

The Future of Healthcare

An Interview with Steven J. Corwin, M.D.,
President and Chief Executive Officer, NewYork-Presbyterian

EDITORS' NOTE Dr. Steven J. Corwin has served as CEO since 2011 and President & CEO since 2015. Dr. Corwin joined the management team of NewYork-Presbyterian/Columbia University Irving Medical Center in 1991 and served in various management capacities. From 2005 to 2011, he was Executive Vice President and Chief Operating Officer. A cardiologist and internist, he received his undergraduate and medical degrees from Northwestern University, graduating *summa cum laude* and with Alpha Omega Alpha honors. He completed training in internal medicine and cardiology at what is now NewYork-Presbyterian/Columbia and in 1986 was named to the faculty at what is now Columbia University Vagelos College of Physicians and Surgeons.



Dr. Steven J. Corwin

INSTITUTION BRIEF Located in New York City, NewYork-Presbyterian (nyp.org) is affiliated with two of the nation's leading medical colleges, Weill Cornell Medicine and Columbia University Vagelos College of Physicians and Surgeons. NewYork-Presbyterian provides state-of-the-art inpatient, ambulatory, and preventive care in all areas of medicine, and is committed to excellence in patient care, education, research, and community service at ten hospital campuses: NewYork-Presbyterian/Weill Cornell Medical Center; NewYork-Presbyterian/Columbia University Irving Medical Center; NewYork-Presbyterian Morgan Stanley Children's Hospital; NewYork-Presbyterian Allen Hospital; NewYork-Presbyterian Westchester Division; NewYork-Presbyterian Lower Manhattan Hospital; NewYork-Presbyterian Lawrence Hospital; NewYork-Presbyterian Brooklyn Methodist Hospital; NewYork-Presbyterian Hudson Valley Hospital and NewYork-Presbyterian Queens.

What have been the keys to NewYork-Presbyterian's strength and leadership in the industry?

First and foremost, we have an exceptional board of trustees. You have to remember that we started off as two merged hospitals and we had two medical schools that we were tightly affiliated with. Many people doubted whether we could make this whole thing work, and it's a real tribute to the trustees and the vision that the

trustees had about making NewYork-Presbyterian a leader in healthcare, not just for the city, but also for the country.

You mentioned the coming together of different institutions. How important has it been to build one culture for the organization?

What's the old line, culture trumps strategy? I think the culture of excellence was always here. We have evolved to make sure that we have a culture of respect. That includes the issues of diversity, inclusion, and most

importantly, belonging. I think that this is a value system that really resonates with people who go into medicine to begin with. It is critically important, especially now, to make sure that we reaffirm that value system, why we push towards excellence, why a ranking makes a difference, and why we go to great lengths to make sure that everybody who comes through our doors is treated the same way.

You referred to belonging. Is this the next progression of diversity and inclusion?

I interviewed a candidate for our chairmanship of obstetrics a few years ago. We were talking about diversity and inclusion, and she told me that you had to include belonging. I asked her what she meant, and she replied that diversity means being invited to the dance, inclusion means dancing, and belonging means doing your own dance. That has always stuck with me.

I think people need to feel comfortable and that the institution belongs to them and vice versa. We spend a lot of time on building a culture of respect. We spend a lot of time having dialogues on diversity and making sure that our leadership group reflects these values. In our HR process, we will sacrifice talent if we think that the talent doesn't possess these attributes.

Are you optimistic that the industry will be able to meet the many challenges facing healthcare today?

You have to be optimistic. I look at the progress we've made in taking care of diseases. When I was in a residency program, we didn't know what HIV/AIDS was, then we didn't know what we could do to cure it, and now it's become a much more chronic disease. We have made tremendous strides treating heart disease and cancer. I'm optimistic about the future.

I'm also optimistic that we can help the country reduce the cost of care, because while the progress of treatment has been great, there is still a cost machine that's completely out of control. I believe that a key to addressing this is going to be digital transformation. I feel very strongly that the use of artificial intelligence, machine learning, and robotic process automation will help take administrative expenses out of medicine.

