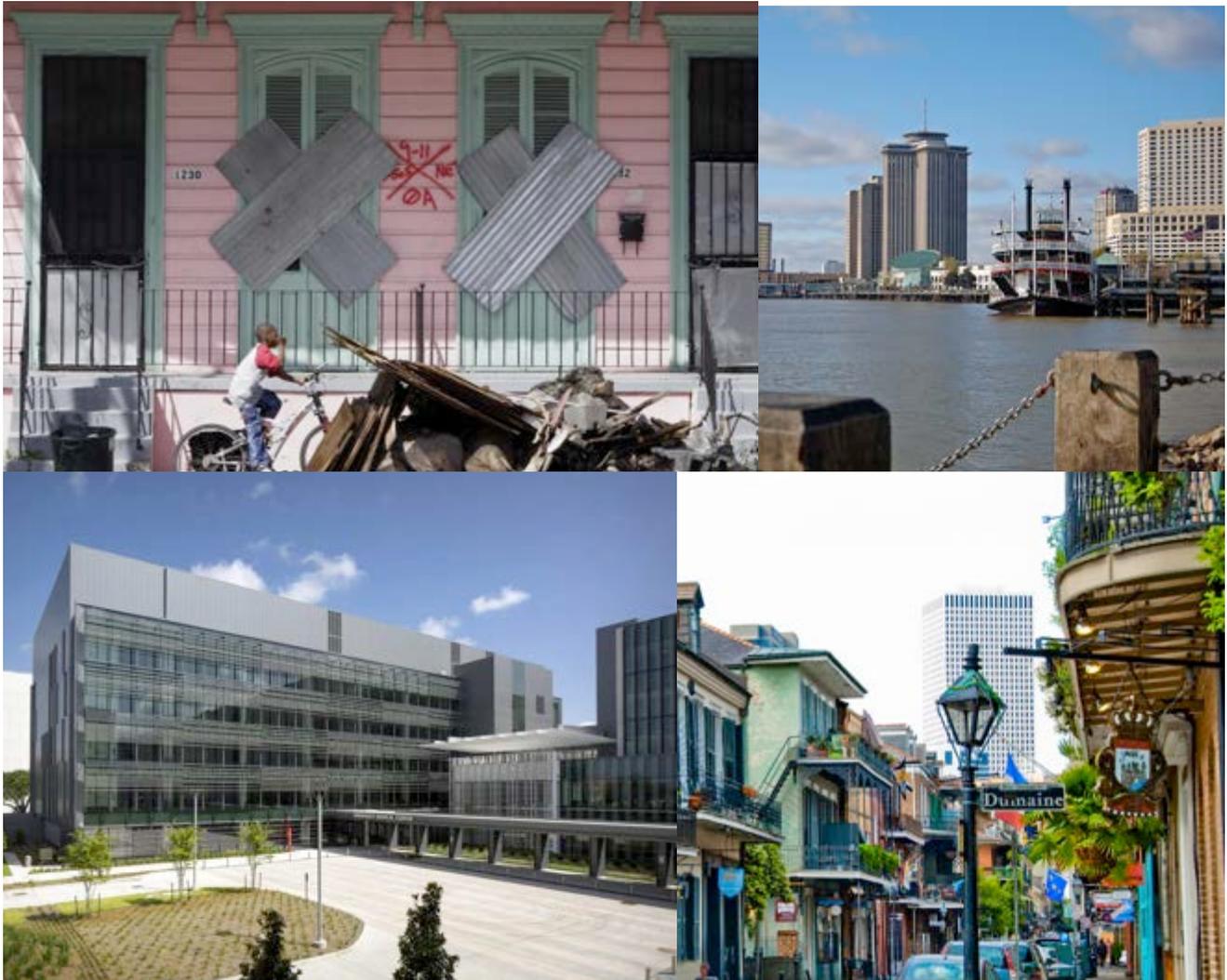


Urban Health Scholars Spring Break 2016 – New Orleans Louisiana



Aaron Briggs
Sarah Ghabbour
Courtney Hanlon
Timothy Harris
Spencer Mcfarlane



By: Aaron Briggs

The Urban Health Scholars began our Tuesday with a visit to University Medical Center (UMC) – a brand new hospital with an impressive edifice that almost symbolizes New Orleans phoenix-like rise from the destruction wrought by Katrina. The airy, clean hallways of UMC reminded the scholars more of a luxury hotel than a hospital. In the hospital lobby we met with Susan Todd, executive director of 504HealthNet, an association of 22 non-profit and governmental organizations providing primary care and behavioral health services in New Orleans. Susan gave us a brief history of the healthcare system in New Orleans and the role UMC plays within it..

