Downstate Community Advisory Board (DCAB)

Update for Hearing #3

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SUNY Downstate



- SUNY Downstate Hospital was constructed in 1966 and is certified by the Department of Health for 342 beds (double occupancy)
- The hospital is comprised of an 8-story wing and an attached 3 story section of building totaling 693,000 gross square feet
- The building needs major capital rehabilitative work

DCAB's Charge & Updates

- The Advisory Board is a nine member appointed Board pursuant to legislation enacted last year
- The Advisory Board for the modernization and revitalization of SUNY Downstate shall complete a study and provide written recommendations to prioritize healthcare services in the SUNY Downstate area
- Recommendations must be reasonable, scalable and fiscally responsible plan for the financial health, viability and sustainability of SUNY Downstate
- Originally, capital funding was not to exceed approximately \$750 million with a report deadline of April 1, 2025
- Thanks to Governor Hochul, now the full \$750 million in capital funding will be available
- And, given the complexity of the situation and the desire for additional feedback, the report deadline has been extended to on or before June 1, 2025

Factors DCAB is Considering

Overall healthcare service delivery trends and models

Historic and projected financials for the hospital and the campus

Current state of building infrastructure and capital needs

Community healthcare needs, outcomes, and health disparities

Existing inpatient and outpatient service offering and health outcomes

Capacity and availability of inpatient and outpatient services in the broader primary and secondary service area

Efficiency of operations and quality of healthcare services benchmarking

Training needs for students and employment outcomes

DCAB Outreach



Overall attendance: approximately 375

Heard from:

- 56 individuals
- 12 elected officials



Overall attendance: approximately 150

Heard from:

- 25 individuals
- 11 elected officials

DCAB has also met with SUNY Downstate president, College of Medicine chairs, interim CEO of the hospital, H&H, Kings County, Maimonides, One Brooklyn Health and Brooklyn for Downstate

Feedback We've Heard (not an exhaustive list)



Feedback We've Heard - Services

(not an exhaustive list)

- Inpatient, ambulatory care, outpatient, and emergency services emphasized
- Community health needs have introduced several service lines into discussion, with frequent references to:
 - Oncology, maternal health, preventative health & primary care, chronic disease treatment, kidney transplant, cardiology, and many more
- Increasing case mix, electronic health records (EHR), and stronger collaboration and strategic partnerships with nearby hospitals were also areas of focus



Key Issues



What does the community need most that Downstate is best positioned to provide?



What should be the mix of inpatient services and what should be the mix of outpatient services?



What is operationally financially feasible?



How much and what type of space is needed for the various inpatient and outpatient services?



How should the available capital funding be invested?

DCAB Consultants



ADENA Consulting Group













Ramboll

Strengths

Hospital is Valued

- Provides important inpatient services like kidney transplants
- Vital services like regional perinatal care and more
- Has the trust of the community

Trains Diverse Workforce

- Large, high-quality medical school and health professions programs
- Medical school classes are more diverse than the national average, at 93rd percentile for African-American graduates
- Graduates tend to stay and work in the community
- Concordant care improves health outcomes

Health Disparities

- Work of the hospital and clinicians addresses health disparities
- Ensures access as a safety-net institution
- Community-informed and action-oriented disparities and health equity research

Challenges

Community Health Needs Are Vast

- High rates of chronic conditions, maternal and infant mortality, cancer, and high ED utilization
- Shortage of primary and preventive care contributes to avoidable hospitalizations
- Trend is toward outpatient care, with outpatient services expected to grow 16% nationally over next ten years compared to a 2% projected growth in inpatient volume

SUNY Downstate Hospital Under-Utilization

- The average daily census is about 160 patients
- About one third of Brooklynites leave the borough for inpatient hospital care
- SUNY Downstate accounts for 9% of inpatient volume in its primary service area
- Only 1 in 10 hospital admissions are elective and not through the ED
- Hospital volume is correlated with better patient outcomes

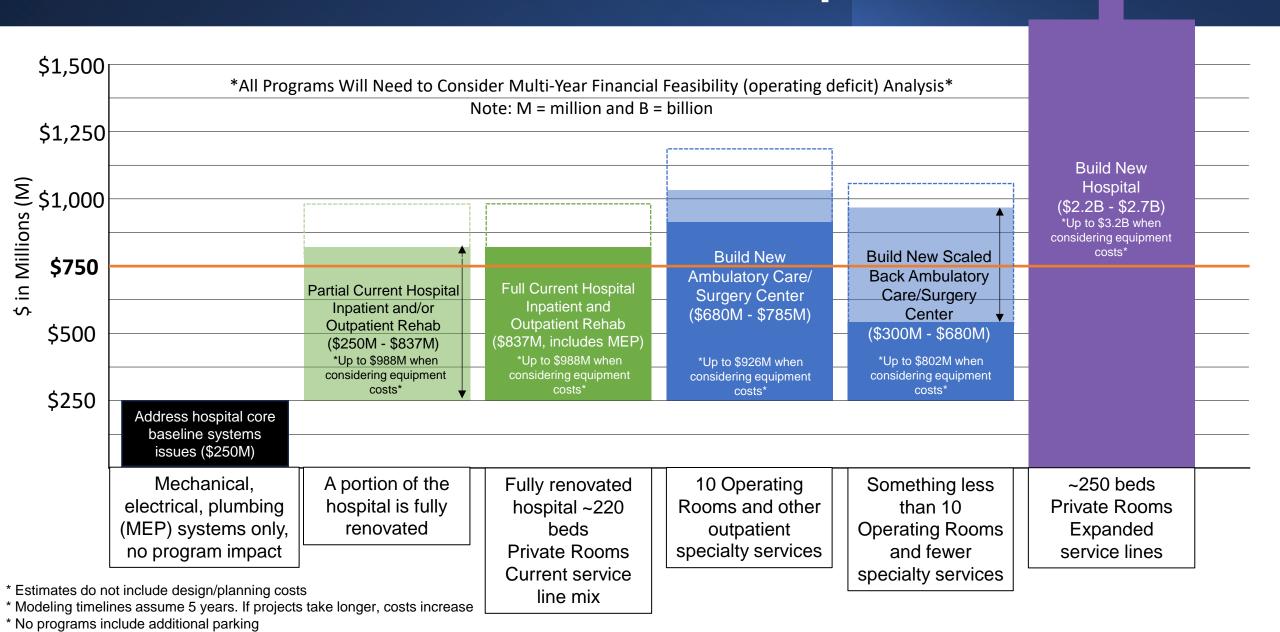
Financial Feasibility

- The hospital has been running a deficit of around \$80M to \$100M without temporary state support
- Government payors account for more than 80% of revenue
 - DSH helps significantly with Medicaid
- Small stand-alone hospital needing referrals and economies of scale
- Infrastructure is aging and needs investment

Inpatient & Outpatient Services

- DCAB is exploring and analyzing a variety of options and service lines based on feedback from the community and advice of consultants
- Including provision of urgent care, emergency care, level of emergency care, ambulatory care and ambulatory surgery, and many other areas of potential specialty service line expansions based on community need

Infrastructure Examples



DCAB Wants to Continue Hearing from You





We are pleased to announce DCAB anticipates another public hearing in April/May – Date TBD

This Slide Deck

This slide deck is posted on the DCAB public website Visit: www.downstateadvisoryboard.org

