

The Fusion of Excellence and Inclusivity

An Interview with Andrew D. Racine, MD, PhD, System Senior Vice President and Chief Medical Officer, Montefiore Health System

EDITORS' NOTE In his role as System Senior Vice President and Chief Medical Officer at Montefiore Health System, Dr. Andrew Racine is responsible for Quality, Safety, and Patient Experience. In addition, Dr. Racine has responsibility for the 21-site Montefiore Medical Group. Dr. Racine joined Montefiore in 1992 as Chief of the Division of General Pediatrics where he was responsible for two large academic practices that include attending pediatricians as well as pediatric residents. Before that, he served as Associate Director of Pediatrics at Jacobi Medical Center and as a faculty member in the Division of General Pediatrics at Columbia-Presbyterian Medical Center. On a national level, Dr. Racine has been active in the American Academy of Pediatrics (AAP), serving as Chairman of the Advocacy Committee, and Vice President and President of Chapter 3, District II. He also serves on the National Committee on Child Health Financing of the AAP and has achieved national recognition for his work on the use of hospital data to measure the effect of policy changes on health outcomes. Dr. Racine has received numerous awards, including the Lewis M. Fraad Award for Excellence in Teaching and the Emily Fenichel Award for Leadership in the New York Zero to Three Field. He was inducted into the Leo M. Davidoff Society of Albert Einstein College of Medicine for excellence in teaching. Dr. Racine completed his undergraduate education at Harvard and holds combined doctorates in medicine and economics from New York University. He trained at Harvard's Boston Children's Hospital and went on to join the faculty of Columbia University College of Physicians and Surgeons. He received board certification from the American Board of Pediatrics in 1987.



Dr. Andrew D. Racine

Rockland and Orange. In addition, Montefiore recently ranked among the top 1 percent of hospitals in seven specialties by U.S. News & World Report. For more than 100 years, Montefiore has been nationally recognized for innovating new treatments, procedures and approaches to patient care, producing stellar outcomes and raising the bar for health systems around the country and around the world.

Will you provide an overview of your role and areas of focus?

As System Senior Vice President and Chief Medical Officer at Montefiore Health System, I have a broad range of responsibilities that include responsibilities for medical affairs, quality and safety, patient experience, graduate medical education, bioethics, the primary care ambulatory footprint of our system, and continuing medical education initiatives. As the Executive Director of the Montefiore Medical Group, our 21-site primary care network caring for 300,000 patients in the Bronx and Lower Westchester, I am also deeply involved with our

efforts to keep our population of patients as healthy as possible over the long term. Finally, Montefiore Health System's reach extends well into Westchester and the Lower Hudson Valley so the coordination of care across these many communities is a top priority for our system.

How do you describe Montefiore's culture and how critical is culture to Montefiore's industry leadership?

Our health system originated and has thrived in the most ethnically, linguistically, culinarily, materially, and spiritually diverse urban environment in the world and our culture is a vibrant manifestation of that inheritance. If there were ever to appear a codicil on the inscription engraved at the base of the Statue of Liberty, it would well read, "Come to the Bronx." The health system's strengths reflect the strength of the communities we are part of and our culture is one, celebrating the unique blend of characteristics that make up our workforce. As the health system has expanded in more recent years to encompass a larger footprint north of New York City, we have evangelized this fusion of excellence and inclusivity and each new addition to the Montefiore system has found this

INSTITUTION BRIEF Montefiore Medicine (montefiore.org) is the umbrella organization overseeing both Montefiore Health System and Albert Einstein College of Medicine. Montefiore Health System is comprised of 10 hospitals, including the Children's Hospital at Montefiore and Burke Rehabilitation Hospital, employs more than 33,000 people, and has nearly 8 million patient interactions a year throughout four New York counties: the Bronx, Westchester,



Montefiore Health System

recipe to resonate with their own aspirations for how to organize healthcare delivery.

Will you highlight Montefiore's leadership in addressing behavioral health among its pediatric populations?

Well before national pediatric audiences began to appreciate the signal importance of behavioral health as a determinant of health status in children, Montefiore pioneered a unique integrated co-location model of primary care delivery that included screening and provision of behavioral health services to all pediatric patients beginning in infancy. The realization of the importance of attachment in the first months of life led to important re-design efforts to include our OB-GYN colleagues in identifying new mothers so that we could begin our counseling and interventions even before delivery. We were the first large health system in the country to bring such a model to scale throughout our entire primary care enterprise that includes not only 18 Federally Qualified Health Centers, but also the largest comprehensive school-based health program in the United States. The Montefiore leader who pioneered these efforts has subsequently gone on to become National Director of Zero to Three's HealthySteps program where she has taken the Montefiore model and disseminated it throughout the country.

How do you leverage social determinants of health data to advance care for children and families?

