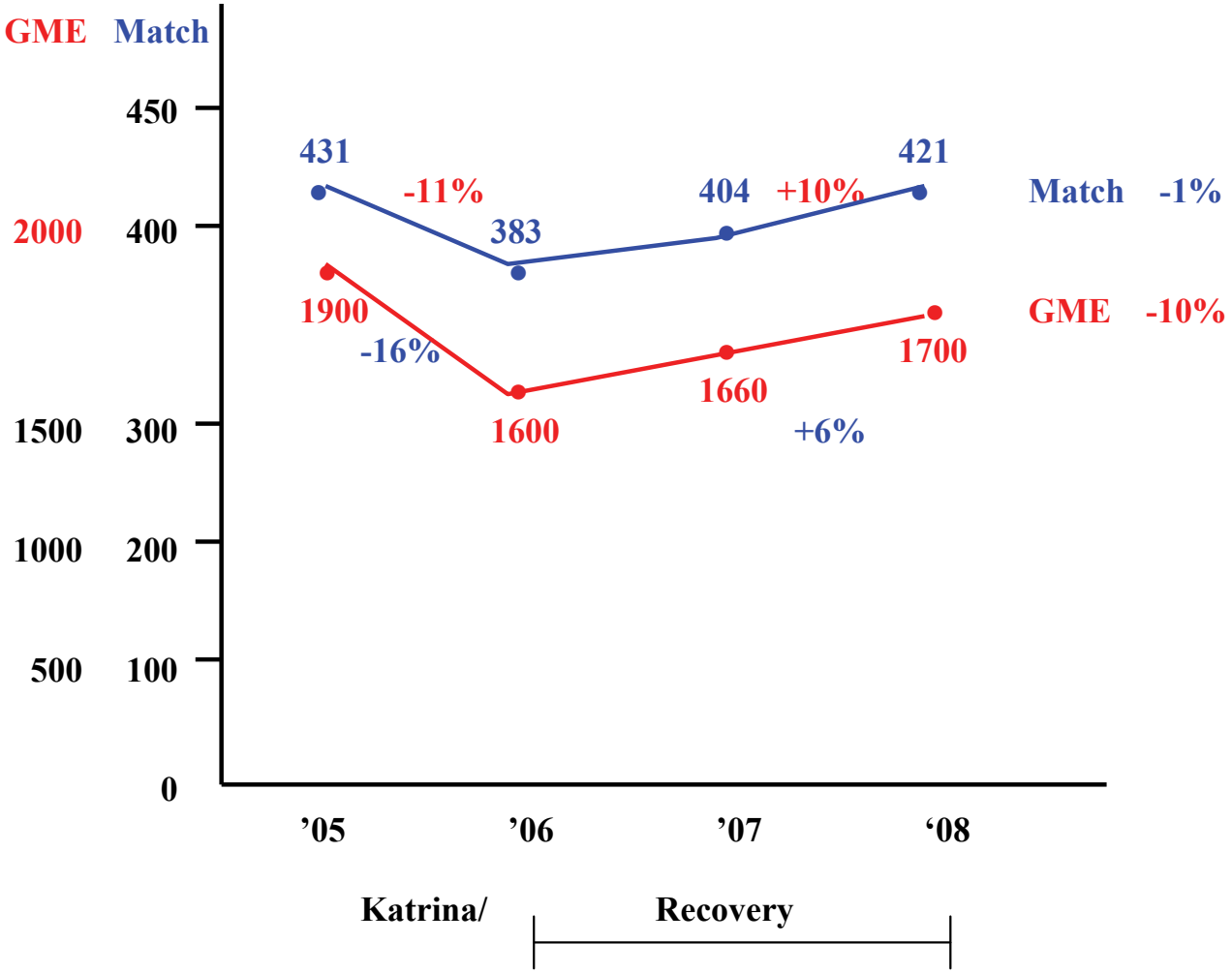
GME and MATCH



LSU SCHOOL OF DENTISTRY (LSUSD)

ORAL AND MAXILLOFACIAL SURGERY (OMFS) RESIDENT AND GENERAL PRACTICE RESIDENT (GPR) ACTIVITIES FALL 2008

ORAL AND MAXILLOFACIAL SURGERY RESIDENCY

There are currently 20 residents in the 6 year OMFS - MD residency which accepts 4 dentists each year and there are 6 non-categorical interns in a one year OMS program. They are funded by MCLANO (University Hospital) in New Orleans, Earl K. Long Memorial Hospital in Baton Rouge, and the University OMS at Charlotte North Carolina. Education/surgery experience for the residents occurs at LSUSD, LSUSM, and East Jefferson Hospital in Metairie, Children's Hospital in New Orleans, and the Williamson Clinic in Baton Rouge. The OMFS patient care experiences in Facial Trauma, Cosmetic Surgery, TMJ Reconstruction, Orthognathic and Cranial Facial Surgery, Oral and Maxillofacial Pathology and Reconstruction, and Dental Implants is at or exceeding Pre-Katrina levels.

GENERAL PRACTICE RESIDENCY

The GPR program consists of 10 residents and 2 fellows that receive funding from MCLANO in New Orleans; Earl K. Long Medical Center, Baton Rouge; Leonard J. Chabert Medical Center, Houma; Northlake Supports and Services Center, Hammond; Pinecrest Supports and Services Center, Pineville; Greater New Orleans Supports and Services Center, Gretna. The primary clinics are at LSU Interim Hospital (University Hospital) and LSUHSC School of Dentistry's Baton Rouge's LSU South Campus (affiliated with Earl K. Long Medical Center). Our patients consist largely of medically compromised patients referred by medical/surgical residencies for dental clearance prior to treatment; alveolar trauma patients from emergency rooms; special needs patients needing care in and out of hospital; restoration of patients in conjunction with OMFS (implants, TMJ Disorder patients, cancer/pathology and trauma patients). In addition, our fellows work in outpatient clinics for Neurodevelopmental/Intellectually Disabled patients at the state developmental centers with support from our other residents. Numbers at MCLNO are increasing but limited due to limited chairs; however, we are reaching more patients at our new clinics in Baton Rouge, Houma, Hammond and Pineville.

