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## Doctors Leave Levees and Lassitude Behind

MedPage Today | 08.31.06

By Neil Osterweil, Senior Associate Editor

Gregory S. Henderson, M.D., Ph.D., talks of recovery efforts after Katrina. (audio)

NEW ORLEANS, Aug. 31 -- For Robert Perrillo, M.D., it could have been worse. When the levees broke here in the face of Katrina's surge, his house was inundated by waters that were only waist high.

Nevertheless, after the Ochsner Clinic hepatologist and his wife spent many months sleeping on an air mattress in his office, they decided they'd had enough of a city that no longer functioned like one.

They managed to get their house repaired with the help of a contractor, who was one of Dr. Perrillo's patients, and in June they sold out and moved to Texas, like so many physicians who had thought that they would spend their lives in this community.

Dr. Perrillo, who now practices at the Baylor University Medical Center in Dallas, had simply given up hope that New Orleans could bail itself out of the politics of paralysis.

Six months after Katrina, the Orleans Parish Medical Society estimated that there were 1,200 practicing physicians in the New Orleans metropolitan area, down from approximately 4,500 in the days before Katrina.

About 1,200 of the pre-Katrina complement included medical residents and post-doctoral fellows, many of whom have returned with the reopening of the Tulane and Louisiana State medical school campuses.

But new student enrollment is still off by about 33% at Tulane Medical School, and Louisiana State University has found it hard to attract graduate students to fill basic science openings.

A year after Katrina, it's unclear just how many physicians have left New Orleans for good, according to an Orleans Parish Medical Society spokesman. Many were able to find a new home at the Ochsner Clinic Foundation in Jefferson Parish, which lost about 40 physicians in the immediate aftermath of the storm, but is now staffed well above pre-Katrina levels.

But Ochsner is one of only three hospitals that never closed following the storm, and although more acute care facilities are reopening, there is still a critical shortage of nurses and of support personnel, including technicians, housekeeping staff, cafeteria workers, and maintenance personnel. Many hospital staff workers lived in areas of the city heavily damaged or destroyed by the floods, and are living with relatives or friends elsewhere.

Nurses appear to have found the grass greener well beyond the levees. According to the American Hospital Association, there are nearly 120,000 vacant positions for registered nurses across the United States, and many facilities are offering incentives to lure them in.

For some physicians the decision to leave New Orleans behind may be straight forward -- losses of practices, homes, and patients. But others, like Dr. Perrillo, cite a complicated mix of reasons for leaving.

"We had, as many others also witnessed, the opportunity to see the poor governance of the disaster event," Dr. Perrillo said. "We felt very low confidence in the government's progress in that area, and the efforts to bring money and business back."

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And even though the re-election of New Orleans Mayor Ray Nagin occurred long after Dr. Perrillo and his wife had made the decision to pull up stakes, the people's choice to return to office a man whom many people blame for the inertia of recovery efforts just reinforced their decision to leave, he added.

A third factor in his decision to decamp from the city once called "the Big Easy" was that his practice had changed, he said. As one of only three major hospitals open in the city, Ochsner had taken on patients from the shuttered Charity Hospital and Louisiana State University Medical Center. The patients often came in without records, and many didn't have the resources they needed for adequate self-care or follow-up visits, Dr. Perrillo said.

Donald Palmisano, M.D., who has stayed in his native New Orleans, sympathizes with the plight of his colleagues.

"Right now," he said, "one of the problems for the hospitals that are open and for the doctors who have found a place to practice, or those who were fortunate enough to be on those hospital staffs, is that you may not get paid. Thirty to fifty percent of the patient population may not have any insurance, or the insurance they have doesn't pay you."

Those doctors who lost their practices (Dr. Palmisano's private surgical practice in New Orleans East was damaged, and is still closed) face daunting challenges, he said. These include uncertainty about insurance and financing, and whether they will be able to attract enough paying patients to sustain a practice.

There are also basic problems of infrastructure that remain unsolved, such as a lack of land-line telephones and sporadic power outages in parts of the city, Dr. Palmisano said.

"How can you have a medical practice without something as basic as a land-line telephone?" he asks. "It's impossible."

In a recent survey, the American College of Emergency Physicians, which will hold its annual meeting in New Orleans in October, polled its members in hurricane-damaged areas of Louisiana and Mississippi. A total of 59 physicians out of 142 who were e-mailed surveys responded.

