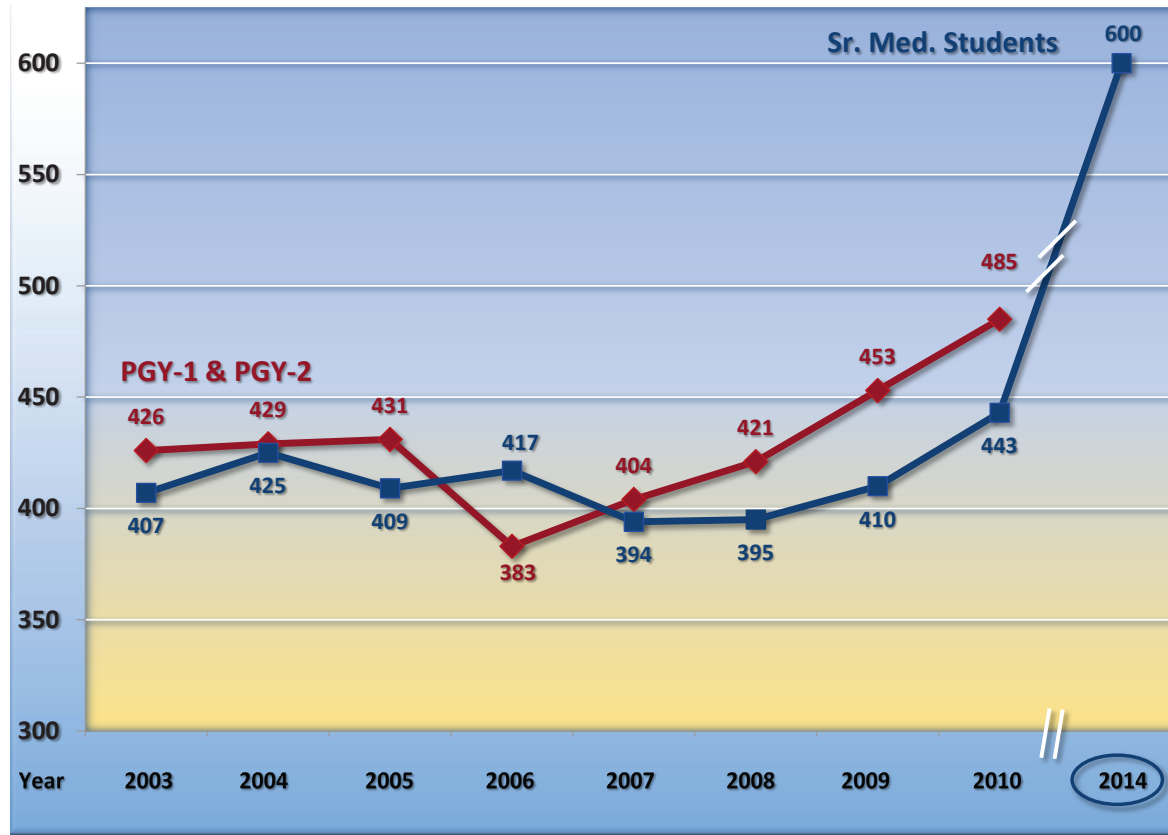


# The Medical Education Commission

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



**Thirteenth Annual Report: 2010**



*State of Louisiana*



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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



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

November 12, 2010

Dear Secretary Greenstein:

The Medical Education Commission has compiled this Thirteenth Annual Report 2010. 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 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 promote a partnership of understanding and trust focused on GME activity in our Teaching Hospitals.

The Commission reports the multiyear changes in data on GME before and after the biggest traumatic event ever in Louisiana – Katrina, impacting health care workforce. 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 the storm 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. This plan continues and is featured in this report; increases in Louisiana medical students are underway, more GME slots are needed, and recovery from Katrina requires more residents and fellows 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 restitution of Medical School and GME numbers continues to progress in the right direction for our state's benefit; however, vigilance is required to ensure that we continue to respond to the physician shortages, in the United States and 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

# ANNOUNCEMENT

**THE MEDICAL EDUCATION COMMISSION HAS ADDED TO THIS 2010 ANNUAL REPORT PRESENTATIONS. THE 2010 COMPREHENSIVE FTE ANNUAL DATA WILL BE PUT ON THE WEBSITE. THIS REPORT AND PRIOR PUBLICATIONS ARE AVAILABLE ON THE LSUHSC WEBSITE AT [WWW.LSUHSC.EDU/NO/MEC](http://WWW.LSUHSC.EDU/NO/MEC). 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.lsuhs.edu/no/mec](http://www.lsuhs.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) 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.
- 2) 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
- 3) 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
- 4) 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
- 5) 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.
- 6) 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.
- 7) 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.
- 8) 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.
- 9) 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.
- 10) 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 2010

**T**he Thirteenth 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 planned 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 twelfth 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 and recovery process based on Katrina; we need to catch- up again.

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, 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 2010 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.  
lbaker@lsuhsc.edu*

# **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. A recent positive event, the signing of the memorandum of understanding (MOU), is key to building the new University Hospital to replace the former Charity Hospital and to realizing its' potential as a world class academic medical center.

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 differences with recovery so far, 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 Thirteenth 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, 2010. The issues raised by collecting and reviewing the data from many sources are ongoing concerns of the Medical Education Commission, i.e. recovery and reconstruction, education, primary care, workforce and workload, resident hours, distribution and funding. The main information on total and primary



## **GME IN LOUISIANA - EXECUTIVE SUMMARY**

*(continued)*

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 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:**

<b>First Report Dates</b> July 30, 1997 August 27, 1997 October 1, 1997 November 19, 1997	<b>Second Report Dates</b> January 21, 1998 February 10, 1998 March 23, 1998 June 9, 1998 July 30, 1998 August 26, 1998 September 30, 1998 November 4, 1998	<b>Third Report Dates</b> March 2, 1999 May 6, 1999 August 17, 1999 September 28, 1999	<b>Fourth Report Dates</b> January 25, 2000 March 29, 2000 May 30, 2000 August 22, 2000	<b>Fifth Report Dates</b> April 24, 2001 July 12, 2001 December 17, 2001
<b>Sixth Report Dates</b> January 28, 2002 July 22, 2002 October 28, 2002	<b>Seventh Report Dates</b> January 28, 2003 July 29, 2003 August 26, 2003	<b>Eighth Report Dates</b> May 11, 2004 September 27, 2004 November 23, 2004	<b>Ninth Report Dates</b> December 15, 2005* June, 2006* July 24, 2006	<b>Tenth Report Dates</b> September 6, 2007 May 21, 2007
<b>Eleventh Report Dates</b> October 6, 2008 June 3, 2008	<b>Twelfth Report Dates</b> April 6, 2009 October 5, 2009	<b>Thirteenth Report Dates</b> September 16, 2010		

\*Telephone Conferences

# **MEDICAL EDUCATION COMMISSION**

## **THE MATCH**

The success of the 2010 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 six 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.

### **2010 RESULTS AND TRENDS**

The results of the 2004 to 2010 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 2010. Present numbers are better than the 10 year average.

## **MEDICAL EDUCATION COMMISSION - THE MATCH 2010**

*(continued)*

2010, significantly noticeable after Katrina and Rita in 2005, showed continuing recovery, showing increases compared with past years; however, a PGY-2 deficit remains.

Total LA PGY-1 slots filled (461) post “scramble” were back up. PGY-2 recruitment in the NMRP match was up to 24 for a grand total of 485 for 2010.

The number of graduating seniors in Louisiana from its three medical schools increased to 443, drawing ahead of past totals.

Of these 443 graduates, 232 were retained in GME slots in LA. Moreover, 228 additional USMG’s and IMG’s were recruited, similar to last year.

Of interest is that the PGY-1 places (about 461 slots) offered are now more than the number of senior graduates, and the graduating seniors leaving (210) are about equally replaced (228) 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)*

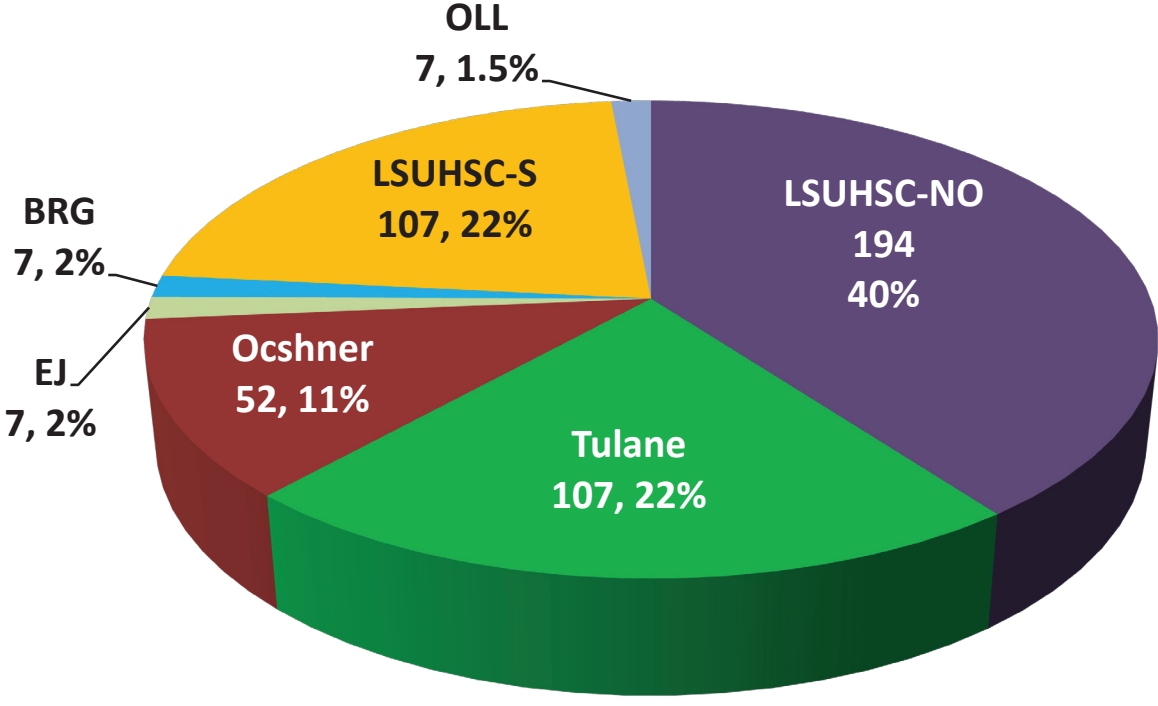
### **OBSERVATIONS ON MATCH - STATE OF LOUISIANA - 2010**

1. Full after the Scramble – 100% slots matched!
2. Total number of PGY-1 increased to 461  
PGY-2 increased to 24  
Total both increased 485
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 2010

Medical Students	PROGRAM	First Year Filled Positions (PGY-1)				Second Year Filled Positions (PGY-2)		
	PGY-1	QUOTA 2010	FILLED	OPEN	TOTAL	QUOTA 2010	FILLED	OPEN
165	<b>LSUHSC-New Orleans</b>	120	120	0	120	8	8	0
	Earl K. Long	38	38	0	38			
	UMC	16	16	0	16			
	Lake Charles	8	8	0	8			
	Bogalusa	4	4	0	4			
	<i>Subtotal</i>	186	186	0	186			
107	<b>LSUHSC-Shreveport</b>	87	87	0	87	4	4	0
	N. Caddo	2	2	0	2			
	E.A. Conway	8	8	0	8			
	Alexandria	6	6	0	6			
	<i>Subtotal</i>	103	103	0	103			
	<i>LSUHSC TOTAL</i>	289	289	0	289	12	12	0
	Leonard J. Chaubert	5	5	0	5			
171	<b>Private</b>							
	Tulane	94	95	0	95	12	12	0
	Ochsner	52	52	0	52			0
	Baton Rouge General	7	7	0	7			
	East Jefferson	7	7	0	7			
	Our Lady of the Lake	6	6	0	6			
	<i>Private Total</i>	166	167	0	167			
	<i>PGY-1</i>	460	461	0	461			
<i>PGY-2</i>	24	24	0		24	24	0	
443	<i>Total PGY-1 &amp; PGY-2</i>	484	485	0				

# MATCH-FILLED POSITIONS 2010 PGY-1 AND PGY-2



**Filled Total**  
**\*485**

\*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 2010**  
**AFTER THE SCRAMBLE**  
**FAMILY MEDICINE-LOUISIANA**

	Quota	Match	Scramble	Total
LSUNO	6	4	2	6
UMC	7	5	2	7
LAKE CHARLES	8	8	0	8
BOGALUSA	<u>4</u>	<u>2</u>	<u>2</u>	<u>4</u>
	25	18	7	25
LSU-SHR	6	2	4	6
FM – N. CADDO	2	1	1	2
EMS – FM	2	2	0	2
ALEX – RAPIDS	6	4	2	6
EAC	<u>8</u>	<u>8</u>	<u>0</u>	<u>8</u>
	24	17	7	24
LSU Combined	49	35	14	49
EJ	7	6	1	7
BRG	<u>7</u>	<u>6</u>	<u>1</u>	<u>7</u>
	63	47	16	63

