

The Medical Education Commission



Fifteenth Annual Report: 2012

Contents

Chancellor's Report _____	5	Medical Students & Graduate Medical Trends in US	
Announcement _____	6	The GAIN, The CAP & the GAP _____	40
Introduction 2012 _____	7	The Louisiana Plan is Parallel US Averages _____	41
GME in Louisiana _____	8	Louisiana Medical School Graduates v/s NRMP Match positions offered _____	42
Medical Education Commission _____	9	The Louisiana Medical School Class Size Increases	
Matched PGY1 Level Residency Positions		Compared to PGY-1 Increase* _____	43
by Applicant Type: 200 -2012 National Data _____	10	Parallel Rises in the US Senior Medical Students and PGY-1	
Louisiana Graduate Medical Education 2012 Positions Offered and Filled _____	11	JAMA Data Over 8 Years _____	44
2012 Louisiana Match Data by Applicant Type		Physician Pipeline _____	45
(MAIN Match- Does not include Scramble numbers) _____	12	Physician Pipeline* _____	46
The Match 2011 _____	13	LSU School of Dentistry (LSUSD) _____	47
Observations on Match		LSU Health _____	49
State of Louisiana 2012 _____	14	Institution Abbreviations _____	50
Match-Filled Positions 2012		Louisiana State University Health Sciences Center	
PGY-1 and PGY-2 _____	15	School of Medicine - New Orleans _____	51
Hospital/Institutional Match 2004-2012		Earl K Long Medical Center _____	53
PGY-1 and PGY-2 Eight Year Match Cohorts Sequence _____	16	University Medical Center - Lafayette _____	54
Match Filled Positions PGY-1 and New PGY-2 _____	17	Tulane University School Of Medicine _____	55
Match 2011 After the Scramble _____	18	Ochsner Clinic Foundation _____	57
Medical Match Trends		Louisiana State University Health Sciences Center	
Louisiana Senior Graduates 2012 _____	19	School of Medicine - Shreveport _____	58
Match Trends in Louisiana 2011		Baton Rouge Medical Center _____	60
Senior Graduates and PGY-1 _____	20	East Jefferson General Hospital _____	60
Match Trends in Louisiana 2012		Leonard J Chabert Medical Center _____	61
Senior Graduates And PGY-1 _____	21	Our Lady of The Lake Regional Medical Center Baton Rouge _____	61
Physicians Retained from Graduate Medical Education _____	22	Medical Center of Louisiana at New Orleans _____	62
Numbers of Senior Medical Graduates		By Speciality _____	64
And PGY-1 & PGY-2 Filled Slots in Louisiana _____	24	Comparing Resident Pay Scales to AAMC Survey Data _____	67
Primary Care GME Primary Care Trends		Historical MEC Stipend Levels _____	68
1997 to 2010 _____	26	Medical Education Commission Recommendations _____	69
Dot Density Map of Active Patient Care Primary Care Physicians			
in Louisiana _____	27		
Louisiana Physicians by Self-Designated Activity _____	28		
Katrina Follow-Up _____	31		
Physicians in Louisiana 2003-2010 _____	32		
5 Year Total Practice _____	33		
Louisiana 5 Year Specialties GME Regarding Katrina _____	34		
What is the Role of GME in the US Health Care System?			
GME Competencies _____	35		
US Population in Millions and Practicing Physicians Per 100,000:			
Parallel Growth Over 60 Years _____	36		
Supply Has Started Up _____	37		
US Medical School size (total enrollment) vs			
Total Resident Physicians in US GME Programs _____	39		

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 28, 2012

Dear Secretary Greenstein:

The Medical Education Commission has compiled this Fifteenth Annual Report 2012. The Louisiana medical schools and teaching hospitals provide data for Medical Education Commission, which allow for the tracking of this critical health care workforce data.

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

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

I am pleased to endorse this report and the work of the Commission, and encourage your acceptance and ongoing support. Reductions have been proposed that will reduce this success, worse than Katrina. a 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 restoration 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 to this 2012 annual report. The 2012 comprehensive fte annual data will be put on the website along with 2011. This report and prior publications are available on the LSUHSC website at www.lsuhs.edu/administration, where presentations are included and upgraded, past and present. In addition, the MEC annually submits a scientific article for publication in the journal of the Louisiana State Medical Society. A bibliography of recent publications is included:

- 1) Neumann JA; Sessions BA; Ali J; and Rigby PG: Louisiana Physician Population Trends: Will Increase in Supply Meet Demand? J LA State Med Soc 2011; vol 164:33-37.
- 2) Rigby PG, Pinsky W, Braun K, Wiese J, et al. The Medical Education Commission Report 2008-2009: Louisiana GME Plan is Tracking U.S. Averages. J LA State Med Soc. 2010; Vol. 162, pp 165-174.
- 3) Rigby PG, Pinsky W, Braun K, Wiese J, et al. The Medical Education Commission Report 2007: GME is recovering from Katrina. J LA State Med Soc. 2009; Vol. 161:32-40
- 4) Rigby PG. Physician Production is at a Steady Supply, but Demand for Physician Services is Increasing. J LA State Med Soc March/April 2004; 156:89-92
- 5) Sessions BA, Hilton CW, Chauvin SW, et al. Forecasting Change in Louisiana Physician Age Cohorts: 1994-2020. J LA State Med Soc March/April 2006; 158:81-84
- 6) Rigby PG, Pinsky WW, Amedee R, et al. The Medical Education Commission Report 2004: The Competition for Physician Recruitment is Increasing. J LA State Med Soc March/April 2005; 157:103-109.
- 7) Rigby PG, Foulks E, Pinsky WW, et al. The Medical Education Commission Report 2003: GME Production Renews Physician Supply. J LA State Med Soc 2003; 155:271-278.
- 8) Rigby PG, Foulks E, Pinsky WW, et al. The Medical Education Commission Report on Trends of Graduate Medical Education in 2002. J LA State Med Soc 2002; 154:262-268.
- 9) Rigby PG, Foulks E, Riddick FA, et al. The Medical Education Commission Report on Trends in Graduate Medical Education in 2001. J LA State Med Soc 2001; 154:411-418.
- 10) Rigby PG, Foulks E., Riddick FA, et al. The Medical Education Commission Report at the Turn of the New Millennium 2000. J LA State Med Soc 2000; 152:386-391.
- 11) Hilton CW, Plauche' WG, Rigby PG. Projecting Physician Supply at a State Level: Physicians in Louisiana in 2001 and 2006. So Med J 1998; 91:914-918.

INTRODUCTION 2012

The Fifteenth 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 fifteenth 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 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 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, 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 2012 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
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Contact Louise Baker for questions and requests.

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GME IN LOUISIANA

EXECUTIVE SUMMARY

The success of graduate medical education (GME) in Louisiana has been recognized nationally and internationally for more than 100 years. The growth of GME in Louisiana and the U.S. had been continuous in quality and quantity; a dynamic process based on the reputation, expertise, capacity, and commitment of the States academic institutions. Katrina interceded and interrupted GME in LA; challenging the continuity, shifting the geography, and altering the kinetics of operation and support. Recovery from losses in not yet complete, but well underway.

The interesting and unique feature of this arrangement in Louisiana is the major role of the State public hospitals in a statewide healthcare delivery system inextricably linked with health professional students and GME programs. Sixty percent of all residents and fellows in Louisiana had been assigned and trained in these public and private hospitals at any point in time, and practically all had this experience in the course of their training programs. The patient care in these hospitals could not be provided in any other cost-effective way. The hospitals in New Orleans suffered severe damage from Katrina, closing Medical Center of Louisiana at New Orleans (MCLANO). The other hospitals swelled with patients and accommodated many more students and residents. These GME programs still are the major source of future physicians in Louisiana. The continuity, stability and quality improvement in GME are essential for the academic institutions, the public hospitals, and for enlightened public policy. The key to the future of GME is to building the new University Hospital to replace the former Charity Hospital and to realizing the cooperative effort to implement all GME in Louisiana.

The State of Louisiana is 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 (295). 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 Fifteenth 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, 2012. The recommendation is to maintain the GME numbers and the stipends at the level of the Southern Regional Average, for recruitment of the highest quality future physicians. To restore GME to pre-Karina 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.

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 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.

2012 RESULTS AND TRENDS

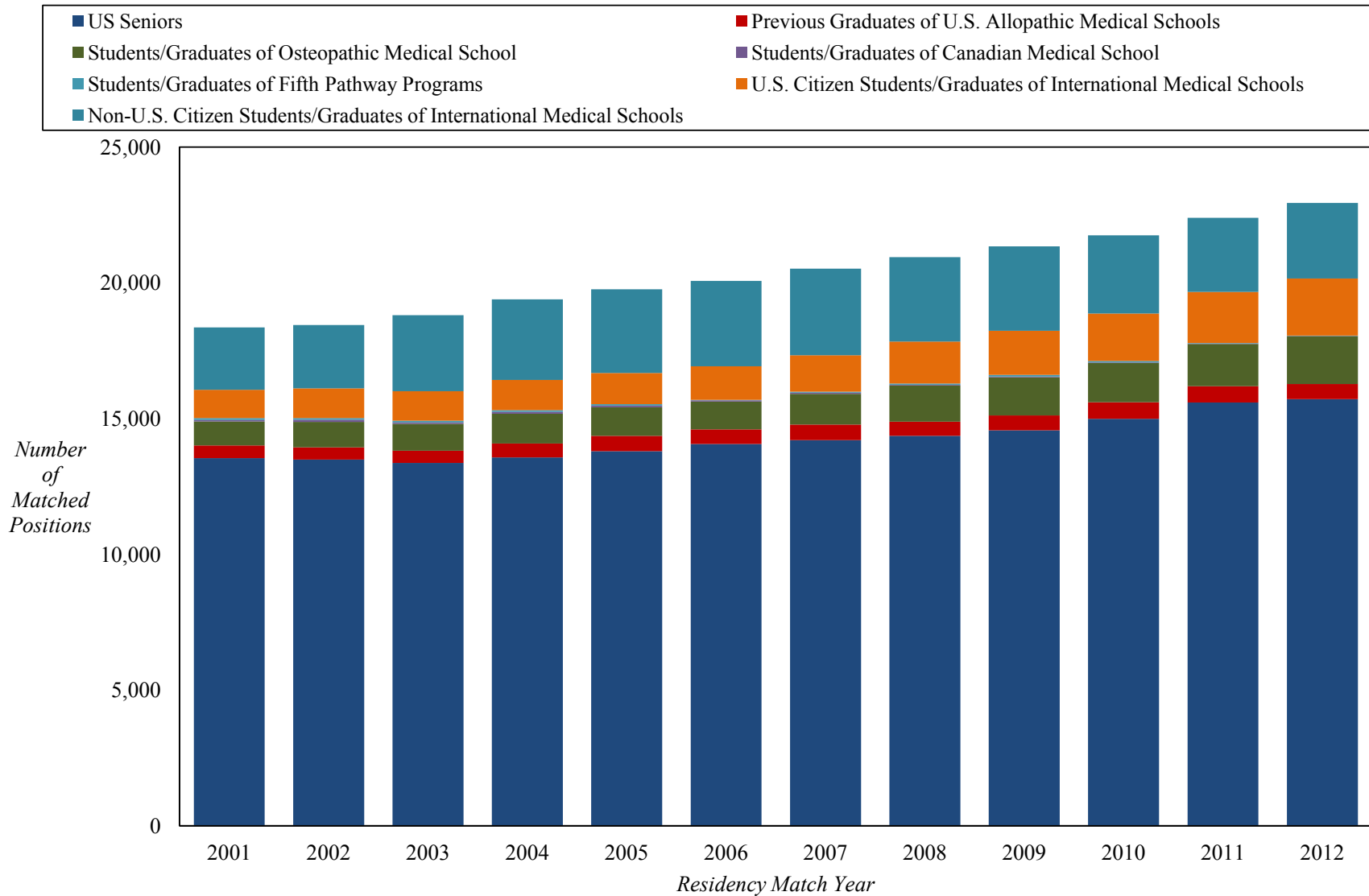
The results of the 2004 to 2012 matching processes are represented in the following tables and graphics: The offered residency positions in GME, PGY-1 and PGY-2, by GME programs in Louisiana show the number of matched and filled positions for the particular year. Pie charts depict institutional proportions on the match in 2012. The data on post scrambles.

Total LA PGY-1 slots filled (492) post "scramble" were back up. PGY-2 recruitment in the NMRP match adds up for a grand total of 513 for 2012.

The number of graduating seniors in Louisiana from its three medical schools increased to 456, still ahead of past totals.

Of interest is that the PGY-1 places offered are presently more than the number of senior graduates, and the graduating seniors leaving the state are replaced by recruitment of out-of-state medical graduates.

MATCHED PGY1 LEVEL RESIDENCY POSITIONS BY APPLICANT TYPE: 2001 -2012 NATIONAL DATA



Reference: National Resident Matching Program, Results and Data: 2001- 2012 Main Residency MatchSM. National Resident Matching Program, Washington, DC. 2012

LOUISIANA GRADUATE MEDICAL EDUCATION 2012 POSITIONS OFFERED AND FILLED

	Offered	US Sr/MD	IMG/USIMG	Unfilled*
Internal Medicine	148	109	26	13
Family Medicine	60	22	26	12
Emergency Medicine	35	31	4	0
Pediatrics	44	30	6	4
Internal Medicine/Pediatrics	16	11	4	1
General Surgery	47	32	4	11
Orthopedics	12	12	0	0
Otolaryngology	10	10	0	0
Neurosurgery	4	4	0	0
Obstetrics and Gynecology	27	25	2	0
Psychiatry ALL	33	16	13	4
Anesthesiology	19	14	1	4
Radiology ALL	14	10	1	3
Pathology	9	5	0	4
Neurology	11	3	6	2
Dermatology	9	5	0	0
Physical Medicine/Rehab	6	6	0	0
Other	10	3	3	4
Total	510	351	96	63
*Before Scramble				
Total Primary Care Positions offered/Filled = 246/221 (FM, IM, MP, OG, P/MP)				
2012 La Graduates = 456				
2012 La Graduates who left state for GME = 264 (58%)				
2012 La Graduates who stayed in state for GME = 192 (42%)				

2012 LOUISIANA MATCH DATA BY APPLICANT TYPE (MAIN MATCH- DOES NOT INCLUDE SCRAMBLE NUMBERS)

	Positions Offered	Positions Filled		US Sr		US MD		DO		5th		US IMG		IMG		CAN	
		N	% Filled	N	%Sr	N	% US MD	N	% DO	N	% 5th	N	% US IMG	N	% IMG	N	% CAN
Anesthesiology	19	15	78.95	14	73.68	0	0.00	0	0.00	0	0.00	1	5.26	0	0.00	0	0.00
Child Neurology	1	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Dermatology	9	9	100.00	8	88.89	1	11.11	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Emergency Medicine	35	35	100.00	26	74.29	3	8.57	2	5.71	0	0.00	4	11.43	0	0.00	0	0.00
Emergency Medicine/ Family Medicine	2	2	100.00	1	50.00	0	0.00	0	0.00	0	0.00	1	50.00	0	0.00	0	0.00
Family Medicine	60	48	80.00	20	33.33	1	1.67	1	1.67	0	0.00	18	30.00	8	13.33	0	0.00
Internal Medicine	148	135	91.22	104	70.27	4	2.70	1	0.68	0	0.00	14	9.46	12	8.11	0	0.00
Internal Medicine/ Emergency Medicine	2	2	100.00	0	0.00	0	0.00	0	0.00	0	0.00	1	50.00	1	50.00	0	0.00
Internal Medicine/ Neurology	1	1	100.00	1	100.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Internal Medicine- Pediatrics	16	15	93.75	10	62.50	0	0.00	1	6.25	0	0.00	2	12.50	2	12.50	0	0.00
Internal Medicine- Psychiatry	2	2	100.00	2	100.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Neurological Surgery	4	4	100.00	3	75.00	0	0.00	1	25.00	0	0.00	0	0.00	0	0.00	0	0.00
Neurology	6	5	83.33	0	0.00	0	0.00	0	0.00	0	0.00	2	33.33	3	50.00	0	0.00
Neurology(PGY2)	3	3	100.00	2	66.67	0	0.00	0	0.00	0	0.00	1	33.33	0	0.00	0	0.00
Obstetrics & Gynecology	27	27	100.00	24	88.89	1	3.70	0	0.00	0	0.00	2	7.41	0	0.00	0	0.00
Orthopedic Surgery	12	12	100.00	12	100.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Otolaryngology	10	9	90.00	8	80.00	1	10.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Pathology	9	5	55.56	4	44.44	1	11.11	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Pediatrics	44	36	81.82	27	61.36	1	2.27	2	4.55	0	0.00	5	11.36	1	2.27	0	0.00
Pediatrics/Psychiatry/Child & Adolescent Psychiatry	2	1	50.00	1	50.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Physical Medicine & Rehabilitation	6	6	100.00	3	50.00	1	16.67	2	33.33	0	0.00	0	0.00	0	0.00	0	0.00
Psychiatry	29	26	89.66	11	37.93	0	0.00	2	6.90	0	0.00	10	34.48	3	10.34	0	0.00
Radiology	5	5	100.00	5	100.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Radiology (PGY2)	9	6	66.67	4	44.44	0	0.00	1	11.11	0	0.00	1	11.11	0	0.00	0	0.00
General Surgery	47	36	76.60	28	59.57	3	6.38	1	2.13	0	0.00	2	4.26	2	4.26	0	0.00
Vascular Surgery	2	2	100.00	2	100.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	510	447	87.65	320	62.75	17	3.33	14	2.75	0	0.00	64	12.55	32	6.27	0	0.00
Source: 2012 NRMP Match Data. Does not include Scramble																	

