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NEWS FROM THE YALE HEALTH PLAN

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Antibiotics: Wondering About the Wonder Drugs

RHEA HIRSHMAN

Contributing Writer



It wasn't so long ago, as human history goes, that people lived in dread of common infections such as pneumonia. But, with the development of readily-available, generally affordable, and easy to use antibiotics in the late

1940s, many potentially fatal health problems became treatable conditions. Antibiotics, especially when they first became widely available, were truly "wonder drugs."

Unfortunately, the overuse of these same substances, as well as an increasing use of antibacterial agents other than prescription medications, has the alarming potential to be too much of a good thing. Antibiotic overuse has caused a number of bacteria to develop resistance to antibiotics to which they were previously sensitive, rendering resistant infections that were once easy to cure. Maureen Polizzi, LPN, employee health nurse and the infection control nurse for YHP says,

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Heart Disease Does Not Discriminate

BY ELLEN BUDRIS, RN, MSN

Office of Health Promotion and
Education

RHEA HIRSHMAN

Contributing Writer

For decades, cardiovascular disease was thought to be primarily a male health problem. Medical research, whether designed and funded by academic research institutions, commercial facilities, or government agencies, used men both as the sole subjects and as the conceptual norm.

The reasoning was that what proved true in studies of men's lifestyles, disease patterns and responses to medication would also hold true for women. More recently, there has been an increasing awareness of the

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ANTIBIOTICS: WONDERING ABOUT THE WONDER DRUGS

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“Simple bacterial infections were once treated by routine courses of antibiotics. As time goes on we’re needing newer or stronger antibiotics to control these simple infections. Not only are we at risk of running out of effective antibiotics, but these stronger antibiotics may have more side effects, causing other health problems.”

Sharon Remillard, RN, MSN, director of nursing for the Inpatient Care Facility and a member of YHP’s infection control committee, explains the basics of how antibiotics work: “Antibiotics invade the bacterial organism and kill it off, thus decreasing the degree of infection. Some antibiotics will work only on certain organisms, and others are broad-spectrum – they work on a variety of, but not all, bacteria. That’s why we often want to get a culture to determine which antibiotic to use.”

“The fact is that many infections are not caused by bacteria,” notes Ravi Durvasula, MD, a Yale specialist in infectious diseases who works closely with Yale University Health Services. “The most obvious example is the common cold, which is caused by any one of a number of viruses. Antibiotic treatment is ineffective against viral infections.” Although having a cold may be frustrating, taking antibiotics for it, unless there is a secondary bacterial infection is not only useless, but potentially harmful. You are better off letting the cold run its course, with medications for symptomatic relief if needed. Polizzi says, “Our bodies are wonderful and mysterious and very complicated. The immune system is built to fight infection, and it is often best to allow your body the time to do its job naturally.”

Another concern is the proliferation of antibacterial agents in everyday life. Common consumer items from pillowcases and sponges to dish liquids and shower gels are being treated with antibacterial agents and advertised as promoting health. According to Remillard and Polizzi, using these materials anywhere other than in a health-care

Important telephone numbers

Urgent Care	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
Toll Free Information	1-877-YHP-CARE
Pharmacy	432-0246
<i>Hours of operation</i>	
Monday–Friday	7:30 AM–6:30 PM
Saturday	8:30 AM–3:30 PM
Patient Representative	432-0109
Medicare/Retiree Coordinator	432-8134
Outpatient Referrals/Claims	432-0250
Inpatient Care Facility	432-0001

in touch



not need anti-bacterial soaps,” Remillard says. “Good basic hygiene is much more important – especially proper hand-washing. Wash hands with regular soap and a lot of friction under running water for at least 15 seconds, making sure you go above the wrists and between your fingers.”

If you do need an antibiotic, Durvasula, Remillard and Polizzi offer these suggestions for proper use:

- If your clinician recommends having a culture taken to determine the exact nature of the infection, be sure to do so.
- If you are given an antibiotic, **take the entire course**. The fact that you may feel better after a day or two does not mean that the germs have been killed off. They have just been suppressed and, if not destroyed entirely by the full course of medication, they can multiply again or come back as a more virulent strain.

facility is a bad idea. They can destroy the normal and helpful bacteria in our environment and allow harmful strains to obtain a foothold.

