

Continuous Improvement

An Interview with Michael J. Dowling,
President and Chief Executive Officer, Northwell Health



Michael J. Dowling

EDITORS' NOTE Prior to assuming his current post in 2002, Michael Dowling was the health system's Executive Vice President and Chief Operating Officer. Before joining Northwell Health in 1995, he was a Senior Vice President at Empire Blue Cross/Blue Shield. Dowling also served in New York State government for 12 years, including seven years as State Director of Health, Education, and Human Services and Deputy Secretary to the governor and the final two years as Commissioner of the New York State Department of Social Services. Before his public service career, Dowling was a Professor of Social Policy and Assistant Dean at the Fordham University Graduate School of Social Services and

Director of the Fordham campus in Westchester County. Dowling has been honored with many awards and recognitions over the years, including being selected as the 2017 Grand Marshal of the New York City St. Patrick's Day Parade, the 2012 B'nai B'rith National Healthcare Award, the 2011 Gail L. Warden Leadership Excellence Award from the National Center for Healthcare Leadership, the 2011 CEO Information Technology Award from Modern Healthcare magazine and the Healthcare Information and Management Systems Society, the National Human Relations Award from the American Jewish Committee, the Ellis Island Medal of Honor, the Distinguished Public Service Award from the State University of New York's Nelson A. Rockefeller College of Public Affairs and Policy, an Outstanding Public Service Award from the Mental Health Association of New York State, an Outstanding Public Service Award from the Mental Health Association of Nassau County, the Alfred E. Smith Award from the American Society for Public Administration, and the Gold Medal from the American Irish Historical Society. Dowling is Chair of the Healthcare Institute and was an instructor at the Center for Continuing Professional Education at the Harvard School of Public Health. He earned his undergraduate degree from University College Cork (UCC), Ireland, and his master's degree from Fordham University.

INSTITUTION BRIEF Northwell Health (northwell.edu) delivers world-class clinical care throughout the New York metropolitan area; pioneering research at the Feinstein Institute for Medical Research; a visionary approach to medical education, highlighted by the Hofstra Northwell School of Medicine and School of Graduate Nursing and Physician Assistant Studies; and healthcare coverage to individuals, families, and businesses through the CareConnect Insurance Co., Inc. Northwell Health is the largest integrated healthcare system in New York State with a total workforce of more than 62,000 employees – the state's largest private employer. With 22 hospitals, 6,675 hospital and long-term care beds, more than 550 outpatient physician practices, and a full complement of long-term care services, Northwell is one of the nation's largest health systems, with \$11 billion in annual revenue.

How is Northwell Health positioned for growth?

We have a very innovative culture, which permeates the totality of the organization. Everybody across the organization is continuously thinking about how to do things differently, combining what we're doing today with a focus on what we should be doing tomorrow.

We have done a good job creating this culture over the years, and we continue to build on it because we recruit and promote the right kinds of people, both on the clinical and the non-clinical sides.

We have also become less of a hospital-dominated system. More and more care is being delivered outside the hospital, so we have developed the largest ambulatory network of services of any health system in the Northeast United States. We have about 550 non-hospital locations, the largest of which are almost 500,000 square feet. We have a huge distribution system that provides easy access and convenience for people who want care.

In addition, we are heavily involved in joint ventures, creating new businesses and monetizing many of the services we have created across the organization, like many of our back-office functions. We are doing business with other healthcare organizations, and also with private equity and the investment community – we have an entire division devoted to this called Northwell Ventures.

We're also well-positioned in the educational arena. We are one of the largest academic teaching institutions in the United States with more than 1,650 medical residents and fellows, and we have developed some very innovative educational programs. Our medical school and our nursing school are very successful. The same goes for our internal corporate university, the Center for Learning and Innovation, which is continuing to grow.

We are at the cutting edge, and we are definitely one of the leaders in telemedicine in the Northeast. This involves taking maximum advantage of growing technology to deal with the consumerism movement and also to be able to deal with the care of patients remotely. We have some very innovative, nationally known programs in this area.

With regard to talent management and succession planning, there are always things we could do better but, culturally, we're an organization that gets bored and frustrated with the status quo. We realize that the power across an organization as big as this can stimulate enormous innovation.

Whatever happens in Washington and at the state level with all of these new so-called reform movements, we will successfully adapt to it. We're not going to be thrown into a catatonic state irrespective of what happens in Washington or Albany.

What will the hospital of the future look like?

Hospitals will still be very important. People jump to the incorrect conclusion that hospitals are not relevant and that they will eventually quasi-disappear, which is completely false.

Hospitals will continue to be a very important component of the healthcare delivery system, but they will essentially be places to take care of very sick people. The so-called "easier" patients will be cared for outside of the hospital.

