



What's Your Moonshot?

A Podcast Series Where World-Class Healthcare Leaders Seek To Solve Big Problems

Michael Dowling is Utilizing Lessons Learned from the Pandemic to Create the Health System of the Future

Transcript

[00:00:00] Michael Dowling: There's no way that you can walk through the floor of a COVID unit and realized that everybody you saw on the vent that at one point about 70% of them are going to die, that you haven't been changed. Because no matter how long you've been in healthcare, you see a lot of bad things happening, but walking through a COVID unit, the uniqueness of that circumstance, I don't think you're ever going to be exactly the same again. On the positive note, because I like to be very, very optimistic, what I saw being done during COVID by staff, the integration of clinical operations, the disability nature of healthcare gives me unbelievable optimism for the future.

[00:01:02] Stuart McLean: Welcome to A&M's What's Your Moonshot Podcast. My name is Stuart McLean. I'm a managing director here at Alvarez and Marsal, and I'm here with my co-host, the honorable secretary, Dr. David Shulkin. David, it's our great honor to welcome our longtime colleague, healthcare innovator, Michael Dowling, to the podcast, Michael leads Northwell Health. Northwell cares for millions of patients each and every year. It's grown to become among the largest integrated health systems in the country is the largest in the state of New York. It's an employer also to among the largest in New York.

Northwell today is comprised of 23 hospitals and remarkably 800 plus outpatient facilities in counts, some 76,000 associates as their employees. Michael, thanks for joining us today.

[00:01:59] Dr. David Shulkin: Great. Well, Michael, thanks again for joining us. I know that you've been leading Northwell for now 25 years, but probably in some ways, 2020 was a year unlike any of the others. Northwell, I believe took care of more patients with COVID-19 than any other healthcare system in the United States. You had double your bed capacity just to handle that. I think what's so extraordinary is you didn't just get through it, but you've now had a chance to reflect on it and you crafted a vision for a better future. It's what we call a moonshot. You wrote a book about it called *Leading Through A Pandemic*.

Now, Michael, I just recently wrote a book and I know it is not an easy undertaking to do that. Can you just tell us what motivated you to write a book, to be thinking about how health systems can be better and responding to these pandemics? Tell us how it's being received and what has been like since the book's been out?

[00:03:03] Michael: Thank you, David. Thank you for loving it. You will be doing over the years. I appreciate all of your efforts and your leadership. I never started out to write a book. It was interesting. It evolves because last year was a year that was unique, nothing like anything else that we've able to experience. Even those of us have been in the business for 20, 30, and more years. It was something that was new and what I was doing every week, because we were at the epicenter of the pandemic. I was taking notes I believe week. Then the weekend, I would call it the notes and write down some of the learning experiences, the things that were different about what went on.



Over the month or two people suggested that it would be good to write something about this. Basically what the book ended up being is the result of the notes that I was taking on a regular basis. Once I got into writing it and working with Charles can even work with me on this and then interviewing a lot of the people along across the organization, I probably was going to be very, very important since this was such a unique experience that we try to identify the learnings from it.

Also, talk about what actually went on on a day-to-day basis. Each day, as we were inundated with COVID patients. We have at one point back in the spring of last year, we had three and a half about 3,500 COVID patients in our hospitals on a daily basis. We've seen about 220,000 COVID patients in total and the system born in the ambulatory sites, as well as in the inpatient. It was difficult, but we handled it pretty well. It tested us, but I think healthcare world withstood this pretty well.

I wish that many of the other states have paid attention to the learnings from what happened in New York. Because if they had, I don't think many of them would be in the situation that they're in today because many did not prepare. I remember talking to health systems around the country back then. Some of them would say to me, "Well, this is a New York phenomenon. It's not going to happen here." That's a huge, huge mistake to assume that something like this is not going to travel.

In many ways, and I'll close with this comment at this point. The fact that we went through COVID, as difficult as it was, in many ways, was one of the best things that has happened to us because it demonstrated what you can do in a crisis. It helped reorg, we reimagined the organization, and I think helps in a big way to help us plan for what we need to be doing going forward in the future. It was unique, but not the worst thing that has ever happened to people, if you look through history. We have to deal with those crises that hit us. It's not what happens to you that matters, it's how you respond to it. I think we responded pretty well.

