

The Journal News

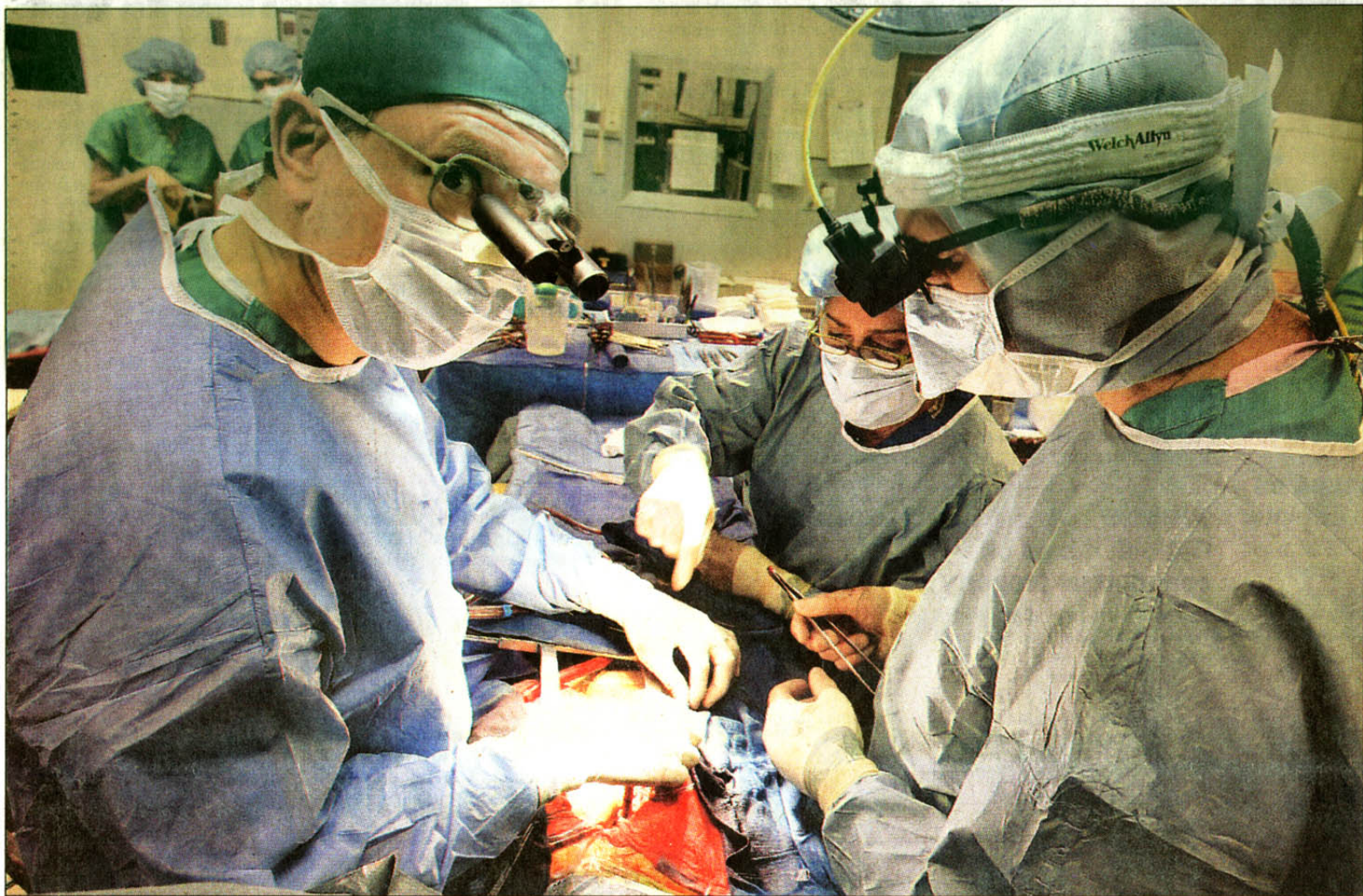
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SERVING THE LOWER HUDSON VALLEY SINCE 1850

HEALING THE HOSPITAL COMMITTED TO CARDIAC CARE

Heart of a comeback



Stephen Schmitt/The Journal News

Westchester Medical Center Drs. Steven Lansman, left, chief of cardiothoracic surgery, and David Spielvogel perform triple bypass surgery with operating room nurse Nancy Bisordi last month. Lansman was looking up at the heart monitor.

