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UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON ENERGY AND COMMERCE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

Hearing on:

**“Post Katrina Health Care:
Continuing Concerns and Immediate Needs in the New Orleans Region”**

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I. INTRODUCTION

I would like to thank the Chairman and the members of the committee for their interest in the health of our citizens, and for holding these hearings. Your commitment to understanding how we might all work to improve their care is appreciated.

St.Thomas Community Clinic Pre Katrina

The St.Thomas Clinic was established in 1987 by a partnership between the residents of one of New Orleans’s largest public housing developments (St.Thomas Housing Development), and concerned leaders in the medical and faith-based communities. The citizens of this neighborhood wanted accessible primary and

preventive care within a reasonable distance of their home, with reasonable wait times, and continuity of their care with the same doctor or group of providers. The elected leadership of the predominately African American housing development also insisted that both the clinic board, and its providers, understand the dynamics of institutionalized racism and its impact on healthcare for people of color.

Over the last 20 years this clinic has provided low cost, efficient care to the uninsured and underinsured through public/private sources of funding. I was one of the founders of the St. Thomas Clinic and served as president of the board for 16 years. I was also Chairman of the Department of Medicine at Ochsner Clinic Foundation much of that time. Ochsner leadership was very supportive of the relationship with St. Thomas. Providing appropriate primary, preventive and basic specialty care to outpatients helped minimize hospitalizations and emergency room visits. St. Thomas Clinic has been an important site for the training of Medical Students, Internal Medicine Residents, Family Practice Residents, Nurse Practitioners, and Doctor of Pharmacy students from LSU, Ochsner, Xavier and Tulane. It has been an attractive training site because of its position in a vibrant community setting and its commitment to try to reduce health disparities. In addition to Ochsner, St. Thomas has had innovative partnerships with private providers such as the EENT Foundation, Touro Infirmary Hospital and the former Mercy Hospital in New Orleans. These private providers all recognized the value of the relationship with a community based clinic trying to address the needs of a large uninsured population. We all learned that the collaborations of these public and private entities provided high quality, lower cost care to the community, while at the same time reducing emergency room visits and hospitalization rates that burden the rest of the healthcare delivery

system. While receiving grants from state, city and federal programs, St.Thomas has remained independent, not for profit, and is not under the governance of the state or federal healthcare clinic systems.

St.Thomas Community Health Center Post Katrina

My physician wife, who had been medical director at St.Thomas for 12 years and is now on faculty of the LSU School of Public Health, returned with me to New Orleans in mid-September after the Hurricane of August 2005. We attended some of the initial planning meetings for the re-establishment of health services as the city repopulated. I was soon approached by faculty and residents from LSU School of Medicine who were concerned about patients they had treated pre-Katrina at the Medical Center of Louisiana at New Orleans (MCLNO), and in many instances they had continued to see while the patients were in emergency shelters around the state. Many of these patients, who had evacuated to safer sites, were now returning to New Orleans and had little access to medical care. Having begun and operated St.Thomas Clinic before, we were able to relatively quickly re-open as the St.Thomas Community Health Center and find supporters who were already familiar with the clinic and the community. Neighbors immediately appeared with brooms and mops to help with the clean up. The Baldwin County Baptist Builders, from Baldwin County, Alabama, were onsite within days to begin repairing the roof and rebuilding the flooring of the clinic. Building supplies were extremely scarce, so the AmeriCares Corporation loaded a tractor trailer with building supplies in Connecticut and had them at St.Thomas when the Baptists Builders arrived. For clinical services, it was necessary to begin anew. Along with clinics such as

Covenant House, we were one of the first primary care clinics to open in the city. We are, and always have been, open to all patients regardless of ability to pay.

