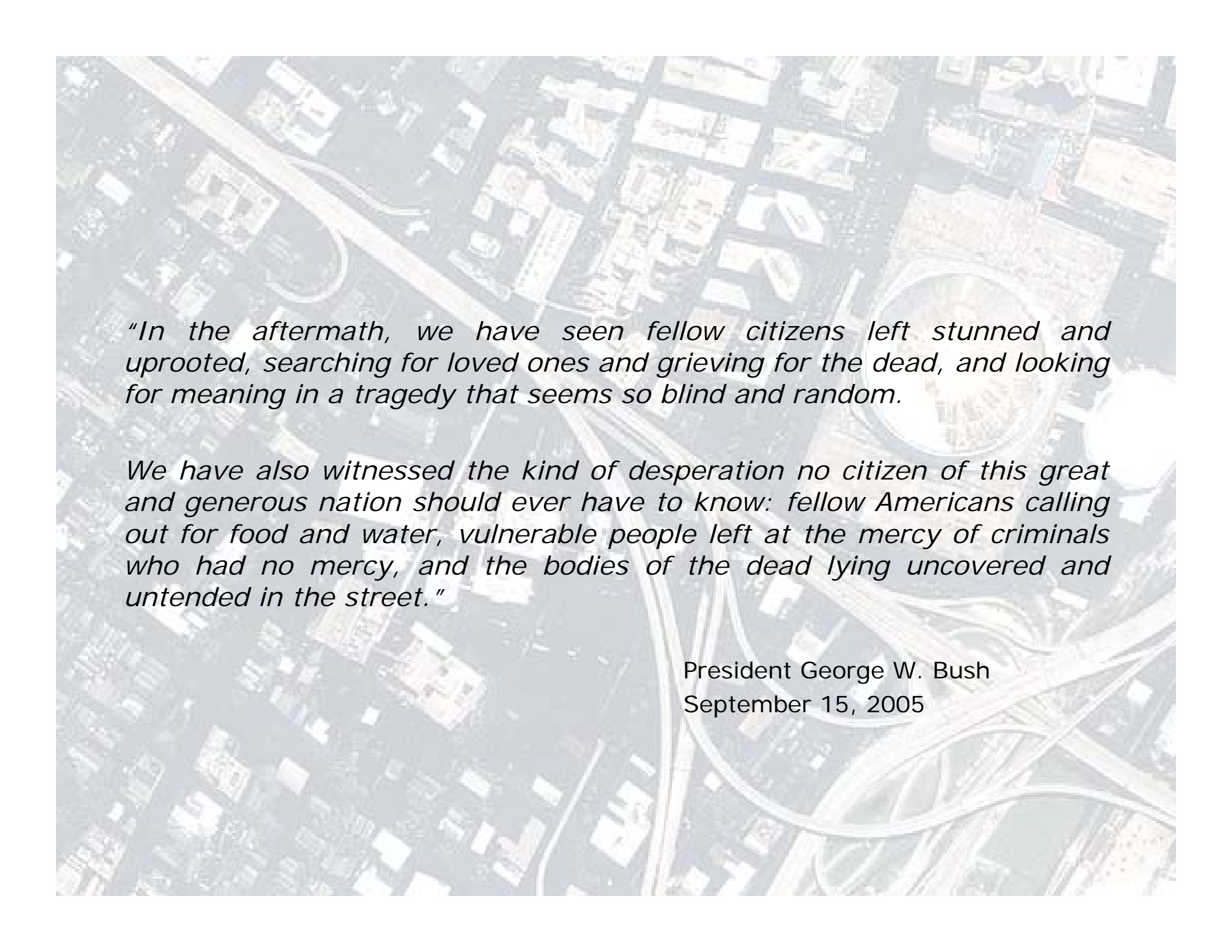




Health and Social Services Committee

Report and Recommendations to the Commission

January 18, 2006

An aerial photograph of a city street grid, showing a complex network of roads and buildings. A prominent circular structure, possibly a large fountain or a roundabout, is visible in the lower right quadrant. The image is overlaid with a semi-transparent white box containing text.

"In the aftermath, we have seen fellow citizens left stunned and uprooted, searching for loved ones and grieving for the dead, and looking for meaning in a tragedy that seems so blind and random.

We have also witnessed the kind of desperation no citizen of this great and generous nation should ever have to know: fellow Americans calling out for food and water, vulnerable people left at the mercy of criminals who had no mercy, and the bodies of the dead lying uncovered and untended in the street."

