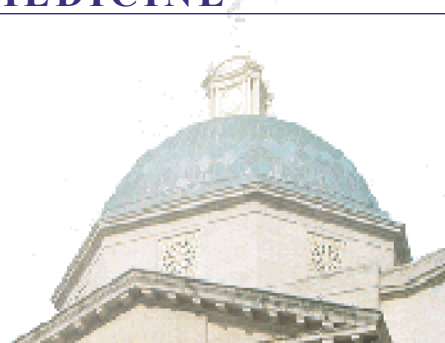


THE DEPARTMENT OF  
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 MEDICINE**



Newsletter of the Department of Internal Medicine

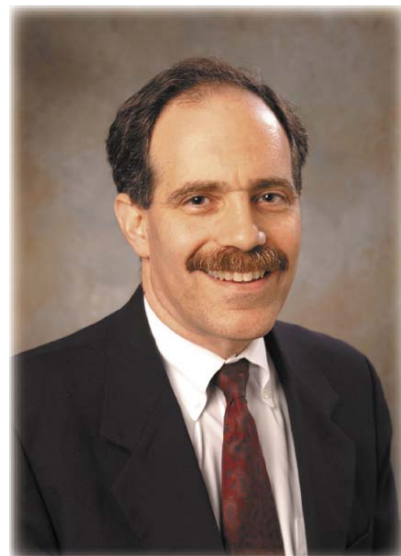
Volume 1 • Number 5

## The Section of Digestive Diseases

The Yale Section of Digestive Diseases traces its roots back to 1947, when Dr. Gerald Klatskin performed the first liver biopsy at Yale. Shortly thereafter he founded the Liver Study Unit, which was the first such unit in the country. Dr. Klatskin's efforts were complemented in 1955, when Dr. Howard Spiro was recruited here to found the Gastroenterology Unit. Dr. Spiro directed this unit for nearly three decades, during which time he founded the Yale Affiliated Gastroenterology Program, the forerunner of our Department's Yale Affiliated Hospitals Program. This visionary program unified GI practice, education, and clinical research in the major hospitals across the state of Connecticut. According to Dr. Spiro, "The concept was unique at that time and many of today's affiliated residency programs were really built on it." Dr. James Boyer, who trained under Dr. Klatskin, was recruited back to Yale, then combined the Liver and Gastroenterology Units into the Section of Digestive Diseases in 1982. Dr. Boyer was Chief of the combined section for nearly 15 years, followed by Dr. James Anderson, and most recently by Dr. Michael Nathanson, who became Chief in May of this year. The Section and its predecessors have long been and continue to be at the forefront nationwide in terms of research, clinical care, and training. For example, nearly 200 individuals have completed fellowships here over the past half century, many of whom have gone on to become section chiefs, department chairs, and deans. The Digestive Diseases Section continues to attract outstanding individuals for postdoctoral fellowship training to this day. For example, three of next year's fellows currently are chief residents, and chief residents from Yale will be joining our program for three years in a row. According to recent statistics from NIH, the Section has the most NIDDK funding of any digestive disease section in the country, and ranks sixth in total number of grants. The Section has 24 full-time faculty, including 13 physicians based at Yale, 6 physicians based at the West Haven VA, and 5 research faculty.

Yale-based faculty includes six physicians involved in basic or translational research (Drs. Binder, Boyer, Mistry, Nathanson, Dranoff, and Mehal) plus 6 physicians primarily engaged in clinical, educational, and administrative activities (Drs. Traube, Proctor, Kapadia, Fisher, Lee, Aslanian, and Prasad).

Dr. Henry Binder, Professor of Medicine and Cellular and Molecular Physiology, was the first physician investigator recruited to Yale by Dr. Spiro, and remains a distinguished member of the Section. Dr. Binder investigates normal and pathologic transport mechanisms in colonic epithelium and the molecular basis for diarrheal diseases. His research is directed toward identification of colonic electrolyte transporters with particular emphasis on bicarbonate secretion, anion exchange, and short-chain fatty acids. He is also collaborating in the development of an improved oral rehydration solution using resistant starch as a source of short-chain fatty acids. Dr. Vazhaikurichi Rajendran is a Senior Research Scientist in the Section who works with Dr. Binder. Dr. Binder is the Director of one of the Section's two NIH-sponsored fellowship training programs, and has directed the Investigative Gastroenterology Training Program since it was first awarded over 30 years ago. He also served as Director of the Yale Clinical Research Center for 21 years.



Dr. Michael Nathanson  
 Section Chief

Dr. Boyer is Ensign

Professor of Medicine and has directed the NIH-sponsored Yale Liver Center since its inception nearly 20 years ago. The Liver Center is one of only 13 such Digestive Diseases Centers nationwide, and one of only four that focus on the liver. Dr. Boyer investigates normal and pathologic transport mechanisms in the liver. His laboratory has identified and characterized a number of the transporters and pumps responsible for secretion of bile salts, organic anions, and other electrolytes into bile. More recently, his group has characterized the molecular defects of these transporters that are responsible for a range of inherited cholestatic disorders. Dr. Carol Soroka is a Research Scientist and Dr. Lin Wang is an Associate Research Scientist in the Section who work with Dr. Boyer on these topics. Dr. Boyer is a recipient of the Distinguished Achievement Award of both the American Gastroenterological Association (AGA) and the American Association for the Study of Liver Diseases (AASLD).

