

WEBVTT

NOTE duration:"01:00:29.8570000"

NOTE language:en-us

NOTE Confidence: 0.792058765888214

00:00:00.030 --> 00:00:06.220 So Good afternoon, then welcome to faculty meeting.

NOTE Confidence: 0.476969629526138

00:00:06.750 --> 00:00:07.880 Around here.

NOTE Confidence: 0.710185885429382

00:00:08.820 --> 00:00:14.760 So today, we have a very.

NOTE Confidence: 0.820304036140442

00:00:15.290 --> 00:00:35.350 Important faculty meeting and in our guest speakers are rigged Aquilla Tom buses. I can pull Tahiri, who are going to discuss Neil driven hospital health system in India medicine strategy for 2020, so before letting them come to the podium just a few announcements.

NOTE Confidence: 0.813435435295105

00:00:37.550 --> 00:00:51.600 Uh this weeks going around it will be Daniel Philip K body lectureship and images. Sis was a professor in general medicine in the speaker? What can aging with HIV teach us about aging itself.

NOTE Confidence: 0.847500205039978

00:00:52.370 --> 00:01:04.270 The week after next would be al sure from the section of infectious disease, protecting although adults against influenza Infinity Game Infinity War end game.

NOTE Confidence: 0.910276770591736

00:01:05.360 --> 00:01:10.650 On December 26th when well will be cancelled because of the Holidays.

NOTE Confidence: 0.89203929901123

00:01:11.640 --> 00:01:26.430 And then Biomedical Research seminar, which is on December 16, which is next week will be a joint effort by Fred goal again myself and we will be talking about the biology of survival factor, which is winner list, which I discovered my laboratory.

NOTE Confidence: 0.806597411632538

00:01:28.100 --> 00:01:40.400 Uh some Kudos Server Chaudhry from general medicine, Erika Herzog or the new Associate Deans for the office of student research and they were placing.

NOTE Confidence: 0.912013590335846

00:01:41.040 --> 00:01:50.360 John and I don't think the audience. That's a really important position and please. When you see them. Please congratulate them, but we're looking forward to working with them.

NOTE Confidence: 0.890058934688568

00:01:54.090 --> 00:02:05.320 We highlight the result is the president elect of the American Committee of molecular cellular in middle class classic ality his associate professor of Medicine in the infectious disease section.

NOTE Confidence: 0.873580574989319

00:02:07.540 --> 00:02:12.160 So now I'll just list the grants and contracts. We've gotten this past month.

NOTE Confidence: 0.869297325611115

00:02:12.670 --> 00:02:19.180 And the first is 1 by sip some low from the right and it's a 6.5 million dollar grant.

NOTE Confidence: 0.838845729827881

00:02:22.400 --> 00:02:28.870 2nd is ascended Springer from the infectious disease section is a 5 million dollar grant.

NOTE Confidence: 0.564267754554749

00:02:31.060 --> 00:02:35.900 From the NIH.

NOTE Confidence: 0.631896376609802

00:02:38.470 --> 00:02:39.520 Gentlemen.

NOTE Confidence: 0.765234529972076

00:02:40.020 --> 00:02:41.280 From General Madison.

NOTE Confidence: 0.776240408420563

00:02:45.020 --> 00:02:48.330 Will Becker, who works primarily at the VA?

NOTE Confidence: 0.647373259067535

00:02:49.390 --> 00:02:51.950 But that's in a square.

NOTE Confidence: 0.817655086517334

00:02:54.920 --> 00:02:58.270 You being you being young from Cardiology.

NOTE Confidence: 0.735056936740875

00:03:02.040 --> 00:03:05.000 Lynn filing from general medicines.

NOTE Confidence: 0.743017613887787

00:03:07.240 --> 00:03:11.990 The wind from the impact endocrinology.

NOTE Confidence: 0.474896520376205

00:03:14.500 --> 00:03:17.300 Heidi Zapata from ID.

NOTE Confidence: 0.80924516916275

00:03:21.080 --> 00:03:37.010 Seattle mayor societies the inaugural director of the Global Health Institute. He said his pediatrician is works in vaccine development and is easy within the infectious disease section.

NOTE Confidence: 0.782486319541931

00:03:39.540 --> 00:03:42.650 Because Villanueva from the ID section.

NOTE Confidence: 0.751703977584839

00:03:46.130 --> 00:03:48.780 Greg roulette from geriatrics.

NOTE Confidence: 0.864355862140656

00:03:51.190 --> 00:03:54.220 Kimberly I can't pronounce your last name.

NOTE Confidence: 0.329973340034485

00:03:55.540 --> 00:03:56.970 Yet.

NOTE Confidence: 0.667322278022766

00:03:59.700 --> 00:04:02.370 You're so cool, he will carry.

NOTE Confidence: 0.513135373592377

00:04:04.590 --> 00:04:05.860 So infideles

NOTE Confidence: 0.610837757587433

00:04:06.380 --> 00:04:07.830 From The Prodigy.

NOTE Confidence: 0.711977660655975

00:04:10.080 --> 00:04:12.600 Alexandra lenski from Cardiology.

NOTE Confidence: 0.693462908267975

00:04:16.700 --> 00:04:20.640 Federal law from geriatrics.

NOTE Confidence: 0.874783456325531

00:04:22.590 --> 00:04:25.120 Sukanya from infectious disease.

NOTE Confidence: 0.752566456794739

00:04:27.290 --> 00:04:30.530 Owen from digestive disease?

NOTE Confidence: 0.673515439033508

00:04:32.490 --> 00:04:34.760 Doctor Rio from home and ery.

NOTE Confidence: 0.730912268161774

00:04:37.380 --> 00:04:41.340 And I have a hand Gary from pulmonary.

NOTE Confidence: 0.879309117794037

00:04:42.090 --> 00:04:48.530 And those are great this past month, so any questions or comments or did I forget anything.

NOTE Confidence: 0.828238368034363

00:04:51.090 --> 00:04:57.570 OK, if not, I'd like to call with equal to the podium to begin with discussion Rick.

NOTE Confidence: 0.863128364086151

00:04:58.390 --> 00:05:22.850 As you know, Rick is the president of the living hell system. Thanks Good afternoon. Everybody we typically do hospital. Updated health system update and I know Yo Medison does as well, what we thought we would do differently. This year is combined. The discussions also with doctor ballsacks presentation. It really prevent present kind of a unified overview.

NOTE Confidence: 0.914382100105286

00:05:23.350 --> 00:05:41.690 Of how the Medical Center is positions in aggregate for 2020. We're going to try and keep it to 25 minutes and keep a good half hour for questions and Fortunately we have relatively few slides for that.

NOTE Confidence: 0.767609298229218

00:05:43.100 --> 00:05:47.790 I really good when I tested this earlier.

NOTE Confidence: 0.527385354042053

00:05:48.690 --> 00:05:52.770 Left hand.

