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NEWS FROM THE YALE HEALTH PLAN

VOL. I NO. 3

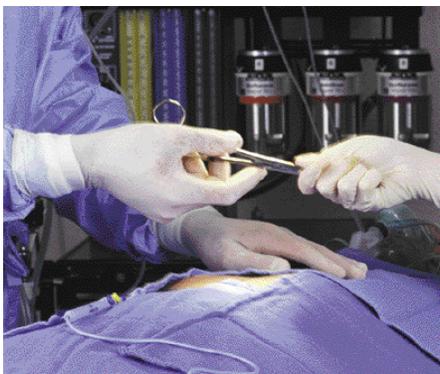
SUMMER 1998

Surgical Care at Yale Health Plan: It's Not Just Cut and Paste

RHEA HIRSHMAN

Contributing Writer

While it isn't likely that any of the dozens of YHP members who face surgery each month would say that they're looking forward to it, careful planning, clear communication and assurance of adequate follow-up care can reduce apprehension. That's where YHP's surgical care coordination team comes in. Ensuring that the whole process runs smoothly — from scheduling pre-operative physicals to planning for post-operative care — the team of over a dozen YHP staff oversees non-gynecological surgical procedures ranging from tonsillectomies to total hip replacements. Patients having gynecological surgery have their care coordinated directly through the ob/gyn department and their primary clinician.



Ariel Evans, RMA (registered medical assistant), who is responsible for most of the pre-operative planning, notes, "A lot has to happen before the surgeons can even do their work." The operation must be arranged with the doctor, the patient and the surgical facility. Pre-operative physicals and lab work must

be ordered and scheduled. The patient's records must be consulted and updated. Insurance issues must be dealt with. Essential medical information must be communicated. Are there certain kinds of anesthesia which would not be tolerated by this patient? Allergies to medications? Special dietary needs?

Meanwhile, Doris Foell, APRN, MSN, CS contacts the patient. Foell, the surgical care coordinator says, "When people leave the surgeon's office, they're often anxious and they don't remember everything." Foell talks with the patient not only about the surgery itself, but about all aspects of preparation and follow-up care, whether the patient is going

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Smoking Cessation
Workshop

Fridays
Post-Partum
Reunion Classes

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CALENDAR LISTINGS
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Important telephone numbers

Urgent Visit	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
Information	432-0246
Pharmacy	432-0033
<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

Caution: the Sun is Shining

LISA KUGELMAN, MD

Chief of Dermatology

For years, dermatologists have been warning us about the dangers associated with sun exposure. Solar radiation produces two types of ultraviolet light, UVA and UVB. UVA is a longer wavelength light that penetrates more deeply into the skin. It passes through window glass and is associated with skin cancer formation. UVA light is also the primary form of light used in the tanning salons. The UVB component of sunlight, also known as the “sunburn rays,” is most intense in the middle of the day, and is the primary source of suntans, sunburns, and many skin cancers.

There are three forms of skin cancer: basal cell carcinoma (BCC); squamous cell carcinoma (SCC); and melanoma. BCCs are by far the most common form of skin cancer, with over 600,000 cases diagnosed annually. A history of frequent tanning and/or sunburns accounts for essentially all cases of this skin cancer. SCCs are somewhat less common, but are also associated with a history of sunburns.



Both BCCs and most SCCs are considered to be easily curable with surgical removal by a dermatologist or plastic surgeon.

Melanoma is the third and most serious form of skin cancer. The incidence of melanoma has been rapidly rising in recent years, and current lifetime risk estimates are that one person in 80 will get the disease. This risk is even higher if there is a history of blistering sunburns, abnormal moles, or other family members with melanoma. Melanoma is potentially fatal if not diagnosed and removed at an early stage. The classic appearance of melanoma is that of a large, asymmetric, and multi-colored mole, although it can have different features as well.

Because of the clear association between skin cancer and sun, there has been a lot of attention focused on sun

screens in preventing skin cancer.

Unfortunately, the most recent studies have not confirmed that melanoma is prevented by sunscreen usage. There is stronger evidence that sunscreens prevent BCCs and SCCs, and currently dermatologists strongly recommend continuing daily use of high SPF sunscreens (greater than SPF 15) in combination with protective clothing and sun avoidance.

