

New York-Presbyterian

FORUM

News and Information for the Alumni of New York-Presbyterian Hospital

Fall 2008

MEASURES OF SUCCESS



Dr. Herbert Pardes, President and CEO, reflects on the benefits, challenges, and opportunities of the merger of two great health care institutions more than 10 years later.

New York-Presbyterian

The University Hospital of Columbia and Cornell

NEWYORK-PRESBYTERIAN HOSPITAL



MEASURES OF SUCCESS

In 1999, Dr. Herbert Pardes, a highly regarded psychiatrist and former director of the National Institute of Mental Health, became the President and Chief Executive Officer for the newly merged Presbyterian Hospital and New York Hospital. Dr. Pardes recently met with Forum to discuss NewYork-Presbyterian today and its plans for the future.

Q More than a decade after the merger, has it been successful?

A The merger of the two hospitals proved itself to be an extremely wise move because each one had vulnerabilities that were alleviated to a very considerable degree by joining with another partner. NewYork-Presbyterian, in deciding on the merger, was making a move that not only helped each institution become stronger, but also created the basis of what could be a powerhouse in medicine. For one thing, it allowed the sharing of best practices between the two institutions. It also allowed for the generation of the service lines that provided a common setting in which a given illness area could be discussed and important next moves could be decided – improvements, technology, and the like.

The merger also allowed a larger world of very talented people from two great centers to pool their best thoughts to create an even more effective and successful medical center. The Hospital is a player nationally, with representatives from NewYork-Presbyterian in key positions of national prominence and influence. There are other marks of success as well. Both of our academic affiliates, Columbia and Weill Cornell, have Clinical and Translational Science Awards. There aren't that many CTSA's in the country, and we have the benefit of them at both sites.

Q What kinds of efficiencies and benefits were achieved by coming together?

A Certain efficiencies were immediately realized in that a lot of the administrative functions were unified –

one Board, one CEO, one chief financial officer, one chief legal officer – a streamlining of the administration right down the line.

At the same time, the size and stature of the programs, when put together, created a circumstance in which NewYork-Presbyterian became a significant presence in the area. That has a lot of advantages. It means that often people who are seeking care will go to the big place. It means that we cover more of the multitude of subspecialties that prevail in medicine. That means that you have multiple, discrete areas of excellence that take a larger number of people to cover. By virtue of the fact that we have over 5,560 doctors on staff, we cover these areas better than if we had half that number. It's unlikely that you'll find any illness for which there isn't a person or a team of people who are working on that particular area, and therefore, it gives you high quality across the board.

In addition, each medical center has specific centers of excellence. For example, we have a great burn center at Weill Cornell – arguably the best in the country. We don't need another burn center. There's a heart transplant program at Columbia that is the largest in the country. We have no inclination to create another heart transplant program.

In dealing with payers, we have one of the strongest negotiating teams in the country that has served us well.

The institution has also sought ways of achieving efficiencies. In purchasing, we are pressing to reduce the number of options for key parts of medical materials. You may not need to have 15 different kinds of catheters – maybe you can make do with five. And that has a cost-saving benefit.

Q What has been the strategy of integrating clinical departments?

A We decided on a strategy that might seem counter-intuitive. In some mergers, people have argued that you have to push two substantive or programmatic components together – often forcing them together. What that can

do in the medical setting is create enormous acrimony. We've said that we will be more measured in our approach to integrating departments. Pediatric cardiology was integrated. Vascular surgery was integrated. Rehabilitative medicine and radiation oncology have also been integrated, and new chiefs have been brought on to oversee these areas. Merging departments the size of internal medicine, however, is impractical – it's too large. If you give somebody the assignment of running two departments that large, each of which has enormous specific needs, you'll create an impossible task. The same is true with surgery and other large departments – pediatrics, neurology, psychiatry, and OB/Gyn.

Q How has the Hospital approached adding to the medical staff?

A In the last 10 years, we have supported recruitment of new leadership and faculty at both medical schools. For example, at Weill Cornell probably 10 to 12 chairs have been recruited. At Columbia, there were less, but still quite a few new chairs.

In each new search, I think we get stronger and stronger people. However, I also don't agree that you always take leadership from the outside. I think that's a mistake because you want strong people to stay. People within the institution should have a shot at being a chair.

Q What about training programs?

A We've integrated certain residency training programs, including ENT, Child Psychiatry, Emergency Medicine, and Rehabilitation Medicine.