Dr. Pramod Mistry, Associate Professor of Medicine, was recruited to the Section from the Genetics Department at Mount Sinai Medical Center two years ago. He examines the molecular basis of disease manifestations in inherited and metabolic diseases of the liver. Since moving to Yale, he has established the National Gaucher Treatment Center, which already has evaluated nearly 100 patients with this disorder. Dr. Mistry and his collaborators also have recently described the largest cohort of patients in the world with Wilson's Disease, and are in the process of characterizing the molecular defect in these patients.

Dr. Michael Nathanson, Professor of Medicine and Cell Biology, is Principal Investigator of a program project grant that examines signal transduction mechanisms in the nucleus. His laboratory studies the formation of calcium signals in hepatocytes and other digestive epithelia, plus the mechanisms by which calcium regulates bile secretion and liver regeneration. Dr. Nathanson is the Director of the second of the Section's two NIH-sponsored fellowship training programs. Dr. Boyer was initially the director of the Investigative Hepatology Training Program when it was first awarded 25 years ago, which is now under Dr. Nathanson's stewardship. Notably, the forerunner to this training grant was one awarded to Dr. Klatskin in 1959, which was the first hepatology training grant in the country.

Drs. Jonathan Dranoff and Wajahat Mehal are junior faculty who maintain active research programs within the Section. Dr. Dranoff examines signaling via extracellular nucleotides and the role of ecto-ATPases in the regulation of this signaling pathway. Dr. Mehal examines the role of the liver in the immune response. He is involved in basic studies of lymphocyte interactions within the liver, and is also engaged in clinical studies of treatment strategies for

Hepatitis C in patients with renal failure.

Dr. Morris Traube, Professor of Medicine, is Director of the Gastrointestinal Procedure Center. Under his direction, the endoscopy suite has grown to the point where over 8,000 procedures were performed there last year. The Center's Motility Laboratory is one of the busiest in the Northeast. Dr. Traube's particular area of clinical interest is motility disorders, and he receives patient referrals for these disorders from throughout Connecticut and the Northeast. Dr. Traube recently earned a J.D. from Quinnipiac Law School, where he graduated with the highest grade point average in the history of the school. He now teaches health-related law issues there and at the Medical Center.

Drs. Deborah Proctor, Cyrus Kapadia, and Rosemarie Fisher each play major leadership roles in education and training. Dr. Proctor is Associate Professor of Medicine and Director of the Digestive Diseases Fellowship Program. She also currently chairs the AGA Manpower and Training Committee. Dr. Cyrus Kapadia is Professor of Medicine and Director of the Department's internal medicine residency program, while Dr. Fisher is Professor of Medicine, Director of Graduate Medical Education for Yale-New Haven Hospital and Associate Dean of Graduate Medical Education at the School of Medicine. Each of these three individuals maintains a practice in general gastroenterology. Dr. Proctor has a special interest in hereditary hemorrhagic telangiectasia, and Dr. Fisher has a special interest in nutritional disorders.

Drs. Lee, Aslanian and Prasad are clinical junior faculty with a focus on pancreatobiliary disorders and interventional gastroenterology. This group of physicians currently performs the third highest number of endoscopic ultrasound procedures in the nation, and enjoys a wide referral base.

VA-based faculty includes three physicians involved in basic or translational research (Drs. Groszmann, Garcia-Tsao, and Gorelick) plus three physicians primarily engaged in clinical and educational activities (Drs. Nagar, Wongcharatrawee, and Vignesh).

Dr. Roberto Groszmann, Professor of Medicine, is Director of the Section of Digestive Diseases at the VA Connecticut Healthcare System. He is interested in the regulation of the splanchnic circulation and the molecular and physiologic mechanisms responsible for the development of portal hypertension in cirrhosis. He has pioneered the use of pharmacological agents for the prevention and treatment of variceal hemorrhage. In addition, Dr. Groszmann implemented the use of the balloon catheter for the

measurement of the hepatic venous pressure gradient, which is now the most commonly used method to assess portal pressure. Dr. Mauricio Silva is an Associate Research Scientist who works with Dr. Groszmann on these topics. Like Dr. Boyer, Dr. Groszmann has received the AASLD Distinguished Achievement Award. It is particularly noteworthy that they are two of only 14 individuals ever to have received this, the highest form of recognition by the AASLD.

Dr. Guadalupe Garcia-Tsao, Professor of Medicine, is Director of the Connecticut VA Hepatitis C Resource Center, one of only four such centers nationwide. These centers are dedicated to improving treatment of Hepatitis C, and under Dr. Garcia-Tsao this center has established special expertise in treatment standards for patients with mental illness and substance abuse. Dr. Garcia-Tsao maintains research interests not only in Hepatitis C but in complications of cirrhosis as well. She also is recognized as an outstanding teacher and role model, and was recently chosen by the Yale medical students to receive the Humanism in Medicine Award.

Dr. Fred Gorelick, Professor of Medicine and Cell Biology, maintains an active research program in the mechanisms responsible for the development of pancreatitis. In particular, his laboratory examines the factors that lead to premature activation of zymogens within pancreatic acinar cells. Dr. Edwin Thrower is an Associate Research Scientist in the Section who works with Dr. Gorelick on this

research. Dr. Gorelick is past president of the American Pancreatic Association.

Drs. Anil Nagar, Suchat Wongcharatrawee, and Shivakumar Vignesh are primarily focused on clinical care at the VA. Dr. Nagar also directs the VA endoscopy suite, and he co-directs the YSM II Digestive Diseases Module, along with Dr. Marie Robert from the Department of Pathology. This is particularly notable because the Digestive Diseases Module has been the most highly ranked module by the medical students for each of the past six years. Dr. Wongcharatrawee is based in the Hepatitis C Resource Center, but sees other GI and liver patients at the VA as well. Dr. Vignesh, who recently joined the section, attends on both the GI and Liver Services.

