

The Future of Healthcare

An Interview with Steven M. Safyer, M.D.,
President and Chief Executive Officer, Montefiore Medicine

EDITORS' NOTE Prior to being appointed to his current post in 2008, Dr. Steven Safyer held a variety of senior leadership roles at Montefiore, including Senior Vice President and Chief Medical Officer from 1998 until 2008. He was an early champion of clinical information systems and launched physician order entry (electronic entry of medical practitioner instructions for the treatment of patients) in the 1990s that supported his focus on creating nationally recognized



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quality and safety programs. In addition, he galvanized a broad effort to stem the burgeoning epidemics of HIV and TB that were taking their greatest toll on the poor during the 1990s in New York City. Dr. Safyer led the way for Montefiore to set a new standard for equitable healthcare systems. He earned his medical degree from Albert Einstein College of Medicine and completed his internship and a residency in Social Medicine at Montefiore. He is board certified in Internal Medicine, and is a Professor of Medicine and a Professor of Epidemiology and Population Health at Einstein. He received his Bachelor of Science degree from Cornell University.

INSTITUTION BRIEF As the academic health system and University Hospital for Albert Einstein College of Medicine, Montefiore (Montefiore.org) is nationally recognized for clinical excellence—breaking new ground in research, training the next generation of healthcare leaders, and delivering science-driven, patient-centered care. Montefiore is ranked among the top hospitals nationally and regionally by U.S. News & World Report. For more than 100 years, they have been innovating new treatments, new procedures, and new approaches to patient care, producing stellar outcomes, and raising the bar for health systems in the region and around the world.

How critical is it to evolve and transform as an institution in today's healthcare environment?

The cultures of Montefiore Health System and Albert Einstein College of Medicine, which are both under the umbrella of Montefiore Medicine, are deeply rooted in social justice. We care for everyone who walks through our doors in the same way, regardless of

their means to pay, or where they come from. Our payer mix is 85 percent governmental, and because of Montefiore's significant reliance on Medicaid and Medicare, we have to be very cognizant of where we invest, what we do, and how we perform. We don't have the same wiggle room as other institutions.

Over the past 15 years, this has become really important. Under the previous administration, there was a lot of wind in our sails and synergies between what we were trying to accomplish and how to do it; in one way or another, that remains the case. We need to consistently advance healthcare delivery, staying true to who we are while relying on innovative scientific techniques, academic research, and teachings from frontline care providers.

For example, we needed to build a large ambulatory platform, we needed to have comprehensive care that ran the entire spectrum, and we needed to be frugal and to get value from the investments we made. Early on, we invested in IT systems and we were one of the first in the country to implement electronic health records more than 20 years ago. More dramatically, we moved to value-based purchasing very early on and we believe that is the sweet spot, because we are better aligning the quality of patient care with cost, therefore incentivizing wellness, not unnecessary care. For us, it's not really about what we're doing today as much as what we've always done.

Does it become more challenging as you grow to maintain this culture?

There is value in scale and reach, but you must work with like-minded organizations that have the same mission as you.

We are now at 11 hospitals and have more than doubled our number of employees to almost 38,000 in the greater Montefiore Health System. This happened in a relatively short period of time. We've also grown our clinical community significantly, not just with salaried physicians, but also with many private doctors who have joined our value-based purchasing initiatives. Though these hospitals and providers are in different locations, there is one central mission, and that is to heal and advance the health of the communities we serve. Through Albert Einstein College of Medicine, we

combine clinical care with research to deliver the most cutting-edge treatments throughout Montefiore Health System.

Is the U.S. moving towards having just a handful of extremely large health systems or will there continue to be a role for the community hospital in the future?

The days of the community hospital are gone and it's important to recognize that. There is more efficiency in scale. Everybody in healthcare needs that size and scale. Equally important is having partners with the same values and commitment to delivering the highest quality care close to people's homes. For example, we have a joint venture with Crystal Run, a large, multispecialty practice, to offer more care to more people throughout the Hudson Valley. Crystal Run also believes in value-based care, so it helps build on our population health initiatives throughout New York.

We also partner with The Hebrew Home at Riverdale, a local nursing home, to provide customized programs so patients discharged from the hospital are on the road to optimal rehabilitation as soon as they exit the hospital doors.

These unique partnerships provide strength in our ability to not only provide the best care in and out of the hospital, but to manage finances under value-based models.