NOTE Confidence: 0.823588669300079

00:05:53.270 --> 00:06:17.390 All right now, we're good so I want to just kind of really want to start with kind of how we did in 2019, was yet again. Another growth year for Yale, New Haven Hospital. There are a number of several numbers on this page. I'm going to call out a few.

NOTE Confidence: 0.909141659736633

00:06:17.920 --> 00:06:52.070 Uh the far and away the most important number is the Top left, which is 23 serious safety events over a period. An you know that really is. The combined work of several years of focusing on high reliability, engaging our employees and physicians and everybody focusing on zero events of harm and that's still 23, too many events apartment that number is down dramatically when we started the journey nearly 6 years ago.

NOTE Confidence: 0.854887187480927

00:06:52.070 --> 00:07:19.400 And it's on what is now an enormously busy Medical Center with all their over 2 million patient touches in aggregate so again we don't rest until that number hits, 0 that will be a never focus of our work

and effort, but if all the numbers on this page. It's the number that were most pleased and proud to present.

NOTE Confidence: 0.911616742610931

00:07:20.080 --> 00:07:51.270 Not so happy about patient experience. We continue to struggle with patient experience scores that are not where we want our Medical Center to be a lot of this is some of this can be the physical conditions. The crowding the boarding. But some of it is the basics of connecting with patients communicating as a team quiet at night. Other things that patients are really are very particular about in their hospital experience and all of those.

NOTE Confidence: 0.92492413520813

00:07:51.270 --> 00:07:55.580 Can be exacerbated by some of our physical facilities?

NOTE Confidence: 0.909460008144379

00:07:56.150 --> 00:08:27.640 You know that our patient population is sicker and sicker. This is our highest case mix index ever. It's a reflection of our growth in Y axis transfers and just in general. The work to build complexity in destination services and how that has affected our case Mix Index and we'll talk about some of those factors in a minute and then Lastly we achieved again in a very difficult financial environment and operating margin.

NOTE Confidence: 0.758172631263733

00:08:27.640 --> 00:08:31.020 Of that, so that beat our budget.

NOTE Confidence: 0.880356967449188

00:08:31.530 --> 00:08:49.070 It allows us to make the kind of investments in 2020 that you know that allow us to move forward with a growth and Programmatic Enhancement Agenda. My only other slide is this and I wanted to kind of just in one overview.

NOTE Confidence: 0.915897369384766

00:08:49.660 --> 00:08:58.330 Provide a focus on what we are at Yale, New Haven Hospital working on in in 2020 and beyond.

NOTE Confidence: 0.878311932086945

00:08:58.890 --> 00:09:32.420 Are the fundamentals really the very much the continuous basics of patient experience high reliability focusing on engagement for employees and physicians alot of work around Lenfestey Management. We are as you know incredibly crowded and bed relief is still several years off. We're dealing with a number of interim moves to create additional vet capacity, but let this day is an area of constant focus.

NOTE Confidence: 0.911518394947052

00:09:32.420 --> 00:09:46.120 And you'll hear later about our work with yellow Medison to be much more thoughtful about patient access and help patients. Find us and navigate through the complexity of our health care systems.

NOTE Confidence: 0.900590598583221

00:09:46.710 --> 00:10:21.720 We're still in an environment where growth is important, and there are a number of unique growth and enhancement plans for 2020. One of them is I hope everyone is heard by now about our investments in the same rayfield campus. The additional beds and focus on neuroscience is that will take place on that campus and that's when it is completed, it will give us the opportunity to start to work through the ultimate decant of the East Pavilion in the renovation at the South Pavilion needs to have.

NOTE Confidence: 0.90522962808609

00:10:21.750 --> 00:10:51.820 Take place so that is right now still working its way through the approval process in New Haven. It's on schedule, which means we're still targeting the end of 2023 for those beds to come on line and you know, we're not seeing neighborhood opposition to that project, which is which is really important. The primary care consortium is also received as necessary approvals and it started its construction process.

NOTE Confidence: 0.915518939495087

00:10:51.820 --> 00:11:06.890 Uh in that work will build a much more definitive investment in primary care in our community, partnering with our community health centers lot of work around the ambulatory growth and development in greater New Haven and beyond.

NOTE Confidence: 0.896760880947113

00:11:07.410 --> 00:11:37.560 Uh we can talk to some of the specific centella health or the kinds of investments that we're making there as well as our relationships with Trinity Health with the language. Trinity continues to be a major partner for Yale, New Haven Hospital Anale Medison in areas like cancer neurosciences and cardiac care last thing I want to focus on is just so far work around integration across our health system. We are really focusing on.

NOTE Confidence: 0.891912937164307

00:11:37.560 --> 00:12:08.700 Efforts to build a care signature Tom Doctor Ball sack will talk more about that. We have finished the acquisition of Milford hospital are in are in the process of building that out. Is it geriatric center of excellence. I mentioned ambulatory care. There are number of ambulatory sites that are either being optimized fully built out like North Haven or looking at expansion opportunities for moving more and more services out into the community. There's a strategy built.

NOTE Confidence: 0.902775704860687

00:12:08.700 --> 00:12:34.510 Being built around population health and clinical integration and Iraq is our acronym. It is a regional Center for distribution technology. An support space is being built in West Haven and it's an example of where a number of hospitals can share infrastructure and do it in a way that's more cost effective.

NOTE Confidence: 0.888399004936218

00:12:35.160 --> 00:12:49.560 So that's a That's a year that we just finished and this is the year that we are facing in 2020. I'm going to turn it over to my colleague Doctor Tahiry to do the same for Yale Medison.

NOTE Confidence: 0.889652013778687

00:12:50.300 --> 00:13:20.370 Thanks Rick so I'll just following the same format. I thought I'd share with you a couple of data points that are relevant from the ym perspective and then the next slide is really about some of the key priorities in issues. We're dealing with so briefly just so we get a sense of where we are. We're doing about our growth. Historically has been around Seven 8%. Sometimes, 9 were right on target with that.

NOTE Confidence: 0.908642828464508

00:13:20.370 --> 00:13:52.580 We're at 7 four point 4% last year word about 8% in this current year. You never know how the year is going to end but that's about where we are now I think one of the key things that we're doing in that we're starting to see his incremental growth outside of New Haven, which is a deliberate strategy. Organizationally, which is we're trying to grow in Fairfield and new one. Blendon specifically that is happening. We are targeting about have about 20% of our revenue.

NOTE Confidence: 0.902397215366364

00:13:52.580 --> 00:14:22.700 On the YM side in those regions over the next couple of years were at about 13% right now and that's growing more rapidly than New Haven County itself is growing at about 6 1/2%. So teryx point. There's still growth here. But we are growing faster on the outside. Of course, that's on a lower base, but that's part of our strategy. If you will one of the important numbers that I like to talk about for a minute is Arnett collection rate so.

