



# Innovation in Healthcare

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

**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, after serving in New York State government for 12 years, including as State Director of Health, Education and Human Services and as Commissioner of the New York



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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 and recognitions over the years, including being selected as the 2017 Grand Marshal of the New York City St. Patrick's Day Parade, 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.

**INSTITUTION BRIEF** Northwell Health ([northwell.edu](http://northwell.edu)) delivers world-class clinical care throughout the New York metropolitan area; pioneering research at the Feinstein Institute for Medical Research; and a visionary approach to medical education, highlighted by the Zucker School of Medicine at Hofstra/Northwell and Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies. Northwell Health is the largest integrated healthcare system in New York State with a total workforce of more than 66,000 employees – the

state's largest private employer. With 23 hospitals, about 665 outpatient facilities, and a full complement of home care, rehabilitation, and long-term care services, Northwell is one of the nation's largest health systems, with \$11 billion in annual revenue.

## How do you define innovation for Northwell Health and how critical is it to the success of the health system?

Innovation needs to be a core competency for any organization and part of its ongoing DNA. I define it as everybody in the organization having a curiosity about how we do things differently.

It's about people not being slaves to tradition, challenging the status quo and pursuing new, creative ways of doing their jobs and delivering care. The smartest ideas identify the best practices that the institution does well, improve them, and then gains the acceptance of others to move the organization in a new direction.

This is what we try to encourage across our health system. We offer numerous opportunities to staff at all levels of the organization to share their ideas about how we should do things better and differently. There are no stupid ideas. Individuals need to be able to articulate their ideas, rationalize them, and think them through. That helps weed out ideas from people who just want to throw something out there.

## In order to drive innovation, do you seek out entrepreneurial talent?

Over the years, I've been convinced that, if we give people the freedom to express themselves and provide a comfortable environment for them to communicate without fear of being criticized or penalized, we will be amazed at the creativity that emanates from every part of the organization.

Sometimes, innovation is dampened by first-line supervisors or middle managers who tell their employees to "just do your job" instead of trying to think differently. Organizations must have middle-level managers who are comfortable enough to let those ideas percolate.

This ability is inherent in everyone. You can't take a group of people and teach them how to innovate. We provide the opportunity for people to come up with their own ideas and remove the bureaucratic restrictions that might keep them from being heard.

When I hire managers and leaders, I want people to have ideas themselves, but I also want to make sure they are comfortable with their teams coming up with suggestions of their own.

## What has been the key to Northwell Health's continued success during a time of transition for the industry?

We are relatively young, which helps. We have the energy. Many organizations that have been in existence for a long time become stale. We're an upstart, even though we established the first integrated health system in New York more than 25 years ago. When we want to make a play, we don't have to be as worried about what we have done in the past because we're not shackled by tradition or precedent. We benefit from the creativity that comes with youth.

We also make a special effort not to hire and promote people just because of where they got their degrees or because they have an impressive CV; we hire them because of their commitment to the community at large, their interdisciplinary nature, their willingness to collaborate and be team players and their comfort level with themselves.

I often come out of meetings where the ideas are coming out of left field; this goes on a lot here and I encourage it. I suffer from a continuing degree of unhappiness in that I'm never totally satisfied and am always looking at what we can do better. We need to be self-critical. That is what motivates me personally and what motivates many of our people.

## How important is having size and scale in the industry?

Successful institutions must have a combination of both. In the market we're in, we need size to get attention and to be able to use our leverage, as well as to be able to experiment. With a system of our scale, with 660 ambulatory locations, I can innovate and experiment and do beta testing in multiple locations without worrying about damaging the core.

I can create a corporate university that allows me to provide training and continuous learning opportunities across multiple locations of care, which I could never do if I was a two-hospital system.

**How challenging is it to maintain consistency and seamless service when you have such a wide range of locations?**

This is a work in progress for us. We have a system-wide patient experience strategy in place that we try to implement at all of our facilities, but how effective we are often depends on how we're organized. That's why I have one leader overseeing each of our clinical service lines, so it is easier to maintain consistent quality across all settings.

We're organized as a combination of vertical structures and horizontal structures. It's a matrix system, so we need to be comfortable with not living in the world of linear management that was common 30 years ago.

During a staff interview, if people ask me exactly who is the person they will be reporting to, then I know I have the wrong person.

We lead by influence, partnership, collaboration, discipline and personality. If we structure things differently, we're confident we can still create that standard each time.

