



Lung Cancer Surgeon To Help Lead Cancer Center



Frank C. Detterbeck, MD, Professor of Surgery, joins Yale in July as the Chief of Thoracic Surgery and Surgical Director of Thoracic Oncology at Yale-New Haven Hospital. “Dr. Detterbeck is nationally and internation-

ally recognized as one of the premiere thoracic surgical oncologists who delivers state-of-the-art care with compassion and skill,” said **Robert Udelsman, MD, MBA**, Chairman of the Department of Surgery. Before joining Yale, Detterbeck practiced at the University of North Carolina (UNC). His major clinical interest is in thoracic oncology and he has focused his research on evidence-based medicine, improvements in outcomes for patients with lung cancer, and multidisciplinary care programs. While at UNC, he founded the Multidisciplinary Thoracic Oncology Program, which has received national recognition as a model for cancer care because of the efficient and streamlined care of patients and excellent clinical results.

Detterbeck joins a newly formed multidisciplinary team, the Yale-New Haven Thoracic Oncology Program. “By overseeing the multidisciplinary approach to care, Dr. Detterbeck will help advance our goal of excellence in the care of cancer patients,” noted **David J. Leffell, MD**, Deputy Dean for Clinical Affairs and Director, YMG.

Additionally, Detterbeck has been appointed to the position of an Associate Director for Clinical Affairs, Yale Cancer Center. In this position he will be responsible for the coordination of the day-to-day clinical activities of all of the oncology-related departments and services and will serve as liaison between the hospital, the school and the medical staff.

Detterbeck earned his medical degree from Northwestern University. He completed a general surgery residency at Virginia Mason Clinic, Seattle, before joining UNC to complete a residency in cardiothoracic surgery and a fellowship in thoracic transplantation. *Click here* for more details, or visit <http://www.yalemedicalgroup.org/news/ymg-detterbeck.html>.

HIPAA Regs Start New Phase

On April 21, 2005, Federal HIPAA security regulations go into effect and focus on administrative, technical and physical safeguards specifically as they relate to electronic protected health information (ePHI). A Yale University HIPAA Security Team included ITS-Med representation through **Susan Grajek, PhD**, Director, Communications & Technical Support and **David Stagg, PhD**, Director, System Engineering & Security.

Grajek commented: “Information security is complicated these days, especially in academic environments where people need to retain the freedom and flexibility to configure their computing environments to best facilitate their work. At Yale we’re trying to simplify HIPAA security and information security in general.”

ePHI includes information that taken together could be used to identify a person and applies whether the data is stored—as on a computer hard drive, CD, PDA, etc.—or transmitted via email or a network.

Faculty, staff and students at YSM who create, access, transmit or receive ePHI, or who supervise staff who do, must complete mandatory HIPAA security training by **April 21, 2005**, and be responsible for implementation of personal responsibilities. You may complete online training at <http://learn.med.yale.edu/hipaa/Training/security>.

Safeguards Simplified

There are 15 safeguards everyone must take to secure ePHI, which the security team split into two lists. Stagg explained: “The first seven safeguards are everyone’s personal responsibility, but the last eight can be mostly delegated to an IT support person. We hope that makes it relatively easy for people to understand their obligations and to get help if they need it.”

Of Particular Importance—Safeguard 8: Configure and use email securely when communicating with patients

Secure Electronic Messaging (such as Patient Online and Yale File Transfer Facility) is always preferred for more sensitive PHI. However, in some practice settings implementation of Secure Electronic Messaging options is still under con-

sideration. If that is the case, providers may use “Insecure Electronic Messaging” (such as Yale email and text messaging) when communicating with patients, but only under the following conditions:

1. PHI has **minimal privacy-related consequences**, such as appointment reminders and notification of services such as flu shots.
2. The patient and the provider agree to exchange ePHI as follows:
 - Either patient or provider can initiate the email contact
 - The patient must provide informed consent to the electronic message exchange and the provider must maintain documentation of that informed consent
 - The ePHI in any such communication must be the **minimum necessary** and in no event may the communication include highly sensitive PHI such as information relating to HIV/AIDS, mental health or substance abuse.

