

Inside Healthcare

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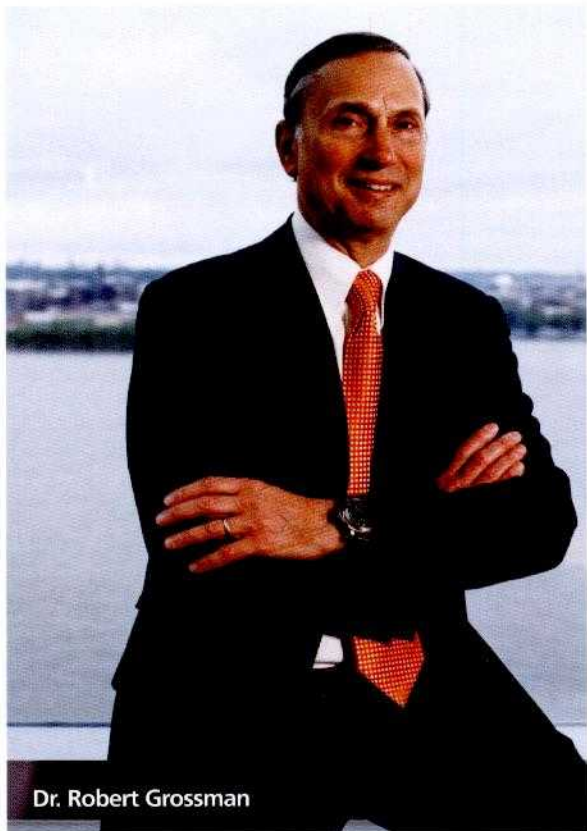
The Pulse of Healthcare Leadership
\$5 US + \$6 Canada

Woven

What happens when a medical school and a hospital group become truly integrated? NYU Langone Medical Center aims to find out.

