

Totally Integrated

An Interview with Kenneth L. Davis, MD,
President and Chief Executive Officer, The Mount Sinai Medical Center

EDITORS' NOTE Dr. Kenneth Davis attended Mount Sinai School of Medicine and completed a residency and fellowship in psychiatry and pharmacology, respectively, at Stanford University Medical Center. Upon returning to Mount Sinai, he became Chief of Psychiatry at the Bronx Veterans Administration (VA) Medical Center and launched Mount Sinai's research program in the biology of schizophrenia and Alzheimer's disease therapeutics.



Kenneth L. Davis

Davis was appointed CEO of The Mount Sinai Medical Center in 2003. Prior to this, he spent 15 years as Chair of Mount Sinai's Department of Psychiatry and was the first director for many of the institution's research entities. Additionally, he received one of the first and largest program project grants for Alzheimer's disease research from the National Institutes of Health (NIH). In addition to his role as CEO, Davis served as Dean of Mount Sinai School of Medicine from 2003 to 2007. He also served as President of the American College of Neuropsychopharmacology in 2006. In 2002, he was elected to the Institute of Medicine of the National Academy of Science, and in 2009, Yale University presented him with the George H. W. Bush '48 Lifetime of Leadership Award.

INSTITUTION BRIEF The Mount Sinai Medical Center (www.mountsinai.org) encompasses both The Mount Sinai Hospital and Mount Sinai School of Medicine. Mount Sinai School of Medicine was established in 1968 and has more than 3,400 faculty in 32 departments and 15 institutes. It ranks among the top 20 medical schools both in NIH funding and by U.S. News & World Report. The school received the 2009 Spencer Foreman Award for Outstanding Community Service from the Association of American Medical Colleges.

Founded in 1852, The Mount Sinai Hospital is a 1,171-bed tertiary- and quaternary-care teaching facility and one of the nation's oldest, largest, and most respected voluntary hospitals. The Mount Sinai Hospital is consistently ranked among the nation's best hospitals based on reputation, patient safety, and other patient-care factors by U.S. News & World Report. Nearly 60,000 people were treated at Mount Sinai as inpatients last year and approximately 530,000 outpatient visits took place.

What makes The Mount Sinai Hospital so successful?

We're fortunate that we have a nimble and facile governance structure.

We are essentially a hospital and school that are totally integrated; there are no boundaries between us. We report to an integrated board of trustees and we don't have the overlay of a university to defer to that might complicate issues.

We are a biomedical research engine with a great medical school.

So it makes decision-making easy and it makes fund flows much easier,

and the consequence is that we can move more quickly than other places around the recruitments and capital investments we need.

Is it more challenging to remain nimble as you've grown?

A bit, but we have a horizontal management structure – it isn't hierarchical – so the key decision leaders meet with me virtually every day so we can analyze the data and make decisions.

How do you lead in the education arena?

There is an increasing awareness that medical education needs to change in a revolutionary way.

Medicine today is multidisciplinary – patients are complicated, as people are living longer, and they have multi-organ disease, and medicine requires more specialties and subspecialties than it ever has before. So we have nurse practitioners and physician's assistants, and all kinds of technicians.

We need primary care doctors to feel that they are the centerpiece of a team that organizes care for all of the issues a patient may be dealing with.

So we have changed our curriculum to teach our students to work in teams from the time they enter medical school to the time they leave.

In every course, we grade them not just as individuals but on the teams we've created for them. It's about learning cooperation, not competition.

Many suggest that the patient/doctor relationship is a thing of the past. Is there truth to that statement?

Yes. The sense of depersonalization and dehumanization of the patient, and the corporatization of medicine, is a function of medicine as it was practiced until around 2006. At that point, we realized that if we didn't bend the cost curve, we were headed for catastrophe. And bending the cost curve meant we could not keep siloing medicine or having specialists work independently to treat a discrete condition. Breaking down silos meant that



The Mount Sinai Medical Center in Manhattan

we needed more primary care doctors who were responsible for coordinating a patient's overall care. With such care management and coordination, the pendulum is swinging back to where we can become patient-centric again.

That's why we're happy to be an accountable care organization (ACO); we're happy to move into health homes; and we've been adding lots of case managers so we can do a much better job of coordinating care, which was always a challenge in a place that is as specialist-centered as Mount Sinai. Right now, our fastest growing group of physicians is primary care doctors.

As soon as we hire primary care doctors, their schedules fill up. There is such a need for primary care in the context of big specialty academic medical centers.

How much have you invested on the technology side?

We just invested \$120 million in the Epic electronic medical record. That doesn't include what we spend on imaging or robotic technologies, or improvements throughout the system.

But will that technology interfere with the human touch aspect or enhance it?

Until physicians become adept at using the electronic medical record, they could wind up spending more time looking at a computer screen than at the patient, and that can be a problem.

But with adequate training and support staff, the electronic medical record provides a much better experience for the patient because we're able to connect to all of their other doctors, and when they get home, we are electronically able to communicate with them.

How critical is it to have metrics in place to track service standards?

Twenty years ago, the customers and their satisfaction were virtually irrelevant. Our doctors were all such giants in their fields that they could treat patients with disdain because the patients were coming to the best in the world – it no longer works that way. The market is too competitive and patients are appropriately demanding, and much of what we do in the hospital is dealing with the accoutrements of service: the cleanliness of the floors, the responsiveness of the nurses, the warmth of the environment, and the friendliness of people.

With all the challenges, do you still have a passion for this job?

The success or failure of this place is intimately connected with how I feel about myself and my career. I want this place to be great because it's a part of me. ●