# HOSPITAL/INSTITUTIONAL MATCH 2004-2010

## PGY-1 AND PGY-2

### SEVEN YEAR MATCH COHORTS SEQUENCE

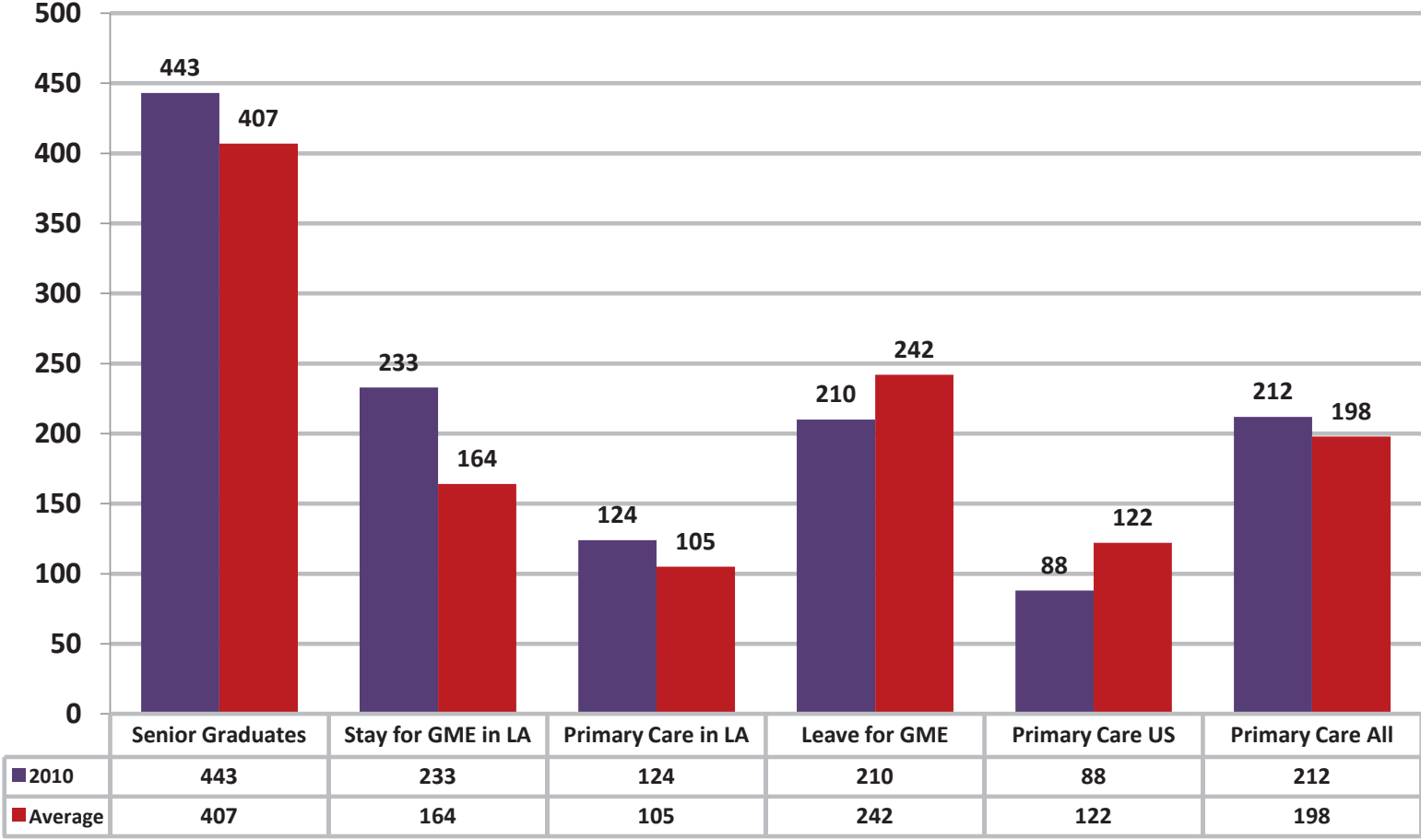
Med. School Senior Grads	Program	PGY-1 First Year Filled Positions						PGY-2 Second Year Filled Positions						TOTAL		
		2004	2005	2006	2007	2008	2009	2010	2004	2005	2006	2007	2008		2009	2010
165	<b>LSUHSC-New Orleans</b>	128	113	101	106	112	114	120	13	13	5	5	5	8	8	128
	Earl K. Long	27	26	27	34	35	34	38								
	UMC	16	15	17	18	14	16	16								
	Lake Charles	5	6	6	5	4	8	8								
	Bogalusa						3	4								
	<i>Subtotal</i>	169	160	151	163	165	175	186								194
107	<b>LSUHSC-Shreveport</b>	63	74	81	84	79	90	87	2	3	3	3	4	3	4	93
	N. Caddo	2	2	2	2	1	2	2								
	E.A. Conway	8	8	8	8	8	8	8								
	Alexandria	6	5	5	4	5	6	6								
	<i>Subtotal</i>	79	89	96	98	93	106	103								107
	<i>LSUSHC Total</i>	248	249	247	261	258	281	289	16	16	8	8	9	11	12	301
	Leonard J. Chaubert						5	6							5	
171	<b>Private</b>															
	Tulane	94	94	54	66	84	89	95	11	11	7	5	6	6	12	107
	Ochsner	47	47	52	48	50	51	52								52
	Baton Rouge General	8	8	7	8	8	4	7								7
	East Jefferson	6	6	8	6	6	6	7								7
	Our Lady of the Lake							6								
	<i>Private Total</i>	155	155	121	128	148	150	166	11	11	7	7	6	6	12	
	<i>PGY-1</i>	403	404	368	389	406	436	461								179
<i>PGY-2</i>	26	27	15	15	15	17	24	26	27	15	15	15	17	24		
<i>Total PGY-1 &amp; PGY-2</i>	429	431	383	404	421	453	485								485	
<i>Change from Prior Year</i>		+2	-48	+21	+17	+32	+32		-1	-12	0	0	+2	+7		



## MATCH FILLED POSITIONS PGY-1 AND NEW PGY-2

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

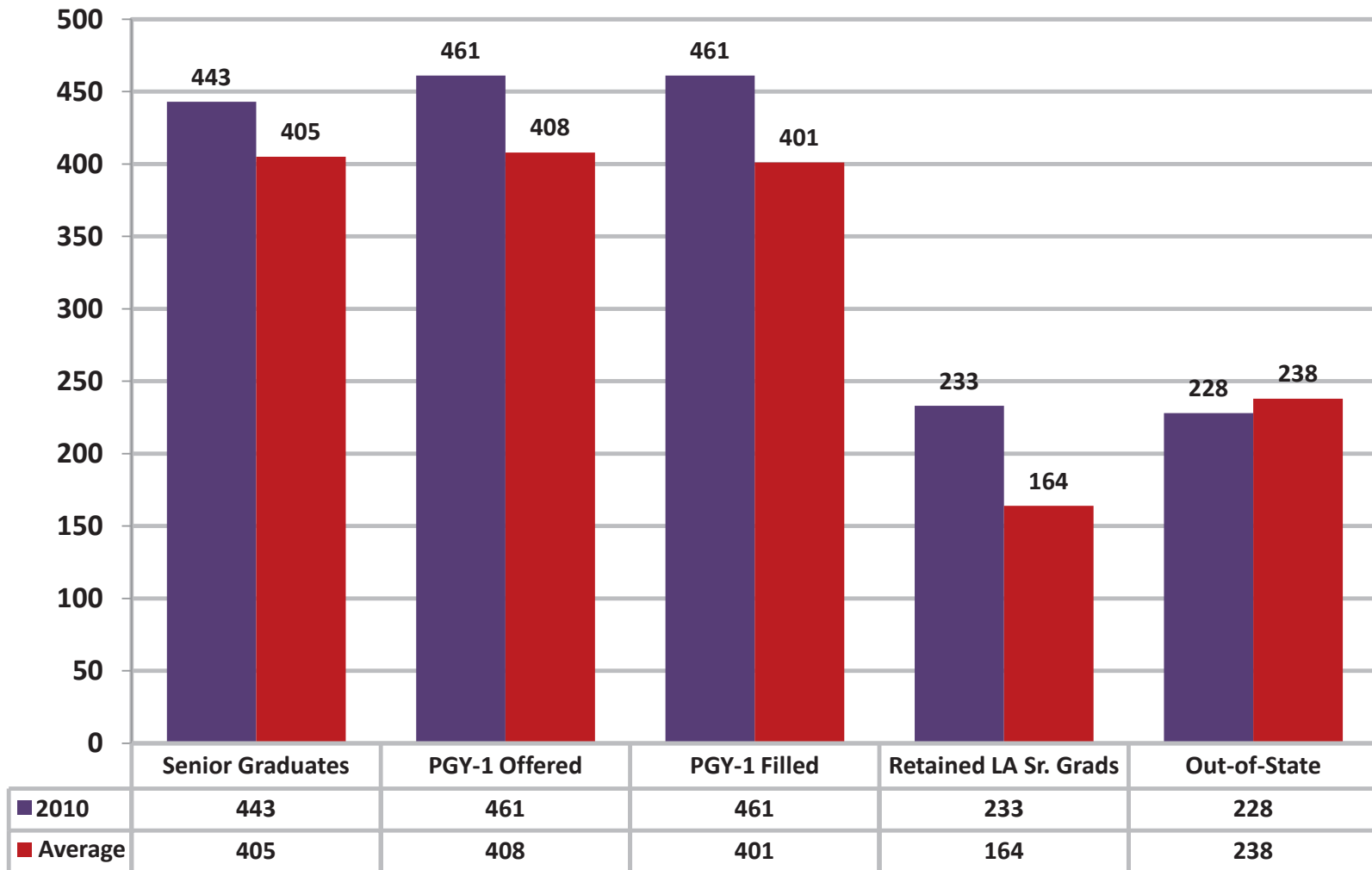
# MEDICAL MATCH TRENDS STATE OF LOUISIANA TOTALS 2010



## **MATCH TRENDS IN LOUISIANA 2010 FOR SENIOR GRADUATES AND NEW PGY-1 RESIDENTS**

<b>TOTALS</b>	<b>Graduates</b>	<b>in LA</b>	<b>in LA</b>	<b>GME</b>	<b>in US</b>	<b>All Total</b>
<b>1999</b>	<b>379</b>	<b>183</b>	<b>107</b>	<b>196</b>	<b>82</b>	<b>189</b>
<b>2000</b>	<b>420</b>	<b>181</b>	<b>116</b>	<b>239</b>	<b>150</b>	<b>266</b>
<b>2001</b>	<b>404</b>	<b>154</b>	<b>96</b>	<b>250</b>	<b>139</b>	<b>235</b>
<b>2002</b>	<b>401</b>	<b>169</b>	<b>108</b>	<b>232</b>	<b>131</b>	<b>239</b>
<b>2003</b>	<b>407</b>	<b>159</b>	<b>93</b>	<b>248</b>	<b>132</b>	<b>225</b>
<b>2004</b>	<b>425</b>	<b>174</b>	<b>112</b>	<b>251</b>	<b>119</b>	<b>231</b>
<b>2005</b>	<b>409</b>	<b>177</b>		<b>232</b>		
<b>2006</b>	<b>417</b>	<b>147</b>		<b>267</b>		
<b>2007</b>	<b>394</b>	<b>145</b>		<b>249</b>		
<b>2008</b>	<b>395</b>	<b>143</b>		<b>252</b>		
<b>2009</b>	<b>410</b>	<b>169</b>	<b>106</b>	<b>241</b>	<b>98</b>	<b>204</b>
<b>2010</b>	<b>443</b>	<b>233</b>	<b>124</b>	<b>210</b>	<b>88</b>	<b>212</b>
<b>Average 99-09</b>	<b>407</b>	<b>164</b>	<b>105</b>	<b>242</b>	<b>122</b>	<b>198</b>

