

yale health care

NEWS FROM YALE HEALTH PLAN

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On balance, our systems work together

Duarte Machado, MD, YHP neurologist

Have you ever felt unsteady, woozy, or like you are moving, spinning, or floating? Or have you experienced motion sickness when sailing on a boat, riding a merry-go-round, or reading while riding in a car? These uncomfortable sensations result from a disturbance of balance, which is one of the six physiological senses along with vision, hearing, smell, taste and touch.

Two primary types of balance are essential to our everyday lives. Static balance is the ability to maintain a position without moving. It allows you to balance on one foot while you pull on your pants, to stand still upright for prolonged periods of time, or to reach away from your



Duarte Machado

body in any direction without falling. Moving balance is the ability to maintain balanced posture while moving, and maintain an upright position and not fall over while walking or while climbing curbs, stairs, or ladders.

Many systems involved

What we call “balance” is the result of a number of body systems working together. The ears and related (vestibular) system, the eyes and visual system, the brain, and the body’s sense of where it is in space (called “proprioception”)—all need to be intact in order to achieve optimal balance. An organ in the inner ear called the labyrinth is an important part of balance; it contains semicircular canals that let us know when we are in motion. The canals are fluid-filled, and movement of this fluid signals the brain about the direction and speed of rotation of the head. The vestibular system works with the visual system to keep objects in focus when the head is

moving, as when we nod our heads up and down or look from right to left. The importance of visual input is illustrated by the fact that standing on one foot is more difficult with eyes closed than with eyes open. Joint and muscle receptors also are important in maintaining balance.

The brain keeps it together

The brain receives, interprets, and processes the information from all these systems. Specifically, the cerebellum is a region at the back of the brain that integrates coordination and motor control by receiving information from muscle tendons and the vestibular system. Using this information, the cerebellum, working together with a structure situated at the base of the forebrain called the basal ganglia, fine tunes the orders sent to muscles from the motor cortex of the frontal lobe of the brain. The result is smoothly coordinated movements and balance.

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Meet the Member Advisory Committee



The Member Advisory Committee to YHP meets monthly to bring member concerns and suggestions to senior YHP leadership. Contact information for the Member Advisory Committee can be found on our web site, www.yale.edu/yhp on the **Contact Us** page.

back row (l-r): Eddie Streater (Local 35); Pamela O’Donnell (Local 34); Emily Stoops (Graduate & Professional Student Senate); Aaron Judah (Graduate Student Assembly); Margaret Hionis (patient/Medicare representative); K. David Jackson (Yale College faculty); Katie Kelly (manager, Member Services).

front row (l-r): Felicia Tencza (Yale University Women’s Organization); Jeffrey Douma (graduate and professional school faculty); Judy Madeux (deputy director, YUHS); Raymond E. Novak, committee chair (retiree); John Bennett (library staff).

Missing from photo: Oluwatoyin Akintujoye ’12 (Yale College Council); Linna Duan ’12 (Yale College Council); Dianne Witte (management & professional employees); Paul Genecin, MD (director, YUHS); Michael Rigsby, MD (medical director, YUHS).



BALANCE

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Balance disorders can thus be due to problems in any of three areas: (1) a disturbance in the labyrinth (peripheral vestibular disorder); (2) a problem in the brain or its connecting nerves (central disorder); or (3) a problem of the body other than the head and brain (systemic disorder).

When balance goes wrong

There are many types of peripheral vestibular disorders, the most common being positional vertigo and Ménière's disease. Benign paroxysmal positional vertigo (BPPV) is a brief, intense sensation of vertigo (dizziness) that occurs because of a specific change of head position, as when rolling over upon getting out of bed. Ménière's disease is an inner ear fluid balance disorder that causes episodes of vertigo, fluctuating hearing loss, ringing in the ears, and the sensation of fullness in the ear. Labyrinthitis is an infection or inflammation of the inner ear. Vestibular neuronitis is a viral infection of the vestibular nerve. A perilymph fistula is a leakage of inner ear fluid to the middle ear that can occur after head injury.

Individuals with brain disorders such as stroke or multiple sclerosis may also experience loss of balance depending on the brain region affected. Those with neurodegenerative disorders such as Parkinson's disease often experience impaired balance and coordination due to problems in the basal ganglia. Systemic disorders such as diabetes may cause injuries of the visual system or peripheral nerves. Disorders of the skeletal system, such as arthritis, may cause balance difficulties. Alcohol may also change the balance system and result in balance problems. Impaired balance can also be a side effect of some medications.

Treatment options for balance disorders vary, depending on the underlying cause. Treatment of any disease or disorder that may be contributing to a balance problem, such as ear infection, stroke, or multiple sclerosis, is based upon symptoms, medical history, examination by a clinician, and test results. For example, Ménière's disease may be helped by dietary changes such as reducing intake of sodium, alcohol, and caffeine. Another treatment option includes balance-retraining exercises known as vestibular rehabilitation. The exercises, specific to each patient, are administered by physical therapists. Some balance problems are treatable with specific over-the-counter medications.