NOTE Confidence: 0.913579642772675

00:14:22.700 --> 00:14:52.860 Many many of you periodically look and see the ratio of sort of charges to collections. But the real number that I would tell you is more important than anything else is that? What do we? What are we getting about we're supposed to be getting not based on? What we're charging payers and so right now, we get about 93% of what we should get from the payers. There's a whole host of reasons why we don't get 100% but we're supposed to get but we're about 93% just so you know that puts us in.

NOTE Confidence: 0.872727632522583

00:14:52.860 --> 00:15:22.870 Certainly the time 25th percentile or 75th percentile. If you will performance against our peers. This is the academic peer group, so our friends and colleagues at Hopkins Pan etc. So the collection rate is actually good always going to be better room. We're working to do that. But just sort of a knows that number is pretty good. We're seeing about million two patients a year that number continues to climb as you would expect.

NOTE Confidence: 0.892032623291016

00:15:22.870 --> 00:15:55.520 And we are out doing over 6 million RV use as a practice itself briefly. There's two other issues that I want to talk about one is access in one is a government payor mix. So let me just talk about government payor mix for one moment in general or government payer mix goes up about 1% a year and the commercial payer mix goes down about a percent a year So what we're seeing is increasing government. They're less commercial payers. Some of that the aging of our state.

NOTE Confidence: 0.910568058490753

00:15:55.520 --> 00:16:30.530 Uh and so that you know that's not a lot. We can do about that. But that's part of the reason why we have expansion into other areas because the some of the other areas are actually growing Fairfield County slow growth, but still growing were sort of a neutral here and just kind of aging so we want to go a little bit to the West, where there's some stone modest growth, but a better pairing so that's the rationale behind that because if we become 100% federal or state payor mix. We're going to have some economic issues so we really need to?

NOTE Confidence: 0.889478087425232

00:16:30.530 --> 00:17:01.040 Make sure we try and balance are pair mixes to stay solvent basically an another minute on the access center that I wanted to talk about just sort of understands we've completed the phase one of the access center that some of you are participating in already Phase 2 is docked for launch in January and the just to give you some brief numbers. Today, just with a quarter of the practice about 400 providers.

NOTE Confidence: 0.914607286453247

00:17:01.040 --> 00:17:32.960 We have about 4000 calls that come in there, a day in that setting so far. We've been working with the docs about modifying certain templates, which they have allowed to occur and it's really standardizing return visits and things of that nature, but that's already occurred when we have over 1000 templates. Now that are sort of much more uniform than they were in the past, so a lot of work is going on there. Still, this is a big initiative for the Medical Group and the health system writ large, which is why we wanted to.

NOTE Confidence: 0.902713596820831

00:17:32.960 --> 00:18:06.950 To talk about this, but I think it's important to be in a sense that this is a very big undertaking and this is only 1/3 of the practice so you can do the math. It will get much larger as we so couple of priorities for next year. They're kind of listed here and I think a couple things are important so as we work to be more aligned with the health system. One of the things we know we need to do is actually redesign some of our sort of committee structures and how we just generally operate ourselves.

NOTE Confidence: 0.944367110729218

00:18:06.950 --> 00:18:11.720 So for example, we now have a joint meeting at 7:30 in the morning.

NOTE Confidence: 0.919710338115692

00:18:12.480 --> 00:18:44.710 With Rick and myself and in many other chairs, about 7 of the chairs and all the senior vice presidents. Gary is certainly there. We really talk about institutional strategy and directions and resource allocation. Those kinds of things that happened there. But this is while it's not necessarily exactly new to this cohort. It's really starting to take hold and become very important body organizationally. It is really sort of getting to the point of decision making an sort of executing and moving forward with our strategic initiatives some of which.

NOTE Confidence: 0.90849894285202

00:18:44.710 --> 00:19:15.180 Rick is highlighted so I think we understand that we have to change how we do sort of organize ourselves and now we don't have to change employment. All that, but we do have to think differently about an enterprise whether you can call or Medical Center health system. An enterprise wherever you want to phrase it as but to work much more collaboratively and much, much more organized fashion. So then we have really in the past, so this is an evolution, but it's actually happening.

NOTE Confidence: 0.90578430891037

00:19:15.180 --> 00:19:45.680 Uh you can see little bits of it with the project management office. We've merged. The reason that project management office has been merged. His really begin to allow that group. There now jointly look at many common services that each party has and should we bring them together for example, how we credential are physicians. As many of you know that'd be painful, it seems like you're doing everything 2 or 3 times for those of you who are new you probably can remember those fiddly, but so.

NOTE Confidence: 0.912875473499298

00:19:45.680 --> 00:20:15.970 Unifying some of these things so the providers aren't sort of dog with all these would seem to be nonsensical ways of doing business so that's part of what the project management office is going to do to look across the enterprise at things that we have multiple duplication sometimes triplicate between northeast Medical Group between ym between the hospitals

the delivery networks we could have 6 different processes all trying to do the same thing we want to get rid of that duplication.

NOTE Confidence: 0.877313375473022

00:20:15.970 --> 00:20:50.360 Rick already mentioned a little bit about the Trinity. But we are looking to expand along the Trinity Lines, and Tom is going to talk about the since why won't talk about that. Let me briefly talk about quality. So we have Steven Joy, who many of you may know or may have met is our chief quality officer. He's actually a joint higher between ym and health system. But the Steve is actually going to work with a lot of vice chairs and develop a process. So where we are very much focused on some of the busier.

NOTE Confidence: 0.907704174518585

00:20:50.410 --> 00:21:21.100 Reporting and we are actually ticking and tying various quality issues. We have in the practice because when we compare ourselves to some of our peers. We have areas where we need to make significant improvement in our quality reporting. We have lots of people have looked at this and some of its documentation. Some of it's our infrastructure costs. 'cause those unpacked some of these reports, but nonetheless. We simply have to score better on these and I will tell you that.

NOTE Confidence: 0.886578321456909

00:21:21.100 --> 00:21:47.250 Steve is has presented she toys presented to the why I'm bored and he's sort of been tasked with creating a process and a plan to sort of begin and execution phase to enhance our scoring on the busy and score card, so that will be happening over the next several months. I talked a little bit about access and let me just talk about clinical optimization, a little bit about telemedicine. I'll turn it over to Tom.

NOTE Confidence: 0.901337146759033

00:21:47.770 --> 00:22:19.000 So many of you know about bobber khokhars work and in clinical optimization going to clinics and identifying issues that both impacted the patient and the providers and trying to streamline the Workflow and enhance epic as we go through. We recognize that work is highly valuable and valued by many people. But we actually need to make more investment. In doing these things to really make the clinical environment, much more palatable an inhabitable.

NOTE Confidence: 0.890853524208069

00:22:19.000 --> 00:22:51.870 By our provider so there is work underway right now to develop a process to sort of level set an optimized what should be in our clinics in terms of staffing in terms of epic support in terms of space, which I know is a big issue and that actually that analysis is being done with Baba ran the project management office right now, so we're working on that and hopefully can come out in the next. I would say next few months, but a plan about how to really optimize our clinics yet to another another level.