## MATCH TRENDS IN LOUISIANA 2010 SENIOR GRADUATES AND PGY-1



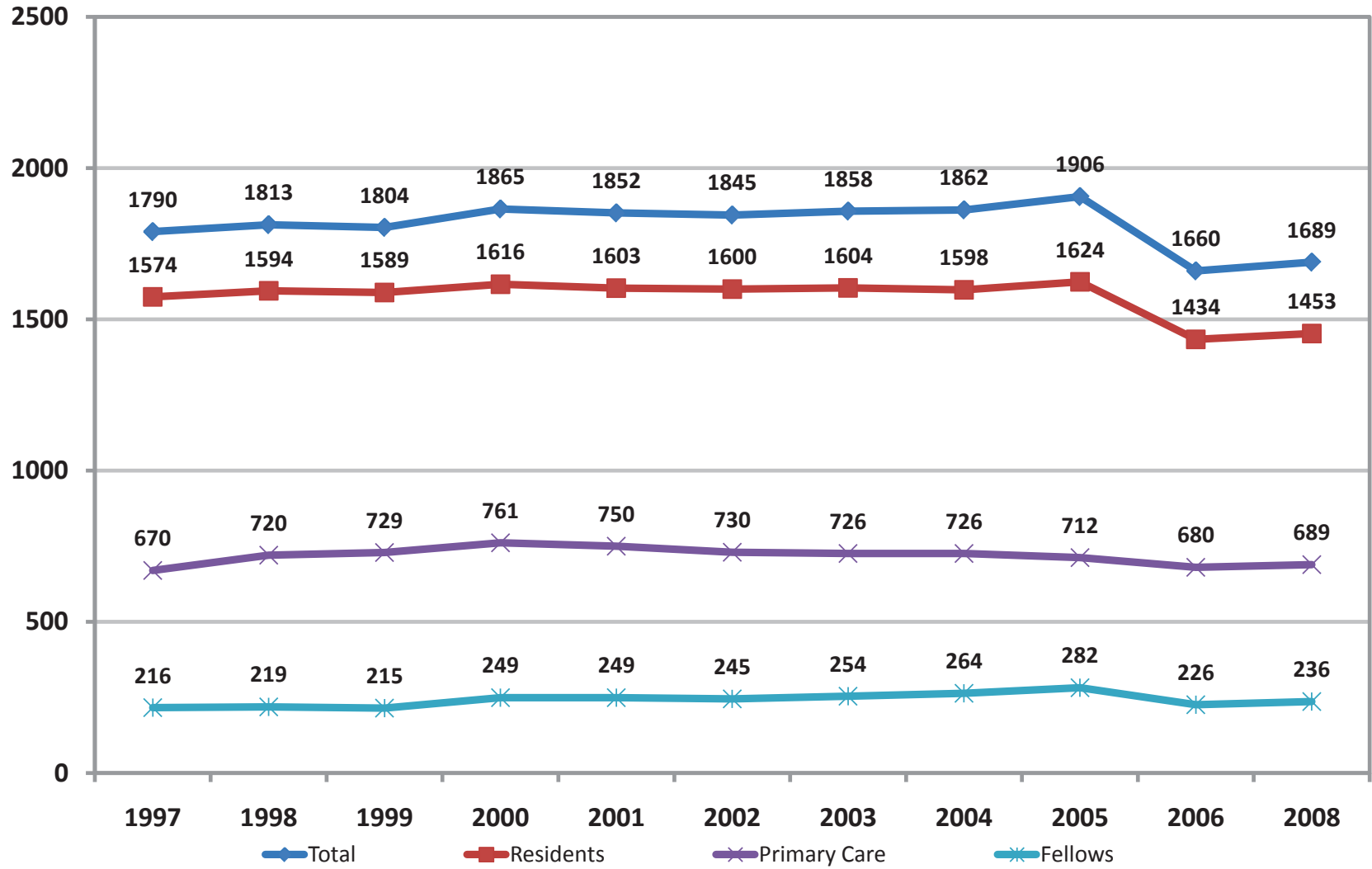
## **MATCH TRENDS IN LOUISIANA 2010 SENIOR GRADUATES AND PGY-1**

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

## **MEDICAL MATCH TRENDS LOUISIANA SENIOR GRADUATES 2010**

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

## LOUISIANA GME TRENDS 1997 TO 2008



# **PRIMARY CARE**

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

The Medical Education Commission (MEC) is concerned about the Graduate Medical Education (GME) component in Primary Care training programs and the special attention in Louisiana on supplying the physician workforce in primary care. The Academic Medical Centers and teaching hospitals have played the key role in expanding Primary Care. 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.

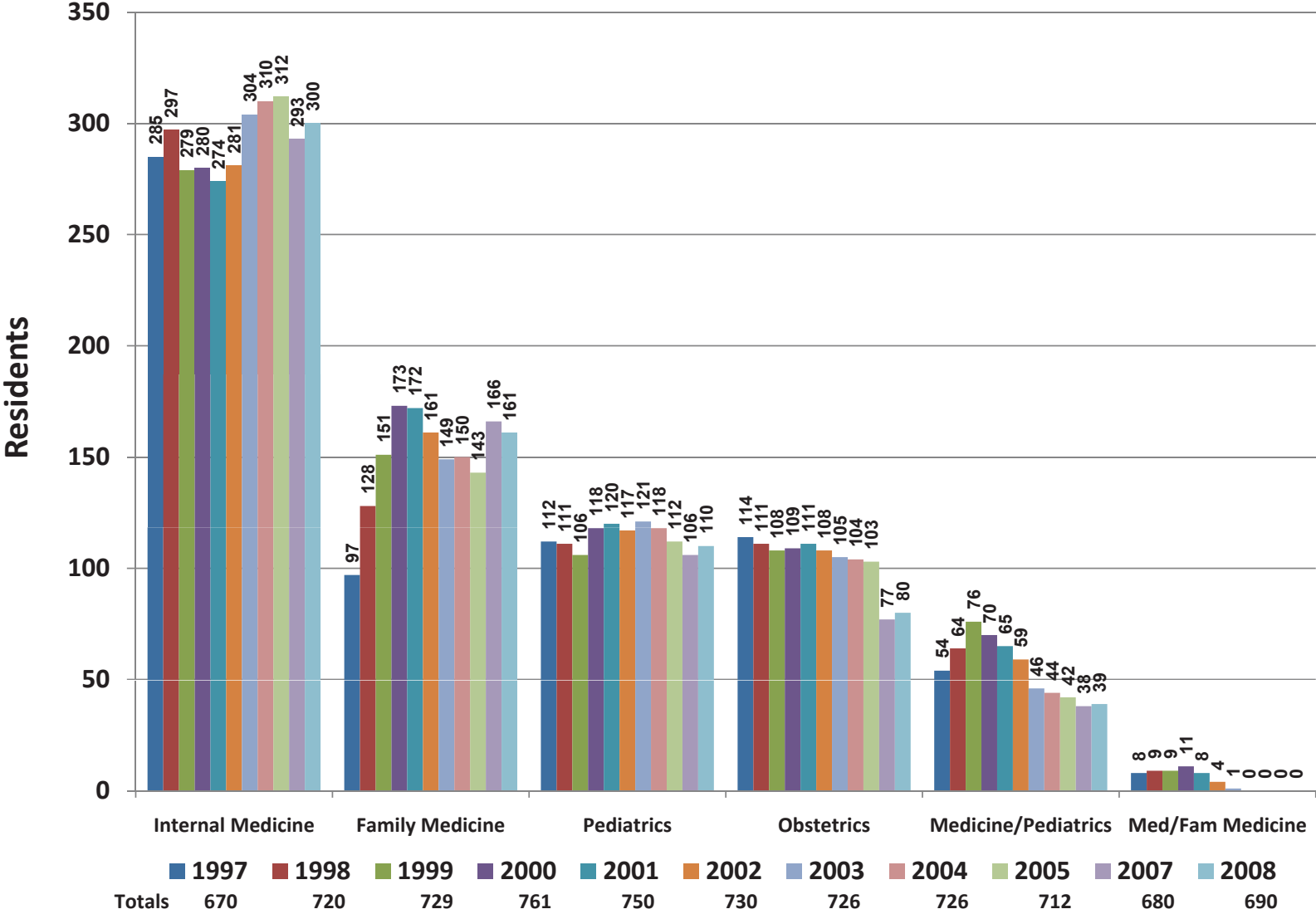
While General Internal Medicine, Pediatrics and Family Medicine have traditionally been considered to be primary care specialties, the definition of primary care is not simple. The distinctions are mixed in the patient care delivery process. Many specialties also deliver some primary care. The MEC has 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 2008



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

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

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

Katrina happened. 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.

# PHYSICIANS IN LOUISIANA 2003-2008

## AMA\*\* DATA PC&D KATRINA CATEGORICAL 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		
Inactive	974	1,104	1,169	1,214	1,254	1,327	+223		More Physicians are inactive
*****									
*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

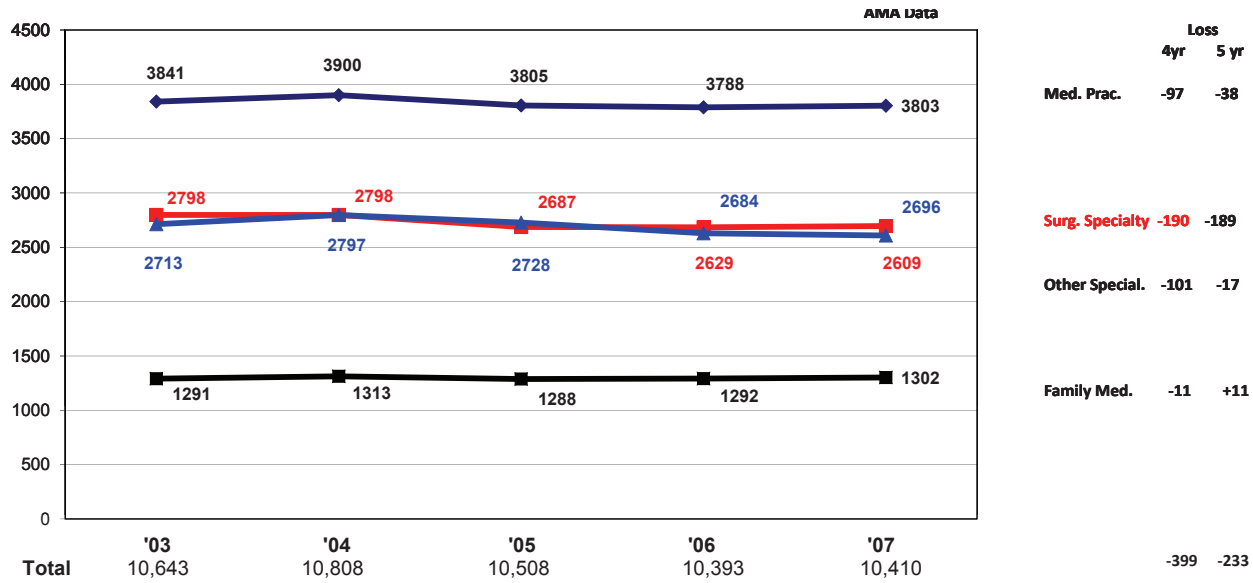
The Net Loss of Total Practicing Physicians

The Net Loss of GME is 1/2 of TPC. GME is almost all of net change except Surgery. About 300 GME were lost and 200 regained

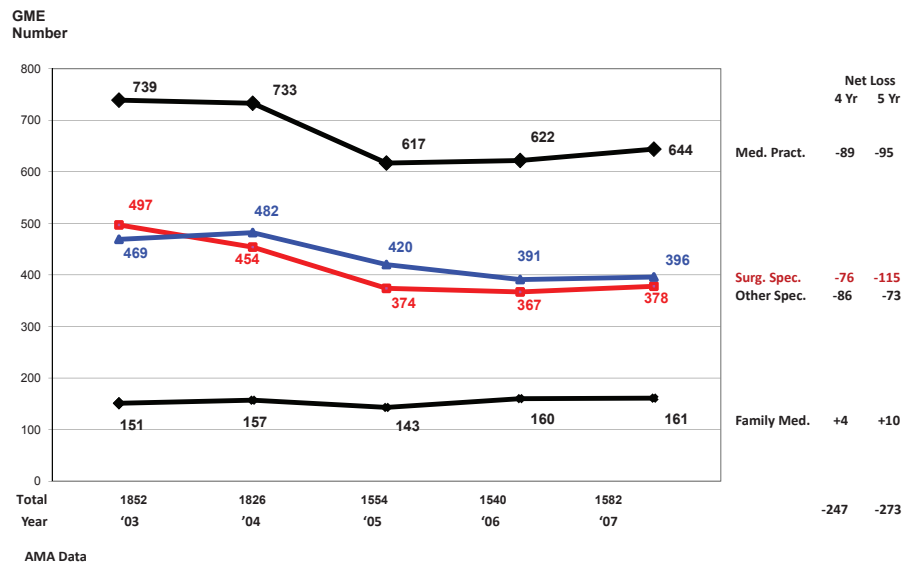
\*Note: Resident/Fellows number is within Total Patient Care numbers as is office based and Physician staff.