We have found that the patient population at St.Thomas has changed since Katrina. The clinic's current patients include those patients living in a cycle of poverty that St.Thomas has traditionally cared for, but the clinic now has a large population of patients who, prior to Katrina, had health insurance, but lost it when their employer's business failed. A third population of patients is those now coming to St.Thomas because they have lost their local physician. At least 50% of the physicians practicing in New Orleans pre-Katrina have not returned. This group of patients who lost their physicians includes some who have insurance and/or the ability to pay all, or part of, their bill, calculated on a sliding scale which is based on federal poverty guidelines. We now find that 25% of St.Thomas patients can pay for some or all of their care. **Even for those with health insurance in our community, there are simply not enough physicians to take care of the patients.** While the presence of insured patients helps St.Thomas be somewhat self sufficient, it also strains our resources. **But the message is clear that the health issues in New Orleans are not just about the indigent or the uninsured.**

Partly because of our history in the community, and partly because of the dire straits of the city, St.Thomas has received very generous support from agencies and partners who have joined with us. Since Katrina, we have received over \$1.4 million in grants and contributions, having come from more than 30 separate sources since the storm. Contributions have ranged from \$200 to \$500,000. Due to the chaos in our environment, we do not know precisely how many patients we saw in the first 2-3 months that we were open, but we do know that in the last 15 months we have had approximately

23,000 patient visits. We average 70-80 patients per day in primary care, with another 30 patients seen who come for breast and pelvic exams including mammography, and another 20 patients seen for eye exams and treatment in Optometry. Thus, in the relatively limited space of 5500 square feet, we are providing care for approximately 120 patients per day.

Any provider working in New Orleans can attest to the fact that there are few “brief” patient visits. The patients have virtually all sustained losses, in many cases almost unimaginable, and providing adequate care involves understanding how the patient can manage their medical condition within their current life circumstances. It is impossible not to be impressed with the resiliency of the people and their determination to put their lives back together. Most of the patients deal with their stress by themselves. However, many simply cannot, and we hope to provide help in other ways, specifically through opening a community mental health program in space we have just leased.

The list of donors to St.Thomas since Katrina is impressive. But more important, to us, was the way we were able to leverage their donations by having donors collaborate with other donors to help us. We found donors interested in common issues and were able to combine donations in a complementary fashion for greater effect. Some of these are described below.

Like other safety net providers left standing after Katrina, we at St.Thomas realized we were now being called on to fill huge gaps in the delivery of service. These were daunting problems, but we often found support from unexpected sources. The

clinic's earliest support came from faith based institutions, but we also had significant support from public, private, state and federal sources that we could not have anticipated.

While the media frequently reports of what is wrong in New Orleans, there have been some remarkable collaborations and partnerships that helped us continue serving our community . The clinic has been blessed with resources and has tried to be a good steward of them. Many of our collaborative efforts did not exist before Katrina. These safety net partnerships and collaborative efforts provided such positive results, that we feel they should be maintained the future health care design.

The following are some brief descriptions of a few of the ways that donations of time and support have been leveraged by complementary collaborations between St.Thomas and its donor partners.

1) Repairing storm damage to the building:

Immediately after the storm, neither construction workers nor building supplies were available locally. We asked friends from the **Baldwin County Alabama Baptist Builders** to plan with the **AmeriCares Corporation** in Connecticut, and the result was the timely arrival of both building supplies and construction crews within days of our asking for their help. They were able to make the necessary repairs so the clinic could re-open. The cost for these repairs, if we could have found someone to do them, would have been in excess of \$100,000. It is just one example of the self-sufficiency that St.Thomas and our sister clinics showed in getting into service quickly.

2) Resumption of Clinic medical operations.

The **National Episcopal Church** and the **Louisiana Diocese of the Episcopal Church** soon after Katrina declared themselves to be partners with St.Thomas. The

church repeatedly worked with us over the last 18 months to arrange to hire providers and persuade other donors to partner with us. The church provided St.Thomas the initial funds to pay LSU School of Medicine for our initial medical staff and resident trainees. As we set about to hire permanent staff, the church provided bridge financing to assure the salaries of 3 full time physicians who are also jointly on the faculty of LSU Medical School. When St.Thomas was offered the unique opportunity to provide cardiology specialty consultations in the clinic, the Diocese agreed to underwrite the necessary renovations of the space for cardiology_as we sought other grants. Most recently, the clinic has been able to lease space to begin a community mental health center. Once again, the Episcopal Diocese of Louisiana recruited benefactors from out of state to agree to underwrite the building renovations and hiring of staff.

