Good morning.

So doctor McGovern sends her apologies. She last night came down with something and she said if I could pinch and she doesn’t want to be here spreading germs of course. But so I will.

I will do the presentation on the on the clinical mission and the clinical practice of the School of Medicine which really on Yale Medicine which is the clinical practice of the School of Medicine. It comprises of the 19 clinical
departments and the ALE Cancer Center, it’s actually now more than 1800 faculty with the this new cohort here. So we crossed that barrier this year 840 advanced practice providers, more than 1900 staff and we are through 100 locations throughout the state with 300 practice sites and that encompasses about 2.6 million encounters annually with a budget of about one point 1.4 billion.

And I have all that that the chairs listed there I’m sure they’re part of your department. These are the clinical chairs School of Medicine.
So, so young medicine which is the fact to practice plan. We have our mission and vision here which is really to deliver exceptional medical care in a nurturing environment to each of our patients every day. And our vision is to advance medicine for the good of our patients, colleagues and community. And we do this with this circle which are our five pillars really to be inquisitive and really learn from our patients, be innovative by using that and translating into research from the
bench to the bedside and
in factoring the patient as a whole rather than their diseases.
So really the human factor and while we’re doing this work collaborating both internally at the School of Medicine but also with our health system partners and doing it in a passionate way and really in the middle are caregivers, Folks that are in this room are our patients And then by working together we can really achieve the best care possible.
The Yale Medicine Board itself is led by the department chairs and four atlarge members.
Each year there is one chair that’s chosen to chair the board and right now it’s Doctor Nita Huja who’s the chair of surgery.

Proposals for Yale Medicine are developed in multiple different committees which are led by and appointed by.

For example, our Finance Committee is led by Doctor Glaser who’s the Chair of Radiation Oncology along with Ian Burchell, our Chief Financial Officer.

Our Network Strategy Committee is led by Doctor Liu who’s the Chair Pathology, along with Yolanda London who’s
our Chief Strategy Officer. Then we have a few other committees there as well and that is how we function. So everything we do within Yale Medicine is reviewed, approved by the board which is which are the chairs as well As for at large faculty members. So these are some of the services supported by Yale Medicine. So those that’ll be will be touching patients. If you have clinical duties, we will be supporting you along the way including revenue cycle and the billing component.
Pay your contracting quality of safety under doctor Deb Rhodes who's the Chief Quality Officer not just for Yale Medicine but for also Northeast Medical Group which is Doctor Brown mentioned that group on the hospital side as well as the health system. We do see oversee ambulatory operations and we'll support you in your clinics and also try to optimize those operations through our clinical optimization team. We're involved in practice acquisitions which is really working with the
chairs and section chiefs on any opportunities throughout the state. IT support and services, registration of patients, any compliance issues that may come up both internally related to billing or clinically and of course risk management and malpractice. We do provide support for access and I’ll give an example of the care center in a minute. And then we have a population health team looking at how we can care for patients not just within New Haven regionally, but also across the state and partnering
with the health system on those initiatives.

And there’s a large component of strategic growth.

I trained here myself and when I was a resident,

it was very New Haven focused.

And now of course, we’re across the entire state and there are plans to possibly move N to the state in Waterbury and a few other hospital system.

So there’s always growth in a system like this.

And then of course, the marketing piece,

we want to make sure we market
the excellent care we provide, the research as well as the educational initiatives that we have. So I'll use the care center as an example. Some of you will, if you have outpatient clinics, you will interact with the care center if your section or clinic is part of the care center. So the care center itself is, it’s an acronym that stands for Coordination, Appointment, Referrals and Engagement Center. It was set up back in 2019 and now has integrated 22 specialties.
They’ve answered more than I think it’s actually close to 4 million calls,
makes more than 3 million appointments.
They do manage more than 1800 templates and I process more than 10,000
new patient referrals and done more than 9000 transitions of care.
So it’s a really, really large operation and if you have outpatient clinics,
it’s likely that you will interact with the care center.
This is a function that Yale Medicine provides to the faculty and to the departments.
Another function will actually be a monthly dashboard that you will receive. If you don’t let me know, just shoot me an e-mail, we’ll make sure you get it. But this is a monthly dashboard from Yale Medicine that gives you data. This is just two sample pages from there related to your productivity RVU’s, how many patients you’re seeing, charges, collections, that’s sort of the front page. And then there’s information about your clinics. If you do have outpatient duties,
you’ll be able to see how long

is it taking patients to see you,

what percentage of visits are telemedicine.

