2016 was a year in which we enhanced our functioning as a group; a year in which we addressed the rapid and unprecedented changes in the health care landscape with an impressive display of collaboration, communication and teamwork. This was reflected in our rebranding as Yale Medicine, a change that unifies our clinical operations under a common identity and purpose and presents a clear and consistent vision of our organization as a provider of world-class patient care.

This annual review will highlight many accomplishments and activities that reflect the enormous depth and breadth of Yale Medicine (YM). I will detail some of those achievements later in this letter, but first I want to identify some of the key cultural changes we have embarked upon. First and foremost is the one I have already mentioned—our enhanced functioning as a group, which is evident in many ways. The YM Board has been an important part of this collaborative spirit. Despite encountering some challenging situations, the board has truly been thoughtful and measured in its approach. I have seen wonderful decision-making on critical areas such as contracting with Anthem, standardization of billing assessments across all departments, adoption of practice standards, and multiple operational changes such as the opening of the new YM facility in Stamford and ongoing clinical optimization efforts, to name just a few. What these actions tell me is that the level of trust within the practice and between the YM Board members continues to grow. The key ingredients of this evolution are a sense of common purpose, transparency, and the uniform flow of information. When the YM board meets, we are not wearing our departmental hats, but rather we are all donning our YM hats. This is truly good news.

So what did we accomplish this year? 2016 has brought many exciting achievements, and of course, I cannot cover all of them in this review. But I would like to highlight some important and unique activities that reflect the diversity of efforts across the practice.

• The launch of our new brand started out with a bump when our branding agency closed its doors in August, before completing the new Yale Medicine website. But I am confident that we are back on track, with full implementation of the new website scheduled for spring 2017. Our plan is to have faculty members be our Beta testers for the site. So before we go live to the “outside world,” we’ll have faculty vet the site first. I am sure there will be robust feedback.

• Our Center for Musculoskeletal Care (CMC) site in Stamford is now open and serving patients. This initiative is a long time in coming, and through the hard work of many and the unrelenting leadership of Kim Moriarty, YM now has a fully operational clinical site in Fairfield County.

• Dr. Babar Khokhar’s clinical optimization team continues to deliver across the practice. To date, Dr. Khokhar’s team has completed assessments on more than 20 clinics across multiple departments, with great success. Any group that has been “Babarized” (definition—undergoing clinic optimization by Dr. Babar Khokhar) knows what I am referring to. Trust me, you will all get the chance in the near future.

• Medicaid continues to be a stressor for us. Our Medicaid volumes continue to increase and our percentage of patients with Medicaid surpasses the local marketplace. While serving these patients is fully consistent with our mission, it is important that we understand this population and develop tools to better manage this group.
Advocacy: This was another busy year at the State Capitol in Hartford. While visiting the Capitol is not always a fun event, it is nonetheless important. I am happy to report that we are making progress on this front and, while we have work to do, we are in a better position to engage in strategic advocacy than in years past.

Administrative changes: This year, Fred Borrelli was appointed to the new position of Chief Administrative Officer. In this role, Fred will be helping mature our relationship with Yale New Haven Hospital via our shared services arrangement, as well as our relationship with the University. Fred has been and remains a critical part of our team, and I and others will be leaning on him for his continued leadership.

We have also added Maryam Saeri as COO, and most recently we recruited Iain Burchell as our new CFO. As you get to know these team members, I am sure you’ll find them both helpful and insightful.

Patient satisfaction: Under the leadership of Marie Follo, our patient satisfaction scores continue to increase, and we are now in the top 25 percent of our peer institutions across the United States. While this is not our endpoint—we want to be in the top 5 percent—we are making real strides in our progress.

Executive leadership training with the Yale School of Management continues. We now have two programs for faculty and physicians at YNHHS: our Emerging Leaders program and the Advanced Emerging Leaders. Collectively these two programs enrolled over 75 physicians last year, and the results have been a 4.85/5 for virtually every session.

I hope you find this annual review helpful, and I hope it provides a sense of the types of issues that Yale Medicine is addressing—and of equal importance, our outcomes.