In great part due to the promise of secure funding by the church, St.Thomas now has 3 full time adult primary care providers, all of whom are jointly on the faculty of the LSU School of Medicine and /or the LSU School of Public Health. We have a full time pediatrician who joined us from the community. We have 5 part time specialty care providers. Specialty services St.Thomas offers now include cardiology (see below), gynecology (by a community gynecologist), pulmonology and rheumatology (from their respective departments at LSU School of Medicine), optometry, (funded by the EENT foundation), and nephrology (from a volunteer working at another state medical facility). Each of the rheumatology, pulmonology and nephrology specialty providers, while very beneficial in reducing emergency room visits and avoiding hospitalization of our patients, costs St.Thomas approximately \$25,000 annually and visit the clinic one half day per week.

3) Breast and Cervical Disease Prevention and Management:

The **LSU School of Public Health** recognized that St.Thomas could provide the site for them to maintain operations of their Louisiana Breast and Cervical Health program, which is sponsored by the Centers for Disease Control and Prevention. Recognizing this possibility, the School of Public Health helped St.Thomas develop a consortium of funders that includes the **Avon Corporation, Komen Foundation, and the United Way**. This collaboration provided over \$530,000 to St.Thomas. The medical outcome of this collaboration is that St.Thomas Community Health Center is the only site in the city where uninsured women can receive breast cancer screening complete with both screening and diagnostic mammography, breast biopsies, and follow up care arranged with providers who will care for our breast cancer patients for the Medicaid rate we can provide.

4) Specialized Cardiology Consultations and Care:

One of the most remarkable and unexpected collaborations has resulted in St.Thomas being able to offer cardiac consultative tests and specialized patient management. At the suggestion of Dr Keith C Ferdinand, a nationally recognized New Orleans cardiologist, **The Association of Black Cardiologists (ABC)** approached **the Morehouse School of Medicine** on behalf of St.Thomas to provide cardiac care to the community. The ABC knew of St.Thomas from the clinic's previous work dealing with health care disparities. Cardiac care was an urgent issue for our uninsured community, as patients requiring elective cardiac evaluations and diagnostic testing had to travel either 60 or 80 miles away to one of the open Charity Hospitals. Spearheading the effort, the ABC and the Morehouse School of Medicine helped develop a group of providers, manufacturers and

professional organizations who all agreed to help St.Thomas meet the need for cardiac care in the uninsured community. This collaboration now includes not **only ABC and Morehouse**, but also professional groups including the **National Board of the American College of Cardiology, the Louisiana Chapter of the American College of Cardiology, the Ochsner Clinic Foundation Department of Cardiology, the New Orleans Medical Foundation, and corporations such as Astra Zeneca, Cardiac Science, and the Toshiba Corporation.** Providing direct care to St.Thomas, a **community cardiologist (Dr Gary Sander), and Ochsner Clinic Foundation Cardiologists** come to St.Thomas 2 half-days a week to see our patients and supervise testing. This diagnostic testing now includes standard EKGs, echocardiograms, 24 hour Holter monitoring and interpretation, and most recently, stress echocardiography. We are currently negotiating for hospital support when Invasive catheterization and surgery is necessary. Our physicians are certain that having these diagnostic and management services available in the clinic, especially having cardiologists help with the management of complex patients, has resulted in a reduction of both hospitalizations, and visits to the emergency room for our patients with heart disease.

The volume of patients who are seen in cardiology or any of the other specialty areas at St.Thomas, are not just from St Thomas Clinic alone. We have invited all of our sister clinics, i.e. Daughters of Charity, Common Ground, St Charles CHC, and Covenant House, to use these any of these specialty consultations.

We are very pleased that the **Medical Center of Louisiana at University Hospital** is now open and also providing cardiac specialty care. This is a great step forward for our community. We hope to continue to partner with, and augment state and

local efforts, and the community is hopeful additional beds will soon open for interventional cardiac care for the uninsured.

