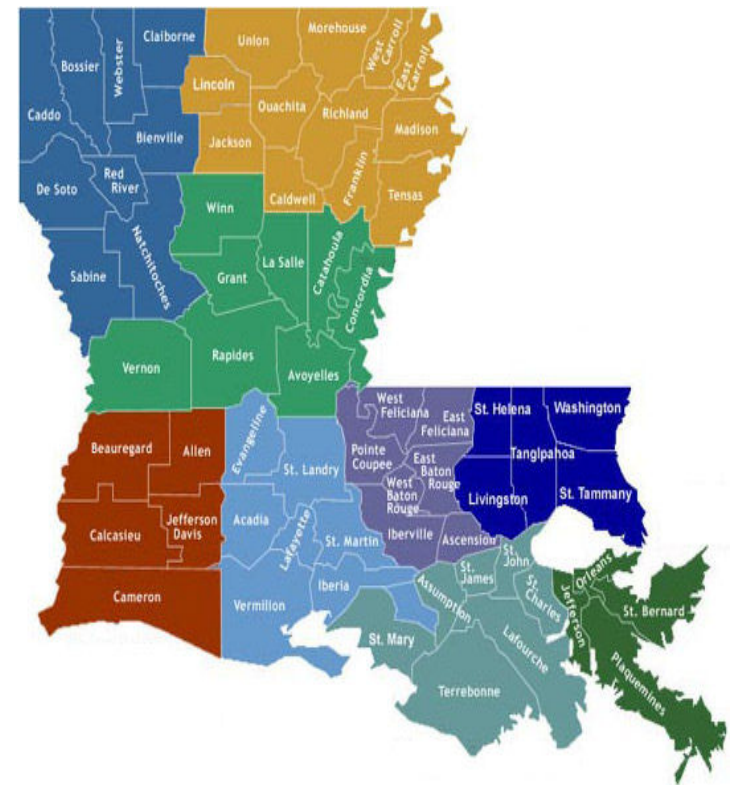
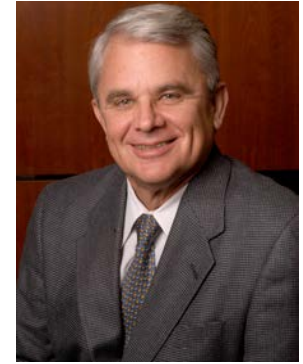


# THE MEDICAL EDUCATION COMMISSION



## Sixteenth Annual Report: 2013

# Chancellor's Report



Kathy Kliebert, Secretary  
Louisiana Department of Health & Hospitals  
P.O. Box 629  
Baton Rouge, LA  
November 28, 2012

Dear Secretary Kliebert:

The Medical Education Commission has compiled this Sixteenth Annual Report 2013. The Louisiana medical schools and teaching hospitals provide data for the Medical Education Commission, which allow for the tracking of this critical health care workforce data.

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

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

I am pleased to endorse this report and the work of the Commission, and encourage your acceptance and ongoing support. The hospitals are changing in many respects, still supporting GME, moving to the future; the benefits of cooperative venture have accrued not only to the individuals in training and our patients, but also the institutions involved and the people of the State of Louisiana. The expansion of Medical School and GME numbers are needed to progress. Vigilance is required to ensure that we continue to respond to 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 NEW DATA IN THIS 2013 ANNUAL REPORT. THE 2013 COMPREHENSIVE FTE ANNUAL DATA WILL BE PUT ON THE WEBSITE ALONG WITH 2011 and 2012. THIS REPORT AND PRIOR PUBLICATIONS ARE AVAILABLE ON THE LSUHSC WEBSITE AT <http://www.lsuhs.edu/mec/>, WHERE PRESENTATIONS ARE INCLUDED AND UPGRADED, PAST AND PRESENT. IN ADDITION, THE MEC ANNUALLY SUBMITS SCIENTIFIC ARTICLES FOR PUBLICATION. A BIBLIOGRAPHY OF RECENT PUBLICATIONS IS INCLUDED:

- 1) Maronge GF, Gururaja RP, Rigby PG: The Supply of Hematology/Oncology Specialists. J LA State Med. Soc.; 2013
- 2) Neumann JA; Sessions BA; Ali J; and Rigby PG: Louisiana Population Trends: Will Increase in Supply Meet Demand? J LA State Med. Soc.; Jan/Feb 2011; Vol.164:33-37.
- 3) 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.
- 4) 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
- 5) 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
- 6) 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
- 7) 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.
- 8) 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.
- 9) 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.
- 10) 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.
- 11) 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.
- 12) 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 2013

The Sixteenth 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 nine years after the enormous trauma of Katrina; the data presented in our sixteenth report update the recovery after the initial responses, and the hope of continued improvement and restoration. The plan in Louisiana has begun to increase the numbers of medical students, and then proposed increase for GME, as is the AAMC plan for the U.S.

The MEC is using revised information to explain the structure and function of GME as a dynamic process, constantly changing but within a framework of continuity, essential and important to the State of Louisiana. This work on Graduate Medical Education (GME) documents the nature and scope of all training programs for the post-doctoral residents and fellows in Louisiana. The effect of Katrina was significant; recovery is underway to get back on track. The report illustrates the interrelated workload and workforce production in and by the public 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 economic and downturn and Health Care Reform.

The report has been written and collated by the members of the MEC: Dr. Perry Rigby (LSUHSC-NO) Chairman, Dr. Jeffrey Weise (Tulane), Dr. William Pinsky, Dr. Ronald Amedee (Ochsner), Liz Sumrall (HCSO), 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 2013 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  
Andy Chesson, M.D., LSUHSC-Shreveport  
Ramnarayan Paragi Gururaja, M.D. – LSUHSC-NO

Contact Louise Baker for questions and requests at [lbaker@lsuhsc.edu](mailto: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. The key to the future of GME is building the new University Hospital to replace the former Charity Hospital and the cooperative effort to implement all GME in Louisiana.

The State of Louisiana is consistently 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 (306). Louisiana has exceeded national averages in the retention of trainees into practice sites in the state. New data shows the restitution with recovery, included data will show many statistics indicating that Louisiana is close to the national average and norms.

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

The Sixteenth 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, 2013. The recommendation is to maintain the GME stipends at the level of the Southern Regional Average, for recruitment of the highest quality future physicians. 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 institutions allow the stipends for residents and fellows to drop lower than other states and their institutions. The future overall plan for more physicians in Louisiana is revealed, and target goals are set.

# MEDICAL EDUCATION COMMISSION

## *The Match*

The success of the 2012 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**

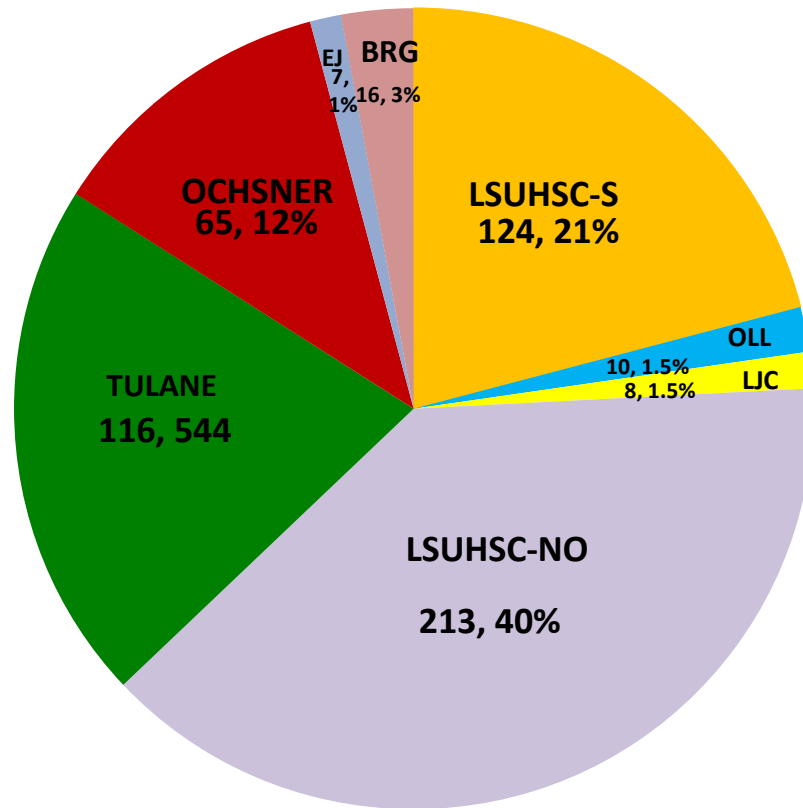
The national resident matching program (main match) for first year residents is the focal point for the annual cycle of recruitment and appointment in graduate medical education. Newly graduated physicians begin their residencies on July 1<sup>st</sup> each year, but budgetary and institutional commitment 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.

### **2012 RESULTS AND TRENDS**

The results of the 2004 to 2013 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 match filled positions for the particular year. Pie charts depict institutional proportions on the match in 2013. The data are post scrambles.

**MATCH-FILLED POSITIONS 2013  
PGY-1 AND PGY-2**



**FILLED TOTAL 553**

**\*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.



## THE MATCH 2013

MEDICAL STUDENTS	PROGRAM	First Year Filled Positions (PGY-1)(PGY-2)		Second Year Filled Positions (PGY-2) (A and R)		
		PGY-1	QUOTA/FILLED 2013	TOTAL	QUOTA/ FILLED 2013	TOTAL
<b>187</b>	<b>LSUHSC-New Orleans</b>		<b>139</b>		<b>10</b>	<b>10</b>
	Earl K. Long		<b>34</b>			
	UMC		<b>16</b>			
	Lake Charles		<b>8</b>			
	Bogalusa		<b>6</b>			
	<i>Subtotal</i>			<b>203</b>		
<b>115</b>	<b>LSUHSC-Shreveport</b>		<b>104</b>		<b>3</b>	<b>3</b>
	N. Caddo		<b>3</b>			
	E.A. Conway		<b>8</b>			
	Alexandria		<b>6</b>			
	<i>Subtotal</i>			<b>124</b>		
	<i>LSUHSC TOTAL</i>			<b>327</b>		<b>13</b>
			<b>8</b>			
	Leonard J. Chaubert					
	<b>Private</b>					
<b>188</b>	Tulane		<b>105</b>		<b>11</b>	<b>11</b>
<b>9</b>	Ochsner		<b>62</b>		<b>3</b>	<b>3</b>
	Baton Rouge General		<b>16</b>			
	East Jefferson		<b>7</b>			
	Our Lady of the Lake		<b>10</b>			
	<i>Private Total</i>			<b>200</b>		
	<i>PGY-1</i>			<b>535</b>		<b>14</b>
<b>499</b>	<i>PGY-2</i>			<b>27</b>		<b>27</b>
	<i>Total PGY-1 &amp; PGY-2</i>			<b>562</b>		