The Yale Health Plan Dermatology Department offers regular skin cancer screenings. However, individuals can monitor their own skin by keeping an eye out for non-healing sores, changing moles, new moles, and bleeding moles. Any suspicious lesion can be examined by your primary provider who will refer you to a dermatologist if necessary.

FEATURING SKIN HEALTH AT YHP

From August 3–7 the Yale Health Plan dermatology department, in association with the Yale University Health Services pharmacy, will mark its 50th skin cancer and mole screening clinic. There will be educational and fun events as well as raffles, food and giveaways. Activities will be held each day at the dermatology department and various other locations. See details below.

MONDAY, 8/3

50th Skin Cancer/mole screening clinic, 8:30 am – 9:00 pm

TUESDAY, 8/4

YUHS Pharmacy will conduct a sunscreen information session in Room 464, 10:00 am – 12:00 noon.

WEDNESDAY, 8/5

Children’s program for 5–8-year-olds. Storybook reading, 10:00 – 11:00 am.

THURSDAY, 8/6

YUHS Pharmacy will conduct a sunscreen informational session in Room 464, 2:00 – 4:00 pm.

FRIDAY, 8/7

UV camera-takes pictures of skin damage caused by the sun. Polaroid copy for each participant in Room 464, 9:00 – 11:30 am, 1:00 – 4:00 pm.

No Magic Pills: Managing Obesity

PART 2 of 2 (In the last issue, Deena Mariano presented an overview of obesity and approaches to managing it. This installment provides more information about diet pills and their limitations.)

DEENA MARIANO, APRN

Nurse Practitioner, Internal Medicine

Numerous diet pills, most of which are over-the-counter, are marketed as the "new weight loss miracle" with little scientific evidence of safety or efficacy. Products such as Acutrim, Dexametrim, Diurex, and Shape Plus are primarily diuretics, stimulants and laxatives that may cause a temporary loss of water weight (and a case of the jitters), but not any long-term changes in weight or metabolism. Many such drugs have serious side effects including dry mouth, sleep disturbances, dizziness, abdominal pain, diarrhea, constipation, nausea, metallic taste, fatigue and nervousness. Dangerous reactions such as severe headaches, extremely high blood pressure, pulmonary hypertension (a potentially fatal lung condition), heart abnormalities, and decreased intestinal blood supply have also been reported.

Regular exercise, lifestyle changes, and dietary modifications remain the treatments of choice for safe and long-term weight loss.

Only a few diet pills have been approved by the FDA (Food and Drug Administration). The most commonly known — Redux (Fenfluramine/Phenteramine combination) — turned out, even after FDA approval, to have dangerous side effects. In 1996, these combined weight-loss medications became available by prescription. After over 18



million prescriptions were written, reports began to come in that Fen-Phen was increasingly associated with destroying heart valves and causing a potentially fatal lung condition called pulmonary hypertension. By the fall of 1997, Fen-Phen was pulled from the market.

Since then, there have been a few diet pills under study. Xenical (Orlistat), which may be available in the near future, is taken with meals and is designed to block the absorption of dietary fat. Common side effects include bloating, loose stools, and diarrhea.

Meridia (Sibutramine), which recently became available by prescription, causes appetite reduction and a feeling of fullness. While clinical studies have not shown Meridia to increase the risk of heart valve abnormalities, it can cause potentially dangerous increases in blood pressure and heart rate and should not be taken by anyone with a history of cardiovascular problems. It is not recommended for use in pregnant and breast-feeding women and its effects in the elderly have not been sufficiently studied. The most common adverse

reactions include headache, dry mouth, insomnia, and constipation. Meridia should be prescribed only for people who are severely obese.

There are no magic pills. There is little current scientific evidence that any diet pill (whether an approved drug, an over-the-counter product, or an herbal supplement) can provide permanent weight loss. The weight loss associated with these products is minimal, the rate of reduction tends to taper off after several months, and there are still too many unanswered questions about safety. Regular exercise, lifestyle changes, and dietary modifications remain the treatments of choice for safe and long-term weight loss. If you are considering a weight loss program, begin by seeing your primary care provider. You can also call YHP's preventive medicine department at 432-1892 for information about Weight Watchers programs (*see back page*).

