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**From the States: Clayton Williams, Louisiana Public Health  
Institute's Director of Urban Health Initiatives  
August 14, 2007**

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**JACKIE JUDD:** Clayton Williams, thank you for joining me today.

**CLAYTON WILLIAMS:** Thanks for the opportunity.

**JACKIE JUDD:** The federal government recently made available about \$100 million dollars for the New Orleans area, primarily to expand the net of primary care clinics. Your organization, the Louisiana Public Health Institute, is charged with administering this grant. What, in general, is the game plan?

**CLAYTON WILLIAMS:** Well, the Louisiana Public Health Institute was chosen as the state's local partner through a public process to help administer this funding and we're very grateful to have the opportunity to be able to address the pressing primary care needs of the greater New Orleans area. The need for these dollars was clear and unified in the testimony that was provided to the Energy and Commerce Oversight Investigations Committee hearings on the New Orleans health care crisis back in March.

This is the federal government's response to those concerns that were voiced by nearly every stakeholder on those panels. Our game plan for this is it's a three year grant, so it's a time limited resource. The purpose of it is to stabilize the existing providers in the community who are providing primary care to everyone, regardless of their ability

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to pay. But also to give some room for expansion, because we estimate that this community, the four parish, or four county, region around New Orleans is short about thirty-five primary care providers in order to meet the needs of the uninsured.

So, not only do we need to provide some stability for the existing providers, but we need to give them some room to grow. So, our purpose here is to stabilize, expand, and then bridge to a sustainable system of care and organized system of care for the uninsured where they will have portals into primary care centers in their neighborhoods. But that will allow them also easy access to specialty, and inpatient, and other levels of care that they might face as they access health care.

**JACKIE JUDD:** Clayton, you testified on Capitol Hill again, just this August, and at the time you said that you were hoping that the first grants could go out in September. Are you still sticking to that timeline? And if so, what happens first?

**CLAYTON WILLIAMS:** Well, yes. We are sticking with that timeline and I think we, with the state and the federal government, have done a lot of work in order to make that possible. The grant was only awarded on July 23<sup>rd</sup> of this year, so to get a program like this up and running and to get the dollars out in September will be quite an accomplishment. But we're responding to what we perceive to be an urgent need here.

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To get the providers stabilized and to get more capacity in place so that we're not overburdening other parts of the system with care that's more appropriately seen in the primary care setting.

**JACKIE JUDD:** But when do you think the people who will depend on these primary care clinics will begin to see the impact of this money? When will the capacity actually be broadened?

**CLAYTON WILLIAMS:** Well, we've been working over the past eighteen months or so with federal Social Service block grant funds that have been earmarked for primary care providers in the region. And so, that, to a certain extent, they're already seeing the impact because with the promise of this money coming in September they are now comfortable, the providers, in maintaining the capacity that they've been able to put in place with those dollars.

There are twenty-seven fixed site health centers around the region of varying sizes, and they vary really from one nurse practitioner storefront to a five primary care provider and subspecialty clinic. So there's a broad range there, but there has been some capacity put in place. We still have quite a ways to go.

**JACKIE JUDD:** And what are the most significant challenges that remain in this? What are the hurdles to get to where your vision of this is?

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**CLAYTON WILLIAMS:** Well, putting money into primary care is important and the \$100 million dollar program is a blessing and is a huge step forward. But the challenge, I think, for us is to make this a bridge to something that is sustainable and along the way increase the consistency and quality of care that's provided and make sure that there's a seamless system of care that people can move through without having to overcome barriers like waiting times and long travel distances, or not even being able to access those services that they might need.

So some of the things that we really need to address are how to get specialty care paid for for the people who are uninsured who are going to be covered under this \$100 million dollar project. But the \$100 million dollars is for primary care, not for many of the specialty care services that are going to be necessary. And so, I think there are ways that the state government can work with the federal government to use existing dollars to help cover those expenses. But we need to be able to move quickly to make those policy changes so that we can get that need addressed.

We have continuing challenges around establishing robust health information systems so that we can achieve, measure, and report the results for this program. We're hoping that through this unprecedented experiment, really, that we're able to carefully measure and evaluate our progress and help

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share the lessons we learned with the rest of the country. And so, we really do need some additional assistance in getting resources for the information systems that will be necessary, and that's not an allowable cost under the grant.

**JACKIE JUDD:** You're talking about additional assistance from the federal level?

**CLAYTON WILLIAMS:** Well, I think that we have—yes. And also, there's other organizations that are capable and willing, I think, to help provide that assistance if they understand what our needs are. The state legislature has appropriated some dollars to address electronic medical records and health information exchange.

In addition, private philanthropy, I believe, has an interest in helping to support and make this a success. So, it could come from a variety of sources.

**JACKIE JUDD:** We are now two years out, of course, from when Hurricane Katrina devastated the region. I guess I have to ask you how frustrated you are at what, to many people, seems to be the very slow pace of action at many levels, including the federal government.

**CLAYTON WILLIAMS:** Two years down the road I am shocked at how far we've gotten and frustrated, but I think optimistic because the window of opportunity to do things better than they were done in the past is still open. And so, I think while it has been very slow in getting going, I think we're starting to

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see some momentum. And yes, it's late, but I'm an optimistic sort so I'm going to keep my hopes up and we'll keep our heads down and work on this problem until we have it resolved.

**JACKIE JUDD:** You have mentioned a couple of times during this interview the word sustainable, and even though you're just at the beginning stage of putting out grants under this \$100 million dollar appropriation, do I sense any anxiety about the other end of this, at the end of the three years what really can be sustained without potentially another infusion of money?

**CLAYTON WILLIAMS:** Certainly. And some of that anxiety results from the uncertainty of the things that are not in our control and the same problems that are plaguing much of our health system in this country. But at least with the things that are in our control, and if we can continue to work closely with our state government policy makers to be sure that this bridges to something that will last, I think we'll come out ahead.

There are a lot of uncertain factors, but we're doing everything we can to work individually and provide technical assistance with the really strong group of leaders that are running these primary care centers that we'll be working with to make sure that they are functioning at the most effective and efficient level providing the technical assistance around practice management, helping them make sure they maximize

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existing revenue from third-party payers. And making sure they're getting people enrolled in Medicaid so that they get into a situation where they have a mix of patients that can sustain their practice over time.

I think inevitably we will see some do better than others through the grant period, but I think if we continue to work well together and to get the support and resources necessary to make this successful that we will, in fact, see that we are better off certainly than we are now, and hopefully better off than we were before Katrina struck this region. And that's really for the people who are going to be benefitting from the services that are provided by these health care providers.

And that's what it really is about at the end of the day is making sure that they have access to high quality, culturally appropriate services that meet their health needs.

**JACKIE JUDD:** Clayton Williams of the Louisiana Public Health Institute. Thank you very much and good luck in your efforts.

**CLAYTON WILLIAMS:** You're welcome. I enjoyed it Jackie. Thank you.

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