

The Future of Health Care

**An Interview with Robert I. Grossman, M.D.,
Saul J. Farber Dean and Chief Executive Officer, NYU Langone Medical Center**

EDITORS' NOTE In July 2007, Dr. Robert Grossman assumed his current post. He joined NYU Langone Medical Center in 2001 as the Louis Marx Professor of Radiology, Chairman of the Department of Radiology, and Professor of Neurology, Neurosurgery, and Physiology and Neuroscience. In 2010, he received the International Society for Magnetic Resonance in Medicine's (ISMRM) Gold Medal for his pioneering research in magnetic resonance in medicine and biology. In addition, he was named as a Distinguished Graduate of the University of Pennsylvania School of Medicine and was awarded an honorary doctorate from the University of Bordeaux, France. Dr. Grossman is a passionate educator and widely published scholar. He has authored over 300 publications and four books, including *Neuroradiology: The Requisites*, a best-selling textbook that has sold over 45,000 copies. He also served as Editor-in-Chief of the *American Journal of Neuroradiology* from 2005 to 2007 and sits on the editorial boards of several scientific journals. Grossman received his M.D. from the University of Pennsylvania.



Robert I. Grossman, M.D.

INSTITUTION BRIEF One of the world's premier academic medical institutions for 170 years, NYU Langone Medical Center (www.med.nyu.edu) continues to be a leader in patient care, education, and scientific research. It is internationally renowned for excellence in five key clinical areas including cancer, cardiac and vascular, musculoskeletal, neurology and neurosurgery, and children's services.

Would you give an overview of the three hospitals within the NYU Langone brand?

We consist of Tisch Hospital, Hospital for Joint Diseases, and the Rusk Institute of Rehabilitation Medicine, but we are a truly integrated academic medical center. What differentiates us is our values: we are continually focused on providing patient-centered care in a highly agile and innovative environment. Excellence is our mantra.

Have you put metrics in place to ensure you're meeting those goals?

We are extremely metric driven. We created an online Hospital Scorecard and Executive Dashboard, which allows an at-a-glance visualization of key performance indicators. For example, the dashboard makes it easy to access

specific data such as the number of NIH grants received for any one physician or royalties from patents – in fact, we're number one in the country for licensing income. We rely on outcomes as a key measure of institutional health, and it has had a profound impact on the transparency and accountability of our operations.

We also look at external metrics, including data captured by The University HealthSystem Consortium (UHC) and WhyNotTheBest.org, an online tool tracking performance on various

measures of health care quality using CMS data. These sources provide objective assessments of performance, unlike subjective surveys like the *U.S. News & World Report* rankings. For example, using data available on WhyNotTheBest.org, we compared ourselves to our peers and our rates for death within 30 days of discharge from heart attack, heart failure, and pneumonia are at or near the best: number one, number one, and number five in the nation respectively. We also received an overall "Recommended Care" score of 98.50 percent, which was within the top 10 percent of hospitals nationwide and ahead of our peers including Mt. Sinai, New York-Presbyterian, Johns Hopkins, and the University of Pennsylvania.

How much impact does technology have on providing optimum care?

Technology is essential to deliver seamless and efficient care. We've spent \$250 million implementing our new integrated electronic health record (EHR) system from Epic. We're also now using PatientSecure, a biometric patient identification system for patient registration that links to the EHR. But technology hasn't changed the personalized medicine approach that we've successfully fostered – and, more importantly, it enhances patient safety and quality because it helps makes care hassle-free.

What are some of the investments planned for your facilities?

We are in the midst of a multiyear campus transformation and will invest approximately \$2.8 billion through 2017. As part of this, we will add 2.2 million square feet of space, including the Kimmel Pavilion; a new research building; an outpatient musculoskeletal care center; a new emergency department; and a new energy building. We also purchased a building for our new ambulatory care center. By ensuring that our facilities are truly state-of-the-art, we believe we've positioned ourselves well for the future of health care.

Is young talent still entering this profession?

We have plenty of excellent talent applying to the School of Medicine: each year between 7,000 and 8,000 students apply for the 160 slots available. And faculty and staff want to come here because they like the working environment – we're physician centered as well as patient centered.

How critical is it to engage with the community?

Taking care of the underserved has been part of our mission for 170 years. Our students, residents, and faculty provide patient care at Bellevue Hospital Center, Woodhull Hospital, and Gouverneur Healthcare Services. We also offer ambulatory-care services in various Manhattan neighborhoods, the outer boroughs, Long Island, New Jersey, and Westchester County, bringing services directly to where our patients live and work.

With regard to health care reform in the U.S., has the debate been constructive and are the right issues being addressed?

It has been less organized and more frenetic than it should have been. I don't see a real vision for what the government is trying to do in health care, which isn't particularly good, because you need some stability in the marketplace in order to develop and execute on the most effective strategy and make the appropriate investments.

What is it about this institution that allows it to remain so innovative?

We're not top heavy in our management layer; we're agile and responsive, and we are not risk-adverse. We don't have a hierarchical structure between leadership and the people who work here – the communication lines are open and it's easy to get things done.

Over the next two to five years, what are you most focused on to make sure NYU Langone maintains its strong position and leadership?

We must continue to produce an excellent product and that means providing excellent outcomes and creating an environment that attracts patients and produces excellent physicians who are committed to providing patient-centered care.

We have a clear vision and transparent strategy for what we want to accomplish in the next 10 years and everyone understands their role in meeting that goal. ●