

Achieving True Reform

An Interview with Frank A. Corvino,
President and Chief Executive Officer, Greenwich Hospital

EDITORS' NOTE Before he was named President and Chief Executive Officer of Greenwich Hospital in 1991, Frank Corvino was Senior Vice President and Chief Operating Officer at the hospital. Currently, he is also Executive Vice President of the Yale New Haven Health System. Prior to coming to Greenwich, Corvino was an Executive Vice President at Our Lady of Mercy Medical Center in the Bronx, New York, where he also held other management positions. He earned his undergraduate degree in Pharmacy at Fordham University and completed his graduate training at St. John's University. Corvino currently serves on the boards of the Connecticut Hospital Association (CHA), Greenwich Emergency Medical Service (GEMS), and the Norwalk Community College Foundation.



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ORGANIZATION BRIEF Founded in 1903, Greenwich Hospital (www.greenhosp.org) is a 174-bed community hospital, serving lower Fairfield County, Conn., and Westchester County, NY. A major academic affiliate of Yale University School of Medicine and a member of the Yale New Haven Health System, Greenwich Hospital has evolved into a progressive regional medical center and teaching institution with an internal medicine residency. The facility represents all medical specialties and offers a wide range of medical, surgical, diagnostic, and wellness programs. Greenwich Hospital completed construction on its main campus in fall 2005 with the opening of the Thomas and Olive C. Watson Pavilion. Combined with the Helmsley Medical Building, which opened in 1999, the state-of-the-art facility is a model of advanced health care design.

Has the debate over health care reform been productive and has it addressed the key issues?

What the national debate addressed was the insurance and financial aspects of health care, but it didn't address the foundation of what is needed to really reform health care. There are many pieces to that.

The bills originally drafted by Congress, in addition to their expense, would create operational problems. For example, there is a significant shortage of primary care physicians in

the country, so if we put 30 million people on the insurance roles, an obvious problem arises: Who is going to take care of these patients?

Health care reform is absolutely necessary, and everyone who is a U.S. citizen should be able to obtain health care insurance at an affordable rate. My concern is that what we're calling health care reform is really not health care reform; it's insurance reform, and it hasn't dealt with the issues that must be addressed to really change the system.

Will you briefly review some of the key areas that need to be addressed for true reform?

We have to incent young men and women to go into primary care medicine so we can take care of people in this country. We also need significant tort reform, and not merely limits on jury verdicts. The most important element of Tort reform is creating an open culture within health care organizations where, when people do make mistakes, they're able to address them openly so they don't happen again. If mistakes can be used as a learning experience and not as an occasion for punitive measures, the system will improve dramatically.

In addition, physicians in this country are now practicing defensive medicine to avoid malpractice claims. Physicians feel they have to touch every possible base for fear that if something goes wrong, they will be sued, and that has added billions of dollars to the cost of health care.

Another crucial area that has been overlooked for the most part involves prevention and wellness. The best way to keep health care costs down is to not incur them. We have to incent people to maintain a good quality of life and live in a healthful way.

We also need to develop strategies that will align the incentives of physicians and hospitals so we don't get paid based on the things we do to patients, but based on quality and outcomes. This has been very effective at the Mayo Clinic, the Cleveland Clinic, and the Geisinger Health System in Pennsylvania, where the incentive is to not do more tests or procedures on patients, but to get them healthy and keep them well.

Lastly is the issue of geriatrics. The number of people over age 65 is growing significantly, and we have to be able to take care of

the elderly. The measures Congress drafted cut Medicare both to patients and to the institutions that provide care. We need to have more geriatricians in this country and caregivers who can take care of the elderly. We also have to incent people to work past the age of 65, especially in health care, because as the average life span increases, people will remain productive at an older age.

All along, my concern has been that when we discuss health care, we're talking about 16 percent of the national economy and, in less than a year, our legislators have been trying to reform a very complicated system without rebuilding the foundation. My idea for achieving true health care reform is to appoint a panel of experts on a nonpartisan basis – similar to what we did with the 9/11 commission – to study the problem and come up with solid recommendations to be implemented. This commission should be multifaceted and include economists, health care providers, and insurers. It should be charged with looking at the underpinnings and foundation of health care. They should be given budget targets and should tell the American people the truth about health care. Most of the spending in health takes place in the last year of life, and if we want to get to true health care reform, we have to be honest with the American people about the implications of spending millions of dollars to keep patients alive during their last 6 to 12 months.

As a result of this ongoing critique of the health care system, does it concern you that people might lose sight of the quality care that is available today?

Definitely. There is no country in the world where I would rather go for health care than the United States of America. When dignitaries overseas get really ill, they come to this country, to all the great medical centers, to get their care. That, to me, makes a statement. When we compare ourselves with other countries, we are comparing apples and oranges, because we have become used to getting an MRI on our painful knee in 24 hours and not having to wait three months. The landscape is going to change dramatically if health care reform is not addressed appropriately. We have great physicians and caregivers in this country. The system needs to be fixed, but when it comes to quality of health care, ours is the best in the world. ●