More than one-third of the 59 doctors who participated in the survey said they would consider leaving the area to practice elsewhere if the system has not sufficiently improved by this time next year.

Of these, 92% still practiced in the same areas they were in before Katrina, but more than a third said they'd consider relocating if things haven't improved by the second anniversary of the storm.

About half of the respondents said there was little or no recovery of the emergency care system where they practiced, and 60% said their emergency departments had not recovered, in terms of functioning, to pre-storm levels.

In addition, 65% said that patients were being harmed by long waiting times, and more than 75% said that the emergency response system was not prepared to cope with another hurricane or other form of disaster, natural or otherwise.

Two physicians who made the difficult decision to put down roots elsewhere were Tyler J. Curiel, M.D., former chief of hematology and medical oncology at Tulane, and his wife Ruth Berggren, M.D., a former associate professor of medicine and infectious disease specialist, also at Tulane.

Dr. Curiel, who made headlines when he staged a rescue mission to protect irreplaceable research samples that were in danger of perishing in his lab at Tulane, has moved his research to the University of

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## Mississippi's recovery effort seems to be leaving Louisiana's behind. Why?

Times-Picayune | 09.01.06

By Christine Harvey

WAVELAND, MISS. -- In stark contrast to the devastation that enveloped New Orleans in the days after Hurricane Katrina, when rescuers fought against time to save residents from rooftops and officials sought to restore order to a city under siege, the people who live in Waveland, Miss., returned to a landscape so devastated that it was hard to find the lots where their homes once stood.

While returning New Orleanians found block after block of debris and utter devastation, Mississippi Gulf Coast residents often found nothing.

The storm washed away most of the structures in the tiny coastal community and heavily damaged the rest. A year later, tattered cloth still hangs from the city's majestic oaks, serving as scant evidence that someone once lived nearby. The once-thriving commercial district along Coleman Avenue stands empty, a mere collection of concrete slabs, save for a makeshift City Hall operating in double-wide trailers.

Though levee breaks inundated New Orleans and several surrounding parishes with floodwaters that in many cases reached the rafters and marinated homes and businesses for days, the destruction of the Mississippi Gulf Coast occurred in a matter of hours. The storm surge rolled in and then out, leaving the entire area in such ruin that Hurricane Camille's 1969 visit seemed like a glancing blow in comparison.

The storm decimated the stately mansions that once stood sentry along U.S. 90 in Pass Christian, shattered businesses that enticed beachcombing tourists with inflatable rafts and cheesy T-shirts, and ripped casino barges from their moorings. It destroyed the Marine Life Oceanarium, ravaged the final home of Confederate President Jefferson Davis and severed the bridges that connect Bay St. Louis to Pass Christian and Biloxi to Ocean Springs.

However, the manner in which Katrina dealt her destructive hand to the coast left open the opportunity for a revival that by many accounts is moving at a faster pace than in Louisiana, though the lack of rebuilding in Mississippi's most devastated areas gives a different impression, as do some residents there.

Rockier Road Home in La.

Though Louisiana officials modeled the Road Home program on the Mississippi version, which already had received federal approval, the complexity of Louisiana's plan will make it more difficult to administer, said John A. Lovett, associate professor at the Loyola School of Law in New Orleans.

Mississippi's plan uses the insured value of a home, minus any insurance settlements and previous FEMA payments, and sends eligible homeowners a check for the difference, up to \$150,000. The money can be used for anything they choose as long as the home's mortgage is paid.

Louisiana officials didn't place the same amount of trust in homeowners when devising its Road Home plan, Lovett said. The plan penalizes those who choose to leave Louisiana, giving those homeowners just 60 percent of their home's prestorm value. The state will establish escrow accounts for the people who choose to stay, allowing mortgage lenders to make sure residents spend the money on approved rebuilding projects or new homes, he said.

Mississippi also rolled out its plan faster than Louisiana did, meaning residents along the coast are now starting to get the money they need to rebuild, while Louisianians continue to wait, Lovett said.

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However, part of the delay in Louisiana can be attributed to Gov. Kathleen Blanco's efforts to increase the amount of money residents would receive in the storm's aftermath, said Loren C. Scott, a Louisiana State University professor emeritus who is studying the region's economic recovery as a consultant.

