Downstate Community Advisory Board (DCAB)

Update for Hearing #4

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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 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







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



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 165 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
- Nationally, higher 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

Some Potential Scenarios

- DCAB is exploring and analyzing a variety of options and service lines based on feedback from the community and review of information and data from consultants
- DCAB is sharing some of the scenarios being modeled as the different options are being evaluated
- No decisions on recommendations have been made
- Analysis will continue and be refined so the following information is preliminary and a work in progress

Some of the Potential Scenarios Being Modeled and Explored

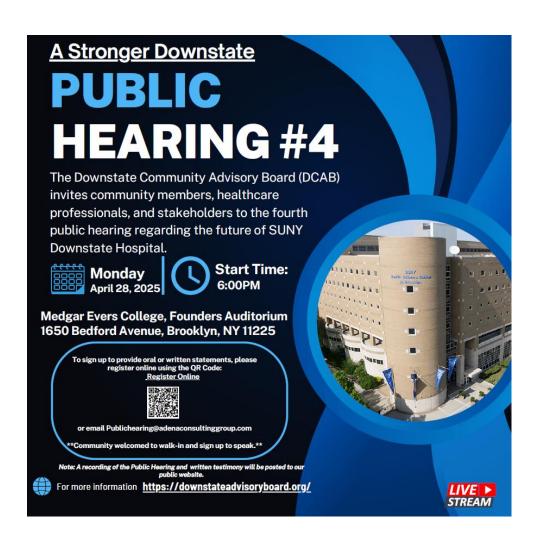
Scenario Description	Inpatient Infrastructure	Outpatient Infrastructure	Clinical Services	Estimated Capital Cost*
New Hospital Tower and Some Hospital Rehab Consistent with information received from Brooklyn for Downstate as of 4/28/25	 Build new 250-bed inpatient tower on existing shorter part of hospital footprint Address mechanical, electric, and plumbing (MEP) issues in current hospital Rehab first 3 floors of shorter part of hospital 	 Enhance the ED Additional space for ambulatory care in hospital 	 Continue existing inpatient and outpatient services Expand both inpatient and outpatient services in many areas Add urgent care Support upgrade of ED to level 1 or 2 trauma center 	\$2.2 - \$2.7 billion 10 + years
New Advanced Ambulatory Surgery Center & New Hospital Tower & Limited Hospital Rehab	 Build new 100 – 200 inpatient bed tower Address MEP issues in current hospital 	 Maintain existing ED with minimal changes Build large advanced ambulatory surgery center Includes parking 	 Continue existing inpatient and outpatient services Expand outpatient state of the art surgery and focus on expanding many quaternary and specialty services 	\$1.9 - \$2.5 billion 5 – 7 years
Partial Hospital Rehab & New Ambulatory Surgery Center	 Address MEP issues in current hospital Convert approximately 45 double occupancy rooms to single rooms with bathroom and shower 	 Modernize the ED Build new medium sized ambulatory surgery center 	 Continue existing inpatient and outpatient services Expand outpatient surgery and focus on expanding two specialty services (cardiology & oncology) 	\$750 – \$850 million 5 - 7 years
Partial Hospital Rehab & New Ambulatory Surgery Center plus varying levels of collaboration with H+H	 Address MEP issues in current hospital Convert approximately 45 double occupancy rooms to single rooms with bathroom and shower 	 Modernize the ED Build new medium sized ambulatory surgery center 	 Continue vast majority of inpatient and outpatient services and coordinate reciprocal changes based on clinical focus areas 	\$750 – \$850 million 5 - 7 years

^{*}Estimates do not include costs of fixtures & equipment, design & planning, permitting, CON, etc. which will increase the capital estimates above

Some Potential Scenarios

- For the four prior scenarios, the operating deficit worsens and for the first two scenarios it significantly worsens
- Annual operating deficit reflects projections for steady state operations based on SUNY Downstate's recent performance to predict the future
- For any of the prior scenarios to approach financial sustainability, all of the following must occur:
 - The share of patients on commercial insurance must dramatically increase (currently 10% at SUNY Downstate, but 22% in the combined primary and secondary service areas)
 - Commercial payment rates must improve
 - SUNY Downstate's cost structure must be substantially reduced (increased productivity, lower overhead expenses, etc.)

DCAB Wants to Continue Hearing from You





DCAB Wants to Continue Hearing from You

This slide deck can be accessed using this QR code
It is also posted on the DCAB public website

Visit: www.downstateadvisoryboard.org

DCAB encourages submission of questions and comments to publichearing@adenaconsultinggroup.com

Video of public hearing 4 will also be posted to the public website

