

SUMMARY OF TESTIMONY
CATHI FONTENOT, MEDICAL DIRECTOR,
MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS
March 13, 2007

The current status of health care infrastructure in New Orleans is tenuous and critically ill. Although the opening of University Hospital has added inpatient beds, the total number of beds in New Orleans is less than half of preKatrina numbers with sicker patients who have, in many cases, lost their healthcare providers and present to our emergency rooms with uncontrolled disease processes due to lack of primary care providers and access to medications.

The status of behavioral health is even more dismal, with limited outpatient and inpatient services in the greater New Orleans area. Emergency rooms across the city are bearing the brunt of this shortage, with anywhere from 10 to 20 psychiatry patients occupying acute emergency beds on any given day.

Solutions to these problems are being developed but are constrained by availability of space and healthcare providers, both primary care and specialists . The Medical Center of Louisiana(Charity and University Hospitals) provided 270,000 outpatient visits and 130,000 emergency room visits prior to the storm and served as the safety net provider for the region as well as the rest of the state, in conjunction with its sister public institutions. The Medical Center has resumed services for inpatients and outpatients in current buildings and is in the process of locating temporary buildings in communities where primary care will be provided. The opportunity to continue and improve our collaborative coalition with the group of primary care clinics known as PATH and serve as the major hospital partner is crucial to real healthcare reform.

Testimony of Cathi Fontenot, M.D.

Medical Director, Medical Center of Louisiana at New Orleans

Before the House Energy and Commerce Committee

Subcommittee on Oversight and Investigations

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

March 13, 2007

**Testimony of Cathi Fontenot, MD, Medical Director
Medical Center of Louisiana at New Orleans**

I would first like to thank members of the subcommittee, including Chairman Stupak and Ranking Member Whitfield, who have taken time out of your busy schedules to travel to New Orleans to witness first hand the destruction wrought by Hurricane Katrina. Thank you for your attention and for this opportunity to share our current state of affairs and plans for the future to support the health care infrastructure in New Orleans.

I am Medical Director of the Medical Center of Louisiana at New Orleans (MCLNO), which is comprised of both Charity and University Hospitals. MCLNO is part of a state-wide system of public hospitals and clinics with a principal mission to provide access to care for the uninsured. MCLNO and LSU's other hospitals also play an integral role in health care education in Louisiana, housing the vast majority of residency training slots in the state. The strong linkage of graduate medical education and care for the uninsured has been a signal feature of Louisiana's health policy for many years.

Prior to August 29, 2005, MCLNO provided approximately 270,000 outpatient clinic visits which spanned primary care to specialties, such as nerve surgery and cardiothoracic surgery. It housed one of the largest HIV outpatient clinics in the country and provided 130,000 outpatient emergency room visits. It was one of only two Level 1 Trauma Centers in the State of Louisiana, the other being in the northern part of the state in Shreveport, and served as a primary training site for both LSU and Tulane Schools of Medicine. In addition to future physicians, the Medical Center was responsible for training multiple other health care providers, including nurses and allied health providers such as physical therapists, occupational therapists and respiratory therapists. The

Medical Center had a capacity of about 550 beds, including almost 100 psychiatric beds, with occupancy that hovered between 90 percent to 100 percent. You will rarely see such a full census in any hospital, except in urban public hospitals.

The storm effectively destroyed both MCLNO facilities. The loss of Charity and University Hospitals has been devastating to the community. The current status of health care infrastructure in New Orleans is tenuous and critically ill. Although we were able to temporarily re-open a portion of University Hospital, restoring approximately 180 inpatient beds, the total number of beds in New Orleans is less than half of pre-Katrina numbers. The population loss, while high within New Orleans city limits, is actually close to pre-Katrina levels in the metropolitan area overall. Many have simply relocated to higher ground but remain in the market. Sicker patients, who in many cases have lost their health care providers, present to our emergency rooms with uncontrolled disease processes due to lack of primary care and access to medications. Because of the loss of clinic space and cancer providers, patients who present to our hospital with cancer and no health insurance have no choice but to travel 60 miles to a rural LSU hospital for their chemotherapy or radiation treatments and back 60 miles home while weak and miserable (and that's assuming they have transportation).

The status of behavioral health is even more dismal with limited outpatient and inpatient services in the greater New Orleans area. Emergency rooms across the city are bearing the brunt of this shortage with anywhere from 10 to 20 psychiatric patients occupying acute emergency beds on any given day. In our emergency room alone there are days when half of our available Emergency Department beds are occupied by

psychiatric patients because there are no inpatient beds available for them. This situation is unsafe and certainly not in the best interest of the patients or our employees. It also results in a major obstacle to Emergency Department through-put for acute care. Local emergency rooms are already overwhelmed with patients who seek primary care inappropriately through the Emergency Department because of loss of health care providers in the area, and the addition of behavioral health patients to this mix is simply not good medicine.

Solutions to the health care crisis in New Orleans are being developed but are constrained by availability of space and health care providers (both primary care and specialty providers). A critical component of the effort to restore health care services involves establishing and strengthening a network of neighborhood clinics. MCLNO has continued our collaborative coalition with the group of primary care clinics known as PATH, Partners for Access to Healthcare for the Uninsured, where we serve as the major hospital partner and provide hospital services as well as specialty access. It is this sort of collaborative effort that can be a real opportunity to accomplish health care reform as we go forward. Additionally, the plan for the Medical Center includes establishment of community primary care clinics in temporary facilities so that primary care can be delivered in communities where the basic principles of prevention and disease management are best delivered. One of the major challenges for health care providers in the New Orleans region is the lack of access to specialty care. We anticipate that at least to some degree, we can maximize the use of the limited specialty care available by utilizing telemedicine technology and becoming more efficient at directing patients to the right place at the right time for the right reason. Additionally, a shared electronic record

is critical to such a network of providers in order to share information and eliminate costly duplication of effort.

We look forward to continuing our work with other safety net providers because such a coalition is crucial to real health care reform and necessary for institution of a new model of health care in the region.

Thank you for the opportunity to share our information with you today.