President George W. Bush
September 15, 2005

Pre-Katrina A Strained System of Health Care

- Greater New Orleans area
 - 15 acute care hospitals
 - 5,063 licensed beds
 - Nearly 172,000 discharges and over 962,000 inpatient days in 2004
 - Population of approximately 1.3 million
- Orleans Parish
 - Eight hospitals
 - 2,269 staffed hospital beds
 - Population of approximately 485,000



Pre-Katrina A Strained System of Health Care

- Medical Center of Louisiana at New Orleans (“MCLNO”)
 - Comprised of University and Charity Hospitals
 - “Safety net” hospital for the uninsured
 - Served a largely poor, predominately minority population through inpatient care, outpatient clinics, and the busiest emergency department in the city
 - Over half of inpatient care provided for patients without insurance, representing two-thirds of inpatient care to the uninsured in the city
 - Only Level 1 trauma center along the Gulf Coast



Pre-Katrina A Strained System of Health Care

- **Louisiana had some of the poorest health statistics in the nation**
- Large disparities in health statuses existed for minorities
- MCLNO was a major source of primary care



Pre-Katrina Major Challenges Facing Social Services Sector

- **Lack of or shortage of available and accessible facilities, services, supportive, proactive care and available service information for at-risk populations**
- **Not enough collaboration between health and social service providers; lack of integration of primary care with social services (untreated mental and physical illnesses or follow-up supports); lack of affordable neighborhood-based community health and well-being centers**
- Lack of evidence-based performance standards and outcome measurement for non-regulated services with mandated quality programs
- Lack of safe, affordable housing (general population) and supportive housing (homeless, disabled groups)

Pre-Katrina Major Challenges Facing Social Services Sector

- **No coherent social/human services disaster preparation and response plan**
- **NIMBY-ism (not in my back yard) regarding community-based facilities**
- Accessibility of services due to transportation network and physical allocation decisions
- Shortage of an employee assistance program model available to everyone in the community
- No long-term wellness program available for medical/first responders



Katrina Approaches

- Mandatory evacuation order issued for New Orleans
- More than one million people in the Greater New Orleans area evacuated prior to the storm
- Thousands of residents without means, ability, or will to leave the area
- Louisiana Superdome set up as “shelter of last resort”



Katrina Hits

- Winds tore away sections of roof Monday morning and Dome began taking on water
- Medical staff relied on small generators to provide emergency electrical services in makeshift medical corridor after power went out midday Monday
- Levee breach brought floodwaters Monday night



Katrina's Aftermath

- Three feet of water surrounded Superdome on Tuesday



Katrina's Aftermath

- Hospitals struggled to maintain emergency medical services as floodwaters rose



Katrina's Aftermath

- Numerous people rescued by helicopter from Tulane Hospital
- Numerous people rescued from Charity Hospital
- 180 people evacuated from LSU Health Sciences Center
- Only three hospitals able to maintain operations during and following Katrina - all in Jefferson Parish
 - East Jefferson Hospital
 - West Jefferson Hospital
 - Ochsner Hospital



Katrina's Aftermath

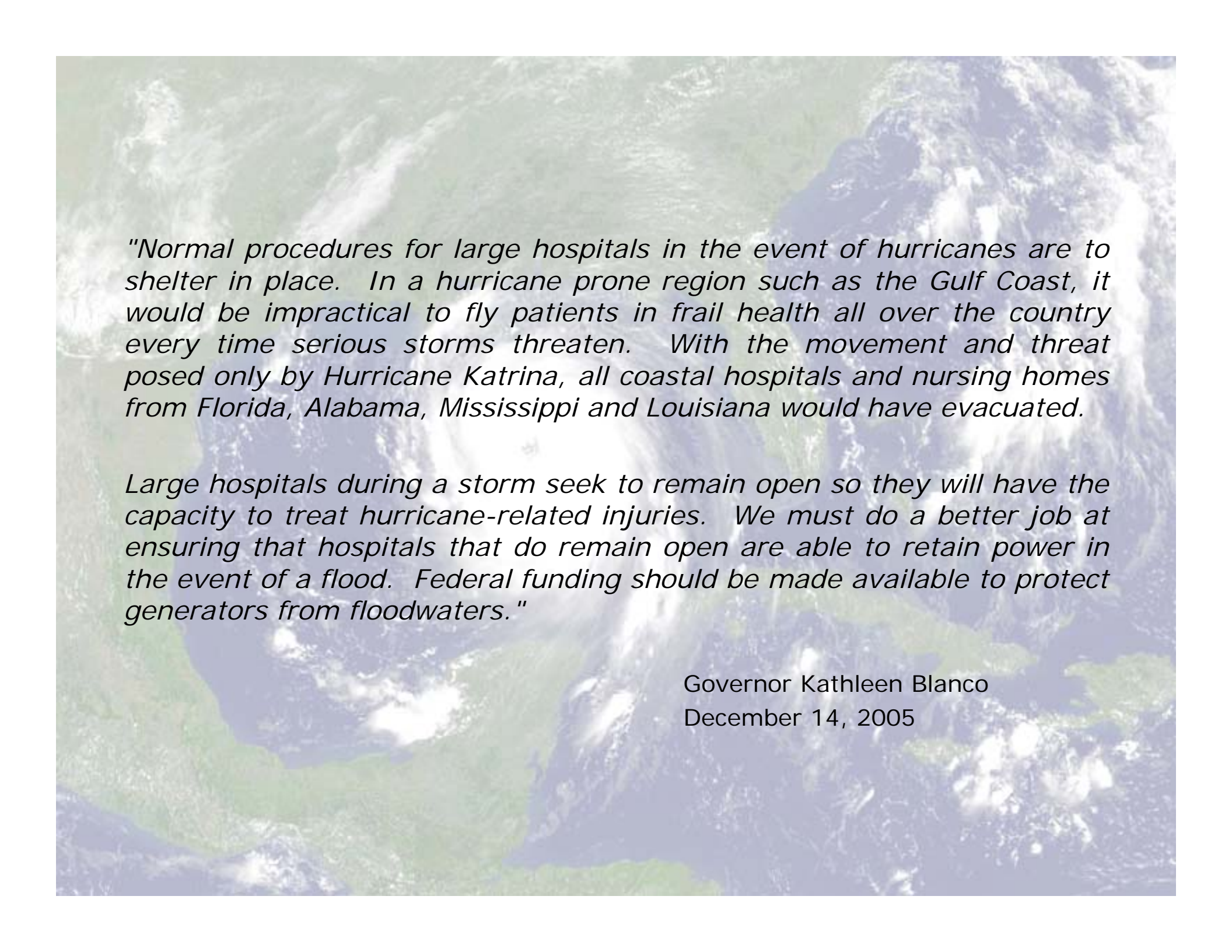
- Make-shift clinics created in immediate aftermath to provide care



