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# yale health care

NEWS FROM THE YALE HEALTH PLAN

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## *Please Drink the Water*

RHEA HIRSHMAN

Editor

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Dietetic Intern at YNHH

These days, it isn't unusual to see people toting around water bottles and to find bottled water, along with more exotic beverages, at the company party. Maybe it's because sipping from a water bottle makes us look or feel athletic, but it's not only athletes who need to be conscious of fluid intake. We are water beings, our bodies composed of 55%-75% water (about 10-12 gallons), living on a planet whose surface is over 70% water.

With so much water in our bodies, it might seem that we have plenty to spare. In fact, according to a survey quoted in the February, 1999 issue of the *Journal of the American Dietetic Association*, a portion of the population is chronically mildly dehydrated. And that does not include people who are in danger of dehydration — defined simply as the excessive loss of water from the body — because of health problems such

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## Travel, Trade, Changing Environment Foster New Nasty Germs

RAVI DURVASULA, MD

Chief, YHP Clinical Resources and Consultant in Infectious Diseases



We live in a time of greatly renewed interest in nasty germs. Newspaper and magazine covers prophesize about “killer” microbes. Bestsellers such as “Hot Zone” embellish the horrors of deadly viruses like Ebola. Images of Dustin Hoffmann being dispatched to dark, distant jungles have galvanized public sentiments about the “coming plagues.” But this interest is recent. Advances in sanitation, vaccination technologies and the development of powerful antibiotics had minimized the impact of infectious diseases on public health for several decades, and public concern over infectious diseases had waned. In the United States and in many

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## EMERGING DISEASES

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parts of the industrialized world, microbial diseases were viewed, for the most part, with historical interest only.

Perhaps the most important factor in transforming our perceptions has been the AIDS epidemic that has raged for nearly two decades and remains uncontrolled in many parts of the world. With the number of infected persons approaching 40 million worldwide, HIV has had a crippling effect on regions such as Sub-Saharan Africa and has heralded resurgence in diseases such as tuberculosis and syphilis.

HIV infection, however, is only one of many "emerging" infectious diseases. Emerging infections encompass a wide spectrum of conditions from previously unrecognized diseases, such as Lyme disease, to infectious diseases that are re-emerging in new forms, such as cholera and malaria. They include a variety of food-borne infections like *E. coli* O157:H7 and diseases transmitted to humans through increased animal contact, such as plague and Hantavirus pulmonary syndrome.

As disparate as these syndromes may

*Many emerging diseases arise from environmental perturbation, either natural or human-made.*

seem, several common themes underlie many of the emerging diseases. One of the most important is the evolution of resistance amongst microbes to traditional drug therapies. Malaria, once considered eradicated in parts of South Asia, has returned with a vengeance and is further complicated by the presence of widespread resistance to chloroquine and evolving resistance to the newer agent, mefloquine. Multidrug-resistant tuberculosis has emerged from Southeast Asia and its effects have been felt even here in New Haven. Recent reports of strains of *Staphylococcus aureus* resistant to the drug vancomycin, long considered the

## Important telephone numbers

<b>Urgent Care</b>	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
<b>Toll Free Information Pharmacy</b>	1-877-YHP-CARE 432-0246 432-0033
<i>Hours of operation</i>	
Monday–Friday	7:30 AM–6:30 PM
Saturday	8:30 AM–3:30 PM
<b>Patient Representative</b>	432-0109
<b>Medicare/Retiree Coordinator</b>	432-8134
<b>Outpatient Referrals/Claims</b>	432-0250
<b>Inpatient Care Facility</b>	432-0001

definitive treatment, provide chilling examples of new and deadly trends in microbial diseases.

Many emerging diseases arise from environmental perturbation, either natural or human-made. Rampant industrial growth and pollution resulted in dramatically increased rodent populations throughout parts of western India, culminating in an outbreak of plague in the city of Surat in 1994 and the evacuation of 400,000 people. Progressive reforestation of much of northeast United States over this century has greatly increased deer populations, deer-associated tick populations and, consequently, transmission of tick-borne diseases such as Lyme and Ehrlichiosis to humans.