MCLANO CLINIC - The OMFS/GPR Dental Clinic at MCLANO in New Orleans is currently housed in the East wing on the fourth floor. There are 8 chairs: 2 sedation rooms shared by both services; 2 have portable delivery systems for GPR and hygiene; 4 OMFS rooms and 1 shared by both services depending on schedule. There is also a functioning lab for basic work, a digital panorex, and two education rooms. A

much larger (5000 sq ft) interim clinic is in the final stages of planning and should start construction January 2009 with projected opening in July 2009. The clinic will have 14 rooms: 5 plumbed and wired for GPR/hygiene; 7 for OMFS and 2 surgical rooms with attached recovery area. In addition, there will be a fully functional lab for our CDT, conference room with distant learning capabilities; residents and faculty rooms wired for IT and lockers; and lounge, storage, etc. This clinic will be located outside the University Hospital on the Perdido St. entrance and will be connected to the hospital with internal access. Clinic numbers for both services are improving daily to Pre-Katrina levels but hampered to lack of clinical space.

EKL CLINIC - In Baton Rouge, Earl K. Long Hospital OMFS Clinic is planning to transfer to an ambulatory clinic at the Vista Surgery Center for OMFS/GPR to support residency programs with outpatient surgeries, consults and ambulatory procedures such as facial deformities and dental implants and other "elective" surgeries. The clinic opening has been delayed as a result of Hurricane Gustav (September 2008) but should open shortly. Resident support in Baton Rouge is gained and monitored by LSU Faculty through the offices of OMFS Hornsby, Regan, Casadaban, and Towns.

LSU Oral and Maxillofacial Surgery Treatment Statistics		
INPATIENTS		
	SPONSOR INSTITUTION	1,813
	AFFILIATE INSTITUTION	1,018
CLINIC VISITS		24,364
ANESTHETIC		
	GENERAL ADULT	1,272
	GENERAL CHILD	301
	SEDATION ADULT	1,008
	SEDATION CHILD	42
TRAUMA		
	MANDIBLE	592
	MIDFACE LEFORT I – III	31
	MALAR	78
	NOE – ORBIT	62
	NASAL	37
	FRONTAL SINUS	14
	TRACH	32
	LACERATIONS	115
PATHOLOGY		
	SINUS	15
	CYSTS AND BENIGN NEOPLASM	90
	MALIGNANT	20
	TMJ	118
	GLANDS	9
RECONSTRUCTION		
	CLEFTS/NERVE	16
	SOFT TISSUE	37
	BONE GRAFTS	92
	ESTHESTIC	162
	RHINOPLASTY	92
	AUGMENTATION	34
	DENTAL IMPLANT	302
	TMJ	118
ORTHOGNATHIC		
	MANDIBLE	160
	MAXILLA	129
	CHIN	52
	MIDFACE	4

LSU General Practice Residency - Dental Treatment Statistics		
OUTPATIENTS		
CLINIC VISITS		11,424
	TOTAL MANAGED BY RESIDENTS	6,590
	MODIFIED DENTAL TREATMENT	2,356
	MEDICALLY COMPROMISED	1,536
COMPREHENSIVE CARE	TREATMENT PLAN TO COMPLETION	3,475
INPATIENTS	MANAGED BY RESIDENTS ADMISSION TO DISCHARGE	159
	MEDICAL HISTORIES & PHYSICALS	379
EMERGENCY DENTAL CARE		
	DENTAL CLINICS	1,212
	HOSPITAL ER's	356
PROCEDURES		
	PREVENTIVE	1,167
	RESTORATIVE/OPERATIVE	1,456
	ENDODONTIC	385
	PERIODONTIC	175
	REMOVABLE PROSTETIC	890
	IMPLANTS	288
	FIXED PROSTHETIC	568
	ORAL & MAXILLOFACIAL SURGERY	4,661

THE LOUISIANA STATE UNIVERSITY – HEALTH CARE SERVICES DIVISION

The LSU-Health Care Services Division (LSU-HCSD) operates seven of Louisiana's state public hospitals. It serves as the medical home for over 600,000 Louisianians, providing inpatient, outpatient, and emergency services to the un- and under-insured.

In accordance with LA Revised Statutes 17:1519.4 B, the mission of the LSU-HCSD is: (1) To provide access to high quality medical care for patients; (2) Develop medical and clinical manpower through accredited residency and other health education programs; (3) Operate efficiently and cost effectively; and (4) Work cooperatively with other health care providers and agencies to improve health outcomes.

The goals of LSU-HCSD reflect the acronym "TRRAQSS": Teaching, Research, Revenue, Access, Quality, Service, and Stakeholders. Relative to Teaching, LSU-HCSD provides an adequate infrastructure and supportive environment for teaching and learning. Relative to Research, LSU-HCSD continues generating new knowledge and technology through research and scholarly activities to enhance the well-being of the state's population and economic status. Relative to Revenue, LSU-HCSD maintains an efficient and effective administrative structure necessary to accomplish its mission. Relative to Access to Patient Care, LSU-HCSD continues the implementation of appropriate, effective, and compassionate care that is accessible, affordable, and culturally sensitive and that will serve as a model for others in Louisiana and across the country. Relative to Quality, LSU-HCSD continues to serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence-based standards, in settings that support the mission. Relative to Service, LSU-HCSD meets and exceeds the standards of customer service with internal and external partners and constituencies to advance excellence in healthcare. Relative to Stakeholders, LSU-HCSD provides opportunities and resources for continuous improvement of workforce and fosters cooperation and communication among stakeholders.

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.