Even if a patient requests electronic communication, providers are not obligated to respond electronically. If there are concerns about the legitimacy of the email query or the identity of the email correspondent, seek additional identifying information or refer the patient to a phone or in-person consultation.

Complete details supplementing this summary information may be found at <http://hipaa.yale.edu/security/>

IT’S HOW YOU SAY IT...

The Patient Service Excellence Training Program was launched in 2000 to publicize and reinforce customer service and practice standards within clinical operations. Each year, new dimensions have been added to the content, building the comprehensive training program that it is today.

One recent initiative is the telephone systems and etiquette training program created by **Sally Thibodeau**, Director of the Central Business

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It's How You Say It continued



Office, and other members of YMG staff. "People take pride in the way they do their jobs, but they don't always realize that their tone and their choice of words can have a different impact than the one they intend," said Ms. Thibodeau. "By taking a close look at how we communicate over the phone, we can do quite a lot to make patients feel welcome at YMG."

The training, which offers quick tips on how to improve communication and patient perceptions, builds on other superior service initiatives at YMG, such as our Practice Standards, the recommendations of the Best Practices Committee and the patient satisfaction reports generated by patient visits. "Our technical, reception, clinical and secretarial staff all participated," said **Pamela-Jean Berkheiser**, Clinical Manager, Ophthalmology. "They felt they got a lot out of it."

To train as many people as possible by July 1, Thibodeau will conduct general training sessions on **April 14, May 19 and June 16 from 9 to 11 a.m. and on May 18 from 2 to 4 p.m.** in the Brady Auditorium.

According to Thibodeau, the program's guiding philosophy can be summed up in the words of the desk reminders being provided on YMG telephones. They ask: "Does your caller hear the smile in your voice?"

Group sessions can be arranged for departments that would like customized training for their staff. Contact Ms. Thibodeau at sally.thibodeau@yale.edu or 737-1876.



Left to Right:
Front row: Olga Sobko, RN, Jeannine Estrada, Sandra Bracy, MA, Joan Colburn, MA, AnnMarie Boynton
Back row: Marqueea Raper, MA, Irene Wolski, RN, Rebecca Rodriguez, Marie Raccio, Jessica Dorey, RN, Lakresha Todd, MA, Marie Longo, RN, Ranay Cirillo, Rosali Lopez

Missing from photo: Rebecca Williams, MA.

Spotlight On Service Fertility Center Breeds Patient Satisfaction

There's new energy in the air at the **Yale Fertility Center** that is lifting the spirits of staff and patients alike. It's the result of a new brainstorming effort to address ways to improve patient satisfaction. The Department of OB/Gyn recognizes the best ideas for improvement come from front-line clinical and office staff, so it created a new team process to actively listen to and respond to patient feedback with the goal of improving patient satisfaction.

The process is centrally managed at the weekly meeting of the OB/GYN section managers, marketing manager and administrator. Positive and negative patient comments are entered into a database, and section managers are responsible for contacting every patient that leaves a name and number—whether just to say "thank you" for the kind comments, or to address an issue that's been raised. The outcome of each conversation is

recorded, and opportunities for improvement are handled through a think-group, which includes the front-line staff, section manager and marketing manager.

Olga Sobko, RN, Practice Manager, said: "The greatest benefit has been the dialog between patients and staff. We put a big poster in the waiting room that lets patients know 'you have been heard,' and now patients are leaving complimentary notes about specific improvements in the new waiting room drop box." No detail is missed, everything is appreciated and the staff knows what's working.

Click here to visit the patient satisfaction website and read the examples of YFC staff-initiated improvements, as well as April's Tips, or visit www.yalemedicalgroup.org/physician/pg_winning_ideas.html.

Yale Practice

Published by the Yale Medical Group

300 George Street, 6th Floor

New Haven, CT 06536-0805

(203) 785-2140 phone

www.yalemedicalgroup.org

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