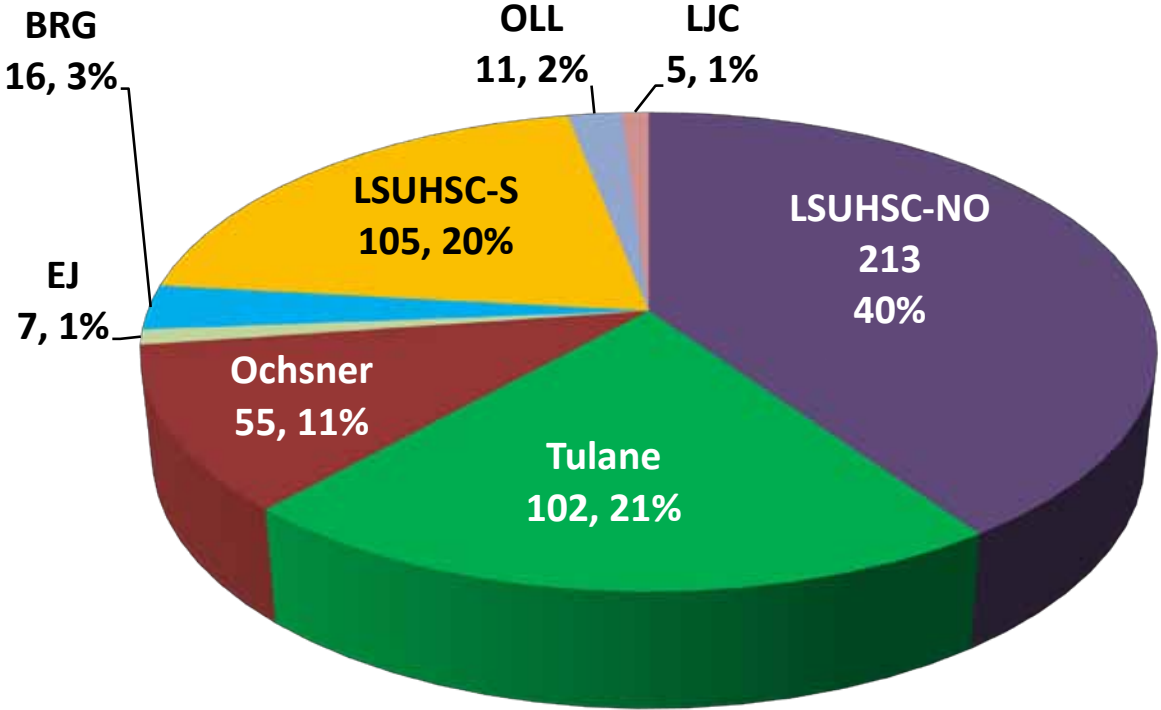
THE MATCH 2011

MEDICAL STUDENTS	PROGRAM	First Year Filled Positions (PGY-1)				Second Year Filled Positions (PGY-2)		
		PGY-1	QUOTA 2012	FILLED	OPEN	TOTAL	QUOTA 2012	FILLED
171	LSUHSC-New Orleans	140	137	3	137	9	9	0
	Earl K. Long	37	37	0	37			
	UMC	15	15	0	15			
	Lake Charles	8	8	0	8			
	Bogalusa	7	7	0	7			
	<i>Subtotal</i>		208	204	3	204		
108	LSUHSC-Shreveport	89	89	0	89	2	2	0
	N. Caddo	2	2	0	2			
	E.A. Conway	8	8	0	8			
	Alexandria	4	4	0	4			
	<i>Subtotal</i>		103	103	0	103		
	<i>LSUHSC TOTAL</i>	310	307	3	307	11	11	0
	Leonard J. Chaubert	5	5	0	5			
177	Private							
	Tulane	91	90	0	90	10	10	100
	Ochsner	55	55	0	55			
	Baton Rouge General	16	16	0	16			
	East Jefferson	7	7	0	7			
	Our Lady of the Lake	11	11	0	11			
	<i>Private Total</i>	180	179	0	179			
	<i>PGY-1</i>	495	492	3	492			
456	<i>PGY-2</i>	21	21	0	21	21	21	
	<i>Total PGY-1 & PGY-2</i>	516	513	0	513			

OBSERVATIONS ON MATCH STATE OF LOUISIANA 2012

1. Full after the scramble – 99% slots matched!
2. Total number of PGY-1 filled increased to 492
PGY-2 decreased to 21
Total both filled 513
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

MATCH-FILLED POSITIONS 2012 PGY-1 AND PGY-2



Filled Total

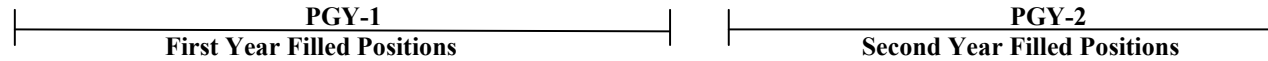
*513

*After Scramble numbers from Institutions

HOSPITAL/INSTITUTIONAL MATCH 2004-2012

PGY-1 AND PGY-2

EIGHT YEAR MATCH COHORTS SEQUENCE



Med.
School
Senior
Grads

171

108

177

Program	PGY-1 First Year Filled Positions								PGY-2 Second Year Filled Positions									
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2004	2005	2006	2007	2008	2009	2010	2011	2012
LSUHSC-New Orleans	128	113	101	106	112	114	120	118	137	13	13	5	5	5	8	8	8	9
Earl K. Long	27	26	27	34	35	34	38	36	38									
UMC	16	15	17	18	14	16	16	17	15									
Lake Charles	5	6	6	5	4	8	8	8	8									
Bogalusa						3	4	6	7									
Subtotal	169	160	151	163	165	175	186	185	204									
LSUHSC-Shreveport	63	74	81	84	79	90	87	90	89	2	3	3	3	4	3	4	4	2
N. Caddo	2	2	2	2	1	2	2	2	2									
E.A. Conway	8	8	8	8	8	8	8	8	8									
Alexandria	6	5	5	4	5	6	6	3	4									
Subtotal	79	89	96	98	93	106	103	103	103									
LSUSHC Total	248	249	247	261	258	281	289	288	307	16	16	8	8	9	11	12	12	11
Leonard J. Chaubert						5	6	5	5									
Private																		
Tulane	94	94	54	66	84	89	95	93	90	11	11	7	5	6	6	12	9	10
Ochsner	47	47	52	48	50	51	52	54	55									
Baton Rouge General	8	8	7	8	8	4	7	14	16									
East Jefferson	6	6	8	6	6	6	7	7	7									
Our Lady of the Lake							6	8	11									
Private Total	155	155	121	128	148	150	166	176	179	11	11	7	7	6	6	12	9	
PGY-1	403	404	368	389	406	436	461	469	492									
PGY-2	26	27	15	15	15	17	24	21	21	26	27	15	15	15	17	24	21	21
Total PGY-1 & PGY-2	429	431	383	404	421	453	485	490	513									
Change from Prior Year		+2	-48	+21	+17	+32	+32	+5	+23			-1	-12	0	0	+2	+7	

MATCH FILLED POSITIONS PGY-1 AND NEW PGY-2

	2005		2006		2007		2008		2009		2010		2011		2012	
LSUNO	173	40%	156	41%	168	42%	170	41%	183	40%	194	40%	193	40%	204	40%
LSUSH	92	21%	99	26%	101	25%	97	23%	109	24%	107	22%	107	21%	103	20%
L.J. CHAUBERT									5	1%	5	1%	5	1%	5	1%
TULANE	105	24%	61	16%	71	18%	90	21%	95	21%	107	22%	102	21%	100	20%
OCHSNER	47	11%	52	14%	50	12%	50	12%	51	11%	52	11%	54	11%	55	11%
BRG	8	2%	7	2%	8	2%	8	2%	4	1%	7	1%	14	3%	16	3%
E. JEFF	6	2%	8	2%	6	2%	6	2%	6	1%	7	1%	7	1%	7	1%
O. L. LAKE											6	1%	8	2%	11	2%
	431	100%	383	100%	404	100%	421	100%	453	100%	485	100%	490	100%	513	100%
YEAR'S CHANGE	Katrina Year		Net Loss-48		Net Gain +21		Net Gain +17		Net Gain +32		Net Gain +32		Net Gain +5		Net Gain +23	

MATCH 2011
AFTER THE SCRAMBLE
FAMILY MEDICINE-LOUISIANA

	QUOTA	MATCH	SCRAMBLE	TOTAL
LSUNO	6	3	3	6
UMC	7	6	1	7
LAKE CHARLES	8	7	1	8
BOGALUSA	<u>7</u>	<u>7</u>	<u>0</u>	<u>7</u>
	28	23	5	28
LSU-SHR	3	3	0	3
FM – N. CADDO	2	2	0	2
EMS – FM	2	2	0	2
ALEX – RAPIDS	4	4	0	2
EAC	<u>8</u>	<u>8</u>	<u>0</u>	<u>8</u>
	19	19	0	19
LSU Combined	47	42	5	47
EJ	7	7	0	7
BRG	<u>8</u>	<u>6</u>	<u>2</u>	<u>8</u>
	62	55	7	62

MEDICAL MATCH TRENDS LOUISIANA SENIOR GRADUATES 2012

LOUISIANA TOTALS	# Total Senior Graduates	Stay for GME in LA	% In LA	Leave LA for GME	PGY-1 Filled in LA	Out of State Entering GME in LA
1999	379	183	50%	196	411	228
2000	420	181	43%	239	404	223
2001	404	154	38%	250	394	240
2002	401	169	42%	232	384	215
2003	407	159	39%	248	414	247
2004	425	174	41%	251	403	229
2005	409	177	43%	232	404	227
2006	417	147	35%	267	368	221
2007	394	145	37%	249	389	244
2008	395	143	36%	252	406	270
2009	410	169	41%	241	436	269
2010	443	233	53%	210	461	228
2011	464	210	45%	254	466	256
2012	456	192	42%	264	492	300
Average 99-09	407	164	40%	242	401	238

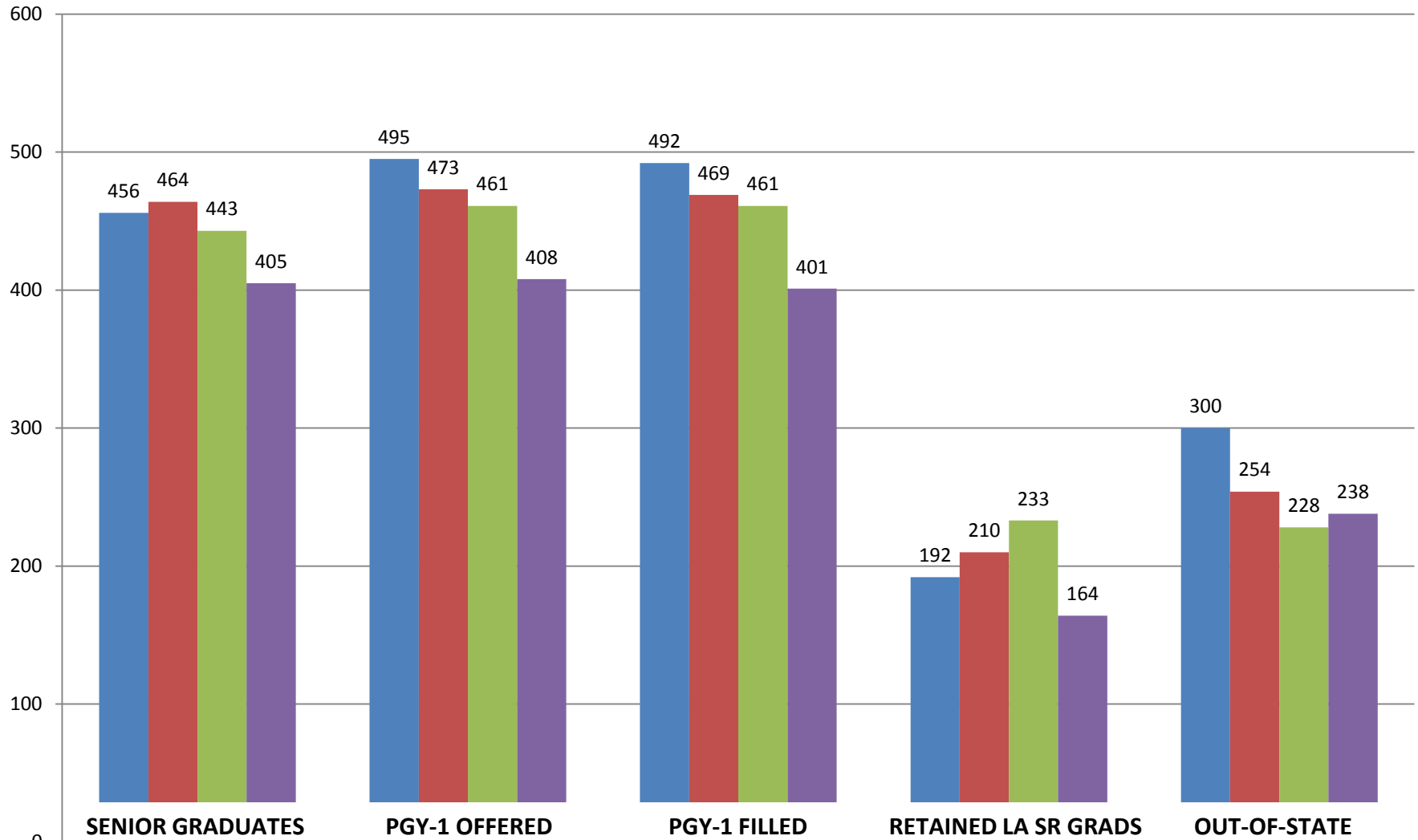
MATCH TRENDS IN LOUISIANA 2011 SENIOR GRADUATES AND PGY-1

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

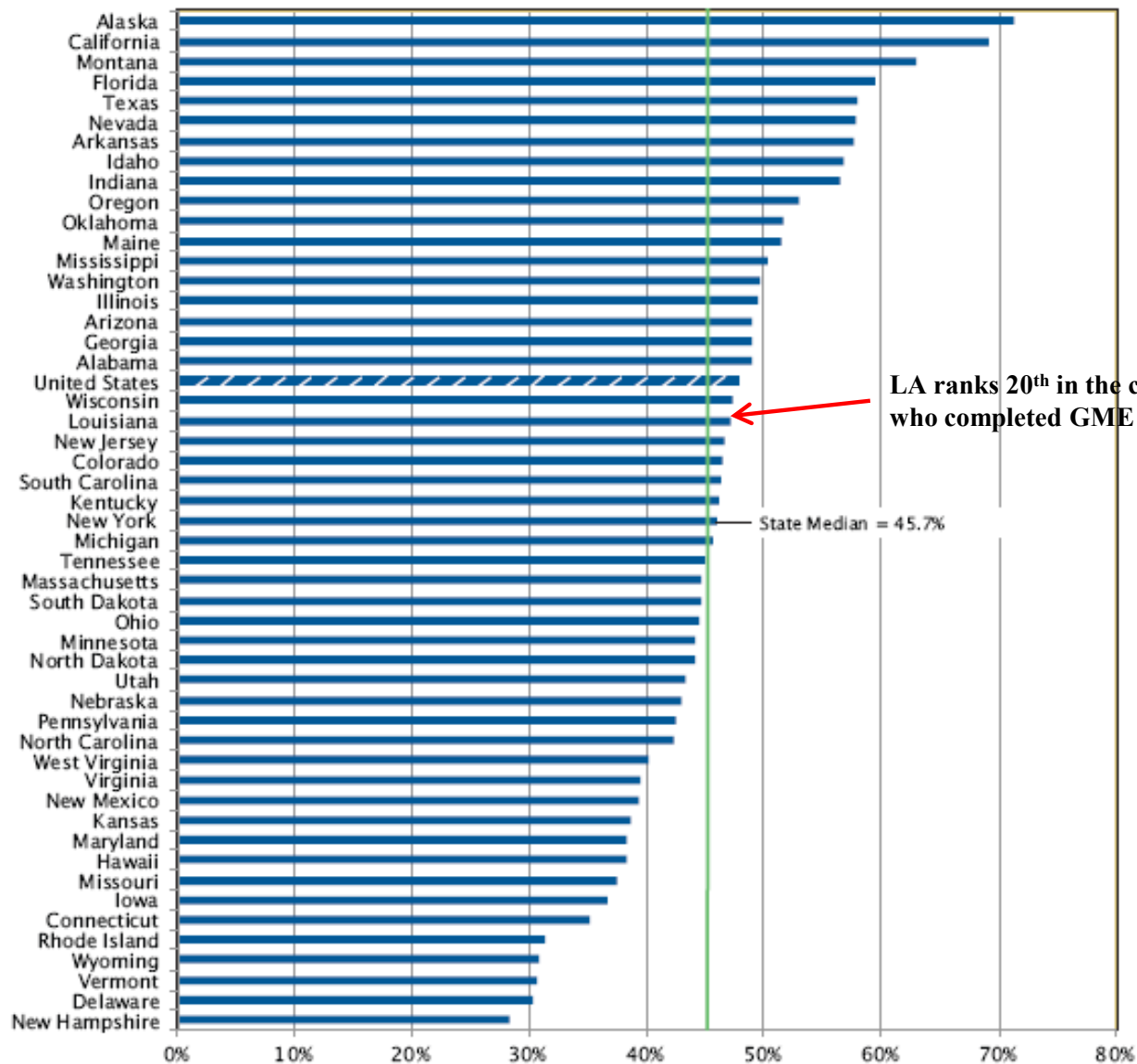
Pie Chart I depicts the institutional slices and the percentages of total NRMP Main Match. The numbers may increase slightly as programs add residents after the match and scramble.

