How Health Care Trends Impact Local Land Use

WESTCHESTER MUNICIPAL PLANNING FEDERATION 2015 Land Use Training Institute



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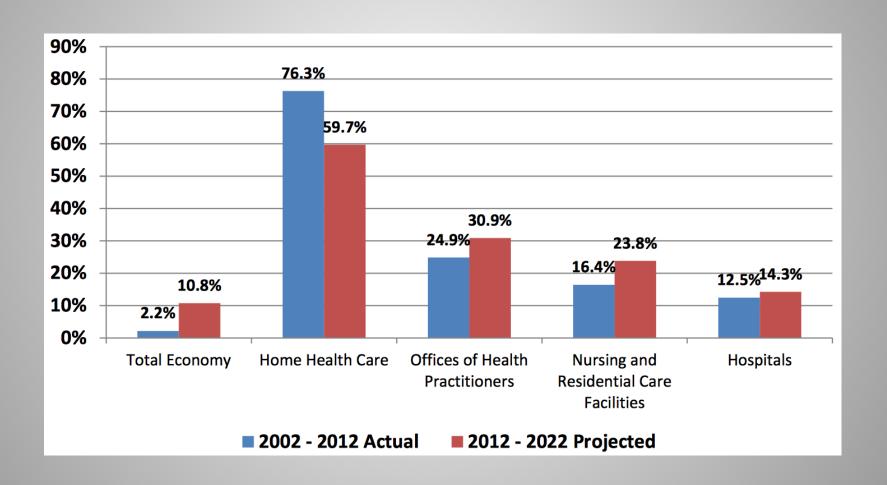
Patrick Cleary, AICP, CEP, PP, LEED AP
Cleary Consulting

The healthcare industry is Westchester County's largest employer by far, accounting for nearly 70,000 jobs out of a workforce of 460,000 (15%).

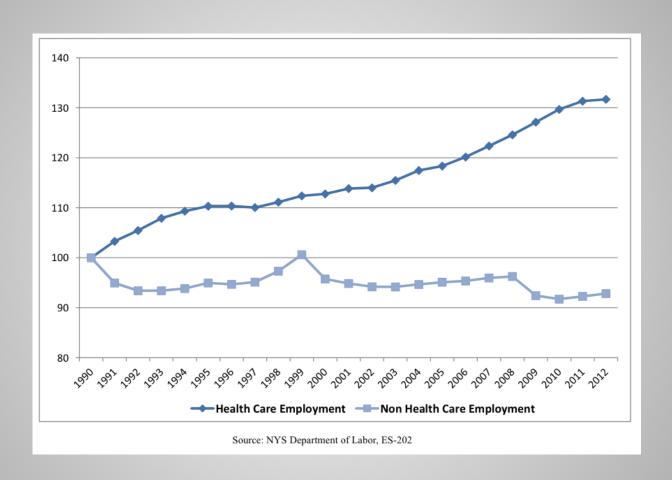
Healthcare is responsible for a \$10 billion annual contribution to the County's economy.

Despite efforts to reduce healthcare costs, healthcare spending is now about 17 percent of the American gross domestic product (GDP), rapidly heading for 20 percent.

Actual and Projected Growth of Selected Occupational Settings in the Health Care Sector in the U.S., 2002-2012 and Projected 2012-2022



Employment Growth in New York, Outside of New York City, 1990 - 2012



Explosive growth in healthcare workforce



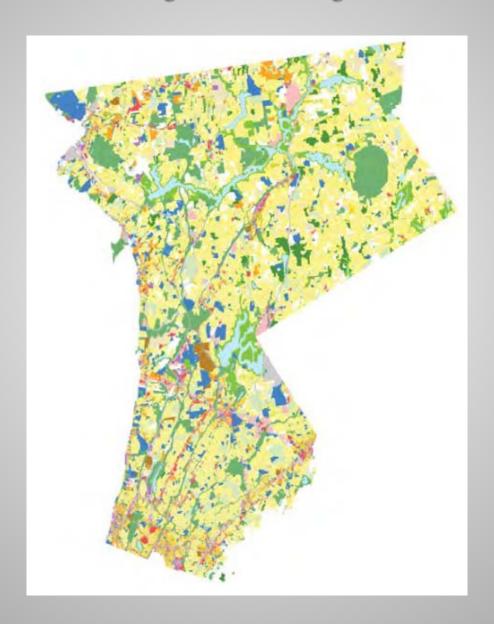
Pumping dollars into the regional economy



