NEW YORK

Totally Integrated

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

The Mount Sinai Medical Center in Manhattan

Kenneth L. Davis

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 discreet condition. Breaking down silos meant that 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. ●