Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Seventh Floor Pediatrics Unit Tour Attendance List [partial] (1 page)	4/13/94	b(6)
002. list	Seventh Floor Pediatrics Unit Tour Attendance List [partial] (1 page)	4/13/94	b(6)
003. schedule	Schedule for Hillary Rodham Clinton, Draft #4 [partial] (4 pages)	4/14/94	b(7)(E), b(6)
004. fax	From: Lisa Alvarcaga, North General Hospital, To: Liz Boyer, Re: Pediatric Patients [partial] (1 page)	4/13/94	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3984

FOLDER TITLE:
[HRC Background File, Thursday, April 14 1994]

2014-0483-S
sb412

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

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North General Hospital

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SEVENTH FLOOR PEDIATRICS UNIT TOUR
ATTENDANCE LIST

Pearl Stiell	Vice President, Nursing
Patricia Norman	Senior Vice President, Finance
Myint Than-Tin, MD	Director, Dept. of Pediatrics
Katikaneni Rao, MD	Attending Physician
Anthony Francis, MD	Attending Physician
Agnes Belgrave, RN	Dept. of Nursing
Cora Taningco, RN	Dept. of Nursing
LaShea Aldridge, RN	Dept. of Nursing
Barbara Roman, RN	Dept. of Nursing
Lydia Colon, LPN	Dept. of Nursing
Alice Patrice, Nursing Attendant	Dept. of Nursing
Nichole Jeanty, Clerk	Dept. of Nursing
Listra Carr	Volunteer
Estelle Lipscomb	Volunteer
Dorothy Currie	Volunteer
Lizzie Mapp	Volunteer

PATIENT	PARENT	AGE	CONDITION
(b)(6)		1 yr	Gastroenteritis
		10 month	Gastroenteritis
		1.5 yr	Asthma

001

LIST OF ATTENDEES FOR MEETING WITH
HILLARY RODHAM CLINTON
IN 5TH FLOOR CONFERENCE ROOM

1. Hillary Rodham Clinton

2. Charles Rangel — Rangell
   Congressmen 15th District

3. Livingston Francis
   Chairman, BOT
   North General Hospital

4. Myron Gershberg, MD
   Director
   Department of Psychiatry, NGH

5. Erlinda Bocar, MD
   Director
   Department of Laboratories, NGH

6. Chrisanta Mosende, MD
   Attending Physician
   Ambulatory Care, NGH

7. Bennie Chiles, MD
   Harlem Community Physician

8. Kutub Nadaf, MD
   Attending Physician
   Department of Surgery, NGH

9. Karen Adamson, MD
   Attending Physician
   Ambulatory Care, NGH

10. Pearl Stiell, RN
    Vice President, Nursing, NGH

11. Muriel Petioni, MD
    Harlem Community Physician

12. Bonnie Ross, DO
Director, Emergency Medicine, NGH

13. Samuel Daniel, MD
Acting Director
Department of Medicine, NGH

14. Malcolm Reid, MD
Chief
Physicial and Rehabilitative Medicine, NGH

15. Judith Osvath, MD
Attending Physician
Ambulatory Care, NGH

16. Nabil Saad, MD
Member
Board of Trustees

Rangell
John

17. David Hammer, MD
President, Medical Staff, NGH

18. Henry Godfrey, MD
Director
Department of Surgery, NGH

19. Community Physician T.B.D. → No

20. Randolph Guggenheimer
Former Chairman
Board of Trustees, NGH

21. Eugene McCabe
President

22. Dennis Rivera
President
Local 1199

23. Keith Wright
NYS Assemblyman

24. Basil Paterson
Former Secretary of State, NY

No

25. David Paterson
NY State Senator No

26. C. Virginia Fields
Councilwoman, NYC No

27. Angelo Del Toro
Assemblyman, NYS No

28. Olga Mendez
NY State Senator No

29. Percy Sutton
Former Borough President No

30. William Tatum
Publisher, Amsterdam News No

31. Kenneth Raske
President
Greater New York Hospital Association No

32. James Tallon
President
United Hospital Fund No

33. Elinor Guggenheimer
Former Commissioner Consumer Affairs, NYC No

34. Bruce Goldman
Executive Director
Harlem Hospital No

35. Gary Gambuti
President
St. Luke's-Roosevelt Hospital Center No

36. Robert Gumbs
Executive Director
Health Systems Agency

26

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Listra Carr	Volunteer
Estelle Lipscomb	Volunteer
Dorothy Currie	Volunteer
Lizzie Mapp	Volunteer

PATIENT	PARENT	AGE	CONDITION
[redacted]	(b)(6)	1 yr	Gastroenteritis
		10 month	Gastroenteritis
		1.5 yr	Asthma

002

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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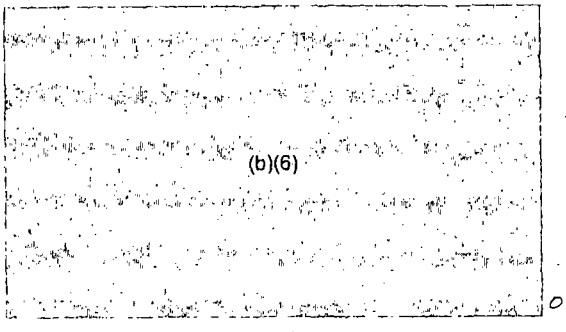
SCHEDULE FOR HILLARY RODHAM CLINTON
DATE: THURSDAY, APRIL 14, 1994
DRAFT #4

WASHINGTON, DC; NEW YORK, NY; WASHINGTON, DC

Travelling Staff:	**Craighead**	**SKYPAGE**	**PIN#883-5773**
	Caputo	**SKYPAGE**	**PIN#883-5733**
	Verveer		
	Ralph Alswang		
Congressional Delegation:			
	Cong. Charles Rangel		**[D-NY]**
Guests:	**Sara Ehrman**		
Lead Advance			
New York, NY	**Kara McGuire**		**Rm#28-T**
	Waldorf Astoria Hotel		
	301 Park Avenue		
	Phone: 212/355-3000		
	Fax: 212/872-7272		
	In Room Fax: 716/776-2052		
	Cellular: 202/494-9730		
	1-800-SKYPAGE		**PIN#883-5738**
Scheduling Desk:	**Julie Hopper**		
	202-456-7561	**office**	
	202-456-2317	**fax**	
	202-544-4223	**home**	
	1-800-528-7823	**WHCA#4096**	

PREV RON The White House

7:15 am



003

8:15 am **DEPART** The South Portico
EN ROUTE Andrews Air Force Base
[Drive Time: 25 minutes]
<u>Travelling w/HRC:</u>
Kelly Craighead
Lisa Caputo
Melanne Verveer
Ralph Alswang
Sara Ehrman

8:40 am **ARRIVE** Andrews Air Force Base
Phone: 301/981-2100
Fax: 301/981-4527 OR 202/395-1233

8:45 am [EDT] **WHEELS UP** Washington, DC

FLIGHT TIME: 50 minutes
MANIFEST: HRC, Craighead, Caputo, Verveer, Alswang, Ehrman, Cong. Charles Rangel, (b)(7)e 003
FOOD: Breakfast

9:35 am [EDT] **WHEELS DOWN** La Guardia
FBO: Signature Flight Support
Marine Air Terminal
Holding Room: **tbd**
Phone: 718/476-5200
Fax: 718/476-5239
CLOSED PRESS/PUBLIC ARRIVAL

NOTE: Kara McGuire will meet HRC at the airport.

NO GREETERS

9:40 am **DEPART** The Airport
EN ROUTE North General Hospital
[Drive Time: Approx. 10-15 minutes]

MOTORCADE MANIFEST:
LIMO: HRC
STAFF VAN: Craighead, Caputo, Alswang
VIP VAN: Cong. Charles Rangel, Verveer, Ehrman

9:55 am **ARRIVE** North General Hospital
1879 Madison/122nd Streets
[Main Entrance]
OPEN PRESS ARRIVAL

Greeters: Eugene "Gene" McCabe; Pres. of North General Hospital
Livingston Francis; Chm. of the Board
Assemblyman Angelo Del Toro [D]
Borough President Ruth Messinger [D]

10:00 am **VISIT** to North General Hospital
HRC's Holding Room: 7200 Conference Room
Phone: 212/423-4788
Fax: 212/423-4204
Staff Holding Room: 7th Floor, Conference Rm.
Attire: Business
10:00 am **PROCEED TO 7TH FLOOR**

ELEVATOR MANIFEST:
HRC, Craighead, McGuire, Cong. Rangel, Verveer, Caputo, Alswang, Rogers

---

10:05 am-
10:20 am **TOUR** of the Pediatric Unit
7th Floor
POOL PRESS ONLY

PARTICIPANTS ON TOUR:
- HRC
- Cong. Charles Rangel
- Eugene McCabe
- Dr. _____

FORMAT:
- HRC will tour pediatric unit; stop in playroom and visit with three children and their mothers.
  TIGHT POOL PRESS ONLY

- Proceed to nurses station for specialized computer demonstation (up-to-date billing and processing for patients, etc.)
  TIGHT POOL PRESS ONLY

- Proceed with tour of pediatric unit
  CLOSED PRESS

- Proceed to 5th Floor for Administrators Meeting

10:25 am-
11:00 am **PRIVATE MEETING** w/Hospital Administrators
Conference Room - 5th Floor
CLOSED PRESS

PARTICIPANTS: Approx. 20 expected to attend
[See briefing book for further info]

FORMAT:

- Informal meeting w/administrators

Event Contact: Eugene McCabe 212/423-3900
Rangel Contact: Vivian Jones 212/663-3900

11:00 am-
11:10 am **OFFICIAL PHOTO/MEET & GREET**
Adjoining Conference Room - 5th Floor
CLOSED PRESS

PARTICIPANTS: 20 expected to attend

FORMAT:
- Informal meet & greet/official photos

Rangel Contact: Emil Jones 225-0293

11:15 am **DEPART** North General Hospital
EN ROUTE Waldorf Astoria Hotel
[Drive Time: 25 minutes]

MOTORCADE MANIFEST:
LIMO: HRC
STAFF VAN: Craighead, Caputo, Alswang
VIP VAN: Cong. Rangel {T}, Ehrman, Verveer

11:40 am **ARRIVE** The Waldorf Astoria Hotel
301 Park Ave.
The Well

11:45 am-
12:15 pm **OFFICIAL PHOTO/MEET & GREET W/LOCAL DIGNITARIES**
Hoover Suite -- 4th Floor
HRC's Holding Room: Hoover Anteroom
CLOSED PRESS

PARTICIPANTS: Approx. 40-50 expected to attend
[See briefing book for further info]

FORMAT:
- Receiving line/official photos

Staff Contact: Joe Velaesquez 456-6257

SCHEDULE FOR HILLARY RODHAM CLINTON
THURSDAY, APRIL 14, 1994
PAGE 5

12:30 pm-
1:00 pm **LUNCH**
Suite - 42R
Staff Hold: 41M

1:00 pm-
3:00 pm??? **PRIVATE MEETINGS**
Suite
CLOSED PRESS

PARTICIPANTS:

FORMAT:
-- 30 minutes for each individual meeting

Event Contact: Patti Solis

3:00 pm-
5:30 pm **DOWN TIME**
Suite _____ at the Waldorf Astoria Hotel

5:30 pm-
6:30 pm

(b)(6)

003

7:15 pm **DEPART** The Waldorf Astoria Hotel
EN ROUTE New York Public Library
[Drive Time: 10 minutes]

MOTORCADE MANIFEST:
LIMO: HRC
STAFF VAN: Craighead, Caputo, Alswang, Verveer
GUEST VAN: Available

7:25 pm **ARRIVE** New York Public Library
455 5th Ave.

Greeters: - Dr. Paul LeClerc
- Judith Ginsberg, wife of Dr. Paul LeClerc

7:30 pm — **PROCEED** to Trustees Room

7:30 pm-
7:50 pm — **MEET & GREET** w/VIP's
Trustees Room
CLOSED PRESS

PARTICIPANTS: Approx. 25 expected to attend

FORMAT:
-- Informal meet & greet/official photo

8:00 pm-
10:30 pm — **ELIE WIESEL FOUNDATION'S HUMANITARIAN AWARD**
Celeste Bartos Room
HRC's Holding Room:
Phone: 212/
Fax: 212/
Staff Holding Room:
Attire: **BLACK TIE**
POOL PRESS DURING REMARKS ONLY

PARTICIPANTS: Approx. 500 expected to attend
[See briefing book for further info]

FORMAT:
-- Dinner is served

Seated beside HRC:
- Elie Wiesel
- Edgar Bronfman

-- Charlie Rose; Master of Ceremonies

Brief Remarks by the Following: Approx. 25 minutes total
-- Dr. Paul LeClerc
-- Edgar Bronfman, Chairman
-- Prime Minister Tansa Ciller
- Barbara Striesand

- Dr. Emanuel Rackman gives invocation
- Bernard Kalb, Presentation of the 1994 Prizes in Ethics
- Elie Wiesel, Presentation of the Humanitarian Award to HRC
- HRC delivers remarks
- Carly Simon sings
- HRC departs

Event Contact: Marion Wiesel 212/221-1100

10:30 pm **DEPART** New York Public Library
EN ROUTE The Airport
[Drive Time: 20 minutes]

MOTORCADE MANIFEST:
LIMO: HRC
STAFF VAN: Craighead, Caputo, Alswang, Verveer, Ehrman

10:50 pm **ARRIVE** The Airport

11:00 pm [EDT] **WHEELS UP** New York, NY

FLIGHT TIME: 55 minutes
MANIFEST: HRC, Craighead, Caputo, Verveer, Kinney, Ehrman, (b)(7)e 003
FOOD: Snack

11:55 pm [EDT] **WHEELS DOWN** Washington, DC

12:00 am **DEPART** Andrews Air Force Base
EN ROUTE The White House

12:25 am **ARRIVE** The White House South Portico

RON The White House

WEATHER FORECAST FOR NEW YORK CITY:
-- Partly sunny, warm and breezy. High around 71. Lows in the 50's.

WEATHER FORECAST FOR WASHINGTON, DC:
-- Mostly sunny and warm. High around 80. Low around 55. Wind 10-20 mph.

North General Hospital
1879 Madison Avenue • New York, NY 10035
Telephone: (212) 423-4000 • Fax: (212) 423-4219

FACSIMILE TRANSMITTAL FORM

DATE: April 12, 1994

TO: Elizabeth Boyer

FIRM/AGENCY:

SEND TO FAX #: 202-456-2239

SPECIAL INSTRUCTIONS:

[ ] AS WE DISCUSSED [ ] AS YOU REQUESTED

[ ] FOR YOUR INFORMATION [ ] AS PROMISED

[ ] DELIVER TO:

[ ] CALL TO CONFIRM RECEIPT:

ADDITIONAL COMMENTS:

FROM: Lisa Alvarenga

TELEPHONE #: (212) 423-4490

FAX #: (212) 423-4204

Number of Pages including cover sheet:

February 15, 1994, Tuesday, BC cycle

SECTION: Regional News

DISTRIBUTION: New York

LENGTH: 342 words

HEADLINE: Rangel urges health reformers to remember urban poor

DATELINE: WASHINGTON

BODY:

Rep. Charles Rangel, D-N.Y., said Tuesday that while he supports the Clinton health reform plan and a competing plan, he believes these proposals along with all the others must include provisions that pay more attention to the urban poor.

Rangel, who represents New York City's Harlem neighborhood, told the GroupHealth Association of America, which represents most of the nation's health maintenance organizations, that reform of the country's massive health care bureaucracy must help the people already largely ignored by it.

The congressman said President Clinton, who in announcing his reform plandisplayed a proposed health insurance card that he hoped would serve as access to health care for all U.S. citizens, needed to give cities more doctors and hospitals to go along with their cards.

