

LSUHSC weathers cuts

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■ Patient survives Legislature.

By Dr. John C. McDonald
Special to The Times

When state legislators first tackled the annual appropriations bill this spring, LSU Health Sciences Center in Shreveport faced a \$14.4 million cut from its FY 2002-03 budget. This was an impending disaster for our campus that unless averted would cripple medical education.

In the ensuing political drama, the collective efforts of our legislative delegation prevailed. When the final gavel signaled adjournment of the 2003 Regular Session, the 2003-04 operating budget of LSUHSC-S had been restored to its 2002-03 level.

Considering the financial condition of the state as a whole, this is a fairly remarkable achievement. But considering the fact that the nine other public hospitals operated elsewhere in the state suffered cuts totaling approximately \$70 million, it becomes an extraordinary accomplishment.

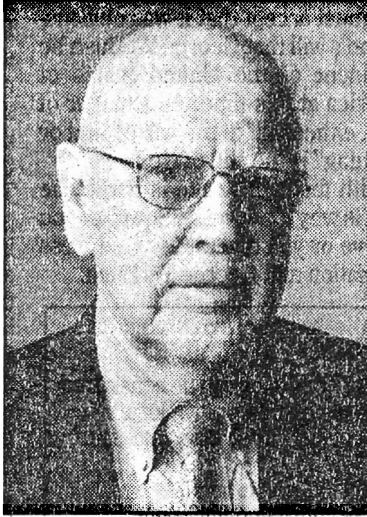
Political help

I attribute this success to an effective coalition of elected leaders and community champions who have taken pains to educate themselves about the complex financial relationship between the medical school and hospital. They realized that limiting the hospital's income as proposed would mean that tens of millions of dollars in hospital earnings would not be available to support the medical school.

Every legislator from Northwest Louisiana was actively engaged throughout the session in preventing this potential funding catastrophe. A number of community leaders were active also.

Gov. Mike Foster, Chief of Staff Andy Kopplin, Commissioner of Administration Mark Drennen, and their associates also recognized the enormous negative impact such cuts would have on LSUHSC-S and made meaningful efforts to help.

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File

Vital services at LSUHSC Women's & Children's clinic continue despite budget cuts.

LSUHSC: Cooperation helps all

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Sustained mission

Like any other business, a sound budget is paramount to our institutional health. We won't grow this year, but through conservative management of our budget we can sustain our multiple missions of health care, education and research.

Significant also was a decision made by the Legislature to detach the E. A. Conway Medical Center in Monroe from the rest of the LSU public hospital system and fully integrate it into LSUHSC-S. The transfer culminated a recommendation that was passed in February by the LSU Board of Supervisors.

Appropriate bills to accomplish the transfer were introduced and supported by the entire Northeast Louisiana delegation, as well as the Northwest Louisiana delegation. The governor signed the legislation and the transfer occurred July 1. We expect that this merger will, in the long term, be very beneficial to both LSUHSC-S and Conway.

Parking and literacy

Several other pieces of legislation affecting LSUHSC-S also were passed.

The Capital Outlay budget continues several important campus construction projects. Thanks to Sens.

Greg Tarver and Ron Bean, \$1 million was added for our parking garage and another \$745,000 will supplement funds needed to renovate the hospital Emergency Care Center.

Recognizing LSUHSC-S for its pioneering work in health literacy, the Legislature created an Interagency Health Literacy Task Force to be housed at LSUHSC-S. I plan to name our Dr. Terry Davis, one of the nation's top experts on health literacy, as task force chair.

Evidence from the session also indicates that Shreveport is earning its rightful place in health care affairs since its administrative separation from LSUHSC in New Orleans. The Legislature established several health-related study groups during the session. Some specify a representative from LSUHSC-S, others direct the president of the LSU System to designate someone from either Shreveport or New Orleans.

These matters demonstrate the maturation of our health sciences center and the respect that LSUHSC-S continues to gain from state officials.

'Shreveport model'

For example, the term "Shreveport model" was coined this last year to refer to the good fiscal health of LSUHSC-S as well as the high quality of health care provided to all at the LSU Hospital

in Shreveport.

During deliberations of the earlier mentioned charity hospitals study committees, substantial debate arose over the question: can the "Shreveport model" be reproduced in other public hospitals? Most seem to think it cannot. I believe it can. Thus, I view the integration of E.A. Conway into LSUHSC-S as a great initiative in public health that will answer this question in due course.

Finally, I think that the faculty and staff of LSUHSC-S have been doing something right for the last 34 years. To organize, develop and lead a new institution into a position of rapidly rising national reputation in only three decades is an exceptional accomplishment.

Community support

Nevertheless, this would not have occurred without the consistent and spectacular support of this community. Community leaders have given their time, wisdom and sustenance.

Our elected officials—state, local and federal—all have proven themselves to be true statesmen and stateswomen when it comes to LSUHSC-S.

Rather than compete, health care providers and other hospitals in this area have worked cooperatively to improve health care for all in the region.