ENT residents benefit from very strong chiefs at both Weill Cornell and Columbia. When Child Psychiatry merged training programs, they immediately became, I think, the

best training program in the country. When Emergency Medicine at the two sites decided to create an emergency medicine training program, they created a very strong program. When the Rehab Medicine training program was merged, the dean at Weill Cornell Medical College said he noticed immediately the strengthening of the quality by bringing the programs together.

Also, with a small training program, keeping the house covered on nights and weekends is more formidable – if something happens to one person, you're down immediately. A larger, critical mass gained by combining smaller programs is valuable. The physicians who train here are greatly sought after. By definition, the credential of having completed a residency at NewYork-Presbyterian will make him or her very desirable. There's no question about that.

Q How is NewYork-Presbyterian growing in terms of physical plant and technology?

A In the previous 15 years or so before the merger, there was really not a lot of building going on. While Stanford, Hopkins, Mayo, and others were building like it was going out of style, New York Hospital and Presbyterian Hospital were frozen, to some degree, physically.

One of the things we have to live with is the fact that we are located in an urban setting in which it is very difficult to build. And we're blocked into these little nooks, while many of the other major hospitals across the country have tracks of land on which to expand.

However, since the merger we've renovated a number of facilities and put up the Morgan Stanley Children's Hospital and the Coleman Tower, a new staff residence on First Avenue. We are in the midst of building the new Vivian and Seymour Milstein Family Heart Center and the Ronald O. Perelman Heart Institute, and construction on the Advanced Therapeutic Services Center is well under way.



For many years, we've been able to make investments in technology and imaging. In the 2008 *U.S. News & World Report's* "America's Best Hospitals" survey, we achieved the highest possible score for advanced technologies in all 12 specialties.

Q You talk about the "ethics of an institution." What do you mean by that?

A That involves quality, safety, and patient satisfaction. One of the things I like is the fact that this institution serves a wide socioeconomic population range with about 30 percent Medicaid, 30 percent Medicare, and 30 percent commercial. Medicaid and Medicare do not cover hospital costs. With this mix of payment we must rely on the generosity of our friends and donors. New York is the most philanthropic city in the U.S. — if not the world. The generosity of friends and grateful patients and families has enabled us to invest in the extras that lead to greatness. A cardinal example

of this is the \$50 million gift of Alexis and Steve Cohen that is allowing us to build a pediatric emergency room that will take care of 75 percent Medicaid patients.

We're putting up new heart centers — maybe a wealthy financier will go there, but so will many others who have few financial resources. And that's exactly how it should be.

We also want to provide the highest quality of care. With this emphasis, we're seeing reduced infection rates, reduced falls — improvement in factors that contribute to patient safety and good outcomes. Patient and staff satisfaction is also a high priority. We are seeing satisfaction figures that are rather impressive. To hold them there — that's the challenge.

NewYork-Presbyterian has a philosophy of inclusiveness, an openness to all kinds of populations, and a history of extending care into the community. This is a hospital that works to do good. It has a good ethic and good principles. People here are dedicated to making it even better. I think that is most commendable.

NEW NYP CROSS-CAMPUS LEADERSHIP APPOINTMENTS

K.S. Clifford Chao, MD, a pre-eminent expert in the use of



image-guided targeted radiotherapy and intensity modulated radiation therapy (IMRT) for the treatment of cancers, has been named director of the Combined Program in Radiation Oncology at Columbia University Medical Center, Weill Cornell Medical College and NewYork-Presbyterian

Hospital. Dr. Chao brings to NewYork-Presbyterian research expertise in IMRT and combining the use of positron emission tomography and computed tomography images to direct customized radiation treatment plans tailored specifically to individual patients and the molecular characteristics of each tumor. A pioneer in the field of IMRT and functional image-guided therapy, Dr. Chao wrote the widely read textbook, *Practical Essentials of IMRT*. He comes to New York from The University of Texas M.D. Anderson Cancer Center in Houston, where he was a Professor and Director of Image-Guided Therapy of Radiation Oncology. Before joining M.D. Anderson in 2002, Dr. Chao was an Associate Professor at Washington University School of Medicine in St. Louis.

Joel Stein, MD, a leading national figure in stroke research



and patient care, has been named Chairman of the Department of Rehabilitation, Columbia University College of Physicians and Surgeons, and Director of the Rehabilitation Medical Service and Psychiatrist-in-Chief of New York-Presbyterian Hospital. Dr. Stein is internationally regarded

for his expertise in clinical care for stroke survivors and patients with other neurological disorders. His research explores the use of robot-aided rehabilitation for weakness after stroke and other neurological conditions, the use of electrical cortical stimulation to facilitate motor recovery, and the development of wearable sensors to monitor daily activity levels of recovering stroke patients. He is currently editing a comprehensive medical text on stroke recovery and rehabilitation, due to be published this year. Prior to joining NewYork-Presbyterian, Dr. Stein served on the faculty of Harvard Medical School, where he practiced at Spaulding Rehabilitation Hospital, Brigham and Women's Hospital, and Massachusetts General Hospital. He trained in physical medicine and rehabilitation at Columbia University Medical Center.

