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Separate But Equal

Segregated Health Care in NYC Academic Medical Centers

April 19th, 2024 UCSF-UC Law

Jennifer Sugijanto
Emily Xu



NYCASH



We are a coalition of health care trainees committed to abolishing segregated care at our respective institutions and across NYC.



Land Acknowledgement

Given that we are students from various NYC medical institutions, we think it is important to acknowledge the land on which we organize on: the land of the Wappinger, Munsee Lenape, Canarsie, and Rockaway peoples. With that recognition must come an unwavering commitment to decolonize and unsettle not only the physical spaces we create and share, but our hearts, minds, and politics. We are committed to critically challenging the conditions we have been socialized to accept and to the pursuit of collective liberation, especially in how we interact with the community members that we care for.

Agenda

- 1** | Segregated Care in NYC
- 2** | Financial Drivers of Segregated Care
- 3** | Consequences of Segregated Care
- 4** | Organizing Efforts



Segregated Care (n):

A set of governmental and hospital policies and practices that **intentionally divides patients and hospital resources** with the goal of racial and class segregation in order to maximize hospital profits.

- Segregation drives patients from communities of color to public and safety-net hospitals and **excludes them** from more well-resourced and higher quality healthcare institutions, resulting in worse health outcomes.
- Segregation by insurance is **de facto segregation by race**.

Segregation by Insurance Status is Segregation by Race

- 1 in 4 non-elderly New Yorkers has Medicaid
- 73% of Medicaid enrollees in NY State are non-white vs. 33% of overall NY State population is non-white
- New York Medicaid coverage for the non-elderly by race/ethnicity:
 - White: 18 %
 - Black: 38 %
 - Hispanic: 43 %
 - Asian/Pacific Island: 24 %
 - Native: 36 %
 - Multiracial: 32 %

NYC Hospital Landscape

Non-Profit Health Systems (5 systems; 32 hospitals)

- Northwell (6)
- New York-Presbyterian (Weill Cornell and Columbia) (9)
- New York University Langone (3)
- Mount Sinai Health System (11)
- Montefiore Medical Center (3)

 New York-Presbyterian



 NYU Langone

 Montefiore

NYC Health + Hospitals (12 hospitals)

- Bellevue Hospital Center
- Coney Island Hospital
- Elmhurst Hospital Center
- Harlem Hospital Center
- Henry J. Carter Specialty Hospital
- Jacobi Medical Center
- Kings County Hospital Center
- Lincoln Medical & Mental Health Center
- Metropolitan Hospital Center
- North Central Bronx Hospital
- Queens Hospital Center
- Woodhull Medical & Mental Health Center



Independent Safety Net Hospitals (7 hospitals)

- One Brooklyn Health System (3)
- SBH Health System
- Saint John's Episcopal Hospital South Shore
- Wyckoff Heights Medical Center
- University Hospital of Brooklyn

