

Joined at the Hip, Knee, Shoulder,

YOU WOULDN'T normally think of seeing an orthopaedist for dating advice. But the bone, joint, and neuromuscular specialists at NYU Medical Center and its longtime affiliate, the Hospital for Joint Diseases Orthopaedic Institute (HJD), seem to have figured out the formula for a successful relationship.

On the first day of the new year, the two institutions formally tied the knot, creating NYU Hospital for Joint Diseases, whose expertise in musculoskeletal care can be now matched by few medical centers in the world. The merger marks the culmination of a 20-year-long courtship between NYU and HJD. It started with an academic affiliation in 1986, then a clinical association in 1994, the fusion of the two orthopaedic departments in 1997, and the union of the two rheumatology divisions in 2001. Through it all, the two institutions have cooperated in cutting operating costs, expanding clinical services, and combining residency training programs. As the new century unfolded, talk inevitably turned to the subject of marriage—that is, merger.

“The concept behind the merger is that one plus one equals three,” says Joseph D. Zuckerman, M.D., the Walter A.L. Thompson Professor of Orthopaedic Surgery, who has led the department since its inception. “We felt we could do a lot more together than we could do apart.”

As evidence, Dr. Zuckerman points to plans for the development of a “musculoskeletal service line,” comparable to those NYU has created for cancer and heart disease. The idea is that complex diseases require care that cuts across the usual specialty boundaries. This service line will fully integrate the Medical Center’s expertise in rheumatology and orthopaedics—an ideal combination for the care of patients with the various forms of arthritis and autoimmune diseases, fractures, sports injuries, bone tumors, and spinal disorders. When NYU’s specialists in rehabilitation medicine at the Rusk Institute, and in pediatrics, der-



MAIN ENTRANCE OF NYU MEDICAL CENTER

matology, neurology, neurosurgery, and oncology are added to the mix, the service line can meet the needs of any musculoskeletal patient. “The bottom line is that there’s nothing we can’t do in orthopaedics,” says Dr. Zuckerman.

David Dibner, previously HJD’s Interim Chief Executive Officer and now Senior Vice President/Site Administrator, makes an interesting point. Such clinical synergies would have been difficult, if not impossible, to achieve, he says, if NYU and HJD had continued to maintain separate administrative staffs and boards of trustees.

Other benefits are expected to arise from the merger. For example, NYU stands to gain by adding HJD’s internationally recognized name in orthopaedics to its clinical roster. Additional benefits should accrue from the hospital’s substantial market share, profitability, and excess bed capacity. As for HJD, it gets entrée to the clinical and academic resources of a world-class medical center and university, a secure footing for a specialty hospital.

Above all, patients will gain the most: access to the best-possible musculoskeletal care and, if necessary, to the

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entire NYU healthcare system.

“In the past, when a patient came to HJD and developed heart problems,” explains Dr. Zuckerman, “he or she would probably have returned to their physician. Now, we can place that patient into the NYU system with access to a whole world of specialty care.”

While the musculoskeletal service line will take months to reach cruising speed, visitors to HJD will notice changes very soon. First on the agenda are renovations to HJD’s entrance and lobby at 17th Street and Second Avenue. These will give the 17-floor, 190-bed hospital a new face to go along with its new name. Credit for this improvement goes to HJD’s new advisory board, which has already brought fresh energy and resources to the institution.

HJD’s short-term plans also call for several new operating rooms in addition to the two new ORs that were opened in 2005. This will be welcome news to surgeons on the main NYU campus, where OR time is at a premium. NYU and HJD together now perform about 15,000 orthopaedics-related procedures a year, a number that is expected to surge as more and more baby boomers reach the age where joints begin to stiffen and wear out. To make the most of this burgeoning market, HJD intends to open two off-site specialty centers, one focusing on spinal disorders and the other on joint replacements, areas of particular strength at this century-old specialty hospital.

The merger also promises to foster recruitment and research. “If you are trying to recruit clinicians and scientists in any of the musculoskeletal fields, it’s a big plus to be part of a large academic medical center, not only a specialty hospital,” says Steven B. Abramson, M.D., Professor of

Medicine and Pathology and Chief of the Division of Rheumatology. Research should prosper as well, he says. Investigators will no longer have to contend with the difficulties of conducting studies across institutions, and HJD physician-scientists will be able to take full advantage of NYU’s resources, such as the new Joan and Joel Smilow Research Center.

Some things won’t change because of the merger, however. “We intend to maintain the familial culture that has sustained this place for a long time,” says Mr. Dibner. “We’ve put a lot of emphasis on employee relations, patient satisfaction, and physician satisfaction, and we’ll continue to do that.”

Given the spectacular failures of many recent hospital mergers—here at NYU and around the nation—there are those who question whether this merger will succeed. Dr. Abramson, however, is not one of them. “This merger has been happening on the ground for 20 years,” he says. “Dean Glickman set the tone from the beginning that this merger was going to be collegial. So there have

always been attempts to find solutions.”

Dr. Zuckerman is also highly optimistic. “Because of our longstanding relationship, we haven’t faced the turf issues and other obstacles that you run into with other mergers,” he says. “We’ve gotten beyond that. And unlike other mergers, this one has not been forced in response to the marketplace. It’s a merger that comes out of strengths.”

“I’ve been involved in good mergers and bad mergers,” adds Mr. Dibner. “The bad ones are generally because people haven’t gotten on the same wavelength about the ultimate goals. You have to know whom you’re going to the dance with. This dance started with the right music.” ●

— Gary Goldenberg



THE HOSPITAL FOR JOINT DISEASES