Together





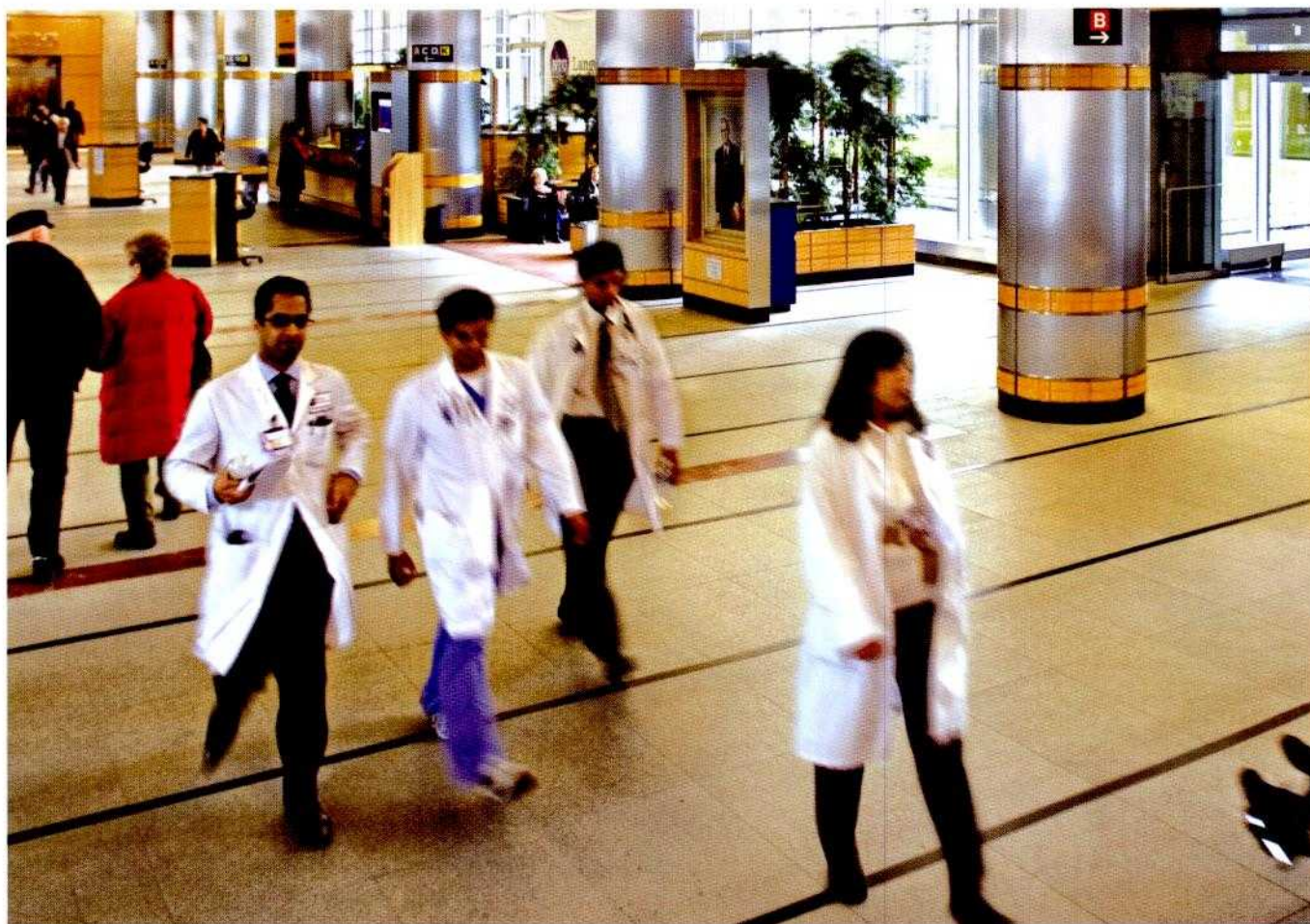
Dr. Robert Grossman

You might not think one of the oldest healthcare institutions in the US would be the best choice to lead the way into the future—but you'd be wrong. With roots that date back to the establishment of the New York University School of Medicine in 1837, NYU Langone Medical Center is nothing if not steeped in history. But that isn't stopping the team there from revamping the way it thinks about healthcare.

In March 2007, Dr. Robert Grossman was appointed both dean and CEO of NYU Langone, one of only a handful of administrators to head both a medical school and a hospital group. One year later, the organization announced it had received a record \$506 million in philanthropic donations.

Both the dual appointment and the money are being put to good use. Grossman and his team began by formulating a 10-year strategic plan to create a world-class, patient-centric integrated academic medical center.

Grossman says the ambitious plan is possible because of the high caliber of people working at NYU Langone and the dexterity made possible by having a single leader. "There is



an inherent agility here you don't see in systems where the decisionmaking is fragmented between the medical school dean and the president of the hospital," he said.

A portion of the hospital's capital budget is being spent on a system-wide implementation of Epic's EHR. The project will cost about \$200 million and take almost four years to complete. It began with an RFP two years ago, and the first go-live will take place in the fall at the organization's Wall Street clinic. NYU Langone comprises Tisch Hospital, Hospital for Joint Diseases, Rusk Institute for Rehabilitation, and NYU School of Medicine.

Although Grossman and his team have certainly analyzed the Epic rollout in terms of its features and return on investment, the bottom line, he said, is this: "If you're going to be a world-class healthcare system, you cannot not have this."

As with many hospitals, making adjustments to the EHR to meet physician needs was a delicate balancing act. "You have to understand the physicians' needs, what they like and don't like about the system, and be able to modify the system—not customize it—in a way that is physician-centric," said Grossman.