Non-Profit Health Systems and Hospitals

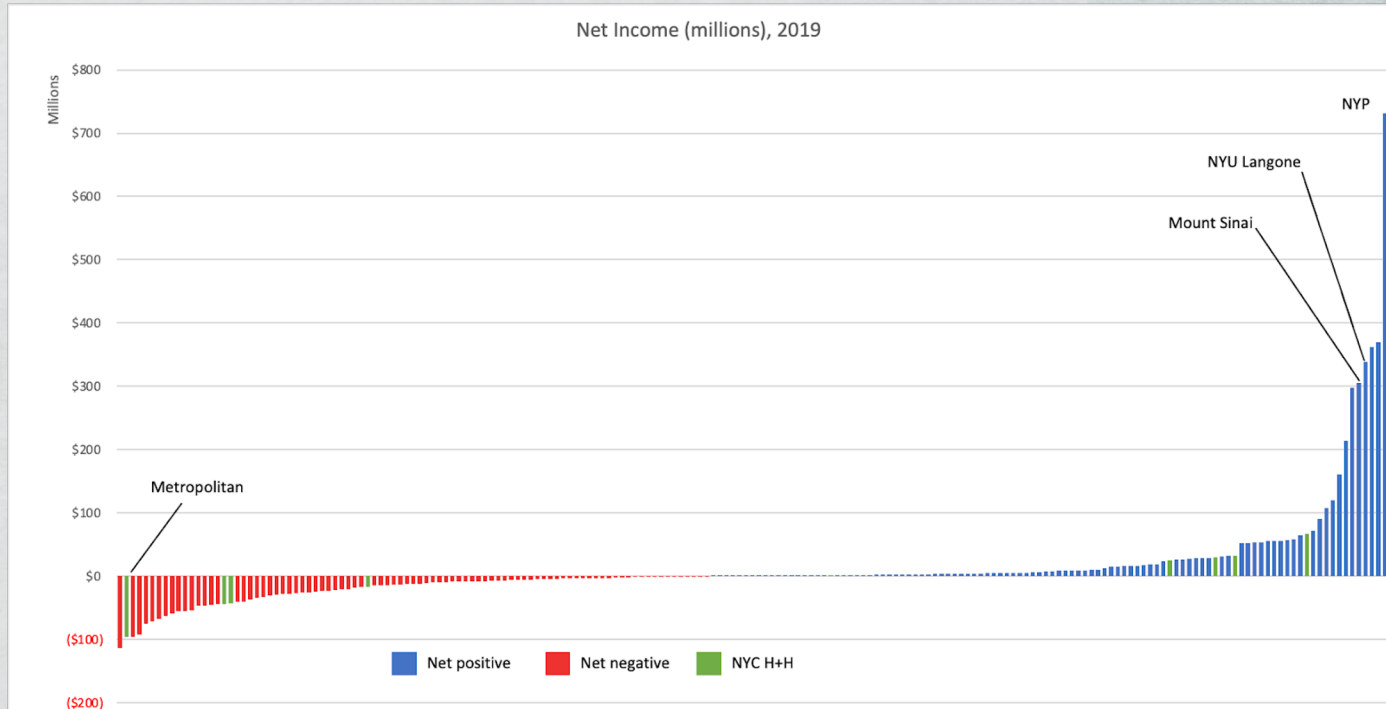
Non-profit hospitals gain large tax exemptions

- Estimated ***\$10 million per hospital*** in New York State in 2011
- Predicted to be larger for NYC-based hospitals due to NYC real estate values

Non-profit hospitals are expected to provide “community benefit”

- Initially, the IRS used ***hospital provision of charity care*** to assess “community benefit”
- Now, the IRS includes ***research and health training*** within their “community benefit” definition, even when such activities are adequately compensated by Medicare and grant payments

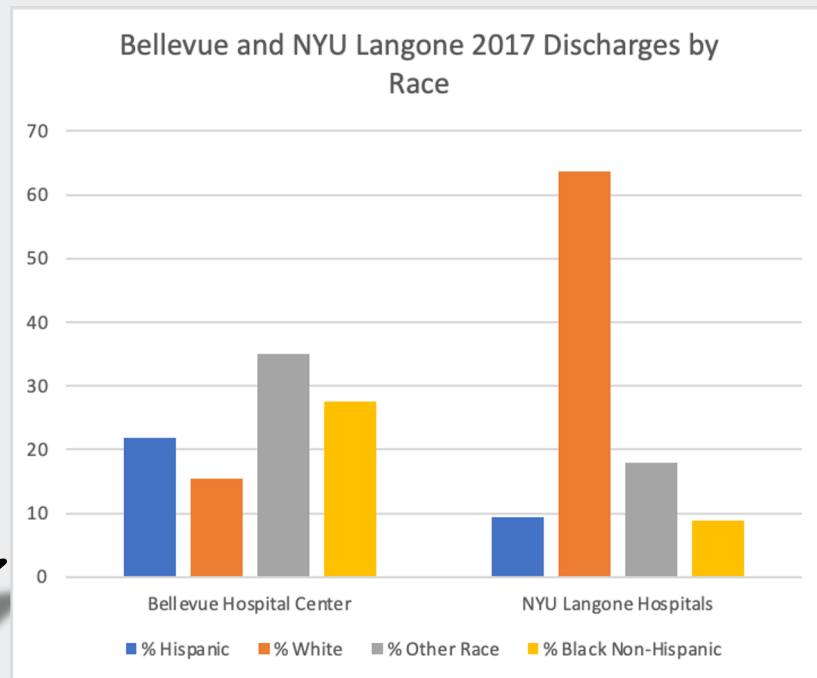
Non-Profit Health Systems Are Driven By Profits