''If I don't have the doctors, if I don't have the hospitals, if I don'thave the health care, what am I going to do with that plastic card?'' Rangel asked.

Rangel has signed up as a sponsor of both the Clinton health reform planand a competing plan for a single-payer system propoposed by Rep. Jim McDermott, D-Wash.

But Rangel questioned how effective the Clinton plan or any other plan wouldbe in serving the special needs of the poor and the drug- addicted, and asked who the president expected to pay for the treatment of illegal aliens barred from the benefits of the administration's plan.

''Suppose he or she doesn't want to be 'rehabilitated,' just wants a littlemethadone to ease the habit now and then?'' Rangel said.

''What happens to the illegal aliens, do they not get sick any more?'' hesaid.

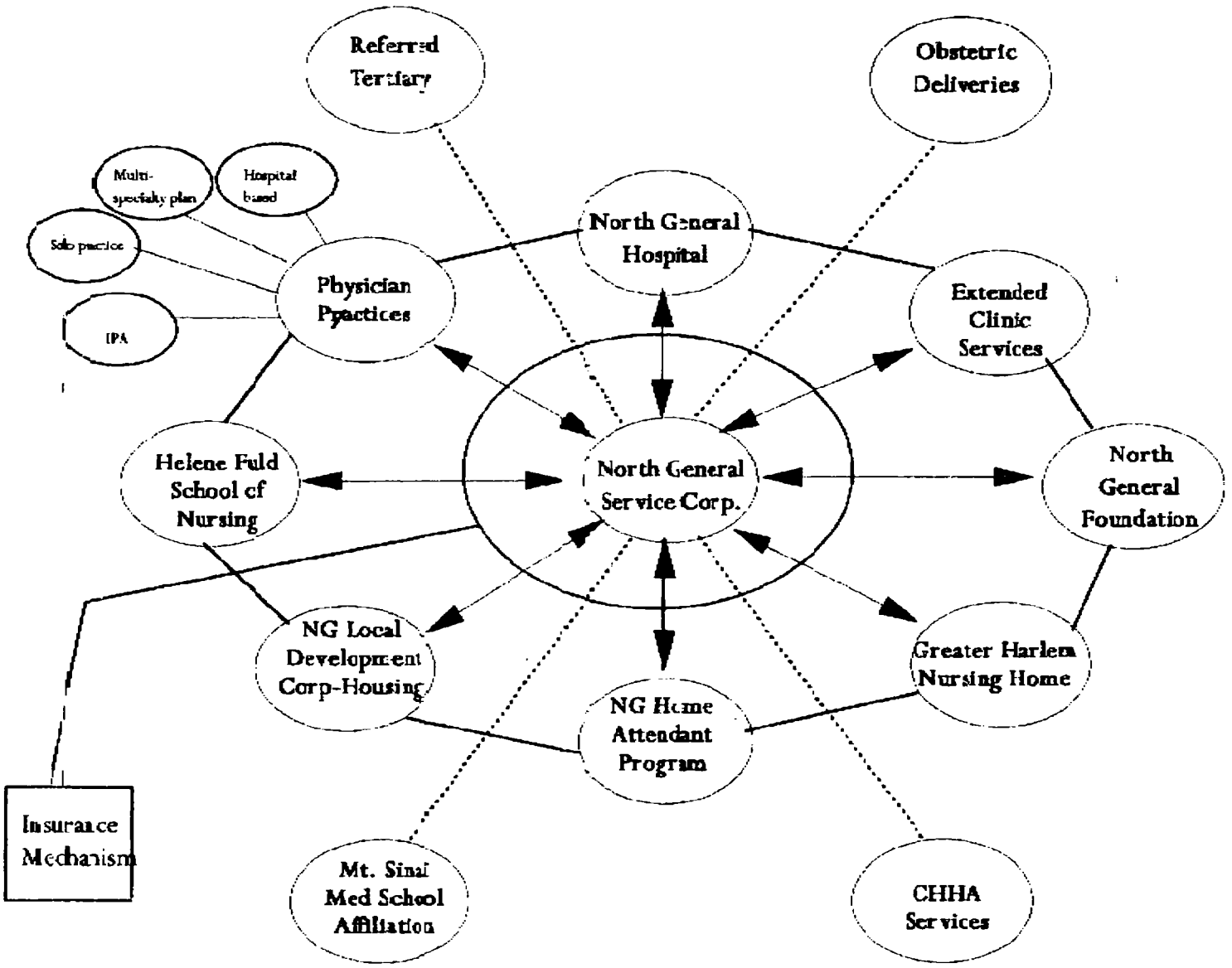
Rangel said that forcing local communities to continue to deal with suchproblems would not reduce or eliminate such costs, but keep them hidden in other budgets.

He suggested the government, as part of its search for job opportunities forthe unemployed, could begin training more people, particularly in medically underserved urban areas, to perform needed jobs in the health care industry.

LANGUAGE: ENGLISH

LOAD-DATE-MDC: February 16, 1994

North General Services Corporation
Integrated Service Network



#End of fax#

April 13, 1994

VISIT TO NORTH GENERAL HOSPITAL

DATE: Thursday, April 14
TIME:
LOCATION: Harlem, New York
FROM: Liz Bowyer

I. PURPOSE

To tour the pediatric ward of North General Hospital in Harlem with Congressman Rangle, and discuss how health care reform will affect underserved areas and hospitals like North General with a group of hospital administrators.

II. BACKGROUND

North General Hospital

North General Hospital in Harlem is the only minority operated, private, community teaching hospital in New York State. The 240-bed hospital sits astride two of the most medically underserved communities in the nation, East Harlem and Central Harlem, and serves as the primary source of care for most of the community's 750,000 residents. North General is Harlem's only private hospital and its largest private employer.

In 1992, there were 120,000 ambulatory care visits to the hospital, 25,000 of which were emergency room visits. Rates of HIV/AIDS, bronchitis, respitory infections, hypertension and cancer at the hospital are the highest in New York City. More data...

Need percentages of payments ...

North General operates two residency programs in general internal medicine and general surgery through an affiliation with the Mount Sinai School of Medicine. North General also operates the Helen Fuld School of Nursing. Beyond the hospital, North General operates several ambulatory care clinics that provide non-emergency care for neighborhood people, and the North General Home Attendant Program.

North General is one of the New York State Health Department's designated sites for enhance primary care services, and is also the testing locus for the New York State Health Department's single-payer demonstration project, which is intended to streamline electronic claims processing.

History

In 1989, with the help of Congressman Rangel and Governor Cuomo, North General secured $150 million in state-supported financing to construct a new, community-based, primary care hospital in Harlem. Since 1979, North General had been located in ~~had been housed in~~ a broken down building two blocks away that ~~was~~ formerly New York's Joint Diseases Hospital. In December 1991, the new $70 million state-of-the-art facility was completed six months ahead of schedule, with a realized net savings of over $15 million, and was recognized as a model construction program in New York state.

The new facility has been applauded in the community for providing excellent care, but the hospital still suffers from problems typical of all underserved areas: an emergency room that is always saturated; lack of primary care physicians; 59 percent of the population in Harlem is dependent on income maintenance and government entitlement programs, and 60 percent of the births in Harlem are paid by Medicaid dollars.

Integrated Delivery System

Need info on the development of an integrated delivery system...
North General, working with the New York State Department of Health, has begun to develop a managed care plan as means of improving the continuity of care to the patients they serve

President McCabe

Many credit President McCabe for spearheading the hospital's revitalization efforts, and for leading the hospital through its original financial struggles. President McCabe recently testified in front of the Ways & Means Committee on health reform and the problems of hospitals like North General (see attached.) McCabe was also at the President's Economic Summit in December 1992.

Randolph Guggenheimer, a lawyer and philanthropist and the chairman emeritus of North General, was also crucial to the rebuilding of the hospital, and recently received the United Hospital Fund's Community Service Award for championing North General.

Community Outreach

North General has a strong commitment to revitalizing the Harlem community as a whole. More than half of North General's 1,150 full and part-time employees are from the Harlem area or have roots in the community, and the hospital was designed by Alexa Donaphin, a Harlem resident. (Pres. from there?)

The hospital collaborates with neighboring planning boards, and state and local

agencies to help develop housing and building projects. The hospital recently built a 150-unit, Limited Equity Coop, ~~and~~ is planning to build, in conjunction with the state government, a 135-unit co-op for people of low to moderate income in Harlem and East Harlem. The hospital also plans to build a 28--unit housing facility for people with AIDS or HIV.

President McCabe said of the hospital's housing efforts, "We're not in the housing business, but our feeling is that if you build up the community, you strengthen the hospital."

Tour

Pediatric Ward:

Computer:

April 13, 1994

MEETING WITH ADMINISTATORS:

I. PURPOSE

II. BACKGROUND

The concerns of this group of administrators, doctors and hospital staff will probably be similar to those voiced at the Kings County Hospital meeting in February (see attached.).

President McCabe recently testified in front of the Ways and Means Committee. His testimony outlines the health care crisis in the nation's cities, and outlined the concerns of hospitals in underserved areas, and of North General in particular, in the health care reform debate (testimony attached.)

The biggest concern voiced by President McCabe is how underserved populations will factor into the providers networks...

As you know, Congressman Rangel has questioned how effective the Clinton plan or any other proposal would be in serving the special needs of the poor and the drug-addicted in the inner cities. As Congressman Rangle phrased it in a speech to the GHAA in February, "If I don't have the doctors, if I don't have the hospitals, if I don't have the health care, what am I going to do with that plastic card?"

John Shiner:

This is the newest hospital in Harlem (maybe NYC)

The original hospital was housed in the former Hospital for Joint Diseases --is now in a completely different hospital set up; at first it was a disaster, had lots of financial problems

(McCabe is a mountainclimber)
Got together with the government and put together a plan to build a new hospital -- moved 2 blocks south -- hospital was built under budget and on time, moved into brand new facility on border between Hispanic east Harlem and black central Harlem

[Problems: Medicaid -- AIDS -- tb -- drug problems, emergency room visits, people without good primary care -- problems of trying to build facility in season -- rely too much on foreign medical graduates -- Mount Sinai — community hospital secondary care --

wants to set it up as a hub of a network -- complicated cases with Mt. Sinai -- worried that managed care plans don't have to deal with Harlem or deal with ancillary issues --

how do we make sure that these plans are going to take care of the inner city? having a card is not enough -- access is so important -- support and encourage providers already in the city, and encourage others to come in --

case

study

N.Y.'s Year-Old Demo Project Models EDI Success

[423-4840

For more than a year in the state of New York, quietly and without much fanfare, a program has proceeded, one that could have a major impact on how hospitals throughout the United States are paid for the services they render. Funded in part by The Robert Wood Johnson Foundation, the program is known as the New York State Department of Health, Single Payer Demonstration Program, or SPDP.

The purpose of SPDP is to focus on how the costs for healthcare payments for both the payor and provider may be reduced and better controlled, and to focus on how the hospital's cash flow may be increased and the payment-administrative workload reduced, while simultaneously providing an increase in the quantity and quality of information gathered among all parties in the healthcare payment process.

Impossible goals? That's what most of us thought. But for North General Hospital and many of the other 27 hospitals involved in the project, impossible-sounding goals are fast becoming realities.

Before SPDP, we at North General Hospital, New York City, already had implemented a claims clearing system offered by one of the major clearinghouse vendors in the industry. Our vision for the system was extensive. Plans included electronic remittances, coverage and eligibility determination, coordination of benefits, improved billing tracking through a status-inquiry function, electronic funds transfers, and automatic distribution of data to SPARCS, the State-wide Planning Research Cooperative System database.

A major barrier to realizing many of these objectives however, was that neither we nor our claims clearing vendor had any real influence over the forces that must cooperate to make it all happen. And for us, achievement of these goals was clearly needed, to allow us to survive and thrive in our healthcare delivery mission.

While we are not necessarily an unusual hospital, we are unique in how we provide services. First, we are a private, minority-operated, community, teaching hospital – offering residency programs in general internal medicine, general surgery, and a fully-accredited nurse training program. We serve the Central and

Shi's

by Patricia Norman

East Harlem communities of New York City. In addition to Med/Surg beds, we have 16 beds in Pediatrics, 23 beds in Psychiatry, 31 beds in Detox, and 20 beds for special infections including AIDS.

We operate 31 ambulatory care clinics that offer a range of primary care, specialty, sub-specialty and support services. Our outpatient/ER visits are expected to exceed 140,000 this year – up about 20 percent over the previous year – a growth rate we expect to continue for the foreseeable future. We also operate the largest home healthcare program in New York City. As a result, we need cash to fund and maintain the variety of services we offer.

Second, to meet our growing needs, we are in the process of building an $8.5 million Medical Office Annex and a 150-unit Co-op Housing complex. In December 1991 we replaced our existing facility with a 240-bed, $65 million facility. We require capital to continue to grow and to meet our growth forecast for the future.

Third, our total financial mix is 70 percent Medicaid, 25 percent Medicare, and 5 percent other payors. Thus, fast and accurate payment of governmental claims is crucial to meeting our needs for both cash and capital.

Fourth, despite all the challenges we face, we are successful and highly respected throughout our community and New York state. An integral part of our community – as much a part of it as any other force it contains – we are more than "that hospital down the street." We are a real, community hospital.

But this was not always the case. In 1985 we were on the brink of closing. To survive we needed to change; and change we did. One of our major objectives was to manage and balance the financial needs and resources of the hospital, so that we could change and thrive.

As small as it might seem to others, the efficient, accurate and rapid processing of healthcare claims – so that we can be paid

Reprinted from *Healthcare Informatics* February 1993

quickly – plays a major role in maintaining our financial viability. Ours is a "distressed hospital" – a New York term for any hospital operating in a low-income area. We cannot borrow money from banks as can other hospitals. We must work with the money we have on hand. But we only have it on hand when we get it. And we need to get it as quickly as possible! It's as simple and elementary as that.

That was the main reason for our early entry into automated claims processing. But we needed to do more – for today and in preparation for all we need and want to do tomorrow. The Single Payer Demonstration Program offered a solution.

While I served on the SPDP vendor selection committee, the participating New York hospitals waited anxiously for news as to which would be the chosen vendor or vendors, and when the program would start. We all shared the view that we needed an information system that remains tuned to the objectives of SPDP.

Among our IS needs were accounts receivable reporting, physician and clinic claims processing, automated remittance advices and coordination of benefits, electronic funds transfers, a collection capability, patient billing, access to employer benefit plans, and use of a single healthcare identification card.

Further, since data retention and access, as well as immediate response to payor-dictated changes, were required elements of SPDP, we believed that a system that edited, processed and distributed claims from a central location – where only one payor edit change was required and where only one file was retained – was superior to a hospital-based editing and processing system with remote distribution by the clearinghouse.

Since more and more payors are calling for more documents and attachments to be submitted with claims, we believed that our system should accommodate those types of requirements.

While all electronic claim clearing vendors provide comprehensive editing and clearing of all claims to all payors able to receive claims electronically, we also wanted the ability to automatically clear paper claims to those payors still unable to receive them electronically.

We improved our cash flow by picking up 10 days in accounts receivable, an anything-but-easy task considering the proportion of government claims we must process. We decreased our administrative expenses; and our claims are clean before they are transmitted to payors. We also are planning to reassign three FTEs from the claim preparation and submission process to collections.

Finally, we soon will need more comprehensive editing capabilities, beyond that required for electronic claims. Since we expect to negotiate PPO and HMO contracts in the future, we wanted to occupy a position from which we are capable of automatically managing each contract. We have to ensure that the bills we submit are as accurate as they can be, and in full compliance with the contracts.

Of the two vendors selected as participants in the Single Payer Demonstration Program – Wellmark and CIS Inc., Tulsa, Okla. – we chose Wellmark, Westlake Village, Calif., as being the one we believed could best meet the objectives of both SPDP and our hospital.

