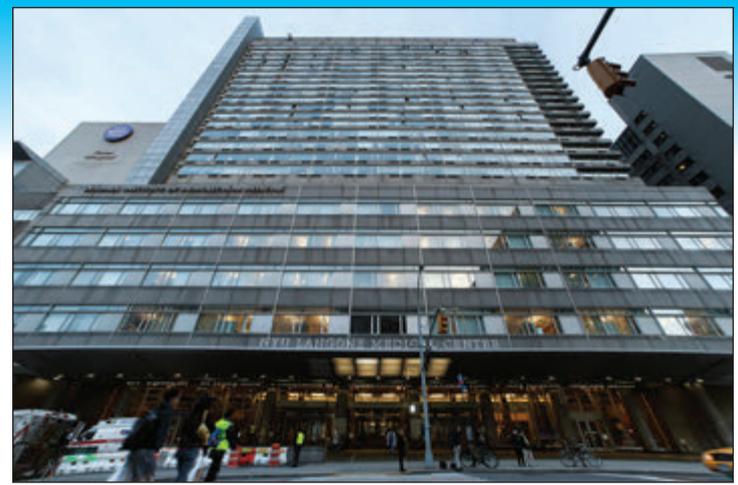


## Made for New York

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



*NYU Langone Medical Center, whose main campus is located at 550 First Avenue in Manhattan, currently has 2,500 physicians in its clinically integrated network throughout the five boroughs and into Westchester County*

**EDITORS' NOTE** Dr. Robert I. Grossman assumed his current post in July 2007. He joined NYU Langone Medical Center in 2001 as the Louis Marx Professor of Radiology, Chair 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 (ISMRM) Gold Medal for his pioneering research in magnetic resonance in medicine and biology. He was also named a Distinguished Graduate of the University of Pennsylvania School of Medicine and was awarded an honorary doctorate from the University of Bordeaux, France. Grossman has authored over 330 publications and five books, including *Neuroradiology: The Requisites*, a best-selling textbook with over 50,000 copies sold. He also served as Editor-in-Chief of the American Journal of Neuroradiology from 2005 to 2007. Above all, Grossman is a passionate educator, training over 100 fellows, many of whom occupy prominent positions worldwide.



Robert I. Grossman

**INSTITUTION BRIEF** One of the world's premier academic medical institutions for over 173 years, NYU Langone Medical Center ([med.nyu.edu](http://med.nyu.edu)) is a leader in patient care, education, and scientific research. It is internationally renowned for evidence-based care across an array of specialties, including its five leading clinical areas: cancer, cardiology and cardiac surgery, musculoskeletal, neurology and neurosurgery, and children's services.

### How is NYU Langone taking an innovative leadership role in addressing healthcare issues?

Devising ways to deliver high-quality care throughout a large geographic region – without compromising quality – is healthcare's main issue. Taking better care of people in their own neighborhoods is more convenient, and ultimately will lessen reliance on high-cost hospital-based care. Currently we have 2,500 physicians in our clinically integrated network throughout the five boroughs and into Westchester.

To support this growth, our organization has become highly metricized, underpinned by our enterprise-wide electronic health record. We are able to see – among many things – which ambulatory sites are particularly good at maintaining population health, and from them we can gather best practices to disseminate to other sites. We are also expanding our suite of digital consultation tools, whereby a specialist

on main campus can evaluate CT scans, for example, that are taken elsewhere in our integrated network. In this way, we flip the traditional doctor-patient paradigm: rather than having patients come to us, we essentially go to them.

### How critical is ambulatory growth to the institution's future?

Nationally, healthcare is shifting away from hospitals to an outpatient, ambulatory setting. So much of the care that has traditionally been rendered in hospitals can now be performed on an ambulatory basis, and minimally invasive surgeries now send

patients home on the same day rather than keeping them in the hospital. Currently, about 54 percent of our revenue comes from our ambulatory business.

In addition to our judicious approach to ambulatory expansion, we have developed single-site facilities in Manhattan that offer primary care and various specialties at one location. In 2013, we opened the Joan H. Tisch Center for Women's Health and, earlier this year, we followed suit with a dedicated men's center, the Preston Robert Tisch Center for Men's Health.

### What were the drivers that led to your new three-year M.D. pathway?

There were no drivers per se, but we felt it was time to drive change. In 2010, we implemented our Curriculum for the 21st century (C21), which integrated science and medicine across the medical school curriculum, replacing the traditional two years of science followed by two of clinical care. We also considered how sophisticated students are today. Many have more life experiences, extensive science backgrounds, and graduate degrees. These factors gave us the flexibility to introduce multiple pathways that allowed for individualized learning plans, including a three-year medical degree. With C21 in place, students now have three years of clinical experience under their belts as compared to the total of two they once received at the end. This means they are better prepared, even earlier, to embark on their careers. Right now, about 10 percent of a class is enrolled in the three-year pathway and we expect this to grow, here and around the country. Recently, 40 institutions came to NYU Langone to discuss such programs.

### How has the doctor/patient relationship changed?

In my view, this is one of those "the more things change, the more they stay the same" situations – and in the very best ways. In general, patients are much more sophisticated and knowledgeable; they Google everything. Also, through NYU Langone's

secure MyChart portal, they have ready access to their test results and medical histories, and they can correspond directly with their physicians.

That's the change part, and it's all great. What we strive to keep the same, however, is the one-on-one doctor-patient relationship. We instill this in our students through a great number of mentoring opportunities that begin during the first week of medical school and extend into the ambulatory setting.

### What is the goal of your current campus transformation?

We are modernizing our campus in order to remain at the forefront of clinical care and science. By 2020, our flagship Tisch Hospital and the forthcoming Kimmel Pavilion will have all single-bedded rooms. Everything related to the patient care across our entire enterprise will be integrated and state-of-the-art.

By 2017, our new Science Building will add 365,000 square feet to our research enterprise, allowing us to strengthen cross-disciplinary collaborations and grow our leading programs in biomedical science.

Our 71,000-square-foot Energy Building looks ahead to NYU Langone's future energy needs, including a co-generation – or combined heat and power – natural gas power plant that will give us 11 megawatts of additional power generation on campus and 100 percent of the steam.

### You also recently opened the Ronald O. Perelman Center for Emergency Services.

At 22,000 square feet, the Perelman Emergency Center more than triples the size of our former ED, which was forced to close after Hurricane Sandy. It has well-planned workflows and cutting-edge medical technologies so we can expedite care. Additionally, it includes the KiDs of NYU Pediatric Emergency Care Center, which is a dedicated space designed to meet the specific needs of children and families. Since opening in April, the ED has operated at capacity or more than 200 patients per day.

### What was the purpose behind your "Made For New York" nontraditional advertising?

Everybody advertises, and often with the same messages of excellent patient care, so it's difficult to stand out. We pride ourselves on being innovative, excellent, and customer-centered. All of these are attributes of magnificent, iconic organizations in this city. New York has the best of everything – museums, restaurants, theatres – and we said "We're made for New York too," and that's how it started. There has been much affinity with this because it's different. The campaign also focuses on caring for ordinary New Yorkers in times of sickness for sure, but equally important, in times of health. ●