Westchester Medical Center discharges

		Cardiothoracic surgery
Overall		
1998	20,322	1,387
1999	20,441	1,290
2000	21,231	1,247
2001	21,419	1,263
2002	21,654	1,158
2003	21,669	1,105
2004	21,317	2,869

Complex surgeries expected to staunch financial bleeding

Melissa Klein
The Journal News

VALHALLA
It's 2:30 p.m. and a little more than an hour after Elliot Singer's heart started pumping blood again. Dr. Steven Lansman walked into a waiting room at Westchester Medical Center to tell Singer's wife and children the re-

sults of the triple bypass surgery. "Everything went fine," said Lansman, the chief of cardiothoracic surgery at the medical center. "He's fine. He came out of the heart-lung machine without any special help or trouble. That's usually a good early sign."

The family asked a few questions and thanked Lansman. In less than four minutes, the doctor was ready to recharge with a cup of coffee and move on with the rest of his day. There was a lecture to medical students and two more surgeries, both heart-valve replacements. He left for his New York City home after

midnight.

Lansman is loath to discuss his long hours, lest it seem like he is bragging. It may be just another day in the life of a heart surgeon, but a packed operating schedule is a healthy indicator in a hospital that has spent the last three years trying to regain its financial footing.

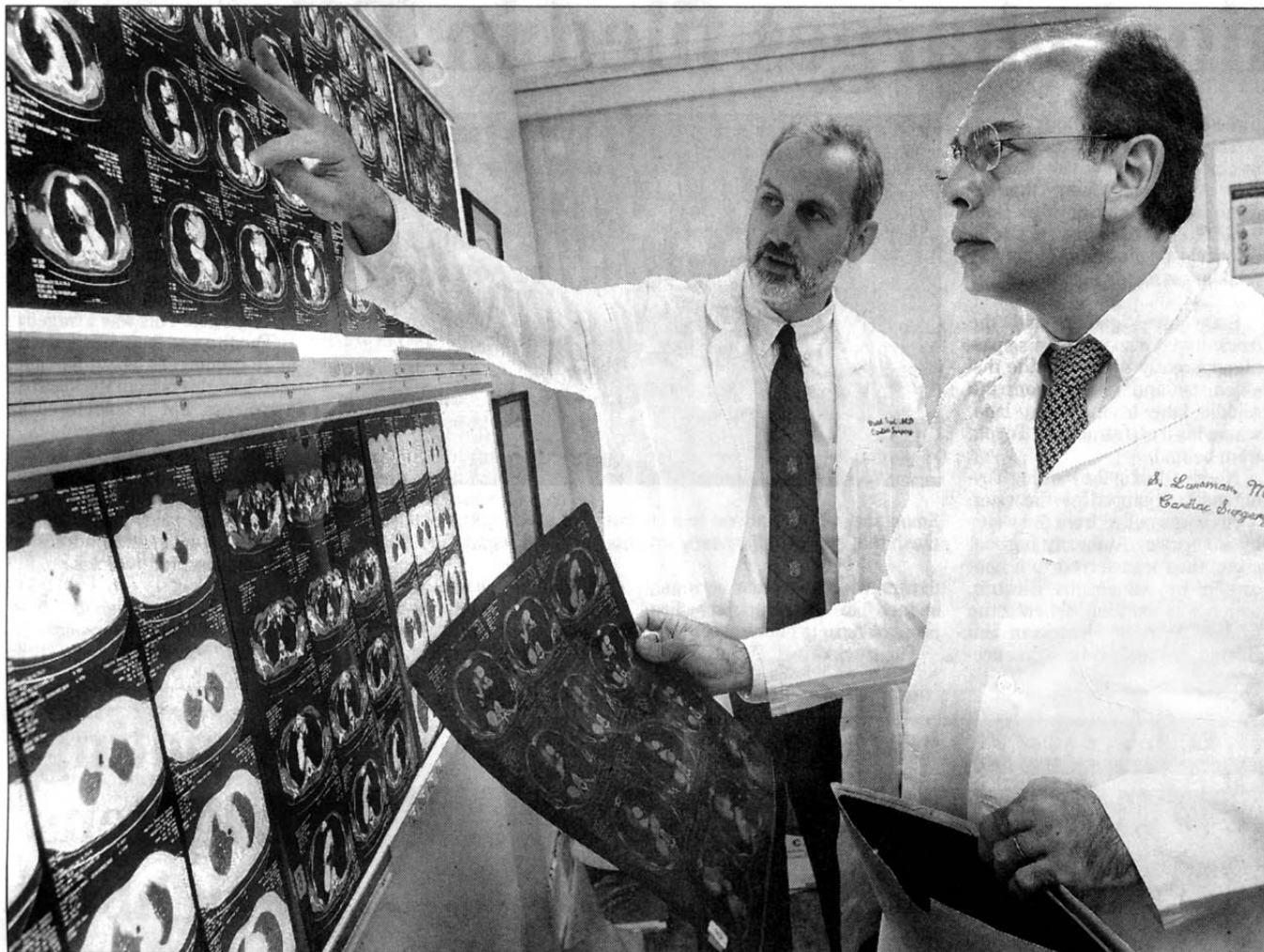
More patients, and the right kind of patients, are crucial in bringing in more dollars and trying to offset the kinds of services, like the medical center's regional burn center and clinics, that never will make money. The preferred patient, from

The series

Healing the Hospital is a look at ways the struggling Westchester Medical Center is trying to return to solvency.