MATCH TRENDS IN LOUISIANA 2012 SENIOR GRADUATES AND PGY-1



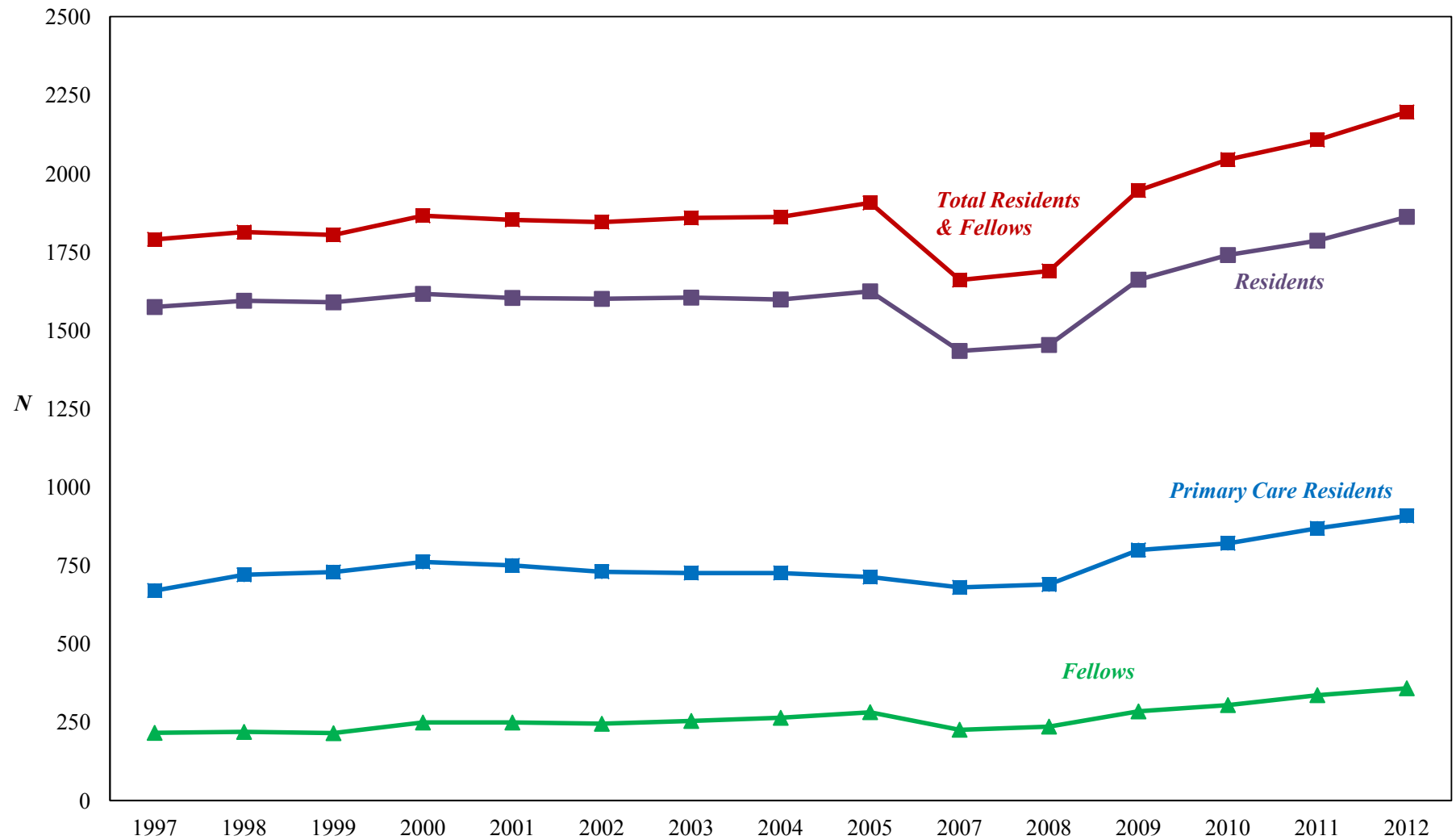
n	1	2	3	4	5
2012					
2011	456	495	492	192	300
2010	464	473	469	210	254
AVG.	443	461	461	233	228
	405	408	401	164	238

PHYSICIANS RETAINED FROM GRADUATE MEDICAL EDUCATION

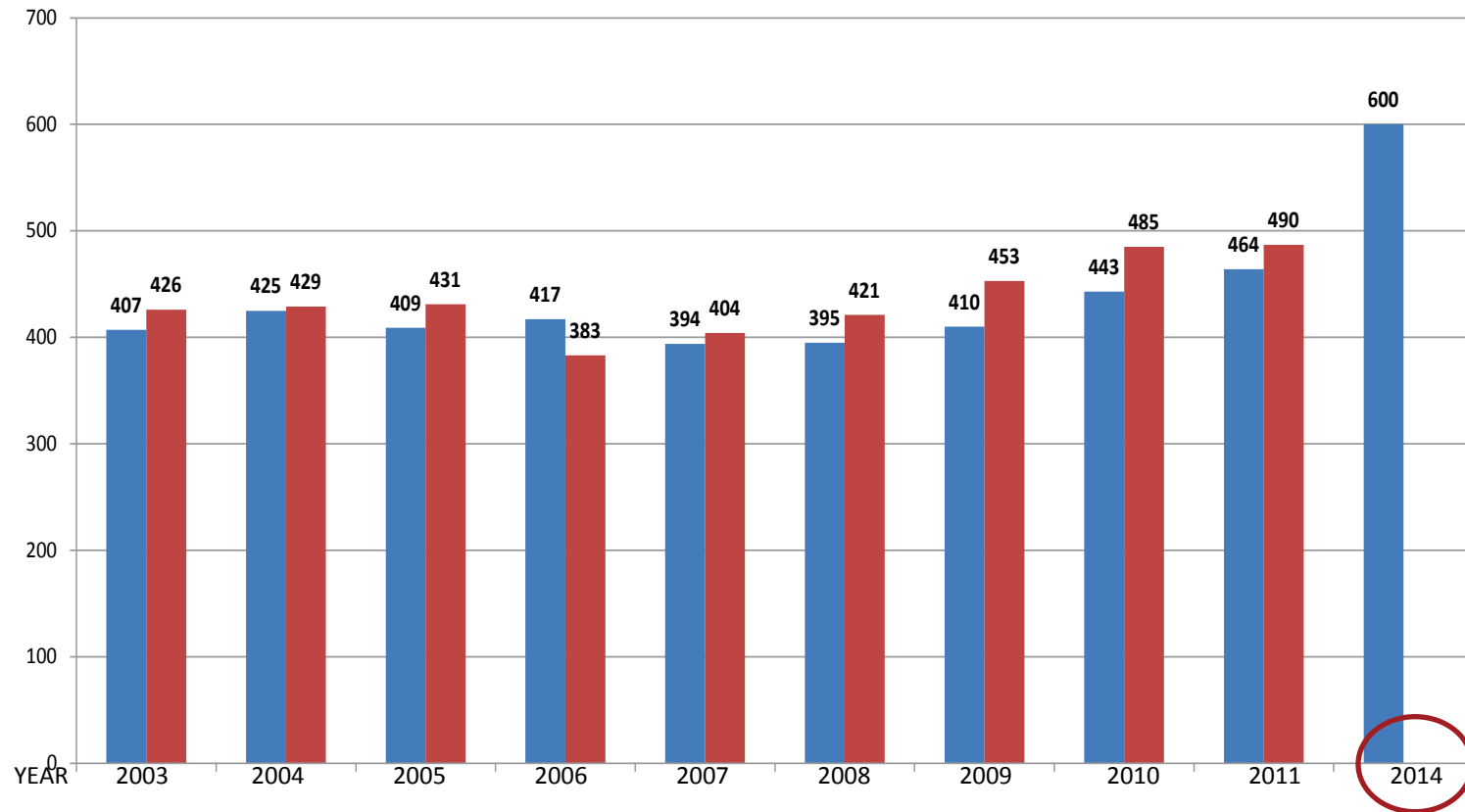


Source: AMA Physician Masterfile (December 31, 2010)

PHYSICIANS RETAINED FROM GRADUATE MEDICAL EDUCATION



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



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.

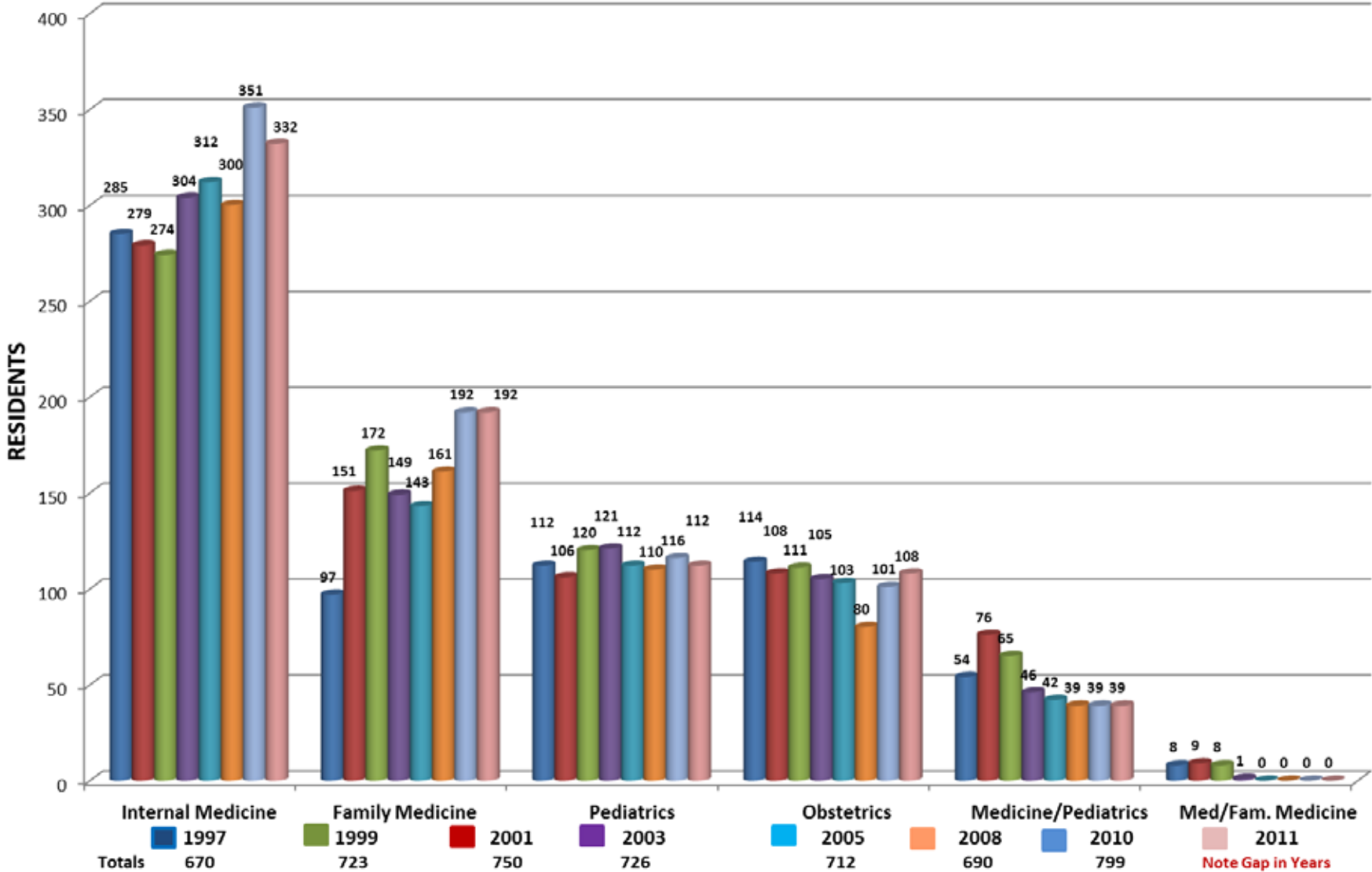
The results are comparatively better than many other states. Areas noted are the development of new GME primary care programs, increased numbers of primary care physician opportunities, retention of both graduating senior medical students and, those finishing Primary Care GME programs, applicants by 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.

