

The Business of Medical Care

An Interview with Michael J. Dowling,
President and Chief Executive Officer, Northwell Health



Northwell Health's Long Island Jewish Medical Center in New Hyde Park, New York

EDITORS' NOTE Prior to assuming his current post in 2002, Michael Dowling was the health system's Executive Vice President and Chief Operating Officer. Before joining Northwell Health in 1995, he was a senior vice president at Empire Blue Cross/Blue Shield. Dowling also 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. Before his public service career, Dowling was a professor of social policy and Assistant Dean at the Fordham University Graduate School of Social Services, and Director of the Fordham campus in Westchester County. Dowling has been honored with many awards over the years including: the 2012 B'nai B'rith National Healthcare Award, the 2011 Gail L. Warden Leadership Excellence Award from the National Center for Healthcare Leadership, the 2011 CEO Information Technology Award from Modern Healthcare magazine and the Healthcare Information and Management Systems Society, the National Human Relations Award from the American Jewish Committee, the Ellis Island Medal of Honor, the Distinguished Public Service Award from the State University of New York's Nelson A. Rockefeller College of Public Affairs and Policy, an Outstanding Public Service Award from the Mental Health Association of New York State, an Outstanding Public Service Award from the Mental Health Association of Nassau County, the Alfred E. Smith Award from the American Society for Public Administration, and the Gold Medal from the American Irish Historical Society. Dowling is Chair of the Healthcare Institute, and was an instructor at the Center for Continuing Professional Education at the Harvard School of Public Health. He earned his undergraduate degree from University College Cork (UCC), Ireland, and his master's degree from Fordham University.



Michael J. Dowling

INSTITUTION BRIEF Northwell Health (northwell.edu) delivers world-class clinical care throughout the New York metropolitan area; pioneering research at the Feinstein Institute for Medical Research; a visionary approach to medical education, highlighted by the Hofstra Northwell School of Medicine and School of Graduate Nursing and Physician Assistant Studies; and healthcare coverage to individuals, families, and businesses

through the CareConnect Insurance Co., Inc. Northwell Health is the largest integrated healthcare system in New York State with a total workforce of about 61,000 employees – the state's largest private employer. With 21 hospitals, 6,675 hospital and long-term care beds, more than 450 outpatient physician practices, and a full complement of long-term care services, Northwell is one of the nation's largest health systems, with \$9.5 billion in annual revenue.

When it comes to the branding of Northwell Health today and how this organization has evolved from North Shore-LIJ Health System, will you discuss the reasoning around the name change?

The original name was the result of a merger of the North Shore Health System and Long Island Jewish (LIJ) Medical Center in 1997. Prior to that merger, North Shore had 10 hospitals. When we did the merger with LIJ, to make the arrangement work, we had to put the two names together.

First of all, it was a mouthful to say. As we added other hospitals and facilities, it became increasingly clear that we needed a new name that represented the entire organization, not just two hospitals.

Also, the old name confined us geographically, because it gave the impression that all of our facilities were located on Long Island. Coincidentally, Long Island Jewish Medical Center is actually in Queens, not Long Island. Considering that we were broadening our footprint outside of Long Island, it did not serve us well to have a Long Island-centric name.

It took many years to determine that we should change the name. The second step was determining what the name would be and we created Northwell. "North" keeps a bit of the original name, and the "well" part of it underscored our focus on wellness and the fact that our business goes far beyond simply treating people when they are ill or injured.

Once we launched it, the name caught on dramatically. I don't think I have heard anyone mention to me the old name since we made the change.

Across the country, since we are very involved nationally, the new name has drawn an unbelievably positive response.

How critical is that wellness aspect to address healthcare challenges?

It is critical. While we and most other organizations call ourselves health organizations, if we're being honest, we're in the business of medical care.

We do not focus as much on health as I believe we should because health to me is not only about what we do when we treat people who are ill; it's also what we do to prevent disease in the first place. It's about focusing more on people's lifestyle and behavior, the social circumstances of care, the overall social and environmental aspects of care.

If we want to improve health, it has to go way beyond just the delivery of medical services. Medical care itself only impacts about 20 percent of ill health. It involves what people do for themselves – exercising, eating healthy, not smoking, limiting how much alcohol we drink, etc. If we change people's bad behaviors, it will have a much bigger impact on overall health because hospitals and other delivery systems end up treating the illness as the result of those behaviors in the end. As healthcare providers, it's important that we intervene early to deal with prevention and the social-economic issues that have long-term negative consequences on people's health.

How important is scale and do you have to be a certain size to compete against other health systems today?

Scale is important, but it can't be the only determinant. We don't want to get big for the sake of getting big. We build scale so we can innovate, so we can improve outcomes across a broad geography, and so we become an indispensable player in the marketplace. Scale is only important to the extent that we integrate all of the pieces of our organization so they work together to improve the health of our communities. I would not be interested in just collecting hospitals but never integrating any of them into the fabric of the overall organization. Integration is about coordinating care, developing clinical protocols, and developing common, back-office functions that save money, etc.

If we don't do those things, then we're collecting a bunch of entities and we don't create the benefits. It's all about how we integrate.

Also, while everybody is focused on hospitals, we have 500 outpatient physician practices and other non-hospital locations. In every large health system, hospitals are going to remain important but they will become a smaller component of the overall delivery network.

Years ago, 90 percent of our business was hospitals; today, it's only 60 percent of our business. Projecting out 10 years, it will probably only be 50 percent of our business, because more care is now being delivered outside the traditional hospital. ●