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Challenge and Change in 2007

January's namesake, Janus, looked forward and backward. I'd like to take the opportunity in this issue of Yale Practice to look forward into 2007 and highlight some of the exciting challenges and opportunities that the practice will face in the next 12 months. We are now poised to take a major step in the evolution of the clinical practice, and I would like to share with you some of the background that will underlie those changes.

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In December, we completed a four-month engagement with Navigant Consulting. Their charge was to analyze the structure and operations of the clinical practice centrally and within departments, focusing on the cost of practice as well as faculty and staff productivity. The individuals who conducted this analysis specialize in multispecialty physician groups within academic medical centers. As a result, they were able to bring to their review reference benchmarks and experience with organizations similar to ours. Several factors prompted practice leadership to pursue this engagement, which we consider critical in the restructuring of the clinical organization. First, there has been a long-standing belief that the cost of practice in our environment—embedded as we are within a larger university framework and associated with a teaching hospital that is an independent corporate entity—makes it impossible to pay faculty salaries that are competitive and substantially challenges our ability to operate an efficient, patient-friendly practice. Of special concern has been the cost of space, malpractice insurance, labor and fringe benefits. Second, since the cost of practice is expressed as a percentage of revenue, any analysis of overhead necessarily must include a careful review of productivity. The Navigant consultants carefully studied overhead as well as faculty and staff productivity, expressing their findings in the context of national benchmarks.

Throughout the engagement, the consultants met regularly with a steering committee that included department chairs, dean's office representatives and hospital leadership. In addition to reviewing extensive data drawn from our IDX system and other sources, the consultants had in-depth discussions with departmental leaders, administrators, hospital executives and others.

Annual revenue of the clinical practice as a whole is approximately a quarter of a billion dollars. However, the current decentralized structure of the practice makes analysis of practice costs very laborious. Nonetheless, by pursuing a strategy known as mission-based budgeting, the consultants made great progress in helping us understand the costs of practice as they relate to physician work effort.

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We are in the process of reviewing the final report of the consultants, which includes major recommendations for the restructuring of the practice. On March 10, a retreat will be held with all chairs and clinical administrators. At that time MarieAnn North, the lead consultant, will present Navigant's findings and recommendations. This retreat will launch a very aggressive process, which will involve adoption of recommendations regarding the practice and development of a strategy for their implementation.

University and medical school leaders at the highest levels are committed to building the most successful service-oriented clinical practice, founded on quality and leading-edge science. This clearly defined commitment has been reinforced by the recruitment of clinical chairs who have as a core value the success of the clinical practice. It is further emphasized by the investment we have made in clinical faculty recruitments, the Navigant Consulting engagement and our commitment to evaluate in a very focused fashion their recommendations for major changes in how we practice.

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While the details of how we reconfigure the practice to enhance faculty productivity and optimize patient service remain to be discussed over the coming months, there is no question that the changes under consideration will be transformational. As we explore together the best pathways to achieve the type of clinical practice that has never before existed at Yale, there will likely be spirited discussion. There will be an exploration of our values and reflection on the impact of practice change on our other equally important missions. I hope that this dynamic exploration will proceed in a spirit of collegiality and respect, with the recognition that the practice changes we seek are intended to enhance the quality of the medical school overall.

This would not be the first time that the School of Medicine, despite its traditional conservatism, has adopted a strategy for change. Those familiar with the history of medicine in America need only to reflect on the recommendations of the Flexner report at the beginning of the last century. The School of Medicine at that time was thought to fall far short of the performance expected from an institution with Yale’s reputation. Over time, changes were made that became the foundation

for the school’s current status. The transformation of the clinical practice will most likely involve dramatic change. It will involve the identification and recruitment of individuals who are primarily committed to clinical care and who will spend the vast majority of their time in practice. These individuals, many of whom are currently on our faculty, will be master clinicians; in essence doctor’s doctors. They will have the professional skill, knowledge, familiarity with the underlying science in their area, reputation and passion for practice that will represent the ideal role model for medical students and residents alike.

The definition of the master clinician phenotype is not intended in any way to supplant the other diverse professional phenotypes that thrive in our complex environment. Ultimately, the reputation of the school and the uniqueness of the practice will continue to depend extensively on those individuals who are primarily basic and clinical researchers. What will be new is the opportunity for a large and effective cadre of master clinicians to interact with these researchers to more effectively translate new knowledge into clinical care. Certainly, a small practice substantially limits opportunities for clinical research in our environment, whereas a vigorous practice will create those opportunities.

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Over the coming months we will share details of the consulting engagement as well as their recommendations. As we pursue the changes that are anticipated, there will be a very great need for leadership among all clinical faculty. We will be seeking individuals who share the values inherent in a strong academic clinical practice to help mold the new environment and champion the changes that will be required.

I look forward to working with each and every one of you in pursuing the continuing evolution of our academic medical practice.



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