Post-Katrina Health Care

- Most trauma services and indigent care since August 29 provided by West Jefferson, East Jefferson and Ochsner
- Emergency Medical facility (Spirit of Charity) set up at New Orleans Convention Center
- MCLNO (Charity and University Hospitals) remain closed
- Total number of uninsured has jumped statewide from 900,000 pre-Katrina to about 1.2 million



An aerial satellite-style photograph of a large hurricane system over the Gulf of Mexico. The eye of the storm is clearly visible in the center, surrounded by dense, swirling white clouds. The surrounding ocean is a deep blue, and the landmasses of North and Central America are visible in shades of green and brown.

"Normal procedures for large hospitals in the event of hurricanes are to shelter in place. In a hurricane prone region such as the Gulf Coast, it would be impractical to fly patients in frail health all over the country every time serious storms threaten. With the movement and threat posed only by Hurricane Katrina, all coastal hospitals and nursing homes from Florida, Alabama, Mississippi and Louisiana would have evacuated.

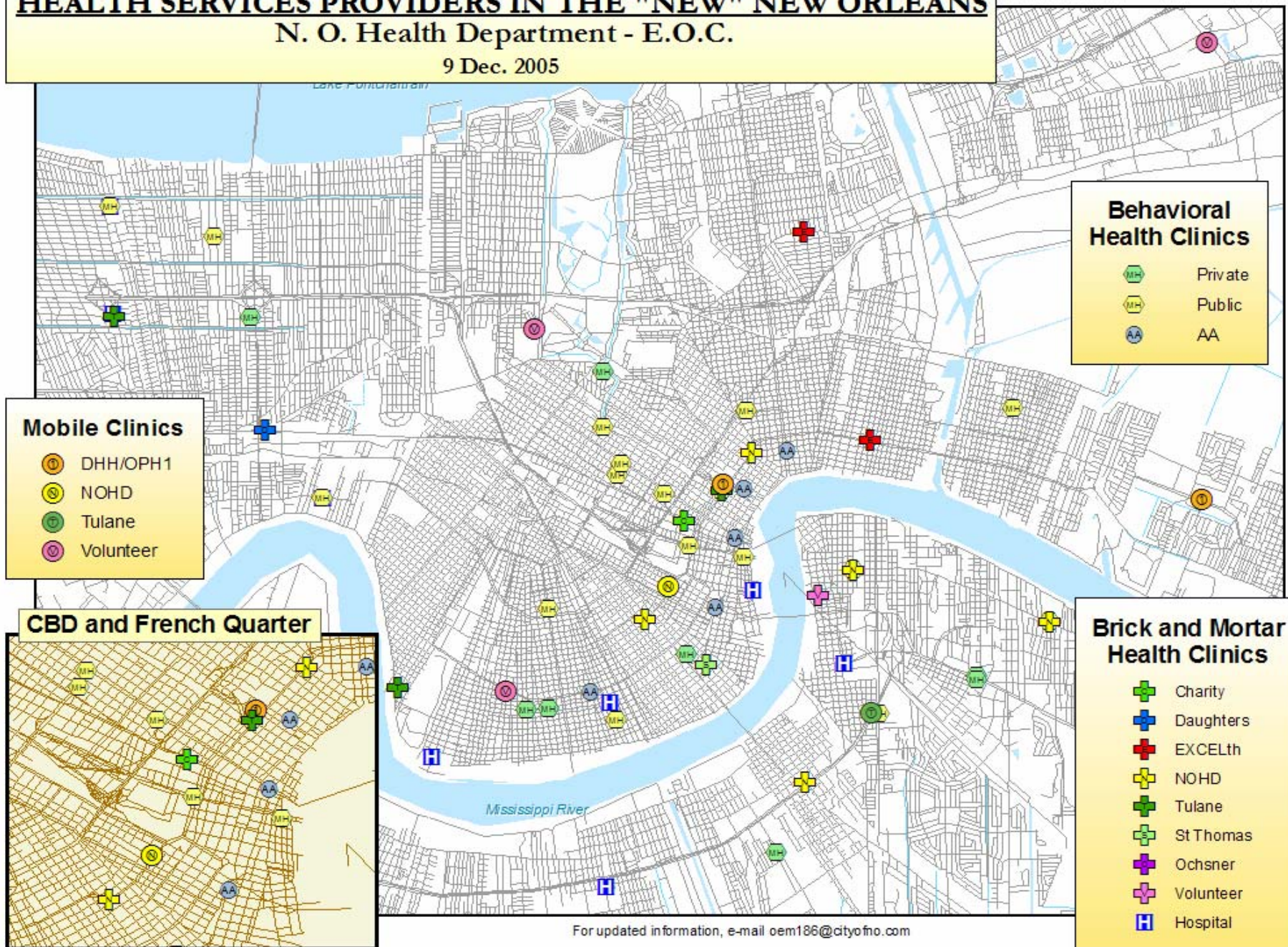
Large hospitals during a storm seek to remain open so they will have the capacity to treat hurricane-related injuries. We must do a better job at ensuring that hospitals that do remain open are able to retain power in the event of a flood. Federal funding should be made available to protect generators from floodwaters."