NOTE Confidence: 0.878978312015533

00:22:51.870 --> 00:23:23.340 Uh and I do want to mention telemedicine 'cause. This is an initiative that has many shapes and flavors. We've had some early successes. With this, particularly with the econsult with the primary care folks and many of our specialists. So this actually started with the FQH. CS Yale Health and Cardiology. It is now we are ticking and tying about one specialty or subspecialty every month. We're adding to this 'cause there's a lot of.

NOTE Confidence: 0.87587696313858

00:23:23.340 --> 00:23:54.610 Appeal on both sides and I think the reality of this is. It also helps us decant the clinic space from visits that really is a highly specialized group. We would find to be not necessarily need to come in and see some of our providers. So this is all being done by Britta Roy with bobbers were oversight as well. And we were just doing it as folks want to come on, but we have a laundry list of folks and services that are queued.

NOTE Confidence: 0.87459808588028

00:23:54.610 --> 00:24:18.260 Oh man over the next several months, so this will probably coming to your service, but rest assured, everything is done with your approval. We don't just show up and say we're going to do it. You've got less when you want to do it and then we make it work, so let me. Let me just give him the time. Let me stop there and turn it over to Tom and then we're going to do some after that night.

NOTE Confidence: 0.896780252456665

00:24:20.720 --> 00:24:51.290 So thank you. Paul and Good afternoon. Everyone I'm going to try to go really quickly through some pretty dense stuff. So I will have time at the end to talk about questions and dig deeper, and whatever part of this, you'd like to get more into what I'd like to do is talk a little bit about what are combined strategy is looking like in in that session that Rick and Paul described in the morning where we really sit down on every other week basis and talk about where we need to go as a combined entity.

NOTE Confidence: 0.932979583740234

00:24:51.290 --> 00:25:22.970 As a health system and as a faculty and as a group of physicians. How are we looking at the future and what is key to our continued success and growth and development in pursuit of our missions of care for our community and education. Research and clinical care and how do we remain continue to be successful and relevant in today's Today's date. So you probably heard one or more discussions about our pursuit of value in this concept that we need to provide high quality care that is.

NOTE Confidence: 0.930504083633423

00:25:22.970 --> 00:25:52.980 Safe and provides an experience for our patients at a lower price than we currently do and we've been successful over the last 3

years of actually delivering lower cost higher quality care on a per patient basis across our health system. The challenge for us in the state of Connecticut is we haven't been able to pass that lower price on to our patients because of the Medicaid problem that we faced in the state of Connecticut, so as we've been able to provide lower priced care for all of our patients.

NOTE Confidence: 0.92638099193573

00:25:52.980 --> 00:26:24.290 The tax that's on hospitals in the state of Connecticut's basically absorbed all that savings and we haven't been able to pass that price along to our patients that something. Hopefully, that will change in the coming year with the settlement that you've heard about coming out of the governor's office. But now we also want to not just provide higher quality safer care with a consistent experience at lower price, but we need to make sure that we do so consistently across all of the locations that we are jointly operating together. This concept of care signature.

NOTE Confidence: 0.924166858196259

00:26:24.290 --> 00:26:55.240 It's not enough to deliver high quality care, but there has to be a feeling in a look and feel and a set of experiences that are the same, so we need the same clinical protocols and some of you are on either clinical redesign projects or are integrated care model projects where we're driving similar processes across all of our sites are environments need to look and feel the same and we need to spend a lot of time working on? What Rick mentioned which is the experiences of patients in navigating our care. Where do we do that? Well.

NOTE Confidence: 0.896621882915497

00:26:55.240 --> 00:27:25.400 I think we do it pretty well right now with our smilow network. I've had experiences personally with my family. I think many of you have a tell you a very quick patient story. We like to use stories. 'cause I think they put some real. I think human feeling behind some of our data. But up here in the upper North western part of the state. My sister lives just outside of Torrington and her step daughter came home from college and was diagnosed with lymphoma.

NOTE Confidence: 0.889351904392242

00:27:25.400 --> 00:27:56.080 And my sister called me in a panic and said the pediatrician who is a local person in Torrington wants to send her to the smile care center in Torrington, but my sister, said. Can I go to the real smile? Oh, the concept that this is the Mecca in anything outside of this is not the real smile. Oh, but I think where we are with smile. Oh, now as you know that all those cases that are treated at any of our care centers are all reviewed centrally and that there is no difference in the care in any of our care centers.

NOTE Confidence: 0.896234631538391

00:27:56.080 --> 00:28:28.940 That our processes are saying the protocol is the same. The faculty are all integrated and so that is what we need to strive for which is no matter where you go that you will get the same level of care the same quality of care and have it be integrated so that if she does have a recurrence and she needs a transplant. She'll come here. But other than that, she should get all of a routine follow up care in her local site close close to home. Rick mentioned are high, reliability work and I can't resist the urge to put up the.

NOTE Confidence: 0.915266513824463

00:28:28.940 --> 00:28:59.750 Why can Sutcliffe construct around? What underpins our high reliability work because I think it applies to all the work that we are trying to do whether it be care signature or high reliability. But I think the principles that they point to our principles that can help us get success, which is we need to be preoccupied with failure, which is kind of an odd one right. We spend our entire careers focusing in imagining what success should look like so why would we focus on preoccupation with failure.

NOTE Confidence: 0.916127264499664

00:28:59.750 --> 00:29:29.780 Well, if we don't figure out what we could stumble on or what holes we could fall in we might not avoid those holes and I don't know high reliability work. It's all about failure mode effects analysis. What is it that could go wrong and how do we prevent that from happening so I think there's an important message there is reluctance to simplify the environment that we live in. We've all had dinner time table conversations that if they only did this, then that wouldn't have happened and we know that the world is much more complex than that, so we need to be reluctant to simplify what is really pretty?

NOTE Confidence: 0.899390995502472

00:29:29.780 --> 00:30:00.450 Is fast evolving in complicated world we need to be sensitive to operations. The folks that are at the front lines in this incredibly complex organization actually know best? What is going on in how to operate and that also speaks to the difference to expertise and finally we need to be resilient in our work. It's a difficult environment? What we do is very difficult working in. I think we need to make sure that as we struggle. We need to be resilient about about being.

NOTE Confidence: 0.890292942523956

00:30:00.450 --> 00:30:32.430 Successful Speaking of resilience Rick mentioned are 23 serious safety events in the past 12 months. I hope you've seen this graph. If you haven't you're not reading my medical staff bulletin. It's in your email box every month. And it outlines exactly what our numbers are around healthcare associated infections. That's the middle number. HAIPSC's or precursor safety events. Those are events that some people called near misses. That means they they vent of harm reached the patient but didn't actually cause harm.

