

Minutes
SUNY Downstate Medical Center
Council Meeting
President's Board Room
May 14, 2014

Council Members Present

Dr. Monica Sweeney, Chair
Dr. Phillip Abramowitz
Dr. Randall Bloomfield (by phone)
Mark Denesia
Michael Connors, Esq.
Johnson Ho
Dr. Constance Shames
Dr. Garry Sklar
Rev. Elgin Watkins (by phone)
Dr. Mirian Zavala

Council Members Absent

Robert Hermann

Downstate Administration in Attendance

President Dr. John F. Williams
Astra Bain-Dowell
Dorothy Fyfe
Melanie Gehen
Michael Miller
Thomas Reitinger
Dr. Ian Taylor
Ellen Watson

Minutes from the last meeting were accepted and approved.

Report from President John F. Williams

President Williams provided a brief update, beginning with the status of Long Island College Hospital. Negotiations continue with parties interested in acquiring the site, with exit plans dependent on finalization of those negotiations. He also provided an update on Downstate's DSRIP plans (Delivery System Reform Incentive Payments), funding from the New York State Medicaid Waiver money that is being used to redesign healthcare delivery. DSRIP will include public-private partnerships and extensive affiliations with community providers. Dr. Williams also noted that the Self Study for Downstate's upcoming Middle States site visit is well under way.

Hospital Report: Michael Miller and Thomas Reitinger

Thomas Reitinger, Chief Restructuring Officer, and Michael Miller, Interim UHB CEO, reported on the sustainability plan and the restructuring that is part of the sustainability plan. The restructuring action plan consists of five major areas: revenue cycle, labor productivity, supply chain, case management, and volume growth. The goal is to either increase revenue or reduce expense by \$134 million over a two-year period. Through February of 2014, 60 percent of that goal had been reached. A committee called the Restructuring Monitoring Committee meets each month to evaluate progress and provide direction. Trends have been going in a positive direction, including an ongoing change in staffing patterns. In the emergency room, volume is staying steady, but that should decrease as patients who currently use the ED transfer their care to Downstate primary care units, a more appropriate setting for nonemergent care. National trends that have affected hospital revenue include cuts and or freezes in Medicaid and Medicare payments, and new regulations on length of stay that limit reimbursement. Revenue is down in hospitals across the country, and an estimated 1,000 hospitals are potentially at risk for closing in the next two years.

Academic Report: Dean Ian Taylor

Dr. Ian Taylor, senior vice president for biomedical research and education, briefed Council on follow up to the LCME accreditation. A requested progress report was submitted in December, and approved by the LCME, although two issues are still in review – the new curriculum and the financial environment. Dr. Taylor noted that he expects no challenges with the curriculum; the hospital finance issue may be more closely monitored by the LCME, even though the academic budget has its own separate budget and funding stream.

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There being no further business, the meeting concluded.