As you will see, much was accomplished in 2016, and there remains much yet to do. What is essential is that you understand our goal at YM is to make our practice a premier enterprise that meets the needs of patients, faculty, and our larger University community. YM can only be successful when the faculty and departments are successful. To achieve that end, we must be committed to transparency and open communication. I am happy to visit any group, section, or department and have an open and frank discussion on what we are doing at YM, or on topics you deem important. We all need each other to be successful and thrive.

As you read through this Year in Review, I have the utmost confidence you will have a sense of the breadth and depth of YM activities, our commitment to excellence, and the need for all parties to engage in the process of becoming one of the premier medical groups in the U.S. Thanks for all your hard work, and let me know if you would like me to visit.

Sincerely,

Paul Taheri, MD, MBA
CEO, Yale Medicine
### Facts & Figures

<table>
<thead>
<tr>
<th>Category</th>
<th>FY '15</th>
<th>FY '16</th>
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<tbody>
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<td><strong>Clinical Income</strong></td>
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<td><strong>Volunteers Enrolled</strong></td>
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- **Clinical Income**: INCREASE OF $40.8M
- **Patient Encounters**: INCREASE OF 169,989
- **Open Clinical Trials**: INCREASE OF 627
- **Volunteers Enrolled**: INCREASE OF 1,305

<table>
<thead>
<tr>
<th>Category</th>
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<td><strong>Full-time Physicians</strong></td>
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<td><strong>Part-time Physicians</strong></td>
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<tr>
<td><strong>PAs &amp; APRNs</strong></td>
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<td>598</td>
</tr>
<tr>
<td><strong>YM Central Staff</strong></td>
<td>414</td>
<td>483</td>
</tr>
</tbody>
</table>

- **Full-time Physicians**: INCREASE OF 53
- **Part-time Physicians**: DECREASE OF 15
- **PAs & APRNs**: INCREASE OF 93
- **YM Central Staff**: INCREASE OF 69
On Aug. 31, 2016, the clinical practice of the Yale School of Medicine entered a new phase in its evolution, as Yale Medical Group became Yale Medicine.

The new identity, part of a comprehensive rebranding campaign, was reflected everywhere—in signage, business cards, letterhead, patient-facing communications, and even lab coats.

But the new brand goes much deeper than just a name change. The ultimate goal of the rebrand is to unify clinical operations under a common identity and purpose, presenting a clear and consistent vision of Yale Medicine as a provider of world-class patient care.

The kickoff of the Yale Medicine brand was not without a few bumps in the road. A key element of the rebrand—the launch of a new Yale Medicine website—was delayed when the organization’s branding agency closed its doors in late August before completing the technical aspects of the site.

The Yale School of Medicine communications team spent several months assessing what work remained to be done and developing a plan to move quickly toward completion. The technical components of the project were salvaged, and full site implementation is expected in spring 2017. Once launched, the new Yale Medicine website will serve as an engaging and comprehensive health care resource, with hundreds of feature stories, physician profiles, and condition, procedure and treatment articles.

This is an exciting time for Yale Medicine, as the new brand supports the efforts of all faculty and staff to further the organization’s mission: *We deliver exceptional medical care in a nurturing environment to each of our patients, every day.*
Yale Clinical Optimization Services (YCOS) continued its work across Yale Medicine and Yale New Haven Hospital ambulatory sites during 2016. The team’s goal is to improve the patient and provider experience by identifying opportunities for increased efficiency, ensuring implementation of YM practice standards and sharing successful strategies across the practice.

Post-assessment work in many projects completed last year continues to yield improvements. In the Yale Eye Center there was a three-point increase in overall patient experience scores, along with a 13 percent increase in revenues. Their call center reduced calls to voice-mail by 98 percent, and the answering rate increased from 67 percent to 97 percent. In the YNHH Transplantation Center, major improvements were made to workflows and the clinic’s physical layout, resulting in a six-point increase in patient satisfaction related to clinical space. A new sub-waiting room was created with streaming content related to transplantation to enhance patient education. Similar results have been seen in other sites as well.

