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NEWS FROM THE YALE HEALTH PLAN

VOL. V NO. 2

MARCH – APRIL 2002

“Move It or Lose It” to Manage Arthritis

RHEA HIRSHMAN

Editor



When it comes to managing arthritis, chief of Physical Therapy, Michael Goulet, RPT, MPH, has a piece of advice: “Move it or lose it.” The “it” is the range of motion that can be seriously diminished by the pain and stiffness that osteoarthritis causes. Goulet notes that, thanks to the immutable law of gravity, most people “have some arthritic changes” after the age of 25.

Gravity’s pressure on our major weight-bearing joints—shoulders, knees, hips, ankles, spine—makes osteoarthritis a frequent part of the aging process.

Another kind of arthritis—rheumatoid—is an autoimmune disease. In fact, there are actually over a hundred different kinds of joint and connective tissue irritations, but osteoarthritis is most widespread. While there is no consensus on the causes of the cartilage deterioration that marks osteoarthritis, heredity, gender (it is more common in women than men) and weight (excess body weight places stress on the hips and knees) are known risk factors. Another risk factor is early injury to a joint or to surrounding ligaments, even if the injury has appeared to heal. Cartilage does not have the ability, as does other tissue, to repair itself, and stressed ligaments can result in joint instability and stress on bones and cartilage.

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New Cholesterol Guidelines

LINDA BELL, MS, RD, CD/N

YHP Nutritionist

The National Heart, Lung, and Blood Institute recently issued new guidelines on the prevention and treatment of high cholesterol in adults, known as Adult Treatment Panel (ATP) III. The guidelines, the first major update in nearly a decade:

- Treating high cholesterol more aggressively for those with diabetes, who are at increased risk of heart disease.
- Recommending a complete lipoprotein profile as the first test for high cholesterol. A lipoprotein profile measures levels of LDL, total cholesterol, HDL and triglycerides in the blood. The prior recommendation called for initial screening with a test for only total cholesterol and HDL. The guidelines advise healthy adults to have a lipoprotein analysis once every 5 years.

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Goulet says that osteoarthritis is a “very individualized disease.” One person may have extensive cartilage damage and experience little discomfort, while someone else experiences a great deal of pain with less damage. Or, someone will develop arthritis pain in one knee and not the other even though most of us use both knees equally.

The key to managing mild to moderate arthritis is to maintain a normal, active life. If you’re having a flare-up, reduce your activity for two or three days—Goulet notes that longer than that doesn’t really do much. If you are having lasting discomfort or reduced range of motion, consult your clinician. There is pain that hurts and pain that damages,” Goulet says. “Most arthritis pain is pain that hurts, but you should seek professional help to draw the line between damaging the joint and moving through the pain to increase range of motion, and to see if medication is needed.”

Goulet also notes that “People don’t want to move into a painful range because they assume they will damage something. But the fact is that normal everyday activity is the best countermeasure for osteoarthritis.” Arthritis creates pain, and then, when you stop moving in the painful range, it begins to tighten up connective tissue, which in turn further limits the range of motion. The key is to exercise through a full range of motion without pounding the joints. Exercises like walking, cycling and swimming are excellent.

Some other tips for managing arthritis:

- You can’t flout the law of gravity, but you can reduce the mass. Weight loss can help decrease arthritis pain.
- Stretch! As we age, we have to hold stretches longer because our connective tissue shortens. Holding a stretch for 30-60 seconds is optimal.
- Arthritis responds well to heat for minor stiffness, but if you are experiencing a flare-up, use ice.
- Going to exert yourself a little more than usual by raking leaves or shoveling snow? Warm up with a hot shower or warm pack on the arthritic area. After you’re done, ice the area.

Important telephone numbers

Urgent Care	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
Toll Free	1-877-YHP-CARE
Information	432-0246
Pharmacy	432-0033
<i>Hours of operation</i>	
Monday–Wednesday, Friday	7:30 AM–6:30 PM
Thursday	8:30 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

- Because there are not very many nerve endings around bone and connective tissue, you may be able to do a lot while not feeling any discomfort and then pay for it later. So pace yourself. On a bad day take it easy. On a good day don’t make up for what you didn’t do on a bad day.

