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As we mark the second anniversary of the start of the pandemic, it’s a good time to look back at what we’ve been through, what we learned from it, and how we handled it. 2021 was a roller coaster of a year that saw a massive vaccination effort and the promise of a waning pandemic, only to be followed by the delta and omicron surges and their overwhelming demands on our health care system. The year ended with new hope in the form of boosters and pediatric vaccinations, but also with sharp spikes in infections, hospitalizations, and mortality.

Through all the ups and downs, the one constant was the extraordinary dedication, innovation, and resilience of our clinicians and staff as they cared for our patients and each other. I am grateful to each of you for enabling Yale Medicine to overcome unprecedented challenges and serve our community with distinction and compassion during this most difficult of times. When I look back at this period, that’s what I will remember most.

While dealing with the pandemic took up much of our time and attention in 2021, it was a year of growth and progress in many other areas as well. We welcomed two new chairs in 2021—Dr. Lisa Leffert in Anesthesiology and Dr. Isaac Kim in Urology—and we announced the appointment of internationally renowned oncologist Dr. Eric Winer as director of Yale Cancer Center and physician-in-chief of Smilow Cancer Hospital, beginning in February 2022. Other highlights included the renewal of YSM’s five-year federal Clinical and Translational Science Award, which helps support the Yale Center for Clinical Investigation in its groundbreaking work to advance clinical research and develop the next generation of investigators.

Our telehealth program continued to thrive, reaching the milestone of completing its 1 millionth video visit in 2021. We expanded the use of web-based patient self-scheduling technology, opened a new facility in Wallingford providing a full range of orthopaedics services, and raised our visibility through significant growth in website traffic and digital marketing.

It’s quite remarkable what we’ve been able to accomplish during the worst pandemic of our lifetimes, and it is a testament to your talent and commitment. Now, as it appears we may be moving to a different stage in the pandemic, Yale Medicine is well-positioned to flourish and grow in the weeks and months ahead. I encourage you to read this report for more detail on the challenges and achievements of the past year, and please feel free to contact me with any questions, comments, or ideas.

Sincerely,

Babar Khokhar, MD, MBA
CEO (Interim), Yale Medicine
What Lies Ahead

A Q&A with YSM Dean Nancy J. Brown, MD

In reflecting on the challenges and achievements of 2021, Yale School of Medicine Dean Nancy J. Brown, MD, believes the events and accomplishments of the past year provide critical insights and strong momentum in shaping what lies ahead, in 2022 and beyond.

Q: How have the events of the past year and the lessons of the pandemic informed your goals for the future?
A: An important goal has been the breaking down of silos to foster collaboration and more fully embed research in our clinical enterprise, which is integral to our mission of offering our patients cutting-edge care.

In some ways we were able to leverage COVID to accelerate that. We can take advantage of lessons learned during COVID to think about how we do this in treating common diseases like hypertension, diabetes, cancer, and mental health disorders.

Another fundamental goal relates to alignment between YM and YSM, and YNHHS. Where, historically, we have sometimes worked in parallel, we now need to work together in strategic decision making and setting the strategic vision for how we deliver the best health care.

We’ve now completed the very important work of defining the role of our chairs as chiefs across the system, who have both responsibility and authority for how we practice specialties and subspecialties with consistency throughout the system. We have had extremely good partnership from the service line leaders, from delivery network presidents, and from Chris O’Connor as incoming CEO.

Q: What will this enhanced alignment look like?
A: In terms of our alignment with the hospital, we have three goals: create an aligned leadership structure that is engaged in strategic decision-making. To better align our academic practice plan with the community practice plan. And to rationalize funds flow across the system so we standardize expectations and investments in the academic mission.

I am very excited about the vision that Chris O’Connor has and I am excited about our collaboration.