How has our choice worked out? Though nothing is as easy as it appears on paper, this I can say. We improved our cash flow by picking up 10 days in accounts receivable, an anything-but-easy task considering the proportion of government claims we must process. We decreased our administrative expenses; and our claims are clean before they are transmitted to payors. We also are planning to reassign three FTEs from the claim preparation and submission process to collections. When the time comes for transmitting documents and attachments, or when we need a contract management capability, those systems will be available to us whenever we want to use them.

Looking at the bottom line, the dollars saved are substantially greater than the costs we pay for the service. Therefore, electronic claims processing costs us nothing. In fact, it pays!

Much of our success is due to the existence of the Single Payer Demonstration Program. Its centralized communication, and cooperation between and among all the elements of the healthcare payment and delivery process, made our success thus far possible. Through SPDP, patients, payors, fiscal intermediaries, hospitals, physicians, clinics, employers, banks, governmental agencies and information system vendors will become partners in the program. The historical "lack-of-influence" barriers, with which most of us have had experience, will disappear.

The Single Payer Demonstration Program is working for us and working well. Perhaps in the near future it will work as well for all the nation's providers. ■

Patricia Norman is Vice President of Finance, North General Hospital and satellite activities, which operate in the Central and East Harlem communities of New York City. She will speak on the "Scope of the Single Payer Demonstration Program" at the 1993 HIMSS conference.

NORTH GENERAL HOSPITAL
AN INTEGRATED SERVICE NETWORK

Profile

North General Hospital, a 240-bed community hospital, has historically structured services in response to the needs of the Harlem community in which it is located. The modern, state of the art facility is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) with approved residency programs in primary care medicine and surgery.

As the Hospital positions itself for the impending changes in the health care system, it is undertaking the development of an integrated delivery system. This network is being structured to increase access, ensure quality and promote cost efficiency and is strengthened by the Hospital's familiarity with health care issues endemic to Medicaid, uninsured and underinsured populations.

North General is one of the New York State Health Department's designated sites for enhanced primary care services and is also the testing locus for the New York State Health Department's single-payer demonstration project which is intended to streamline electronic claims processing.

Committed to the revitalization of Harlem, the hospital encourages residents to live healthier lifestyles through the promotion of community projects in housing, employment and economic development.

NORTH GENERAL HOSPITAL

An Integrated Service Network

1993 STATISTICAL INFORMATION

o	Average Daily Census	88%
o	Average Length of Stay	9.5
o	Outpatient Visits	100,000
o	Emergency Room Visits	25,000
o	Operating Budget	$ 102 Million

Essence

March, 1994

SECTION: BEAUTY; Pg. 17

LENGTH: 553 words

HEADLINE: Soft TOUCH

BODY:

North General Hospital in East Harlem is one of the few facilities ownedand operated by people of color in the Northeast. The 240-bed state-of-the-art hospital was built in 1991 and designed by Black female architect and Harlem resident Alexa Donaphin. Many of the hospital's 1,050 employees are Black and Latino women who are naturally concerned with issues of juggling professional, family and personal obligations, including beauty and grooming. To lend a helping hand, ESSENCE offered three of the hospital's staff members -- Faith Miller, a housing-project manager; Patricia Norman, a vice-president of finance; and Natalie Johnson-Alves, a physician specializing in internal medicine (shown in before photo from left to right) -- quick-fix beauty makeovers by our top hair and makeup experts. (The glowing results are shown above and on the following page.) What grooming help did these busy professionals need most? Makeup to apply in minutes and great hairstyles without the morning madness!

PATRICIA NORMAN, 46, works many 14-hour days in her financing duties. She also travels a great deal, so she needs a hairstyle that won't "trip out" on the road. Makeup artist Roxanna Floyd arched Patricia's brows by tweezing stray hairs underneath. To "lift" her eye shape, Roxanna swept lids with a veil of brown shadow and liner close to lashes. The ideal match for Patricia's honey complexion: Peach Flambe lipstick, a right-now coral. (All makeup by Max Factor International.) Hairstylist George Buckner warmed Patricia's white-streaked hair with a gold rinse and gave her Wave Nouveau process versatility with a cropped cut and big roller-set curls.

FAITH MILLER, 28, is walking down the aisle this June and committed to five-day-a-week workouts. Faith says wearing micro braids made taking care of her hair that much easier after exercising. However, it weighed down her look. Also, the braids had been left in too long (four months) and her relaxed hair had "locked" under them. To the rescue: Hairstylist Denise Jeff gave Faith what she calls a modern-day 'fro -- a natural style that's easy to maintain. All it takes: a dab of light moisturizing oil, then hair blown-dry with a comb attachment, forward at crown and close at nape. Faith's pretty spring accents from Revlon's ColorStyle: mauve shadow on lids and dark brown in crease for natural contour; liner close to lashes, soft brown

on brows. On lips, Martinique Mauve lip color.

NATALIE JOHNSON-ALVES, 36, and her husband rise at 6:30 A.M. every weekday to get themselves and their three children ready to face the world. For the busy doctor, makeup artist Tony Marshall suggested a look using makeup by Mary Kay that takes three minutes to create: a long-lasting oil-based foundation, followed with a dusting of powder. Tony shaped Natalie's full brows and extended the brow line with pencil. (also, when time allows: matte-gold shadow underneath brow and warm brown in crease.) On lips, Primrose lip liner and

Plum lipstick. Hairstylist Ericka Riggs added depth and warmth to Natalie's hair with a mixture of Clairol's Red Oak and Sunblond Brown shades. The pixie cut with dramatic bangs won't compete with Natalie's eyeglasses. In the morning: a touch of light oil and finger-styling!

GRAPHIC: Photograph 1, no caption, ON FAITH: SUIT, FREEDBERG. EARRINGS, LAZARO. NECKLACE, ERICKSON BEAMON AT SHOWROOM SEVEN. BRACELET, AGATHA PARIS. ON PATRICIA: JACKET, YEOHLEE. SUIT, KENAR STUDIO BY SUSAN PETERSON. EARRINGS, ALCHEMY AT APROPO. NECKLACE, RING, PATTIHORN. BRACELET, ISAAC MANEVITZ FOR BEN-AMUN. ON NATALIE: SUIT, KENAR. EYEWEAR, ESSENCE EYEWEAR. EARRINGS, STEPHANIE DE PALO AT METROPOLITAN DESIGN GROUP. BRACELET, AGATHA PARIS; Photographs 2 through 4, The makeover mission: to give Faith Miller a carefree look that she could manage herself, Patricia Norman a complexion pick-me-up and a hairstyle that travels well, and Natalie Johnson-Alves's expressive eyes more definition; Photographs 5 through 7, What welcomes in spring most for three sisters on the go? Sheer, breathable makeup and two-snap hairdos that are easy on a busy morning schedule, SUIT, LINDA ALLARD FOR ELLEN TRACY, VEST, EILEEN FISHER, EARRINGS, AYALA NAPHTALI JEWELRY DESIGNS. BRACELET, AGATHA PARIS. JACKET AND PANTS, GRUPPO AMERICANO STUDIO. TURTLENECK AND VEST, GIUSEPPE COLLECTION BY GRUPPO AMERICANO STUDIO. EARRINGS, STEPHANIE DE PALO AT METROPOLITAN DESIGN GROUP. BRACELET, CIVILIZED & SAVAGE AT MARYESTA CARR SHOWROOM. SUIT, AUGUSTUS. EARRINGS, AYALA NAPHTALI JEWELRY DESIGNS. BRACELET, ANATOLI AT APROPO; Photographs 1 through 7 by PETER OGILVIE. MAKEUP, ROXANNA FLOYD/ZOLI ILLUSIONS, N.Y.C., AND TONY MARSHALL FOR WJK/NYC. HAIR, ERICKA RIGGS FOR GAD-ABOUT, INC., WASHINGTON, D.C, GEORGE BUCKNER OF HAIR FASHIONS EAST, N.Y.C, DENISE JEFF FOR LOCKS 'N CHOPS, N.Y.C. MANICURIST, LARISA. STYLIST, ELAINE WALLACE.

LANGUAGE: ENGLISH

Cont'l general w/

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North General Hospital
1879 Madison Avenue • New York, NY 10035
Telephone: (212) 423-4000 • Fax: (212) 423-4219

FACSIMILE TRANSMITTAL FORM

DATE: 4/18/94

TO: Liz Boyer

FIRM/AGENCY: _____

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ADDITIONAL COMMENTS:

Svc Area Age Composition:

	0-14	15-20	21-29	30-64	65+
East Harlem:	24%	10%	16%	39%	11%
Central Harlem:	21%	9%	16%	41%	13%

FROM: Lisa Alvarenga

TELEPHONE #: 423 4449

FAX #: 423-4204

Number of Pages including cover sheet: 2

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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[HRC Background File, Thursday, April 14 1994]

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ADDITIONAL COMMENTS:

Admission dates for 3 pediatric patients -

(1) (b)(6)

(2)

004

FROM: Lisa Andreoli

TELEPHONE #: 212 423-4444

FAX #: _____

Number of Pages including cover sheet: 1

OVERVIEW

North General is a 240-bed community teaching hospital affiliated with the Mount Sinai School of Medicine with approved residencies in Medicine and Surgery. In 1992, our inpatient occupancy averaged eighty-six percent (86%). There were 120,000 ambulatory care visits at the hospital, 25,000 of which were emergency room visits. The annual budget last year was $90,000,000. In addition, North General operates the North General Home Attendant Program in New York City with an annual budget of $30,000,000. The hospital also operates the Helene Fuld School of Nursing graduating 120 Associate Degree Registered Nurses each year.

North General sits astride depressed communities, East Harlem and Central Harlem, two of the most medically underserved communities in our nation. Not unlike other urban areas, there is a dearth of practicing primary care physicians. Most community residents use our hospital as their primary source of care. It is in this context that North General, working with the New York State Department of Health (NYSDOH), has begun to develop a managed care plan as a means of improving the continuity of care to the patients we serve.

For the past year, we have been working with the NYSDOH to create a program to allow us to introduce a managed care plan for patients currently using North General. This program, based on global budgeting, reflects to some extent the Canadian model.

North General reflects the complexion of urban America. The hospital operates in Harlem, one of the most economically and medically troubled communities in the nation, where poverty and disease destroy families at disproportionate rates. Fifty-eight percent (58%) of the population is dependent on income maintenance and government entitlement programs, and sixty percent (60%) of births in Harlem are paid for by Medicaid dollars.

Hospital admission rates for Ambulatory Care Sensitive conditions such as HIV/AIDS, bronchitis, respiratory infections, hypertension, and cancer are the highest in the city, and illustrate the impact of limited access to quality primary care.

New York State officials, researching ways to efficiently combat the significant impact of poor health affecting New York State residents, have forged an abiding relationship with our institution. Working with the Mt. Sinai School of Medicine and partners in neighborhood satellite clinics, the hospital has become a testing locus for State initiatives in primary care expansion, global budgeting, and the creation of an electronic network for data systems and financial planning.

North General collaborates with neighborhood planning boards, and state and local agencies to create a residential and economic enclave in Harlem. The hospital's lead in the financing of its new, advanced 240-bed facility (opened in December 1991) is at best an example of how public/private sector partnerships can work. The new facility project channelled contract dollars to twenty-eight percent (28%) minority subcontractors, was completed six months ahead of schedule, and realized a net savings of over $15 million, a result that allowed for the construction of a five story office complex and recognition as a model construction program in New York State. Currently, we are constructing 135 units of affordable, owner-occupied cooperatives for moderate income families and developing 28 units of housing for homeless persons with AIDS.

North General Hospital
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FACSIMILE TRANSMITTAL FORM

DATE: April 12, 1994

TO: Elizabeth Bayer Page 1

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FROM: Lisa Alvarado

TELEPHONE #: (212) 423-4449

FAX #: (212) 423-4201

Number of Pages including cover sheet: 9

NORTH GENERAL HOSPITAL

1879 Madison Avenue, New York, New York 10035 212/423-4000

Education Accreditation

North General operates two fully accredited Residency Programs in General Internal Medicine and General Surgery. A formal educational affiliation with the Mount Sinai School of Medicine links the academic programs of both institutions.

The Helene Fuld School of Nursing prepares students to achieve excellence in the field of Nursing. The program is fully accredited and qualifies graduates to take the Registered Nurse Licensure Exam after graduation. It also provides students with the opportunity to become part of the hospital's nursing staff after graduation.

A Steady Beat of Renewal-

North General is proud to take a leadership role in the revitalization of Harlem. The area surrounding the new hospital will undergo a dramatic change when a 150-unit, Limited Equity Coop is built on 123rd Street and Madison Avenue. Construction of a moderate and low income housing complex is also planned for 118th Street and Madison Avenue. Both housing complexes will face the beautiful, 24-acre Marcus Garvey Park and are promising cornerstones of a return to elegance and beauty for the Mount Morris area.

Many of the fine landmark brownstones in the vicinity of North General's construction projects are now being purchased and renovated as people with vision begin to establish a foothold in what promises to be a truly special Harlem Neighborhood.

Construction of a 5-story, $9.1 million, outpatient Office Annex began in April 1991 and is scheduled for completion in the Spring of 1992. The Office Annex will accommodate North General's Family Service Unit, the Adolescent Treatment Program, Psychiatric Day Hospital and several administrative offices.

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organized by the Public Affairs

ENTER, a satellite of North General
and provides comprehensive,
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Executive Office

April 12, 1994

Ms. Elizabeth Boyer
Associate Director of Research
Old Executive Office Building
Room 197
Washington, DC 20500

Dear Ms. Boyer:

As per Mr. McCabe's request, I am mailing information about North General Hospital and grant seminar.

If you need any additional information, please contact me at (212) 423 4449.

Sincerely,

Lisa Alvarenga
Vice President, Planning

LA:mc

The Ethnic NewsWatch
New York Voice Inc./Harlem USA

December 22, 1993

SECTION: Vol. XXXVI; No. 37; Pg. 12

LENGTH: 296 words

HEADLINE: Mayor David Dinkins & North General Hospital Kick-Off Major Harlem Housing Development

BODY:
Mayor David Dinkins & North General Hospital Kick-Off Major Harlem. Housing Development

Mayor David N. Dinkins and Eugene McCabe, President of Harlem's newly constructed North General Hospital, recently held a ground-breaking ceremony to celebrate the construction of the innovative Maple Court Housing Development.

As Harlem's largest private employer, North General Hospital is sponsoring the development of Maple Court -- a 135-unit Limited Equity Cooperative -- in conjunction with the New York City Department of Housing Preservation & Development. Maple Court will be located at 123rd Street and Madison Avenue in East Harlem. This development will offer affordable home ownership opportunities to Harlem and East Harlem families. The project is expected to cost $17M.

"With the limited availability of affordable housing in Harlem, North General has joined forces with Mayor Dinkins and HPD in an aggressive effort to revitalize housing and the concomitant economic and cultural development uptown," stated McCabe. "We hope that the success of Maple Court will prove to other developers that affordable housing can be introduced successfully into our neighborhood."

Also, as part of its revitalization effort, North General is currently planning to develop 200 units of affordable rental units on the block bounded by 119th & 120th Street, between Madison and Park Avenues, as well as a 28-unit supportive housing facility serving homeless persons living with HIV/AIDS in New York City.

"Thanks to the vision and dedication of Mayor Dinkins and the efforts of HPD," added McCabe, "Harlem is, indeed, witnessing its Second Renaissance.

North General Hospital is the only private, minority operated, voluntary, community teaching hospital in New York City.