All of our hospitals are now divided into regions, so I need to make sure there are standards in place, while also maintaining a balance. For example, I don't want to lose what is unique in the local culture of a hospital, but I want a system-wide culture as well so everyone understands they are part of one entity.

**How important has it been to have a medical school as part of the health system?**

The medical school has been one of the great innovations here. Even before we started the medical school, we were a huge academic teaching facility. Today, we are one of the top two or three academic teaching facilities in the nation, with more than 1,700 medical residents and fellows. Evolving into a medical school was the next logical step since we had many of the assets here already.

However, when we decided to launch the medical school, we decided to do it differently. We didn't want to replicate what existed. We tried to understand what a doctor in 2040 would look like and need to know.

We completely changed the curriculum. We require all medical students to get their EMT license in the first nine weeks. They learn how to perform basic life safety skills in the first few weeks, whereas in many medical schools, they don't get that experience for a long time.

Then, they all ride in ambulances and begin interacting with patients immediately, not only in the ambulances but also in community clinics and in people's homes.

Once they walk into the home of an elderly patient, they quickly recognize that the social circumstance of that home has a lot to do with the health of that patient. Whether that person has food in their fridge is an important health issue. What they eat often determines if they have diabetes.

If the patient needs to be taken to the hospital, the student goes; if they're in the operating room, the student goes. That is how our medical

school has evolved. We have no multiple-choice exams – all our assessment is done using simulation. We have no lectures – just small group learning. The idea behind this is that it is no longer necessary for people to memorize things because they can look things up. We want people to learn how to do things. One may be academically brilliant, but they have to be able to deliver.

We have a graduate nursing school as well and a physician assistant school all built on the same premise.

The benefits of the medical school have been phenomenal for our brand. We get 8,000 students a year applying for 100 positions. It has helped us recruit faculty that we would never have been able to recruit without the school.



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Also, being around students who are technologically savvy today is so interesting and they provide vitality to the whole organization.

**What will the future role of a hospital be with the transition into outpatient settings?**

The hospital will continue to be very important. I reject the notion that they are outdated.

Do we have too many beds? Yes. The market will take care of that. Hospitals will become more important because those that will end up in the hospital will be patients in need of intensive or critical care for illness or injury. Much of the care that was previously provided in hospitals years ago is now being provided in outpatient settings.

As people age and, as we're successful in keeping people alive longer, there will be more people with chronic illnesses and the only place

for many of them will be in hospitals – at least for a brief period.

Contrary to what some say, hospitals are not obsolete – they are evolving like everything else.

Technology will also increase what we can do, but it can't be a substitute for human contact.

**How important is it to teach young students the value in the human relationship between patient and doctor?**

I'm a proponent of technology but there needs to be a balance. Technology cannot be a replacement for the human touch. A medical device, sophisticated software or other technology can do fantastic things, but we need humans to operate them and communicate with patients and their loved ones. We can diagnose with technology and do procedures, but we still need human contact.

While the reliance on texting, emails and other digital communications has expanded our ability to communicate, many people are frustrated because they still want to be able to have a conversation. Smart phones have become an addiction. I think most of us understand the need for human contact and that a balance is necessary. As a Baby Boomer, I struggle with technology and much prefer face-to-face communication.

**Is there an adequate understanding of prevention and wellness?**

Where one lives is as big a determinant of health as your DNA. What you eat and whether you exercise or smoke play a huge role in your personal health.

A big misconception in healthcare is that medical care delivery is the equivalent of health. This is just a component of health.

If we want to talk about health in broad terms, it's the community assets that people have available to them as well as the family support and our own lifestyles and behaviors that are critical.

Obviously, technology is playing an increasingly important role in prevention. We already have personal devices that can display our vital signs and transmit our health information to doctors or family members, helping them determine if anything is amiss.

However, it's important to note that prevention will not quickly save money. It will actually increase the diagnosis of new ailments, which then need to be treated. It's a good thing but, if we go into the community and do a full prevention diagnostic on people, we will find a lot of health problems. That increases demand and, therefore, cost.

**What is it about the healthcare industry and Northwell Health, in particular, that keeps you so engaged?**

When I get up in the morning and wonder if I can make a bigger difference today than yesterday, that provides the drive. I always feel I can do better. That opportunity is huge for me.

I come to work every day looking to improve people's lives and the health of the community at large. I know that level of engagement makes a difference. I cherish being around smart, dedicated, innovative and compassionate people. ●