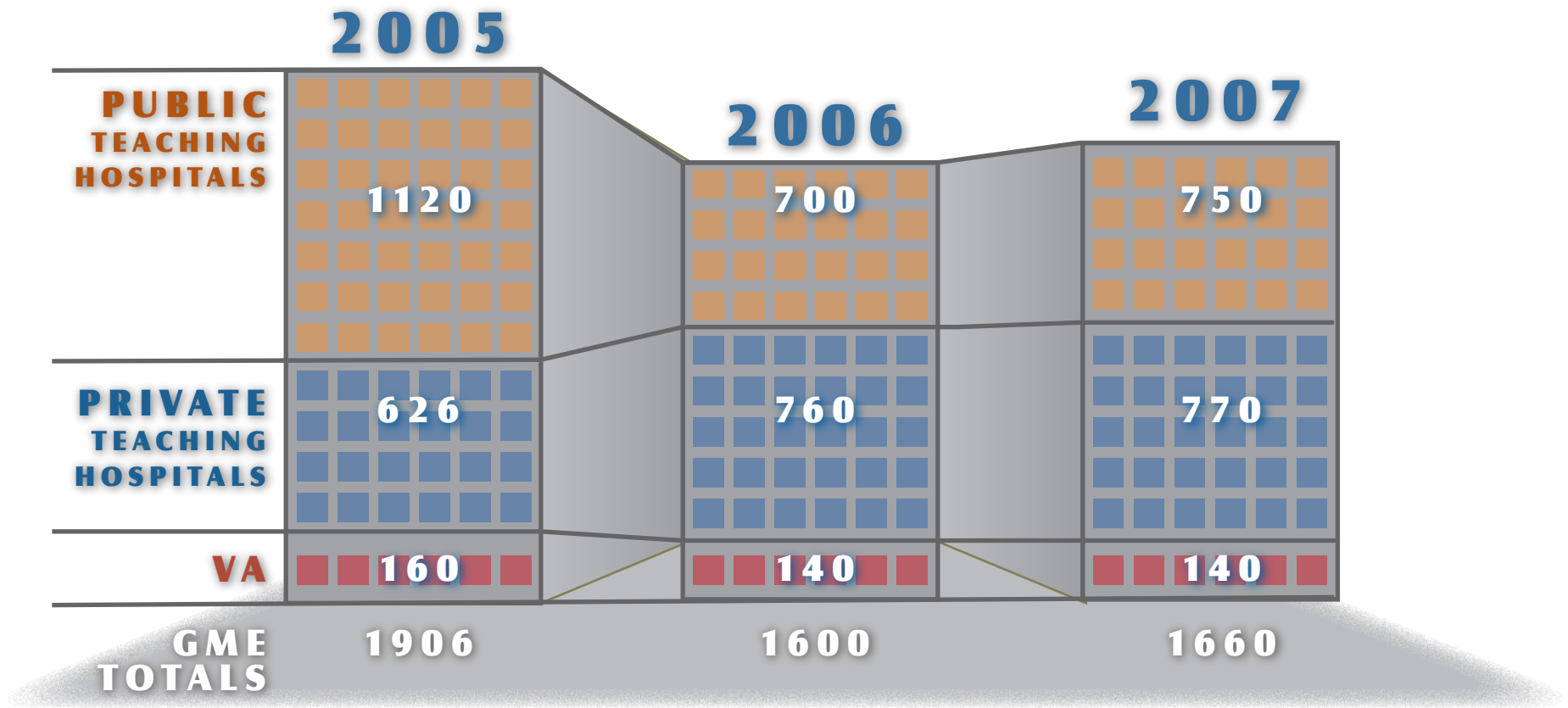


# The Medical Education Commission



*State of Louisiana*

**Tenth Annual Report:  
2007**

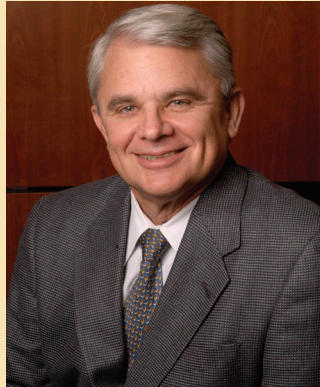


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# CHANCELLOR'S REPORT



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

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

Dear Secretary:

The Medical Education Commission is issuing this Tenth Annual Report 2005-2006. The value of this cooperating working group is evident in illustrating a dynamic process, with clarity of information on Graduate Medical Education (GME) in the entire state of Louisiana.

The member representatives from LSU Health Sciences Center, Tulane University Health Sciences Center, Alton Ochsner Clinic Foundation, and the Department of Health and Hospitals, have worked to consistently promote a partnership of understanding and trust focused on GME activity in our Teaching Hospitals. 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 two 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, possibly improving. The institutions mounted a courageous and innovative response in geographic and infrastructure relocation, and now are moving forward in return and reengineering.

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

Sincerely,

A handwritten signature in black ink that reads "Larry Hollier, M.D." The signature is written in a cursive, flowing style.

Larry Hollier, M.D.  
Chancellor

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# ANNOUNCEMENT

## THE MEDICAL EDUCATION COMMISSION HAS CHANGED AND ADDED TO OUR 2005-2006 ANNUAL REPORT PRESENTATION.

The website is the expanded version, with color, at [lsuhsc.edu/administration](http://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, Amedee R, Braun K, et al. The Medical Education Commission Report 2005 and 2006: Katrina Kinetics Change Graduate Medical Education. J LA State Med Soc. March/April 2007; 159:88-93.
- 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 2007

**T**HE TENTH 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.

Two years after the enormous trauma of Katrina, the data presented in our tenth 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. Ronald Amedee (Tulane), Dr. William Pinsky (Ochsner), Staff Member: Dr. Kurt Braun (HCSD), and by Dr. Charles Hilton (LSUHSC), Dr. Andy Chesson (LSUHSC), Dr. Randy Malloy (LSUHSC), Dr. Jimmy Guidry (DHH) and Ms. Barbara McNamara (Ochsner).

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 2007, with noted trends from 2004 through 2007.

## **INTRODUCTION 2007**

*(continued)*

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  
Ronald Amedee, M.D., Tulane  
Charles Hilton, M.D., LSUHSC-NO  
Andy Chesson, M.D., LSUHSC-Shreveport

*Contact Louise Baker for questions and requests.*



# GME IN LOUISIANA

## *Executive Summary*

The success of graduate medical education (GME) in Louisiana has been recognized nationally and internationally for more than 100 years. The growth of GME in Louisiana and the U.S. has been continuous in quality and quantity; a dynamic process based on the reputation, expertise, capacity, and commitment of the States academic institutions. Katrina has interceded and interrupted GME in LA; challenging the continuity, shifting the geography, and altering the kinetics of operation and support.

The interesting and unique feature of this arrangement in Louisiana is the major role of the State public hospitals in a statewide healthcare delivery system inextricably linked with health professional students and GME programs. Sixty percent of all residents and fellows in Louisiana had been assigned and trained in these public hospitals at any one time, and practically all at some time in the course of their training programs. The patient care in these hospitals could not be provided in any other cost-effective way. These hospitals in New Orleans suffered severe damage from Katrina, closing them. The other hospitals swelled with patients and accommodated many more students and residents. These GME programs still are the major source of future physicians in Louisiana. The continuity, stability and quality improvement in GME are essential for the academic institutions, the public hospitals, and for enlightened public policy.

The State of Louisiana, before Katrina, met the national averages regarding the ratio of residents and fellow/total physicians (16%), the ration of primary care physicians/total physicians (about one-third, 34%, and the ration of physicians/100,000 population (268/100,000). Louisiana exceeded national averages in the retention of trainees into practice sites in the state. New post Katrina data is not yet available.

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

The Tenth Annual Report of the data on GME has been constructed to be accurate and detailed for the years, 2005-2007, 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,

# **GME IN LOUISIANA**

## *Executive Summary*

*(continued)*

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

# MEDICAL EDUCATION COMMISSION

## *The Match*

The success of the match in Louisiana this year 2007 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 three years, portraying the trends of GME in Louisiana beyond the record as annually compiled by the MEC of filled positions for the year past.

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

The match is an annual event, accomplished by a national computerized program, the National Residency Matching Program (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 and 2007 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 2005, 2006 and 2007.
- Pie charts depict institutional proportions on the match in 2004 on the website

The aftermath of Katrina on matching new residents is remarkably good for those institutions hardest hit, as well as all affected. 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 four year trends.

## **MEDICAL EDUCATION COMMISSION**

### *The Match (continued)*

The second year (2006-2007) after Katrina and Rita showed continuing recovery, with some increases compared with 2006-2006 as well as deficits.

Total LA PGY-1 slots filled (389) after the scramble were back up by a gain of 21 in second match post Katrina and Rita, replacing some of the 36 decrease in year one. PGY-2 recruitment in the NRMP match remained the same, (15) for a grand total of 404 for 2007.

The number of graduating seniors in Louisiana from the three medical schools decreased to 394, down from 417 one year ago and 409 two years ago.

Of these 394 graduates, 145 were retained in GME slots in LA. Moreover, 244 additional USMG's and IMG's were recruited, the largest numbers in at least 10 years – this total GME beginning group from the NRMP matches of 389 was 37% retained from LA and 63% recruited from out-of-state.