\*\*Physician Characteristics and Distribution<sup>-2003-2008</sup>

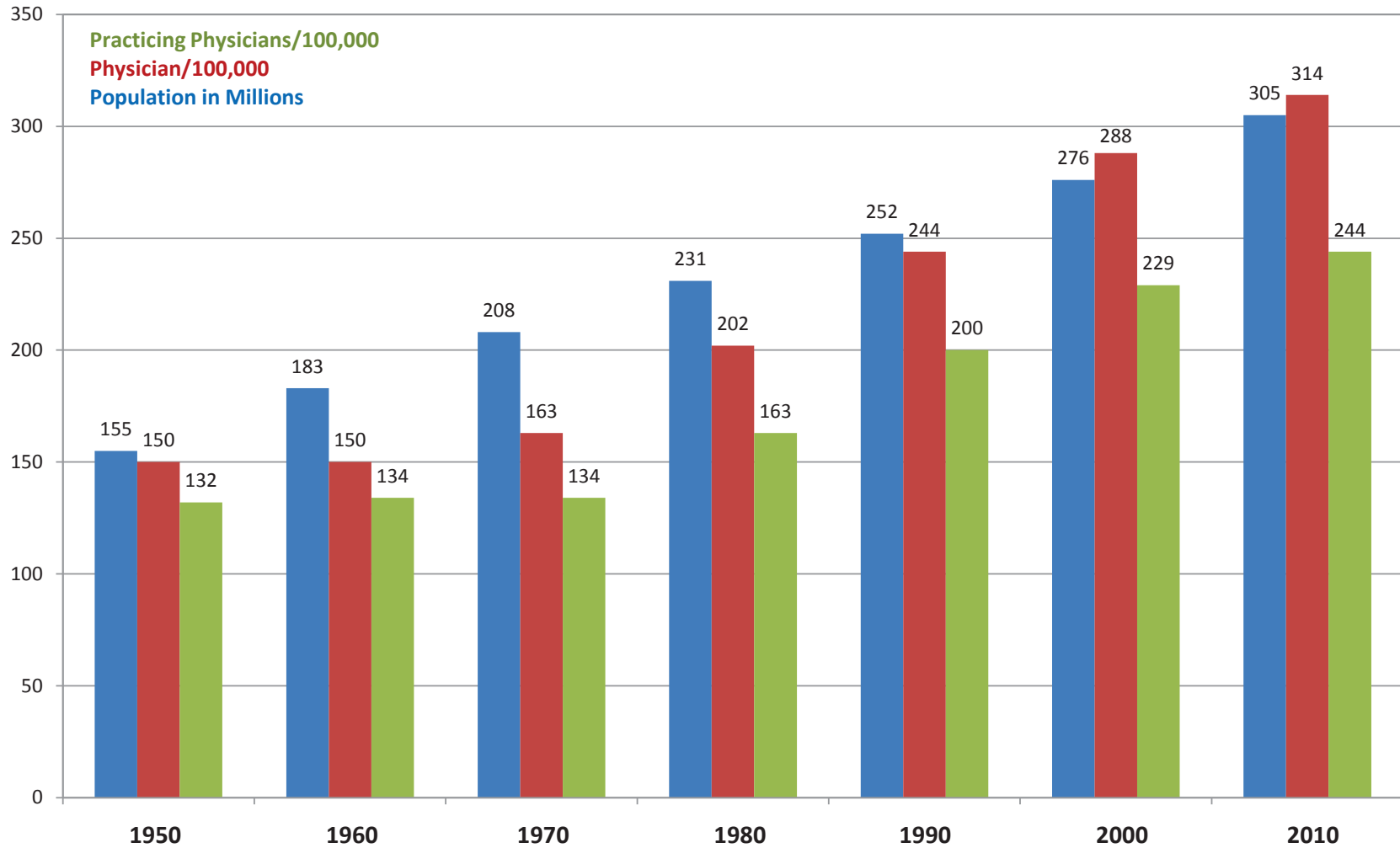
## 5 YEAR TOTAL PRACTICE (INCLUDING GME) REGARDING KATRINA



## 5 YEAR SPECIALTIES GME REGARDING KATRINA

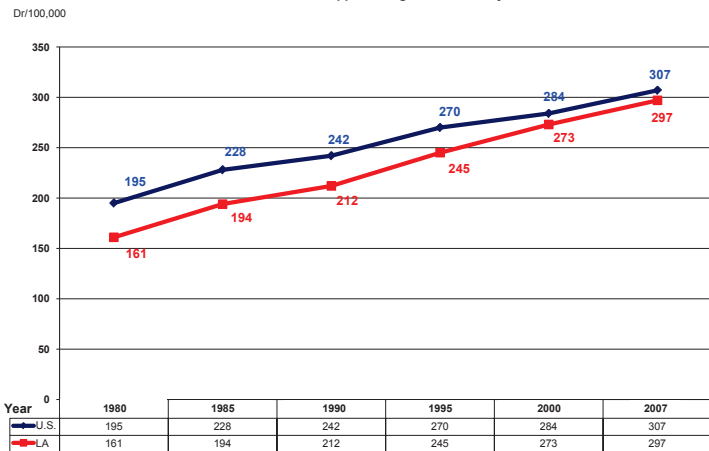


# US POPULATION IN MILLIONS AND PRACTICING PHYSICIANS PER 100,000: PARALLEL GROWTH OVER 60 YEARS

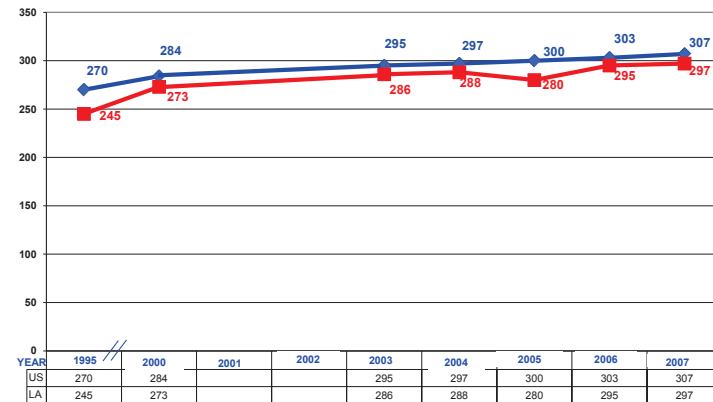


# PHYSICIAN POPULATION RATIOS

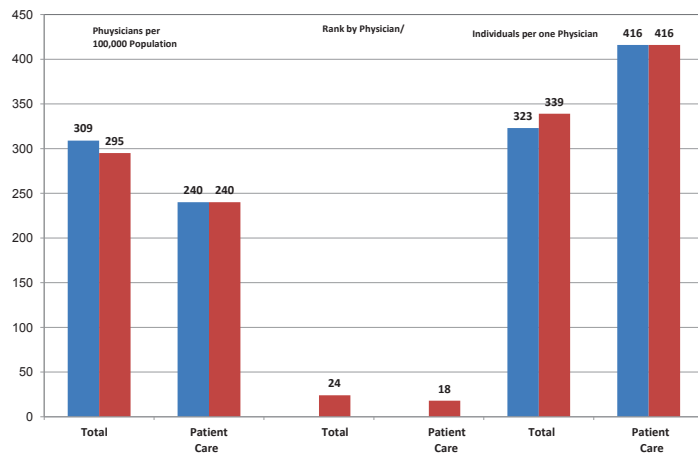
## 1980-2007 THE LOUISIANA RATIO IS APPROACHING THE US STEADILY



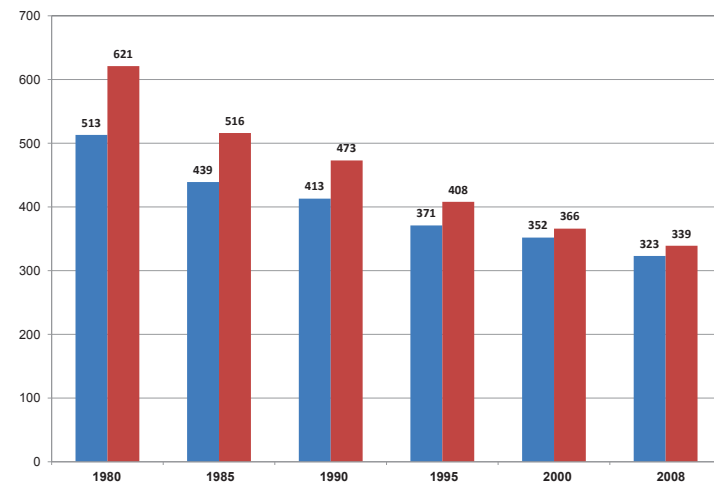
## 1995-2007 THE KATRINA DIP IN 2005, RECOVERY TO PRIOR LINE



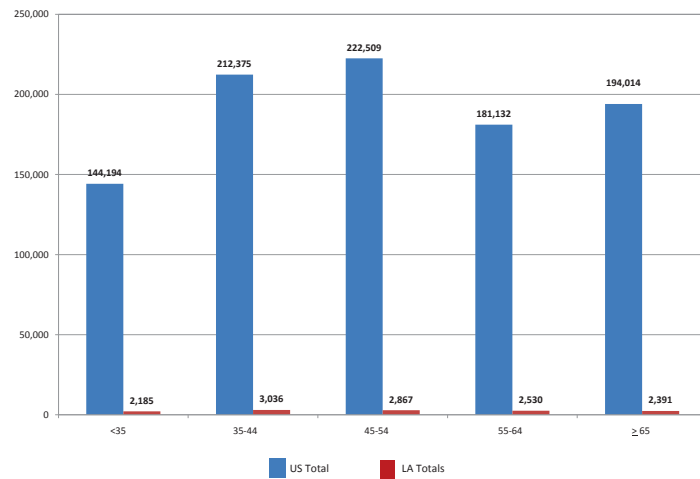
## US & LA PHYSICIAN/POPULATION RATIOS AND RANK - 2008



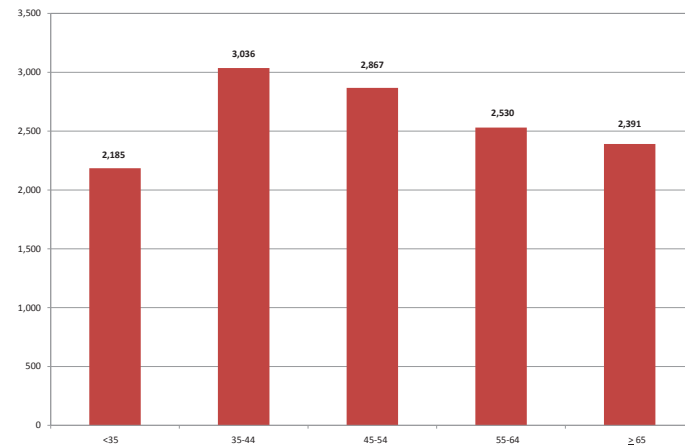
## US & LA POPULATION RATIOS PER ONE PHYSICIAN, 1980-2008



## TOTAL PHYSICIANS BY AGE AND STATE OF LOCATION - 2008

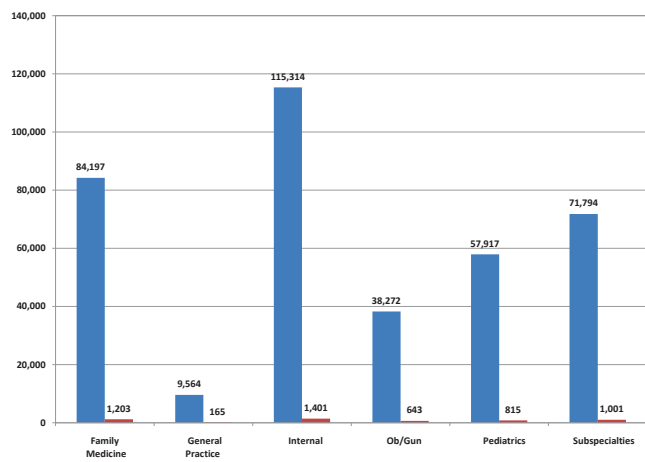


## LOUISIANA PHYSICIAN TOTALS BY AGE, 2008

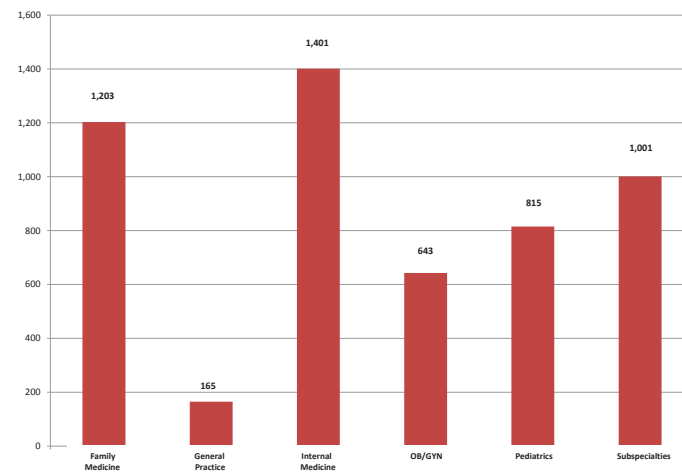




## TOTAL PHYSICIANS BY SELF-DESIGNATED PRIMARY CARE SPECIALTY - 2008



## LA TOTAL PHYSICIANS BY SELF-DESIGNATED PRIMARY CARE SPECIALTY - 2008



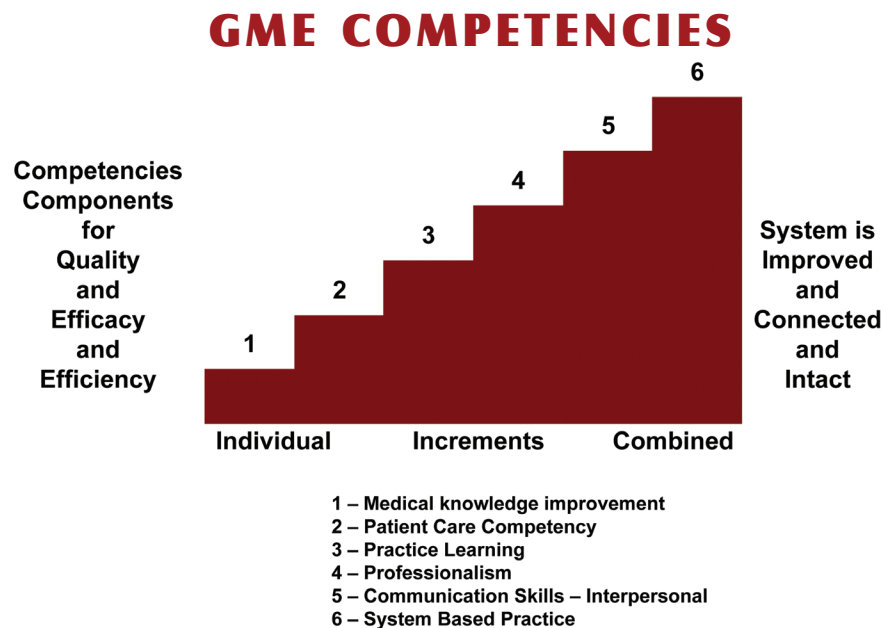
# WHAT IS THE ROLE OF GME IN THE US HEALTH CARE SYSTEM?