Q: What opportunities and challenges do you see us facing in the next year?
A: Our goal is to make the highest quality and most innovative care—in which we rapidly apply discovery to improving human health—accessible to many more people. There have been new challenges coming out of the pandemic, such as labor shortages and supply chain issues, but I think the challenge and opportunity is to be creative and forward-looking, rather than backward-looking. We have an awful lot of talent and we also have opportunities to collaborate as we never have before.
**Facts and Figures 2021**

- **Clinical Income**
  - FY '20: $1.02B
  - FY '21: $1.19B
  - INCREASE OF $17M (16.7%)

- **Ambulatory Patient Visits**
  - JAN–DEC '20: 961,165
    - Includes in-person and telehealth visits
  - JAN–DEC '21: 1,347,257
    - Includes in-person and telehealth visits
  - INCREASE OF 386,092 (40.2%)

- **Active Clinical Trials**
  - FY '20: 1,868
  - FY '21: 2,122
  - INCREASE OF 254 (13.6%)

- **Volunteers who Participated in Clinical Trials**
  - FY '20: 819
  - FY '21: 797
  - DECREASE OF 22 (2.7%)

- **Faculty Conducting Clinical Research**
  - FY '20: 819
  - FY '21: 797
  - DECREASE OF 22 (2.7%)

- **Clinical Volume**
  - FY '20: 27,884
  - FY '21: 29,887
  - INCREASE OF 2,003 (7.2%)

- **Clinical Research**
  - FY '20: 1,868
  - FY '21: 2,122
  - INCREASE OF 254 (13.6%)

- **Volunteers who Participated in Clinical Trials**
  - FY '20: 819
  - FY '21: 797
  - DECREASE OF 22 (2.7%)

- **Part-time Physicians**
  - FY '20: 844
  - FY '21: 841
  - INCREASE OF 3 (7.9%)

- **Nonphysician Providers‡**
  - FY '20: 913
  - FY '21: 916
  - INCREASE OF 3 (0.33%)

- **Medical Residents**
  - FY '20: 392
  - FY '21: 423
  - INCREASE OF 31 (7.9%)

- **Clinical Fellows**
  - FY '20: 1,254
  - FY '21: 1,532
  - INCREASE OF 278 (22.2%)

- **Clinical Workforce**
  - *Includes all credentialed providers.
  - †Approximately 2,600 staff members support YSM's clinical mission.
  - ‡Includes advanced practice registered nurses, physician assistants, licensed nurse midwives, certified nurse anesthetists, licensed clinical social workers, audiologists, and other health care providers.
Of the many ways in which Yale Medicine and Yale New Haven Health System (YNHHS) responded to the COVID-19 pandemic in 2021, one of the most complex and far-reaching was the widespread distribution of vaccines.

As soon as COVID-19 vaccines became available, YNHHS, Yale Medicine, and Yale University partnered with each other and quickly mobilized to set up eight mass vaccination sites from Greenwich to New London, and to recruit hundreds of clinicians and non-clinician volunteers to staff them.

All together, YNHHS, in partnership with Yale Medicine, administered 465,765 vaccine doses in 2021. That figure does not include vaccines administered to Yale students, faculty, and staff through Yale Health.

“Overall I would say it (the mass vaccination program) was a resounding success,” said Brita Roy, MD, MPH, MHS, director of population health for Yale Medicine, a co-chair of the Vaccine Task Force, and the lead for Yale Medicine’s vaccination efforts. “I think it really shows what’s possible with full and active collaboration between the School of Medicine, the university, and the health system.”

During the first six months of 2021, Connecticut was viewed as a national leader in vaccination rates and in “how quickly we were able to get vaccines into people’s arms,” Roy added. YNHHS, Yale Medicine, and Yale University played a major role in those efforts.

YNHHS and Yale Medicine also worked with faith-based and community-based partners to reduce disparities in vaccination rates based on race, ethnicity, and income. Those efforts were also very successful, Roy said. For example, in the New Haven area, among people 65 and older, there is no difference in vaccination rates between those who are white and those who identify as Latinx, she said.

Organizers set aside appointments in the vaccine clinics for residents of low-income neighborhoods, and opened pop-up vaccine clinics in those neighborhoods in collaboration with community partners. In addition, Roy co-led a group of community-based organizations, along with leaders and clinicians from YNHHS and Yale Medicine, to discuss the barriers to vaccination in minority communities. Written materials and videos were disseminated to counter misinformation about the vaccines, and outreach workers went door-to-door and visited local service organizations, such as soup kitchens, to talk to people about the benefits of COVID vaccines.

In addition, Yale School of Medicine and Fair Haven Community Health Center, together with a wide range of community-based partners, sponsored the Community Health Care Van that conducted 37
mobile vaccine clinics in minority and low-income neighborhoods, administering about 1,000 vaccines. The Community Health Care Van also visited several homebound residents to provide them with vaccines.

