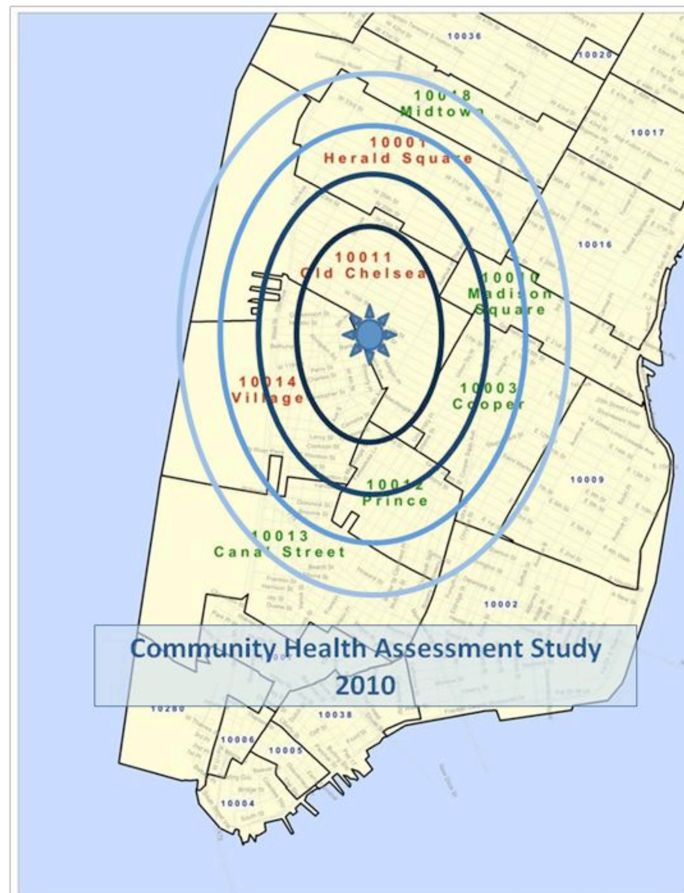
COMMUNITY HEALTH ASSESSMENT STUDY
DISCUSSION PAPER #2

ST. VINCENT'S MEDICAL CENTER

THE ORIGIN OF ITS PATIENTS ~ A REVIEW OF COMMUNITIES RECEIVING CARE



REPORT TO

COMMUNITY HEALTH ASSESSMENT STEERING COMMITTEE

October, 2010

Community Health Assessment Study

Discussion Paper #2

St. Vincent's Medical Center

The Origin of its Patients
A Review of Communities Receiving Care

The closure of a hospital, particularly one which has diligently served its neighboring community for over 160 years is devastating on so many levels and it is challenging to adequately describe the impact of its closing. Not surprisingly, when St. Vincent's announced the specter of bankruptcy and closed its doors to patients, neighbors and staff, the surrounding community was shocked and their feelings and concerns were intensified by the speed of its closure. The community rallied to try to keep the hospital open and subsequently to re-open it. There is a strong belief that a hospital is still needed for access to emergency care and other needed services. In addition, other concerns have been voiced about access to health care for the uninsured and underinsured, patients insured by Medicaid, the elderly and patients with mental illness or those battling substance abuse.

In the wake of this event, elected and civic leaders have joined with community organizations representing a broad spectrum of interests to focus on identifying and addressing the health needs of the communities served by St. Vincent's. In doing so, a Steering Committee was formed to conduct a community health assessment to assist the community to better advocate for meaningful and substantive responses to the hospital's closure and improve access to health care and related services.

As part of the Community Health Assessment Study, which is a forward looking analysis of health needs, the Steering Committee believed it was important to initially look back and develop a better understanding as to the role St. Vincent's played, not only in the delivery of health care to its surrounding communities, but also to the residents of New York City. At the time of the closure, many statements were made, sometimes contradictory; about the vital importance of St. Vincent's to its community or that many of community residents sought care at hospitals other than St. Vincent's. Some believed the majority of patients seen at St. Vincent had come from the neighboring communities while others have indicated that the patients who relied on its emergency department and those who filled the majority of beds at St. Vincent's came there from all over New York and a small portion resided proximate to the hospital.

In an attempt to determine the impact of the closure of St. Vincent's, this discussion paper was requested to inform the Steering Committee as to who did St. Vincent's serve and which communities were dependent upon it for healthcare. In responding to this request reference is made to the history, market forces and decisions which may have contributed to the hospital's

closure. It is important for the Steering Committee to understand the context of the time period the data is being reviewed. It is not the purpose of this paper, however, to answer the question of why the hospital closed. That analysis will be left to others.

Additionally, one could not adequately do justice in a paper of this nature to St. Vincent's legacy of caring, compassion and service. Hopefully, when the history of St. Vincent's is finally written, it will not only explain the events of the last five years and the context in which it occurred, but recognize the rich contributions and committed efforts of thousands of men and women over its 160 year history who faithfully pursued St. Vincent's mission in the service of generations of New Yorkers.

Formation of the Health System

For most of its history, St. Vincent's was an independent hospital evolving and growing in response to the needs of its community as advances in science, medicine and technology shaped the organization and delivery of health services. As one of New York's first and oldest Catholic sponsored hospital, St. Vincent's was regarded as the tertiary referral hospital providing access to patients from other Catholic sponsored hospitals in Brooklyn, Queens, Staten Island and the Bronx, to specialized services such as open heart surgery. Additionally, St. Vincent's served as the primary teaching site for New York Medical College which was similarly sponsored by the Archdiocese of New York. As such, its reputation for quality and excellence and its extensive referral relationships with hospitals and generations of physicians who trained within its walls attracted patients from beyond its immediate community to the West 12th Street facility.

Beginning in the late 1980's and, accelerating in the mid 1990's, a change in the payment of health services began to occur where third party payors, be they insurers or large employers, adopted practices and procedures to manage care more closely in an attempt to reduce or control costs. In 1997 NYS changed the hospital reimbursement system which moved from a rate-regulated to a negotiated rate environment. This means hospitals, which were guaranteed a certain level of reimbursement and an annual increase from all commercial insurers now had to negotiate directly with each insurer for payment levels for the services they offer. Some insurers tried to restrict choice or establish gate keepers in an attempt to direct patient volume to less costly or more efficient providers. In response, hospitals began to band together and form health systems or networks to create efficiencies, improve quality and create scale and size to receive fair reimbursement from insurers. It was during this time period that the New York Hospital network and subsequently the New York Presbyterian Health System was formed, as well as Continuum Health Partners and the North Shore-LIJ Health System.

In the 1990s, under the financial strain from managed care, the somewhat reluctant hospitals and nursing homes of the Archdiocese of New York and Brooklyn and Queens formed the Catholic Health Care Network. The initial plan was to engage in a full asset merger which meant the assets and liabilities of all the members would be merged, governed through a single board of directors with a single consolidated management team. Typically, a single standard of care is established throughout the health system as it becomes more clinically integrated so the whole is

greater than the sum of its parts. For a variety of reasons, this high level of governance, management and clinical integration was never fully realized.

In 2009, Daniel Sulmasy, writing about the unraveling of Catholic health care in New York, in the national Catholic weekly, *America*, recounted the story of what happened next.

