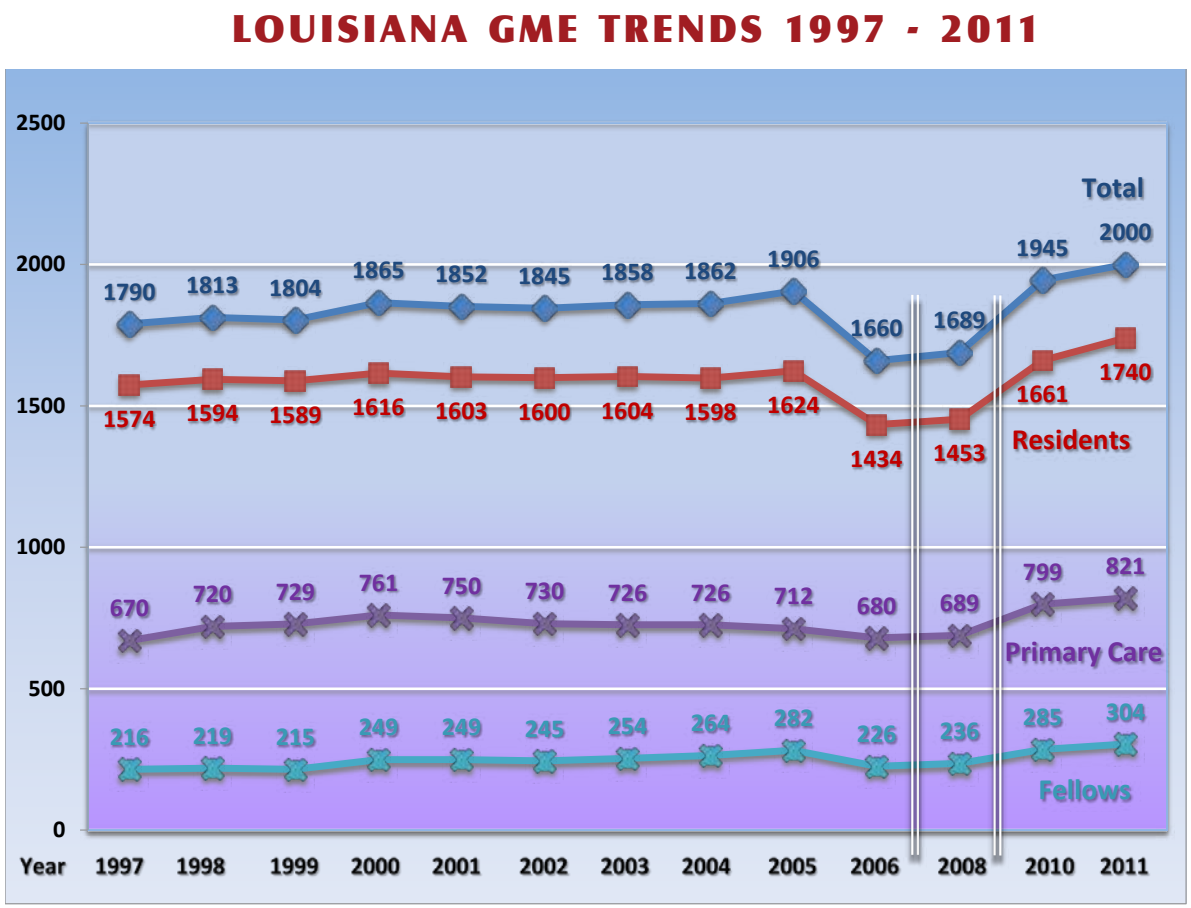
The Medical Education Commission



Fourteenth Annual Report: 2011

State of Louisiana

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

Bruce D. Greenstein, Secretary
Louisiana Department of Health & Hospitals
P.O. Box 629
Baton Rouge, LA

November 21, 2011

Dear Secretary Greenstein:

The Medical Education Commission has compiled this Fourteenth Annual Report 2011. The Louisiana medical schools and teaching hospitals provide data for Medical Education Commission, which allow for the tracking of this critical health care workforce data.

The member representatives from the LSU Health Sciences Centers in New Orleans and Shreveport, Tulane University Health Sciences Center, Alton Ochsner Clinic Foundation, and the Department of Health and Hospitals, have worked to consistently focused on GME activity in our Teaching Hospitals, related to senior medical school graduates. The value of this report developed by a member working group is evident through the provision of useful information on Graduate Medical Education (GME) in the entire state of Louisiana.

The changes in GME are detailed to demonstrate, through the public/private partnership, the steady and excellent past record compared with change and uncertainty from Katrina in 2005, and slowly but nevertheless improving status. All represented institutions mounted a courageous and innovative response in geographic and infrastructure relocation, and continue to move forward in return and reengineering. The individual decisions over time have incrementally proceeded to put GME in Louisiana on the path to track the United States National Averages. All schools have increased Louisiana medical students; more GME slots are needed, and recovery from Katrina and in the increased demand requires more residents and fellows supply in order to get back on track.

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. The increase of Medical School and GME numbers need to progress in the proposed direction for our state's benefit; however, vigilance is required to ensure that we continue to respond to physician shortages, in the United States and Louisiana.

Sincerely,

Larry Hollier, M.D.
Chancellor

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ANNOUNCEMENT

The Medical Education Commission has added new data on this 2011 Annual Report. The 2011 comprehensive FTE annual data will be put on the website along with 2011. This report and prior publications are available on the LSUHSC website at www.lsuhsc.edu/administration, where presentations are included and upgraded, past and present. In addition, the MEC annually submits a scientific article for publication in the journal of the Louisiana State Medical Society. A bibliography of recent publications is included:

The website is the expanded version, with color, at www.lsuhsc.edu/no/mec. 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) Neumann JA; Sessions BA; Ali J; and Rigby PG: Louisiana Physician Population Trends: Will Increase in Supply Meet Demand? J LA State Med. Soc 2011; vol 164:33-37.
2) Rigby PG, Pinsky W, Braun K, Wiese J, et al. The Medical Education Commission Report 2008-2009: Louisiana GME Plan is Tracking U.S. Averages. J LA State Med Soc. 2010; Vol. 162, pp 165-174.
3) Rigby PG, Pinsky W, Braun K, Wiese J, et al. The Medical Education Commission Report 2007: GME is recovering from Katrina. J LA State Med Soc. 2009; Vol. 161:32-40
4) 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
5) 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
6) 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.
7) 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.
8) 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.
9) 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.
10) 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.
11) 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 2011

The Fourteenth Annual Report of the Medical Education Commission (MEC) provides a comprehensive view of Graduate Medical Education (GME) with an emphasis on trends and changes post-Katrina in recovery and restoration. The institutional plan for future increases in both medical students and GME is presented five years after the enormous trauma of Katrina; the data presented in our thirteenth report updates the recovery after the initial responses, and the hope of continued improvement and restoration. The plan in Louisiana has begun to increase the numbers of medical students, and then proposed increase for GME, as is the AAMC plan for the U.S.

The MEC is using 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. 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; recovery is underway to get back on track. 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 Fourteenth report provides new information and trends on Physician Supply in the United States and in Louisiana. The most immediate priority is to meet the Southern Regional Average for the annual stipends to promote recruitment and retention of the best residents and fellows in the troubled context of economic and downturn and Health Care reform.

The report has been written and collated by the members of the MEC: Dr. Perry Rigby (LSUHSC-NO) Chairman, Dr. Jeffrey Weise (Tulane), Dr. William Pinsky, Dr. Ronald Amedee (Ochsner), Liz Sumrall (HCSD), and by Dr. Charles Hilton, Dr. Ramnarayan Paragi Gururaja (LSUHSC), Dr. Andy Chesson (LSUHSC-SHREVEPORT), Dr. Henry Gremillion (LSUHSC), and Dr. Jimmy Guidry (DHH).

This current report for 2011 will be added to the LSUHSC website, along with other prior narrative and data bases, allowing for analysis and 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-NO
William Pinsky, M.D., Ochsner
Ronald Amedee, M.D., Ochsner
Jeff Weise, M.D., Tulane
Charles Hilton, M.D., LSUHSC-NO
Ramnarayan Paragi Gururaja, M.D. – LSUHSC-NO
Andy Chesson, M.D., LSUHSC-Shreveport

Contact Louise Baker for questions and requests.
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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. had been continuous in quality and quantity; a dynamic process based on the reputation, expertise, capacity, and commitment of the States academic institutions. Katrina interceded and interrupted GME in LA; challenging the continuity, shifting the geography, and altering the kinetics of operation and support. Recovery from losses in not yet complete, but well underway.

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 and private hospitals at any point in time, and practically all had this experience 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 at 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 key to the future of GME is to building the new University Hospital to replace the former Charity Hospital and to realizing the cooperative effort to implement all GME in Louisiana.

The State of Louisiana is meeting the national averages regarding the ratio of residents and fellows/total physicians (14%), the ratio of primary care physicians/total physicians (about one-third, 34%), and the ratio of physicians/100,000 population (295). Louisiana has exceeded national averages in the retention of trainees into practice sites in the state. New post Katrina data shows the restitution with recovery, included data will show many statistics indicating that Louisiana is close to the national average and norms.

The Medical Education Commission (MEC) was established by Act 3 of the Louisiana Legislature in 1997. The MEC report and its recommendations are to describe the work of the Commission, as well as 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 teaching hospitals.

The Fourteenth Annual MEC Report of the data on GME is similar in content to the prior reports of the MEC and has been constructed to be accurate and detailed for the year, 2011. 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 total GME 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 future overall plan for more physicians in Louisiana is revealed, and target goals are set.

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

First Report Dates	Second Report Dates	Third Report Dates	Fourth Report Dates	Fifth Report Dates
July 30, 1997	January 21, 1998	March 2, 1999	January 25, 2000	April 24, 2001
August 27, 1997	February 10, 1998	May 6, 1999	March 29, 2000	July 12, 2001
October 1, 1997	March 23, 1998	August 17, 1999	May 30, 2000	December 17, 2001
November 19, 1997	June 9, 1998	September 28, 1999	August 22, 2000	
	July 30, 1998			
	August 26, 1998			
	September 30, 1998			
	November 4, 1998			

Sixth Report Dates	Seventh Report Dates	Eighth Report Dates	Ninth Report Dates	Tenth Report Dates
January 28, 2002	January 28, 2003	May 11, 2004	December 15, 2005*	September 6, 2007
July 22, 2002	July 29, 2003	September 27, 2004	June, 2006*	May 21, 2007
October 28, 2002	August 26, 2003	November 23, 2004	July 24, 2006	

Eleventh Report Dates	Twelfth Report Dates	Thirteenth Report Dates	Fourteenth Report Date
October 6, 2008	April 6, 2009	September 16, 2010	June 25, 2011*
June 3, 2008	October 5, 2009		

*Telephone Conferences

MEDICAL EDUCATION COMMISSION

THE MATCH

The success of the 2011 match in Louisiana is a sign of continuing resurgence of GME in LA after Katrina. The Medical Education Commission (MEC) therefore provides expanded and updated information on the details and importance of the events of the last seven years, portraying the trends of GME in Louisiana as annually compiled by the MEC on filled positions.

THE MATCH DANCE

The national resident matching program (main match) 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. Institutional decisions as to the number of positions to be offered by the institution 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 commitment about number of positions offered by October. The process for the students begins in the senior year of medical school when each student officially signs up for the match, gathers information, visits, interviews, analyzes then enters their choices in priority order for open positions (slots) in an array of residency programs. 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. 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.

2011 RESULTS AND TRENDS

The results of the 2004 to 2011 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 the particular year. Pie charts depict institutional proportions on the match in 2011.

MEDICAL EDUCATION COMMISSION - THE MATCH 2010
(continued)

Total LA PGY-1 slots filled (469) post "scramble" were back up; PGY-2 recruitment in the NMRP match adds up for a grand total of 490 for 2011.

The number of graduating seniors in Louisiana from its three medical schools increased to 464, drawing ahead of past totals.

Of 464 graduates, 210 were in slots in LA.

Of interest is that the PGY-1 places (about 466 slots) offered are even with the number of senior graduates, and the graduating seniors leaving are replaced by recruitment of out-of-state medical graduates.