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.



# 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	Increase	Increase	Comment
A	Total # Medical Students	67,166	67,296	68,280	69,028	70,349	71,119	73,082	5,916	8.8%	Steady <u>Gain*</u>
B	# Added each year	-----	130	984	748	1,321	770	1,963	5,916		Start small
C	Avg. increment/yr		986/year 6 years =							1.5%/yr	About 20% of goal
D	**Total ÷ 4 (#/class)	16,791	16,824	17,070	17,257	17,587	17,780	18,445	1,621	9.6%	Formula is similar
*****											
E	GME total	99,964	101,291	103,106	104,897	106,012	108,176	109,840	9,876	9.9%	
F	# Added each yr	-----	1,327	1,815	1,773	1,333	2,164	1,664	9,876		Each year up but uneven
G	Avg. increment/yr		1,646/year for 6 years =							1.7%/yr	Remove <u>Cap*</u>
H	**GME total ÷ 4	24,991	25,323	25,777	26,220	26,503	27,044	27,460	2,470	9.9%	Approximation is close
I	PGY-1 No prior GME	22,444	22,788	23,325	23,587	23,759	24,560	25,075	2,631	11.7%	Filled positions
J	# Added each year		344	537	262	172	801	515	2,631		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					Must continue if full increase goal is met
			Average <u>Gap*</u> 6180 = steady/year								

\*JAMA September 23, 2009, Vol. 302, No. 10

\*\*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

# 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 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 the available specialty positions. Some will move into primary care, not necessarily their first choice. Since the physician shortage is and will be in both primary and specialty care, more GME positions in specialties will be necessary. As the number of PGY-1 open positions draws closer to the number of acceptable applicants, the spread of filled positions geographically will occur even more than now. More GME in the home state will help ameliorate some losses to other states at the GME level.

## **THE GAIN, THE CAP, AND THE GAP\***

*(continued)*

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.

Overall, in primary care, specialists, and other compartments, Louisiana matches up across the spectrum of GME; this pattern has evolved over considerable time with lots of input, evaluation and accreditation. Institutions change incrementally over time.

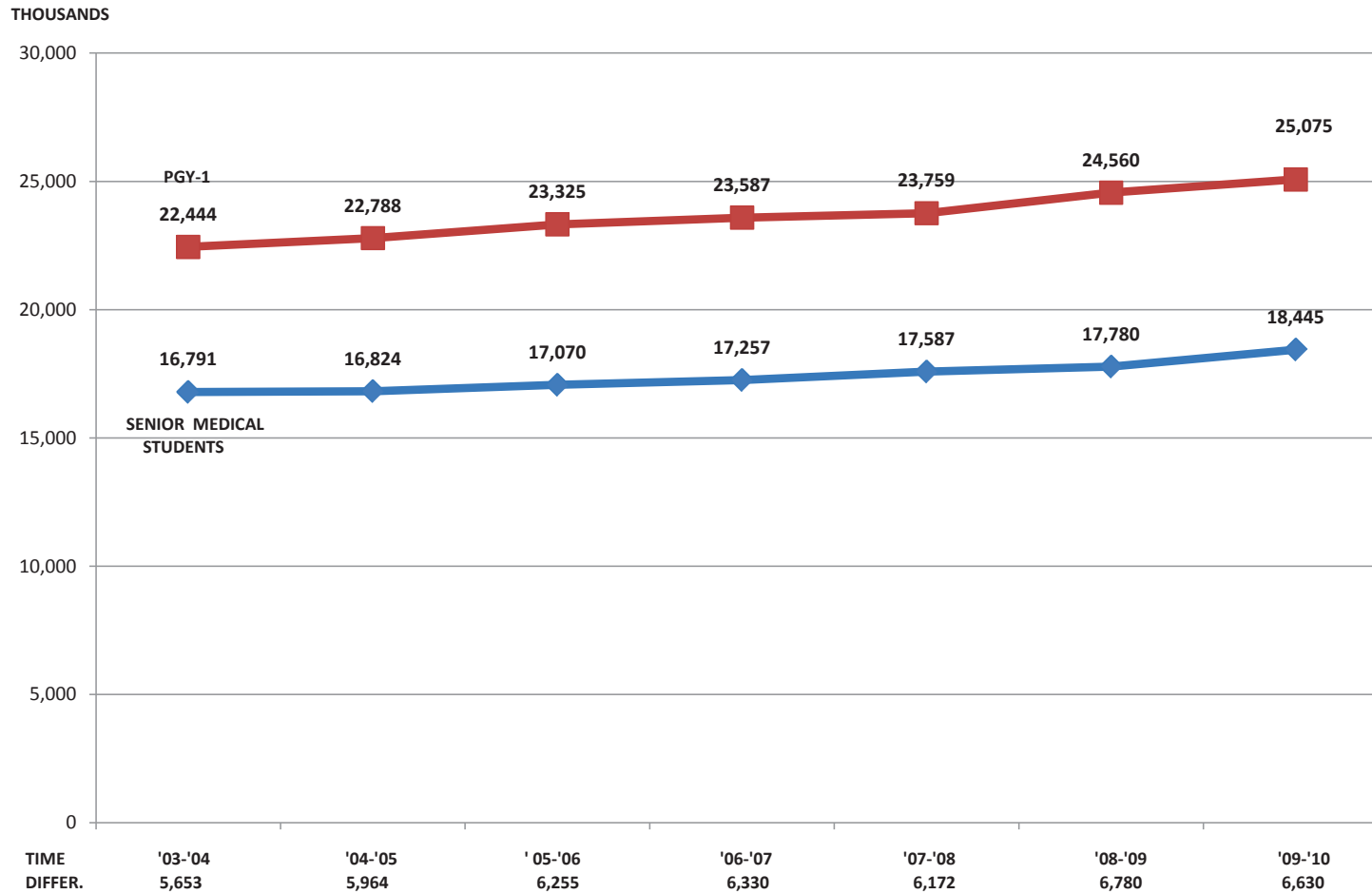
More specialists are needed as well as more primary care, based on all the matches, and increasing shortages in the U.S. These patterns are consistent over time, and changes of magnitude take a long time frame period (years up to 5 to 10 or more). All programs across the country must be accredited and repeatedly evaluated, and must be competitive in recruiting and retaining residents and fellows.

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**THE GAIN, THE CAP, AND THE GAP\***  
*(continued)*

**PARALLEL RISES IN THE US  
 SENIOR MEDICAL STUDENTS AND PGY-1  
 JAMA DATA OVER 7 YEARS**



## **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 2017. There must be a corresponding availability and/or expansion of GME to have a net gain of practicing physicians. The GME piece is very important, i.e. that is where specialty choices by graduating seniors and IMG's (International Medical Graduates) set the numbers and variety of specialists. The IMG's must be recruited in at least the same numbers and fill the various empty slots available to appreciate the overall increase in GME.

The two major events are 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.

# 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 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 is 20,000 from 100,000 to 120,000, an increase of 20%. The national increase in PGY-1, adding 5,000 to current level is 27,000, 19%. This is now underway in both the U.S. and in Louisiana. These increases will be the sum of the plans of the institutions in the state that produce medical students and have GME. National legislation will be required to lift the GME cap.

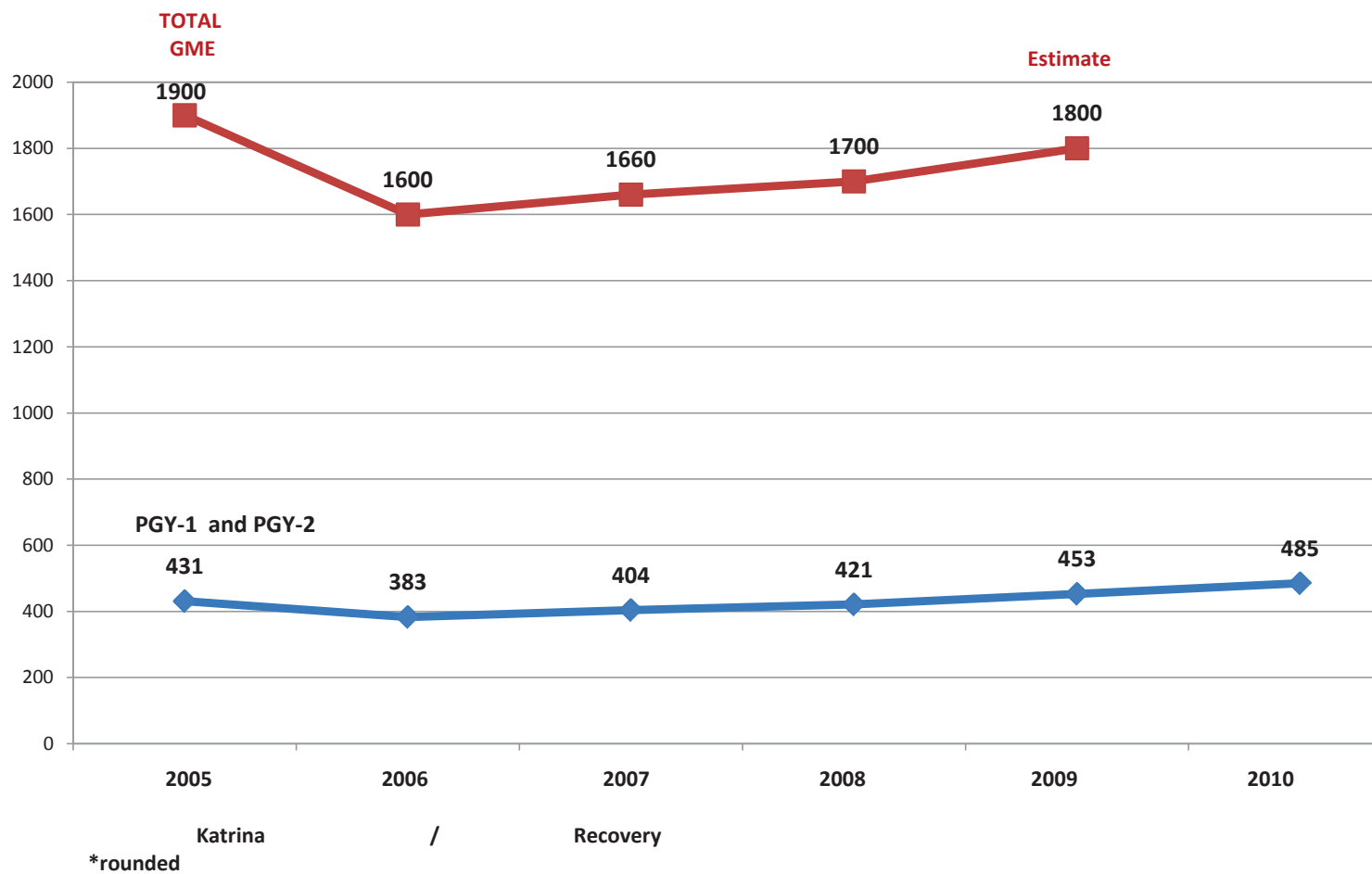
Louisiana should restore the GME total to pre-Katrina levels, (1906) and increase to meet the expected and planned U.S. increase. The graph base data shows the Louisiana GME plan to recovery and the U.S. track, adding 400 GME to 2100.