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 almost equally replaced (244) 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:

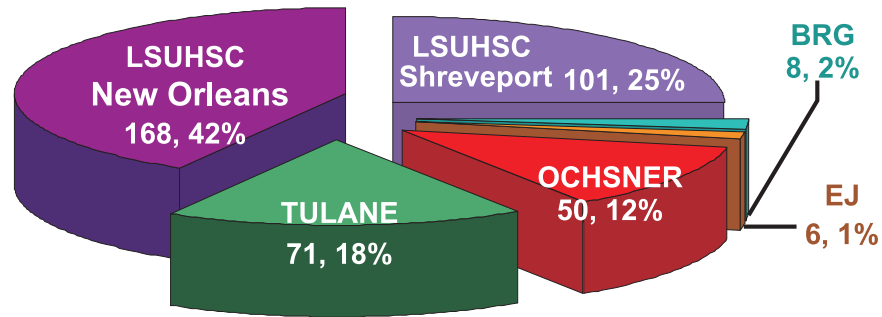
- a) the number of medical school senior graduates per year (394)
- b) the number of these retained in LA for PGY-1 (145)
- c) the number of outside MD's recruited for PGY-1 (244) the numbers are nearly equal, 394 to 389
- d) the number retained after finishing GME in LA
- e) the number of those senior 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

# THE Match

EXHIBIT "A" 2007

Med. Students	Program	First year filled positions (PGY-1)			Total	Second year filled positions (PGY-2)			
		PGY-1	Quota 2007	Filled		Open	Quota 2007	Filled	Open
154	LSUHSC-New Orleans		106	106	0		5	5	0
	Earl K. Long		31	34	0				
	UMC		18	18	0				
	Lake Charles		5	5	0				
	<b>Subtotal</b>		<b>160</b>	<b>163</b>	<b>0</b>				
92	LSUHSC-Shreveport		84	84	0		3	3	0
	N. Caddo		2	2	0				
	E.A. Conway		8	8	0				
	Alexandria		4	4	0				
	<b>Subtotal</b>		<b>98</b>	<b>98</b>	<b>0</b>				
	<b>LSUHSC Total</b>		<b>258</b>	<b>261</b>	<b>0</b>				
148	Tulane		66	66	0		5	5	0
	Ochsner		48	48	0		2	2	0
	Baton Rouge General		6	8	0				
	East Jefferson		6	6	0				
	<b>Private Total</b>		<b>126</b>	<b>128</b>	<b>0</b>				
	PGY-1		384	389	0				
	PGY-2		15	15		15	15	0	
	<b>Total PGY-1 &amp; PGY-2</b>		<b>399</b>	<b>404</b>	<b>0</b>				

**MATCH-FILLED POSITIONS 2007  
PGY-1 and PGY-2**



**Filled Total  
404**

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

	2005		2006		2007	
LSUNO	173	40%	156	41%	168	42%
LSUSH	92	21%	99	26%	101	25%
TULANE	105	24%	61	16%	71	18%
OCHSNER	47	11%	52	14%	50	12%
BRG	8	2%	7	2%	8	2%
EJ	6	2%	8	2%	6	2%
	<b>431</b>	<b>100%</b>	<b>383</b>	<b>100%</b>	<b>404</b>	<b>100%</b>
	<b>Total net Loss</b>		<b>-48</b>			
	<b>% Loss</b>		<b>-11%</b>			

**HOSPITAL/INSTITUTIONAL MATCH 2004-2007**  
**PGY-1 AND PGY-2**  
**FOUR YEAR MATCH COHORTS SEQUENCE**

Program	PGY-1					PGY-2			
	First Year Filled Positions				Difference 05/07	Second Year Filled Positions			
PGY-1	2004	2005	2006	2007			2004	2005	2006
LSUHSC-New Orleans	128	113	101	106	-12	13	13	5	5
Earl K. Long	27	26	27	34	+1				
UMC	16	15	17	18	+2				
Lake Charles	5	6	6	5	0				
<b>Subtotal</b>	<b>169</b>	<b>160</b>	<b>151</b>	<b>163</b>	<b>-9</b>				
LSUHSC-Shreveport	63	74	81	84	+7	2	3	3	3
N. Caddo	2	2	2	2	0				
E.A. Conway	8	8	8	8	0				
Alexandria	6	5	5	4	0				
<b>Subtotal</b>	<b>79</b>	<b>89</b>	<b>96</b>	<b>98</b>	<b>+8</b>				
<b>LSUHSC Total</b>	<b>248</b>	<b>249</b>	<b>247</b>	<b>261</b>	<b>-2</b>	<b>16</b>	<b>16</b>	<b>8</b>	<b>8</b>
Tulane	94	94	54	66	-40	11	11	7	5
Ochsner	47	47	52	48	+5				2
Baton Rouge General	8	8	7	8	-2				
East Jefferson	6	6	8	6	+2				
<b>Private Total</b>	<b>155</b>	<b>155</b>	<b>121</b>	<b>128</b>	<b>-34</b>	<b>11</b>	<b>11</b>	<b>7</b>	<b>7</b>
<b>PGY-1</b>	<b>403</b>	<b>404</b>	<b>368</b>	<b>389</b>	<b>-36</b>				
<b>PGY-2</b>	<b>26</b>	<b>27</b>	<b>15</b>	<b>15</b>	<b>-12</b>	<b>26</b>	<b>27</b>	<b>15</b>	<b>15</b>
<b>Total PGY-1 &amp; PGY-2</b>	<b>429</b>	<b>431</b>	<b>383</b>	<b>404</b>	<b>-48</b>				
<b>Change from Prior Year</b>		<b>+2</b>	<b>-48</b>		<b>+21</b>		<b>+1</b>	<b>-12</b>	<b>0</b>

# THE MATCH TRENDS

Table M shows the medical match trends for Louisiana Senior Graduates from the three medical schools for the last eight years including 2006-07. The variations are relatively small but interesting; this last year was below average in graduates staying for GME in Louisiana and in primary care, down compared with the prior year.

The Hospital/Institutional match trends are shown for postgraduate year one (PGY-1). Each program is listed to document the offered and filled positions in each category, and totals. At this juncture, the success of the matching process for Louisiana, 99% filled, is evident. This table depicts the trends from 1999 to 2007 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 II**  
**MEDICAL MATCH TRENDS**

*Louisiana Senior Graduates*

TOTALS	# Total Graduates	Stay for GME in LA	Primary Care in LA	Leave LA for GME	Primary Care in U.S.	Total Primary Care All
1999	379	183	107	196	82	189
2000	420	181	116	239	150	266
2001	404	154	96	250	139	235
2002	401	169	108	232	131	239
2003	407	159	93	248	132	225
2004	425	174	112	251	119	231
2005	409	177		232		
2006	417	147		267		
2007	394	145		249		
<b>LSUHSC</b>						
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
<b>LSUHSC-SHREVEPORT</b>						
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		
<b>TULANE</b>						
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		

**Table M**

**MATCH TRENDS IN LOUISIANA 2007  
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

**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

# GME TRENDS 1997 TO 2007

The Medical Education Commission has now collected and reported ten years of consecutive data on GME in Louisiana. The trends over time are of considerable interest regarding the prior stability and continuity of GME programs, especially in primary care, but changed to develop the response for reconstruction after Katrina. Data on total GME are updated with the addition of 2004-2007.

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 2007 report: the match, the primary care section, and the tables.

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

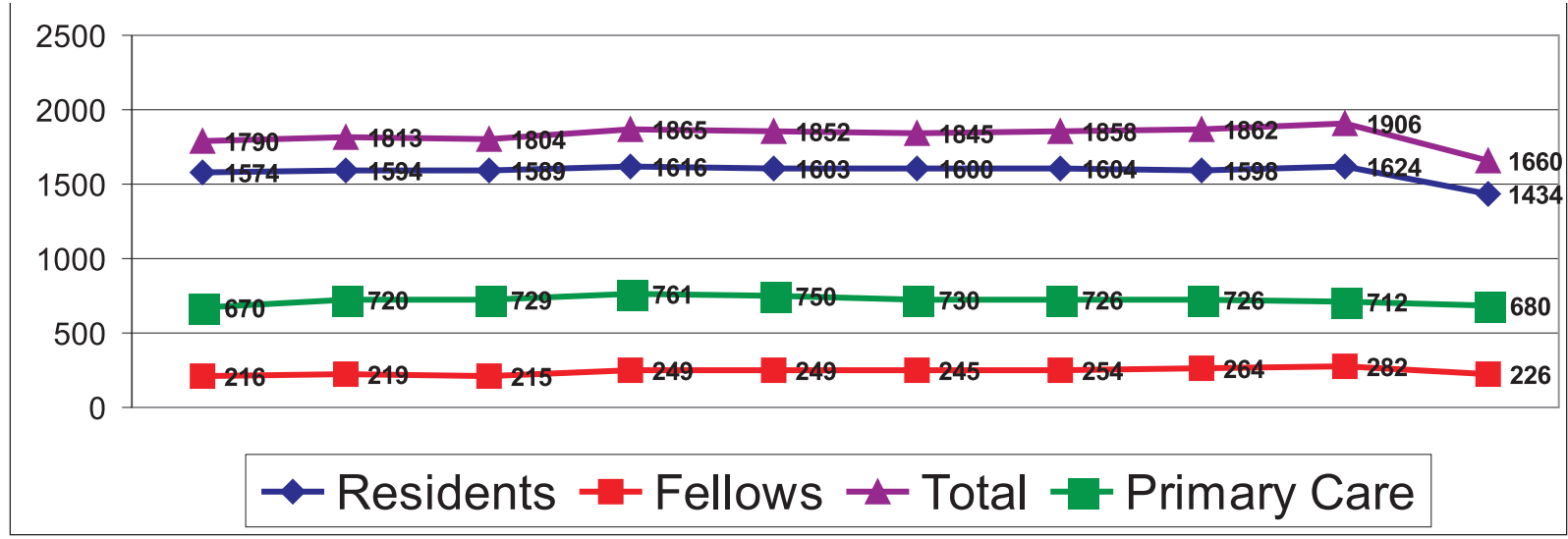
**Table VI**  
**LOUISIANA GME TRENDS 1997 TO 2007**

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

**LOUISIANA GME COMPARISON 2005 TO 2007**

	2007	2005	LOSS	%LOSS
<b>Residents</b>	1434	1624	-190	-12%
<b>Fellows</b>	226	282	-56	-20%
<b>Total</b>	1660	1906	-246	-13%
<b>% Residents Primary Care</b>	49%	44%		+5%
<b>Primary Care Residents</b>	680	713	-33	-5%
<b>Specialist Resident &amp; Fellows</b>	980	1193	-213	-18%

# LOUISIANA GME TRENDS 1997 TO 2007



# **PRIMARY CARE**

## **GRADUATE MEDICAL EDUCATION (GME)**

The Medical Education Commission (MEC) is concerned about the Graduate Medical Education (GME) component in Primary Care training programs and the special attention in Louisiana on supplying the physician workforce in primary care. The Academic Medical Centers and teaching hospitals have played the key role in expanding Primary Care. As the largest state academic medical center, LSUHSC has strategically emphasized, over the last 10 years the recruitment and retention of primary care physicians. In addition, Tulane School of Medicine has appointed the First Chair in the New Department of Family Medicine. This trend has peaked, and partially receded, and recent Katrina down turn. The effort is now 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 are comparatively better than many other states in the development of new GME primary care programs, these are increased numbers of primary care physician opportunities, emphasis on retention of both graduating senior medical students and 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 date the residents in Medicine-Pediatrics, Ob-Gyn and Internal Medicine/Family Practice as have some national databases.