Growing rapidly



Forcing land use changes







Advancing technology Shift to for-profit operations Diversification

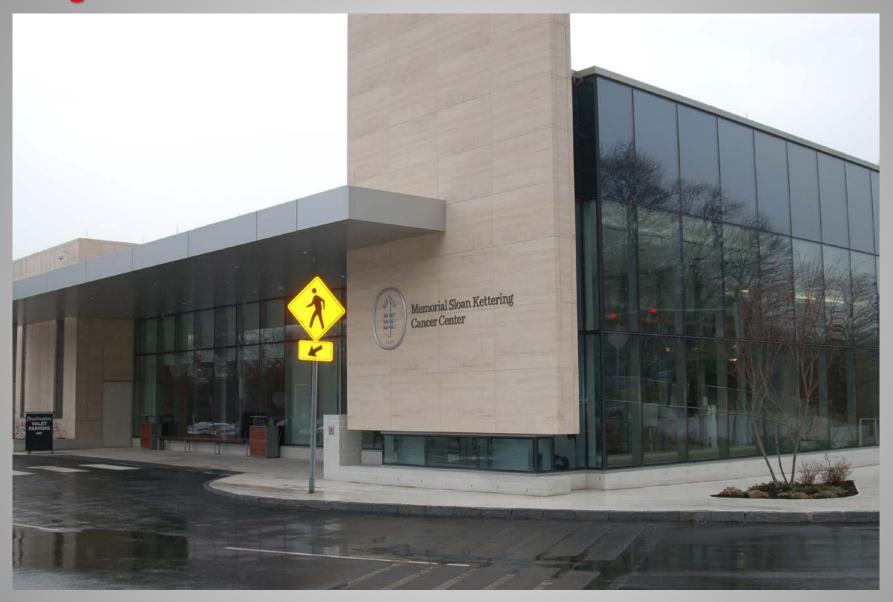
Affordable Care Act

Ageing population



"Your doctor can only do so much. The rest is up to you. Stop getting older."

Mega Trends:











- Fewer than 11% of Westchester residents travel to Manhattan for medical care.
- In-patient hospital bed use dropped by 15%
- In-patient discharges declined by 6%.
- Average length of in-patient stay declined by 13%.
- In-patient and ambulatory surgeries declined.
- Hospital discharge referrals to home care and skilled nursing facilities doubled.
- Medicare, as the primary payer of in-patient services surpassed commercial insurance.

"Healthcare is evolving from a hospital-centric setting to an ambulatory care model." – Simeon Schwartz, CEO of WESTMED.

Recognize that medical office buildings differ significantly from traditional office buildings.

Establish medical office building as a separate land use category.

Facilitate the re-purposing of existing traditional office buildings to medical office buildings by updating exiting unfavorable zoning provisions.

Consider designating medical office buildings as a special permit use, subject to the establishment of appropriate standards and controls that will assure their compatibility with surrounding land uses and assure their successful long term operation.

Off-street parking requirements must be reassessed:

Medical office buildings produce much higher parking turnover rates than traditional office buildings.

According to the ITE, Medical office buildings generate 3 times the peak hour vehicle trips than traditional office buildings (3.5/1000 square feet compared to Aspecting to the Centers for Disease Control, the average doctors office visit is 18.7 minutes long.

Medical office building peak hours (generally the 11:00 am hour) do not correspond to traditional office building peak hours (the 9:00 am and 5:00 pm hours).

Parking demand and parking lot viability will depend of factors such as the nature of the medical facility, proximity to public transit, characteristics and topography of the site, etc.

Parking rates of 3.5 to 6.0 spaces/1,000 square feet of floor area are often necessary, depending on the use.

Medical uses require higher than average deliveries (medical supplies, linens, laboratory materials, removal of medical wastes) – some of which requires special handling.













Innovation in addressing parking design and operation should be accommodated:

Codes should accommodate parking strategies, such as valet parking, which are common and necessary at medical office buildings.





Technologies that maximize the use of available parking areas should be encouraged.



There is good news and bad news regarding the traffic generation from medical office buildings:

The good news – most trips occur outside of the traditional peak hours (when roadway congestion is at its worst).