> "Unable to merge completely with the hospitals of the Catholic Health Care Network, and facing mounting financial difficulties, St. Vincent's Hospital Manhattan explored a possible merger with St. Vincent's Staten Island and the hospitals of the Diocese of Brooklyn, which had been united into one network as early as the 1960s. This too, proved difficult. Brooklyn feared that in a three-way merger they would fact a two-against-one dynamic. While St. Vincent's Manhattan was owned by the Archdiocese of New York, and St. Vincent's Staten Island by the Sisters of Charity, the religious congregation itself was an order of the Archdiocese of New York. This could provide the archdiocese with an unfair advantage. To facilitate a bilateral structure, Cardinal O'Connor ceded full control of St. Vincent's Manhattan back to the Sisters of Charity, and the merger proceeded. A number of members of the board of trustees of St. Vincent's Manhattan warned that the undertaking was ill advised and expressed skepticism about the financial health of the Brooklyn hospitals. Nevertheless in 2000 the merger was completed and the Saint Vincent Catholic Medical Centers of New York was created.
>
> The chief executive officers and boards of trustees of all the merging institutions were replaced with a new board – consisting of two members of the Sisters of Charity, an auxiliary bishop and a canon lawyer …"

Thus, the informal referral relationships which existed for years among these hospitals were now formalized through a full asset merger. A consolidated governance and management structure was created that oversaw a care continuum of nursing homes, home health care providers and other services which included:

- Bayley Seton Hospital, Staten Island
- Mary Immaculate Hospital , Queens
- St. Joseph's Hospital , Queens
- St. John's Hospital , Queens
- St. Mary Hospital , Brooklyn
- St. Vincent's Medical Center, Manhattan
- St. Vincent's Hospital, Midtown (formerly St. Clare's)
- St. Vincent's Hospital, Staten Island
- St. Vincent's Hospital (Westchester), a behavioral health facility, in Harrison, NY.

Skilled nursing facilities, Home Care and Hospice

- Bishop Mugavero Center for Geriatric Care in Brooklyn,
- Holy Family Home, Brooklyn,
- Monsignor Fitzpatrick Nursing Home, Queens
- St. Elizabeth Ann's Health Care & Rehabilitation Center, Staten Island.
- Pax Christi Hospice, Staten Island.
- SVCMC Home Health Agency

This new organizational arrangement also provided the legal ability to negotiate with managed care payors as a health care network and potentially manage and align the organization around a shared vision and common strategic objectives.

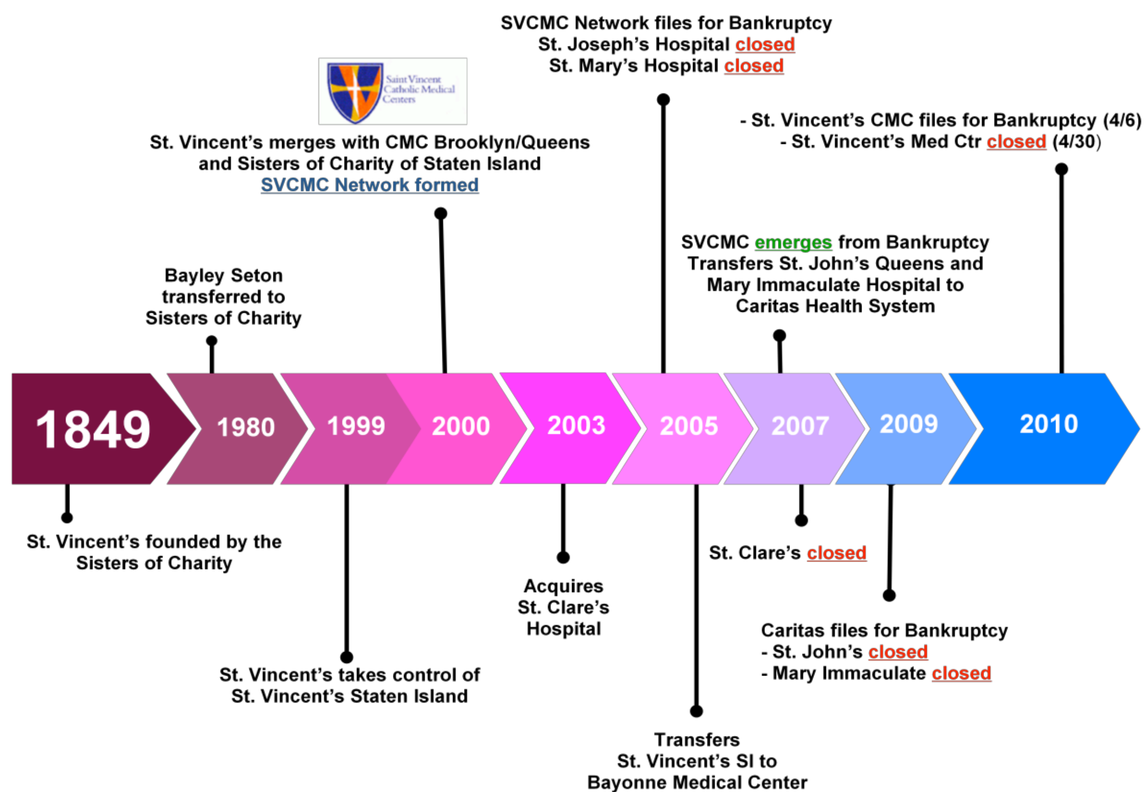
The St. Vincent CMC network pursued a hub and spoke model in an attempt to direct complex, high reimbursement cases from throughout the region to St. Vincent's, the network's flagship tertiary hospital. In return, the other hospitals in the network expected to benefit from advantages of scale and be subsidized through the operating surplus which was projected to be generated through collective actions.

The Closure of St. Vincent CMC

For a variety of reasons, some under the control of management, some not, the benefits expected through consolidation never materialized. In 2005 St. Vincent CMC filed for bankruptcy and, in short order closed St. Joseph's Hospital in Queens and St. Mary's Hospital in Brooklyn. In the same year it transferred control of St. Vincent's Staten Island to Bayonne Medical Center. In response to a mandate from the Commission on Hospital and Healthcare in the 21st Century (also referred to as the "Berger Commission") it closed St. Vincent's, Midtown (formerly St. Clare's) and in 2007, it transferred control of St. John's and Mary Immaculate Hospitals in Queens to Wyckoff Hospital which formed the Caritas Health System which was contractually committed to maintaining a referral relationship for tertiary care with St. Vincent's.

In 2008, St. Vincent's emerged from bankruptcy with a plan to reduce a crushing debt burden it had amassed in forming its health system and keeping it afloat. Its plan was to sell a portion of its real estate using the proceeds to reduce its debt and finance the construction of a new hospital. However, these plans were met with vocal community opposition. Its losses continued to grow amid one of the most severe economic downturns in recent history. Although its redevelopment plan was ultimately approved, St. Vincent's was unable to stem the tide of its mounting losses and the over-leveraged institution was forced to file for bankruptcy protection. Three weeks later, on April 30, 2010, St. Vincent's closed its doors and began the process of selling its assets to satisfy its creditors. A timeline of the formation and demise of the St. Vincent's CMC Health System appears in Figure 1.

Figure 1. SVCMC Timeline of Major Milestone Events, 1980- 2010



Who Did St. Vincent's Serve?

This brief overview of the recent history of St. Vincent's CMC provides context to review and understand the information which follows in response to the question, who did St. Vincent's serve? As you would expect the response to this question can be answered from many layered perspectives. Thus, this discussion paper will provide information which will illustrate some, but not all, of these perspectives.