INTERSTATE KINETICS OF GME:

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

a) the number of medical school senior graduates per year (443)
b) the number of these retained in LA for PGY-1 (237)
c) the number of outside MD's recruited for PGY-1 (228)
d) the number of retained for practice in La after finishing GME in LA
e) the number of those senior medical student graduates who left for GME, later returning to practice
f) the number of those finishing GME who initially left for practice out-of-state and later 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

MEDICAL EDUCATION COMMISSION - THE MATCH 2010
(continued)

OBSERVATIONS ON MATCH - STATE OF LOUISIANA - 2010

1. Full after the Scramble – 100% slots matched!
2. Total number of PGY-1 increased to 469

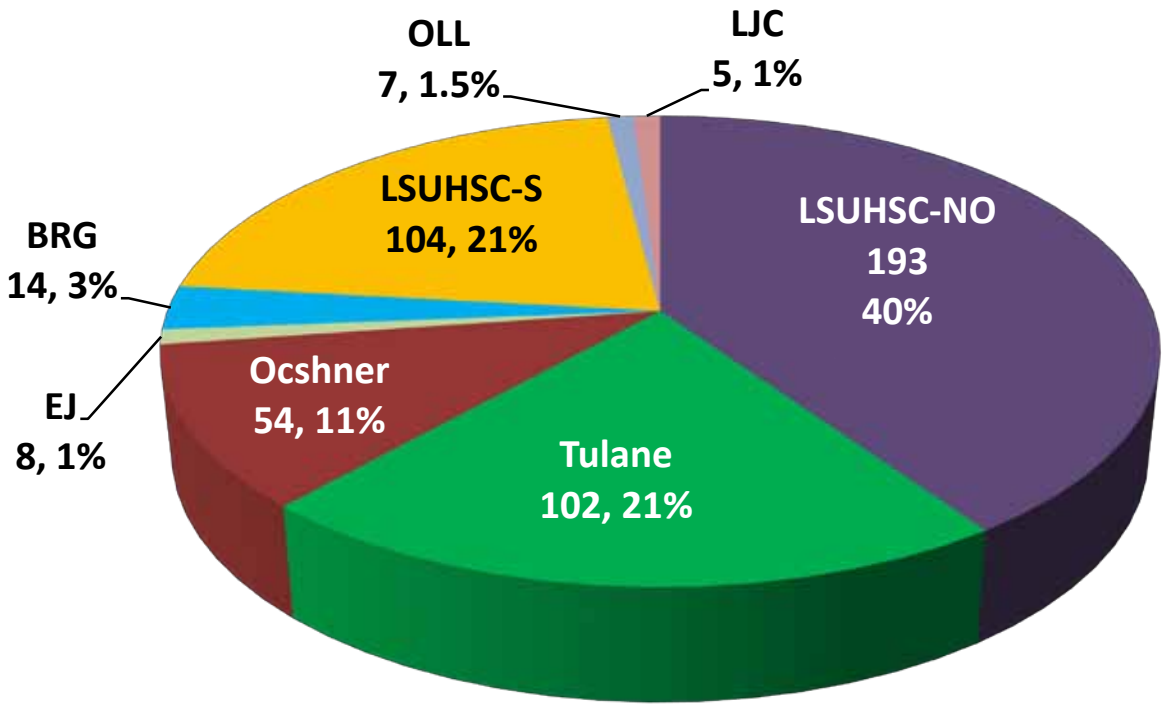
   PGY-2 was 21

   Total both increased 490
3. Trend after Katrina is up, and new total is the highest ever.
4. Family Medicine has increased PGY-1's.
5. Several new GME programs started in the last 3 years.
6. The number of senior medical students is up.
7. More graduate seniors are staying in Louisiana for PGY-1, both in numbers and overall percent.

THE MATCH 2011

MEDICAL STUDENTS	PROGRAM	First Year Filled Positions (PGY-1)				Second Year Filled Positions (PGY-2)		
	PGY-1	QUOTA 2011	FILLED	OPEN	TOTAL	QUOTA 2011	FILLED	SUM
178	**LSUHSC-New Orleans**	**125**	**118**	**7**	**118**	**8**	**8**	**126**
	Earl K. Long	**36**	**36**	**0**	**36**			
	UMC	**17**	**17**	**0**	**17**			
	Lake Charles	**8**	**8**	**0**	**8**			
	Bogalusa	**6**	**6**	**0**	**6**			
	Subtotal	**192**	**185**	**0**	**185**			**188**
108	**LSUHSC-Shreveport**	**88**	**88**	**0**	**88**	**4**	**4**	**94**
	N. Caddo	**2**	**2**	**0**	**2**			
	E.A. Conway	**7**	**7**	**0**	**7**			
	Alexandria	**3**	**3**	**0**	**3**			
	Subtotal	**103**	**103**	**0**	**103**			**107**
	LSUHSC TOTAL	**292**	**288**	**7**	**288**	**12**	**12**	
	Leonard J. Chabert	**5**	**5**	**0**	**5**			
178	**Private**							
	Tulane	**93**	**93**	**0**	**93**	**9**	**9**	**102**
	Ochsner	**54**	**54**	**0**	**54**			
	Baton Rouge General	**14**	**14**	**0**	**14**			
	East Jefferson	**7**	**7**	**0**	**7**			
	Our Lady of the Lake	**8**	**8**	**0**	**8**			
	Private Total	**176**	**176**	**0**	**176**			
	PGY-1	**473**	**469**	**7**	**469**			
464	***PGY-2***	**21**	**21**	**0**	**21**	**21**	**21**	**490**
	Total PGY-1 & PGY-2	**494**	**490**	**7**	**490**			

MATCH-FILLED POSITIONS 2011
PGY-1 AND PGY-2



Filled Total
***490**

***After Scramble numbers from Institutions**

Pie Chart I depicts the institutional slices and the percentages of the total NRMP Main Match. The numbers may increase slightly as programs add residents after the match and scramble.

MATCH 2011
AFTER THE SCRAMBLE
FAMILY MEDICINE–LOUISIANA

	QUOTA	MATCH	SCRAMBLE	TOTAL
LSUNO	6	6	2	6
UMC	8	7	1	8
LAKE CHARLES	8	8	0	8
BOGALUSA	6	6	2	6
	28	27	1	28
LSU-SHR	5	4	1	5
FM – N. CADDO	2	2	1	2
EMS – FM	2	2	0	2
ALEX – RAPIDS	3	3		3
EAC	7	7	0	7
	17	16	1	17
LSU Combined	45	43	2	45
EJ	7	7	0	7
BRG	8	7	1	8
	60	57	3	60

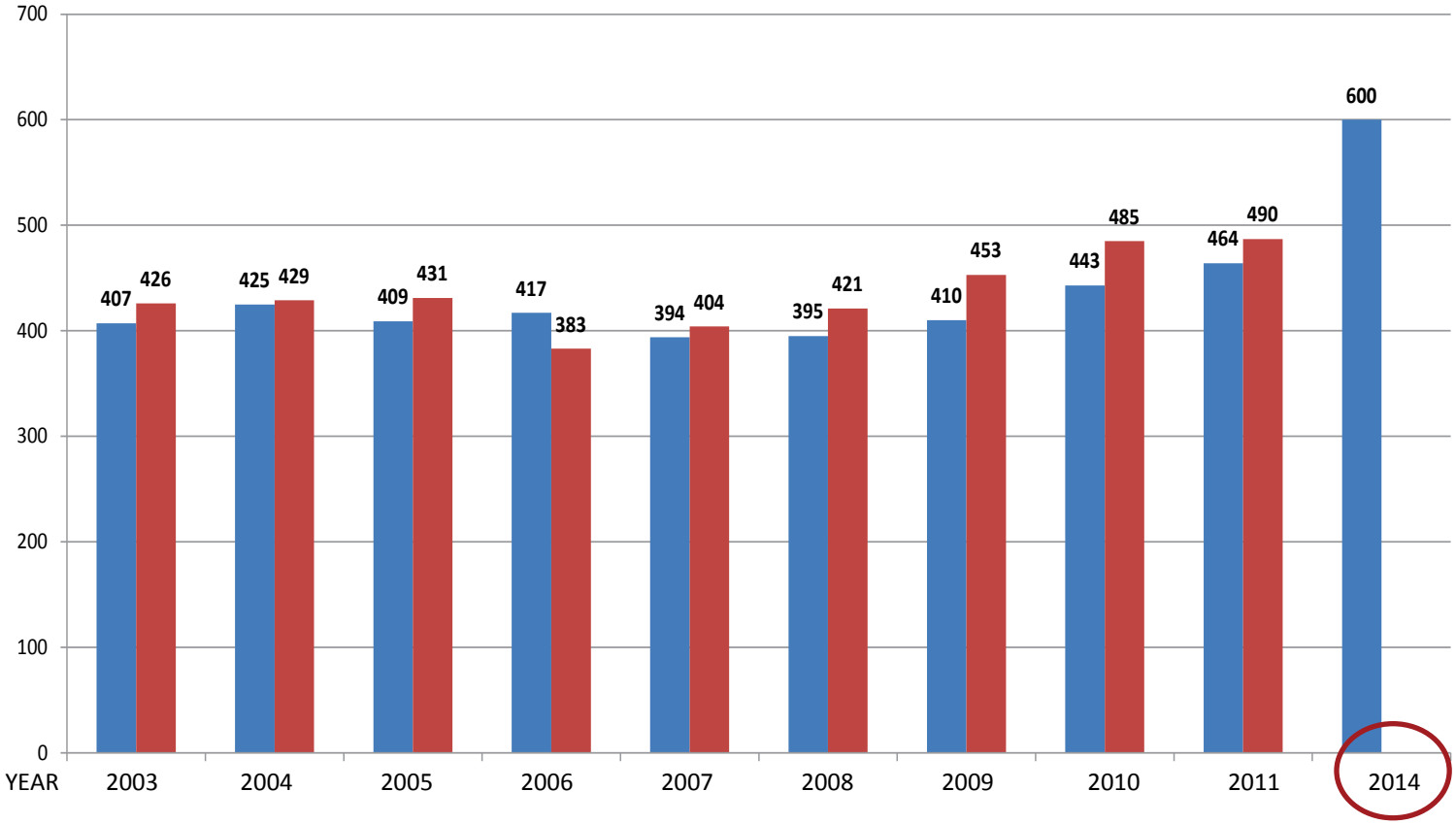
MATCH FILLED POSITIONS
PGY-1 AND NEW PGY-2

	2005		2006		2007		2008		2009		2010		2011	
LSUNO	173	40%	156	41%	168	42%	170	41%	183	40%	194	40%	193	40%
LSUSH	92	21%	99	26%	101	25%	97	23%	109	24%	107	22%	107	21%
L.J. CHAUBERT									5	1%	5	1%	5	1%
TULANE	105	24%	61	16%	71	18%	90	21%	95	21%	107	22%	102	21%
OCHSNER	47	11%	52	14%	50	12%	50	12%	51	11%	52	11%	54	11%
BRG	8	2%	7	2%	8	2%	8	2%	4	1%	7	1%	14	1%
E. JEFF	6	2%	8	2%	6	2%	6	2%	6	1%	7	1%	7	1%
O. L. LAKE											6	1%	8	3%
	431	100%	383	100%	404	100%	421	100%	453	100%	485	100%	490	100%
YEAR'S CHANGE	Katrina Year		Net Loss-48		Net Gain +21		Net Gain +17		Net Gain +32		Net Gain +32		Net Gain +5	