How important is it for you and your leadership team to communicate this transformation internally in order to engage your people?

We have multiple avenues we utilize to continually do this. For instance, we recently took a group of people through the new, very sophisticated labs in our research center to emphasize the extraordinary, innovative things we are doing.

I communicate about our culture and innovative ideas when I meet with employees every Monday morning. We do it when we meet with

Nurturing Talent

**An Interview with Joseph Moscola, PA,
Senior Vice President and Chief People Officer, Northwell Health**

department heads at every hospital and when we have employee meetings at each location, which we do continually.

Communication is very important, but it's also important to fully understand that the danger with communication is believing that it has already occurred. We have to practice it consistently and repetitively, and we have to provide employees at the various organizations with an actual avenue for them to be heard when they have good ideas and suggestions. We have multiple ways of doing this.

We are highly integrated and work closely so that the lines of communication are consistent and continuously open to foster innovation throughout the entire organization all the time.

Is the medical profession still attracting the talent it needs, and do you worry about continuing to find future leaders?

I don't. We get 800,000 job applications every year. We hired about 10,000 people last year, so we have an unbelievable pipeline of people who want to work here.

The number of applications to medical school over the past few years has gone up dramatically. We get 7,000 applications per year for our medical school, and we only have 100 slots.

The great thing about healthcare is that inside a big healthcare organization like ours, we have the clinical side that focuses on the research and education business; we have a care delivery business, a transportation business, a construction business, a dietary business, a laundry business, a purchasing business, and an IT business. There isn't a business that could be thought of that doesn't also exist in a big healthcare company, and we have to run each of these 24/7.

This attracts a lot of talent. The area that is troubling and that we're working on is making sure that our organization better represents the community at the leadership levels. We have a very diverse community so we have to make sure that our leadership reflects that.

The trick with an organization as big as ours is to continue to promote ongoing education even after people join us – it's not good enough to say that someone has graduated with a great degree and a good GPA. When they come in here, they have to start learning anew, because the day-to-day operations are far ahead of what most students are taught in school and with our innovative culture, there is always more to learn and to be discovered.

Are you able to take time to appreciate your achievements or are you constantly looking ahead?

I look at what we've just done, and I'm astounded at some of the wonderful things that have occurred. While I appreciate and acknowledge what we have accomplished, I'm always afraid of complacency and that we will get caught up in our own press releases. We have to continually be looking forward and disrupting ourselves.

It's about what we do tomorrow, the day after, and five years from now. If we don't maintain a constant positive attitude as we look to the future, we can easily fall behind. It's similar to sports teams, which rarely win multiple championships in a row, partly because when they win, they think they're good and they relax. I don't like to relax – it's not in my nature. I like being challenged, and I challenge myself more than anyone else.

What excites me about getting up in the morning is not only the challenges we'll have that day but the opportunities for what we can do the next day.

I have an unbelievably positive, optimistic outlook, and that reflects how I feel about the United States. Some people now are talking about how bad, dark, and dreary the U.S. is and how it's a terrible place, but to me, it's a phenomenal place. Why would we want to say the place we represent is in terrible shape? We never want to do that. We want to promote a positive culture all the time.

We also still acknowledge that no matter how good we get, we can always do better. ●



Joseph Moscola

EDITORS' NOTE *Joseph Moscola has held a series of positions throughout the health system, most recently as Senior Vice President and executive director of ambulatory operations. He began his career as a physician assistant in cardiothoracic surgery. He later transitioned to an administrative career in the hopes of making a bigger impact. Moscola received a bachelor's degree from St. John's University, an M.B.A. from Adelphi University, and a physician assistant certificate from Catholic Medical Centers–Bayley Seton Campus.*

How do you define the role of chief people officer and what are your key areas of focus?

At Northwell, we are guided by a simple principle – our people are our most valuable asset. With just under 70 percent of our operating expenses going toward our people, it requires us in human resources to look at our talent as our customers. Our HR mission is to support our talent from hire to retire and everything in between. Ultimately our job is to maximize the potential of all of our team members who support and deliver care to the communities we serve.

What sets healthcare aside from other industries is the interaction which occurs with patients, at times in a life or death moment. Through careful selection and development of our talent, our people remain prepared for those very intimate moments when they are dealing with the happiest and saddest of what life has to offer.

If we are doing our job effectively, we are making the jobs of our managers easier so they can more effectively deliver high-quality care in an efficient manner.

Through a data-driven HR operational culture that is solution oriented, we look to deliver value added services to achieve the business outcomes that propel us forward.

How critical has it been to establish metrics to ensure your efforts are effective?