# HOSPITAL/INSTITUTIONAL MATCH 2004-2013

## PGY-1 AND PGY-2

### EIGHT YEAR MATCH COHORTS SEQUENCE

Med. School Senior Grads	Program	PGY-1 First Year Filled Positions										PGY-2 Second Year Filled Positions									
		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
187	<b>LSUHSC-New Orleans</b>	128	113	101	106	112	114	120	118	137	139	13	13	5	5	5	8	8	8	9	10
	Earl K. Long	27	26	27	34	35	34	38	36	38	34										
	UMC	16	15	17	18	14	16	16	17	15	16										
	Lake Charles	5	6	6	5	4	8	8	8	8	8										
	Bogalusa						3	4	6	7	6										
	<i>Subtotal</i>	169	160	151	163	165	175	186	185	204	203										
115	<b>LSUHSC-Shreveport</b>	63	74	81	84	79	90	87	90	89	90	2	3	3	3	4	3	4	4	2	3
	N. Caddo	2	2	2	2	1	2	2	2	2	2										
	E.A. Conway	8	8	8	8	8	8	8	8	8	8										
	Alexandria	6	5	5	4	5	6	6	3	4	6										
		<i>Subtotal</i>	79	89	96	98	93	106	103	103	106										
	<i>LSUSHC Total</i>	248	249	247	261	258	281	289	288	307	309	16	16	8	8	9	11	12	12	11	13
197	Leonard J. Chaubert					5	6	5	8	8											
	<b>Private</b>																				
	Tulane	94	94	54	66	84	89	95	93	90	105	11	11	7	5	6	6	12	9	11	11
	Ochsner	47	47	52	48	50	51	52	54	55	62										3
	Baton Rouge General	8	8	7	8	8	4	7	14	16	16										
	East Jefferson	6	6	8	6	6	6	7	7	7	7										
	Our Lady of the Lake							6	8	11	10										
	<i>Private Total</i>	155	155	121	128	148	150	166	176	179	200	11	11	7	7	6	6	12	9		14
	<i>PGY-1</i>	403	404	368	389	406	436	461	469	492	517										
499	<i>PGY-2</i>	26	27	15	15	15	17	24	21	21	27	26	27	15	15	15	17	24	21	21	27
	<i>Total PGY-1 &amp; PGY-2</i>	429	429	431	383	404	421	453	485	513	544										
	<i>Change from Prior Year</i>			+2	-48	+21	+17	+32	+32	+28	+31		-1	-12	0	0	+2	+7			

**MATCH 2013**  
**AFTER THE SCRAMBLE**  
**FAMILY MEDICINE – LOUISIANA**

	Quota	Match	Scramble	Total
LSUNO	6	6	0	6
UMC	8	8	0	8
LAKE CHARLES	8	8	0	8
BOGALUSA	<u>6</u>	<u>6</u>	<u>0</u>	<u>6</u>
	<b>28</b>	<b>28</b>	<b>0</b>	<b>28</b>
LSU-SHR	6	6	0	6
FM – N. CADDO	3	1	1	3
EMS – FM	2	2	0	2
ALEX – RAPIDS	6	6	0	6
EAC	<u>8</u>	<u>8</u>	<u>0</u>	<u>8</u>
	<b>25</b>	<b>25</b>	<b>0</b>	<b>25</b>
LSU Combined	53	53	0	53
EJ	7	7	0	7
BRG	<u>8</u>	<u>8</u>	<u>0</u>	<u>8</u>
	<b>68</b>	<b>68</b>	<b>0</b>	<b>68</b>

# MATCH FILLED POSITIONS PGY-1 AND NEW PGY-2 2013

	<b>2005</b>		<b>2006</b>		<b>2007</b>		<b>2008</b>		<b>2009</b>		<b>2010</b>		<b>2011</b>		<b>2012</b>		<b>2013</b>	
<b>LSUNO</b>	<b>173</b>	<b>40%</b>	<b>156</b> <b>41%</b>		<b>168</b>	<b>42%</b>	<b>170</b>	<b>41%</b>	<b>183</b>	<b>40%</b>	<b>194</b>	<b>40%</b>	<b>193</b>	<b>40%</b>	<b>204</b>	<b>40%</b>	<b>213</b>	<b>38%</b>
<b>LSUSH</b>	<b>92</b>	<b>21%</b>	<b>99</b>	<b>26%</b>	<b>101</b>	<b>25%</b>	<b>97</b>	<b>23%</b>	<b>109</b>	<b>24%</b>	<b>107</b>	<b>22%</b>	<b>107</b>	<b>21%</b>	<b>103</b>	<b>20%</b>	<b>124</b>	<b>22%</b>
<b>LJ CHAUBERT</b>									<b>5</b>	<b>1%</b>	<b>5</b>	<b>1%</b>	<b>5</b>	<b>1%</b>	<b>5</b>	<b>1%</b>	<b>8</b>	<b>1%</b>
<b>TULANE</b>	<b>105</b>	<b>24%</b>	<b>61</b>	<b>16%</b>	<b>71</b>	<b>18%</b>	<b>90</b>	<b>21%</b>	<b>95</b>	<b>21%</b>	<b>107</b>	<b>22%</b>	<b>102</b>	<b>21%</b>	<b>100</b>	<b>20%</b>	<b>116</b>	<b>20%</b>
<b>OCHSNER</b>	<b>47</b>	<b>11%</b>	<b>52</b>	<b>14%</b>	<b>50</b>	<b>12%</b>	<b>50</b>	<b>12%</b>	<b>51</b>	<b>11%</b>	<b>52</b>	<b>11%</b>	<b>54</b>	<b>11%</b>	<b>55</b>	<b>11%</b>	<b>65</b>	<b>12%</b>
<b>BRG</b>	<b>8</b>	<b>2%</b>	<b>7</b>	<b>2%</b>	<b>8</b>	<b>2%</b>	<b>8</b>	<b>2%</b>	<b>4</b>	<b>1%</b>	<b>7</b>	<b>1%</b>	<b>14</b>	<b>3%</b>	<b>16</b>	<b>3%</b>	<b>16</b>	<b>3%</b>
<b>E. JEFF</b>	<b>6</b>	<b>2%</b>	<b>8</b>	<b>2%</b>	<b>6</b>	<b>2%</b>	<b>6</b>	<b>2%</b>	<b>6</b>	<b>1%</b>	<b>7</b>	<b>1%</b>	<b>7</b>	<b>1%</b>	<b>7</b>	<b>1%</b>	<b>7</b>	<b>1%</b>
<b>O.L. LAKE</b>											<b>6</b>	<b>1%</b>	<b>8</b>	<b>2%</b>	<b>11</b>	<b>2%</b>	<b>10</b>	<b>2%</b>
	<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>	<b>490</b>	<b>100%</b>	<b>513</b>	<b>100%</b>	<b>562</b>	<b>100%</b>
<b>Year's Change</b>	<b>Katrina Year</b>		<b>Net Loss -48</b>		<b>Net Gain +21</b>		<b>Net Gain +17</b>		<b>Net Gain +32</b>		<b>Net Gain +32</b>		<b>Net Gain +5</b>		<b>Net Gain +23</b>		<b>Net Gain +49</b>	

**MEDICAL MATCH TRENDS**  
**LOUISIANA SENIOR GRADUATES 2013**

<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>2011</b>	<b>464</b>	<b>210</b>	<b>45%</b>	<b>254</b>	<b>466</b>	<b>256</b>
<b>2012</b>	<b>456</b>	<b>192</b>	<b>42%</b>	<b>264</b>	<b>492</b>	<b>300</b>
<b>2013</b>	<b>499</b>	<b>187</b>	<b>37%</b>	<b>330</b>	<b>517</b>	<b>330</b>
<b>Average 99-09</b>	<b>407</b>	<b>164</b>	<b>40%</b>	<b>242</b>	<b>401</b>	<b>238</b>

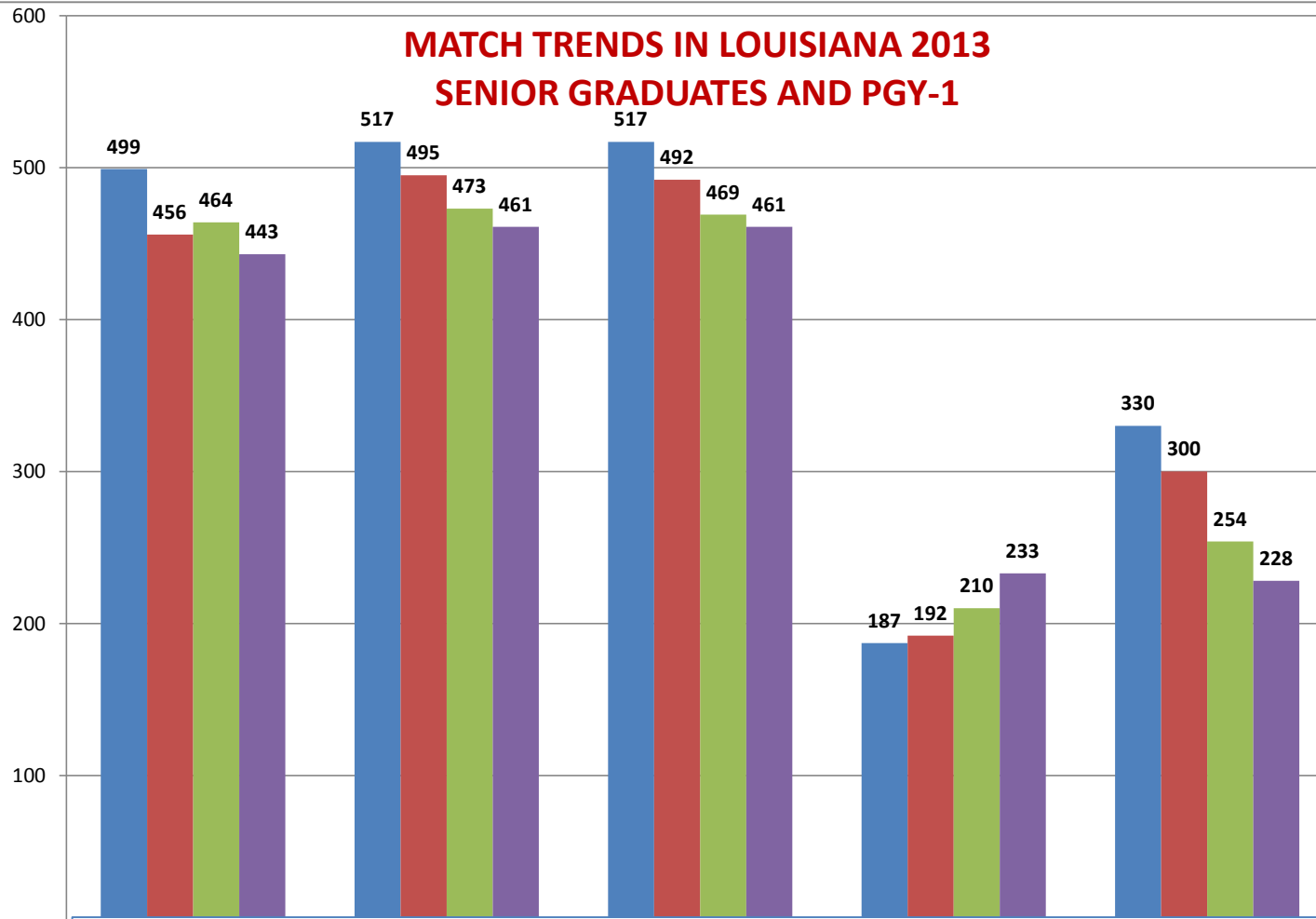
**MATCH TRENDS IN LOUISIANA 2013**  
**SENIOR GRADUATES AND PGY-1**

YEAR	Senior Graduates	PGY-1 Offered	PGY-1 Filled	Retained Louisiana Sr. Graduates	Percentage	Out-of-State
1999	379	427	411	183	45%	228
2000	420	418	404	181	45%	223
2001	404	404	394	154	39%	240
2002	404	396	384	169	44%	215
2003	407	419	414	159	38%	247
2004	425	407	403	174	43%	229
2005	409	407	404	177	44%	227
2006	417	370	368	147	40%	221
2007	394	384	389	145	37%	244
2008	395	413	406	143	35%	270
2009	410	439	436	167	38%	269
2010	443	461	461	233	51%	228
2011	469	473	469	210	45%	254
2012	456	495	492	192	42%	300
2013	499	517	517	187	37%	330
Average of 11 years 1999 to 2009	405	408	401	164	41%	238
Total of 11 Years 1999 to 2009	4458	4484	4413	1799	41%	2613