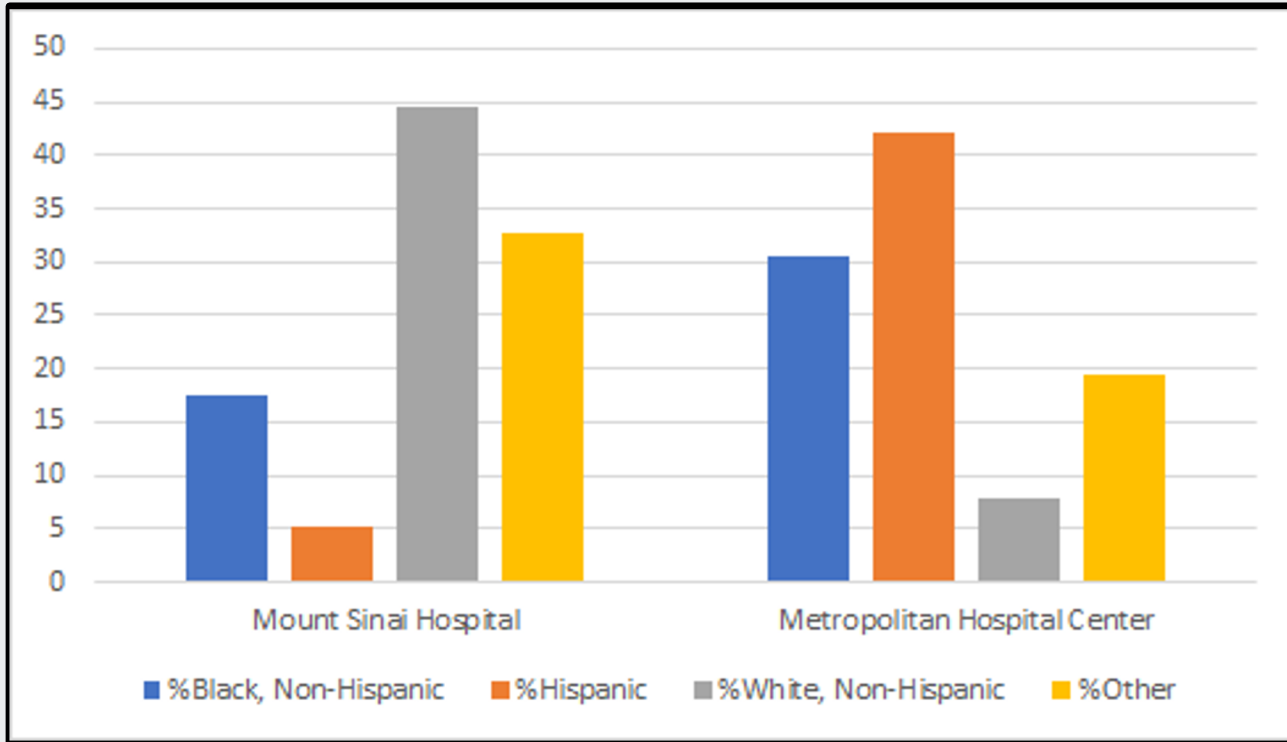
Is it Geography?

NYU Langone Medical Center (academic, “non-profit”) and **Bellevue Hospital** (public) sit side-by-side on the East Side of Manhattan.