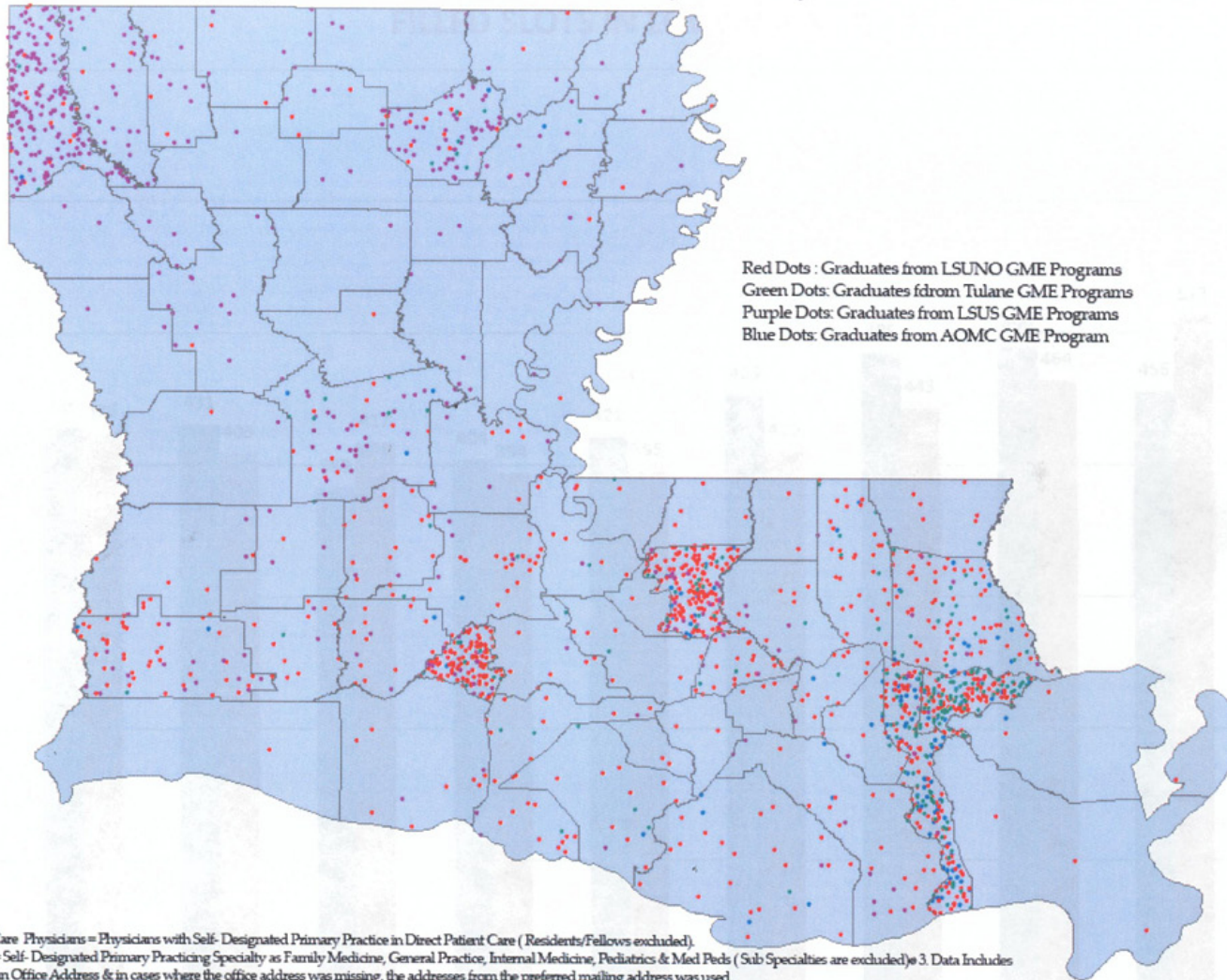
Family Medicine (FM) GME is a well-defined program; almost all (FM) graduates practice primary care, more than 90% go into practice, 75% of those finishing GME are retained in the state, and there has been expansion, leading to a new steady state.

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 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.

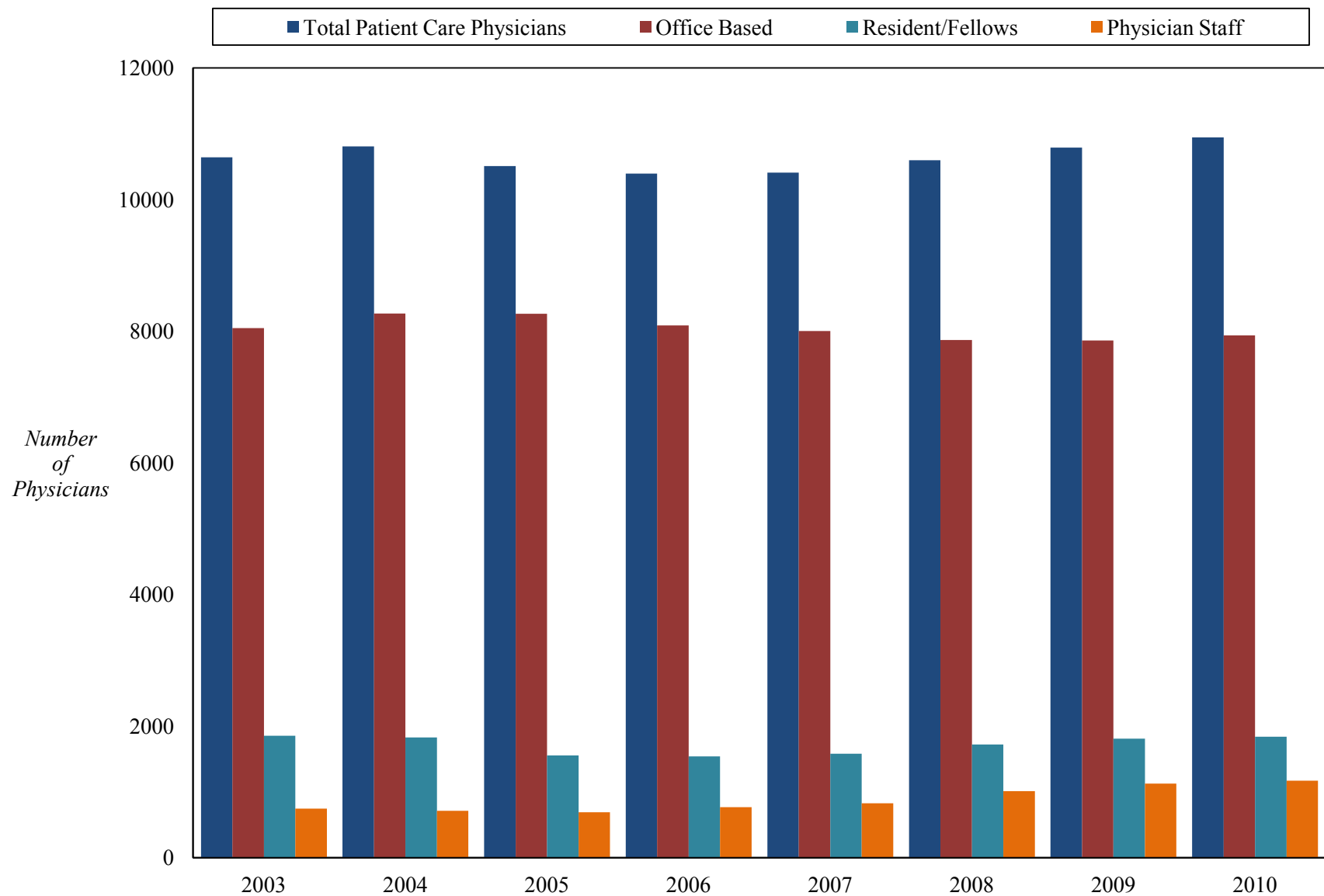
GME PRIMARY CARE TRENDS 1997 TO 2010



DOT DENSITY MAP OF ACTIVE PATIENT CARE PRIMARY CARE PHYSICIANS IN LOUISIANA

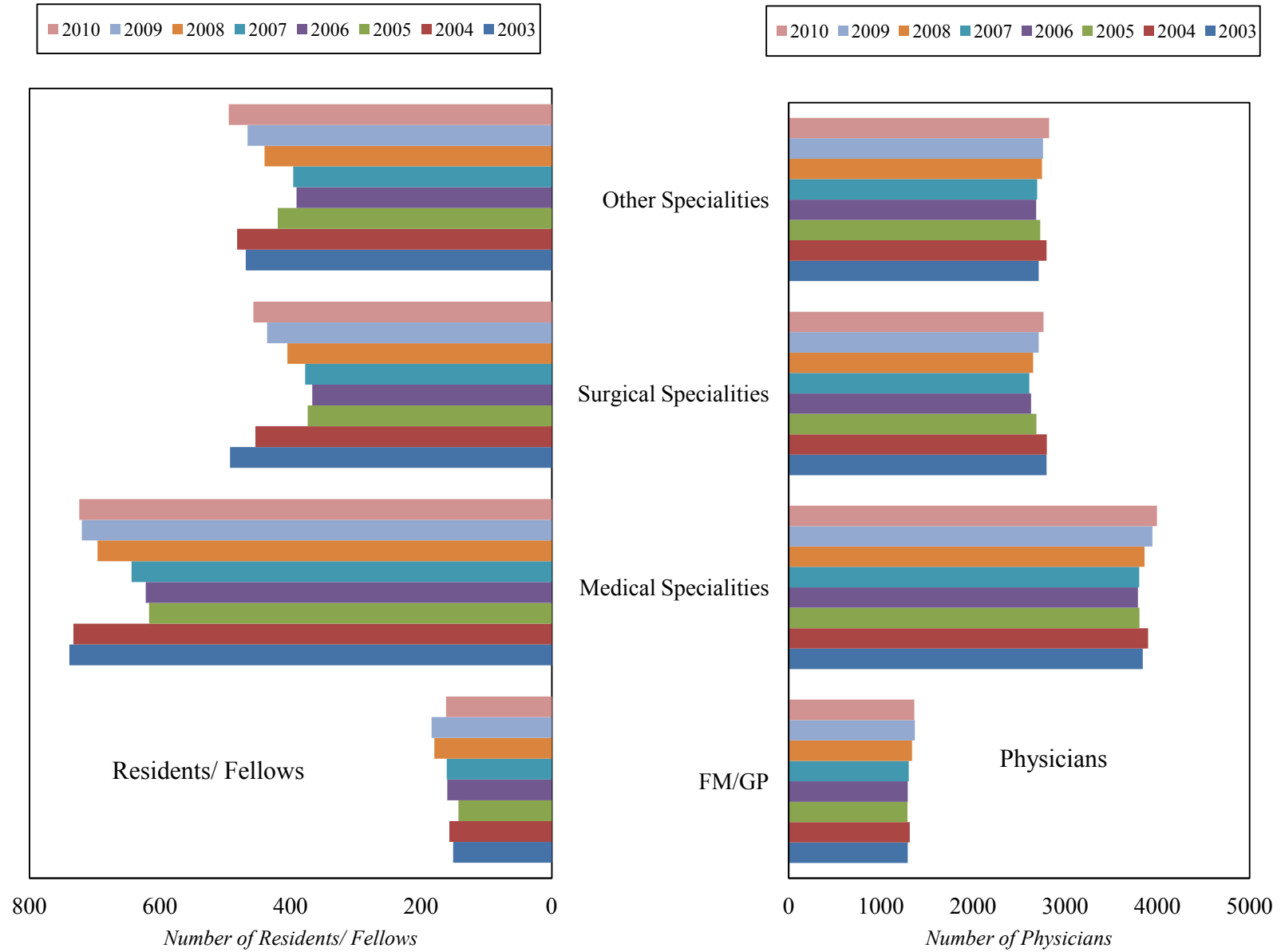


LOUISIANA PHYSICIANS BY SELF-DESIGNATED ACTIVITY



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

LOUISIANA PHYSICIANS BY SELF-DESIGNATED ACTIVITY



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

LOUISIANA PHYSICIANS BY SELF-DESIGNATED ACTIVITY

		2003	2004	2005	2006	2007	2008	2009	2010	Trend
Total Physicians		12878	12999	12650	12643	12741	13009	13323	13587	↑
Patient Care										
Total Patient Care Physicians		10643	10809	10509	10393	10410	10598	10789	10946	↑
Office Based		8046	8270	8266	8087	8004	7866	7860	7937	↓
Resident/Fellows		1852	1826	1554	1540	1579	1721	1806	1838	↓
Physician Staff		745	713	689	766	827	1011	1125	1171	↑
Other Professional Activity										
Administration		176	158	142	130	129	138	138	130	↓
Medical Reaching		190	189	193	196	189	188	194	181	↓
Research		114	106	107	97	88	84	85	84	↓
Others		45	40	38	36	37	33	34	32	↓
Not Classified		736	596	492	577	634	641	734	818	↑
In actives		974	1104	1169	1214	1254	1327	1349	1396	↑

		2003	2004	2005	2006	2007	2008	2009	2010	Trend
FM/GP										
Total Patient Care Physicians		1291	1313	1288	1292	1302	1337	1369	1363	↑
Resident/ Fellows		151	157	143	160	161	180	184	162	↑
Medical Specialties										
Total Patient Care Physicians		3841	3900	3805	3788	3803	3860	3947	3994	↑
Resident/ Fellows		739	733	617	622	644	696	720	724	↓
Surgical Specialties										
Total Patient Care Physicians		2798	2799	2687	2629	2609	2653	2713	2765	↓
Resident/ Fellows		493	454	374	367	378	405	436	457	↓
Other Specialties										
Total Patient Care Physicians		2713	2797	2729	2684	2696	2748	2760	2824	↑
Resident/ Fellows		469	482	420	391	396	440	466	495	↑
				Initial	NADER- Post-		Recovery			
				Loses	Katrina					

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

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 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 two 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.

PHYSICIANS IN LOUISIANA 2003-2010

AMA** DATA PC&D KATRINA CATAGORICAL LOSSES

AMA Category	2003	2004	2005	2006	2007	2008	2009	2010	NET GME	
Total Physicians	12,878	12,999	12,650	12,643	12,741	13,009	13,323	13,587		Overall is Up Net Loss post Katrina
*Total Patient Care (TPC)	10,643	10,809	10,509	10,393	10,410	10,598	10,789	10,946		
*Office Based	8,046	8,270	8,266	8,087	8,004	7,866	7,860	7,937		Shift from office based to Physician staff
*Resident/Fellows	1,852	1,826	1,554	1,540	1,579	1,721	1,806		1,838	
*Physician Staff	745	713	689	766	827	1,011	1,125	1,171		
Administration	176	158	142	130	129	138	138	130		More Physicians are inactive
Medical Teaching	190	189	193	196	189	188	194	181		
Research	114	106	107	97	88	84	85	84		
Other	45	40	38	36	37	33	34	32		
Not Classified	736	596	492	577	634	641	734	818		
Inactive	974	1,104	1,169	1,214	1,254	1,327	1,349	1,396		

*TPC - *GME										
GP/FM Prac	1,291	1,313	1,288	1,292	1,302	1,337	1,369	1,363		Specialty to gain
Res/Fel	151	157	143	160	161	180	184		162	
Med Prac	3,841	3,900	3,805	3,788	3,803	3,860	3,947	3,994		Surgical Specialty loses
Res/Fel	739	733	617	622	644		720		724	
Surg. Specialty	2,798	2,799	2,687	2,629	2,609	2,653	2,713	2,765		
Res/Fel	493	454	374	367	378	405	436		457	
Other Specialty	2,713	2,797	2,729	2,684	2,696	2,748	276	2,824		
Res/Fel	469	482	420	391	396	440	466		495	
								10,946	1,838	

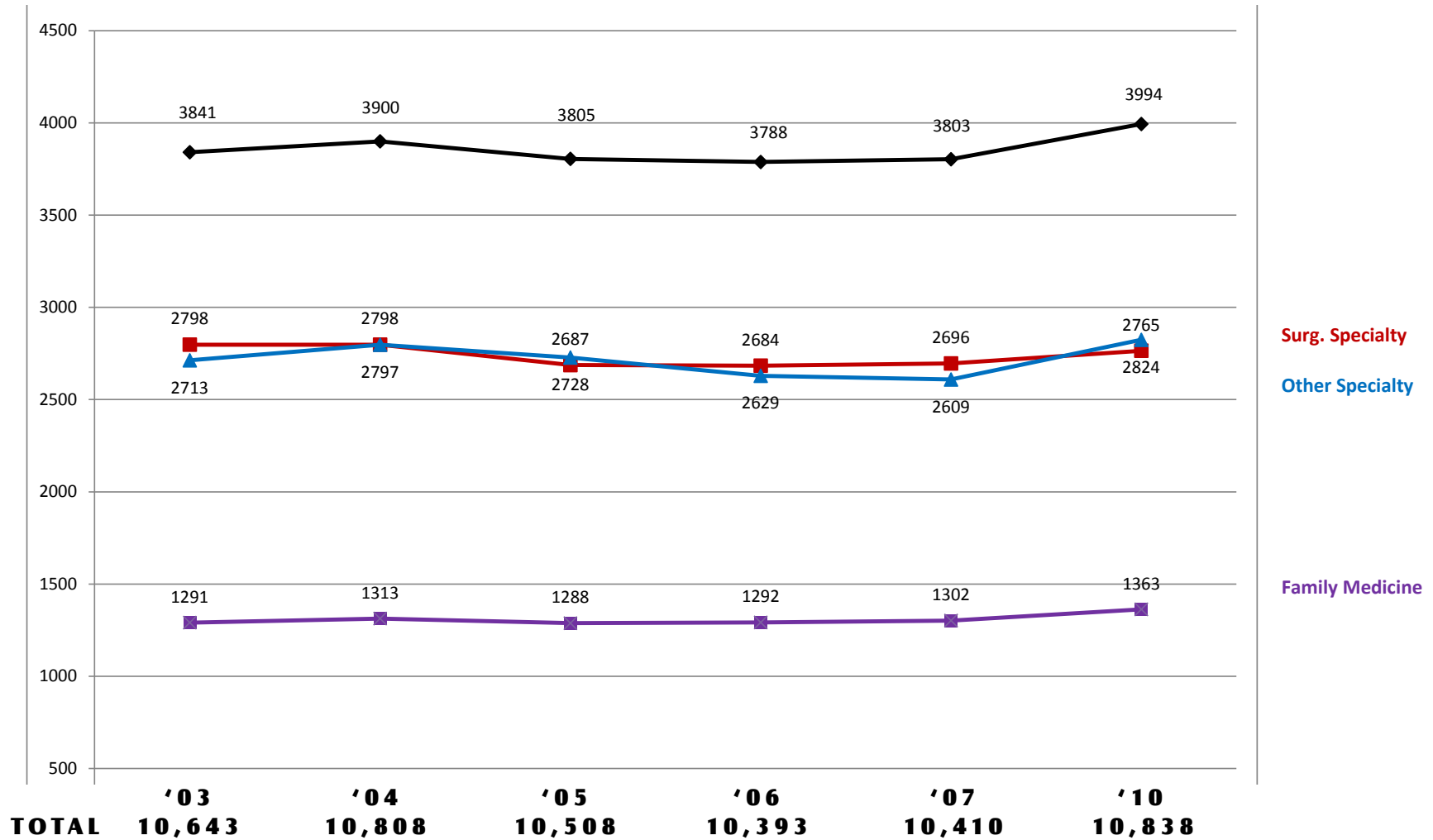
Initial Losses |
 NADER Post-Katrina |
 Recovery |
 Loss of Office-based Physicians
About 300 GME were lost and regained

*Note: Resident/Fellows number is within Total Patient Care numbers as is Office-Based and Physician staff.

