

## Health Care Innovators

**An Interview with Laura L. Forese, M.D., M.P.H.,  
President, NewYork-Presbyterian Healthcare System**

**EDITORS' NOTE** Dr. Laura Forese is also Group Senior Vice President and Chief Operating Officer at NewYork-Presbyterian/Weill Cornell Medical Center. Prior to this, she was Senior Vice President, Chief Operating Officer, and Chief Medical Officer at NewYork-Presbyterian/Weill Cornell and NewYork-Presbyterian/Westchester Division. She previously served as Vice Chair of the Department of Orthopaedic Surgery at Columbia University, as well as



Laura L. Forese

Departmental Administrator, Director of the Residency Program, and Executive Officer for Departmental Affairs. Before this, Forese was Chief of Surgery and Anesthesia Services at Helen Hayes Hospital. She received her M.P.H. in health services management from the Columbia School of Public Health, her M.D. from the Columbia University College of Physicians and Surgeons, and her B.S.E. in civil engineering and operations research from Princeton University. Forese did her orthopaedic surgery residency and general surgery internship at Columbia Presbyterian Medical Center. She received her board certification from the American Board of Orthopaedic Surgery and is a Diplomate and Certified Physician Executive of the American College of Physician Executives and a Diplomate of the American Board of Orthopaedic Surgery.

**INSTITUTION BRIEF** Located in New York City, NewYork-Presbyterian Hospital ([nyp.org](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 six major centers: NewYork-Presbyterian/Weill Cornell Medical Center; NewYork-Presbyterian/Columbia University Medical Center; NewYork-Presbyterian/Morgan Stanley Children's Hospital; NewYork-Presbyterian/The Allen Hospital; NewYork-Presbyterian/Westchester Division; and NewYork-Presbyterian/Lower Manhattan Hospital.

**What is it that allows the hospital to perform so consistently and to provide the quality care it delivers?**

There is an incredible tradition in the organization that dates back for many years prior to the merger, which was solidified 16 years ago when

two great hospitals – New York Hospital and Presbyterian Hospital – came together under the NewYork-Presbyterian umbrella.

These two institutions, which date back more than 200 years, were leaders at every stage along the way. The goal was to continue that by maintaining the right values and keeping our eye on the people we serve.

This hospital continues a strong tradition of improving patient care through innovation. Our leadership is very focused on this; you hear it from our CEO

and other leaders, and this makes it easy to do the right thing.

**How do you define innovation?**

Very broadly, because we see ourselves as leaders in health care. For instance, we have been leaders in heart surgery, so as we move forward with innovation, the technology gets better and we develop the ability to use techniques that are less invasive. We continually push to remain a leader in revolutionizing heart surgery.

We're also clearly distinguishing ourselves through information technology. NewYork-Presbyterian was recently identified as one of the very top in the country by *Information Week*, which looked at innovation in technology around the country across all industries and put us at number six. This was based on our use of tablets that allow patients to communicate with their nurses and represents just one way that we are innovating through our IT work.

**How do you make sure that technology doesn't detract from the personal relationship?**

A patient hitting a button on a tablet will not replace the nurse coming in to see how the patient is feeling. But what the nurse can then do is chart the patient's progress in the electronic medical record without changing his or her workflow. If the patient is in pain, for instance, this information immediately goes to the anesthesiologist, who then knows he or she has to come in to make adjustments.

Technology doesn't replace the human interaction – it fosters it and can take it to that next level. The trick is being able to figure out how to use it so it's additive and complementary.

**Are you optimistic that the right dialogue is taking place to enable true health care reform?**

As a country, we need to think more about preventive medicine. We need to make sure people are exercising, watching what they eat, and caring

for themselves. Treatment is always more difficult than prevention. This is a dialogue we need to have as a country, and we need to be part of that.

It's not hard to be optimistic about American health care because we really are innovators – this is what will continue to drive and differentiate American health care.

**Many suggest there will only be a handful of several large health care systems down the road. How accurate is that and how important is scale?**

Scale is important. I think the advantages to systems are significant.

When you put a system together, you can think differently about how to serve a population. You can think about making sure we have the ability to provide the most complex care but we don't necessarily need to provide it at each location because those are relatively rare events.

Our community hospitals provide excellent care and most of the care can be handled there. However, when you get to a certain level, you may, for instance, need a transplant. NewYork-Presbyterian does more transplants than any other institution in the country, so that is where you want to go to have your transplant.

There are certain areas where you want that expertise, and you want the team that has the most experience with those procedures.

Systems can make decisions in that regard that an individual hospital, no matter how good it is, will not be able to make.

**What efforts do you undertake to ensure the culture is maintained as the institution grows?**

It starts by acknowledging that culture is real and important, and we certainly advocate this. We don't take on another institution as an affiliated hospital in our system if we don't believe that it shares some basic fundamental cultural values.

We first experienced this when we brought two cultures together at the time of the merger. It's hard work – you need everybody buying in, you need to have important values that you stand for, and you need to stay with it.

As we bring in new organizations, we are upfront about this. There are certain things that are critical to us such as having a quality brand; being a safe institution; having outstanding doctors and nurses; and being transparent with the frontline staff.

This allows us to be proud of the care we're delivering because we're doing it for the public good – we put that right out front as we talk about incorporating additional affiliates. ●