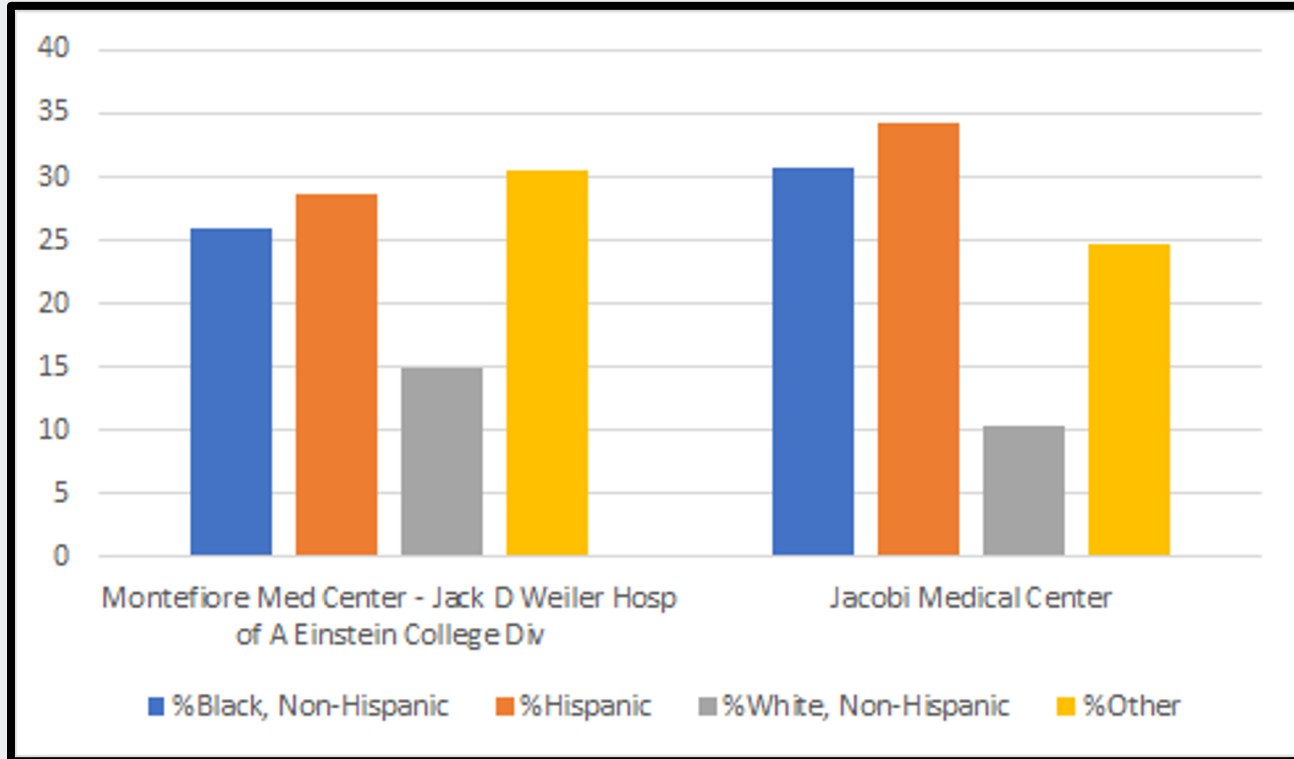
Of 2017 discharges, Black patients comprised: **9% from NYU Langone** vs. **28% from Bellevue**