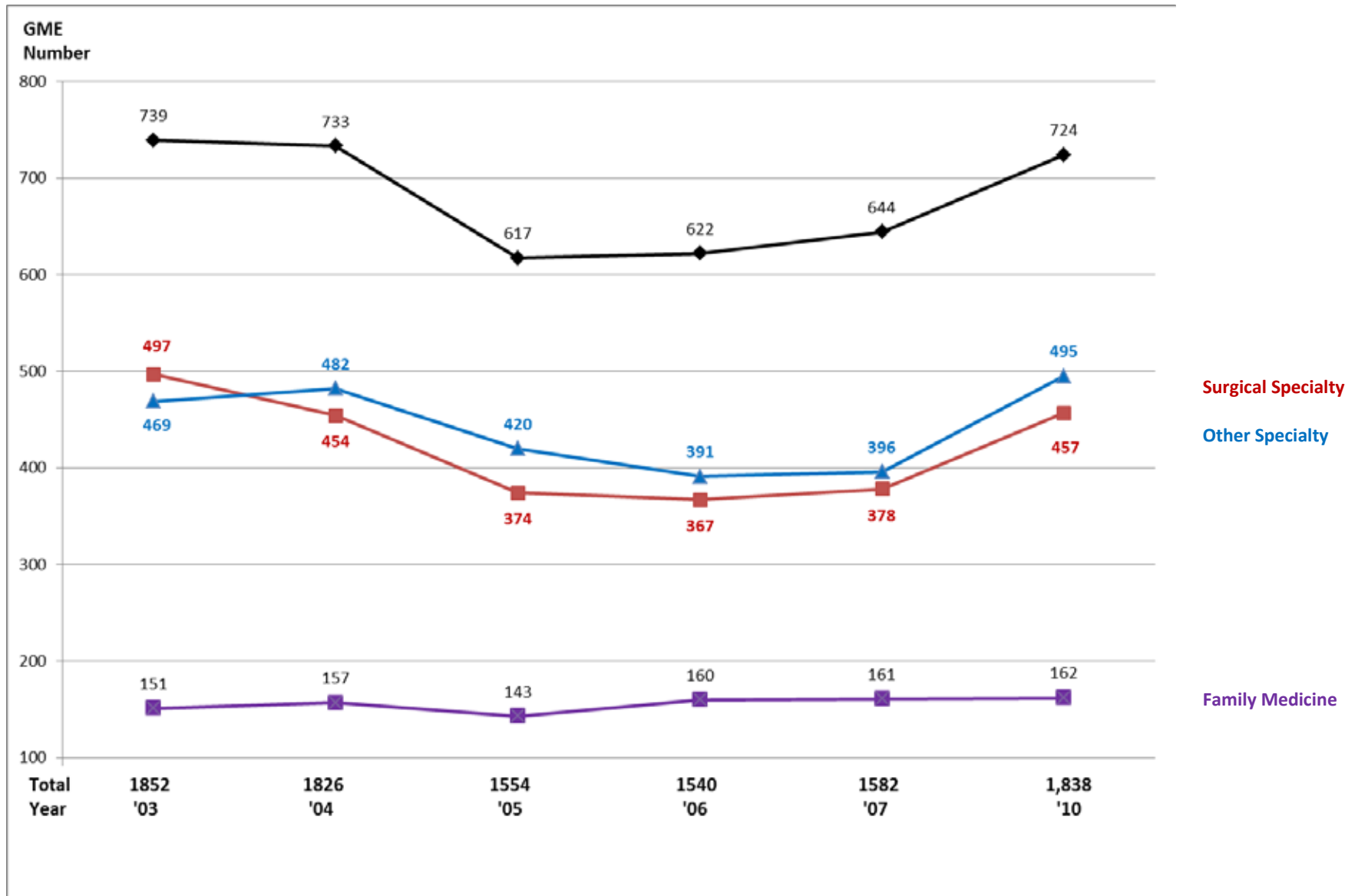
**Physician Characteristics and Distribution data for 2003-2012

The collection of six consecutive years of AMA data depicts the pre and post Katrina changes in GME, and in physician numbers and types; these downs and ups reveal interesting trends and conclusions about the size of change and speed of restoration.

5 YEAR TOTAL PRACTICE (INCLUDING GME) REGARDING KATRINA



LOUISIANA 5 YEAR SPECIALTIES GME REGARDING KATRINA



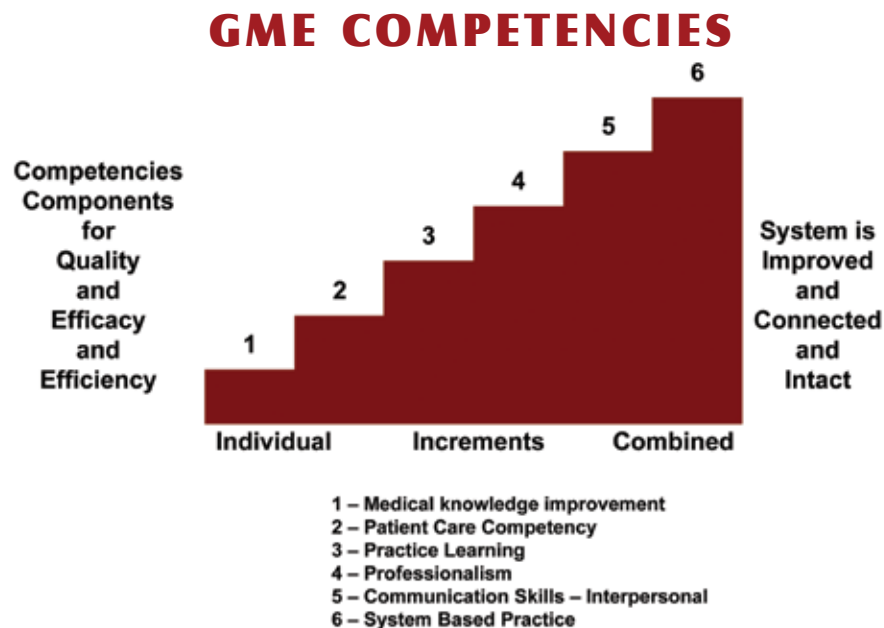
WHAT IS THE ROLE OF GME IN THE US HEALTH CARE SYSTEM?

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.

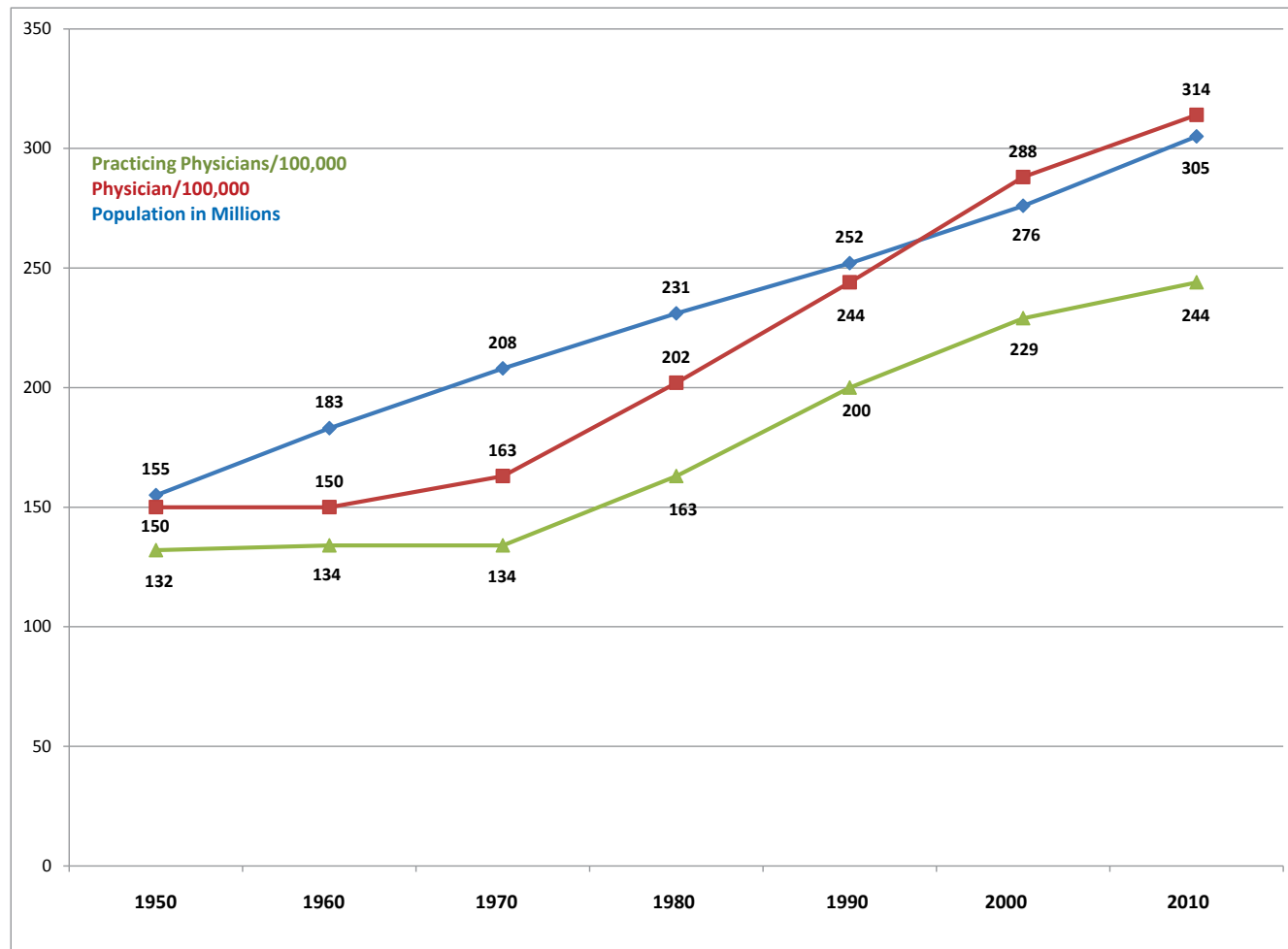
This movement is a triple opportunity at the junction of (1) medical school senior: intern, (2) resident: fellow; and (3) finish GME: practice, with change in program or location of about 50% at each interface.

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.



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



SUPPLY HAS STARTED UP

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

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

The data published in JAMA, December 2012, the Medical Education issue, provides an insight as to how this has proceeded (See Table)

1. The total medical school increase so far (last 8 years) is about 1,005/year average, or 1.5% per year.
2. The total GME increase so far (last 8 years) is about 1,585/year, or 1.7% per year.
3. The PGY-1 increases are about 387 per year (last 8 years) or about 2.0% per year.
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.
5. 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.
6. Total GME now looks large, but includes all years and all specialties, and there is steady but uneven increase the last 6 years. The PGY-1 increases are lower than needed in the long run – and are uneven over the last 3 years.

The conclusion is that:

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

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

SUPPLY HAS STARTED UP

(continued)

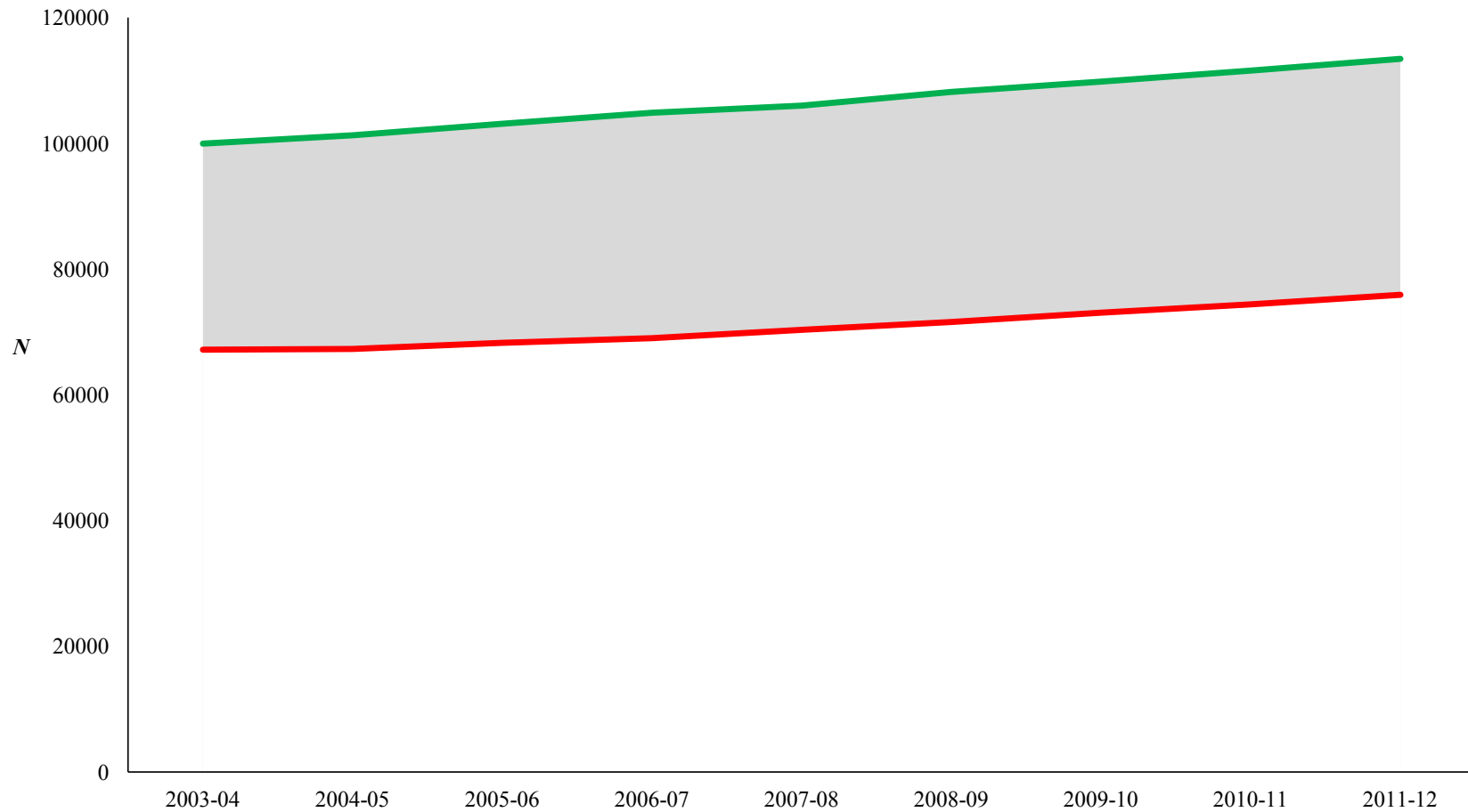
More GME in the home state will help ameliorate some losses to other states at the GME level. The current picture, a snapshot of GME in Louisiana, can be superimposed on similar findings and averages of the United States. These pictures are in motion, always changing, creeping incrementally ahead. So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

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

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

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

US MEDICAL SCHOOL SIZE (TOTAL ENROLLMENT) VS TOTAL RESIDENT PHYSICIANS IN US GME PROGRAMS



Barzansky B, Etzel SI. Medical schools in the United States, 2011-2012. *JAMA*. 2012 Dec 5;308(21):2257-63. doi: 10.1001/jama.2012.13425.