Today: The first in a series, this story focuses on the heart surgery unit.

Please see HEART, 4A



Cardiothoracic surgeons Drs. David Spielvogel, left, and Steven Lansman, chief of cardiothoracic surgery, look over CAT scans of the heart from a patient before surgery Sept. 29 at Westchester Medical Center in Valhalla. Stephen Schmitt/The Journal News

Cardiac surgery helps cash flow

HEART, from 1A

a financial perspective, is one having perhaps an aneurysm repaired, a brain tumor removed or a hip replaced.

"If you look at things like cardiovascular, neurovascular, orthopedics, oncology, those are the services that not only fill beds but allow the institution to generate surpluses," said Michael Israel, who took over as interim hospital president last month. He works for the consulting firm Pitts Management Associates, which has been running the hospital since last year.

The hospital, overall, has not generated a surplus since 2000 and has lost money every year since, more than \$200 million. The loss for this year is estimated at \$60 million, which a recent infusion of county money will soften but not erase. During the past year or so, the Pitts team has worked to shore up some of the areas that got the hospital into trouble in the first place, such as fixing its inadequate computer and accounting systems.

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While that work continues, hospital leaders are seeking to make the formerly county-run institution more attractive, creating some private rooms and bringing in more specialists. A new gynecological oncologist and a well-respected group of cancer surgeons recently joined the staff.

"It's known in the industry as trying to grow the volume," said Kenneth Raske, president of the Greater New York Hospital Association, a trade group. "Hospitals across the United States, not only here, of course, are constantly looking at ways and services that they can develop that would enhance patient volume and obviously fit a need of a community."

Israel said the occupancy rate of the 634-bed hospital needs to be between 85 and 90 percent. It has been about 78 percent this year.

One of the hospital's challenges, Israel said, was convincing Westchester residents to stay home for their medical care — residents like former President Bill Clinton, perhaps, who had his heart trouble diagnosed at Westchester Medical Center a year ago but went to a New York City hospital to have it repaired.

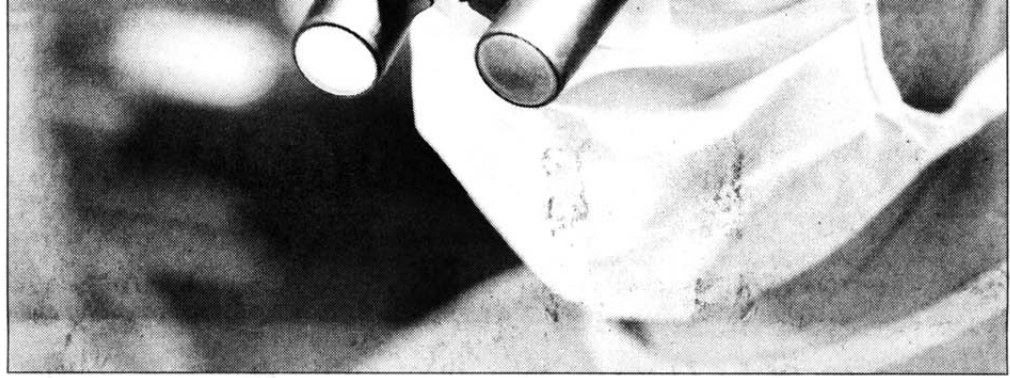
John Spicer, a hospital board member, put it this way when talking to county lawmakers last year: "Our high-end physicians have got to compete better with New York City high-end physicians."

Jump-start

In recruiting Lansman and a colleague, Dr. David Spielvogel, the medical center grabbed two of those city doctors. They were hired from Mount Sinai Medical Center in January to lead the cardiac surgery department and restart the heart transplant program, suspended amid the financial crisis.

A robust heart-surgery department is particularly important because it is traditionally a profit center at a hospital. A decline in bypass operations in 2002 and 2003 in favor of angioplasty procedures cost the hospital an estimated \$7 million in revenue. Israel couldn't say how much the department brings in because, he said, it was not yet possible to calculate the department's expenses. He said newly installed computer programs should help to fix that problem, and begin providing those numbers, by early next year.