[00:06:27] Stuart: Michael, as a New York native, and I saw firsthand your leadership, particularly with regard to the massive COVID testing operation that you put up very early. In your book, you describe what the leaders who run health systems are going to have to do to prepare for a new future, a new normal, perhaps. Can you talk a little bit about some of those critical elements?

[00:06:52] Michael: Well, there's a number of them. One is that we have to deal with the staff morale and the staff security issue in a big, big way during COVID. We always focus on the needs of staff, but I think we had to do it at an extreme level during COVID. It raises the question as to what we should be doing with staff on an ongoing basis going forward, dealing with their security, their sense of meaning, the meaning that work gives them, et cetera, et cetera. That's one thing. The second thing that COVID did was it expanded dramatically telemedicine, virtual care, digital health, and whatever phraseology you want to use.

One of the big strategic issues for us now, and I think it is true in most healthcare systems, is how to prepare for the virtual world that we will all be facing more so in the future now, because of the lessons during COVID. Much of our interaction between providers and patients, initial reactions I think would be done virtually going forward. It also focuses us to deal with how we manage all the data we've got, how we analyze the data, how we develop information repositories of data, how we analyze it, and make use of it for clinical improvement.

The other big issue is that the nature of work has changed. I have 10,000 people today working from home. A year and a half ago, I didn't have people working from home or working remotely. Now I have 10,000. I've had to reorganize all of our infrastructure, our

offices to accommodate people who will be in a hybrid situation, many of them working at home, coming to work maybe one day a week, two days a week. It poses questions about, from a leadership point of view, of how you manage a culture going forward when a substantial portion of your employees will be working remotely? How you handle the culture, the socialization, those things that keep organizations together?

The unseen issues that you don't-- It's not like infrastructure or other things. It's all of the cultural issues, which to me is very, very key for the success of an organization. It also gets us to think about the public health infrastructure because many of the communities were disproportionately affected by COVID. We've all worked in those communities in the past, but the degree to which we need to work more now going forward was very, very evident as a result of COVID. That's going to challenge ourselves in a big way.

It's going to require us, Stuart, as you know very well, to go upstream more than we've ever done before, and not only be focused on the downstream part of the business, which has been our central focus for all of these decades. It allows us now to reimagine our organizations, because during COVID, we became more innovative and more creative than we ever were before. We did things overnight that pre-COVID, we would be taking weeks and months to do. The question now is whether or not we can maintain that level of innovation and creativity, post-COVID that we experienced during COVID. In many ways, the pandemic was a kick in the butt, it woke us up, we're all a little bit different because of it. I'm looking at the good part of what is taught us. Obviously, with the understanding of the terrible circumstances, the families went through the deaths and all like that. From an organizational point of view, you only find out how good you are when you're tested by a crisis like this, and what your potential is going forward.

That I think, is the great overriding lesson. If we're not better on the future, because of what just happened to us then in many ways, I don't think we deserve to be the leaders in organizations like Northwell. It opened our eyes to a lot of things that we partly saw before but we very clearly saw during COVID.

[00:11:04] David: Michael, the very first thing in the book in the foreword, you tell a story of a veteran who is suffering from COVID, and what it's like to be going through that. I just want to thank you for that you've always had a special place in your heart for veterans. Northwell has done an extraordinary job, caring for veterans, so thank you.

[00:11:26] Michael: Thank you, David. We haven't made a commitment to veterans, we hired about 500 veterans a year, we do an awful lot regionally and nationally on veterans and that's a major, major commitment. I think everybody should be committed to the needs of veterans. Every organization should be, you'll be taking a lead on this over the years and we are very, very, very happy to be in the midst of such a wonderful, wonderful journey.

[00:11:56] David: Yes, thanks. The other thing that really struck me in the beginning of your book, you talked about that, you've really been preparing for an emergency in this type of crisis management situation since 1998. If any organization was going to be prepared, it was probably going to be yours. You've gone through some major issues in the New York area, of course. What about with all that training and preparedness, did this pandemic still catch you by surprise? Were there things that you just could have prepared for?

[00:12:33] Michael: Well, I don't think it caught us by surprise, we actually started to plan in January, even though we didn't get our first case until March 4th. As you mentioned, that we did have a lot of infrastructure that we had invested in over the years. There's a lesson here, that sometimes you invest in things that you don't think have an immediate benefit but when you look back on it, it has a benefit a decade later. We have our own supply chain, we have

our own lab, we have our own transport mechanisms, et cetera. We have our own infrastructure.

