

YAHP Dinner Meeting
February 11, 2009
Waterbury Hospital

MEETING MINUTES

In attendance:

Yale School of Medicine/

Yale-New Haven Hospital

Yves-line Auguste, MD
Michael Bennick, MD
Tracy Crosby
Jack Elias, MD
Auguste Fortin, MD
Taneisha Grant, MD
Michael Green, MD
Steve Huot, MD, PhD
Silvio Inzucchi, MD
Majid Sadigh, MD

Bridgeport Hospital

George Abdelsayed, MD
Ana Casanegra, MD
David Kaufman, MD

Danbury Hospital

Dino Messina, MD
Michael Schiffman, MD
Winston Shih, MD
Pat Tietjen, MD

Greenwich Hospital

Elika Mardh, MD
Charles Seelig, MD

Griffin Hospital

Kenneth Dobuler, MD
Seema D'Souza, MD
Lionel Lim, MD

Hospital of St Raphael

Ernest Moritz, MD
Robert Nardino, MD
Bogdan Tiru, MD

Norwalk Hospital

Eric Mazur, MD

St Mary's Hospital

Greg Buller, MD
Jason Ouellette, MD

Waterbury Hospital

Jock Lawrason, MD
Rachel Lovins, MD
Mackenzie Smith, MD
Sabrina Volta

Dr. Jock Lawrason, Chairman of Medicine at Waterbury Hospital and tonight's host, welcomed everyone and began by introducing the Waterbury Hospital faculty and staff in attendance this evening.

Dr. Silvio Inzucchi, YAHP Director, then announced the new Program Director at Griffin Hospital, Dr. Seema D'Souza, previously Associate Program Director at this site for several years. Dr. D'Souza is replacing Dr. Ramin Ahmadi who recently became the Director of GME at Danbury Hospital.

The next piece of YAHP news discussed was the annual *Faculty Development Seminar*, held in the spring. This year, Dr. Jonathan Bogan from Yale's Section of Endocrinology, has agreed to run session on molecular biology – a primer on the nomenclature and the latest methods. This will provide attendees some rudimentary knowledge to allow them digest the molecular literature that finds its way into high-profile journals. A date has not been set yet, but it will most likely be in late May or early June.

Meeting Minutes, cont'd

Dr. Inzucchi then moved on to themes and topics for the *Annual Retreat*. He reviewed the list of topics gleaned from the telephone conference with the committee (a copy is attached). He opened the floor to the most popular theme with the committee, "Computers in Medicine" (which includes topics such as EMR, simulators, and 'teaching the Google generation'). Dr. Steve Huot, Associate Chair for Academic Affairs at Yale's Department of Internal Medicine, asked if there would be simulators to actually use for some hands-on experience. Dr. David Kaufman from Bridgeport Hospital (and a member of the Retreat committee) suggested considering a hands-on simulator workshop as a component of the day. Dr. Inzucchi asked the group about possible national and local speakers for this theme. Dr. Charles Seelig, Program Director at Greenwich Hospital, mentioned that APDIM did a series of talks on this theme a few years ago, and he remembered UPitt having a large 'sim center'. He also mentioned a talk from the VA on using EMR systems. Dr. Huot recommended Dr. Kevin Carr, who works full time in medical informatics and is a graduate of Yale's Primary Care Residency Program. Dr. Ryan O'Connell from Bridgeport, another a graduate of Yale's training program, was also recommended. Dr. Eric Mazur, Chair of Medicine at Norwalk Hospital, mentioned Dr. Lew Berman and Dr. Steve O'Mahony from Norwalk Hospital. There's also Dr. David Bates from Brigham in Boston for the topic of EMRs.

Dr. Huot then took the floor to talk about elective rotation scheduling. Yale is implementing a functionality of E*Value known as "Schedule Optimizing" for its rotation schedules. The plan is to also use this for the Affiliates. It will require online input from coordinators and their residents. Dr. Huot is attending a demonstration of the application tomorrow morning. He also mentioned that Barbara Wanciak would go on-site to the Affiliates to conduct some training sessions.