5) Enhanced systems development,

The Partners for Access to Health Care, (PATH) a subsidiary of the **Louisiana Public Health Institute** has provided hardware, software and licensing support for an Electronic Medical Record for the St.Thomas clinic. Once this became available, both public and a private support came to St.Thomas to maximize our systems of registration, billing, coding and collection. **Blue Cross Blue Shield Foundation of Louisiana** is able to provide sophisticated business support and personnel, and they are joining with one of our sister clinics, **the Saint Charles Community Health Center** to assist in applying this expertise to the every day operations at St.Thomas. As we become more efficient with our different systems, we feel we can increase the number of patients seen significantly, **thus not only increasing the number of patients seen, but also reducing the cost of care per patient borne by St. Thomas .**

6) Another partnership that has been made available to us is an alliance with the **Eye Ear Nose and Throat Foundation**. This foundation provides support for St.Thomas patients with Eye or Ear Nose and Throat disease. These patients can be seen in the private sector once they have been screened by St.Thomas. This has been crucial to protect the vision of our diabetic patients at risk for serious diabetic eye diseases. Several local hospitals, and private Eye, Ear, Nose and Throat physicians, have agreed to see our patients for the Medicare rate fees the EENT Foundation provides. This has been especially important

since the public hospital ENT programs are still located in Baton Rouge and will be for the foreseeable future.

7) Another very important ally has been the **Bush Clinton Katrina Fund**, which gave us our largest donation to date, \$500,000. While critically important, like so many of our grants, **this is a one time only grant, and must be spent within one year of receipt.**

8) The last source of support to highlight is the **Social Service Block Grant**, which was made available by the federal government to safety net clinics. As these funds were being negotiated and the grant programs developed, the Louisiana State Department of Health and Hospitals, led by Dr Fred Cerise and Ms Kristi Nichols, aggressively fought for funds for safety net providers like St.Thomas and sped up the negotiations necessary to get the funds to these providers. **St.Thomas received an SSBG grant of \$755,000 in the second year of our post Katrina operations. The estimated operating deficit of the clinic for that year was \$800,000, demonstrating how critical the timely distribution of those funds was for St.Thomas.** Like the Bush Clinton Katrina Relief Fund, our gratitude for this funding is great. **Nonetheless, one time grants highlight our need to identify and secure stable funding to sustain operations.**

In addition to the above contributions, we have received generous support from other charitable and relief organizations, including the National Association of Free Clinics, Robert Wood Johnson Foundation, Operation USA, Direct Relief International, individual Presbyterian churches and Episcopal parishes, the Acadiana Foundation, the Area Health Education Foundation, and individual, sometimes anonymous, donors.

One of the important reasons for the collaborations among these clinics is that enhanced primary care is clearly the best way to provide convenient, high quality care

with provider continuity. This is important to patients, but it is also the most effective way to reduce emergency room visits and hospitalizations. The community clinics that make up the PATH organization all want to continue to have linkage to the academic specialty services at Medical Center of New Orleans, and we are pleased to see how effectively Dr. Dwayne Thomas, Dr. Cathi Fontenot and other members of the management of University Hospital at the Medical Center of Louisiana have been at getting the hospital open and specialty services brought back. But in spite of their effectiveness, there are still limited beds in the University Hospital that are just not yet resolved.

There exists within the PATH organization a sub group of 5 clinics that are similar in that they are all independent, not-for-profit, clinics. None are part of the City of New Orleans Clinics, or the Medical Center of Louisiana at New Orleans. **The critical services provided by these clinics have become more important since Katrina, but they have no guaranteed recurrent funding.** They include St.Thomas Community Health Center, St. Charles Community Health Center, Common Ground Clinic, Covenant House Clinic, and Daughters of Charity Health Center. We share common goals, and try to support each other, and have learned the value of sharing resources, even if limited. **Thus, St.Thomas Clinic shares all the specialty services we have listed above with each of these five clinics, and each of them, in turn, has provided varied useful resources to St.Thomas. We are currently seeking shared support based on the premise that funders might well be more receptive to helping us in order to support the development of a network to improve our efficiency and effectiveness as we maximize our community support services.**

Conclusion:

The funding for St.Thomas Community Health Center has been substantial but it is a patchwork of organizations that have been generous to us. It has taken resourcefulness, prayer, and extensive community relationships to develop support from more than 30 partners who help St.Thomas provide the level of service it provides. Many of the grants to the clinic have been related to Katrina, and are one time only events. While appreciative of the generosity of our partners, the quest for ongoing funding is constant.