We begin by reviewing the patient origin of total admissions combining all the distinct service offerings (medical, surgical, obstetric, psychiatry and pediatric, etc…), before the data is segmented by ZIP Code, service or payor). The source of data used in this analysis is the hospital discharge data for 2009. Each hospital in New York State is required to file a discharge data abstract on every inpatient discharge, emergency visit and ambulatory surgery procedure. This abstract contains over 70 fields of data and is submitted to a division within the NYS Department of Health known as the Statewide Planning and Research Cooperative System, commonly referred to as SPARCS.

The year 2009 was chosen for the year of analysis because it provides the most recent snapshot of the market place and reflects the current preferences of patient's choice with respect to where they access inpatient healthcare. Some thoughtful members of the Steering Committee questioned the validity of using 2009 in this analysis. They assumed St. Vincent's may have

been experiencing a downward spiral in attractiveness over the past several years and 2009 may not accurately represent the communities St. Vincent's historically attracted patients from prior to their closing. In order to address this issue a database of inpatient admissions spanning 13 years and containing almost 250,000 records was assembled for this study. A summary of this data by major service is included in Appendix A.

Additionally, reference is made to Primary Service Area (PSA), Secondary Service Area (SSA) and the combined "Service Area". These areas were previously defined by the Steering Committee at its September 22, 2010 meeting. However, this paper is being written before the Steering Committee has opportunity to reconfirm these definitions. In the event a material change occurs in defining the Service Area at a subsequent Steering Committee meeting this analysis would be revised.

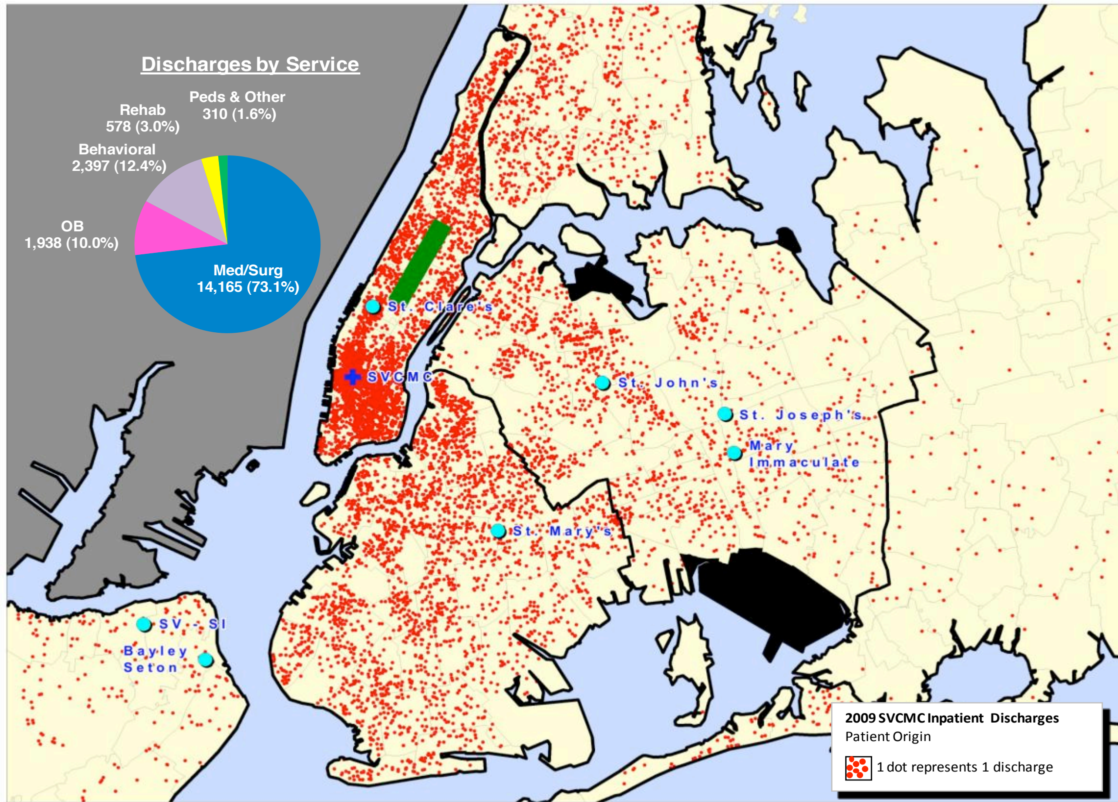
Inpatient Hospital Care

Figure 2 provides a regional view of the patient origin of all patients discharged from St. Vincent's in 2009 for all services. The location of hospitals which had been part of the St. Vincent's CMC Health System is also provided as a point of reference. The inset chart indicates the breakdown of major service categories of these patient discharges. In 2009 there were 19,388 discharges of which 14,165, or 73%, were Medical/Surgical, followed by 2,397, or 12.4%, were Behavioral (Psychiatry and Substance Abuse) and 1,938, or 10%, were Obstetrical. A very small number representing less than 4% of total discharges were for Rehabilitation, 3%, or Pediatrics, 1.3%.

The patient origin by county of these discharges appears in Figure 3. Approximately 50% of St. Vincent's patients resided in Manhattan, 20% in Brooklyn and 11% in Queens. The remaining 20% came from the Bronx (6%), Staten Island (2%) or from outside of New York City. Within Manhattan the service area communities represented 35% of St. Vincent's discharges with the PSA accounting for 24% and the SSA, 11% of total discharges. The balance of patients, 15%, came from elsewhere in Manhattan, see Figure 4.

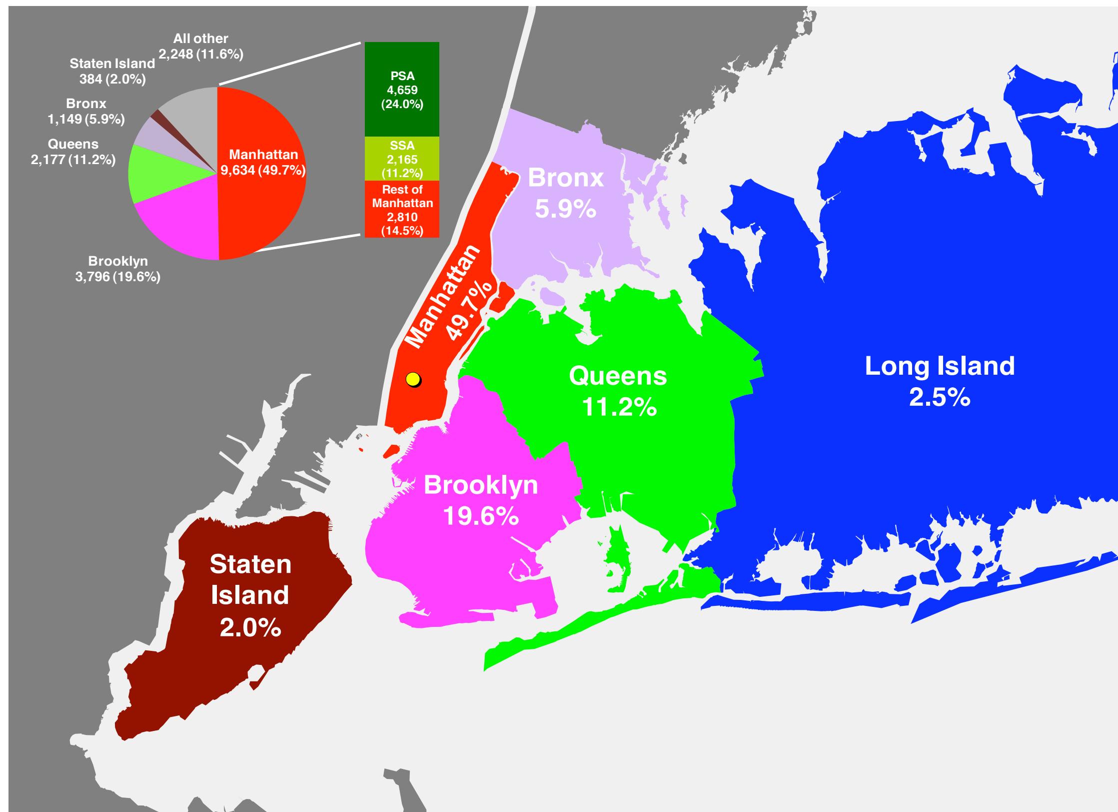
A review of St. Vincent's trended discharges by county of patient origin was undertaken for the years coinciding with the formation of the St. Vincent's CMC Health System and its most recent full year of operation, 2000 through 2009. This was done to respond to the concern voiced by the Steering Committee to determine if 2009 reflected the typical utilization of St. Vincent's for prior years. St. Vincent's entered bankruptcy in 2005 and exited in 2007 and by 2009 the fate of the hospital was unclear. The concern was that these factors could have contributed to patients seeking care elsewhere making 2009 an atypical year to study.

