Yale Practice

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"Nothing is more precious than vision," says ophthalmologist Robert Bernardino, who performs surgery to help patients optimize their sight.

Physician at Work
Droopy eyelids, bulging eyes, and double vision

A meeting at a conference of the American Academy of Ophthalmology in 2006 initiated a chain of events that led to the recruitment of **C. Robert Bernardino**, MD, Director of Oculoplastics and Orbital Surgery at Yale, from Emory University. At that conference in Las Vegas, Bernardino met **James C. Tsai**, MD, chair and Robert R. Young Professor of Ophthalmology, who had arrived at Yale from Columbia University only one month earlier. The two physicians' shared goals and aspirations for the Yale Eye Center led to Bernardino's decision to come to Yale. "We had a common vision of making our department one of the best programs in the country," he said.

Bernardino, an associate professor of ophthalmology and visual science, envisions himself as a dedicated cutting-edge surgeon. "Most of my patients are referrals for surgical management," he said. He spends a day and a half each week seeing patients, and the rest of the week he is in the operating room. He specializes in oculoplastics and orbital surgery, and much of his work involves reconstructive and cosmetic surgery of the eyelids and orbit—droopy eyelids or eyelids turning in or out. His particular interest is in thyroid eye disease, whose symptoms include bulging of the eyes, double vision, loss of vision, or blindness.

He has initiated a clinical study to explore ways to reduce the common side effect of double vision following orbital decompression surgery to reduce bulging of the eyes that occurs in thyroid eye disease. "No one has looked carefully at what the true rate of double vision is due to decompression surgery," he said. "We don't know what the predictive factors are that could cause it."

Born to physician parents (his father is a retired ophthalmologist and his late mother was a dermatologist), he initially tried to find

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Board of Governors forms committees to oversee YMG practices

The committees and subcommittees will review finances, long-term strategies, patient care and safety, and clinical leadership development.

In February eight members were elected to Yale Medical Group's Board of Governors and **Charles J. Lockwood**, MD, chair of obstetrics, gynecology, and reproductive services, and Anita O'Keefe Young Professor of Women's Health, was named chair of the board for a three-year term. Since then the board has created and staffed committees and subcommittees to oversee YMG practices and recommend enhancements and improvements.

"By leveraging our individual talents, skills, and unique perspectives and melding them into these committees, which cover the full breadth of YMG, we will not only produce a much more effective governance structure, oversight structure, and idea-generating force, but will actually get people to talk to each other," Lockwood said in an interview in June. "Within six months these committees will be functioning efficiently and generating work products that improve the performance of YMG. We will have in place a governance structure that covers the waterfront of where health care is going and where Yale is going and needs to go."

Finance
"Are we keeping our expense profile at a minimum? Are we maximizing our revenues? Are we hitting our targets?

Malpractice
"This committee will be looking at malpractice not from the perspective of avoiding bad outcomes, but are the rates fair? Is the information that we are getting from our malpractice carrier accurate? How do we do long-term projections about trends in malpractice premium costs? It is very challenging to put together a capital budget when we don't know what malpractice premiums will be until halfway into the year."

Strategic planning
"This committee has the job of figuring out who we are, where we are going, and what the market is going to look like. Do we go with traditional departmental structure? Do we morph into interdepartmental centers of excellence? Both? What is health care reform going to do? How will that impact our payment scheme?"

Marketing and branding
"Marketing has to be viewed not as a series of simple one-shot advertisements, but as a 24-hour-a-day, seven-day-a-week, holistic component of care. The best marketing you can do is to do a good job with your patient."

Contracting
"Insurance contracting is going to take on much greater importance in the next few years with new challenges in an era of health care reform including medical homes, bundled payments, and accelerated pay for performance."

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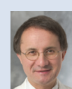
COMMITTEES AND CHAIRS



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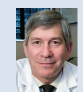

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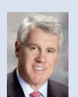

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his own path in medicine. "When I was in medical school, I tried my darnedest not to go into either field," he said, adding that, in the end, ophthalmology appealed to him for several reasons. "Most important were the people. I saw eye to eye with them, and I really liked interacting with ophthalmologists," he said. "It is one of the most technologically driven medical fields. And nothing is more precious than vision. Preserving and enhancing vision is a great thing."

Name: C. Robert Bernardino, MD

Title: Associate professor of ophthalmology and visual science, director of oculoplastics and orbital surgery section, residency program director

Area of expertise: Oculoplastics and orbital surgery

Place of birth: Manila, Philippines

Age: 37

College: Lehigh University

Med School: Jefferson Medical College

Training: Internship at Crozer Chester Medical Center; ophthalmology residency at Wills Eye Hospital, Thomas Jefferson University; fellowship in oculoplastics, oncology, and ophthalmic pathology at Massachusetts Eye and Ear Infirmary, Harvard University

What do you like most about your practice? I like the diversity and complexity of the cases that I see, in particular thyroid eye disease.

What is most challenging to you in academic medicine? The most challenging thing about academic medicine is juggling the demands of taking care of patients, pursuing academic research, and finding time to educate residents.

What is most rewarding? Taking young residents and seeing them progress through their education, and—after three years—develop into highly skilled and qualified surgeons.

Personal interests or pastimes? Restoring a classic car (1966 Sunbeam Tiger) and an 1840s house on the Quinnipiac River.

Last book read: *Angels and Demons* by Dan Brown

Family: Wife, Nana, architect and currently a stay-at-home mom, and son, Trevor, 21 months.

What would you do to improve our clinical environment if you had a magic wand? I would want more time to focus on each patient individually. I feel that we are too pressed for time. Whether through more efficiency or more support staff, I would like more time to take care of patients.

Practice Safety and Quality

"The idea of practice safety and quality is to ensure that we have reduced the adverse events that are preventable to an absolute irreducible minimum. That might include implementing electronic medical records that have decision support software so if you forget to order or check a lab test, it would remind you. The committee could implement checklists in the operating room, ICUs and Emergency Department to reduce variance in care and thus the opportunity for errors."

Practice operations and standards

"This committee's focus is on providing the best evidence-based care and making sure that it is provided in as efficient a way as possible. So, the patient calls and she doesn't have to wait half an hour to get her appointment. She walks into a clean, tidy and efficient practice setting, and she gets the right care. The doctor and staff are highly responsive to her questions."

Clinical Leadership Council

"One of the things we don't do particularly well is develop clinical leaders. A company our size would have a leadership development department. They would constantly be surveying their managers, figuring out their strengths and weaknesses, giving them classes and coaches and books to read, and optimizing their ability to lead the organization. The idea of the council is to identify leaders, develop them, and get their insights, input, new ideas, and out-of-the-box thinking."

Clinical information systems

"The whole world of medical informatics is in flux," Lockwood said, noting that health care providers are embracing electronic medical records (EMR). "Embedded in that EMR must be information that can improve the efficiency of care and that can accurately capture billing information and outcome data. Most importantly the EMR must be festooned with ever more elaborate decision support software that prevents medical errors, and it has to be user-friendly from a research standpoint. This will be a tall order, and an exciting committee to serve on."

Clinical Research

"To grow, YMG needs to have an adequate cadre of patients to enroll in clinical trials. We need an EMR that is research-friendly. We need specimen storage banks. Patients need to know what protocols are available. We have to do a much better job of marketing the clinical research that we have."

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300 George Street, Suite 773
New Haven, CT 06511
(203) 785-5824 phone
www.yalemedicalgroup.org

Editor: John Curtis
Contributors: Ann Freeman
Photography: MedMedia Services; Michael Marsland

Chief Executive Officer: David J. Leffell, MD
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