\*After Scramble numbers from Institutions

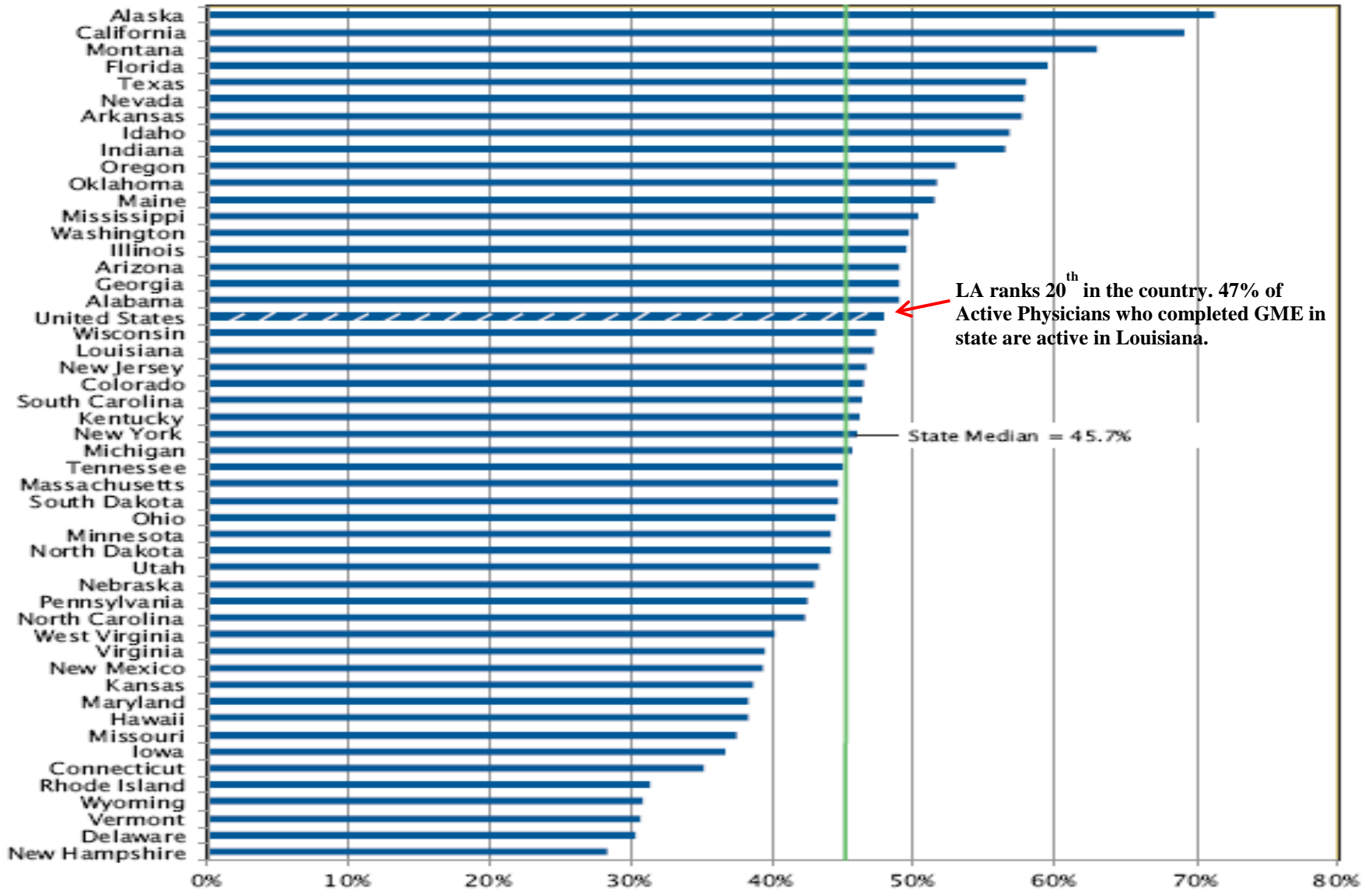
Pie Chart I depicts the institutional slices and the percentages of total NRMP Main Match. The numbers may increase slightly as programs add residents after the match and scramble.

## MATCH TRENDS IN LOUISIANA 2013 SENIOR GRADUATES AND PGY-1



	SENIOR GRADUATES	PGY-1 OFFERED	PGY-1 FILLED	RETAINED LA SR GRADS	OUT-OF-STATE
2013	499	517	517	187	330
2012	456	495	492	192	300
2011	464	473	469	210	254
2010	443	461	461	233	228

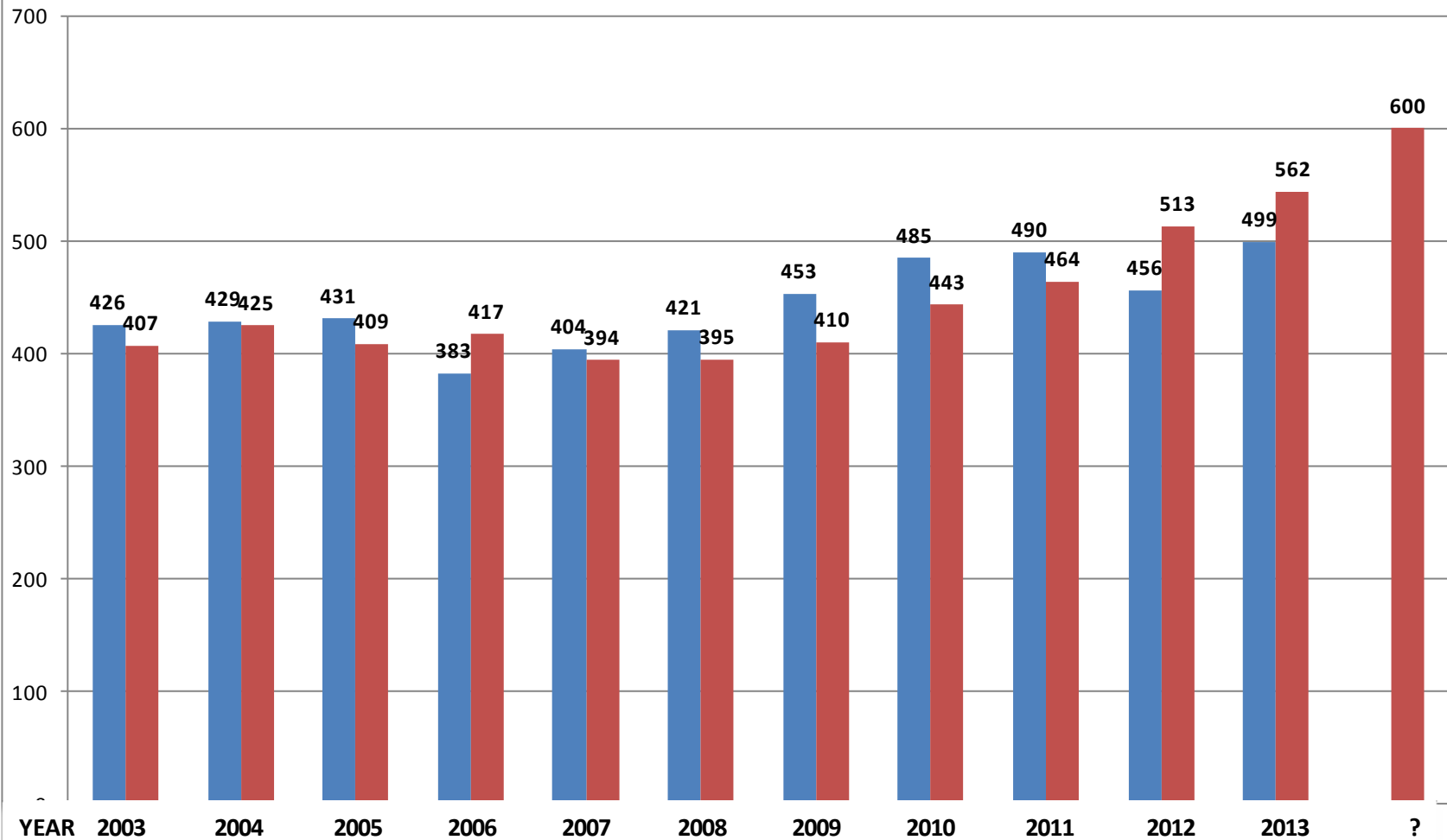
## Physicians Retained from Graduate Medical Education



Source: AMA Physician Masterfile (December 31, 2010)