Dramatic increases in international travel and trade are other important factors in the emergence of new diseases and heightened local awareness of diseases once considered exotic. Nearly 500 million people cross international borders annually, with an estimated 10% growth in travel each year. Importation of insect-borne diseases like malaria and dengue fever by returning travelers, coupled with emergence of food-borne pathogens such as *Cyclospora*, the culprit in a recent diarrheal outbreak related to imported Guatemalan raspberries, pose threats to the US. Additionally, bird-transmitted viruses such as a novel avian influenza from Hong Kong that prompted mass

# in touch



extermination of bird populations in that country and the ongoing threat of West Nile encephalitis in New York and Connecticut illustrate the trend that, to microbes as well as to people, the world is, indeed, getting smaller.

Effects of human activities and genetic change amongst microbes will fuel the ongoing battle with these nasty germs. Meanwhile, greatly increased surveillance for emerging diseases, especially in the food industry, coupled with increased allocation of resources toward understanding and monitoring these microbes, should allow us to keep pace.



# from the desk of

**PAUL GENECIN, MD**

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

Members have commented to me on significant changes in Yale Health Plan over the past two or three years. Sometimes people mention a renovated space or their experience with a new scheduling system, but most often I hear that the atmosphere at YHP is more pleasant and that our services are becoming more convenient. Because the current environment at YHP is one of rapid change, I thought it would be interesting to discuss the nature of projects to improve care and service in the clinic setting.

On one hand, a project may require months of behind-the-scenes teamwork to create a new system that then seems suddenly ready for use. On specific days in the past few years, we have seen our new information system “go live” and newly renovated spaces ready to function. From a member standpoint, this sort of change appears to be sudden, or “turn-key.”

The Access in Internal Medicine (AIM) Project is quite a different sort of initiative. It is not an overnight implementation with a specific “go live” date. The preparatory work for this project began many months before the first changes in the scheduling system became obvious to our members in January. However, as we continue to work on scheduling, we are also examining every other facet of clinical operations: redefining roles while improving our telephone system, our waiting areas, our offices and examining rooms, our referrals process and many other facets of the department. Meanwhile teams are forming to define a shared vision of clinical excellence, with new standards for care of all members, whether they are healthy or ill.

Although major changes bring great improvements, they are never simple, and may feel confusing. We are mindful of the need to explain new systems as

they roll out. If we pilot a new work process that does not succeed, we will try again until we get it right for our members.

Internal Medicine is one significant example. Major initiatives are underway also in Gynecology and Obstetrics, Pediatrics, the Pharmacy and other departments. These are not overnight projects with simple goals. They involve detailed examination and improvement of care and service over extended periods of time, and require major culture changes as well as detailed redefinition of work process. I estimate that we will need as much as two years to reap the full benefits of the clinic reorganizations at YHP. As always, I welcome your comments; you might be surprised at how often a suggestion from a member leads to an improvement in our services.

## Pharmacists Join YHP Staff

# the YHP staff



Tracey Leary, R.Ph. joined the YHP Pharmacy in March. She is a graduate of the UConn School of Pharmacy where she won numerous

academic awards and was president of her pharmacy class. Prior to coming to Yale, she practiced for seven years in the retail pharmacy environment where she was a manager and trainer for other

pharmacy staff. Leary is currently pursuing her Doctorate of Pharmacy through the University of Florida.



Roxanna Simpson, R.Ph. also joined the YHP Pharmacy in March. She is a graduate of the Massachusetts College of Pharmacy. Prior to

coming to Yale, she practiced primarily in hospital settings, most recently at St. Mary's Hospital in Waterbury. Here she implemented and managed various hospital pharmacy projects and was a member of interdisciplinary health care teams which worked to improve systems and outcomes. Simpson also has retail pharmacy experience and has conducted community-based educational programs.



