

YALE HEALTH CARE

news from Yale Health
spring 2017

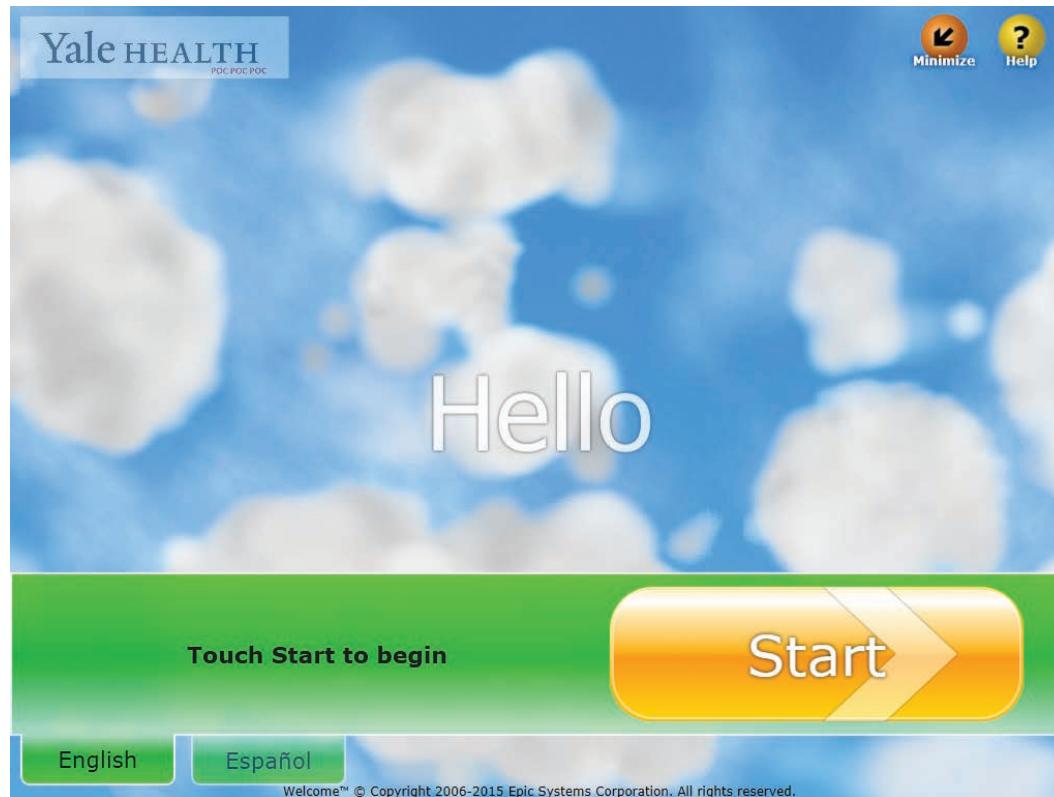
Healthcare Convenience
Community of Caring
Parenting in a Digital World



SUNSCREEN TIPS

RADIOLOGICAL EXAMS

SIGNS OF A STROKE



Healthcare Convenience

Advances in technology lead to more patient options

WHETHER YOU PREFER TO CLICK, CALL OR COME IN, Yale Health now has more options than ever for you to choose how to schedule and check-in for your appointments.

Online scheduling via MyChart was introduced in Internal Medicine in December. It allows you to schedule an appointment with your primary care clinician or any other Internal Medicine clinician (if available for online scheduling) you have seen in the past two years. You can choose your preferred date range, days of the week, and times of day that are most convenient for you. MyChart allows you to save your preferred times to use when scheduling future appointments online.

*New kiosks welcome
you to check-in for your
appointment without
visiting the reception desk.*

HEALTHCARE CONVENIENCE CONTINUED ON NEXT PAGE

HEALTHCARE CONVENIENCE

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Once you choose an available time, you must provide a brief description of the reason for your visit. This will be sent to the department's clinical team.

"We have had a really positive response from our patients," said Kasey Baker, project manager for the Office of Performance Management. "The clinicians really like it, too. Having the ability to have patients type in what they're looking for helps the clinicians to prepare a little more, and make sure the appointment is appropriate."

While scheduling online may be a more convenient way for some, you can still schedule your Internal Medicine appointments by phone at 203-432-0038 or in person at 55 Lock Street if that is your preferred method. You should not use MyChart for more urgent concerns. In those situations, you should call the department or 911 for emergencies.