And what about some of that old folk wisdom? It has been shown that a drop in barometric pressure can exacerbate irrita-

tion (by increasing fluid around certain joints) and that cold can increase discomfort because it tightens connective tissue. Whatever the trigger for the arthritis pain, the advice is the same: stay active without overdoing stressful activities, watch your weight, use heat and ice appropriately and consult your clinician for advice about medication, individualized exercises and other tools for managing the disease.

We make mouse calls



Many of you have heard about Yale Health Online, the interactive web site that allows you to perform at your convenience many routine activities associated with your medical care. Over the next several months, this section will keep you updated on the progress of the program’s implementation, and offer tips for how to get the most out of Yale Health Online.

Under Construction

The system is still under construction and, at this time, Yale Health Online is up and running in Ob/Gyn and Pediatrics. While other departments are being added, those of you who have set up accounts and who do not use Ob/Gyn or Pediatrics are still welcome to visit the Health Library.

Proxy accounts

If you have a dependent child who receives services from YHP, you must set up a proxy account in order to access your child’s health care on line. To request a proxy account, go to our *Register Now* screen and click on “proxy account request.” To assure confidentiality and security, proxy accounts are available for children only between birth and age 12. Dependents 12 thru 17 may not have their own accounts, nor can parents/guardians obtain an account on their behalf. Students 17 and older may obtain individual accounts. No accounts may be requested for eligible dependents except through a proxy request.

Questions?

E-mail us through the Yale Health Online web site and we’ll be glad to reply. We are delighted at the response to this new program, and ask your patience as we move forward. As always, we welcome your comments.



from the desk of

CHRIS KIELT

DEPUTY DIRECTOR FOR OPERATIONS

“I’m all ears.” As many of you may remember, Ross Perot uttered these words during a debate before the 1992 presidential election—a moment that lightened some otherwise tense exchanges among the candidates. The man who won that election, William Jefferson Clinton, brought to the presidency his strength as a communicator, a strength related to his ability to empathize with others. And, while Mr. Perot professed interest in his opponents’ plans, it was President Clinton who many felt proved he was “all ears” when it came to effectively listening to and identifying with the concerns of a broad range of people.

I was reminded of the idea of being “all ears” when thinking about how carefully we at YUHS listen to what you have to say about your experiences with our services and programs. In fact, our members have a number of avenues to provide us with observations and suggestions.

The first approach we encourage members to take is to alert the appropriate department personnel about experiences in a specific department. Each department has

a clinical manager who is responsible for running the clinic or administrative unit and who is usually best able to address issues that arise during appointments and subsequent treatment. Specific concerns regarding clinical care can be discussed with a clinical department’s chief, who is responsible for the medical care provided in the department.

YUHS also has a Member Services Department charged with ensuring that members receive the full range of benefits and services to which their membership in YHP entitles them. Member Services can be contacted at 203-432-0246. If the matter is not confidential, queries may be made via email at member.services@yale.edu. A key part of the Member Services team is our patient representative, Vicki Eisler, who has been featured in this newsletter and who works with Member Services and the entire staff to make YUHS accessible and responsive. She assists patients in dealing with issues ranging from deciphering pediatric audiology testing regulations in school settings to obtaining a timely appointment in a busy YUHS clinic.

Another method for feedback is the comment card, available in all our clinics as well as on the web at www.yale.edu/uhs/forms/commentcard.pdf. The director Dr. Paul Genecin, the patient representative and I, and the chief and manager of the relevant department read every card, whether it reflects a positive or problematic experience. Chiefs and managers are required to follow-up with patients whenever a patient requests.

Finally, our January/February issue presented our Member Advisory Committee (MAC), a group of representatives from across the University who give us regular feedback. Members may contact the MAC with concerns and suggestions for us to consider as we plan improvements and new services. An MAC roster is available at http://www.yale.edu/uhs/departments/member_svcs/index.html.

