

Health Pulse

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Corwin says he would give up government funding to strengthen other hospitals

As CEO of New York–Presbyterian, Dr. Steven Corwin leads an institution once known solely for its venerable academic medical centers affiliated with Columbia and Cornell universities. The health system has since expanded its reach into other boroughs and Westchester County. It generates more than \$5 billion in annual revenue.

Corwin recently spoke with the Crain's editorial board on a wide range of issues including the health system's planned investments of more than \$1 billion in New York–Presbyterian/Brooklyn Methodist and its growing commitment to telemedicine. Edited excerpts of the discussion follow. —J.L.

There's talk about changing the formula for how [Indigent Care Pool money](#) is distributed. Do you think New York–Presbyterian will be on the losing side of that?

We should be on the losing side of that. We generate a profit margin (NYP had \$275.8 million in operating profit in 2016). We generate good philanthropy. We have very dedicated board members and donors. We're a "have" hospital. I recognize that. I'm much more interested that the health care system be strong. If that requires the Indigent Care Pool to be distributed differently, I don't really mind if I'm a loser—as long as we're treated fairly and people recognize we're [one of] the largest Medicaid providers in the state.

You have 10 hospitals in Manhattan, Queens, Brooklyn and Westchester. Do you plan to expand further?

I don't expect us to grow larger at this point. I would never say never, but we've got a pretty big footprint and we want to focus on making sure the integration of all these operating parts is seamless. My belief and the hospital board's belief is that if we're putting the New York–Presbyterian name on it, it has to represent New York–Presbyterian quality.

Why are you investing more than \$1 billion in Brooklyn Methodist?

You've got a borough of 2.7 million people that's had its struggles with health care. We feel very strongly that we've got to make Methodist a great institution, not just a good institution. The same thing goes in Queens, which is a borough the size of the city of Houston. It's critically important for us to contribute to the health and well-being of this city.

When you take over a facility, what types of changes do you make?

Most of these institutions do not have the capital resources that we have. They've underinvested. That can be anything from how modern the generators are, whether they have modern facilities for seeing patients or what the HVAC system is like. The starting point is \$100 million to get the thing rolling.

The other is the set of expectations around how we care for patients. I don't care if someone's got a nickel to their name or \$5 billion, there's a single standard of care and that's excellence. We look at every quality metric from every department and see where we are deficient.

Why are you expanding in telemedicine?

We have to reduce the cost of care overall in the country. We believe telemedicine is one avenue to do that. In 2016 we did about 1,600 telemedicine visits. In 2017 we did 12,000. We expect in 2018 to do 100,000. We deliver urgent care in our emergency rooms [via telemedicine] with a turnaround time of about 30 minutes, as opposed to two and a half hours.

What are the barriers to bringing telemedicine into people's homes?

One of our objectives is to make sure we're not creating more disparity in access to care by virtue of broadband connectivity. The gap in access to primary care worldwide has narrowed. You could easily see it widen with the advent of telemedicine.

Are there too many hospital beds in New York City?

If you look a decade ago or 15 years ago, we were overbedded. I'm a little bit more dubious now about how overbedded we are. St. Vincent's closed. Long Island College Hospital closed. I don't think we were overbedded when Sandy hit. We were clearly not overbedded when we were worried about Ebola. We had to create resources for that. [One Brooklyn](#) is a way to consolidate resources, and that's important to do. A lot more bed closures quickly would be problematic.

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NYC home care jobs now exceed hospital jobs

For the first time, employment in New York City's home health care sector has eclipsed that of the city's private hospitals, a milestone marking the shift of care away from inpatient settings.

The number of people in home health care jobs rose 13.5% to 167,000 in March, compared with the same month in 2017. Hospital jobs increased 1.8% year over year to 166,300, according to data from state Department of Labor.

In the past five years, home health employers have added 72,600 workers compared to 7,500 new private hospital jobs in the same timeframe.

"Home health care has been on an absolute tear," said James Brown, labor market analyst at the state Department of Labor. "The strength has surprised me that it just keeps adding 10,000 to 15,000 jobs" compared to the previous year. A new state regulation might affect that growth. The state has approved 234 new home care licenses in the past two years, but it included a provision in its fiscal 2019 budget that would [limit the number](#) of agencies with which a managed long-term care plan can enter into contracts.

The number of city nursing home jobs, meanwhile, declined by 300 in March, or 0.7%, to 41,700.

Private-sector hospital jobs still outnumber home health care jobs statewide, 380,400 to 217,300. Overall the number of city jobs in health care and social assistance increased by 4.8% to 737,700. Jobs in the social assistance sector rose by 5.3% to 199,100. —J.L.

Better Health Advisors partners with Lion Street

Lion Street Firms, which connects its well-off clients with wealth managers, life insurance and other services, has added Better Health Advisors of New York to its referral offerings.

Better Health Advisors, which helps individuals navigate the health system, was co-founded in 2016 by John Samuels, who previously served as a hospital administrator at Mount Sinai Beth Israel and Northwell Health. During his career as an administrator, Samuels said, he frequently fielded questions from friends and acquaintances about their health care.

"Whether they were in the ER or their kid needed pediatrician or they needed a cancer specialist or to get someone into a nursing home, they would come to me," he said.

Some of Samuels' clients hire him when they get a diagnosis of cancer or another disease. He accompanies them to medical appointments, coordinates with their insurer and helps them make difficult treatment decisions.

"Many of our clients are high-net-worth individuals," said Samuels, the company's CEO. "Many have wealth advisers and now have a health adviser to work with them, too."

Samuels is the only full-time employee of his advisory firm, but he has part-time associates. —C.L.

Brooklyn FQHC to open vision center

ODA Primary Health Care Network, a federally qualified health center with locations in Brooklyn, Woodbridge and Monticello, is seeking state approval to invest \$1.3 million in a new vision clinic in Williamsburg that will provide pediatric and adult ophthalmology, optometry, vision therapy and social work.

The services would be relocated from ODA's nearby main site, which has already reached its capacity for vision care, ODA said in its certificate-of-need application to the state. There is only one vision exam room and one vision therapy room there. The new center would have four vision exam rooms and one large vision therapy room with four stations. ODA also has plans in the works to expand other service lines. It is set to move most of the primary care provided at its main location in Williamsburg to a new clinic on Kent Avenue in order to make room for a dedicated diabetes center and therapy center, the application said. —C.L.

AT A GLANCE

WHO'S NEWS: Helene Lauffer is the new executive program director for adult residential at the Jewish Board of Family and Children's Services. Lauffer will lead efforts in providing supportive housing to adults with challenges ranging from serious and persistent mental illness to domestic violence. She previously worked as the associate director of Catholic Charities Community Services.

IMMIGRANT RIGHTS: NYC Health + Hospitals and the Mayor's Office of Immigrant Affairs reissued a message first published in December 2016 in commemoration of Immigrant Heritage Week. It assures New Yorkers their immigration status will not be disclosed when they seek access to care in the public health system.

SEXUAL ASSAULT LAWSUIT: A Bronx social worker said in a lawsuit filed last week that she was sexually abused repeatedly by her boss at Bronx-Lebanon's Highbridge Woodycrest Center, [the Daily News reported](#).

CONCIERGE ER: The New York Times profiled the \$10,000-a-year [concierge emergency room service](#) Priority Private Care on the Upper East Side.

DEPRESSION DRUG: A study published in the American Journal of Psychiatry showed rapid improvement in suicidal depression in a clinical trial using estamine, the nasal-spray form of the club drug ketamine, [The Washington Post reported](#).

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