As we consider funding the future of St.Thomas, a major issue is timing. Most experts agree that even if, as we hope, the Medical Center of Louisiana at New Orleans can be rebuilt in a way that adequately addresses the need for primary care, prevention, specialty care and hospitalization for the uninsured, at the earliest, the process will take years. The St.Thomas Clinic was begun by citizens asking for community based, accessible and patient centered care. The clinic provided that over the years and now, thanks to generous funding, is doing it on a larger scale and is also meeting some of the specialty care needs that is currently limited or non existent at the state hospital. **It is likely that the services we provide will be needed for the foreseeable future as the health care system is being rebuilt. The St.Thomas Community Health Center, and others like it, arose from a need before and after Katrina to address issues of healthcare for the uninsured in New Orleans. We would ask that Congress consider assisting these clinics to continue to provide these services with gap funding, and to provide consultative support to help us structure a sustainable clinic network.**

Whether they be called medical homes or community based clinics, we feel that clinics like St.Thomas and our sister clinics in PATH organization provide important resources for health care in the future. We provide not only compassionate, skilled, and readily available care, **but we have also learned how to develop our collaborative efforts to leverage the care that any and all of us are able to provide independently.** **What we need is on site assistance in formal network development, and strategic suggestions on building sustainable funding.**

There is considerable debate at present about the specific health care program that should be developed for the future of the State of Louisiana. I would not want anyone to construe my testimony before you, to be an endorsement of one group over the other, private versus public. I can honestly say that after 30 years in on part or another of the health system in New Orleans, I have been very heartened at the energy and determination of my colleagues at Charity Hospital (MCLNO), the commitment and sincerity of the leaders of the State Department of Health and Hospitals, and also physicians in the private sector, all of whom are trying to address this overwhelming challenge of providing basic healthcare to the uninsured and underinsured members of our community. We appreciate the importance of the patient having choice in any health care system. We also appreciate the quality and care benefits that come from a medical home in which one can find both primary care and access to specialty services and hospitalization when necessary. We want to continue to develop efficiencies and the other components of a true medical home. We feel this is the best way to provide comprehensive primary care to the community.

Our experience at St. Thomas is that this community desires respectful and readily accessible access to care. They want, and deserve, timely evaluation and treatment for diseases found in the primary care setting. All our citizens deserve to have the opportunity to prevent chronic diseases and to detect problems such as coronary heart disease and cancer before they cause lifelong disability or death. We know that timely, appropriate specialty care in the outpatient setting is an integral part of comprehensive care. Management of patients by the collaboration of primary care providers, and specialists when appropriate, provides the most cost effective, highest quality care while it simultaneously lowers emergency room visits and hospitalizations.

What we have done over the years at St.Thomas, and particularly since Hurricane Katrina, has been to try, on a small scale, to provide both primary and preventive care, with specialty consultations as possible. The opportunities, collaboration, and generosity of the American people following Katrina has allowed St.Thomas to do more than ever before.

The St.Thomas Community Health Center, and our group of health clinics that have shouldered the majority of care for the last 18 months, now seek the help of this committee to be able to continue these services while fully supporting the restoration of services at MCLNO. We also urge that clinics with proven track records in the community such as ours be considered to be integral parts of whatever plans are ultimately developed for the long term.

Our current mission

- 1) To continue to provide primary care to all patients, regardless of their ability to pay.

- 2) To provide services to those who, in spite of their ability to pay, cannot find a physician.
- 3) To continue to develop outpatient specialty consultative services and to make them available to other primary care providers, to improve outcomes and reduce reliance on the emergency rooms and hospitals.
- 4) To develop and provide a community based mental health center, focusing on youth, and families, who are dealing with the continuing stress related to the loss of their community caused by Katrina.
- 5) And most important, to develop the appropriate networking infrastructure and efficiencies to enhance and sustain the services we deliver.

Our most pressing needs for the immediate future include;

- 1) Stable, dependable, gap funding until the new self-sustaining health care model is in place.
- 2) Available specialty consultations for complicated patients, (for the management of cancer, gastro-intestinal diseases and other complex conditions, and surgical specialty care such as urology, and orthopedics).
- 3) Mental health providers, including inpatient mental health beds and ongoing outpatient mental health services.
- 4) Improving our systems support to maximize the numbers of patients we can effectively and appropriately see.

I would once again thank the Chairman and the members of the committee for the opportunity to participate in this hearing.