What is next for the Digestive Diseases Section? The Section has a long record of notable clinical, translational, and basic research accomplishments, and one priority will be to recruit additional junior investigators to preserve this tradition. The Section also has established clinical areas of excellence in hepatology, diarrheal diseases, motility disorders, and more recently, pancreatobiliary disorders. Therefore, an additional goal will be to preserve and enhance these areas of excellence, and to develop additional expertise in areas such as inflammatory bowel disease and transplant hepatology. Finally, the Section looks forward to working with gastroenterologists in the community to improve fellowship training opportunities and patient care throughout the greater New Haven area.

## Digestive Diseases Faculty

Harry R. Aslanian M.D.  
Assistant Professor

Roberto Groszmann M.D.  
Professor

Henry J. Binder M.D.  
Professor of Medicine and Cellular Molecular Physiology

Cyrus R. Kapadia M.D.  
Professor

James L. Boyer M.D.  
Professor

Jeffrey H. Lee M.D.  
Assistant Professor

Jonathan A. Dranoff M.D.  
Assistant Professor

Wajahat Z. Mehal M.D., D.Phil.  
Assistant Professor

Rosemarie L. Fisher M.D.  
Professor

Pramod K. Mistry Ph.D., M.D., FRCP  
Associate Professor

Guadalupe Garcia-Tsao M.D.  
Professor

Anil B. Nagar M.D.  
Assistant Professor

Fred Gorelick M.D.  
Professor of Medicine and Cell Biology

Michael H. Nathanson M.D., Ph.D.  
Professor of Medicine and Cell Biology

## Digestive Diseases Faculty (Continued)

Priyajit Prasad M.D. Instructor	Edwin C. Thrower Ph.D. Associate Research Scientist
Deborah D. Proctor M.D. Associate Professor	Morris Traube M.D., J.D. Professor
Vazhaikkurichi M. Rajendran Ph.D. Sr. Research Scientist	Shivakumar Vignesh M.D. Assistant Professor
Mauricio R. Silva M.D. Associate Research Scientist	Lin Wang M.D. Associate Research Scientist
Carol J. Soroka Ph.D. Research Scientist	Suchat Wongcharatrawee M.D. Assistant Professor

## NEW GRANT AWARDS

Principal Investigator	Title	Annual Funding Total
Henry Binder	Training Program in Investigative Gastroenterology	221,885.00
Henry Binder	Colonic Crypt HC03 secretion	216,931.00
James Boyer	Mechanisms of Bile Secretion and Cholestasis	431,717.00
James Boyer	Digestive Dis Res Core Center-Liver Center	665,467.00
Jonathan Dranoff	Paracrine Regulation of Bile Duct Secretion	122,125.00
Guadalupe Garcia-Tsao	Cirrhosis and its Complications	105,313.00
Guadalupe Garcia-Tsao	Hepatitis C Resource Center	500,000.00
Fred Gorelick	Exocrine Pancreatic Zymogen Activation	193,750.00
Fred Gorelick	Zymogen Activation and Pancreatitis	135,000.00
Roberto Groszmann	Prevention of Esophageal Varices	50,000.00
Roberto Groszmann	Pathophysiology and Pharmacology of Portal Hypertension	184,050.00
Roberto Groszmann	Lanreotide as an adjuvant to Endoscopic Band Ligation	143,153.00
Wajahat Mehal	Hepatic Tolerization of the CD8+T cell immune response	122,500.00
Wajahat Mehal	Hepatitis C Treatment in Renal Failure	41,000.00
Pramod Mistry	Enzyme Replacement Therapy in Gaucher Disease	167,000.00
Michael Nathanson	Calcium Waves in Hepatocytes	158,201.00
Michael Nathanson	Regulation of Liver by Nuclear Calcium signaling	549,486.00
Michael Nathanson	Regulation of secretion by calcium waves in the pancreas	32,000.00
Michael Nathanson	Investigative Training in Hepatology	221,181.00
Vazhaikkurichi Rajendran	Molecular & Physiological Studies of a Colonic H-K ATPase	141,642.71

# Department News and Updates

## Establishment of a Laboratory-Based Research Space Committee

Dr. Elisabetta Ullu, Professor of Medicine, has agreed to chair a standing committee charged to make recommendations to the Chair concerning optimal use of laboratory research space in the Department. Other members of the Space Committee include: Drs. Joseph Craft, Stefan Somlo, Michael Nathanson, John Wysolmerski, Jack Elias and Jeffrey Bender. The specific charge to the committee is as follows:

1. Identify and prioritize opportunities for scientific collaboration and new research program development in TAC or other areas. Strategies that would integrate investigators from outside or within the Department of Medicine to foster programmatic development would be very helpful.
2. Review and further develop the Department's laboratory research space allocation formula as necessary.
3. Provide specific advice concerning use of space that is freed up by departing investigators or how investigators who have insufficient space can be accommodated.
4. Identify major equipment needs and strategies to procure core equipment.

The Committee will begin meeting shortly.

## Activities of the Department's Operations Committee

A Committee comprised of Department of Medicine faculty, trainees, and staff from Yale-New Haven Hospital has been meeting regularly to improve the quality of care and efficiency of clinical operations on the inpatient Medical Service at Yale-New Haven Hospital. The Committee has completed work on a series of recommendations to improve identification and notification of Attendings. An improved Attending Data Base is being developed and the template for entering Admission Orders will shortly require entry of the Attending's name by the housestaff.