ETHNIC-GROUP: African-American

LANGUAGE: English

LOAD-DATE-MDC: February 22, 1994

The Ethnic NewsWatch
New York Voice Inc./Harlem USA

November 20, 1993

SECTION: Vol. XXXVI; No. 31; Pg. 20

LENGTH: 260 words

HEADLINE: Premiere African American Artist Reveals Strength Of His Roots At North General Hospital Commissioned Work

BODY:
Premiere African American Artist Reveals Strength Of His Roots At North. General Hospital Commissioned Work

Sam Gilliam, renowned African American artist whose achievements have helped foster greater respect and understanding of the influences of African American culture upon 20th Century art, has been commissioned by Harlem's North General Hospital to create a permanent display of work entitled "Panpiper 1993", it was announced last week by Eugene MaCabe, President of the hospital.

North General will host a reception on Thursday, November 4th from 6-8 p.m. to celebrate the installment of the display in its main lobby.

"North General is proud to bring to the Harlem community the original work of Sam Gilliam," states MaCabe. "His creation - - Panpiper 1993 - - embodies the community's vision and renewal for Harlem; it represents the inspiration of our hard work in achieving together the construction of a $70 million new hospital, and the power and energy of this community as we move forward with the construction of Maple Court - - a 135-unit Limited Equity Cooperative, as well as a 28-unit supportive housing facility for persons living with HIV/AIDS in New York City."

"Panpiper 1993, is a superb work by an artist at the height of his powers. Its color and composition share characteristics of Gilliam himself: boldness, confidence and a powerful presence. It speaks the universal language of art in a mother tongue whose roots are both modern and timeless," says Kinshasha Holman Conwill, Director of the Studio Museum in Harlem.

ETHNIC-GROUP: African-American

LANGUAGE: English

LOAD-DATE-MDC: January 27, 1994

Newsday

November 8, 1993, Monday, MANHATTAN EDITION

SECTION: NEWS; CLOSEUP; Pg. 25

LENGTH: 869 words

HEADLINE: Roots in the Community;
North General Hospital keeps homey atmosphere, loyal staff

BYLINE: By Irene Tejaratchi. Irene Tejaratchi is a free-lance writer

BODY:

When Linda Phinazee, a registered nurse, first came to work at Harlem's North General Hospital, she didn't think she would stay very long. At the time, North General was located on 124th Street and Madison Avenue in a dilapidated building built in 1926.

"I remember coming here after leaving Lenox Hill [Hospital]. I said 'One year and I'm leaving,' but I've been here 12 years now," said Phinazee, adding that she feels more connected to the patients at the hospital because it is comparably small, allowing her to get to know people better.

"I've stayed because of the patient population and because of my co-workers; we're like family," she said.

And in December, 1991, North General moved to a $ 70 million new hospital at 1879 Madison Ave. four months ahead of schedule. More than half of North General's 1,150 fulland part-time employees are from the Harlem area and, like Phinazee, most have had long careers at the hospital.

North General is Harlem's only private hospital and is its largest private employer, said hospital officials and Miriam Lopez, director of the East Side office of Rep. Charles Rangel (D-N.Y.).

The hospital's 10-member board of directors is made up of seven blacks, two whites and a person of Egyptian heritage. Hospital President Eugene McCabe also is black, making North General the only minority-operated hospital in the state, said Blanca Perez, the hospital's director of community and public affairs.

"Most of the board members have roots here, such as family or business," Perez said. "These are professionals who have expressed an interest in contributing something back to the community."

Beyond the hospital, North General also operates several ambulatory care clinics that provide nonemergency health care for neighborhood people.

And the hospital's commitment to Harlem has been extending to other areas. With government aid, North General is building a 135-unit co-op for people of low to moderate income, and a 28-unit housing facility for people with AIDS or who are HIV-positive. The housing will be built across the street from the hospital, facing Marcus Garvey Park.

The hospital held a reception last Thursday to mark the installment of a work by artist Sam Gilliam in its lobby. "His creation - "Panpiper 1993" - embodies the community's vision and renewal for Harlem; it represents the inspiration of our hard work . . . .," said a hospital statement.

In 1989, aggressive lobbying by North General officials for hospital capital resulted in a $ 150 million loan from the administration of Gov. Mario Cuomo. It originally was intended to be used toward refurbishing the building on 124th Street and Madison Avenue. Instead, the board asked the state government to take the property at 124th Street and Madison Avenue in exchange for state-owned vacant land at 120th Street and Madison Avenue. The state agreed, and North General built from the ground up. Leftover funds were channeled into other areas, including the payment of prior debts and the building of a medical annex that offers such services as substanceand alcohol-abuse treatment.

Many credit McCabe with spearheading these efforts. "We wouldn't have gotten this building if it wasn't for Mr. McCabe," Phinazee said. McCabe has been involved with North General since it opened in 1979, when the Hospital for Joint Diseases, originally located at 124th Street, moved its headquarters to lower Manhattan. Joint Diseases was required by the state to leave a "viable" hospital behind. McCabe, along with Randolph Guggenheim, chairman emeritus, began a struggle to keep North General alive during financial strains. Appeals for assistance were made to a variety of sources.

One appeal was to North General's employees, most of whom belong to Local 1199 of the Drug, Hospital and Health Care Workers union. Local 1199's president, Dennis Rivera, lobbied in Albany when state support was needed for the hospital's reconstruction.

The union encouraged its members to wait in times when pension fund payments were not met, so that the hospital would not be forced to close.

With this type of assistance, North General has been able to keep its doors open and become more financially stable.

The new building reflects this. It accommodates 240 beds. All technology is

state-of-the-art, including a CAT-scan machine.

Community members said they are pleased, though there is still a way to go. "They hold their own rather well. The care is excellent," said Lopez of Rangel's East Side office. "However, we are talking about an area that is underrepresented and underserved. As a result, emergency facilities are always saturated."

North General is also providing primary care at its ambulatory care clinics, in the hope of treating patients' health conditions before they require emergency care.

"In this community, there are economical and social factors which tend to distract people from primary care," said Dr. Wanda Huff, director of medicine at North General. "We're trying to increase the options, for example with our off-site ambulatory care clinics, which offer primary care, as well as with the links we have been building to the few private practices in the area."

LANGUAGE: ENGLISH

LOAD-DATE-MDC: November 09, 1993

The Ethnic NewsWatch
New York Amsterdam News

July 31, 1993

SECTION: Vol. 84; No. 31; Pg. 12

LENGTH: 330 words

HEADLINE: To Randy Guggenheimer: A richly deserved tribute from North General Hospital, Mayor Dinkins and the grateful people of Harlem

BODY:
To Randy Guggenheimer: A richly deserved tribute from North General. Hospital, Mayor Dinkins and the grateful people of Harlem

Perhaps the shyest, most unassuming and least egotistical human being we've ever met came into the spotlight last Tuesday night at Gracie Mansion for his "15 minutes of fame," as Andy Warhol would have put it. Randolph Guggenheimer was honored by all of the above at a marvelously loving and caring cocktail party.

Old friends in the struggle to keep the Hospital for Joint Diseases in Harlem and who built a new hospital, North General, when they failed to keep Joint Diseases from abandoning Harlem for the greener pastures of Gramercy Park, were aglow because the man who was the inspired source of strength and leadership that created Harlem's biggest private employer, had been convinced to accept an honor.

As both Mayor Dinkins and Eugene McCabe put it, Randy was the quiet hero who put the pieces together while uniting those who cared and those who were losing hope. Quite aside from Mr. Guggenheimer's time and financial contribution to this 240 bed edifice, he had the wisdom and foresight to insist on the inclusion of Blacks at every level of leadership, thus creating an institution that had to respond to Harlem and her residents first.

After Randy, Mayor Dinkins, Hazel Dukes, Gene McCabe, Percy Sutton, Charles Rangel, Gov Cuomo, Local 1199, the Rudin Family, Basil Paterson and so many more contributed to the successful building of North General, they stepped back and promoted the real leadership abilities of its president and CEO, Mr. McCabe, to blossom.

We at the Amsterdam salute you, Mr. Guggenheimer, for being there and staying there, in Harlem, when almost all others had abandoned hope for a private teaching hospital in Harlem.

The grateful people of Harlem salute the man they hardly know, for he was not

one to cause a stir, start a fuss, or make a noise or toot his horn. He just saw what had to be done.

ETHNIC-GROUP: African-American

LANGUAGE: English

LOAD-DATE-MDC: October 22, 1993

The New York Times

December 28, 1992, Monday, Late Edition - Final

SECTION: Section B; Page 3; Column 4; Metropolitan Desk

LENGTH: 908 words

HEADLINE: METRO MATTERS;
Breathing New Life Into a Hospital

BYLINE: By Sam Roberts

BODY:

WHEN the Koch administration announced the closing of Sydenham Hospital in 1979, Harlem rallied behind the venerable institution as a symbol of community pride, but not necessarily of quality health care. Finally, Harlem has both.

The same year that the Sydenham decision was announced, a small group of civic-minded New Yorkers reorganized North General Hospital. They enlisted public officials, philanthropists and major medical institutions to extricate the foundering hospital from unpaid bills and to raise both money and standards.

The struggle to resuscitate North General is more than a medical miracle. Itwas a team effort that harnessed the influence of powerful people: among them, Charles B. Rangel, the local Congressman; Basil A. Paterson, the hospital's lawyer and advocate in Albany; former state Health Commissioner David Axelrod, and Randolph Guggenheimer, the lawyer and philanthropist who recently received the United Hospital Fund's Distinguished Community Service Award for faithfully championing North General, first, almost single-handedly, as its only trustee and then as chairman of the nonprofit community hospital.

But North General's very survival as a symbol of self-reliance, the hospital's stunning new home across Madison Avenue from Marcus Garvey Park, and its emergence as the nucleus of a critical mass in the revival of Harlem are largely a testament to the perseverance of one person. In this season of hope, his commitment, and success is another reminder that one person can make a difference.

Add the name of Eugene I. McCabe, North General's president, to an honor roll of largely unsung heroes, including Patrick Daly, the martyred principal in Red Hook; Richard Green, who heads the Crown Heights Youth Collective; Clara Hale, who nurtured Harlem's neediest babies and Ned O'Gorman, who strives mightily to shepherd them through adolescence; Helen VerDuin Palit, who founded City Harvest, which feeds the hungry; Anna Lou DeHavenon, an urban anthropologist

whose painstaking investigations have verified the degree of poverty in the city and have also helped mitigate it, and Theodore Gross, a playwright who not only conceived a contribution to society that is remarkable in its simplicity but actually carried it out -- generating hundreds of thousands of dollars for services for the poor, the hungry and the homeless by harvesting people's unwanted pennies. (His Common Cents, at 212-PENNIES, is searching for benefactors to cover overhead).

As for Mr. McCabe, he modestly attributes his success and endurance to naivete. "If you don't know how difficult something is, you just keep going," said the 55-year-old technocrat with a heart. "Syndenham was a card and needed to be played. The issue of quality of care at Sydenham was understood by everyone. But even the things that don't work so well are part of the community's fabric. It wasn't only a loss of services, but it's a feeling that they don't think Harlem's so important."

Mr. McCabe, who attended President-elect Bill Clinton's economic summit earlier this month, said the task at hand was to balance and manage competing needs. "Everyone wants universal access, improved quality and at a lower cost," he said. "The health commissioner says you can have two of the three. The Government will probably put a cap on Federal spending for health care and that will have a ripple effect. The nation needs more managed, primary and preventive health care, which are all the things were trying to do.

"Our feeling was that if you could do basic primary care well you would make an impact. We don't want to do open-heart surgery or brain surgery. Someone coming here understands they're going to get basic, primary care of quality. We want to be a well-managed community hospital."

Mr. McCabe is also a believer in decision making at the local level. "At a teaching hospital, sometimes standards and patient-care expectations are in conflict. And in the municipal hospitals, policy-making is diffused and sometimes decisions can't get made. I don't feel they can ever run as efficiently as they need to without the ability to make them free-standing with responsibilities for budget and admission. They should all be spun off. But if our hospital were twice the size, like some municipals, it wouldn't have worked. It's got to be small enough to have this personal involvement."

With 240 beds and 2,200 employees, North General is Harlem's largest private employer. Mr. McCabe seems to know virtually every employee by name.

North General is also emerging as a pivotal player in Harlem's revival. A medical and office annex to the hospital will be completed next spring. The hospital is sponsoring several affordable-housing projects nearby in conjunction with the city and the state and also a residence for homeless people with AIDS.

"We're not in the housing business," Mr. McCabe said, "but our feeling is if you build up the community you strengthen the hospital."

From the cherrywood lobby to the emergency room, which gets 30,000 visits a year, North General's new building, which opened a year ago this month, is an immaculate monument to what is doable against all odds.

"The new building gives people the idea that things can get better and sense of accomplishment builds on itself," Mr. McCabe said. "If our goal is to deliver first-rate primary care, now that we've had some success people think it's possible."

LANGUAGE: ENGLISH

LOAD-DATE-MDC: December 28, 1992

CNN

NEWS

December 21, 1992

Transcript # 185 - 2

TYPE: Interview

SECTION: Medical

LENGTH: 634 words

HEADLINE: How Can Clinton Cut Health Care Costs?

BYLINE: TERRY KEENAN; STUART VARNEY

HIGHLIGHT:
One of the key issues that Bill Clinton will face coming into office is exploding health care costs. Eugene McCabe, president of North General Hospital in Harlem, joins CNN to discuss Clinton's options.

BODY:

STUART VARNEY, Anchor: One of Bill Clinton's greatest challenges will be to get a handle on health care costs, now clearly spiraling out of control. Joining us is Eugene McCabe. He is the president of the Harlem, New York's, North General Hospital, and Mr. McCabe attended last week's economic summit in Little Rock. Gene, good morning to you.

EUGENE McCABE, President, North General Hospital: Good morning.

VARNEY: If you can pick out one single major change that Mr. Clinton is likely to make to the health care system, what's it going to be?

Mr. McCABE: I think that the first thing that the president-elect is going to do is to reign the system in and cover the 37 million Americans that aren't covered now, and deliver health care at a cost that we can afford.

VARNEY: So the basic goal then is to cover everybody and lower the basic cost of the basic package of health care?

Mr. McCABE: That is right. Governor Clinton pointed out in Little Rock that the health care system will bankrupt our country if we don't do something about the cost. Right now 14 percent of the Gross Domestic Product is related to health care. If we don't do something very soon, that will rise to 18 percent, and I think we have to do something and that governor Clinton wants to do it soon.

VARNEY: Who is going to pay?

Mr. McCABE: I think right now we all pay. We all pay for a system that is not as efficient as it should be. We all pay because health care is not delivered in a way to all the Americans that require it. So what we have to do is reign in the cost. I think we have to make Medicaid and Medicare cover as many people as now, but we have to do it more efficiently.

TERRY KEENAN, Business News Correspondent: Gene, one way the Clinton camp seems to be proposing to pay for this is to tax health care benefits in some way. How- What shape do you think those taxes will take?

Mr. McCABE: I think that's only one of the proposals. I mean, Governor Clinton is going to send up a very comprehensive package to the Congress in the first 100 days. I think that is going to establish a health standards board. That board is going to look at all health care costs. That board is going to reign in some health care costs and taxes on some of the benefits be one of the proposals that will be looked into.

KEENAN: Do you expect that a year, a year or two from now, we will be taxed on those health care benefits that we all get from our companies?

Mr. McCABE: I think there is going to be some significant change, and again, tax is going to be part of the package. I mean, the first 100 days, the administration is going to say that we have to reign in health care costs. At the conference, the president of the Ford Motor Company pointed out that $ 500 on each car that you buy in America is related to health care costs, that 20 percent of the payroll for Ford is related health care cost. So we've got to do something to reign these costs in and, at the same time, deliver better care to more people.

VARNEY: It's all very well saying you're going to reign in the cost. Well, fair enough, we can all accept that. But if you are going to cover 37 million people who are not now covered, somebody has got to pay for that. Now tell me again, who pays?