We started tracking employee engagement in 2012 and have seen it increase from the 28th to 85th percentile. We are establishing ourselves as a 'best place to work,' which is in part due to our data and metric driven culture. Of course, this requires talent development activities which we have been doing for years but, honestly, it's all about the small stuff.

We're now in the process of rolling out our value propositions, which were created by our own employees, not a consultant.

How important is it for the workforce to mirror the patient diversity?

Our most recent employee survey revealed that 92 percent of our employees believe we value employees of all backgrounds. This means that we value every culture and work hard to understand and celebrate the diversity of our customers and our employees. ●

Facilitating Integration

An Interview with Thomas McGinn, M.D.,
Deputy Physician-in-Chief and Senior Vice President, Physician Network Operations,
and Lisa Alvarenga, Senior Vice President, Ambulatory Operations, Northwell Health

EDITORS' NOTE Previously, Dr. Thomas McGinn served as Northwell Health's senior vice president and executive director of Medicine Services and chief of the Division of General Internal Medicine at Mount Sinai Medical Center. McGinn, chair and professor of medicine at Hofstra Northwell School of Medicine, is a diplomate of the American Board of Internal Medicine, earned his medical degree from SUNY Downstate College of Medicine in Brooklyn, and completed his residency in internal medicine at the Albert Einstein College of Medicine/Bronx Municipal Hospital Center. He also received a Master of Public Health degree from Columbia University.



Thomas McGinn



Lisa Alvarenga

From 2010 to 2017, Lisa Alvarenga served as Northwell's vice president of Medicine Services. Prior to Northwell, Alvarenga assumed positions with progressive responsibilities at the former North General Hospital in Manhattan, including associate administrator of Ambulatory Care, senior vice president of Planning, and executive director of the Diagnostic and Treatment Center. Alvarenga holds a bachelor's degree from the University of Pennsylvania and an M.B.A. in healthcare administration from Baruch College/Mount Sinai School of Medicine.

Would you describe your effort to integrate your physician network?

McGinn: Lisa and I are setting up what we're calling the Office of the Physician Network, which includes various entities that need to interface and connect better. We've also grown a large independent physician association (IPA), and we have a very large joint venture arm.

In addition, we are bringing in more medical practices that are maintaining much of their infrastructure and will not be folded into the various service lines.

We needed a central office that coordinates all of our joint ventures, large medical groups, all of the health system's clinical service lines, and the IPA. We also needed to put some strategy around it, so that was the thought process behind it.

Lisa and I are here to facilitate integration and best practices among these different entities throughout the entire network.

Historically, service lines had been thought of to be focused on their own areas. How important is it that there be close coordination across all the lines?

Alvarenga: It's essential. Those opportunities exist, and we have to figure out how to bring them to the table quickly, particularly as we face growing competition in some of the markets on Long Island.

This is all very new, but everybody acknowledges those opportunities exist.

Historically, there has been a great deal of collegiality across the service lines, but this formalizes it.

For Northwell Health, what role will the hospital play going forward, and will the outside facilities continue to grow?

Alvarenga: There's always going to be a need for in-hospital care but more services are being delivered in an ambulatory setting. It's what the consumer wants and what makes the most sense from an economic point of view and a patient safety point of view.

McGinn: There will have to be some continued shifts, particularly in the smaller hospitals. The biggest change agent is going to be ambulatory service centers and it will start to change the definition of what a hospital is.

We predominantly have an outpatient organizational infrastructure, but it still includes inpatient. It also includes all physicians within the Northwell Health system, so

much of this is about transitioning communications and the integration of health data.

How important is it for a large leading health system today to have the education component?

McGinn: Ours is an innovative medical school that is forward thinking and integrated with an innovative health system that is also forward thinking. Without the medical school and the research center, we wouldn't be attracting the talent we are. We're using our talent pool the minute they are ready, and it's the engine behind a lot of creativity and innovation and will continue to be so for the future.

There is a lot of interesting back and forth between the community providers and the academic clinicians. Being a new school and relatively new on our research front, we're more open to the back and forth with the community providers, which is a strong point of our health system.

What efforts have gone into enhancing the patient experience at Northwell Health?

Alvarenga: We are spending a great deal of time investing in what the health system has coined "the culture of care." We're making sure our teams have the tools necessary to keep patient-physician relationships from being minimized.

We spend a lot of time with staff reviewing the patient experience on an ongoing basis. It's a challenge, but we're lucky that we are a very innovative organization that introduces new tools all the time to enhance the patient experience.

What makes Northwell Health so special?

McGinn: It's an organization that doesn't box one in, so it allows people to take on challenges important to them and search for solutions. It's less rigid in terms of job descriptions, so there is always opportunity to work outside the confines of one's well-defined role.