HOSPITAL/INSTITUTIONAL MATCH 2004-2011
PGY-1 AND PGY-2
EIGHT YEAR MATCH COHORTS SEQUENCE

Med. School Senior Grads		PGY-1 First Year Filled Positions								PGY-2 Second Year Filled Positions								
	Program	2004	2005	2006	2007	2008	2009	2010	2011	2004	2005	2006	2007	2008	2009	2010	2011	TOTAL
178	**LSUHSC-New Orleans**	128	113	101	106	112	114	120	118	13	13	5	5	5	8	8	8	126
	Earl K. Long	27	26	27	34	35	34	38	36									
	UMC	16	15	17	18	14	16	16	17									
	Lake Charles	5	6	6	5	4	8	8	8									
	Bogalusa						3	4	6									
	Subtotal	*169*	*160*	*151*	*163*	*165*	*175*	*186*	*185*									193
108	**LSUHSC-Shreveport**	63	74	81	84	79	90	87	90	2	3	3	3	4	3	4	4	92
	N. Caddo	2	2	2	2	1	2	2	2									
	E.A. Conway	8	8	8	8	8	8	8	8									
	Alexandria	6	5	5	4	5	6	6	3									
	Subtotal	79	89	96	98	93	106	103	103									107
	LSUSHC Total	248	249	247	261	258	281	289	288	16	16	8	8	9	11	12	12	300
	Leonard J. Chaubert						5	6	5									5
178	**Private**																	
	Tulane	94	94	54	66	84	89	95	93	11	11	7	5	6	6	12	9	102
	Ochsner	47	47	52	48	50	51	52	54									54
	Baton Rouge General	8	8	7	8	8	4	7	14									14
	East Jefferson	6	6	8	6	6	6	7	7									8
	Our Lady of the Lake							6	8									7
	Private Total	155	155	121	128	148	150	166	176	11	11	7	7	6	6	12	9	8
	PGY-1	403	404	368	389	406	436	461	469									185
	PGY-2	26	27	15	15	15	17	24	21	26	27	15	15	15	17	24	21	
	Total PGY-1 & PGY-2	429	431	383	404	421	453	485	490									490
464	***Change from Prior Year***		+2	-48	+21	+17	+32	+32	+5		-1	-12	0	0	+2	+7		

THE NUMBERS OF SENIOR MEDICAL GRADUATES AND PGY-1 & PGY-2 FILLED SLOTS IN LOUISIANA



MEDICAL MATCH TRENDS
LOUISIANA SENIOR GRADUATES 2011

LOUISIANA TOTALS	# Total Senior Graduates	Stay for GME in LA	% In LA	Leave LA for GME	PGY-1 Filled in LA	Out of State Entering GME in LA
1999	379	183	50%	196	411	228
2000	420	181	43%	239	404	223
2001	404	154	38%	250	394	240
2002	401	169	42%	232	384	215
2003	407	159	39%	248	414	247
2004	425	174	41%	251	403	229
2005	409	177	43%	232	404	227
2006	417	147	35%	267	368	221
2007	394	145	37%	249	389	244
2008	395	143	36%	252	406	270
2009	410	169	41%	241	436	269
2010	443	233	53%	210	461	228
2011	464	210	45%	254	466	256
Average 99-09	407	164	40%	242	401	238

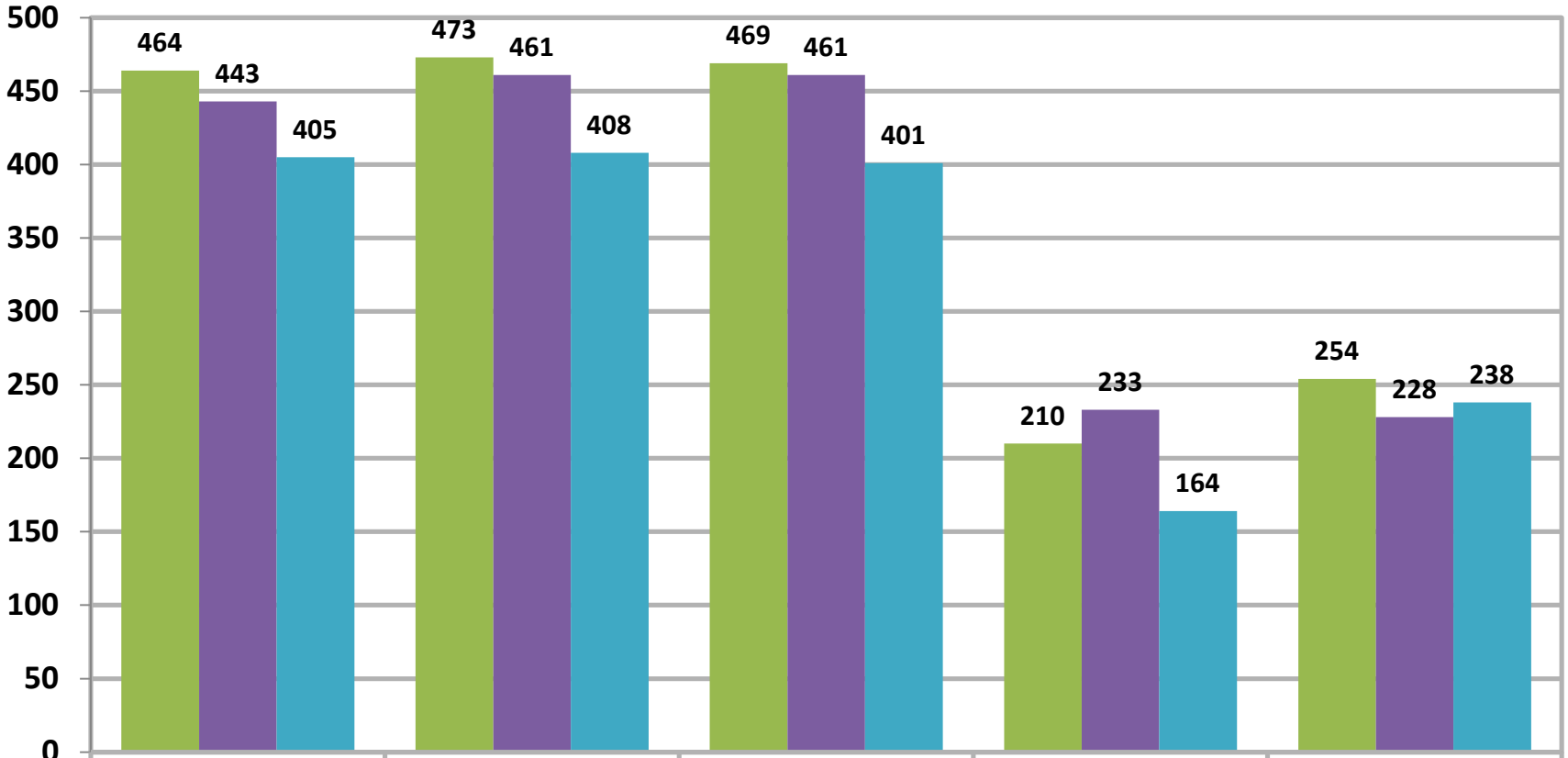
MATCH TRENDS IN LOUISIANA 2011
SENIOR GRADUATES AND PGY-1

YEAR	Senior Graduates	PGY-1 Offered	PGY-1 Filled	Retained Louisiana Sr. Graduates	Percentage	Out-of-State
1999	379	427	411	183	45%	228
2000	420	418	404	181	45%	223
2001	404	404	394	154	39%	240
2002	404	396	384	169	44%	215
2003	407	419	414	159	38%	247
2004	425	407	403	174	43%	229
2005	409	407	404	177	44%	227
2006	417	370	368	147	40%	221
2007	394	384	389	145	37%	244
2008	395	413	406	143	35%	270
2009	410	439	436	167	38%	269
2010	443	461	461	233	51%	228
2011	469	473	469	210	45%	254
Average of 11 years	405	408	401	164	41%	238
Total of 11 Years	4458	4484	4413	1799	41%	2613

***After Scramble numbers from Institutions**

Pie Chart I depicts the institutional slices and the percentages of the total NRMP Main Match. The numbers may increase slightly as programs add residents after the match and scramble.

MATCH TRENDS IN LOUISIANA 2011
SENIOR GRADUATES AND PGY-1



	Senior Graduates	PGY-1 Offered	PGY-1 Filled	Retained LA Sr. Grads	Out-of-State
2011	464	473	469	210	254
2010	443	461	461	233	228
Average	405	408	401	164	238

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. LSUHSC's have strategically emphasized, over the last 10 years the recruitment and retention of primary care physicians. The current efforts have reached a plateau, a new steady state. This effort is sustained, in concert with the academic medical community officials and providers, and with the cooperation of and benefit to the patients we serve.

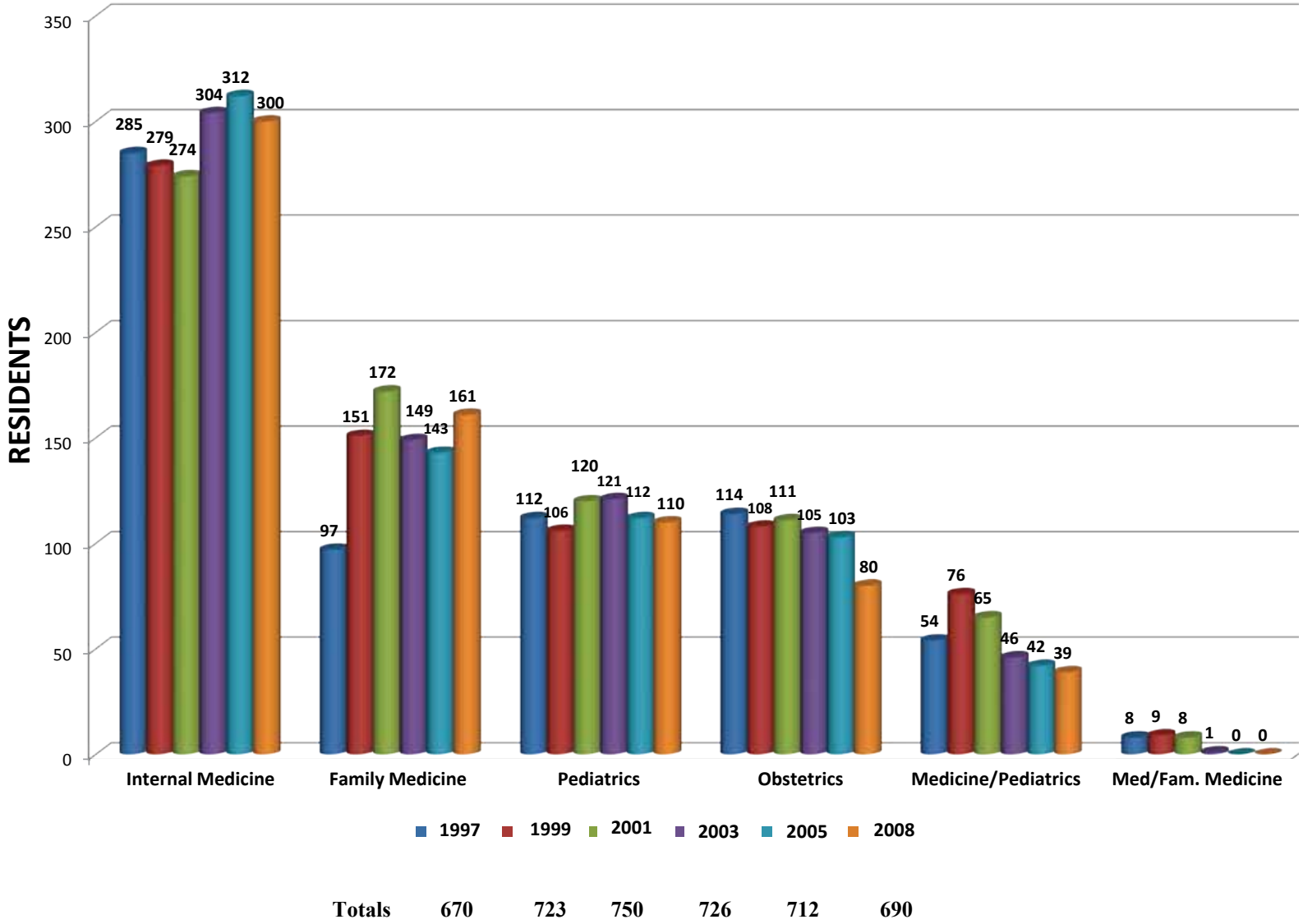
The results are comparatively better than many other states. Areas noted are the development of new GME primary care programs, increased numbers of primary care physician opportunities, retention of both graduating senior medical students and, those finishing Primary Care GME programs, applicants by senior medical programs such as telemedicine and the AHEC (Area Health Education Center) initiative. These plans are substantial and appropriate to develop programs in Louisiana to meet the needs for more primary care physicians. Katrina has made this more difficult, and part of the recovery effort is addressed to reinvigorate Primary Care GME.

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

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

The development of primary care GME in Internal Medicine and Pediatrics has been different, emphasizing improved recruitment to existing programs and career pathways. Med-Peds GME programs have successfully begun at LSUHSC-NO, LSUHSC-Shreveport, and TUHSC. 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 with recruitment into practice settings in many ways in Louisiana, wherein the initiative, work and interest is that of the communities.

