

NEW YMG PHYSICIAN TO HEAD BRIDGEPORT HOSPITAL PATHOLOGY



Dr. Young Choi has been appointed as Chair, Department of Pathology at Bridgeport Hospital, Professor of Pathology and Co-Vice Chair of the Pathology Department at Yale. Dr. Choi is a graduate of the Seoul National University College of Medicine. She completed three pathology and clinical pathology residencies at Upstate Medical Center, State University of New York, and Boston City Hospital, and a fellowship in cytopathology at Memorial Sloan-Kettering Cancer Hospital. She is board certified in pathology, cytopathology and immuno-pathology. Before joining Yale, she was a Professor of Pathology at the Albert Einstein School of Medicine, and an attending pathologist and Director of Pathology at Bronx-Lebanon Hospital and Montefiore Medical Center, New York. To contact Dr. Choi call 203-384-3157 or young.choi@yale.edu

OFFICE OF GRANTS AND CONTRACTS BEGINS NEW TRAINING SEMINARS

The environment is changing for clinical trial conduct at the Yale School of Medicine. On November 1, 2000, the YSM instituted new policies and procedures in the areas of finance administration and clinical billing as they relate to clinical trial activity. Principal investigators, nurse coordinators and business managers must ensure that appropriate billing occurs for clinical services associated with research studies.

Grants & Contracts Administration, in cooperation with Financial Operations and Billing Compliance, will conduct the first in

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STRUGAR OFFERS PAIN RELIEF FOR OSTEOPOROSIS PATIENTS

Osteoporosis is a major public health problem in the USA, particularly for women. Vertebral compression fractures in the osteoporosis patient are extremely painful and conventional medical management methods of bed rest, narcotics and braces take up to a year and offer little relief. Now, **Dr. John G. Strugar**, Department of Neurosurgery, can offer 80-90% of such patients significant pain reduction or disappearance within 48 hours of treatment through the use of two new procedures known as vertebroplasty and kyphoplasty. Both procedures are image guided and minimally invasive.

Vertebroplasty uses the internal application of bone cement. In the 1970s bone cement replacement, as an open surgical procedure, was the standard of care for giant cell tumors. In the mid-80s a French interventional neuroradiologist injected bone cement into the vertebral body and ameliorated the pain. The procedure expanded to include metastatic disease, multiple myeloma, painful vertebral hemangioma and painful osteoporotic vertebral compression fractures. Dr. Strugar states, "The primary application now is for osteoporotic vertebral compression fractures." Selected candidates are based on physical exam, medical history, fluoroscopy or MRI showing bone marrow edema at the compression fracture site. Candidates not eligible include those with underlying infection, uncorrectable coagulopathy, allergy to medications used in the procedure, retropulsed bone fragment or tumor mass causing significant spinal canal compromise, technically unsafe placements and asymptomatic vertebral compression fractures.



DR. JOHN G. STRUGAR

Dr. Strugar explains, "The first vertebroplasties in the USA were performed in 1995 at select medical centers in Pittsburgh, Texas, California and Cleveland Clinic, which is where I received my training." Dr. Strugar is the only physician in Connecticut performing these procedures beginning last year with overnight vertebroplasties at YNH. Vertebroplasty requires high-detail imaging systems to properly visualize the placement of a large bore needle into the vertebral body and filling with bone cement. The bone cement hardens within thirty minutes. The patient is under conscious sedation or local anesthesia and remains supine for four hours in recovery. Follow-up visits are at 1 week, 4 weeks and 4 month intervals with patients returning to normal activities of daily living as soon as they feel ready. The procedure lasts ten years, although the relative newness of the procedure means long term follow-up is lacking.

Kyphoplasty is a modification of vertebroplasty. Spinal deformities are concurrently corrected with the vertebroplasty. The kyphoplasty restores the vertebral body anatomy, while the vertebroplasty stabilizes and prevents further fractures. In kyphoplasty a balloon is inflated in the vertebra to restore body height and correct spinal deformities. The space created by the balloon inflation is filled with bone cement, which hardens within thirty minutes. The procedure is performed through needles placed percutaneous into the fractured vertebrae. The patient is under general anesthesia and leaves the hospital the following day.

Dr. Strugar went on to say, "There are exciting future plans awaiting FDA approval. Adding bone stem cells in morphogenic protein compounds to the polymers in the bone cement, means new bone formation could occur. This will make a significant difference in how osteoporosis is treated. To combine kyphoplasty and vertebroplasty, means finally addressing spinal deformity and pain due to osteoporosis with a minimally invasive treatment that is both effective and safe."

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NEW PROCEDURES (CONTINUED)

[Excerpted from Journal of Women's Imaging, Vol. 2, No. 3, August 2000.]

For more information on these exciting new procedures you may contact Dr. Strugar at 785-2807 or john.strugar@yale.edu.

TRAINING SEMINARS (CONTINUED)

a series of training seminars entitled Financial Administration of Clinical Agreements and Medical Billing Compliance. This seminar is scheduled for June 5th, from 10:00 a.m. to 11:30 a.m., in Hope 216 Auditorium. Topics include:

- review of the changing environment
- delineation of roles and responsibilities
- compliance audits and oversight
- tools for monitoring and budgeting
- policy YSM2102 and YSM2101

Coffee and light refreshments will be provided. Registration is available online at the YSM Training and Quality Insurance website, <http://info.med.yale.edu/training/>

For more information, please contact Terry Walden, Assistant Director for Clinical Trials at 737-4212 or Penny Cook, Executive Director, Office of Grants & Contracts, 785-6475.

NB: This session does not meet the medical billing compliance training requirement which addresses direct patient care by faculty.

YMG ADMINISTRATION SUCCESSFULLY REDUCES ASSESSMENT

With a goal of decreasing the cost of business, YMG has succeeded in reducing its' assessment for FY2002. The departments of Patient Financial Services, Credentialing, Compliance and Strategic Development/Marketing have reduced expenses through stringent control and management. Dr. Norman Siegel, Chairman of YMG Finance Committee remarked, "This collaborative effort yields a .53% reduction in the clinical assessment for fiscal year 2002. I wish to acknowledge the support

and focus brought to this initiative by members of the Finance Committee of the Board of Governors and Dr. Leffell. Additionally, YMG appreciates Irwin Birnbaum and Stacy Ruwe's assistance in re-evaluating prior debt that was amortized over a 5 year period, resulting in a 53% decrease in interest and amortization expenses." Dr. Leffell affirmed, "YMG administration will continue its' commitment to seek ways to streamline processes, deliver high quality services and respond to the changing and growing needs of the faculty."

WHAT CAN YALE PRACTICE DO FOR YOU?

It can:

- Help you welcome new members of your department and introduce them to the organization
- Highlight new programs and services you wish others to be aware of and to utilize
- Help you learn about upcoming organizational activities
- Keep you informed about need-to-know and ought-to-know topics
- Help you focus on what's new and what's changing in our medical world
- Connect you and your staff with people who share a common interest
- Help managers and administrators recognize outstanding contributors

To suggest or request an article be placed in Yale Practice, contact Ann Freeman at 785-6592 or by e-mail at ann.freeman@yale.edu

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