Another van, sponsored by the Federal Emergency Management Agency (FEMA) and the state of Connecticut, held mobile vaccine clinics throughout the state; when the FEMA van came to southern Connecticut, it was staffed by volunteers from YNHHS.

An especially successful effort was the development of an online educational module to help clinicians around the country learn how to talk to vaccine-hesitant patients. The video-based course got about 4,000 views and was the most popular Continuing Medical Education (CME) module Yale has ever produced that wasn’t required, Roy said. The module was created by Roy; Saad Omer, MBBS, MPH, PhD, director of the Yale Institute for Global Health; and clinical fellow Kavin Patel, MD.

During the second half of 2021, YNHHS and its partners provided booster shots and then mounted an intensive effort to administer pediatric vaccinations once the Pfizer vaccine for children ages 5-11 became available. YNHHS also manages vaccine supply for pediatric offices that administer vaccinations to their patients.

Unfortunately, vaccination rates among children have not been nearly as high as those of adults, Roy said. That is partly because of a belief that the disease primarily affects older adults and is less severe in young people. In addition, many parents have concerns about the potential for long-term side effects.

Today, YNHHS is continuing to work toward getting children vaccinated and continues to offer COVID vaccines for children and adults at the Scranton Professional Building, 200 Orchard St., New Haven. Yale students, faculty, and staff can get COVID vaccines and boosters through Yale Health, which operates a vaccine clinic at 310 Winchester Ave. in Science Park.
Yale Medicine Ambulatory Operations

Supporting Patient Care During the Pandemic

Despite the challenges brought on by the delta and omicron surges in 2021, Yale Medicine Operations continued to adapt and innovate to facilitate patient care, in our ambulatory locations and virtually.

Across the state, the Ambulatory Operations team supported the care of over 1.1 million face-to-face patients in 2021. Exceptional patient satisfaction, a hallmark of Yale Medicine, was sustained, with an overall Press Ganey score of 93.2.

In the telemedicine arena, the YM Virtual Support Team (VST), first created in August 2020 as an immediate response to patients and providers adapting to telehealth, also continued to mature. Building on the momentum of telemedicine utilization established early in the pandemic, and appreciating that telehealth is now an integral component of our repertoire, the VST expanded in scope and scale. In 2021, the team—which provides virtual patient intake, rooming, and appointment scheduling—supported 485 Yale Medicine providers and one-third of YM’s more than 200,000 completed telemedicine visits.

And while protocols like COVID patient screening now appear commonplace, it is important to remember the novelty of such practices before March 2020. In a recently published article in the Journal of Ambulatory Care Management, the YM Operations team was recognized for the prompt design and implementation of screening protocols that decreased the risk of spreading COVID. The article cited the model in helping to reduce risk of exposure to COVID-19 in ambulatory settings, a useful tool in our pandemic “playbook.”

YM CARE CENTER

Planning for Phase 3 of the CARE Center, the final and largest of the integration phases, began in late summer 2021. To date, Allergy/Immunology, Infectious Diseases, and Geriatrics have successfully transitioned as part of Phase 3. With these additional sections, the CARE Center now supports almost 800 providers, with over 2,000 templates, across 25 departments/sections, managing approximately 6,000 incoming calls per day.

As a member of the Patient Access Collaborative, a consortium of over 90 of the nation’s largest and most prestigious academic health systems, the CARE Center is able to assess its performance against national benchmarks. As compared to peers, YM is performing at or above the 75th percentile across a range of key industry indicators (e.g., agent productivity, response time, employee turnover). This is particularly remarkable given the relative infancy of the CARE Center as compared to the longevity and decades-long experience of peer institutions in this arena. Press Ganey scores reflect a likewise increase in patient satisfaction.

Recognizing the positive impact of the pandemic on patient adoption and engagement with technology, the CARE Center team has also driven the systematic implementation of patient self-scheduling functionality. Currently, 19 of the CARE Center departments/sections are active with return patient self-scheduling via the MyChart platform; leveraging the decision support capabilities of MyHealthDirect, seven departments/sections are active with new patient self-scheduling. As patient demand grows month over month, work continues to expand this capability to other patient populations. Both new and return self-scheduling options can be easily accessed by patients via the Yale Medicine website.