GME PRIMARY CARE TRENDS
1997 TO 2010



	1997	1999	2001	2003	2005	2008
Totals	670	723	750	726	712	690

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. The losses in GME, physicians, hospital beds, population numbers in affected areas, etc., were inevitable in its destructive path. The losses are asymmetric, unpredictable, related to the storm path and intensity and to the nature of the institutions and locations affected. So the gross numbers of categorical losses represent the surface of deep variability. The asymmetric losses result in some whole programs lost, while others survive; some specialties depleted, some less so.

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, and 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, wherein a system of medical education in Louisiana was not fully appreciated before Katrina, and the nature the complexity of growth in GME after Katrina need to be recognized. It will continue to take committed leaders and institutions, and informed and supportive advocates, to grow GME, with recovery and restoration.

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. The recovery continues in the trend to return to prior levels in GME, faculty and physicians, but the restoration is not yet complete. The recovery should be target to continue to "get back on track" so that the future shortages of physicians in LA and subsequently 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 more so for reform. The AAMC has championed the proposal that US Medical Schools increase the class size by 5000 per year, as a major response to future supply requirements. This increase has begun, is about two thirds implemented in the beginning stages, and expected to be fully implemented by about 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 some of the slots available to appreciate the overall increase in GME.

The two major events are disturbing 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.

PHYSICIANS IN LOUISIANA 2003-2008

AMA** DATA PC&D

KATRINA CATAGORICAL LOSSES

AMA Category	2003	2004	2005	2006	2007	2008	'04 – '08	GME	
Total Physicians	12,878	12,999	12,650	12,643	12,741	13,009	+10		Overall is Up
*Total Patient Care (TPC)	10,643	10,809	10,509	10,393	10,410	10,598	-211		Net Loss post Katrina
*Office Based	8,046	8,270	8,266	8,087	8,004	7,866		-404	
*Resident /Fellows	1,852	1,826	1,554	1,540	1,579	1,721		105	
*Physician Staff	745	713	689	766	827	1,011		+298	Shift from office based to Physician staff
Administration	176	158	142	130	129	138	-20		
Medical Teaching	190	189	193	196	189	188	-1		
Research	114	106	107	97	88	84	-22		
Other	45	40	38	36	37	33	-7		
Classified	736	596	492	577	634	641	+45		
									More Physicians are inactive
Inactive	974	1,104	1,169	1,214	1,254	1,327	+223		
**********									
*TPC - *GME									
GP/FM Prac	1,291	1,313	1,288	1,292	1,302	1,337	+24		Only Specialty to gain
Res/Fel	151	157	143	160	161	180		+23	
Med Prac	3,841	3,900	3,805	3,788	3,803	3,860	-40		
Res/Fel	739	733	617	622	644			-37	
Surg. Specialty	2,798	2,799	2,687	2,629	2,609	2,653	-146		Surgical Specialty biggest losses
Res/Fel	493	454	374	367	378	405		-49	
Other Specialty	2,713	2,797	2,729	2,684	2,696	2,748	-49		
Res/Fel	469	482	420	391	396	440		-42	
							-211	-105	

Initial Losses | NADER Post-Katrina | Recovery

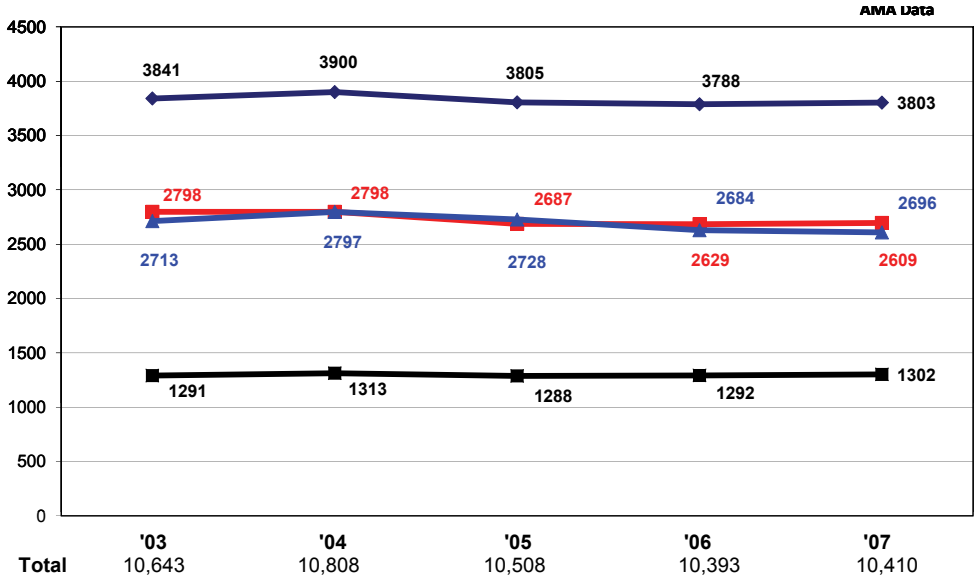
The Net Loss of Total Practicing Physicians

The Net Loss of GME is ½ of TPC. GME is almost all of net change except Surgery. About 300 GME were lost and 200 regained

*Note: Resident/Fellows number is within Total Patient Care numbers as is office based and Physician staff.

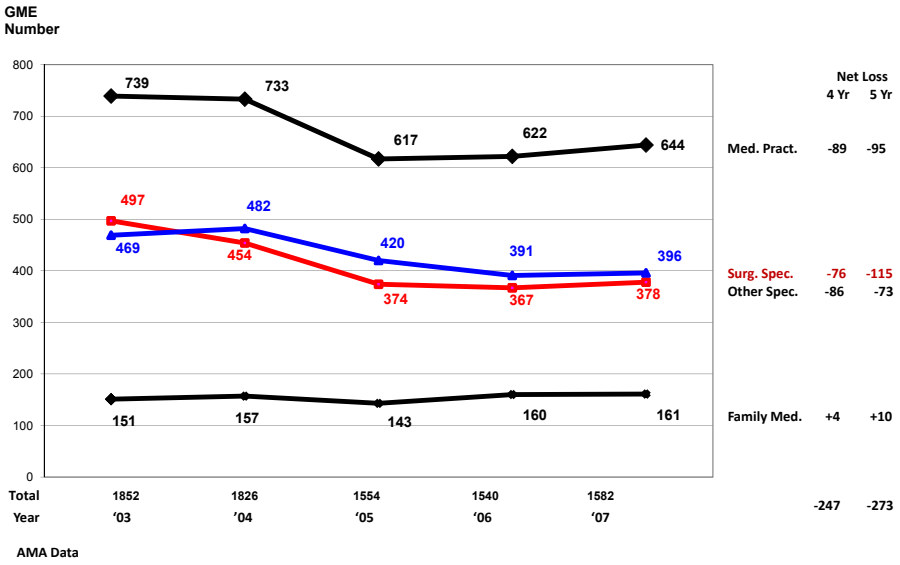
**Physician Characteristics and Distribution-2003-2008

5 YEAR TOTAL PRACTICE
(INCLUDING GME) REGARDING KATRINA



	Loss 4yr	5 yr
Med. Prac.	-97	-38
Surg. Specialty	-190	-189
Other Special.	-101	-17
Family Med.	-11	+11
	-399	-233

5 YEAR SPECIALTIES GME REGARDING KATRINA



	Net Loss 4 Yr	5 Yr
Med. Pract.	-89	-95
Surg. Spec.	-76	-115
Other Spec.	-86	-73
Family Med.	+4	+10
	-247	-273

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

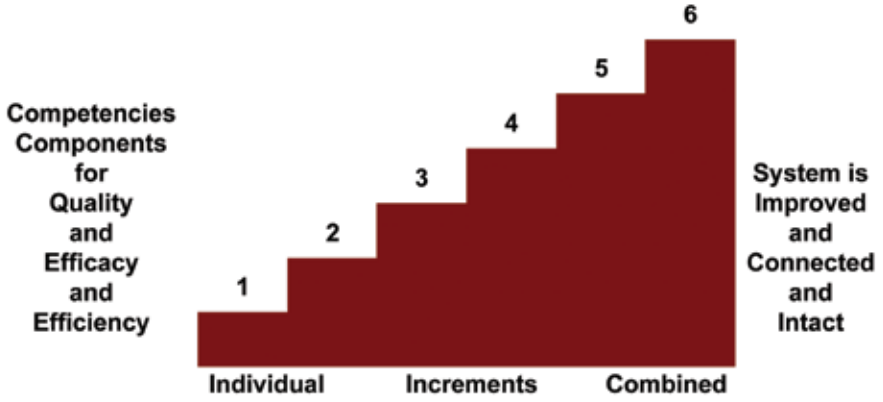
The education of Residents and Fellows, after medical school, is a public/private partnership. GME is central in the supply of physicians, advanced education after medical school and before practice, a required accredited experience, and the chronologic place of specialty choices and mobility.

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.

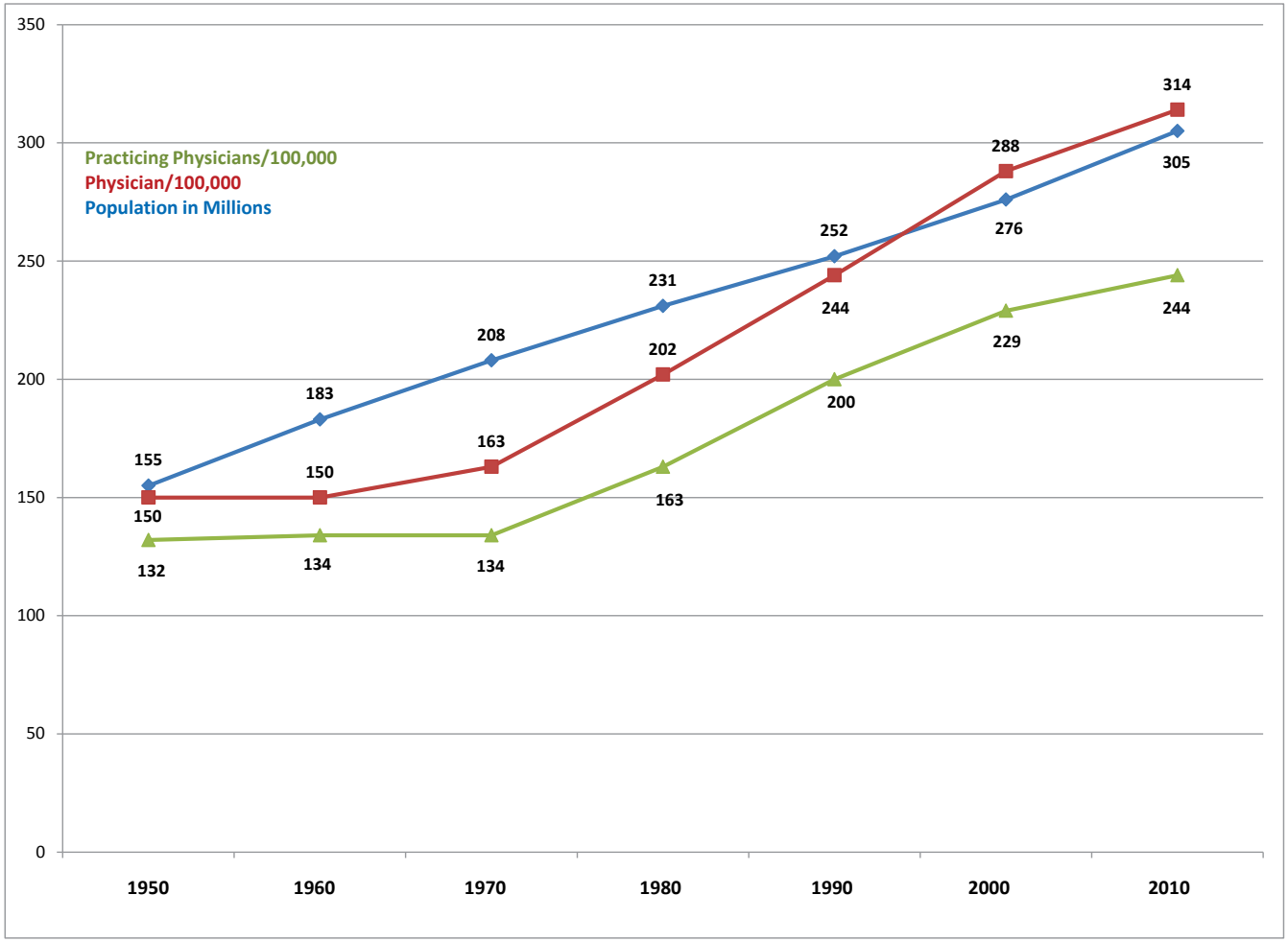
The total GME number in training in 2009 had increased to 109,840, from 99,964 in 2003, a gain of 9,876 over 6 years including all specialties in multi-array. This elevates the number per year by about 1,646, and rising. The ACGME has placed increasing emphasis on program accreditation details and educational 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.