Dr. Majid Sadigh then began his presentation: *Partnership Models in International Health – Mulago Hospital/Makerere Univ and Yale*. Makerere was, at one time, considered the finest medical schools in East Africa. Yale entered into this unique partnership with the intention to improve medical education in Uganda and, as a result, patient care in this impoverished nation. There is now a "Yale Ward" at Mulago, staffed by faculty and residents from our programs. The curriculum for Yale residents on international health electives includes inpatient & outpatient rotations and didactics. There is language & cultural training; social & political sessions; social activities; counseling sessions. Mark Gentry, Yale librarian, created a small informational website for the program. At Mulago Hospital, through funding from Yale, a modest lab with computer has been created, and already there has been a tremendous increase in testing that is now available for patient care. Research is slowly becoming integrated in the relationship. Residents and faculty from Mulago are also planning visits to New Haven and Waterbury.

Dr. Huot asked how the YAHP could get involved. It was agreed it might be possible to craft an elective available to affiliated residents, although funding through the Yale – Johnson & Johnson International Health Program remains very competitive. Dr. Eric Mazur, Chief of Medicine at Norwalk Hospital, asked about the time commitment to participate. Dr. Sadigh responded that it's a minimum of 4 weeks if self-funded, and a minimum of 6 weeks if funded by the J&J program. Dr. Ernest Moritz of the Hospital of

Meeting Minutes, *cont'd*

St. Raphael asked what aspect to the experience resonates with the residents the most. Dr. Sadigh believes the biggest challenge is the emotional part of the experience. The majority of patients are young, and, unfortunately, many are terminally ill upon arrival. That's not something US trainees see on regular basis at home. As a result, orientation and pre-departure debriefings are key for a successful rotation. Dr. Mike Bennick asked about the possibility of conducting research on the physicians who have gone to Uganda – how it impacts their practice patterns and end-of-life care? They have seen immediate impact on patient care. But long-term impact will be difficult to measure.

Dr. Lawrason mentioned that Waterbury Hospital is developing a Yale/Mulago Fellowship Corporation, to help on several fronts, including the education the Mulago personnel in some of the subspecialties.

He then introduced Dr. Taneisha Grant, PGY3 in Yale's Primary Care Residency Program, to talk about the home visit program through Waterbury's Chase Clinic. Dr. Grant is the resident coordinator for the clinic, and the home visit program is a return to the model of the community doctor who makes house calls. Patients are impressed they take the time to visit them at home, and, this, in turn appears to increase their trust in their doctor. It has also been found to improve rapport with patients; to facilitate the assessment of the home environment as well as medication reconciliation; and to provide a better atmosphere for end of life and family discussions. For the residents who participate, there is anecdotal evidence that the home visits increased competence, particularly in systems-based practice. It provides an opportunity to work in multidisciplinary team, while expanding one's knowledge of health systems.

Some of the future goals for the program include possibly counting the home visits as clinic time for ACGME purposes. Also planned is the development of a standardized note template for EMR, and to arrange visits outside the usual ambulatory 3-month block. A plan to quantitatively measure of the impact on the resident's education from the home visit program is also underway.

The floor was opened for discussion, and Dr. Inzucchi asked if patients who have had home visits request more – do some patients assume the home visits are going to take the place of clinic visits? Dr. Grant responded that, yes, some patients do begin to expect routine home visits, but most appreciate that they still have to attend clinic. Dr. George Abdelsayed of Bridgeport Hospitals asked how the home visits are reimbursed. Dr. Huot explained that because an attending is not present, it is not possible to render a professional bill. However, as the program expands, they may reconsider exploring this issue.

Lively discussion followed, regarding the ramifications of not having an attending physician present, and how the home visit program has impacted the Chase Clinic.

Dr. Lawrason brought the meeting to a close at about 8:30pm.