Governor Kathleen Blanco
December 14, 2005

HEALTH SERVICES PROVIDERS IN THE "NEW" NEW ORLEANS

N. O. Health Department - E.O.C.

9 Dec. 2005



Post-Katrina Social Services

- Vital human service agencies (both public and private) have limited ability to provide essential services
- Many non-profit agencies suffered major operational losses in personnel, facilities and funding

Post-Katrina Environmental Health

- Flood waters that have since been removed had bacterial contamination below levels of public health concern
- Safe drinking water restored
- Soils and sediments generally do not pose a public health risk, although in some localized areas contamination was found in the sediment at levels of concern for long-term residential use
- Ambient air sampling results do not show levels of public health concern and fine particulate matter below levels of health concern
- Mold formation in flooded buildings and homes may be the single most extensive environmental health issue
- **Debris is unprecedented in size and composition, and removal and environmentally safe disposal remains an important action**



Primary Recommendations

- Prepare hospitals, nursing homes and providers for future disasters
- Involve social services in future disaster plans to help ensure that all people are reached
- Create a system of care for all segments of the population and neighborhood primary care centers linked to hospitals, with changes in payment models to open up access to care
- Shift the focus, to the degree possible, toward ambulatory care, wellness and preventive medicine, health promotion and chronic disease prevention and away from institutional care
- Maintain a university teaching hospital in New Orleans
- Focus on the individual through such things as electronic medical records
- Focus on environmental health
- Create area-wide healthcare and human services collaboratives that include a critical mass of committed key participants, working toward clearly defined goals, with the necessary leadership and financing, pursuant to written charters



Emergency Planning for 2006 Hurricane Season

- Sustainability of power and services
- Evacuation planning
- Public Health and Human Services in evacuation and emergency planning – reach everyone



Emergency Planning for 2006 Hurricane Season

- Communications systems
 - Federal aid should be immediately requested



Emergency Planning for 2006 Hurricane Season

- Transportable key health information
 - For 2006, summary medical information forms/cards should be prepared by healthcare providers and furnished to patients under the direction of the City Health Department



System of Care

- Critical elements of an effective system of care should include the following:
 - **Strong focus on preventative medicine**
 - **Community-driven and community-based**
 - Utilize information technology to improve quality and reduce cost
 - Utilize a multidisciplinary team approach including mid-level practitioners, with access to behavioral and oral health services
 - Primary care should be integrated with subspecialty care and hospitalization
 - Modifications should be made to existing payment models to open up access to care, including consideration and implementation of a demonstration project for a universal health care payment coverage system
 - Consistent funding for the system

System of Care

- Review of other health care systems
 - New York Model
 - Pittsburgh, Pennsylvania's "no wrong door" approach
 - Milwaukee, Wisconsin's General Assistance Medical Program
 - Notable components of other systems
 - Use of mid-level practitioners
 - Focus upon behavioral and mental healthcare
 - Access
 - Preventive care
 - Integration with subspecialty care and hospitals
 - Recommend that consideration be given to incentives as a means of enticing sub-specialty physicians to remain or locate to New Orleans, including the expansion of Health Professional Shortage Area designations