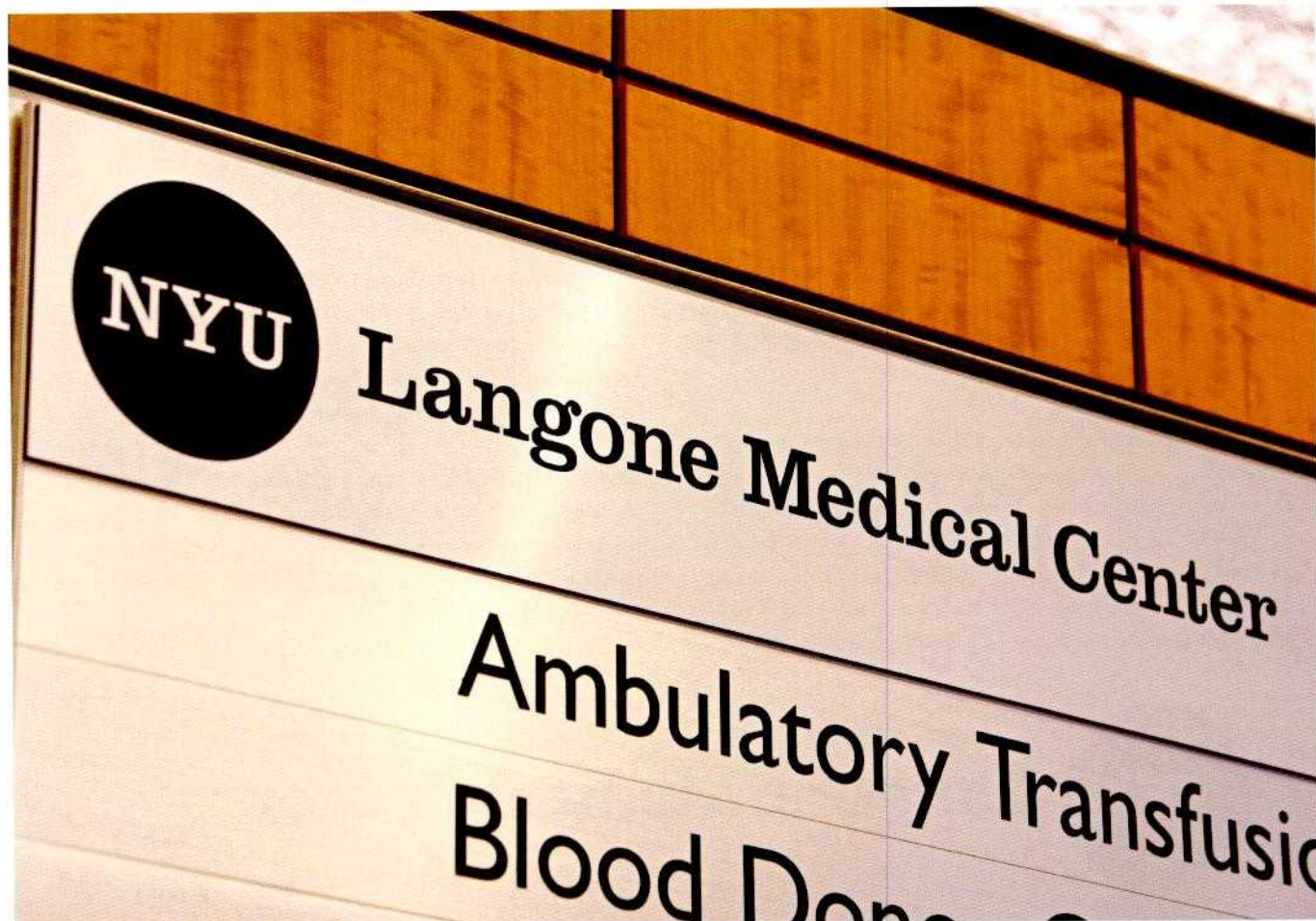
While it's true that physicians have their own way of doing things, much of that has to give way to evidence-based practices. "One of the things that kills you in medicine is artistic impression," Grossman noted.

The most helpful way to view the process is through the eyes of the patient, Grossman said. "In the 21st century, the government is looking to get more value for what it invests in healthcare. As a medical center, we have to be able to show that what we're doing creates value for the customer. It's a long process, and it's costly, but to do that, you must have sophisticated, structured information technology."

23-hour stay

Another portion of the capital spend is going toward a renovation of Tisch Hospital, located in Midtown Manhattan. The \$300 million project involves the addition of the Kimmel Pavilion and the conversion of all rooms to single beds.

As Grossman and his team look into the future of healthcare, they see length of stay continuing to decrease. One reason is a reduction in complications thanks to root-cause analysis aided by IT systems. A second reason is an increase in minimally



invasive surgery. When you do these types of procedures correctly, Grossman said, inpatient stays are dramatically reduced.

To that end, the Tisch renovations are planned based on a 23-hour stay. "Patients come in in the morning, have surgery, stay for the day, and go home in the evening. That's our goal," explained Grossman. The new procedure rooms will be outfitted with the imaging devices, lighting, cameras, and electronics essential to minimally invasive surgery.

Both physician and patient needs are being considered in the design of data systems. "We need to have a scheduling program that's easy from the physician side as well as the patient side," said Grossman. And physicians will be able to input data from within the patient room. "Anything we can do to make the physician more efficient, we're going to try to do."

Taking the pulse

There are many more parts to the comprehensive strategic plan Grossman and his team are rolling out, ranging from hourly nursing rounds and better food to Lean Six Sigma efficiency boosters and a new curriculum for the medical school. "We've given a lot of thought to how medical students get educated today in terms of digital technology and courses that spiral through the four years," said Grossman.

He noted that students traditionally take anatomy in their first year, so by the time they're doing their surgical rotation in their fourth year, they need that knowledge, but it's not fresh in their minds. "We need recurring topics—diabetes shouldn't only be a lecture in the second year; that lecture needs to be brought forward to the fourth year when you're seeing patients. We're trying to match those needs with the curriculum."



And how have all these changes been received by clinical and other staffers? Surprisingly well, according to Grossman. There's always some resistance to change, of course, but NYU Langone hired research group TruePoint to take the pulse of the organization, and the results were positive.

Anecdotal evidence is the same, said Grossman. "I bumped into a surgeon today, and she said to me, 'Bob, I just want to tell you that this place has momentum. There is a vision, and people understand that vision, and they embrace that vision and look forward to it.'" +

—Jill Rose



Langone Medical Center