“The average home does

- Make sure your clinician knows about any other medications you are on, including oral contraceptives.
- Never take someone else’s antibiotics (or give yours to someone else), even if you seem to have the same ailment. Your problem may not be bacterial, or may be caused by a different strain of bacteria and need a different medication. And someone else’s medication could make you very sick.
- Follow directions carefully. Some antibiotics must be taken with food, others need to be taken on an empty stomach, and some must be timed precisely. How you take the medication can affect its effectiveness.
- Ask your clinician about potential side effects so that you can monitor your reactions and report them to your clinician immediately.
- If you don’t see an improvement within the time period specified, or if you develop adverse side effects such as hives, gastrointestinal upset, or difficulty breathing, contact your clinician.

And do not insist an antibiotic be prescribed if your clinician indicates it is not needed. Not only might you harm yourself, but you could be helping to foster those more resistant strains of bacteria. Working with your clinician, you can obtain optimum medical care while keeping your immune system healthy and safe.



from the desk of

paul genecin, m.d.

director, yale university health services

“We believe that the increase in use of effective medications helps our members to stay healthy and prevents more serious problems down the line.”

The YHP Pharmacy is undergoing extensive changes, including major structural renovations, the installation of a new computer system and a variety of service improvements – all part of our ongoing commitment to provide excellent care to Yale Health Plan members.

Across the country, the retail pharmacy industry has been experiencing double-digit growth in the use of prescription drugs, as well as huge increases in cost. Nationwide, the cost of pharmacy benefits has risen 15% to 20% in each of the last several years, with continued increases predicted. Part of this growth reflects the increase in the number of prescriptions per person, but there is an even more striking jump in the cost of drugs, particularly antibiotics, antidepressants, anti-migraine drugs, blood pressure medications, agents that lower cholesterol and remedies for acid-peptic gastrointestinal disease. Novel treatments such as Viagra for male erectile dysfunction, new

arthritis remedies and new vaccines also have a significant impact on the cost of pharmacy benefits.

There are several reasons for exploding retail prescription volume, including the rapid development of costly new drugs that tend to push aside their cheaper predecessors. Some new drugs treat problems for which there was no previous remedy, and thereby add pharmacy cost where none existed before. Another obvious trend has been the phenomenon of direct-to-consumer advertising of new and costly brand-name pharmaceuticals.

Almost daily we read about strategies that the large managed care companies are employing to reduce their costs. Employers and HMOs are limiting their pharmacy benefit by increasing employee cost-sharing and restricting the range of pharmaceuticals that they will cover. Many plans have adopted a three-tier pricing policy. The lowest co-pays are for generic drugs, with higher out-of-pocket co-pays for brand-name drugs

that are on an “approved list” or formulary, and a much higher co-pay or no coverage for brand name drugs that are not approved.

Yale Health Plan has not moved to restrict the pharmacy benefit by changing our pricing or restricting the range of covered drugs. We see better ways to control cost through education of members and clinicians about optimal prescribing. At the same time, we emphasize gains in good health resulting from better treatments for depression, headaches, digestive disease, high blood pressure, elevated cholesterol, infectious illnesses and many other ailments. We believe that the increase in use of effective medications helps our members to stay healthy and prevents more serious problems down the line.

I hope that the improvements in our pharmacy will make it more convenient and accessible for you. As always, we welcome your comments and questions.

Don't Forget to Protect Your Eyes

We've all heard the messages about protecting our skin during the summer, but your eyes are also subject to damage from the sun; several studies suggest that time spent in the sun without proper eye protection increases your chances of developing diseases of the eyes. Protect your

eyes by wearing good-quality sunglasses (preferably wrap-arounds, which protect your eyes from all angles). Good sunglasses don't have to be expensive, but they should block 99% to 100% of UVA and UVB rays. Check the label and, if there's no label, don't buy the glasses. The coloration of the lenses is not an accurate guide to effectiveness, as the UV protection comes

from an invisible chemical applied to the lenses. You should also put sunscreen on your eyelids and around your eyes because sunglasses will not protect the skin. And don't neglect eye protection in the colder months, as winter sun glare can also cause eye damage.



SERVICE IMPROVEMENTS IN THE
OBSTETRICS/GYNECOLOGY DEPARTMENT
(203-432-0222)

questions, answers

The Obstetrics/Gynecology Department has implemented a new system that features easier appointment scheduling, as well as a team approach to ob/gyn care.

By answering your questions, this column will help you get the most out of your YHP membership.

*Send your questions to:
Member Services Q & A,
Yale Health Plan,
17 Hillhouse Ave.,
P.O. Box 208237
New Haven, CT
06520-8237.*

We'll get them answered by someone "in the know."