—Maryam Saeri, MBA, Chief Operating Officer
Yale Medicine’s ambulatory strategy continued to gain traction in 2021 in the areas of ambulatory optimization, development, and expansion. The pace of mergers and acquisitions has not slowed, while innovations in virtual health are continuing to transform health care.

Other trends driving Yale Medicine’s network development and strategy include shifts from inpatient to outpatient care, continued interest and investments from private equity firms, and partnerships that have emerged as disruptive forces in the health care sector.

Improving the virtual health care experience was a top priority in 2021, and will again be a major area of focus in 2022. Telehealth continues to be an important part of how we offer care, and it has received overwhelmingly positive feedback from patients. At year end, the program accomplished a milestone of 1 million video visits completed. The integrated YM/YNHHS telehealth team continues to optimize workflows and is working closely with YM Operations to expand the Virtual Support Team, which supports the patient and the provider during a video visit. The telehealth team is also focused on strategic growth in such areas as remote patient monitoring, where efforts are underway to develop a centralized team to monitor patient data around specific chronic conditions. In May 2021, Connecticut legislators passed an updated telehealth law that continues the pandemic-related expansion of telehealth regulations into 2023; that means continued insurance payment of video visits at parity with face-to-face visits.

Looking ahead, the Network Development and Strategy Committee, which sets strategic direction for the clinical practice, identified access to behavioral health services and the use of personalized medicine to improve care delivery as clinical services that will become increasingly important over the next decade.

Despite the continued focus on COVID-19, FY21 brought ambulatory expansion of the practice, highlighted by a new, 15,600-square-foot site at 800 Boston Post Road in Guilford, featuring clinical services in orthopaedics, physiatry, neurology, plastic surgery, general surgery, and YNHH Imaging (X-ray). In another expansion, a private plastic surgery group in Southport successfully transitioned to Yale Medicine in May 2021.

November brought the opening of a new full-service orthopaedics program and neurology services on the Masonicare campus in Wallingford. In addition, through the jointly run Yale Medicine/ Yale New Haven Health Network Strategy Council, planning has been underway for a large ambulatory facility in Meriden.

—Yollanda London, MPH, Chief Strategy Officer (Interim)
Clinical Transformation

Significant Strides are Made, Despite COVID-19

Although we had another challenging year impacted by COVID-19, we continued to make important strides in the ambulatory environment, population health, and clinical optimization in 2021.

AMBULATORY

One major initiative for this past year was the Extended Care Clinic (ECC) in the Yale Physicians Building (YPB). The clinic was created to help alleviate the challenge of patients boarding in the Emergency Room and high volumes on the inpatient services. The clinic allowed direct scheduling from Yale New Haven Hospital for urgent follow-up visits Monday through Friday. It is staffed by clinicians from both Yale Medicine and Northeast Medical Group. More than 2,000 patients were scheduled in 2021 and 23% of patients scheduled from the ER had less than a two-hour length-of-stay, allowing the ER to quickly triage a significant number of patients to alleviate the back-up.

Our virtual scribes program continued to grow in 2021. We now have nearly 300 clinicians using this service. It has allowed our faculty to have another option to help address the continued burden of documentation in the electronic medical record. There are currently efforts underway to assess the feasibility of scribe support for in-basket functions.

The Ambulatory Operations Committee (AOC), jointly led by Yale Medicine and Yale New Haven Health, continued its work to standardize our approach to ambulatory operations across the health system. The committee has membership from Yale Medicine, Northeast Medical Group, service lines, ancillary services, and all system hospitals. During 2021, the group adjusted ambulatory operations to multiple COVID-19 surges, developed operational guidelines, supported ambulatory IT initiatives, and addressed shortages in supplies and PPE.

The committee also endorsed and supported the new Ambulatory Operations Dashboard (AOD), which was created to allow operational leaders to have a single platform with consistent metrics across YM and YNHHS.

POPULATION HEALTH

The Yale Medicine Population Health Team had another successful year supporting and expanding our eConsult program, adapting and scaling the integrated behavioral health program, reporting for value-based payment programs, as well as supporting efforts to care for patients with COVID-19 through our collaborative team-based care initiative at Yale Internal Medicine Associates.

