

Expertise in Every Discipline

Interviews with Lisa M. Satlin, MD, Herbert H. Lehman Professor and Chair, Jack and Lucy Clark Department of Pediatrics, Icahn School of Medicine at Mount Sinai; Barbara Murphy, MD, Murray M. Rosenberg Professor of Medicine, Dean for Clinical Integration and Population Health, and Professor and System Chair of Medicine, Nephrology, Mount Sinai Health System; and Margaret Pastuszko, Chief Strategy Officer, Mount Sinai Health System

INSTITUTION BRIEF *The Mount Sinai Health System (mountsinai.org) encompasses the Icahn School of Medicine at Mount Sinai and seven hospitals, as well as a large and expanding ambulatory care network. The seven hospitals – Mount Sinai Beth Israel, Mount Sinai Beth Israel Brooklyn, Mount Sinai Queens, Mount Sinai Roosevelt, Mount Sinai St. Luke’s, New York Eye and Ear Infirmary of Mount Sinai, and The Mount Sinai Hospital – have a vast geographic footprint throughout New York City. In 2014, Mount Sinai Health System hospitals treated more than 3.2 million individuals as inpatients, outpatients, and through emergency department visits.*

The Icahn School of Medicine at Mount Sinai was established in 1968 and has more than 5,000 faculty in 33 departments and 33 institutes. U.S. News & World Report lists it among the nation’s top 20 medical schools and it is ranked No. 4 in the nation among medical schools for National Institutes of Health (NIH) funding per principal investigator. The Mount Sinai Hospital is ranked No. 16 in the nation by U.S. News & World Report and earned “top rankings” in six medical specialties in the 2014-15 “Best Hospitals” guidebook. The New York Eye and Ear Infirmary of Mount Sinai was also ranked nationally, (number 10 in Ophthalmology). Mount Sinai Beth Israel, Mount Sinai St. Luke’s, and Mount Sinai Roosevelt were ranked regionally.



Lisa Satlin

EDITORS’ NOTE *Dr. Lisa Satlin is Professor and Chair of the Department of Pediatrics at the Icahn School of Medicine at Mount Sinai (ISMMS), where she is also Associate Director of the MD/PhD Training Program. She received her medical degree from the College of Physicians and Surgeons-Columbia University, completed a*

residency in pediatrics at the Babies Hospital of Columbia University, and a Pediatric Nephrology Fellowship at the Albert Einstein College of Medicine. As Chief of the Division of Pediatric Nephrology at the ISMMS from 1997-2010, Dr. Satlin built an internationally respected academic division and an ACGME-accredited Pediatric Nephrology Fellowship training program. The program attracts

physician and research trainees interested in clinical nephrology and basic/translational research related to developmental nephrology. Her commitment to training physician-scientists is evidenced by her past roles as Director of the ISMMS MD/PhD Training Program (2006-10), Associate Dean for Graduate Education in Translational Research (2007-10), and Director of the Center for Patient Oriented Research, Training, Education and Development (2007-2013), the innovative educational arm of Mount Sinai’s Institutes for Translational Sciences.

Dr. Satlin’s research, supported by funding from the NIH, focuses on defining the mechanisms leading to the acquisition, maintenance, and regulation of ion transport in those segments of the kidney critical for the final regulation of salt and water homeostasis. Her laboratory also serves as a national “Single Tubule Physiology Core” as part of an O’Brien Renal Research Center, a resource to help investigators worldwide address questions relevant to kidney physiology. Her research accomplishments have been recognized by her election to membership in the Society for Pediatric Research, American Pediatric Society, and Association of American Physicians. She has held leadership positions in the American Society of Pediatric Nephrology (Council, then President), American Society of Nephrology (Board of Advisors), and International Society of Pediatric Nephrology (North American Regional Secretary and Councilor). She has served as Associate Editor of the American

Journal of Physiology: Renal Physiology, and has participated in many study sections and grant-review groups for the NIH and the American Heart Association.

What has made Mount Sinai so special for you?

In a single word: Collaboration. The degree of interaction among faculty, students, trainees, and staff in the departments and institutes of the School of Medicine is unparalleled. It takes a village to take care of a child with medically complex healthcare needs. In the Department of Pediatrics and sister departments, we have superb pediatric subspecialists who work together with nurses, social workers, child-life specialists, and others to provide exceptional, innovative, and compassionate clinical care to all who walk through our door. Collaboration in scientific discovery is vital to our ability to deliver state-of-the-art clinical care and improve the health of children.

Is location and geography tied to your client base or is it a global market?

Mount Sinai’s first commitment is to the community, but we consider our client base to be a global market. Our location in New York, an international hub, makes us a destination for patients with rare and complex medical conditions who are able to travel. I would also like to note the diversity of patients we see throughout our expansive health system – with pediatric services not only in Manhattan, but also in Queens, Brooklyn, and Staten Island.

How broad is the range of services within pediatrics and are there specific areas where Mount Sinai is particularly strong?

Our 15 subspecialty divisions in the Department of Pediatrics are responsible for providing clinical expertise to our seven-hospital health system, which now oversees approximately 18,000 deliveries each year, and beyond. We have always been committed to developing and providing expert care for disorders with high prevalence and morbidity in the communities we serve. In East Harlem, asthma, diabetes, and obesity are epidemic. It is imperative that we continue to build strength in clinical programs and research to prevent, alleviate, and arrest progression of these diseases. ●

■
We have
superb pediatric
subspecialists who
work together.
■



Barbara Murphy

EDITORS' NOTE *Dr. Barbara Murphy earned her MB BAO BCh from The Royal College of Surgeons in Ireland, and completed a residency rotation followed by a fellowship in Clinical Nephrology at Beaumont Hospital in Dublin. She completed a Nephrology Fellowship in the Renal Division of Brigham and Women's Hospital,*

Harvard Medical School, and trained in transplant immunology at the Laboratory of Immunogenetics and Transplantation, Renal Division, at Brigham and Women's Hospital. She was first recruited to Mount Sinai as Director of Transplant Nephrology in 1997 and was named Chief of the Division of Nephrology in 2003. In 2011, she was appointed Dean for Clinical and Population Based Research, Director of Conduits, The Institute for Translational Science and PI of the Institutional CTSA. She was named Murray M. Rosenberg Professor of Medicine and Chair of the Samuel Bronfman Department of Medicine at the Icahn School of Medicine at Mount Sinai in 2012.