The federal government initially floated a plan that would have resulted in Louisiana residents receiving less money than Mississippi residents, but Blanco took the time to balance the scales so Louisianians would get an equal amount, he said. To do otherwise would have been unfair, Scott said.

Besides housing concerns, the loss of customers at the Louis Armstrong International Airport shows that the New Orleans area is lagging behind Mississippi in the months since the storm. Though the customer base is slowly returning, the number of enplanements in March of this year was just 51 percent of the number of travelers departing from Armstrong in the same month a year earlier.

In contrast, the number of people flying from the Gulfport-Biloxi International Airport in April fell just 9 percent from the same month the year before.

Construction permits for single-family housing also illuminate the disparity. Whereas in the seven-parish New Orleans area the number of permits nearly rebounded from the same period a year earlier, from 394 to 364, the number in Gulfport and Biloxi grew by 51 percent in the same period, from 161 to 243.

Other indicators also suggest that New Orleans is not keeping pace with Mississippi, including the city's severe population loss in the months after the storm. Though residents are slowly returning to the city, estimates put the number of people living in New Orleans at just 54 percent of the pre-Katrina population.

Conversely, Biloxi officials say about 85 percent of residents have returned to that city. And Gulfport's post-storm population can best be measured in terms of the number of students who have returned to the public school system: 88 percent.

Sales tax figures show a dichotomy of sorts when it comes to recovery comparisons, with New Orleans and Biloxi reporting post-Katrina drops in collections of 27 percent and 25 percent, respectively. On the other hand, Gulfport has rebounded and then some, with officials noting a 50 percent increase in collections for the same period. Likewise, governments in Jefferson, St. Tammany, St. Charles and St. John the Baptist parishes are reporting higher sales tax revenue.

Not all statistics show that the recovery in New Orleans trails that of the coast, particularly in tourism. Nearly 28,000 hotel rooms were available in April in New Orleans, or about 72 percent of pre-Katrina levels, while fewer than 4,300 were open in Biloxi and Gulfport, a 72 percent decline since the storm.

#### 'Plan-demonium' problems

Some would say the New Orleans area's plan for rebuilding, or rather a lack of planning, has caused the pace of recovery to ebb. Reed Kroloff, dean of Tulane University's School of Architecture, resigned earlier this year as head of the urban planning committee for the city's Bring New Orleans Back Commission, saying officials had failed to create a vision for the city's future.

"There has not yet been adequate leadership on the issues of planning," Kroloff said. "What you get in the end is plan-demonium. I'm not accusing (Mayor Ray Nagin) or the City Council of doing something wrong. Rather, I want them to do something right."

In Mississippi, on the other hand, officials are lauding the efforts of leaders such as Republican Gov. Haley Barbour, GOP Sens. Trent Lott and Thad Cochran, and Democrat Rep. Gene Taylor for their efforts to get the coast back up and running.

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"I thank God we have the leadership we have at the state and federal level," said Gulfport Mayor Brent Warr, a political neophyte who took office just seven weeks before Katrina hit. "I feel Gulfport is getting what it needs from its officials. I can call these guys and have a response in 24 hours."

Though the money to rebuild has been slow to appear on the coast until now, residents have enjoyed other advantages that their counterparts in Orleans, St. Bernard and Plaquemines parishes still lack. For instance, most of the area's schools and hospitals managed to reopen shortly after the storm, providing residents with some of the services essential to their return.

"That is a very big thing," Scott said. "It would be a scary thing to be sick in New Orleans, wouldn't it?"

Watching from Washington

Debate about the recovery efforts in Louisiana and Mississippi is not limited to the two states. It's all the rage in Washington, D.C., these days.

Republican and conservative pundits in the nation's capital blame what they label as incompetent Louisiana officials and irresponsible New Orleans residents for the slow pace of recovery in the Bayou State.

Tony Blankley, who worked for former U.S. House Speaker Newt Gingrich, R-Ga., before becoming editorial page editor at The Washington Times, said this week that Mississippi has done a much better job, although he conceded that comparisons are difficult because Louisiana suffered far more damage.

Rather than credit the effectiveness of Mississippi's response on the fact that the state is led by a Republican governor, Blankley said the recovery there has to do with the fact that "it's an honest government there and Louisiana is notoriously corrupt and incompetent."

LSU political scientist Wayne Parent said such comments are not surprising, given the level of partisanship in the United States. Nonetheless, it's impossible to compare each state's response to the hurricane, he said.