In 2021, YM specialists performed a total of 2,392 eConsults with an average response time of 0.8 days. We expanded the program to include Cornell Scott Hill Health Center and Oncology as additional referral sites. Quality remains exceptionally high, and a primary care physician at one of our new referring sites said, “I love eConsults and use them a lot. They have been a great addition to practicing medicine.”
The integrated behavioral health program adapted to perform most care via telehealth. After a substantial decline in depression screening rates during the start of the pandemic in 2020, rates of screening rebounded to 75% in 2021. This transition to telehealth improved equity in care, increasing the percent of male patients and patients with Medicaid that accessed treatment for depression. Our team also launched an integrated behavioral health collaborative including Yale New Haven Health, Northeast Medical Group, Fair Haven Community Health Center, and Cornell Scott Hill Health Center in 2021. This collaborative has developed a depression care registry in Epic, shared metrics for learning, and shares best practices to improve patient care.

Once again, Yale performed well in the Center for Medicare and Medicaid Services Merit-based Incentive Payment System (MIPS). We earned the maximum positive payment adjustment across the public and commercial value-based payment programs we participate in.

Finally, our collaborative team-based care initiative at Yale Internal Medicine Associates responded to the changing landscape due to COVID-19. Our care coordinators fielded 681 encounters with primary care patients for COVID-19 infection, allowing patients to remain in their homes and avoid hospitalization. Our social worker also helped 1,045 patients with needs related mostly to medical care (including obtaining COVID-19 vaccines and addressing underlying causes of frequent hospitalizations), mental health, safety, transportation, and financial issues. This breakdown of patient needs has shifted with the changing impact of the COVID-19 pandemic, and the team is proud to have successfully adapted to meet these shifting demands. Our team also partnered with many others across Yale Medicine, Yale New Haven Health, and Yale Health to develop clinical recommendations to prevent COVID-19 and processes to care for patients with COVID-19 in the ambulatory setting.

**YALE CLINICAL OPTIMIZATION SERVICES (YCOS)**

Over the past fiscal year, YCOS conducted ambulatory assessments in the Transplantation Center, Interventional Radiology, Cardiology, Bone Center, Diabetes Center, Hematology, YIMA, and Pulmonary – Winchester Chest Clinic.

The YCOS team was able to meet the challenges brought on by the start of the pandemic. The team was able to adjust processes to meet assessment deliverables and continue to effectively optimize the ambulatory environment. In fiscal year 2021, the team conducted over 100 physician/provider interviews, continued bi-weekly post-assessment workgroups, and worked with department/sectional leadership to achieve implementation of over 90% of recommendations yielded from eight assessments. Some major accomplishments include:

- Partnered with department leadership to implement YM ambulatory dashboards for more than 100 clinicians, established newly defined productivity and coding methodology for 30 clinicians, and enhanced faculty scheduling templates to improve patient access.
- Collaborated with communications team, departments, sections, and programs to optimize website information and presence.
- Changed staffing schedules and resource schedules (i.e., lab) to ensure schedules align with operational needs.
- Optimized referral work queues by cleaning out old referrals and ensuring staff were assigned to manage referral queues regularly. The work showed “Average Days in WQ” declined in seven out of 11 work queues. Some work queues “average day in work queue” declined by over 100+ days.
- Partnered with the CARE Center and departments to improve template utilization.

Lastly, YCOS continued to offer a highly competitive spring practicum for students in the MPH program in addition to a summer internship program open to students from across the country. As of June 2021, a total of 39 students have successfully completed the YCOS Spring/Summer programs.

—Babar Khokhar, MD, MBA  
Chief Ambulatory Medical Officer  
Chief Clinical Transformation Officer
During FY21, Yale Medicine leadership sponsored a series of technology initiatives aimed at providing a better experience for our patients and a more productive environment for our faculty and staff. As discussed in the Operations section of this Annual Report, web-based patient self-scheduling technology is now available for 439 of our providers.

Patients can go on MyChart, make an appointment with one of those providers, and get a confirmation in real time. More providers will be brought onto the platform in coming months, a significant enhancement to the patient experience. On the clinical administrative front, we collaborated with university-wide efforts to move to a paperless work environment by promoting e-Fax and e-Signature. In the revenue cycle space, we jointly worked with YNHHS to bring artificial intelligence-based solutions into our electronic health record (EHR) and integrate with staff workflows to help us work smarter and more effectively.