NEWS AND NOTES

1980s

Steven M. Selbst, MD 1981 *Residency, Pediatrics, Babies Hospital, Columbia-Presbyterian Medical Center* "I am currently Professor of Pediatrics at Jefferson Medical College, Philadelphia, and Vice Chair for the Education and Pediatric Residency Program Director at Jefferson/A.I. duPont Hospital for Children in Wilmington, Delaware. I have been married for 29 years to Andrea. Our oldest son goes to law school in Philadelphia. Our youngest son works for George Washington University."

Solomon Hamburg, MD 1984 *Residency, Internal Medicine, New York Hospital-Cornell Medical Center* Dr. Hamburg completed a Hematology/Oncology fellowship at UCLA in 1987, and then joined the Tower Hematology Oncology Medical Group, Beverly Hills, California, and was Clinical Co-Chief of the Bone Marrow Transplant Unit, Cedars-Sinai Medical Center, until 2000. He is a member of the Division of Hematology/Oncology at Cedars Sinai, and is also Clinical Professor of Medicine at UCLA School of Medicine. Dr. Hamburg is president of Tower Cancer Research Foundation. He is married to Cynthia Hobbs Hamburg, and they have a son, Ethan Garrett, 7, and a daughter, Emilia Devon Grace, 4.

Clarence L. Young, MD 1984 *Residency, Internal Medicine, Columbia-Presbyterian Medical Center* "I am currently Vice President, Drug Development, and CMO at Protez Pharmaceuticals in Malvern, Pennsylvania, which focuses on the discovery and development of antibiotics to treat multi-resistant infections in hospitalized patients. I joined Protez after 12 years at Glaxo-SmithKline, where for the last five years I was Head of Clinical Development for Anti-Infectives. I live with my wife and stepdaughter 35 miles west of Philadelphia."

Andrew Berman, MD 1989 *Residency, Ear, Nose and Throat, Columbia-Presbyterian Medical Center* "Following my residency, I pursued a facial plastics fellowship with the American Academy of Facial Plastics and Reconstructive Surgery 1989-1990. I am married with two children living in Pacific Palisades and practicing in Beverly Hills, California. I am also an Associate Professor at the University of Southern California School of Medicine and an attending physician at Cedars-Sinai Medical Center."

Robert Sideli, MD 1989 *Residency, Anatomic Pathology, Columbia-Presbyterian Medical Center* After residency, Dr. Sideli completed a fellowship in Medical Informatics in the Center for Medical Informatics, and was an Assistant Professor of Pathology there 1993-1995. He played an important role in developing and installing its clinical information systems. Dr. Sideli spent several years with a consulting firm, and then became Chief Information Officer at the Metropolitan Jewish Health System in

Brooklyn. In 2003 he took a senior position at Cerner and led the implementation of Cerner information technology products at a major hospital system in Indiana. Dr. Sideli became the Chief Information Officer for Columbia University Medical Center in 2007.

1990s

Jacqueline W. Muller, MD 1993 *Residency, Ophthalmology, New York Hospital-Cornell Medical Center* "After completing a fellowship in cornea and refractive surgery, I started my private practice, focusing on laser vision correction and the diagnosis and treatment of dry eye. I have been an attending in the Department of Ophthalmology at New York-Presbyterian Hospital/Weill Cornell Medical Center since 1993 and hope to always be there. I feel so fortunate to be in the company of the best and the brightest minds in medicine and surgery. I have a wonderful husband, two healthy children and several domestic animals."

Syed Ali, MD 1995 *Residency, Psychiatry, New York Hospital-Cornell Medical Center* Dr. Ali is now an attending psychiatrist at Richmond University Hospital, Staten Island, New York.

Brian Meltzer, MD 1997 *Residency, Internal Medicine, Fellowship, Gastroenterology, New York-Presbyterian Hospital/Weill Cornell Medical Center* "I live in Pennington, New Jersey, with my wife Stacy and our children Ransom (11), Isabel (9), and Eli (2). I work for the Johnson & Johnson Development Corporation in New Brunswick, New Jersey, using the tools of venture capital investing to build new, innovative companies in order to bring valuable treatments and solutions to people worldwide."