NOTE Confidence: 0.914963006973267

00:30:32.430 --> 00:31:02.760 And these are the numbers of quarterly across the bottom serious safety events. You can see that we made remarkable progress. In 5 years and challenge for us now is we've stalled so how do we go from 23 events of harm to 0. That's our question right now and there's a lot of work that needs to be done on this, if you want to read more about this. I'm happy to tie you into some of the work that's being done in our organization that's in my medical staff bulletin and on a monthly basis. We do the serious safety event disclosures in park history.

NOTE Confidence: 0.897896111011505

00:31:02.780 --> 00:31:34.260 Meaning that we go up over the serious safety, then in detail the root cause analysis and what steps we put in place to prevent that from happening vis-a-vis the healthcare associated infections again. We made a lot of progress, but to that that we struggle with our central line associated bloodstream infections. We've seen an uptick in that we have seen a lot of progress in our centralina. Susan Foley catheter related urinary infections in C difficile big, big, big improvements over the last year.

NOTE Confidence: 0.902687311172485

00:31:34.840 --> 00:32:06.690 I'm moving to this concept of care signature one of the things that's most important in trying to get to care signatures reduction in clinical variation. I hope that you know what the clinical redesign work has been accomplishing over these past couple years. These integrated care models are going to be hearing more about these are what would be considered pathways in the old lingo. We've got a lot of work across the health system bomb policy spent standardization. Paul mentioned credentialing for example, so there's about 15% of our medical staff.

NOTE Confidence: 0.898201584815979

00:32:06.690 --> 00:32:38.430 At this institution that have joint appointments at other medical Staffs within the health system so we're trying to standardize all of our policies and practices to try to make sure that it's easier to practice from one institution to another and then many of you were involved in the nurse position dyads. We have a diet breakfast. Once a quarter and we have ongoing meetings where we are actually trying to embed these standardizations of protocols and so forth within our practice groups so together taken together, these operational standards and clinical standards really should.

NOTE Confidence: 0.917332351207733

00:32:38.430 --> 00:33:08.560 Lead us to getting a more consistent experience for our patients across our health system for wherever they touch our patients. Just spending a brief moment on something that is really important to me is this improvement in how our lives in practice? Are we've all experienced. The challenges of electronic medical record to pick on something that we all like to

pick on and we've shown over the last 2 years that were able to reduce a lot of what people call pajama time, which is the time spent documenting.

NOTE Confidence: 0.904000759124756

00:33:08.560 --> 00:33:39.090 After hours, we still have a lot more to go here, but there is a lot of work than that. You should be seeing in terms of trying to make standardizes in how our order sets are done and also in terms of how we can try to make it easier for us to interface with the electronic medical record a lot more to do here. Finally, I'm going to spend a moment on the clinically integrated network fall introduced this rip touched on it? What is the clinically integrated network?

NOTE Confidence: 0.920844793319702

00:33:39.130 --> 00:34:10.980 Well, I think as physicians and as patients. We don't recognize that there are community. Doctors University physicians in northeast Medical Group physicians. We just recognize that there are physicians that care for us, our families and our loved ones and that we, as I think as a Medical Center. We touch all of these positions independent of where they work. But there are real barriers that we run into because they're different employment models. There different incentive models. There's different contracts were working against different sets of goals.

NOTE Confidence: 0.921827793121338

00:34:10.980 --> 00:34:43.330 And our goal in this clinically integrated network is to essentially create a single physician group irrespective of what your employer is but really, really wrapped around this idea of signature of care meaning that we should be able to at some future state and we are close to being able to put together a set of agreements on paper, contractually obligate all of our physicians right. Paul that we're going to be able to do this as a virtual group where we're going to be able to sing.

NOTE Confidence: 0.884701132774353

00:34:43.330 --> 00:35:14.000 Have a singular set of goals singular set of contracts in a singular set of methods of caring for patients that will completely. I think really revolutionized the way we work with one another. This will be a virtual network. It won't be a change of anyone's employment, but it will obligate us in a different way and will be. I think behaving on a structural level much more that in line with how we behaved.

NOTE Confidence: 0.901078343391418

00:35:14.000 --> 00:35:16.310 On an individual clinical level with patients.

NOTE Confidence: 0.905789613723755

00:35:17.310 --> 00:35:23.820 So finally within the last minute. Let me turn it over to Rick and Paul to talk about patient experience and then we'll take questions.

NOTE Confidence: 0.887380719184875

00:35:24.330 --> 00:35:54.610 This is this is the last slide and it is really a reminder of what we're trying to accomplish when you step back and look at it patients look at all of us, Yeah Haven Health. Yale Medison Northeast Medical Group, an they struggle to differentiate who is who is a separate Corporation who's a separate organization. They get bills that are confusing to them and they get multiple bills even in physical places.

NOTE Confidence: 0.930364668369293

00:35:54.610 --> 00:36:05.460 They could end up registering in multiple places in the same building an you know what we're trying to do what Paul and I are working on and we have a large steering committee working with us on.

NOTE Confidence: 0.890641808509827

00:36:05.980 --> 00:36:37.730 Is where can we simplify that process where we can we be more thoughtful about how patients call us? Find us navigate through our systems. Can we integrate billing can, we make it easier for the patient and that is the work that is really preoccupying us. These days were determined to make it better and do it through the lens of patients who else us as GAIL GAIL patients and it's it's an important experience to get right and.

NOTE Confidence: 0.835732877254486

00:36:37.730 --> 00:36:52.130 We're determined to do that, so with that. I'm going to stop. I want to open it up for questions. I want to ask Paul and Tom to come on up here and take all the tough questions.

NOTE Confidence: 0.816164433956146

00:36:52.640 --> 00:36:55.450 What can we tell you more about?

NOTE Confidence: 0.834466814994812

00:36:56.360 --> 00:37:05.900 Yes, you gave 4.5% as the margin how much money does that translate in do.

NOTE Confidence: 0.904354929924011

00:37:07.080 --> 00:37:31.920 That's about 170 million dollar operating margin and that gets invested every year back. I mean, just by comparison, our capital budget. The technology the investments in it. The investments in bedside technology or about 220 million dollars a year last year, we put in capital alone, that back into our organization.

NOTE Confidence: 0.899651706218719

00:37:32.520 --> 00:37:53.780 That 4% covers additional staff and finances. The growth and staffing because of patient acuity. It gives employees raises and it is about 4% is traditionally the minimum to stay healthy year over year that an organization is not for profit has to achieve.

NOTE Confidence: 0.865695476531982

00:37:54.330 --> 00:38:18.360 I guess my question is based on this conception of physicians, moral distress that appears to be almost unknown present in all of our institutions how it is that we are addressing that problem. That seems to have its origins in physicians, finding themselves in the vice.

NOTE Confidence: 0.857477843761444

00:38:18.900 --> 00:38:39.000 I'm too little time to fulfill their Noble aspiration is preparing of patience and so how it is that the rescue them. By providing them an environment in which they have time to actually interact with your patience.