So in the coming year I trust you will remember that the staff at YUHS is “all ears,” ready to receive your feedback, and looking forward to continue to learn from our members how we might better serve them.

of interest...

SEX AFTER 50

The Yale-New Haven Hospital Auxiliary is sponsoring a lecture on “Sex After 50: the Myths and the Facts” by Philip Sarrel, MD. The lecture, on **Wednesday, March 20 from 12:00-1:30, will take place at the Grace Building Lounge on 25 Park St., New Haven.** Light refreshments will be provided. The event is free and open to the public, but preregistration is requested. To preregister, call 203-688-2000.

HEART TO HEART

To raise awareness about cardiovascular disease, the number one killer of women over 50, the Auxiliary at Yale New Haven Hospital is sponsoring Heart to Heart. Medical specialists and other experts will discuss advances in prevention, diagnosis and treatment. Fee includes lunch and the opportunity to participate in massage and other complementary services. **Tuesday, April 9 beginning at 9:30 a.m. at 500 Blake Street (restaurant) in New Haven. Cost: \$25.** For more information or to register call 203-688-2000 or toll-free 888-700-6543.



PRIMARY CARE CLINICIANS

Because establishing a relationship with a primary care clinician (PCC) is the most effective way of using YHP services, you are encouraged to choose a physician (MD), nurse practitioner (NP), certified nurse midwife (CNM) or physician associate (PA) to provide your primary care. For additional questions about choosing a primary care clinician, call or come in to Member Services: 203-432-0246

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. What is primary care?

A. Primary care is where health care usually starts. It is routine care for illness or injury and wellness care such as physical exams, screenings and vaccinations. Your PCC is also available for consultations about health and lifestyle concerns and for the coordination of specialty services. Primary care is also the point of entry into the health care system in non-emergency situations. Even in an emergency, such as an unanticipated admission to the hospital, it is usually your primary care clinician who will be notified and who will coordinate any treatment you need.

Q. How do I choose a PCC?

A. Your YHP enrollment packet includes a directory of primary care clinicians in Internal Medicine (for adult members), Pediatrics (for dependent children) and Ob/Gyn (for women members to receive routine gynecological care). This information is also available on our web site: www.yale.edu/uhs. New members often find coworkers' recommendations to be helpful. Contact Member Services with your selection. To ensure the best access to services for all our members, some clinicians may temporarily be unable to accept new patients. In this case, you can ask to be put on a waiting list for your preferred clinician, or Member Services will help you select another PCC.

Q. What is the best way to become acquainted with my PCC?

A. You are welcome to schedule an introductory appointment for a review of your medical history, attention to any current problems, and discussion of how best to use our services

Q. Whom do I see for care if my PCC is not available?

A. The clinicians in Internal Medicine, Ob/Gyn and Pediatrics work in clinical teams. If your clinician is not available you will be taken care of by another team member.

Q. What if I have questions or need test results when my PCC is unavailable?

A. If you need medical advice during regular business hours and your PCC is not available, you can either wait until your own clinician is available or be put in touch with the primary care clinician on call in that department for that day. All after hours or urgent calls should go to Urgent Care (203-432-0123).

Q. Can I switch to a different PCC?

A. Yes. If you would like to switch to another PCC, call or come in to Member Services.

APRNs Offer Broad Range of Skills and Services

RHEA HIRSHMAN

Editor

While the work of the nurse is as old as human illness, modern nursing as a profession dates back just to the 1830s, when the first secular program to train women in caring for the sick began in Germany. Early nursing pioneers like Englishwoman Florence Nightingale (whose writings on nursing are still widely read) and American Clara Barton are almost household names. Other well-known women of that time also worked as nurses; author Louisa May Alcott who wrote *Hospital Sketches* about her nursing experiences and freedom-fighter Harriet Tubman both served as nurses during the American Civil War. The first professional nursing school in the U.S. was founded in New York City in 1861.