Other initiatives of the Committee include improving patient flow from the Emergency Department to inpatient areas, developing teams to draw blood cultures, improving patient flow and measurement of quality indicators in the Endoscopy Suite, and refinement of the Department's Business Plan with YNHH for FY '04.

The Committee membership has worked diligently and enthusiastically to improve patient care on the Medical Service. Please forward any suggestions for issues to be considered by the Operations Committee to Rosemary Slattery or David Coleman.

## Searches

A Search Committee for Section Chief of Medical Oncology has been established. Dr. Jill Lacy has done a fine job serving as Acting Section Chief during the transition period. Following the appointment of Dr. Richard Edelson as Director of the Yale Comprehensive Cancer Center, the Department of Medicine has partnered with Dr. Edelson and the Cancer Center to identify and recruit a new Section Chief of Medical Oncology. The membership of the Search Committee for Section Chief of Medical Oncology includes Drs. Richard Edelson (Chair), John Wysolmerski (Medicine/Endocrinology), Faddi Lakkis (Medicine/Nephrology & Immunobiology), Lynn Tanoue (Medicine/Pulmonary), Robert Udelsman (Surgery), Margaret Hostetter (Pediatrics), Lynn Wilson (Therapeutic Radiology), Bruce Haffty (Therapeutic Radiology), Peter Schwartz (Ob/Gyn), Peter Herbert (YNHH/Medicine), Marna Borgstrom (YNHH), Ira Mellman (Cell Biology & Immunobiology), Jose Costa (Pathology/Cancer Center), and Michael Apkon (Pediatrics).

Dr. Barry Zaret, Chief of the Section of Cardiovascular Medicine, has announced his intention to step down as Section Chief in 2004. The Section has undergone remarkable growth over the past 25 years under his leadership. In order to identify and recruit a new Section Chief of Cardiovascular Medicine, a Search Committee has been formed that includes the following members: Drs. Jack Elias (Chair), Jerome Kassirer (Assoc Chair), William Sessa (Pharmacology/Vascular Biology), Jordan Pober (Pathology/Vascular Biology), George Tellides (CT Surgery), Peter Herbert (YNHH/Medicine), Kyle Kramer (YNHH), James Duncan (Radiology/Biomedical Engineering), Michele Barry (Medicine), Stefan Somlo (Medicine/Genetics), Silvio Inzucchi (Medicine), Gary Desir (Medicine/VA), Barbara Gulanski (Medicine/VA), Keith Joiner (Medicine/Investigative Medicine), Bauer Sumpio (Vascular Surgery), Patrick O'Connor (Medicine), and Michael Bennick (Medicine/YNHH).

## Department Development Effort

The Department of Medicine is working with the School of Medicine's Development Office to promote Development initiatives that would support the Department's Academic and Clinical Programs. A Strategic Advisory Council is being formed to catalyze the Department's Development Program. The Council will be comprised of 8-10 Donors who would aid the Department in identifying additional Donors through a coordinated Development effort. If members of the Department are aware of individuals who would be suitable members of the Council, please contact David Coleman. The School of Medicine's Development office has been very helpful to the Department in this important initiative.

- Dr. David Coleman

# DANA 3 Incentive Plan

Dana 3 has been the primary practice site for the Department of Medicine at Yale for almost three decades. Sections engaged in clinical activity on Dana 3 include Allergy/Immunology, Cardiology, Digestive Diseases, General Medicine, Geriatrics, Endocrinology, Nephrology, and Rheumatology. Total patient visits approach 30,000 per year, rendering this practice one of the busiest at the medical center. A busy primary care group, *Yale Internal Medicine Associates*, comprises approximately 25% of all patient encounters.

## The Issue

The Dana 3 Clinic is a critical component of the Department's clinical and educational programs. The Clinic serves as the principle ambulatory site for the Department's referral practice. In addition, the Dana 3 Clinic is a major site where the medical needs of underinsured patients in our community are met by our Department's faculty. Therefore, the Department must continue to develop a robust clinical practice on Dana 3.

Despite its outmoded facilities, overhead costs have been very high on Dana 3. This has resulted from high staff and fringe benefits costs and an expensive lease arrangement with Yale-New Haven Hospital. In addition, the Department's commitment to provide outstanding clinical care to all patients, regardless of their ability to pay, has compounded the fiscal problems in Dana 3 Clinic.

Prior to 1999, the high overhead and low collection rate made it virtually impossible for practicing faculty to "break even" on their clinical activity on Dana 3, let alone garner any salary support or cover academic office expenses. In recognition of this fact the Department instituted a 35% rebate program in 1999. In this plan, 35% of a physician's clinical collections on Dana 3 activity would be returned to his/her Section, and associated practice costs would be covered by the Department. While this program was initially welcomed by the faculty, it failed to stimulate additional clinical activity and became quite expensive for the Department.

## Developing a Potential Solution

In view of the financial challenges faced by the Department for Fiscal Year 2004, and the desire to increase clinical volume, the Department leadership sought an alternative financial arrangement to support the Faculty in Dana 3 Clinic. The overriding goal in seeking an alternative plan was to maximize the financial awards to faculty for meeting reasonable benchmarks of clinical activity. A group comprised of Drs. Silvio Inzucchi (chair) and Keith Joiner, and Gary Mulligan was asked to devise an alternative plan with the following goals:

1. The plan should provide an incentive to increase the volume and quality of clinical care in Dana 3 Clinic. Although the initial emphasis will be on improving the efficiency of care in Dana 3 Clinic, the plan should eventually provide incentives for quality of care as well.
2. The incentives should be based on clinical work performed rather than on collections. Specifically, the incentive program should be blind to "payor mix".
3. The incentives should be based on achievable productivity targets using accepted clinical benchmarks for physician productivity provided by the Medical Group Management Association (MGMA) and review of historical productivity in the Dana 3 Clinic.
4. In order to maximize the impact of the available Departmental resources, funds for the Dana 3 incentive plan should only be used to support faculty who reach productivity targets.
5. The incentives should provide compensation to faculty for meeting a base target and provide incremental support for clinical volume above the base target.
6. The cost of the incentive plan to the Department should be reasonably predictable.

