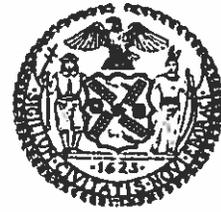




State Senator Brad Hoylman  
State Senator Liz Krueger  
State Senator Daniel Squadron  
Assemblymember Richard Gottfried  
Assemblymember Brian Kavanagh  
Assemblymember Deborah Glick  
Assemblymember Alice Cancel



Congresswoman Carolyn Maloney  
Congressman Jerrold Nadler  
Congresswoman Nydia Velázquez



Comptroller Scott Stringer  
Public Advocate Letitia James  
Borough President Gale Brewer  
Council Member Daniel Garodnick  
Council Member Corey Johnson  
Council Member Rosie Mendez  
Council Member Margaret Chin

July 12, 2016

Kenneth L. Davis, MD  
President and CEO  
Mount Sinai Health System  
1 Gustave L. Levy Place  
New York, NY 10029

Dear Dr. Davis:

Thank you again for the information that Mount Sinai has provided to our offices regarding Mount Sinai Health System's (MSHS) plan for the Beth Israel campus.

To follow up, and in preparation of a public meeting, we want to highlight some initial matters about which we would like more information.

### **Reductions in Inpatient Medical/Surgical Beds**

Mount Sinai has stated that inpatient volumes at Mount Sinai Beth Israel ("MSBI") have dropped approximately 10% per year since 2012. We know inpatient volumes have been dropping in many hospitals, and that this is generally considered a good thing, but the reasons can vary from hospital to hospital and prompt the following questions: Why have inpatient volumes at Beth Israel been dropping? Are these declines consistent with borough-wide volume reductions? What are the anticipated annual and aggregate decreases in the inpatient volume at MSBI through the completion of the new hospital?

In addition, it would be good to know where MSBI inpatients come from and where people who live in MSBI's service area currently receive inpatient care. It would be helpful if this information were broken down by service, such as obstetrics, emergency services, pediatrics, and so on.

Mount Sinai has stated that currently only approximately 295 inpatient medical/surgical beds are being used at the Beth Israel campus, and that the proposed facility would have approximately 70 beds, with reductions accounted for by shifts to ambulatory care, "Hospital at Home," and transferring complex care patients to other Mount Sinai facilities. We would like to know the approximate anticipated distribution of patients among these alternatives.

Hospital at Home, a three-year pilot program ending in 2017, received a grant from the Centers for Medicare and Medicaid Services (CMS). What happens when the grant is exhausted? It would seem that to help decrease the need for inpatient stays, MSHS plans on making the Hospital at Home program permanent. Is that correct? What are the steps for that to happen? Is the CMS developing a payment code for Hospital at Home? If it is not made permanent, does MSHS know at this point what might be the "fall back" position?

Mount Sinai has also indicated that some of the inpatient volume reduction at MSBI will be the result of providing complex care at other Mount Sinai facilities. We would appreciate a clearer picture of the categories of patients who might be transferred from Beth Israel to other MSHS facilities, including the anticipated numbers of patients who would be directed to other facilities, where they would be treated, and the logistics of handling those transfers.

### **Emergency Department**

Mount Sinai has stated that the proposed emergency department will be able to handle every type of problem that is currently handled by the existing Beth Israel emergency department (ED). To help the community's understanding of and comfort with that plan, we would like to know the capabilities of the existing and proposed emergency departments, in comparison to existing EDs in Lower Manhattan.

It is our understanding that the proposed ED will have a slightly lower capacity for patient volume, due to an expected shift in demand from ED to urgent care facilities. It would help to understand this better if you have an analysis that demonstrates the historical and expected shifts in patient volumes, as well as what kinds of patient issues tend to account for the shift.

We are concerned about the prospect of losing the capacity for emergency surgery in the neighborhood for cardiac, neurological, and other acute conditions. What will be the risks faced by acutely unstable cardiac, or stroke patients due to the need for transfer to other facilities for surgical treatment?

### **Births**

We understand that Beth Israel currently accommodates approximately 4,000 births per year, and that approximately half of those births are to women who live in Brooklyn. We understand that Mount Sinai is working to develop a Mount Sinai-branded birthing facility at the Brooklyn Hospital Center to accommodate the Brooklyn-based demand, and that you are working with your obstetricians to

determine how to best accommodate the Manhattan-based demand. We would like more details about the Brooklyn proposal, as well as a better understanding of what you see as the options for handling Manhattan patients.

### **Community Health Needs Assessment**

At the MSBI information session on May 26, Susan Somerville indicated that MSHS will be undertaking a full-scale Community Health Needs Assessment for the Beth Israel area. We would like to know what the timeline is for that effort, as well as a description of the information that the assessment will seek to determine, and would like the opportunity to make suggestions for the assessment.

### **Miscellaneous**

Several community members have asked about the future of the Hospice Inpatient Unit run jointly by MJHS Hospice and Beth Israel's Department of Pain Medicine and Palliative Care. Will this unit be a part of the new facility on 14th Street?

Please provide us with a list of Mount Sinai properties that will be offered for sale as part of the Beth Israel transformation and the anticipated schedule for such transactions.

Please provide us with a list of the capital expenditures MSHS proposes to make on facilities south of 34th Street, with the site, purpose, and amount of each.

Although MSHS does not yet have a full specific proposal, we expect NYS DOH to explain the criteria and the process used by the Department in evaluating and responding to applications such as those that Mount Sinai is considering for Beth Israel Hospital and Mount Sinai's downtown services. We would like MSHS to explain what sorts of approval processes it might have to go through for actions required under federal, state, or city guidelines.

What percentage of MSBI's patients today are Medicaid recipients and what proportion do you expect to be Medicaid recipients after the transformation?

What percentage of MSBI's patients today are Medicare recipients and what proportion do you expect to be Medicare recipients after the transformation?

How has the Affordable Care Act (ACA) impacted MSBI's patient mix? Is the ACA having an impact on the number of uninsured patients MSBI sees?

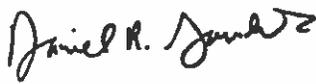
Does MSBI expect to continue to receive funding as a Disproportionate Share Hospital following the downsizing and might the amount change because of it?

Will there be a reduction in Graduate Medical Education funding at MSBI, and for the Mount Sinai system as a whole, and if so, what will the impact be?

\* \* \* \* \*

Thank you again for Mount Sinai's engagement with us and the community on the proposal. We look forward to continuing this dialogue in order to ensure an outcome that protects the public health needs of our neighborhood and the City.

Sincerely,



Daniel R. Garodnick  
City Council Member



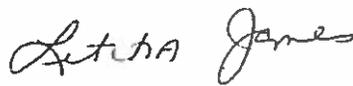
Richard N. Gottfried  
Chair  
Assembly Health Committee



Corey Johnson  
Chair  
Council Health Committee



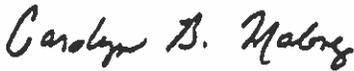
Scott M. Stringer  
City Comptroller



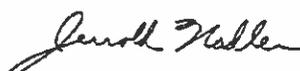
Letitia James  
Public Advocate



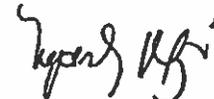
Gale A. Brewer  
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Brad Hoylman  
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Assemblymember



Rosie Mendez  
City Council Member



Margaret Chin  
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