

Viewpoint

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You could say Laura Forese, MD, has been preparing for a leadership role at NewYork-Presbyterian all her life. She grew up just outside New York City, spent two adolescent years in France, and graduated summa cum laude and Phi Beta Kappa from Princeton University with a degree in civil engineering. She then graduated Alpha Omega Alpha from Columbia College of Physicians & Surgeons, and received a master's degree from the Columbia University Mailman School of Public Health. She is a Princeton University Board Trustee and also served on the nine-person board of the 2014 NY/NJ Super Bowl. An orthopedic surgeon, Dr. Forese, 54, became Executive Vice President and Chief Operating Officer in October 2015 when NewYork-Presbyterian announced a reorganization "to realize its mission of becoming the leading integrated academic healthcare enterprise in the nation." NewYork-Presbyterian partners with two Ivy League medical schools, Columbia and Weill Cornell and is organized around four divisions: six-campus NewYork-Presbyterian Hospital; NewYork-Presbyterian Regional Hospital Network; NewYork-Presbyterian Physician Services; and NewYork-Presbyterian Community and Population Health. Dr. Forese has ultimate operational responsibility for the NewYork-Presbyterian enterprise and leads the organization's patient-centered strategic vision, including advancing the NewYork-Presbyterian culture across the enterprise and achieving enterprise-wide operating targets.

What new management challenges does NewYork-Presbyterian's reorganization bring in terms of scope, physician incentives and managing information across the continuum?

Over the last two years, our enterprise has evolved and expanded rapidly, almost doubling in size. The reason we decided to unite the enterprise under a single entity is to support our growth and advance our culture and strategic direction across the wide geography we serve. Our President and CEO, Dr. Steven J. Corwin, has set the tone at the top and, given our complexity, we must communicate a simple and clear vision to our 40,000 physicians, nurses, managers, and staff—our vision to deliver the highest quality, most compassionate patient care in the nation.

How do you begin to tie the four separate components of the enterprise together into an integrated academic medical center?

This goes back to a few fundamentals. First, as we incorporate an entity like a community hospital, we put our name on it: NewYork-Presbyterian—a brand that patients trust. This means that the quality of care delivered must meet NewYork-Presbyterian quality standards and demonstrate strong performance across quality metrics. We must also deliver a consistent level of outstanding service across corporate areas as well, including Human Resources, Finance, and Strategic Sourcing. This is a work



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in progress and we're working hard to tie it all together. A significant enabler is information technology. Our IT strategy will be significant in terms of integrating the components of our organization and most importantly, enhancing care delivery. Integration, however, is not about the particular IT product—it's about the effective and seamless flow of information, back and forth, between and among patients and caregivers.

How much does IT strategy play in integrating the health system?

Appropriate flow of information is our focus. We worry less about individual IT products as we get bigger. It would

be prohibitively expensive to implement a single system, but of course, we consider interoperability all the time. The most important thing is to be able to recognize our patients everywhere across the enterprise. The promise of the integrated delivery system is that a patient can see a caregiver in a suburban office, at other times in the academic medical center emergency department, in a post-surgical care setting, or at a follow-up appointment. The information about that patient would always be available and accessible regardless of the setting. The more we can connect in a seamless, user-friendly, patient-centered fashion, the better. Improving the care experience is a top priority, so we are investing significantly in the area of Telehealth. Telehealth can take many forms, but at the end of the day, it can make care more convenient and less

expensive. For example, a patient may not have to leave his or her house in order to see one of our physicians in the post-op period. We can conduct peer-to-peer consults between a primary care doctor and a super specialist. We can do second opinions for patients from around the world.

Change is accelerating on many levels at NewYork-Presbyterian, including the recent appointment of new CIO Daniel Barchi. Was the move to value-based care a factor in finding the right CIO?

When our long-time CIO Aurelia Boyer announced her retirement in 2015, we knew we wanted our next CIO to be someone who could build on the strong foundation she had created. We looked for a candidate with a strong focus on using IT as a tool to help advance organizational strategy and meeting the challenges of integrating all the components of our expanding and complex organization, including value-based care and our population-health initiatives. We were delighted to successfully recruit Daniel Barchi from Yale New Haven Health System.

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NewYork-Presbyterian also serves patients from across the globe. Is that a factor in becoming an integrated academic health system?

NewYork-Presbyterian’s focus has primarily been on the New York region. In fact, eighty percent of our patients come from the boroughs of New York City and Westchester. So, we’ve expanded into areas that are accessible to our patients. As an academic medical center, the Hospital, together with our medical school partners, Columbia and Weill Cornell, provide state-of-the-art, tertiary and quaternary care. While our specialty care physicians serve patients regionally, nationally, and globally, our primary care physicians are committed to meeting local community needs. As we expand, we are adding more primary care physicians to meet the diverse needs of the many geographies we serve. Of course, any physician who becomes affiliated with a NewYork-Presbyterian institution must meet our standards of excellence.

With the goal of becoming an integrated academic healthcare enterprise, NewYork-Presbyterian only recently began acquiring community hospitals. How is that proceeding?

Over the last two years, our integration efforts have been moving forward rapidly. We have successfully

incorporated three community hospitals under our NewYork-Presbyterian umbrella. As we integrate, we have been very clear about what must be uniform and consistent—and that is NewYork-Presbyterian quality. We also want to extend NewYork-Presbyterian’s patient-centered culture to our regional hospitals. At the same time, however, we are sensitive to preserving each of their cultural identities within their respective local communities.

You have said NewYork-Presbyterian is not interested in becoming an insurer. Given the trend toward provider/payer convergence, how is that strategy playing out?

NewYork-Presbyterian remains focused on being the highest quality healthcare provider, and we stand firm in our decision not to take on the role of a payer or insurer—certainly in the foreseeable future.

You also said NewYork-Presbyterian

is emphasizing cost cutting, but faces the challenge of having its highest costs in labor. How does that shape your cost-cutting efforts?

For the past five years, we’ve been focused on reducing costs and identifying operating efficiencies, all while maintaining the highest quality patient care. Toward this end, we have implemented significant Institution-wide discipline around cost-reduction efforts, setting annual targets and establishing clear accountability for meeting these targets. While labor is a significant portion of healthcare costs, cutting care at the bedside has not been our strategy. We do believe, however, that it is critically important for every member of our staff to perform at the top of his or her license. As we work toward delivering the highest quality care, we have been using creative approaches to achieving efficiencies, such as the use of operations engineers to review systems and processes, and help make sure we have the right people doing the right tasks at the right times, in order to best meet the needs of our patients.

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