A series of meetings with Faculty, distribution and tabulation of questionnaires, and financial modeling were undertaken to develop the plan. Principles of incentive programs used in other fields and utility theory were utilized in composing the proposed incentive plan. The Section Chiefs and Associate Chairs expressed general support for the goals of the plan. Concerns were raised, however, regarding the clinic's poor physical design and its reputation as running inefficiently. In addition, some Faculty worried that such an incentive program might adversely affect teaching because it would place too high a premium on patient encounters. The details of the Incentive Program were modified over a period of four months in response to the suggestions of the faculty and to better meet the Department's goals. **Prior to implementing the Incentive Program on October 1, 2003, we would like to get additional feedback and suggestions from the Faculty.**

## The New Incentive Plan

Key features of the plan are outlined in the Table. Clinical productivity is based on “work RVUs”, or resource-based relative value units, an accepted measure of valuing a physician’s clinical work. Every patient encounter is credited with a certain fraction or number of RVUs, depending on the length and/or complexity of the service, and the overhead resources required to deliver it. In the outpatient arena, evaluation and management (E&M) services range in RVUs from 0.17 for a Level 1 Return Visit to 3.43 for a Level 5 New Patient Consultation. As a general rule, new patient visits are “worth” more than return patient visits, and Consultations are credited with greater value than patient-initiated New Evaluations. In internal medicine, most patient encounters (Level 3-4) are valued at between 0.67-2.58 RVUs.

To determine the number of RVUs that would be the “target”, the MGMA database was queried. The mean annual RVU generation of internists practicing in three “cognitive” specialties was calculated. This number (3994) was then adjusted for the number of typical academic work-weeks per year (45), and further adjusted to reflect each morning or afternoon clinical “session.” These permutations resulted in an RVU target of 425 per year per half-day session of activity (“session-year”). More practically, this was equivalent to 9.4 RVUs per each 4-hour clinic session, if conducted over 45 weeks per year. To account for teaching obligations and the inherent inefficiencies of academic practice, the target was adjusted to a value of 90% of the private practice value. Therefore, the adjusted target is 382.5 RVUs per session-year (or 8.5 RVUs per session over 45 weeks per year). It was determined that this level of clinical productivity could be generated using one room on Dana 3, assuming prompt start times, an efficient flow of patients including only several minutes in between patient room changes, and a full 4-hour session. Indeed, approximately one-third of clinicians in Dana 3 already exceed this target level.

**Faculty members who achieve clinical productivity at the target level over the course of the year will have their practice costs covered and \$7500 will be credited to the individual faculty member’s Profit and Loss Account by the Department. For each 1% above the target, an additional \$175 will be credited to the faculty member. In addition, the Department will cover all of the faculty member’s Dana 3 practice costs. All income generated by the faculty member on Dana 3 will go to the Department to defray these expenses.** Note that these fixed amounts are not directly influenced by clinical collections. However, based on historical collection rates, the return amount will calculate to roughly 30% of collections for faculty who achieve the target. Those individuals who reach very high productivity in the 140-150% of target will achieve a greater return rate of 40-45%. Even higher rates are possible, but obviously become increasingly difficult to achieve.

Table. Basic Features of the Dana 3 Incentive Plan

1. RVU target per session	8.5 RVUs
2. Sessions per year	45 sessions
3. Return to Faculty	\$7500/yr
4. Added return for each 1% > target	\$175/yr
5. All practice costs covered by the Dept	
6. Clinical income reverts directly to the Dept	

For example, assume Dr. X achieves an average of 12.4 RVUs per session and attends 45 clinic sessions per year, achieving 582.8 RVUs for the year (target= 382.5 RVUs.) This faculty member is achieving 52.4% above target. Dr. X is credited with \$7500 for achieving target plus (52.4 x \$175=\$9170) for the extra productivity, yielding a total return of \$16,670. All clinic expenses incurred by Dr. X would be covered by the Department.

The second example is that of Dr. Y, who achieves only 7.2 RVUs per session and attends only 41 clinic sessions per year, achieving 295.2 RVUs for the year, well under the target of 348.5. This faculty member receives no return from the Department, and his/her Section is responsible for all practice-related costs on Dana 3. After paying expenses, any remaining funds from collections would be returned to the Section by the Department.

The payout to faculty who achieve the RVU target per session, but who work more or less than one session per week will be adjusted accordingly. For example, an individual who achieves an average of 8.5 RVUs per session and works one session every other week will receive one half the payout from the Department (\$3750). An individual who averages 8.5 RVUs per session and works two sessions per week will receive \$15,000 from the Department. The incremental payout for achieving RVU levels above the target will be adjusted in a similar fashion according to how many sessions the faculty member works per week.

Of note, the Incentive Plan will allow clinically-oriented faculty to retain some salary coverage for their outpatient activity – previously not possible due to extraordinarily high outpatient practice overhead costs. A busy clinician-educator, for instance, may be expected to reach an annual return in the neighborhood of \$12,000-15,000 per session. This level of support is a

significant improvement over previous models. Moreover, the plan will allow Section Chiefs to attract and retain clinically active faculty to help fulfill the Departments' patient care and educational missions. Finally, the success of the Faculty in meeting the target levels of productivity will insure a level of clinical income sufficient to allow the Department to afford the Incentive Program. Ideally, the Incentive Program will provide a "win-win" for the Faculty, the Department, and the Sections.