Mr. McCABE: Well, for example, the insurance companies in our country have increased their cost a few times faster than inflation, so I think there has to be something done there. I think the way health care is delivered, I think a lot of the technology that feeds our system has to be looked into. So what you have to do is you've got to like to take those areas where the costs are excessive and push those down, and do it in a better way, and I think managed competition is one way to do

that.

KEENAN: Well, I'm afraid we are out of time. Thank you, Gene McCabe, President of North General Hospital.

The preceding text has been professionally transcribed. However, although the text has been checked against an audio track, in order to meet rigid distribution and transmission deadlines, it has not yet been proofread against videotape.

LANGUAGE: ENGLISH

LOAD-DATE-MDC: December 21, 1992

The New York Times

October 2, 1992, Friday, Late Edition - Final
Correction Appended

SECTION: Section B; Page 4; Column 3; Metropolitan Desk

LENGTH: 262 words

HEADLINE: CHRONICLE

BYLINE: By LYNDA RICHARDSON

BODY:

Honors will go to RANDOLPH GUGGENHEIMER on Monday night for quietly championing the cause of North General Hospital in Harlem, the nonprofit community hospital that was founded in 1979. After difficult financial times in its early years, the hospital is now doing well and has created about 3,500 jobs in the community.

The United Hospital Fund, a nonprofit research and philanthropic organization concerned with health-care issues, will present Mr. Guggenheimer with the Distinguished Community Service Award at the its annual dinner-dance at the Plaza.

Mr. Guggenheimer, who is 84, is a lawyer and serves as chairman of thehospital's board.

Like his wife, Elinor, a prominent philanthropist and former New York City Commissioner of Consumer Affairs, Mr. Guggenheimer has used his prominence in New York life, and well-positioned contacts, on the hospital's behalf.

He was almost single-handedly responsible for the creation of the hospital and then fought to keep it open, say officials of both the hospital and the United Hospital Fund. North General is the only nonprofit community hospital in Harlem, and serves a community of 750,000 people.

"His leadership and presence created attention," said EUGENE L. McCABE, North General's chief executive. "He loves this city and he recognized that Harlem is a part of New York City that has to be nurtured and supported if the city is going to really be the great city it is."

Mr. Guggenheimer is more modest about his accomplishments. "I felt I ought to kick in something and this was it," he said.

CORRECTION-DATE: October 12, 1992, Monday

CORRECTION:

A report in the Chronicle column on Oct. 2, about the United Hospital Fund's Distinguished Community Service Award to Randolph Guggenheimer for his work on behalf of North General Hospital, characterized the hospital incorrectly. It is not the only nonprofit community hospital in Harlem; Harlem Hospital is another.
GRAPHIC: Photo: Randolph Guggenheimer

LANGUAGE: ENGLISH

LOAD-DATE-MDC: October 2, 1992

PR Newswire

May 20, 1992, Wednesday

SECTION: State and Regional News

DISTRIBUTION: TO CITY EDITOR

LENGTH: 357 words

HEADLINE: UNITED WAY OF SAN DIEGO COUNTY ANNOUNCES COMMUNITY FORUMS ON CHILDREN'S ISSUES

DATELINE: SAN DIEGO, May 20

BODY:

Where will the children be in the year 2000? How can people assure a betterlife for them? How will the community, educational systems and social structures have to change to make this possible?

These are the questions which will be discussed at a series of community forums held over the next two weeks. Led by United Way of San Diego County, these forums will gather input from different regions of San Diego County as the initial step in a new "Children & Families Initiative." Later this year a "Children's Future Scan," looking at the current situation for children throughout San Diego County and projecting needs into the next century, will be completed. Input from these forums will be a vital part of the information gathered for this study.

The forums will be held by region throughout the county. The first will begin in Central San Diego at Youth and Opportunities Unlimited, 23rd and

Broadway - NOP Hall, on Tuesday, May 26, 6:30-8 p.m. The second forum will be in the coastal area of North County, at the Boys & Girls Club of Oceanside, 401 Country Club Lane, Oceanside, on Thursday, May 28, from 7-8:30 p.m.

The third forum will be for South County residents. It will be held at the Boys & Girls Club of Chula Vista, 465 L Street, on Tuesday, June 2, from 7-8:30 p.m.

The fourth forum, for East County residents, will be held on Thursday, June 4, from 7-8:30 p.m., at the Boys & Girls Clubs of East County, 1171 East Madison Ave., El Cajon. The fifth forum, focused on the Pan Asian community, will be held at the Union of Pan Asian Communities, 1031 25th Street, on Friday, June 5, from 2-4 p.m.

Everyone is urged to participate in the forums. United Way of San Diego County

has undertaken the Children and Families Initiative as a strategic plan to create a community where all children will have the proper health care, nutrition, education and social environment to enable them to succeed. Anyone wishing further information should call Wayne Chan at United Way, 619-492-2192. CONTACT: Gene Louden of United Way of San Diego County, 619-492-2134, or (home) 619-435-4931

LANGUAGE: ENGLISH

LOAD-DATE-MDC: 052092 LA033

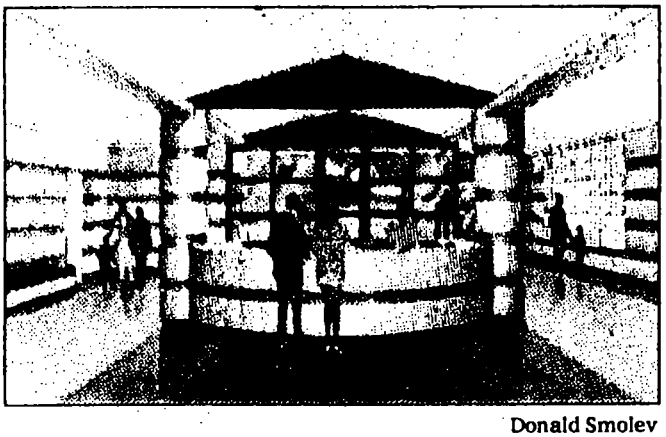
The New York Times

Real Estate

Sunday, January 9, 1994

Perspectives

For East Harlem, A Co-op on the Park



Donald Smolev

North General Hospital is sponsoring a 135-unit building to be built on Madison Avenue opposite Mount Morris Park. By Alan S. Oser

For East Harlem, a 135-Un

It could be a harbinger of more city-assisted ownership elsewhere.

By ALAN S. OSER

RISING from a long sleep, the publicly assisted co-op is about to make its appearance once again in New York City, across the street from North General Hospital in East Harlem.

This modern version of the limited-equity co-op is a cousin to the Mitchell-Lama middle-income co-ops of the 60's and 70's, and a complement to the occasional mixed-income rentals that also use tax-exempt bonds. It could become the housing type of choice in some locations as the city seeks to encourage home ownership in multifamily housing. The backing of a major local institution as a nonprofit sponsor — in this case, the hospital — will be helpful.

The new co-op will rise on the vacant block along Madison Avenue in East Harlem from 122d to 123d Streets, opposite Marcus Garvey Park in the Milbank Frawley East urban renewal area. A six-story building will face the park and two wings of four stories, separated by a landscaped courtyard, will run down the side streets.

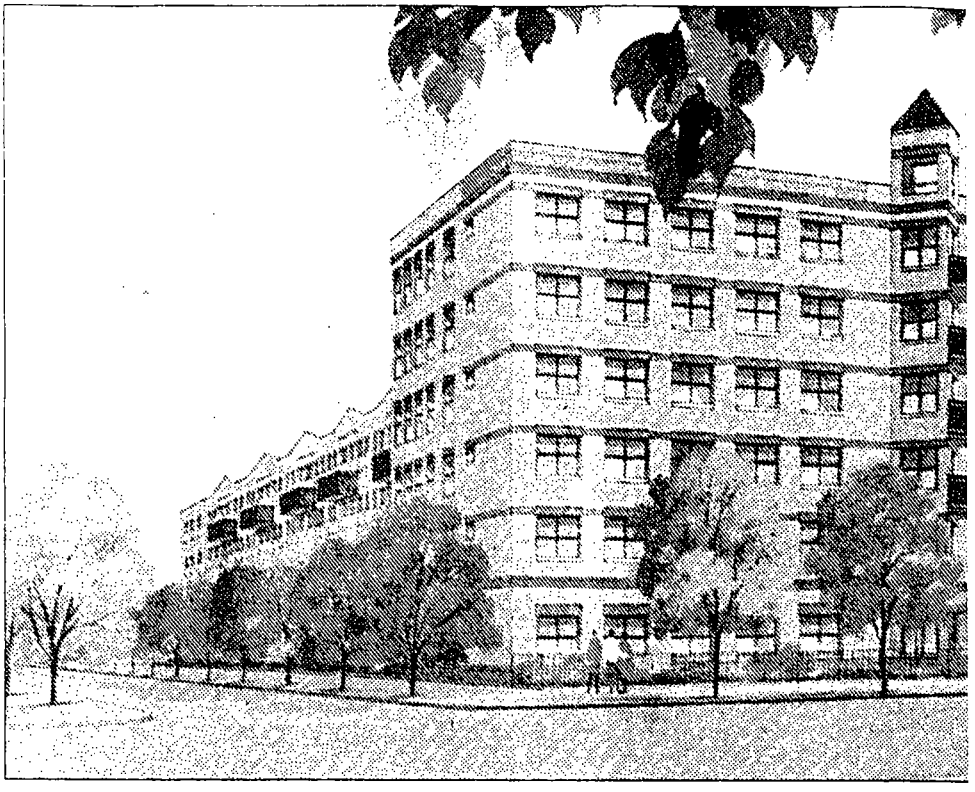
"I believe in this product, that's for sure," said Deborah C. Wright, who Mayor Rudolph W. Giuliani has named Commissioner of the Department of Housing Preservation and Development. In an earlier housing job she was responsible for marketing the 600 apartments of the Towers in the Park mixed-income condominium at the northwestern corner of Central Park for the New York Housing Partnership, a private organization that assists in the development of for-sale moderately priced housing.

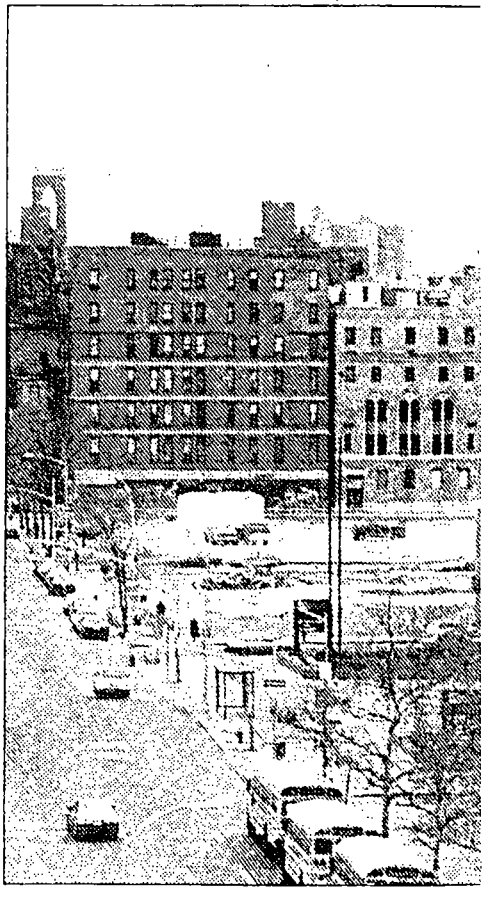
Ms. Wright said that Borough Presidents were pushing for higher-density housing on such large development tracts as Melrose Commons in the Bronx and Arverne in Queens. Tenant-owned housing is one way to bring this about, while holding down the level of city subsidies required.

Supplementing city subsidies with private financing, she said, is desirable both for budgetary reasons and to give housing opportunities to families that have outgrown existing low-income rentals and public housing, freeing apartments for successor lower-income families.

Milbank Frawley was the name given to 40 blocks of central and eastern Harlem under the Model Cities program in 1967; it was subsequently broken into sections, with the eastern section running from 116th to 123d Streets along the park.

Redevelopment has been slow in this relatively barren stretch, but it got a major lift three years ago with the completion of the new 200-bed North General Hospital. The hospital moved two blocks south from its former home in the Hospital for Joint Diseases, since demolished.





Rendering of co-op planned on Madison Avenue at 122d Street; North General Hospital, right, and apartment building lot, rear.

The hospital has established a housing development corporation to be the nonprofit sponsor of a 135-unit limited-equity co-op, intended for people with incomes of roughly $25,000 to $60,000. There will be 97 two-bedroom and 37 three-bedroom apartments, with 40 percent of the apartments reserved for neighborhood residents.

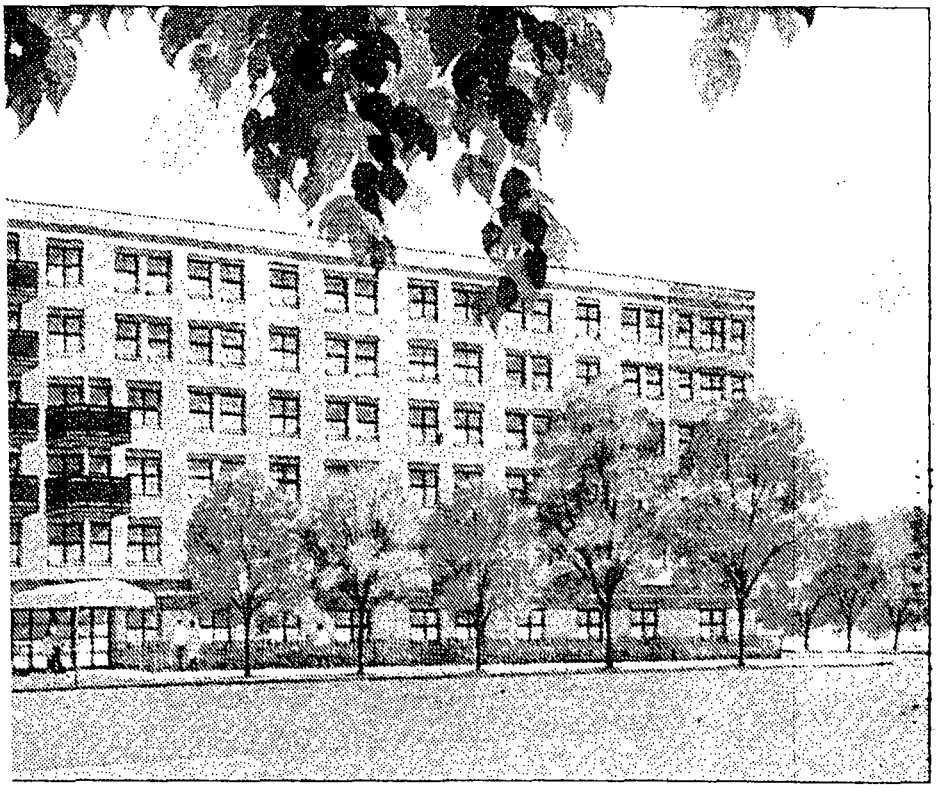
Although the upper limit excludes many potential one- or two-income middle-income families, it is the income range that defines the "moderate- to middle-income" market under existing housing programs. In contrast to the Mitchell-Lama heyday, there is no government program that currently assists middle-income construction, broadly defined.

THE East Harlem development, called Maple Court, will have a rear courtyard and 7,000 square feet of medical offices and surface parking for 83 cars. Construction will start about the end of this month. Occupancy should start in about a year.

The $17.1 million development is principally financed by $11.8 million in tax exempt bonds issued by the city's Housing Development Corporation and insured by the State of New York Mortgage Agency.