Although the Reverend Avery C. Alexander Charity Hospital campus remains permanently closed, the LSU-HCSD medical centers continue their rebirth post-Katrina. In November 2006, the LSU Interim Hospital (LSU IH) in New Orleans, formerly known as the University Hospital campus, opened after extensive restoration and repair to hurricane wind and flood damage. On June 30, 2008, the LSU IH had been restored to 213 acute care staffed beds and 39 psychiatric beds, the psych beds off-campus at DePaul Hospital. In addition to its usual array of ambulatory services -- women's services, general medicine, HIV services, and sub-specialty services-- the LSU IH now operates 6 neighborhood primary care clinics.

The following table portrays the pre- and post-Katrina statistics for the LSU-HCSD:

Portrays the Pre- and Post-Katrina Statistics for the HCSD

	FY Pre-K 2005	FY Post-K 2006	FY Post-K 2007	FY Post-K 2008
Hospitals	8	7	8	7
Staffed Beds	964	600	600	707
Med/Surg Admissions	40,000	25,000	26,000	31,947
Psych Admissions	5,500	4,000	3,500	3,556
Clinic Visits	850,000	684,000	603,000	658,656
Emergency Visits	365,000	287,000	270,000	303,655
Education Med				
Residents & Fellows	775	Not Available	380	
Employees	8,000	5,236	5,375	6,342
Budget	850,544,672 82% Medicaid & DSH	723,617,126 75% Medicaid & DSH	765,813,001 73% Medicaid & DSH	$856,531,363 70% Medicaid & DSH

The following are the LSU HCSD hospitals for this reporting period:

Leonard J. Chabert Medical Center, Houma
University Medical Center, Lafayette
W. O. Moss Medical Center, Lake Charles
LSU Interim Hospital, New Orleans
Earl K. Long Medical Center, Baton Rouge
Lallie Kemp Medical Center, Independence
Bogalusa Medical Center, Bogalusa

Notes: Huey P. Long Medical Center, Pineville, previously part of LSU-HCSD, was transferred to LSUHSC-Shreveport, effective July 1, 2008. "DSH" means Medicaid-Disproportionate Share funding.

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. The data in the following tables are from these five institutions and cover the period of fiscal 2008 (July 1, 2007 through June 30, 2008).

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 is 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
W JEFF	WEST JEFFERSON GENERAL HOSPITAL
KENNER	OCHSNER MEDICAL CENTER – KENNER
LJC	LEONARD J. CHAUBERT HOSPITAL, HOUMA
UMC	UNIVERSITY MEDICAL CENTER – LAFAYETTE
VAA	VETERANS ADMINISTRATION HOSPITAL - PINEVILLE

MEDICAL CENTER OF LOUISIANA - NEW ORLEANS

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY AND INSTITUTION - FISCAL 2008

	Total	LSU	Ochsner	Tulane
Anesthesiology	.62		.57	.04
Dermatology	8.94	5.00		3.94
Dentistry	4.58	4.58		
Emergency medicine	29.67	29.67		
Family medicine	1.40	1.40		
Internal medicine	50.47	20.67		29.57
- Allergy, immunology	1.06	1.00		.06
- Cardiology	8.28	4.83		3.45
- Endocrinology	.29			.29
- Gastroenterology	5.30	3.42		1.88
- Hematology and oncology	2.79			2.79
- Infectious disease	3.92			3.92
- Nephrology	3.27	1.67		1.60
- Pulmonary disease and critical care	3.86	2.71		1.15
- Rheumatology	2.90	2.90		
Neurology	7.58	6.16		1.42
Neurology Fellows	.83	.83		
- Pediatric Neurology	.25	.25		
Neurological surgery	2.67			2.67
Obstetrics and gynecology	23.23	16.40		6.83
Ophthamology	1.58	1.58		
- Cornea	.52	.52		
- Retina	.47	.47		
Oral Surgery	13.56	13.56		
Orthopaedic surgery	13.51	9.18		4.33
Pathology	4.52	4.52		
Pediatrics	3.30	2.65		.65
- Allergy, immunology	.08	.08		
- Neonatal-perinatal	.08	.08		
Physical medicine and rehabilitation	1.33	1.33		
- Musculoskeletal	1.00	1.00		
Psychiatry	24.46	22.12		2.34

MEDICAL CENTER OF LOUISIANA, NEW ORLEANS

(continued)

	Total	LSU	Ochsner	Tulane
Psychiatry, Child	1.32			1.32
Psychiatry - Child and adolescent	2.12	2.12		
Surgery	13.45	10.86		2.59
Surgery, Plastic	1.75	1.75		
Urology	1.61		.69	.92
Medicine/Pediatrics	7.48	7.48		
Internal medicine/Emergency medicine	5.60	5.60		
Primary Care Residents	78.40	41.12		37.06
% Residents and Fellows in Primary Care	30.20%	22.06%		0.52
% Residents in Primary Care	34.76%	22.06%		0.52
Total Residents	225.56	167.45	1.27	56.62
Total Fellows	34.07	18.93		15.13
Total Residents and Fellows	259.63	186.39	1.27	71.75