1-877-YHP-CARE

Yale Health Plan is pleased to announce its new, toll-free telephone access for our members travelling out-of-area and who wish to report an emergency claim or clarify coverage (M-F, 8:30 am-5:00 pm). They can also call this number to obtain medical advice from our Urgent Visit clinic (7 days a week, 24 hours a day). Toll free access is available throughout the United States and Canada, and will soon be expanded to include access from foreign countries as well. Follow the expansion of the access via our website at www.yale.edu/uhs.

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.*

Q. Who can use the travel clinic?

A. The clinic is for YHP members who are planning trips to certain areas, primarily developing countries.

Q. How do I know if I should come to the clinic?

A. Western Europe and North America require no special immunizations. For other areas, especially South America, Eastern Europe, Asia and Africa, an appointment is recommended.

Q. What happens when I contact the clinic?

A. We will send you a form which you should return at least a week before your appointment so that we can determine what you need. During your visit you will be told what immunizations are necessary and advised on other issues, such as avoiding mosquito bites in areas where there is malaria, avoiding parasitic infections, purifying water, or accessing medical facilities when you travel.

Q. What immunizations are offered?

A. Immunizations are available for overseas travel for the following diseases: hepatitis A and B; meningitis; Japanese encephalitis; tetanus; diphtheria; polio; rabies; typhoid; and cholera. Gamma globulin shots are also available. Most, but not all, vaccines are good for several years.

Q. When are appointments available?

A. Tuesdays from 1:00-4:30 pm.

Q. What if I can't get there then?

A. Yale-New Haven Hospital has a travel clinic. You can also go through your primary care provider to get recommendations for travel preparation.

Q. Is there a fee?

A. Yes. There is a charge for the office visit and computerized printout. Immunizations are charged separately.

Q. How long before my trip should I contact the clinic?

A. Because the vaccination program is tailored to the areas you will be visiting, you should contact the clinic as soon as you know your plans. The sooner you contact the clinic the better, as some immunizations are given in a series that requires several injections separated by several weeks.

Q. What are the busiest seasons?

A. Just before winter break and the end of the school year. If you plan to travel at these times, it is especially important to plan ahead.

Q. Can I get other medications through the clinic?

A. Yes. You can get prescriptions for other medications such as antibiotics and anti-malaria drugs. The clinic will also tell you if there are hazards, such as epidemics of contagious diseases, in the areas you are planning to visit.

Q. What happens if I have to travel suddenly?

A. We can provide the immunizations you can be given safely, as well as prescriptions for the rest of what you need. But, depending on your destination, receiving additional vaccinations or obtaining medications might be difficult. When possible, it is best to plan ahead for travel to places where there is a risk of acquiring preventable infectious diseases.

Molly Meyer Recognized with National Award



Molly Meyer, APRN (center) at Lane Adams Award Ceremony in New York with Tony Adams and Vicki Adams Quam, Lane Adams' children.

Yale University Health Services is pleased to announce that Molly Meyer, APRN, is one of the 1997 recipients of the prestigious American Cancer Society Lane Adams Award, which recognizes Oncology nurses who are both excellent care givers and innovators in providing care. As the coordinator of YHP's Oncology and Hematology Service, Molly oversees the integration of all aspects of care, including the medical and emotional needs of the patients as well as of their families.

A nurse practitioner for 26 years in internal medicine and undergraduate medicine, Molly is a well-known figure at Yale. In addition to her work in oncology, she works closely with varsity athletes. She is a clinician in the Sports Medicine Department and is often seen at sporting events, supporting "her" students. Her contribu-

tions to student life at Yale are evidenced by the hundreds of postcards displayed in her office that she has received from students now scattered far and wide.

Molly received her BA from Skidmore College, her BS from the University of Wisconsin at Madison and her MS in health sciences from Southern Connecticut State University. After joining YUHS as a staff nurse in the Inpatient Care Facility in 1971, she attained nurse practitioner certification in 1973 and became a primary care provider. In addition to her work as a clinician, Molly is on the Board of Directors of Dwight Hall at Yale. She was chosen by her colleagues at YUHS to receive the Outstanding Provider Award in 1991.

