

Comprehensive Care

**An Interview with Steven M. Safyer, M.D.,
President and Chief Executive Officer, Montefiore Health System**



Montefiore's University Hospital for Albert Einstein College of Medicine at the Moses Campus

EDITORS' NOTE *An accomplished physician leader and highly respected healthcare executive, Dr. Steven Safyer has been at Montefiore since 1982, in progressive leadership positions. Safyer received his Bachelor of Science degree from Cornell University and his medical degree from Albert Einstein College of Medicine. He completed his internship and residency in Social Medicine at Montefiore. He is board certified in Internal Medicine, and is a Professor of Medicine and Professor of Epidemiology and Population Health at Einstein. He is a fellow of the New York Academy of Medicine, founding member of The Health Management Academy, and a member of the Healthcare Institute. Safyer currently serves as Chair of the League of Voluntary Hospitals and Homes and is the immediate past Chairman of the Board of Governors for the Greater New York Hospital Association. He is a board member of the Hospital Association of New York State; Association of American Medical Colleges' Council of Teaching Hospitals Administrative Board; Coalition to Protect America's Healthcare; Josiah Macy Jr. Foundation; New York eHealth Collaborative; and University HealthSystem Consortium. Safyer has authored and co-authored numerous articles in peer-reviewed journals.*



Steven M. Safyer

INSTITUTION BRIEF *Montefiore (montefiore.org) is a premier academic health system and the University Hospital for Albert Einstein College of Medicine. Combining clinical and academic excellence with accountability to its patients, Montefiore delivers exceptional, well-coordinated care where, when, and how patients need it most.*

Within the tagline of Montefiore is “inspired medicine.” From the inside, what is the difference?

There are a number of special elements but they're very focused.

To start, we are rooted in a population that we have been taking care of for 130 years in the Bronx, and now in Westchester. We're the largest employer in our region and have added close to 10,000 jobs over the past six years. Many of the people we serve are actually our own associates. It is a population that we embrace in its entirety – not selectively – and by providing comprehensive care for the families and the communities that live there.

We take the public health imperatives seriously. This involves not just the healthcare system but all of the major influences on health, including socio-economic factors of poverty, education level, economic opportunity, and housing, as well as wellness factors of exercise, healthy foods, and safe play spaces.

At the root of our mission is our commitment to this population, but at the same time, through our affiliation with the Albert Einstein College of Medicine, we also focus on the school and the education of the doctors, nurses, physician assistants, and dentists of tomorrow.

One thing that differentiates us on the innovation front is that we're entrepreneurial in how we provide care and how we get paid for that care. We embrace a comprehensive payment scenario and we are trying to overcome the fragmentation of fee-for-service. We don't believe in piecemeal funding; if you believe in keeping people well and in giving people care that is not fragmented, then you believe in pre- and comprehensive payment. You believe in creating financial alignment.

Are you optimistic that healthcare issues can be addressed and is the proper dialogue taking place to accomplish this?

I'm generally optimistic, but I'm appreciative of the drag on change, which never happens in a straight line. There are aspects of the Affordable Care Act that are not particularly great, but the thrust of what is being attempted – insuring everybody, creating affordability, and increasing the quality of care – covers all of the right issues.

We're leaders in this space – the model that we have is one that is being watched all over the country. For almost three years, we've been the leaders in the country in the Pioneer ACO program, which comes out of the Affordable Care Act and includes the very best performers. We're able to do that because we are truly pioneers. We have been managing care for more than 15 years and have 300,000 individuals in prepayment, risk transfer, capitation, or shared savings right now, which accounts for more than 50 percent of what we're paid.

So we're essentially an insurance company but in the best sense of the word, because we're managing the care.

Will delivery of healthcare really just be for the sickest and most in need?

This is exactly what is happening with us, despite the fact that we have over 2,000 beds. Patients who are in our beds are very sick. We work very hard to keep people out of the hospital. We handle five million encounters a year and almost half of them are ambulatory, primary care in the community. We take care of people in the community. It's not focused on bringing patients to be hospitalized here.

Hopefully, people will be treated in their communities in a way that still allows them to work or go to school. There may be alternative care sites and programs. We have a very big home health agency. We also have a nursing home. We have 1,400 people – doctors, nurses, psychologists, and social workers – delivering care management. There are even new disciplines that don't have certificate or degree programs yet, such as our associates who call people on the phone to make sure they have renewed their prescriptions or to find out if they have been checking their blood sugar or blood pressure, or the people who actually go to homes to manage care.

We work very hard to keep our 300,000 patients well.

How important has it been to put in metrics to track standards?

Critical. If we're not accurately measuring how we're doing, there is no way to manage. So we look at patient satisfaction, diabetes management, obesity, hypertension, hospital acquired infections, and admissions and readmissions to make sure we're meeting the goals we set for ourselves.

How much can individual health systems do in terms of preventive care?

With our core population, the resources are not there yet. For many communities we serve, the families are struggling, the communities are under-resourced, there may not be pharmacies in the neighborhood, and the bodegas that should sell healthy food are primarily selling alcohol, sugary beverages, and cigarettes.

We need to bring in a lot of resources that are either in the public health social service or in the care management domain that don't exist in these communities.

I understand individual choice and it plays a role. We all try to keep ourselves relatively healthy, but it's hard to do when you're struggling. We have to understand the things that are structurally awry and correct them. ●