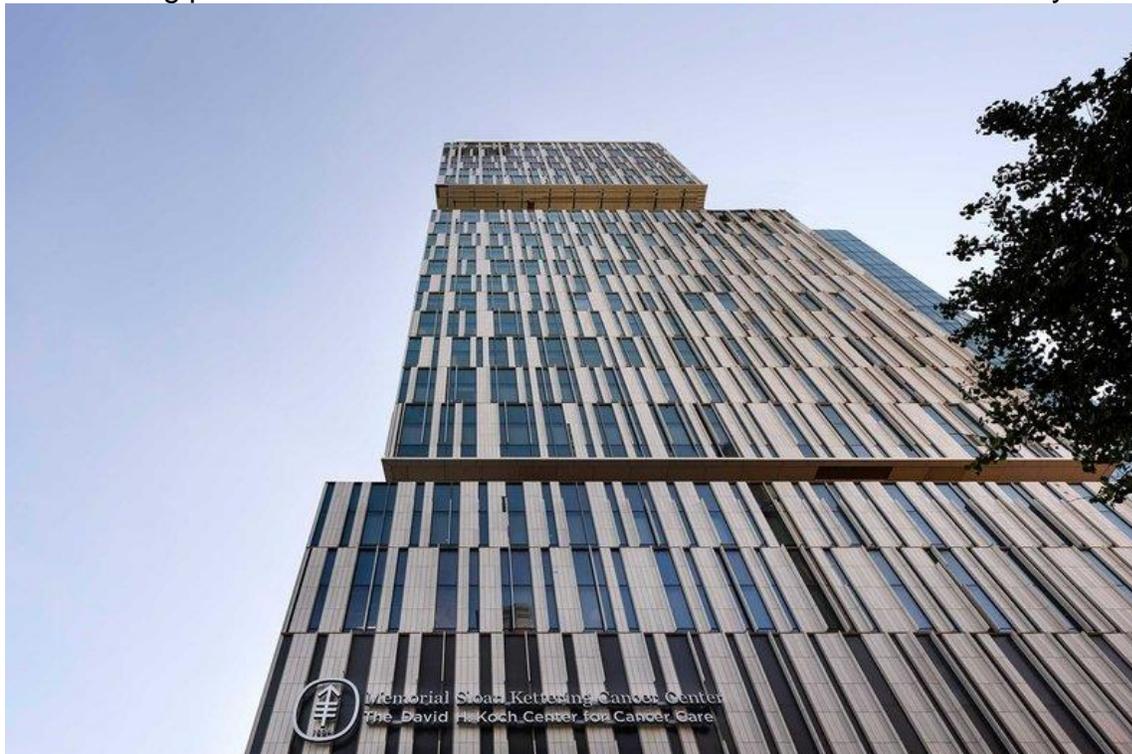


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MSK to open \$1.5B Koch Center for Cancer Care

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- Inequities in HIV prevention need to be addressed, Amida Care CEO says
- Hospital association to halt dues ahead of budget cuts
- Removing prior authorization for addiction meds would lower costs: study



Memorial Sloan Kettering/Karsten Moran

The David H. Koch Center for Cancer Care at Memorial Sloan Kettering Cancer Center

After four years and one very large donation, Memorial Sloan Kettering Cancer Center will start seeing patients next month at the David H. Koch Center for Cancer Care, the largest outpatient cancer center in the city, according to MSK.

The \$1.5 billion, 750,000-square-foot facility, located on East 74th Street between York Avenue and FDR Drive, will open today before patients begin arriving Jan. 20. David Koch donated \$150 million to support the project.

The facility will offer chemotherapy, immunotherapy, radiation oncology and imaging services as well as consultations for medical and surgical oncology.

The 25-floor center has 231 exam rooms, 110 infusion rooms and 37 procedure rooms. It also has 16 inpatient beds to accommodate those requiring short stays, such as lymphoma patients undergoing chemotherapy and people recovering after interventional radiology procedures.