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER NEW ORLEANS

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2008

	TOTAL	PUBLIC	HCSD	MCLNO	CHILD	VANO	EKL	UMC	AOMC	TOURO	OTHER
Dermatology	19.92	11.00	11.00	5.00		4.07	6.00		1.00		3.85
Dentistry	8.81	7.77	7.77	4.58			2.90				1.34
Emergency medicine	41.63	31.33	31.33	29.67	.88				3.63		7.46
Family medicine	39.47	8.99	8.99	1.40	.50			1.11		.49	35.97
Internal medicine	39.99	20.76	20.76	20.67				.08		7.22	12.01
- Allergy, immunology	2.00	1.00	1.00	1.00							1.00
- Cardiology	12.00	7.00	7.00	4.83				1.17		4.00	2.00
- Gastroenterology	10.00	5.42	5.42	3.42	.25				.49	.84	5.00
- Hyperbaric	1.00										1.00
- Nephrology	5.67	1.67	1.67	1.67					3.00		1.00
- Pulmonary disease and critical care	7.70	2.71	2.71	2.71					3.99		1.00
- Rheumatology	2.90	2.90	2.90	2.90							
Neurology	11.27	6.16	6.16	6.16	.70					1.50	2.91
Neurology Fellows	.83	.83	.83	.83							
- Pediatric Neurology	3.34	.25	.25	.25	2.67					.17	.25
Neurological surgery	5.08				.83				1.50		2.75
Obstetrics and gynecology	25.42	20.38	20.38	16.40				3.99		5.04	
Ophthamology	24.46	16.02	16.02	1.58	1.18	2.00	4.01	3.00	5.23		7.47
- Cornea	.52	.52	.52	.52							
- Retina	1.95	1.47	1.47	.47			1.00				.48
Oral Surgery	19.94	17.61	17.61	13.56	.25		4.05				2.08
Orthopaedic surgery	19.00	12.24	12.24	9.18	2.33		3.05	.01			4.44
- Pediatrics	.46				.46						
Otolaryngology	14.17	7.22	7.22		1.05		3.16	4.07			5.90
Pathology	6.31	4.52	4.52	4.52	.08				.62		1.09
Pediatrics	49.94	2.65	2.65	2.65	45.77						1.52
- Allergy, immunology	3.00	.08	.08	.08	2.92						
- Endocrinology	2.09				1.75						.34
- Special Fellow	1.30				1.30						
- Gastroenterology	2.00				1.97						.03
- Hematology and oncology	2.85				2.85						

THE LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NEW ORLEANS

(continued)

	TOTAL	PUBLIC	HCSD	MCLNO	CHILD	VANO	EKL	UMC	AOMC	TOURO	OTHER
- Neonatal-perinatal	2.00	.08	.08	.08	1.75						.17
Physical medicine and rehabilitation	18.07	3.33	3.33	1.33	1.00	3.72			3.55	4.66	3.81
- Musculoskeletal	3.00	1.00	1.00	1.00		1.00			1.00		
Psychiatry	45.00	22.12	22.12	22.12					14.96		7.91
Psychiatry - Child and adolescent	5.12	2.12	2.12	2.12	1.00						2.00
Surgery	42.69	23.11	23.11	10.86	1.42		6.56	5.69	.33		17.83
- Vascular surgery	1.00										1.00
Surgery, Plastic	3.92	1.75	1.75	1.75	.49						1.67
Medicine/Pediatrics	24.86	7.48	7.48	7.48	11.17					2.66	3.56
Internal medicine/Emergency medicine	9.00	6.19	6.19	5.60	.08				.50	.54	2.28
Primary Care Residents	179.68	60.26	60.26	48.60	57.43	0.00	0.00	5.17	0.00	15.40	53.07
% Residents and Fellows in Primary Care	33.29%	23.38%	23.38%	26.07%	67.86%	0.00%	0.00%	27.07%	0.00%	56.84%	37.61%
% Residents in Primary Care	37.83%	25.80%	25.80%	29.02%	83.57%	0.00%	0.00%	28.84%	0.00%	69.71%	41.51%
Total Residents	474.90	233.59	233.59	167.45	68.73	9.78	29.72	17.95	31.32	22.10	127.86
Total Fellows	64.77	24.10	24.10	18.93	15.91	1.00	1.00	1.17	8.48	5.00	13.27
Total Residents and Fellows	539.67	257.69	257.69	186.39	84.64	10.78	30.72	19.11	39.80	27.10	141.13

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
EARL K. LONG MEDICAL CENTER - BATON ROUGE
GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2008

Specialties	TOTAL	PUBLIC	HCSD	EKL	BRG	Other
Emergency medicine	38.08	16.10	16.10	16.10	19.00	
Internal medicine	40.44	35.76	35.76	35.76	2.49	1.36
Primary Care Residents	40.44	35.76	35.76	35.76	2.49	2.19
% Residents and Fellows in Primary Care	51.50%	68.96%	68.96%	68.96%	11.61%	42.22%
% Residents in Primary Care	51.50%	68.96%	68.96%	68.96%	11.61%	42.22%
Total Residents	78.52	51.85	51.85	51.85	21.49	5.18
Total Fellows	0.00	0.00	0.00	0.00	0.00	0.00
Total Residents and Fellows	78.52	51.85	51.85	51.85	21.49	5.18

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
UNIVERSITY MEDICAL CENTER - LAFAYETTE

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2008

	TOTAL	PUBLIC	HCSD	UMC	Other
- Geriatric medicine	0.80	0.80	0.80	0.80	0.00
Family medicine	25.39	25.39	25.39	25.39	0.00
Internal medicine	25.84	25.77	25.77	25.55	0.00
Primary Care Residents	51.24	51.16	51.16	50.94	0.00
% Residents and Fellows in Prim	98.46%	98.45%	98.45%	98.45%	100%
% Residents in Primary Care	100.00%	100.00%	100.00%	100.00%	100%
Total Residents	51.24	51.16	51.16	50.94	1.35
Total Fellows	0.80	0.80	0.80	0.80	0.0
Total Residents and Fellows	52.04	51.96	51.96	51.75	1.35