The surprises were twofold back then, one is we were attacked by an enemy at the beginning that we did not understand at all. We didn't know what it was, we didn't know how it affected the body, organs in the body it affected. We didn't know what the treatment was. With a lot of other crises, whether it's a hurricane, you know what's going to happen. You can anticipate, you're going to have trees down, electricity out, you're going to have people without housing, you're going to have people without oxygen, maybe out in the community, so you can prepare. Here we were preparing for the unknown. We didn't know what this was.

The other big lesson and surprise is the longevity of it. Most crises that we've been in over the years, if you have a hurricane or a bad storm, like Hurricane Sandy, Hurricane Irene, even 9/11, they come, you get hit with something dramatic, five days later, it's almost over. You can see a beginning and an end. With COVID, we still don't see the end completely. This has been going on for 18 months. Maintaining the urgency among your staff, the dedication, and the commitment of staff, the deployment of staff around the clock for a long period of time is a lot more difficult than it is to do something for five days.

As you could say, "Suck it up for the next week because it's going to be really bad but a week from Friday, it'd probably get over." With COVID, we couldn't even tell you, "Well, is it a year? Is it a year and a half?" Today, I have 320 COVID patients at our hospital and 90% of them are non-vaccinated. We have a crisis of the non-vaccinated right now. We're still in it to some degree, in a small way, compared to last year. Those are the two big issues there, the unknown and the longevity of it. The day-to-day creation of beds, we didn't have a problem with PPE as well, the staffing issue. The staffing issue is probably the most complicated, even though all the press and everybody was talking about ICU beds, the PPE, et cetera. Those are, in my view, relatively easy compared with the requirement to have competent staff round the clock over a long period of time to take care of a very, very difficult circumstance.

The beds are easy, you can create beds any place. As you know very well, you can create ICU beds if you have vents. A bed can become an ICU bed if you have a vent. The availability of vents is the issue, not the potential availability of beds, those things we solved, those things we did. We handled it really well, I believe, overall.

[00:16:02] Stuart: Michael, you talked about the five-day hurricane. David, our colleague, has occasionally referred to this crisis as 100 consecutive hurricanes. He says it just keeps coming, it doesn't stop. I think that you just see this through a very similar lens. You've mentioned staff a couple of times, you've talked about how much you learned, a glass is half full how much we've learned as a function of this crisis. With regard to those lessons, how does your vision change for Northwell, and what are those messages that you might share with other system leaders as well?

[00:16:42] Michael: There's quite a number. One is that you have to plan now to create an emergency infrastructure for dealing with disasters, even though it might not happen for another 5 or 10 years. You got to put your infrastructure together, you have to have the people and the resources. The danger right now is that people when it gets to be over, that people will forget and go back and not believe that it might happen again.

The second lesson here is that the benefits of integrated large health systems is absolutely key. We would not have been able to handle anything like what we did if we were not a large health system with all the components. We had the ambulatory, the homecare, we were integrated. We had the research, we had the academics because we're a huge academic

teaching place with 2,000 residents and fellows all were involved, all our medical students were involved. Large health systems and that are integrated are absolutely key to provide the comprehensive range of services you need in the place. As a single hospital, you can't do that. It's very, very, very difficult. That's the lesson.

The other lesson is that, as I mentioned in the very beginning, is that we have to focus a lot more on the upstream part of our business, not just only the downstream. We've got to be as good at the prevention and wellness issue, how to get people to change their lifestyle and their behavior. People have a responsibility to do the right thing, we have a responsibility to educate people about how to do the right thing about their own health. That has to become a major focus of large health systems in the future. Of course, the technology angle will be very, very large.

Then, of course, how we manage a workforce that won't be coming to the office all the time. Especially the administrative workforce, the hospitals are one thing, but all of the infrastructure and our attendant the back-office functions that you won't be seeing these people every day of the week so how you manage that. I think going forward, organizations have to be optimistic about the possibility of doing good work. Optimism is important.