### Achieving Targets

Four examples of how faculty can reach the targets in the Incentive Plan are listed below. The RVUs generated and the approximate time required to conduct these patient evaluations are also shown.

<b>Example #1</b>	<b><u>RVUs (Time)</u></b>
1 self-referred Level 3 New Patient (45 min)	
1 Level 4 New Consult (60 min)	
7 Level 3 Return Patients (15 min each)	8.61 RVUs (3 hrs, 25 min)
<b>Example #2</b>	
No new patients	
8 Level 4 Return Patients (20 min each)	8.80 RVUs (2 hrs, 40 min)
<b>Example #3</b>	
2 Level 4 Consults (60 min each)	
2 Level 3 Return Patients (15 min each)	
2 Level 4 Return Patients (20 min each)	8.70 RVUs (3 hrs, 10 min)
<b>Example #4</b>	
2 Level 4 self-referred New Patient (60 min each)	
1 Level 4 Consult (60 min)	
1 Level 3 Return Patient (15 min each)	
1 Level 4 Return Patient (20 min each)	8.85 RVUs (3 hrs 35 min)

Clearly, in addition to adequate patient volume, key elements for success within the new Incentive Plan include proper coding habits and adequate clinic attendance. Each faculty member is strongly encouraged to review his or her current clinic template to ensure that enough patients slots have been made available to meet these targets. As in many clinic practices, "overbooks" will be necessary to allow for our 15% "no-show" rate, which continues despite reminder letters being sent one week in advance by PFS. A suggested template is:

**New Patient 45 min**  
 Return Patient 15 min  
**New Patient 45 min**  
 Return Patient 15 min  
 Return Patient 15 min  
 Return Patient 15 min  
 Return Patient 15 min  
 Return Patient 15 min  
 Return Patient 15 min  
 Return Patient 15 min  
 Return Patient 15 min  
 Return Patient 15 min

+ALLOW 2 OVERBOOK RETURNS WITHOUT MD APPROVAL

The Dana 3 staff would be happy to meet with you to adjust your template as necessary. Also, "make-up" sessions are also encouraged before or after vacations or other absences to help the faculty reach and surpass the RVU target, while also helping to accommodate waiting patients and improving our patient's overall access to care.

During the next month, Dr. Silvio Inzucchi has arranged to present the Incentive Plan to each of the Sections and to answer any questions. Personal evaluations can also be arranged through Silvio to review your recent productivity using RVU determinations, template, scheduling habits, coding practices, and certain special situations (sabbaticals, triennials, covering physicians, split-sessions, etc.).

Please address any comments or concerns to Silvio Inzucchi, Dana 3 Medical Director at 7-1932 or by e-mail [silvio.inzucchi@yale.edu](mailto:silvio.inzucchi@yale.edu) by September 26, 2003. We are hopeful that the proposed Incentive Plan will meet the goals articulated above and would like to incorporate your feedback in our final review of the plan prior to implementation on October 1, 2003.

- Dr. Silvio Inzucchi

## New Faculty

### Joseph V. Agostini joins the Section of Geriatrics as an Assistant Professor of Medicine



Joseph V. Agostini, M.D., obtained his undergraduate degree from Yale before attending Vanderbilt University School of Medicine. He completed his internship and residency at Yale-New Haven Hospital, followed by a post-doctoral fellowship in clinical epidemiology and research design with the Robert Wood Johnson Clinical Scholars Program and a subspecialty fellowship in geriatric medicine at Yale. He is the

recipient of an American Geriatrics Society New Investigator Award, and a Merck/American Federation for Aging Research Junior Investigator Award in Clinical Pharmacology. His research interests focus on medication use and management in older adults and methods to evaluate risks and benefits of multiple medication use among seniors with chronic illnesses.

### Rick Enelow Named VA Chief, Section of Pulmonary and Critical Care



Dr. Enelow joined the faculty on August 1st as the Chief of Pulmonary and Critical Care at the VA. After college at Amherst and medical school at Boston University, Rick was a resident in internal medicine at the Deaconess Hospital in Boston. He began a research fellowship in Infectious Disease at the University of Virginia, followed by clinical training in Pulmonary

Medicine. After another research fellowship in virology and immunology he developed his own basic and clinical research program in interstitial lung disease at Virginia. His NIH-funded research program involves the immunopathologic mechanisms involved in lung injury associated with respiratory virus infection, and T cell responses in the lung to infectious and non-infectious antigens. His other interests include endothelial and epithelial responses to viral infection and T cell recognition, including allorecognition (transplant rejection), as well as the mechanisms underlying chronic parenchymal and airway inflammation/injury/fibrosis.

### David S. Geller was Recently Promoted to Assistant Professor of Medicine in the Section of Nephrology



Dr. Geller obtained his undergraduate degree from Dartmouth College and his MD and PhD degrees from the New York University School of Medicine. He came to Yale for his internship and residency in Internal Medicine and remained here for his renal fellowship. As a fellow, he worked in the laboratory of Richard Lifton, MD, PhD, where he identified the molecular bases of two Mendelian disorders featuring alteration of blood pressure,

pseudohypoaldosteronism type 1 and hypertension exacerbated by pregnancy. In his laboratory, David will continue to expand upon findings generated in the Lifton laboratory, using genetic approaches to understand molecular mechanisms underlying cardiovascular disease.