A century later, in 1967, the creation of a Pediatric Nurse Practitioner program at the University of Colorado marked the beginning of the formal nurse practitioner movement, although Doris Foell, CNS, APRN notes that “psychiatric nurses were doing clinical work with patients as early as the 1950s.” As with the related professions of nurse midwifery and physician associate/assistant, nurse practitioner training originated as a way to bring care to poor and underserved areas. By the 1960s, enormous changes had taken place in nursing training and education. Today, the modern advanced practice nurse (APRN) can provide “...a wide range of clinical services” according to Cynthia Holland-Toftness, FNP, APRN, of YHP’s Internal Medicine Department.

The dozen or so APRNs at YHP exemplify the profession’s range of activities, the core of which is, as Foell notes, “the ability to provide independent care to

Most of YHP’s advanced practice nurses have their own panels of patients and work as part of clinical teams that also include physicians, registered nurses, medical assistants and receptionists.



APRNs back row, left to right: Gina Juliano, Vicki Chang, Ivy Alexander, Ann Cosgrove, Molly Meyer. **APRNs front row, left to right:** Jane Milberg, Amy Davis, Doris Foell, Glen Pugh. **Unavailable for photo:** Steffen Finkelstein, Cynthia Holland-Toftness, Mary Jane Malone, Diane Paquette, Linda Ryan

patients, including both wellness care such as physical exams and care for illness.” The scope of practice of the APRN varies from state to state. Connecticut allows for a broad range of responsibilities including minor office surgery and “prescriptive authority”—the ability to prescribe medication. Advanced practice nurses can also specialize and can make hospital rounds to check on their patients. Many concentrate on treating chronic illnesses like diabetes or asthma.

Although APRNs can “hang out a shingle” on their own and practice within the scope of their licenses without physician supervision, the essence of APRN practice at YHP is the team approach. Most of YHP’s advanced practice nurses have their own panels of patients and work as part of clinical teams that also include physicians, registered nurses, medical assistants and receptionists. According to Foell, “Members who access their care through an APRN have no limitations on the availability of care.” The APRNs at YHP can order lab tests and refer directly to specialists and ancillary services (such as Radiology and Physical Therapy). “But what is unique here,” adds Gina Juliano, PNP, APRN, a pedi-

atric nurse practitioner, “is the give and take among clinicians.”

Teaching and counseling are major focuses for the APRN doing adult or pediatric primary care. “We make sure that patients are knowledgeable about self care,” says Foell, “as we often work with patients with chronic diseases and need to look at non-medical issues that affect care such as the home environment.” In addition, several of YHP’s advanced practice nurses have their own specialty areas and receive referrals from other clinicians. Foell, for example provides instruction to patients in cardiac rehabilitation and is a wound care specialist, while Juliano provides instruction for breastfeeding. YHP also has APRN specialists in oncology and diabetes care.

Holland-Toftness points out that at YHP both APRNs and PAs (physician associates) also have slots each day allotted for rapid access appointments, allowing members with acute problems to be seen quickly. “In those appointments we see a lot of common health problems—colds, sinus infections, pneumonia, digestive upsets—and this is another place where we do a lot of teaching about self-care.”

Foell, Juliano and Holland-Toftness all note that in their daily work at YHP the learning goes both ways. “You always learn from your patients,” says Juliano.

books/information

BOOKS



Some suggested readings about the range of nurses' experiences. Thanks to Associate Director for Clinical Services,

Judy Madeux,

APRN, MPH, and Manager for the Department of Care Coordination, Doris Foell, CNS, APRN.

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FLORENCE NIGHTINGALE: MYSTIC, VISIONARY, HEALER

Barbara Montgomery Dossey

Far from being simply the romanticized “lady with a lamp,” the founder of modern nursing was a trailblazing social activist whose ideas on such matters as public health, sanitation, holistic health and women’s rights were decades ahead of their time.

NURSING: THE FINEST ART

M. Patricia Donahue

This beautifully illustrated volume traces the social, political, and economic history of nursing from its origins to contemporary practice. Includes coverage of developments in international nursing.

