

A Culture of Caring and Excellence

An Interview with Herbert Pardes, M.D.,
President and Chief Executive Officer, NewYork-Presbyterian Hospital

EDITORS' NOTE Dr. Herbert Pardes, a noted psychiatrist, assumed his current post in 1999. Prior to this, he served as Director of the National Institute of Mental Health (NIMH) and U.S. Assistant Surgeon General during the Carter and Reagan administrations. In addition, he was President of the American Psychiatric Association. In 1984, he was named Chairman of the Department of Psychiatry at Columbia University College of Physicians and Surgeons, and in 1989, was appointed Vice



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President for health sciences for Columbia University and Dean of the faculty of medicine at Columbia University College of Physicians and Surgeons. Dr. Pardes has been appointed to serve on commissions related to health policy by Presidents George W. Bush and Bill Clinton. He also chaired the Intramural Research Program Planning Committee of the NIH from 1996 to 1997. He is Chairman Emeritus of the eHealth Initiative and serves on the board of the Markle Foundation. Dr. Pardes has earned numerous awards and accolades, including election to the Institute of Medicine of the National Academy of Sciences and the American Academy of Arts & Sciences, the Sarnat International Prize in Mental Health, and the U.S. Army Commendation Medal.

ORGANIZATION BRIEF Located in New York City, NewYork-Presbyterian Hospital (<http://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 five major centers: NewYork-Presbyterian Hospital/Weill Cornell Medical Center, NewYork-Presbyterian Hospital/Columbia University Medical Center, NewYork-Presbyterian Morgan Stanley Children's Hospital, NewYork-Presbyterian Hospital/The Allen Hospital and NewYork-Presbyterian Hospital/Westchester Division.

For NewYork-Presbyterian, has the economic downturn had a major impact and have you had to change or evolve some of the business?

We've seen impact on philanthropy, on the number of uninsured people, and on monies we invested. The hospital, however, is brimming with regard to clinical activity. The other places where we see potential adverse effect is from federal and state budgets, and that's going to be an ongoing source of anxiety for us for several years.

You're also focused on being at the forefront on thought leadership and research across all practice areas. How much of a focus has that been for NewYork-Presbyterian?

An academic medical center consists of a medical school and a hospital at the core, and the faculty at the medical school who are also the clinicians are doing all kinds of research. We like the idea of being pacesetters and finding new treatments – it's very important. So that's a critical ingredient. We are aligned with two of the strongest medical schools in the country, and the combined research effort is substantial. I suspect we have something in the neighborhood of \$875 million per year going into research projects, and it's on almost every kind of disease you can imagine. The marriage here is good because the faculty and the scientists want to do the research and, often to do the research, you need large enough clinical populations and settings so you're able to move the clinical research along.

Do you feel the discussion and dialogue surrounding health care reform has been the right one, and have private sector leaders been involved in the discussion?

The problem is too big to be fixed with one piece of legislation, but there are a lot of good things within the legislation that seem to be emerging. There will be another 30 million people covered; preexisting conditions as a barrier will be eliminated; lifetime caps will be eliminated; and there will be great portability of insurance. Have people been involved in conversations? Absolutely. I've been to the White House several times, I've been to talk to a number of the Congressmen, and we've been in touch with the administrative team that's working on this. Is the bill exactly what I want? Not completely, but it's a very great positive step forward.

Many times, we hear of the negative feedback on the industry, in terms of the doctor/patient relationship or the personalization of service, but you have

institutions like NewYork-Presbyterian that deliver quality care and great service. Is it frustrating that it isn't always understood or appreciated?

There is a tendency to overlook the good things that happen in health care and medicine. But at the same time, I'm not complacent to the point where I feel we haven't got a lot of things we should make better. We have the highest employee satisfaction scores of any teaching hospital in the country, and we've got the highest patient satisfaction scores we've ever had. So we're very pleased that the message of patients as top priority is getting out more. We have innovations where we're doing valve repair of the heart without making any opening in the skin, and we're working on ways of imaging things and doing robotic surgery, laparoscopic surgery, using stem cells – the research is impacting the clinical care, and this is all happening here. Also, a lot of critically ill people are being taken care of very well. The country nationally now does 28,000 transplants, which is terrific. We do the largest number of any hospital in the U.S. There was a time when there were no such things as transplants. Years ago, the patients with congenital heart disease all died – now they live; 30 years ago, childhood cancer had a 5 percent survival rate – today, it's 65 percent; and the fatalities for heart disease and cancer are going down. But we still have a long way to go. Most people in health care are sensitive and empathic in taking care of patients, but there are people who, like in any group, don't meet the right standard. My hope is we will keep pushing to make it better.

If you look a year or two out for NewYork-Presbyterian, what are you most focused on to make sure you retain the leadership position and that quality care?

My hope is that we continue to spread this notion of a culture of caring and excellence, and that everybody in this hospital, whether they're serving the food or cleaning the floors, is excited about the mission. I'd like everyone to feel that they play a role in making the patient better. We see demonstrations of that all the time. Patients and their families tell me about aides, security officers, technicians, nurses, physicians, and pharmacists who are nice, warm, and sympathetic, and made all the difference to them. My hope is that the culture becomes second nature and as universal as possible, and that it is so firmly implanted into the institution that it's there forever. ●