I. Dean Nelson
a. 1/23 SGA General Body Meeting Minutes:
   i. New Orleans: Children’s is going to be a partner that manages interim hospital. He feels that this is a good thing. Children’s has proven to be a good partner, and they also have a rich endowment so they can invest.
   ii. When he came here from Hopkins in 1984, Charity hospital had ~1500 beds. Now UH only has a few hundred. Basically what has happened is that the underserved has been denied access in order to lower costs. More patients you see as students, the better doctors you will be. With private hospitals as partners of LSU hospitals, there will no longer be a spending cap, so the number of beds will grow, and you will ultimately be able to see more patients.
   iii. Children’s wants to do this because they will be the managing entity of the new University hospital, and they want to have a smooth transition with faculty and facilities from interim to the new hospital.
   iv. There is zero doubt in his mind that the opportunities available to us in July will be better than we had before, in terms of resources and residencies.
   v. Earl K Long is moving into OLOL, a much larger and more advanced hospital. Lafayette General will be keeping UMC open in Lafayette.
      1. Usually when public hospital moves into a private hospital, there is angst between private/public doctors, but once they see the caliber of our doctors and students, that will no longer be an issue.
   vi. Private hospitals tend to have more leverage with the government, which may be useful considering recent budget cuts.
   vii. Students applying to medical school this year: already 3000 applications, highest number ever. Average science GPA: 3.7-3.8. Average MCAT: ~30. MD/PhD: taking 5-8.
      1. Taking 5% out-of-state students.
      2. A few years ago, it was advertised we were going to take more out-of-state students, but that was because we were thinking we were going to expand activities in BR (2-4 year program) and Lafayette (3 year rural program). But with budget cuts, didn’t feel good about starting programs in other locations just yet. Still interested, but need more funding. Would be about $10-14 million per year per program in other cities. About $70000 per year to educate a medical student.
   viii. Very important for us to have our students stay in New Orleans and south LA for residencies. Programs that exist now will only improve. Education is better now than in previous years because he has asked everyone to be accountable.
      1. We think it’s great if you want to go to programs in other states and cities. We only want you to stay if you think the residency here is a good opportunity.
ix. We have recruited over 90-100 faculty in the past couple of the years, 9 department chairs, etc. Primary care has been invested in. Mary Coleman is focused on primary care development.

x. NIH grants: $3 million per year. NIH funding is only <67% now since Katrina, so we are still holding our own.

xi. LSU redesign: Want to do this because if they redesign the way the University is structured, then the funding for ALL LSU institutions around the state gets thrown into 1 pot → we become one of the top 50-60 research institutions in the country.

xii. Facilities: We continue to renovate our facilities. May convert MEB to lecture rooms and offices for faculty only and build another research building. Would cost $60 million dollars. 1st floor of Resource building is open and is where the Bursar’s office is located. CSRB 1st floor is not open yet because it is part of another project. Student Affairs may be relocated to 1st floor of Lion’s Building.

xiii. New hospital is scheduled to open at the end of 2014-beginning of 2015. Actually ahead of schedule. Costs about $1.2 billion. Was supposed to open with the VA hospital, but they got set back by almost a year. We are actually ahead of them now. An ambulatory care building is being funded by Children’s as well. Community complained about design because there was a lot of vacant land. We wanted it that way because we are convinced that we may need to build more buildings to provide more beds.

xiv. In the past, we were mostly identified as charity physicians. We were squeezed out of private sector. We want to see as many types of patients as possible, public and private. St Charles Clinics and other private clinics have benefitted us in that way. Do not want to be completely dependent on state funds. State general funds provides about 6-7% of our cost. We have entered the private sector, expanded research, etc to help fill that void.

xv. New cancer center: Tulane has moved in already. Built with state funds. Was supposed to be a cancer patient care facility for both Tulane and LSU. Tulane has blocked every attempt to put patients in there because they have their own cancer patient facility. So now it is just going to be used for research. Operating budget is $10 million/year, funded by tobacco tax. Not one dollar was sent aside for lights and utilities in the plans so need to come up with money to do that. 5th floor – want to put clinical trials unit in there. Hopefully open in a year.

xvi. Projected economic impact for new hospital: Bioinnovations C, Cancer Center, VA hospital, new University Hospital are providing about 5000 construction jobs and about 2500 new healthcare jobs.

xvii. Some workers, nurses, doctors at Earl K. Long and other hospitals have already left their positions because they were worried their future. Childrens does plan to rehire as many healthcare workers as possible if they have to let some go temporarily in the transition.

xviii. He believes the governor will accept Medicaid expansion.

xix. 800 residents total at LSU. Planning to build new residencies in Lafayette. In the past we were thinking we would have to move residency spots to different cities due to budget cuts to hospitals. Now that Children’s is partnering, we will not have to move any spots at all. May actually have more residency spots in the future due to increased capacity.

xx. East Jeff and West Jeff are for sale. HCA and Childrens are top bidders. HCA owns Tulane. If HCA gets the hospitals, there would be a non-compete clause and they wouldn’t be able to have their private patients at the new hospital as well as East/West Jeff. That would be good for LSU
because that would make more room for LSU residents at the new hospital. If Children’s gets East/West Jeff hospital, then they would have a very robust network of hospitals, which is good for them.

xxi. OB has been moved out of interim hospital and into Touro because pts would come to interim hospital for prenatal care and not for their delivery. You only get paid at the delivery – not for prenatal care – and residencies need a certain number of deliveries. So Touro will be more specialized in OB. Ideally we would have more high-end, specialized cases/surgeries at the new hospital and need to let community hospitals take care of more typical cases (gallbladders, etc).

b. Other details from Dec 2012 Q&A Session:
   i. Lafayette General will likely become the home program for many of our residency programs. This hospital is nice and has access to new technology. May keep some beds at UMC and then work also at Lafayette General. Will probably partner with Lafayette General starting July 1.
   ii. Every one of our residency programs is accredited. We will not have a problem with our accreditation due to programs possibly moving around to different hospitals.
   iii. What may happen is we may send fewer students to locations with fewer patients. Still yet to be determined how students will be shuffled around, but there will likely be more beds overall so we will have more opportunity for learning in the long term.
   iv. New Orleans will not lose residency positions. We will not have to shuffle many residents at all. Will only move if there are more patients to be seen somewhere else.
   v. Children’s will likely put beds back into interim so they can build up that hospital and be ready to move into the new hospital.
   vi. Other campuses in BR and Lafayette cannot be built until we can be sure we can maintain our campus and services in New Orleans. Do not have money to do it right now.
   vii. EKL is made great by the faculty and patients. However, the facility is antiquated. We’ve been talking about working with OLOL for a while now. Confident that this partnership will work out. Faculty there is very supportive. EKL will probably stay open til March-April, then everything will go to the Lake. They are building a Medical Education building there now.