

CEO Viewpoint

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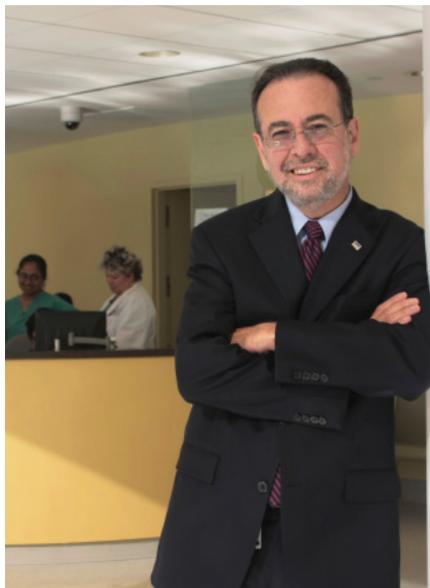
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Steeped equal parts in the law and New York City culture, Al Aviles has found fulfillment in being President and CEO of the New York City Health & Hospitals Corp., a \$6.3 billion public benefit corporation that is the largest municipal hospital and healthcare system in the country. By any measure it's huge: 7,510 beds, nearly 5.3 million clinic visits and more than 1 million ER visits. HHC serves 1.3 million New Yorkers through 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 80 community based clinics. Aviles, 58, grew up in the South Bronx, earned an undergraduate degree from Columbia College and a law degree from Rutgers University. He spent 10 years in the state attorney general's office and was general counsel to the city's housing authority, the country's largest public housing agency, before becoming an executive in a Medicaid managed care plan and a senior manager at HHC 13 years ago. After what he calls a "relapse into the law" as HHC's general counsel he became senior VP and ultimately President and CEO of HHC in 2005. His wife Anne is an assistant DA in Brooklyn and they have a daughter, 22, and a son, 13.

What are the top two or three issues you face as CEO of NYC Health & Hospitals Corp.?

We had an 8 percent jump last year to 450,000 uninsured patients. Most of the patients we serve are poor and more than 60 percent are on Medicaid. Keeping this system as fiscally stable as possible is a top concern. We must strive for maximum efficiency and advocate zealously for supplemental funding to cover the cost of serving our large number of uninsured. At the same time, we are determined to not have our fiscal challenges derail our continuing advances in patient safety, greater reliability in rendering evidence-based care, and more effective chronic disease management. Continuing to drive our quality agenda forward, even as we grapple with the building fiscal challenges, will be a formidable task for our senior leaders across the system.

A third challenge is building greater organizational capacity for adaptive change. We've spent the last two years training our managers and staff in the perfor-



AL AVILES

PHOTO BY LISA KYLE

mance improvement methodologies known as "LEAN" based upon the Toyota Production System. We are now running about 20 team-based rapid improvement events a month and we are beginning to see impressive results in our ability to streamline operations for greater efficiency.

Will these issues change under the current administration in Washington?

Yes and no. Healthcare reform does hold out promise of expanded coverage which could bring some relief for safety net hospitals, but cost-containment pressures for public

hospitals that rely heavily on Medicaid revenues will continue to be especially intense.

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

What we need is a path to universal coverage coupled with a fundamental reform of the reimbursement system

that supports a more proactive, efficient and coordinated approach to managing a patient's health across the continuum of care. That would address the moral imperative of universal coverage while producing better outcomes at lower costs. In the short term, however, expanded coverage is likely to occur without most of the fundamental reforms that could address unsustainable cost increases and fragmentation of care. I frankly doubt we have the political consensus necessary to fundamentally alter the status quo to the degree required. Inevitably the reimbursement system will have to change radically, but we may need an even greater intensification of the brewing cost crisis to get that done.

“Healthcare’s ever-increasing complexity presents great risk to the safety of patients.”

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

Our EMR is a critical tool to enable better care. Even rudimentary decision-support embedded in an EMR enables much greater adherence to evidence-based clinical protocols.

Our entire public system out-performs the majority of hospitals in the country on all of the publicly reported CMS process measures partly because our EMR incorporates “must-enter” fields and decision-support functionality to help guide care. We also run electronic chronic disease registries for patients with diabetes, hypertension and high cholesterol to better manage their treatment. This has resulted in more effective care—and better outcomes—for tens of thousands of patients.

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

Any effort to link reimbursement to more effective and efficient care will ultimately be dependent on clinical IT as an enabler. Clinical IT is essential for shared clinical data and coordinated care among teams across settings. One reason the Obama Administration has tied

reimbursement incentives to IT in its initial healthcare reform efforts is because clinical IT is recognized as a foundational element for broader reform.

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

I'm tempted to cite advances in IT as the most obvious big change. But even more important is the recognition that the ever-increasing complexity of healthcare presents great risk to the safety of patients. And that these risks cannot be sufficiently mitigated merely by more and more physician specialization. Within our system there's a growing acceptance that collaboration and closely coordinated teamwork are absolutely essential to safe, optimal care.

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

That you improve decision-making capability if you surround yourself with smart, committed people who aren't afraid to tell you what you don't want to hear.

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

I'd advise any young person seeking to enter any field to make sure they have a passion for the work. That's especially true in healthcare, which is incredibly rewarding but you need to love it to get through the challenges. It has to be a calling if you are going to thoroughly enjoy it and succeed.

What is your favorite part of the work you do?

Without a doubt it's meeting people in the system in every conceivable job title who have a deep passion for our mission. We are an intensely mission-driven organization. I've been at HHC 13 years and our system is so vast that I still discover staff who are exceptional. That's a constant inspiration.



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