There's another lesson, I walked the floors of every facility every day during COVID. I was in every COVID unit. I was in a COVID unit each day, all during the crisis. There is nothing to substitute for walking the floors, talking to the staff, making direct face-to-face contact. You can use text, you can use email, which you should but there is nothing to substitute for staff understanding that leadership is weakened in a crisis like this. It's also important that staff understand that leadership is within each and every day that we do good work. My message to leaders and the CEOs is get out of your office, walk the factory floor, talk to your frontline people. Understand what they're feeling, understand what their issues are, understand what their consultants are and you will become a better leader because of it because you learn from the frontline. A lot of people didn't do that during COVID and a lot of people don't do it on a regular basis, but communication, communication, communication cannot be overdone. That's a lesson that to me was very evident during COVID and is a lesson for everybody as we go forward, don't disconnect from the frontlines.

Connect with them more and you build loyalty, you build commitment, you build dedication, and you build sustainability. Those to me are a couple of the major lessons that are very, very important. I think we're all better because of COVID and we should be better because of it. I think we have better health systems as a result of it. There's one last thing I'll mention. David, obviously, I assume I'm used to, hope you will understand it. We were unbelievably able to be innovative during COVID because government relaxed, a lot of the stupid regulations that exist.

If the regulations had not been relaxed or dispensed with, we would never have been able to do what we did. We were able to create, like we, I remember one night we created 200 beds overnight one time. If I had to do that in a regulatory environment that we had three and that we're now getting back into, unfortunately, it'll taken me months and months and months to do this to get approval, but in a crisis, since I had no regulatory micromanagement I was able to do it. There's a lesson here that you need regulation, I'm not against it, but you cannot be put in a straight jacket as an operator that prevents you from being creative.

A culture of compliance and regulation is the antithesis of innovation. If you want innovation, you got to relax the other side to now allow creativity to blossom. Otherwise, you are going to be constrained in a big way and I fear given the nature of government these days for the New York state level and at the federal level that there is intensity tendency to overate now and have the government take a much bigger micromanagement role, that's an issue for a

long discussion at some point, but it is absolutely key to the future of how we can continue to be creative.

[00:22:40] David: Michael, there's no doubt that Northwell benefited from having you at the helm with all of your experience when this crisis happened, and yet you're reflecting on all these amazing points about what leadership needs to do in healthcare and during a crisis. I wonder how much are you changed by having gone through this by your reflections, your daily notes, and thinking about things, and how much do you think it's going to go back to the way it was?

You talk about leaders need to be visible and walk the floor. You talk about you using virtual care and digital care. You talk about thinking about taking care of your staff in a different way. Do you think when people stop dealing with COVID on a daily basis when your census gets to a much smaller number, are you going to be a change leader or is it going to go back to the way it was?

[00:23:42] Michael: I don't think it's ever going to go back to exactly the way it was. I don't think it's possible because I think everybody has been changed by this. I think every organization has been changed, not just healthcare, but every organization in the country has been changed whether you real estate or retail or whatever. If you ask me, ask the question of I been changed.

There is no way that you can walk through the floor of a COVID unit and realize that everybody you saw on the vent that at one point about 70% of them were going to die, that you haven't being changed because no matter how long you've been in healthcare, you see a lot of bad things happening, but walking through a COVID unit, the uniqueness of that circumstance, I don't think you're ever going to be exactly the same again. On the positive note, because I like to be very, very optimistic, but I saw being done during COVID by staff, the integration about clinical operations, the disability nature of healthcare gives me unbelievable optimism for the future.

I am more motivated today than I was before. I'm more excited about the potential. I don't think there is anything that we can't handle if we put our minds to it. You have to give hope. As I've said many times, you better give oxygen than hope. Now, we live in a very divisive time in our politics. We have excessive partisanship. We're fighting among ourselves on stupid things that we should never be fighting about. During COVID, when you look inside the facilities, we unified. What we need to do is unify around how it is we improve wellness and health going forward. I think COVID has changed us to think about that in a more creative way, so I'm different. You realize the fragility of life.

If you think back in January of 2020, we were all foundings, we were all strong and healthy, we were looking at our budgets for the year and everything looked great. We were all macho, and all of a sudden, we get kicked in the butt, and we realize that there is a fragility here. We got to be strong and humble. We got to be realistic and optimistic. We got to create the future, but go back to the past. It's an incremental process. You don't throw everything upside down all at once. One last point, we all have to be careful not to be excessively committed to the altar of technology and lose the human element in care delivery.