One of the driving factors behind the project was the ability to move more MSK clinicians under one roof, said Jennifer Tota, senior director of ambulatory care at MSK. The facility also will be home to about 300 early-phase clinical trials.

"This center really represented an opportunity to bring together the disease-management teams that are geographically dispersed across many sites in the city," Tota said. "From a patient experience and convenience standpoint, we're limiting the number of locations our patients have to travel back and forth to."

For example, MSK's entire division of hematology will be able to work together at the site after being spread out across multiple Manhattan locations.

The project is one of several major outpatient projects undertaken in Manhattan. New York–Presbyterian [opened its own](#) \$1.1 David H. Koch Center—also backed by the [recently deceased](#) billionaire—in April 2018 on York Avenue between East 68th and East 69th streets. It offers multispecialty care, including surgery, interventional radiology, diagnostic imaging and infusion services.

Northwell Health [announced plans](#) to develop an ambulatory care and cancer center on Third Avenue between East 76th and East 77th streets in August 2018.

In recent years MSK has invested to bring services such as chemotherapy to communities in the suburbs. It now has locations in Nassau, Suffolk and Westchester counties as well as Bergen, Monmouth and Somerset counties in New Jersey.

The investment in the Koch Center will allow MSK to provide the same type of experience to patients in Manhattan as is offered by some of those new suburban sites, Tota said.

The Koch Center will be run by 1,300 employees, some of whom, along with patients, helped pick out the approximately 1,200 pieces of art displayed around the facility. MSK is preparing an app to help patients navigate the center that will include directions for a walking art tour.

"We're trying to curate an experience that doesn't feel so health care– and hospital-like," Tota said. —Jonathan LaMantia

Inequities in HIV prevention need to be addressed, Amida Care CEO says

As the city [reaches new milestones](#) in its fight against HIV/AIDS, Doug Wirth, president and CEO of Amida Care, says more work needs to be done to address persistent inequities in prevention and treatment.

Wirth on Monday testified at a City Council hearing that those inequities include that 9 out of 10 diagnoses in women are among black and Latina women. Transgender women are seeing increased HIV rates, and a rise in pre-exposure prophylaxis isn't reaching Black, Latino and LGBTQ communities.

The city "must close these gaps and accelerate the momentum," he said, in order to reach its Ending the Epidemic goals.

Amida Care, a Medicaid Special Needs Plan, is urging the city to promote PrEP usage among its Medicaid recipients at elevated risk for HIV, Wirth said. The city should collaborate with the state, he said, to maximize the benefit of Medicaid through negotiating larger discounts on the expensive medication.

"These discounts would help minimize costs and ensure that Medicaid health insurance plans have adequate rates to support PrEP uptake," he said.

As for other health plans, they should remove prior authorization for PrEP and cover the medication as well as related laboratory testing and medical appointments to ensure adherence, Wirth said.

Increased city funding, he said, should be made available for HIV employment programs that promote stable housing and better health outcomes as a result. — Jennifer Henderson

Hospital association to halt dues ahead of budget cuts

The Greater New York Hospital Association said it would make its membership dues voluntary in anticipation of state cuts to deal with a \$4 billion Medicaid deficit.

The association generates about \$6 million a year from dues to support its lobbying activities in Albany and Washington as well as educational programming about government policies and regulations.

"If a hospital chooses to pay its dues, we are grateful for that decision," the association said in a statement. "But for our member hospitals with scarce resources—including some that may be forced to respond to Medicaid cuts by severely tightening their belts in the area of patient care services—we want them to do what's best for their patients."

A spokesman for the association said GNYHA would rely on its existing assets to continue to support its advocacy. The association had about \$132 million in assets at the end of 2017, the last year for which financial data is available online.

The governor's office has said it will look to balance the state budget for this fiscal year by delaying \$2.2 billion in Medicaid payments into the next fiscal year, which starts in April, and by reducing Medicaid costs by \$1.8 billion. One way it could do so is by lowering the amount it pays health care providers.