TULANE MEDICAL CENTER

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2008

	TOTAL	PUBLIC	HCSD	TMC	AOMC	HPL	MCLNO	TOURO	VAB	VANO	OTHER
Anesthesiology	13.42	.04	.04	10.79			.04			.58	2.00
Dermatology	10.92	4.28	4.28	4.58	1.00	.34	3.94		1.07		
Internal medicine	85.63	29.57	29.57	40.91	1.20		29.57			12.70	1.25
- Allergy, immunology	4.00	.06	.06	2.49	1.03		.06			.41	
- Cardiology	12.08	3.45	3.45	6.01			3.45			2.62	
- Endocrinology	2.92	.29	.29	1.17			.29			1.46	
- Gastroenterology	6.17	2.06	2.06	2.55			1.88			1.56	.18
- Hematology and oncology	6.00	2.79	2.79	2.22			2.79			.99	
- Infectious disease	3.92	3.92	3.92				3.92				
- Nephrology	6.25	1.60	1.60	3.32	.42		1.60			.91	
- Pulmonary disease and critical care	7.91	1.34	1.34	5.45		.19	1.15			.80	.32
Neurology	6.42	1.42	1.42	2.45	1.10		1.42			.62	.83
Neurological surgery	6.92	2.67	2.67	4.00	.25		2.67				
Obstetrics and gynecology	16.75	9.83	9.83	6.04		3.00	6.83				.88
Ophthamology	11.92	1.38	1.38	4.96		1.38			2.00	2.00	1.58
Orthopaedic surgery	11.83	4.33	4.33	7.50			4.33				
Otolaryngology	11.42			2.92	5.50			1.00	2.00		
Pathology	5.83			5.67							.17
- Blood Banking & Transfusion	1.00			1.00							
Pediatrics	34.17	.65	.65	19.27	13.66		.65				.58
- Infectious diseases	2.00			1.00							1.00
Preventive medicine	.50										.50
Psychiatry	14.67	2.34	2.34	7.95			2.34			.95	3.44
- Forensic	2.00			2.00							
Psychiatry, Child	4.83	1.32	1.32	2.75			1.32				.76
Radiology	17.00			13.92							3.08
Surgery	17.58	2.59	2.59	11.15			2.59	.67			3.17
Surgery, Plastic	4.25			1.25	1.00			.50			1.50
Urology	4.00	.92	.92	1.79			.92			.13	1.17
Primary Care Residents	136.54	40.06	40.06	66.22	14.87	3.00	37.06	0.00	0.00	12.70	2.71
% Residents and Fellows in Primary Care	41.09%	52.13%	52.13%	37.81%	59.09%	22.28%	51.65%	0.00%	0.00%	49.35%	12.10%
% Residents in Primary Care	49.11%	65.31%	65.31%	44.77%	62.70%	62.83%	65.45%	0.00%	0.00%	0.00%	12.97%
Total Residents	278.05	61.33	61.33	147.90	23.71	4.71	56.62	2.17	5.07	16.97	20.90
Total Fellows	54.24	15.50	15.50	27.22	1.45	0.19	15.13	0.00	0.00	8.76	1.50
Total Residents and Fellows	332.29	76.83	76.83	175.11	25.16	4.89	71.75	2.17	5.07	25.73	22.40

OCHSNER CLINIC FOUNDATION

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2008

Specialties	TOTAL	PUBLIC	HCSD	AOMC	MCLNO	LJC	All Other
Anesthesiology	26.27	.57	.57	25.70	.57		
Internal medicine	49.52	.74	.74	47.66		.74	1.13
- Cardiology	32.61			32.20			.42
- Endocrinology	4.38			4.38			
- Gastroenterology	4.39			4.39			
- Hepatology	1.28			1.28			
- Infectious disease	1.69			1.69			
- Oncology	3.93			3.79			.14
- Rheumatology	2.44			2.44			
Obstetrics and gynecology	15.34	6.32	6.32	9.02		6.32	
- Glaucoma	.96			.96			
Orthopaedic surgery	11.84	2.08	2.08	9.26		2.08	.50
Psychiatry	.14			.14			
Radiology	22.94			22.50			.44
- MRI	2.00			2.00			
Surgery	28.92	5.08	5.08	21.95		5.08	1.89
- Colon & Rectal	.94			.94			
- Vascular surgery	1.59	.05	.05	1.54		.05	
Urology	8.00	2.44	2.44	4.39	.69	1.75	1.16
Primary Care Residents	64.86	7.06	7.06	56.67	0.00	7.06	1.13
% Residents and Fellows in Primary Care	29.59%	40.84%	40.84%	28.88%	0.00%	44.06%	19.83%
% Residents in Primary Care	39.80%	40.95%	40.95%	40.30%	0.00%	44.20%	21.97%
Total Residents	162.97	17.23	17.23	140.61	1.27	15.97	5.12
Total Fellows	56.22	0.05	0.05	55.61	0.00	0.05	0.55
Total Residents and Fellows	219.18	17.28	17.28	196.22	1.27	16.02	5.68

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER SHREVEPORT

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2008

	TOTAL	PUBLIC	LSUSHR	EAC	RAPIDES	WK	OTHER
Anesthesiology	21.00	17.67	17.67				3.33
Emergency medicine	21.00	19.67	19.67				1.33
Family medicine	55.08	31.25	14.25	17.00	12.00	3.75	8.08
Internal medicine	58.33	45.08	45.08			2.67	10.58
- Cardiology	10.92	7.17	7.17				3.75
- Critical Care	2.67	2.50	2.50			.17	
- Endocrinology	3.00	1.00	1.00				2.00
- Gastroenterology	6.17	3.17	3.17			.92	2.08
- Hematology and oncology	15.00	15.00	15.00				
- Infectious disease	1.92	1.08	1.08				.83
- Nephrology	5.83	3.75	3.75			1.00	1.08
- Pulmonary disease and critical care	4.58	2.33	2.33				2.25
- Rheumatology	4.00	2.75	2.75				1.25
Neurology	14.00	13.17	13.17				.83
Neurological surgery	9.00	9.00	9.00				
Obstetrics and gynecology	22.75	20.92	16.67	4.25		1.83	
Ophthamology	9.00	7.00	5.67	1.33			2.00
Oral Surgery	13.08	10.83	10.83				2.25
Orthopaedic surgery	14.50	11.00	11.00				3.50
Otolaryngology	9.00	7.00	7.00				2.00
Pathology	12.00	12.00	12.00				
- Cytopathology	2.00	2.00	2.00				
Pediatrics	25.50	25.33	25.33				.17
- Allergy, immunology	4.25	4.25	4.25				
Psychiatry	18.08	17.00	16.00	1.00			1.08
Psychiatry, Child							
Radiology	11.92	11.83	11.83				.08
Surgery	26.83	21.75	17.92	3.83		2.75	2.33
Surgery, Plastic	1.00	1.00	1.00				
Urology	10.00	5.67	5.67			2.00	2.33
Medicine/Pediatrics	13.83	12.25	12.25				1.58