NOTE Confidence: 0.889636635780334

00:38:39.580 --> 00:39:03.590 You know, I think a couple of responses to that 'cause it reacted buys us. It's an important issue and Tom gave examples of epic and there are other examples of virtual scribes and things we are doing to make FaceTime more on the present and make it easier where we can, but you know that vice is for the entire institution.

NOTE Confidence: 0.900481641292572

00:39:04.090 --> 00:39:08.220 You know yell New Haven Hospital and Yale, New Haven Health and Yale Medison.

NOTE Confidence: 0.922256171703339

00:39:08.850 --> 00:39:24.200 Are a safety net organization, we turn nobody away. None of us? Do regardless of ability to pay we take transfers from all over the country, 700, a month. Now, nobody gets turned away at clinics. Nobody gets turned away in the emergency Department.

NOTE Confidence: 0.934354245662689

00:39:24.720 --> 00:39:35.940 The state of Connecticut and the federal government under pay us for Medicare and Medicaid. Yet this Medical Group in this hospital and where the biggest tax payer in the state of Connecticut.

NOTE Confidence: 0.916708528995514

00:39:36.710 --> 00:39:52.620 Uh and so we're on a treadmill and that treadmill isn't just affecting our physicians. It's affecting our employees who are burning out and getting the very real sense that they're just not getting ahead. 'cause the patients are sicker than ever.

NOTE Confidence: 0.822348237037659

00:39:53.140 --> 00:40:05.610 Uh and the environment is more compressed so you know it's it's it's everywhere in the organization level and we will I think the?

NOTE Confidence: 0.846994042396545

00:40:06.430 --> 00:40:14.230 Couple of issues, one is we know the ambulatory space as follows. The impatient franchise is over crowded in many.

NOTE Confidence: 0.822374820709229

00:40:14.820 --> 00:40:30.300 Weather is not enough rooms could be patients. None of Staff. None of Doc Time. Whatever that's what one of the areas. We know we need to focus on and we are so let me be specific so in some settings. We know there's a mismatch.

NOTE Confidence: 0.65654844045639

00:40:31.050 --> 00:40:33.870 We don't have enough staff, we were committed.

NOTE Confidence: 0.858670055866241

00:40:34.460 --> 00:40:40.780 We have metrics we know what we know how many people should be really at the park test and we have spaces where there's a line every day.

NOTE Confidence: 0.356466352939606

00:40:41.280 --> 00:40:42.380 Yeah.

NOTE Confidence: 0.860514461994171

00:40:43.620 --> 00:40:47.810 Do we know areas where there's not enough space in their model?

NOTE Confidence: 0.829892814159393

00:40:49.350 --> 00:41:21.560 That is not an easy problem to solve but we are having that discussion that I think we should work permit recognized that discussion. We're having at the YM Board, which is which area chairs as I think you recognized and that is about actually should we change the way in the timing of how we deliver some of our care greatly, saying maybe we should have \$9 that would relieve people potentially from the day hours. So we're not changing anybody's clinical FTP. We don't do that.

NOTE Confidence: 0.854245841503143

00:41:21.610 --> 00:41:43.980 All done it is apartment level, but we also recognize that we're doing this in a disorganized way today, so right now neurology sees patients and why PBS Saturdays. They've chosen child study sections. These patients Monday through Thursday in the evenings again. That's all been by their structure and their desire to do that some of that one kids.

NOTE Confidence: 0.848527312278748

00:41:45.550 --> 00:41:56.280 And orthopedics for example, is taking there any new hire and saying it is our expectation orthopedics that you will work.

NOTE Confidence: 0.87755686044693

00:41:56.810 --> 00:42:26.340 1 evening, we can one weekend a month. We decant weekday or what you know, so maybe work Thursday nights, but you don't want Tuesday mornings whatever that's all Lokoli decided but we do have economic constraints in the organization and I will go as we extend in the evening and weekends. This is all going to be with the approval up at the apartment. Nobody's mandating anything but we need to build the infrastructure behind it, so somebody's here Tuesday night, the whole organization.

NOTE Confidence: 0.857390820980072

00:42:27.020 --> 00:42:59.370 Not just a doc running around in the clinic by themselves it's not going to be the case but we have to do this obviously properly and in a way that ensures the right consistency of care that could be given whether it's 2 in the afternoon or 7 PM at night anyway we're not planning on having 2 AM hours or anything like that but this again I want to emphasize this is being discussed at the YMA word and so this would be a sensually a physician decision.

NOTE Confidence: 0.849578976631165

00:42:59.370 --> 00:43:13.090 Organizationally, it will be broken down by those I would say the sectional level Department, but I think these are the kinds of things we just have to begin to explore in earnest as an organization are not going to mandate.

NOTE Confidence: 0.862240970134735

00:43:13.810 --> 00:43:30.240 But we do think we need to take a serious look at how we're delivering those because we had. We know that the certain aspects of our enterprise or just just two congested and it does it's not conducive to the right title here so we have to fix?

NOTE Confidence: 0.765298902988434

00:43:31.710 --> 00:44:04.990 Well, I I was the desktop, but expand on the work that you do information will be within the health system. You you're the expert on that, but I think as you know, we have a program with Indian school. To actually look at being Edward submitted earlier, but in parallel is that there is there is a lot more work done with this account system and younger than hospital. Toms office is eating that I think converges in some way we will rebuild so one of the things that we do have.

NOTE Confidence: 0.812401056289673

00:44:05.610 --> 00:44:31.790 People trying to make life official better and many of the things that we've had come in for a mission had been have been suggested so I'm looking forward to that work in that and I'm waiting for my Kylie actually this absolute discussed this, but I'm very concerned about vision and I think that's the system is Indian. So so I can I can assure you that we're going to pay attention to this?

NOTE Confidence: 0.367061585187912

00:44:34.870 --> 00:44:37.200 John.

NOTE Confidence: 0.725721061229706

00:44:37.950 --> 00:44:47.720 You know a large graduate all of these guys that I've had family members.

NOTE Confidence: 0.691422581672668

00:44:48.260 --> 00:44:52.970 In the hospital lately versus 20 years.

NOTE Confidence: 0.804851353168488

00:44:53.490 --> 00:45:25.700 But you know the growth of the clinical practice, I think sometimes seems like it's has runs arrested overwhelming academically in the research practice, especially in Times Square, the federal government scandal. Stager says so as it grows more insulated better integrate. The research mission. With growth in the code conditions there a way that I mean, I know it's not cost effective.

NOTE Confidence: 0.763144016265869

00:45:25.700 --> 00:45:43.380 Space in new clinics for controlling patients in studies sample collections, etc. Etc have that feel plan extension of how to integrate the research mission information a little better 'cause otherwise.