Dr. Murphy is the first female chair of medicine at an academic medical center in New York City and only the second in a top 20 medical school. A past president of the American Society of Transplantation and member of the American Society of Nephrology, she has held numerous leadership roles at a national level, including membership on the Board of the American Society of Transplantation, Chair of the Education Committee of the American Society of Transplantation, and Co-Chair of the American Society of Transplantation Public Policy. She has served on the Editorial Board of the Clinical Journal of the American Society of Nephrology and the American Journal of Transplantation, among others. Her numerous honors include being named Nephrologist of the Year by the American Kidney Fund in 2011, receiving the Wyeth Basic Science Investigator Award—the single most prestigious award for young physician-scientists in the transplant field—from the American Society of Transplantation in 2003, serving as Chair for the World Transplant Congress 2014, and receiving the Jacobi Medallion for distinguished service to Mount Sinai.



Mount Sinai is unique in its dual commitment to teaching and research.



What makes Mount Sinai so strong as a teaching and research institution?

Mount Sinai is unique in its dual commitment to teaching and research, and each discipline feeds the other. Our residents and fellows are dedicated to developing innovative therapies and treatments for patients, and our physician-scientists are committed to involving and mentoring new trainees in the discoveries. Mount Sinai excels in both areas and that improves patient care, which is the ultimate goal – a dedicated faculty that focuses on improving the lives of our patients.

Has maintaining the doctor/patient relationship become more challenging and how critical is it?

Maintaining the doctor/patient relationship is both challenging and critical, and our goal is to make each interaction meaningful. New technology is helping us free up physicians' time from everyday requests, such as prescription refills, so they can spend more time with patients. The Department of Medicine is beginning to use applications that gather data before the patient even gets to the office. The more technology we can use to free up our physicians, the better patient care will be.

With the changes in healthcare delivery mandated by the government and dictated by good medicine, we are moving away from fee-for-service medicine and toward patient-centric, quality-driven care that focuses on outcomes. Physicians will now be rewarded for doing the right thing and patients will reap the benefits.

How has this merger affected the mission of the Department of Medicine?

It has given us an opportunity to create one novel, flexible, and proactive department dedicated to excellence in all disciplines. We are in a unique position of being able to fulfill our tripartite mission of providing excellent care; driving change in healthcare delivery through scientific innovation; and training tomorrow's physicians to provide that care. We should now re-examine all of our assumptions about how patient care is provided; how we go about training future physicians; and how we turn the phrase "bench-to-bedside" into a reality, rather than just a clever marketing expression. ●



Margaret Pastuszko

EDITORS' NOTE *Margaret Pastuszko is Chief Strategy Officer of Mount Sinai Health System. She began her career at Mount Sinai in 2001 as Associate Dean of Operations for the Icahn School of Medicine at Mount Sinai, and later transitioned to the role of Vice President for Business Planning at The Mount Sinai Medical Center. Ms. Pastuszko received*

her undergraduate degree in economics and her MBA with a specialty in healthcare management and economics from The Wharton School of the University of Pennsylvania. Prior to her work at Mount Sinai, Ms. Pastuszko served as a Divisional Administrator and Practice Manager of Internal Medicine at Temple University Hospital, and was a consultant with APM Management Consultants and CSC Healthcare Consulting.



The patient-first culture is at the core of our values.



What are the key issues facing Mount Sinai and the healthcare industry as you look to the future?

As we transition from a fee-for-service model of healthcare to one that is driven by population healthcare, we are providing patients with more ambulatory services, which is not the historical platform in academic medical centers.

One of our greatest challenges, however, is being able to prepare the infrastructure for our transition.

Mount Sinai is committed to investing in the necessary platforms in a realistic and cost-effective manner and not necessarily in one big sweep. We have developed work pathways that follow our system's principles, even as we have to implement them in slightly different ways across the hospitals and to standardize them across the system later on.

Is it possible to remain nimble when you're the size and scale of Mount Sinai?

Our Health System leadership team is very nimble and that is the key, despite our increase in size. We now have 35,000 employees and see about 490,000 emergency room patients per year.

What are you doing to retain your patient-first culture?

The patient-first culture is at the core of our values. The future direction of healthcare is going to help providers focus more on the patient. Once we start taking on risk, we can realign our resources to focus on what the patient needs, as opposed to how we are reimbursed. We can read-just those services and stratify patients into groups that might require more time with a physician. We'll also be able to move funds to support what is in the patient's best interests.

Is it possible to instill a service culture in a hospital?

At Mount Sinai, we have already made significant strides in achieving a culture dedicated to service. It takes time and it also means learning from industries such as hospitality, and from brands such as Disney, where customer service is paramount. It also involves achieving a balance between service and quality. Patients enter the healthcare system because they have a problem, and we need to turn a stressful experience into something more positive.

Mount Sinai is a large system that melded four different cultures, including The Mount Sinai Hospital, Beth Israel, St. Luke's-Roosevelt, and the New York Eye and Ear Infirmary. The integration process cannot be underestimated. Focusing on a customer service culture where the patient comes first unites us with a common goal and enables us to concentrate on what really matters. ●