"If you have questions or concerns and would like to speak with a nurse, you can always still call us," said Amy Relihan, RN, clinical nurse manager of Internal Medicine and Acute Care. "Scheduling your appointment through MyChart is an added convenience for those times you do not need to talk to the department staff first."

Online scheduling, which was first introduced in the Student Health and Athletic Medicine Departments in 2015, may soon make its way to the other primary care departments of Obstetrics and Gynecology and Pediatrics.

"There are so many different ways that people can access us," said Greg Murphy, associate director of operations. "It's a matter of convenience for the patient. It provides a different resource for people. If we only had one way of doing it, we would not be able to accommodate everyone. It's a modern tool to help people connect with us in whatever way they find most convenient."

To learn more about MyChart, visit yalehealth.yale.edu/mychart.



A patient uses a new kiosk to check-in for an appointment at the Yale Health Center.

Along with scheduling appointments online, Yale Health has also introduced check-in kiosks that allow you to check-in for an appointment without visiting the reception desk. Wheelchair accessible kiosks are now available in the Pediatric Department and the Student Health, Athletic Medicine, and Dermatology Departments.

When you arrive for your appointment, you can use the kiosks to check-in for yourself or for someone else up to 10 minutes after your scheduled appointment time. If you attempt to check-in at a kiosk more than 10 minutes after the scheduled appointment, you will be prompted to visit the reception desk.

In order to check-in, and to ensure patient privacy, you will need to enter the name and date of birth of the person with the scheduled appointment. If there are any issues, you will be asked to see the receptionist.

You can also update personal information at the kiosk including telephone number, address, emergency contact information, and preferred

language as well as review and confirm a Notice of Privacy Practices, if this is your first visit to Yale Health.

Since they were introduced in November, about one in four patients have opted to check-in with the kiosks when available.

The check-in software can be used on desktops, laptops, and tablets, giving Yale Health the option to expand to other departments in different ways in the future.

But just as with the online scheduling option, using a kiosk to check-in is completely up to you.

"It's intended to enhance the patient experience," said Debra Tangarone, project manager for the Office of Performance Management. "There are individuals who would prefer to check-in at a kiosk, and there are individuals who would rather interact with someone at the desk. We now have options for both."

MyChart



How to Schedule an Appointment Online in Internal Medicine

- Log into MyChart.
- On the Visits tab, click "Schedule an Appt."
- Choose your reason for visit.
- Verify or edit your demographics.
- Choose location "YHC Basic Front Desk-Cadence."
- Choose the clinician with whom you would like to schedule the appointment.
- Choose your date/time preferences.
- Choose your appointment time slot.
- Provide a brief description of the reason for your visit.
- Make your appointment.

On February 13th, Yale Health and the Yale Community lost a dear friend and colleague in Dr. Howard Blue, the deputy director of the Mental Health & Counseling Department. He spent more than 30 years in the department, including his years of training, and became a staff psychiatrist in 1993. Dr. Blue was 59 years old.



Photo by Carl Kaufman

FROM THE DESK OF PAUL GENECIN, MD

Since the tragic death of my colleague and friend, Dr. Howard Blue, I often think about his contribution to our unique healthcare system at Yale. Dr. Blue was an African American man and the 14th of 16 children, raised on a farm in North Carolina. He made vital contributions to our understanding of the patient-centered care mission in his role as a teacher, but also through his clinical example and positive influence throughout Yale Health. His philosophy about diversity and cultural competence had a profound influence on me as a doctor and as the director of our multispecialty practice.

We, as humans, tend to categorize one another, whether by race, age, gender, occupation, religion, nationality, socioeconomic status or sexual preference. This tendency is problematic when it fuels bias, but at the same time, many of us strongly identify with our groups. **Clinically, there are useful generalizations relating to traits, attitudes, and health risks among different groups. But primary care clinicians care for individual people, one at a time.** We take “group status” into consideration, especially at times when it is clinically relevant and/or important to the person while avoiding stereotypes and striving to understand our patient’s personal world, beliefs and values, and social and cultural background.

Dr. Blue stressed that each student in his clinical practice, and by extension, every patient, is diverse in some essential ways. Our distinct paths in life, our experiences, and our personal habits and preferences influence our mental and physical health in significant, although sometimes unapparent and even unconscious ways. **We do not have simple identities, but instead, multifaceted personalities with many possible attitudes and responses that often evolve over time depending on our circumstances.** Primary care, like Dr. Blue’s field of psychiatry, is a field for clinicians who care about people, recognizing and respecting their unique qualities, their differences, and their complexity.