WITCHES, MIDWIVES AND NURSES

Barbara Ehrenreich & Deirdre English

This concise classic, originally published in 1973, gave a whole new perspective to medical history and women’s place in it. Still relevant today.

THREE NURSES ON THE FRONT LINE

Suzanne Gordon, ed. *Life Support*

In this era of high-tech medicine, this book brings us the stories of three advanced practice nurses whose work humanizes the experience of receiving medical care.

TOUCHED BY A NURSE: SPECIAL MOMENTS THAT TRANSFORM LIVES

Jim Kane & Carmine Germaine Warner, eds.

A collection of over 100 vignettes written by nurses practicing all over the world. Ranging from the wrenching to the humorous, these personal narratives show the full range of the interactions between nurses and those they care for.

CASSANDRA: AN ESSAY

Florence Nightingale

A classic feminist essay from the founder of modern nursing.

WE BAND OF ANGELS: THE UNTOLD STORY OF AMERICAN NURSES TRAPPED ON BATAAN

Elizabeth M. Norman

Using a wide range of sources, including personal interviews, this book provides a gripping history of the “Angels of Bataan” — nurses who provided care under conditions of extreme hardship on one of WW II’s grimmest fronts.

100 YEARS OF AMERICAN NURSING: CELEBRATING A CENTURY OF CARING.

Thelma M. Schorr & Maureen Shawn Kennedy, eds

An illustrated celebration of 20th century American nursing, chronicling nurses’ activities from the battlefields of WW I to the backwoods of Kentucky to the slums of inner cities and the critical care units of modern hospitals.

A PIECE OF MY HEART: THE STORIES OF 26 AMERICAN WOMAN WHO SERVED IN VIETNAM

Keith Walker & Martha Raye, eds.

The 15,000 American women who served in Vietnam, the majority medical personnel, experienced the horrors of war. For years, many refused to speak of the nightmares they brought home. Filmmaker Keith Walker spent three years coaxing these memoirs from 26 remarkable women. The names of seven nurses are enshrined on the Vietnam War Memorial. Had it not been for the courageous service of medical volunteers, there would surely be thousands more names on the Wall.

PLAN AHEAD

Avoid the frustrations of the last-minute rush. As we move into spring and you’re making plans to leave the area for all or part of the summer, we’d like to remind you to take care of non-urgent medical matters—including having prescriptions refilled—as far in advance as possible. You’ll be glad you did.

yhp staff

INFORMATION

WALK ON BY

The Office of Health Promotion and Education and the Department of Athletics are sponsoring a five-week spring walking program, free and open to the entire Yale community. Walks are on Tuesdays and Thursdays from Tuesday, March 26 through Thursday, April 25. Meet at YUHS, 17 Hillhouse Avenue at 12:10 pm and return at 12:50 pm and walk at your own pace. For more information, call 203-432-1892.

AS CLOSE AS YOUR PHONE

If you have a health concern while you are out of state, you can call YUHS toll free. To contact Urgent Care or reach your clinician about a medical problem, or to speak with someone in Claims about coverage, call 877-YHP-CARE (877-947-2273) anywhere in the U.S. or Canada. Toll free numbers available from other countries are listed on our web site at www.yale.edu/uhs.

EXAM TIME (FOR KIDS)

Schools in Connecticut require a physical exam; most schools will accept a physical exam done any time after January 1 of the year that the child is entering. Day care and after school programs require these exams, many summer camps require a physical exam within the previous 12 months for a child to enroll, and many sports programs have similar requirements. If you know your child will be attending camp or entering school or day care, please schedule these exams three to four months in advance so we may update all necessary information, and try to avoid the busy months of May, June, August and September. Call the Pediatrics Department at 203-432-0206 for an appointment.