"It's like apples and oranges, given that Mississippi went through a hurricane and Louisiana had a hurricane and a great flood, and the damage was so much greater, so much more widespread," Parent said, noting that many Democrats and liberals continue to pin almost all the blame for the slow recovery on President Bush.

Mayor Ray Nagin, a Democrat, has steadfastly defended his city's recovery effort, noting that the scope of the damage in New Orleans surpasses anything that has ever hit an American city. He drew national media attention last week by saying New York can't get a "hole in the ground fixed" five years after the Sept. 11, 2001, terrorist attacks, so "let's be fair" in evaluating New Orleans' recovery. He has repeatedly linked the slow response from the federal and state governments in the days after Katrina struck to the fact that so many of those stranded in the city were poor and black.

Donald Powell, the former Federal Deposit Insurance Corp. chairman tapped by President Bush to lead Gulf Coast recovery efforts, said he is pleased with the pace of rebuilding in Mississippi, particularly given Katrina's scope and scale. The debris is mostly gone, economic activity is brisk, and sales taxes are starting to rebound, he noted.

But he also is happy with the efforts in Louisiana, where traffic at the Port of New Orleans is 42 percent higher than before the storm, about 80 percent of hotel rooms are back in commerce, and every institute of higher learning is now open. Though the storm completely wiped out certain areas of the coast, the

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damage that occurred in the New Orleans area spread over an area seven times larger than Manhattan, Powell said.

#### Schools, casinos back up

Waveland Mayor Tommy Longo knew that reopening the schools was the first key to the city's recovery. Though the city had no equipment left to remove the debris at the schools, workers used rakes and tractors, along with items donated from other cities, and in some cases placed prefabricated metal huts where classroom buildings once stood.

Though every one of the 28 public schools in Biloxi and Gulfport had managed to reopen by Nov. 1, none of those in New Orleans was able to accomplish a similar feat. In fact, just 16 of the system's 122 schools had reopened by the start of the second semester, with another five reopening by mid-March.

The gambling industry also is playing a big role in the coast's recovery, after legislators quickly agreed to allow casino operators to rebuild their torn and tattered gambling barges on land.

Three of Biloxi's eight casinos were back in operation by January, and that month accounted for more than half the revenue that all eight casinos generated one year earlier. Beau Rivage and Grand Casino Biloxi, the sixth and seventh casinos to reopen, began welcoming visitors at the end of August, and Mayor A.J. Holloway hopes to see between 18 and 22 casinos in the city in the next five to 10 years.

In Gulfport, the Grand Casino Gulfport will give way to the Island View, while voters in Long Beach, which long has forsaken gambling, have approved a nonbinding referendum to allow casinos in the future. Two casinos are slated to open this year in Hancock County, with a third one on the drawing board, and plans are in the works for the first casino in D'Iberville, just north of Biloxi.

As the casinos continue to reopen on the coast, experts worry about the housing crunch that will ensue. With 60,000 homes in Mississippi still uninhabitable, Scott said he thinks the casinos will find a long-term way to house employees, knowing that they are losing millions of dollars every day the businesses don't operate.

#### Disputing talk of progress

For all the talk about Mississippi's progress, Bill and Nanka Caraway of Gulfport are having none of it.

Katrina washed away the Second Street home that Bill Caraway's grandfather built in 1919. The floodwaters lifted the house from its foundation, causing the roof to collapse and the walls to crumble, and the Caraways were left with little more than the clothes on their backs.

People such as the Caraways decry the notion that the coast is advancing faster than New Orleans, given that the area looks much the same as it did the day after the storm passed. True, the various municipalities have removed mountains of debris in the interim, but the miles upon miles of beach road with little rebuilding seem to tell another story.

"It is bad," said Nanka Caraway, 63, a retired midwife originally from Bulgaria. "We are not so young. It's difficult to start a new life."

The couple managed to scrape together enough money to buy a piece of property in Long Beach, a city just west of Gulfport that saw monumental destruction all its own. The land is well north of the railroad tracks that traverse the coast's three southernmost counties and in many cases served as the line past which the water would not travel.

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Nonetheless, the Caraways are living in a FEMA trailer in Gulfport one block from the beach at the height of a new hurricane season. Why? The answer is simple: They can't afford to leave.

