

Transforming Healthcare

An Interview with Steven M. Safyer, M.D.,
President and Chief Executive Officer, Montefiore Medicine



The Montefiore Medical Center in the Bronx, New York

EDITORS' NOTE Prior to being appointed to his current post in 2008, Dr. Steven Safyer held a variety of senior leadership roles at Montefiore, including Senior Vice President and Chief Medical Officer from 1998 until 2008. He was an early champion of clinical information systems and launched physician order entry (electronic entry of medical practitioner instructions for the treatment of patients) in the 1990s that supported his focus on creating nationally recognized quality and safety programs. In addition, he galvanized a broad effort to stem the burgeoning epidemics of HIV and TB that were taking their greatest toll on the poor during the 1990s in New York City. Dr. Safyer led the way for Montefiore to set a new standard for equitable healthcare systems. He earned his medical degree from Albert Einstein College of Medicine and completed his internship and a residency in Social Medicine at Montefiore. He is board certified in Internal Medicine, and is a Professor of Medicine and a Professor of Epidemiology and Population Health at Einstein. He received his Bachelor of Science degree from Cornell University.



Steven M. Safyer

INSTITUTION BRIEF As the academic health system and University Hospital for Albert Einstein College of Medicine, Montefiore (Montefiore.org) is nationally recognized for clinical excellence—breaking new ground in research, training the next generation of healthcare leaders, and delivering science-driven, patient-centered care. Montefiore is ranked among the top hospitals nationally and regionally by U.S. News & World Report. For more than 100 years, they have been innovating new treatments, new procedures, and new approaches to patient care, producing stellar outcomes, and raising the bar for health systems in the region and around the world.

Are you optimistic the U.S. can face the healthcare challenges of today and what is Montefiore doing to lead in that area?

I'm an eternal optimist – and I do believe we can continue to tackle the challenges of today and solve them, though there are obstacles that we all must be acutely aware of.

It's not lost on anybody that we're witnessing, to a large extent, the loss of the middle class and we have some sense of a country that is bifurcated. People work hard and are living longer, but we have many people who are not totally secure and

they make tradeoffs. One-third of New York State is in the Medicaid system, and the governmental payers don't pay what the commercial payers pay, so there is definitely a compression of price happening in commercial, Medicare, and Medicaid.

The pharmaceutical prices are only going up, and products that we buy to deliver high-quality care are more expensive – this is tremendously challenging.

The way we provide care as a country is evolving to tackle these changes. That is radically true at Montefiore.

Improving public health is a key part of Montefiore's mission. We feel it is our responsibility to improve the well-being of our community. For the past 20 years, we have been moving towards a model that rewards wellness, not illness – to get away from the fee-for-service system and move toward a prepaid or capitated system. These types of arrangements are essential for improving the health of our patients.

We're at risk for \$3 billion right now. Our overall economy is \$6 billion. This is misleading because some of the \$3 billion gets paid to others. Some patients wind up in Manhattan and they get admitted somewhere else or we pay doctors who are taking risks with us who are not on our faculty. We're rewarded when we keep patients out of the hospital, which is a radical change.

We are centered in the Bronx, the Hudson Valley, and Lower Westchester – areas with a lot of immigrants. Most people are insured and this has improved under the Affordable Care Act, but thousands of immigrants without legal residency remain ineligible for health insurance, and many other people remain under-insured. They live in communities where the infrastructure is poor, and they don't have places to exercise and visit a good local pharmacy. We have always felt it was our responsibility to move these people into the model that we have been building. I'd love to wave a wand and have 100 percent capitated but it will take time.

How is the traditional view of what a hospital is responsible for changing?

We're doing things in the community we would never have been doing 50 years ago. As we tried to integrate payments over the past 20 years to incentivize wellness and holistic care, we had to build out a new platform that was different for an academic health system. We educate interns, residents, and medical students here so,

early on, we built a robust primary care platform. We have a large home health agency and we have a care management organization that goes into the community to prevent readmissions and make sure people are taking their medicine properly, overall keeping people healthy and out of the hospital.

We distribute sub-specialty care outside the hospital campuses so our people are in the community too.

We have close to 250 ambulatory sites that accommodate more than six million visits per year, of which 50 percent are primary care.

We have closed beds, but there are still so many patients in need in the Bronx that come to our emergency rooms. We would like to downsize the hospital and provide more care in outpatient settings. Our School Health Program is a perfect example. We're in one-third of the schools in the Bronx, where we provide comprehensive care, including social work, psychiatry, and pregnancy prevention for teen girls. We think about health in a more comprehensive way.

We transformed Westchester Square hospital into the first free-standing emergency department in New York. There were 150 beds there. It now has the same features as a traditional ED, with the exception being that patients who require continued hospital care are transferred to our other hospitals. The year before we came to Westchester Square, they were admitting 6,100 patients a year. It took three years, but now we're admitting just 1,000 patients and it has the highest patient satisfaction rates in our health system.

There has been discussion around prevention for some time now. Is that dialogue progressing as you would hope?

It is getting there. We play an active role in prevention and try to set the best example we can for our community. For instance, at all of our campuses, we offer farm to hospital – fresh food and vegetables, and it's not just our employees who are buying it.

Every region has cafeterias and food set-ups where people can get coffee and snacks, and it's all healthy. We got rid of the fried food, candy, and sugar water.

We play a big role in pushing the concept of how people can remain healthy. In our workforce, we have made a dent in smoking rates, but there are still people who smoke. We also offer meditation classes so people learn to relax and cope with stress.

Our goal is to keep people healthy. ●