



Physician of the Year Award

In recognition of the importance of clinical medicine to its mission, the School of Medicine has established a Physician of the Year Award. This award will recognize faculty who provide outstanding clinical care and successfully integrate their clinical practice with academic achievement and teaching. Full-time faculty who spend at least 50 percent of their time on clinical care are eligible. Candidates should be nominated by their department chair.

The nomination should include:

- A letter from the department chair that includes a description of the physician's qualitative and quantitative measures of achievement in clinical care. Innovative programmatic achievement, patient and referring physician satisfaction, availability for patient appointments and referring physicians, evidence of quality improvement and/or patient safety activities, awards and evidence of national and regional recognition should be included where appropriate.
- CV in Yale format.
- Brief description of clinical, academic and teaching activities (up to one double-spaced page).
- A list of three referring physicians (at least two must be outside YMG) that the committee can contact.

These materials should be submitted to the Deputy Dean for Clinical Affairs David J. Leffell, MD, 40 Temple Street, New Haven, CT 06510, by May 15. A selection committee will review the applications and determine the final candidate, who will be announced in June.

As currently configured, the clinical practice at Yale faces substantial functional, structural and operational challenges which limit its success. As a result, revolutionary change is required to create a practice that fulfills the principles enumerated here ...

Navigant presents findings; consensus reached on practice principles

In the Winter 2007 Special Edition of Yale Practice, David J. Leffell, MD, director of the Yale Medical Group, reported on the completion of Navigant Consulting's four-month analysis of the clinical practice. Their report, which focused on the cost of practice as well as faculty and staff productivity, made several recommendations for change. Last month, representatives of Yale Medical Group and the School of Medicine met to discuss those recommendations. One of their first steps was agreement on a set of guiding principles. In this article, Leffell reports on the March 10 discussions and how the practice is preparing to move forward.

On March 10 more than 70 department chairs, clinical administrators, faculty leaders and representatives of the central administration and the Yale Medical Group gathered at the New Haven Lawn Club to hear Navigant Consulting describe the challenges facing our practice and make recommendations for improvement. At the conclusion of their detailed analysis, lead consultant MarieAnne North and her team crafted several recommendations that, when implemented, will substantially improve the clinical practice of the School of Medicine and set the stage for significant growth and excellence.

The full-day retreat began with an overview of the practice. Using graphs and charts, the Navigant consultants detailed patient no-show rates by department, physician cancellations, utilization of exam rooms, financial metrics, deployment of staff, utilization of mid-level practitioners, malpractice rates, space costs and other aspects of practice operations.

Among the challenges they noted were high malpractice insurance rates, low productivity in some

clinical departments and patient no-show rates and physician cancellation rates that resulted in 58,000 cancelled appointments in the 2006 fiscal year. The consultants also found that it takes an average of 29.5 days to get an appointment with a YMG physician.

They recommended that the practice set staff and physician productivity targets, establish compliance standards for practice-wide performance, and centralize functions, such as appointment scheduling and space management, that will lead to improved patient service.

continued on back

New state CME requirement starts in October

Physicians who need to satisfy new Connecticut licensing requirements for continuing medical education (CME) can do so quickly and easily online or in person with help from YaleCME.

Starting this October, physicians wishing to renew their licenses in the state must show that they have accrued 50 hours of CME over the past two years. The requirement stems from a state law that took effect on October 1, 2005. Under the legislation, CME must be in an area of the physician's practice and reflect the physician's professional needs in order to meet the health care needs of the public. It also requires at least one hour of training or education in each of four areas: infectious disease, including AIDS and HIV; risk management; sexual assault; and domestic violence, said Janine Evans, MD, associate director for clinical affairs at Yale Medical Group.

More information is available at YaleCME online at <http://cme.yale.edu/>.

Before expending substantial resources to improve practice operations and to alter practices that have become familiar and comfortable, it is important to ensure that there is a consensus on basic values, which were discussed in the afternoon. While each may seem self-evident, in some cases they represent a fundamental change in the philosophy and perspective of the School of Medicine. Broad consensus was reached with respect to each of the principles presented here:

As currently configured, the clinical practice at Yale faces substantial functional, structural and operational challenges which limit its success. As a result, revolutionary change is required to create a practice that fulfills the principles enumerated here:

- The quality of patient care in the clinical practice is a fundamental value.
- The quality of patient service in the clinical practice is a fundamental value.
- The efficient use of resources in the pursuit of optimum patient care in the clinical practice is a fundamental principle of operation.
- Medical education and resident training are integral to the clinical practice, and must be conducted in an efficient manner. Ultimately, a successful, efficient practice creates an environment for wide-ranging educational and research opportunities.
- Departments and individuals must function with respect to the enumerated principles at or above the level established for the practice.

While change may sometimes be a source of anxiety, it is also an opportunity to improve and excel.

- Departments recognize the overall benefit of coming together in operational, functional and financial ways to operate as much as possible as a group practice. It is recognized that migration to this entity will result in new models of business and practice.

- Capital investment will be required to achieve restructuring and growth of the practice.

- Clinically productive faculty should be compensated in a competitive manner both financially and academically.

With consensus on these principles we are now poised to move forward aggressively to fix the practice in ways that have not been fully considered in the past. The process we will follow will involve broad input from all sectors of the organization including management, faculty, and employees and their union representatives. Transforming the practice into one that is patient-friendly and service-oriented is a major challenge. While change may sometimes be a source of anxiety, it is also an opportunity to improve and excel. There are many areas in the Navigant review that have been identified as proverbial “low-hanging fruit”—simple things we can do to make it easier for patients to access the practice, experience a professional appointment, and strengthen the relationship with referring physicians. A call center with a single phone number that would permit triage of calls directly to departments is one example of innovation that can have a dramatic impact on the practice.

This month we will begin to prioritize the recommendations of the consultants and formulate strategies and timelines. It is likely that Navigant consultants will return to help us with our implementation. I want to emphasize that there will be broad discussion and extensive opportunity for input as we seek ways to enhance the patient experience. We do, however, have a very good sense of what needs to be done, and much of it is common sense. An oversight group, currently being selected, will ensure that the process of practice enhancement is proceeding effectively and reflects the consensus principles.

I believe that everyone who works in the practice, or whose job touches the care of patients, understands the unique privilege involved in this role and the special responsibility that we all share. Finding new and effective ways to build the practice so that we can all be confident of referring our own family members here is the goal for the coming year.



David J. Leffell, MD
Director, Yale Medical Group
Deputy Dean for Clinical Affairs

Yale Practice

Published by the Yale Medical Group

300 George Street, Suite 773

New Haven, CT 06511

(203) 785-5824

www.yalemedicalgroup.org

Editor: Michael Fitzsosa

Managing Editor: John Curtis

Contributors: Ann Freeman, Lena Parker

Director: David J. Leffell, MD

Chief Operating Officer: Marianne Dess-Santoro

Associate Director, Clinical Affairs: Janine Evans, MD

Director, Strategic Development/Marketing: Mary Hu