For more than three hundred years charity hospital stood as a beacon of hope to the poor and underserved of New Orleans. Charity occupied an essential niche as it was one of the only medical resources available to those who lacked adequate medical insurance. The primary and specialty care Charity provided to the underserved was in high demand and each day a massive line would project from its doors. But delayed care was preferable to no care at all.

When Katrina hit Charity was disabled and a massive vacuum of care was left in the wake of the storm. However, rather than working to fill the void with a healthcare system identical to that which existed before Katrina, city officials took the opportunity to introduce a new and improved system of care to New Orleans. One of the major initiatives pursued during the healthcare revamp was an overall decentralization of primary care. Before Katrina, if an under or uninsured individual needed primary care they went to Charity. The lines would be long, and the trip would be difficult for those who did not live near the hospital, but it was one of the only resources available. The bottleneck and lack of access brought about by such a hyper centralized system had been recognized for some time but addressing it would require a radical restructuring of the healthcare system and no opportunity had been presented for this until Katrina.

Federally qualified health centers (FQHC), health facilities which receive government reimbursements in exchange for providing services to a majority underserved population, were the means by which New Orleans successfully achieved a decentralization of primary care. Following Katrina, the number of FQHCs throughout New Orleans exploded. Underserved residents could now receive a variety of health services from clinics within their community and would not be forced to travel to a major hospital – this both improved access and reduced waiting times. Additionally, New Orleans' 504HealthNet provided a revolutionary way to facilitate continuity of care for transient populations by streamlining the transfer of medical information between FQHCs. The 504HealthNet has the potential to generally improve the way care is provided to underserved, specifically homeless, populations.

UMC was constructed with the intention of replacing both Charity and Interim University Hospital. Opened to the public in August of 2015 the state of the art hospital is the largest teaching and training facility in New Orleans and is the region's only level one trauma center. The hospital is expected to provide the highest level of care for trauma patients and to become a leader in trauma research, training and prevention. Unlike Charity, UMC is operated through a public-private partnership. Private management was awarded to LCMC, a Louisiana base non profit health system,

which regards UMC as its flagship academic center. Overall, the cutting edge care and research performed at UMC is anticipated to place New Orleans on the map with regard to healthcare delivery.

Susan introduced the group to Dr. Jay Buras, the vice president of operations at Interim Louisiana State University Hospital. Dr. Buras took us on a tour of the hospital's trauma and radiology suits. Prior to entering some of the suits the scholars scrubbed up to maintain



sterility. The technology within the trauma bay and interventional radiology suites we toured was amazing and the scholars were introduced to many tools they did not previously even know existed.

While UMC was created partially with the intention of replacing Charity, it cannot be viewed as a Charity 2.0 as the health care contexts in which the two hospitals operate are distinct. Charity hospital occupied a critical niche during its long existence and as a result experienced a high volume of patients – as would be expected from a hospital charged with supporting New Orleans' massive under and uninsured populations on its shoulders. However no lines are seen projecting from UMC's doors and if anything, the medical center possesses a capacity, which exceeds what is necessary. This very tangible difference between Charity and UMC is evidence of the success of New Orleans' decentralization of primary care. However, while UMC does not have to grapple with a bottleneck in primary care it is stressed by a high demand for specialty care. UMC is one of the only medical centers in New Orleans to which underserved patients requiring specialty treatment may be referred. Improving access to specialty care for underserved populations is currently one of the city's next challenges, but New Orleans is no stranger to a challenge. With a state of the art trauma facility and a revolutionary new way to provide continuity of care to populations on the move it will be exciting to continue to watch New Orleans move by leaps and bounds into a position of leadership in innovative healthcare.