Victor Rodriguez-Balasquide, MD 1997 *Residency, Plastic Surgery, New York-Presbyterian Hospital/Weill Cornell Medical Center* Dr. Rodriguez-Balasquide maintains a private practice at Doctors' Center Hospital in Manati, Puerto Rico, where he is also Chief of Plastic Surgery, and a medical contributor on plastic surgery on Channel 4 News WAPA-TV.

Anthony M. Szema, MD 1997 *Fellowships, Pulmonary/Critical Care Medicine and Clinical Adult/Pediatric Allergy/Immunology, New York-Presbyterian Hospital/Columbia University Medical Center* "I am Assistant Professor of Medicine and Surgery at SUNY Stony Brook School of Medicine; Chief, Allergy Section, Northport Veterans Affairs Medical Center; and Principal Investigator on an NIH K08 award, studying the role of the gene for Vasoactive Intestinal Peptide as an 'anti-asthma' and 'anti-pulmonary hypertension' gene. In addition, I am conducting a Pharming, N.V. study of Recombinant C1 Esterase Inhibitor to treat Hereditary Angioedema. Physicians who wish to refer patients may contact our nurse practitioner Jackie Skarre at jackie.skarre@stonybrook.edu or me directly at anthony.szema@stonybrook.edu."

Susan T. Herman, MD 1999 *Residency, Neurology, Fellowship, Epilepsy/Clinical Neurophysiology,*

New York-Presbyterian Hospital/Columbia University Medical Center, Neurological Institute Dr. Herman is currently an Assistant Professor of Neurology at the University of Pennsylvania and directs the Epilepsy Monitoring Unit and EEG laboratory. She lives in Center City, Philadelphia.

2000s



Annie Pinto, MD, 2002 *Residency, Anesthesia, Fellowship, Pediatric Anesthesia, New York-Presbyterian Hospital/Columbia University Medical Center* "After graduation, I went to Australia for a year contract. In 2004 I returned to Morgan Stanley Children's Hospital at New York-Presbyterian, where I worked for one year. In 2005 I married and sailed with my husband from Cape Town, South Africa to Bermuda where I joined the staff of the King Edward VII Memorial Hospital. I returned to New York-Presbyterian/Weill Cornell in 2006 and joined the Anesthesia Department and Pain Management Service as an International Fellow/Observer. That experience helped me to open my current practice in pain management in Bermuda. I am very happy living on an island off Bermuda and taking a boat every day to go to work."

Robison Vernon Chan, MD 2004 *Residency, Ophthalmology, New York-Presbyterian Hospital/Weill Cornell Medical Center* Dr. Chan is the St. Giles Assistant Professor of Pediatric Retina and Assistant Professor of Ophthalmology at Weill Cornell Medical College. After completing his Ophthalmology residency, Dr. Chan went on to a fellowship in Vitreoretinal Surgery at the Massachusetts Eye and Ear Infirmary at Harvard Medical School, where he was Chief Clinical Fellow of the Retina Service from 2005-2006. Dr. Chan rejoined the Department of Ophthalmology at New York-Presbyterian/Weill Cornell in 2006.

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SIGN UP FOR CME

Continuing Medical Education (CME) activities are provided through Columbia University College of Physicians and Surgeons (www.cumc.columbia.edu/dept/cme or (212) 305-3334) and Weill Cornell Medical College (www.med.cornell.edu/education/programs/con_med_edu or (212) 746-2631). Both institutions are accredited by the Accreditation Council for Continuing Medical Education (ACCME) to authorize and issue CME credit.

DECEMBER 2008

NewYork-Presbyterian Hospital Second Annual NOTES™ (Natural Orifice Translumenal Endoscopic Surgery) Course

Sponsors: NewYork-Presbyterian Hospital, Weill Cornell Medical College, Columbia University College of Physicians and Surgeons

Dates: December 15 – 16, 2008

Location: New York City

CME Credits: 15.5

For information/registration, contact Barbara Mastroddi at (201) 346-7003, or bm2370@columbia.edu.

NYP TO LAUNCH PHYSICIAN CAREER INITIATIVE

NewYork-Presbyterian Hospital is planning to launch the Physician Career Initiative (PCI), which will feature an electronic database to allow the registration of current residents and Hospital alumni. Once registered, alumni will be alerted to employment opportunities with practices and hospitals associated with NewYork-Presbyterian Hospital, as well as member institutions of the NewYork-Presbyterian Healthcare System. Stay tuned for more details for the launch date and how you can participate either as a candidate or potential employer.

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