The early results are encouraging, if the agreed goal is more physicians for the State of Louisiana (LA). The medical schools in LA, all three, have expanded the number of students per class. LSU in New Orleans has added a rural track in medical school, above the usual 170 per year, based in Lafayette after basic sciences in New Orleans. Eventually this offers 20 to 30 additional per year, with an obligation to practice in LA. Tulane has increased class size after Katrina, to a new high of 185, an increase of about 35. LSU in Shreveport has enlarged to 118, a 10% increase. Ochsner is starting a Medical School in Australia, basic science 2 years in Brisbane, and the students taught their last 2 years in New Orleans. New Residency programs have begun in Bogalusa in Family Medicine and at Chaubert in Internal Medicine.

This will help meet the AAMC objective of 5000 additional graduating US senior applicants per year to GME. GME must go up accordingly. GME in Louisiana is recovering from Katrina; the line graphic depicts the actual and projected growth of medical students and GME in the U.S., and data at the base show 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 in reform approaches as well as post-K recovery.

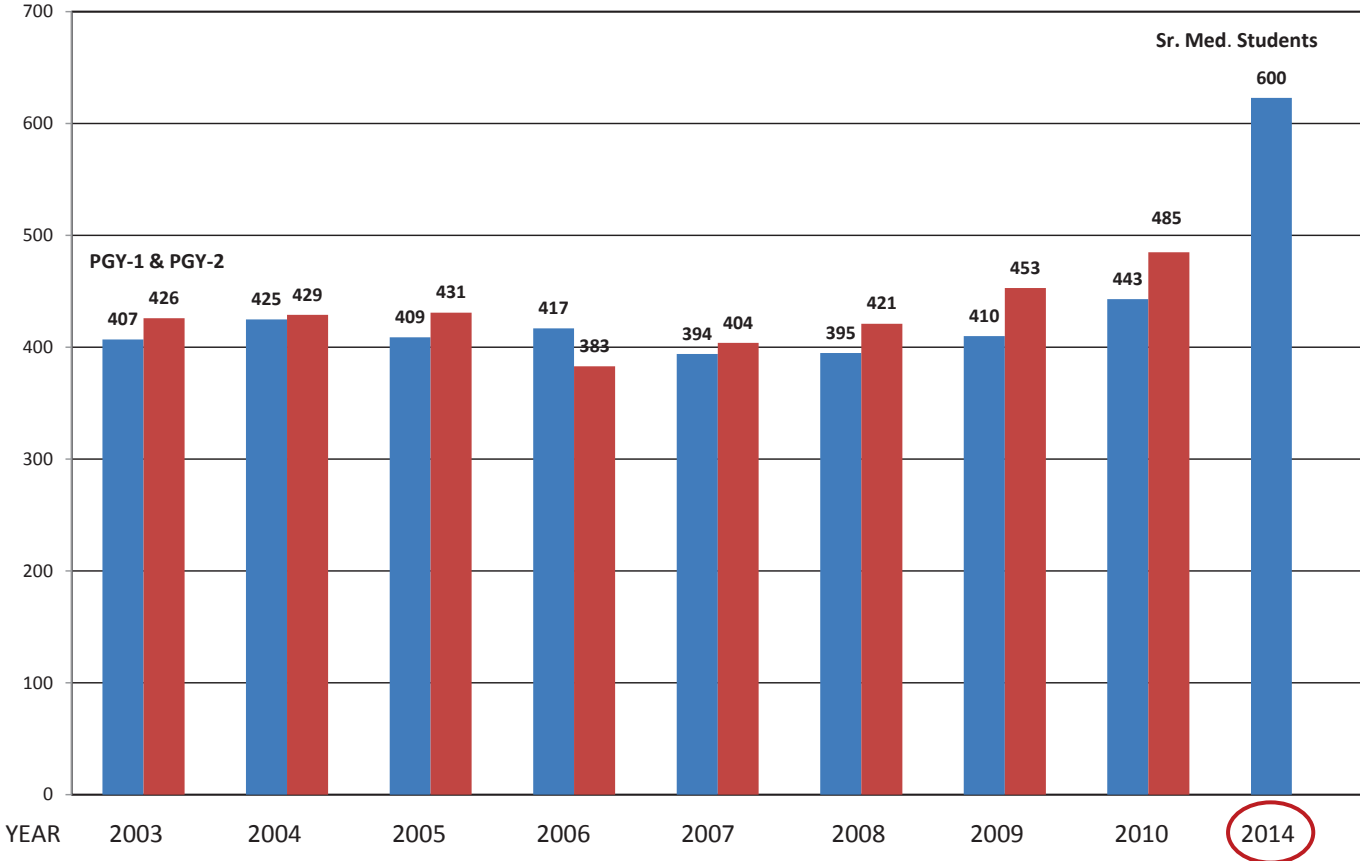


## GME AND MATCH: COMPARE TOTAL GME WITH PGY-1 AND PGY-2 IN THE MATCH 2005 - 2010



The graphic GME and NRMP Main Match 2009, (Chart 1) shows the reduction after Katrina and the slow but progressive recovery over 4 years. The match of 485 is above the pre-Katrina number and the average over 10 years. The NRMP main Match reflects only PGY-1 and PGY-2. The loss of fellows and other specialties was proportionately more than the traditional primary care residencies; and the recovery of fellowships and specialists is also slower. Some programs were lost completely, and these are taking the longest time to get back.

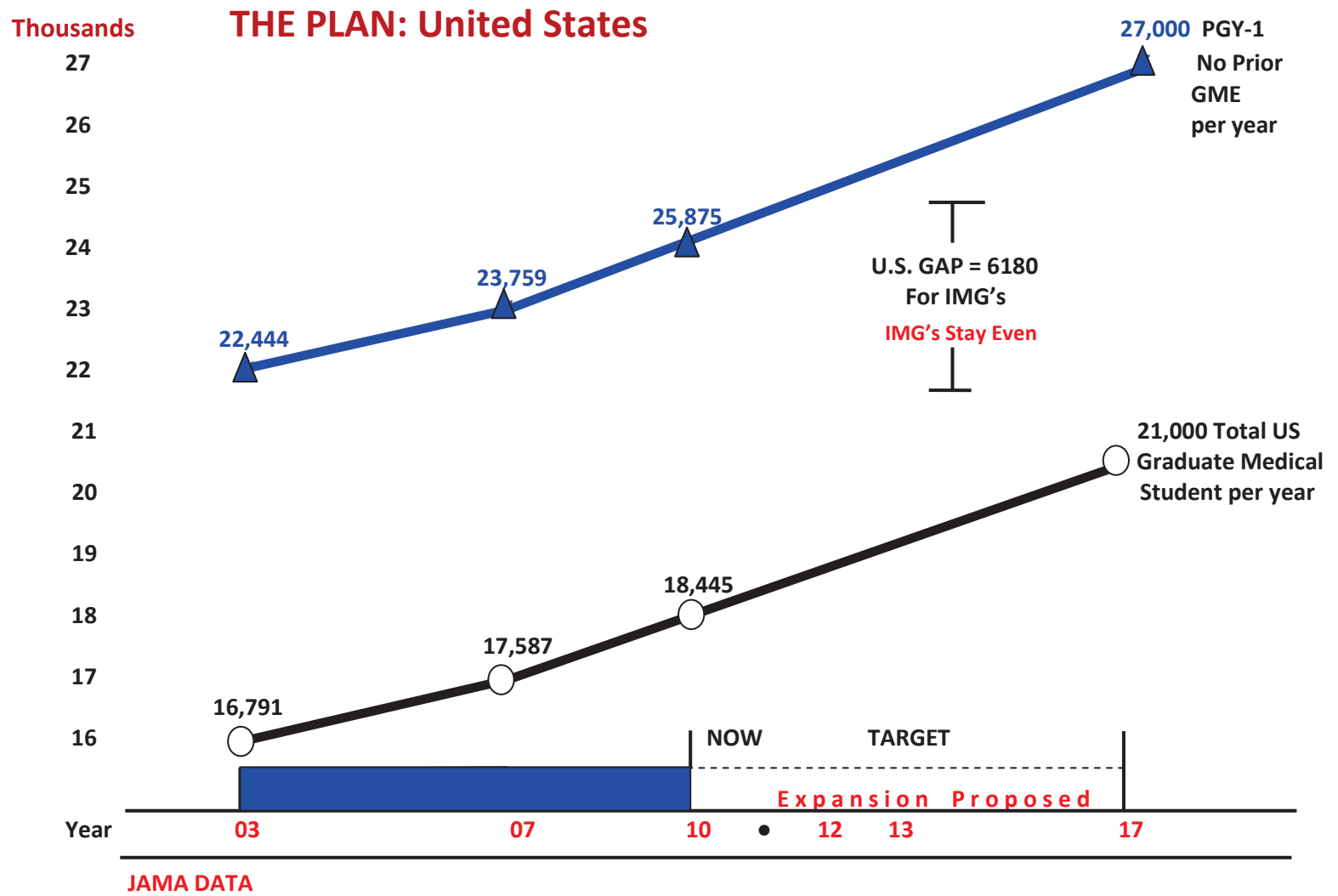
# THE NUMBERS OF SENIOR MEDICAL GRADUATES AND PGY-1 & PGY-2 FILLED SLOTS IN LOUISIANA



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

<u>Entering Medical School</u>	YEAR	<u>2005</u>	<u>2008</u>	<u>2010</u>	<u>2011</u>	<u>2017</u>	<u>% Increase</u>
LSU-NO		170	190		200		118%
LSU-SH		100	110		118		118%
Tulane		150	178		185		123%
Ochsner		<u>0</u>	<u>0</u>		<u>120</u>		
<b>Entering Class SUM</b>		<b>420</b>	478		<b>623</b>	623	148%
<hr/>							
<b>Medical School Graduates SUM</b>		<b>409</b>	395	443		600	147%
<hr/>							
<b>GME LA PGY-1</b>	<b>SUM</b>	<b>404</b>	406	461		525	130%
		<i>Average</i>	<i>Post Katrina</i>			<i>Proposed and Projected</i>	

# PHYSICIAN PIPELINE



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

## **ORAL AND MAXILLOFACIAL SURGERY (OMFS) RESIDENT AND GENERAL PRACTICE RESIDENT (GPR) ACTIVITIES FALL 2009**

### **ORAL AND MAXILLOFACIAL SURGERY RESIDENCY**

There are currently 22 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 6 non-categorical interns in a one year OMS program. They are funded by MCLANO (University Hospital) in New Orleans, Earl K. Long Memorial Hospital in Baton Rouge, and the University OMS at Charlotte North Carolina. Education/surgery experience for the residents occurs at LSUSD, LSUSM, and East Jefferson Hospital in Metairie, Children's Hospital in New Orleans, and the Williamson Clinic in Baton Rouge. The OMFS patient care provides experiences in Facial Trauma, Cosmetic Surgery, TMJ Reconstruction, Orthognathic and Cranial Facial Surgery, Oral and Maxillofacial Pathology and Reconstruction, and Dental Implants is at or exceeding CODA requirements.

### **GENERAL PRACTICE RESIDENCY**

The GPR program consists of 10 one year residents, 3 residents in the optional second year and 1 fellow 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 is currently housed in the East wing on the fourth floor. There are 8 chairs: 2 sedation rooms shared by both services; 2 have portable delivery systems for GPR and hygiene; 4 OMFS rooms and 1 shared by both services depending on schedule. There is also a functioning lab for basic work, a digital panorex, and two education rooms. Construction has begun on a much larger (5000 sq ft) interim clinic with projected opening in the spring of 2011.

2010. The clinic will have 14 rooms: 5 plumbed and wired for GPR/hygiene; 7 for OMFS and 2 surgical rooms with attached recovery area. In addition, there will be a fully functional lab for our CDT, conference room with distant learning

## **LSU SCHOOL OF DENTISTRY**

*(continued)*

capabilities; residents and faculty rooms wired for IT and lockers; and lounge, storage, etc. This clinic will be located outside the University Hospital on the Perdido St. entrance and will be connected to the hospital with internal access. Clinic numbers for both services are improving daily but are hampered by lack of clinical space.

EKL CLINIC - In Baton Rouge, Earl K. Long Hospital OMFS Clinic has been transferred to an ambulatory clinic at the Vista Surgery Center for OMFS/GPR to support residency programs with outpatient surgeries, consults and ambulatory procedures such as facial deformities and dental implants and other “elective” surgeries. Resident support in Baton Rouge is gained and monitored by LSU Faculty through the offices of OMFS Hornsby, Regan, Casadaban, and Towns. Dr. Jack Kent assumed the direction of the OMFS residents in Baton Rouge in September 2009.

