



The Health Care Solution. Right Here. Right Now.

**THE GREATER HUDSON VALLEY
Family Health Center, Inc.**

**CONSTRUCTING A BUILDING
FOR THE FUTURE**



WHAT YOU PLAN FOR TODAY...



HAS LONG AND LASTING IMPLICATIONS.

A CRITICALLY-NEEDED NEW PRIMARY CARE FACILITY

- 7-year project, from land purchase to opening
- 60,000 SQ. FT on 6.2 acres of land
- \$15.5 million project, including equipment, furniture and technology
- Comprehensive services – IM, Peds, OB/GYN, Urgent Care, Pharmacy, Laboratory, WIC, Dental (anticipated), Health Education (anticipated)
- Completed 4 MOS. ahead of schedule, \$750,000 under budget
- Created 32 new positions to ensure sufficient staff for the new facility; some revenue-producing; many not.

DON'T START UNLESS:

- **You are clear about the market you wish the new facility to serve.**
- **You know what programs, services and offerings you want to add in a new facility.**
- **You are on top of service delivery, quality of care, financial stability, staffing and other challenges.**
- **A new building will not solve your problems; it will exacerbate them.**



WHY WE DID WHAT WE DID

- **Our lease was up. We were serving 13,000 patients in a setting designed to serve 8,000.**
- **A new community college was literally being constructed around us. They blew up our parking lot!**
- **To have any possibility to expand services, and improve quality of care, we had to find a new facility. New construction was our only choice.**
- **Our patients were frustrated with the non-medical aspects of their experience. Wait times, crowded space, long waits for appointments, limited services.**
- **No matter what we tried to do, our existing space cried “clinic”.**
- **New programs were not possible. There simply was no room to implement them.**

DID WE SEIZE AN OPPORTUNITY, OR MAKE ONE?

- **Although we acted out of imperative, we seized an opportunity.**
- **We planned a building designed for significantly more capacity than we were presently serving.**
- **We planned for future growth of programs and services.**
- **We invested in technology.**



WHAT WORKED WELL

- **Obtaining input from providers and staff.**
- **Designed a building focused on efficiency.**
- **Coordinated procurement of EHR with building project.**
- **Controlled costs of construction.**
- **Involvement and buy-in of board members in the project.**

WHAT DIDN'T

- **Predicting the evolution of technology over a five year period of planning, design and construction.**
- **Integrating the design and construction phases of the project.**
- **Anticipating changes in our space needs during both design and construction**



WHAT WERE THE RISKS AND HOW DID YOU MANAGE THEM?

- For years we thought of this project as “If you build it, they will come.” One day we woke up and said: “Suppose they don’t come.” We started to aggressively market the new building more than a year before it opened.
- Would leadership support the project. Intense cultivation of government, business, and community leaders
- Would the space we built be the space we need.



WHAT DID WE WANT FROM OUR NEW BUILDING?


- **Decrease Wait times**
- **Increase number of new patients**
- **Change our image from “Clinic” to practice of choice**
- **Staff and patient “ownership”**
- **Next level of service delivery**
- **Platform for Patient Centered Medical Home**
- **Efficiency of Patient Flow**
- **Functional and Accessible work areas for medical support and patient services personnel**

WHAT ELSE DID WE GET FROM THE NEW BUILDING?

- **Validation. Practice of choice, versus the “clinic”.**
- **Increased loyalty from patients, and morale from staff.**
- **Facilitated recruitment of high quality medical staff.**
- **Validation in the community. Requests to engage in cooperative endeavors have increased dramatically.**
- **Final linchpin in maturation of health center.**

THE KAPLAN FAMILY PAVILION



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