Figure 2. SVCMC Inpatient Discharges – Map of Patient Origin, 2009 (n = 19,388)



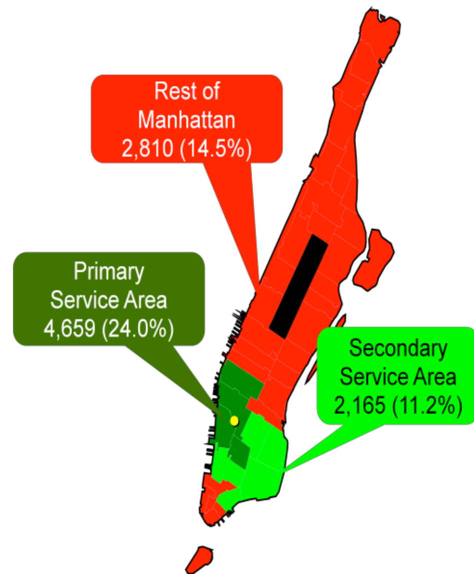
Source: SPARCS; excludes newborns and neonates by MS-DRG; accessed October 6, 2010

Figure 3. SVCMC Inpatient Discharges – Map of Patient Origin by County, 2009 (n = 19,388)



Source: SPARCS; excludes newborns and neonates by MS-DRG; accessed October 6, 2010

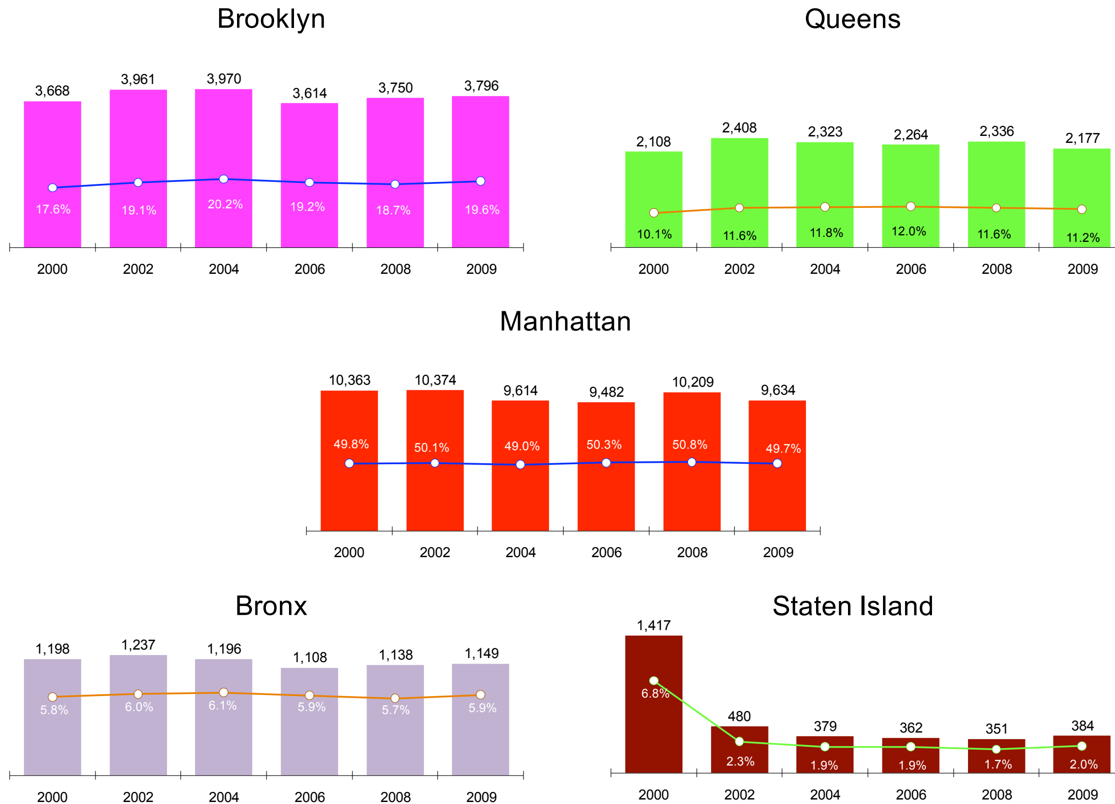
When the total inpatient discharges are segmented by county of patient origin a relative stability in volume is observed for all New York City counties with the exception of Staten Island, see Figure 5. Between 2000 and 2002 over 900 fewer patients were referred from Staten Island to St. Vincent's. The reason for this decline is due to a joint venture for cardiac services which St. Vincent's Staten Island entered into with its neighboring and competitor hospital, Staten Island University Hospital, who is a member of the North Shore-LIJ Health System. The joint venture was developed in response to both hospitals applying to the Department of Health to provide cardiac surgery. In response to the competing applications the Department of Health required that a new entity be developed by which both hospitals would jointly manage the program and provide access to cardiac care on Staten Island rather than referring those patients to New York City hospitals. Additionally, the hospitals would share in any operating surpluses which would be generated through the joint venture. In 2001, physicians at St. Vincent's Staten Island began referring fewer patients to its system partner, St. Vincent's Manhattan, as the quality and success of the local program became established.



In Figure 6, the reported decline in referrals of Staten Island residents was subtracted from St. Vincent's total discharge volume for 2000- 2009 and compared to all Manhattan hospitals and to all New York City hospitals. During this time period St. Vincent's inpatient discharge volume declined (-2.2%) This decline was counter to that reported for Manhattan hospitals which experienced a 3.8% increase in discharges and New York City hospitals which reported a 2.4% increase.