Q. How do I make an appointment with this new system?

A. This system (an 'open access appointment system') allows us to accommodate patients with their clinician of choice at their desired appointment time. Instead of having to schedule an appointment several months in advance, you will be able to book most appointments by calling our reception desk (203-432-0222) a few days before you would like to be seen.

Q. What if I need to schedule an appointment far in advance?

A. If you need booking far in advance – either because of the type of appointment or because of individual scheduling considerations – we can accommodate you. We also offer the option of our reminder list.

Just let us know that you want to be called when it is time for your next appointment and we will contact you.

Q. What is the team approach and why is it a service improvement?

A. The department is broken down into four teams, each of which has a physician, nurse midwife and medical assistant. Because some of our clinicians are not on site every day, a

team may have more than one clinician in a category. This structure will assure continuity of care; if one member of the team you work with is not available, you will be seen by someone else on the team who is familiar with your care.

Q. Will I continue to see my primary care clinician?

A. Current patients will continue with their primary care clinicians (physician or nurse midwife) and will have access to other team members if their primary care clinician is not available. When a new patient selects a primary care clinician, she will likewise have access to the whole team.

As presently constituted, the Ob/Gyn clinical teams are:

Joann Knudson, MD
Tracey Maurer, MD
Betsy Rogers, CNM

Linda Starace, MD
Barbara Dobay, CNM
Kate Wooters, NP

Ann Ross, MD
Deborah Meredith, CNM

David Fox, MD
Cynthia Negron, MD
Jean Stadalnik, MD
Rochelle Kanell, CNM

Urgent Care Department Provides Round the Clock Care, Round the World Advice

RHEA HIRSHMAN

Contributing Writer



Urgent care staff members, left to right: John Iannarone, MD; Robert Henry, MD; Evelyn Morrissey, RN; Deborah Seymour, RN. Other staff members were not available for photo.

The Yale Health Plan member was a few thousand miles away from New Haven, on an island somewhere off the coast of South America, and she needed medical care. She was able to get to a phone and call the YHP's Urgent Care Department's 24-hour phone number. The Urgent Care staff contacted the country's American embassy to arrange for care at a local hospital, and a member of the Urgent Care staff who speaks Spanish negotiated over the phone with local care givers to see that the patient got the treatment she needed.

Most of the 18,000 patients a year who receive care through YHP's Urgent Care Department don't have stories quite this dramatic to tell. But when that member called in, she was taking advantage of an extraordinary service available to all Yale Health Plan members and their enrolled dependents 24 hours a day, 7 days a week, 365 days a year: a department big enough to handle a wide variety of emergencies and urgent problems, and small enough to provide individualized care.

The department's physicians, physician associates and nurses are trained to evaluate medical conditions and injuries and to treat everything from asthma attacks to lacerations to skiing injuries. In addition, the department has access to YHP's in-house specialists for routine consultations during regular business hours, with specialty back-up on call. "We can even get patients their medications or medical equipment like crutches," notes Kelly Martens, PAC, a physician associate in the department.

The department treats many injuries and orthopedic problems, and specialists in orthopedics and plastic surgery from Yale New Haven Hospital and Yale School of Medicine are readily available. John Iannarone, MD, one of the department's physicians, explains: "Sometimes the patient doesn't need the full range of hospital services, but the injury is such that a specialist is required. We can stabilize the patient and bring the specialist here."

During regular business hours, YHP members with an urgent medical situation have the option of contacting their

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HEART DISEASE

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differences in men's and women's physiology (i.e., women have smaller hearts and smaller coronary arteries) and life experiences when designing and analyzing research.

We now know that cardiovascular disease is by no means a "man's disease." In fact, while women may not experience as many incidents of cardiovascular disease (CVD) in their younger years, women actually have a higher lifetime risk than men of dying from a heart attack. One of the reasons may be that women tend to wait longer than men after symptoms appear before seeking treatment – even though women are generally more likely to seek health care than men. According to a recent survey by the American Heart Association, the vast majority of women, while familiar with the "classic" signals of heart attack – such as chest pain, shortness of breath, tightness in the chest – were not aware of the less



other, less serious conditions, both by women and by their clinicians.

The major risk factors for CVD are similar in women and men: age, family history, high blood pressure, diabetes, high cholesterol, smoking, obesity and lack of exercise. However, while the risk of heart attack for men increases gradually with age, the risk of heart attack for women doubles after menopause. This fact appears related to the cessation of estrogen production, but not all postmenopausal women are at equal risk and more research needs to be done in this area.

publicized signals often seen in women. These include nausea, fatigue and dizziness, and are often mistaken for symptoms of

Some other facts about women and cardiovascular disease:

- More than twice as many women die from CVD each year than die from all forms of cancer.
- Over 44% of all female deaths in the United States and most developed countries are due to CVD.
- CVD is a particular concern for women in minority groups, with the death rate from CVD substantially higher for black women in the U.S. than for white women.
- Over 40% of women, compared with 24% of men, will die within one year after a heart attack.

