

Replacing St. Vincent's

St. Luke's-Roosevelt in NYC will open a new HIV clinic.

May 23, 2011 By [Benjamin Ryan](#)

✕ St. Vincent's Hospital in Manhattan's West Village was the veritable epicenter of the AIDS epidemic in the early days of the health crisis, as dying men from the heavily gay surrounding neighborhood flooded the clinic throughout the 1980s. St. Vincent's HIV program soon developed into a leader in the field—in more recent years, thanks in no small part to the dedicated leadership and vision of its passionate director of HIV Education and Training, Antonio Urbina, MD.

More than a year ago, a new kind of disaster struck: The hospital, sinking under tremendous financial debt, collapsed and closed its doors for good. Urbina's patients, among the most vulnerable in New York City, were threatened with a disruption of care from which many of them might not have recovered.

"It got a little bit Shakespeare/Greek tragedy," Urbina told *POZ*.

Fortunately, New York City—which has both the largest HIV population in the country and relatively substantial and diverse funding streams for HIV programs—is blessed with a rich bounty of HIV care options. Another longtime leader in this field is St. Luke's-Roosevelt Hospital, which already boasted two long-running and pre-eminent Manhattan HIV clinics at the time of St. Vincent's tragic shuttering. Urbina was able to fold his practice into the St. Luke's-Roosevelt program, moving into a building right across the street from his old offices. He could keep on keeping his patients healthy.

The silver lining will soon grow brighter. In September, St. Luke's-Roosevelt's Center for Comprehensive Care (CCC), the umbrella title for all three of the hospital's HIV/AIDS clinics, will open a \$3 million state-of-the-art facility in Manhattan's Chelsea neighborhood, to which Urbina will transfer his thriving practice. When that happens, he will be treating his patients in a 16,000 square foot facility occupying the top three floors of a building on West 17th Street—five blocks from the old, more cramped St. Vincent's site.

Like their Midtown and Harlem locations, which have been operating for more than 10 years, St. Luke's new space will be devoted to "one-stop shopping." Moreover, it will exhibit a friendly, visually appealing environment that, in the words of the long-time CCC director, Victoria Sharp, MD, lets patients know that "somebody cares about you."

“In no way will people walk in and feel like this is a clinic with all the pejorative connotations of that word,” Sharp said. “It will feel very much like an upscale private practice.”

The new location’s patient population, which the CCC expects to expand from its current 1,000-plus to 3,000 patients in about 18 months, will have virtually all their medical, psychological and social work needs housed under one roof, including, to name a few (take a deep breath): primary care, neurology, gastroenterology, dermatology, endocrinology, cardiology, gynecology, psychology and dentistry; not to mention everything from health education and help with medication adherence, to legal assistance, an on-site pharmacy, nutritional counseling and massage. Unlike the current West Village clinic, which serves mostly an indigent population, the new site will accept all forms of insurance and expects a broader spectrum of patients as a result.

With an estimated growth to more than 5,000 patients overall, the CCC will become the largest HIV clinic in New York State. It will be among the largest in the country.

With nearly 25 years of experience in the field, Sharp said, “It’s the first time in my career when we’ve been able to basically start from the ground up. Usually in hospitals, you’ll be moved into a space where there are already walls, and you will have to design the processes around those walls. This time we got to say where the walls go. We’re very excited about the design.”

Inspired in part by a Naval clinic opening in Bethesda, Maryland, the architecture of the space—its construction is currently in the demolition phase—is designed to ease the flow of patients’ experience. For example, it will prevent excessive waiting around, as well as having to trek all over to get to specialist or social work appointments, blood draws, or pharmacy pickups.

“Oftentimes patients will be lost to care, or they will just not make it to have their laboratory blood-work drawn,” Urbina said, describing health practices that send patients on a hike to the phlebotomist or other care providers. “So this type of flow and process, I think, will improve patient retention and outcome.”

Not only that, but by fulfilling the stringent requirements for a federally recognized designation as a “patient-centered medical home,” the clinic qualifies for greater Medicaid reimbursements.

The design of the CCC’s program also positions the clinic well for future national trends and changes in Medicaid and in health care delivery—moving increasingly toward the patient-centered home structure. As health care reform evolves, the federal government will likely pressure providers to keep their patients away from highly expensive hospital visits. This means stressing effective preventive and holistic care—the kind St. Luke’s does well at the CCC.

“We do a remarkable job of keeping our patients out of the hospital,” said Sharp, noting that their patient retention is close to 95 percent and that about 80 percent of their patients have an undetectable viral load.

Thanks to her program’s cutting-edge electronic records system—one of the requirements for the

medical home model—these data are available to her at the touch of a button.

Welcome to the future. The doctor will see you now.

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