

## A Hunger for Excellence

An Interview with **Jeremy H. Boal, M.D.**,  
Executive Vice President and Chief Medical Officer,  
Mount Sinai Health System

Dennis S. Charney, M.D. continued

### **How critical is entrepreneurship and information technology, and how have those become part of the culture of how the institution operates?**

We're in the midst of a revolution in medicine whose potential has not yet been realized. This, in part, relates to our ability to sequence the human genome – 10 or 15 years ago, it cost \$1 billion to sequence a single genome and now it costs well under \$1,000.

We're identifying genes that place people at risk for a variety of diseases, but generally we have not yet taken advantage of that to come up with new treatments.

The obstacles to this include the need to process big data analytics, which is new to medicine. We must have the availability of high-performance computing to handle the enormous volumes of data, and the data scientists to manage it. Data science has developed into a new field because of the enormous amounts of data coming out on the human genome, which has to be analyzed.

The best places have to link data scientists, who come from a tradition of mathematics, and physicists who are developing new ways of sequencing the human genome, with biological scientists and physicians who bring the knowledge of disease and how those diseases are treated. This is what we're doing at Mount Sinai.

### **Within the health system, your focus has been on developing the structure for complementary clinical institutes that will serve as centers of excellence. Would you talk about that structure and why it's critical when looking at the future of medicine?**

The clinical institutes include a diabetes institute, a clinical neuroscience institute, a cardiovascular institute, and others.

To provide the best care to a patient with these types of diseases, we need a team that can involve more than one specialty. For example, if we're going to treat people with diabetes, we want to have folks who are experts on diabetes on the team. However, those individuals with the disease might also have issues with their cardiovascular system, their eyes or their kidneys, and we don't want to have silos where it's hard for a patient to go from their diabetes experts to their other doctors.

The idea of clinical institutes is to provide the kind of integration so the patient doesn't have to shop or reach doctors – it's one-stop shopping, the doctors are talking to each other, and they're developing the best treatment plan for the whole patient.

### **Why did you feel the partnership with Rensselaer Polytechnic Institute was important and has that partnership evolved the way you had hoped?**

Rensselaer hasn't had a close relationship with a medical school and we don't have an engineering school, so coming together is a win-win proposition. Our collaboration includes work around new devices for surgery, tissue engineering, IT as it relates to new apps, and new sensors that allow us to monitor the patient from the home and get actionable information into the doctor's office.

### **Exciting developments are taking place every day with the advances that have taken place across so many different areas through cutting-edge technology. For someone who has seen it, are you still surprised and excited by what goes on there?**

The excitement is always pushing the envelope and trying to do better. We're still at that stage at Mount Sinai. Our healthcare system has given us unique opportunities in terms of training and research, and delivery of healthcare to the patients who need it most.

We have a motto at Mount Sinai – another day, another breakthrough – and that still holds. ●



Jeremy H. Boal, M.D.

**EDITORS' NOTE** Prior to his current role, Dr. Jeremy Boal held the position of Chief Medical Officer for the North Shore LIJ Health System. From May 2007 until December 2010, he served as Medical Director of the Long Island Jewish Medical Center. Prior to his tenure at North Shore LIJ, he was on faculty of the Icahn School of Medicine at Mount Sinai, where he served as Vice Chair for strategic planning and faculty practice services for the Department of Medicine. He also was Executive Director of Mount Sinai's Visiting Doctors Program. A board-certified internist with additional certification in geriatrics, Boal began his career at Mount Sinai Medical Center as a medical resident in 1994.

He received his medical degree from the Medical College of Wisconsin, Milwaukee, and a Bachelor of Science degree from McGill University, Montreal, Canada.

### **What makes Mount Sinai so special and a place you have wanted to be?**

At its core, the organization is incredibly mission-driven and excellence-oriented, and it's this combination that I find so compelling.

It starts at the board level and is reflected in the leadership team, but it permeates the organization. If there is an opportunity to do better, to drastically improve our performance, or to innovate, we grab it and that distinguishes this organization. There is a hunger for excellence across the board, and an unwillingness to settle or to make excuses. We don't stop to pat ourselves on the back for our achievements but are preoccupied with being better and doing better across all our missions.

With regard to serving our communities, the board genuinely cares about that and they take that responsibility very seriously and, as a result, we all do.

### **Has it been difficult to maintain the culture and how do you avoid losing that when the organization is growing rapidly?**

When these entities that now make up Mount Sinai Health System came together, each had different cultures. We used the merger to define what the vision and values were going to be for the health system. We then operationalized those through a series of changes in the way we do business, which is fostering a unified culture.

Before we signed the deal, we were already bringing together all of the clinical and administrative leadership from all hospitals weekly. This "Quality Leadership Council" is solely focused on looking at the performance of our various entities, identifying best practices, and challenging us to do better and to standardize our practice, as well as to support each other when there are struggles.

From the very first moment, we wanted to make sure that we were clear this merger wasn't about size or a defensive posture but about excellence. The only way to demonstrate this was to make it a priority.

We also recognized early on that if we relied solely on the leaders of the facilities to spread the message to their people, by the time the message got to the frontline staff, it could be very garbled. In collaboration with those leaders, we asked every hospital to develop a process for having their C-suite leaders interact on a regular basis with the frontline managers to ensure the message was clear.

By inculcating a shared set of values across leadership and having the leadership work directly at the front lines, we're accelerating the process of spreading those values. ●