

# Storm-Displaced Doctors Strive to Stay in Practice

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In the wake of the severe hurricane season on the Gulf Coast, thousands of displaced physicians are looking for ways to keep practicing medicine.

For some, this means relocating to another part of the country or holding down a temporary job in the hopes they'll someday reclaim their practice from flood-ravaged areas and regroup with their patients.

Family physician Kim Edward LeBlanc, M.D., who heads the department of family medicine at the Louisiana State University School of Medicine in New Orleans, said his entire department was displaced after Hurricane Katrina.

"The department had 10,000-15,000 patients, if not more," he said in an interview.

Dr. LeBlanc has since relocated to his brother's home in Baton Rouge, La., where he plans to establish a private clinic for his patients. In the meantime, he and his department have been busy setting up other clinics in the neighboring cities of Lafayette, Lake Charles, and Kenner. The goal is to resume some functionality and start seeing patients again, to continue the training of residents and students, and to help the evacuees, he said.

Residents have been sent to a variety of areas to help out, including Angola Prison, and a small hospital called Lallie Kamp, which is part of the state's charity system and has a lot of evacuees, he said.

"I've little hope that it will ever be the same again," said internist/infectious disease specialist Michael Hill, M.D., whose group practice has disintegrated since the hurricanes.

Of the 26 physicians who made up the multispecialty practice in various locations around New Orleans, "only 6 or 7 are going to be returning to the area," Dr. Hill said in an interview. "Most are going to be relocating to other states, while others are in Shreveport, Baton Rouge, or Lafayette. We've just dispersed around the state in areas not affected by the hurricane."

David D. Teuscher, M.D., an orthopedic surgeon who works at several hospitals in Beaumont, Tex., reported at press time

that the area was uninhabitable in the aftermath of Hurricane Rita. The city is operating at limited capacity, he said in an interview. "There's no potable water. Everything's operating on generators, and the National Guard isn't permitting anyone to come in. Physicians and families have fled these regions and have gone to live with family in other parts of the state and the country."

At press time, he was communicating with his staff through a daily conference call and said he hoped to restart operations at the Beaumont hospitals by early October.

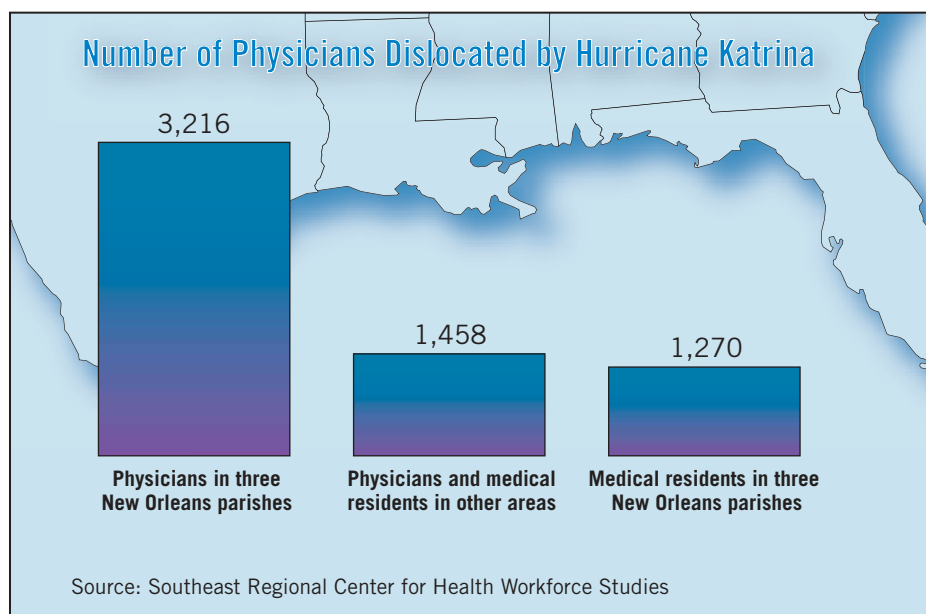
Nancy G. Michaelis, M.D., an internist from Chalmette, La., obtained a temporary license to practice in Virginia. Overall, she's had three job offers, but in an interview said she's "desperately trying to get back to New Orleans." For now, it looks like she'll be practicing in Virginia for quite some time.

"My house survived quite well ... [but] St. Bernard Parish was completely destroyed. The two hospitals that I went to, Chalmette Medical Center in St. Bernard and Pendleton Memorial Methodist Hospital in East New Orleans, are not operational anymore. Furthermore, the population I used to see is not there anymore."

Many physicians like Dr. Michaelis thought they'd practice at a temporary location then come back to New Orleans, "but that's less likely to happen as time goes on," Dr. Hill said.