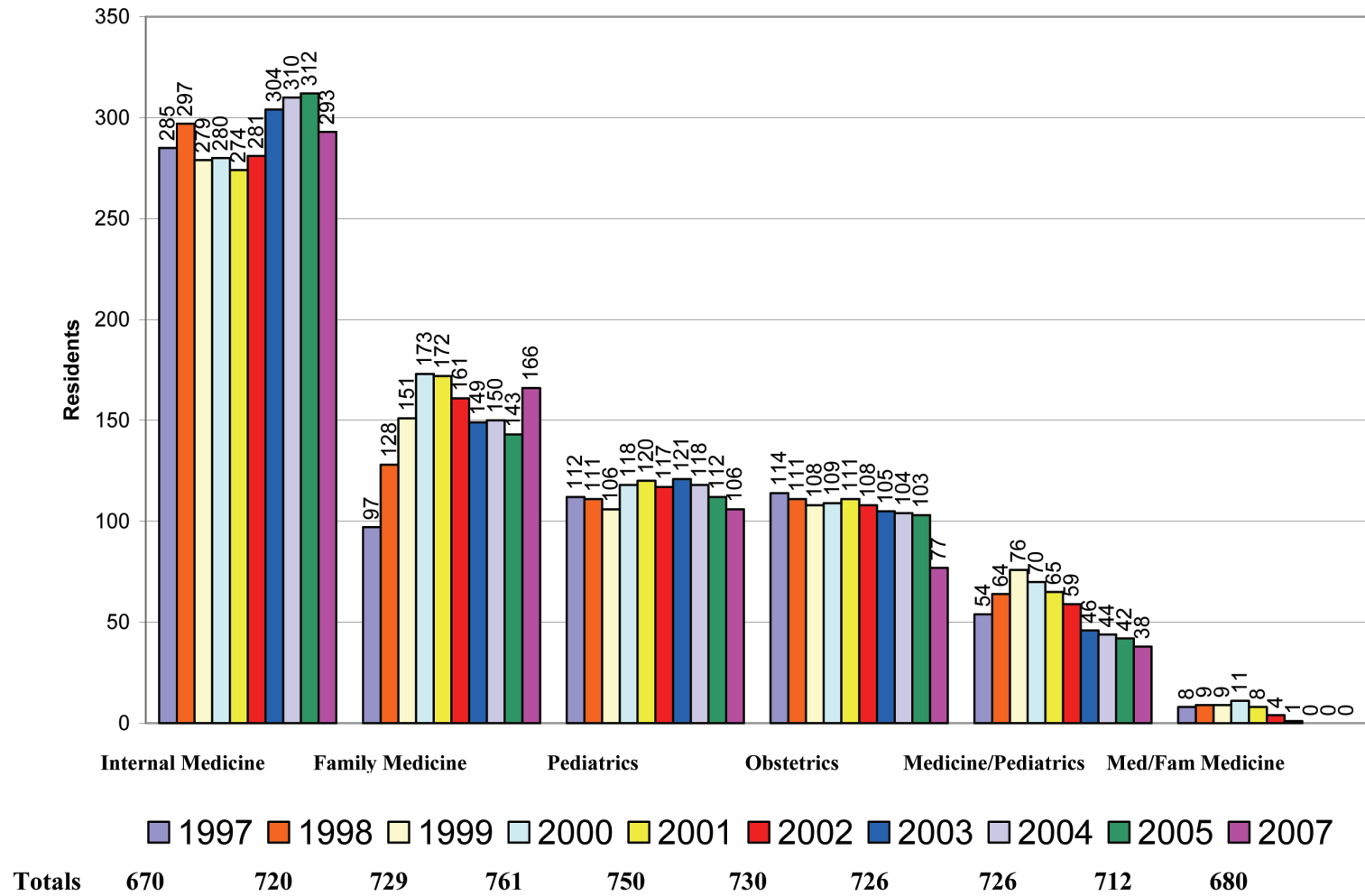
Family Medicine GME is a well defined program, almost all graduates practice primary care, more than 90% go into practice, 75% of those finishing GME are retained in the state, and there has been expansion and sustainability even after Katrina.

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 now about 27% of trainees in Internal Medicine and 80% in Pediatrics enter a generalist practice, and most in Med-Peds. Physicians in Ob/Gyn usually do both primary and specialty care. The long pipeline for physician workforce production requires opportunity, recruitment, and sustenance. Primary Care GME programs assist recruitment in many ways into practice settings in Louisiana, where the initiative, work and interest is that of the communities.

**Table VII**  
**GME PRIMARY CARE TRENDS 1997 TO 2007**  
**TOTAL FOR LOUISIANA**

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

# GME PRIMARY CARE TRENDS 1997 TO 2007





# **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

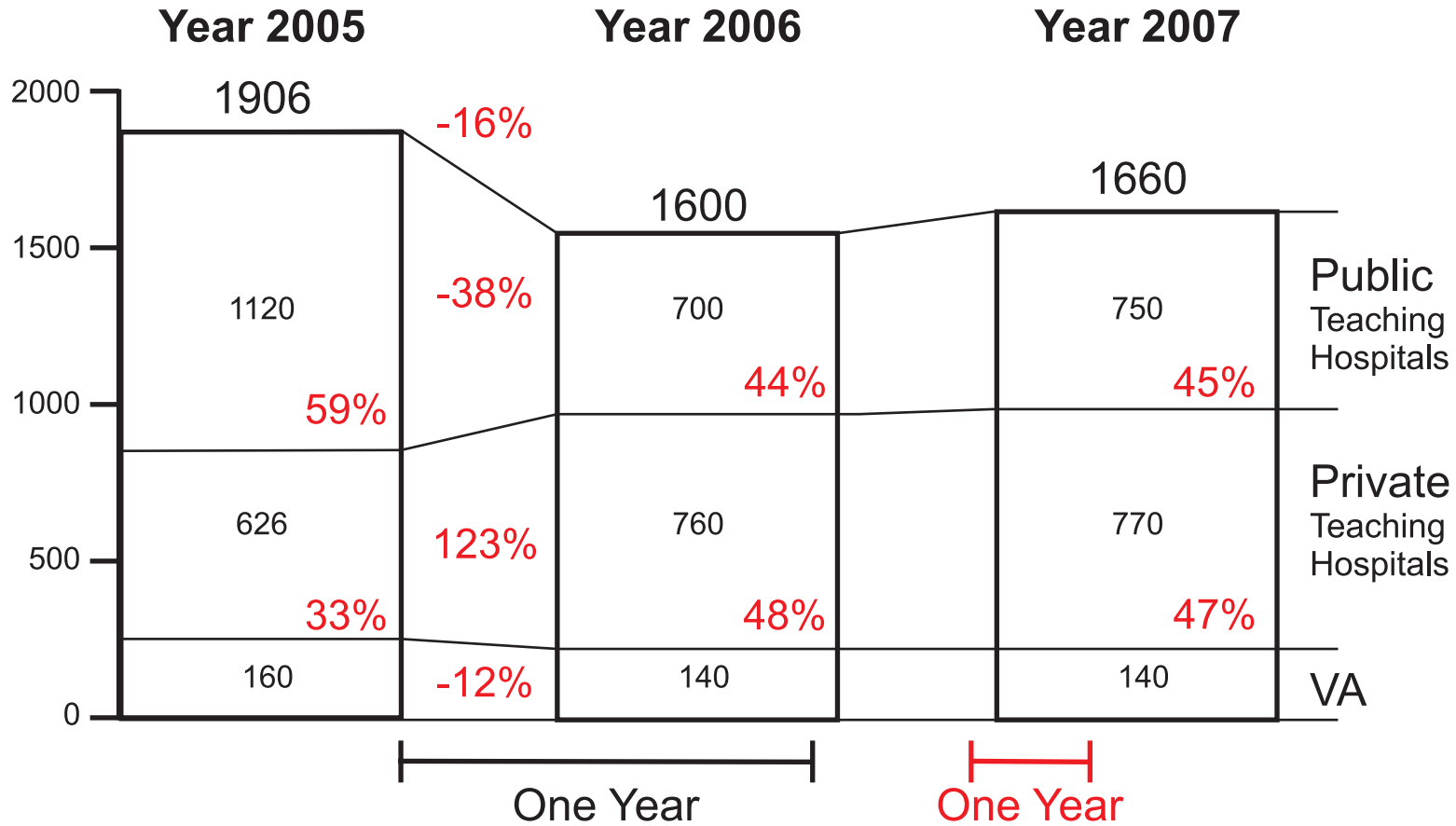
The future of medical education in Louisiana is tied directly to that in the United States. The statistical comparisons of Louisiana to US physician education, before Katrina in both undergraduate and graduate medical education (GME), and physicians entering practice are closely aligned in most respects. 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



# 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 10 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 two years '05 to '07. 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 their 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 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**

INSTITUTIONS	PUBLIC		Loss Gain	PRIVATE		Loss Gain			Loss Gain
	Total 2005	Total 2007		Total 2005	Total 2007		Total 2005	Total 2007	
LSUNO	660	511							
LSUSHR	384	445							
EKL	74	69							
UH	47	57							
	<b>1165</b>	<b>1077</b>	<b>-88</b>						
<b>% Total Public Institution</b>	<b>61%</b>	<b>65%</b>							
Tulane				497	323				
Ochsner				205	221				
BRG				22	22				
EJ				17	18				
				741	584	-157	1906	1660	-246
<b>% Total</b>				39%	35%				13%

**THE PUBLIC/PRIVATE PARTNERSHIP  
GME IN TEACHING HOSPITALS 2005 AND 2007**

<b>PUBLIC HOSPITALS</b>	<b>Total 2007</b>	<b>Total 2005</b>	<b>Gain or (Loss)</b>
LSUSHR	399	278	61
MCLANO	170	608	(438)
EKL	81	73	8
UMC	77	61	16
LJC	36	22	14
EAC	32	34	(2)
LC	18	18	0
HPL	8	9	(1)
<b>Total</b>	<b>821</b>	<b>1103</b>	<b>(342)</b>

<b>PRIVATE HOSPITALS</b>	<b>Total 2007</b>	<b>Total 2005</b>	<b>Gain or (Loss)</b>
AOMC	277	227	50
TMC	164	137	28
CHILD	94	61	33
TOURO	44	20	23
BRG	43	46	(3)
KENNER	37	16	21
E JEFF	31	15	16
OLOL	24	0	24
W JEFF	16	0	16
WK	9	9	0
<b>Total</b>	<b>739</b>	<b>531</b>	<b>208</b>

<b>VETERANS ADMIN HOSPITAL</b>	<b>Total 2007</b>	<b>Total 2005</b>	<b>Gain or (Loss)</b>
VAA	45	1	44
VANO	37	122	(85)
<b>Total</b>	<b>82</b>	<b>123</b>	<b>(41)</b>
<b>Total (Loss) 2005-2007</b>			<b>(465)</b>
<b>Total Gain 2005-2007</b>			<b>208</b>
<b>Net</b>			<b>(257)</b>