GME COMPETENCIES



US POPULATION IN MILLIONS AND PRACTICING PHYSICIANS PER 100,000: PARALLEL GROWTH OVER 60 YEARS



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 2010, the Medical Education issue, provides an insight as to how this has proceeded (See Table)

1. The total medical school increase so far (last 6 years) is about 986/year average, or 1.5% per year. (C)
2. The total GME increase so far (last 6 years) is about 1,641/year, or 1.7% per year. (G)
3. The PGY-1 increases are about 439 per year (last 6 years) or about 2.0% per year. (J)
4. The gap, or difference between PGY-1 slots and the average medical school class is steady – about 6,180 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 5,000 more seniors will graduate per year and seek PGY-1 positions, a 30% increase.

2a. Total GME now looks large, but includes all years and all specialties, and there is steady but uneven increase the last 6 years. The PGY-1 increases are lower than needed in the long run – and are uneven over the last 3 years

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 US according to the 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 and expanding new medical schools also include a preponderance of primary care GME. The graduates will face increasing competition for all positions of 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 is now lower than the number of acceptable applicants, the spread of filled positions geographically will likely occur even more than now. More GME in the home state will help ameliorate some losses to other states at the GME level.

The current picture, a snapshot of GME in Louisiana, can be superimposed on similar findings and averages of the United States. These pictures are in motion, always changing, creeping incrementally ahead. So Louisiana is unlike no other state, but tracks and trends to the US; evolving, planning, and incorporating goals and implementation relating closely to the U.S.

Why is this? There are many reasons; a few are that GME and Medical Education are national enterprises, moved in planned directions by strong institutions using accreditation, meetings and interaction, consensus, literature, and advocacy. The participants are quite mobile, and spread among institutions, bringing both change and similarity. This system works woven together in the private/public sector with authority and the responsibilities of American medical institutions.

Louisiana GME and physician numbers compare closely and proportionately to the United States numbers and averages. There is no set definition or agreed formula for physician supply; but it is meaningful to compare a state (LA) to the averages and proportions in the U.S.

Louisiana has a similar supply of GME compared to the US, per population and per total physicians. The number and the value to Louisiana of GME is proportionally the same as in the US, better since Louisiana retains more graduates proportionately than other states. LA has the same types of shortages in the same specialties as does the U.S., aggravated by Katrina.

RECENT INCREASE IN MEDICAL STUDENTS IN US MEDICAL SCHOOLS AND IN GME THE GAIN, THE CAP, AND THE GAP*

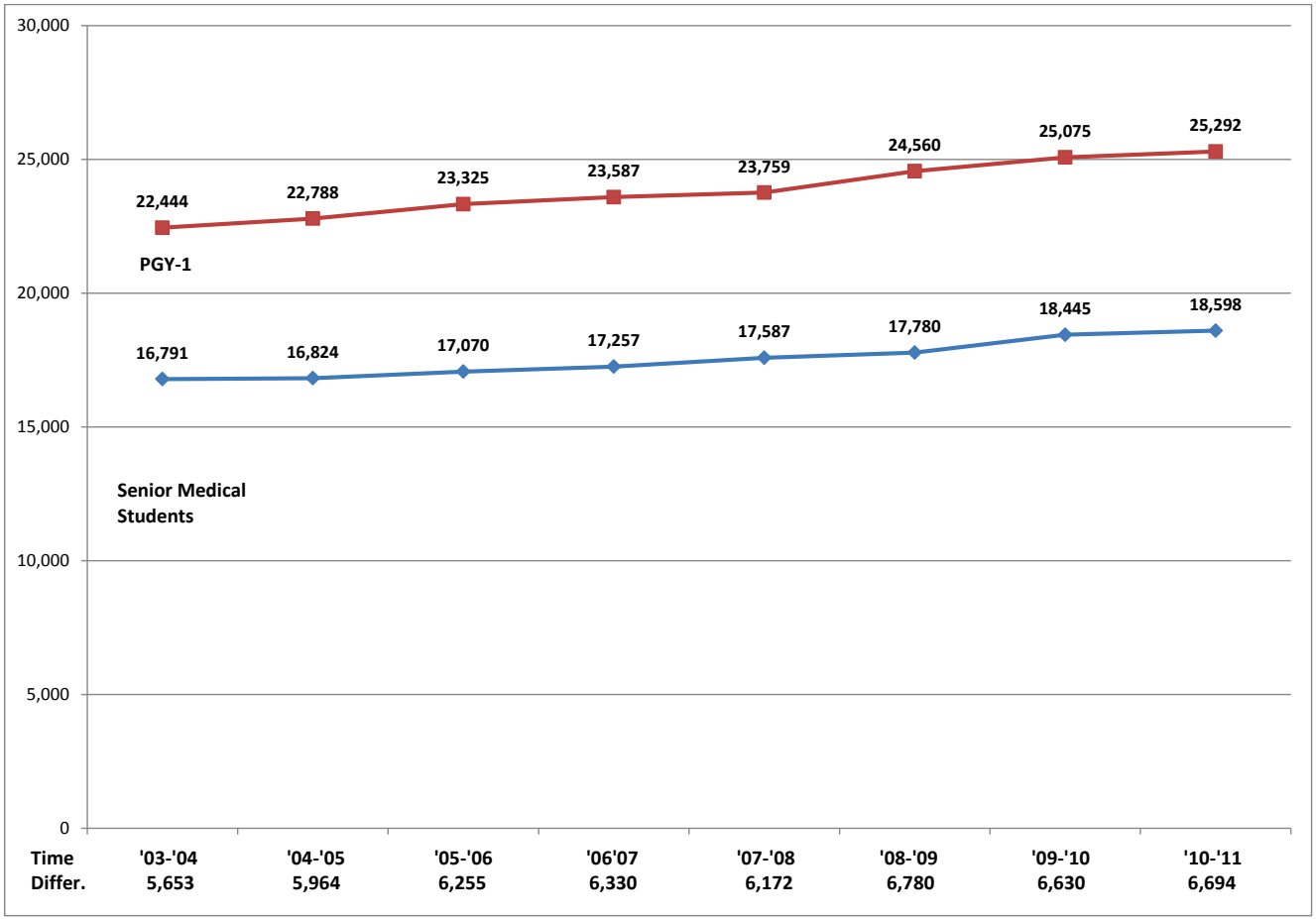
Line	Name	2003-'04	04-'05	05-'06	06-'07	07-'08	08-'09	09-'10	10-'11	Increase	Increase	Comment
A	Total # Medical Students	67,166	67,296	68,280	69,028	70,349	71,119	73,082	74,394	7,228	10.76%	Steady Gain*
B	# Added each year	******	130	984	748	1,321	770	1,963	1,312	7,228		Start small
C	Avg. increment /yr				1,032/year 7 years =						2%/yr	About 20% of goal
D	**Total ÷ 4 (#/class)	16,791	16,824	17,070	17,257	17,587	17,780	18,445	18,598	1,807	10.70%	
**********												
E	GME total	99,964	101,291	103,106	104,897	106,012	108,176	109,840	111,586	11,622	11.60%	
F	# Added each year	******	1,327	1,815	1,773	1,333	2,164	1,664	1,746	11,622		Each year up but uneven
G	Avg. increment/yr				1,660/year for 7 years =						1.7%/yr	Remove Cap*
H	**GME total ÷ 4	24,991	25,323	25,777	26,220	26,503	27,044	27,460		2,470	9.90%	Approximation is close
I	PGY-1 No prior GME	22,444	22,788	23,325	23,587	23,759	24,560	25,075	25,292	2,504	11.70%	Filled positions
J	# Added each year		344	537	262	172	801	515	217	2,848		Need more
					+439/year for 6 years =						2.0%/yr	About 10% of goal
**********												
K	Gap for IMG's and others/yr	5,653	5,964	6,255	6,330	6,172				6,774		Must continue if full increase goal is met
					Average Gap* 6180 = steady/year							

*JAMA September 23, 2009, Vol. 302, no. 10 - JAMA September, Vol.306, No. 9

**JLSMS - The Yearly Cycle of Physician Supply: Use of a Simple Formula for Renewal - IN PRESS

The Medical Education Commission Report 2008-2009: Louisiana GME Plan is Tracking U.S. Averages - Submitted

PARALLEL RISES IN THE US SENIOR MEDICAL STUDENTS AND PGY-1 JAMA DATA OVER 8 YEARS



THE PLAN IS UNDERWAY

The plan for Louisiana GME, discovered by finding the numbers and trends on the same time and proportional scale as the United States averages, projects a parallel increase in physician supply related to the path of the United States. This direction and focus is planned, encouraged and projected nationwide by the Association of American Medical Colleges (AAMC) to address the present and growing physician shortages of all types. It has begun, and is underway by medical institutions in many states.

The national increase in GME needed is 20,000 added 100,000 to total 120,000, an increase of 20%. The national increase in PGY-1, adding 5,000 to the current level is 27,000, or 19%. This is now underway in both the U.S. and in Louisiana. These increases for LA will be the sum of the plans of the institutions in the states that produce medical students and have GME. National legislation will be required to lift the GME cap if this is to succeed.

Louisiana should restore the GME total to pre-Katrina levels, (1906) and increase at lease 200 more to meet the expected and planned U.S. increase, for Louisiana GME to recover and follow the U.S. track. Louisiana needs to expand GME to a total of 2100 per year.

The early results are encouraging, if the agreed goal is more physicians for the State of Louisiana (LA). All three medical schools in LA have expanded the number of students per class. LSU in New Orleans has now 200 per class and 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 to 30 additional students per year, with an obligation to practice in LA. Tulane has increased class size after Katrina, to a new high of 200, an increase of about 35. LSU in Shreveport has enlarged to 118, a 10% increase. Ochsner is starting a Medical School, based in Australia for basic science (2 years in Brisbane), and the students will complete their last 2 years in New Orleans. New Residency programs have begun in Bogalusa in Family Medicine and at Chaubert in Internal Medicine.