Daughters of Charity

By: Aaron Briggs

New Orleans, LA



Following our tour of UMC, the Urban Health Scholars travelled to the Daughters of Charity Health Center in Carrollton, New Orleans. Stephenie Marshall, the executive assistant to the center's president, greeted us and took us on a tour of the facility, pointing out the variety of services offered to underserved individuals within the community including: dental care, eye care, behavioral health (which has become a hot topic in the wake of Katrina), among other services.

Although Daughters of Charity is a FQHC, Stephenie stressed that they do not offer free care. For those individuals who do not have insurance a sliding fee scale is used – meaning that the rate of payment is adjusted to fit an individual's income. Overall, the site is able to offer a large variety of services for a fraction of the cost normally associated with them, including an in house pharmacy. Daughters of Charity is able to dispense medications at significantly reduced rates due to its eligibility to receive benefits from the 340B program, a drug discount program which allows drugs to be purchased from pharmaceutical companies for a fraction of their market value.

However, many of the services provided by the Daughters of Charity Health Center, while relatively more affordable, require proof of income. This presents a critical roadblock which can reduce access to care for certain underserved populations, such as the homeless. When asked about the interaction between Daughters of Charity and the chronically homeless population within New Orleans, Stephenie seemed to indicate that these individuals are more or less referred to New Orleans Health Care for the Homeless, another FQHC operating within the city. This experience opened the eyes of many of the scholars to a critical fact: all FQHCs are not created equal.

Luke's House

By: Aaron Briggs

New Orleans, LA

Our final stop on Tuesday was Luke's House, a free clinic operating within a rough, poverty stricken area of New Orleans. Upon arrival we were greeted by Adam Bradley, the Executive Director of Luke's House and Paloma Ellis, a public health student and clinic volunteer. Adam took us on a tour of the clinic, which was confined to a small single floor house. While the budget the

clinic operates on is tight, the work that it does is having a large impact on the health and well-being of the individuals it serves. Luke's House was formed in the chaotic aftermath of Katrina to meet the needs of many in the community who found themselves suddenly without any medical resources. The operation is funded by donations from the congregations of Rayne and Mount Zion United Methodist Churches and is staffed entirely by volunteer physicians and medical students from LSU, as well as medical students from Tulane. Luke's House is one of two sites in New Orleans that will offer completely free care to anyone who walks through the door (especially valuable to individuals without any income, such as the homeless), the other site being New Orleans Health Care for the Homeless.

While free care has gone a long way improving the health of some of the individuals in the community, Adam stressed that one of the most significant impacts of Luke's House on the surrounding underserved community has been a slow reestablishment of trust in medicine.



Lack of trust is a massive and crippling barrier to care that permeates low income, minority communities. Past wrongs committed by the medical community of the United States against minorities have left a very tangible mark on minority communities. The Tuskegee syphilis experiment is the most notorious of these abuses but there have been many others which, although less well known, have powerfully worked to degrade trust between minorities and the medical community.

Mistrust runs rife in the community within which Luke's House operates. However, by providing quality care and a safe environment for patients, the volunteers of Luke's House have begun to rebuild trust one patient at a time.

Shadowing with Dr. Solet

By: Courtney Hanlon

While Spencer, Sarah, and TR explored our hosts' hometown and prepared for the week ahead, Aaron and Courtney had the opportunity to shadow Dr. Darrell Solet, an DMS alumnus, during his hospital rounds and at his private practice. Dr. Solet explained current heart valve imaging technology as he performed a transesophageal echocardiogram, and allowed us to follow along with him as he tended to newly admitted patients who needed evaluation. At his clinic, Dr. Solet asked three of his patients with particularly intricate heart sounds to come in to the office so that the students could hear their stories and practice their stethoscope skills. Through shadowing Dr. Solet as he saw both new and returning patients, we honed

our ability to review cardiac symptoms with patients and learned about many common challenges faced by cardiologists and their patients. Welcoming our curiosity, Dr. Solet was generous with his time answering our questions clearly and thoughtfully. It's obvious that he is passionate about his work and loved by his patients. He is a role model for his patients, his community, and students.

