



## Healthcare Work Group

August 16, 2011

### Strengths

1. Regionalization of our healthcare systems, integrated healthcare systems
2. Educational facilities, strong nursing programs, good medical connections, interns, residents
3. Competitive market place among three systems – UHS, Lourdes, Guthrie, Bassett, Arnot Health, Cayuga Med, St. Joseph's, Veterans Hospital
4. Central NY health education center – a forum for dialogue; partner with others for grants
5. Through employers expanded wellness programs, corporate trend for more education
6. High tech industry and remaining talent to assist with healthcare information technology and innovation
7. Breadth and depth of high end health services
8. Large institutions within the region and opportunities to partner with wellness programs
9. Skilled and dedicated medical staff
10. Growth of Watson School of Engineering and potential links between engineering and healthcare
11. Leader in the State of integrating high technology and healthcare
12. Southern Tier Health Link for electronic integrative communication and health information exchange
13. 99% needed services can be found regionally

### Weaknesses

1. Population stagnation/decline
2. Limited number of young professionals
3. More rural areas of the region – difficult to attract physicians
4. Federal Regulatory issue – inability of physicians to readily communicate health information across systems
5. Limited funding for healthcare initiatives
6. Small community morass – can't seem to think regionally

7. Decline in economy since 1988 – affected ability of employers to help fund healthcare needs of employees
8. Aging of professional staff
9. Lack of IT for many healthcare providers
10. REO's still in infancy, little or no funding
11. State Regulation – licensure for lab techs, now we have a shortage
12. Reimbursement cuts are coming
13. 1 day of every 5 in life of an RN is spent on dealing with regulations
14. Profit margins small
15. No competition within the insurance industry
16. Money in the system not going to providers
17. Lack of planning between local county government regarding health related programs (cost shifting), e.g., getting out of the mental health service
18. Competition between State Departments of Health and Educations, state agency overlap and confusion
19. Not allowed for-profit healthcare systems to come into the State and compete
20. Employers need to be community rated, insurance companies rate geographically
21. Waiting list for clinical training opportunities
22. Not incentivize to decrease costs between healthcare systems
23. Malpractice issues

## Opportunities

1. Growing senior population; create ways to incorporate their healthy living and safety net; developed planned living areas/communities; develop an industry to deal with aging population
2. Could market the region's quality of life as people are aging – a retirement destination
3. Establish differential support/care and housing based upon differing level of need of the aging
4. Leverage research and development ( IT and clinical ) in regional industry/universities and move into healthcare
5. Spend time together to better understand cross disciplinary opportunities to learn what we can offer
6. SUNY community college initiative to offer different healthcare programs, BCC specialty is online programs and provide education partnering with regional hospitals
7. Partner with systems and educational facilities to deliver healthcare employee training
8. Develop a way to deal with waiting list for clinical training opportunities
9. Provide a mechanism for sharing among the region
10. Healthcare IT; develop an enterprise-wide system, data mining
11. Develop a regional transport system between healthcare systems

12. Pilot easier ways in which small businesses and municipalities can join together to reduce insurance costs
13. Address article 28 regulation
14. Get public funding for REO's
15. Employers do a lot of work to educate their workers about health insurance – an opportunity to establish an industry to provide this type of training
16. Need to switch the paradigm – make healthy food cheaper, unhealthy food more expensive
17. Pull together as integrated systems, look at healthcare regionally, promote regional healthcare, market to the aging (look at healthcare as an industry rather than competitor hospitals, etc.)
18. Very close to PA border

#### Threats

1. Need to stop archaic regulations that add cost but not value, e.g., article 28
2. Cost shifting
3. Very close to PA border