As a country, we have to grapple with primary prevention. We have to focus on people not getting sick and promoting health, which gets to issues of what's the responsibility of a health system and the social mission that a hospital has. As a not-for-profit institution, as my board likes to say, we exist for the public good. What is the public good? I think that as a country we need to grapple with these self-inflicted wounds in terms of public health.

How is technology going to impact the workforce of the future?

I think it will significantly impact work. For example, you can do robotic process automation on denial of insurance claims and you can whip out a response to a denial or create a denial every two minutes, 24 hours a day, seven days a week. It would take a person much longer to do that if you were doing it manually, either on the insurance side or the hospital side.

Those types of jobs will go away. The question is what types of jobs will replace them, and is it a net gain in jobs or a net loss in jobs. The techno-optimists say that technology creates more jobs rather than less jobs. The techno-pessimists say that at some point the jobs are going to go away.

I do know that we've got to try to plan for the workforce of the future and reskill our people.

What will the hospital of the future look like with the growth of ambulatory networks?

I think in general there will be less beds. We have an absolute responsibility to reduce the utilization of care, and thereby reduce the overall cost of healthcare to the system. I like to believe that for the remaining utilization, once we can successfully reduce utilization, people will come to places like ours. We have to have a strategy that looks at both what are our needs for brick and mortar and what are our digital needs.

How critical is it to put the patient experience and a service culture at the forefront for NewYork-Presbyterian?

You have to put it at the forefront. The word patient derives from somebody suffering in agony. I don't want our patients to be patient. I want our patients to feel that they're getting the service they need when they need it.

In the past, brand has sufficed for people to pick whomever they wanted to use. That's not going to be the future. The future is going to be about ease of access, making sure that the quality is there, and making sure that the experience somebody has is one that's exemplary.

Are you happy with the physical product for NewYork-Presbyterian and are there changes on the horizon?

I think you are always looking to enhance the physical product as medicine continues to change. We're extremely happy with our new ambulatory building, the NewYork-Presbyterian David H. Koch Center. We built that building with 17-foot floor to floor spaces because for modern operating rooms, you have to have about three to four feet of space above the ceiling in order to have all the modern equipment.