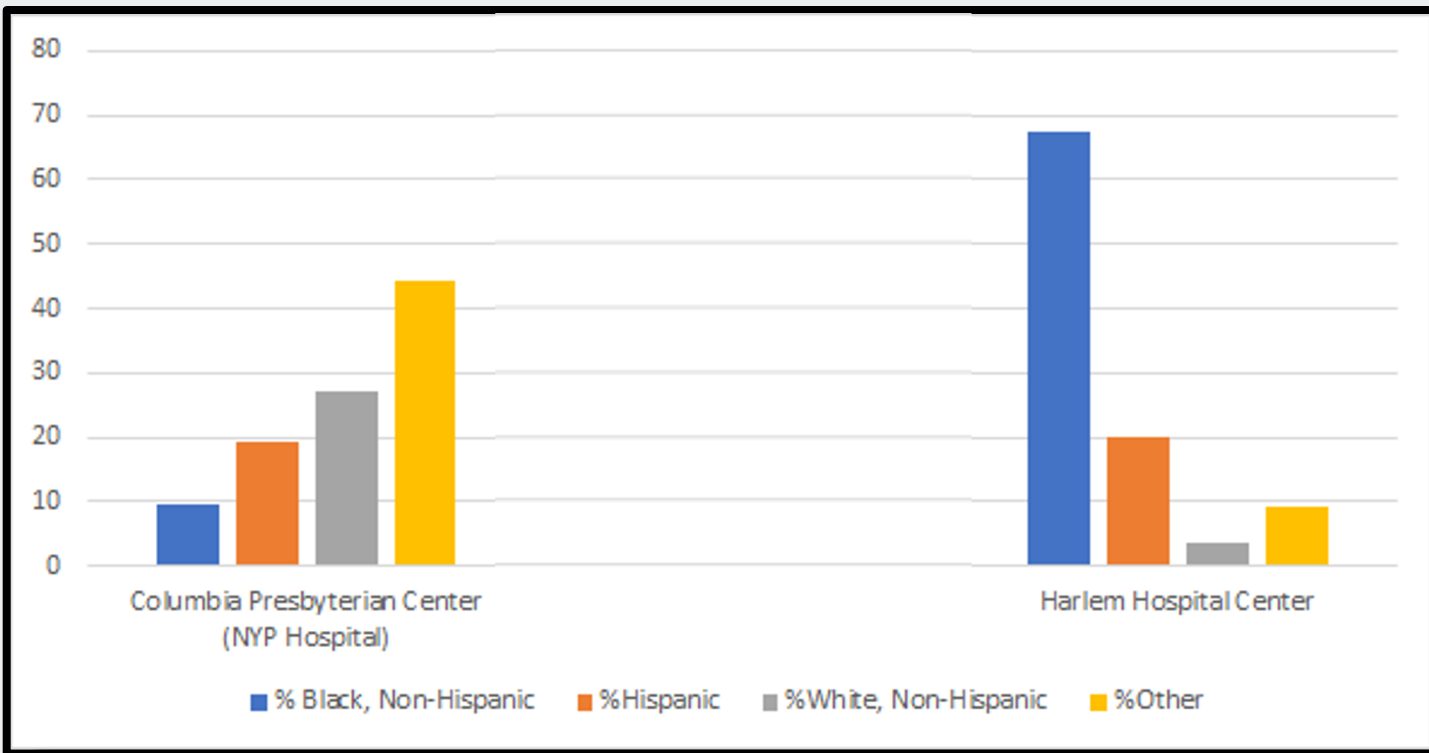
Mount Sinai Hospital <> Metropolitan Hospital



Montefiore <> Jacobi Medical Center



Columbia <> Harlem Hospital



Agenda

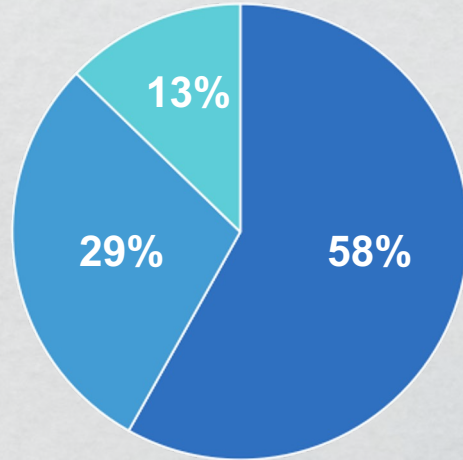
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What is the Indigent Care Pool (ICP)?