**THE PUBLIC/PRIVATE PARTNERSHIP  
THE GME HOSPITAL/INSTITUTIONAL RELATIONSHIP**

		Academic Institution					
		PUBLIC		PRIVATE			
TEACHING HOSPITALS	GME Number	LSUNO	LSUSHR	TULANE	OCHSNER	BRG	EJEFF
PUBLIC							
LSUSHR	399		399				
MCLANO	170	122		45	2		
*EKL	81	81					
*UMC	77	77					
LJC	36	17			19		
EAC	32		32				
LC	18	18					
HPL	8			8			
PRIVATE							
AOMC	277	47		34	196		
TMC	164			164			
CHILD	87	87					
TOURO	44	39		4			
BRG	43	21				22	
KENNER	37	37					
EJEFF	31	13					18
OLOL	24	24					
WJEFF	16	8		8			
*WK	9		9				
VA							
VAA	45			45			
VANO	37	14		23			
OTHER	82	41		40	3		

Numbers are rounded

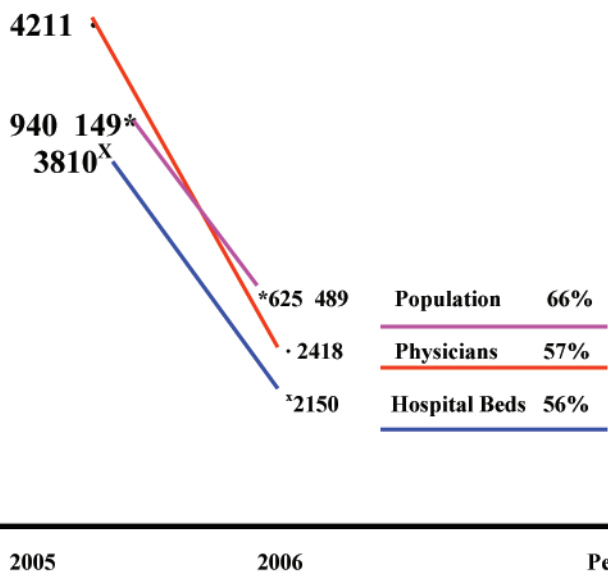
Hospital abbreviations are named in section just before tables

\*EKL and UMC are listed with LSUNO, WK with LSUSHR

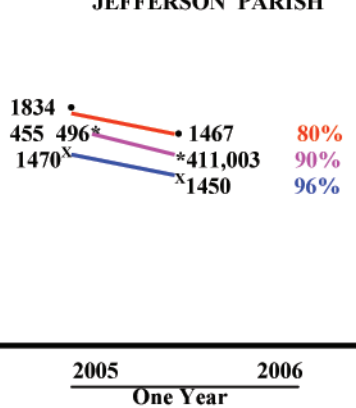
# ONE YEAR AFTER KATRINA

HOSPITAL		
POPULATION	BEDS	PHYSICIANS
*	X	.
1,000,000	4,000	4,000
750,000	3,000	3,000
500,000	2,000	2,000
250,000	1,000	1,000
0	0	0
	SCALE	
750,000	3,000	3,000
500,000	2,000	2,000
250,000	1,000	1,000
0	0	0
	SCALE	

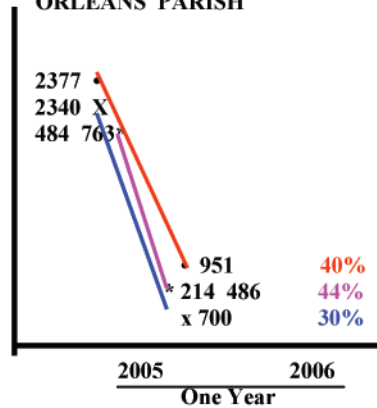
## THE REDUCTION IN PARALLEL 3 PARAMETERS



### One Year JEFFERSON PARISH



### ORLEANS PARISH





# **LSU SCHOOL OF DENTISTRY (LSUSD)**

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

November ('05) thru March ('06), from this point, there were four second year residents in New Orleans and two in Alexandria rotating between Pinecrest and HPI. The first year residents maintained the rotations between Chabert in Houma, HIV outpatient clinic at HPL -- EAP, and PDC. Beginning in January, one intern rotated at Earl K. Long Hospital in Baton Rouge with the OMFS residents, eliminating the Pinecrest rotation. In early March 2007, the entire ED moved again to the old Lord & Taylor department store adjacent to the Louisiana Superdome. The Dental Clinic was placed on the second floor. This allowed expansion to five second year residents and two interns with rotations between Chabert and the clinic in New Orleans. One second year remained at PDC and one intern remained at the HIV outpatient clinic in Alexandria during the spring of 2006, GPRs participated in journal clubs, as well as the meetings of the local components of the LDA. Currently, weekly "Patient Care Conferences" are held via teleconference between New Orleans and Baton Rouge and monthly "seminars" held the first Friday of every month.

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

Currently ('07), GPRs are functioning at University Hospital in New Orleans, Our Lady of Lourdes and Earl K. Long Hospital in Baton Rouge, Pinecrest Supports and Services Center in Pineville, Chabert Charity Hospital in Houma. Soon after renovations, GPRs will also have a presence at Hammond Supports and Services Center.

OMS residents are currently at University Hospital in New Orleans, Our Lady of Lourdes and Earl K. Long in Baton Rouge, University Hospital in Charlotte North Carolina, and OMS faculty practice in Metairie, Louisiana. GPR and OMS programs continue to have increases in patient visits. Rebuilding continues at many of the New Orleans area facilities. Recent tabulations indicate we have we have surpassed pre-Katrina numbers in the OMS program while encompassing a very broad scope.

# THE LOUISIANA STATE UNIVERSITY – HEALTH CARE SERVICES DIVISION

The Health Care Services Division (HCSD) consists of eight hospitals providing care for Louisiana citizens, including the uninsured and underinsured, and medical education to the future health-care professionals of Louisiana.

In November 2006, LSU Interim Hospital (LSU IH) in New Orleans, formerly known as University Hospital, opened after extensive restoration and repair to hurricane wind and flood damage, returning the number of HCSD hospitals to its pre-Katrina number of eight. Throughout 2007 HCSD reopened, returned, or expanded services to the downtown campus, such as its renowned trauma center, which is well on its way to regaining its Level 1 status.

In New Orleans, staffing remains a critical issue as it has been since September 2005. Demand outstrips supply. The nationwide nursing shortage is even more keenly evident in south Louisiana, where factors such as available housing continue to challenge the region. However, as more staff are hired, as they inevitably will be, LSU IH will open more beds.

Nevertheless, in 2007, system wide med/surg admissions increased from 25,000 to 26,000, which may be an indicator of regional recovery, but psych admissions decreased from 4,000 to 3,500 and clinic visits from 684,000 to 603,000. Emergency department visits declined from 287,000 to 270,000. The reasons for the decline in these numbers from year 1 post-Katrina to year 2 post-Katrina are not readily apparent, but may in part lie in the reshuffling of medical professionals, fellows, and residents as they continue to determine where best to resume their careers. Also, in 2007, with the reopening of clinics and the reestablishment of private practices, the population may have relied less on HCSD clinics and emergency departments in 2007 than it did in 2006.

The destruction and confusion caused by hurricanes Katrina and Rita led to an unreliable reporting of the numbers of residents and fellows for 2006; therefore, this report indicates that the numbers are unavailable. A reliable number of 380 for post-Katrina 2007 reflects the sharp decrease due to the hurricanes forcing the closure of programs.

The widespread furlough of HCSD employees in 2005 because of the closure of institutions still influences the 2007 number of 5375, a slight increase from the 2006 figure of 5236, but not near the pre-Katrina 2005 number of 8,000.

The 2007 budget of \$765,813,001 shows a slight increase from the 2006 budget of \$723,617,126, but is still well short of the pre-Katrina 2005 budget of \$850,544,672.

The decrease in the percentage of the budget from Medicaid and DSH—from 75% in 2006 to 73% in 2007 and down from 82% in 2005—are figures of note, but it is premature to label this decline a trend.

The Health Care Services Division is part of Louisiana State University. However, its contribution to GME includes important support to other medical education institutions.

In 2007, the HCSD filled the equivalent of over 20 of Ochsner's GME positions (about what it was pre-Katrina.) In 2007, the HCSD filled the equivalent of over 20 of Tulane's GME positions (down from 235 pre-Katrina.) This decrease is, of course, due to the damage done to the Medical Center of Louisiana by Hurricane Katrina. In addition, the Louisiana State University Health Sciences Center lost about 220 GME placement positions due to infrastructure losses to the HCSD. While HCSD still provides 380 that represents a dramatic loss from the pre-Katrina number of 775.

In summary, Table H portrays salient information on the impact of Katrina on HCSD and its resources and contributions in terms in education, health care, and economic support.

**Table H**  
**Portrays the Pre- and Post-Katrina Statistics for the HCSD**

	FY Pre-K 2005	FY Post-K 2006	FY Post-K 2007
Hospitals	8	7	8
Staffed Beds	964	600	600
Med/Surg Admissions	40,000	25,000	26,000
Psych Admissions	5,500	4,000	3,500
Clinic Visits	850,000	684,000	603,000
Emergency Visits	365,000	287,000	270,000
<b>Education Med</b>			
Residents & Fellows	775	Not Available	380
Employees	8,000	5,236	5,375
Budget	850,544,672 82% Medicaid & DSH	723,617,126 75% Medicaid & DSH	765,813,001 73% Medicaid & DSH

The HCSD continues to recover from the destruction of hurricanes Katrina and Rita. It is making steady strides in its rebuilding and is dedicated to providing quality health care and medical education for the citizens of Louisiana.