Brotherton SE, Etzel SI. Graduate medical education, 2008-2009. *JAMA*. 2009 Sep 23;302(12):1357-72. doi: 10.1001/jama.2009.1221.

Brotherton SE, Etzel SI. Graduate medical education, 2011-2012. *JAMA*. 2012 Dec 5;308(21):2264-79. doi: 10.1001/jama.2012.7913.

MEDICAL STUDENTS & GRADUATE MEDICAL TRENDS IN US THE GAIN, THE CAP & THE GAP

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	% Increase ('03 to 12)
<i>Total US Medical School Enrollment</i>	67166	67296	68280	69028	70349	71578	73082	74394	75911	13%
<i># Added each year</i>		130	984	748	1321	1229	1504	1312	1517	
<i>Average Increase per year</i>	1.37% increase per year									
<i>Total US Medical School Graduates</i>	15531	15829	15760	15927	16140	16168	16467	16836	17363	
	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	% Increase ('03 to 12)
<i>Total Residents</i>	99964	101291	103106	104879	106012	108176	109840	111586	113427	13.50%
<i># Added each year</i>		1327	1815	1773	1133	2164	1664	1746	1841	
<i>Average Increase per year</i>	1.42% increase per year									
<i>GY1 residents with no prior GME</i>	22444	22788	23325	23587	23759	24560	25075	25292	25538	13.8%
<i># Added each year</i>		344	537	262	172	801	515	217	246	
<i>Average Increase per year</i>	1.45% increase per year									
<i>GAP in Residency positions for non- US Seniors to fill</i>	6913	6959	7565	7660	7619	8392	8608	8456	8175	

THE LOUISIANA PLAN IS PARALLEL US AVERAGES

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

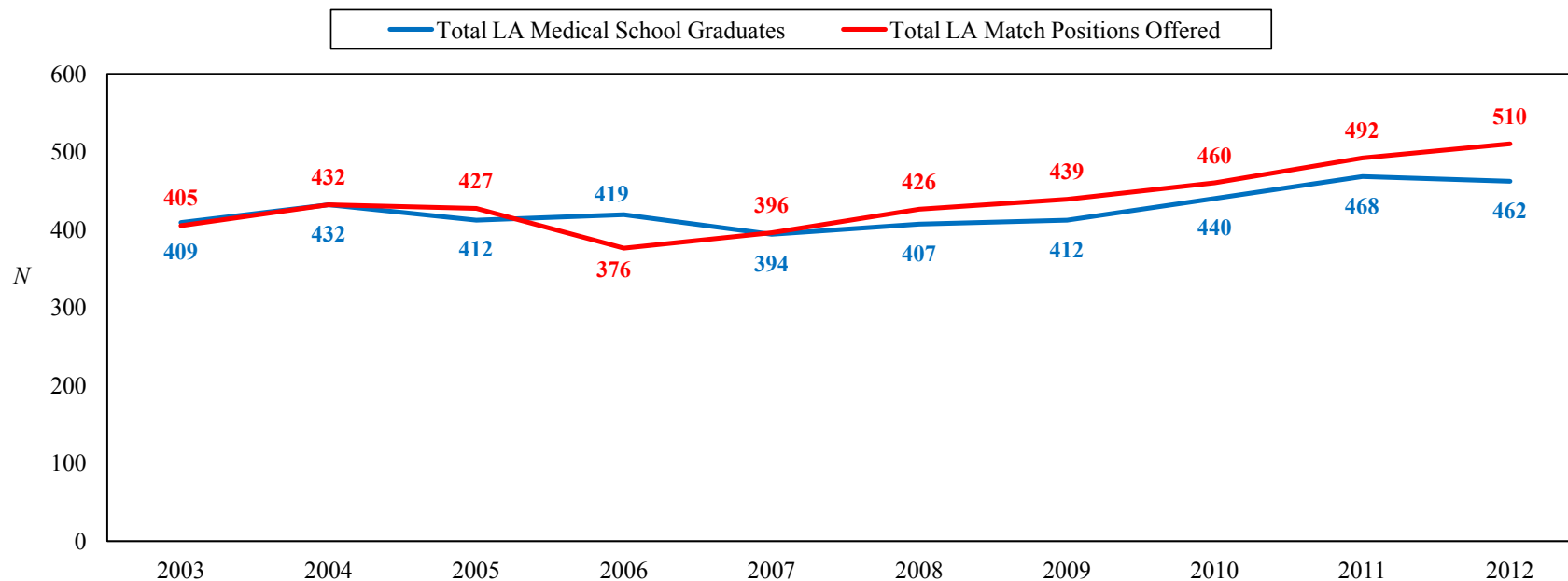
The national increase in GME needed is 20,000 added 100,000 to total 120,000, an increase of 20%. The national increase in PGY-1, adding 5,000 to the current level is 27,000, or 19%. This is now underway in both the U.S. and in Louisiana. These increases for LA will be the sum of the plans of the institutions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

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

The early results are encouraging, if the agreed goal is more physicians for the State of Louisiana (LA). All three medical schools in LA have expanded the number of students per class. LSU in New Orleans has now 200 per class and has added a rural track in medical school, above the usual 170 per year, based in Lafayette after basic sciences in New Orleans. Eventually this offers 20 to 30 additional students per year, with an obligation to practice in LA. Tulane has increased class size after Katrina, to a new high of 200, an increase of about 35. LSU in Shreveport has enlarged to 118, a 10% increase. Ochsner is starting a Medical School, based in Australia for basic science (2 years in Brisbane), and the students will complete their last 2 years in New Orleans. New Residency programs have begun in Bogalusa in Family Medicine and at Chaubert in Internal Medicine.

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

LOUISIANA MEDICAL SCHOOL GRADUATES V/S NRMP MATCH POSITIONS OFFERED



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
LSU New Orleans	160	177	165	175	156	155	170	165	180	175
LSU Shreveport	96	99	102	93	94	97	110	112	112	109
Tulane	153	156	145	151	144	155	132	163	176	178
Total LA Medical School Graduates	409	432	412	419	394	407	412	440	468	462
Total LA Match Positions Offered	405	432	427	376	396	426	439	460	492	510

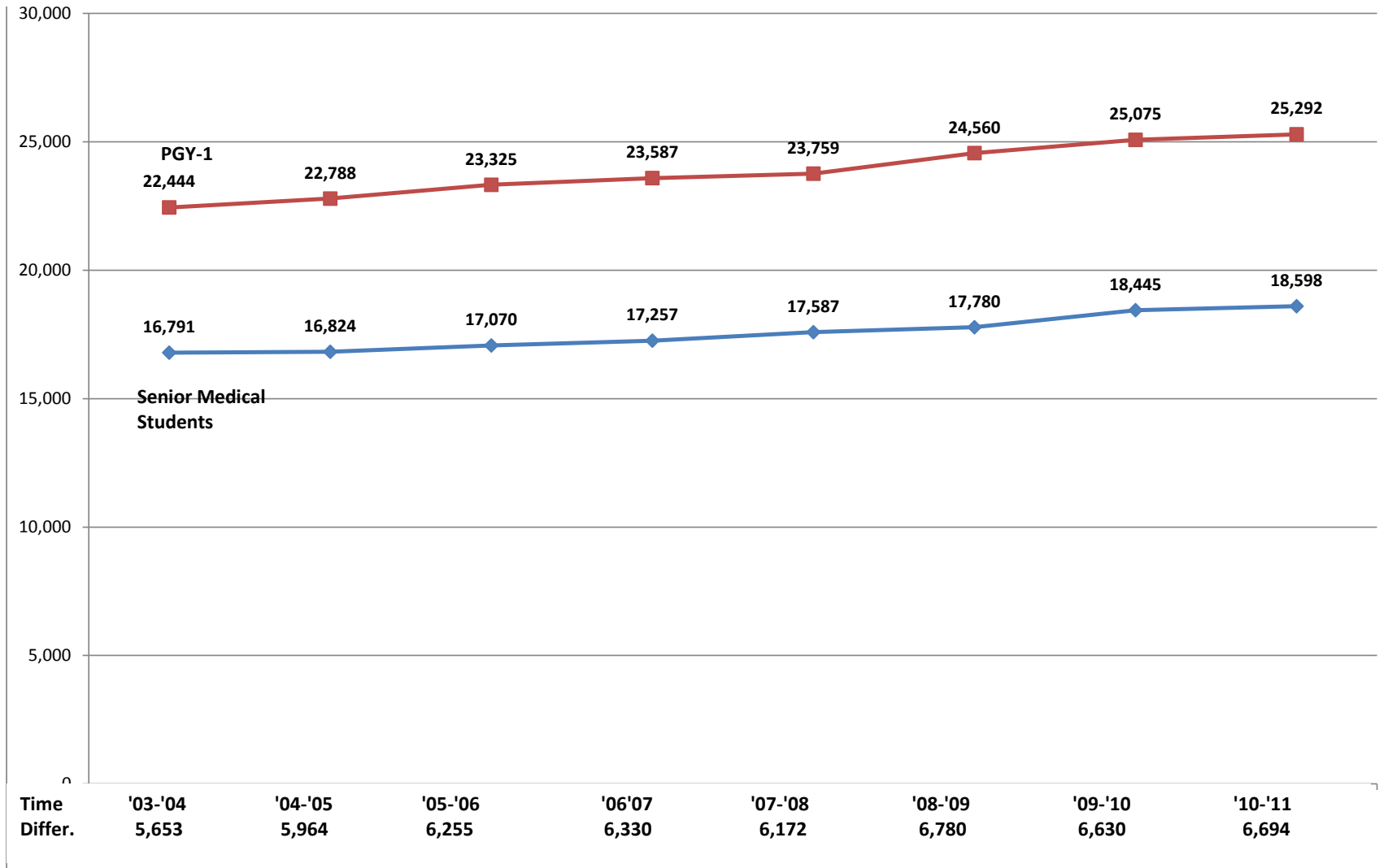
Source:
AAMC FACTS Data Tables.
National Resident Matching Program, Results and Data: 2003-11 Main Residency Match. National Resident Matching Program, Washington, DC.

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

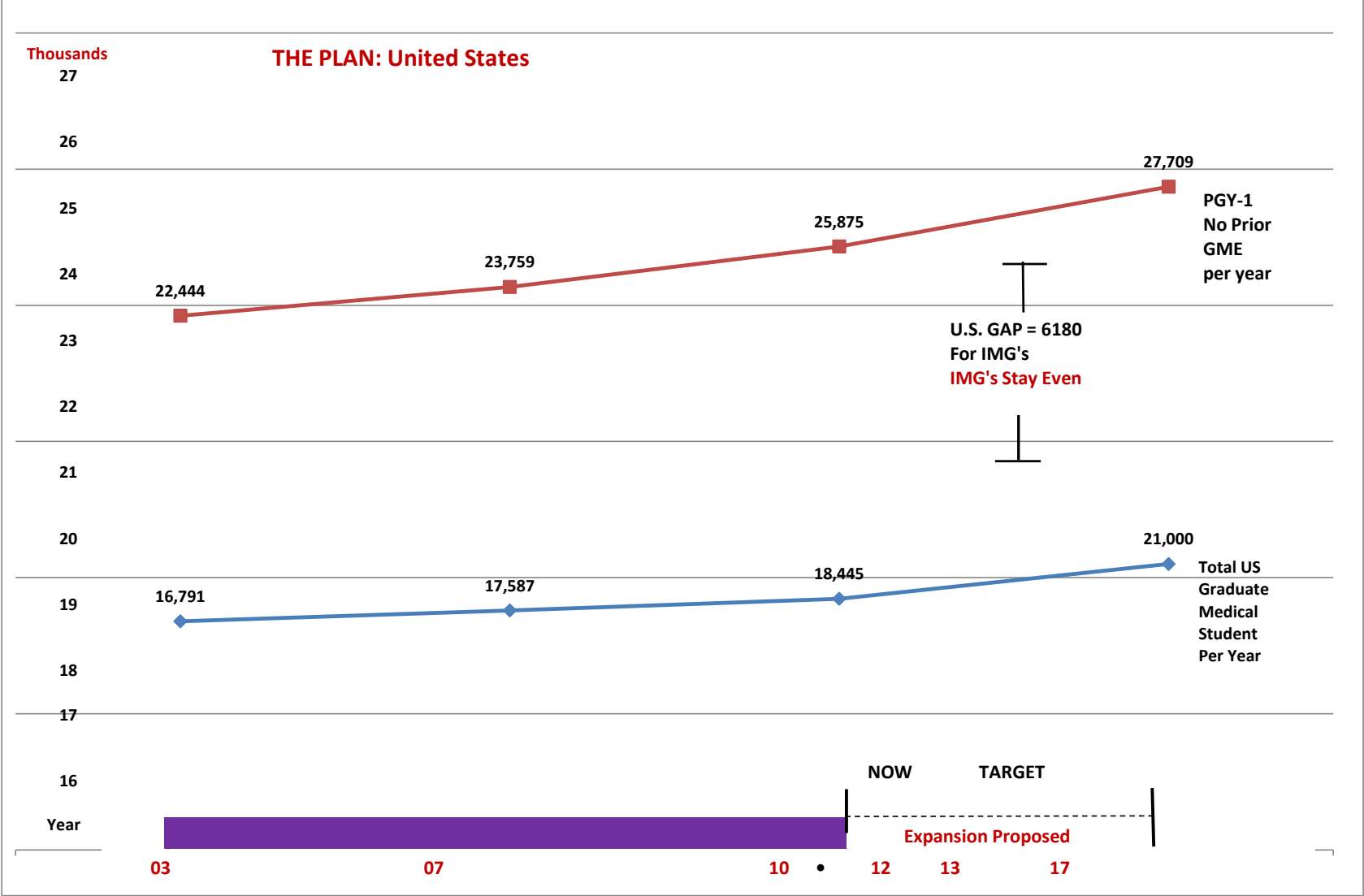
<u>Entering Medical School</u>	YEAR	2005	2008	2011	<u>2005-2011 % Increase</u>
LSU-NO		170	190	200	118%
LSU-SH		100	110	118	118%
Tulane		150	178	200	123%
Ochsner		0	0	120	
Entering Class	SUM	420	478	638	152%
Medical School Graduates	SUM	409	395	464	113%
LA GME PGY-1	SUM	404 Average	406 Post Katrina	469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

*Rounded

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

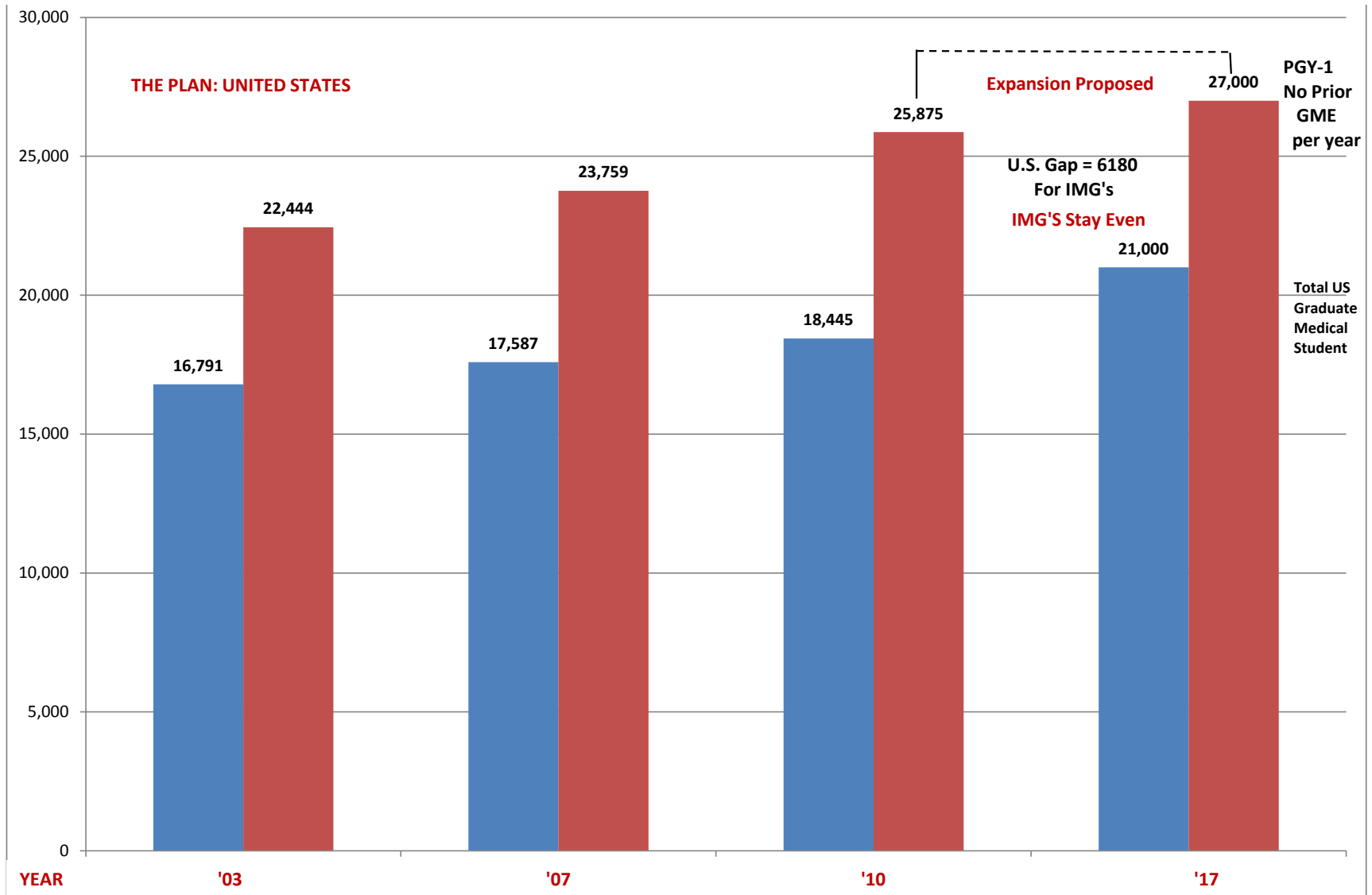


PHYSICIAN PIPELINE



*Source: JAMA

PHYSICIAN PIPELINE*



*Source: JAMA

LSU SCHOOL OF DENTISTRY (LSUSD)