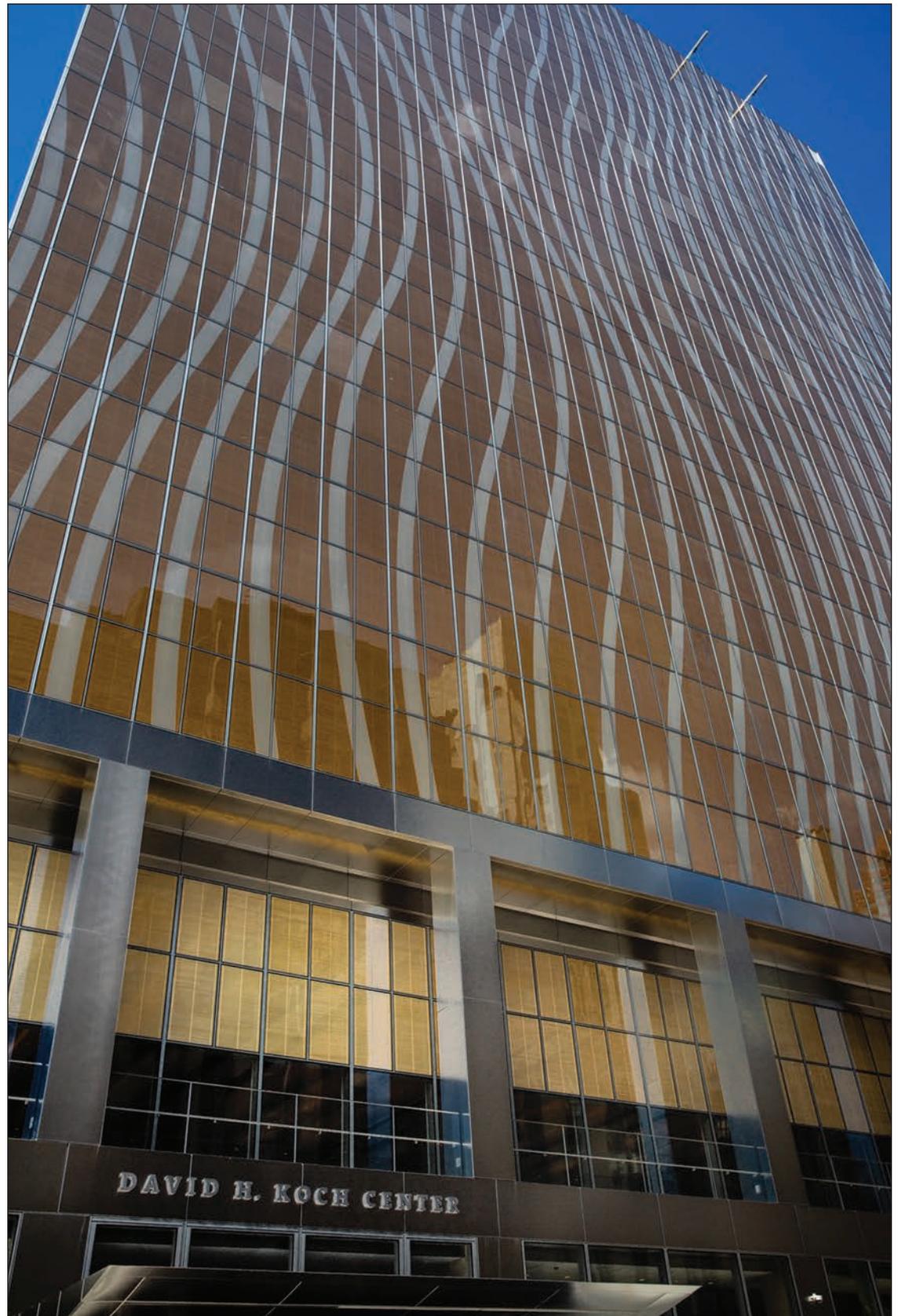
What we do for the patient changes and it necessitates a change in the way that you look at how a building operates. We constantly have to rejuvenate and modernize our facilities. New York has been behind the rest of the country in doing this because the cost of construction is higher in New York. I believe that all of the systems in New York are keenly aware of the need to modernize.

Will you discuss NewYork-Presbyterian's commitment to social responsibility and community engagement?

We have a social responsibility and our mission is to exist for the public benefit. One of the great unequalizers in the country is healthcare. If you can create access to healthcare and provide quality healthcare, it becomes an equalizer. Just think about the child with asthma that misses 100 days of school and the parent that is missing work because that child is at home. If you can turn that around, it becomes tremendously important. It becomes self-fulfilling.

We need to come up with creative solutions around keeping people out of the hospital. If somebody has heart failure and when they leave the hospital, they live in a fourth-floor walkup without air conditioning, they're going to end up back in the hospital. We have to think of solutions that involve public health and this is an important obligation at this point in time in healthcare.

This speaks to a larger point, which is that the health systems in New York compete with each other at a certain level, but there also has to be macro-cooperation. When you look at what is good for this city, what is good for its 10 million inhabitants, and what makes this city desirable, having a great healthcare infrastructure is a key factor. This is why we need to work together.



NewYork-Presbyterian David H. Koch Center

With all of the challenges facing the industry and the daily pressures in healthcare, are you able to take moments to appreciate the impact of NewYork-Presbyterian and the amazing things that take place at the institution?

I think you have to take those moments, not individually, but collectively. I look at what we've been able to accomplish and am amazed. I think people go into healthcare because they

want to help, but they also appreciate being recognized. We spend a lot of time trying to recognize individuals who contribute, as well as collectively, what we're trying to accomplish and why.

Any business is ultimately about the people. What is that person doing at 2:00 AM when no one is watching to make somebody better? I think that is really what it is all about. ●