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EARL K. LONG MEDICAL CENTER-BATON ROUGE
HUEY P. LONG MEDICAL CENTER-ALEXANDRIA
LALLIE KEMP REGIONAL MEDICAL-INDEPENDENCE
L. J. CHABERT MEDICAL CENTER-HOUMA
MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS
UNIVERSITY MEDICAL CENTER-LAFAYETTE
W. O. MOSS REGIONAL MEDICAL-LAKE CHARLES

April 10, 2007

Honorable Marsha Blackburn
House of Representatives
c/o Rachel Bleshman, Staff Assistant
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6115

Dear Representative Blackburn:

Pursuant to the Rules of the Committee on Energy and Commerce, attached you will find the answers to your questions following the March 13, 2007, hearing entitled "Post Katrina Health Care: Continuing Concerns and Immediate Needs in the New Orleans Region."

Should you have any additional questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald R. Smithburg". The signature is fluid and cursive, with a long, sweeping underline.

Donald R. Smithburg
Executive Vice President, LSU System
CEO, LSU Health Care Services Division

DRS/js

Attachment

Honorable Marsha Blackburn
509 Cannon Building
Washington, D.C. 20515

QUESTION:

1. Regarding the mental health crisis in New Orleans, you recommend a variety of funding options, such as funding for outpatient facilities and long-term care beds, to alleviate the crisis.

Who should pay for these additional beds and services? Federal and/or state government?

With the 'brain drain' occurring in New Orleans, who will care for these patients once you have more beds?

ANSWER:

Prior to Katrina, the Medical Center of Louisiana at New Orleans (MCLNO) operated 100 acute psychiatric beds on the Charity Hospital Campus. Charity is closed, and there currently are no psychiatric beds in the LSU interim facility, which is partially open with 179 acute beds. There were just over 500 total beds at MCLNO prior to Katrina.

As indicated in testimony, LSU is working to open about 40 psychiatric beds in a vacated hospital on a leased basis. As temporary replacement beds, FEMA funding for necessary renovation will be requested.

Plans for the construction of a replacement hospital for MCLNO in conjunction with the Veterans Administration should address the need for acute psychiatric beds on a permanent basis. The Community Development Block Grant will partially fund the hospital, with the remainder provided by bonds and FEMA replacement funds. Ongoing operation of the psychiatric beds in a new hospital is anticipated to be supported by state and federal Medicaid funding, by Medicare and by various private insurance sources.

Recruitment of psychiatrists and other professional staff is problematic today and will require both continued state and federal efforts to encourage successful recruitment of health care professionals to the area and the rebuilding of New Orleans generally. Financial incentives, such as through the Greater New Orleans Health Service Corp which offers grants to physicians who return and practice for at least three years, will be critical to success.

Availability of psychiatrists and other specialists is a complicating issue over and above facility needs. It is impossible to determine the pace at which the "brain drain" problem in New Orleans will be resolved, but a solution must go hand-in-hand with other efforts to restore our health care system and community in general.

MCLNO is attempting to open seven primary care clinics in various areas of metro New Orleans. While we continue to await city enactment of its zoning variance ordinance, it is estimated that these clinics will support 52,000 to 70,000 patient visits annually. While the clinics will not be

providing specialty psychiatric services, they clinics will be able to screen for such problems and direct care to settings other than the Emergency Room. Such enhancement of the primary care delivery system will be important in unclogging Emergency Rooms and making them more accessible for emergent problems of all types. It is important to maintain focus on repairing the health care system as a whole in order for it to effectively address various kinds of specialized care.