# THE LOUISIANA STATE UNIVERSITY HEALTH SYSTEM – LSU HEALTH

The Louisiana State University Health System, known as LSU Health, has three distinct institutions: the Health Sciences Center in New Orleans, the Health Sciences Center in Shreveport, and the Health Care Services Division, headquartered in Baton Rouge.

The Health Sciences Center in New Orleans includes the following six schools: Medicine, Dentistry, Nursing, Allied Health Professionals, Graduate Studies and Public Health. LSUHSC in Shreveport includes three schools: Medicine, Allied Health and Graduate Studies, as well as LSU Hospital in Shreveport, E.A. Conway Hospital in Monroe and Huey P. Long Hospital in Pineville. LSU Health's Health Care Services Division (HCSD) includes: Earl K. Long Medical Center in Baton Rouge, LJ Chabert Medical Center in Houma, Lallie Kemp Medical Center in Hammond, Walter O. Moss Medical Center in Lake Charles, University Medical Center in Lafayette, Bogalusa Medical Center in Bogalusa and the LSU Interim Public Hospital in New Orleans.

LSU Health is a statewide, coordinated system of care that provides health care services to many special populations, including the low income uninsured, individuals on Medicaid and prisoners. Through its institutions and facilities, specialized care is provided to the entire population in the areas of trauma, burn care, psychiatric care and HIV. Additionally, major focus areas of LSU Health include medical education and research. LSU Health's public system of health care embodies appropriate, effective and compassionate care that is accessible, culturally sensitive, and affordable. In communities across the state, LSU Health is a valued partner in providing clinical care of the highest quality outcomes, conforming to evidence based standards of care and achieving high patient satisfaction levels.

LSU Health is a system of 10 hospitals statewide, over 500 associated clinics and 2 Health Science Centers. The following represents FY 2010 Facts on LSU Health:

- 1,384 Staffed beds
- 15,011 Employees
- 1,775 Residents and Fellows
- 3,896 Rotational Students
- 63,911 Admissions
- 2.1M Outpatient Visits
- 404,981 ER Visits
- 471,558 Unique Patients Served
- 3,463 FTE Student Enrollment

\$93.1 M Faculty Research – including clinical trials

## **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**



## MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS

	TOTAL	LSUNO	TULANE	OCHSNER
<b>Anesthesiology</b>	6.41	6.00		0.41
<b>Dermatology</b>	9.80	5.50	4.30	
<b>Dentistry</b>	5.00	5.00		
<b>Emergency Medicine</b>	27.60	27.60		
<b>Family Medicine</b>	1.00	1.00		
<b>Internal Medicine</b>	58.77	23.50	35.27	
- Allergy & immunology	0.37	0.10	0.27	
- Cardiology	12.06	5.70	6.36	
- Dermatology	1.40	1.40		
- Endocrinology	0.31		0.31	
- Gastroenterology	4.90	2.20	2.70	
- Hematology & Oncology	3.00		3.00	
- Interventional Cardiology	1.00	1.00		
- Infectious Disease	6.48	2.40	4.08	
- Nephrology	3.36	1.90	1.46	
- Pulmonary Disease & Critical Care	6.22	3.90	2.32	
- Rheumatology	3.00	3.00		
<b>Neurology</b>	8.48	6.10	2.38	
<b>Neurology Fellows</b>	3.20	3.20		
- Pediatric Neurology	0.30	0.30		
<b>Neurosurgery</b>	4.15	2.40	1.75	
<b>Obstetrics &amp; Gynecology</b>	25.44	17.70	7.74	
<b>Ophthalmology</b>	6.55	3.50	3.05	
- Retina	1.50	1.50		
<b>Oral Surgery</b>	14.90	14.90		
<b>Orthopedic Surgery</b>	15.04	8.80	6.24	
<b>Otorhinolaryngology</b>	1.60	0.60	1.00	

## MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS

(continued)

<b>Pathology</b>	6.30	6.30		
<b>Pediatrics</b>	3.29	2.40	0.89	
- Allergy & Immunology	0.50	0.50		
- Neonatology	0.20	0.20		
<b>Physical Medicine &amp; Rehabilitation</b>	4.40	4.40		
<b>PM &amp; R Pain Medicine</b>	1.00	1.00		
<b>Psychiatry</b>	19.58	17.30	2.28	
<b>Psychiatry- Child &amp; Adolescent</b>	1.70	1.70		
<b>Surgery</b>	11.96	8.70	3.26	
- Trauma & Critical Care	2.00	2.00		
<b>Plastic Surgery</b>	1.70	1.70		
<b>Radiology</b>	3.00	3.00		
<b>Medicine/ Pediatrics</b>	8.30	8.30		
<b>Internal Medicine/ Emergency Medicine</b>	5.50	5.50		
<b>Urology</b>	4.63		1.81	2.82
<b>Primary Care Residents</b>	96.80	<sup>i</sup> 52.90	43.90	0.00
<b>% Residents &amp; Fellows in Primary Care</b>	31.64%	24.93%	48.52%	0.00%
<b>% Residents in Primary Care</b>	37.33%	28.43%	62.74%	0.00%
<b>Total Residents</b>	259.30	186.10	69.97	3.23
<b>Total Fellows</b>	46.60	26.10	20.50	0.00
<b>Total Residents &amp; Fellows</b>	305.90	212.20	90.47	3.23

Source: The tables include 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

	TOTAL	MCLNO	CHILD	VANO	EKL	UMC	AOMC	TOURO	OTHER
<b>Anesthesiology</b>	6	6							
<b>Dermatology</b>	16	5.5		3.7	5.7		0.9		0.2
<b>Dentistry</b>	13	5			7.8				0.2
<b>Emergency Medicine</b>	41.1	27.6	0.9				3.7		8.9
<b>Family Medicine- KRMC</b>	19.4	1	0.5			1			16.9
<b>Family Medicine- Bogalusa</b>	12.5								12.5
<b>Family Medicine- Lake Charles</b>	24								24
<b>Internal Medicine</b>	37.9	23.5						5.9	8.5
- Allergy & immunology	0.1	0.1							0
- Cardiology	11.1	5.7				0.6		3.9	0.9
- Dermatology	2	1.4		0.3	0.2		0.1		0
- Geriatrics	1.7								1.7
- Interventional Cardiology	1	1							
- Gastroenterology	6	2.2							3.8
- Hyperbaric	3								3
- Infectious Disease	5	2.4	0.1				0.7	0.8	1
- Nephrology	5.9	1.9					3		1
- Pulmonary Disease & Critical Care	10	3.9					4		2.1
- Rheumatology	3	3							0
<b>Neurology</b>	12.2	6.1	0.7				1.7	0.8	2.9
- Neurology Fellows	3.2	3.2							
- Pediatric Neurology	3.2	0.3	2.1				0.2	0.2	0.4
<b>Neurosurgery</b>	9.1	2.4	0.2						6.5
<b>Obstetrics &amp; Gynecology</b>	29.2	17.7				4.4		6	1.1
<b>Ophthalmology</b>	22	3.5	1.1	1.4	4	3	4.9		4.1
- Retina	3.1	1.5			1				0.6
<b>Oral Surgery</b>	27.4	14.9			4.6				7.9
<b>Orthopedic Surgery</b>	19.9	8.8	2.2		3	0.2			5.7

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

*(continued)*

<b>Obstetrics &amp; Gynecology</b>	29.2	17.7				4.4		6	1.1
<b>Ophthalmology</b>	22	3.5	1.1	1.4	4	3	4.9		4.1
- Retina	3.1	1.5			1				0.6
<b>Oral Surgery</b>	27.4	14.9			4.6				7.9
<b>Orthopedic Surgery</b>	19.9	8.8	2.2		3	0.2			5.7
- Pediatrics	1		1						
<b>Otorhinolaryngology</b>	14.5	0.6	1		3	4			5.9
<b>Pathology</b>	9.1	6.3	1.1				0.5		1.2
<b>Pediatrics</b>	54	2.4	49.5						2.1
- Allergy & Immunology	2	0.5	1.5						0
- Endocrinology	2		2						0
- Forensic Medicine	1		1						0
- Gastroenterology	3		3						0
- Hematology & Oncology	3.3		3.3						0
- Neonatology	3.9	0.2	2.9						0.8
- Nephrology	1		1						0
<b>Physical Medicine &amp; Rehabilitation</b>	21.1	4.4	1	5.1			2.8	4	3.8
<b>PM &amp; R Pain Medicine</b>	3	1		1			1		
<b>Psychiatry</b>	32.7	17.3			0.5		11.3		3.6
<b>Psychiatry- Child &amp; Adolescent</b>	5.4	1.7	1.8						1.9
<b>Surgery</b>	39.7	8.7	1.7		6.8	5			17.5
- Vascular	2								2
- Trauma & Critical Care	2	2							
<b>Plastic Surgery</b>	3.9	1.7	0.5						1.7
<b>Radiology</b>	3	3							
<b>Medicine/ Pediatrics</b>	23.1	8.3	10.2					1.4	3.2
<b>Internal Medicine/ Emergency Medicine</b>	9.2	5.5	0.1				0.5	0.6	2.5

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

<b>Primary Care Residents</b>	200.1	52.9	60.2	0	0	5.4	0	13.3	68.3
<b>% Residents &amp; Fellows in Primary Care</b>	34.04	24.93	66.59	0.00	0.00	29.67	0.00	56.36	42.66
<b>% Residents in Primary Care</b>	39.36	28.92	83.03	0.00	0.00	30.68	0.00	71.12	47.83
<b>Total Residents</b>	508.4	182.9	72.5	11.2	35.4	17.6	27.3	18.7	142.8
<b>Total Fellows</b>	79.5	29.3	17.9	0.3	1.2	0.6	8	4.9	17.3
<b>Total Residents &amp; Fellows</b>	587.9	212.2	90.4	11.5	36.6	18.2	35.3	23.6	160.1

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

## EARL K LONG MEDICAL CENTER

	TOTAL	BRG	EKL	OLOL	Others
<b>Emergency Medicine</b>	46.00	12.80	24.00	9.20	0.00
<b>Internal Medicine</b>	42.50	2.90	34.70	3.70	1.20
<b>Obstetrics &amp; Gynecology</b>	8.00	0.00	8.00	0.00	0.00
<b>Primary Care Residents</b>	50.50	2.90	42.70	3.70	1.20
<b>% Residents &amp; Fellows in Primary Care</b>	52.33%	18.47%	64.02%	28.68%	100.00%
<b>% Residents in Primary Care</b>	52.33%	18.47%	64.02%	28.68%	100.00%
<b>Total Residents</b>	96.50	15.70	66.70	12.90	1.20
<b>Total Fellows</b>	0.00	0.00	0.00	0.00	0.00
<b>Total Residents &amp; Fellows</b>	96.50	15.70	66.70	12.90	1.20

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

## UNIVERSITY MEDICAL CENTER - LAFAYETTE

	TOTAL	UMC	BRG
<b>Family Medicine</b>	23.30	23.30	0.00
- Geriatrics	0.40	0.40	0.00
<b>Internal Medicine</b>	27.00	26.90	0.10
<b>Primary Care Residents</b>	50.30	50.20	0.10
<b>% Residents &amp; Fellows in Primary Care</b>	99.21%	99.21%	100.00%
<b>% Residents in Primary Care</b>	100.00%	100.00%	100.00%
<b>Total Residents</b>	50.30	50.20	0.10
<b>Total Fellows</b>	0.40	0.40	0.00
<b>Total Residents &amp; Fellows</b>	50.70	50.60	0.10

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

# TULANE UNIVERSITY SCHOOL OF MEDICINE

	TOTAL	TMC	AOMC	LJCMC	HPL	MCLNO	TOURO	VAB	VANO	OTHER
<b>Anesthesiology</b>	15.00	10.95	1.42						0.67	1.97
<b>Dermatology</b>	10.42	4.35	0.99			4.30		0.78		
<b>Internal medicine</b>	96.86	42.66	0.13			35.27			17.45	1.35
- Allergy & Immunology	4.00	2.26	0.99			0.27			0.48	
- Cardiology	18.75	5.23				6.36			6.03	1.13
- Endocrinology	3.10	1.56				0.31			1.23	
- Gastroenterology	8.33	3.21		0.31		2.70			2.11	
- Hematology & Oncology	6.59	1.09				3.00			1.50	1.00
- Infectious Disease	4.08					4.08				
- Nephrology	5.86	1.90	0.24			1.46			2.26	
- Pulmonary Disease & Critical Care	9.67	4.39				2.32			2.28	0.69
<b>Neurology</b>	6.88	3.76				2.38			0.28	0.45
<b>Neurological surgery</b>	6.25	3.50	1.00			1.75				
<b>Obstetrics and gynecology</b>	22.96	9.79			3.02	7.74				2.40
<b>Ophthalmology</b>	14.00	5.11				3.05		2.01	1.71	2.12
<b>Orthopedic surgery</b>	16.00	8.13				6.24			0.67	0.96
<b>Otolaryngology</b>	23.13	13.31	5.08			1.00	1.00	2.00	0.75	
<b>Pathology</b>	9.00	8.21	0.17							0.63
- Cytopathology	1.00	0.67	0.33							
- Dermatopathology	1.00	1.00								
- Blood Banking & Transfusion										
<b>Pediatrics</b>	37.75	22.69	14.07			0.89				0.11
- Infectious diseases	1.00	0.50								0.50
- Nephrology	0.75	0.75								
<b>Preventive medicine</b>	1.92								0.53	1.39
<b>Psychiatry</b>	16.93	7.23				2.28			1.62	5.80
- Forensic	1.19									1.19
<b>Psychiatry- Child &amp; Adolescent</b>	7.78	3.32								4.46
<b>Radiology</b>	17.96	14.82							0.48	2.66
<b>Surgery</b>	22.00	11.87				3.26	1.00		1.00	4.87
<b>Plastic Surgery</b>	4.00	1.00	1.00				0.50			1.50
<b>Urology</b>	6.00	1.28				1.81			1.16	1.75