System of Care

- Strong emphasis on information technology to improve quality, patient compliance and reduce duplication and cost
- Changes in payment models to open up access to care and potential funding mechanisms
 - Ultimate objective is to eliminate a two-tiered system of health and delivery
 - In Louisiana, the statutory authority is in place for a demonstration project

System of Care

- The Committee recommends that the following be considered, noting the complexity of these issues and the time and expertise required for an appropriate analysis:
 - Demonstration project for universal healthcare payment coverage for Louisiana citizens
 - Establishment of guiding principles around primary/neighborhood-level healthcare financing for the Greater New Orleans area
 - A review of challenges that existed prior to Hurricane Katrina resulting from multiple/inadequate funding streams for neighborhood-level primary care
 - Revisit efforts for reform that existed directly prior to Hurricane Katrina and reestablish those mechanisms that appear to have merit in the current post-Katrina environment
 - Catalogue and evaluate other existing mechanisms and benchmark successful efforts in other areas for maximizing financing and information exchange among Greater New Orleans primary care providers
 - Public and private grant funding must be explored and pursued by the appropriate local and state leaders
 - Explore short and long term solutions and then pursue them in order to bridge and sustain the primary care infrastructure



System of Care

- Additional options that should be immediately considered to open up access to care are:
 - Cost-based reimbursement under Medicaid and Medicare to all hospitals in the declared disaster area
 - Adjustments to the Medicare outlier methodology to reflect the decreased capacity in available services in the disaster areas
 - Adjustments to the wage index calculation to reflect current changes in the affected areas
 - Permanent changes to the Medicaid payment system

System of Care

- Community Health Centers
 - Establish “community health centers” in appropriate locations and configurations for the populations to be served
 - Models to consider:
 - New York has used has community advisory boards and community outreach to create community health centers which are a reflection of the needs of that particular community
 - Jackson, Mississippi developed a “medical mall” in an existing retail center where patients have access to every type of primary and specialty care, as well as community resources and medical products
 - Cook County in Chicago has successfully developed Federally Qualified Health Centers, a mix of public and private interests
 - Consider developing school-based health centers on or near school property to encourage a “family approach” to seeking and providing primary care services
 - Use existing facilities after repairs and renovations



System of Care

- Distributed Hospital Care

- Have hospital and specialty care treatment for the uninsured and underinsured distributed across other hospitals and specialty care facilities in the area and continue to establish cooperative agreements to sustain healthcare services and to build upon public/private partnerships
- Develop a funding mechanism that will reduce the negative financial impact of this recommended change for the impacted facilities
- Models to consider:
 - Maryland has a mandatory state regulated hospital payment system that incorporates the uninsured where all monies from insurance, Medicaid, and Medicare are pooled and hospitals are paid for all care in a predictable manner
 - Massachusetts requires all hospitals to perform a certain amount of uncompensated care with the largest portion going to an academic medical center, which acts as a safety net, and not-for-profit hospitals must meet their public duty in treating the uninsured in order to maintain their tax-exempt status



System of Care

- In the development of a “model” healthcare system in the metropolitan New Orleans area, the Committee recognizes the following:
 - The sharing of services between hospitals that began immediately after Katrina continues unabated today
 - The smaller population that remains and the decreased healthcare dollars available cannot support duplicative and unnecessarily expensive, organizationally focused efforts
 - The regional cooperative healthcare planning that was started by the Greater New Orleans Healthcare Taskforce should be continued in a formal planning organization whose members are representatives of all hospitals, healthcare training institutions, EMS, human services agencies, and parish representatives in the Greater New Orleans region



System of Care

- Medical Center of Louisiana: Redefinition of the Mission and Goals
 - The new MCL should work in concert with the other regional academic healthcare centers to provide a network of specialty care to the citizens of the region
 - Academic Medical Centers
 - University Teaching Hospital
 - Trauma Center



Environmental Health

- Entity Within City Health Department
 - Central point of coordination with State and federal counterparts to ensure a safe environment (i.e. safe drinking water; food safety; air quality)
 - A “one-stop-shop” for environmental health information for communities
- Workforce Development
- Establish staff and an ongoing program



Health Promotion and Chronic Disease Prevention

- Health Promotion
- Chronic Disease Prevention



Technology – Electronic Medical Records & Databases

- Interoperable Electronic Medical Records
 - **Provide the ability to interconnect health providers to each other and to hospitals, laboratories, radiology centers, pharmacies, and payers to instantaneously and seamlessly exchange healthcare information.**
 - Critical to being able to maximize efficiency, reduce duplication, improve health outcomes and increase cost savings to the system
 - Cost savings are seen from improved workflow, more efficient care and improved charge capture and billing.
 - System redesign should include the integration of health information technology consistent with the national health information infrastructure strategy