The medical center signed a \$4.65 million contract with Lansman's practice, providing income guarantees over five years, an unusual arrangement for the hospital. The practice is guaranteed up



"This is one of the things we want to be on the forefront of here."

Dr. Steven Lansman on the burgeoning area of mechanical heart pumps.

to \$1.1 million for each of the first three years. Lansman also is paid \$400,000 by the hospital, through its affiliation agreement with New York Medical College, for his administrative, teaching and supervisory roles at the hospital. That money counts against the guarantee.

Israel said the guarantee was a recruitment tool and helped to alleviate economic concerns for doctors who were leaving their established practices.

"Sometimes, individuals just need time to establish their referral sources and to make a name for themselves in the community so patients will come," he said.

A rogue transplant

Lansman, 56, trained at Downstate Medical Center in Brooklyn with Dr. Randall Griep, a leader in the field of heart surgery. In 1986, Griep recruited Lansman to work at Mount Sinai and join the fledgling heart-transplant program there.

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In August of that year, Griep performed Mount Sinai's first heart transplant, an operation done before the hospital had state permission to begin the surgeries. Lansman, a junior member of the transplant team, assisted.

"That whole process was not my doing," Lansman said.

The program regrouped and eventually received the state go-ahead. From 1989 through the end of 2004, some 350 heart transplants were performed at Mount Sinai, and Lansman, who eventually became head of the department, said he participated in 300

of them.

On his dresser at home, Lansman keeps a telephone message taken by his secretary from one of those patients, a man who underwent two heart transplants a decade apart. The message reads: "I'm skiing. Thank you so much."

Westchester started a heart transplant program in 2001 but never exceeded 20 transplants. The program was put on hold last year because there were not enough transplants to financially justify it.

Lansman said the hospital could probably ramp up to doing 15 heart transplants a year after two or three years. The program was reactivated by the state last month.

A shortage of hearts for transplants means some patients may be treated with mechanical pumps, or assist devices, that keep the heart working while they wait. There also is a burgeoning area, now largely in the trial phase, in pumps that may provide more permanent help for those who are not good transplant candidates.

"This is one of the things we want to be on the forefront of here," Lansman said.

One way in which these heart-failure patients increase a hospital's revenue is in the number of tests and evaluations they require and, after a transplant, the years of follow-up.

"Once you have a transplant, you're really married to that program," Lansman said.

In addition to transplants, Lansman wants to do more valve and aneurysm repairs — the types of operations at Mount Sinai that helped to counter the dip in bypass operations there.

There undoubtedly are challenges to being new to a hospital and trying to build up a program. The number of pediatric and adult heart surgeries from January through August of this year was 502, fewer than the 599 during the same period last year. Lansman said in the bypass operations done by his practice, there has been one death.

Growing pains

The department has seen its own share of upheaval amid the hospital's financial turmoil.

The cardiac surgery team, once a cohesive department of nine or

so doctors, fractured in recent years into separate groups. At the beginning of 2005, three doctors defected to Mount Sinai. There now are six surgeons in the department, and Lansman works with his own colleagues.

Also, one of the department's surgeons, Dr. Arlen Fleisher, was arrested in May and charged with illegally supplying Viagra and other erectile dysfunction medications to organized crime figures. Court dates are pending.

Further, since January, most of the perfusionists, the specialists who operate the heart-lung machines during bypass surgery — temporarily stopping the heart so repairs can be made — have left after the hospital considered outsourcing their work. They were replaced by per-diem employees, and the hospital just awarded a \$2 million contract to a New Jersey company to run the department.

Lansman said the turmoil with the perfusionists had not created any problems.

"From my point of view, they've been doing a great job," he said.

In one respect, Lansman and Spielvogel had an easy transition when they arrived in Westchester: They had two patients waiting for them on their first day. The first was Thomas LaMotte, the husband of County Legislator Ursula LaMotte. He had been in the hospital for several days and needed bypass surgery.

"I think they walk on water," Ursula LaMotte said of the doctors. "I cannot tell you the level of comfort that they gave me as they went into the surgery."

Of course, finding patients is not always that simple. The doctors have gone to community hospitals to introduce themselves and to increase the all-important referrals from cardiologists and internists.

For Elliot Singer, a 65-year-old psychiatrist from Chappaqua, the decision to have heart surgery at the medical center was an easy one. He had an insider's view of Lansman and Spielvogel from his son, Elan, who did his residency at Mount Sinai and had operated with them.

"He was very effusive in his recommendations about their acumen and their surgical skills, and that's all I needed to hear," Singer said.

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