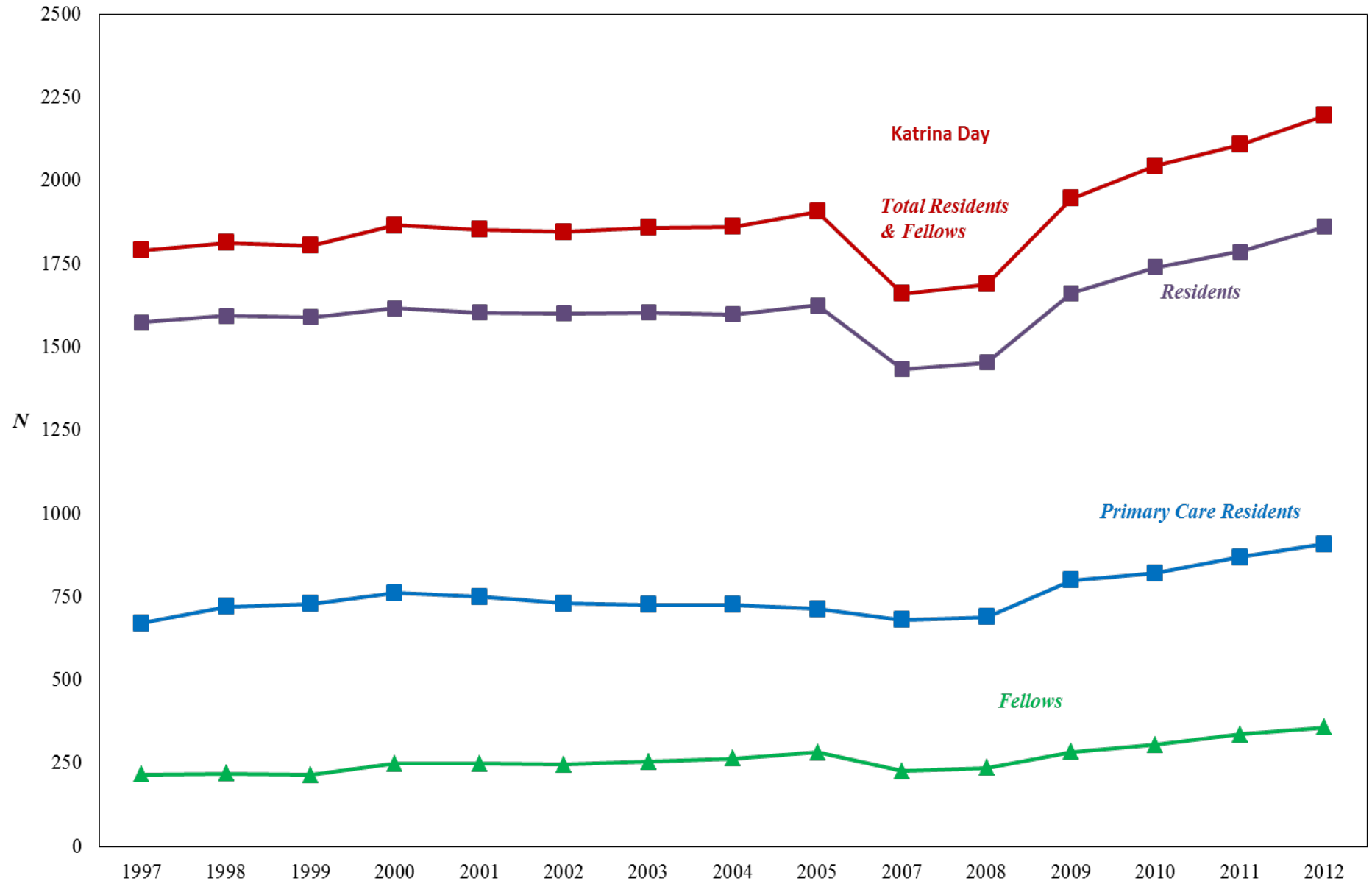
# NUMBERS OF SENIOR MEDICAL GRADUATES AND PGY-1 & PGY-2 FILLED SLOTS IN LOUISIANA



Blue = Senior Grads

Red = Filled Slots PGY-1 and PGY-2

## GME DATA TRENDS IN LOUISIANA, OVER 15 YEARS

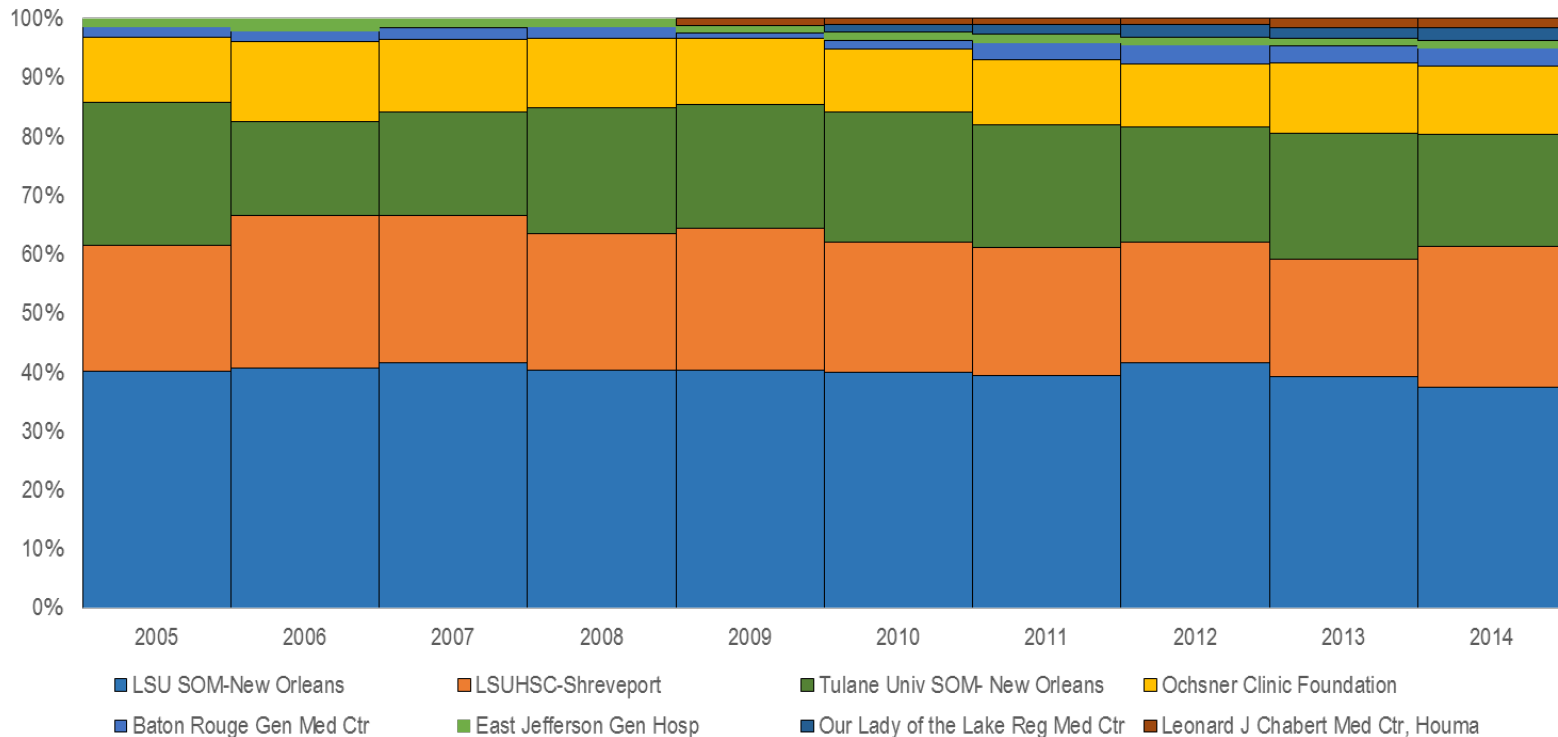


## 2014 NRMP MATCH (PGY1 & PGY2)

Senior Graduates Entering Match	Number of Senior Graduates who Stayed back in LA for GME		QUOTA	MATCHED	MISSING	FILLED IN SOAP	TOTAL FILLED
175	92	LSU SOM-New Orleans	139	134	5	9	143
		LSU SOM- Baton Rouge	35	35	0	0	35
		University Hospitals and Clinics	16	12	4	4	16
		LSUHSC, Lake Charles	8	6	2	2	8
109	36	LSUHSC-Shreveport	115	99	16	16	115
		E A Conway Medical Center	8	8	0	0	8
		Rapides Reg Med Ctr, Alexandria	6	6	0	0	6
		Leonard J Chabert Med Ctr, Houma	8	8	0	0	8
176	45	Tulane Univ SOM- New Orleans	102	98	4	4	102
23	9	Ochsner Clinic Foundation	65	54	11	9	63
		Our Lady of the Lake Reg Med Ctr	12	11	1	1	12
		Baton Rouge Gen Med Ctr	16	16	0	0	16
		East Jefferson Gen Hosp	7	7	0	0	7
483	182	TOTAL	537	494	43	45	539

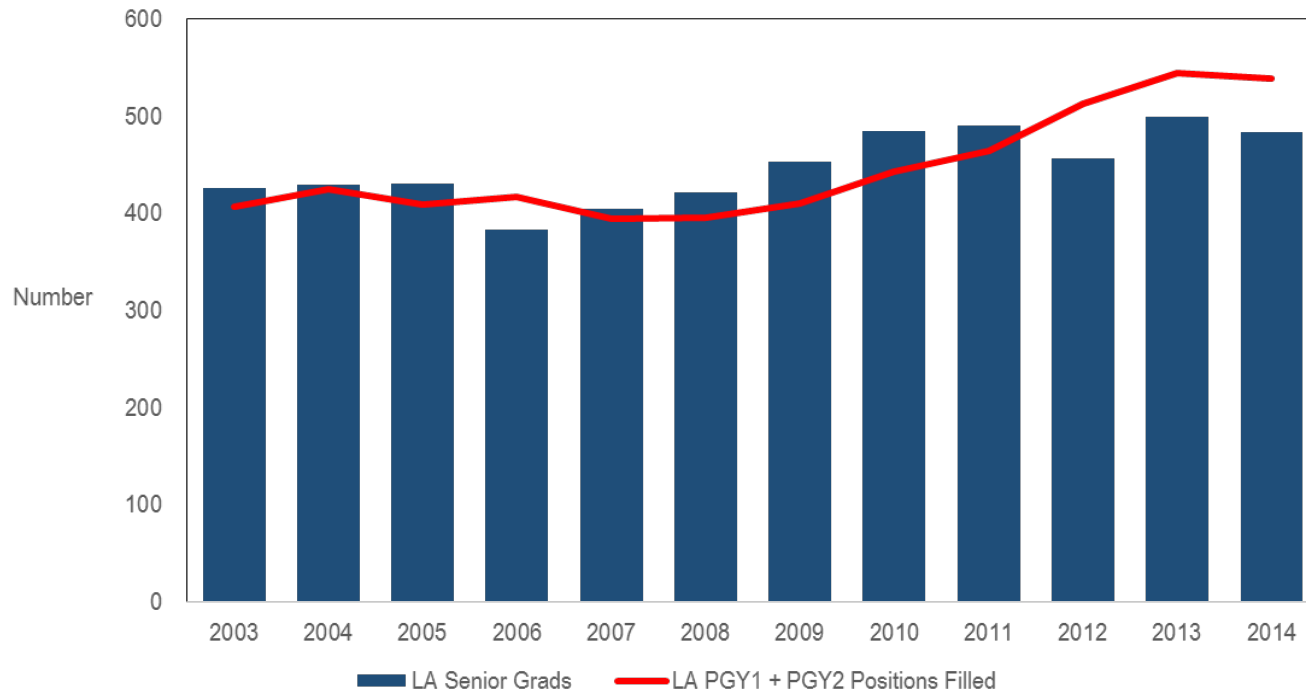
## MATCH FILLED POSITIONS (PGY1 & PGY2) 2005 – 2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
LSU SOM-New Orleans	173	156	168	170	183	194	193	213	213	202
LSUHSC-Shreveport	92	99	101	97	109	107	107	105	109	129
Tulane University SOM- New Orleans	105	61	71	90	95	107	102	100	116	102
Ochsner Clinic Foundation	47	52	50	50	51	52	54	55	65	63
Baton Rouge Gen Med Center	8	7	8	8	4	7	14	16	16	16
East Jefferson Gen Hospital	6	8	6	6	6	7	7	7	7	7
Our Lady of the Lake Regional Med Ctr						6	8	11	10	12
Leonard J Chabert Med Ctr, Houma					5	5	5	5	8	8
<b>TOTAL</b>	<b>431</b>	<b>383</b>	<b>404</b>	<b>421</b>	<b>453</b>	<b>485</b>	<b>490</b>	<b>513</b>	<b>544</b>	<b>539</b>