Technology – Electronic Medical Records & Databases

- Public Health and Human Services Databases
 - Build upon pre-existing community work and resources to develop a coordinated, regional, continuously updated central database to collect accurate information about human service needs and available resources
 - **Establish a human service collaborative, the Katrina Community Based Services Network (“KCBSN”), to serve as a new independent umbrella organization**
 - Use technology to strengthen the efficiency of both the coordinated intake and service coordination systems of KCBSN
 - Technological applications will maintain and inform the network of service providers to improve communications and service to service recipients



Regional Healthcare Collaborative

- Establish a collaborative regional organization, utilizing the name *Greater New Orleans Healthcare Taskforce*
- The following components must be put in place:
 - A convenor of stature
 - Clearly defined goals that are as narrow as possible
 - A committed leader
 - A written charter, specifying such things as:
 - The clear definition of the problems to be addressed
 - How such issues will be addressed and concluded
 - Financing of the collaborative organization
 - Governance structure for the collaborative organization
 - Participation by a critical mass of principals of substance
 - Participation by constructive critics



Orderly Development of Reliable Census and Other Statistical Information

- Population prior to Katrina
 - Approximately 1.3 million in the Greater New Orleans area and 485,000 in the City of New Orleans
- Projected population one year after Katrina
 - 1.2 million in the Greater New Orleans area and 200,000 to 250,000 in the City of New Orleans
- **Impossible to do effective healthcare planning without clear information as to population and demographics that is reliable and generally accepted by key participants in any collaborative effort**
- Develop a reliable and timely professional means of gathering census information concerning the region
- Compile results on a monthly or quarterly basis



Specialized Area Recommendations

- Hospital and Specialty Care
- Primary Care
- Public Health
- Human Services
- Environmental Health

Hospital and Specialty Care

- Staffed beds
 - Availability of hospital beds to support the emerging population is of critical importance
 - Accurate census numbers must be tracked in order to plan for sufficient beds for the returning population

Parish	2004 Census	Estimate of Returning Population Through July 1, 2006	% of Population
Orleans	484,673	250,000	54%
Jefferson	455,467	362,872	80%
St. Bernard	67,230	16,338	25%
Plaquemines	26,760	23,175	80%
Totals	1,034,130	652,385	65%

Hospital and Specialty Care

- The need for a different selection of beds may emerge as the population returns
- Not just a question of how much of the population will return but also what segments of the population will return
- Provisions must be made to facilitate adjustments as we recognize the human and financial needs of the returning population

Hospital and Specialty Care

- Staff
 - 260 staffed beds in Orleans Parish as of December 2005
 - 770 beds needed to accommodate a population of 250,000 by July 1
 - Program assessments must be made to meet immediate and future needs



Primary Care

- Ultimate vision for the post-Katrina health system of New Orleans is one in which every citizen has a **“medical home”** that provides high quality, cost-effective care that is responsive to their needs and perspectives
- Primary care provider needs
 - 1 full-time equivalent primary care physician per 3,000 residents
 - 1 mid-level provider per 5,000 residents.
- Staffing recommendations
 - Identify staffing needs in terms of both primary care and subspecialties within the City and create incentives for those professionals who work in Orleans Parish

Primary Care

- System-wide recommendations
 - Use a regional approach to developing a primary care system in metropolitan New Orleans
 - Develop a strong, sustainable and effective healthcare collaborative to enable ongoing planning and evaluation of the metropolitan health system
 - The system should be evidence-based, high quality and cost-effective
 - The system should be supported by a clinical information system with decision support, a standards based electronic health record, and capability for health information exchange
 - Health promotion and preventive care should be the key element in the system

Primary Care

- Workforce recommendations
 - Recognizing the importance of integration of sub-specialty care and hospital care in an effective primary care system, assess the number of sub-specialists in the area and the number and type of hospital facilities
 - Consider offering incentives to sub-specialists to relocate to New Orleans in specialties deemed to be diminished beyond the population needs
 - Advocate for continuation of graduate medical education programs and allied health professional education programs in the New Orleans area
 - Restructure graduate medical education (GME) financing to ensure that payments for residency training are not predicated on inpatient metrics

Primary Care

- System financing recommendations
 - Provide financial incentives for primary care providers to remain or relocate into the New Orleans metropolitan area including loan forgiveness, loan repayment through the National Health Service Corps and other mechanisms, and bridging grants
 - Allow liberal allocation of disproportionate share money and uncompensated care dollars outside of the health care services division
 - Encourage relaxation of requirements about the structure of FQHCs to encourage the expansion of the existing FQHC network and the development of new licenses
 - Provide fiscal support for grant writing, including for demonstration projects, so maximize the federal and other opportunities for financial support
 - Support a group of stakeholders to work collaboratively with national experts, and state and federal officials to recommend redesign of the financing system to adequately support primary care for all citizens and to measure and monitor the effect of the new health system on the returning population of the Greater New Orleans area