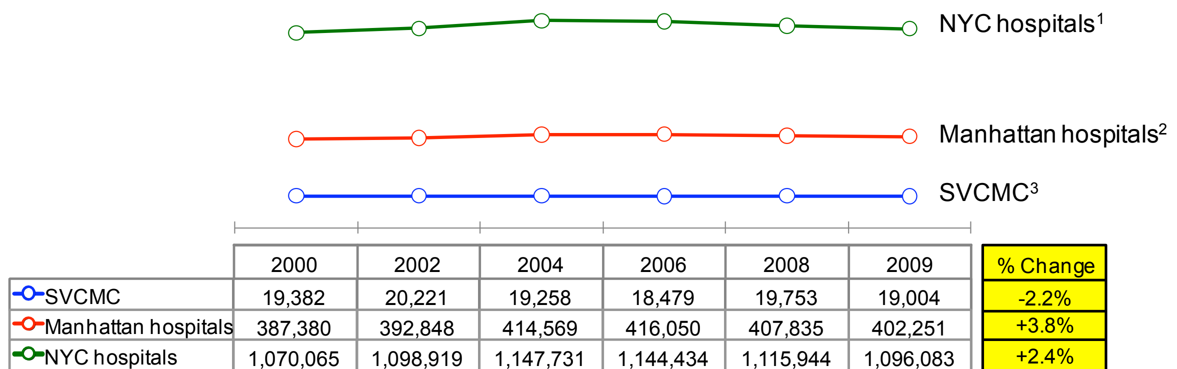
During this time period two nearby Manhattan hospitals closed (Cabrini and St. Vincent's Midtown) but St. Vincent's did not materially experience an increase in volume. Additionally, there may have been other forces at play which may have had an impact on overall hospital utilization. Prime among these factors was the movement of diagnosis, care and treatment from the inpatient to the ambulatory setting and greater review of inpatient utilization by Medicare, Medicaid and commercial insurers. However, all providers in the market place had to adapt and navigate through these forces. It is difficult to pinpoint the exact cause of the decline during this high level review but, it is clear that the strategic program and growth goals which were articulated at the creation of the SVCMC Health System were not realized.

Figure 5. SVCMC Patient Origin by County of Residency



Source: SPARCS; excludes newborns and neonates by MS-DRG; accessed October 6, 2010

Figure 6. Total Inpatient Discharges – SVCMC, Manhattan hospitals and NYC hospitals, 2000-2009

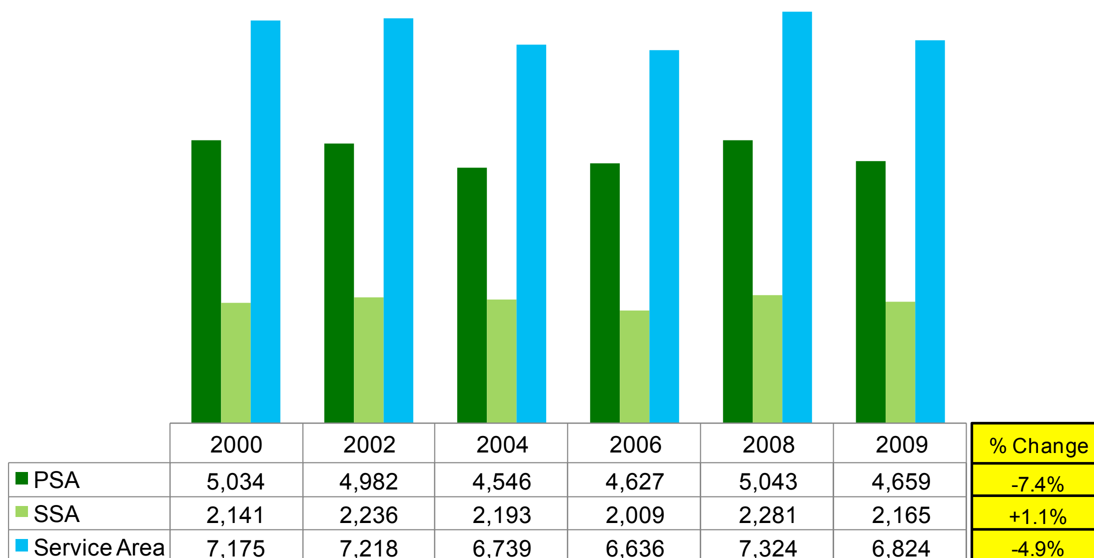


	2000	2002	2004	2006	2008	2009	% Change
SVCMC	19,382	20,221	19,258	18,479	19,753	19,004	-2.2%
Manhattan hospitals	387,380	392,848	414,569	416,050	407,835	402,251	+3.8%
NYC hospitals	1,070,065	1,098,919	1,147,731	1,144,434	1,115,944	1,096,083	+2.4%

Source: SPARCS; excludes newborns and neonates by MS-DRG; accessed October 6, 2010
[1]NYC hospitals = hospital within the 5-boroughs, including SVCMC
[2]Manhattan hospitals includes SVCMC
[3]excl. in SI

The utilization of St. Vincent's by patients residing in the PSA and SSA between 2000 and 2009 appears in Figure 7. Over time the total volume of inpatient discharges by service area residents declined by (-5%) from 7,175 in 2000 to 6,824 in 2009 suggesting the hospital was unable to secure its core market as patients choose physicians who were not affiliated with St. Vincent's or choose hospitals other than St. Vincent. The relative decline in inpatient discharges was more pronounced from the PSA (-7.4%) as compared to the SSA where discharge volume increased slightly (1.1%).

Figure 7. SVCMC Total Inpatient Discharges by Service Area Residents, 2000-2009



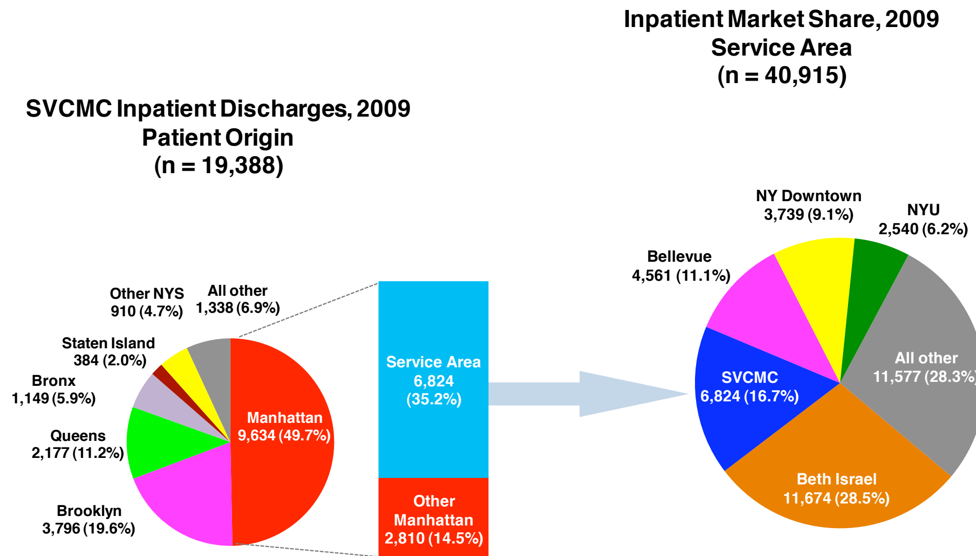
	2000	2002	2004	2006	2008	2009	% Change
PSA	5,034	4,982	4,546	4,627	5,043	4,659	-7.4%
SSA	2,141	2,236	2,193	2,009	2,281	2,165	+1.1%
Service Area	7,175	7,218	6,739	6,636	7,324	6,824	-4.9%

Source: SPARCS; excludes newborns and neonates by MS-DRG; accessed October 6, 2010
PSA = Primary Service Area; SSA = Secondary Service Area