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT

(continued)

	TOTAL	PUBLIC	LSUSHR	EAC	RAPIDES	WK	OTHER
Primary Care Residents	175.50	134.83	113.58	21.25	12.00	8.25	20.42
% Residents and Fellows in Primary Care	41.17%	39.15%	35.83%	77.51%	100.00%	54.70%	37.29%
% Residents in Primary Care	47.96%	45.03%	41.76%	77.51%	100.00%	63.46%	49.20%
Total Residents	365.92	299.42	272.00	27.42	12.00	13.00	41.50
Total Fellows	60.33	45.00	45.00	0.00	0.00	2.08	13.25
Total Residents and Fellows	426.25	344.42	317.00	27.42	12.00	15.08	54.75

BATON ROUGE GENERAL MEDICAL CENTER

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2008

	TOTAL	PUBLIC	HCSD	BRG
Family medicine	23.00	0.00	0.00	23.00
Primary Care Residents	23.00	0.00	0.00	23.00
% Residents and Fellows in Prim	100.00%			100.00%
% Residents in Primary Care	100.00%			100.00%
Total Residents	23.00	0.00	0.00	23.00
Total Fellows	0.00	0.00	0.00	0.00
Total Residents and Fellows	23.00	0.00	0.00	23.00

EAST JEFFERSON MEMORIAL HOSPITAL
GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2008

	TOTAL	PUBLIC	HCSD	EJEFF
Family medicine	18.00	0.00	0.00	18.00
Primary Care Residents	18.00	0.00	0.00	18.00
% Residents and Fellows in Primary Care	100.00%	100.00%	100.00%	100.00%
% Residents in Primary Care	100.00%	100.00%	100.00%	100.00%
Total Residents	18.00	0.00	0.00	18.00
Total Fellows	0.00	0.00	0.00	0.00
Total Residents and Fellows	18.00	0.00	0.00	18.00

SPECIALITY AND INSTITUTION SUMMARY

GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2008

	TOTAL	LSU-NO	LSU-SHR	Tulane	Ochsner	EKL	UMC	EJEFF	BRG
Anesthesiology	60.69		21.00	13.42	26.27				
Dermatology	30.83	19.92		10.92					
Dentistry	8.81	8.81							
Emergency medicine	100.72	41.63	21.00			38.08			
Family medicine	160.95	39.47	55.08				25.39	18.00	23.00
Internal medicine	299.75	39.99	58.33	85.63	49.52	40.44	25.84		
- Allergy, immunology	6.00	2.00		4.00					
- Cardiology	67.61	12.00	10.92	12.08	32.61				
- Critical Care	2.67		2.67						
- Endocrinology	10.30		3.00	2.92	4.38				
- Gastroenterology	26.73	10.00	6.17	6.17	4.39				
- Geriatric medicine	0.80						0.80		
- Hematology and oncology	21.00		15.00	6.00					
- Hepatology	1.28				1.28				
- Hyperbaric	1.00	1.00							
- Infectious disease	7.52		1.92	3.92	1.69				
- Nephrology	17.75	5.67	5.83	6.25					
- Oncology	3.93				3.93				
- Pulmonary disease and critical	20.20	7.70	4.58	7.91					
- Rheumatology	9.34	2.90	4.00		2.44				
Neurology	31.69	11.27	14.00	6.42					
Neurology Fellows	0.83	0.83							
- Pediatric Neurology	3.34	3.34							
Neurological surgery	21.00	5.08	9.00	6.92					
Obstetrics and gynecology	80.25	25.42	22.75	16.75	15.34				
Ophthamology	45.38	24.46	9.00	11.92					
- Cornea	0.52	0.52							
- Glaucoma	0.96				0.96				
- Retina	1.95	1.95							
Oral Surgery	33.02	19.94	13.08						
Orthopaedic surgery	57.18	19.00	14.50	11.83	11.84				
- Pediatrics	0.46	0.46							
Otolaryngology	34.59	14.17	9.00	11.42					
Pathology	24.14	6.31	12.00	5.83					
- Blood Banking & Transfusion	1.00			1.00					

SPECIALITY AND INSTITUTION SUMMARY

(continued)

	TOTAL	LSU-NO	LSU-SHR	Tulane	Ochsner	EKL	UMC	EJEFF	BRG
- Cytopathology	2.00		2.00						
Pediatrics	109.60	49.94	25.50	34.17					
- Allergy, immunology	7.25	3.00	4.25						
- Endocrinology	2.09	2.09							
- Special Fellow	1.30	1.30							
- Gastroenterology	2.00	2.00							
- Hematology and oncology	2.85	2.85							
- Infectious diseases	2.00			2.00					
- Neonatal-perinatal	2.00	2.00							
Physical medicine and rehabilitati	18.07	18.07							
- Musculoskeletal	3.00	3.00							
Preventive medicine	0.50			0.50					
Psychiatry	77.90	45.00	18.08	14.67	0.14				
- Forensic	2.00			2.00					
Psychiatry, Child	4.83			4.83					
Psychiatry - Child and adolescent	5.12	5.12							
Radiology	51.85		11.92	17.00	22.94				
- MRI	2.00				2.00				
Surgery	116.03	42.69	26.83	17.58	28.92				
- Colon & Rectal	0.94				0.94				
- Vascular surgery	2.59	1.00			1.59				
Surgery, Plastic	9.17	3.92	1.00	4.25					
Urology	22.00		10.00	4.00	8.00				
Medicine/Pediatrics	38.70	24.86	13.83						
Internal medicine/Emergency med	9.00	9.00							