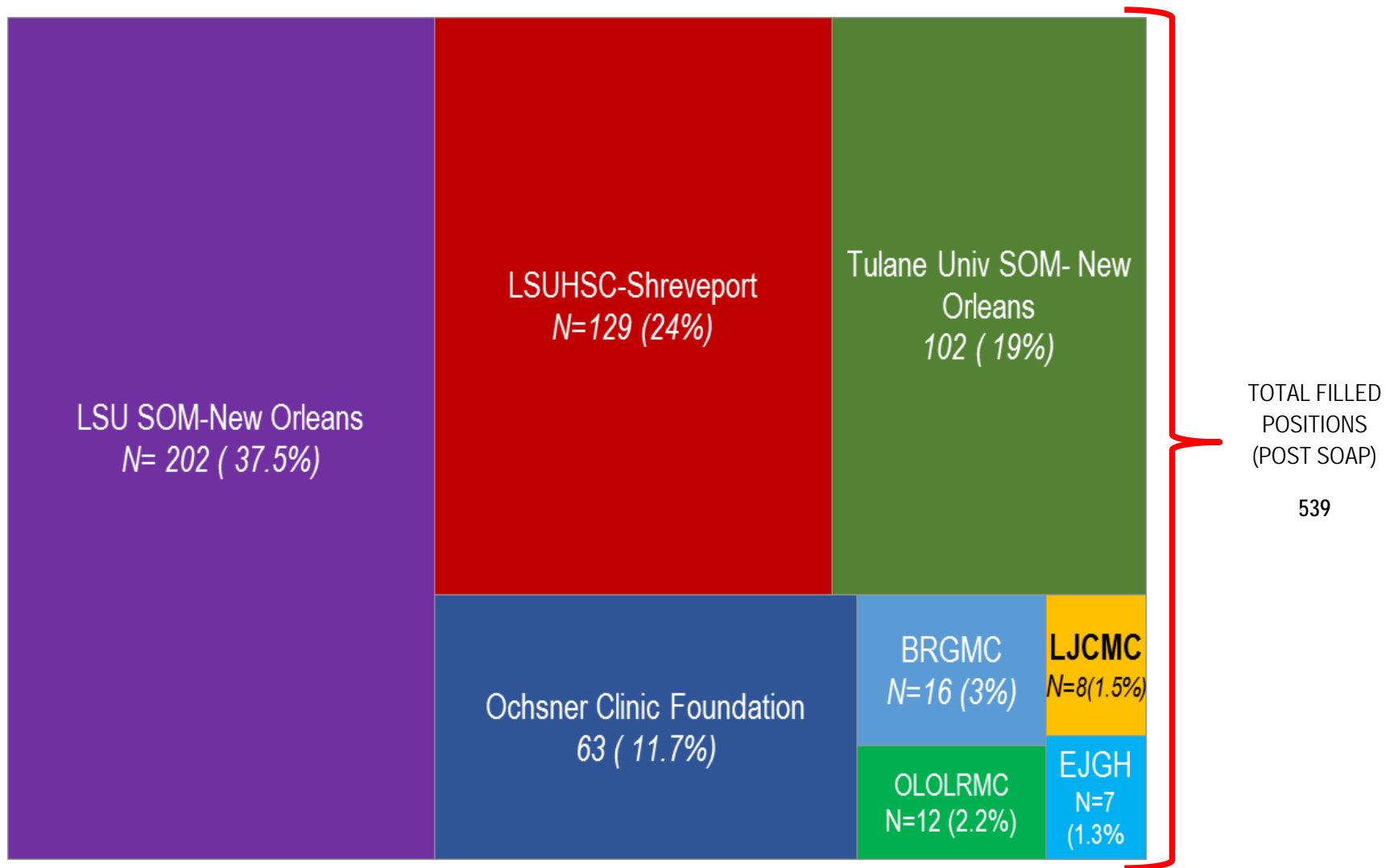


NUMBER OF LOUISIANA SENIOR MEDICAL SCHOOL GRADUATES  
&  
TOTAL NUMBER OF PGY1 & PGY2 POSITIONS FILLED

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
LA Senior Grads	426	429	431	383	404	421	453	485	490	456	499	483
LA PGY1 + PGY2 Positions Filled	407	425	409	417	394	395	410	443	464	513	544	539



# TOTAL PGY1 & PGY2 MATCH POSITION FILLED BY SPONSORING INSTITUTE



BREAKDOWN OF POSITIONS FILLED BY INSTITUTION

## 2014 NRMP MAIN MATCH

	2014 PGY1 &PGY2 RESIDENCY MATCH		2014 NRMP MAIN FELLOWSHIP MATCH		TOTAL ( RESIDENCY + FELLOWSHIP)	
	QUOTA	FILLED	QUOTA	FILLED	TOTAL QUOTA	TOTAL FILLED
LSU SOM-New Orleans	139	143	36	33	175	176
LSU SOM- Baton Rouge	35	35			35	35
University Hospitals and Clinics	16	16			16	16
LSUHSC, Lake Charles	8	8			8	8
	198	202	36	33	234	235
LSUHSC-Shreveport	115	115	27	20	142	135
E A Conway Medical Center	8	8			8	8
Rapides Reg Med Ctr, Alexandria	6	6			6	6
	129	129	27	20	156	149
Leonard J Chabert Med Ctr, Houma	8	8			8	8
Tulane Univ SOM- New Orleans	102	102	28	25	130	127
Ochsner Clinic Foundation	65	63	22	21	87	84
Our Lady of the Lake Reg Med Ctr	12	12			12	12
Baton Rouge Gen Med Ctr	16	16	2	2	18	18
East Jefferson Gen Hosp	7	7			7	7
<b>TOTAL</b>	<b>537</b>	<b>539</b>	<b>115</b>	<b>101</b>	<b>652</b>	<b>640</b>



# 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 academia, medical and community officials and providers, and with the cooperation of and benefit to the patients we serve.

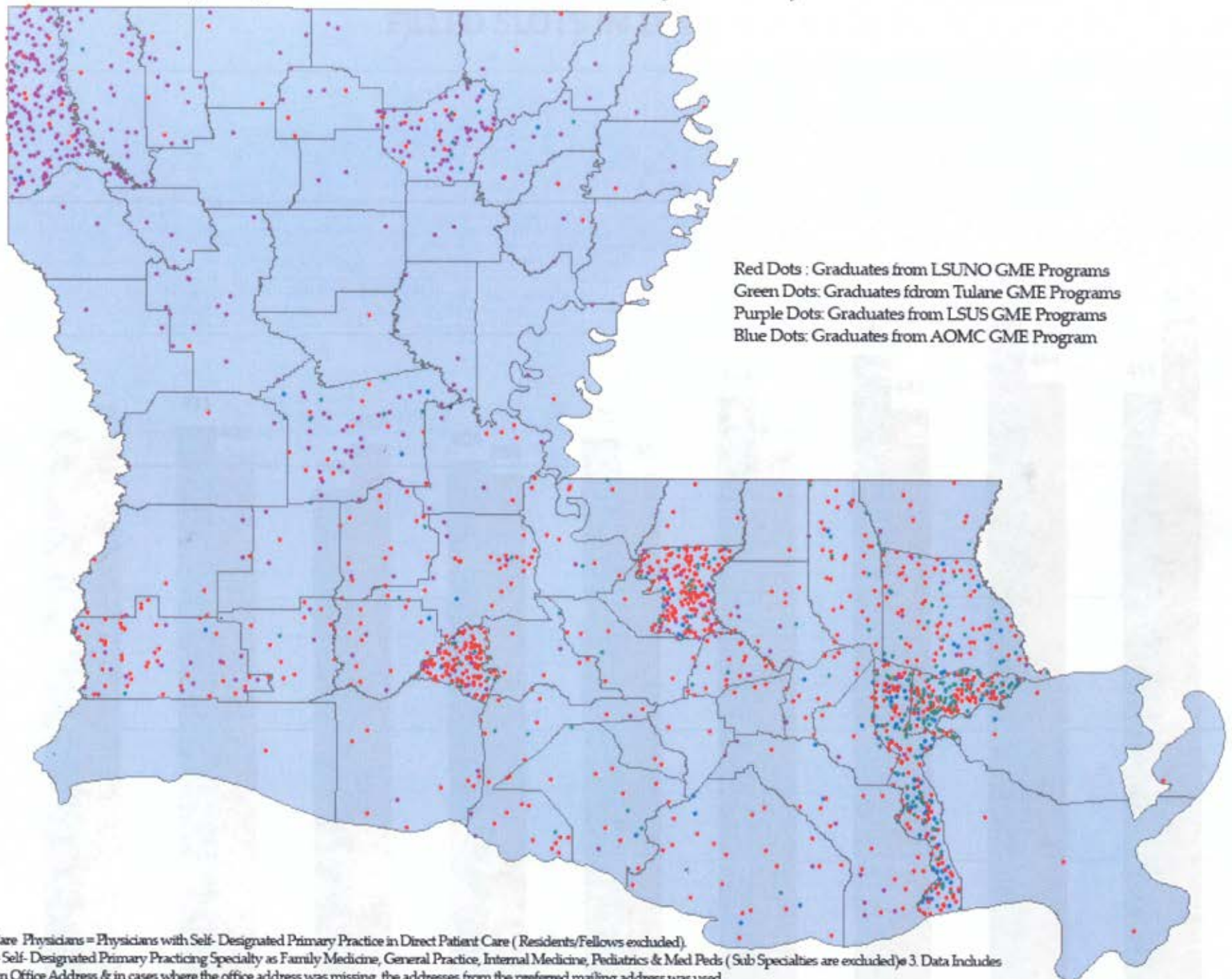
The results are comparatively better than many other states. Areas noted are the development of new GME primary care programs, increased numbers of primary care physician opportunities, retention of both graduating senior medical students and those finishing Primary Care GME programs, outreach such as telemedicine and the AHEC's (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 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 LSUHSCNO, 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.