Another initiative for 2021 was the launch of Yale Medicine Training and Development, focused on supporting the needs of clinical staff. Led by Yon Sugiharto, executive director of Education Programs and Services, the program promises to provide knowledge, skills, culture, and growth experiences through Technology Training, Leadership & Staff Development and Instructional Design & Learning Technology Services.

In terms of space planning, COVID has created an opportunity to assess new working paradigms for many YMA functions, along with consolidation of our physical space. We will keep you informed as we explore the possibilities for different ways to leverage new working arrangements and how this informs our space planning needs. In the patient care areas, Yale Medicine continued to work collaboratively with Yale Health and Yale New Haven Health System to ensure that we provide a safe working environment for our clinical staff. This includes PPE protocols and supply, space configurations, cleaning protocols, and other personal safety measures.

Finally, with regard to workforce planning, Yale University worked closely with our Local 34 union partners throughout the past year to close out another successful round of negotiations. A new, five-year agreement took effect in January 2022. Yale Medicine is fortunate to have a dedicated professional workforce of union and non-union staff that focuses on the needs of the clinical departments, as we work together to exceed the expectations of our patients and providers.

—Fred Borrelli, MBA, Chief Administrative Officer
2021 was a busy year for the Yale Medicine communications team, as COVID-19 drove significant growth in editorial and video content, digital marketing, and media relations.

The YM editorial team produced a total of 97 feature articles (many but not all focused on COVID-19), 88 fact sheets, and 101 physician bios for the Yale Medicine website. These figures represent new content only; what is not reflected here is the team's ongoing effort to keep all YaleMedicine.org COVID content current and up to date—vitally important work given the high-profile the site has had among consumers looking for the latest COVID news.

Not surprisingly, YaleMedicine.org once again experienced enormous growth in website traffic:
- +241% unique site visitors (27,639,233)
- +243% sessions (32,274,515)
- +210% pageviews (37,567,422)
- +111% page views (12,121,835)
- +190% organic keyword traffic (665,402)

We also drove significant growth in lower Fairfield County, with 299,900 unique users.

The video team (which serves both YM and YSM) produced 50 full-length videos, 20 short ones for social media, and 30 physician video profiles. There were 1,534,131 total views of YM video content and over 22,000 hours of YM videos watched.

Media relations continues to play an ever-more-important role in raising visibility for the clinical practice. In 2021, 5,759 media interviews featuring YM physicians were arranged, representing a total ad value equivalency (AVE) of $135 million, an increase of 21% over the previous year. Additionally, several new high-profile media partnerships were launched, including with VuMedi (yielding 2,489 total hours watched of content featuring YM physicians) and Forbes Health, while existing unpaid but highly successful partnerships with both Healthline and WTNH continued.

Our team also continues to work closely with Channel 12 in lower Fairfield County, resulting in many broadcast placements for YM physicians practicing in that geographic region.

Additional work completed by the content team includes creating editorial (text and video) and providing media relations support for all clinical departments. The team also completed integration of the Yale Cancer Center patient-facing content onto the Yale Medicine website.

Finally, the site achieved significant growth in domain authority, rising four points from 58 to 62.

—Nicole Wise, Chief Communications Officer
Starting a new job in medicine in the middle of a pandemic is less than ideal. But despite the challenges of COVID, Lisa Leffert, MD, has been implementing a number of priorities and goals for the Department of Anesthesiology since arriving at Yale last August.

Leffert is Yale School of Medicine’s new Nicholas M. Greene Professor of Anesthesiology and chair of the Department of Anesthesiology. She also has been appointed chief of anesthesiology at Yale New Haven Hospital and Bridgeport Hospital. Before coming to Yale, Leffert served as associate professor of anesthesiology at Harvard Medical School and chief of the division of obstetric anesthesia at Massachusetts General Hospital. She is nationally and internationally recognized as a clinical expert in obstetric anesthesia and the management of pregnant patients with complex comorbid neurologic and substance use disorders.

The field of anesthesiology touches many different aspects of patient care and the hospital system, so one of Leffert’s top priorities is to continue the work of promoting collaboration and building strong relationships with other departments. “All of that work is going on, despite COVID,” Leffert said.

Another one of Leffert’s goals, as well as a personal passion, is career development, and that has also been taking place during the pandemic. “We’ve really built a structure for career development and started one-on-one conversations and planning for next steps for individual faculty members’ careers,” she said. Leffert is also focused on physician recruitment, retention, and other aspects of faculty development.