Public Health

- Establish long-term environmental monitoring and human health surveillance systems to monitor the impact of the changed environment on health
- Public health agencies should have a comprehensive package of surveillance systems
- Reestablish specialized clinics for treatment of HIV infection and tuberculosis
- Integrate basic STD diagnosis and treatment into primary care systems to protect confidentiality and prevent stigmatization
- Comprehensive communicable disease control programs
- Establish the necessary infrastructure to provide immunizations to the city's general population, particularly, but not limited to, immunization against pandemic influenza
- Establish a system of community outreach for persons and populations at high risk



Public Health

- Ensure funding and related needs for public health agencies in the region to deliver on all ten of the essential core public health services:
 - Monitor health status and understand health issues facing the community
 - Protect people from health problems and health hazards
 - Give people information they need to make healthy choices
 - Engage the community to identify and solve health problems
 - Develop public health policies and plans
 - Enforce public health laws and regulations
 - Help people receive health services
 - Maintain a competent public health workforce
 - Evaluate and improve programs and interventions
 - Contribute to the evidence base of public health



Public Health

- Additional resources and personnel needed
- Public/private partnerships
- Funding for public health services



Human Services

- Human Services encompass (but are not limited to) programs emphasizing:
 - Mental health
 - Addictive disorders
 - Developmental disabilities
 - Positive youth development
 - Child care
 - Care and services for the elderly and disabled
 - Supportive and long term housing
 - Job training and workforce development
 - Educational and vocational programs
 - Enrichment through cultural activities
- Traditionally provided by an array of both public/governmental and community and faith based not-for-profit organizations



Human Services

- Key priorities
 - A community-based service delivery model is necessary to address a myriad of community needs with the following components
 - Cross sector collaboration/integration between public/private/nonprofit health, mental health, behavioral health, social and human services
 - Technical assistance needed on primary care/social services integration, state/national certification/accreditation issues, and relationship to larger social policy agenda items

Human Services

- Important needs
 - Funding (strategically spent)
 - “Outside” perspective/assessment of sector for improvement
 - Guiding principles for service development/provision/funding with commitment from all stakeholders
 - **Courageous conversations on issues of social justice, equity, and race**
 - Recognition that the social services sector is a major employer and component of the New Orleans economy
 - Regular updates on status of service facilities
 - Coordination of information and discussion of emerging needs and needed infrastructure

Human Services

- Recommend the development of a system of collaborative, cross-sector, neighborhood-based, wrap-around human service delivery to be included in the charge of the coordinating entity
- Establish a regional human services collaborative, utilizing the name *Katrina Community Based Services Network* ("KCBSN")
 - Role of the KCBSN:
 - Bring separately functioning major nonprofit human services agencies together
 - Make their services easier to access for people in need by coordinating their management
 - Ensure that information about benefits and programs are widely known
 - Jointly train agency staffs on services and needs
 - Identify and resolve operational issues to assure efficient and proper management of resources



Human Services

– Guiding Principles:

- Human services are essential to the quality of life of our community
- Comprehensive human services must be readily and easily accessible to all members of the community.
- Successful human services are client-driven and based on best practices
- Community needs data should drive decisions about service provision, including what, where, when, and how much
- Standards of care and organizational integrity are important to safeguard the well-being of the community
- Community members deserve to have all of their service needs met through a coordinated service delivery system
- The human services sector is an important community resource and should be integrated fully in disaster planning and response
- Human service delivery should be defined by clarity, consistency, transparency, equity, inclusiveness, and cultural competency



Human Services

- Coordinated intake system
- Immediate and long-term elements of service coordination
- Communications and outreach strategies
- The following components must be put in place:
 - A convenor of stature
 - Clearly defined goals that are as narrow as possible
 - A committed leader
 - A written charter, specifying such things as:
 - The clear definition of the problems to be addressed
 - How such issues will be addressed and concluded
 - Financing of the collaborative organization
 - Governance structure for the collaborative organization
 - Participation by a critical mass of principals of substance
 - Participation by constructive critics



Environmental Health

- Strategic priorities at this point include:
 - Building the core environmental health infrastructure, including creating a competent and robust environmental health workforce
 - Implementing long term surveillance to monitor the environment and community health
 - Establishing and executing a comprehensive, community-based environmental health risk communication program
 - Addressing key information and knowledge gaps in science, policy, and practice to assist communities in returning to a safe, healthy environment
- Repopulating the city
- Surveillance
 - Implement long term surveillance to monitor the environment and community health
- Environmental Health Risk Communication Program



Environmental Health

- Program to address gaps in knowledge, science, policy and practice
 - Establish, in collaboration with the environmental health entity established within the New Orleans Department of Health, a capability and process for dealing with gaps in knowledge, science, policy and practice related to environmental health

Recommendations to Other Committees

- Healthy Neighborhoods
 - Recommendation to the Land Use Subcommittee of the Urban Planning Committee
- Access
 - Recommendation to the Infrastructure Committee
- Healthcare Needs in Emergency Shelters
 - Recommendation to the Commission as a whole
- Emergency Power/Evacuation

Healthy Neighborhoods

- Recommendation to the Land Use Subcommittee of the Urban Planning Committee
- Evaluate the establishment of “healthy neighborhoods”