In FY2016, YCOS conducted assessments in Digestive Diseases, Plastic Surgery, Winchester Chest Clinic and the Department of Pediatrics. Early data has revealed better access, improved patient experience and stronger financials.

YCOS is led by Dr. Babar Khokhar, chief clinical transformation officer, and includes Troy Brown, Marie Follo, Paul Votto, Marla Pelle and Shannon Lake, with the support and assistance of local programmatic leadership.
Patient satisfaction scores continued to rise in 2016, due in part to a focus on customer service training and efforts to communicate patient survey results weekly to every level of the organization.

Yale Medicine began the first quarter of the 2016 fiscal year (July–September 2015) with a patient satisfaction score of 91.8, putting us in the 58th percentile of Press Ganey clients. By the final quarter of the fiscal year (April–June 2016), YM’s patient satisfaction score had risen to 92.5, putting us in the 70th percentile.

There was a concerted focus this year on access—improving the patient experience at the point of entry, whether on the phone or in person. This was achieved through AIDET customer service training across the organization, as well as taking a hard look at responses to questions about access on the patient survey.

Patient survey results are being examined more frequently; reports are now distributed every week across Yale Medicine, and departments follow up with patients on any negative comments. In addition, the Patient Experience Council, which was created two years ago, meets monthly to review patient satisfaction data. “We’re using the data we’re receiving in a positive way to improve the patient experience,” said Marie Follo, senior director, ambulatory operations.

The amount of patient feedback has increased dramatically over the past two years, since Yale Medicine switched from paper surveys to electronic ones. “We are now getting about 6,000 responses per quarter—which is the amount we used to get in a year,” Follo said.

Yale Medicine has also aligned with Yale New Haven Health’s patient experience executive director, Susan Haufe, and her team, Follo said. “We agreed to share our data, report it across the Yale New Haven Health System, and utilize a single reporting solution to track service recovery for patients who had a negative experience.”
Residents of lower Fairfield County now have access to exceptional musculoskeletal care delivered by Yale Medicine physicians in a wide range of disciplines.

The Yale Medicine Center for Musculoskeletal Care (CMC) officially opened on Sept. 12 in the Long Ridge Medical Center in Stamford, a newly renovated building that is a joint venture between Yale Medicine and Greenwich Hospital/Yale New Haven Health. The CMC provides comprehensive, multidisciplinary care for patients with problems affecting the muscles, joints, bones and nerves—everything from arthritis and running injuries to fractures due to osteoporosis, as well as such chronic disorders as Parkinson’s disease and lupus.

One of the distinctive features of the center is the variety of musculoskeletal specialties represented there, including orthopaedic surgery, neurology, neurosurgery, physiatry and rheumatology. “We integrated specialists from different areas of the musculoskeletal realm to practice side by side,” says Mary O’Connor, MD, director of the Yale Medicine CMC. In addition, Greenwich Hospital provides ancillary support in imaging, infusion and physical therapy, giving patients a full range of services and expertise under one roof.

The project demonstrates Yale Medicine’s commitment to Fairfield County and its growing presence in the area. YM’s marketing and outreach team, independently and in conjunction with Yale New Haven Health System, is working to build awareness of Yale Medicine in lower Fairfield County through billboards, radio advertisements, targeted mailings, outreach campaigns and networking events to connect local providers with YM physicians.
In October, Yale Medicine and Yale New Haven Health embarked on a groundbreaking telemedicine program, when two recent kidney transplant recipients had follow-up appointments with their surgeon by video.

It was the first time in New England that a health care provider has conducted video visits with patients using Epic electronic medical record technology. It also is believed to be the first time in the United States that this technology has been used specifically for follow-up visits with transplant patients.

Since the video consultations were fully integrated with Epic, the surgeon, Dr. David C. Mulligan, was able to see and talk with the patients while viewing recent test results and other vital medical information. Dr. Mulligan is chief of Yale Medicine Transplantation and Immunology and director of the Yale New Haven Transplantation Center.