For CVD risk reduction, the advice about diet, exercise and lifestyle choices is similar for women and men. As always, discuss prevention and your individual medical situation with your clinician and, for good general information, check on the Internet at www.women.americanheart.org.

information

Websites to Visit

Below are some useful websites on topics related to recent articles in *yale health care*. Watch this page for additional Website listings in each issue.

For information about eye health:
www.eyenet.org/public/pi

For information about diabetes:
www.diabetes.org

For information about Lyme disease:
www.aldf.com

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(203) 432-0246
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email: member.services@yale.edu

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BOOK REVIEW



THE PDR FAMILY GUIDE TO PRESCRIPTION DRUGS

*Medical Economics
Data, 1993.*

This book can help you better understand prescription medications and how they work. It is divided into two parts. The first section contains profiles of the more frequently prescribed medications; the second part gives an overview of common diseases and disorders, and their treatments. Information is given about when to take the medications described, possible side effects, and any potential food-drug interactions. Although the book is not a substitute for professional medical advice, it can help sort out the facts and questions that merit further discussion with your primary care clinician regarding your medications.

TRAVELING? HOW TO CONTACT THE HEALTH PLAN WHEN YOU'RE AWAY.

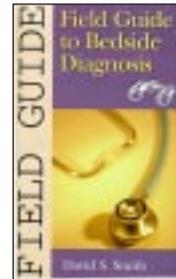
If you need medical advice or wish to report a claim, call our 24-hour toll-free number 877-YHP-CARE (United States and Canada). We have added toll free access outside the United States and Canada as well. Our Web site (www.yale.edu/uhs) has a current list of countries and toll free YUHS telephone numbers.

TWO, TWO, TWO PARKING LOTS AVAILABLE



Parking is available at no charge in a lot adjacent to the University Health Services Center (UHSC) as well as in lot 37 across from the UHSC near the corner of Hillhouse and Trumbull.

CONGRATULATIONS TO DR. DAVID SMITH



We are proud to announce that David S. Smith, MD, YUHS's Chief of Internal Medicine, has recently published "The Field Guide to Bedside Diagnosis" – a concise guide to help clinicians in making diagnoses using symptoms and physical findings. The publisher of David Smith's book is Lippincott Williams & Wilkins.

NEED REIMBURSEMENT? SUBMIT RECEIPTS.

Don't forget to submit receipts for prescription medication purchased during the benefit year July 1, 1998 – June 30, 1999. Prescription drugs are covered by the YHP Prescription/Supplemental Benefit Plan after a \$100 annual deductible per member (\$300 per family) at 80% up to \$2,500 of billed expenses, and then at 100% up to a fiscal year maximum of \$10,000 of billed expenses. Claims are honored for one year from the date of service. Please send claim forms, bills and receipts to the YHP Claims Department / 17 Hillhouse Avenue / P.O. Box 208237 / New Haven, CT 06520-8237.

OOPS!

Please note: the correct phone number for YHP's toll-free line is 877-YHP-CARE or 877-947-2273.

URGENT CARE DEPARTMENT

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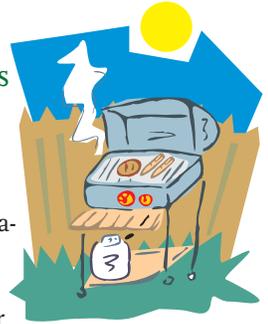
primary care clinician for a rapid access visit in that department (Internal Medicine, Ob/Gyn or Pediatrics). If the patient does call a primary care department first, that department's nurse coordinator may suggest that a patient seek service through Urgent Care, depending on the problem and clinician availability. However, as Martens explains, "Someone experiencing chest pain, severe abdominal pain, severe vomiting, active bleeding from a wound – situations that can't wait – would usually contact us first, or just come in." A patient who calls Urgent Care may be given medical advice over the phone, told to come in to or contact another YHP department, or told to go to the hospital. An in-person assessment will be made if the patient walks in. After hours, all calls about urgent and emergency medical situations are

routed to Urgent Care, and patients may also walk in.

The Urgent Care Department is also the place that a health plan member can call from anywhere, at any time, to get advice about seeking medical treatment. "We can't answer questions about coverage – those have to go through the Claims Department – but we can advise about medical care," says Iannarone. "We'll coordinate care, and let your primary care clinician know what's going on."