ORAL AND MAXILLOFACIAL SURGERY (OMFS) RESIDENT AND GENERAL PRACTICE RESIDENT (GPR) ACTIVITIES FALL 2012

ORAL AND MAXILLOFACIAL SURGERY RESIDENCY

There are currently 23 residents in the 6 year OMFS - MD residency which accepts 4 dentists each year, and there are 5 non-categorical interns in a one year OMS program. All residents and interns are funded by MCLANO (LSU Interim Hospital) in New Orleans, Earl K. Long Memorial Hospital in Baton Rouge, and the University OMS at Charlotte North Carolina. Education/surgery experience for the residents occurs at LSU Interim Hospital, Children's Hospital of New Orleans, LSU Faculty Practice, LSUSD, LSUSM in New Orleans; East Jefferson Hospital in Metairie; Earl K. Long Hospital, Our Lady of the Lake Hospital and the Williamson Clinic in Baton Rouge; and University OMS in Charlotte, NC. The OMFS patient care provides experiences in Facial Trauma, Cosmetic Surgery, TMJ Reconstruction, Orthognathic and Cranial Facial Surgery, Oral and Maxillofacial Pathology and Reconstruction, Dentoalveolar Surgery, and Dental Implants is at or exceeding CODA requirements. Full time faculty support is led by Daniel Spagnoli, DDS, PhD LSU OMFS Department Head, Jon D. Perenack, DDS, MD, Program Director, John N Kent DDS, FACD, FICD, Department Head 1973-2008, Likith Reddy, DDS, MD, FACS, Department Head 2008-2012, Mark Welch, DDS, John N. Kent, III, DDS, and Michael O'Brien, DDS, JD.

GENERAL PRACTICE RESIDENCY

The GPR program consists of 12 one year residents, 5 residents in the optional second year and 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. Full time faculty support is led by Stephen Brisco, DDS, Program Director, Gabriel Hernandez, DDS, New Orleans site director Shelly Joachim, DDS, Baton Rouge site director, Jennifer Hew, RDH, BS, MSHCM, Shannon Boudreaux, RDH, BS, and Casie Depta-Tregre, CDT, BS.

MCLANO CLINIC - The OMFS and GPR programs have been based to the new clinic since September 2011. The new clinic has 14 rooms: 5 plumbed and wired for GPR/hygiene; 7 for OMFS and 2 surgical rooms with attached recovery area. In addition, there is a lab for our CDT, conference room with distant learning capabilities; residents and faculty rooms wired for IT and lockers; and lounge, storage, etc. This clinic is located outside the University Hospital on the Perdido St. entrance and is connected to the hospital.

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

LSU HEALTH

The Louisiana State University Health System – LSU Health is comprised of three major components, the LSU Health is comprised of three major components, the LSU Health Sciences Centers in New Orleans and Shreveport and the Health Care Services Division which oversees the seven hospitals in the southern part of the state including as follows: Interim LSU Public Hospital in New Orleans or ILH, Earl K. Long Regional Medical Center, Leonard J. Chaubert Medical Center, University Medical Center, W.O. Moss Medical Center, Lallie Kemp Medical Center, and Bogalusa Regional Medical Center.

LSU Health Sciences Centers include, the LSU Health Sciences Center in New Orleans which has the following schools: Medicine, Nursing, Dentistry, Allied Health, Graduate Studies and Public Health, and the LSU Health Science Center at Shreveport which has the Schools of Medicine, Allied Health and Graduate Studies and the LSU Hospital at Shreveport, E. A. Conway in Monroe and Huey P. Long Hospital in Alexandria.

The wide reach of LSU Health across our state enables Louisiana's citizens, regardless of their ability to pay, to receive quality healthcare, allowing them to lead healthy, productive lives, while at the same time training the majority of Louisiana's future healthcare workforce, just as it has for many generations.

Many, if not most of Louisiana's citizens have received care from doctors, nurses, dentists and allied health professionals who were trained in LSU hospitals and clinics. Currently, LSU manages the largest healthcare system in the state, and one of the largest in the nation, with its ten hospitals and hundreds of outpatient clinics, in a highly coordinated network of primary care and specialty care services. Additionally, major focus areas of LSU Health include medical education and research.

The following represents FY 2010 Facts on LSU Health:

- 1,260 Staffed Beds
- 14,361 Employees
- 1,860 Residents and Fellows
- 3,900 Rotational Students
- 59,425 Admissions
- 2.03M Outpatient Visits
- 391,189 ER Visits
- 531,317 Unique Patients Served
- 3,909 FTE Student Enrollment
- \$90M Faculty Research

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, BATON ROUGE, 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

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

<i>Louisiana State University Health Sciences Center – School of Medicine, New Orleans</i>	TOTAL	MCLNO	CHILD	VANO	EKL	UMC	AOMC	OMC-K	OLOLRMC	Touro Infirmary	Others
Anesthesiology	12.9	9.1	1	0.5			0.2	1.2	0.9		0
Dermatology	16	5.4		3.7	5.9		1				0
Dentistry	16.7	7.1		1	8.6						0
Emergency Medicine	46.5	31	0.9	1.7			3.5		0.7		8.7
- Hyperbaric	2	1.8									0.2
Family Medicine- KRMC	18.1	1	0.5			0.5		14.1			2
Family Medicine- Bogalusa	14.7										14.7
Family Medicine- Lake Charles	24.3										24.3
Internal Medicine	41.8	27.2						8.5		6.1	0
- Allergy & immunology											
- Cardiology	12	6.1				1		0.9		4	0
- Dermatology	2.9	1.9		0.3	0.1			0.3		0.3	0
- Endocrinology	2	2					0				0
- Gastroenterology	6	2.2				0.2	0.5	1.9		0.9	0.3
- Geriatrics	2.4	1.7						0.3		0.3	0.1
- Hematology/ Oncology	4	3.7					0.3	0			0
- Infectious Disease	5.5	3.2					0.5	1		0.8	0
- Interventional Cardiology	1	1									0
- Nephrology	8.1	4.1					3	1			0
- Pulmonary Disease & Critical Care	10.2	3.9					3.9	2			0.4
- Rheumatology	2.1	2.1									0
Neurology	12.1	5.5	1				3.6	1		1	0
- Neurology Fellows	1.7	1.7									0
- Pediatric Neurology	2		2								0
Neurosurgery	8.1	1.4	1							0.2	5.5
Obstetrics & Gynecology	27.7	12.2				4.3				10.7	0.5
Ophthalmology	24.1	4.3	1.3	1.5	3.9	3	5.9				4.2
- Retina	3	1.5			1						0.5
Oral Surgery	25.5	12.7			4.2						8.6
Orthopedic Surgery	21	8.8	2.3		3	0.2		3	1.9	0.1	1.7
- Pediatrics	1.1		1.1								0

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

Otorhinolaryngology	15.9	1	1		2.7	4			6.7		0.5
Pathology	8.9	5.9	1	0.1				0.4			1.5
Pediatrics	51		48.5							2.2	0.3
- Allergy & Immunology	4	0.8	2.2								1
- Cardiology	3		3								0
- Endocrinology	2		2								0
- Gastroenterology	3		3								0
- Hematology & Oncology	3		3								0
- Neonatology	4.1		3.1							0.7	0.3
- Nephrology	1.5		1.5								0
Physical Medicine & Rehabilitation	23.1	5.6	1	4.9				3		5	3.6
PM & R Pain Medicine	3	1		1				1			0
Psychiatry	37.5	20.8			1			13			2.7
Psychiatry- Child & Adolescent	5.2	0.2	3								2
Surgery	49.1	11.5	1.9	0.7	6.7	6		1	11.6	0.6	9.1
- Vascular	1										1
- Trauma & Critical Care	2	2									0
Plastic Surgery	3.9	1.9	0.5						0.2		1.3
Radiology	8	7.3	0.7								0
Medicine/ Pediatrics	22.7	8.4	10.6					1.8		1.9	0
Internal Medicine/ Emergency Medicine	10.4	7	0.1					0.3	1	0.3	0.5
Urology- Female Pelvic Reconstruction	1.2	0.3				0.1				0	0.8
Primary Care Residents	200.3	48.8	59.6	0	0	4.8	0	24.4	0	20.9	41.8
% Residents & Fellows in Primary Care	31.3%	20.7%	61.3%	0.0%	0.0%	24.9%	0.0%	62.6%	0.0%	59.2%	43.1%
% Residents in Primary Care	37.1%	25.1%	81.9%	0.0%	0.0%	26.5%	0.0%	77.2%	0.0%	73.9%	46.5%
Total Residents	540.3	194.5	72.8	15.1	36	18.1	31.9	31.6	22.1	28.3	89.9
Total Fellows	98.7	41.8	24.4	0.3	1.1	1.2	8.2	7.4	0.2	7	7.1
Total Residents & Fellows	639	236.3	97.2	15.4	37.1	19.3	40.1	39	22.3	35.3	97

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

EARL K LONG MEDICAL CENTER

<i>Earl K. Long Medical Center</i>	Total	BRG	EKL	OLOL	Woman's Hospital	Others
Emergency Medicine	45.10	12.4	25.2	6.3	1.2	
Internal Medicine	39.00	3	33.7	1.2	0.7	0.4
Obstetrics & Gynecology	15.90	0.5	4.2		11.2	
Primary Care Residents	54.90	3.50	37.90	1.20	11.90	0.40
% Residents & Fellows in Primary Care	54.9%	22.0%	60.1%	16.0%	90.8%	100.0%
% Residents in Primary Care	54.9%	22.0%	60.1%	16.0%	90.8%	100.0%
Total Residents	100.00	15.90	63.10	7.50	13.10	0.40
Total Fellows	0.00	0.00	0.00	0.00	0.00	0.00
Total Residents & Fellows	100.00	15.90	63.10	7.50	13.10	0.40

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

UNIVERSITY MEDICAL CENTER - LAFAYETTE

<i>University Medical Center, Lafayette</i>	Total	UMC	Others
Family Medicine	22.50	22.3	0.2
- Geriatrics	1.10	1.1	
Internal Medicine	25.50	25.3	0.2
Primary Care Residents	48.00	47.60	0.40
% Residents & Fellows in Primary Care	97.8%	97.7%	100.0%
% Residents in Primary Care	100.0%	100.0%	100.0%
Total Residents	48.00	47.60	0.40
Total Fellows	1.10	1.10	0.00
Total Residents & Fellows	49.10	48.70	0.40

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

TULANE UNIVERSITY SCHOOL OF MEDICINE

<i>Tulane University School of Medicine</i>	TOTAL	TMC	AOMC	HPL	MCLNO	TOURO	VAB	VANO	OTHER
Anesthesiology	16.33	11.84	1.24		0.34			0.92	1.99
Dermatology	12	6.85	1		3.38		0.77		
Internal medicine	120.56	48.03	0.07		40.81			27.76	3.89
- Allergy & Immunology	4	2.25	0.92		0.34			0.49	
- Cardiology	19.83	7.57			5.75			6.4	0.11
- Endocrinology	3	1.04			1.04			0.92	
- Gastroenterology	10	4.97			3			2.03	
- Hematology & Oncology	7	1.5			3			2	0.5
- Infectious Disease	4				3			1	
- Nephrology	6.14	1.88	0.18		1.51			2.57	
- Pulmonary Disease & Critical Care	11.48	3.92	0.15		2.13			3.17	2.11
Neurology	12.79	6.44	1.73		3.2			0.49	0.93
Neurological surgery	6	2.75	2.08		1.17				
Obstetrics and gynecology	28	15.23		3.08	7.42				2.27
Ophthalmology	15	5.72			3.02		1.94	2.33	1.99
Orthopedic surgery	14	7.4			4.83			1	0.77
Otolaryngology	14	4.5	5		1	1	2	0.5	
Pathology	10	8			1.25				0.75
- Cytopathology	1	0.33	0.33		0.34				
- Dermatopathology	1	0.5			0.5				
- Hematopathology	1	0.84	0.16						
- Blood Banking & Transfusion	0								
Pediatrics	39.5	24.34	14.32						0.84
- Infectious diseases	2	0.75							1.25
- Nephrology	0								
Preventive medicine	2.08								2.08
Psychiatry	23.34	9.64			2.42			5.39	5.89
- Child Psychiatry	8.52	3.49			0.84				4.19
- Forensic	1								1
Radiology	16	13.54						0.84	1.62
Surgery	23.71	10.83			3.66	1		2.38	5.84
Surgery, Plastic	4	1	1			0.5			1.5
Urology	8	3			2			2	1

TULANE UNIVERSITY
(continued)

Primary Care Residents	188.06	87.6	14.39	3.08	48.23	0	0	27.76	7
% Residents and Fellows in Primary Care	42.2%	42.1%	51.1%	100.0%	50.3%	0.0%	0.0%	44.6%	17.3%
% Residents in Primary Care	50.3%	42.1%	51.1%	100.0%	50.3%	0.0%	0.0%	44.6%	17.3%
Total Residents	373.83	182.6	26.44	3.08	75.34	2.5	4.71	43.61	35.55
Total Fellows	71.45	25.55	1.74	0	20.61	0	0	18.58	4.97
Total Residents and Fellows	445.28	208.15	28.18	3.08	95.95	2.5	4.71	62.19	40.52

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

OCHSNER CLINIC FOUNDATION

<i>Ochsner Clinic Foundation</i>	TOTAL	OCF	MCLNO	LJMC	TULANE	CHILD	OTHER
Anesthesiology	28	26.7	0.75				0.55
- Adult Cardiothoracic Anes.	1	1					
Internal Medicine	52	51.48		0.52			
- Cardiology	30	29.92		0.08			
- Endocrinology & Metabolism	4	3.85			0.15		
- Gastroenterology	6	6					
- Infectious Diseases	2	2					
- Interventional Cardiology	3	3					
- Medical Oncology	4	3.87			0.13		
- Rheumatology	4	4					
Obstetrics & Gynecology	17	10		7			
Orthopedic Surgery	13	10		2		1	
- Orthopedic Sports Medicine	2	1.5					0.5
Radiology	25	25					
Surgery	29	22		6			1
- Colon & Rectal Surgery	2	2					
- Vascular Surgery	2	1.8		0.2			
Urology	8	4	2.5			1	0.5
Primary Care Residents	69	61.48	0	7.52	0	0	0
% Residents and Fellows in Primary Care	29.7%	29.5%	0.0%	47.6%	0.0%	0.0%	0.0%
% Residents in Primary Care	40.0%	41.2%	0.0%	48.5%	0.0%	0.0%	0.0%
Total Residents	172.45	149.18	3.25	15.52	0.00	2.00	2.05
Total Fellows	60.00	58.94	0.00	0.28	0.28	0.00	0.50
Total Residents & Fellows	232.00	208.12	3.25	15.80	0.28	2.00	2.55