While some of the state's nonprofit health systems generate hundreds of millions in operating income, other hospitals rely on state grants to stay open.

LaRay Brown, CEO of One Brooklyn Health System, which receives state support for its operations, said in an email to *Crain's* that the suspension of dues "would be a very welcomed benefit." Brown is on the board of the GNYHA Foundation.

"Every dollar saved on costs such as these can be used for direct patient care," she said. —J.L.

Removing prior authorization for addiction meds would lower costs: study

Removing prior-authorization requirements for opioid-use-disorder medications would decrease deaths and overall health care costs, according to a new study by RTI International, a nonprofit research institute headquartered in North Carolina. The study estimated that not requiring prior authorization for buprenorphine in New York's Medicaid program would result in a 20% increase in the number of people using the medication, compared to a formulary with such requirements.

Greater access to buprenorphine, the study notes, would decrease hospitalizations and emergency department visits, resulting in a \$51.9 million per year decrease in costs. Additionally, not requiring prior authorization would result in 20% fewer deaths related to opioid-use disorder.

The study comes as the Manhattan-based Legal Action Center noted that advocates and providers across the state continue to urge Gov. Andrew Cuomo to sign legislation to remove prior-authorization requirements for all opioid-use-disorder medications in both Medicaid and commercial insurance.

The American Medical Association has recommended that all states remove the requirements for medications to treat opioid-use disorder, the Legal Action Center said. Arkansas, Illinois, Maryland, New Jersey and Washington, D.C., already have done so, and New York can't ignore the benefits in terms of lives saved, health care savings and population health benefits.

In a tight budget year, the hope is that this study is "a piece of evidence that really demonstrates what we intrinsically know," said Allegra Schorr, president of the Coalition of Medication-Assisted Treatment Providers and Advocates of New York State.

"Putting barriers in front of medication," she said, "is costing dollars and is costing lives." —J.H.

AT A GLANCE

MOST INFLUENTIAL: Modern Healthcare has named its 100 Most Influential People in Healthcare for 2019. Local leaders [on the list](#) were Dr. Robert Grossman, CEO of NYU Langone Health (No. 20); Michael Dowling, president and CEO of Northwell Health (No. 44); Kenneth Raske, president of the Greater New York Hospital Association (No. 71); Mario Schlosser, CEO of Oscar Health (No. 80); and Dr. Mitchell Katz, president and CEO of New York City Health + Hospitals (No. 91).

MEDICAL BILLING: Health care journalist and author Elisabeth Rosenthal wrote in *The New York Times* about her husband's [medical bills](#) after he suffered multiple injuries in a bike crash. His experience in the ER and afterward, Rosenthal wrote, was filled with outrageous cover charges, stand-in doctors, drive-by visits and faux surgery. "Much of what we accept as legal in medical billing would be regarded as fraud in any other sector," she wrote.

SURPRISE BILLS: Hospitals aren't happy with Congress' fix for surprise bills, [Modern Healthcare reported](#). The legislation would hold patients harmless for certain medical bills and require insurers to pay providers at least the median in-network negotiated rate in the area. Providers could appeal if that rate is above \$750. Groups including the Greater New York Hospital Association said the bill gives insurers too much power and is being hastily attached to a year-end spending proposal.

SINGLE PAYER: The Empire Center's Bill Hammond [writes](#) that New York's \$4 billion Medicaid budget deficit is evidence that the state shouldn't be trusted to set up a single-payer system in which it would be responsible for managing health spending that would be several times the size of the Medicaid budget.

NEWS OF THE 2010s: *Crain's* Health Pulse is thinking about the most influential news events affecting health care in the New York metro area since 2010 as the decade comes to a close. Email your thoughts to pulse@crainsnewyork.com. We'll be highlighting some of your picks—and our own—at the end of the month.