So all those sort of data points

will be there on a monthly basis.

And this is for our physicians and our APP’s.

And again,

if you if you don’t receive this,

please let me know directly,

just e-mail me or e-mail your section

chief for chair and they’ll take care of

And Doctor Brown mentioned that

we really work in an ecosystem and and

this slide sort of gives you an idea of

what that health ecosystem looks like.
So you have the school and Yale Medicine there in the middle and really our key partner is the only Heaven health system which is truly an integrated system across the state. So of course you have Yale New Haven Hospital which is right here, our largest academic affiliated hospital with just under 1700 beds. It’s actually considered one of the largest hospitals in the country with the two campuses. We have Lawrence and Memorial Hospital in New London, CT Westerly Hospital in Rhode Island. So we do have a flag in in Rhode Island,
Milford Hospital, Bridgeport Hospital and then and Greenwich Hospital and she mentioned Northeast Medical Group, any MG, so any MG is the employed physician group of the health system. It was, it was, it was created in the late sort of 2000, 2007, and is primarily composed of primary care majority of the clinicians and APP’s that are in any MG or primary care. But they do have specialists as well. And this year for the first time we’ve actually come together under
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00:07:11.500 --> 00:07:12.260 APP’s and our other colleagues.
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NOTE Confidence: 0.9249504
00:07:26.326 --> 00:07:28.116 together and this will allow us to
NOTE Confidence: 0.9249504
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NOTE Confidence: 0.9249504
00:07:29.730 --> 00:07:31.659 system partners and Doctor McGovern is
going to lead those groups together.

We have of course other key partners as well in the state.

So the VA healthcare system, many of you may go there. I actually started there myself in West Haven. It’s a great system and we have our trainees, our students, fellows, residents also go there. So it’s a really close partner for us.

Check in mental Health Center, which is right here in New Haven, it’s another partner.
And then we do have key relationships with other hospitals that are not in the only heaven health system but are throughout the state, Griffin Hospital and a few others that we also work with very closely. So I won’t go into this too much. This is the old, I can say it’s the old strategic framework now because the one doctor brown chair just came out about a month ago. But we’ve had a strategic framework for many years and it’s really focused around these pillars in terms of providing care and inspired culture of excellence,
ensure consistent care signature you

you’ll still hear the care signature

piece a lot from the health system and

and Yale Medicine enhanced clinical services manage the cost of care.

This will be important of course

there’s extreme pressures on all healthcare systems right now and

as the cost continue could go up,

but our reimbursements continue to go down.

So.

So you’ll hear about this both from the health system,

the school and Yale medicine and really

sustaining a financial strength there.
There is actually initiative right now that the health system has kicked off cause called strengthening our core, really related to improving our efficiency, reducing our cost and really delivering high quality, excellent care. So you’ll hear more about the strategic framework. I know Doctor Brown just mentioned it, but there’s going to be more communication about this in the coming weeks and months. And I would say in my last slide. So this sort of puts all the puzzle pieces together, right? These are the, I think, institution groups here really
to support you and our patients. 

You have Yale Medicine, School of Medicine, 

Yale University and the Only Heaven Health System. 

And as you embark on this journey, 

we are here to support you and our patients. 

And if there’s anything you need, 

we are here to support you as you take on this clinical journey. 

You can contact me directly. 

e-mail me. 

We’ll be happy to address it, 

speak with your chief or chair as well, 

but we are really here to support you as you take on this clinical journey.