Service Area Residents – Hospital Preference

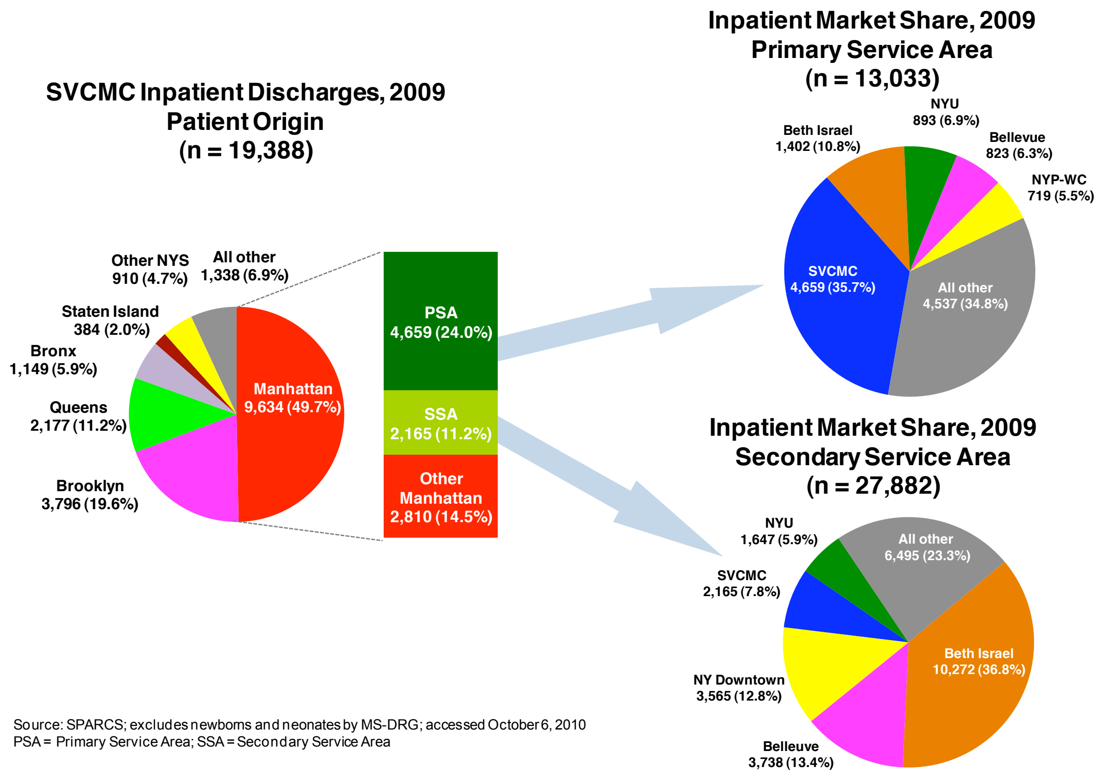
To round out the picture of which communities depended upon St. Vincent's for inpatient care, service area utilization of hospitals is presented in Figure 8. As indicated, 35% of St. Vincent's total patient discharges were generated by service area residents. These patients collectively accounted for 6,824 discharges. The SPARCS database reported service area residents accounted for 40,915 discharges from all hospitals in New York State in 2009. Therefore, only 17% of service area residents (6,824/40,915) relied on St. Vincent's for their hospital care and 71% sought care elsewhere. This percentage is also referred to as St. Vincent's market share of service residents. Service area patients used other hospitals such as Beth Israel, 29%, followed by Bellevue, 11% and NY Downtown, 9%.

Figure 8. SVCMC Patient Origin and Service Area Market Share by Hospital, 2009



Source: SPARCS; excludes newborns and neonates by MS-DRG; accessed October 6, 2010

Figure 9. SVCMC Patient Origin, PSA and SSA Market Share by Hospital, 2009



Source: SPARCS; excludes newborns and neonates by MS-DRG; accessed October 6, 2010
PSA = Primary Service Area; SSA = Secondary Service Area

The differential market share of the PSA and SSA residents by St. Vincent's appears in Figure 9. In the PSA, the majority of residents, 36%, chose St. Vincent's while 11% went to Beth Israel, 7% to NYU and about 6% each went to Bellevue and NY Presbyterian Hospital-Weill campus. In the SSA only 8% of residents relied on SVCMC, with three other hospitals being preferred more with substantially larger market shares. Beth Israel was the most used hospital by SSA residents with 37% of patients discharged from there followed by Bellevue and NY Downtown, 13% each.

In Figure 10, St. Vincent's service area market share by major service line appears followed by the most preferred hospital by PSA and SSA residents. The most preferred hospital would have the largest market share percentage attracting the largest number of hospitalized patients from the service area. St. Vincent's was the preferred hospital for PSA residents but not for Obstetrical and Substance Abuse services. The majority of PSA patients delivering a baby did so New York Presbyterian Hospital – Weill Campus while those seeking substance abuse treatments did so at Beth Israel. In the SSA Beth Israel is the hospital of choice for many patients; however, Bellevue is the number one choice for psychiatric services and NY Downtown for Obstetrics.

Figure 10. SVCMC PSA and SSA Market Share by Major Service, 2009

		SVCMC Market Share			Leading Hospital		
Service	**Total SVCMC**	**PSA**	**SSA**	**Service Area**	**PSA**	**SSA**	**Service Area**
Medicine	8,586	47.7%	7.9%	18.9%	**SVCMC**	Beth Israel	Beth Israel
Surgery	5,579	37.3%	9.8%	19.1%	**SVCMC**	Beth Israel	Beth Israel
Obstetrics	1,938	14.5%	5.4%	7.9%	NYP-WC	NY Downtown	NY Downtown
Psychiatry	1,932	46.2%	11.5%	24.6%	**SVCMC**	Bellevue	Bellevue
Rehab	578	48.6%	12.4%	25.0%	**SVCMC**	Beth Israel	**SVCMC**
Substance Abuse	465	8.5%	1.6%	4.7%	SJSS	Beth Israel	Beth Israel
Pediatrics	261	22.4%	5.3%	10.2%	**SVCMC**	Beth Israel	Beth Israel
Total	**19,388**	**35.7%**	**7.8%**	**16.7%**	**SVCMC**	**Beth Israel**	**Beth Israel**

Source: SPARCS; excludes newborns and neonates by MS-DRG; accessed October 6, 2010
Sorted in descending order by Total SVCMC

A similar market share analysis for the service area was prepared by payor, see Figure 11. Although St. Vincent's has a 35.7% market share of PSA discharges, it disproportionately attracted Medicare patients with a 50% market share for its PSA but attracts only 26% of the commercially insured and Medicaid patients. In the SSA, St. Vincent's has an 8% market share and attracted a slightly higher percentage of Medicare patients, a similar percentage of commercially insured and a lower percentage of Medicaid patients.