An outstanding feature of the department, Martens notes, is "the collaborative nature of the practice" both among the department's members and between the clinicians in Urgent Care and those in other departments. "We communicate constantly," she says, and "there are no restrictions on ordering tests or procedures which the clinician feels would benefit the patient." Iannarone adds, "This is medicine in its purest form."

HOT WEATHER FOOD SAFETY TIPS



Summer is a great time to improve your eating habits; eating more fruits and vegetables is easy with the abundance of fresh produce. But summer is also a time to pay particular attention to food safety.

Keep cold foods cold.

Use an insulated cooler with ice or frozen gel packs when taking foods to picnics. When the outdoor temperature is over 80 degrees, perishables should not be left out longer than an hour.

Use proper hygiene during food preparation.

Pack each food item separately from the others and keep raw meat, fish, and poultry separate from other foods. Cook hamburgers until no longer pink in the center (160 degrees). Wash hands before handling food and immediately after handling raw meat, fish and poultry.

When barbecuing, adhere to safety precautions.

Never add fuel to charcoal once it is lit. Doing so can cause an explosion. If you are using a propane gas stove, ignite the gas as soon as the knob is set to "on." Gas vapor accumulates within seconds and could explode when ignited if you wait too long. Keep the propane tank away from other heat sources.

Avoid dehydration.

To avoid dehydration, most adults need at least five to eight 8-ounce glasses of water a day. Drink frequently and don't wait until you get thirsty, as you may become dehydrated before you feel thirsty. Dehydration can result in anxiety, dry mouth, weakness, confusion and even fainting. Drink water or a water-juice combination instead of caffeinated or alcoholic drinks (including sodas and caffeinated teas), as these actually promote water loss and dehydration. Monitor children and the elderly, who are more susceptible to dehydration. Keep fruit handy. The water in the fruit will help keep you hydrated as well as providing needed nutrients.

healthy ideas

Some Tips on Taking Supplements

If you are taking nutritional supplements, you should know that how you combine and when you take them can make a difference. This chart offers some tips on effective supplement use.

TYPE OF SUPPLEMENT	WHEN TO TAKE IT	WHY	COMMENTS
multivitamin/mineral	With a meal	Helps to digest supplement Avoids stomach irritation experienced by some	Look for USP designation on the label – shows that the product meets established potency and purity standards
iron	At a meal, or with a glass of juice Do not take with calcium supplements, or with coffee or tea	Increases absorption Decreases absorption	Do not take iron supplements unless recommended by a health care practitioner
calcium calcium carbonate	With meals	Increases absorption	Divide dosage between morning and evening –
calcium citrate	With meals or between meals	Doesn't require stomach acid for absorption	600 mgs at a time for best absorption



calendar

ONGOING WELLNESS PROGRAMS

Early Pregnancy Class
Held in room 405 on the 2nd Wednesday of each month from 10:30–11:30 for YHP members. To register, call the Ob/Gyn Department at 203-432-0222 or stop by the appointment desk. We encourage you to bring a supportive person.

Weight Watchers at Work
Mondays, 12:15–1:00 in room 405. You can join any time. For information, call 203-432-1892.

Blood Pressure Screenings
Tuesdays from 10:00–11:00 in room 406. Open to the Yale community free of charge, by referral or on a walk-in basis. For info, call 203-432-6853.

Health Risk Assessments
Health risk assessment questionnaires are offered to the entire Yale community free of charge on the first Wednesday and Thursday of the month from 2:00–3:00 in room 406. For more information, call 203-432-6853.

Post-partum Reunion Classes
Held on the 3rd Friday of each month in room 405 from 10:00–11:30. Please bring your new babies to this great support network for all new moms! Conducted by Wendy Madore, RNC. Call the Obstetrics/Gynecology Department (203-432-0222) to register.

Adult CPR Classes
Adult CPR classes are held monthly. For information, call 203-432-1892.

Yale Health Plan Cancer Support Group
Life Options is a support group for adult YHP members who have been diagnosed with cancer, regardless of type of cancer or stage of disease. The group meets weekly with a facilitator. There are three 15-week programs each year. Group members can enroll in consecutive series of meetings. Funded partially by the Edith S. Hallo Fund and by a small weekly fee charged to each participant. To enroll or for more information, contact the facilitator, Mona Felts, MSW, at 203-432-0290.

Classes scheduled in room 405 will be moved to room 514 during the summer.

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