There is a tendency that an app can fix everything. Technology can do all of those. That you just take your phone and you press a few buttons here and there and the world will just be beautiful. As we think about the future we got a balance between the use of technology and the human element.

The hybrid is necessary. You maximize technology without ever losing sight of the human factor. That goes for leadership, it goes for frontline workers, it goes to planners because if

we lose the human element then I think we lose something that we can never ever recover. That's like a call option for us. I watch so many people thinking that no matter whatever problem you have I have an app. Well, the app or a tool might be useful but put it in perspective.

[00:28:04] Stuart: Michael, thanks. This is a privilege for me to be with both you and David, two significant healthcare leaders. Have known you guys for a couple of decades. In your message today, even as its post-COVID, is very consistent with the message that you've delivered for years, this focus on humility, humanity, and optimism. I couldn't agree more where so much has changed, as you've said, and there's a challenge out there for the regulators and those who govern to allow for that change and to allow for that continued innovation. This's still a very positive message and I really appreciate your time and David.

[00:28:42] David: Thank you so much. It's terrific, and we're looking forward to sharing this with other healthcare leaders.

[00:29:17] David: Stuart, one of the things that I thought was so remarkable was that even after 25 years of leadership, Michael Dowling is willing to reflect upon what can be better, push the organization to do things differently. It is this humility that he has that you noted, that I think, makes him such an extraordinary person to want to be part of his type of organization.

[00:29:49] Stuart: Yes, there's simply no question. I think what he has built at Northwell is special. I think it took some real innovation and some real leadership to build a system as large as that in a regulatory environment, that seems very unfriendly to assist them that large. As a New Yorker, I saw firsthand how powerful that regional integration was in terms of being able to respond really at lightning speed, they put up a massive COVID testing center, a couple miles from my home, quite literally overnight.

It was something from, a *War of the Worlds* movie. They did it with lightning speed and they couldn't have done it. I don't think without that powerful leadership and without that, the size and the benefits of that integration. I think he's emphasized that and how important that is, and that's a real, I think message for many.

[00:30:50] David: Yes. I remember very clearly back to those days when the COVID pandemic really started in the New York City region, and I agree with him, people around the country were saying, "Well, this is going to be in New York phenomena. This isn't coming to me and they weren't paying attention to what the New York hospital leaders were doing. I used to run in New York City hospital, so I was following it pretty closely and it was touch and go. I wasn't sure they were going to be able to handle things when they were putting up the tents outside and calling in the active military to help staff, but it's extraordinary. No one cared for more patients than Northwell and they were able to do some pretty incredible things. I think listening to him talk about that and the lessons you can learn are really, I hope people are paying attention.

[00:31:46] Stuart: Agree, and the other takeaway from me, he emphasized time and time again in his remarks as the importance of the team, of the staff, of the humans, , who are over here, and every single one of our clients, this, I know this every single one of our healthcare delivery clients is, is really struggling with, how to, I love the word he used, provide the security, how to protect his team and how to speak to their morale and their meaning and while keeping them safe. Long-term problem, It seems to me without a clear solution but needs to be at the very front of our collective thinking.

[00:32:30] David: Yes, I think that's a really good point. He was making the point that some people may emphasize the virtual care or the digital care that's coming out of this pandemic,

but that he wants to remind people about the humanity. This was a pandemic that affected people and families, and that it affected the people who cared for them in these institutions in a way that's going to be long-lasting. The number of people that are burned out, the number of people that have long-lasting behavioral health issues, the number of people that have retired and it's going to be something that's probably with us for years and years.

The other thing which I just wanted to mention, I thought it was pretty interesting for leaders, sometimes things go so fast and so much is happening. You don't get a chance to sit back and reflect, so he talked about, and he was smart enough to take notes every day. He understood he was going through something even after 25 years of being a CEO, that was pretty extraordinary, and so he took those notes and that ultimately ended up writing a book about it.

For me, when I was a secretary, I wasn't that smart, but my wife was, and so my wife actually kept a diary. When I went back to write a book, I used her notes in the diary, so I just thought it was an interesting thing for leaders to think about. Maybe take 10 minutes at the end of the day and make some notes about what you learned, what you saw, what you're struggling with, and I think it's a good technique.

[00:34:17] Stuart: Well said. The power of reflection and how important that is for the veterans.

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