Figure 11. SVCMC PSA and SSA Market Share by Payor Mix, 2009

Payor	Total SVCMC	SVCMC Market Share PSA	SVCMC Market Share SSA	SVCMC Market Share Service Area	Leading Hospital PSA	Leading Hospital SSA	Leading Hospital Service Area
Commercial	6,180	26.6%	8.2%	15.7%	SVCMC	Beth Israel	Beth Israel
Medicare	7,319	50.5%	10.1%	21.9%	SVCMC	Beth Israel	Beth Israel
Medicaid	4,379	26.3%	5.2%	11.1%	SVCMC	Beth Israel	Beth Israel
Self-Pay/Other	1,510	33.0%	4.8%	14.2%	SVCMC	Bellevue	Bellevue
Total	**19,388**	**35.7%**	**7.8%**	**16.7%**	**SVCMC**	**Beth Israel**	**Beth Israel**

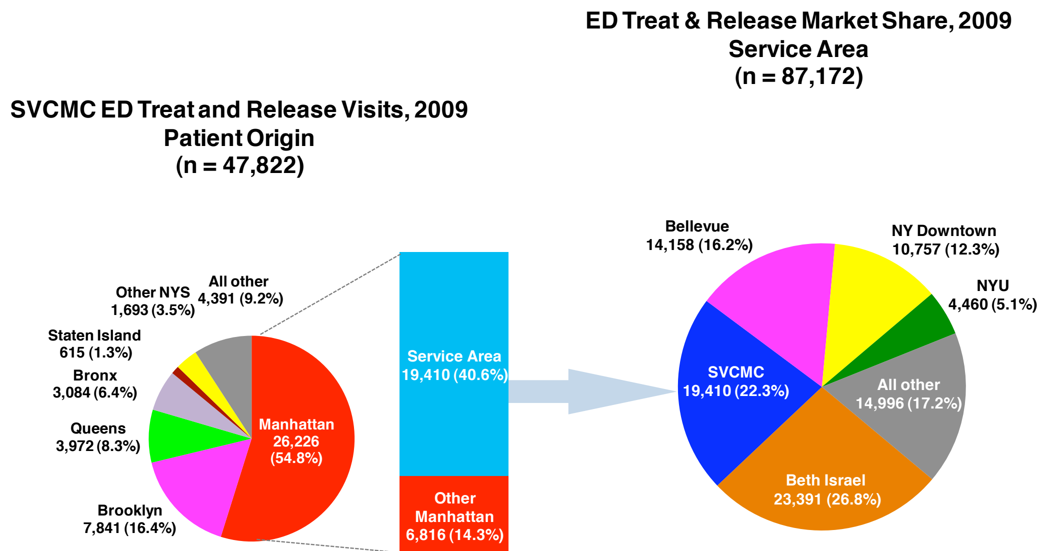
Source: SPARCS; excludes newborns and neonates by MS-DRG; accessed October 6, 2010

Service Area Residents – Emergency Department Utilization – Treat and Release Visits

The origin by county of residence of patients utilizing the St. Vincent's Emergency Department and being treated and released appears in Figure 12. Treat and release refers to those patients experiencing a sudden and serious onset of symptoms, which they consider emergent or urgent, who sought care in an emergency department setting and returned home after their visit. With respect to emergency utilization we analyzed only the treat and release visit since visits which resulted in an admission appears in the inpatient data. For example, over 70% of inpatient admissions to St. Vincent had occurred through the Emergency Department

Approximately 55% of St. Vincent's treat and release emergency visits were generated by patients who resided in Manhattan, 16% from Brooklyn and 8% from Queens. Within Manhattan the service area communities represented 40% of these visits as compared to 35% of St. Vincent's inpatient discharges. However, St. Vincent's market share of its service area treat and release emergency visits was 22% with a larger percentage of patients, 27% utilizing Beth Israel and 16% seeking care at Bellevue.

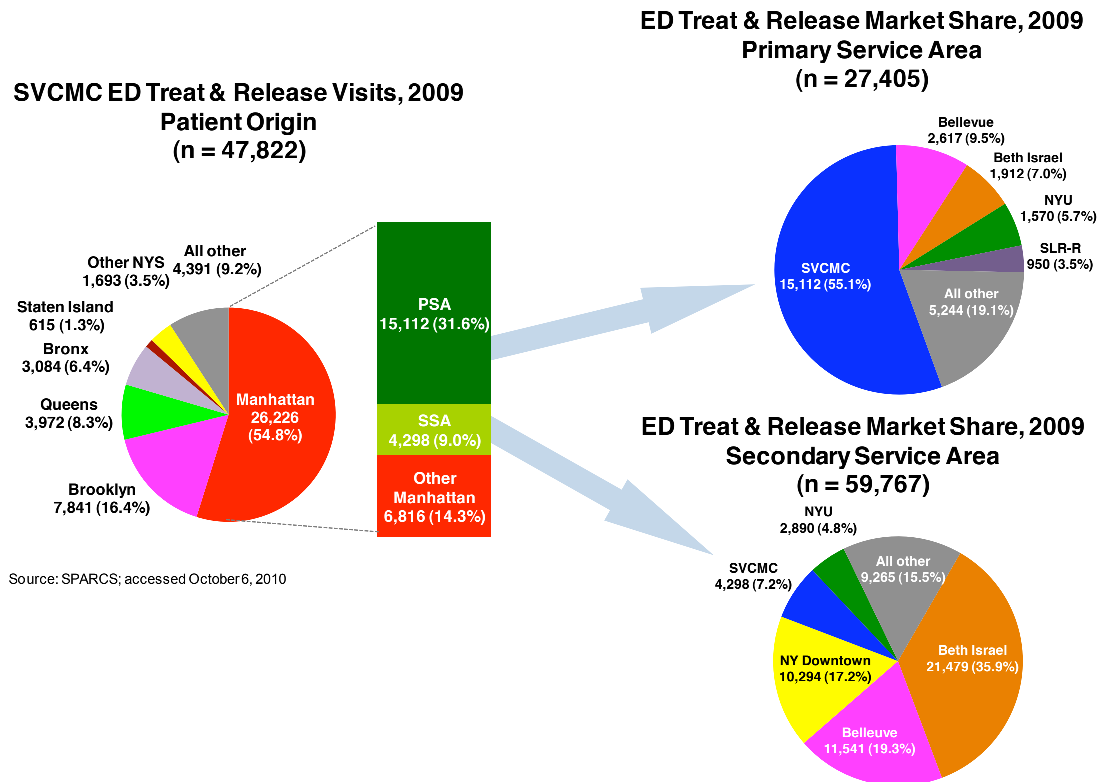
Figure 12. SVCMC ED Treat & Release Visits Patient Origin and Service Area Market Share by Hospital, 2009



Source: SPARCS; accessed October 6, 2010

When we divide the service area, the PSA accounted for 31% and the SSA, 9% of total visits. The balance of patients, 14%, came from elsewhere in Manhattan, similar to the percentage reported for inpatient discharges, see Figure 13. As indicated, 35% of St. Vincent's total patient discharges were generated by service area residents. These patients collectively accounted for 6,824 discharges. The PSA residents were clearly dependent on St. Vincent's for emergency treatment where St. Vincent's market share of treat and release emergency visits was 55%. Bellevue was a distant second in market share with 10% market share followed by Beth Israel, 7%. Within the SSA, St. Vincent's was distant fourth with a 7% market share. Beth Israel had the largest share, 36%, followed by Bellevue, 19% and New York Downtown, 17%.

Figure 13. SVCMC ED Treat & Release Visits Patient Origin, PSA and SSA Market Share by Hospital, 2009



The payor mix of St. Vincent's' emergency Department treat and release visits appears in Figure 14. In contrast to its inpatient payor mix St. Vincent's market share of its emergency visit payors reflected its overall market share of visits of 55% . It was slightly more attractive to its Medicaid and commercial patients at 59% and 58%, respectively, and slightly less so to its Medicare patients at 51% and self-pay at 53%.