Staying balanced as we age

As with the other senses, balance may deteriorate as we age. Falls and fall-related injuries, such as hip fractures, can have a serious impact on an older person's life. However, since good balance depends on many factors, there are many alternatives to try to improve your balance. For example, regular hearing exams may detect inner ear disorders that may be treatable; a thorough review of medications and ailments can reduce the likelihood of side effects that affect balance.

You can improve your overall health and fitness, and specifically balance, by participating in low-impact activities such as aerobics, yoga, tai chi, Pilates, or water aerobics. Other more active sports such as tennis, biking, walking, weight training, or bowling can also improve balance by strengthening muscles and joints and improving posture. Knowing how balance works, and how to maintain and improve it, can lead to improved coordination, smoother movement, and less risk of injuries and falls at any age.

in touch

IMPORTANT TELEPHONE NUMBERS

Urgent Care	203-432-0123 <i>Open 24 hrs/day, seven days per week</i>
Toll free out of area	1-877-YHP-care
General information	203-432-0246
Pharmacy	203-432-0033
Patient Representative	203-432-8134
Outpatient referrals	203-432-7397
Claims	203-432-0250
Inpatient Care Facility	203-432-0001

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from the desk of

PAUL GENECIN, MD

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

...YHP is making substantial changes to our mental health benefit for Yale faculty, staff and dependents.

For people with major mental health conditions involving mood and thought disorders, anxiety, and substance use disorders, the outlook has improved considerably. More of these conditions are recognized as having biological bases involving problems with brain chemistry. Compared with the relatively limited number of treatments available in the past, we now have many effective modalities including medications and non-drug therapies to help patients who suffer from chronic mental health problems.

To meet our patients' clinical needs, YHP is making substantial changes to our mental health coverage for Yale faculty, staff and dependents, effective January 1, 2010. As with other YHP benefits, this new YHP behavioral health coverage does not have pre-determined limits on the number of visits or limits on financial coverage for approved, medically necessary treatment. Because we recognize that major mental health problems may be chronic or relapsing, there are no lifetime limits on care for mental health conditions and substance abuse disorders.

This new YHP mental health and substance abuse benefit will be an important enhancement for many of our members.

YHP is partnering with Magellan Health Services, a national leader in caring for mental health and substance abuse problems. Magellan is assisting us in developing a custom local network of carefully-selected mental health professionals, including psychiatrists, psychologists, clinical social workers, and advanced practice nurses. Magellan will also work with YHP as we make decisions in coming years about what services we might be able to offer on site. We are already recruiting a physician chief for the new YHP Department of Behavioral Health for Faculty and Staff, as well as a second clinician to help facilitate access to care, coordinate care with primary care departments, act as a liaison to our local provider network, and provide immediate clinical consultation for acute clinical problems.

In addition to the changes in Yale Health Plan's behavioral health benefit, the University will offer an enhanced counseling service to all Yale employees.

Yale Counseling and Support Services will replace the current Employee Assistance Program and will offer a variety of free services.

YHP members will have easy access to advice and referrals through Magellan's toll free telephone center (800-327-9240), which is staffed round-the-clock by trained mental health clinicians. These clinicians will help callers to find the most appropriate type and level of care within the behavioral health network or Counseling and Support Services. They will make referrals to specific providers based on the caller's needs and will authorize an appropriate number of initial visits for the behavioral health benefit.

Medical necessity and treatment effectiveness will guide us in managing this new benefit. At the same time, many problems that do not rise to the level of medical necessity can also be addressed through Counseling and Support Services. As with all YHP services, I welcome your suggestions and feedback as we embark on this significant new program to improve care and service for the Yale community.



Chamber of Commerce recognizes YUHS

In September, the Greater New Haven Chamber of Commerce honored YUHS with its 2009 Award of Distinction for Workplace Wellness, citing YUHS programs that promote the health of the campus community. These include:

- Wellness and health fairs and events, women's health programming, and the flu shot program that provides 13,000 vaccines annually to the Yale community.
- The Yale Walking Works program, facilitating over 30 walking groups and more than 100 participants throughout the Yale campus.

- Targeted health reminders for services, such as women's health screenings, colonoscopy screening, and lab tests for those with diabetes.
- Comprehensive chronic disease education for patients with diabetes and pediatric asthma.

Ann Marie Cirkot, BSN, RN, health educator in the Office of Health Promotion and Darlene Ashford, MPH, manager of Population Health Management, accepted the award at the Chamber's annual regional health care breakfast. Missing from the photo: Ellen Jenkin-Cappiello, RN, MPH, CHES, also of the Office of Health Promotion.



MAKING THE ROUNDS

HEALTH AND WELLNESS INFORMATION FROM YHP'S CLINICAL STAFF

Can I get enough vitamin D from the sun if I am outside a lot in the winter, or should I consider taking a supplement?