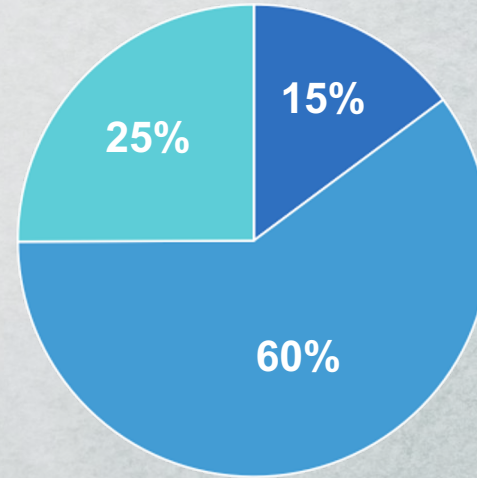
- Pool of money to help hospitals offset the cost of caring for Medicaid and uninsured patients
- Distributes ~\$1.2 billion per year
- ICP has been part of the Disproportionate Share Hospital (DSH) program since it was created in 1996
 - DSH Funding is meant to only go to Safety Net Hospitals.
 - **This is not the case in New York State (NYS)**

Safety Net Hospitals Shoulder the Burden of Care Without Pay

Percent of Total Uninsured Patients



Percent of ICP

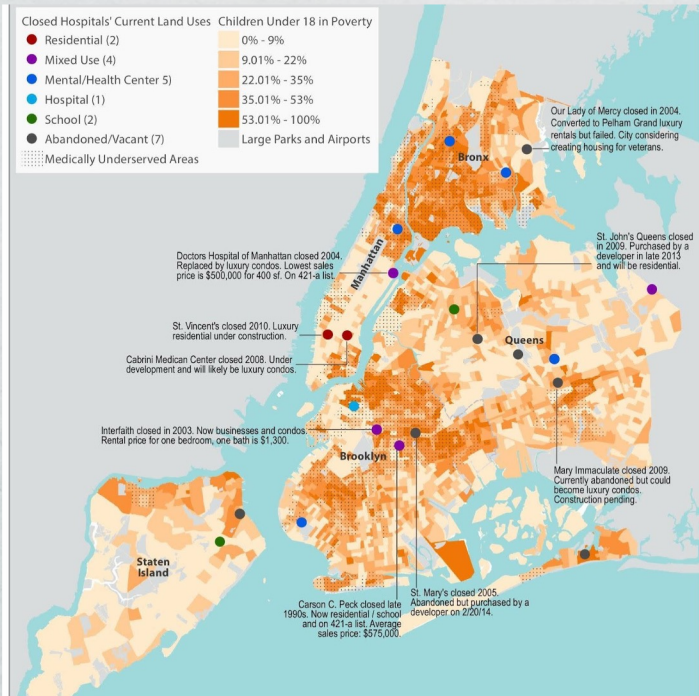


- Public Hospitals
- Private Non-Academic Hospitals
- Academic Medical Centers

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Consequences: Hospital Closures



Since 1995:

- 20 hospital closures
- Merger, consolidation, purchase of 35 local area hospitals into 5 networks
- Net loss of 4,967 beds