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

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER SCHOOL OF MEDICINE - SHREVEPORT

<i>Louisiana State University Health Sciences Center- School of Medicine, Shreveport</i>	Total	LSUSHR	EAC	RAPIDES	WK	VA	Others
Anesthesiology	32.00	31.00				1.00	
- Pain Management	1.00	1.00					
Emergency Medicine	29.00	28.00					1.00
Family Practice-Alexandria	18.00			18.00			
Family Practice-Monroe	24.00		24.00				
Family Practice-Shreveport	24.00	24.00					
Family Practice-Rural Medicine	6.00	3.00			1.00		2.00
Internal Medicine - Primary Care	20.00	12.00			2.00	6.00	
Internal Medicine	61.00	34.00			7.00	20.00	
- Cardiology	13.00	7.00				4.00	2.00
- Interventional Cardiology	1.00	1.00					
- Critical Care	4.00	2.00			2.00		
- Endocrinology	3.00	2.00				1.00	
- Gastroenterology	9.00	4.00			2.00	2.00	1.00
- Hematology/Oncology	16.00	15.00				1.00	
- Infectious Diseases	3.00	1.00				2.00	
- Nephrology	6.00	2.00			1.00	2.00	1.00
- Pulmonary Disease & Critical Care	9.00	4.00				4.00	1.00
- Rheumatology	6.00	3.00				1.00	2.00
Neurology	12.00	12.00					
Neurosurgery	14.00	13.50				0.50	
Obstetrics & Gynecology	24.00	19.00	4.00		1.00		
Ophthalmology	11.00	8.00	1.00			2.00	
Oral & Maxillofacial Surgery	12.00	11.00					1.00
Orthopedics	15.00	11.00			2.00	2.00	
Otolaryngology	15.00	13.00				2.00	
Pathology	12.00	11.00				1.00	
- Cytopathology	2.00	2.00					
Pediatrics	24.00	24.00					
- Allergy/Immunology	4.00	4.00					
- Neonatology	6.00	6.00					
Psychiatry	32.00	20.00	4.00		2.00	4.00	2.00
- Forensic	2.00	2.00					

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

- Psychosomatic Medicine	1.00	1.00					
Psychiatry- Child & Adolescent	4.00	4.00					
Radiology	14.00	12.00				2.00	
Sleep Medicine	2.00	1.00				1.00	
Surgery	30.00	17.00	4.00		3.00	6.00	
- Colon & Rectal Surgery	2.00						2.00
Urology	8.00	2.00			4.00	2.00	
Medicine/Pediatrics	16.00	12.00				4.00	
Primary Care Residents	217.00	128.00	28.00	18.00	11.00	30.00	2.00
% Residents & Fellows in Primary Care	39.7%	33.7%	75.7%	100.0%	40.7%	42.6%	13.3%
% Residents in Primary Care	47.3%	39.7%	75.7%	100.0%	50.0%	56.1%	33.3%
Total Residents	459.00	322.50	37.00	18.00	22.00	53.50	6.00
Total Fellows	88.00	57.00	0.00	0.00	5.00	17.00	9.00
Total Residents & Fellows	547.00	379.50	37.00	18.00	27.00	70.50	15.00

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

BATON ROUGE MEDICAL CENTER

<i>Baton Rouge Medical Center</i>	TOTAL	BRG
Family Medicine	24	24
Internal Medicine	7	7
Sports Medicine	2	2
Primary Care Residents	31	31
% Residents and Fellows in Primary Care	93.94%	93.94%
% Residents in Primary Care	100.00%	100.00%
Total Residents	31	31
Total Fellows	2	2
Total Residents & Fellows	33	33

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

EAST JEFFERSON GENERAL HOSPITAL

<i>East Jefferson General Hospital</i>	TOTAL	EJGH
Family Medicine	21	21
Primary Care Residents	21	21
% Residents and Fellows in Primary Care	100.00%	100.00%
% Residents in Primary Care	100.00%	100.00%
Total Residents	21	21
Total Fellows	0	0
Total Residents & Fellows	21	21

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

LEONARD J CHABERT MEDICAL CENTER

<i>Leonard J Chabert Medical Center</i>	TOTAL	LJMC
Internal Medicine	24	24
Primary Care Residents	24	24
% Residents and Fellows in Primary Care	100.00%	100.00%
% Residents in Primary Care	100.00%	100.00%
Total Residents	24	24
Total Fellows	0	0
Total Residents & Fellows	24	24

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

OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER BATON ROUGE

<i>Our Lady of the Lake Regional Medical Center, Baton Rouge</i>	Total	OLOLRMC	Woman's Hospital	Others
Pediatrics	15	13.67	1.33	0
Primary Care Residents	15.00	13.67	1.33	0
% Residents & Fellows in Primary Care	100.0%	100.0%	100.0%	0.0%
% Residents in Primary Care	100.0%	100.0%	100.0%	0.0%
Total Residents	15.00	13.67	1.33	0.00
Total Fellows	15.00	13.67	1.33	0.00
Total Residents & Fellows	15.00	13.67	1.33	0.00

Source: The tables includes data derived from Our Lady of the Lake Regional Medical Center, Baton Rouge, LA.

MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS

<i>Medical Center of Louisiana at New Orleans</i>	TOTAL	LSU	TULANE	OCHSNER
Anesthesiology	10.19	9.1	0.34	0.75
Dermatology	8.78	5.4	3.38	
Dentistry	7.10	7.1		
Emergency Medicine	31.00	31		
- Hyperbaric	1.80	1.8		
Family Medicine	1.00	1		
Internal Medicine	68.01	27.2	40.81	
- Allergy & immunology	0.34		0.34	
- Cardiology	11.85	6.1	5.75	
- Dermatology	1.90	1.9		
- Endocrinology	3.04	2	1.04	
- Gastroenterology	5.20	2.2	3.00	
- Geriatrics	1.70	1.7		
- Hematology & Oncology	6.70	3.7	3.00	
- Interventional Cardiology	1.00	1		
- Infectious Disease	6.20	3.2	3.00	
- Nephrology	5.61	4.1	1.51	
- Pulmonary Disease & Critical Care	6.03	3.9	2.13	
- Rheumatology	2.10	2.1		
Neurology	8.70	5.5	3.20	
Neurology Fellows	1.70	1.7		
- Pediatric Neurology	0.00			
Neurosurgery	2.57	1.4	1.17	
Obstetrics & Gynecology	19.62	12.2	7.42	
Ophthalmology	7.32	4.3	3.02	
- Retina	1.50	1.5		
Oral Surgery	12.70	12.7		
Orthopedic Surgery	13.63	8.8	4.83	
Otorhinolaryngology	2.00	1	1.00	
Pathology	7.15	5.9	1.25	
- Cytopathology			0.34	
- Dermatopathology			0.50	
Pediatrics	0.00			
- Allergy & Immunology	0.80	0.8		
- Neonatology	0.00			

MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS

(continued)

Physical Medicine & Rehabilitation	5.60	5.6		
PM & R Pain Medicine	1.00	1		
Psychiatry	23.22	20.8	2.42	
Psychiatry- Child & Adolescent	1.04	0.2	0.84	
Surgery	15.16	11.5	3.66	
- Trauma & Critical Care	2.00	2		
Plastic Surgery	1.90	1.9		
Radiology	7.30	7.3		
Medicine/ Pediatrics	8.40	8.4		
Internal Medicine/ Emergency Medicine	7.00	7		
Urology- Female Pelvic Reconstruction	0.30	0.3		
Urology	4.50		2.00	2.5
Primary Care Residents	97.03	48.8	48.23	0
% Residents & Fellows in Primary Care	29.0%	20.7%	50.3%	0.0%
% Residents in Primary Care	35.6%	25.1%	50.3%	0.0%
Total Residents	272.25	194.5	75.34	3.25
Total Fellows	62.41	41.8	20.61	0
Total Residents & Fellows	334.66	236.3	95.95	3.25

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

BY SPECIALITY

	LSU- NO	LSU-SHR	TULANE	AOMC	EKL	UMC	EJGH	BRG	LJCMC	OLLRMC
Anesthesiology	12.9	32	16.33	28						
- Adult Cardiothoracic Anesthesiology				1						
- Pain Management		1								
Dermatology	16		12							
Dentistry	16.7									
Emergency Medicine	46.5	29			45.1					
- EM-Hyperbaric	2									
Family Medicine	57.1	72				22.5	21	24		
- Geriatrics						1.1				
Internal Medicine- Primary care		20								
Internal Medicine	41.8	61	120.56	52	39	25.5		7	24	
- Allergy & immunology			4							
- Cardiology	12	13	19.83	30						
- Critical Care		4								
- Dermatology	2.9									
- Endocrinology	2	3	3	4						
- Geriatrics	2.4									
- Hematology/ Oncology	4	16	7							
- Interventional Cardiology	1	1		3						
- Gastroenterology	6	9	10	6						
- Infectious Disease	5.5	3	4	2						
- Nephrology	8.1	6	6.14							
- Oncology				4						
- Pulmonary & Critical care	10.2	9	11.48							
- Rheumatology	2.1	6		4						
Neurology	12.1	12	12.79							
- Neurology Fellows	1.7									
- Child Neurology	2									
Neurosurgery	8.1	14	6							
Ob/Gyn	27.7	24	28	17	15.9					
Ophthalmology	24.1	12	15							
- Ophthalmology-Retina	3									

BY SPECIALITY
(continued)

Oral & Maxillofacial Surgery	25.5	12		
Orthopedics	21	15	14	13
- Orthopedics-Pediatric Fellow	1.1			
- Orthopedic Sports Medicine				2
Otorhinolaryngology	15.9	15	14	
Pathology	8.9	12	10	
- Cytopathology		2	1	
- Dermatopathology			1	
- Hematopathology			1	
Pediatrics	51	24	39.5	15
- Allergy & Immunology	4	4		
- Cardiology	3			
- Endocrinology	2			
- Gastroenterology	3			
- Hematology/ Oncology	3			
- Infectious Disease			2	
- Neonatology	4.1	6		
- Nephrology	1.5			
Physical Medicine & Rehabilitation	23.1			
PM & R - Pain Medicine	3			
Preventive Medicine			2.08	
Psychiatry	37.5	32	23.34	
- Forensic		2	1	
Psychosomatic Medicine		1		
Psychiatry - Child & Adolescent	5.2	4	8.52	
Sports Medicine				2
Surgery	49.1	30	23.71	29
- Colon & Rectal Surgery		2		2
- Trauma Critical	2			
- Vascular	1			2
Plastic Surgery	3.9		4	
Radiology	8	14	16	25
Sleep Medicine		2		
Medicine/Pediatrics	22.7	16		
Internal Medicine/ Emergency Medicine	10.4			
Urology-Female Pelvic Reconstruction Fellowship	1.2			

BY SPECIALITY
(continued)

Urology		8	8	8.45						
Primary Care Residents	200.3	217	188.06	69	54.9	48	21.0	31.0	24.0	15
% Residents & Fellows in Primary Care	31.3%	39.6%	42.2%	29.7%	54.9%	97.8%	100.0%	93.9%	100.0%	100.0%
% Residents in Primary Care	37.1%	47.2%	50.3%	40.0%	54.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Residents	540.3	460	373.83	172.45	100	48	21.0	31.0	24.0	15
Total Fellows	98.7	88	71.45	60	0	1.1	0.0	2.0	0.0	15
Total Residents & Fellows	639	548	445.28	232.45	100	49.1	21.0	33.0	24.0	15

Source: The table includes data derived from the corresponding programs.

COMPARING RESIDENT PAY SCALES TO AAMC SURVEY DATA

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

Medical Education Commission Scale											Required Stipend To Keep Pace WITH AAMC 2013-14 Estimated Regional Median		
PGY	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2006-07 to 2012-13 \$ Change	2006-07 to 2012-13 % Change	Average Annual % Change	Estimated Regional Median	\$ Change over 12-13	% Change over 12-13
1	\$40,528	\$42,757	\$44,168	\$44,168	\$44,168	\$44,168	\$44,168	\$3,640	8.98%	1.50%	\$ 48,647	\$ 4,479	10.14%
2	\$41,720	\$44,015	\$45,467	\$45,500	\$45,500	\$45,500	\$45,500	\$3,780	9.06%	1.51%	\$ 50,810	\$ 5,310	11.67%
3	\$43,242	\$45,620	\$47,125	\$47,179	\$47,179	\$47,179	\$47,179	\$3,937	9.10%	1.52%	\$ 52,424	\$ 5,245	11.12%
4	\$44,989	\$47,463	\$49,029	\$49,029	\$49,029	\$49,029	\$49,029	\$4,040	8.98%	1.50%	\$ 53,553	\$ 4,524	9.23%
5	\$46,540	\$49,100	\$50,720	\$50,720	\$50,720	\$50,720	\$50,720	\$4,180	8.98%	1.50%	\$ 55,129	\$ 4,409	8.69%
6	\$48,575	\$51,247	\$52,938	\$52,938	\$54,029	\$54,029	\$54,029	\$5,454	11.23%	1.87%	\$ 56,960	\$ 2,931	5.42%

AAMC Median Resident/Fellow Stipends- South Region, Medical School Ownership

PGY	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2006-07 to 2011-12 \$ Change	2006-07 to 2011-12 % Change	Average Annual % Change	Estimated 2012-13	Estimated 2013-14
1	\$ 41,123	\$ 42,757	\$ 44,168	\$ 45,264	\$ 45,932	\$ 46,566	\$ 5,443	13.24%	2.21%	\$ 47,595	\$ 48,647
2	\$ 42,566	\$ 44,015	\$ 45,500	\$ 46,803	\$ 47,571	\$ 48,522	\$ 5,956	13.99%	2.33%	\$ 49,653	\$ 50,810
3	\$ 44,115	\$ 45,620	\$ 47,179	\$ 48,426	\$ 49,056	\$ 50,122	\$ 6,007	13.62%	2.27%	\$ 51,260	\$ 52,424
4	\$ 45,891	\$ 47,258	\$ 48,950	\$ 49,918	\$ 50,445	\$ 51,454	\$ 5,563	12.12%	2.02%	\$ 52,493	\$ 53,553
5	\$ 47,185	\$ 49,000	\$ 50,636	\$ 50,953	\$ 51,799	\$ 52,947	\$ 5,762	12.21%	2.04%	\$ 54,027	\$ 55,129
6	\$ 49,074	\$ 50,800	\$ 52,547	\$ 52,938	\$ 54,008	\$ 54,802	\$ 5,728	11.67%	1.95%	\$ 55,871	\$ 56,960

1. The AAMC data is available through 2011-12. Table 7, Median Resident/Fellow Stipends Nationwide by Region and Ownership (South and Medical Schools) is used from the AAMC Survey of Resident/Fellow Stipends and Benefits, October 2011.
2. The AAMC medians for 2012-13 and 2013-14 are estimated by adding the average increase from 2006-07 to 2011-12 to the 2011-12 regional median.
3. It would require increases ranging from 5.42% to 11.67% to keep pace with the projected regional median housestaff stipend for the South Region (Medical School owned program) in FY 2013-14.

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	\$17,272	\$-
1981-82	\$15,024	\$15,804	\$16,695	\$19,656	\$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	\$20,639	\$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	\$23,900	\$21,480	\$21,979
1988-89	\$20,507	\$21,651	\$22,757	\$24,856	\$24,874	\$25,452
1989-90	\$21,327	\$22,517	\$23,667	\$24,926	\$25,869	\$26,470
1990-91	\$21,385	\$22,579	\$23,732	\$29,598	\$25,941	\$26,543
1991-92	\$28,070	\$27,240	\$28,427	\$31,000	\$30,833	\$31,693
1992-93	\$28,000	\$29,000	\$30,000	\$32,240	\$32,000	\$33,000
1993-94	\$29,120	\$30,160	\$31,220	\$32,078	\$33,280	\$34,320
1994-95	\$29,877	\$30,944	\$31,032	\$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	\$40,579	\$42,372
2001-02	\$36,413	\$37,484	\$38,852	\$40,422	\$41,815	\$43,653
2002-03	\$36,413	\$37,484	\$38,852	\$40,422	\$41,815	\$43,653
2003-04	\$36,413	\$37,484	\$38,852	\$40,422	\$41,815	\$43,653
2004-05	\$36,413	\$37,484	\$38,852	\$40,422	\$41,815	\$43,653
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

*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 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.

I. 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.

- 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 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.

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 State Public Hospitals, the Private Teaching Hospitals, and the academic institutions.