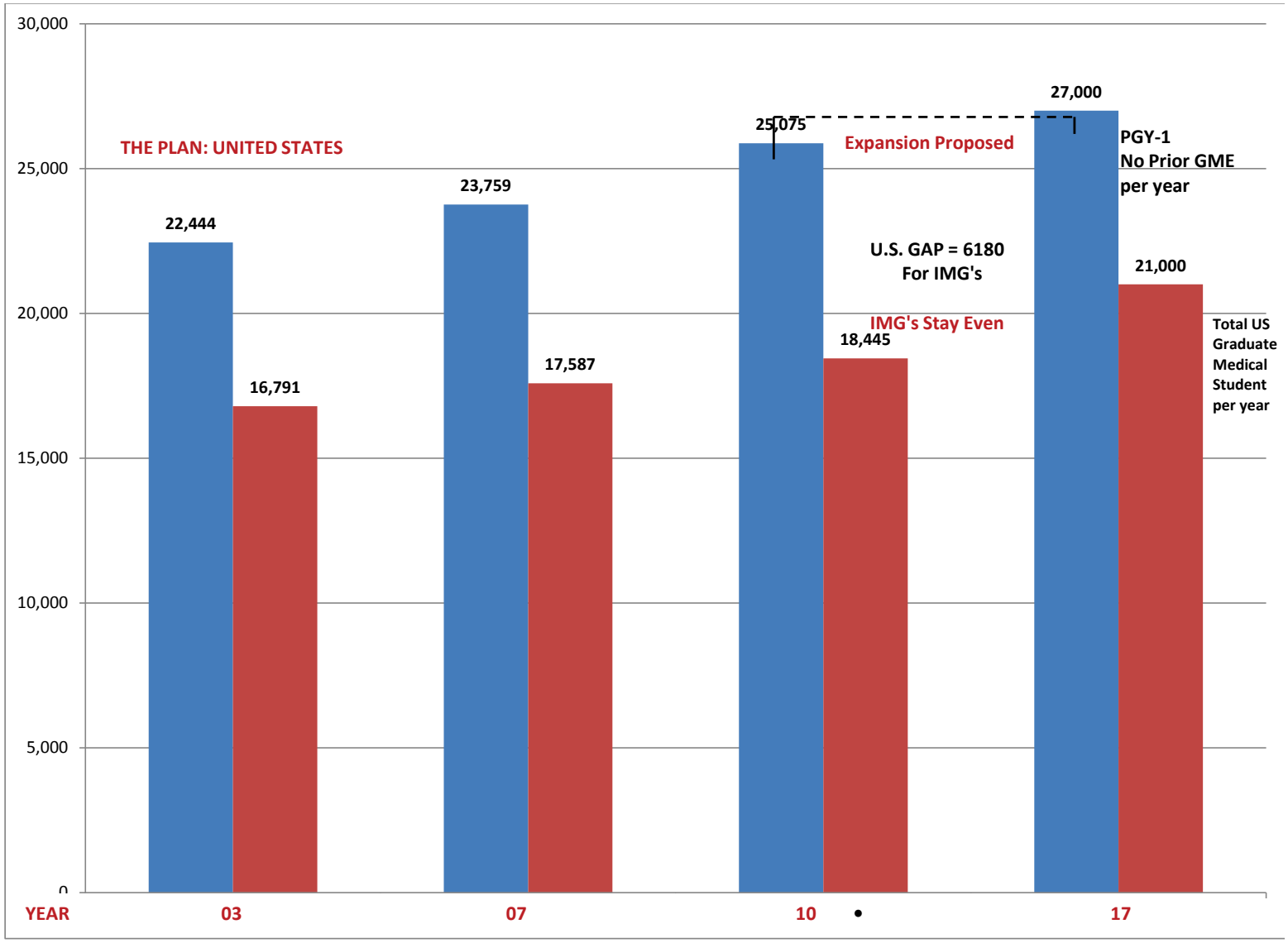
This will help meet the AAMC objective of 5000 additional graduating US senior applicants per year. GME must go up accordingly for this to succeed. GME in Louisiana is recovering from Katrina; the graph depicts the actual and projected growth of medical students and GME in the U.S., and how it corresponds with Louisiana's track. This plan has begun; it correlates and supports efforts by institutions programs, agencies, commissions, governments and national organizations. The plan is to address the issues likely as reform approaches as well as post-K recovery.

THE LOUISIANA MEDICAL SCHOOL CLASS SIZE INCREASES COMPARED TO PGY-1 INCREASE*

Entering Medical School	YEAR	2005	2008	2010	2011	2005-2011 % Increase
LSU-NO		170	190		200	118%
LSU-SH		100	110		118	118%
Tulane		150	178		200	123%
Ochsner		0	0		120	
Entering Class SUM		420	478		638	152%
Medical School Graduates SUM		409	395	443	464	113%
GME LA PGY-1	SUM	404	406	461	469	116%
		Average	Post Katrina			

*Rounded

PHYSICIAN PIPELINE *



*Source: JAMA

LSU SCHOOL OF DENTISTRY (LSUSD)

ORAL AND MAXILLOFACIAL SURGERY (OMFS) RESIDENT AND GENERAL PRACTICE RESIDENT (GPR) ACTIVITIES FALL 2011

ORAL AND MAXILLOFACIAL SURGERY RESIDENCY

There are currently 21 residents in the 6 year OMFS - MD residency which accepts 4 dentists each year, there is 1 resident in the 4 year, non-MD track and there are 4 non-categorical interns in a one year OMS program. All residents and interns are funded by MCLANO (LSU Interim 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 LSU Interim Hospital, Children's Hospital of New Orleans, LSUSD, LSUSM in New Orleans; LSU Faculty Practice and East Jefferson Hospital in Metairie; Earl K. Long Hospital, Our Lady of the Lake Hospital and the Williamson Clinic in Baton Rouge; and University OMS in Charlotte, NC. The OMFS patient care provides experiences in Facial Trauma, Cosmetic Surgery, TMJ Reconstruction, Orthognathic and Cranial Facial Surgery, Oral and Maxillofacial Pathology and Reconstruction, Dentoalveolar Surgery, and Dental Implants is at or exceeding CODA requirements. Full time faculty support is led by Likith Reddy, DDS, MD, FACS, LSU OMFS Department Head, Jon D. Perenack, DDS, MD, Program Director, John N Kent DDS, FACD, FICD, Department Head 1973-2008, Mark Welch, DDS, and Michael O'Brien, DDS, JD.

GENERAL PRACTICE RESIDENCY

The GPR program consists of 12 one year residents, 5 residents in the optional second year and 1fellow that receive funding from MCLANO in New Orleans; Earl K. Long Medical Center, Baton Rouge; Southeast Louisiana Veterans Healthcare System; 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 LSU Health System Surgical Center 9032 Perkins Road, Baton Rouge, LA (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 fellow works in outpatient clinics for Neurodevelopmental/Intellectually Disabled patients at the state developmental center in Pineville. Numbers at MCLNO are increasing but limited due to limited chairs; however, we are reaching more patients at our new clinic in Baton Rouge, and Pineville.

MCLANO CLINIC - The OMFS/GPR Dental Clinic at MCLANO in New Orleans was housed in the East wing on the fourth floor for 2010-2011. There were 8 chairs: 2 sedation rooms shared by both services; 2 had portable delivery systems for GPR and hygiene; 4 OMFS rooms and 1 shared by both services depending on schedule. There was also a functioning lab for basic work, a digital panorex, and two education rooms. Construction began on a much larger (5000 sq ft) interim clinic.

2011. The OMFS and GPR programs moved to the new clinic in September 2011. The new clinic has 14 rooms: 5 plumbed and wired for GPR/hygiene; 7 for OMFS and 2 surgical rooms with attached recovery area. In addition, there is 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 is located outside the University Hospital on the Perdido St. entrance and is be connected to the hospital. Clinic numbers for both services are improving daily now that they are in the new clinical space.

EKL CLINIC - In Baton Rouge, Earl K. Long Hospital houses a two chair 600 sq ft OMFS Clinic. There are plans for transfer of this clinic to the LSU Surgical Facility on Perkins Road. The transfer of the OMSFS clinic to this facility, which already contains the GPR clinic, will likely take place late 2012 or early 2013. Surgical experience of the OMFS residents parallel that of the experiences in New Orleans. Resident support in Baton Rouge is gained and monitored by part time LSU Faculty through the offices of Drs. Hornsby, Regan, Casadaban, Bulot, Dyess, and Towns and full time faculty Dr. John N Kent.

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HEALTH CARE SERVICES DIVISION

The Louisiana State University Health System – LSU Health is comprised of three major components, the Health Care Services Division which oversees the seven hospitals in the southern part of the state including as follows: Interim LSU Public Hospital in New Orleans or ILH, Earl K. Long Regional Medical Center, Leonard J. Chaubert Medical Center, University Medical Center, W.O. Moss Medical Center, Lallie Kemp Medical Center, and Bogalusa Regional Medical Center. In addition, LSU Health oversees two Health Sciences Centers, the LSU Health Sciences Center in New Orleans which has the following schools: Medicine, Nursing, Dentistry, Allied Health, Graduate Studies and Public Health, and the LSU Health Science Center at Shreveport which has the Schools of Medicine, Allied Health and Graduate Studies and oversees the LSU Hospital at Shreveport, E. A. Conway and Huey P. Long Hospitals. The wide reach of LSU Health across our state enables Louisiana's citizens, regardless of their ability to pay, to receive quality healthcare, allowing them to lead healthy, productive lives, while at the same time training the majority of Louisiana's future healthcare workforce, just as it has for many generations. Many, if not most of Louisiana's citizens have received care from doctors, nurses, dentists and allied health professionals who were trained in LSU hospitals and clinics. LSU manages the largest healthcare system in the state, and one of the largest in the nation, with its ten hospitals and hundreds of outpatient clinics, in a highly coordinated network of primary care and specialty care services. Additionally, major focus areas of LSU Health include medical education and research.

The following represents FY 2010 Facts on LSU Health:

- 1,384 Staffed Beds
- 15,750 Employees
- 1,809 Residents and Fellows
- 3,900 Rotational Students
- 61,356 Admissions
- 2.1M Outpatient Visits
- 401, 981 ER Visits
- 533, 418 Unique Patients Served
- 3,909 FTE Student Enrollment
- $93M Faculty Research

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, 2011).

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 and medical education which is prerequisite for entry into a program leading to initial certification (transitional year programs). Intern refers to 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

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

SPECIALITY AND INSTITUTION SUMMARY

GRADUATE MEDICAL EDUCATION FILLED POSITIONS

BY SPECIALITY - FISCAL 2010-2011

	LSU- NO	LSU-SHR	TULANE	AOMC	EKL	UMC	EJGH	BRG	LJCMC
Anesthesiology	13	32	16.16	27.75					
- Adult Cardiothoracic Anesthesiology				0.5					
- Pain Management		1							
Dermatology	16		11.99						
Dentistry	17								
Emergency Medicine	46.1	29			45.3				
- EM-Hyperbaric	2								
Family Medicine	57	72				22	18	23	
- Geriatrics						1			
Internal Medicine- Primary care		20							
Internal Medicine	42	61	115.33	48.84	40.3	24.5			18
- Allergy & immunology	0		4.00						
- Cardiology	12	13	19.34	26.59					
- Critical Care		4							
- Dermatology	3								
- Endocrinology	2	3	3	4					
- Geriatrics	3								
- Hematology/ Oncology	4	16	7						
- Interventional Cardiology	1	1		3.82					
- Gastroenterology	6	9	9.47	6					
- Infectious Disease	5	3	4	2					
- Nephrology	8	6	6.58						
- Oncology				3.83					
- Pulmonary & Critical care	10	9	9.59						
- Rheumatology	2	6		3.5					
Neurology	12	12	9.22						
- Neurology Fellows	1.4								
- Child Neurology	2								

SPECIALITY AND INSTITUTION SUMMARY
(continued)

Neurosurgery	8	14	5		
Ob/Gyn	28	24	26.49	17.08	12
Ophthalmology	24	12	15		
- Ophthalmology-Retina	3				
Oral & Maxillofacial Surgery	26	12			
Orthopedics	21	15	16	12	
- Orthopedics-Pediatric Fellow	1				
- Orthopedic Sports Medicine				1	
Otorhinolaryngology	16	15	15		
Pathology	9	12	8.04		
- Cytopathology		2	1.00		
- Dermatopathology			1.00		
- Hematopathology			1.00		
Pediatrics	51	24	37.1		
- Allergy & Immunology	4	4			
- Cardiology	3				
- Endocrinology	2				
- Gastroenterology	3				
- Hematology/ Oncology	3				
- Infectious Disease			2		
- Neonatology	4	6			
- Nephrology	2				
Physical Medicine & Rehabilitation	23				
PM & R - Pain Medicine	3				
Preventive Medicine			4.16		
Psychiatry	38	32	19.65		
- Forensic		2	2		
Psychosomatic Medicine		1			
Psychiatry - Child & Adolescent	5	4	8.07		
Surgery	49	30	23.03	29.5	
- Colon & Rectal Surgery		2		2	
- Trauma Critical	2				
- Vascular	1			2	

SPECIALITY AND INSTITUTION SUMMARY
(continued)

Plastic Surgery	4		4						
Radiology	8	14	16.08	26					
Sleep Medicine		2							
Medicine/Pediatrics	23	16							
Internal Medicine/ Emergency Medicine	10								
Urology-Female Pelvic Reconstruction Fellowship	1								
Urology		8	7.00	9					
Primary Care Residents	201.0	217.0	179.0	65.9	52.3	46.5	18.0	23.0	18.0
% Residents & Fellows in Primary Care	31.4	39.6	41.9%	29.2	53.6	100.0	100.0%	100.0%	100.0%
% Residents in Primary Care	36.6	47.2	50.1%	38.7	53.6	100.0	100.0%	100.0%	100.0%
Total Residents	549.1	460.0	357.4	170.2	97.6	46.5	18.0	23.0	18.0
Total Fellows	90.4	88.0	70.0	55.2	0.0	1.0	0.0	0.0	0.0
Total Residents & Fellows	639.5	548.0	427.4	225.4	97.6	47.5	18.0	23.0	18.0

Source: The table includes data derived from Louisiana State University Health Sciences Center- School of Medicine, New Orleans, LA, Tulane University School of Medicine, New Orleans, State University Health Sciences Center- School of Medicine, Shreveport, Ochsner Clinic Foundation, New Orleans, Louisiana State University Health (Lafayette) - University Medical Center, Lafayette, Earl K. Long Medical Center, Baton Rouge, Rouge Medical Center, Baton Rouge, East Jefferson General Hospital, Metairie and Leonard J Chabert Medical Center, Houma programs.

MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS

Medical Center of Louisiana at New Orleans	LSUNO	TULANE	AOMC
Anesthesiology	10	0.422	0.75
Dermatology	6	3.216	
Dentistry	7.1		
Emergency Medicine	31.4		
- EM-Hyperbaric	1.7		
Family Medicine -KRMC	2		
Family Medicine-Bogalusa			
Family Medicine-Lake Charles			
Internal Medicine	29	34.736	0.08
- Allergy & Immunology		0.276	
- Cardiology	6.1	5.688	
- Dermatology	1		
- Endocrinology	2	0.921	
- Geriatrics	2		
- Hematology/ Oncology	4	3	
- Interventional Cardiology	1		
- Gastroenterology	2.3	2.646	
- Infectious Disease	3	2.75	
- Nephrology	4	1.536	
- Pulmonary & Critical care	3.5	2.153	
- Rheumatology	2		
Neurology	6	2.138	
- Neurology Fellows	1.4		
- Child Neurology			
Neurosurgery	2	2.417	
Ob/Gyn	12.1	7.903	
Ophthalmology	4.4	3.069	

MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS
(continued)

- Ophthalmology-Retina	1.5	
Oral Surgery	12	
Orthopedics	8.9	5.828
- Orthopedics-Pediatric Fellow		
Otorhinolaryngology	1	1
Pathology	7	1.474
- Cytopathology		0.335
- Dermatopathology		0.063
Pediatrics		0.075
- Allergy & Immunology	0.8	
- Cardiology		
- Endocrinology		
- Gastroenterology		
- Hematology/ Oncology		
- Neonatology		
- Nephrology		
Physical Medicine & Rehabilitation	5.9	
PM & R - Pain Medicine	1	
Psychiatry	20.4	2.313
Psychiatry - Child & Adolescent		1.479
Surgery	12	2.328
- Trauma Critical	2	
- Vascular		
Plastic Surgery	2	
Radiology	7	
Medicine/Pediatrics	7	
Internal Medicine/ Emergency Medicine	7	
Urology-Female Pelvic Reconstruction Fellowship	0.2	1.73

Urology		1.73	2.21
Primary Care Residents	50.1	42.714	0.08
% Residents & Fellows in Primary Care	20.9	47.7	2.6
% Residents in Primary Care	24.9	60.9	2.6
Total Residents	201.2	70.1	3.0
Total Fellows	38.5	19.4	0.0
Total Residents & Fellows	239.7	89.5	3.0

Source: The tables includes data derived from Louisiana State University Health Sciences Center- School of Medicine, New Orleans, LA, Tulane University School of Medicine, New Orleans and Ochsner Clinic Foundation, New Orleans affiliated programs at Medical Center of Louisiana at New Orleans.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE - NEW ORLEANS

Louisiana State University Health Sciences Center- School of Medicine, New Orleans	Total	MCLNO	CHILD	VANO	EKL	UMC	AOMC	TOURO	OTHERS
Anesthesiology	13	10	1						2
Dermatology	16	6		3	6		1		0
Dentistry	17	7.1		0.9	9				0
Emergency Medicine	46.1	31.4	1	1.6			3.5		8.6
- EM-Hyperbaric	2	1.7							0.3
Family Medicine -KRMC	18	2				1			15
Family Medicine-Bogalusa	15								15
Family Medicine-Lake Charles	24								24
Internal Medicine	42	29						5	8
- Allergy & immunology	0								0
- Cardiology	12	6.1				1		4	0.9
- Dermatology	3	1		1				1	0
- Endocrinology	2	2							0
- Geriatrics	3	2						1	0
- Hematology/ Oncology	4	4							0
- Interventional Cardiology	1	1							0
- Gastroenterology	6	2.3					0.9	0.9	1.9
- Infectious Disease	5	3						1	1
- Nephrology	8	4					3		1
- Pulmonary & Critical care	10	3.5					4		2.5
- Rheumatology	2	2							0
Neurology	12	6	1				3	1	1
- Neurology Fellows	1.4	1.4							0
- Child Neurology	2		2						0
Neurosurgery	8	2	1						5
Ob/Gyn	28	12.1				5		10.9	0
Ophthalmology	24	4.4	1.3	1.4	4	3	5.9		4
- Ophthalmology-Retina	3	1.5			1				0.5
Oral Surgery	26	12			4				10
Orthopedics	21	8.9	3		3	0.2			5.9

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE - NEW ORLEANS
(continued)

- Orthopedics-Pediatric Fellow	1		1						0
Otorhinolaryngology	16	1	1		3	4			7
Pathology	9	7	1						1
Pediatrics	51		48					3	0
- Allergy & Immunology	4	0.8	2.2						1
- Cardiology	3		3						0
- Endocrinology	2		2						0
- Gastroenterology	3		3						0
- Hematology/ Oncology	3		3						0
- Neonatology	4		4						0
- Nephrology	2		2						0
Physical Medicine & Rehabilitation	23	5.9	1	5			3	5	3.1
PM & R - Pain Medicine	3	1		1			1		0
Psychiatry	38	20.4			1		14		2.6
Psychiatry - Child & Adolescent	5		2.8						2.2
Surgery	49	12	1	1	7	6		1	21
- Trauma Critical	2	2							0
- Vascular	1								1
Plastic Surgery	4	2	1						1
Radiology	8	7	1						0
Medicine/Pediatrics	23	7	11.8					2.2	2
Internal Medicine/ Emergency Medicine	10	7						0	3
Urology-Female Pelvic Reconstruction Fellowship	1	0.2				0.1		0.1	0.6

Primary Care Residents	201	50.1	59.8	0	0	6	0	21.1	64
% Residents & Fellows in Primary Care	31.4	20.9	60.3	0.0	0.0	29.6	0.0	58.4	42.1
% Residents in Primary Care	36.6	24.9	77.8	0.0	0.0	31.3	0.0	75.1	45.3

Total Residents	549.1	201.2	76.9	13.9	37	19.2	31.4	28.1	141.4
Total Fellows	90.4	38.5	22.2	1	1	1.1	7.9	8	10.7
Total Residents & Fellows	639.5	239.7	99.1	14.9	38	20.3	39.3	36.1	152.1

Source: The tables includes data derived from Louisiana State University Health Sciences Center- School of Medicine, New Orleans, LA

EARL K LONG MEDICAL CENTER

Earl K. Long Medical Center	Total	BRG	EKL	OLOL	Others
Emergency Medicine	45.30	12.50	26.50	6.30	0.00
Internal Medicine	40.30	3.40	33.30	2.40	1.20
Obstetrics & Gynecology	12.00	0.30	11.70	0.00	0.00
Primary Care Residents	52.30	3.70	45.00	2.40	1.20
% Residents & Fellows in Primary Care	53.59	22.84	62.94	27.59	100.00
% Residents in Primary Care	53.59	22.84	62.94	27.59	100.00
Total Residents	97.60	16.20	71.50	8.70	1.20
Total Fellows	0.00	0.00	0.00	0.00	0.00
Total Residents & Fellows	97.60	16.20	71.50	8.70	1.20

Source: The tables includes data derived from Earl K. Long Medical Center, Baton Rouge, LA.

UNIVERSITY MEDICAL CENTER - LAFAYETTE

University Medical Center, Lafayette	Total	UMC	OTHERS
Family Medicine	22	22	
- Geriatrics	1	1	
Internal Medicine	24.5	24.4	0.1
Primary Care Residents	46.5	46.4	0.1
% Residents & Fellows in Primary Care	100	100	100
% Residents in Primary Care	100	100	100
Total Residents	46.5	46.4	0.1
Total Fellows	1	1	0
Total Residents & Fellows	47.5	47.4	0.1

Source: The tables includes data derived from Louisiana State University Health (Lafayette) - University Medical Center, Lafayette, LA.

TULANE UNIVERSITY SCHOOL OF MEDICINE

Tulane University School of Medicine	TOTAL	TMC	AOMC	HPL	MCLNO	TOURO	VAB	VANO	OTHER
Anesthesiology	16.17	11.44	1.25		0.42			0.83	2.22
Dermatology	12.00	6.94	1.00		3.22		0.84		
Internal medicine	115.33	57.42	0.35		34.74			21.82	1.01
- Allergy & Immunology	4.00	2.04	1.12		0.28			0.57	
- Cardiology	19.34	6.18			5.69			7.34	0.13
- Endocrinology	3.00	1.02			0.92			1.06	
- Gastroenterology	9.48	4.58			2.65			2.17	0.08
- Hematology & Oncology	7.00	2.00			3.00			2.00	
- Infectious Disease	4.00	0.25			2.75			1.00	
- Nephrology	6.58	2.14	0.18		1.54			2.73	
- Pulmonary Disease & Critical Care	9.59	3.92			2.15			2.73	0.79
Neurology	9.23	4.32	1.91		2.14			0.33	0.52
Neurological surgery	5.00	1.58	1.00		2.42				
Obstetrics and gynecology	26.50	13.12		3.00	7.90				2.48
Ophthalmology	15.00	5.32			3.07		1.99	2.72	1.91
Orthopedic surgery	16.00	8.17			5.83			1.00	1.00
Otolaryngology	15.00	5.25	5.00		1.00	1.00	2.00	0.75	
Pathology	8.04	6.00	0.09		1.47				0.48
- Cytopathology	1.00	0.54	0.07		0.34				0.06
- Dermatopathology	1.00	0.94			0.06				
- Hematopathology	1.00	0.83	0.17						
- Blood Banking & Transfusion	0.00								
Pediatrics	37.12	22.29	14.21		0.08				0.54
- Infectious diseases	2.00	1.67							0.33
- Nephrology	0.00								
Preventive medicine	4.17							0.50	3.67
Psychiatry	19.65	6.99			2.31			4.75	5.60

- Child Psychiatry	8.08	2.77			1.48				3.83
- Forensic	2.00								2.00
Radiology	16.08	12.39						1.32	2.37
Surgery	23.04	11.83			2.33	1.00		2.92	4.96
Surgery, Plastic	4.00	1.00	1.00			0.50			1.50
Urology	7.00	3.19			1.73			1.08	1.00
Primary Care Residents	178.95	92.83	14.56	3.00	42.71	0.00	0.00	21.82	4.03
% Residents and Fellows in Primary Care	41.87%	45.04%	53.25%	100.00%	47.73%	0.00%	0.00%	37.87%	11.05%
% Residents in Primary Care	50.07%	45.04%	53.25%	100.00%	47.73%	0.00%	0.00%	37.87%	11.05%
Total Residents	357.41	180.03	25.81	3.00	70.13	2.50	4.83	38.02	33.10
Total Fellows	70.00	26.10	1.53	0.00	19.37	0.00	0.00	19.60	3.40
Total Residents and Fellows	427.40	206.13	27.34	3.00	89.50	2.50	4.83	57.62	36.49

Source: The tables includes data derived from Tulane University School of Medicine, New Orleans, LA

