

Advancing Healthcare

**An Interview with Said Aidid Ibrahim, MD, MPH, MBA,
Senior Vice President - Medicine - Northwell Health, Chairman of Medicine - Internal Medicine, Long Island Jewish Medical Center,
Chairman of Medicine - Internal Medicine, North Shore University Hospital**

EDITORS' NOTE *Dr. Said Aidid Ibrahim is Senior Vice President of Northwell Health's Medicine Service Line. In that role, he also serves as Chair of the Department of Medicine at Long Island Jewish Medical Center, North Shore University Hospital in Manhasset and the Donald & Barbara Zucker School of Medicine at Hofstra/Northwell. Dr. Ibrahim joined the health system from Weill Cornell Medicine, where he was professor of Healthcare Policy & Research and the founding chief of the Division of Healthcare Delivery Science and Innovation at the Department of Healthcare Policy & Research. He also was Weill Cornell's inaugural senior associate dean for Diversity and Inclusion. Previously, Dr. Ibrahim worked at the Perelman School of Medicine at the University of Pennsylvania and served as chief of medicine at the Philadelphia VA Medical Center. Dr. Ibrahim received his bachelor's degree from Oberlin College and his medical degree from Case Western Reserve University School of Medicine. He also holds a master's degree in public health from Harvard University's School of Public Health and a master's degree in business administration from the MIT Sloan School of Management. Dr. Ibrahim completed his internship and residency training in internal medicine at Brigham and Women's Hospital, a teaching hospital of Harvard Medical School.*



Dr. Said Aidid Ibrahim

and Medicine Service Line is the place where the vast majority of that training happens.

Is there close coordination between the Medicine Service Line and the other service lines within Northwell Health?

In my opinion, one of the unique things about Northwell, which is also what attracted me to Northwell, is that it is one of the most collaborative health systems in the country. Northwell's culture of a team approach to all things, which comes directly from leader-

ship of the institution, shapes our Department of Medicine/MSL approach to collaboration. We work with all of the other departments, such as the Department of Surgery, the Cancer Institute, the Department of Cardiology, and so on. An excellent example of how we collaborate with other departments would be with Northwell's thriving transplant programs. The three major Northwell transplant programs, namely liver transplant, lung transplant, and kidney transplant, couldn't exist or thrive without the full collaboration of the Medicine Service Line. All of these programs leverage our service line/department expertise and workforce in nephrology, hepatology, and pulmonary medicine. Our faculty and providers in Hospital Medicine, Infectious Diseases, and Critical Medicine, all work intimately with our surgeons to make these transplant programs successful.

Will you elaborate on Northwell's commitment to and investment in research?

I strongly believe that Northwell should have robust clinical and basic science research programs for three important reasons. One, it is critical to be part of the national and global effort to advance the science of healthcare – this is how we discover the future cures and better ways of delivering care. This is also, in part, why the United States spends more money than any other country on medical research. The second reason is that research and scientific innovation is and will be a key distinguishing feature of an academic healthcare system. It will be the reason patients choose us for care over the competition. That is because when a person is looking for a health system to go to, one of the areas that gets attention is the academic reputation of the institution, and you cannot be an academic institution without a strong focus and commitment to research. Lastly, academic – such as research – is how you

attract the best and brightest to the institution. Today's talent wants to work for health systems that are advancing health and creating the cures of tomorrow. Fortunately, Northwell is committed to research, which is why we have the Feinstein Institutes and continue to attract clinical research in cooperation with industry.

What do you feel are the keys to driving impact on the issue of health equity?

Delivering the best care to all of our community members regardless of their social station in life is the most important healthcare challenge of our time. I know this in part because health equity has been a focus of my research and scholarship which has been continuously supported for over 25 years by the National Institutes of Health and other funders. One way to think about health equity is to look at it as a feature of healthcare quality. In fact, I would go as far as saying that quality and equity in health are simply the two sides of the same coin. An institution that fails to deliver the best possible care for 20 or so percent of its patients cannot claim to be a high-quality institution. So, we are committed to pursuing health equity on multiple fronts. We work with our institutional leaders on health equity such as the Department of Population Health which is led by Dr. Debbie Salas-Lopez.

Northwell takes care of a very diverse patient population. Therefore, we have to have a diverse strategy that includes recruiting physicians, nurses, and staff that collectively reflect the communities we serve.

What are some of the changes that you have seen during your career in healthcare?

There are three profound changes that come to mind. One is the realization that social factors impact health and that we, as care providers, have to address social determinants of health. A good health system today is one that is able to follow the patient outside of the hospital and into the community and home. The second potentially transformative change is technology. Technology is allowing us not only to expand knowledge, but to reach patients and communities in unprecedented ways. The last one is the shift in how we finance healthcare. The shift from a fee-for-service model of reimbursement to a value-based care model that rewards good care is likely to have a major impact on how we deliver care.

In short, this is an exciting time to be in the profession, and I am fortunate to be a part of an institution like Northwell that is on the forefront of advancing healthcare. ●

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

I serve as the Chair of the Department of Medicine, and as Senior Vice President of the Medicine Service Line. The Department of Medicine is the largest medical department and consists of roughly a dozen medical subspecialties such as rheumatology, gastroenterology, endocrinology, to mention a few. The Medicine Service Line is a way to give the department a system approach.

The Department of Medicine plays three roles for the health system. One is to provide excellent clinical care, particularly as it relates to medicine. Another role is research and developing cutting-edge clinical research to advance medical science and to create future cures and care processes. Lastly, we train the future generation of physicians. In fact, Northwell is one of the largest physician training organizations in the country, and the Department of Medicine