## Dot Density Map of Active Patient Care Primary Care Physicians in Louisiana



1. Direct Patient Care Physicians = Physicians with Self-Designated Primary Practice in Direct Patient Care (Residents/Fellows excluded).

2. Primary Care = Self-Designated Primary Practicing Specialty as Family Medicine, General Practice, Internal Medicine, Pediatrics & Med Peds (Sub Specialties are excluded) 3. Data Includes Physicians with an Office Address & in cases where the office address was missing, the addresses from the preferred mailing address was used.

3. Source: AMA Physician Masterfile, 2010. Contact: Ram Paragi, MD, MPH, Office of Medical Education, LSU School of Medicine, [rparagi@lsuhsc.edu](mailto:rparagi@lsuhsc.edu)

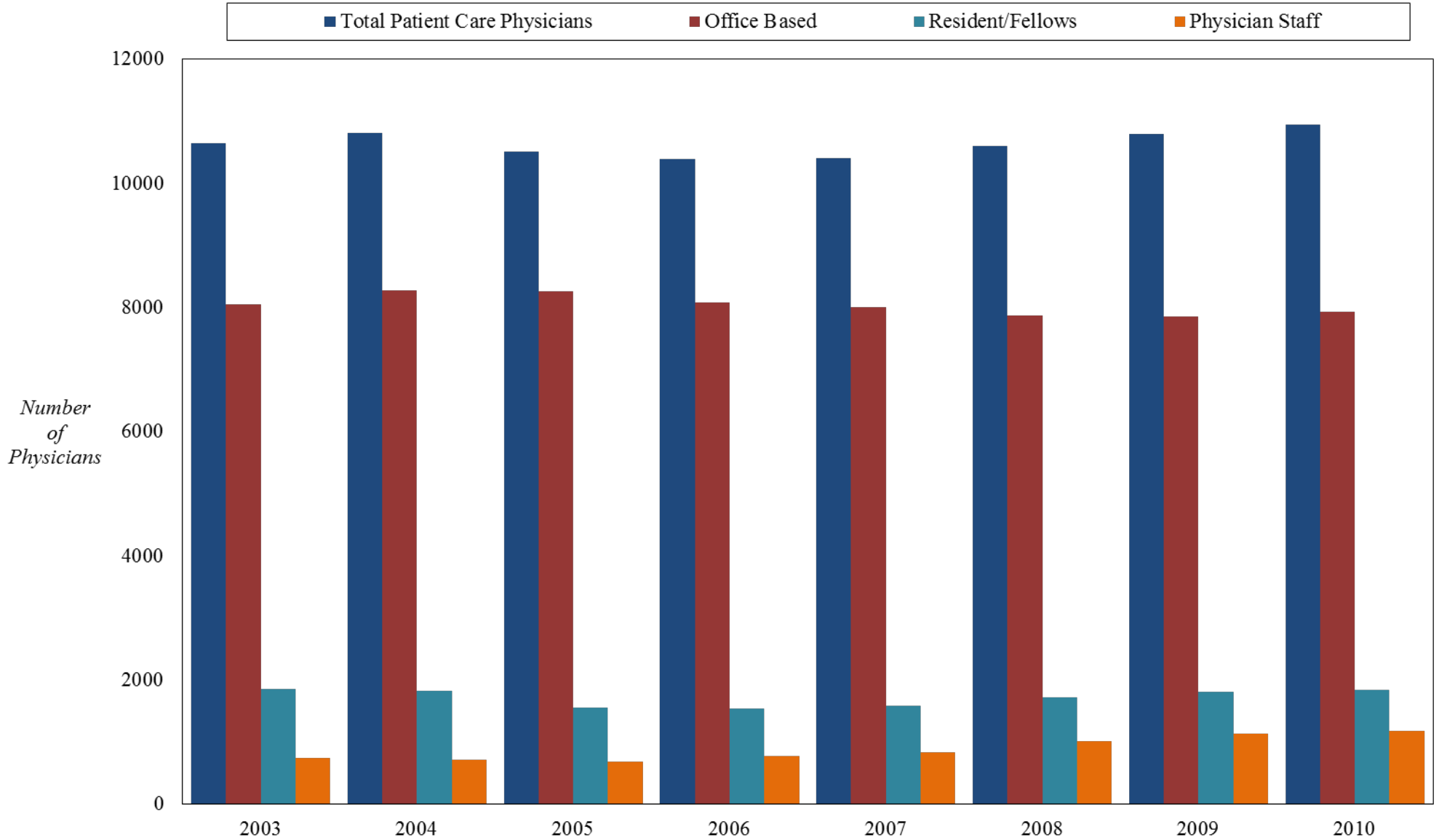
# Katrina Follow-Up

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 and exceed prior levels in GME, faculty and physicians, but the restoration is not yet complete. The recovery should be continued so that shortages of physicians in LA can be addressed from a stable base.

The shortage of physicians has been well documented, as previously reported and confirmed by national organizations. The AAMC has championed the proposal that US Medical Schools increase the senior 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 completed by about 2017. There must be a corresponding availability and/or expansion of GME to have a net gain of practicing physicians, especially in primary care. The GME piece is very important, i.e. that is where specialty choices by graduating seniors and IMG's (International Medical Graduates) set the numbers and variety of specialists. The IMG's must be recruited in at least the same numbers and fill some of the slots available to appreciate the overall increase in GME.

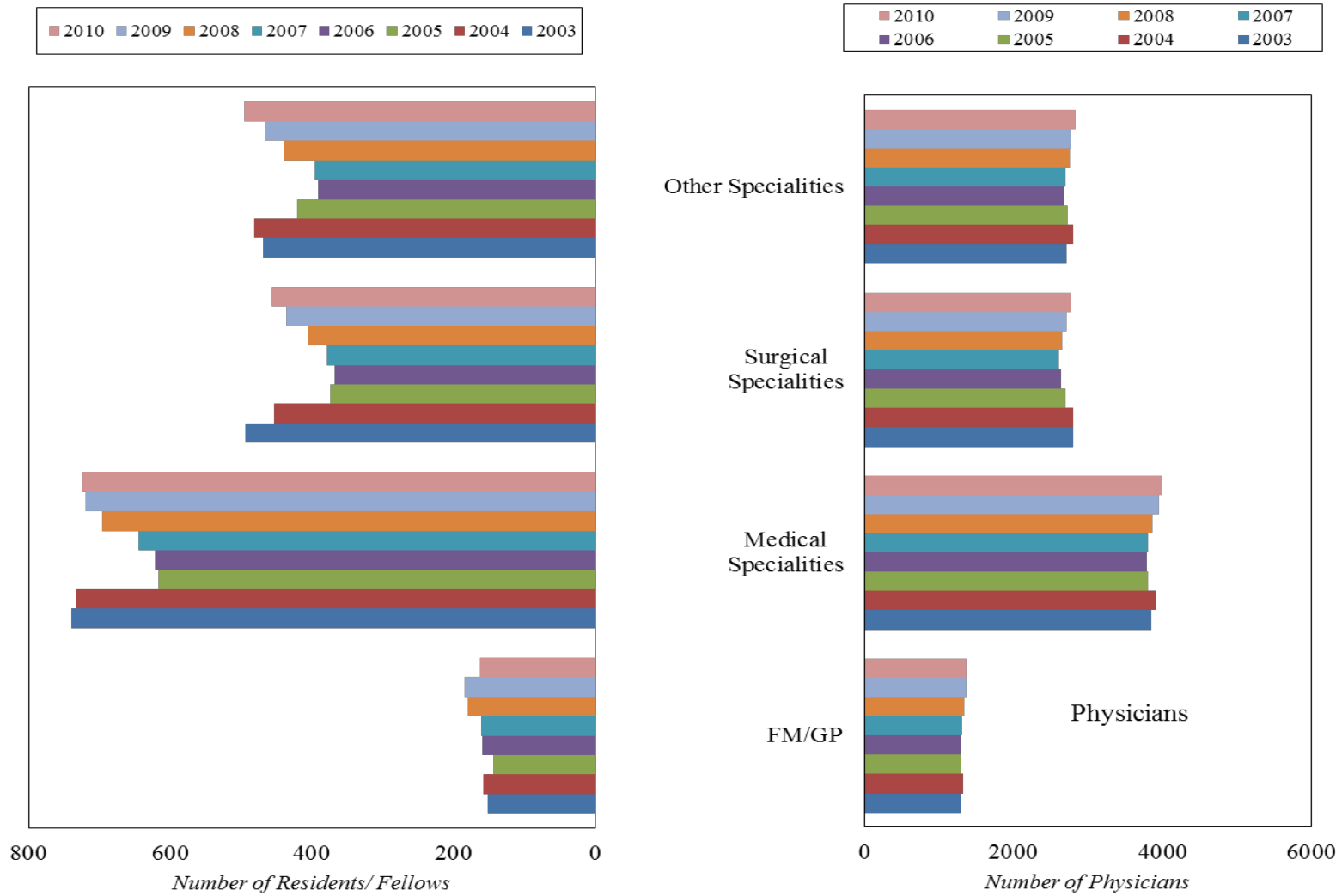
The major events are changing GME in LA and the US, interrupting the movement as well as the quantitative aspects of the system. The damage from Katrina was like a leak in the pipe, with patching and attempted restoration. The movement in medical school and GME expansion is a widening of the pipeline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

## LOUISIANA PHYSICIANS BY SELF-DESIGNATED ACTIVITY



Reference: *Physician Characteristics & Distribution, 2005-2012 editions, Division of Survey & Data Resources, American Medical Association, 2003-12.*