OCHSNER CLINIC FOUNDATION

Ochsner Clinic Foundation	TOTAL	OCF	MCLNO	LJMC	TULANE	CHILD	OTHER
Anesthesiology	27.75	26.30	0.75				0.45
- Adult Cardiothoracic Anesthesiology	0.50	1.00					
Internal Medicine	48.84	46.81	0.08	0.24			0.98
- Cardiology	26.59	28.21		0.07			
- Endocrinology	4.00	3.85			0.15		
- Gastroenterology	6.00	5.92					
- Infectious Diseases	2.00	1.96					
- Oncology	3.83	3.41			0.13		
- Rheumatology	3.50	3.93					
- Interventional Cardiology	3.82	3.35					
Obstetrics/Gynecology	17.08	10.95		7.04			
Orthopedic Surgery	12.00	9.64		2.07		0.50	0.25
- Orthopedic Sports Medicine	1.00	1.17					0.28
Radiology	26.00	24.45					0.30
Surgery	29.50	22.04		5.71			2.21
- Vascular Surgery	2.00	1.20		0.80			
- Colon Rectal Surgery	2.00	2.00					
Urology	9.00	3.98	2.21			1.50	0.21
Primary Care Residents	65.92	57.76	0.08	7.28	0.00	0.00	0.98
% Residents and Fellows in Primary Care	29.2	28.9	2.6	45.7	0.0	0.0	20.9
% Residents in Primary Care	38.7	40.1	2.6	48.3	0.0	0.0	22.3
Total Residents	170.17	144.17	3.04	15.06	0.00	2.00	4.40
Total Fellows	55.24	56.00	0.00	0.87	0.28	0.00	0.28
Total Residents & Fellows	225.41	200.17	3.04	15.93	0.28	2.00	4.68

Source: The tables includes data derived from Ochsner Clinic Foundation, New Orleans, LA

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE - SHREVEPORT

Louisiana State University Health Sciences Center- School of Medicine, Shreveport	**Total**	**LSUSHR**	**EAC**	**RAPIDES**	**WK**	**VA**	**Others**
Anesthesiology	32.00	31.00				1.00	
- Pain Management	1.00	1.00					
Emergency Medicine	29.00	28.00					1.00
Family Practice-Alexandria	18.00			18.00			
Family Practice-Monroe	24.00		24.00				
Family Practice-Shreveport	24.00	24.00					
Family Practice-Rural Medicine	6.00	2.00			2.00		2.00
Internal Medicine - Primary Care	20.00	12.00			2.00	6.00	
Internal Medicine	61.00	34.00			7.00	20.00	
- Cardiology	13.00	7.00				4.00	2.00
- Interventional Cardiology	1.00	1.00					
- Critical Care	4.00	2.00			2.00		
- Endocrinology	3.00	2.00				1.00	
- Gastroenterology	9.00	4.00			2.00	2.00	1.00
- Hematology/Oncology	16.00	15.00				1.00	
- Infectious Diseases	3.00	1.00				2.00	
- Nephrology	6.00	2.00			1.00	2.00	1.00
- Pulmonary Disease & Critical Care	9.00	4.00				4.00	1.00
- Rheumatology	6.00	3.00				1.00	2.00
Neurology	12.00	12.00					
Neurosurgery	14.00	13.50				0.50	
Obstetrics & Gynecology	24.00	19.00	4.00		1.00		
Ophthalmology	12.00	9.00	1.00			2.00	
Oral & Maxillofacial Surgery	12.00	11.00					1.00
Orthopedics	15.00	11.00			2.00	2.00	
Otolaryngology	15.00	13.00				2.00	

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE - SHREVEPORT
(continued)

Pathology	12.00	11.00				1.00	
- Cytopathology	2.00	2.00					
Pediatrics	24.00	24.00					
- Allergy/Immunology	4.00	4.00					
- Neonatology	6.00	6.00					
Psychiatry	32.00	20.00	4.00		2.00	4.00	2.00
- Forensic	2.00	2.00					
- Psychosomatic Medicine	1.00	1.00					
Psychiatry- Child & Adolescent	4.00	4.00					
Radiology	14.00	12.00				2.00	
Sleep Medicine	2.00	1.00				1.00	
Surgery	30.00	17.00	4.00		3.00	6.00	
- Colon & Rectal Surgery	2.00						2.00
Urology	8.00	2.00			4.00	2.00	
Medicine/Pediatrics	16.00	12.00				4.00	
Total by Hospital	534.00	381.50	37.00	20.00	17.00	73.50	5.00
Primary Care Residents	217.00	127.00	28.00	18.00	12.00	30.00	2.00
% Residents & Fellows in Primary Care	39.60	33.47	75.68	100.00	42.86	42.55	13.33
% Residents in Primary Care	47.17	39.38	75.68	100.00	52.17	56.07	33.33
Total Residents	460.00	322.50	37.00	18.00	23.00	53.50	6.00
Total Fellows	88.00	57.00	0.00	0.00	5.00	17.00	9.00
Total Residents & Fellows	548.00	379.50	37.00	18.00	28.00	70.50	15.00

Source: The tables includes data derived from Louisiana State University Health Sciences Center- School of Medicine, Shreveport, LA

BATON ROUGE MEDICAL CENTER

Baton Rouge Medical Center	**TOTAL**	**BRG**
Family Medicine	23	23
Primary Care Residents	23	23
% Residents and Fellows in Primary Care	100.00%	100.00%
% Residents in Primary Care	100.00%	100.00%
Total Residents	23	23
Total Fellows		
Total Residents & Fellows	23	23

Source: The tables includes data derived from Baton Rouge Medical Center, Baton Rouge, LA

EAST JEFFERSON GENERAL HOSPITAL

East Jefferson General Hospital	**TOTAL**	**EJGH**
Family Medicine	18	18
Primary Care Residents	18	18
% Residents and Fellows in Primary Care	100.00%	100.00%
% Residents in Primary Care	100.00%	100.00%
Total Residents	18	18
Total Fellows	0	0
Total Residents & Fellows	18	18

Source: The tables includes data derived from East Jefferson General Hospital, Metairie, LA

LEONARD J CHABERT MEDICAL CENTER

Leonard J Chabert Medical Center	TOTAL	LJMC
Internal Medicine	18	18
Primary Care Residents	18	18
% Residents and Fellows in Primary Care	100.00%	100.00%
% Residents in Primary Care	100.00%	100.00%
Total Residents	18	18
Total Fellows	0	0
Total Residents & Fellows	18	18

Source: The tables includes data derived from Leonard J Chabert Medical Center, Houma, LA

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 applicants for the institutions and HCSD GME programs. This will 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 2012-2013. The parallel and sequential columns show the PGY 1 to PGY-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, 2011, when this year's GME numbers and schedules are available.

Since the stipend increases are proposed for the year following, 2012-2013, this continuity depends on the usual, now reasonably established, conservative assumptions on recruitment, matching, appointments, and finance.

COMPARING RESIDENT PAY SCALES TO AAMC SURVEY DATA

Medical Education Commission Scale

PGY	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2005-06 to 2011-12 $ Change	2005-06 to 2011-12 % Change	Average Annual % Change	Required Stipend To Keep Pace WITH AAMC 2012-13 Estimated Weighted Regional Mean	$ Change over 11-12	% Change over 11-12
1	$ 38,598	$40,528	$42,757	$44,168	$44,168	$44,168	$44,168	$5,570	14.43%	2.41%	$ 48,369	$ 4,201	9.51%
2	$ 39,733	$41,720	$44,015	$45,467	$45,500	$45,500	$45,500	$5,767	14.51%	2.42%	$ 49,916	$ 4,416	9.71%
3	$ 41,183	$43,242	$45,620	$47,125	$47,179	$47,179	$47,179	$5,996	14.56%	2.43%	$ 51,622	$ 4,443	9.42%
4	$ 42,847	$44,989	$47,463	$49,029	$49,029	$49,029	$49,029	$6,182	14.43%	2.41%	$ 53,265	$ 4,236	8.64%
5	$ 44,324	$46,540	$49,100	$50,720	$50,720	$50,720	$50,720	$6,396	14.43%	2.41%	$ 55,190	$ 4,470	8.81%
6	$ 46,262	$48,575	$51,247	$52,938	$52,938	$54,029	$54,029	$7,767	16.79%	2.80%	$ 57,507	$ 3,478	6.44%

AAMC Weighted Mean Resident/Fellow Stipends- South Region

PGY	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2005-06 to 2011-12 $ Change	2005-06 to 2011-12 % Change	Average Annual % Change	Estimated 2012-13
1	$ 39,707	$ 41,468	$ 42,687	$ 44,321	$ 45,123	$ 46,179	$ 46,942	$ 7,235	18.22%	3.04%	$ 48,369
2	$ 40,945	$ 42,825	$ 44,022	$ 45,758	$ 46,594	$ 47,573	$ 48,439	$ 7,494	18.30%	3.05%	$ 49,916
3	$ 42,522	$ 44,473	$ 45,521	$ 47,268	$ 48,196	$ 49,175	$ 50,128	$ 7,606	17.89%	2.98%	$ 51,622
4	$ 43,857	$ 45,981	$ 47,232	$ 49,096	$ 49,962	$ 51,027	$ 51,719	$ 7,862	17.93%	2.99%	$ 53,265
5	$ 45,382	$ 47,521	$ 49,174	$ 50,953	$ 51,870	$ 52,999	$ 53,577	$ 8,195	18.06%	3.01%	$ 55,190
6	$ 47,223	$ 49,422	$ 51,134	$ 53,126	$ 54,029	$ 55,231	$ 55,816	$ 8,593	18.20%	3.03%	$ 57,507

1. The AAMC regional means are available through 2011-12. Table 4, Weighted Mean Resident/Fellow Stipends Nationwide by Region is used from the AAMC Survey of Resident/Fellow Stipends and Benefits, October 2011.

1. The AAMC regional means are available through 2009-10. Table 4, Weighted Mean Resident/Fellow Stipends Nationwide by Region is used from the AAMC Survey of House-staff Stipends, Benefits and Funding, Autumn 2009
2. The AAMC means for 2010-11 and 2011-12 are estimated by adding the average increase from 2003-04 to 2009-10 to the 2009-10 regional mean.
3. It would require an increase of 7.55% to keep pace with the projected Medical School median house-staff stipend for the Southern Region in FY 2011-12

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
2008-09	$44,168	$45,467	$47,125	$49,029	$50,720	$52,938
2009-10	$44,168	$45,500	$47,179	$49,029	$50,720	$52,938
2010-11	$44,168	$45,500	$47,179	$49,029	$50,720	$54,029
2011-12	$44,168	$45,500	$47,179	$49,029	$50,720	$54,029

*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 tracked. 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 has been a key recommendation: A plan is underway to indentify the number of medical students and GME participants needed to increase the supply of physicians in the State and catch up to the US. GME Numbers must rise to do this. Flexibility in management, resources provided for specific purposes, and support by all parties across the State is key in coming back and moving forward.

II. Long-term: Institutional Commitment:
To support and improve the public hospital

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 in some years for the public hospitals have created serious difficulties, including establishing stable plans.

To strengthen teaching hospitals

2) The number of patients in the hospitals is large and diverse, and provide a significant learning opportunity for the increasing number of physicians currently participating in GME within present accreditation standards. The importance of flexibility in institutional planning and in medical school and management of GME programs at teaching hospitals is emphasized, and has become profoundly important after Katrina, and now in health care reform. Decreasing numbers in GME programs occurred, needing restoration. Major geographic and public/private hospital shifts saved the day. Incremental changes will occur as reconstruction takes place, and will require attention to accreditation regulations

Workforce Planning:
To increase GME for

3) The total numbers in GME in Louisiana were relatively stable with an emphasis on primary care. While there has been an increase in primary care GME programs, more GME slots are needed in both primary care and specialists again to recruit an increased supply of senior medical students to alleviate the shortages.

To improve recruitment and retention of GME participant, especially stay in LA

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

III. Annual:

To inspect and improve yearly system supports GME

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 2012-2013. The incorporation of these requests into the budget cycle of the State Public Hospitals is necessary. We recommend this increase to get back on track. The stipends have not increased for several years, and our past experiences shows difficulty in recruitment, and reduction in quality when this happens.
2) Salary assurances for the resident match program filled positions, and all GME are important in timing and continuity of funding.
3) Adequate funds to support all of the State teaching hospitals in their educational mission are essential. This takes on new significance with the onset of Health Care Reform.
4) To assure that present contracts and current working arrangements are in place.

IV. Recruitment:

To emphasize continually the need to recruit high quality trainees into Louisiana's programs

Retention of the citizens of LA who complete the programs and become physicians with roots within the state is important and should have renewed emphasis.

V. Communication:

To Inform Institutional Partners, Inside and Outside Participants

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, the academic institutions, and the public sector.