How important is it that the diversity of the patient base be mirrored within the workforce?

Alvarenga: Northwell has a tradition of women in leadership positions. As we expand into new geographies serving an increasingly diverse group of patients, it is important that our workforce reflect the populations we serve. It is an ongoing focus that has become more important over time. ●

Patient-Centered Medical Homes

An Interview with JoAnne Gottridge, M.D.,
Senior Vice President, Medicine Service Line, Northwell Health



JoAnne Gottridge

EDITORS' NOTE Dr. JoAnne Gottridge completed her internal medicine residency in 1983 at North Shore University Hospital (NSUH) and has remained with the health system ever since. Most recently, she served as executive vice chair of the Department of Medicine at NSUH and Long Island Jewish Medical Center. She was also the division chief of general internal medicine in the Department of Medicine and program director of NSUH's Internal Medicine Residency Program from 2002 to 2008. She earned her bachelor's and medical degrees from Case Western Reserve University in Ohio.

Would you describe your key areas of focus at Northwell Health?

Two years ago, we were asked to put a team together to direct and oversee patient-centered medical homes transformation for our service line. A lot has been accomplished in two years.

For 40 primary care practices, which include a dozen pediatric sites, we have been moving forward to complete a multisite application to the NCQA (National Committee for Quality Assurance) for level 3 patient-centered medical home recognition.

Primary care is the bedrock of any highly functioning, integrated healthcare delivery system. It is the first point of entry for most patients.

Responsibility for promoting health and wellness, optimally managing chronic illness and helping people maintain a good quality of life and prevent unnecessary hospitalizations, lies with primary care.

Our development of a large network of practices has occurred over a relatively short period of time. We took the opportunity to look at patient-centered medical home application as a way to bring some standardization for workflows, processes, and quality across the expanse of our primary care network.

The criteria that must be met in order to be designated a patient-centered medical home are important, and we used the opportunity to leverage many other parts of the organization to get needed support. This includes major IT initiatives.

We have developed enhancements to the IT platform for primary care with the team. We developed a whole series of new notes to make it easier to document and capture data.

We developed clinical snapshots, which give a quick view of how patients are doing and whether they're meeting metrics or not.

We've enhanced interoperability between inpatient and ambulatory EMRs (electronic medical records) and are undertaking the development of a major data registry for primary care.

We've also worked closely to integrate behavioral health into our primary care practices, for which we've had a lot of support. ●

Care Management

An Interview with Kristofer Smith, M.D., Senior Vice President,
Population Health Management, Northwell Health



Kristofer Smith

EDITORS' NOTE Along with his current role, Dr. Kristofer Smith is medical director of Northwell Health Solutions. Board certified in hospice and palliative care, Smith was previously an assistant professor and the assistant program director at the Mount Sinai Department of Internal Medicine. Smith is also an associate professor at Hofstra Northwell School of Medicine. Holding a medical degree from Boston University School of Medicine, Smith completed his residency and chief residency at Mount Sinai Medical Center. He also received a Master of Public Policy in health policy from Harvard University, JFK School of Government.

Will you touch on your areas of focus within Northwell Health?

I'm an internist and, clinically, I have always been involved in the care of the homebound elderly. I was brought into the organization six years ago to work in the post-acute space with home care and our rehab facilities, as well as hospice. As a result of that work, I was asked by Michael (Dowling) to start the care management organization. We had been dabbling with new payment and delivery models but we weren't seeing the success we had hoped. We believed this was largely because we were asking people to take on yet another job in this new space. We knew we needed to set up a business unit whose job was to strive to be successful in these new care models and payment models either by building new programs or by activating, supporting, and helping the existing clinical delivery arm.

What is the key to being successful in this area, and what have you found to be the most effective strategy?

There are a few important elements. The first is getting the right team in place. It needs to be a combination of good physician leadership partnered with great administrative and executive leadership.

Another piece is being very diligent in trying to portray ourselves as a service, a partner, and an ambassador as we work with the other physicians, service lines, and clinical delivery arms within the organization. We're here to help and to be supportive.

The other key to success is staying the course. These programs are complex and the changes we need to see are complex in both process and mindset. It takes a while, so many of the programs we start take 24 months before they really start to show the clinical returns as well as the financial returns.

The last, more mundane thing involves the details of the contractual arrangements. Many of these contracts have poor logic around attribution or target pricing methodology that doesn't work for the population or favors one party versus the other. We have to develop a deep understanding of the financial arrangements to see whether the deck is stacked against us or if it's fairly stacked so payers, parties, and providers can all be successful. ●