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 Davisson. “That person would need a few years with the resources, and then I think we can apply.”

An NCI-designated LCRC would cover a geographic gap for Louisiana patients — an estimated 1,000 travel out of state for treatment each year. With more patients represented minorities, while the New Orleans area serves a more diverse population.

“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 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 legislators focus on other priorities.

“The MediFund still has merit and is still needed.”

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