Like many healthcare organizations, the Yale Health clinical staff is less diverse than ideal, yet people ask me why diversifying is an important goal. One reason is that a diverse staff helps build cultural competence. **Cultural competence is not a defined state of being, but rather a constantly evolving process requiring conscious effort, an open mind, and a willingness to learn about people from different backgrounds.** Fortunately, we have an extraordinarily diverse patient population at Yale. While it takes time to diversify our staff, we do not need to wait to learn from our members about the behaviors, attitudes, and policies that improve care for patients across diverse cultures.

Dr. Blue believed that observable characteristics such as race, gender or age can be important, but to fully understand the importance of outward appearances, we must learn if and how these characteristics matter to the individual. We often cannot begin to make guesses about a patient’s cultural identity, group identification or goals without taking the time to allow the relationship between the patient and clinician to grow. This relationship is the foundation of patient-centered care, and it is the organizing principle of Yale Health. In that spirit, and in memory of Dr. Howard Blue, I invite you to share your wisdom and experiences to assist us in our journey towards cultural competence and patient centeredness.

Director

Community of Caring

Yale Health, Yale clinicians partner to send medical supplies around the world

TRANSITION, BY DEFINITION, means change. When Yale Health transitioned to Epic as its electronic medical record system in 2014, it needed to change some of its medical equipment for compatibility with the new software. That included swapping out about a dozen electrocardiogram (EKG) machines.

"The machines were practically brand new, but they were no longer compatible with the system we were using," said Nanci Fortgang, RN, MPA, CMPE, associate director of clinical services. "We knew we needed to give them to someone who could use them."

Fortgang put out a call to local clinicians about the available equipment and quickly connected with Dr. Jeremy Schwartz, who works in the Department of Internal Medicine at Yale-New Haven Hospital and as a moonlighter in Yale Health's Acute Care Department. Schwartz is also the co-director of the Uganda Initiative for Integrated Management of Non-Communicable Diseases. He took two of the machines with him to Uganda last year. Fortgang also collaborated with other clinicians throughout Yale to have machines sent to a medical clinic in Ghana and donated to the Yale School of Nursing.

Schwartz gave the EKG machines, which test the heart's electrical activity, to a longtime colleague who runs ACCESS, a community-based organization in the Nakaseke District of Uganda dedicated to working with vulnerable groups in resource-limited settings through medical care, education, and economic empowerment.

The Nakaseke District is a roughly two-hour drive to Kampala, the capital city of Uganda, which houses the Mulago National Referral Hospital. The rural area had no EKG machine and it was a challenge for doctors and patients when it came to assessing heart conditions. The long ride to Kampala was both difficult and costly.

Having local access to this testing is even more critical as Uganda becomes more Westernized and its people deal with many of the same chronic diseases such as diabetes and hypertension as those living in the United States, Schwartz said. "Being sent to the capital city about two hours away just to get an EKG wasn't working," he said. "As health facilities develop their ability to care for patients with chronic conditions, they need tools like this to be successful."

"The machines were practically brand new, but they were no longer compatible with the system we were using. We knew we needed to give them to someone who could use them." — NANCY FORTGANG



A clinician uses an EKG machine donated by Yale Health at ACCESS in the Nakaseke District of Uganda. Photo courtesy of Dr. Jeremy Schwartz.

Fortgang said Yale Health plans to continue donating equipment and medical supplies when it can and both she and Schwartz said they are lucky to be part of a community of clinicians who support each other for a common good.

"I thought it was great how everybody was connected through this effort to do something good," Fortgang said. "We're all Yale employees, but we are all in different areas. We're just all clinical people who were looking to do some good in the world."



All iPhones and iPads have robust and easy-to-use parental restrictions that can be found under Settings/General/Restrictions.

For tweens and teens, key issues include cyberbullying/digital citizenship, the digital footprint, sexting, and safe use of social media. Be aware that federal law requires that children must be at least 14 to have a social media account. Some of the newer social media apps marketed to teens have interfaces that make it very easy to connect with adults for “dating.” Ask your child to show you what they are playing, doing online, and who they are “friending.” If you choose to allow your teen to use social media, make sure you understand how privacy settings work, and guide your child on how to set them up to be as safe as possible. Also, be aware of location service settings, which, when turned on, can allow strangers to see the user’s location. In most cases, it is best to turn the location service function off on apps for this reason.

Discuss media ground rules with your child in advance, and clearly state the consequences for breaking those rules. Be upfront about if and what you plan to monitor, such as texts or web searches. Try to model balanced media use through your own behavior.

