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Remembering the Patient when Rebuilding the Charity Hospital System

Dear Dr. Hoover,

The series on Charity Hospital provides insights from various perspectives on the future of Charity Hospital. However, the patient's perspective is missing and few individuals remain actively involved with Charity Hospital as attending physicians. Each author alludes to patient care, but the patient is not at the center of the equation.¹⁻⁷

Dr. Jaffe points out the illustrious history of Charity Hospital from its inception in 1736.² Tulane University, initially founded as the School of Medicine in 1834, trained its students and residents for a century before LSU School of Medicine opened its doors in 1931 after Huey P. Long's assertion that "poor boys with good records could not get into Tulane Medical School."² As you and other authors pointed out, the current Charity Hospital building opened in 1939 and operated continuously from the Tulane Avenue location until the immediate aftermath of Hurricane Katrina.^{1,2,6,7}

Comments regarding modernization of the current facility may not be entirely accurate since several engineers have indicated that the foundation is solid, but costs may be prohibitive for a complete upgrade from the current ward system for rooms to the hospital standard of private and semiprivate rooms.^{1,2,6,7} Much of the modernization costs are related to plumbing, electrical and technology upgrades.

Until recently, Tulane and LSU historically shared equally, mostly harmoniously and sometimes acrimoniously, the leadership positions

at Charity Hospital until the State of Louisiana transferred control and operation of the hospital to the LSU system and renamed the facility as the Medical Center of Louisiana (MCL). Although the public viewed the goal of operating the hospital as patient care, medical education was the overall goal expressed by LSU and Tulane.²⁻⁷ These goals were often at odds since—despite increasing patient care demands due to increasing numbers of uninsured patients over the past decade—the overall number of physicians and other providers available to patients decreased during this same period.

When the hospital evacuated following Hurricane Katrina in 2005, there were approximately 150,000 unique patients receiving care at MCL. Despite this increased volume of patients, the state prevented expansion of services to meet these access demands for the growing uninsured population as pointed out by Dr. Crear.⁴ Despite improvements in chronic care management and operating efficiency, the state legislature often raided the operating budgets of the hospital system and prevented expansion of services as pointed out by several of the authors.^{2,4-7} Currently, the primary state budget cuts in Louisiana occur in healthcare and education. Since the current governor was a former educator and the previous governor was pro-education, the only segment of the budget continuously subject to budget cuts for the past decade has been healthcare, largely the public hospital system, operated by LSU across the state.

As pointed out by Dr. Taylor, the continued failure of the federal government and State of Louisiana to rebuild MCL represents abandonment of the poor of Louisiana evidenced throughout the nation during the post-Katrina rescue images shown across the nation and world by the news media.³ Taylor points out the failure of leadership prior to

the landfall of Hurricane Katrina, in the rescue and immediate recovery by the Federal Emergency Management Administration (FEMA), the American Red Cross, State of Louisiana agencies, and metropolitan New Orleans public safety agencies all have contributed to the continued suffering by the poor.³ Taylor also notes that the continued lack of leadership will result in continued suffering of the poor, elderly, mentally ill and other disenfranchised patients.³ As former MCL patients return to New Orleans, their healthcare sources often do not exist. Access to care is limited to primary care and few specialty services currently operated by MCL in locations formerly used for other clinics. Specialty services often require transportation to other LSU hospitals more than one hour away by car, which serves as an obstacle for many patients.

Crear notes that many health policy experts from across the nation, and local- and statewide physician task forces and healthcare committees have proposed a new system for Louisiana healthcare, but until legislative action occurs by the State of Louisiana through the Louisiana Legislature and the Louisiana Department of Health and Hospitals, these proposals will languish in limbo while patients continue to have limited access to healthcare.⁴ Louisiana consistently ranks at or near the bottom of healthcare rankings for health outcomes and preventive services; and at the top for unhealthy behaviors and cost per patient. Despite these findings, the healthcare infrastructure of the state has not changed nearly two years post-Katrina. The private hospitals initially throughout the state provided medical care to patients in the immediate aftermath of Hurricane Katrina. The private hospitals of metropolitan New Orleans continue to provide the majority of medical care to the former MCL indigent patients.

However, the system for healthcare funding in Louisiana does not allow the flow of funds from the closed MCL to follow the patients to their new sites of medical care.

These private hospitals have lost millions of dollars, physicians in private offices and on-hospital staffs have also lost hundreds of thousands of dollars, and other ancillary services have not received payment for services. Louisiana has provided some minimal monetary relief to the hospitals in the New Orleans metropolitan area, but no long-term solution has been developed nor plans during the interim for appropriate compensation and access to care. One hospital staff of a suburban not-for-profit hospital has filed a law suit for more than \$100 million for compensation for services provided to indigent patients at this hospital since Hurricane Katrina.

University Hospital, the sister hospital of Charity Hospital as part of Medical Center of Louisiana, opened in November 2006—more than one year after hurricane Katrina. Although the hospital has reopened, all services are not available at the hospital or as part of the continuum of care through the ambulatory clinics of MCL. Many of the ambulatory services are only available through the other LSU hospitals outside of the New Orleans metropolitan area. As evidenced in the immediate post-Katrina aftermath, many of the patients do not have transportation out of New Orleans to reach these clinic visits. Therefore, patients continue to access care through the emergency department of MCL or other private hospitals in the New Orleans metropolitan area.

Despite the monetary losses, the most critical loss is the loss of medical resources, primarily as physicians and other healthcare professionals who trained at Char-

ity Hospital/MCL. This loss of human resources will permanently impact healthcare in Louisiana for the future. Several authors pointed out that 70% of physicians and 50% of other health professionals in Louisiana trained at Charity Hospital/MCL.^{2,3,7}

As a student, resident, fellow and faculty member at Tulane University and MCL, I have been honored to provide care for many poor, uninsured, underinsured and insured patients at MCL prior to Hurricane Katrina and since the reopening of the university campus. Each physician, either currently or formerly affiliated with MCL, outlined problems and potential solutions for a healthcare system and not simply a replacement public hospital to replace Charity Hospital. Many of the former patients of New Orleans are returning to the city, but their sources of medical care through public hospitals and other agencies do not exist. These patients are delaying medical care until complications develop or are seeking care through emergency departments, with little or no opportunity for follow-up care. Excess morbidity and mortality will occur, thus compounding the poor overall health status of Louisiana.

The Louisiana legislature has finally approved funding of a replacement hospital for Charity Hospital through the LSU hospital system. Unless the hospital is at the center of a comprehensive care system for patients focusing on primary care in community health centers, preventive care and services in their social environment, patients will not be served responsibly in the newly built environment. However, until all stakeholders come to agreement on a common vision and financing mechanism to reopen and sustain the system, the poor, elderly, mentally ill and largely minority patients

who received care at MCL will continue to experience adverse health outcomes and suffer needlessly.

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Sincerely,

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