NOTE Confidence: 0.843881368637085

00:45:44.030 --> 00:46:16.030 We see that we have this huge clinical operations or is it not really an academic practice anymore. What defines an academic practice as compared to just a big health system right so as a great question is something we are actually addressing so we, we want to see really an academic health system. Not just mall located in New Haven, but spread across the enterprise and so there's actually work groups right now looking at the key but concretely I'll take Greenwich for example, where?

NOTE Confidence: 0.852281093597412

00:46:16.510 --> 00:46:48.070 We've recently had norm. Robbins video over and come to the board and talk about some of his vision of how he wants to extend the Academic Medical Center to rent a lot includes things like which we agree with by the way what shoes are things like clinical trials office being physically. Now, they're having a site specific that will service that greater area around the furniture had to it would be expanding some of our educational programs and seizure.

NOTE Confidence: 0.821479856967926

00:46:48.070 --> 00:47:20.580 He participated in one or 2 options already about creating resident opportunities out there, so surgery. For example, is probably going to offer collective next year as I believe is urology. It's an elective we are,

we now have 128 positions that runs our Prudential to work at Greenwich. So we have a base of Physicians that would that our residency program directors think could provide teaching substrate.

NOTE Confidence: 0.819987952709198

00:47:20.580 --> 00:47:50.580 Teaching environment for those particular brothers team Richard delivers has been in the discussions as well from a perspective of being able to bring students down to the branch area. So you're exactly right. We are, we are consciously trying to avoid becoming just a giant clinical enterprise. It doesn't recognize who we are, which is your vision driven organization and we have 3 measures so that is exactly what we're trying to prevent.

NOTE Confidence: 0.847261369228363

00:47:52.960 --> 00:48:23.980 You know a great deal of chronic disease burden is attributable to aspects of the patients lived environment and and their behavioral factors whether it be lifestyle. Whether it be medication. Adherence things of that kind. There are models where it's certainly in the primary care setting. There is there's a delivery of integrated care where behavioral health providers are working side by side.

NOTE Confidence: 0.890085399150848

00:48:23.980 --> 00:48:41.980 With physicians and physician extenders citations pharmacist and the like. And certainly we have that example it across the street. So to speak at the VA. I'm wondering if there's any exploration of implementing those types of programs within our health care system here.

NOTE Confidence: 0.808627367019653

00:48:42.600 --> 00:49:06.420 So, in terms of here we've done this in even worse mad. There's math. Sorry recently over the past year or so we've added behavioral health report? How's it going? So great, you made. A big difference to have that integrated care inside so that was just so you know that came about through really discussion at the group level at the board level.

NOTE Confidence: 0.786645650863647

00:49:06.920 --> 00:49:21.260 Amen so that was actually funded if we will buy the broader Medical Group because these 2 things are important to do. That's been our autopilot cited well but it's it's I think benefited locations and.

NOTE Confidence: 0.784184753894806

00:49:22.840 --> 00:49:27.820 That's that's great that's a great model is it scalable.

NOTE Confidence: 0.88078373670578

00:49:28.490 --> 00:50:00.630 How do we scale it I think that we've had experience with our own employees that helium health system get 35,000 covered lives. We we own first dollar cost of our employees and their dependents. And

so we have models in that for that kind of service for our employees. It's really important for us to be able to do those kinds of experiments because now this clinically integrated network, we're going to go directly to the disparities in the state of Connecticut in large employers and say, these wrap around services or kinds of things that we can provide.

NOTE Confidence: 0.869920432567596

00:50:00.630 --> 00:50:29.570 Because over the long haul, you get greater benefit for your patience your employees and so forth so it's it's nice to be able to do these we are. We are also scaling it a little bit and you cannot use Medical Group and it's slow to be able to do that. But it's really. I think for us. The idea of one of the ideas of disclosure gated network is to be able to do those kinds of things at scale. So it's not just leave off for Northeast Medical Conference. All the primary care physicians that are in arms network services.

NOTE Confidence: 0.828470349311829

00:50:30.820 --> 00:51:05.830 The 3rd mission, beyond research and clinical is education and what we're noticing at the medical school for preclinical education. That doesn't generate RV use is increasing challenging getting positions to be willing to give up an afternoon to do electrical run a small group and miss out on the RV use becomes really quite intense in the last 2 or 3 years. Such that we are unable to have the size of the group that we want for our students for their education.

NOTE Confidence: 0.885910093784332

00:51:05.830 --> 00:51:23.940 You think about the research mission of this organization, we need to think about the educational mission, and it wasn't that long ago in positions were willing or able to cancel the clinic or reschedule something so that they could teach and now it's almost impossible to find people to do it and it's distressing to the students.

NOTE Confidence: 0.86256068944931

00:51:25.090 --> 00:51:30.560 Yeah, I I recognized it, I'm not sure we have the best answer yet.

NOTE Confidence: 0.697672367095947

00:51:31.920 --> 00:51:36.090 I know this is something I'm sort of on the docket as my friend.

NOTE Confidence: 0.324339151382446

00:51:37.770 --> 00:51:38.880 Brahms, coming.

NOTE Confidence: 0.771648287773132

00:51:39.470 --> 00:51:43.540 But I think there's something we know about yeah, I don't care.

NOTE Confidence: 0.682217180728912

00:51:44.260 --> 00:51:51.420 So we have to find a way of funding.

NOTE Confidence: 0.789121568202972

00:51:53.090 --> 00:51:56.180 I want to ask you questions so you mentioned the.

NOTE Confidence: 0.852925539016724

00:51:56.900 --> 00:52:28.470 This is what that means here and so the the over the overarching plan for Saint Rayfield's are 2 dead. Towers in an ambulatory facility that will largely consolidate and move all of the neuroscience clinical activity to that campus that will companion with musculoskeletal in the emergency Department and we will focus on that campus for one example and stroke here.

NOTE Confidence: 0.927556037902832

00:52:28.470 --> 00:52:34.820 By using the emergency Department there's a practical a very real practical application for this campus.

NOTE Confidence: 0.917014479637146

00:52:35.410 --> 00:52:46.570 Uh it will add 205 brand new vets and that will allow us to start to thin out the East Pavilion and ultimately take it out of service as an inpatient facility.

NOTE Confidence: 0.905588567256927

00:52:47.150 --> 00:52:57.670 Uh and it also gives us the ability to renovate with neurosurgical activity moving to the other campus fully renovate the South Pavilion.

NOTE Confidence: 0.890240967273712

00:52:58.230 --> 00:53:28.720 Our goal is to bring unlike the East Pavilion. The Southfield Pavilion can be brought back as a brand new hospital with proper renovation. An we want to kind of bring it back as a Heart Hospital of cardiac facility and by having campuses that are focusing on cancer and heart disease and neuroscience is we have that opportunity. So very real practical sense beds and an expanded emergency Department a defined focus on Neural Sciences.

NOTE Confidence: 0.895942091941834

00:53:28.720 --> 00:53:32.690 And ultimately renovate the South Pavilion for a cardiac facility.