# Louisiana Physicians & Residents by Self- Designated Specialty & Activity



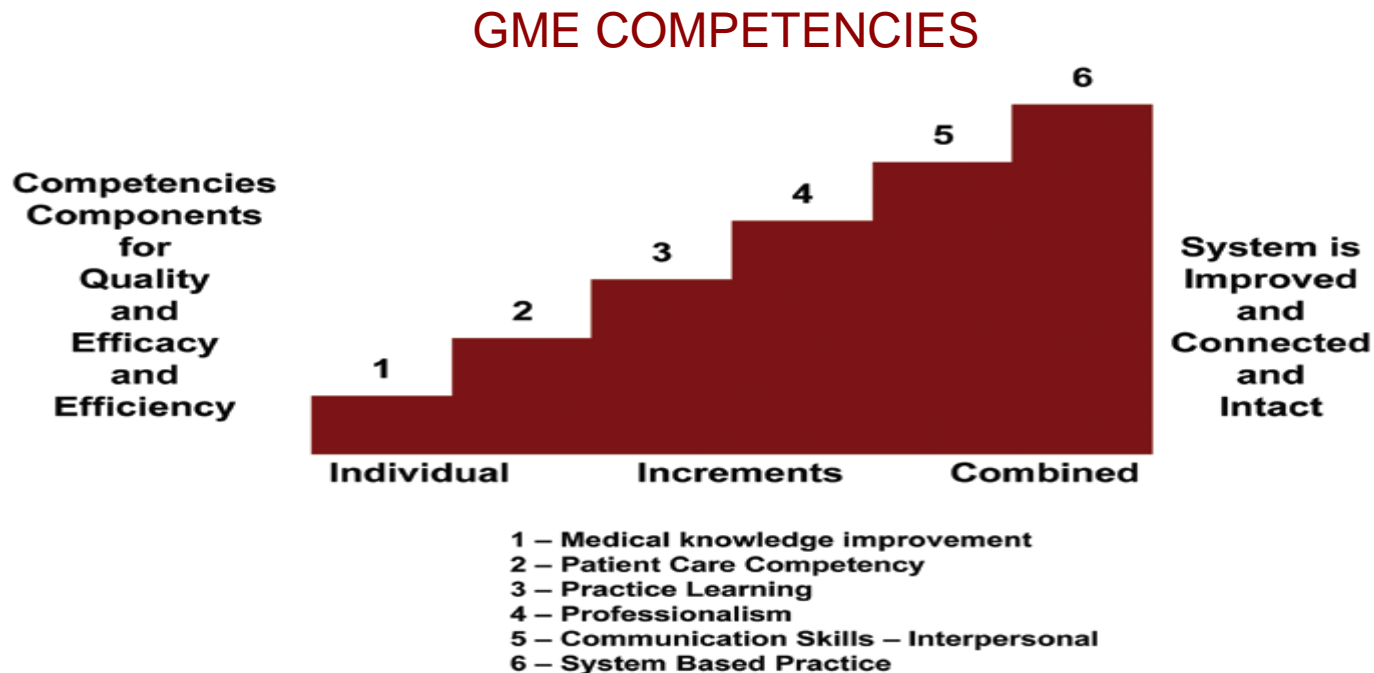
Reference: Physician Characteristics & Distribution, 2005-2012 editions, Division of Survey & Data Resources, American Medical Association, 2003-12.

# What is the Role of GME in the US Health Care System?

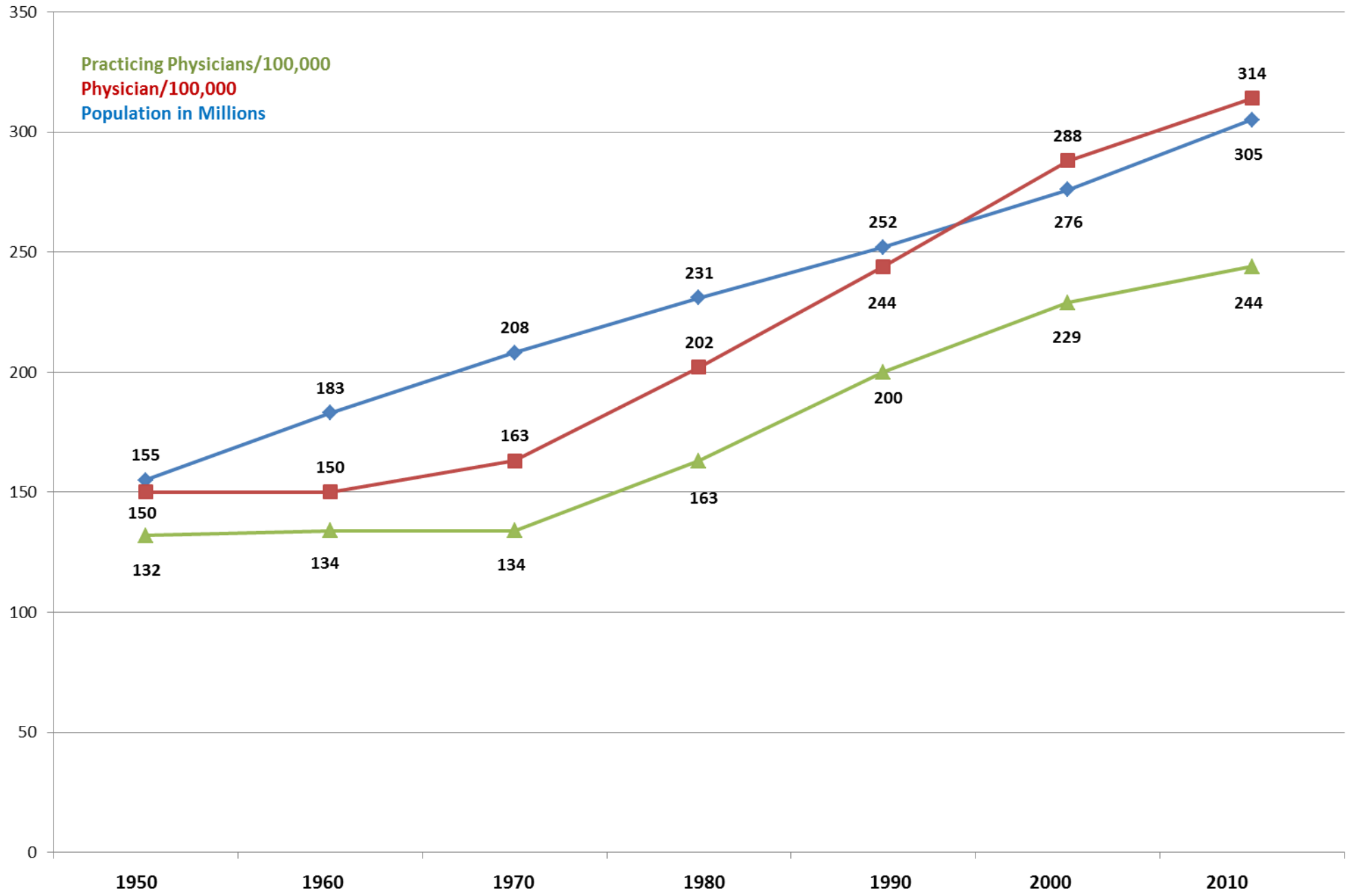
The education of Residents and Fellows, after medical school, is a public/private partnership. GME is central in the supply of physicians, advanced education after medical school and before practice, a required accredited experience, and the chronologic place of specialty choices and mobility.

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.

Competencies 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.



# US Population In Millions and Practicing Physicians per 100,000: Parallel Growth Over 60 Years





# Supply has Started Up

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

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

## **The conclusion is that:**

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

The present remaining open positions after the annual NRMP match are mostly in primary care, i.e. Family Medicine, Internal Medicine, Pediatrics, Ob-Gyn, and Med-Peds. The new positions being created i.e., by expanding and new medical schools also include a preponderance of primary care GME. The graduates will face increasing competition for all positions of the available specialty positions. Some will move into primary care, not necessarily their first choice. Since the physician shortage is and will be in both primary and specialty care, more GME positions in specialties will be necessary. As the number of PGY-1 open positions is now lower than the number of acceptable applicants, the spread of filled positions geographically will likely occur even more than now.

More GME in the home state will help ameliorate some losses to other states at the GME level. The current picture, a snapshot of GME in Louisiana, can be superimposed on similar findings and averages of the United States. These pictures are in motion, always changing, creeping incrementally ahead. So Louisiana is unlike any other state, but tracks and trends to the US; evolving, planning, and incorporating goals and implementation relating closely to the U.S.

## Supply has Started Up (*continued*)

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.

## Recent Increase in Medical Students in US Medical Schools and in GME The Gain, The Cap, and the Gap\*

Line	Name	2003-'04	'04-'05	'05-'06	'06-'07	'07-'08	'08-'09	'09-'10	'10-'11	'11-'12	Comment		
A	Steady <b>Gain*</b> Medical Students	Total #			67,166	67,296	68,280	69,028	70,349	71,119	73,082	74,394	75,911
B	Start small	# Added each year	-----			130	984	748	1,321	770	1,963	1,312	1,512
C	About 40% of goal	Avg. increment/yr				1,005/year 8 years = 1.5%							
D		**Total ÷ 4 (#/class)		16,791	16,824	17,070	17,257	17,587	17,780	18,445	18,595	18,848	
*****													
E		GME total		99,964	101,291	103,106	104,897	106,012	108,176	109,840	111,586	113,427	
F	Each year up but uneven	# Added each yr	-----			1,327	1,815	1,773	1,333	2,164	1,664	1,746	1,841
G	Remove <b>Cap*</b>	Avg. increment/yr				1,583/year for 8 years = 1.6%							
H	Approximation is close	**GME total ÷ 4		24,991	25,323	25,777	26,220	26,503	27,044	27,460	27,896	28,357	
I	Filled positions	PGY-1 No prior GME		22,444	22,788	23,325	23,587	23,759	24,560	25,075	25,292	25,538	
J	Need more About 10% of goal	# Added each year				344	537	262	172	801	515	217	246
											+387/year for 8 years = 1.7%		
*****													
K	Must continue if full increase goal is met	Gap for IMG's and others/yr		5,653	5,964	6,255	6,330	6,172					
											Average <b>Gap*</b> 6180 = steady/year		

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

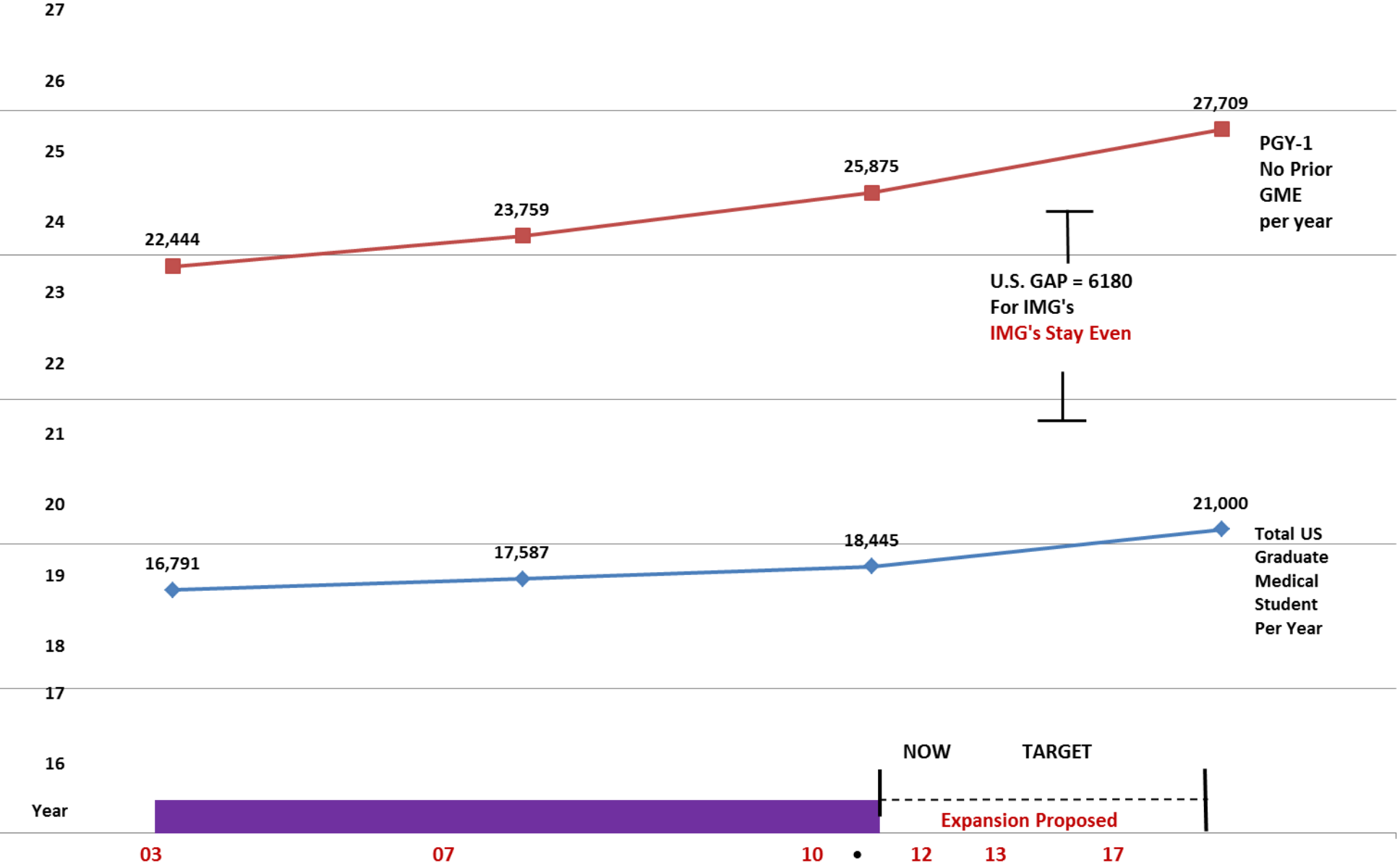
\*\*JLSMS - The Yearly Cycle of Physician Supply: Use of a Simple Formula for Renewal - JLSMS 2010

