stable health care workforce. We are mindful and watchful of larger ideas at the federal level with the uncertainty facing the Affordable Care Act and of the “fiscal cliff” that the state is facing. However, we cannot fulfill our mission without a sufficient number of engaged health care professionals. Our mission is to provide patient-centered care to everyone we have the privilege to serve. This requires technically trained and dedicated staff who find meaning in caring for others. UMC currently has over 250 openings and we receive feedback that many of the other health care providers in the area are facing similar shortages.

**Biggest improvement in regional health care:**

I think the biggest has been the success growing out of two state initiatives: Medicaid expansion and the construction of UVMC. UMC has been growing at double-digit rates and offering access to care to everyone. There is general consensus that access to care directly correlates to overall health status.

Within the last 12 months, we have made significant improvements in access to care, including opening a new primary care center and expanding behavioral health and trauma services. We launched the state’s first intraoperative MRI and a comprehensive palliative medicine service. We have also improved in publicly reported quality metrics, patient satisfaction, employee and physician engagement and cost. We are excited about the opening of the UMC Burn Center and continued expansion in 2018.

**Factors impacting the cost:**

Many factors impact health care costs, including an aging population living with chronic conditions requiring complex treatments, the price for new medications and advancements in technology. Data from the Centers for Medicare & Medicaid Services, Office of the Actuary indicate that hospital care accounts for approximately 34 percent of total health care spending in this country, down from 43 percent in 1980.

**Dr. Raymond Watts**

Pediatrician, Children’s Hospital
Professor and head of pediatrics, LSU Health New Orleans

No. 1 concern:

Our improved understanding of the impact of childhood health (or lack of health) on lifelong accomplishments, educational performance, quality of life and individual productivity places great pressure on pediatrics to insure the healthiest possible children transitioning to adult care. However, ongoing concerns of childhood hunger, poverty, violence and uneven education place barriers to achievement of child health care goals. These dynamics, combined with changes in medical care reimbursement which unevenly target child health for cost reduction, endanger children’s health which results in poor adult health to the next generation of our citizens.

**Biggest improvement in regional health care:**

Continued and improving access to the latest medical care advances, especially for life-threatening or complex diseases (cancer, neurologic disease, heart disease, children’s mental health illnesses and inherited disease). The rapid advancement in the availability of specific genetic diagnostic testing for chronic illnesses early in life offers unlimited potential to change the way childhood illness is diagnosed and treated.

**Factors impacting the cost:**

Our current health care funding systems provide few incentives for preventing illnesses and diseases and instead reward high health care utilization (hospitalizations, diagnostic tests and procedures, medication administration). New technology costs more and new targeted medications for the most serious of illnesses are extremely expensive. We are now able to treat and control previously life-threatening childhood illnesses and diseases, but at a high financial cost to our health care system. Our current challenge is how to provide the best of care to each individual child while respecting costs in the health care system. Improved efficiencies and cooperation between health care systems (working to minimize high cost duplication of services) and expanded use of specific diagnostic tests (mostly specific genetic tests) to definitively diagnose the correct illness to treat as early as possible in a disease are two ways to begin to reach our goals of excellent care at an excellent price. To accomplish these goals will require ongoing adaptation to our health systems, reimbursement systems and medical educational programs.
No. 1 concern:

Maternal and fetal morbidity and mortality are a constant concern to every OB/GYN. New Orleans consistently trends higher than the Healthy People 2020 Target set by the World Health Organization in fetal and infant mortality. It is important for pregnant women to attend all their prenatal visits and return for a follow-up visit four to six weeks after delivery. During these visits, the physician is looking for any unusual changes and to discuss the birth plan. Proper monitoring by a health care provider during pregnancy is proven to reduce pre-term delivery and complications during and post-delivery.

Biggest improvement in regional health care:

At Touro, we are constantly striving to improve patient care through patient access, measurable quality data and following best practices. I believe that our philosophy on health care is echoed throughout the region with a solid devotion to cultivating the patient experience. As providers, we work to understand the individual needs of the patient while providing the best options in medicine that meet their personal health goals.

Factors impacting the cost:

Often the cost of health care is closely related to the commitment of patients to living healthy lifestyles and following medical advice from their practitioners. We educate our patients on how to improve their medical health and overall wellbeing, such as discussing improvements to diets, incorporating exercise into daily routines and quitting the use of tobacco products. When patients are unable to meet the recommendations of their providers they continue to exacerbate their health concerns which can lead to increased physician appointments. As health conditions worsen, the need for more invasive procedures or long-term medication usage may become necessary.

No. 1 concern:

The top concern for administrators nationwide and in New Orleans is decreased reimbursement and the effects of clinical decision support (CDS) on future imaging volumes.

Biggest improvement in regional health care:

The biggest improvement regionally would have to be access of care. With LCMC's opening of a Level 1 trauma center and the system offering a children's hospital and several community hospitals, patients no longer have to look outside their city for care. Patients can now receive top-notch cancer treatment, imaging, surgery and physician services close to home.

Factors impacting the cost:

If I had to say one, it would be decreased reimbursements, although there are other factors that affect cost such as demand for services, new technology, prescription drug cost, underfunded public programs and government regulation and mandates.
No. 1 concern:
My primary concern is increasing awareness of the benefits of colon cancer screening. All patients over the age of 50 should have a colonoscopy to screen for colon cancer and all African-Americans should have their first colonoscopy at 45 as they have a higher risk of developing colon cancer at a younger age.

Factors impacting the cost:
The lack of a unified patient medical record is a big factor in increased health care cost as it becomes very difficult to view results of tests and procedures done at different facilities around town.

Biggest improvement in regional health care:
I believe providing gastroenterology services at New Orleans East Hospital has made access to care much easier for patients in eastern New Orleans and St. Bernard Parish.