



CRAIN'S **HEALTH PULSE**

NEW YORK

Q&A: SUNY Downstate's CEO on reinventing hospital care post-pandemic

Dr. David Berger assumed the role of chief executive at University Hospital of Brooklyn at SUNY Downstate Health Sciences University in September 2020, after the Covid-19 pandemic's overwhelming first wave had the hospital relying on duct-taped plastic to separate patient areas. Berger has since shifted into recovery mode. That means restoring SUNY Downstate's still-lagging patient volumes and investing in capital upgrades such as a larger emergency department. The upcoming state budget could significantly assist those priorities; more funding for safety-net hospitals and an additional capital grant pool for health care facilities are on the negotiating table.

What will this year and next year look like?

The current landscape is recovery from the Covid pandemic. The biggest factor is the issue of the workforce. We had a lot of people retire or just burn out and move on. Our nurse vacancy rate right now is about 19%. We're relying a lot on overtime as well as agencies to staff the hospital. That's going to be one of the main issues.

Secondly, I think what we've seen with the pandemic is the issue of bringing care to the patient. You're going to see a lot of health care networks moving closer to where the patient lives—looking at distributed networks, trying to get out of the hospital, bringing care directly to the patient.

Third, you're going to see a lot of nontraditional industries and players investing in health care. You're starting to see the Amazons, the Microsofts, all get involved in health care. That's going to continue. They're going to be pushing traditional health care providers to be much more customer-friendly.

Then for us, one of the big challenges is we are upgrading multiple IT systems at the same time. We're looking at revenue cycle systems. We're looking at systems in order to engage directly with our patients.

The last thing is the issue of disparities in health care. If you look back to April of 2020, there was an article about how we were using duct tape and plastic to provide isolation for our patients. The state as well as the federal government are looking at issues around payment and how we better support safety-net hospitals.

What are some of the new models you're trying?

We are exploring a hospital-at-home model in partnership with Healthfirst and a third-party provider of hospital-at-home services that's already engaged with other institutions within New York. What you forget is that there are significant barriers even to providing hospital-at-home. This other third party found that in a submarket within New York—not Brooklyn—that the nurses didn't want to go to these apartments, because they were a fourth-floor walk-up. A number of our patients in our community don't have broadband access. If you're going to monitor remotely, you need to have a reliable internet connection. There are a number of challenges, but we are exploring it and believe, for a certain subpopulation, there is the need. Hopefully by the fourth quarter of this year, we will be able to provide that service.

There are indications that interest in hospital employment is leveling for resident physicians. How are you attracting providers?

This fits well with the issue of moving care out of the hospital. We will be looking for providers who don't want to necessarily work in the hospital. We have multiple employment models, and I think that's the key. We're willing to work with physician groups. One of the issues with hospital employment has become that physicians want a degree of autonomy. With hospital direct employment, it becomes extremely prescriptive. Some of the Manhattan hospitals want to have full-time faculty, and the people that have historically been there are not all enamored of that model. We have people coming to us looking for other options.

Given that capital funding is likely coming back in the fiscal 2023 state budget, what are some of your top priorities?

My top priority is to make us ready for the next pandemic. Our emergency department is undersized. We are in the middle of a master facility planning process, and they believe that it's half the size that it should be, and certainly not enough isolation rooms. We still have open ICUs—which is a very old model. We've reinvigorated our OB program, so we're looking to upgrade our obstetrical facilities as well as our neonatal ICU. Then there's stuff behind the walls that needs to be upgraded as well. —Maya Kaufman