The city will be paid a nominal $500 a unit, or $67,500, for the land at the time of the construction-loan closing with Chase Manhattan Bank. In addition, New York City is supplying $4.7 million in capital subsidies, or $35,000 an apartment. If there is a profit when a co-op buyer sells an apartment it is split 50-50 with the city.

t Midrise Co-op on a Park



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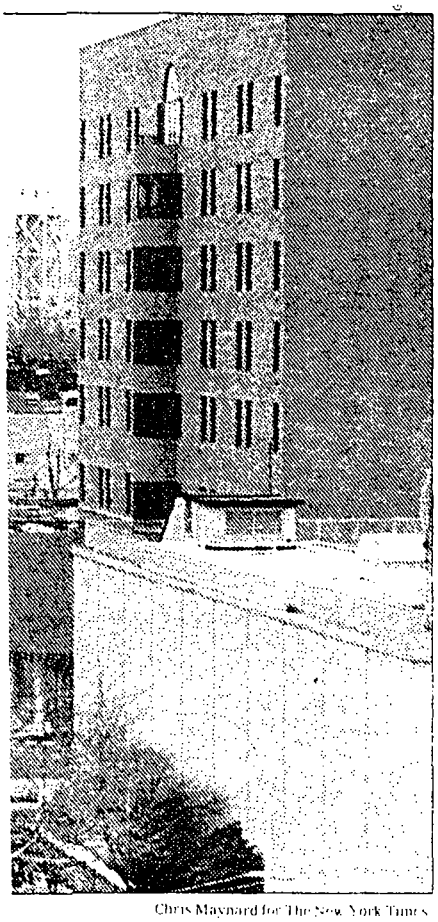


Chris Maynard for The New York Times

ne development is eligible for Section
tax abatements, so in the early years it will pay taxes based only on the current low assessment.

The key to the Park Court development in East Harlem was a new state law in the 80's that allowed a hospital serving a low-income neighborhood to sell tax-exempt state-guaranteed bonds to build housing. North General Hospital subsequently set up a housing development company. After a request for proposals from the Department of Housing Preservation and Development, Sparrow Construction Corporation of the Bronx was chosen to build the co-op, following a design by the Manhattan firm of Ehrenkrantz & Eckstudt.

"You look up and down Madison Avenue and you see too many empty lots," said Eugene L. McCabe, president of North General Hospital. "The hospital sees itself as a catalyst for rebuilding the neighborhood."

As a co-op rather than a rental, residents will have a greater personal stake in sustaining housing quality. Yet because of public assistance and the existence of an underlying mortgage paid off over time, down payments are low. The average cash purchase price for a two-bedroom apartment will be $3,600, plus an additional $1,000 that goes into a debt-service reserve fund required by the state mortgage-insurance agency. The average monthly maintenance charge for this two-bedroom unit is $827, of which 60 percent is used to service the building's debt.

The low cash requirement for the co-op means that working people without substantial savings but with adequate incomes for the monthly costs will be eligible to buy. The monthly maintenance payments will be approximately the same as for recently rehabilitated rental housing in the area, which are $850 to $1,000 for a two-bedroom and $1,000 to $1,150 for a three-bedroom.

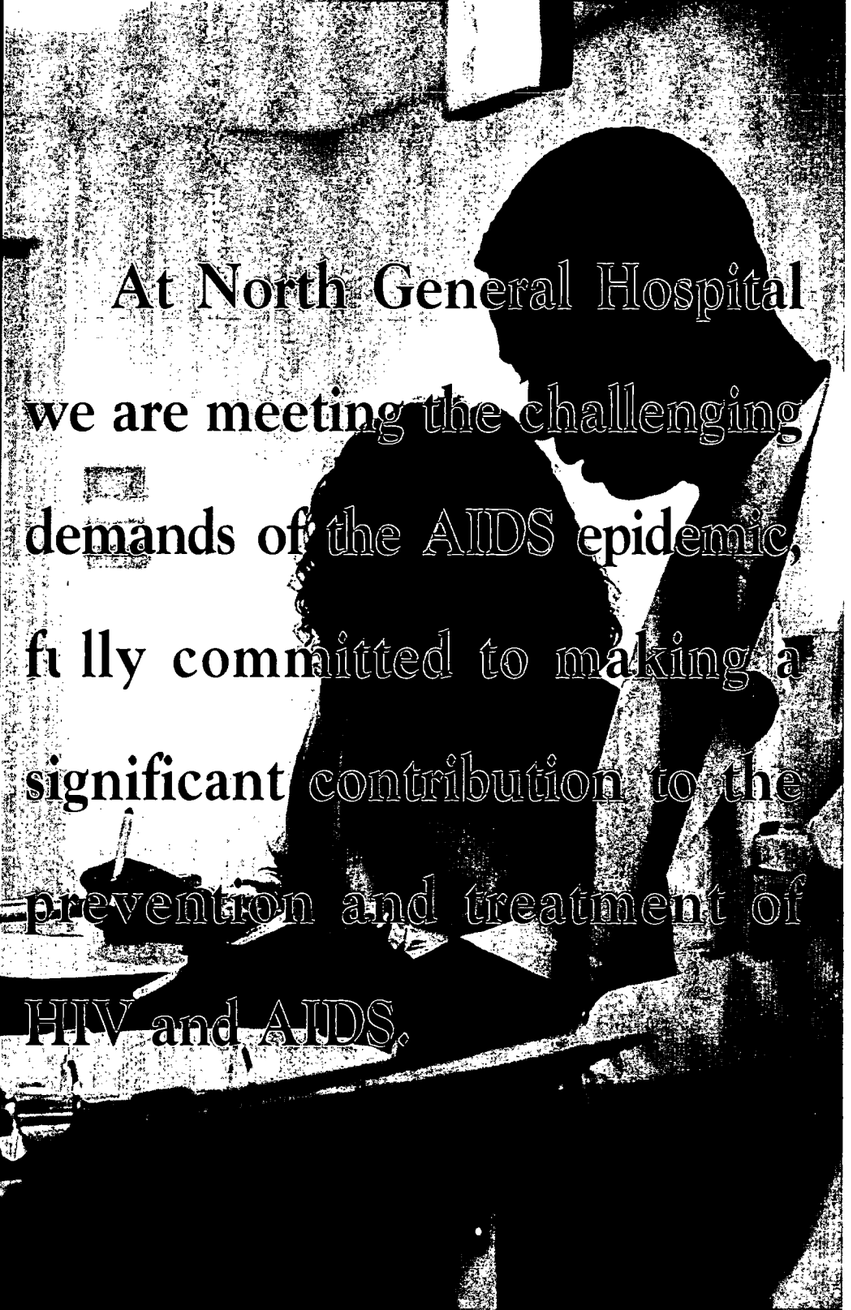
Even in locations where new housing is salable without direct subsidies, the co-op form has its uses. The most striking example is the ambitious public-private River West development planned along the East River in the Hunters Point section of Queens, where a designated owner-developer owns or controls much of the land.

A PRIVATE consortium organized as MO Associates has been designated to build a 550-unit building in which apartments are to be sold as co-ops. It will use taxable, federally insured financing, but the co-op form will enable apartments to be offered for cash payments of only $15,000 to $20,000. Monthly tax-deductible maintenance payments will then become equivalent to what an older building might charge as rent in Manhattan. One attraction of the site will be a 12-acre waterfront esplanade running a mile and a quarter along the waterfront, to which the city has committed $30 million.

As for tax-exempt financing, in the current market even sites that might normally use conventional financing are turning to it. Builders say conventional financing for market-rate rentals is unavailable.

Thus the Brodsky Organization's 1,000-unit Manhattan West development closed last month on the financing to build 80 percent market-rate apartments and 20 percent low-income apartments on four acres west of West End Avenue between 61st and 64th Streets. The purchaser of the $140 million tax-exempt bond was the Federal National Mortgage Association, or Fannie Mae.

The co-op model is likely to be done in other locations, even without city subsidies, said Barry Zelikson, housing consultant to Sparrow Construction. "You need inexpensive land, efficient construction and the capacity to squeeze every line item." ■



Your Health Matters To Us

NORTH GENERAL HOSPITAL

HIV PREVENTION AND TREATMENT

1879 Madison Avenue, New York, New York 10035 (between 121st & 122nd St.)

North General Hospital is a **Designated AIDS Center.** We are committed to the prevention and treatment of HIV and AIDS in the community, and provide quality medical and support services to men, women and children infected with and affected by HIV/AIDS.

HOW TO GET HELP...

Our program includes Emergency Room services, 40 inpatient beds, two primary care HIV clinics and the Paul Robeson Family Medical Center, a satellite clinic of the hospital.

North General's AIDS service is based on case management, with interdisciplinary team care, discharge planning and community outreach. We have found that with early clinical intervention, we can ensure that the patient's health and social needs are met through linkages with community providers.

EMERGENCY SERVICES

24 hours a day, 7 days a week • Crisis Intervention

CONFIDENTIAL COUNSELING AND TESTING

HIV counseling and testing is available on both an inpatient and ambulatory care basis at North General Hospital and the Paul Robeson Family Medical Center

PRIMARY CARE HIV SERVICES

The **HIV Staging and Evaluation Clinic** is available for persons recently confirmed HIV positive.
Open Tuesdays, 1 PM to 4 PM. Appointments: 423-4500.

The **Infectious Disease Clinic** is available to patients in advanced stages of HIV disease and those with other infectious diseases.
Open Fridays, 9 AM to 12 Noon. Appointments: 423-4500.

MENTAL HEALTH

The **Child and Adolescent Mental Health Program** is a counseling service for children, teenagers and young adults who are HIV positive or have an infected family member. The clinic provides counseling services to adolescents and their families who are trying to cope with the disease.

PAUL ROBESON FAMILY MEDICAL CENTER

The **Paul Robeson Family Medical Center** provides primary care services to HIV-infected persons in the early disease stages. The Center works in conjunction with North General Hospital to provide coordinated, comprehensive medical care. *Appointments: 423-4517.*

CASE MANAGEMENT SERVICES

To meet the needs of our patients, we provide continuous coordinated care ranging from outreach to acute medical care, as well as comprehensive social work case management services.
North General Hospital Case Management Supervisor 423-4163.
Paul Robeson Case Management Coordinator 423-4517.

COMMUNITY SERVICES

Through outreach and patient education, we contribute to the prevention and treatment of AIDS in the community. North General and Paul Robeson's Outreach Team provides educational programs through lectures and workshops at community health fairs and in the public schools.

CALL TODAY

North General Hospital
1879 Madison Avenue, New York, NY 10035
General Information (212) 423-4000
HIV Counseling and Testing 423-4142;
HIV Staging and Evaluation, and Infectious Disease Clinics 423-4500;
Case Management Services 423-4163

Paul Robeson Family Medical Center
140 West 125th Street, New York, NY 10035
General Information, HIV Counseling and Testing and Case Management Services: (212) 423-4517.

North General Hospital
1879 Madison Avenue • New York, NY 10035
Telephone: (212) 423-4000 • Fax: (212) 423-4204

Eugene L. McCabe
President

April 12, 1994

Ms. Elizabeth Boyer
Associate Director of Research
Office of the First Lady
Old Executive Office Building
Room 197
Washington, DC 20500

Dear Ms. Boyer:

At the suggestion of John Sheiner, I have enclosed additional information about North General Hospital.

If you need any additional information, please contact me at (212) 423-4111.

Sincerely,

Eugene L. McCabe
President

ELM:mc
attachment

NORTH GENERAL HOSPITAL
AN INTEGRATED SERVICE NETWORK

Profile

North General Hospital, a 240-bed community hospital, has historically structured services in response to the needs of the Harlem community in which it is located. The modern, state of the art facility is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) with approved residency programs in primary care medicine and surgery.

As the Hospital positions itself for the impending changes in the health care system, it is undertaking the development of an integrated delivery system. This network is being structured to increase access, ensure quality and promote cost efficiency and is strengthened by the Hospital's familiarity with health care issues endemic to Medicaid, uninsured and underinsured populations.

North General is one of the New York State Health Department's designated sites for enhanced primary care services and is also the testing locus for the New York State Health Department's single-payer demonstration project which is intended to streamline electronic claims processing.

Committed to the revitalization of Harlem, the hospital encourages residents to live healthier lifestyles through the promotion of community projects in housing, employment and economic development.

OVERVIEW

North General is a 240-bed community teaching hospital affiliated with the Mount Sinai School of Medicine with approved residencies in Medicine and Surgery. In 1992, our inpatient occupancy averaged eighty-six percent (86%). There were 120,000 ambulatory care visits at the hospital, 25,000 of which were emergency room visits. The annual budget last year was $90,000,000. In addition, North General operates the North General Home Attendant Program in New York City with an annual budget of $30,000,000. The hospital also operates the Helene Fuld School of Nursing graduating 120 Associate Degree Registered Nurses each year.

North General sits astride depressed communities, East Harlem and Central Harlem, two of the most medically underserved communities in our nation. Not unlike other urban areas, there is a dearth of practicing primary care physicians. Most community residents use our hospital as their primary source of care. It is in this context that North General, working with the New York State Department of Health (NYSDOH), has begun to develop a managed care plan as a means of improving the continuity of care to the patients we serve.

For the past year, we have been working with the NYSDOH to create a program to allow us to introduce a managed care plan for patients currently using North General. This program, based on global budgeting, reflects to some extent the Canadian model.

North General reflects the complexion of urban America. The hospital operates in Harlem, one of the most economically and medically troubled communities in the nation, where poverty and disease destroy families at disproportionate rates. Fifty-eight percent (58%) of the population is dependent on income maintenance and government entitlement programs, and sixty percent (60%) of births in Harlem are paid for by Medicaid dollars.

Hospital admission rates for Ambulatory Care Sensitive conditions such as HIV/AIDS, bronchitis, respiratory infections, hypertension, and cancer are the highest in the city, and illustrate the impact of limited access to quality primary care.

New York State officials, researching ways to efficiently combat the significant impact of poor health affecting New York State residents, have forged an abiding relationship with our institution. Working with the Mt. Sinai School of Medicine and partners in neighborhood satellite clinics, the hospital has become a testing locus for State initiatives in primary care expansion, global budgeting, and the creation of an electronic network for data systems and financial planning.

North General collaborates with neighborhood planning boards, and state and local agencies to create a residential and economic enclave in Harlem. The hospital's lead in the financing of its new, advanced 240-bed facility (opened in December 1991) is at best an example of how public/private sector partnerships can work. The new facility project channelled contract dollars to twenty-eight percent (28%) minority subcontractors, was completed six months ahead of schedule, and realized a net savings of over $15 million, a result that allowed for the construction of a five story office complex and recognition as a model construction program in New York State. Currently, we are constructing 135 units of affordable, owner-occupied cooperatives for moderate income families and developing 28 units of housing for homeless persons with AIDS.

NORTH GENERAL HOSPITAL

An Integrated Service Network

1993 STATISTICAL INFORMATION

o	Average Daily Census	88%
o	Average Length of Stay	9.5
o	Outpatient Visits	100,000
o	Emergency Room Visits	25,000
o	Operating Budget	$ 102 Million

The New York Times

THURSDAY, DECEMBER 12, 1991

At North General, Moving a Whole Hospital, One Patient at a Time

By LISA BELKIN

This morning, at 5 o'clock, the chief doctors and administrators of North General Hospital will synchronize their watches. At precisely 7 A.M. their emergency room will close and, simultaneously, re-open up the street.

At 8 A.M. the first of 150 patients, each wearing an oversized name tag, will be rolled through a heated tunnel, past ready resuscitation teams and into the pristine rosewood lobby at the other end.

By nightfall, if nothing happens that is not covered by the 37-page In-Patient Move Plan, North General can be found at 1879 Madison Avenue, between 120th and 121st Streets, two blocks south of its old address.

Hospitals in New York City are constantly moving in and out of temporary quarters while renovations go on, or into bigger, newer buildings that usually fill as quickly as they are built. More than half a dozen such moves are likely in the next year alone.

Learning From Mistakes

But with each come endless possibilities for something to go wrong. For two years North General administrators have met at least once week to discuss every detail of their move, from what time to serve breakfast on moving day to where to place doctors so they can be ready to treat a patient who might have a heart attack between buildings.