In another initiative, shortly after Leffert’s arrival the Department of Anesthesiology named Donna-Ann Thomas, MD, as its inaugural Vice Chair of Diversity, Equity, and Inclusion (DEI). The department is also expanding its quality and safety programs, as clinical operations continue to grow. Other initiatives underway include restructuring the department’s research group to be more holistic and developing ways to work more closely with certified registered nurse anesthetists (CRNAs).

Leffert has spent most of her career at Harvard Medical School and Massachusetts General Hospital, where she was brought on as faculty in 1996. She had been interested in looking for the next step in her career, but expected to do it in Boston. However, when she was approached by Yale, she realized that “something was happening here.”

COVID-19 has made it a challenging time for Leffert to start her new role at Yale. Nevertheless, “I can’t imagine a better place to be in the middle of a pandemic than here,” she said jokingly. “It’s just a delightful group of people to be working with. Very hard working, very collegial, very collaborative. And those are the things that are extraordinarily important in challenging times, like a pandemic.

“I have very high goals for the department in terms of level of performance, in terms of clinical and research prowess. . . but I think the most important thing is the people. Everything stems from the people. If we have great people who are really enjoying great careers, everything else follows.”
In September 2021, Isaac Y. Kim, MD, PhD, MBA, stepped into his new role as chair of the Department of Urology at Yale School of Medicine and chief of Urology at Yale New Haven Hospital.

A surgeon-scientist with more than a decade of leadership experience, Kim most recently served as professor and chief of the Division of Urology in the Department of Surgery at Rutgers Robert Wood Johnson (RWJ) Medical School; chief of the Section of Urologic Oncology and executive director of the Prostate Cancer Center at Rutgers Cancer Institute of New Jersey; and medical director of robotic surgery at Monmouth Medical Center.

At Yale School of Medicine, Kim will focus on innovative patient care built on paradigm-challenging investigator-initiated clinical trials and visionary basic research programs. Establishing a diverse culture of inclusion and collaboration is a priority for Kim, and he will encourage multidisciplinary teams that engage the wider Yale community. He also will increase the research exposure of residents, while supporting and fostering domestic and international collaborations.

Kim spearheaded development of the robotic surgery program at RWJ University Hospital and is an expert in robot-assisted radical prostatectomy, with more than 2,100 cases to date. He also managed a basic science research program on the mechanism of prostate cancer treatment resistance and investigated new therapeutic options for castration-resistant prostate cancer by developing Proteolysis Targeting Chimera (PROTAC) molecules for commercial translation. Kim also is active in clinical research, having served as the principal investigator of two clinical trials on advanced and metastatic prostate cancer.

He helped establish a research consortium of more than 25 institutions from five countries to investigate the therapeutic role of cytoreductive radical prostatectomy in metastatic prostate cancer. Kim is a fellow of the American College of Surgeons and serves on the editorial boards of the American Journal of Clinical and Experimental Urology, Prostate International, Minimally Invasive Surgery, Investigative and Clinical Urology, and PLOS One. He has received numerous awards for mentorship, research, leadership, and clinical care.

Kim received his doctorate from the Integrated Graduate Program in Tumor Cell Biology at Northwestern University Graduate School and his medical degree from the Feinberg School of Medicine at Northwestern University. He completed his residency in urology at Baylor College of Medicine, a research fellowship in urologic oncology at the National Cancer Institute, and a clinical fellowship in laparoscopy and endourology at the University of California, Irvine. He joined the faculty at Rutgers Robert Wood Johnson Medical School and Rutgers Cancer Institute of New Jersey in 2005. In 2017, he received his MBA in finance from the Wharton School at the University of Pennsylvania.

**New Department Chairs**

**Surgeon-scientist and Robotic Surgery Expert**

Isaac Kim is New Chair of Urology
Among the highlights of 2021 was the renewal of Yale School of Medicine’s five-year Clinical and Translational Science Award (CTSA) to accelerate research discoveries that can have a positive impact on health. YSM was awarded nearly $63.7 million over the next five years by the National Center for Advancing Translational Sciences (NCATS).

This is the third renewal for Yale, which was the only site in New England among the first 12 institutions to receive CTSA funding in 2006, when the National Institutes of Health started this program. The award supports the Yale Center for Clinical Investigation (YCCI), established in 2005 as part of YSM’s strategic plan to develop an infrastructure to better support translational and clinical research and to comprehensively educate the next generation of these investigators. YCCI also receives support from YSM and Yale Medicine, as well as Yale New Haven Health System.

