

Transforming an Industry

An Interview with Michael J. Dowling,
President and Chief Executive Officer,
North Shore-LIJ Health System



Earlier this year, the North Shore-LIJ Health System opened a \$300-million inpatient tower at Long Island Jewish Medical Center in Queens, NY, the largest expansion project in the health system's history.

EDITORS' NOTE Michael Dowling has held his current post since January 2002, after having served as the health system's Executive Vice President and Chief Operating Officer. Before joining North Shore-LIJ in 1995, he 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. He was also commissioner of the New York State Department of Social Services.



Michael J. Dowling

INSTITUTION BRIEF North Shore-LIJ Health System (www.northshorelij.com) is the nation's second-largest, nonprofit, secular health care system. It includes 16 hospitals throughout Long Island, Queens, Staten Island, and Manhattan; 17 long-term care facilities; The Feinstein Institute for Medical Research; five home health agencies; three trauma centers; the Hospice Care Network; and more than 200 outpatient locations across the region. In addition, the Hofstra North Shore-LIJ School of Medicine admitted its first class of 40 students in August 2011. Excluding its affiliate organizations, North Shore-LIJ facilities house more than 5,600 hospital and long-term care beds, more than 9,000 physicians, more than 10,000 nurses, and a total workforce of about 44,000 employees.

What makes North Shore-LIJ Health System stand out?

It's innovation and the consistency of message. For years, we have indoctrinated the idea that the only thing that matters is outcome performance and quality. It is built into the DNA of the organization and it is a journey. No matter how good you think you're doing, you have to continue to raise the bar. You can't be frustrated by events that happen on the outside. Outside events influence you but you create your own future.

It's also making sure you have the right people in the right places, so I spend a lot of time on the people part of it. You choose people with passion and commitment, and who desire and promote change.

What metrics do you put in place to track quality?

Quality and safety metrics are standardized and uniformly enforced across all of our facilities and we completely promote internal and external transparency. We were one of the first to do so in our market.

We focus on sepsis and associated infections, on mortality, and on end-of-life care. All are interrelated. Sepsis, for example, is the major cause of hospital mortality.

We, like others, place a major priority on service – the overall customer and patient experience. Customers today are more demanding and more informed. All should be treated competently with compassion, dignity, and caring. They constantly communicate their pleasure or displeasure via surveys or other methods.

Health care providers must promote this kind of accountability. Reputations are not entitlements – they must be earned based on performance. I also look at patients as customers – if your visit results in a bad experience, I should not expect you to return. We are in the customer service business.

Are hospitals linked to the concept of hospitality?

If you see everybody that comes in as a patient, you have a paternalistic view of the world – the patient is not a participant in the decision-making process and that has to change. The world of the future is one where the customer rules. We should be treating you the way we would want to be treated. The expectation of good service has to be built in and it has to be consistent and has to be relevant to current and future generations, whose expectations will be different and more demanding.

Looking at health care today, whether it is the technology side or the different regulations, there is talk that the personal side of treatment is being lost. Is that the case?

That's a cop out. There are too many people in health care that don't understand that we need to become relevant to the modern world.

The science of medicine does phenomenal things. But a lot of people play the victim and forget that they have an obligation to take control and lead.

We are all influenced by outside things. We all have rules and expectations. So if you don't do something right, you blame the rules. Some regulations are silly. But how you react to those things is what distinguishes you. You have to decide to succeed irrespective of those circumstances.

What are your feelings about the transformation in health care and how you're leading in this area?

Today, we primarily get paid to do everything possible for you when you're sick. And since health care professionals get reimbursed for every activity,

they sometimes undertake more activities than they should; they err on the side of over-utilization.

We should be putting as much emphasis on promoting health as we do on treating illness. That means we should get paid for managing your health over the course of a life cycle so we have every incentive to make sure we do things to keep you healthy and only prescribe inpatient or surgical care that is appropriate and proven to be successful. We should treat you as an educated, informed consumer.

The switch from the old way of doing business to the new way is tough, but there is no choice but to make that shift. You have to get doctors and nurses and all staff thinking differently. I am optimistic and positive. As leaders, we should embrace transformation not just because we have to but because it's the right thing to do.

Is it difficult to get the message across to health care professionals about the importance of this kind of change?

Medical school education and nursing education needs to be drastically reformed. We're trying to do that with our new medical school where we have a completely unique curriculum.

If you influence people at the beginning about what is important, over time, you can dramatically change things.

We need a revolution against silo thinking and silo education. Interdisciplinary education that promotes teamwork and cross-fertilization must become the norm.

Also, most health care in the future will not be in hospitals but in the home or ambulatory outpatient facilities. If we do it right, the hospital should be the last resort.

Being so focused on innovation in this industry, are you a fish out of water in some ways?

Every industry periodically has to be turned upside down. Management organizes the present very well, but leadership is about selectively forgetting the past and creating the future.

There are a lot of great innovative things going on in health care that get lost in the negative chatter out there.

I get annoyed by those who think they have to wait for the government to fix things. That is the recipe for disaster – I spent 12 years in government in a leadership position. Government doesn't know how to fix this either; it has to come from the people on the ground. If we don't fix it ourselves, the decision about what to fix and how to do it will be taken away from us and then we will have a big problem. ●