Yale University Health Services applauds Molly's achievement.

SURGICAL CARE

continued from front page

home right away after a minor procedure, staying in the hospital, or coming into YHP's inpatient care facility (ICF),

"Teaching . . . is also a big part of what we do . . ."

which is open 24 hours a day, 7 days a week. "One of the great things about Yale Health Plan," notes Sharon Remillard, RN, director of nursing for ICF, "is that you can spend the extra night so that you can learn how to take care of yourself before you go home." Foell adds, "People can stay in ICF if they need skilled nursing care or intensive physical therapy. And sometimes students stay here because they're in a cast and they can't get around in the dorms — for instance, they can't get to meals.



Doris Foell, Ariel Evans and Sharon Remillard, three of the more than a dozen members of YHP's multi-specialty surgical care team.

They can come here to recuperate and go to class in the van."

"Teaching — about self-care, about diet, about taking medication — is also a big part of what we do," says Foell. The recuperation process can involve educating family and friends. Foell tells this story: "I recently taught a patient's two roommates before they went away for spring break how to do her wound

care so that they could go off to England together as they had planned. There was no medical reason she couldn't go as long as her friends took care of the wound and learned to assess it for complications."

Physical healing is only part of recuperation. Particularly for those with more serious injuries or illnesses, psychological adjustment is also key. Where appropriate, staff will do home visits to see if patients need services such as visiting nurses, social workers, special equipment, meals or transportation. Whether dealing with a temporary situation, like teaching someone to bathe without wetting an incision, or with a more serious change, like teaching someone to deal with mobility impairment, the staff both tends to immediate medical needs and prepares people for going on with their lives. Foell says, "We're here to make a stressful situation easier on our patients."

information

BOOK REVIEW



ALL ABOUT WOMEN

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published by Yale Health Plan

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Strong Women Stay Young

MIRIAM E. NELSON,
Bantam Books, 1998

This is a wonderful book for women who have wanted to get involved with weight-lifting exercises but who have had trouble getting started. Nelson makes a compelling argument for the benefits of strength training and shows exactly how to set up a program. Best of all, her program requires only two half-hour sessions per week. Highly recommended for women of all ages.

Outsmarting the Female Fat Cell

DEBRA WATERHOUSE,
Warner Books, 1993

Have you ever wondered why women seem to have more trouble reaching their weight goals than men do? This book explains

some of the metabolic differences responsible for this very real phenomenon. The author describes her approach as having “nothing to do with dieting and everything to do with eating. It is a fresh, delicious alternative to dieting.” A plan that includes behavior modification, exercise and nutrition, is presented in incremental steps, week-by-week, easy to incorporate into almost any schedule. Highly recommended, especially for women who have been on a variety of weight-loss diets and would like a new approach to weight control.

Women's Nutrition for Healthy Living

SUSAN CALVERT FINN,
Perigee Books,
1997



Focuses on health issues women face and how these effect appropriate food choices, and discusses changes in nutritional needs during different stages of women's lives. This book provides information for the reader to be able to make educated decisions about health maintenance, with recommendations about dealing with lifestyle “wear and tear.” A good book from which to learn about the most current thinking on how women can improve their diets to maximize health.

healthy ideas

Managing Summertime Hazards

HOW TO AVOID BEING STUNG



If you have a fear of being stung, or think you have an allergy to stinging insects, here are some precautions:

- Wear light-colored clothing.
- Avoid wearing hair oil, pomades, perfumes and other sweet smells which may attract stinging insects.
- Wear clean clothing and bathe daily; sweat seems to attract stinging insects.
- Wear ankle-high shoes when walking in fields. Covering your head may prevent stinging insects from becoming entangled in your hair.
- Avoid flower gardens and fields where wild flowers (and therefore bees) are common.
- Avoid eating and drinking outdoors. Avoid garbage cans, where yellow jackets tend to gather.
- Run indoors if you are attacked by several stinging insects at one time. The only time several wasps or bees attack at the same time is when a nest is disturbed. Outdoors, run through a shaded area rather than an open one.
- If an offensive insect flies in through a car window, move to the road shoulder, stopping the car slowly. Open all the windows and the insect will soon find its way out.
- A person who is sensitive to one stinging species may not be allergic to all of them. One may become sensitive to several closely related species. Yellow jackets, wasps and hornets are more likely than bees to sting.

