

Improving People's Lives

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. 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 and the final two years as



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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 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 Ellis Island Medal of Honor, 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 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 the Institute for Healthcare Improvement (IHI). He is a member of the Institute of Medicine of the National Academies of Sciences and the North American Board of the Smurfit School of Business at University College, Dublin, Ireland. He also serves as a board member of the Long Island Association. He is past chair and a current board member of the National Center for Healthcare Leadership (NCHL), the Greater New York Hospital Association (GNYHA), the

Healthcare Association of New York State (HANYS) and the League of Voluntary Hospitals of New York. Dowling 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. He also has honorary doctorates from Queen's University Belfast, University College Dublin, Hofstra University, Dowling College and Fordham University.

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, and a visionary approach to medical education, highlighted by the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell and the 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. Northwell consists of 23 hospitals, 6,500+ hospital and long-term care beds, rehabilitation, home and hospice care services, and more than 665 outpatient facilities, including a vast network of physician practices, urgent care, imaging, surgery and kidney dialysis centers. Northwell is one of the nation's largest health systems, with \$11 billion in annual revenue.

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How do you define the Northwell Health difference?

We are relatively young, which helps. Many organizations that have been around a long time suffer from aging. We see ourselves as an upstart, even though we were the first integrated health system in New York State.

We also focus on hiring and promoting people, not just because of where they got their degrees or because they have a wonderful 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.

How challenging is it to maintain consistency and service standards at Northwell Health's size and scale?

This is a work in progress. We constantly work on it and it helps based on how we are organized.

For all of our cardiac services, for instance, we have single cardiac leadership for the entire location or, if we have one person overseeing our emergency departments, it helps maintain consistent quality across all settings. We do the same with pediatrics, obstetrics and gynecology, etc.

Northwell Health is organized as a combination of vertical and horizontal structures. We are a matrix system, so we need to be comfortable not living in a world of linear management that was common 30 years ago.

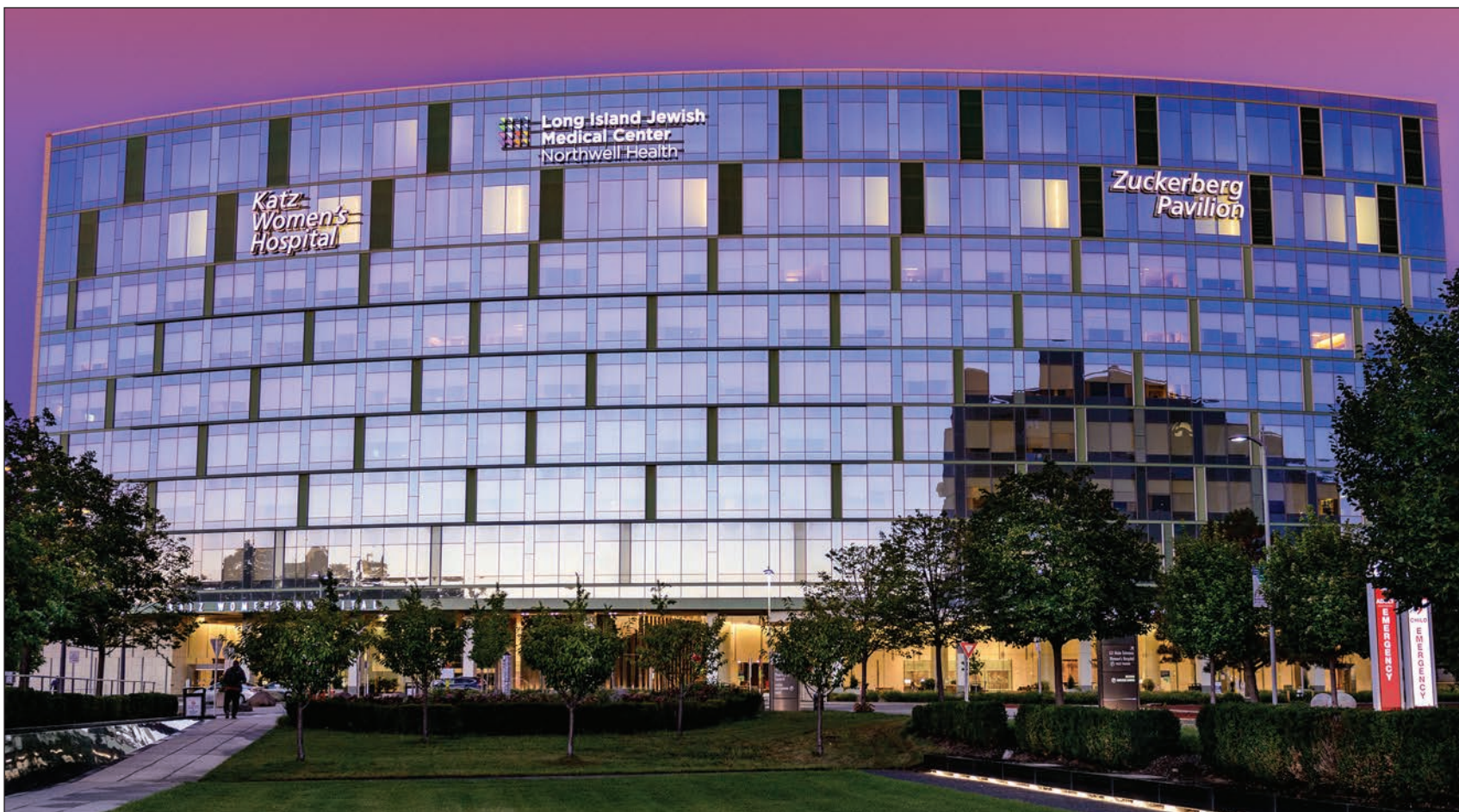
When people we are thinking of hiring ask me during an interview who they will be reporting to, I know they are not the right person for Northwell Health.