### Amy C. Justice Named VA Chief, Section of General Medicine



Dr. Justice attended Harvard University, Radcliffe College where she majored in Biology. After graduating from Yale University School of Medicine, she completed her Internal Medicine residency at the Hospital of the University of Pennsylvania. She continued her education receiving MSCE and Ph.D. degrees also from the University of Pennsylvania.

Dr. Justice has done research in outcomes in chronic HIV infection, for the past 16 years. Her goal is to use HIV infection as a model for improving outcomes in chronic disease by studying the association between mutable mediators of clinical outcome in HIV and intervening on these mediators. She is the Principal Investigator on the Veterans Aging Cohort Study (VACS). This research considers the complex roles of aging, symptoms, medical treatment, adherence, patient-provider relationships, disease severity, and medical and psychiatric comorbid illness in determining survival and quality of life for people with HIV infection. VACS has received 5 years of funding from NIAAA to conduct an expansion of the study to include HIV negative controls and additional study sites. The study is focused on understanding the likely interactive and overlapping role of alcohol use and abuse in determining outcomes among veterans aging with HIV infection and comparing this role to age-race-site matched HIV negative veterans. Dr. Justice has experience with observational data including analyzing large and complex databases, comparing results across databases, and conducting observational studies. She is currently Co-Chair of the Advisory Board for Collaborations in HIV Outcomes-US (CHORUS) an ongoing observational study of over 5,500 people with HIV infection, a mentor to the Indiana University-Moi University Kenya AIDS Care Initiative, and a member of the HIV-QUERI Executive Committee.

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# MEMORIAM

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## Dr. Patricia Goldman-Rakic

Dr. Patricia Goldman-Rakic passed on at the age of 66 as a result of injuries incurred when she was struck by a car as she crossed Whitney Avenue in Hamden. She was born in 1937 in Salem Mass. She received her bachelor's degree from Vassar College, (1959) and her Ph.D. at U.C.L.A. in 1963. She left the N.I.H. in 1979 as Section Chief of Developmental Neurobiology to join the Yale faculty as Professor of Neuroscience.

It is difficult to measure the loss of one of the finest minds of our global scientific community by conventional cultural criterion. Her scientific accomplishments informed us about the human condition in health and disease. Dr. Patricia Goldman-Rakic has made indelible contributions concerning the nature of contemplation, personality, reasoning and insight. She demonstrated working memory processes occur in the pre-frontal cortex and not, as previously thought, in the hippocampus. This was a paradigm shift in our neuro-scientific model of how we consolidate information. This area incorporates and organizes sensory data and relates it other cortical areas which results in shaping our intellect, will, planning and insight. She extended her work in the prefrontal cortex to thought disorder patterns in Schizophrenia. She also uncovered the relationship of dopamine concentration in this region to memory which provided clinicians with conceptual constructs for pharmacotherapy. Her work

provided insights providing rationale for the treatment of Attention Difference, Alzheimer's and Parkinson's disease.

Although my time with Pat was limited, the experience I gained was enduring and singular in the clarity of her message. The responsibility of a scientist in pursuit of objective conclusions was not to be compromised by immediate gain. Her countenance generated the approach of steadfast objectivity in the face of difficulty as ennobling attributes of the scientific process. I can recall her admonishment that a manuscript was ready when "the concepts are layered, the prose is compact and clear as in a haiku poem"

Dr. Patricia Goldman-Rakic was a model of integrity and determined authority. Her work endured in life and as such her ideas and accomplishments will continue to shape scientific progress in her absence.

- Dr. Robert Soufer




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## Medical Grand Rounds

- August 21, 2003 "Managing Resistant Hypertension; Novel Solutions or Just New Clothes for Old Tricks?" Aldo Peixoto, M.D., Assistant Professor of Medicine, Section of Nephrology.
- August 28, 2003 "Cystic Fibrosis; Parallel Progress in Clinical Care and Scientific Insight." Caroline Kim, M.D., Assistant Professor of Pediatrics and Internal Medicine and Marie Egan, M.D., Associate Professor of Pediatrics, Respiratory Medicine & Cellular & Molecular Physiology.
- September 4, 2003 "Management of a Young Man with Pneumonia and Hypotension: Lessons Learned." David L. Coleman, Professor and Interim Chair of Internal Medicine.
- September 11, 2003 "Pathogenesis of Portal Hypertension; The Central Role of NO." Roberto Groszmann, M.D., Professor of Medicine, Section of Digestive Diseases.
- September 18, 2003 "Young Immigrant from Central Asia with Lung, Liver and Ovarian Cysts." Frank Bia, M.D., Professor of Medicine, Section of Infectious Diseases.

Grand Rounds begins at 8:30 a.m. in the Fitkin Amphitheatre.

# Kudos

## Department of Medicine Faculty Appointments and Promotions 2002-2003

Congratulations to the following faculty on their respective reappointment or promotion during the 2002-2003 academic year!

Cain, Hilary	Reappointment	Assistant Professor
Dembry, Louise	Reappointment	Associate Professor
Desir, Gary	Promotion	Professor
Evans, Janine	Reappointment	Associate Professor
Kozal, Michael	Reappointment	Assistant Professor
Lacy, Jill	Reappointment	Associate Professor
Lakkis, Fadi	Promotion	Associate Professor (tenure)
Noble, Paul	Promotion	Professor
Perazella, Mark	Reappointment	Associate Professor
Rigsby, Michael	Reappointment	Associate Professor
Setaro, John	Reappointment	Associate Professor
Somlo, Stefan	Promotion	Professor
Soufer, Robert	Promotion	Professor
Tanoue, Lynn	Reappointment	Associate Professor
Tschudi, Christian	Promotion	Associate Professor EPH

## Appointments and Promotions

Mary Tinetti, M.D. was recently appointed Chair of the Department of Medicine's Appointment and Promotions Committee. Other members of the Department's A/P Committee are:

Nancy Berliner, M.D.	Erol Fikrig, M.D.
Henry Cabin, M.D.	Rosemarie Fisher, M.D.
Ed Chu, M.D.	Patrick O'Connor, M.D.
David Coleman, M.D.	

