



Ophthalmologist John Huang treats patients with hard-to-manage inflammation and other eye diseases.

Physician at Work

An Ophthalmologist Who Treats the Whole Body

Ophthalmologist **John Huang**, MD, treats diseases of the eye, but his sub-specialty covers the rest of the body. Huang, director of the uveitis service, treats inflammation of the eye that may be related to hypertension, diabetes, lupus, rheumatoid arthritis, herpes, syphilis or HIV. “The interesting thing with the uveitis and the retina is we deal a little bit more with systemic diseases,” he said. “Because I see patients with ocular inflammation and infection, I treat them much as a rheumatologist does, often using the same medications and following them in much the same way. It’s very interesting because it brings together more of what we learned in medical school.”

Huang, who arrived at Yale in 2007 after two years on the faculty of Stony Brook University, often treats patients with hard-to-manage inflammation that doesn’t respond to the steroid eye drops ophthalmologists generally prescribe. In addition to using immunosuppressants, Huang might inject medication or implant devices that release drugs over a period of months. Before such drugs were available, HIV patients who developed cytomegalovirus retinitis often went blind. His practice also includes retinal detachment repairs and treatment of patients with diabetes-related complications and bleeding in the eye, for which he performs a vitrectomy to remove the blood and scar tissue related to the diabetic retinopathy.

Originally, Huang wanted to be a cardiothoracic surgeon, but he switched to ophthalmology because it offered rapidly changing surgical techniques and the opportunity to help and interact

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Yale Medical Group Director David J. Leffell, right, and Tucker Leary, vice president of administration at Yale-New Haven Hospital, offered advice to clinicians on building their practices.

Art, Science and Business Acumen

Relationships with patients and referring physicians are the keys to a successful practice.

Expertise in p-values won’t help doctors build a successful clinical practice unless they also become experts in the statistics of the marketplace, the director of the Yale Medical Group advised an audience of clinicians this month.

David J. Leffell, MD, director of the more than 800-physician YMG and deputy dean for clinical affairs of YSM, and **Tucker Leary**, vice president of administration at Yale-New Haven Hospital, offered advice on “How to Build a Successful Practice,” a symposium sponsored by YMG and YNHH on April 9 in Fitkin Amphitheater. Creating a flourishing practice is part art—mostly the simple art of human contact—part science and part business acumen, Leffell said.

“We leave medical school without a clear idea about how to build a clinical practice,” Leffell said to an audience of 45 clinicians and 21 administrators and staff from more than a dozen departments. A successful practice, Leffell said, rests on strong and positive relationships with three stakeholders—referring physicians, patients and staff.

- Referring physicians must have confidence in the specialist’s skills, but they also need to know they can reach her on the phone to follow up on the case.
- Patients need confidence in a specialist’s skills, want their doctor to be accessible, and want to feel welcome when they go for an appointment.
- Staff should feel that they are part of a team and that their input is welcome. “You need to treat

your staff as people who work with you, not as people who work for you,” Leffell said. “They are your work ‘family,’ and they are hugely important in building a successful practice.”

Among the steps physicians can take to build their practices are maintaining an up-to-date online clinical profile, participating in grand rounds, developing and presenting CME courses, and meeting with referring physicians over lunch and dinner. Physicians should seek opportunities to acknowledge referring physicians and should keep in touch with all those involved in a patient’s care. Physicians should also use feedback from patient surveys to identify opportunities to improve their practices, encourage staff to be mindful of “the little things” that affect patient satisfaction, and arrive early to consult with staff before seeing patients. Physicians should keep in touch with patients through follow-up calls after visits.

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What Referring Physicians Want

Ability – Establish their trust in your skills.

Accessibility – Know who is trying to reach you and be accessible to them at all times.

Acknowledgment – Follow up by calling the referring physician within 24 hours; call immediately if the news is bad; call from the OR.

Physician at Work *continued*

with patients in an outpatient setting. In addition to his clinical practice, he spends a lot of time on research. “Research allows me to have a more global effect and clinical practice allows me to work one-on-one with patients, and for those with the greatest need I can offer the newest treatment coming out of the research,” he said. He is currently working with **Josephine Hoh**, PhD, associate professor of epidemiology and ophthalmology, who has pinpointed genes associated with macular degeneration, to develop targeted pharmacogenetic therapy to treat the disease.

Name: John J. Huang, MD.

Title: Director of Uveitis Service, Assistant Professor of Ophthalmology and Visual Science.

Area of expertise: Vitreo-Retina Disease; Ocular Inflammatory Disease.

Place of birth: Shanghai, China.

Age: 35.

College: New York University.

Med School: Johns Hopkins University School of Medicine.

Training: Residency at New York University Medical Center/Manhattan Eye, Ear & Throat Hospital; fellowships in vitreo-retina disease at the Wilmer Eye Institute of Johns Hopkins Hospital and ocular immunology and uveitis at Harvard University School of Medicine

Family: Married to Veena Channamsetty, MD (family practice); son: Deven, age 3.

What is most challenging to you in academic medicine? Balancing the many roles of teacher, physician, researcher and administrator.

What is most rewarding? Developing new technology and research to change the way we do medicine.

What do you like most about your practice? The opportunity to do the important research projects I am interested in.

Personal interests or pastimes? My family is the most important aspect of my life. Additional hobbies include basketball, tennis and cooking.

Last book read: *The Pillars of the Earth* by Ken Follett.

What would you do to improve our clinical environment if you had a magic wand? Reduce the paperwork connected to getting research started. It takes a long time to get clinical studies up and running.

Art, Science and Business *continued*

Leary and Leffell urged the audience to make use of the YMG’s administrative services and resources, such as information on the market, billing summaries, credentialing, training, a referral call center, online physician directories, scheduling and registration services, and marketing services.

At least one member of the audience, **Mary Tomayko**, MD, an assistant professor of dermatology, said she found the session useful because she learned the many ways in which YMG can help her build a practice. “I didn’t realize there was such an extensive network.”

NEW POLICY ON PRESCRIPTION PRACTICES

It’s an old joke—if you can decipher a prescription, a doctor didn’t write it. As of April 1, Federal regulations require something more substantial than a doctor’s bad handwriting to prevent copying or tampering with prescription pads. In the first stage of the new regulations, prescription pads must have one of three protective measures: they must be resistant to copying with features such as the words “void” or “illegal” that appear when a blank form is photocopied or scanned; they must be resistant to erasure or modification; and they must be resistant to counterfeiting through the use of logos or watermarks.

By October 1, pads will have to contain all three preventive measures. In addition, pads should be stored in a secure location, preferably under lock and key.

The Yale Medical Group requires all clinicians to use tamper-proof pads, except for refills on prescriptions written before April 1, e-prescriptions, faxed prescriptions, telephoned prescriptions, and emergency fills if the prescriber provides a compliant written prescription within 72 hours.

Other tips for secure prescription practices:

- Don’t leave prescription pads unattended on your desk or in examination rooms.
- Never pre-sign prescriptions and hand them to staff who lack authority to fill them out.
- Be careful when indicating the number of pills you are prescribing—don’t leave space for an extra zero to be added.
- Write out and spell out the quantity of the drug to be dispensed.

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