Quality Care

NewYork-Presbyterian/Weill Cornell Medical Center (left); NewYork-Presbyterian/Columbia University Medical Center (above)

An Interview with Steven J. Corwin, M.D., Chief Executive Officer, NewYork-Presbyterian Hospital

Steven J. Corwin

EDITORS' NOTE *Steven J. Corwin has held his current position since 2011. Dr. Corwin joined the management team of Columbia-Presbyterian Medical Center (today known as NewYork-Presbyterian/Columbia University Medical Center) in 1991 and served in various management capacities. From 2005 to 2011, he was Executive Vice President and Chief Operating Officer. A cardiologist and internist, he received his undergraduate and medical degrees from Northwestern University, summa cum laude. He completed training in internal medicine and cardiology at Columbia-Presbyterian Medical Center and was named to the faculty of Columbia University College of Physicians and Surgeons in 1986.*

INSTITUTION BRIEF *Located in New York City, NewYork-Presbyterian Hospital (nyp.org) has academic affiliations with two of the nation's leading medical colleges: Weill Cornell Medical College and Columbia University College of Physicians and Surgeons. NewYork-Presbyterian provides state-of-the-art inpatient, ambulatory, and preventive care in all areas of medicine, and is committed to excellence in patient care, education, research, and community service at six major centers: NewYork-Presbyterian/Weill Cornell Medical Center, NewYork-Presbyterian/Columbia University Medical Center, NewYork-Presbyterian/Morgan Stanley Children's Hospital, NewYork-Presbyterian/The Allen Hospital, NewYork-Presbyterian/Westchester Division, and NewYork-Presbyterian/Lower Manhattan Hospital. The hospital is also closely affiliated with NewYork-Presbyterian/Lawrence Hospital in Bronxville.*

How has NewYork-Presbyterian remained so consistent in delivering quality care?

Prior to the merger of the hospitals, New York Hospital was founded by royal charter in 1771. Presbyterian Hospital was founded in the 1860s, so you're talking about a long tradition of excellence for the two hospitals that then came together as NewYork-Presbyterian.

From the board on down, the sentiment that started at the time of the merged enterprise in 1998 is that this should be a preeminent academic medical center. We're doing this to sustain academic medicine in New York, and we want this enterprise to represent the best quality, patient care, and patient satisfaction.

Instilling our value system and culture into every employee is critical to the organization's success. Our goal is to put the patient first all the time. Our physicians understand this, and our mission is to provide great care for everybody who walks through our doors.

Are you happy with the progress in battling the most difficult medical challenges and are we on the right track for more breakthroughs?

Yes. The narrative in this country, which implies that the healthcare system is broken, is wrong. Yes, there are aspects of our system that need improvement – prevention needs to improve; the ability to care for patients after they get home from the hospital needs to improve; and the ability to provide the continuum of care needs to improve. Until now, hospitals have been responsible only for what happens in the acute hospital setting. We're expanding ourselves beyond that.

I think the progress we have made is tremendous, but we're still spending too much money as a country. We have to figure out how to reconcile innovation and progress with efficiency, and to constrain the costs we're spending on healthcare in the U.S.

Is prevention getting the attention it deserves?

Imagine if nobody smoked in this country. Imagine if people understood the value of proper diet and exercise. There are clearly huge long-term benefits to every one of us living a healthier lifestyle and trying to avoid disease.

But also, when people get sick, if you give them proper instruction, you can prevent a recurrence of that disease.

In our healthcare system, 20 percent of the patients drive 80 percent of the costs. If you can take care of people with chronic and multiple diseases and limit their need to be in the hospital, this is a huge advantage.

We run a large community initiative called the Regional Health Collaborative for the Washington Heights and Inwood communities. We have achieved a 20 percent reduction in emergency room visits and hospitalizations of patients who have extremely complex medical conditions.

I also think it's important that people understand that a mental health problem associated with a disease can double or triple the cost of caring for that person because of medication compliance and other issues.

So as a country, if we can put these preventive aspects in place before someone gets sick, we can save a significant amount of money.

We have taken that challenge on at NewYork-Presbyterian, and many of my colleagues around the country have as well. It's incumbent upon the academic centers to focus on it.

Is it imperative that your workforce mirrors the diversity of your patients?

Two-thirds of our workforce are minorities. We believe strongly in diversity. We also believe that people coming into this workforce should have the opportunity to advance themselves. We help people to educate themselves and move through obtaining advanced degrees. We encourage our nurses and all other employees to get advanced degrees.

We're an elite institution in terms of the type of care we deliver, but we're not elite in terms of who we deliver that care to. We exist for the public good in this city and we want New Yorkers to feel, if they come to us, that they can access the very best care.

Have the key issues in healthcare reform been addressed and is true reform taking place?

To start, we have to address access to care – we have to insure more people. We can't reduce the cost of care in this country unless we insure more people because people have to get preventive care.

We have to deal with the cost issue – our cost structure has to go down.

We also have to deal with quality – the quality of our care is good but it has to get better, and universally better.

In addition, we have to deal with all three of these issues simultaneously because they are inextricably intertwined.

The good news about the Affordable Care Act is that it tried to deal with all three of these issues. The bad news is that trying to change a fifth of the GDP of this country is very difficult to do in the first iteration.

We're going to go through a period of time where this iterates itself and things will change. It's unfortunate there wasn't a bipartisan approach to increasing insurance coverage; it was unfortunate that there wasn't a bipartisan approach on the cost; and I think that a 2,000-page bill is hard to digest when you're dealing with a fifth of the economy.

But a public/private partnership addressing insurance, making sure people have access to care, insisting on quality, and insisting on cost reduction efforts, will pay off.

The insurance industry, the providers of care, and the government have to work together. I don't see a single-payer system as being effective in this country. Using private insurance, the providers, and the government is the right approach. We have to work through this in a bipartisan way. ●