NOTE Confidence: 0.802425563335419

00:53:34.210 --> 00:53:46.290 Thank you for this presentation of the question I have for anyone of the three of you a physician burnout.

NOTE Confidence: 0.811651229858398

00:53:46.930 --> 00:53:50.960 Is a real problem and increasing problem?

NOTE Confidence: 0.866172969341278

00:53:51.850 --> 00:54:00.980 And my question is what has the hospital done specifically to address the problem of physician burnout.

NOTE Confidence: 0.673210501670837

00:54:01.540 --> 00:54:08.750 Facility in a practice that we all want.

NOTE Confidence: 0.83251291513443

00:54:09.540 --> 00:54:43.650 So I can pick up I'll pick up where Gary left out so you probably know that means 3 committees on client and one was around engaged in one was around Wellness. In one was around leadership. So we at the health system. We've organized across the CMO's of the different delivery networks. A similar structure and whereas he referenced in the midst of now, merging those 2 but for concrete steps what we decided in it really mirrors the report that Gary is talking about that it was delivered to the Deans Office.

NOTE Confidence: 0.899947702884674

00:54:43.650 --> 00:55:14.810 It really kind of two or 3 general themes that emerge around burnout. Both here, but also mirrored across the United States. One is around? How do you relieve the burden of day today? But not probably kaminski if he was here would say the stone in your shoe? What are the things that are bothering you on a day-to-day basis that get in the way of being able to rapidly and efficiently. Do your job things like epic things like trying to schedule things like the barriers that we all face and trying to get through pre certification and all those different challenges that we have.

NOTE Confidence: 0.894062519073486

00:55:14.810 --> 00:55:45.560 Trying to eliminate those to the greatest extent possible and everyone lands on efficacy electronic medical record is the thing that causes the biggest trouble. So we've really tried to focus on what Alan Shaowei. Stuff aren't really supported team that runs our infrastructure, IT infrastructure can do so. That's where the investments and things like virtual scribes and the tap and go and all the different little tiny things that can add up to real minutes saved during the day and if you look at our overall data.

NOTE Confidence: 0.877262353897095

00:55:45.560 --> 00:56:18.070 Over the last 3 years, the amount of time per patient and the time after patient visits has actually gone down. You may not feel that in your own Department division or clinic. But as a global enterprise. We've seen less position time in the medical records. That's one small thing by no means is it done. It's only beginning so I guess the puzzles in hassles is Christine Olson calls them that stone in your shoe. That's one two is around? How do we meaningfully engage with our medical staff to communicate and as we get larger now operate thousand medical staff in our health system.

NOTE Confidence: 0.89081072807312

00:56:18.070 --> 00:56:48.910 It was harder to engage you discuss and have that socialization and so we've tried to do things like for example, last week. We had a new position party for all new positions that were invited and all the leaders in the organization at the Peabody and try to create some opportunities for socialization and Connectedness. Some stuff that we've I think Los amongst away and the 3rd is is you know how is it that we give people meaningful things as part of their job something that we all went into healthcare not because it was a job because it was.

NOTE Confidence: 0.871151447296143

00:56:48.910 --> 00:57:20.940 Something that was bigger than a job it was something that we went and felt that he should be doing this for reasons bigger than ourselves and somewhere we lose that too. And that gets lost in a busy clinics and how busy we are from the day-to-day basis. But how do we give back people time if they are interested in doing position communication or data was here. We need to go there. She is and how we give people support. People in sort of getting into pursuing their interests outside of direct patient care, but also give people sort of meaningful things.

NOTE Confidence: 0.86359691619873

00:57:20.940 --> 00:57:51.120 Not perhaps just an IT job supporting so they can pursue things that they like but give something more globally overarching and try to create those opportunities or creating at least an environment where they can be they can be pursued now. Maybe I'm Pollyanna, but I think we're making a little progress in those but there's only you know, there's a lot more to be done and it's against that I think are very difficult environment. But we're not the only ones that are struggling. But I don't have the right to dad. I want to address the last question, I would add that.

NOTE Confidence: 0.829315066337585

00:57:51.120 --> 00:58:21.130 One of the themes that kept him out of the order service. We did was this issue of what color is control that is lost control of our lives that we don't do it so I think it's important for us as we are changing the environment in in implementing changes that we get there put engage interchange, so that they feel part of the change. Otherwise, you, you feel like you've lost even more. So when we when we look at the care center, Florence and how we implemented so very, very proactive way out.

NOTE Confidence: 0.759819805622101

00:58:21.130 --> 00:58:30.940 Everybody who is being affected by the changes to get there by 2 very slow processes live with us if we think.

NOTE Confidence: 0.810064613819122

00:58:31.470 --> 00:58:46.800 That's just a small example, many of my patients

primary care and even the inventory setting enjoy my chart because lots of messages and I think it enhances their care, they appreciated it takes Time Is there any?

NOTE Confidence: 0.852394700050354

00:58:47.300 --> 00:58:56.810 Movement towards either capitated or some kind of set of fee for service, you got it come in. We can take care of it through my chart that really appreciate it? Where is that headed?

NOTE Confidence: 0.843059420585632

00:58:57.700 --> 00:59:09.360 Messaging electronically provide patient education about the lab test. X-rays questions that emerged and consumes a big fraction of the day I enjoy it. We don't get paid for that.

NOTE Confidence: 0.848813891410828

00:59:09.920 --> 00:59:19.230 Yeah, so I'm not sure I have the best answer yet, but I I do understand the issue the circumstance. I think well. You should like that, but we are.

NOTE Confidence: 0.861828327178955

00:59:19.730 --> 00:59:38.600 We first of all we want to get as many faces just sort of. You know like everybody on my chart that we can right now our numbers are still in the low 30s to maybe 40% of our patients around my chart. The reason for that is. I think is rescheduling a lot, that can be done through my chart. They give you a comparison NYU is about 80% of their page.

NOTE Confidence: 0.621047616004944

00:59:40.050 --> 00:59:41.660 So we got along.

NOTE Confidence: 0.884158074855804

00:59:42.850 --> 00:59:49.480 Do we do as you enter into the care center process and will see that there are some.

NOTE Confidence: 0.781205117702484

00:59:49.990 --> 00:59:54.050 Redistribution of public work the ideas did not vote as much.

NOTE Confidence: 0.664403021335602

00:59:55.090 --> 00:59:57.720 Oh certainly in basket, you figure it out.

NOTE Confidence: 0.804463326931

00:59:58.580 --> 01:00:22.920 Uh so hopefully part of this is to garys point. This is really customized to a certain level by the Cold War and so it won't be just you but it will be your coworker match the cohort that's going to decide what messages don't wear so you'll have some opportunity to actually correct those things, assuming just replacement code words you get paid for that project.

NOTE Confidence: 0.814747512340546

01:00:23.570 --> 01:00:27.420 OK great thank you very much.