“Support from the CTSA has allowed YCCI to innovate, to facilitate clinical and translational research that has had a national impact, and to develop the next generation of investigators,” said Nancy J. Brown, MD, Jean and David W. Wallace Dean of Medicine and C.N.H. Long Professor of Internal Medicine. “Continued support for the next five years will enable YCCI to enhance the resources available to investigators and make clinical research more accessible to all patients.”

Yale is classified as a large CTSA-funded hub from what is now a consortium of more than 50 such hubs across the country. NCATS supports this network to expand and improve the process that turns laboratory discoveries into treatments. NCATS fosters efficiency and innovation at CTSA hubs and encourages institutions to work together. The idea is to harness strengths that can be shared across the CTSA Consortium to accomplish objectives as a group that no single site could do on its own.

Under the new five-year award, YCCI will follow three over-arching themes. First, it will expand the scale and rigor of clinical research by strengthening the “learning health care system” and enhancing the bioinformatic and computational research infrastructure across Yale and Yale New Haven Health. New initiatives harness ever-increasing amounts of digital health data to transform the health care system into one that rapidly learns and continuously improves local practices and guides health care nationally.

A primary tool is the direct engagement of patients through the patient portal MyChart, which contains patients’ electronic health records. Not only are all studies listed by disease category, but patients can express interest in an active study or sign up for direct alerts of future studies through the same portal they use for scheduling their clinical appointments.
A second priority is to bring the benefits of precision medicine to meet the needs of diverse communities through developing “personalized health.” For example, the “One Heart Initiative,” developing in partnership with the YCCI Cultural Ambassadors, will accelerate the early identification of treatable, but hard to recognize, cardiac disorders to Greater New Haven and southern New England communities through mechanisms such as novel point of care testing strategies in places such as community health fairs.

“Addressing health care disparities” is the third priority. YCCI will initiate a comprehensive program that will involve local communities of color in an array of clinical trials to capture those communities’ specific treatment needs, as well as the imperative to increase diversity in Yale’s health care and research workforce. For more than a decade, YCCI’s Cultural Ambassadors program has been a national model for engaging local communities in clinical research. Community leaders, especially representatives from the AME Zion Church and the Latino organization Junta for Progressive Action, have encouraged participation by the community in this work by explaining its benefits, and in turn guided Yale’s approach by advising on best methods to relate to community members. This process will further expand and become even more robust over the next five years.

Over the next five years of CTSA funding, YCCI will also focus on the following aims:

- **To strengthen and further build institutional infrastructure to foster translational research.** This will accelerate T1-T4 translational research—from the laboratory to the bedside to populations—through advancing technology, improving access to data resources, and creating an expanded array of supports (administrative, regulatory, bioethical, methodological, biostatistical, and recruitment assistance).

- **To develop and support a diverse cadre of young translational scientists and all members of the translational workforce enterprise, within an environment that promotes team science.** We will attract the most talented staff, trainees and faculty; to train them in T1-T4 research; to support their engagement in multidisciplinary research teams; and to provide fellows and faculty with funding to support research training, conduct of pilot studies, and access to research cores.

- **To advance engagement of our CTSA with local stakeholders and implement novel methodologies and resources to address the needs of special populations within our catchment area.** We are forging new connections with our broad surrounding community so that our CTSA research better engages them and serves their needs.

- **To expand collaborations between our CTSA, the National CTSA Network, and other stakeholders in the research enterprise.** We will continue to expand our collaborations with other CTSA Network Hubs and other entities (FDA, HHS, industry, VA Healthcare, international partners) to broaden the dissemination of our research data and best practices. We also propose to initiate a broad new role as a coordinating center for Yale-led multicenter academic trials, and to increase the engagement of Yale investigators in NIH- and industry-supported multicenter initiatives.

Since 2018, YCCI’s co-directors have been John Krystal, MD, Robert L. McNeil, Jr. Professor of Translational Research, professor of psychiatry, of neuroscience, and of psychology, and chair of the Department of Psychiatry; and Brian R. Smith, MD, professor of laboratory medicine, of biomedical engineering, of medicine, and of pediatrics, and deputy dean for research (clinical departments).
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