IF YOU ARE SENSITIVE TO BEE STINGS

Before bee season be sure that you have:

1. An ample supply of Pyribenzamine or Benadryl.
2. An up-to-date bee sting kit that should contain:
 - a) epinephrine 1:1000 injectable in appropriate dose for age;
 - b) tourniquet;
 - c) a medical alert bracelet or necklace;
 - d) directions as to how and when to use the above.

Also, consult an allergist for desensitization recommendations.

NOTE: *Although helpful, desensitization is not 100% effective. These precautionary measures should always be taken by those who are sensitive.*

EPIPEN ALERT!

There has been a recall of **Epipen** and **Epipen Junior** auto-injectors. Epipen(s) that you received from the Yale Health Plan Pharmacy may have been among those recalled.

If you have either of these products, call the Pharmacy at 432-0034, Monday–Friday, 7:30am–6:30pm. At other times, call Urgent Care at 432-0123.

A staff member will ask you for product information and will let you know whether you have a recalled product and what you should do.

ALCOHOL AND BOATING DON'T MIX

Alcohol impairs your ability to operate a boat safely in the same way that it impairs your ability to drive a car safely. Balance is one of the first capacities you lose when you consume alcohol, and when you combine loss of balance with the rocking of a boat, the chances of falling overboard increase. Also, driving a boat while you are intoxicated seriously increases the risk that you will endanger the lives of your passengers and other boaters. Whether in a car or boat, don't drink and drive.

NEW SAFETY STANDARDS FOR BICYCLE HELMETS

The U.S. Consumer Product Safety Commission (CPSC) has issued a new federal safety standard for bike helmets. Beginning February 1999, all bike helmets manufactured or imported for sale in the United States will have to meet the new standard. Helmets meeting the new standard will carry a label stating that they meet CPSC's new safety standard. Look for this mark when purchasing a helmet. Wearing a helmet can reduce the risk of head injury up to 85 percent.

LAWN PESTICIDES POSE HEALTH RISKS

Weed-killers and insecticides pose significant health threats, especially to children and pets. Lawn pesticides are poisons designed to kill living organisms; they are linked to higher rates of cancer, birth defect, nerve damage, and learning disabilities in mammals. There are safer, better ways to have a great-looking yard. If you want to keep the traditional turf lawn look while eliminating the poisons, do the following: mow high, mow often, mow with sharp blades, and water deeply but not often.

calendar

ONGOING WELLNESS PROGRAMS

Early Pregnancy Class

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

Post-partum Reunion Classes

Held on the 3rd Friday of each month in room 405 from 10:00–11:30 am. Please come and bring your new babies to this great support network for

all new moms! Conducted by Wendy Madore, RNC, ob/gyn coordinator. Call the Obstetrics/Gynecology Department (432-0222) to register.

Smoking Cessation Workshop

Thursdays, noon-1:00 pm in room 406. This workshop is offered free to YHP members.

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

Health Risk Assessments Screenings for YHP members,

including a cholesterol level are held the first Wednesday and Thursday of each month from 2:00–3:00 pm. For information, call 432-1826. Blood pressure screenings and assessment questionnaires are offered to the entire Yale community free of charge every Tuesday from 10:00–11:00 am. For info, call (203) 432-6853.

YHP Cancer Support Group

Life Options is a support group for adult members of the Yale Health Plan who have been diagnosed with cancer, regard-

less of type of cancer or stage of disease. Designed to help people cope with the many concerns that arise with a cancer diagnosis, the group meets weekly with a facilitator. There are three 15-week programs each year. Group members have the option of enrolling in consecutive series of meetings. The program is funded partially by the Edith S. Hallo Fund and by a small weekly fee charged to each participant. To enroll in Life Options or for more information, contact the facilitator, Mona Felts, MSW, at (203) 432-0290.

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