We lead by influence, partnership, collaboration, discipline, and personality. While we do not want to lose what is unique in a local culture, we need a system culture also so that it is all part of one entity.

Will you discuss the medical school and how critical this has been to driving innovation at Northwell Health?

The medical school has been one of the great innovations here. Before we had the medical school, we were already 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 to establish a medical school was the next logical step, since we had many of the necessary assets here already.

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



Long Island Jewish Medical Center, Katz Women's Hospital, Zuckerberg Pavilion

We changed the curriculum completely. We require all medical students to get their EMT license in the first nine weeks of their training. They get to know more about basic life safety skills in the first few weeks, compared to traditional medical schools, where they have very little interaction with patients during the first couple of years.

Our students ride in our ambulances and train in our ambulatory sites immediately – they are seeing patients from day one. They go to people's homes and once they walk into the home of an elderly patient, for instance, they quickly recognize that the social circumstances affecting those residents have a lot to do with the health of that patient.

Whether that person has food in their refrigerator is an important health consideration. What they eat may well determine if they may have diabetes, for instance.

If the patient needs to be taken to the hospital, the student goes with them; if they're in the operating room, the student is there. That is how a medical school needs to evolve and we have done that.

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

We have a school of graduate nursing and physician assistant studies all located on the same premises.

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 enabled us to recruit faculty that we would never have been able

to bring onboard without the school. It has been one of the most extraordinary things we have done to advance medical education.

Being around students who are technologically savvy is so interesting because they provide vitality to the total organization.

Will the hospital still play an important role in the future with the transition into more home-based care?

The hospital will be very important. I reject the notion that hospitals are outdated.

Do many hospitals have too many beds? Yes, but the market will take care of that. As the population ages, hospitals will become increasingly important because most of those who end up in a hospital will be critical care patients. Many illnesses that previously required hospitalization can now be treated in an outpatient setting.

As people age, and as we're successful in keeping people alive longer, there will be more people who have a chronic illness and the only place for them to go will be hospitals.

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

How does Northwell Health balance technology with the need to maintain the human touch and patient relationship?

I'm a proponent of technology but there needs to be a balance. Technology cannot replace the need for human contact. We can use technology to diagnose illness and perform with technology and do procedures, but we still need human contact.

What is the value in continuing the dialogue around prevention and wellness as much as around treatment?

Where one lives is a big determinant of health. Lifestyle and behavior choices such

as what you eat, whether you exercise, smoke, drink, use drugs – all those things factor into your overall health.

The big mistake in healthcare is that the public mistakenly believe that medical care delivery is the equivalent of health, but the care you receive is just one component of health.

In broad terms, the most important factors influencing our health are the community assets that we have access to, the family support available to us, as well as our lifestyle and behaviors.

Technology plays a role in regard to prevention. In the future, we will have devices displaying vital signs that can be transmitted to doctors or family members, helping them determine what else needs to happen.

It is important to know, however, that prevention does not save money in the short term. Prevention screenings actually increase the diagnosis of new ailments, which then need to be treated. Obviously, that's a good thing because it leads to early diagnosis and prevents more expensive treatment on the back end. However, if you go into any community and start screening people for various illnesses, you will uncover a lot of health problems that people were unaware of, which leads to increased demand for care and added costs.

What makes the industry so special for you?

What drives me is getting up in the morning and knowing that I can make a bigger difference today than yesterday. I always feel I can do better. That opportunity is huge for me. For me personally, working in healthcare is not a job – it's a privilege and a responsibility that enables us to improve people's lives and the health of the community at large. It's a noble calling. ●