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

Huey P. Long Medical Center, Pineville  
Leonard J. Chabert Medical Center, Houma  
University Medical Center, Lafayette  
W.O. Moss Regional Medical Center, Lake Charles

Earl K. Long Medical Center, Baton Rouge  
Lallie Kemp Regional Medical Center, Independence  
Bogalusa Medical Center, Bogalusa  
LSU Interim Hospital, New Orleans

# 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 2007 (July 1, 2006 through June 30, 2007).

## 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**

<b>AOMC</b>	—————	<b>ALTON OCHSNER MEDICAL FOUNDATION, NEW ORLEANS</b>
<b>BRG</b>	—————	<b>BATON ROUGE GENERAL MEDICAL CENTER, BATON ROUGE</b>
<b>CHILD</b>	—————	<b>CHILDREN'S HOSPITAL, NEW ORLEANS, LA</b>
<b>EAC</b>	—————	<b>E.A. CONWAY MEDICAL CENTER, MONROE, LA</b>
<b>EJEFF</b>	—————	<b>EAST JEFFERSON GENERAL HOSPITAL, METAIRIE, LA</b>
<b>EKL</b>	—————	<b>EARL K. LONG MEDICAL CENTER, BATON ROUGE, LA</b>
<b>HPL</b>	—————	<b>HUEY P. LONG MEDICAL CENTER, PINEVILLE, LA</b>
<b>LC</b>	—————	<b>LAKE CHARLES MEMORIAL HOSPITAL, LAKE CHARLES, LA</b>
<b>LSUSHR</b>	—————	<b>LSU HEALTH SCIENCES CENTER-UNIVERSITY HOSPITAL, SHREVEPORT, LA</b>
<b>RAPIDES</b>	—————	<b>RAPIDES REGIONAL MEDICAL CENTER, ALEXANDRIA, LA</b>
<b>OBVA</b>	—————	<b>OVERTON BROOKS VETERANS AFFAIRS MEDICAL CENTER, SHREVEPORT, LA</b>
<b>LOL</b>	—————	<b>OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER, SHREVEPORT, LA</b>
<b>MCLANO</b>	—————	<b>MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS, LA</b>
<b>NO</b>	—————	<b>NORTH OAKS MEDICAL CENTER, HAMMOND, LA</b>
<b>TOURO</b>	—————	<b>TOURO INFIRMARY, NEW ORLEANS, LA</b>
<b>TUHSC</b>	—————	<b>TULANE UNIVERSITY HEALTH SCIENCES CENTER, NEW ORLEANS, LA</b>
<b>VAB</b>	—————	<b>VETERANS AFFAIRS MEDICAL CENTER, BILOXI, MS</b>
<b>VANO</b>	—————	<b>VETERANS AFFAIRS MEDICAL CENTER, NEW ORLEANS, LA</b>
<b>WK</b>	—————	<b>WILLIS-KNIGHTON MEDICAL CENTER, SHREVEPORT, LA</b>
<b>W JEFF</b>	—————	<b>WEST JEFFERSON GENERAL HOSPITAL</b>
<b>KENNER</b>	—————	<b>OCHSNER MEDICAL CENTER - KENNER</b>
<b>LJC</b>	—————	<b>LEONARD J. CHAUBERT HOSPITAL, HOUMA</b>
<b>UMC</b>	—————	<b>UNIVERSITY MEDICAL CENTER - LAFAYETTE</b>
<b>VAA</b>	—————	<b>VETERANS ADMINISTRATION HOSPITAL - PINEVILLE</b>

# MEDICAL CENTER OF LOUISIANA - NEW ORLEANS

## GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY AND INSTITUTION - FISCAL 2007

	Total	LSU	Ochsner	Tulane
Anesthesiology	.99		.58	.41
Dermatology	4.70	2.58		2.12
Dentistry	2.93	2.93		
Emergency medicine	24.30	24.13		
Family medicine	2.76	2.39		
Internal medicine	36.94	12.21		24.34
- Allergy, immunology	1.00	1.00		
- Cardiology	4.93	2.45		2.48
- Endocrinology	.03			.03
- Gastroenterology	1.92	1.66		.26
- Hematology and oncology	.57			.57
- Infectious disease	4.06	1.54		2.52
- Nephrology	2.22	1.67		.56
- Pulmonary disease and critical care	1.82	1.34		.49
- Rheumatology	1.33		1.33	
Neurology	2.15	.58		1.57
- Pediatric Neurology	3.15	3.15		
Neurological surgery	1.75			1.75
Obstetrics and gynecology	10.08	7.72		2.37
Ophthalmology	1.00	1.00		
- Cornea	.49	.49		
Oral Surgery	13.64	13.64		
Orthopaedic surgery	5.88	4.54		1.33
Pathology	1.73	1.73		
Pediatrics	.28	.15		.13
- Allergy, immunology	.67	.67		
- Neonatal-perinatal	.08	.08		
Physical medicine and rehabilitation	.65	.65		
- Musculoskeletal	.08	.08		
Psychiatry	11.88	11.88		
Psychiatry, Child	.51			.51
Surgery	14.47	11.47		2.99
- Critical care surgery	.42	.42		
Surgery, Plastic	1.97	1.97		
Urology	.35			.35
Medicine/Pediatrics	4.67	4.67		
Internal medicine/Emergency medicine	3.46	3.46		

# MEDICAL CENTER OF LOUISIANA, NEW ORLEANS

(continued)

	Total	LSU	Ochsner	Tulane
- Critical care surgery	.42	.42		
Surgery, Plastic	1.97	1.97		
Urology	.35			.35
Medicine/Pediatrics	4.67	4.67		
Internal medicine/Emergency medicine	3.46	3.46		
Primary Care Residents	50.06	22.47		26.83
% Residents and Fellows in Primary Care	29.47%	18.38%		0.60
% Residents in Primary Care	34.03%	18.38%		0.60
Total Residents	147.10	107.72	0.58	37.87
Total Fellows	22.79	14.55		6.90
Total Residents and Fellows	169.89	122.27	1.92	44.78



# LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER NEW ORLEANS

## GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2007

	TOTAL	PUBLIC	HCSD	MCLNO	CHILD	VANO	EKL	UMC	AOMC	TOURO	OTHER
Dermatology	15.00	9.92	7.92	2.58		4.08	5.33		1.00		2.00
Dentistry	5.86	3.87	3.87	2.93			.73				2.21
Emergency medicine	50.25	27.73	27.73	24.13	.83				8.76		16.53
Family medicine	35.50	6.39	6.39	2.39	.50			.83		.50	31.28
Internal medicine	33.42	12.46	12.46	12.21				.25	3.72	7.25	9.98
- Allergy, immunology	1.00	1.00	1.00	1.00							
- Cardiology	12.97	8.20	8.20	2.45			.84	2.83		4.00	2.86
- Gastroenterology	6.00	4.00	4.00	1.66			.34				4.00
- Infectious disease	2.96	1.54	1.54	1.54	.08				.24	.55	.54
- Nephrology	6.08	2.08	2.08	1.67				.42	3.00		1.00
- Pulmonary disease and critical care	8.00	1.34	1.34	1.34					3.75		2.92
Neurology	7.00	1.34	1.34	.58	.17		.42			2.57	3.26
Neurology Fellows	3.78	.08	.08		.25		.08			3.44	
- Pediatric Neurology	8.92	3.41	3.41	3.15	2.58					.34	2.85
Neurological surgery	4.65				1.00				2.00		1.65
Obstetrics and gynecology	22.06	16.51	16.51	7.72			1.00	7.79	.64	4.85	.05
Ophthalmology	23.99	15.69	15.69	1.00	1.16	2.00	4.51	2.92	5.05		7.35
- Cornea	.49	.49	.49	.49							
- Retina	1.47	.47	.47				.47				1.00
Oral Surgery	21.50	19.49	19.49	13.64	.35		5.85				1.66
Orthopaedic surgery	18.00	11.04	11.04	4.54	2.05		4.97	1.52			4.91
Otolaryngology	12.96	5.90	5.90		2.41		2.01	3.89			4.65
Pathology	7.00	1.73	1.73	1.73	.43				2.00		2.84
Pediatrics	49.30	.15	.15	.15	45.74						3.41
- Allergy, immunology	4.75	.67	.67	.67	3.49						.58
- Endocrinology	1.00				1.00						
- Special Fellow	2.00				2.00						
- Gastroenterology	2.00				2.00						
- Hematology and oncology	3.16				3.16						
- Infectious diseases	1.00				1.00						
- Neonatal-perinatal	1.31	.08	.08	.08	.97					.26	

# THE LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NEW ORLEANS

(continued)

	TOTAL	PUBLIC	HCSO	MCLNO	CHILD	VANO	EKL	UMC	AOMC	TOURO	OTHER
Physical medicine and rehabilitation	18.13	2.95	2.95	.65	.95	2.41	.30		3.63	6.61	3.59
- Musculoskeletal	2.00	.08	.08	.08		1.92					
Psychiatry	33.46	11.88	11.88	11.88					11.27	5.66	4.65
Surgery	44.92	24.55	24.55	11.47	1.66	3.42	7.68	5.40			15.29
- Critical care surgery	.42	.42	.42	.42							
- Vascular surgery	1.00										1.00
Surgery, Plastic	4.00	1.97	1.97	1.97		.03					2.00
Medicine/Pediatrics	26.13	4.67	4.67	4.67	12.56				1.42	2.57	4.90
Internal medicine/Emergency medicine	7.17	4.30	4.30	3.46	.17				.72	.73	2.09
Primary Care Residents	166.41	40.18	40.18	27.14	58.81	0.00	1.00	8.88	5.79	15.17	49.62
% Residents and Fellows in Primary Care	32.59%	19.47%	19.66%	22.20%	67.97%	0.00%	2.90%	34.33%	12.27%	38.58%	35.18%
% Residents in Primary Care	37.47%	22.00%	22.25%	25.19%	83.72%	0.00%	3.04%	39.27%	14.40%	44.39%	39.92%
Total Residents	444.07	182.64	180.64	107.72	70.24	11.94	32.88	22.61	40.21	34.18	124.29
Total Fellows	66.52	23.79	23.79	14.55	16.28	1.92	1.65	3.25	6.99	5.14	16.75
Total Residents and Fellows	510.59	206.42	204.42	122.27	86.52	13.86	34.53	25.85	47.19	39.33	141.04

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER  
EARL K. LONG MEDICAL CENTER - BATON ROUGE  
GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2007**

Specialties	TOTAL	PUBLIC	HCSD	EKL	BRG	Other
Emergency medicine	35.01	14.51	14.51	14.34	17.43	
Internal medicine	33.83	32.90	32.90	32.59		.35
Primary Care Residents	33.83	32.90	32.90	32.59	0.00	1.24
% Residents and Fellows in Primary Care	49.14%	69.40%	69.40%	69.45%	0.00%	27.58%
% Residents in Primary Care	49.14%	69.40%	69.40%	69.45%	0.00%	27.58%
Total Residents	68.84	47.41	47.41	46.93	17.43	4.48
Total Fellows	0.00	0.00	0.00	0.00	0.00	0.00
Total Residents and Fellows	68.84	47.41	47.41	46.93	17.43	4.48

# LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER UNIVERSITY MEDICAL CENTER - LAFAYETTE

## GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2007

	TOTAL	PUBLIC	HCSD	UMC	Other
Family medicine	26.40	26.40	26.40	26.03	0.00
Internal medicine	25.27	25.27	25.27	25.19	0.00
Primary Care Residents	51.67	51.67	51.67	51.22	0.00
% Residents and Fellows in Prim	100.00%	100.00%	100.00%	100.00%	100%
% Residents in Primary Care	100.00%	100.00%	100.00%	100.00%	100%
Total Residents	51.67	51.67	51.67	51.22	1.35
Total Fellows	0.00	0.00	0.00	0.00	0.0
Total Residents and Fellows	51.67	51.67	51.67	51.22	1.35