Morgan City, LA



Teche Action Clinic

By: Courtney Hanlon

We spent Wednesday afternoon at the flagship site of Teche Action Clinic, a group of private, non-profit federally qualified healthcare centers (FQHCs) providing primary care for individuals and families of several of the parishes surrounding the greater New Orleans area. Teche Action Clinic seeks to integrate patient's

Franklin, LA



primary care needs by creating a collaborative interdisciplinary team to deliver quality care and engage the community in health-conscious behaviors. We were greeted by Ed “Tiger” Verdin, who spoke to us about the Teche Action Clinic’s mission and its vision for continued healthcare improvement in the area. As the head of marketing and public relations, Tiger discussed the Clinic’s involvement in community outreach, including the large “Fit, Fun, and Fabulous in Franklin” all-day festival which hosted free men’s health screenings, free women’s health screenings, children’s health education, and community health-centered events. We got to learn about the healthcare landscape of the greater New Orleans area as we toured the facilities and learned that obesity and health literacy were two of the important challenges the clinic is working to address. Visiting the Teche Action Clinic fit well into our working snapshot of the social determinants of health in greater urban areas; our time at the clinic helped to create a more thorough picture of care options for patients of all insurance statuses living in the area.

Tulane Community Health Center Clinic

New Orleans, LA

By: Timothy Harris

On Thursday, our first site visit was to the Tulane Community Health Center Clinic. This clinic, now standing in what was the first Ruth Chris' Steak House, provides healthcare service to populations with limited access to primary care.

We first met with Dr. Gugel, who provided us a practical perspective on how healthcare in New Orleans continues to have a limited impact on its population. We were given demographics and statistics specifically for the state as a whole and its major counties, and then a more focused overview regarding the clinic itself and the community that it serves.

Louisiana is ranked 49 out of 50 of the most violent states within the US (50 being the worst and most violent). It is also one of the most impoverished states, having some of the lowest rates of life expectancy, over 33% of its children are overweight, and high occurrences of mental health



illnesses are prevalent. The Tulane Community Health Center strives to address as many of these issues as possible by providing primary care, social services, and therapy to anyone who comes to their facility. They have also developed programs implemented in popular areas within the community aiming to increase levels of physical activity and promote healthier eating options. Although the center is composed of dedicated staff they are few in number and there is only one

psychiatrist, limiting the amount of mental health services that can be provided. They are well aware of their challenges and actively search for ways to improve their services to the community they serve.

New Orleans has an extensive history and a rich culture, facts that Dr. Gugel did not hesitate to mention to us on various occasions (particularly while we were taking a tour of the clinic). The clinic has a “local music” theme and hanging on each examination room door is the name of either a current or historical jazz musician from New Orleans along with a portrait. It gives the clinic a fun feel while displaying the history of the city; it also depicts the extensive creativity that New Orleans has to offer.

We then met with Dr. Dery, an infectious disease specialist by trade, who also brought with him his wife, a public policy planner, and a fellow advocate for HIV/AIDS work in the community. Dr.



Dery then took us to a mobile clinic that focuses on rapid HIV testing. This van focused on quick, real-time, rapid confirmation of HIV for low-income populations. The van was parked outside of a church within walking distance of a larger hospital, but seemed to have a wide-standing reach towards homeless and at risk populations that were hesitant to go the hospital for services. The purpose of the van is to reach out to as many individuals as possible

that are at risk for HIV/AIDS, particularly within homeless communities. In our short visit, there was a line of patients willing to get screened, as well as other community members nearby who mentioned that they had already been screened. The van's director was committed to reaching out to as many at-risk patients as possible, and promised that it wouldn't restrict itself to a set schedule or location, because that too could be a hindrance to particular population. It was powerful to see how the van was committed to the needs of the people.

Oschners Hospital

New Orleans, LA

By: Timothy Harris

After the van, and a quick lunch break at a local New Orleans establishment, we went over to Oschners Hospital. Thanks to suggestions from a Dartmouth alum, we were put into contact with Dr. Robert Link, an Emergency Department physician who happily agreed to let all 6 of us shadow in the emergency room.