**TULANE UNIVERSITY SCHOOL OF MEDICINE**  
*(continued)*

<b>Primary Care Residents</b>	157.57	75.14	14.20	0.00	3.02	43.90	0.00	0.00	17.45	3.86
<b>% Residents and Fellows in Primary Care</b>	39.38%	38.63%	55.89%	0.00%	100.00%	48.52%	0.00%	0.00%	41.34%	10.46%
<b>% Residents in Primary Care</b>	47.06%	43.69%	59.53%	0.00%	100.00%	62.74%	0.00%	0.00%	66.31%	11.91%
<b>Total Residents</b>	334.84	171.97	23.85	0.00	3.02	69.97	2.50	4.78	26.32	32.43
<b>Total Fellows</b>	65.33	22.56	1.56	0.31	0.00	20.50	0.00	0.00	15.90	4.51
<b>Total Residents and Fellows</b>	400.17	194.53	25.40	0.31	3.02	90.47	2.50	4.78	42.22	36.94

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

## OCHSNER CLINIC FOUNDATION

	TOTAL	AOMC	MCLNO	LJMC	OTHER
<b>Anesthesiology</b>	27.75	26.88	0.41		0.46
- Adult Cardiothoracic	0.5	0.5			
<b>Internal Medicine</b>	48.84	46.86		0.25	1.72
- Cardiology	26.59	25.85		0.52	0.21
- Endocrinology	4	4			
- Gastroenterology	6	6			
- Infectious Disease	2	2			
- Oncology	3.83	3.81			0.02
- Rheumatology	3.5	2.5			1
- Interventional Cardiology	3.82	3.54		0.21	0.069
<b>Obstetrics &amp; Gynecology</b>	17.08	10.4		6.67	
<b>Orthopedic Surgery</b>	12	9.03		2.06	0.91
- Sports Medicine	1	0.87			0.13
<b>Radiology</b>	26	25.54			0.46
<b>Surgery</b>	29.5	22.64		4.87	1.99
- Colon & Rectal Surgery	2	2			
- Vascular Surgery	2	1.72		0.28	
<b>Urology</b>	9	4.15	2.82		2.02
<b>Primary Care Residents</b>	65.92	57.26	0	6.92	1.72
<b>% Residents and Fellows in Primary Care</b>	29.24%	28.88%	0.00%	46.57%	19.13%
<b>% Residents in Primary Care</b>	38.74%	39.35%	0.00%	49.96%	22.75%
<b>Total Residents</b>	170.17	145.5	3.23	13.85	7.56
<b>Total Fellows</b>	55.24	52.79	0	1.01	1.429
<b>Total Residents &amp; Fellows</b>	225.41	198.29	3.23	14.86	8.99

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

# LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER SCHOOL OF MEDICINE - SHREVEPORT

	TOTAL	LSUSHR	EAC	RAPIDES	WK	VA	Others
<b>Anesthesiology</b>	24.00	23.00				1.00	0.00
- Pain Management	1.00	1.00					0.00
<b>Emergency Medicine</b>	21.00	20.00					1.00
<b>Family Practice-Alexandria</b>	18.00			18.00			0.00
<b>Family Practice-Monroe</b>	24.00		24.00				0.00
<b>Family Practice-Shreveport</b>	24.00	24.00					0.00
<b>Family Practice-Rural Medicine</b>	7.00	6.00					1.00
<b>Internal Medicine - Primary Care</b>	6.00					6.00	0.00
<b>Internal Medicine</b>	81.00	59.00			2.00	20.00	0.00
- Cardiology	12.00	8.00				4.00	0.00
- Interventional Cardiology	1.00	1.00					0.00
- Critical Care	4.00	2.00			2.00		0.00
- Endocrinology	3.00	1.00				2.00	0.00
- Gastroenterology	10.00	5.00			1.00	4.00	0.00
- Hematology/Oncology	15.00	15.00					0.00
- Infectious Diseases	3.00	1.00				2.00	0.00
- Nephrology	6.00	2.00			2.00	2.00	0.00
- Pulmonary Disease & Critical Care	9.00	4.00				5.00	0.00
- Rheumatology	6.00	5.00				1.00	0.00
<b>Neurology</b>	12.00	12.00					0.00
<b>Neurosurgery</b>	14.00	13.50				0.50	0.00
<b>Obstetrics &amp; Gynecology</b>	24.00	19.00	4.00		1.00		0.00
<b>Ophthalmology</b>	12.00	9.00	1.00			2.00	0.00
<b>Oral &amp; Maxillofacial Surgery</b>	12.00	11.00					1.00
<b>Orthopaedics</b>	15.00	11.00		2.00		2.00	0.00
<b>Otorhinolaryngology</b>	15.00	13.00				2.00	0.00
<b>Pathology</b>	12.00	11.00				1.00	0.00
- Cytopathology	2.00	2.00					0.00
<b>Pediatrics</b>	24.00	24.00					0.00
- Allergy/Immunology	4.00	4.00					0.00
- Neonatology	3.00	3.00					0.00

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

<b>Psychiatry</b>	32.00	22.00	4.00		2.00	4.00	0.00
- Forensic	2.00	2.00					0.00
- Psychosomatic Medicine	1.00	1.00					0.00
<b>Psychiatry- Child &amp; Adolescent</b>	4.00	4.00					0.00
<b>Radiology</b>	14.00	12.00				2.00	0.00
<b>Sleep Medicine</b>	2.00	1.00				1.00	0.00
<b>Surgery</b>	29.00	16.00	4.00		3.00	6.00	0.00
- Colon & Rectal Surgery	2.00						2.00
<b>Urology</b>	8.00	2.00			4.00	2.00	0.00
<b>Medicine/Pediatrics</b>	16.00	12.00				4.00	0.00
<b>Total by Hospital</b>	534.00	381.50	37.00	20.00	17.00	73.50	5.00
<b>Primary Care Residents</b>	224.00	144.00	28.00	18.00	3.00	30.00	1.00
<b>% Residents &amp; Fellows in Primary Care</b>	41.95%	37.75%	75.68%	90.00%	17.65%	40.82%	20.00%
<b>% Residents in Primary Care</b>	49.78%	44.38%	75.68%	90.00%	25.00%	56.07%	33.33%
<b>Total Residents</b>	450.00	324.50	37.00	20.00	12.00	53.50	3.00
<b>Total Fellows</b>	84.00	57.00	0.00	0.00	5.00	20.00	2.00
<b>Total Residents &amp; Fellows</b>	534.00	381.50	37.00	20.00	17.00	73.50	5.00

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

## BATON ROUGE MEDICAL CENTER

	TOTAL	BRG
Family Medicine	22	22
Primary Care Residents	22	22
% Residents and Fellows in Primary Care	100.00%	100.00%
% Residents in Primary Care	100.00%	100.00%
Total Residents	22	22
Total Fellows		
Total Residents & Fellows	22	22

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

## **EAST JEFFERSON GENERAL HOSPITAL**

	<b>TOTAL</b>	<b>EJGH</b>
<b>Family Medicine</b>	18	18
<b>Primary Care Residents</b>	18	18
<b>% Residents and Fellows in Primary Care</b>	100.00%	100.00%
<b>% Residents in Primary Care</b>	100.00%	100.00%
<b>Total Residents</b>	18	18
<b>Total Fellows</b>	0	0
<b>Total Residents &amp; Fellows</b>	18	18

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

## LEONARD J CHABERT MEDICAL CENTER

	TOTAL	LJMC
<b>Internal Medicine</b>	11	11
<b>Primary Care Residents</b>	11	11
<b>% Residents and Fellows in Primary Care</b>	100.00%	100.00%
<b>% Residents in Primary Care</b>	100.00%	100.00%
<b>Total Residents</b>	11	11
<b>Total Fellows</b>	0	0
<b>Total Residents &amp; Fellows</b>	11	11

Source: The table 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 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 2011-2012. 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, 2010, when this year's GME numbers and schedules are available.

Since the stipend increases are proposed for the year following, 2011-2012, 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	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2004-05 to	2004-05 to	Average	Required Stipend	\$	%
								2010-11	2010-11	Annual	WITH AAMC 2011-12		
								\$ Change	% Change	% Change	Estimated Weighted Regional Mean	over 10-11	over 10-11
1	\$ 36,413	\$ 38,598	\$40,528	\$42,757	\$44,168	\$44,168	\$44,168	\$7,755	21.30%	3.55%	\$ 48,795	\$ 4,627	10.48%
2	\$ 37,484	\$ 39,733	\$41,720	\$44,015	\$45,467	\$45,500	\$45,500	\$8,016	21.39%	3.57%	\$ 50,367	\$ 4,867	10.70%
3	\$ 38,852	\$ 41,183	\$43,242	\$45,620	\$47,125	\$47,179	\$47,179	\$8,327	21.43%	3.57%	\$ 52,019	\$ 4,840	10.26%
4	\$ 40,422	\$ 42,847	\$44,989	\$47,463	\$49,029	\$49,029	\$49,029	\$8,607	21.29%	3.55%	\$ 53,894	\$ 4,865	9.92%
5	\$ 41,815	\$ 44,324	\$46,540	\$49,100	\$50,720	\$50,720	\$50,720	\$8,905	21.30%	3.55%	\$ 55,822	\$ 5,102	10.06%
6	\$ 43,643	\$ 46,262	\$48,575	\$51,247	\$52,938	\$52,938	\$54,029	\$10,386	23.80%	3.97%	\$ 58,090	\$ 4,061	7.52%

## AAMC Weighted Mean Housestaff Stipends- Southern Region

PGY	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2003-04 to	2003-04 to	Average	Estimated	Estimated
								2009-10	2009-10	Annual		
								\$ Change	% Change	% Change		
1	\$ 36,405	\$ 38,341	\$ 39,707	\$ 41,468	\$ 42,687	\$ 44,321	\$ 45,123	\$ 8,718	23.95%	3.99%	\$ 46,923	\$ 48,795
2	\$ 37,626	\$ 39,541	\$ 40,945	\$ 42,825	\$ 44,022	\$ 45,758	\$ 46,594	\$ 8,968	23.83%	3.97%	\$ 48,444	\$ 50,367
3	\$ 39,069	\$ 41,024	\$ 42,522	\$ 44,473	\$ 45,521	\$ 47,268	\$ 48,196	\$ 9,127	23.36%	3.89%	\$ 50,071	\$ 52,019
4	\$ 40,570	\$ 42,463	\$ 43,857	\$ 45,981	\$ 47,232	\$ 49,096	\$ 49,962	\$ 9,392	23.15%	3.86%	\$ 51,891	\$ 53,894
5	\$ 42,359	\$ 44,076	\$ 45,382	\$ 47,521	\$ 49,174	\$ 50,953	\$ 51,870	\$ 9,511	22.45%	3.74%	\$ 53,810	\$ 55,822
6	\$ 44,242	\$ 45,787	\$ 47,223	\$ 49,422	\$ 51,134	\$ 53,126	\$ 54,029	\$ 9,787	22.12%	3.69%	\$ 56,023	\$ 58,090

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

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	\$48,575
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

\*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 is the number one recommendation: A ten year plan is underway to indentify the number of medical students and GME recommended, if we are to increase the supply of physicians in the State. 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:

- 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.
- 2) The number of patients in the hospitals is large and diverse, and provides a significant learning opportunity for the 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. Decreasing numbers in GME programs occurred. 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:

- 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 again to recruit an increased supply of senior medical students.

## **MEDICAL EDUCATION COMMISSION RECOMMENDATIONS**

*(continued)*

- 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 2011-2012. The incorporation of these requests into the budget cycle of the State Public Hospitals is necessary. We recommend an 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.
- 2) Salary assurances for the resident match program filled positions are important in timing and continuity of funding, and in rebuilding after the storm.
- 3) Adequate funds to support all of the State teaching hospitals in their educational mission are essential. This takes on new significance after Katrina, because of such devastating damage.
- 4) Present contracts and current working arrangements are in place.

### **IV. Recruitment:**

It is essential 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:**

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.