# TULANE MEDICAL CENTER

## GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2007

	TOTAL	PUBLIC	HCSO	TMC	AOMC	HPL	MCLNO	TOURO	VAB	VANO	OTHER
Anesthesiology	13.25	.41	.41	9.55			.41				3.29
Dermatology	11.92	2.55	2.55	5.17	1.98	.43	2.12		1.21		1.00
Internal medicine	91.09	24.34	24.34	49.74	4.01		24.34			11.09	1.91
- Allergy immunology	2.00			1.07	.93						
- Cardiology	12.25	2.61	2.61	5.75		.13	2.48			2.36	1.54
- Endocrinology	1.00	.03	.03	.47			.03			.50	
- Gastroenterology	2.08	.26	.26	1.27			.26			.48	.08
- Geriatric medicine	.17										.17
- Hematology and oncology	2.42	.57	.57	1.39			.57			.47	
- Infectious disease	3.00	2.52	2.52		.06		2.52				.42
- Nephrology	3.71	.56	.56	2.05	.45		.56			.65	
- Pulmonary disease and critical care	7.83	.94	.94	3.87	.25	.45	.49			.68	2.10
Neurology	10.42	1.57	1.57	3.19	2.20		1.57			1.69	1.77
Neurological surgery	5.00	1.75	1.75	1.50	1.00		1.75				.75
Obstetrics and gynecology	15.50	5.71	5.71	8.45		3.35	2.37				1.33
Ophthalmology	12.25	2.00	2.00	4.25		2.00			2.00	2.00	2.00
Orthopaedic surgery	9.08	1.33	1.33	5.33	.75		1.33	.92			.75
Otolaryngology	9.67			2.25	4.42			1.00	2.00		
Pathology	4.88			3.08	1.75						.04
Pediatrics	32.05	.13	.13	16.31	15.61		.13				
- Cardiology	.92			.92							
- Infectious diseases	2.00			.92							1.08
- Pulmonary	.08			.04							.04
Preventive medicine	1.58									.50	1.08
Psychiatry	14.75			7.39						1.95	5.41
- Forensic	2.17										2.17
Psychiatry, Child	4.58	.51	.51	1.67			.51				2.40
Radiology	17.09			12.81				.86			3.42
Surgery	21.33	4.50	4.50	13.18	.08	1.51	2.99	1.00			2.58
Surgery, Plastic	4.00			1.00	1.00			.50			1.50
Urology	5.00	.35	.35	1.61			.35			.29	2.75
Primary Care Residents	138.64	30.18	30.18	74.50	19.62	3.35	26.83	0.00	0.00	11.09	3.24
% Residents and Fellows in Primary Care	42.91%	57.34%	57.34%	45.37%	56.88%	57.78%	59.93%	0.00%	0.00%	48.99%	8.19%
% Residents in Primary Care	48.91%	66.83%	66.83%	50.86%	59.83%	94.01%	70.85%	0.00%	0.00%	0.00%	10.13%
<b>Total Residents</b>	<b>283.44</b>	<b>45.16</b>	<b>45.16</b>	<b>146.49</b>	<b>32.80</b>	<b>7.29</b>	<b>37.87</b>	<b>4.28</b>	<b>5.21</b>	<b>17.51</b>	<b>32.00</b>
<b>Total Fellows</b>	<b>39.63</b>	<b>7.48</b>	<b>7.48</b>	<b>17.73</b>	<b>1.70</b>	<b>0.58</b>	<b>6.90</b>	<b>0.00</b>	<b>0.00</b>	<b>5.13</b>	<b>7.59</b>
<b>Total Residents and Fellows</b>	<b>323.07</b>	<b>52.64</b>	<b>52.64</b>	<b>164.21</b>	<b>34.50</b>	<b>7.86</b>	<b>44.78</b>	<b>4.28</b>	<b>5.21</b>	<b>22.64</b>	<b>39.59</b>

**OCHSNER CLINIC FOUNDATION  
GRADUATE MEDICAL EDUCATION FILLED  
POSITIONS BY SPECIALITY - FISCAL 2007**

Specialties	TOTAL	PUBLIC	HCSD	AOMC	MCLNO	LJC	All Other
Anesthesiology	26.00	.83	.83	25.17	.58	.25	
Internal medicine	48.07	.68	.68	47.15		.68	.24
- Cardiology	26.25			26.14			.11
- Endocrinology	4.00			3.99			.01
- Gastroenterology	6.00			5.98			.02
- Hepatology	.92			.92			
- Infectious disease	2.00			2.00			
- Oncology	4.00			3.83			.17
- Rheumatology	4.00	1.33	1.33	2.67	1.33		
Obstetrics and gynecology	16.00	7.41	7.41	8.59		7.41	
- Glaucoma	1.00			1.00			
- Retina	1.00			1.00			
Orthopaedic surgery	12.00	2.24	2.24	9.26		2.24	.50
Radiology	25.00			24.57			.43
- MRI	1.96			1.96			
Surgery	29.00	5.53	5.53	22.38		5.53	1.09
- Colon & Rectal	2.00			1.99			.01
- Vascular surgery	2.00			2.00			
Thoracic surgery	1.00			1.00			
Urology	8.00	2.98	2.98	3.99		2.98	1.02
Primary Care Residents	64.07	8.09	8.09	55.75	0.00	8.09	0.24
% Residents and Fellows in Primary Care	29.10%	38.48%	38.48%	28.50%	0.00%	42.34%	6.63%
% Residents in Primary Care	38.81%	41.09%	41.09%	39.23%	0.00%	42.34%	7.26%
Total Residents	165.07	19.68	19.68	142.11	0.58	19.10	3.28
Total Fellows	55.13	1.33	1.33	53.48	1.33	0.00	0.32
Total Residents and Fellows	220.20	21.02	21.02	195.58	1.92	19.10	3.60

# LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER SHREVEPORT

## GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2007

	TOTAL	PUBLIC	LSUSHR	EAC	RAPIDES	WK	OTHER
Anesthesiology	23.21	19.63	19.63				3.58
- Pain Management	2.00	2.00	2.00				
Dermatology	2.00	2.00	2.00				
Emergency medicine	21.00	20.50	20.50				.50
Family medicine	63.67	40.25	18.58	21.67	19.00	.42	4.00
Internal medicine	60.63	50.38	50.38			.42	9.83
- Allergy, immunology	4.00	4.00	4.00				
- Cardiology	10.00	7.58	7.58				2.42
- Critical Care	2.00	2.00	2.00				
- Endocrinology	2.00	1.00	1.00				1.00
- Gastroenterology	7.00	4.17	4.17			1.00	1.83
- Hematology and oncology	14.50	14.50	14.50				
- Infectious disease	2.00	1.00	1.00				1.00
- Nephrology	6.00	3.67	3.67			1.00	1.33
- Pulmonary disease and critical care	6.00	2.33	2.33				3.67
- Rheumatology	4.17	3.04	3.04				1.13
Neurology	13.00	12.17	12.17				.83
Neurological surgery	9.00	8.83	8.83				.17
Obstetrics and gynecology	23.00	22.08	18.08	4.00		.92	
Ophthalmology	9.00	7.00	6.00	1.00			2.00
Oral Surgery	13.00	12.92	12.92			.08	
Orthopaedic surgery	15.33	11.17	11.17				4.17
Otolaryngology	9.00	7.67	7.58	.08			1.33
- Fellow	1.00	1.00	1.00				
Pathology	12.00	12.00	12.00				
- Fellow	3.00	3.00	3.00				
Pediatrics	24.75	24.75	24.75				
Psychiatry	19.58	17.42	16.67	.75			2.17
Radiology	12.00	12.00	12.00				
Surgery	29.46	22.79	18.88	3.92		4.42	2.25
- Colon & Rectal	1.00	1.00		1.00			
Urology	8.00	3.75	3.75			1.00	3.25
Medicine/Pediatrics	12.33	11.58	11.58				.75

# LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT

(continued)

	TOTAL	PUBLIC	LSUSHR	EAC	RAPIDES	WK	OTHER
Primary Care Residents	184.38	149.04	123.38	25.67	19.00	1.75	14.58
% Residents and Fellows in Primary Care	41.47%	40.37%	36.64%	79.18%	100.00%	18.92%	30.89%
% Residents in Primary Care	48.53%	46.74%	42.92%	81.70%	100.00%	24.14%	41.87%
Total Residents	379.96	318.88	287.46	31.42	19.00	7.25	34.83
Total Fellows	64.67	50.29	49.29	1.00	0.00	2.00	12.38
Total Residents and Fellows	444.63	369.17	336.75	32.42	19.00	9.25	47.21

## BATON ROUGE GENERAL MEDICAL CENTER GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2007

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



# EAST JEFFERSON MEMORIAL HOSPITAL

## GRADUATE MEDICAL EDUCATION FILLED POSITIONS BY SPECIALITY - FISCAL 2007

	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 2007

	TOTAL	LSU-NO	LSU-SHR	Tulane	Ochsner	EKL	UMC	EJEFF	BRG
Anesthesiology	62.46		23.21	13.25	26.00				
- Pain Management	2.00		2.00						
Dermatology	28.92	15.00	2.00	11.92					
Dentistry	5.86	5.86							
Emergency medicine	106.26	50.25	21.00			35.01			
Family medicine	165.56	35.50	63.67				26.40	18.00	22.00
Internal medicine	292.73	33.42	60.63	91.09	48.50	33.83	25.27		
- Allergy, immunology	7.00	1.00	4.00	2.00					
- Cardiology	61.51	12.97	10.00	12.25	26.28				
- Critical Care	2.00		2.00						
- Endocrinology	7.00		2.00	1.00	4.00				
- Gastroenterology	21.08	6.00	7.00	2.08	6.00				
- Geriatric medicine	0.17			0.17					
- Hematology and oncology	16.92		14.50	2.42					
- Hepatology	0.92				0.92				
- Infectious disease	9.96	2.96	2.00	3.00	2.00				
- Nephrology	15.79	6.08	6.00	3.71					
- Oncology	4.00				4.00				
- Pulmonary disease and critical	21.83	8.00	6.00	7.83					
- Rheumatology	8.17		4.17		4.00				
Neurology	30.42	7.00	13.00	10.42					
Neurology Fellows	3.78	3.78							
- Pediatric Neurology	8.92	8.92							
Neurological surgery	18.65	4.65	9.00	5.00					
Obstetrics and gynecology	76.56	22.06	23.00	15.50	16.00				
Ophthalmology	45.24	23.99	9.00	12.25					
- Cornea	0.49	0.49							
- Glaucoma	1.00				1.00				
- Retina	2.47	1.47			1.00				
Oral Surgery	34.50	21.50	13.00						
Orthopaedic surgery	54.41	18.00	15.33	9.08	12.00				
Otolaryngology	31.63	12.96	9.00	9.67					
- Fellow	1.00		1.00						
Pathology	23.88	7.00	12.00	4.88					
- Fellow	3.00		3.00						