With a growing focus on urgent care, will the traditional hospital model remain relevant?

The most recent construction project we did was Montefiore's Hutchinson Campus, a 280,000-square-foot ambulatory care center, one of the largest in New York City. Montefiore's Hutchinson Campus has a dozen operating rooms, as well as infusion rooms, a full-service pharmacy, and treatment rooms. However, there are no beds. By offering outpatient surgeries for conditions that once required hospitalizations, we can send people home to recover and free up hospital beds for only the most complex cases.

We also have Montefiore Westchester Square, New York's first free-standing emergency department. It took us three years to accomplish, but today, we are on track to see 35,000 patient visits this year, and it has the best patient satisfaction scores in our system.

In addition to new development, we think that our ability to partner with urgent care facilities, like CityMD, which we've been partnering with since March of this year, makes us not just relevant,

but forward-thinking. Approximately 60 percent of CityMD urgent care patients do not have primary care physicians, yet many suffer from chronic conditions like diabetes and heart disease. Now, many of these patients are referred to Montefiore primary and specialty care providers, offering a pathway for follow-up care.

How do you see the institution's role in educating the public about health issues?

Montefiore lives in a value-based system, and since we are financially accountable for 450,000 people through shared saving arrangements, we take on the responsibility for educating our community. That is why we offer not just educational classes about common ailments like diabetes, but we also provide cooking classes and partner with local bodegas to increase education about and enhance access to healthier food choices. Along the same lines, if someone has diabetes or is dealing with behavioral health issues or substance abuse, these are not one-shot items. People need to be educated about how to get healthy and stay out of the hospital.

We rely on data that captures not just clinical information, but comprehensive details about our community so we can proactively provide education and deploy the resources required to help people live well and stay out of the hospital.

Is the concept of population health well understood and how do you approach this?

It's not universally understood. If you ask three different people about population health, you are likely to get three different answers. To me, population health is focusing the resources required to keep people healthy and improve overall well-being. The way I have chosen to move the needle on this is to act like everyone is a value-based life.

For example, there are a number of frequently identified clinical issues that lead to unnecessary admissions. We wrap our arms around every patient and deploy case managers and social workers who specialize in areas like unstable housing to try to avoid an admission. Things get clouded when there isn't singleness of purpose.

Kaiser has a comprehensive population view. We're driving towards a similar one, albeit with many more governmental patients.



The new, state-of-the-art Montefiore Hutchinson Campus raises the bar for efficiency and innovation in healthcare.

When it comes to the next generation coming into the profession, with the cost of medical school and technology changing the doctor/patient relationship, are you worried that these issues will impact the upcoming group of talent?

Last year, Einstein admitted only 4 percent of the people who applied. It astounds me, and I'm quite pleased that, we're still seeing the best and brightest entering this field. It's a very diverse group at Einstein – we have 50 percent women and people of all religions and nationalities. It's a rainbow of brilliant young kids who are totally focused on being healers. It's very moving.

I'm a big fan of expanding programs like the National Health Service Corps and working on ways to diminish the cost of medical school in exchange for practicing in underserved areas of the country. There is a lot of room for growth in this area.

If you think back to the early days when you started at Montefiore, could you have imagined being here all this time, and what has made it such a special place at which to serve?

I arrived at Albert Einstein College of Medicine almost 40 years ago. When I arrived, I felt at home immediately. However, if someone had asked me if I would be here 40 years later, it wouldn't have seemed possible.

When I discovered Montefiore, I felt equally at home. Einstein had the best science and the very best teaching, and Montefiore had care techniques that were cutting-edge based on the science and academic environment.

There are many institutions in this country that have a real commitment to social justice – it's not unique to Einstein and Montefiore – but they don't tend to also be medical schools or academic health systems that are doing the incredibly complicated things that Montefiore/Einstein do.

There are no compromises here. We do everything here. Recently, we received a lot of wonderful publicity for our second time separating twins that were conjoined at the brain. It was probably one of the most complicated surgeries ever done successfully – our team has done seven such surgeries around the world and two of them here.

There is always another challenge on the horizon. Is it possible for you to take moments to reflect on and celebrate Montefiore's impact?

We celebrate here – it's another thing I like about Montefiore. It's an emotionally warm place. We are proud of who we are, but we don't rest on our laurels. In these times, we all need to be vigilant. We're continuing to drive towards what we think is the best way to provide healthcare and remain wedded to the patients and populations that we serve. ●