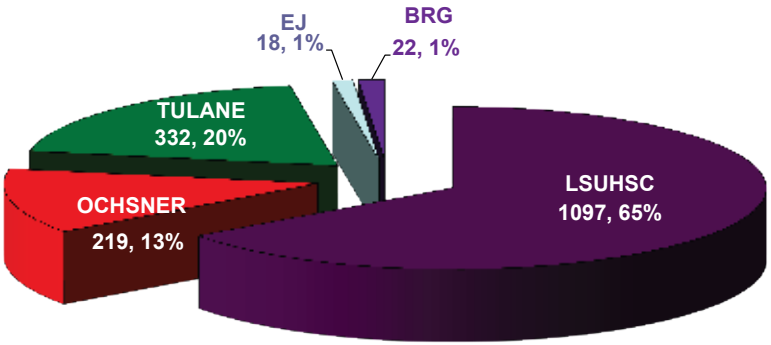
SPECIALITY AND INSTITUTION SUMMARY

(continued)

Primary Care Residents	689.25	179.68	175.50	136.54	64.86	40.44	51.24	18.00	23.00
% Residents and Fellows in Primary Care	40.81%	33.29%	41.17%	41.09%	29.59%	51.50%	98.46%	100.00%	100.00%
% Residents in Primary Care	47.45%	37.83%	47.96%	49.11%	39.80%	51.50%	100.00%	100.00%	100.00%
Total Residents	1452.59	474.90	365.92	278.05	162.97	78.52	51.24	18.00	23.00
Total Fellows	236.36	64.77	60.33	54.24	56.22	0.00	0.80	0.00	0.00
Total Residents and Fellows	1688.96	539.67	426.25	332.29	219.18	78.52	52.04	18.00	23.00

