



Physician at Work

A Practice With Endless Variety



Some of **Matthew S. Ellman, MD's** patients are doctors—more, in fact, than most internists see. This may be because Ellman is one of the few physicians in the Yale Medical Group with a primary care practice. He is one of the three physicians (along with **Katherine C. McKenzie, MD**, and **Madeline S. Wilson, MD**) who staff Yale Internal Medicine Associates, the primary care arm of specialty-focused YMG.

Ellman, an assistant professor of medicine, cares for other Yale employees, professional people from New Haven or the surrounding area, residents of the Hill neighborhood near the medical center and private patients from as far away as New York City. He enjoys working with patients from different walks of life and is stimulated both by the challenges of diagnosing a wide range of ailments and by the endless variety of the academic environment at Yale, where there are always interesting colleagues to talk to and cases to learn from.

“Within my department, I’m sort of an anomaly,” Ellman says, referring to his primary clinical-care focus and the research-oriented culture of departments of medicine at Yale and peer medical schools, “but that’s outweighed by the benefits of practicing medicine in an academic environment.”

In addition to seeing 75 to 100 patients a week, Ellman teaches communications skills to medical students and residents, with a focus on end-of-life issues. One popular seminar teaches young physicians how to deliver bad news and how to be attentive to patients who are dying. Fifteen years in practice have helped him hone those skills.

Ellman has also learned how to walk the delicate line between respecting his physician patients’ knowledge as doctors and meeting their needs as patients. He says he enjoys this special challenge. The hardest thing for a physician is to try to treat himself. “You need to have a little distance and perspective to get things right.”

continued on back



Specialists from multiple disciplines meet weekly to review cases and recommend treatment. Above, L–R: Joanne Weidhaas, Teresa Ponn and Michael DiGiovanna; Below: Donald Lannin, Liane Philpotts and Lyndsay Harris.

Breast Center, Thriving After Two Years, Puts the Focus on the Patient

Two and a half years ago, the Yale-New Haven Breast Center opened to offer a fresh approach to treating patients with breast cancer and other breast problems. Rather than shuttling them from one specialist to another, the specialists would instead come to the patient. “The patient doesn’t have to move,” said **Donald R. Lannin, MD**, professor of surgery and executive director of the center. “We all see new cancer patients jointly.”

This means that patients can now meet with a team drawing from the disciplines of surgery and plastic surgery, diagnostic and therapeutic radiology, medical oncology, pathology, genetic counseling and social work. Since the Breast Center opened in the fall of 2003 and began looking for ways to streamline patient care, the volume of breast patient visits to the medical center has increased from about 100 a month to 400 a month. “We are now taking care of a large percentage of breast cancer patients in the area,” Lannin said. And while the number of imaging studies has increased by 3,500 per year, wait times have decreased.

Located in a suite of offices in the Yale Physicians Building, the Breast Center has also developed and signed on to new clinical trials for patients. One new trial, headed by **Liane E. Philpotts, MD**, co-



medical director of the center, is evaluating a new diagnostic technique called tomosynthesis. This incorporates digital mammography, but with angled beam displacement such that multiple slices are obtained, allowing the radiologist to look through the tissue in layers, rather than at one ‘flat’ image. “This should improve breast cancer detection and decrease false positive recalls due to superimposed tissues,” said Philpotts.

Another trial, headed by **Joanne B. Weidhaas, MD, PhD**, will test a new technique of partial breast radiation that can shorten the course of radiation therapy needed to treat breast cancer. **Lyndsay N. Harris, MD**, a new faculty member recently recruited as director of breast medical oncology, is developing trials testing the benefit of various drug treatments before surgery for breast cancer. These trials will change the way breast diseases are managed in the future, according to Lannin.

continued on back

Reaching Out to Grateful Patients

Have you ever cared for a patient who took a special interest in your work? One who wanted to know more about your research or had ideas for improving the clinical environment to make things better for the next patient, or the next generation?

As all academic medical centers come under greater financial pressure, the challenge of running successful and vibrant programs depends increasingly on sources of revenue that are reliable and predictable. One traditional source of such funding is endowment and gifts. Many institutions engage their grateful patients in supporting the mission of the institution by endowing faculty chairs, special clinical programs, facility enhancements and even completely new facilities.

When the topic of financial support for research or care comes up, physicians may appreciate some help in directing patients' generosity appropriately. YMG and the Office of Development have created a series of brochures titled "Advancing Medicine. Improving Lives" for use in patient areas and physician offices. The brochures contain information about YMG and the School of Medi-



cine, including a timeline of medical advances at Yale, and a donation form and reply envelope for philanthropic gifts to the physician, department or school.

Now when a patient asks if he or she can help in the search for new knowledge, potential cures and better ways of treating illness, there's an easy way to respond. Supplies of these brochures will be delivered to patient care areas in the coming weeks and maintained by the Office of Development. For additional information, please contact Maryann D'Albero at 785-5257 or maryann.dalbero@yale.edu.

Breast cancer, Ponn said, is a "custom disease." Age of the patient, breast size, genetic characteristics and the presence of other diseases all factor into treatment decisions, she said. "You don't treat it the same way in everyone," Ponn said. According to Lannin, the patient-centered Breast Center is not a new concept—there are a variety of similar centers around the country. But, he adds, "It is clearly the direction that care in general is going, especially for cancer."

Physician at Work *continued*

Name: Matthew S. Ellman, MD.

Title: Assistant professor of medicine.

Area of expertise: Office practice of general internal medicine.

Place of Birth: Boston.

Age: 47.

College: Cornell.

Med School: Harvard.

Training: Internship and residency in primary care internal medicine, NYU-Bellevue Medical Center, New York; fellowship, Robert Wood Johnson Clinical Scholars Program at Yale.

Time at Yale: Seven years as a YMG physician.

What is most challenging to you in academic medicine? Balancing a full-time clinical practice while devoting time and energy to educating students and residents and keeping up to date in all areas of medicine relevant to my patients.

What do you like most about your practice? The opportunity to care longitudinally for a very broad range of patients with diverse medical issues and life circumstances, and the privilege of gaining my patients' confidence and trust.

Family: Married to Laurie Ruderfer, executive director of a literacy agency. Two children: Isaac, 15, and Hannah, 13.

Personal interests or pastimes: Time with family, hiking, kayaking, skiing, travel, home projects.

Last book read: *The Plot Against America*, by Phillip Roth.

What would you do to improve our clinical environment if you had a magic wand? Enhance ambulatory clinical space and resources in order to greatly expand outpatient teaching for students and residents.

Breast Center *continued*

Diagnosis is one of the Breast Center's most important tasks—only one in 10 patients who come to the center actually have cancer, Lannin said. The rest may have come after an abnormal mammogram or after feeling a lump in their breasts. Most patients are seen within seven to 10 days of a referral, said **Teresa A. Ponn**, MD, the center's associate director for breast surgery. But urgent cases, she said, are seen within 48 hours.

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

Editor: Michael Fitzsosa

Assistant Editors: Ann Freeman and Lena Parker

Contributor: John Curtis

Photography: John Curtis, Terry Dagradi

Director: David J. Leffell, MD

Chief Operating Officer: Marianne Dess-Santoro

Associate Director, Clinical Affairs: Janine Evans, MD

Director, Strategic Development/Marketing: Mary Hu

 Yale Medical Group
THE PHYSICIANS OF YALE UNIVERSITY