

## Too Few Beds and a Feud Plague Doctor-Training Program in New Orleans

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A New Orleans teaching hospital that is still struggling to recover from the effects of Hurricane Katrina faces budget cuts and new questions about its ability to continue training 300 medical residents and fellows from Louisiana State University and Tulane University. The uncertainty has been fed by a feud between the two universities over the facility and one that is planned to replace it.

From the teaching point of view, the problem is that the hospital, which Louisiana State officials refer to as the Interim LSU Public Hospital, has either too many residents or too few beds. With 300 doctors-in-training and just 283 inpatient beds, it is well over the national average of about 0.8 residents for each hospital bed, says Frederick P. Cerise, vice president for health affairs and medical education for the Louisiana State system, which operates the hospital.

“We were over that number before Katrina and were addressing it by moving residents outside the city to other parts of the state,” he says. “With the loss of beds in New Orleans, the pressure is greater to have training slots for all the residents.”

New Orleans lost two of its primary public teaching hospitals when Hurricane Katrina caused extensive flooding to University and Charity Hospitals. Charity remains closed, while University Hospital was revamped and reopened in 2006 with \$90-million from the federal government.

The facility is serving as an interim teaching hospital while Louisiana State proceeds with plans to open a 424-bed academic medical complex by 2013.

But the \$1.2-billion plan has been plagued by governance and financing problems. Louisiana State says the Federal Emergency Management Agency ordered it to call the hospital the Interim LSU Public Hospital—a name that Tulane officials reject in an increasingly bitter battle over how the hospitals that train both Louisiana State and Tulane residents should be named and run. Tulane insists that the proper name is the Medical Center of Louisiana at New Orleans and it wants a seat at the governing table of the new hospital.

In the meantime, the interim hospital faces a budget crunch. After a consultant's report found the hospital to be inefficient and costly, the Louisiana State system announced this week that it will eliminate 300 jobs and make other cuts to shave costs by \$24-million a year. There are no plans to cut the number of beds.

The report, commissioned by Louisiana State, also suggested that administrators take another look at a graduate medical-education program that is now providing too few beds for too many medical residents.

Both Tulane and Louisiana State have already cut back their programs since Katrina. Tulane now trains 358 residents, down from 519 in August 2005. For Louisiana State, the numbers have dropped from 650 to about 300.

In 2006, after Katrina flooded the two teaching hospitals, Tulane and Louisiana State moved most of their training programs to small, community-based clinics and outlying hospitals.

Like Louisiana State, Tulane has been continuing to push in recent years to get residents into community settings where patients now receive more of their care for routine and chronic conditions, says Tulane's medical dean, Benjamin P. Sachs.

Even as the Louisiana State system struggles to rebuild University Hospital's pre-Katrina patient base, Dr. Sachs says, he doesn't believe that limiting training to teaching hospitals makes sense.

"Nationally, we're going through a whole re-examination of how residents are being trained and whether it should all be done in a hospital. Hospitals only show an episode of care. They don't show the whole continuum of how a disease affects the person," he says.

"Building large teaching hospitals with 500 to 1,000 beds may be a thing of the past."

As medical centers around the country grapple with similar questions, many are closely watching how New Orleans's two medical schools cope with their pioneering role in the push to decentralize medical training and bring it closer to people's homes.

Finding enough training slots, and the critical mass of residents to support a program in any given location, remains difficult. While studies have projected a shortage of physicians as baby boomers age, medical educators in New Orleans are training far fewer doctors now than they were before Katrina. "All of the work-force projections show that we need to be training more physicians, and we're going in the other direction," says Dr. Cerise.