The two transplant patients had a number of in-person follow-up visits immediately after their surgeries. But as they progressed in their recovery, they were able to conduct some of their visits by video, saving a tremendous amount of time and disruption to their daily lives.

Typically, transplant patients come back to the Yale New Haven Transplantation Center about 25 times during the six months after surgery for follow-up visits and consultations. If some of those visits can be conducted by video, patients are saved from the time and hassle of driving to New Haven and sitting in waiting rooms, Dr. Mulligan says. There are also financial benefits for patients, as they don’t have to take time off from work or find child care in order to go to their appointments. And transplant patients with weakened immune systems benefit from not having to go to a medical facility where they would be exposed to other patients.

Nationally, telemedicine programs have grown dramatically in recent years, with a projected 700 percent increase in telemedicine use by 2020. Yale has a variety of such programs, including TeleStroke, which allows neurologists to provide remote treatment for stroke patients; the InSight Tele-ICU, which uses advanced telemonitoring and clinical analysis to enable care for intensive care patients across the health system from a single location; and FaceTime smartphone calls between behavioral health providers and patients in Yale New Haven Hospital emergency departments. Yale New Haven Health and Yale Medicine have formed a joint steering committee to coordinate and centralize the expansion of telemedicine programs and develop pilot programs.
The Yale Medicine Practice Standards Committee continued to create new practice standards in 2016. The practice standards serve as guidelines for our interactions with providers, patients and referring physicians and define how we believe our services should be delivered.

These practice standards can be found at medicine.yale.edu/practicestandards. Please note the newly revised Yale Medicine vision, mission, and values statements, as well as the Patient Experience and Physician Health and Wellness practice standards.

Additionally, the Yale-New Haven Hospital/Yale Medicine Joint Leadership Council (JLC) celebrated its first year since being formed to bring leadership, governance and operational structure to address quality improvement. The JLC, composed of physician and nursing leaders, provides oversight of activities related to four pillars: Safety/Quality, Patient Experience, Engagement and Clinical Redesign.

Representative examples of the work being done by the JLC include producing the hospital Performance Improvement Plan, and implementing high reliability organization training for all newly appointed/credentialed medical staff.

Blueprint for Practice: Our Plan for Building Quality

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Dashboard Provides Data to Improve Performance

Among Yale Medicine’s many achievements in 2016 was the creation of a provider dashboard to present basic information regarding financial performance, productivity, metrics and key performance indicators. The dashboard was developed with the endorsement of the YM Operations Committee and Board and a group led by Dr. Babar Khokhar, and with support from the Yale Medicine Joint Data and Analytics Team.

This dashboard will allow providers and department leadership to better understand their performance and to take a proactive approach to addressing operational issues and support improvement efforts. The dashboard is easy to view and allows providers to drill down into their data. On a monthly basis the dashboard is automatically pushed via email to providers and department clinical and administrative leaders. The data is presented for the current month and year to date, and includes a comparison to the previous fiscal year.

A larger workgroup of providers has been established to make recommendations to refine current metrics and add new ones. With direct input from providers, the dashboard will be regularly enhanced and updated going forward.
Over the past few years, Yale Medicine has experienced significant growth in its clinical practice, resulting in an unparalleled increase in faculty, managerial, clerical and technical positions. Much of that growth has been driven by increased service delivery—both by Yale New Haven Health and Yale Medicine—funded by government and commercial payers.

But in 2015 and 2016, Connecticut hospitals faced numerous unexpected Medicaid cuts. These cuts have had a disproportionately negative impact on Yale New Haven Hospital (YNHH) and resulted in the need for budget reductions at Yale Medicine (YM). Given our close economic and operational affiliation with YNHH and the need for cost containment within the hospital and across the health system, YNHH reduced its payment to Yale Medicine for the FY17 budget by approximately $18 million. This translated into a 7 percent reduction in the hospital’s funding of the Yale School of Medicine’s clinical services. The financial impact was significant, but YM remained focused on its goal of maintaining clinical excellence and worked tirelessly to minimize the impact on faculty and staff.