TARIQ MALIK, MD APPOINTED CHIEF OF INTERNAL MEDICINE



In early January, Tariq Malik, MD, MPH joined YUHS as Chief of Internal Medicine and Urgent Care. He received his medical education and training in Lahore, Pakistan and in London, Edinburgh and Hartford and his Master of Public Health at Harvard University with a concentration in health services administration. He has been on the faculty at the University of Connecticut, Brown, the State University of New York at Stony Brook, and lately at Mount Sinai Medical Center in New York. At Mt. Sinai he was an Associate Professor of

Medicine as well as Director of Internal Medicine Associates, the hospital's ambulatory internal medicine practice. He was a visiting scholar at Harvard and taught in the master's degree Nurse Practitioner program at Yale School of Nursing.

A Fellow of the American College of Physicians and the recipient of numerous awards for his achievements in clinical medicine and education, Dr. Malik served as President of the Society of General Internal Medicine (Metro New York) from 1995-1997. He has published extensively in diverse areas of Internal Medicine and one of his areas of research is how physicians talk to their patients to address patients' concerns.

continued on back cover

NEW CHOLESTEROL GUIDELINES

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- A new level at which low HDL becomes a major risk factor for heart disease. ATP III defines a low HDL as less than 40 mg/dl. Previously, a low HDL was less than 35 mg/dl. The change reflects findings about the strong link between a low HDL and an increased risk of heart disease.
- Encourages the use of plant stanol/sterols (found in certain margarines and salad dressings) and soluble fiber (such as found in oats and beans) as therapeutic dietary options to lower LDL cholesterol.
- Recommends more aggressive treatment for elevated triglycerides (>200 mg) Recent studies indicate that an elevated triglyceride level is significantly linked to heart disease risk. The new guidelines recommend treating even borderline-high triglyceride levels. Therapy includes weight control, physical activity and sometimes medication.

- Weight control and physical activity are stressed, as they improve various heart disease risk factors.

The guidelines recommend a new "Therapeutic Lifestyle Changes" treatment plan for high cholesterol. The "TLC" plan includes daily intake of less than 7% of calories from saturated fat and less than 200 milligrams of dietary cholesterol, and allows up to 35% of daily total calories from total fat, as long as most of it is from unsaturated fat, which does not raise cholesterol.

Although there have been modifications in the guidelines, the message for keeping your heart healthy remains the same: know your lipid numbers; eat a healthy diet, high in fiber and low in saturated fat and cholesterol; and make weight control and regular exercise a high priority.

For more about these guidelines, go to the NHLBI home page www.nhlbi.nih.gov/index.htm and click on ATP III Cholesterol Guidelines under "Highlights".



calendar

YHP STAFF

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AMY DAVIS, APRN

Amy Davis, APRN, has joined the YHP Dermatology Department. She received her Masters in Nursing from the University of Hartford and her APRN degree from the University of Connecticut. Before deciding to specialize in dermatology and come to Yale, Davis worked with the Hartford Medical Group as an urgent care nurse.



JOHN TOTH, RPH

John Toth, RPh, has joined YUHS as a member of the Pharmacy staff. Before coming to Yale, he was manager at a CVS in Bristol, CT and has both extensive management experience and involvement with customer service initiatives throughout his career in retail pharmacy. He received his BS in Pharmacy from the University of Connecticut and is certified in diabetes pharmaceutical care by the National Association of Boards of Pharmacy.

ONGOING WELLNESS PROGRAMS

Early Pregnancy Classes

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.

YHP Cancer Support Group

Life Options is a support group for adult yhp members 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. Members can enroll in a 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.

Adult CPR Classes

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

Blood Pressure Checks

Tuesdays and Thursdays from 9:00–11:00 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.

Post-partum Reunions

Held on the 3rd Friday of each month from 10:00–11:30 in room 405. Bring your new babies to this great support network for all new moms! Conducted by Wendy Madore, RNC. Call the Ob/Gyn Dept. at 203-432-0222 to register.

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Yale Health Plan
Member Services
17 Hillhouse Avenue
P.O. Box 208237
New Haven, CT 06520-8237



Please remember that free parking for YHP members is available both in the lot right next to 17 Hillhouse Avenue and in parking lot 37, just across Trumbull Street.

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