We were greeted with smiles and Southern hospitality as we entered the hospital, and we were given a brief history about Ochsner. It was the only Emergency Department that was still open after hurricane Katrina. Eleven health care facilities, including some in Louisiana, Alabama, Mississippi, and sometimes Texas,



refer patients to Ochsner. The ER is usually so full that Ochsner was one of the first hospitals to implement a system called Que Tract. Within this system, patients are triaged at a much faster pace. The trauma levels I – III are seen first and once stabilized (and if possible) they are placed into sitting areas dispersed throughout the ER so that more patients may be removed from the waiting area. Dr. Link did state that this system has not been perfected and that although the pros are the ability to see more patients and remove them from the waiting room at a faster rate, the cons are unhappy patients that at times feel like they are not being attended to, and occasionally an overflow of beds. He stated that they are working on these issues.

We were split into groups, Aaron and I remained with Dr. Link, while Spencer, Sarah, and Courtney shadowed a first-year interns. Just to name a few of the cases we saw, we were able to observe patients with: kidney stones, mental disorders (ADHD, psychosis, bipolar disorder, depression, and anxiety), cardiac arrhythmias, ischemia and many more. We learned that Louisiana was almost the most violent state within the US and we were also informed that greater than 50% of patients

seen have a mental disorder coupled with the ailment that brought them into the ER. So, unfortunately it was not surprising that we saw several patients diagnosed with a mental disorder or in the ER due to an injury from blunt force trauma. Not only were we able to see these various cases, we were constantly engaged throughout the observation and diagnosis process. We are humble and thankful to have been so welcomed and involved throughout the entire process. It was a wonderful experience, huge thanks to Dr. Link for engaging us in this learning experience.

Health Care for the Homeless New Orleans, LA

By: Sarah Ghabbour

We started off our Friday with a visit to Health Care for the Homeless, where we met with Maryann, the medical director's assistant. She took us on a tour of the facility and explained the role Health Care for the Homeless plays in the New Orleans health care system. Health Care for the Homeless is a key player in primary care services for not only the homeless, but also serves as a safety net for the uninsured and underinsured. Additionally they run a WIC program, provide dental care, and run an adolescent drop-in clinic in the French Quarter. Their original facility was destroyed by Katrina, forcing them to relocate to a less central location. They take their location and their patient demographics into consideration when scheduling appointments. Maryann explained that many of their patients no show, but will often come in another time, during which the center does their best to accommodate them: never turning anyone down. With the restructuring of primary care in New



Orleans, Health Care for the Homeless remains the only state run health facility and one of the few places the most vulnerable can receive free or low cost care.

Xavier University and Ozanam Inn

New

Orleans, LA

By: Sarah Ghabbour

Following our visit to Health Care for the Homeless, we made our way over to Xavier University. In conjunction with the premed office, we set up a DMS info table in the main science building. We had tons of questions from premed students about medical school, the application process, life at Geisel, and the early acceptance program. We arranged with couple of Xavier premedical student to go to Ozanam Inn, a homeless shelter on Camp St., after tabling at Xavier to serve lunch. Upon arriving at Ozanam Inn, we met with one of the directors Shonda. She took us on a tour of the facility, which provides over 500 free meals a day, a place for about 100 homeless men to sleep every night, along with a occupational transitional residential program for 12 men. One of things Ozanam Inn does for its guests is allow them to use their address for mail. This allows them to better help their guest apply for positions and gain more upward mobility. Along with the gracious staff and Xavier students we served 250 lunches. It was great to connect with engaged premedical students over this service event and learn more about work that's being done at Ozanam Inn.

City Hall

New Orleans, LA

By: Spencer Mcfarlane

Our final stop of the trip was meeting with Dr. Joseph Kanter, medical director of the New Orleans Health Department as well as the Health Care for the Homeless Clinic medical director. From his vantage point at New Orleans' City Hall, Dr. Kanter was able to give us a 30,000 foot view of how New Orleans provides a primary care safety net for its broad and extremely diverse spectrum of patients, including some of the most vulnerable in the community. Our discussion touched on many of the key topics from our experiences during our time spent in NOLA, including the evolution of charity hospitals post-Katrina, the role of 504 HealthNet, and the phasing out of the Greater New Orleans Community Health Connection (GNOCHC, pronounced *no-kee*), the phasing in of the Affordable Care Act's Medicaid expansion this summer, and where the 340B drug pricing program fits into all of this.

He closed with a few words on his path to his life now as both an emergency department doctor as well as a health policy advocate: find something you're passionate about, something that energizes you, and pursue it.

