**LSUHSC-SOM Faculty Assembly**

Meeting Minutes

October 5, 2012

**Opening:**

The regular meeting of the LSUHSC-SOM Faculty Assembly was called to order at 4:30 pm on October 5, 2012 in Room 7 of the Lions Building by Dr. Murtuza Ali.

**Present**: Ali, Murtuza; Avegno, Jennifer; Bagby, Gregory; Boulmay, Brian; Campeau, Lisa; Cestia, Wayne; Conrad, Erich; Crabtree, Judy; Dimitriades, Costa; Dawkins, Rachel; Engel, Lee; English, Robin; Foster, Timothy; Giambrone, Nicole; Holman, Stacey; Hunt, John; Kapusta, Daniel; Lo-Blais, Betty; McGoey, Robin; Mussell, Jason; Neumann, Donna; Quayle, Alison; Winsauer, Peter

Also in attendance: Harry Gould; Juzar Ali

**Absent**: NONE

**Proxies:**  Peter Winsauer for Stephania Cormier; Robin English for Amy Creel; Robin McGoey for Kyle Happel; Donna Neumann for Andrew Hollenbach; Jay Hollman for Tonya Jagneaux; Dennis Paul for Mike Levitzky; Catherine Spiller for Diana McDermott

1. **Introduction of New FA delegate-** Rachel Dawkins, M.D. (Pediatrics) was introduced to the assembly. Dr. Dawkins will be replacing Dr. E. Erny, who has resigned from the assembly as of October 2012.
2. **Special Guests – Frank Opelka, M.D. -HCSD Executive Vice President of Health Care and Medical Education Redesign**

Dr. M. Ali introduced Dr. Opelka to the assembly. Dr. Opelka agreed to address the FA to discuss the upcoming budget cuts to the LSU hospital system, and the changes that these cuts would bring to graduate medical education in the state. The assembly forwarded a list of questions that would be raised to Dr. Opelka prior to the meeting. Dr. Opelka then summarized the recent events that led to the cuts made to LSU hospitals. In summary:

* The subsequent cuts to the hospital system stemmed from an $850 million predicted shortfall due to a change in reimbursement rates. Based on this, the budget cuts to health and hospitals amounted to $329 million of state general funds.
* Governor decided that no new taxes would be considered to offset cuts, and the money must come from the system.
* Result of this is that the LSU hospital system is now looking at private partnerships to maintain GME and patient care. Private partnerships with which entities has not yet been decided. The state will no longer be a dominant hospital institution.
* University Management Corporation board has been created. They are currently looking at partnerships and other academic medical center models to determine how to best serve Louisiana and its health care needs.

**Approach for immediate budget cuts ($85 million):**

* Cuts to personnel, including vacated positions- $11 million
* 10:150 model implemented originally, meaning ILH maintains 150 beds, all other hospitals go to 10 beds. This allows LSU to maintain hospital based clinical services, and maintain GME.
* In order to maintain GME, the following cuts would be implemented:
	+ Moss (Lake Charles) goes to 10 beds;
	+ EKL (Baton Rouge) goes to 10 beds +/- 5 beds designated for inpatient prisoner care. The partnership between EKL and OLOL in Baton Rouge will be maintained
	+ Lallie Kemp (Independence) goes to 10 beds
	+ Bogalusa goes to 28 beds to maintain the residency program in rural family medicine
	+ Chabert (Houma) is cut from 82 beds to 58 beds. There is concern for residency programs at Chabert, and so this is an ongoing discussion
	+ Lafayette UMC goes to 10 beds
	+ ILH (New Orleans) goes from 201 beds to ~150 beds. Level 1 trauma and mental health protected from cuts
* Dr. Opelka stated that the DHH secretary would likely seek an amendment that would allow private partners to receive DISH dollars and upper payments so that LSU could move patients, caps and residents to partnering hospitals.
* A lengthy question/answer session followed Dr. Opelka’s summary. Questions focused on maintaining patient care, GME, and faculty and student retention/recruitment. Specific questions/comments were:
	+ How are we to maintain our educational standards when faced with these drastic cuts and partnership uncertainty?
		- Dr. Opelka agreed that this was not an ideal situation, and that choosing the “right” private partner would be critical long-term
	+ Program directors are concerned that the initial spread of residents to other locations and then the re-consolidation of those programs back to UMC once its built may lead to problems
	+ Would the clinical faculty be able to participate in discussions as to which private partners were more suited to the mission of the school?
		- Dr. Opelka suggested that a committee be formed to include members from both Tulane Hospital and ILH to advise the University Medical Corporation with respect to potential partnership concerns. He will follow this up with the UMC Board, for them to consider the suggestion.
	+ Would there be a reduction of residents?
		- Dr. Opelka insisted that there would be no reduction in the number of residents. Our residents would be moved to other locations. Dr. Opelka also stated that this would provide residents with a better education, as the ratio of residents to patients would decrease (right now it is 1.7, and the national average is 0.2-0.6).
	+ Would all programs be moved back to the new UMC once built?
		- This is the goal, but that will depend on the private partner agreements
	+ What are the criteria for private partnership?
		- Dr. Opelka stated that a number of factors were being considered with regards to private partners. This includes: capital, structure, IT, which partner understands GME, which partner would serve the needs of the patients and which partner would fit best with the mission of the school (culture).
	+ Why would private partners commit to LSU?
		- If the DHH secretary can get an amendment to pay upper payment limits, this should not be an issue, as services would be covered.
	+ Why is this moving so fast? Is there a way to change the timeframe for these changes to occur?
		- No avoiding this or the timeframe. The cuts are in the budget for January
	+ Who will supervise residents at other hospitals?
		- Our faculty. In many hospitals around the metro area, our faculty is already there, as in Bogalusa and Lafayette. Dr. Opelka admits that there are concerns with EKK/OLL and Chabert.
	+ Why were all the cuts given to LSU?
		- Dr. Opelka stated that these cuts were proportionately applied to all Medicaid providers in the state.
* Faculty continued to express concern that this would hurt recruitment of faculty, students and residents in the future years.
* Faculty also expressed frustration that this may affect patient care, especially to some of the most vulnerable patient populations, particularly the uninsured and indigent patients.
* Faculty expressed concern that partnership institutions may treat LSU faculty like their own employees and would not allow our faculty to teach our residents.
* Faculty would like input into decision making process
* Faculty stated that the lack of communication between the administration and the faculty was a problem and requested that the administration rectify this immediately.
* Faculty requested a breakdown of cuts to ILH. Dr. Juzar Ali addressed these changes and their impact:
	+ Med surgery inpatient beds from 130-90 beds, which will cause a bottleneck of patients, but serve to reduce FTE costs.
	+ Reduction in OR from 13 to 11 rooms during primetime. This will result in a 16-20% reduction of OR time. There will be less block time, but Dr. Ali is hoping to streamline surgery and become more efficient in this area. Reduction in staff will also result.
	+ Cut down on high cost surgeries
	+ All ancillary support will be proportionally cut
	+ Contractual obligations will also be cut
	+ Clinics will also be cut as follows:
		- Reduction in clinic frequency. This will increase wait times
		- Some clinics will be merged
		- Clinics to potentially be closed include: Women’s Health, Pain Management, Sickle Cell. These were chosen because there are better options for partnering within these areas
1. **All agenda items were deferred in the interest of time, and will be discussed at the November meeting.**
2. **Adjournment:** Meeting was adjourned at 7:30 p.m. by Murtuza Ali.

Minutes submitted by: Donna M. Neumann