# questions, answers

*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."*

## THE INFORMATION DESK

*For many years, there was no information desk and YHP visitors had to use the posted directory. In November of 1998 YHP installed an information desk, staffed by Member Services, in the front lobby. While the posted directory is still available, visitors now have access to a central information source that greets them with a friendly hello. Regina Jones, the desk's primary staff person, provided the information below. She notes, "What's so fascinating is the variety of questions we get. And every one is important."*

**Q. When is the desk open?**

A. Weekdays from 8:30-5:00

**Q. What are the primary functions of the information desk?**

A. We're here for problem solving – anything from helping visitors figure out where to go, to advising members on which form they need to fill out. We have membership information available and can accept many of the forms that members fill out. We also answer questions via e-mail. That address is **member.services@yale.edu**

**Q. What kind of information do you have available for members?**

A. We can help members with most questions about non-medical aspects of health plan membership, including information on out-of-area coverage. If we don't have the answer, we can send them to the right place. In addition, we can provide membership materials such as handbooks and directories. They can also obtain proof of coverage letters and membership cards. Members can also pick up Yale Transit schedules and special services van schedules at the desk, and we can help with transportation arrangements when needed.

**Q. What other membership services are available at the desk?**

A. Members can have many questions answered or tasks completed right here, without having to go elsewhere in the building. They can drop off completed forms: waiver forms;

enrollment applications; cancel/change forms; Medicare CT General forms; bills from Medicare vendors; demographic change forms (changing a name, address, phone number). They can pick up blank comment cards, and drop off completed comment cards, which are forwarded to the appropriate people. We call newly-enrolled members to make sure their introduction to the health plan is going smoothly and to ask whether they'd like a tour of YHP. The patient representative can schedule an individualized tour. There is also a kiosk next to the desk, where members can log on to the YUHS web site for more information.

**Q. Is there anything else you would like members to know?**

A. Don't hesitate to ask! If we don't have the information you need, we'll do our best to get it for you.

**MISPLACED  
YOUR MITTENS?  
BEREFT OF YOUR  
BRIEFCASE?**



Yes, Yale Health Plan does have a Lost and Found. But it's not at the information desk. Instead, peripatetic possessions may be tracked down in the Director's office on the 4th floor.

# New Systems Mean Greater Clinical Role for Pharmacists

RHEA HIRSHMAN

Editor

Anyone who comes into Yale Health Plan is bound to notice that the Pharmacy, the first department you see as you enter the building, is lighter and airier than it used to be. But the recent changes in the Pharmacy — going far beyond the cosmetic — include everything from expanded hours to new computer systems to a redefined role for the pharmacists.

The Pharmacy is used by nearly every YHP member. It stocks nearly two thousand different kinds of prescription medications plus, for the convenience of members, a small selection of over the counter preparations. It dispenses everything from the most common antibiotics and blood pressure medicines to vaccines against tropical diseases. Six full time pharmacists and three pharmacy technicians currently handle over ten thousand prescriptions a month. There is also a clinical pharmacist who is a drug information specialist, available to answer any drug-related questions clinicians may have. These can range from “What are the pros and cons of using this antibiotic versus another” to “My patient has been on a medication available only in her home country. Do we have an equivalent here?” The more complex questions may involve hours of research.

According to Donna Gayman, R.Ph., director of the Pharmacy, “Prescription volume has increased steadily over the years. We now have entire new classes of drugs — like calcium channel blockers (for cardiovascular conditions) and lipid lowering agents (for high cholesterol) — that didn’t even exist when YHP was founded. There are many more drugs to choose from for conditions such as asthma and diabetes. And pharmacotherapy has been advancing so much that many more conditions can now be treated with medication.”

This increase in the number and complexity of available drug therapies makes the role of the pharmacist that much more essential in patient care. “Our goal as we revision the Pharmacy,” says



Members of the YHP Pharmacy staff

Gayman, “is to have the pharmacists use their specialized knowledge to work more directly with members.” Gayman cites the model of the disease management teams which have been used at YHP for asthma, on which pharmacists currently participate.

Another priority is making pharmacists available for more up front counseling. For instance, Gayman says “a member who is already taking a number of medications and who comes in with a new prescription would be encouraged to talk with a pharmacist about medication management.” Pharmacists are also available to counsel members discharged from the hospital or the Inpatient Care Facility (ICF). “Frequently,” Gayman says, “people go into hospital on one set of medications and come out on another set. It’s very important that they understand why and how to take the new ones.” Providing information to clinicians, including medication use profiles of patients and recommendations on medications, is also an essential part of the pharmacist’s clinical function.