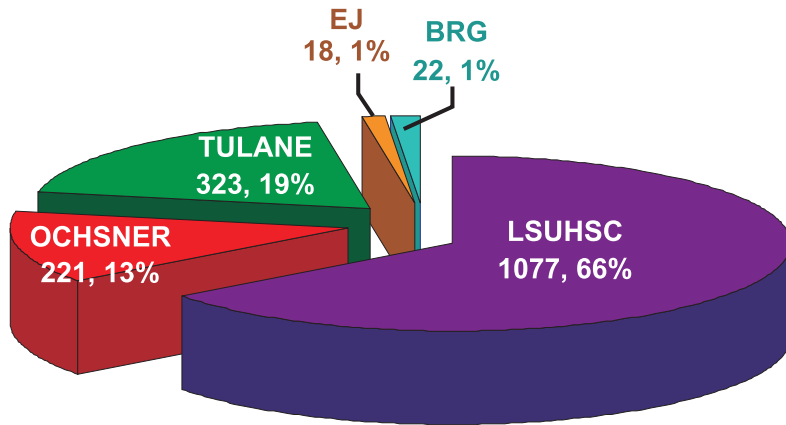
## SPECIALITY AND INSTITUTION SUMMARY

(continued)

	TOTAL	LSU-NO	LSU-SHR	Tulane	Ochsner	EKL	UMC	EJEFF	BRG
Pediatrics	106.10	49.30	24.75	32.05					
- Allergy, immunology	4.75	4.75							
- Cardiology	0.92			0.92					
- Endocrinology	1.00	1.00							
- Special Fellow	2.00	2.00							
- Gastroenterology	2.00	2.00							
- Hematology and oncology	3.16	3.16							
- Infectious diseases	3.00	1.00		2.00					
- Neonatal-perinatal	1.31	1.31							
- Pulmonary	0.08			0.08					
Physical medicine and rehabilitati	18.13	18.13							
- Musculoskeletal	2.00	2.00							
Preventive medicine	1.58			1.58					
Psychiatry	67.80	33.46	19.58	14.75					
- Forensic	2.17			2.17					
Psychiatry, Child	4.58			4.58					
Radiology	54.09		12.00	17.09	25.00				
- MRI	1.96				1.96				
Surgery	124.71	44.92	29.46	21.33	29.00				
- Critical care surgery	0.42	0.42							
- Colon & Rectal	3.00		1.00		2.00				
- Vascular surgery	3.00	1.00			2.00				
Surgery, Plastic	8.00	4.00		4.00					
Thoracic surgery	1.00				1.00				
Urology	21.00		8.00	5.00	8.00				
Medicine/Pediatrics	38.46	26.13	12.33						
Internal medicine/Emergency med	7.17	7.17							
Primary Care Residents	679.42	166.41	184.38	138.64	64.50	33.83	51.67	18.00	22.00
% Residents and Fellows in Primary Care	40.94%	32.59%	41.47%	42.91%	29.23%	49.14%	100.00%	100.00%	100.00%
% Residents in Primary Care	47.40%	37.47%	48.53%	48.91%	38.97%	49.14%	100.00%	100.00%	100.00%
Total Residents	1433.48	444.07	379.96	283.44	165.50	68.84	51.67	18.00	22.00
Total Fellows	225.97	66.52	64.67	39.63	55.16	0.00	0.00	0.00	0.00
Total Residents and Fellows	1659.45	510.59	444.63	323.07	220.66	68.84	51.67	18.00	22.00

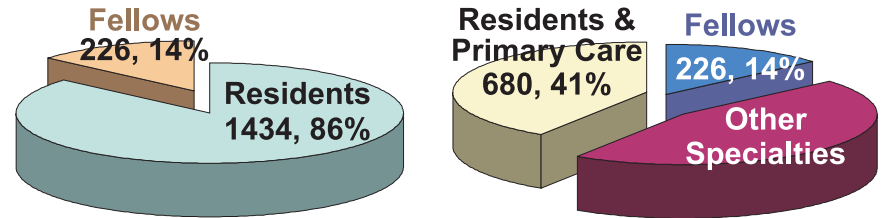
# 2007 GME IN LOUISIANA

## INSTITUTIONAL PROGRAMS BASE



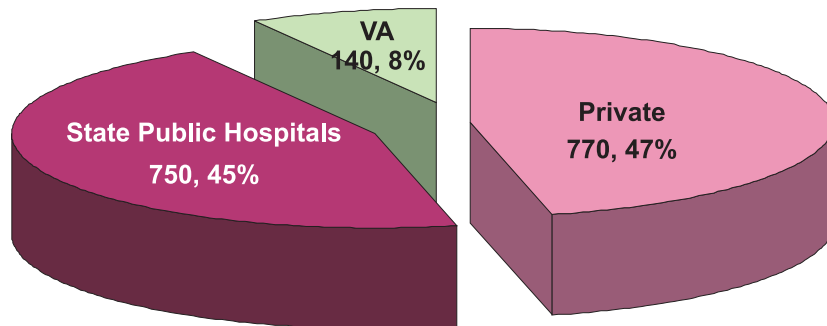
**TOTAL**  
**1660**  
**100%**

## RESIDENTS AND FELLOWS



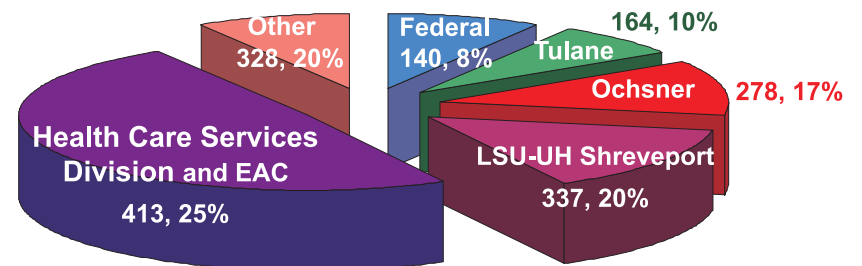
**TOTAL**  
**1660**  
**100%**

## HOSPITAL DISTRIBUTION



**TOTAL**  
**1660**  
**100%**

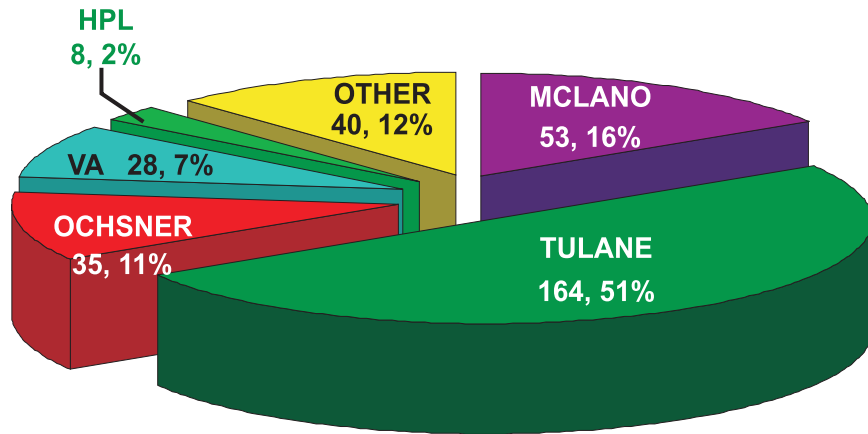
## HOSPITALS



**TOTAL**  
**1660**  
**100%**

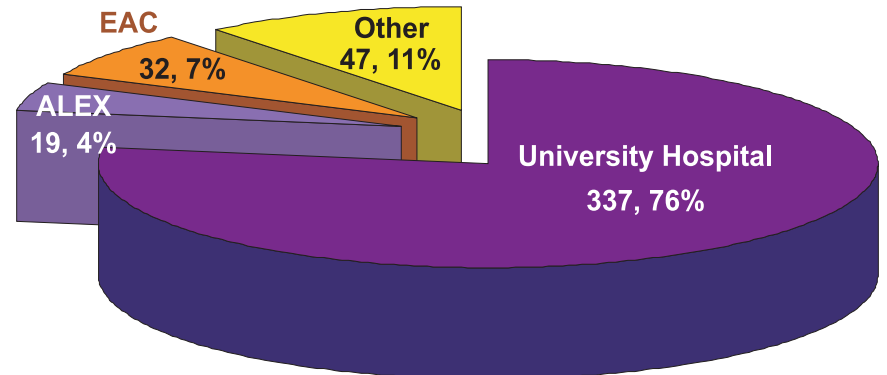
# 2007 GME HOSPITALS IN LOUISIANA

## TULANE



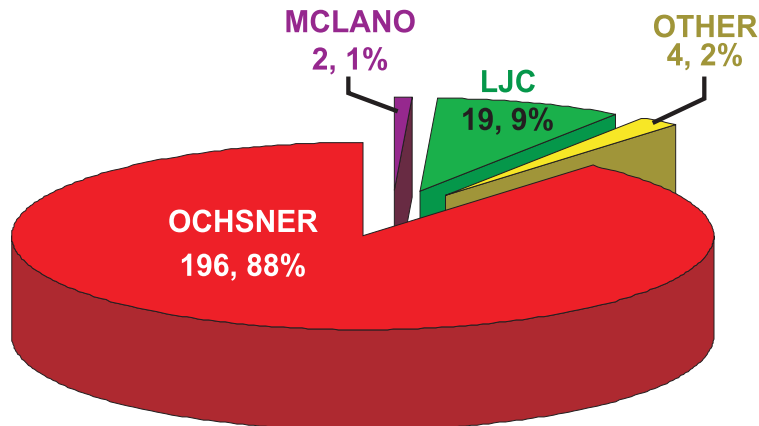
**TOTAL**  
**323**  
**100%**

## LSUHSC - SHREVEPORT



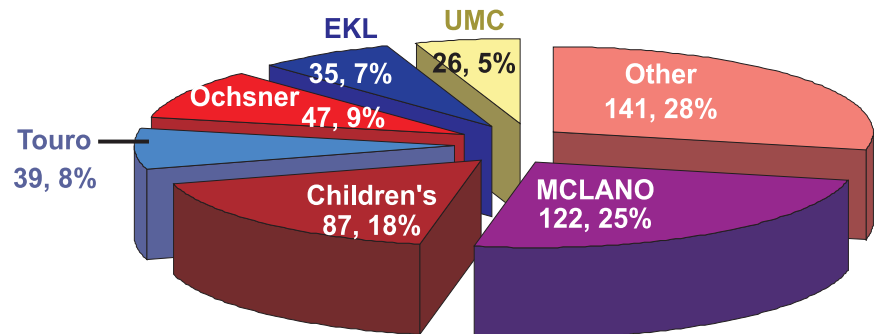
**TOTAL**  
**445**  
**100%**

## OCHSNER



**Total**  
**220**  
**100%**

## LSUHSC - NEW ORLEANS



**Total**  
**404**  
**100%**

# MEC STIPEND STRATEGY

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

The data sheet, comparing Resident Pay Scales to COTH Survey Data, depicts the history, current, and potential proposed stipend increase to 2006-2007. The parallel and sequential columns show the PGY 1-6 data from prior years.