Figure 14. SVCMC ED Treat & Release Visits PSA and SSA Market Share by Payor Mix, 2009

Payor	Total SVCMC	SVCMC Market Share PSA	SVCMC Market Share SSA	SVCMC Market Share Service Area	Leading Hospital PSA	Leading Hospital SSA	Leading Hospital Service Area
Commercial	16,641	58.1%	12.6%	30.2%	**SVCMC**	Beth Israel	**SVCMC**
Medicare	5,312	51.2%	4.1%	15.1%	**SVCMC**	Beth Israel	**SVCMC**
Medicaid	11,443	59.9%	9.7%	27.2%	**SVCMC**	Beth Israel	Beth Israel
Self-Pay/Other	14,426	53.2%	6.1%	22.3%	**SVCMC**	Bellevue	Bellevue
Total	**47,822**	**55.1%**	**7.2%**	**22.3%**	**SVCMC**	**Beth Israel**	**Beth Israel**

Source: SPARCS; excludes newborns and neonates by MS-DRG; accessed October 6, 2010

Summary of Observations

- In 2009, 50% of St. Vincent's patients resided in Manhattan and 50% came from outside Manhattan.

- Only 35% of St. Vincent's patients resided within the service area defined by the Steering Committee. The PSA accounted for 24% and the SSA accounted for 11% of patients discharged from St. Vincent.

- The origin of St Vincent's patients was relatively stable during the period 2000-2009 with the exception of a decline by Staten Island residents due to change in the referral pattern for cardiac services.

- Within its PSA St. Vincent's attracted a significantly higher proportion of Medicare patients and a smaller proportion of commercially insured and Medicaid patient.

- The majority of service area patients considered Beth Israel as their hospital of choice. Only 17% of service area residents were hospitalized at St. Vincent's with 31% choosing Beth Israel.

- However, within the PSA over three times more residents used St. Vincent's than went to the second most preferred hospital. 36 % of PSA residents used St. Vincent's followed by 11% at Beth Israel.

- SSA residents considered Beth Israel their primary hospital accounting for 39% of all SSA discharges. St. Vincent's was fourth with an 8% market share behind NY Downtown and Bellevue, each with a market share of approximately 13%.

- In the PSA St. Vincent's was the most preferred hospital for all services with the exception of Obstetrical care and psychiatric services. It was not the preferred hospital for any service within its SSA.

- In the combined service area, Beth Israel is most preferred for medical/surgical pediatrics and substance abuse services; Bellevue for psychiatry and NY Downtown for obstetrics.

APPENDIX

St. Vincent's Medical Center
Patient Origin of Total Discharges, 1997-2009

	% of Patient Origin												
Patient County	**1997**	**1998**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Manhattan	53.1%	52.0%	50.5%	49.6%	50.7%	50.0%	49.1%	48.9%	47.7%	50.2%	51.0%	50.5%	49.2%
Brooklyn	17.9%	17.5%	18.1%	18.0%	18.8%	19.4%	20.2%	20.2%	20.4%	19.3%	18.3%	18.9%	19.9%
Queens	9.8%	9.6%	10.1%	10.3%	10.3%	11.6%	11.6%	11.9%	12.9%	12.1%	11.4%	11.7%	11.4%
Bronx	5.3%	5.4%	5.6%	5.8%	5.8%	6.0%	6.1%	6.1%	6.0%	5.9%	5.9%	5.6%	5.9%
NJ	3.7%	3.9%	3.8%	4.0%	4.0%	4.1%	4.0%	4.0%	4.0%	4.0%	4.6%	4.2%	4.1%
Staten Island	4.4%	5.5%	6.2%	6.7%	4.2%	2.3%	1.8%	1.9%	2.0%	1.9%	1.8%	1.7%	1.9%
Other	5.9%	6.1%	5.7%	5.8%	6.2%	6.7%	7.2%	6.9%	7.0%	6.6%	7.1%	7.3%	7.5%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

St. Vincent's Medical Center
Total Discharges

	Discharges												
Patient County	**1997**	**1998**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Manhattan	11,893	11,104	10,969	10,617	10,512	10,599	9,993	9,809	9,247	9,676	9,703	10,355	9,808
Brooklyn	4,003	3,749	3,930	3,849	3,900	4,103	4,115	4,058	3,948	3,711	3,489	3,870	3,977
Queens	2,194	2,055	2,199	2,196	2,127	2,466	2,362	2,386	2,504	2,323	2,167	2,410	2,277
Bronx	1,178	1,146	1,212	1,239	1,205	1,268	1,237	1,218	1,164	1,138	1,123	1,157	1,182
NJ	829	843	825	850	831	867	821	799	768	769	880	868	822
Staten Island	993	1,169	1,336	1,425	872	481	359	381	379	365	334	357	386
Other	1,317	1,301	1,243	1,234	1,287	1,420	1,456	1,392	1,358	1,276	1,343	1,494	1,495
Total	**22,407**	**21,367**	**21,714**	**21,410**	**20,734**	**21,204**	**20,343**	**20,043**	**19,368**	**19,258**	**19,039**	**20,511**	**19,947**

St. Vincent's Medical Center
Patient Origin of Medicine & Surgery Discharges

	% of Patient Origin												
Patient County	**1997**	**1998**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Manhattan	53.8%	51.7%	51.0%	49.8%	51.4%	50.1%	49.2%	49.1%	47.8%	50.8%	52.2%	51.7%	50.6%
Brooklyn	16.8%	16.7%	16.6%	16.4%	17.6%	18.5%	19.3%	19.9%	20.1%	18.7%	17.6%	17.9%	18.5%
Queens	8.6%	8.6%	9.3%	9.7%	10.0%	12.1%	11.8%	12.1%	13.4%	12.5%	11.1%	11.6%	10.8%
Bronx	4.7%	4.7%	5.0%	5.2%	5.2%	5.6%	5.7%	5.6%	5.5%	5.0%	5.1%	5.1%	5.5%
NJ	4.1%	4.4%	3.9%	4.3%	4.2%	4.1%	4.2%	4.2%	3.9%	3.9%	4.6%	4.1%	4.2%
Staten Island	5.6%	6.9%	7.8%	8.3%	5.0%	2.2%	1.8%	1.5%	1.6%	1.9%	1.9%	1.7%	2.2%
Other	6.5%	6.9%	6.3%	6.3%	6.7%	7.5%	7.9%	7.6%	7.6%	7.2%	7.5%	7.9%	8.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

St. Vincent's Medical Center
Medicine & Surgery Discharges

	Discharges												
Patient County	**1997**	**1998**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Manhattan	777	757	817	840	801	900	878	868	828	742	755	799	787
Brooklyn	2,777	2,664	2,707	2,622	2,720	2,980	2,967	3,096	3,032	2,783	2,586	2,810	2,666
Queens	8,912	8,268	8,311	7,978	7,958	8,075	7,576	7,634	7,196	7,545	7,649	8,132	7,296
Bronx	675	702	642	684	652	668	652	651	591	579	668	645	605
NJ	1,428	1,379	1,524	1,554	1,547	1,945	1,818	1,882	2,016	1,858	1,626	1,820	1,561
Staten Island	929	1,106	1,280	1,337	778	347	281	230	245	279	274	269	318
Other	1,080	1,105	1,025	1,015	1,041	1,203	1,221	1,175	1,141	1,077	1,106	1,244	1,193
Total	**16,578**	**15,981**	**16,306**	**16,030**	**15,497**	**16,118**	**15,393**	**15,536**	**15,049**	**14,863**	**14,664**	**15,719**	**14,426**