Their blueprint is what has gone wrong at other hospitals. There is the possibility that a patient will be misplaced, as has happened elsewhere. Hence the huge name tags.

In the 1960's, legend has it, Stanford University Hospital discovered just before moving day that the wash basins in new patient rooms blocked the entry-way for the stretchers. North General has already pushed its stretchers through its new doors, just to be sure.

Two years ago, in Houston, the staff of the new public hospital found that the state-of-the-art radiation shields built into the walls rendered many paging beepers useless. "See, no problem," the North General chief executive Eugene L. McCabe, said with relief during a recent tour of the hospital when a doctor's beeper began to sound.

Attention to Details

Closer to home, when Columbia-Presbyterian Hospital moved into its new building earlier this year, it found that the electrical cords on the surgical lamps were not long enough for the larger operating rooms. Nor could bedridden patients reach the switches for the overhead reading lights. North General has measured the cords and Mr. McCabe has tested the lights himself.

"We've accounted for everything we could think of," Mr. McCabe said. "Now we hope we've thought of everything."

Planning for the North General move began in 1989, almost as soon as the cornerstone was laid for the $70 million, 240-bed, 280,000-square-foot building in Harlem. That the hospital exists to make this move is remarkable; it nearly closed for lack of money several times during its 12-year history. The only private hospital in a medically under-served area, North General's new home is built on layers of loans from the city, state and Federal governments. Its monthly mortgage payment will be $880,000.

The need for that new building is obvious on a walk from the old location to the new one. The soon-to-be-former hospital building, built in 1923, is a cramped, dreary, asbestos-filled structure, with a tiny emergency room, the oldest boiler of any hospital in New York State and operating rooms that never really feel clean.

The new building is as light-filled and modern as any other hospital in the city. The emergency room takes up 7,500 square feet with 15 examination rooms. There is a CAT-scan machine, which the old building does not have, and a gas-operated sterilizer, so surgical equipment will no longer have to be sent out to be cleaned. There is a meditation room with a stained glass backdrop. All except the pediatric patient rooms face Marcus Garvey Park.

"We thought the kids would want to watch the trains," Mr. McCabe said, pointing toward the Metro-North tracks to the east.

Two days before the move there was a controlled level of chaos at the new building. In one of the four operating rooms, gowns and gauze were being placed in the cabinets according to a diagram drawn up weeks ago. In the emergency room, workers were converting a small office into an alcove for stretchers. The need for it had become obvious during a "run-through" in the emergency room when the staff realized they had no place to park the stretchers, Mr. McCabe said.

Several run-throughs like the one in the emergency room led to other changes and the strategic moving plan slowly grew to its current length. It covers everything from the order in which departments will be moved to the procedure to follow if the elevator stalls or the telephone or electrical systems break down.

Pharmaceuticals, the plan says, will be removed from each floor before it is emptied to reduce the risk of theft. Stretchers must be scrubbed after each trip with an infectious patient. When the patients in the intensive care unit are moved, each will be accompanied by several doctors and nurses.

According to the plan, the chief administrators were to sleep in the old hospital and gather in the board room at 5 in the morning.

The patients will be awakened and fed as early as 4 A.M. At 7, the new emergency room will open and the old one will become an emergency station for patients still in the old building. As the moment to move approaches, each patient will be evaluated by a team of doctors. Each will then be taken down the elevator and through the heated, lighted white tent that was built this week to link the two buildings.

The entire process should take six hours, Mr. McCabe estimates, give or take three or four. Then, he said, all that remains is to empty the discarded equipment from the old building (much of which will be sent to lesser developed countries), remove the asbestos and lock the door.

Who will lock the door?

Mr. McCabe looked surprised for a moment.

"Don't know," he said. "That's one detail we haven't worked out."

The New York Times

NEW YORK, MONDAY, MARCH 4, 1985

Workers Help Improve North General Hospit

By CARLYLE C. DOUGLAS

When it became apparent that an elevator was stuck at North General Hospital recently, the first person to attend to the problem, rushing to the basement to see what could be done, was Eugene L. McCabe, who also happens to be president of the hospital.

Mr. McCabe's willingness to involve himself in a minor problem simply because he was around is characteristic of his approach to running the financially troubled Harlem hospital. It is an approach largely shared by the employees of the 200-bed hospital since its difficult birth five years ago.

With the help of banks, local businessmen and politicians, and its own workers' union, North General has survived from financial Band-Aid to Band-Aid as its health steadily improved. But along the way, it has also helped itself.

In recent renovation work, for example, costs were cut significantly when members of the 740-member staff pitched in on tasks that would otherwise have fallen to outside contractors. Nurses picked color schemes and furniture, members of the engineering department laid floors and installed lighting, and all departments were represented on a committee that coordinated the work.

Voluntary Teaching Hospital

In 1979, in the rundown, 60-year-old collection of buildings previously occupied by the Hospital for Joint Diseases, North General became the only nonprofit voluntary teaching hospital in Harlem.

It was established, Mr. McCabe said, because the State Health Department required Joint Diseases to "leave a viable hospital behind" to help fill the vacuum created when it moved to East 17th Street and became the Orthopedic Institute.

Situated at 124th Street and Madison Avenue, the hospital serves an area that, with a ratio of perhaps one physician to 10,000 residents, is among the most medically deprived communities in the state.

The area's poor are served mainly by two public institutions, the 762-bed Harlem Hospital in central Harlem and the 597-bed Metropolitan Hospital Center on the southern edge of East Harlem. The move to save North General gained impetus in 1981, when the 500-bed Sydenham Hospital, a municipal institution in central Harlem, was closed.

Near Financial Collapse

North General came near financial collapse that same year, Mr. McCabe said, mainly because the plan f[illegible] io[illegible] for it by state and Federal agencies left North General with inadequate working capital. In addition, he

The New York Times/

North General Hospital, at 124th Street and Madison Avenue, has had a financially troubled

the patchwork of loans and grants that help the institution meet its $43 million annual budget.

"A lot of people felt this hospital couldn't make it," Mr. McCabe said as he showed off the recently renovated eighth floor. But a lot of people also felt it could, and Mr. McCabe, previously a management consultant with Booz, Allen & Hamilton Inc., proved to be good at bringing them together.

For instance, he asked Basil Paterson, the former New York State Senator and Secretary of State who is now in private law practice, to help get the State Health Commissioner, Dr. David Axelrod, involved in North General's problems.

Restructure Debt

The hospital has received more than $1.4 million in state aid, and Mr. McCabe said he was working with Dr. Axelrod and others to restructure North General's debt.

And, four years ago, when Mount Sinai Medical Center began negotiating for state approval for its $488 million rebuilding plan, state health officials said they would approve it if

North General's teaching program, but not as much as Mr. McCabe is seeking. He said he hoped to come to an agreement with Mount Sinai officials this year to increase the exposure of North General medical students to Mount Sinai's physicians. State officials apparently are satisfied with Mount Sinai's intentions in that regard, for last week the New York State Hospital Review and Planning Council approved the rebuilding plan.

Mr. Paterson, who serves as a mediator in labor disputes, also helped obtain the aid of District 1199 of the Union of Hospital and Health Care Employees. The union, whose president, Doris Turner, rallied workers to the hospital's cause despite occasional late paychecks, provided North General with a $1.3 million letter of credit last year.

Concern for Jobs

Like most of North General's staff and patients, most of 1199's members are black. And while the union's action reflected a concern for jobs — North General is Harlem's lar[illegible] private employer — union leaders

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Near Financial Collapse

North General came near financial collapse that same year, Mr. McCabe said, mainly because the plan fashioned for it by state and Federal agencies left North General with inadequate working capital. In addition, he said, the Orthopedic Institute's "contribution to our viability" is still under negotiation.

In the meantime, Mr. McCabe has worked steadily at holding together the patchwork of loans and grants that help the institution meet its $43 million annual budget.

"A lot of people felt this hospital couldn't make it," Mr. McCabe said as he showed off the recently renovated eighth floor. But a lot of people also felt it could, and Mr. McCabe, previously a management consultant with Booz, Allen & Hamilton Inc., proved to be good at bringing them together.

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And, four years ago, when Mount Sinai Medical Center began negotiating for state approval for its $488 million rebuilding plan, state health officials said they would approve it if Mount Sinai agreed to affiliate with North General, providing considerable assistance to its struggling neighbor to the north.

The affiliation, agreed upon in late 1983, has provided some assistance to North General's teaching program, but not as much as Mr. McCabe is seeking. He said he hoped to come to an agreement with Mount Sinai officials this year to increase the exposure of North General medical students to Mount Sinai's physicians. State officials apparently are satisfied with Mount Sinai's intentions in that regard, for last week the New York State Hospital Review and Planning Council approved the rebuilding plan.

Mr. Paterson, who serves as a mediator in labor disputes, also helped obtain the aid of District 1199 of the Union of Hospital and Health Care Employees. The union, whose president, Doris Turner, rallied workers to the hospital's cause despite occasional late paychecks, provided North General with a $1.3 million letter of credit last year.

Concern for Jobs

Like most of North General's staff and patients, most of 1199's members are black. And while the union's action reflected a concern for jobs — North General is Harlem's largest private employer — union leaders also said it reflected their concern for the quality of health care in the community.

By at least one measure, that quality would seem to have been enhanced by North General's existence.

The New York Times

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NEW YORK, MONDAY, MARCH 4, 1985

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The New York Times/Chester Higgins Jr.

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The organization asked 3,524 New York physicians, 3,013 nurses and 2,064 consumers which of 76 hospitals, based on their personal knowledge, they would agree to be admitted to if they became seriously ill.

The answers of the 642 consumers, 332 nurses and 164 physicians who responded resulted in North General ranking 21st among the 76 hospitals. That tied North General with New York Infirmary-Beekman Downtown Hospital, and put it well above Harlem and Metropolitan Hospitals, which ranked 50th and 54th. North General is also accredited by the Joint Commission on Hospital Accreditation, a Chicago-based organization that passes on the mettle of hospitals around the country.

Accompanying Mr. McCabe on a tour of North General's eighth floor, Thomas Long, North General's associate administrator for operations, estimated that using outside contractors to renovate the floor's 8,000 square feet would have cost $30 to $35 per square foot. With the aid of the staff, he said, that cost was cut to $10 a square foot.

Intensive Care Unit

Though Mr. McCabe plans to renovate a floor at a time from the top down, the other floors are on hold while work goes ahead on a more immediate project — an intensive care unit on the third floor. What will be a 10-bed unit, including five beds for coronary care, is now a hive of workers dodging dangling wires and stepping over the debris of construction. When it is complete, the $2.5 million unit will be able to serve as a magnet for top-flight physicians, Mr. McCabe said.

While North General no longer faces an immediate threat, the money problems continue, largely, Mr. McCabe said, because of the hospital's willingness to accept uninsured patients.

He said half of the 20,000 people who pass through North General's emergency room every year end up being treated free, costing the hospital about $1 million annually. Delinquencies among clinic and hospital patients are much smaller — almost all are covered by some form of public assistance or private insurance — but nevertheless account for another $400,000 in losses.

But Mr. McCabe said he was "extremely optimistic" about North General's future as a community-oriented hospital.

That optimism is shared to a some extent by Randolph Guggenheimer, chairman of North General's board of trustees. "There will be no dramatic

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But Mr. McCabe said he was "extremely optimistic" about North General's future as a community-oriented hospital.

That optimism is shared to a some extent by Randolph Guggenheimer, chairman of North General's board of trustees. "There will be no dramatic $10 million endowments," he said, "but there are sources of funds, and Mr. McCabe is extremely capable of tapping them. It's a project that absolutely *has* to succeed."

The New York Times

NEW YORK, THURSDAY, NOVEMBER 9, 1989

Rebuilding Buoys Hopes For Hospital in Harlem

By HOWARD W. FRENCH

Several years ago North General Hospital was on the verge of closing. But after bucking a trend that has seen many financially troubled inner-city hospitals shut their doors, the hospital in Harlem began a rebuilding program last month that will make it the area's largest private development.

After years of doubt over whether North General, Harlem's last remaining private hospital, would survive, the $150 million building project represents a dramatic reversal of fortunes for the hospital, now at Madison Avenue and 124th Street.

In a sure sign of rebirth, each morning two blocks to the south, on a site huddled amid East Harlem's once-elegant walk-up apartment buildings, trucks shuttle earth to and fro while construction crews labor in the yawning pit that will soon be the foundation of a new hospital.

> 'If this thing succeeds, the whole city benefits.'

On the hospital's present site and an adjacent block, North General hopes, with city, state and Federal assistance, to build more than 500 units of housing for low- to moderate-income residents, many of them hospital employees.

"When we started out with this hospital, the fear was we wouldn't even last two months," said Eugene L. McCabe, the 50-year-old president of the hospital, referring to the time 10 years ago when the hospital was created in a decaying patchwork of buildings acquired from the Hospital for Joint Diseases Orthopedic Institute.

'Started Out in Trouble'

"Most hospitals are having a rough time these days," Mr. McCabe said. "The difference with us is that we started out in trouble."

With a near-messianic devotion and flecks of gray hair that attest to his troubles, Mr. McCabe, whose involvement with the hospital dates to its creation in 1979, has played the gamut of roles from the midwife, assisting in its birth, to the gerontologist, gingerly rehabilitating the prematurely aged institution.

"Gene McCabe deserves a lot of credit for the fact that there still is a place called North General," said Dr.

It has not been easy.

Tireless campaigning won the hospital an unusually broad range of backers who have come to its aid during each of the hospital's many recent critical junctures.

The state, probably the most important backer, early on declared North General a "financially distressed" institution, making it eligible for special reimbursement funds.

Recently the state's support has intensified. The Health Department, eager to preserve North General in an era of overcrowded hospitals and deficient health-care services in many of the city's poor neighborhoods, has included it in pilot public health programs that bring in extra revenues.

North General averages about 90,000 patient visits a year — mostly poor people on public assistance — and is typically 90 to 95 percent full.

Guarantees for Bonds

Most critically, in May 1988, Gov. Mario M. Cuomo visited the hospital, where he signed an agreement providing state guarantees for the sale of $150 million in hospital bonds needed to pay for the new building project.

The Governor called the state support "a commitment to the idea of Harlem, a commitment to the history of Harlem and a commitment to all those who love it here."