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

The timing should be emphasized. The target amounts for PGY-1-6 are an appropriate starting point for calculations and adjustments. The funds to be recommended and to be established for budget proposals will be calculated after July 1, 2006, when this years GME numbers and schedules are available.

Since the stipend increases are proposed for the year following, 2006-2007, this continuity depends on the usual, now reasonably established, conservative assumptions on recruitment, matching, appointments, and finance.

## Comparing Resident Pay Scales to AAMC Survey Data Updated 9/5/07

Medical Education Commission Scale													\$	%	
<u>PGY</u>	<u>1999-00</u>	<u>2000-01</u>	<u>2001-02</u>	<u>2002-03</u>	<u>2003-04</u>	<u>2004-05</u>	<u>2005-06</u>	<u>2006-07</u>	1999-00 to	1999-00 to	Average	<u>Proposed</u>	Over/Under	Over/Under	
									<u>2006-07</u>	<u>2006-07</u>	<u>Annual</u>		Estimated	Estimated	
									<u>\$ Change</u>	<u>% Change</u>	<u>% Change</u>	<u>2007-08</u>	<u>2007-08</u>	<u>AAMC</u>	<u>AAMC</u>
1	\$ 33,351	\$ 35,352	\$ 36,413	\$ 36,413	\$ 36,413	\$ 36,413	\$ 38,598	\$40,528	\$7,177	21.52%	3.07%	\$ 42,757	-\$30	-0.07%	
2	\$ 34,332	\$ 36,392	\$ 37,484	\$ 37,484	\$ 37,484	\$ 37,484	\$ 39,733	\$41,720	\$7,388	21.52%	3.07%	\$ 44,015	-\$150	-0.35%	
3	\$ 35,585	\$ 37,720	\$ 38,852	\$ 38,852	\$ 38,852	\$ 38,852	\$ 41,183	\$43,242	\$7,657	21.52%	3.07%	\$ 45,620	-\$194	-0.44%	
4	\$ 37,024	\$ 39,245	\$ 40,422	\$ 40,422	\$ 40,422	\$ 40,422	\$ 42,847	\$44,989	\$7,965	21.51%	3.07%	\$ 47,463	-\$164	-0.36%	
5	\$ 38,299	\$ 40,597	\$ 41,815	\$ 41,815	\$ 41,815	\$ 41,815	\$ 44,324	\$46,540	\$8,241	21.52%	3.07%	\$ 49,100	-\$211	-0.44%	
6	\$ 39,974	\$ 42,372	\$ 43,643	\$ 43,643	\$ 43,643	\$ 43,643	\$ 46,262	\$48,575	\$8,601	21.52%	3.07%	\$ 51,247	\$331	0.67%	

### AAMC Southern Regional Average

<u>PGY</u>	<u>1998-99</u>	<u>1999-00</u>	<u>2000-01</u>	<u>2001-02</u>	<u>2002-03</u>	<u>2003-04</u>	<u>2004-05</u>	<u>2005-06</u>	1998-99 to	1998-99 to	Average	<u>Estimated</u>	<u>Estimated</u>
									<u>2005-06</u>	<u>2005-06</u>	<u>Annual</u>		
									<u>\$ Change</u>	<u>% Change</u>	<u>% Change</u>		
1	\$32,872	\$ 33,887	\$ 34,397	\$ 35,552	\$ 36,387	\$ 37,625	\$ 38,622	\$ 40,190	\$ 7,318	22.26%	3.18%	\$ 41,468	\$ 42,787
2	\$34,080	\$ 35,001	\$ 35,453	\$ 36,665	\$ 37,559	\$ 38,869	\$ 39,901	\$ 41,533	\$ 7,453	21.87%	3.12%	\$ 42,829	\$ 44,165
3	\$35,380	\$ 36,336	\$ 36,575	\$ 38,010	\$ 38,905	\$ 40,451	\$ 41,383	\$ 43,092	\$ 7,712	21.80%	3.11%	\$ 44,432	\$ 45,814
4	\$36,649	\$ 37,789	\$ 38,151	\$ 39,625	\$ 40,421	\$ 42,066	\$ 42,923	\$ 44,754	\$ 8,105	22.12%	3.16%	\$ 46,168	\$ 47,627
5	\$38,021	\$ 39,133	\$ 39,565	\$ 41,223	\$ 42,132	\$ 43,249	\$ 44,496	\$ 46,363	\$ 8,342	21.94%	3.13%	\$ 47,814	\$ 49,311
6	\$39,394	\$ 40,581	\$ 40,946	\$ 42,167	\$ 43,881	\$ 44,415	\$ 45,891	\$ 47,910	\$ 8,516	21.62%	3.09%	\$ 49,390	\$ 50,916

1. The AAMC regional averages are available through 2005-06. Table 5, Mean Housestaff Stipends is used from the AAMC Survey of Housestaff Stipends, Benefits and Funding, Autumn 2005.
2. The AAMC averages for 2006-07 and 2007-08 are estimated by adding the average increase from 1999-00 to 2005-06 to the 2005-06 regional average.
3. The proposed MEC scale for FY 2007-08 is a 5.5% increase over the current fiscal year.

## Historical MEC Stipend Levels

	HO I	HO II	HO III	HO IV	HO V	HO VI
1979-80	\$13,193	\$13,941	\$14,680	\$15,433	\$16,106	\$ -
1980-81	\$14,097	\$14,891	\$15,716	\$16,593	\$17,273	\$ -
1981-82	\$15,024	\$15,804	\$16,695	\$17,520	\$18,475	\$ -
1982-83	\$16,866	\$17,807	\$18,716	\$19,656	\$20,457	\$20,932
1983-84	\$16,866	\$17,807	\$18,716	\$19,656	\$20,457	\$20,932
1984-85	\$16,866	\$17,807	\$18,716	\$19,656	\$20,457	\$20,932
1985-86	\$16,866	\$17,807	\$18,716	\$19,656	\$20,457	\$20,932
1986-87	\$17,709	\$18,697	\$19,652	\$20,639	\$21,480	\$21,979
1987-88	\$17,709	\$18,697	\$19,652	\$20,639	\$21,480	\$21,979
1988-89	\$20,507	\$21,651	\$22,757	\$23,900	\$24,874	\$25,452
1989-90	\$21,327	\$22,517	\$23,667	\$24,856	\$25,869	\$26,470
1990-91	\$21,385	\$22,579	\$23,732	\$24,926	\$25,941	\$26,543
1991-92	\$28,070	\$27,240	\$28,427	\$29,598	\$30,833	\$31,693
1992-93	\$28,000	\$29,000	\$30,000	\$31,000	\$32,000	\$33,000
1993-94	\$29,120	\$30,160	\$31,220	\$32,240	\$33,280	\$34,320
1994-95	\$29,877	\$30,944	\$32,032	\$33,078	\$34,145	\$35,212
1995-96	\$29,877	\$30,944	\$32,032	\$33,078	\$34,145	\$35,212
1996-97	\$29,877	\$30,944	\$32,032	\$33,078	\$34,145	\$35,212
1997-98	\$31,045	\$32,133	\$33,379	\$34,803	\$36,092	\$37,614
1998-99	\$33,132	\$34,107	\$35,352	\$36,781	\$38,048	\$39,712
1999-00	\$33,351	\$34,332	\$35,585	\$37,024	\$38,299	\$39,974
2000-01	\$35,352	\$36,392	\$37,720	\$39,245	\$40,597	\$42,372
2001-02	\$36,413	\$37,484	\$38,852	\$40,422	\$41,815	\$43,643
2002-03	\$36,413	\$37,484	\$38,852	\$40,422	\$41,815	\$43,643
2003-04	\$36,413	\$37,484	\$38,852	\$40,422	\$41,815	\$43,643
2004-05	\$36,413	\$37,484	\$38,852	\$40,422	\$41,815	\$43,643
2005-06	\$38,598	\$39,733	\$41,183	\$42,847	\$44,324	\$46,262
2006-07	\$40,528	\$41,720	\$43,242	\$44,989	\$46,540	\$48,575

\*Does not reflect fellow stipends



# MEDICAL EDUCATION COMMISSION RECOMMENDATIONS

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

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

## II. Long-term: Institutional Commitment:

- 1) The success of the arrangements between sponsoring institutions and the affiliated state public hospitals and clinics require continuity, stability, and commitment. Continued reciprocal support among academic institutions and the Health Care Services Division (HCSD) must be ongoing. State fund reductions on occasion in some years for the public hospitals have made serious difficulties, including making stable plans.
- 2) The number of patients in the hospitals is large and diverse, and provides a significant opportunity for the number of physicians currently participating in GME within present accreditation standards. The importance of flexibility in management of GME programs at teaching hospitals is emphasized, and has become profoundly important after Katrina. Decreasing numbers in GME programs occurred. Major geographic and public/private hospital shifts saved the day. More changes will occur as reconstruction takes place, and will require attention to accreditation regulations

## Workforce Planning:

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

### **III. Annual:**

- 1) An annual GME stipend increase each fiscal year, indexed to the COTH Southern Regional Average, is essential. A documented request is made for next year 2007-2008. The incorporation of these requests into the budget cycle of the State Public Hospitals is necessary.
- 2) Assurances for the resident match program filled positions is important in timing and continuity of funding, and in rebuilding after the storm.
- 3) Adequate funds to support the State teaching hospitals in their educational mission is essential. This takes on new significance after Katrina, because of such devastating damage.
- 4) Present contracts and current working arrangements are in place but may require revisions.

### **IV. Recruitment:**

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

### **V. Communication:**

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