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New Orleans eyes key component to becoming health care 'destination'

Two hospitals worth billions of dollars have opened in recent years, multimillion-dollar expansions are ongoing at New Orleans' two largest health care systems and efforts to promote a biomedical corridor are underway.



But as other cities would attest, the road to becoming a major health care "destination" requires much more time and several key ingredients which local officials are in the early stages of pursuing.

Beyond state-of-the-art facilities and collaboration among institutions, one of those ingredients is obtaining a designation from the National Cancer Institute, the federal government's main agency to address research and training for diagnosing and treating cancer. The closest such treatment centers are in Houston and Birmingham, Alabama, where the prestigious designation helps attract more patients and research funding, prompts construction of surrounding facilities and boosts the overall economy.

The Louisiana Cancer Research Center, located near University Medical Center and Veterans Affairs Hospital in Mid-City, wants to apply for an NCI designation at some point over the next decade. LCRC says it needs to hire a scientific director first, since the NCI prefers a facility have a single leader with a vision.

LCRC officials are working with California-based organizational consulting firm Korn Ferry on a nationwide search for a director, with a plan to announce the search early this year. They say once a scientific director is hired, it would take up to six years to achieve NCI designation, pointing to the time it took the Sylvester Cancer Center at the University of Miami, one of only two NCI-designated cancer centers in Florida.

"Our board is committed to bringing in a scientific director who will control the whole LCRC budget," said LCRC chief administrative officer Sven Davissou. "That person would need a few years with the resources, and then I think we can apply."

An NCI-designated LCRC would cover a geographical gap for Louisiana patients — an estimated 1,000 travel out of state for treatment each year. With more patients come more ancillary facilities, such as hospital-based hotels and medical office buildings, which would develop an area still sparsely built out since the opening of the two hospitals in the past four years.

The lack of an NCI designation may have already cost the downtown medical district area at least one development, officials say.

In 2017, Tennessee-based Provision Healthcare announced plans to build a \$100 million can-

cer treatment center on the campus of UMC. The 30,000-square-foot facility would have offered proton therapy, a treatment method that produces fewer side effects than conventional radiation treatments.

Those talks fell apart in 2018. Gene D'Amour, an LCRC board member and special assistant to the president at Xavier University, said it would have been "more likely" the facility would have been built if LCRC had an NCI designation.

D'Amour said there is currently a \$77 million economic impact from research performed at LCRC, where a consortium between the LSU Health Sciences Center, Tulane University Health Sciences Center, Xavier University and Ochsner Health System collaborate on research and clinical trials.

**D'Amour**

Cancer centers that have received NCI designation have increased their research funding four-fold and generated an additional \$350,000 of economic impact per patient, he said.

"Over time, when we get NCI designation, that would increase our economic impact significantly," he said.

Today, there are 71 NCI-designated centers in 36 states and Washington D.C. Most are affiliated with university medical centers, but some are freestanding institutions that only engage in cancer research. Statistics show that approximately 250,000 patients receive their cancer diagnosis at these centers each year and even more have their treatments performed there. There are also thousands of patients enrolled in cancer clinical trials, and many of these institutions also provide public education and outreach programs on cancer prevention and screening.

Another benefit would be more funding for the New Orleans BioInnovation Center on Canal Street, which would increase research and encourage spinoff businesses, the production of new drugs and lure pharmaceutical companies.

"These companies know you've got faculty and researchers that they can consult with on all that they're doing," D'Amour said.

Other issues factor into an NCI designation.

LCRC co-director and Tulane Cancer Center director Prescott Deininger said the NCI expects a center to serve its catchment area, which for the LCRC would be southeast Louisiana. He said many cancer centers are located in wealthier cities that don't have a lot of underrepresented minorities, while the New Orleans area serves a more diverse population.

"We have both rural and urban African Americans living here," he said. "We want to focus on the health disparities and bring in more

**Deininger**

minorities into our clinical trials and focus some of our research on why a cancer can be worse in those populations."

Dr. John Cole, chairman of the community oncology practices at Ochsner Health System, said clinical trials are another necessity.

Ochsner joined with other members of the LCRC six years ago in an existing clinical trial network in Louisiana and has helped expand it throughout the state. Cole said this collaboration recently netted a six-year, \$13.6 million grant from the NCI for more trials that focus on prevention, early detection, control and treatment.

"The entire goal of the LCRC is to improve cancer outcomes and to have our residents stay here for treatment instead of going out of state," he said.

New Orleans has made strides to become a smaller player among major health care destinations. Ochsner Health Care System treats patients from 90 countries and over 40 states in life-saving specialties such as organ transplants and neurological and cancer services. LCMC Health says Children's Hospital is the only full-service hospital exclusively for children in the Gulf South.

But it can take decades for a city to build a more solid and far-reaching reputation.

Greater New Orleans, Inc. president and CEO Michael Hecht points to the Texas Medical Center and M.D. Anderson Cancer Center in Houston, an effort that began in the 1940s.

"We need to keep growing to establish the brand of Greater New Orleans as a location for global health care treatment," Hecht said. "Over time, that reputation will continue to establish itself."

Funding challenges remain. The Louisiana Legislature established a MediFund governing board in 2013 with the goal of determining how to make Louisiana a health care destination. The goal, Hecht said, was to create funding to attract key researchers and their teams to the state.

But the timing of MediFund coincided with the state's budget woes, cutting higher education and health care funding. Hecht said the concept has lapsed as legislation and is no longer active.

"There should now be more of an affordable funding environment," he said. "The MediFund still has merit and is still needed."

**Cole**