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How NYU Langone's planned Melville hospital would change Long Island healthcare

By David Olson/david.olson@newsday.com

NYU Langone Health's plan to build a new hospital in Melville reflects intense competition among health systems for Long Island patients that could improve care regionwide, and demonstrates how an aging population will have increasingly complex healthcare needs, experts say.

Manhattan-based NYU Langone last month announced it would spend billions of dollars to construct a hospital of more than a million square feet, with roughly 500 beds, just off Route 110 about a mile south of the Long Island Expressway. It would be the first new hospital on Long Island since 1980.

The aim is to offer services in Melville that now may only be available in Manhattan, sparing Long Islanders long trips into the city, and funneling patients already seeing doctors in NYU Langone's expanding Nassau and Suffolk outpatient network to the new facility. Although the hospital still needs regulatory approval, and many details haven't been disclosed, it would alter an ever-changing healthcare landscape on Long Island. The impact on patient costs - if any - is still uncertain, experts say.

Why care could improve

The Melville hospital, which NYU Langone executives say would house cutting-edge technology, may lead other health systems to improve services, benefiting their patients as well, experts say.

"You can't rest on your laurels when you have competitors," said Wendy Darwell, president and CEO of the Suburban Hospital Alliance of New York State, which represents hospitals on Long Island and in the Hudson Valley.

"Although these are nonprofit institutions, they still need to figure out a way to at least break even, or a little bit better, from their operations, and that means patients have to want to come to your facility," she said. "Quality is a key component of that - not just clinical quality, but quality of patient experience."

Hospitals relatively close to Melville may, for example, try to lower emergency department wait times and make patient rooms more comfortable and appealing, as well as make more superficial changes, such as remodeling lobbies, said Loren Adler, associate director of the Center on Health Policy at the Washington, D.C.-based Brookings Institution, a think tank.

"To the extent that they are investing in things that actually improve the patient care experience, that can be a good thing," he said.

Physicians may be lured by working in a new facility, and that could help spur more competition with existing hospitals for the best clinicians, said John Winkleman, a lecturer in health policy and management at the Columbia University Mailman School of Public Health and director of a program that helps train healthcare executives in strategic decision-making.

Cases for higher, or lower, prices

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Older hospitals may buy expensive new equipment and other technology to better compete, in some cases leading to duplication of services, said Soumitra Bhuyan, executive director of health administration programs at the Bloustein School of Planning and Public Policy at Rutgers University.

Combined with NYU Langone's investment in the new hospital, that could help push up prices for patients - although competition among hospitals also could potentially help lower prices, he said.

In addition, an academic medical center like the proposed Melville hospital generally charges more than community hospitals, he said.

Studies show initial hospitalization costs for academic medical centers are higher, although other research indicates that, long-term, costs can be lower, possibly because of fewer complications after an initial hospital stay at an academic medical center.

Competitive landscape

There are four existing hospitals within nine miles of the new hospital site, three of them run by the region's - and state's - largest healthcare system, Northwell Health.

NYU Langone took over its first Long Island hospital, now named NYU Langone Hospital - Long Island, in Mineola, in 2019, and its second, now NYU Langone Hospital - Suffolk in Patchogue, in 2025.

The 591-bed Mineola hospital would continue to have an emergency department and numerous outpatient services, although Dr. Alec C. Kimmelman, CEO of the health system, told Newsday last month that it's unclear how many inpatient beds, if any, would remain there.

The Melville hospital would serve patients from the 306-bed NYU Langone Suffolk with specialty services that the smaller Patchogue hospital does not offer, he said. The specific array of services has not yet been determined. Many Long Islanders currently travel to hospitals in Manhattan for certain specialty care.

Kimmelman said NYU Langone could not create the type of state-of-the-art hospital it wants at its site in downtown Mineola. Parts of the current hospital are nearly a century old.

Even if NYU Langone maintains inpatient beds in Mineola, it still would have fewer hospitals than Northwell, which has 10 hospitals on Long Island, or Catholic Health, which has six. Stony Brook Medicine, Mount Sinai, the federal Veterans Health Administration and NuHealth, which operates Nassau University Medical Center, also run hospitals on Long Island.

If the Melville hospital houses 500 inpatient beds, it would have the fifth-highest number of licensed beds among 24 Long Island hospitals, assuming the Mineola hospital has a limited number of inpatient beds.