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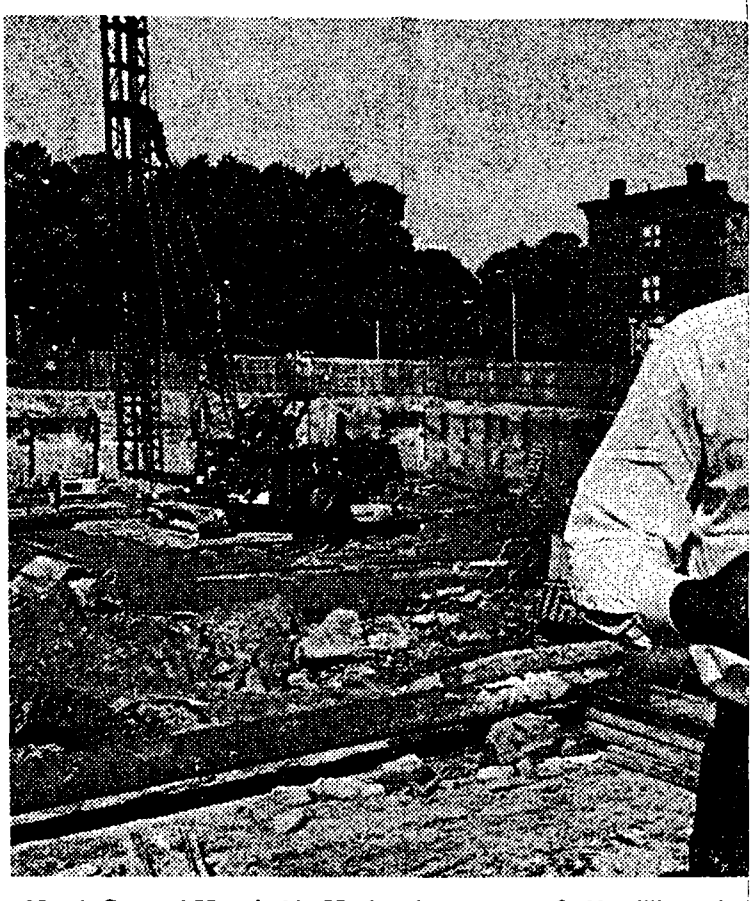

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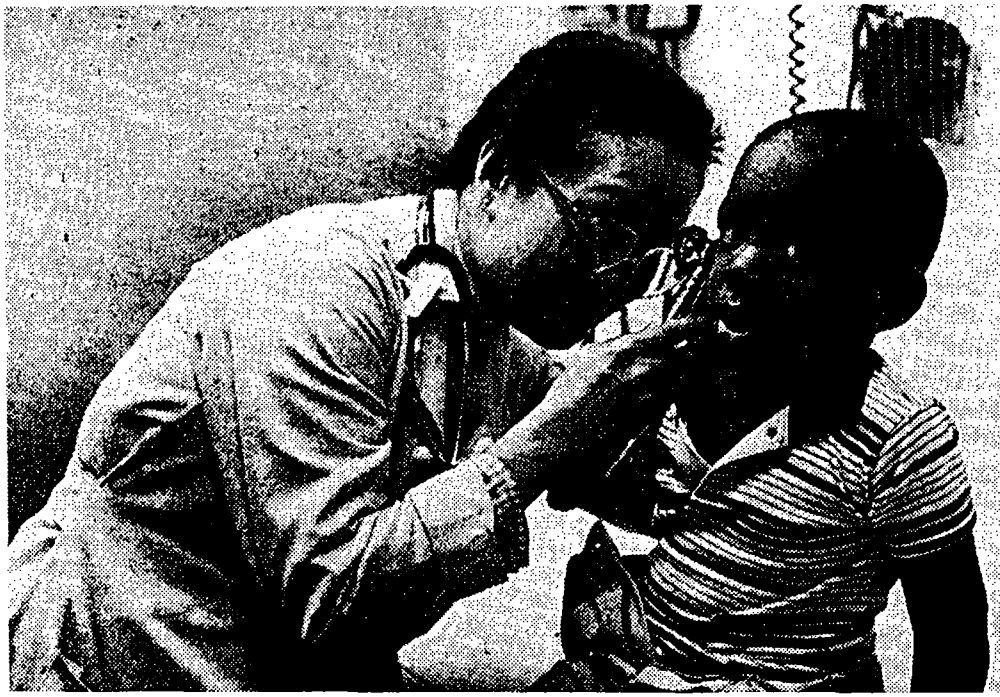

Rebuilding Buoys Hopes For Hospital in Harlem

By HOWARD W. FRENCH

Several years ago North General Hospital was on the verge of closing. But after bucking a trend that has seen many financially troubled inner-city hospitals shut their doors, the hospital in Harlem began a rebuilding program last month that will make it the area's largest private development.

After years of doubt over whether North General, Harlem's last remaining private hospital, would survive, the $150 million building project represents a dramatic reversal of fortunes for the hospital, now at Madison Avenue and 124th Street.

In a sure sign of rebirth, each morning two blocks to the south, on a site huddled amid East Harlem's once-elegant walk-up apartment buildings, trucks shuttle earth to and fro while construction crews labor in the yawning pit that will soon be the foundation of a new hospital.

> 'If this thing succeeds, the whole city benefits.'

On the hospital's present site and an adjacent block, North General hopes, with city, state and Federal assistance, to build more than 500 units of housing for low- to moderate-income residents, many of them hospital employees.

"When we started out with this hospital, the fear was we wouldn't even last two months," said Eugene L. McCabe, the 50-year-old president of the hospital, referring to the time 10 years ago when the hospital was created in a decaying patchwork of buildings acquired from the Hospital for Joint Diseases Orthopedic Institute.

'Started Out in Trouble'

"Most hospitals are having a rough time these days," Mr. McCabe said. "The difference with us is that we started out in trouble."

With a near-messianic devotion and flecks of gray hair that attest to his troubles, Mr. McCabe, whose involvement with the hospital dates to its creation in 1979, has played the gamut of roles from the midwife, assisting in its birth, to the gerontologist, gingerly rehabilitating the prematurely aged institution.

"Gene McCabe deserves a lot of credit for the fact that there still is a place called North General," said Dr. David Axelrod, the State Health Commissioner. "He has done whatever was necessary. He has groveled, he has prostrated himself and he has petitioned to get the job done."

It has not been easy.

Tireless campaigning won the hospital an unusually broad range of backers who have come to its aid during each of the hospital's many recent critical junctures.

The state, probably the most important backer, early on declared North General a "financially distressed" institution, making it eligible for special reimbursement funds.

Recently the state's support has intensified. The Health Department, eager to preserve North General in an era of overcrowded hospitals and deficient health-care services in many of the city's poor neighborhoods, has included it in pilot public health programs that bring in extra revenues.

North General averages about 90,000 patient visits a year — mostly poor people on public assistance — and is typically 90 to 95 percent full.

Guarantees for Bonds

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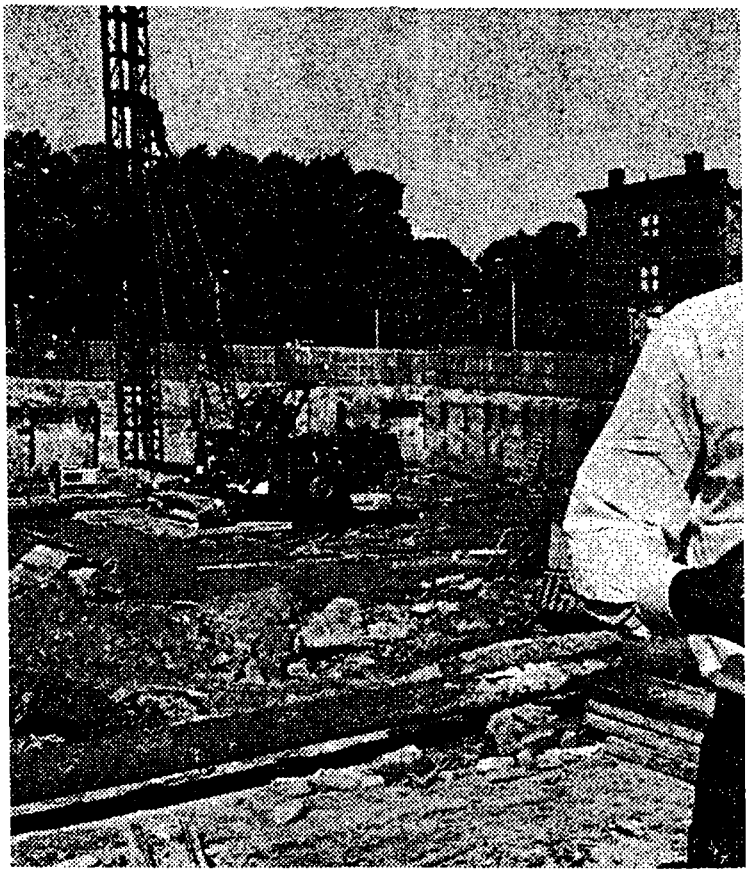

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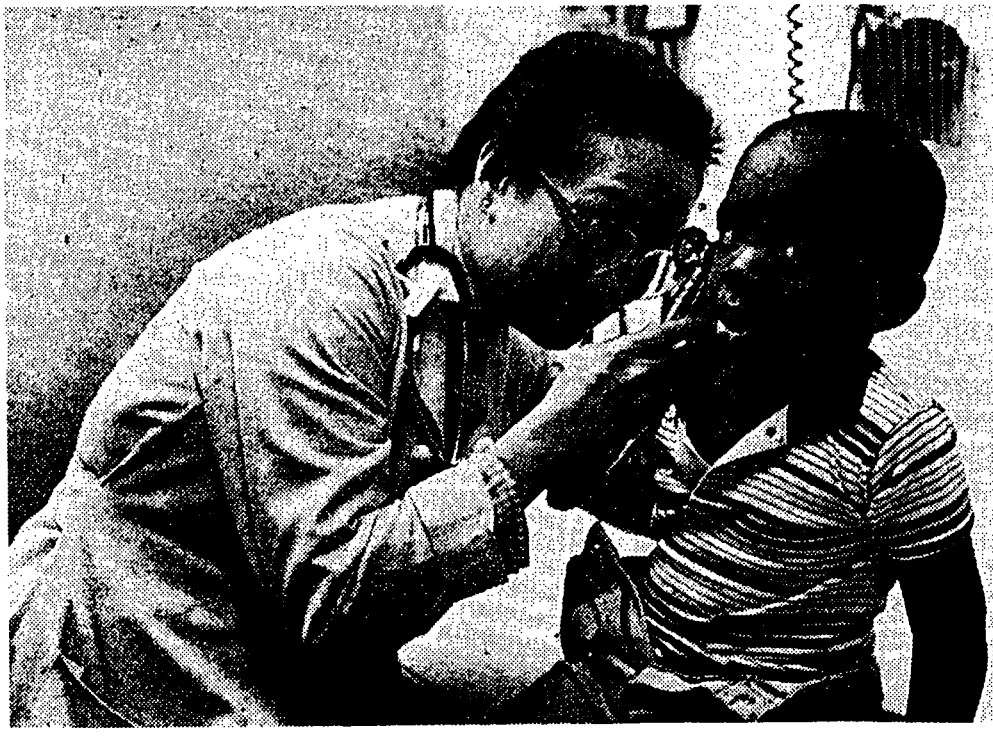

The New York T

Dr. Myint M. Than-Tin, head of the pediatric clinic, examining Fitzbody Coaker, 2 years old, at North G eral, Harlem's last remaining private hospital.

The New York Times

NEW YORK, THURSDAY, NOVEMBER 9, 1989

The New York Times/Jim Wilson

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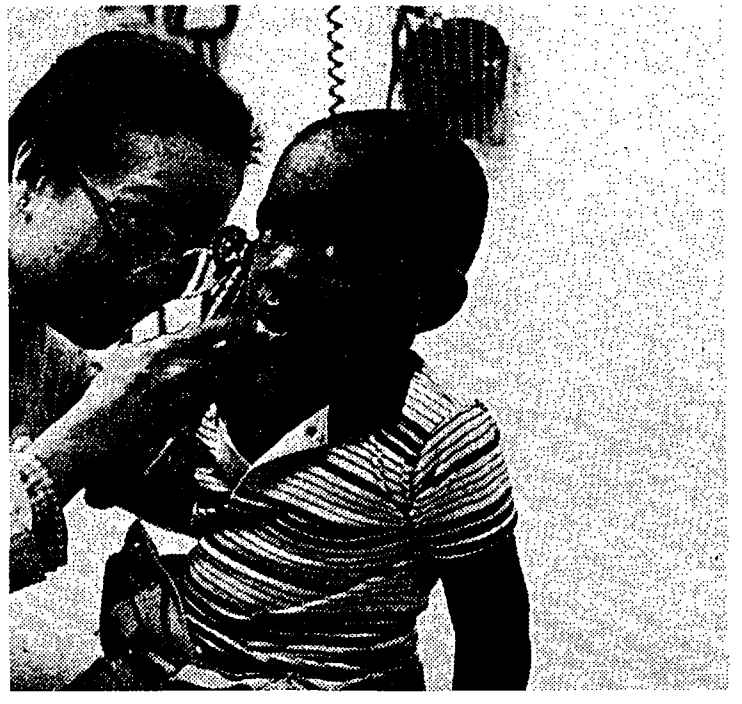

"The state has intervened in the situation there, and that is a good thing," Kenneth E. Raske, president of the Greater New York Hospital Association, said of the hospital. "The question is whether they are going to keep helping them and other distressed hospitals. Not just to the point where they are on a respirator but seeing them back up on their feet — and that is not clear to me yet."

Many Uninsured Patients

Mr. Raske and others have noted that many of the factors that immediately thrust North General into hardship at its creation remain: a poor population base with many uninsured patients, and a hospital reimbursement system that he said has even left large, generously endowed hospitals with serious financial problems.

Besides the state, other important backers have been Local 1199 of the Drug, Hospital and Health Care Workers, the union that represents many of the hospital's 2,000 employees.

The union's president, Dennis Rivera, lobbied in Albany to win state legislative support for the reconstruction. During long stretches when pension fund payments went unmet, the union counseled patience by its members to avoid forcing the hospital to close.

The Manhattan business community too has been generous.

One developer, Lewis Rudin, has and "used our good offices to help restructure their finances and helped bring in some friends to work with people in Albany to get approvals for legislation to be passed so the new hospital could be done."

"A lot of people deserve thank yous for this," he added. "If this thing succeeds, the whole city benefits, and we just felt these people deserved a shot."

A Sense of Pride

When Mr. McCabe, who is black, speaks of North General, one quickly senses his pride in running and resurrecting the city's only minority-run private hospital — a status that he acknowledges has earned him some of the hospital's support from both public and private sources.

Walking the hallways with visitors, he frequently points out black and Hispanic workers who have stuck with the hospital through its most uncertain times, many of them rising over time from relativly low positions to jobs as middle and senior managers.

"It is our desire to make the new hospital as good as any other and to help bring back this community," Mr. McCabe said in an interview, adding that success would require developing a "philanthropic base" of at least $3 million.

"Being a minority hospital only goes so far as your ability to do the job," Mr. McCabe cautioned. "If you say you

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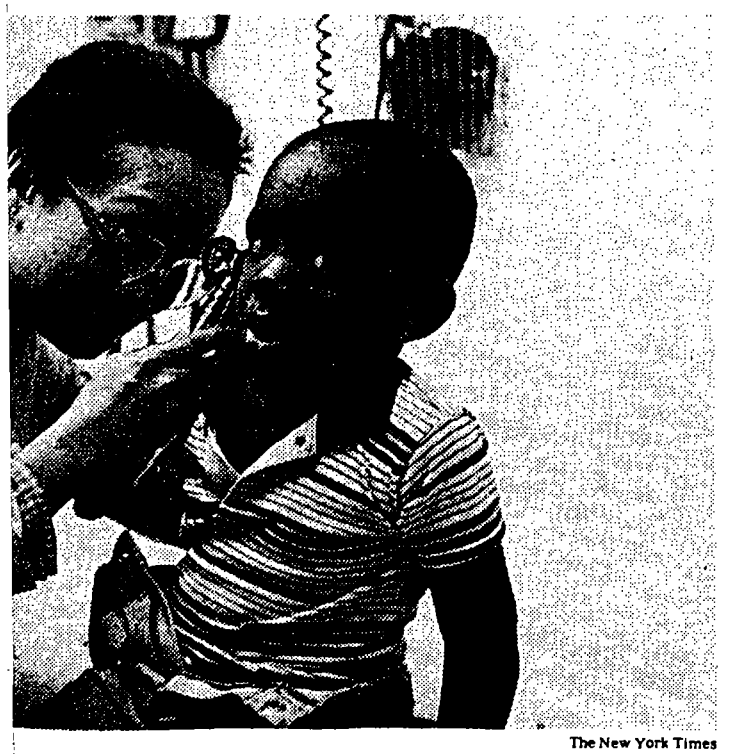

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"Being a minority hospital only goes so far as your ability to do the job," Mr. McCabe cautioned. "If you say you want to help me because I am a minority, that is one thing. But if you say you are helping because we are capable, that is an altogether different, more enduring thing."