For more information and resources, including a personalized Family Media Use Plan and a media use calculator, visit the AAP’s website for parents, healthychildren.org. Additional resources can be found at commonsensemedia.org and zerotothree.org.

Parenting Tips in a Digital World

By Michelle Serlin, MD, Department of Pediatrics

WITH THE ADVENT OF SMARTPHONES, children are exposed to television, video games, and online content more than ever before. Be proactive about setting clear limits on media usage for your child starting at a young age. Try to understand the specific issues around media use in your child’s age group, and discuss these issues proactively with them to better ensure that their media use is safe and balanced. Create tech-free zones, such as at mealtime and at bedtime. Also, consider requiring that all cell phones be charged outside of your child’s bedroom at night. TVs in kids’ bedrooms are discouraged.

In 2016, the American Academy of Pediatrics (AAP) decreased its recommended daily screen time limits, especially for young children. For infants less than 18 months, all screen time is discouraged except for video chatting

with family as children under the age of 2 have limited capacity to learn from screens, and learn best by interacting with people and manipulating objects in their environment. For toddlers between 18 to 24 months, screen time should be used sparingly, and consist of high-quality, age appropriate content. Try to watch and discuss the programming with your child to make the experience more interactive. For children between 2 and 6, the AAP recently decreased its recommended recreational screen time from two hours to one hour per day and co-viewing is encouraged.

Teach school-age children not to reveal any personal information to strangers (i.e. in online gaming), and closely monitor their web searches. For this age group, there are many free, kid-safe web browsers available or you may decide to purchase more comprehensive filters for your computers.

Patient & Family Council Corner

THE PATIENT & FAMILY COUNCIL was formed in December 2015 as a way for Yale Health to engage with its members in support of patient-centered care. Fourteen Yale Health members and four Yale Health leaders make up the council. The council's diversity encompasses race, ethnicity, gender, age, tenure, and job classification, and includes clerical and technical staff, professional staff, faculty, retirees, and spouses of employees.

The council held five meetings during the 2016-2017 academic year. In July, the council's patient partners will be given the opportunity to develop the agenda topics for the upcoming academic year.

Below are the topics the council has discussed to this point:

- ◆ Partnership for Patient-Centered Care
- ◆ Enhancements to MyChart
- ◆ Pharmacy Mail Order
- ◆ Yale Health Midwifery Services
- ◆ Behavioral Health Services (Magellan)
- ◆ Second Opinions
- ◆ Shared Notes
- ◆ Online Scheduling

Opportunities to join the council may be available for the upcoming academic year as patient partner terms periodically rotate. To learn more about the Patient & Family Council, watch a video of patient partners sharing their experience on the council, or submit an application, visit yalehealth.yale.edu/volunteer.

Women's Health and Cancer Rights Act Services

THE WOMEN'S HEALTH and Cancer Rights Act (WHCRA) of 1998 provides benefits for mastectomy related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas.

For more information, visit dol.gov and search "WHCRA" or speak to your primary care clinician.



Receive This Newsletter Electronically

If you would prefer to receive the Yale Health Care Newsletter electronically, please visit yalehealth.yale.edu/e-mail-subscription-service. You can also choose to receive alerts, messages, and updates from Yale Health along with information on a variety of health topics.

Yale Health Earns Reaccreditation from The Joint Commission

THE JOINT COMMISSION accredits and certifies nearly 21,000 healthcare organizations and programs in the United States. Its accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

This past December, three reviewers from The Joint Commission spent three days at the Yale Health Center surveying ambulatory care, Inpatient Care, Acute Care, direct patient care, along with management systems including medication management, and credentialing and privileging practices. The three-year accreditation, which includes recognition as a Primary Care Medical Home, runs through 2019. Yale Health has been continuously accredited by The Joint Commission since 2005. Visit jointcommission.org for more information.

FROM OUR MEMBERS



"The nursing staff was very professional, courteous, pleasant, and attentive. They listened to my needs, quickly went about their work, and treated me with respect."



"I like how the staff asked questions and did not assume anything. I also appreciated that they wanted to get to know me as a person and evaluate me holistically. They went beyond and I am very thankful to be in good hands."

DERMATOLOGY**What Do I Need to Know About Sunscreen?**

H Everyone older than 6 months should wear sunscreen to protect their skin from the sun's UVA and UVB rays. UVA rays are associated with skin aging and wrinkling, and also contribute to skin cancer while UVB rays cause your skin to become red and burned and also play a key role in developing skin cancer. UVA rays are present with equal intensity during all daylight hours throughout the year. UVB rays vary by season, time of day, location to the equator, and altitude. In our part of the country, the UVB intensity is at its highest from 10 am to 4 pm from April to October.