Telephone service has been spotty in some places, and it's been difficult for patients to navigate around the New Orleans area and get care, he said. His practice is trying to communicate with patients through newspaper ads and its Internet site, "which has updated where we are," he said. At press time, Dr. Hill was working at the practice's offices in Covington, located north of Lake Pontchartrain, and in Slidell, La. Two other physicians in the practice are working in the North Shore.

Dr. LeBlanc's goal is to return to New Orleans and resume practice at LSU. "We optimistically look at being back in January. We all want to do that—the dean of the medical school has emphatically stated that that's what we're doing." ■



## POLICY & PRACTICE

### AA and Treatment: Best Together

Alcoholics Anonymous and treatment for alcoholism work best if started at the same time, according to a study published in the journal *Alcoholism: Clinical and Experimental Research*. Researchers surveyed 362 people at 1, 3, 8, and 16 years after they first sought help with alcohol abuse. Of the respondents, nearly half sought professional help at the same time as joining AA, while 25% joined AA only, and 26% only sought professional help. "Compared with individuals who initially participated only in treatment but later entered AA, those who entered treatment and AA together participated in AA longer and more frequently and were more likely to achieve remission," authors Rudolf H. Moos, Ph.D., and Bernice S. Moos of the Department of Veterans Affairs, Palo Alto, Calif., wrote. "Individuals who entered treatment but delayed participation in AA did not appear to obtain any additional benefit from AA."

### More Users Dependent on Meth

Although the number of actual methamphetamine users in 2004 was similar to that of 2 prior years, the number of users who met criteria for illicit drug dependence or abuse increased sharply, according to data from the Substance Abuse and Mental Health Services Administration. The statistics from the National Survey on Drug Use and Health showed that in 2004, 1.4 million people aged 12 years or older used methamphetamine in the past year, and 600,000 had used the drug in the past month, similar to 2002 and 2003. But the number of past-month users who met criteria for illicit drug dependence or abuse increased from 164,000 in 2002 to 346,000 in 2004. "Methamphetamine is undeniably a uniquely destructive drug," SAMHSA Administrator Charles Curie said in a statement. "While rates of use have remained relatively stable over the past few years, these new findings show that an increasing proportion of methamphetamine users are developing problems of drug abuse and dependence and are in need of treatment."

### Hispanic Mental Health Initiative

The American Psychiatric Association has launched an initiative aimed at making more resources available to Hispanic patients. All information about mental health treatments and resources at HealthyMinds.org, the association's public information Web site, will be available in Spanish for free. "It is critical that we address the mental health needs of Hispanic and Latino Americans," said APA President-elect Pedro Ruiz, M.D. In addition to fact sheets on a variety of disorders, the site also has links to other mental health resources in Spanish and tips on locating a Spanish-speaking psychiatrist.

### Groups Call for Alcohol Labeling

Two consumer groups, the National Consumers League and Shape Up America!, are calling on the federal gov-

ernment to require standardized labeling on alcoholic beverages similar to that appearing on packaged food and over-the-counter medications. "Even the most basic information about alcohol beverages is not required to be provided on the labels of most alcohol beverage products," said NCL President Linda Goldner. "Just as conventional foods, dietary supplements, and non-prescription drugs are required to provide a basic minimum of information needed by consumers to make informed purchasing decisions, alcohol beverage labels should also be required to provide this information." Information the groups would like to see on the label includes serving size, alcohol content, calories, the definition of a "standard drink," and advice from federal dietary guidelines about moderate alcohol consumption. The two groups were responding to a request for comment from the U.S. Treasury's Alcohol and Tobacco Tax and Trade Bureau on a proposal to revise the current labeling rules.

### Public Favors Electronic Records

Nearly three-fourths of Americans favor establishing a nationwide electronic information exchange to allow patient health records to be shared quickly among health professionals via the Internet, according to a survey of 800 adults sponsored by the Markle Foundation. However, 79% of respondents said it was important to make sure sharing could take place only after patients gave their permission. "Americans use digital information technology to ... pay bills, book flights, and customize the music they listen to, and our research shows they now want to use health information technology to get the best care possible for themselves," said Zoe Baird, the foundation's president. "People realize that if they or those they love are in an accident or disaster, having their medical records available at a moment's notice through secure, electronic information exchange could mean the difference between life and death."

### Voters Sour on Health Care Policy

Roughly two-thirds of voters think Congress has not made much progress on helping those without health insurance, and is not likely to make much more in the next 5-10 years, according to a survey of 800 likely voters sponsored by Ceasefire on Health Care, a group whose aim is to stimulate dialogue on health care between Republican and Democratic policy makers. Overall, poll respondents listed their top four health care priorities as making sure all U.S. children have access to basic health care, guaranteeing health care to every American citizen, providing better preventive health care to all Americans, and helping control the amount of out-of-pocket health care costs. "Probably the most interesting result in this study is that 88% of those surveyed want Congress to compromise on the issue of the uninsured," said former Sen. John Breaux (D-La.), who is leading the group.

—Joyce Frieden