Access

- Recommendation to the Infrastructure Committee
- Request that the Infrastructure Committee continue to develop transportation plans that will ensure that this distributed system of healthcare is, in fact, accessible to all

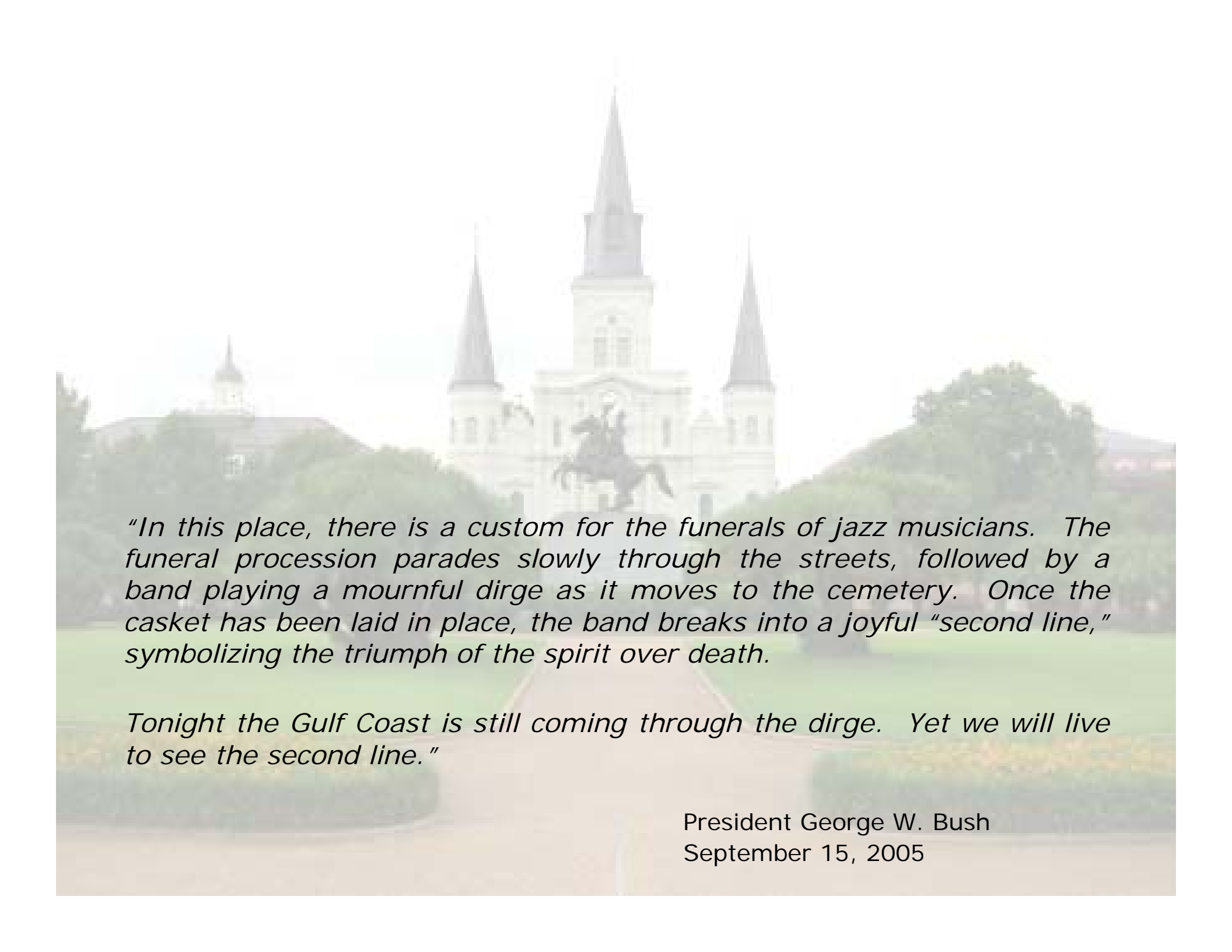
Healthcare Needs in Emergency Shelters

- Recommendation to the Commission as a whole
- Ensure that emergency shelters have adequate equipment and facilities to deal with those with healthcare and special needs



Emergency Power/Evacuation

- Request that those Committees incorporate healthcare facilities in their planning along the lines recommended here



"In this place, there is a custom for the funerals of jazz musicians. The funeral procession parades slowly through the streets, followed by a band playing a mournful dirge as it moves to the cemetery. Once the casket has been laid in place, the band breaks into a joyful "second line," symbolizing the triumph of the spirit over death.

Tonight the Gulf Coast is still coming through the dirge. Yet we will live to see the second line."

President George W. Bush
September 15, 2005



Health and Social Services Committee

Report and Recommendations to the Commission

January 18, 2006

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Karl Rozak

Pastor Torin Sanders, LCSW

Tom M. Scheidel

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Dr. Jay Shames

Dipak Sheth

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Jay Smith

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