The delivery of healthcare services, while important, represents a small contribution to the health status of individuals or populations. Far more influential are the conditions in which people grow-up in, work, play, and live. Education, housing, food security, access to clean air and good nutrition – these elements are of paramount importance in determining who will or will not be able to lead healthy lives. Those of us charged with providing healthcare need to develop systems that provide us with adequate awareness of these social conditions. We have developed screening and referral mechanisms directly linked to our electronic medical record so that any practitioner interacting with a patient – be it in a primary care environment, at a subspecialist visit, on the inpatient service, or in a behavioral health context, has an up-to-date lens through which to view the entire person so we can adjust clinical decision-making accordingly. Our screening and referral platform is one of the few in the country to operate in a challenged population at scale. To date, we have screened more than 150,000 unique individuals, secured important community-based referrals for many of them, and continue to follow-up on these referrals – and we're just getting started.

You recently launched the Community Health Worker Institute at Montefiore. Will you discuss this initiative and how you think it represents the future of care delivery?

The President and CEO of Montefiore Medicine, Dr. Philip Ozuah, has made it an

explicit priority of our health system to commit itself to the development of wealth in the communities who come to us for care. This is very much in keeping with the realization that the material living conditions of patients has an outsized influence on their health status. Part of that investment in the wealth of our community includes human capital investment and we know that to link our patients to community-based resources successfully often involves the use of trusted intermediaries who know the patients, often come from our own communities, and many who have shared lived experiences and are experts in the available resources. These often-untapped experts provide us with a ready solution to fulfill our dual mandate. By recruiting neighborhood residents to our Community Health Worker Institute, we have fashioned a system that provides skills, a career path, and a boon to our patients all at once.

How is Montefiore's workforce evolving to meet patient care needs, particularly among pediatric subspecialties?

The Children's Hospital at Montefiore (CHAM) is among a select group of pediatric facilities in the country that has recruited and that trains pediatricians in every major clinical subspecialty. This provides us with the ability to address any pediatric healthcare need from the most general to the most sophisticated medical and surgical interventions. No child in this borough of 1.4 million people or in our communities north of the Bronx need travel any further than CHAM to receive the highest quality care. We are one of only six centers in the United States to undertake the use of Molecular Adsorbent Recirculating System (MARS) technology for children in acute liver failure to help avoid liver transplantations when possible. We have also pioneered the use of chimeric antigen receptor T-cell therapy (CAR T-cell) in children allowing us to treat youth who have failed conventional therapy for certain blood malignancies. As the science of clinical care for children evolves, CHAM continues to evolve with it, providing state-of-the-art therapies including solid organ transplant services for some of the most vulnerable populations in the country. Taking comprehensive care a step further, as our Community Health Worker Institute grows, we look forward to incorporating more of our trained CHWs into the teams providing these high-end specialty care services.

Will you discuss the value and importance for Montefiore to have a leading medical school with Albert Einstein College of Medicine?

Montefiore's partnership with Albert Einstein College of Medicine is integral to our success as a healthcare system. The discoveries to which we have access from our basic science colleagues to those involved in translating those discoveries to bedside applications enable us to position ourselves as pioneers on the cutting edge of clinical medicine, ready to deliver that expertise to a wide spectrum of people in need. As important, the commitment we have to

training the next generation of physicians in the art of healthcare delivery helps Einstein attract the brightest applicants from all over the world who are drawn to the Bronx specifically for the breadth of clinical scenarios they will encounter and for the privilege of being able to join in the care of some of the most worthy patient populations anywhere.

How critical is it for medical schools to transform their curriculum to best prepare the future leaders in medicine?

Medical schools are having to confront the realization that future physicians must continue to be prepared in traditional disciplines of anatomy, cell biology, physiology, pathology and the like, and the explosion of information in these fields, while at the same time have a greater appreciation of the social aspects of healthcare delivery, the financing of this sector, and the increasingly important role of information technology in the delivery of care. These factors make the training of medical students a daunting challenge. The leadership at Einstein is continuously re-evaluating and testing the design of their curriculum to ensure that our medical school is prepared to meet this challenge now and into the future.

You joined Montefiore 30 years ago. What has made the experience so special for you?

This will sound like a cliché, but sometimes clichés bear within them an essential truth. I came here for the people and that is why I have stayed – and I mean both the people I work with and the people I serve. There is no more vibrant, no more essential urban environment anywhere than the Bronx and individuals who come here and stay do so because they share in that assessment. That makes this a very special community unlike anything you are likely to find anywhere else.

What advice do you offer young people interested in building a career in medicine?

There has been a great deal of attention recently paid to issues of burnout among physicians and about how difficult the work has become with the advent of EMRs, the effects of the pandemic, the financial pressures that physicians experience together with all the traditional demands involved with the practice of medicine. These issues are real, but what we must not forget is that the practice of medicine is a marvel and a privilege not afforded to many. When I taught pediatric residents, at the beginning of their introduction to the ambulatory environment I would remind them that they are about to walk into an exam room to meet someone who most likely has very little in the way of material resources, who may come from a social environment of significant challenge, but that individual will turn to them shortly and present them with the most precious thing they possess in all the world and will entrust them with the chance to help care for that child for years and years. That is a gift of such extraordinary magnitude, it's quite difficult to put it into words. A career in medicine is not for everyone, but as Shakespeare had Henry V remind us, "The fewer men, the greater share of honor." It is an honor to do this work. ●