The new computerized systems are an integral part of these activities. Increased automation will free up pharmacists’ time for more clinical projects, and the systems will provide immediate information allowing for better patient care and better customer service. For instance, with the help of the system, pharmacists

check for potential drug interactions, for duplicate medications and for known drug allergies. Should any problems show up, the pharmacist can both talk with the member and immediately contact the clinician. The new computer system can also alert the pharmacist if the prescription is being refilled

too soon or not soon enough. The latter is especially important in silent health problems like hypertension or high cholesterol, where individuals may not take their medications according to instructions because the symptoms are not evident. “Again,” Gayman notes, “the pharmacist, as part of the clinical team, would be in contact with both the patient and the clinician to figure out the best course of action.”

Another innovation, which will be up and running soon, is the interactive voice recording system (IVR) for prescription refills (see sidebar). Watch for more details.

## Coming soon at the YHP Pharmacy

As the new interactive voice recording system (IVR) is put into place, members will find the prescription refill process much more convenient. Among other advantages, this system will offer:

- more efficient processing of refills
- instant feedback regarding whether the prescription being called in is refillable
- ability to talk directly with a pharmacist when needed

# books/information

## BOOK REVIEWS

### TRAVELERS' HEALTH: HOW TO STAY HEALTHY ALL OVER THE WORLD

Richard Dawood, MD  
Random House, 1998

This 600-page source book of travel health information, with its emphasis on disease prevention, is an excellent guide to read before any overseas trip. Available in the Betty Stowe Library on the 4th floor of YUHS.



### HEALTH HINTS FOR THE TROPICS

American Society of  
Tropical Medicine and  
Hygiene, 1998

This book is given to all those traveling to the tropics when they make their pre-departure appointments at the YUHS Travel Clinic. It is a concise source of information about preventable health hazards, and reading it is an essential part of preparing for the trip.

needs to contact your clinician to obtain a new prescription or for items the Pharmacy must special order.

### Talking to Internal Medicine

A new phone system in Internal Medicine is providing members with quicker and more convenient phone access. Please note that the number for appointments and questions is 203-432-0038. This number supersedes any department numbers you may have used. Some facts about the new system:

- It has the capacity to handle a greater volume of incoming calls.
- If you hear a recorded greeting when calling during regular office hours, do not hang up! Your call will be answered shortly by a member of the Internal Medicine staff. During the busiest times, if all staff members are on other calls, your call will be taken by the answering service. The service will immediately forward your message to someone in the department.
- Please note that the least busy times are mid and late afternoons; try to call then for routine matters.
- This new system is still in process. Please tell someone in Internal Medicine if you are experiencing any problems with it.

### And speaking of phones....

Please remember to give Member Services all your various contact numbers (home phone, work phone, cell phone, beeper number) so they can be entered into your records. This is important in case we need to reach you during the day to reschedule an appointment on short notice.

## INFORMATION

### Expediting your outpatient referral

If you are referred by a YHP clinician to a specialist or for specialty services outside the University Health Services Center (UHSC), you will be given an outpatient referral form. This includes a brief explanation of the reason for referral as well as your clinician's recommendations for how the specialist should be involved or what procedure needs to be performed.

Next, present this form to the Claims Department on the 4th floor of the UHSC. A claims representative will review it to ensure membership eligibility and authorize the services requested by your YHP clinician if they are within your benefit plan and thus reimbursable by YHP. Give a copy of the approved form to the specialist's office staff when you arrive for your appointment, so that bills can be sent directly to YHP.



### Call ahead for prescription refills

Calling the YHP Pharmacy at least 48 hours ahead will ensure that your medication will be ready when you arrive if you still have refills left on your prescription, particularly if the Pharmacy

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## PLEASE DRINK THE WATER

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as certain gastrointestinal diseases, diabetes and illnesses involving high fever. Infants and the elderly are also prone to dehydration.

Water is lost from the body through the skin (sweating), in the urine and feces, and as water vapor in expired air. It is required in amounts that exceed the body's ability to produce it. A person may go for several weeks without food, but can usually survive no longer than a few days without clean drinking water. Losing more than 10% of your body weight from dehydration causes extreme weakness and potential heat stroke; a 20% loss is life threatening.