The cut was distributed across all clinical departments, based upon each department’s portion of the YNHH shared service budget. Specifically, departments and YM looked for ways to reduce expenses and develop plans to secure additional sources of revenue and improve efficiency.

Given that the largest expense in the YM budget is people, we reluctantly proceeded with a reduction of 148 faculty/staff positions. In an effort to minimize the impact on faculty and staff, many of those reductions were handled through attrition, not filling vacancies, and consolidation of roles. Ultimately, 55 employees were directly impacted by the cuts. These cuts were extremely difficult to make. Yale Medicine leadership worked hard to ensure that anyone impacted by these cuts would be given high priority for new opportunities. As a result of this commitment, we are happy to report that 65 percent of the people who were impacted by the cuts have been placed in new positions.

The health care market is moving swiftly into payment reform as a result of the Affordable Care Act. Going forward, Yale Medicine will continue to be challenged to proactively develop care delivery models that are of high quality and result in lower costs.
As Yale Medicine continues to grow in size and complexity, its senior leadership is changing as well. In 2016, Yale Medicine appointed several highly experienced and dynamic leaders to key positions in the central administration.

Frederick Borrelli, Chief Administrative Officer

Frederick Borrelli, who had served as chief operating officer since 2013, was named to the newly created role of chief administrative officer in March. The position was created to address the increasing complexity of Yale Medicine’s centralized services and its growing labor force. In his new role, Borrelli is providing additional leadership and strategic oversight of Yale Medicine’s staff and facilities, in addition to supporting the overall administration of the practice. He directs, plans and manages comprehensive business affairs, including management and analysis of budgets for YM, program development, human resources, staff training and development, facilities management and regulatory compliance.

Borrelli has worked in health care for more than 20 years. Before becoming COO of Yale Medicine, he was associate chair and chief of administration in the Department of Surgery at Yale. He has master’s degrees in both medical management and business administration from the University of Rochester’s William E. Simon Graduate School of Business Administration.

Maryam Saeri, Chief Operating Officer

In April, Maryam Saeri was appointed to the position of chief operating officer, replacing Borrelli after he was named chief administrative officer. In her new role as COO, Saeri helps steer Yale Medicine’s increasing focus on clinical optimization, with the goal of improving quality, increasing efficiency and lowering the overall costs of delivering care. She leads and manages such areas as clinical operations, infrastructure development and practice integration.
Saeri first joined the Yale School of Medicine in December 2013 as vice chair of finance and administration for the Department of Pediatrics. Drawing upon her impressive work of more than two decades at the British Columbia Children’s Hospital in Vancouver, Canada, Saeri proved to be a proficient leader with a broad understanding of health care delivery systems. Under her leadership, the Department of Pediatrics established a more solid economic platform and a strengthened administrative foundation. Building upon her valuable impact in these domains, her role in the department was expanded to include clinical operations, with the result of notable successes in clinical optimization.

Saeri holds a BSc in biopsychology and an MBA with a healthcare concentration from the University of British Columbia in Vancouver.

Iain Burchell, Chief Financial Officer

Iain Burchell joined Yale Medicine in July as its chief financial officer. In that role, Burchell is responsible for strategic financial leadership, which includes managing YM’s operating budget and capital budgets. Burchell oversees the clinical revenue cycle, and he develops and implements financial management and reporting systems to provide high integrity and reliability for management decision-making and program investment optimization. In addition, he directs approximately 360 Yale Medicine central administration staff.

Burchell came to Yale from the University of Texas Southwestern Medical Center in Dallas, where he had served as chief financial officer of the faculty practice since 2009. He began his career at UT Southwestern as the assistant vice president of health system planning. Burchell turned his career focus to health care in 2003 after several years with American Airlines, first as manager of business development for Airline Management Services and then as director of risk management.

A graduate of Glasgow University in Scotland, Burchell completed his MBA in operations management at the McCombs School of Business at the University of Texas in Austin.
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Pediatrics (Interim)

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Psychiatry

Jeffrey Geschwind, MD
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Michael Caty, MD
Surgery (Interim)

Peter Glazer, MD, PhD
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Mary O’Connor, MD
Center for Musculoskeletal Care