## Clinical Trial Compliance Training

The Yale Medical Group is offering clinical trial medical billing compliance training for principal investigators, research nurse coordinators and associated research and billing staff. The training will be provided from noon to 1 p.m. in the Harris-Cohen Room in the Child Study Center on the following dates.

**September 12**  
**October 13**  
**November 10**  
**December 15**

All research faculty and staff must complete the training prior to opening any new studies. Please contact Judy Harris, Director of Compliance at 785-3568 or [judy.harris@yale.edu](mailto:judy.harris@yale.edu) for more information or to schedule a session more convenient to your staff.

## HEALTH PROFESSIONS LITERARY MAGAZINE SEEKING SUBMISSIONS

Seeking submissions for the Fall 2003 issue of Scope magazine! [YaleScope@hotmail.com](mailto:YaleScope@hotmail.com)

Scope is a collection of poetry and prose, photographs and drawings produced by health professionals and professionals-in-training. Submissions to Scope include all reflections on life and the daily experiences of medical, nursing, midwifery professionals and students, physician assistants and public health folks. This year's issue will feature a forward written by a well-known Yale physician and writer, and also a submission from another well-known Yale physician and writer. Your work could be featured as well. Written submissions should be no more than 4000 words. We accept scanned artwork and photographs, but can also accept hard copies- simply email a description of the work and your contact information and we will arrange the rest. Any hard copies will be returned, we promise.

**Deadline for all submissions is November 1, 2003.** Estimated date of publication will be December 2003. Please email any

submission to [YaleScope@hotmail.com](mailto:YaleScope@hotmail.com). If there are any questions please email [YaleScope@hotmail.com](mailto:YaleScope@hotmail.com)

Our statement of purpose:

As healthcare becomes increasingly important in society, with a burgeoning biotechnology industry, and the percentage of GNP devoted to healthcare rising, national debates rage around key issues. Unfortunately, the voice of health professionals is all too often missing from the debates. We are not trained to wield words. Our weapons in the fight for health are microscopes, or statistics, or, when all else fails, morphine to make a patient feel better. We hope Scope encourages healthcare professionals to share their perspectives.

### SPECIAL ANNOUNCEMENT

The Yale Primary Care Internal Medicine Residency Program is proud to announce its First Annual Community Health Fair to be held on September 13, 2003 from 9am-5pm at the Silas Bronson Public Library Patio in Waterbury, Connecticut. The health fair will be a part of the 2nd annual Waterbury Festival. The purpose of the health fair is three-fold:

1. To increase community health awareness by education and screening
2. To promote access to health services and resources
3. To create a durable extra-curricular activity linking primary care housestaff to the greater Waterbury community.

We will be providing education and/or screening in the following areas:

Red Cross Blood Drive	Diabetes
Behavioral Health and Substance Abuse & Prevention	Women's Health
Nutrition/Obesity & Fitness/ Physical Activity	Immunizations
Community Health Resources	Senior Citizen's Health
Infectious Diseases/HIV	Gastroenterology
Pediatrics & Adolescent Health	Eye Exams/Low vision testing
Cardiovascular screening for hypertension and hyperlipidemia	
Respiratory (focus areas will be Asthma and Obstructive Sleep Apnea)	
Generalist (focus areas will be Dental Health, Smoking Cessation, Medication, Compliance, Stroke and Common Dermatologic problems)	

Our goal and hope is that this will be a fun, as well as educational and informative event for the entire community, the residents, faculty and staff. We greatly appreciate all of the hard work and enthusiasm from everyone to make the first annual community health fair a success. Please come out and support us on the day of the health fair. If any of you are interesting in volunteering at one of the booths on the day of the fair, please let us know.

We are still accepting monetary donations to support our fundraising efforts. If you are interested in donating, please contact Kevin Carr, MD at [kevin.carr@sbcglobal.net](mailto:kevin.carr@sbcglobal.net) or by phone at (203) 537-6162 and he can assist you with your contribution. Any contributions will be greatly appreciated. Thanks to all of you who have already contributed.

We are also selling navy blue or white sweatshirts, polo shirts and hats with the Yale Internal Medicine logo on them. If any of you are interested in purchasing any of these items, please contact either of us by email or Carol Judge at the Primary Care Office (573-6574) at Waterbury Hospital and we will make sure that you receive the items. The prices are \$35 (for Lee sweatshirts), \$60 (for Champion sweatshirts), \$35 (for Polo shirts) and \$15 (for hats). Thanks for all of your support! Kansky DeLisma, Health Fair Coordinator [kanskyd@aol.com](mailto:kanskyd@aol.com) Crystal Wiley, Health Fair Co-Coordinator [cwileymd@yahoo.com](mailto:cwileymd@yahoo.com).

## THE DEPARTMENT OF INTERNAL MEDICINE

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Editor: Lynn Gambardella  
Assistant Editor: Steven Wormsley, Ph.D.  
Designed by: Sarah Walls

For questions, comments, and submissions,  
Please contact:

Lynn Gambardella  
Chairman's Office  
LMP-1072  
(203) 737-4249 Tel. (203) 785-6954 Fax