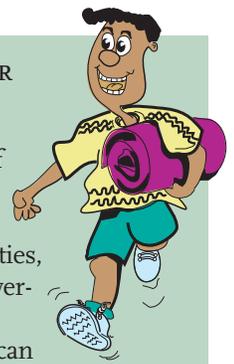
While the average sedentary adult male needs about 12 cups of fluid daily, and the average sedentary adult female needs about 9 cups, anyone who is even slightly active should consume more. Some water is available in foods and through the normal processes of metabolism. The rest should be provided by the intake of noncaffeinated,

nonalcoholic beverages (caffeine and alcohol act as diuretics).

Unfortunately, thirst does not provide a good indicator of fluid needs, as humans often do not perceive thirst until significant water is lost. Early signs of dehydration include headache, fatigue, loss of appetite, heat intolerance and light-headedness. If you experience the mid-afternoon "blahs," you may be suffering from mild dehydration. Dark-colored urine indicates that you are consuming too little water and need to increase your intake. Adequate hydration has been shown to have an effect on urinary stone disease, certain cancers, childhood and adult obesity, salivary gland function, and overall health in the elderly.

According to the American College of Sports Medicine, avoiding dehydration during exercise, especially in the heat, requires the consumption of water or sports drinks before, during and after physical activity, since it is possible to lose as much as two or three liters (a little over two to three quarts) of fluid per hour during vigorous exercise. But whatever your activity level, consider water a critical part of your daily nutrient intake. You can't live without it.

## COMMON SENSE FOR CAMP SAFETY



With the wide variety of summer camps available for children of all ages, interests and abilities, the choice may seem overwhelming. The YHP Pediatrics Department can provide guidance to families who are looking for summer programs. Among the most important issues are supervision and safety, and the appropriateness of the program for your child. Below are some questions to consider.

- What is the camp's philosophy?
- Does it have American Camping Association accreditation?
- What is the camper to counselor ratio?
- What are the ages and qualifications of the counselors?
- What is the supervision for activities such as water sports, horseback riding and hiking?
- What are the qualifications of supervisory personnel?
- Are children grouped appropriately by age and developmental status?
- Is your child's fitness level appropriate for the camp's activities?
- What are the policies for children who become ill at camp?
- What health services are available on site?
- What provisions have been made for emergencies?
- Can you obtain references from parents of other campers?

# healthy ideas

## TRAVELING? SAMPLE THE CUISINE, NOT THE GERMS

Part of the fun of traveling is sampling local cuisine. But, as most experienced travelers know, food consumed while traveling can also present health risks. Travelers' diarrhea is usually caused by bacteria. So, when eating in less well-developed areas, "boil it, cook it, peel it, or forget it." Also, pack single serve foods — the kind sold for lunch boxes — in case of problems finding acceptable foods while traveling. Some tips for safe consumption of a variety of foods:

**Produce.** Eat only raw fruits and vegetables that you can peel yourself, or stick with cooked produce.

**Meat, fish and poultry:** Eat these foods only if well cooked and hot. Avoid if they're raw, rare, or just rewarmed after sitting out.

**Eggs.** Order well-cooked scrambled or hard-cooked eggs, instead of sunny side up or softly scrambled.

**Milk.** Find out if it's pasteurized. Drink canned or ultra-pasteurized boxed milk if fresh pasteurized milk is unavailable.

**Beverages.** Tap water in industrialized countries should be safe. In developing areas, check with your hotel to see if it has a water purification system before you use tap water. Keep in your carrying bag a bottle of purified water to use for drinking and brushing your teeth when

you're not sure about the water supply. Avoid beverages made with water or ice cubes, unless you know that commercially bottled water was used. Coffee and tea are usually safe because the long heating time destroys the bacteria. Soft drinks, canned or bottled juices, beer, and wine are also safe. If you are unsure of what source of water will be available, bring a water filter such as the Voyager (available at YHP) which both filters and iodates (puts iodine into) water.



# calendar

## ONGOING WELLNESS PROGRAMS

**Early Pregnancy Class**  
Held on the 2nd Wednesday of each month from 10:30–11:30 in room 405 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 and Thursdays 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 203-432-0093.

**Health Risk Assessments**  
Offered to the entire Yale community on the first Wednesday and Thursday of the month from 2:00–3:00 in room 406. Free. For more information, call 203-432-0093.

**Post-partum Reunion Classes**  
Held on the 3rd Friday of each month from 10:00–11:30 in room 405. 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.

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