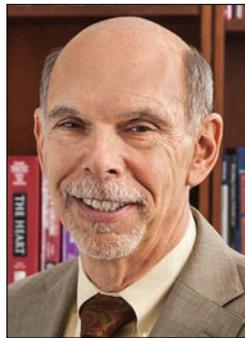


# Consistent Quality

An Interview with Kenneth L. Davis, M.D.,  
President and Chief Executive Officer, Mount Sinai Health System

**EDITORS' NOTE** Dr. Kenneth Davis attended the Icahn School of Medicine at Mount Sinai and completed a residency and fellowship in psychiatry and pharmacology, respectively, at Stanford University Medical Center. Upon returning to Mount Sinai, he became Chief of Psychiatry at the Mount Sinai-affiliated Bronx Veterans Administration Medical Center and launched Mount Sinai's research program in the biology of schizophrenia and Alzheimer's disease therapeutics. Davis was appointed CEO of The Mount Sinai Medical Center in 2003 after spending 15 years as Chair of Mount Sinai's Department of Psychiatry. He was the first director for many of the institution's research entities and received one of the first and largest program project grants for Alzheimer's disease research from the National Institutes of Health. Davis also served as Dean of the Icahn School of Medicine at Mount Sinai from 2003 to 2007 and as President of the American College of Neuropsychopharmacology in 2006. In 2002, he was elected to the Institute of Medicine of the National Academy of Sciences, and in 2009, his undergraduate alma mater, Yale University, presented him with the George H. W. Bush '48 Lifetime of Leadership Award.



Kenneth L. Davis

**INSTITUTION BRIEF** The Mount Sinai Health System ([mountsinai.org](http://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 Brooklyn, The Mount Sinai Hospital, Mount Sinai Queens, Mount Sinai St. Luke's, Mount Sinai West, and the New York Eye and Ear Infirmary of Mount Sinai – have a vast geographic footprint throughout New York City. In 2017, Mount Sinai Health System hospitals received roughly 3.8 million patient visits, including inpatients, outpatients and the emergency department.

The Icahn School of Medicine at Mount Sinai opened in 1968 and has more than 6,300 faculty members in 33 academic departments and 38 clinical and research institutes. A renowned medical school, it is ranked number four in the nation among medical schools for overall research funding per principal investigator. The Mount Sinai Hospital is ranked

number 18 in the nation by U.S. News & World Report and ranked in the top 20 nationally in five medical specialties in the 2018-19 "Best Hospitals" guidebook. The New York Eye and Ear Infirmary of Mount Sinai is also ranked nationally in ophthalmology and ear, nose and throat.

**What have been the keys to Mount Sinai's consistent strength and leadership in the industry?**

First, the brand has always stood for consistent quality, even when faced with the most complex conditions. We continue to make that the highest priority as we take care of the sickest people, regardless of their backgrounds, and get the best possible outcomes.

Innovation goes hand-in-hand with that. Our innovation is fostered by the fact that our hospital gave birth to our medical school. The dean of the medical school doesn't report to a university but to a health system. It's easier to keep innovation at the forefront of the health system when there is a medical school right behind it that, in any given year, is first or second in the country in NIH dollars per investigator.

The research that we do is also directed toward disease. The faculty that are attracted to this kind of environment are those who want to study the physiology of disease and discover new therapeutics and diagnostics that ultimately make the patient experience better.

These have helped us keep the brand at the consistently high level that it enjoys.

**How critical is scale in healthcare?**

Scale is critical as healthcare changes. If we don't have a large footprint over a substantial geography, we can't wind up with those complex cases that produce the margins that are necessary for success. Those margins are then plowed back into the community hospitals which, otherwise, would not be able to survive because they don't have the capabilities and complexity to get that kind of margin. In an integrated system, we all need each other.

**How is the role of the hospital evolving and will it continue to be as relevant in the future?**

The hospital of the future will increasingly be only for the sickest patients. The only way that healthcare can become less expensive is if we provide the most efficient care we can

in the least expensive environment, which is rarely in a hospital setting. Community hospitals are going to have to downsize to become micro-hospitals with big ambulatory footprints. The big academic leaders are going to have to increasingly convert their hospitals into top-to-bottom intensive care units.

**How critical has it been for the medical school to adapt curriculums to ensure it is appropriately teaching for the future of healthcare?**

Increasingly, sitting in a lecture hall is anathema. Lectures can be obtained from the website of the medical school, so no one needs to attend class. Interactions with faculty can also be done at a distance.

This is giving students more time to learn at their own pace. They don't have to sit in lectures twiddling their thumbs – they can move through the lectures and read the material at their own speed. Then they take interactive exams to know they're competent and we can monitor that.

Students then need time to test various electives in order to find their passion and figure out what they can be great at. They need to become familiar enough with this field so they can move on to residency and fellowship with the confidence that they've chosen an area that will be fulfilling and that they will excel at. Otherwise, we're preparing doctors for burnout.

The incoming classes are bright, capable, and engaged kids. Our medical school is designed to give them the flexibility to find what they can be great at.

**As technology continues to impact healthcare, do you feel that it will enhance or replace the role of the doctor?**

Both. As we look toward the future, it is clear that artificial intelligence is going to change how we conduct pathology and radiology. It will replace a lot of people.

However, artificial intelligence will enable us to make better diagnoses as it digests medical records, lab work and imaging studies. It will be able to tell a doctor what the projected outcome could be for patients.

The real exciting possibility is what we can do with the predictive analytics that artificial intelligence will provide that is around the corner. We're already seeing this in our hospital system as we use predictive analytics to determine who in the intensive care unit might be at the greatest risk. ●