



THE NEW HEALTH DIALOGUE BLOG

IN THE STATES: Primary Care Progress in New Orleans

Joanne Kenen - February 5, 2009 - 9:28am



Having visited New Orleans and the Gulf Coast 18 months after Katrina, and having seen first-hand the stresses on the hospitals, ERs, clinics, mobile health vans and other health centers, it's heartening to hear even a little bit of good news emanating from that struggling city. Good news is what we heard yesterday about the progress toward building a viable, community-based primary care system in a city that had long been focused on big downtown hospitals, costly specialist care, and very, very busy, crowded ERs. In fact, storm-ravaged, long-suffering, stressed-out (add your favorite cliché here) New Orleans may show the rest of us a thing or two about how to create a patient-centered primary care system.

The Kaiser Family Foundation has done a lot of work tracking the Katrina recovery, and keeping it in the public eye. We've brought you [some of their surveys and reports before](#). They also helped fund a recent Katrina documentary, "The Old Man and the Storm." Filmmaker June Cross (friend and colleague disclosure) showed part of the film and led a panel discussion about the Gulf Coast at Kaiser's Washington headquarters Wednesday. You can watch the whole documentary on [Frontline's web site](#), and learn more, including some of the public and mental health challenges, on June's ongoing "Katrina Road Home" reporting project.

But what caught our attention at the Kaiser forum were remarks from Clayton Williams of the Louisiana Public Health Institute, who was on hand for the panel. We originally met Williams in New Orleans in 2007 and his briefing then left us rather overwhelmed by the daunting tasks of recovery. He left us more upbeat this time. With a \$100 million grant from CMS, 80 primary care clinics in neighborhoods and schools are now serving people in four storm-struck parishes (aka counties). The network of clinics includes neighborhood primary care centers, school-based care, behavioral/mental health centers, dental care, and mobile clinics that can reach into particularly under-served areas. And they are providing primary care the right way—38 of the centers have been certified as patient-centered medical homes. Williams said they are hoping for a waiver that will let New Orleans spend more of its DSH money (usually for hospitals that serve a disproportionate share of the poor) in the community, instead of in a hospital.

Williams' goal isn't to create a health system for the uninsured. He just wants to create a good health system for everyone, focused on primary and preventive care. Given the economic status of New Orleans, though, many of the patients are in fact uninsured. He told us that the clinics served 140,000 people from September 2007 to September 2008. About 45 percent were uninsured, 26 percent on Medicaid, and the rest with commercial insurance or Medicare. That doesn't mean the clinics have reached everyone who needs health care in New Orleans. Nor can they provide all the follow-up specialist care that's needed. So this isn't a rewoven safety net. But it's a step toward recovery. And a step toward making at least a portion of New Orleans' health care system better than it was before the levees broke.

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