DURING COVID, OVER

10,000

BROOKLYN PATIENTS DIED - THE MOST OF ANY BOROUGH

#BEDSNOTBODYBAGS | #SAVEKINGSBROOK

DON'T CLOSE A HOSPITAL DURING A PANDEMIC

Keep Montefiore's Family Health Center OPEN



Toolkit: <https://bit.ly/SaveFHC>

BROOKLYN NEEDS DOWNSTATE

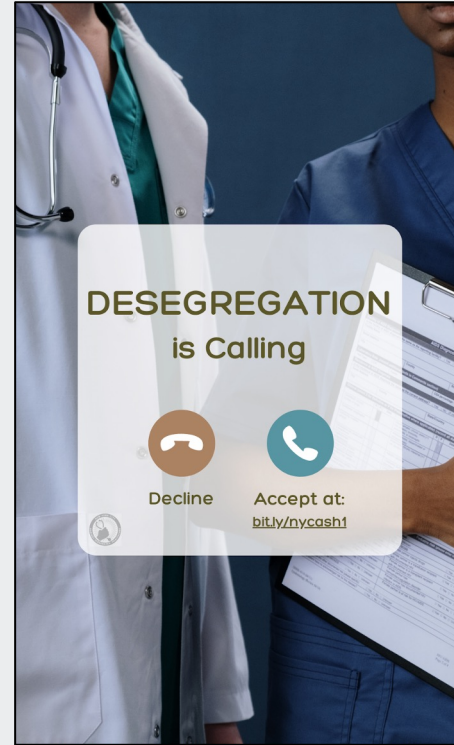
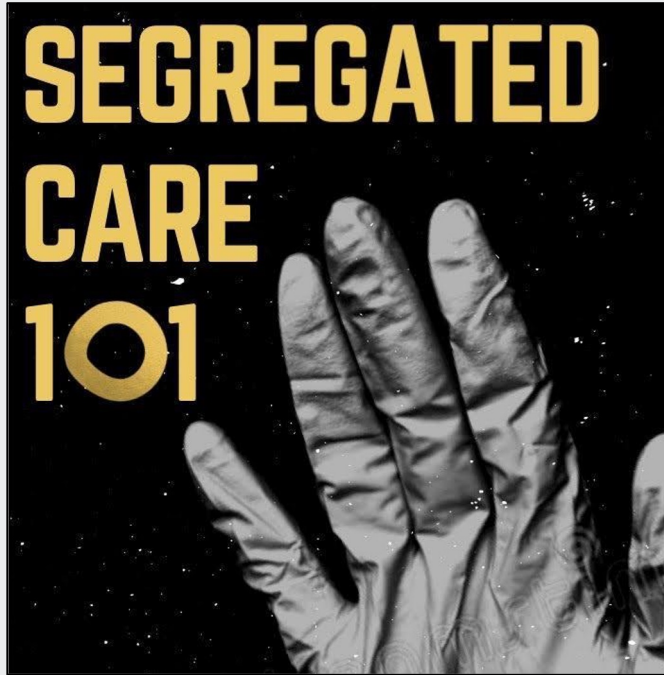


SAVE MOUNT SINAI BETH ISRAEL

RALLY WITH US!

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Collaborating on Segregated Care as a Trainee

Secret Shopper Study

Table 1. Appointment wait times in days

	FPA	IMA		
	Mean (σ)	Mean (σ)	<i>p</i>	<i>N</i>
Primary Care	3.3 (2.9)	20.8 (12.4)	0.033	8
Dermatology	2.8 (1.3)	50.5 (13.6)	0.0004	8
Endocrinology	29.3 (19.8)	54.0 (5.8)	0.095	7
GI	24.0 (12.0)	69.0 (12.7)	0.002	8
Orthopedics	7.8 (2.2)	77.3 (6.9)	0.0001	8
Total	13.4 (14.7)	54.3 (22.6)	<0.0001	39

NYCASH Secret Shopper Study Prelim Data

“**Automatically directed me to the billing department** before I was able to make an appointment.”

"If you are self pay **I can refer you to our urgent care** if you would like"

“he said he was **unable to find anyone in the NYP network that would take self-pay** in upper Manhattan near my zip. The person also recommended I call insurance companies to try to get insured, and that I go to urgent care”

“I'm surprised how **they did not offer any services or options in getting an appt** for someone without insurance wanting to self-pay”

NOT JUST HEALTHCARE

A MEDICAL STUDENT AGENDA FOR A HEALTHIER NEW YORK

FEBRUARY 26, 2024



Collaborating on Segregated Care as a Trainee



Thank You

Reach out!!

nycsegcare@gmail.com | www.nycsegcare.com | insta: @segcarenyc

Jenn: jesugijanto@gmail.com

Emily: xue.016@gmail.com

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