Northwell declined to comment on NYU Langone's plans. Catholic Health, whose St. Joseph Hospital is about six miles from the new hospital site, declined to discuss the effect of a new hospital on its health system, other than to

say it "remains focused on advancing its own growth strategy."

Eliminating Manhattan hospital trips

One way the Melville NYU Langone hospital can attract patients is by offering care that either isn't available at hospitals nearby, or anywhere on Long Island, Darwell said.

"Being able to get your care closer to home matters a lot when you're sick, especially for services that are going to require repeated visits to a healthcare facility," she said.

The goal is for the new hospital to offer services for the "overwhelming majority" of conditions, so Long Islanders will not need to trek to Manhattan, except for certain highly specialized procedures and care, Kimmelman said.

Cindy Kaye-Fink, East Meadow, 69, whose doctors are affiliated with NYU Langone, traveled to Manhattan for a heart transplant in 2022, because NYU Langone did not offer that procedure on Long Island. She still goes to Manhattan for follow-up appointments because she wants to stay with the same transplant team.

"I was going in very frequently in the beginning," she said. "Every time I had a cold or anything, I had to run to the city to have them check me out. It would have been nice to go out here."

A new academic medical center with the most modern research facilities likely will attract top-notch researchers and bring more clinical trials to Long Island, allowing more patients with diseases like cancer to access experimental and potentially life-saving treatments without traveling to Manhattan, Bhuyan said.

The NYU Grossman Long Island School of Medicine, which opened in 2019 in Mineola, would move to Melville with its students and researchers.

Enough staff?

Patient advocate Ilene Corina wondered whether there will be enough medical staff, including nurses, to staff the new hospital. She regularly goes into hospital emergency rooms and "there are terrible backups," she said. Those crowded conditions can put patients at risk, Corina said.

The new hospital is being planned amid a nationwide nursing shortage, but it will have the advantage of the Farmingdale State College SUNY nursing program standing just over a mile away.

"We'd be happy to supply them with our graduates," said Virginia Peterson-Graziose, the nursing department chair.

Most Farmingdale nursing graduates prefer to remain on Long Island, she said.

Emergency department backups may in part be because of staffing shortages, but they're also because hospitals for financial reasons "try to go with the bare minimum," she said.

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Many Melville patients would come from existing NYU Langone outpatient facilities. NYU Langone has been steadily increasing the number of physician practices on Long Island and now has more than 120, with more opening later this year, NYU Langone spokesman James Iorio said in an email.

"They're sort of losing out on revenue to some degree by not having a hospital nearby that they can send patients to," Adler said.

Apart from concrete improvements in care and convenience is an intangible advantage a new hospital enjoys: The preference of patients to obtain care in new rather than old buildings, Winkelman said.

"I think a shiny new hospital makes someone think you're better," he said. "They see it as bigger, better, bolder."

When NYU Langone opened its glass, 21-story Kimmel Pavilion along the East River in Manhattan in 2018, some "people stopped going to the older hospitals nearby," he said.

'Strategic business move'

The new hospital faces multiple regulatory hurdles, including state officials looking at whether there would be excessive duplication of equipment and services among hospitals, Darwell said.

Despite the massive cost to build a new hospital, in the end, Bhuyan said, the Melville site "is a very strategic business move."

Demand for healthcare on Long Island will continue to increase, he said.

Long Island's overall population is virtually stagnant, but the number of residents 65 and older continues to grow, rising 38% between 2010 and 2024, from about 408,000 in 2010 to nearly 565,000, according to U.S. Census Bureau estimates. That's nearly 1 in 5 Long Islanders.

People 65 and older are nearly three times as likely to be hospitalized overnight than adults under 45, federal research shows.

"Even as people move from 40 to 50, they're needing more healthcare," Adler said.

Melville and nearby communities are mostly middle- and upper-middle-class. Those are the types of places with large numbers of people with commercial insurance, which pays hospitals significantly more than Medicaid and Medicare. Hospitals say they typically lose money on Medicaid and Medicare patients, and on uninsured people.

"You need commercial pay or self-pay to balance the books," Winkleman said.

Newsday's Jonathan LaMantia, James T. Madore and Victor Ocasio contributed to this story.

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