

CEO Viewpoint

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If the ability to listen is a critical art for CEOs to master, then David Feinberg, MD, has achieved black-belt status. Since becoming CEO of UCLA Hospital System two-and-a-half years ago, Feinberg, 47, has made drop-by-the-room conversations with patients a signature of his management style. It's a demanding task, considering UCLA's 800 beds are distributed among four sites: Santa Monica UCLA Medical Center and Orthopaedic Hospital, Mattel Children's Hospital UCLA, Resnick Neuropsychiatric Hospital at UCLA and the new Ronald Reagan UCLA Medical Center. Still, as a once-practicing psychiatrist and UCLA faculty member teaching adult and child psychiatry, Feinberg is well prepared. Born on the San Francisco Bay in Burlingame, Calif., and raised in neighboring Hillsborough, Feinberg earned his undergraduate degree in economics at the University of California Berkeley and medical degree at Chicago Medical School, where he met his wife Andrea, also a physician and board-certified in internal, pulmonary and critical care medicine.

What are the top two or three issues you face as CEO of UCLA Health System?

The number one issue is that, despite our being rated the third-best hospital in the country, having Nobel Prize Winners, inventing the PET scan and developing Herceptin, nothing matters if we don't deliver safe, compassionate care to patients of the highest quality. There's nothing more important. We just opened a new billion-dollar hospital designed by I.M. Pei, but if you're a patient you aren't looking at the architecture. We get challenged two-million times a year with outpatient visits, five patients a day by helicopter and 40,000 inpatients a year.

The second issue is clearly a capacity challenge. Our staff satisfaction has never been higher and patient satisfaction is in the 99th percentile. We're having only one problem: we're out of beds. Our average census is over 100 percent capacity—we have more than 800 beds and at times our census is 885. We've done a lot of work on patient throughput and it's still a significant challenge.



DAVID FEINBERG, MD, MBA

Will these issues change under the current administration in Washington?

I'm not sure what's going to happen with healthcare reform, but our ER has seen a 25 percent increase in volume from the newly uninsured, people who no longer have primary care. If we could cover 47 million uninsured that would be great. I have some concerns, though. As an academic medical center our mission is to care for patients, train doctors and make discoveries. As they squeeze on cost I'm afraid it could hurt our education and research mission.

Also, it seems the issue of personal responsibility and prevention is missing from the healthcare reform discussion. We have a man who has lung cancer who was a smoker for 40 years, a woman who has multiple trauma from a 50-foot fall. Many of these things could be prevented.

What do you believe should happen and actually will happen with healthcare reform under the Obama administration?

Healthcare has three critical elements: access, quality and cost. I've never seen anyone come up with a plan that

attacks all three. They usually do the first two and cost goes up. It's misinformation to say we can get high quality, accessible, low-cost care. The only time we've rationed care was with managed care. That was the first time we started telling people no. I'd love to see greater insurance coverage, but there's a cost associated with that and I really don't want to see the failure of academic medicine as a result of attempts to cut cost.

“I ask patients how's the care? How are you feeling? They'll say, 'Can you get me some water?' The best part of my day is being with patients.”

Can you identify two or three benefits that IT has had on your organization?

Sure, but we shouldn't be held up as the model because we're ahead in some areas and behind in others. We have a very technology-savvy culture. We're pioneers in robotic surgery and robots on wheels. However, we're behind in EMR and CPOE. We kind of fell behind in IT from the enterprise perspective because we were so focused on completing our new, 1-million square foot building, which by the way, is what I call a “paper-light” environment.

What do you believe are the most significant near-term challenges that could be addressed by enabling Information Technologies?

At UCLA we've created a culture change around customer service and are now in the 99th percentile of customer satisfaction. And certainly there's an IT angle. We're bar-coding medication administration because we administer 30 million doses of medication a year and want to make sure we have the right nurse give the medication to the right patient at the right time. After a six-month bar-code pilot on a 26-bed unit we've had zero medication errors. This is an IT fix. So we're working on how fast we can get it out to all units. The short answer is that IT will improve safety and quality.

What has been the biggest change you have seen in healthcare over your career?

I've been at it for 20 years and I don't know the answer

to that. In some ways nothing has changed. When I was at UC Berkeley as an undergraduate healthcare was 12 percent of GDP. Some guy showed a slide saying that America can't afford what it's spending on healthcare.

Today it's 17 percent and expected to climb to 20 percent in 2017.

What is the best piece of advice you've ever been given?

My parents, especially my dad, taught me that personal integrity is everything—you don't want to sell your name because that's all you own.

What advice would you give to a young person seeking to enter the healthcare field?

I'd say to any young person to make sure that it's something you love. I say to our 10,000 staff members—whether doctors, housekeepers or parking valets—we're in a different field. We're not selling merchandise. We have been given the privilege of treating and caring for people at the most vulnerable times in their lives. Just remember and respect the trust our friends and neighbors give us.

What is your favorite part of the work you do?

I spend 40 percent to 50 percent of my time walking the halls, visiting patient rooms, introducing myself and giving them my business card and cell phone number. I ask them how's the care? How are you feeling? They'll say, 'Can you get me some water?' The best part of my day is being with patients. They're the real heroes.

If you weren't running UCLA Health System what would you do?

If I weren't doing this I'd want to take what I do to a larger scale. I'd want more people to be moved by healthcare. I hate when people go into a doctor's office and have to spend time filling out a form about who they are. It should be, 'Mrs. Smith, we've been expecting you.'



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