The bad news – the trip generation rates are high throughout the day.

More bad news – people traveling to medical office buildings are often unfamiliar with the roadways, and that unfamiliarity leads to increased accident rates.



Circulation & Accessibility

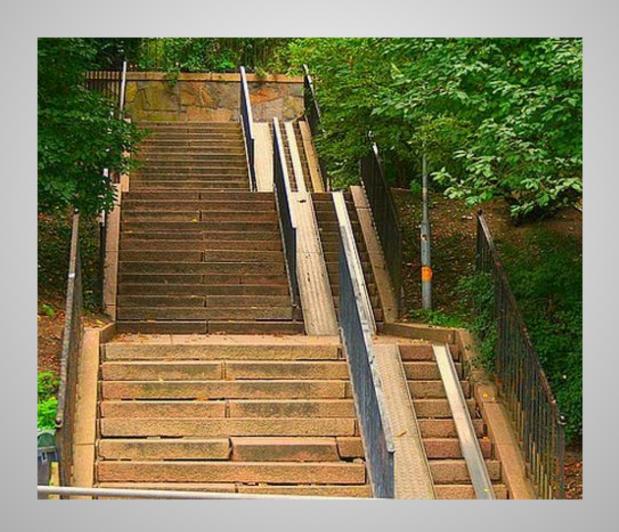
Pedestrian circulation and accessibility is a high priority at medical facilities;

Provide for logically configured and easily identifiably pedestrian circulation paths:





Avoid token compliance with pedestrian circulation objectives.



The continued maintenance and enforcement of elements of an approved site plan, conditions of approval or code requirements must be addressed.





Unlike a typical office building, a medical office building must make accommodations for patient pick-ups and drop-offs.





The special handling of medical wastes and refuse requires careful attention in medical office building site planning.





Exterior site lighting should provide adequate coverage for pedestrian and vehicle safety, while minimizing impacts on surrounding uses. Evening office hours often extend the use of medical office buildings beyond those of traditional office buildings.





Medical office buildings have more intensive utility and infrastructural requirements that must be properly planned for in new facilities or re-purposed existing buildings.

According to the EPA, medical facilities have one of the most intensive water demands of all land uses.

Power demands for specialized equipment can place strains on the electric grid.

Data transfer technology, high speed internet and similar amenities are now considered mandatory





An uninterrupted power supply is imperative for medical facilities, so the provision of emergency back-up power generators must be planned for.



Identification & Signage

Hospitals were historically easily identifiable, often the largest building in the heart of a community.





Medical office buildings are often not centrally located, are situated among other office buildings and commercial uses, and offer no uniquely identifiable architectural landmarks. Signage has therefore become an important aspect of medical office sites.



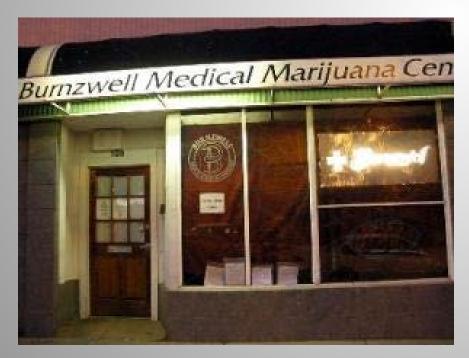




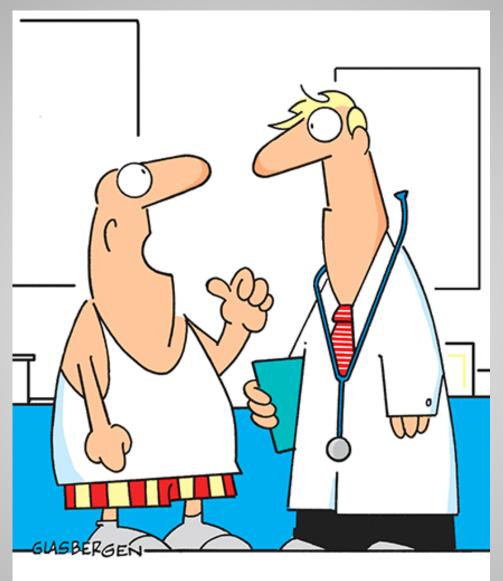












"I could be a healthy person if you'd stop finding things wrong with me!"