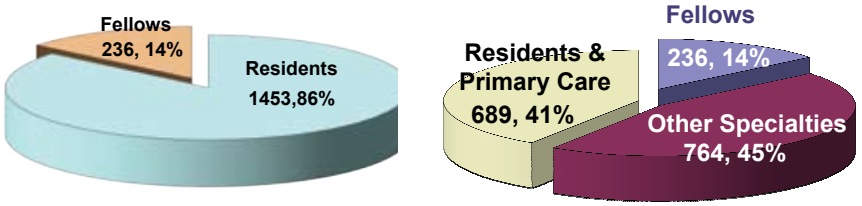
2008 GME IN LOUISIANA

INSTITUTIONAL PROGRAMS BASE



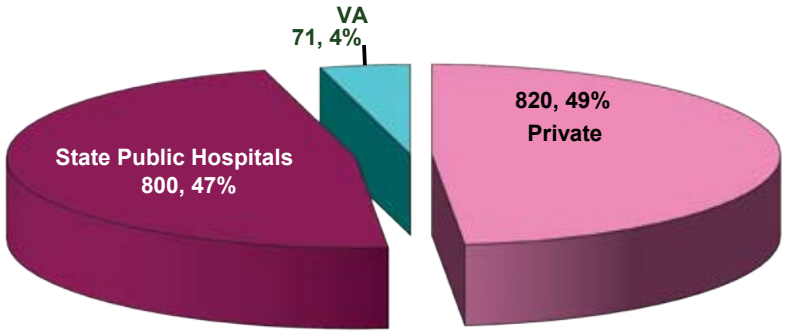
TOTAL
1689
100%

RESIDENTS AND FELLOWS



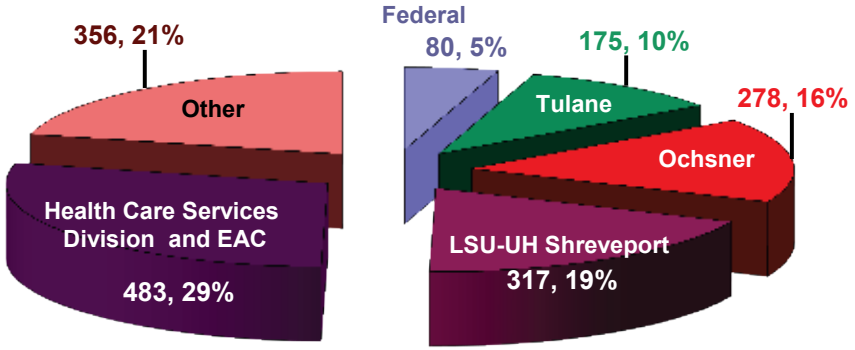
TOTAL
1689
100%

HOSPITAL DISTRIBUTION



TOTAL
1689
100%

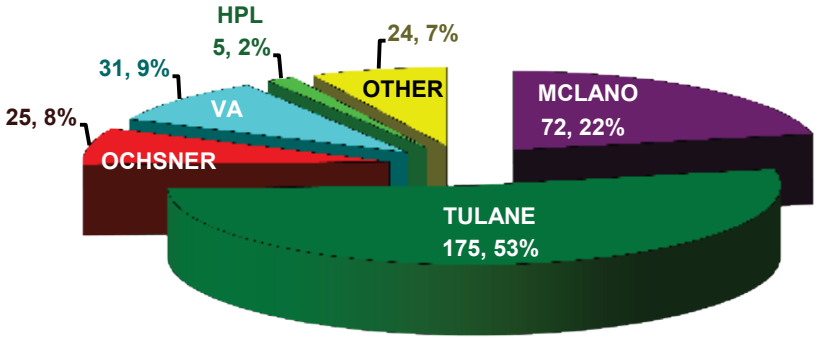
HOSPITALS



TOTAL
1689
100%

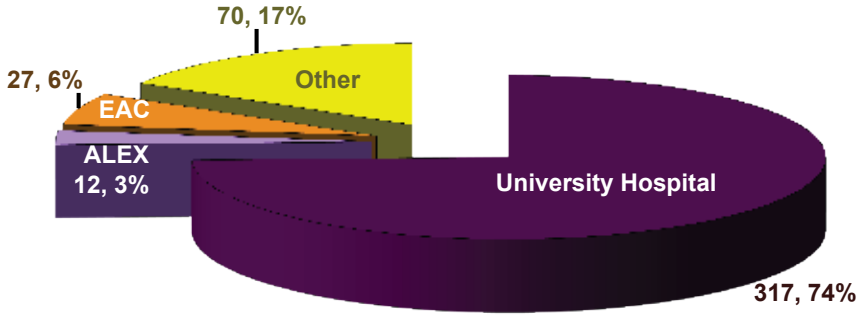
2008 GME HOSPITALS IN LOUISIANA

TULANE



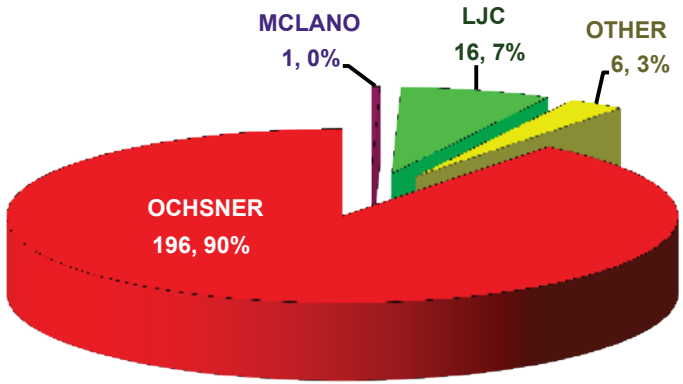
TOTAL
332
100%

LSUHSC - SHREVEPORT



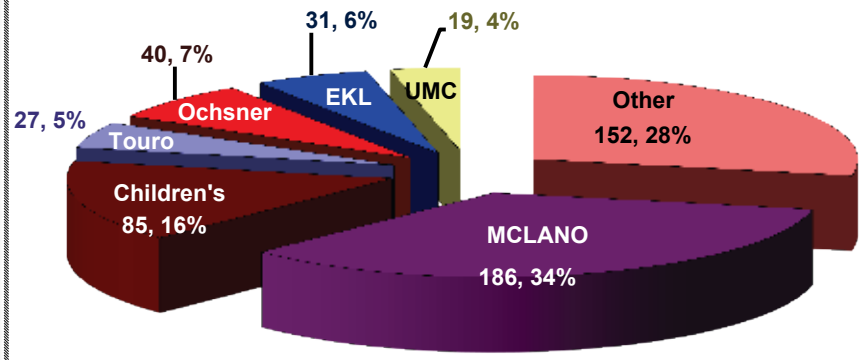
TOTAL
426
100%

OCHSNER



Total
219
100%

LSUHSC - NEW ORLEANS



Total
540
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 2009-2010. 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, 2009, when this years GME numbers and schedules are available.

Since the stipend increases are proposed for the year following, 2009-2010, 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
Updated 9/5/07

Medical Education Commission Scale

PGY	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2003-04 to 2008-09 $ Change	2003-04 to 2007-08 % Change	Average Annual % Change	Proposed 2009-10	$ Over/Under Estimated 2009-10 AAMC	% Over/Under Estimated 2009-10 AAMC
1	$ 36,413	$ 36,413	$ 38,598	$40,528	$42,757	$44,168	$7,755	21.30%	4.26%	$ 45,802	$110	0.25%
2	$ 37,484	$ 37,484	$ 39,733	$41,720	$44,015	$45,467	$7,983	21.30%	4.26%	$ 47,149	$47	0.10%
3	$ 38,852	$ 38,852	$ 41,183	$43,242	$45,620	$47,125	$8,273	21.29%	4.26%	$ 48,869	$200	0.42%
4	$ 40,422	$ 40,422	$ 42,847	$44,989	$47,463	$49,029	$8,607	21.29%	4.26%	$ 50,843	$374	0.77%
5	$ 41,815	$ 41,815	$ 44,324	$46,540	$49,100	$50,720	$8,905	21.30%	4.26%	$ 52,597	$84	0.17%
6	$ 43,643	$ 43,643	$ 46,262	$48,575	$51,247	$52,938	$9,295	21.30%	4.26%	$ 54,897	$321	0.61%

AAMC Southern Regional Average

PGY	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2002-03 to 2006-07 $ Change	2002-03 to 2006-07 % Change	Average Annual % Change	Estimated 2008-09	Estimated 2009-10
1	$ 36,387	$ 36,405	$ 38,341	$ 39,707	$ 41,468	$ 42,687	$ 6,300	17.31%	3.46%	$ 44,164	$ 45,692
2	$ 37,559	$ 37,626	$ 39,541	$ 40,945	$ 42,825	$ 44,022	$ 6,463	17.21%	3.44%	$ 45,536	$ 47,102
3	$ 38,905	$ 39,069	$ 41,024	$ 42,522	$ 44,473	$ 45,521	$ 6,616	17.01%	3.40%	$ 47,069	$ 48,669
4	$ 40,421	$ 40,570	$ 42,463	$ 43,857	$ 45,981	$ 47,232	$ 6,811	16.85%	3.37%	$ 48,824	$ 50,469
5	$ 42,132	$ 42,359	$ 44,076	$ 45,382	$ 47,521	$ 49,174	$ 7,042	16.71%	3.34%	$ 50,816	$ 52,513
6	$ 43,881	$ 44,242	$ 45,787	$ 47,223	$ 49,422	$ 51,134	$ 7,253	16.53%	3.31%	$ 52,827	$ 54,576

1. The AAMC regional averages are available through 2007-08. Table 4, Weighted Mean Housestaff Stipends by Region is used from the AAMC Survey of Housestaff Stipends, Benefits and Funding, Autumn 2007.

2. The AAMC averages for 2008-09 and 2009-10 are estimated by adding the average increase from 2002-03 to 2007-08 to the 2007-08 regional average.

3. We are proposing an increase of 3.7% to keep pace with the projected weighted mean housestaff stipend for the Southern Region in FY 2009-10.

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
2006-07	$40,528	$41,720	$43,242	$44,989	$46,540	$48575
2007-08	$42,757	$44,015	$45,620	$47,463	$49,100	$51,247

*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. Support for increasing GME back to Pre-Katriina levels is essential.

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 2009-2010. The incorporation of these requests into the budget cycle of the teaching 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.