Like many coastal residents, the couple didn't receive enough money from their insurance company to start over, let alone build a brand-new home. They have asked the state for a \$150,000 Road Home grant but haven't heard yet whether they will qualify.

In Pearlington, near the coast at the Louisiana-Mississippi line, the pace of recovery seems suspended in time. Though residents there are pleased that a store selling milk and bread finally opened a few weeks ago, they are unhappy that they still have to drive to Waveland or across the state line to Slidell for gasoline.

J.D. Bennett, who lives on Walnut Drive with his wife, Sandra, said the situation in Pearlington is still far from normal, noting that the people who need help the most, including the disabled and the elderly, aren't getting it. The couple lost their home in the storm but have saved money each month to outfit a new modular home.

At the other end of Hancock County, businesses in the Old Town section of Bay St. Louis are slowly starting to reopen, with Dave Moynan and John Brennan leading the way in the first block of Main Street, just steps from the beach. The duo spent nearly a year haggling with their insurance company, then working to rebuild their art gallery, Maggie Mays, before reopening in mid-August.

However, the businesses along the Beach Boulevard have yet to reopen, because work did not start until last month to repair the road, which crumbled under Katrina's weight. One longtime favorite, Trapani's Eatery, has reopened in a strip mall on U.S. 90 in Bay St. Louis, while others continue to wait.

A similar situation is occurring in Long Beach, where the storm surge flattened most of the structures in the first three to four blocks off the beach. None of the owners has been able to rebuild because the storm decimated the water and sewerage service to the area.

Mayor Billy Skellie, who continues to operate City Hall from a cluster of double-wide trailers on Klondyke Road north of the devastated area, said the city was able to patch the system in the residential areas farther inland, but that Katrina did too much damage along the beachfront to make even temporary repairs. He hopes repairs to that area will be complete by March.

In the meantime, several local businesses, including a McDonald's, a Waffle House and the Lookout restaurant, have vowed to return when they are able, he said.

Though Skellie may not like the pace of the recovery on the coast thus far, he certainly understands it, much as his father did as mayor when he led the city through Hurricane Camille.

"That's the price you pay to get to look at the water," he said. "And most people understand that."

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<http://www.nola.com/news/t-p/frontpage/index.ssf?/base/news-6/1157092364289320.xml&coll=1>

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## Daily Briefing Health Care Advisory Board

August 31, 2006

### NEJM: Study links health care spending, life expectancy gains

Despite a dramatic increase in health care spending in recent decades, the majority of Americans are getting a “sizeable life-extending bang for their medical bucks,” according to a study in today’s NEJM. The study is among the first to evaluate the relationship between medical spending and longevity and suggests that the United States’s unrivaled health care spending—which accounts for 16% of the gross domestic product—may be justifiable.

### Hospitals top list of best employers for workers over 50

Hospitals and health systems clinched more than half of the spots in AARP’s sixth annual list of the “Best Employers for Workers over 50,” with six health care organizations landing in the top 10.

### OIG criticizes CMS outcomes-tracking project, deems data ‘unreliable’

HHS’s Office of the Inspector General yesterday released a report questioning the reliability of data collected through a \$300 million, year-long CMS demonstration program that paid oncologists roughly \$275 million to collect information on chemotherapy side effects.

### Contract lapse removes S. Fla. HCA facilities from UnitedHealth network

Stalled contract negotiations between HCA and UnitedHealthcare are resulting in the revocation of in-network access to HCA services for United members in South Florida and Denver—a scenario that could play out in other markets nationwide.

### Celebrex mounts comeback, may help reduce polyp recurrence

Two years after evidence of increased cardiac and stomach risks threatened the drug’s future, Pfizer’s Celebrex—the only COX-2 inhibitor still on the market—is staging a comeback.

### Judge nixes \$51 million Vioxx award, orders rehearing

Marking the first time that damages in a Vioxx suit have been voided, a federal judge yesterday threw out a jury’s recent \$51 million award against Merck and ordered that the damage portion of the case be reheard.

### Around the nation: Bite-sized hospital and health industry news

### Et cetera: Study finds long office hours associated with hypertension

Employees who work longer hours are more prone to developing hypertension than those who log less time on the job, according to a report in the journal Hypertension.

<http://www.advisory.com/members/default.asp?program=1&collectionid=4>

or see attachment “61200\_14\_1\_08-31-2006\_0.pdf”

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