Sunscreens come in a range of types and Sun Protection Factors (SPF). SPF refers to the time it takes for the UVB rays to make your skin red compared to how long it would take without that product. For example, using a sunscreen with an SPF 15 means it would take 15 times longer for your skin to redden in the sun as compared to not using sunscreen. SPF 15 blocks roughly 93 percent of UVB rays, SPF 30 blocks roughly 97 percent, and SPF 50 blocks roughly 98 percent.

You should apply sunscreen about 30 minutes prior to going outside in the sun and reapply every two hours while in the sun and immediately after swimming or excessive sweating. Avoid being in the sun for too

long during peak hours and wear special sun-protective clothing, a broad brimmed hat, UV blocking sunglasses, and a broad spectrum sunscreen with at least SPF 30.

*Andrea Jacobs-Stannard, PA-C
Dermatology*

INTERNAL MEDICINE**What Are the Warning Signs of a Stroke?**

H A stroke occurs when blood flow is cut off to some part of the brain, depriving the brain cells in that area of oxygen and causing them to die. Symptoms depend on the part of the brain affected.

Strokes typically occur very suddenly and key signs include slurred speech and changes in the face such as one side drooping or looking different than the other. This type of weakness can progress to other parts of the body such as an arm or leg and typically occurs on only one side.

If you are concerned that someone may be having a stroke, you can remember the word FAST (Face, Arms, Speech, Time) to help identify symptoms and get help. Ask the person to smile to see if their mouth is drooping on one side and have them raise their arms out in front of them to check if one arm is drooping. Ask them to speak your name and listen for any slurred speech or if they are having trouble remembering your name. If you notice any of these signs, call 911 immediately. Time is critical because

every minute that passes means blood is being lost to a certain part of the brain so it is very important to recognize the signs of a stroke early and to act quickly.

*Margot Ebling, PA-C
Internal Medicine*

**Making the Rounds**

**HEALTH AND WELLNESS INFORMATION
FROM YALE HEALTH STAFF**

RADIOLOGY**What Are the Different Types of Radiological Exams?**

H The Diagnostic Imaging Department has the equipment to perform x-ray, ultrasound, CT scan, MRI, and fluoroscopy, which is similar to an x-ray in that it uses real-time imaging to see motion and function. An ultrasound uses sound waves to generate imaging while an MRI uses the magnetic properties of different cells.

X-rays work well at looking for issues such as fractures or pneumonia while ultrasounds are better at detecting things like gall stones. CT scans are great with cross-sectional images, meaning they can "slice" through the body to generate pictures of different organs significantly better than x-rays. MRIs have the best resolution on soft tissue images and are often used when looking for brain abnormalities or tumors.

Some preparation may be needed before imaging depending on the type of test being performed. For example, with an ultrasound, you may be asked to come to your appointment with a full bladder because the urine in the bladder helps to see certain structures deeper in the pelvis. Depending on the situation, you may also be given contrast, a material injected into your veins, which helps brighten certain structures in your body to more easily identify inflammation or tumor cells.

Some of these imaging tests use radiation, but most of the levels are about the same as the background radiation that is present in your everyday life. Radiologists make suggestions on which type of test can be used to achieve

the necessary result at the lowest possible radiation level.

*Robert David Messina, MD
Chief, Diagnostic Imaging*



 For more on these topics, listen to the complete healthcasts on yalehealth.yale.edu/healthcasts.

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KEEP IN MIND

Pharmacy Summer Hours

Tuesday, May 30th through Saturday, September 2nd.

Monday – Friday 8:00 am–6:00 pm
Saturday 8:30 am–2:30 pm

Yale Health, Retirement, and Medicare

Yale Health provides information sessions for patients who are soon to retire and those recently retired and who are Medicare eligible to help you learn about what it means to transition from an active Yale Health member to Medicare patient.

You can register for a Yale Health Retiree Medicare Information Session by visiting yalehealth.yale.edu/attend-classes-and-events (registration is required).

The next sessions will be held **Thursday, June 29th** and **Thursday, September 28th** from 4:00–5:30 pm in the Moreson H. Kaplan Conference Center on the first floor of the Yale Health Center, 55 Lock Street.

Parking is available in the Lock Street garage next to Yale Health Center and light refreshments will be served. If you need assistance registering or have questions, please email member.services@yale.edu or call 203-432-4945.

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