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

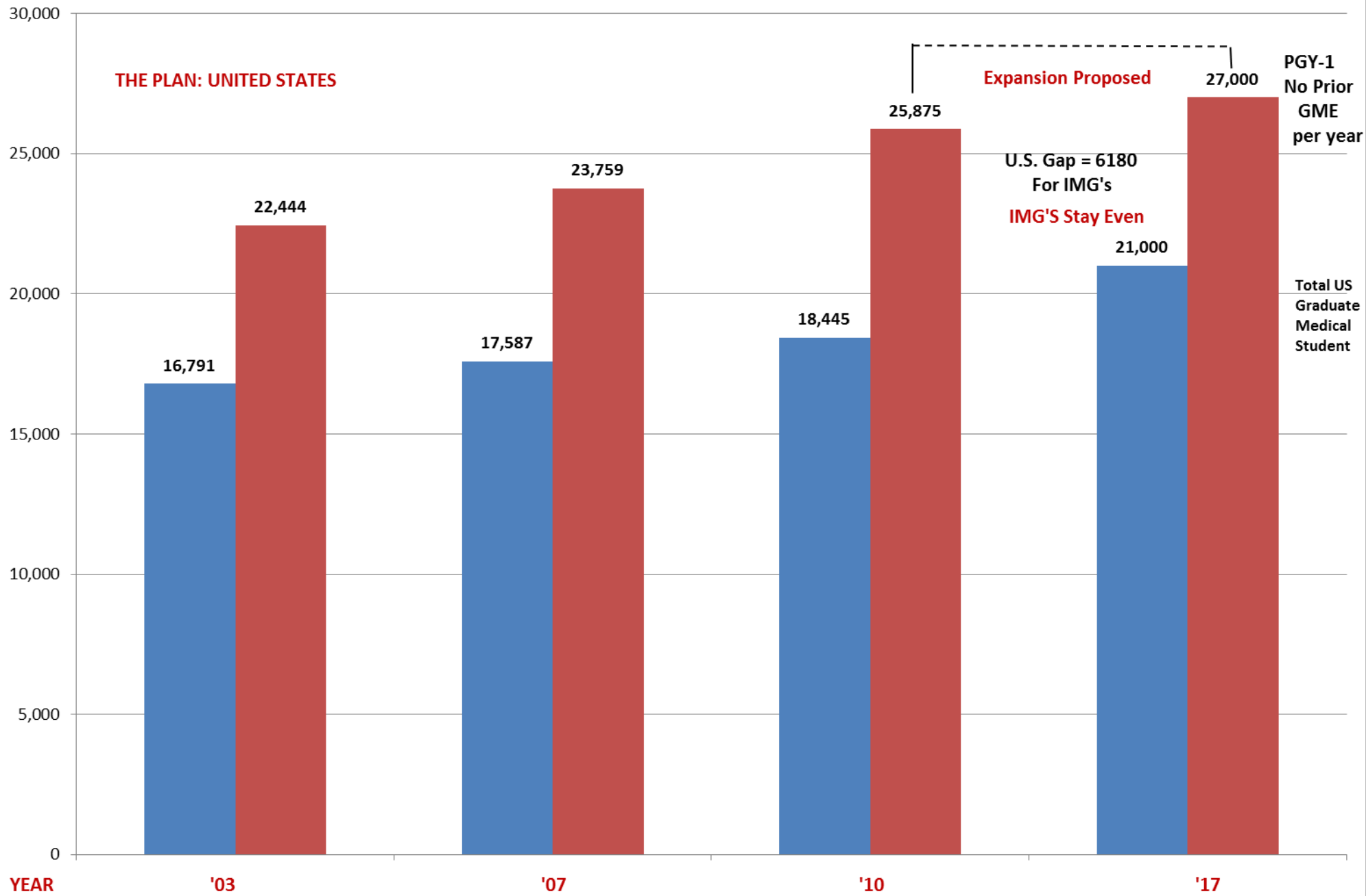
# PHYSICIAN PIPELINE

Thousands

## THE PLAN: United States



# PHYSICIAN PIPELINE\*



## **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</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 MEMORIAL HOSPITAL, 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>OLOL</b>	–	<b>OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER, BATON ROUGE, 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>

**INSERT INSTITUTIONAL MATCH RESULTS**

**Comparing Resident Pay Scales to AAMC Survey Data**

<b>Medical Education Commission Scale</b>								<b>Required Stipend To Keep Pace WITH AAMC 2013-14 Weighted Regional Mean</b>						
<b>PGY</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2007-08 to 2013-14 \$ Change</b>	<b>2007-08 to 2013-14 % Change</b>	<b>Average Annual % Change</b>	<b>\$</b>	<b>%</b>	<b>\$ Change over 13-14</b>	<b>% Change over 13-14</b>
1	\$42,757	\$44,168	\$44,168	\$44,168	\$44,168	\$44,168	\$44,168	\$1,411	3.30%	0.55%	\$ 48,327		\$ 4,159	9.42%
2	\$44,015	\$45,467	\$45,500	\$45,500	\$45,500	\$45,500	\$45,500	\$1,485	3.37%	0.56%	\$ 49,947		\$ 4,447	9.77%
3	\$45,620	\$47,125	\$47,179	\$47,179	\$47,179	\$47,179	\$47,179	\$1,559	3.42%	0.57%	\$ 51,656		\$ 4,477	9.49%
4	\$47,463	\$49,029	\$49,029	\$49,029	\$49,029	\$49,029	\$49,029	\$1,566	3.30%	0.55%	\$ 53,648		\$ 4,619	9.42%
5	\$49,100	\$50,720	\$50,720	\$50,720	\$50,720	\$50,720	\$50,720	\$1,620	3.30%	0.55%	\$ 55,917		\$ 5,197	10.25%
6	\$51,247	\$52,938	\$52,938	\$54,029	\$54,029	\$54,029	\$54,029	\$2,782	5.43%	0.91%	\$ 58,341		\$ 4,312	7.98%

**AAMC Weighted Mean Resident/Fellow Stipends- South Region**

<b>PGY</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2007-08 to 2013-14 \$ Change</b>	<b>2007-08 to 2013-14 % Change</b>	<b>Average Annual % Change</b>
1	\$ 42,687	\$ 44,321	\$ 45,123	\$ 46,179	\$ 46,942	\$ 47,549	\$ 48,327	\$ 5,640	13.21%	2.20%
2	\$ 44,022	\$ 45,758	\$ 46,594	\$ 47,573	\$ 48,439	\$ 49,057	\$ 49,947	\$ 5,925	13.46%	2.24%
3	\$ 45,521	\$ 47,268	\$ 48,196	\$ 49,175	\$ 50,128	\$ 50,672	\$ 51,656	\$ 6,135	13.48%	2.25%
4	\$ 47,232	\$ 49,096	\$ 49,962	\$ 51,027	\$ 51,719	\$ 52,466	\$ 53,648	\$ 6,416	13.58%	2.26%
5	\$ 49,174	\$ 50,953	\$ 51,870	\$ 52,999	\$ 53,577	\$ 54,613	\$ 55,917	\$ 6,743	13.71%	2.29%
6	\$ 51,134	\$ 53,126	\$ 54,029	\$ 55,231	\$ 55,816	\$ 56,819	\$ 58,341	\$ 7,207	14.09%	2.35%

1. The AAMC regional means are available through 2013-14. Table 4, Weighted Mean Resident/Fellow Stipends Nationwide by Region is used from the AAMC Survey of Resident/Fellow Stipends and Benefits, October 2013.



## Historical MEC Stipend Levels

	<u>HO I</u>	<u>HO II</u>	<u>HO III</u>	<u>HO IV</u>	<u>HO V</u>	<u>HO VI</u>
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
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
2010-11	\$ 44,168	\$ 45,500	\$ 47,179	\$ 49,029	\$ 50,720	\$ 54,029
2011-12	\$ 44,168	\$ 45,500	\$ 47,179	\$ 49,029	\$ 50,720	\$ 54,029
2012-13	\$ 44,168	\$ 45,500	\$ 47,179	\$ 49,029	\$ 50,720	\$ 54,029
2013-14	\$ 44,168	\$ 45,500	\$ 47,179	\$ 49,029	\$ 50,720	\$ 54,029

\*Does not reflect fellow stipends

# Medical Education Commission

## RECOMMENDATIONS

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

The repair and rejuvenation of Katrina damaged institutions is the number one recommendation: A ten year plan is underway to identify the number of medical students and GME appropriate, 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.

### **I. Long-term: Institutional Commitment:**

- 1) State fund reductions in some years for the public hospitals have created serious difficulties, including establishing stable plans. New arrangements are underway to support these hospitals.
- 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 in both primary and specialty care are needed to recruit an increased supply of senior medical students.

- 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.

**II. 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. The incorporation of these requests into the budget cycle of the Teaching 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 under such circumstances.
- 2) Salary assurances for the resident match program filled positions are important in timing and continuity of funding.
- 3) Adequate funds to support all of the GME in the 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.

**III. 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.

**IV. Communication:**

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