No, you cannot get enough vitamin D from sun exposure in the winter months. In fact, you cannot count on getting enough during the summer months either because of variables including skin color, sun strength, and use of sun block (which is recommended). You can ensure obtaining the right amount of vitamin D (600-1000 IU for most adults) by taking a supplement. In addition, several foods are fortified with vitamin D; these include milk, yogurt, orange juice, and some bread products. You can determine the exact amount by checking the food label. We have known for a long time that vitamin D plays an important role in bone health. More recently, low levels of vitamin D have been linked to several other health concerns (e.g., cancer risk, diabetes risk, fibromyalgia, chronic fatigue, and more).



Understanding how vitamin D affects health and the amount needed for optimal health is an area of great interest and ongoing study. Meanwhile, use wise food choices and supplementation to achieve adequate vitamin D intake.

Ivy M. Alexander, PhD, APRN, ANP-BC / Internal Medicine

Do I have to keep taking my blood pressure medicine after my pressure becomes normal?

Yes! For the majority of patients (probably 95 %) elevated blood pressure (hypertension) is a treatable, but not curable illness. In a small proportion of patients a specific medical disorder or a structural abnormality can be identified and corrected; blood pressure would then return to normal levels. However, the majority of patients with hypertension do not have one of those specific identifiable causes for the elevated blood pressure. They have what is termed "essential hypertension." This condition usually runs in families and starts to develop after age 20, becoming more severe with aging. Something goes awry with the body's blood pressure set point, causing the blood pressure to rise. Untreated, elevated blood pressure causes narrowing of the arteries and damages the inside lining. The result is decreased blood flow and oxygen delivery and a greater tendency to form clots in the blood vessels. The brain, heart and kidneys will be injured over time if the pressure is not brought back down and maintained at a normal level. Several very effective medications can control elevated blood pressure, but if they are stopped, the pressure will go right back to the level present before the medicines were



started. An analogy would be to think of looking at a car's speedometer and adjusting foot pressure on the gas pedal to get to the proper speed. If you stop pushing on the accelerator the car will not keep going at the same speed. Stop medication, and the pressure will go back up.

Daniel Geisser, MD / Internal Medicine

Oops. I forgot a dose of my medication. What should I do?

Under most circumstances, if you miss a dose of your medication, you should take it as soon as possible. You should then adjust the timing of your next dose (e.g. if you are an hour late taking the medication, then move the next dose up an hour). If you don't remember until close to when your next dose is due, never double up on a medication; just continue with your regular dose. If you



miss a dose of an oral contraceptive (birth control pill), check the patient information pamphlet that comes with the pill pack, since different oral contraceptives have different guidelines. If you have any questions about missing a dose of medication call the Pharmacy at 203-432-0033 and ask to speak to a pharmacist.

Martha Asarisi, RPh / Pharmacy

Do children ever outgrow asthma?

Asthma is the most common chronic disease of childhood, affecting more than 6 million children in the U.S. Wheezing is quite common before six years old, typically occurring with colds, but asthma symptoms in these young children usually improve or resolve in a few years. A small subgroup of these children will go on to develop persistent asthma; this progression is more likely in those with eczema, severe symptoms, and/or a parental history of asthma (especially maternal). Maternal smoking may also contribute to asthma. Asthma in adolescents is associated with a high rate of continuation of symptoms into adulthood, though it is unusual for those symptoms to get worse over time.

The following are some statistics from recent studies:

- 60 percent of children with wheezing in the first three years of life had no wheezing at six years of age.
- 86 percent of children with few symptoms at seven years of age continued to have little or no asthma in adulthood.
- 71 percent of children with frequent wheezing at seven years still suffered from recurrent bouts of asthma as adults.



Taken together, these studies indicate that the pattern of asthma during childhood appears to predict the progression of the disease into adulthood.

Douglas Idelson, MD / Chief, Pediatrics

To submit your questions to Making the Rounds e-mail member.services@yale.edu



Southeast corner of 55 Lock Street



Scantlebury Park

MSME

Phil Handler at Fly On the Wall

Countdown to summer 2010: a look behind the scenes as 55 Lock Street takes shape

Our new neighbors

When YUHS begins operations in our new facility this summer, we will move into a neighborhood where revitalization is in full swing.

The Rose Center building on Ashmun Street houses both the Yale Police Department and Yale-Dixwell Community Center. The community center has been used jointly by the University and the community for a wide range of activities—including meetings of block watch groups, youth computer classes, adult literacy programs, science classes and demonstrations, movie nights, theater workshops and performances, income tax and financial literacy assistance, and gatherings of local organizations. The Yale Police Department has forged a productive relationship with the surrounding Dixwell community.

Another neighbor will be Yale Security's central monitoring station, located in the parking garage adjacent to our building. Security will operate out of this station on a 24/7 basis; all administration and coordination of University security systems will originate on this site. To our immediate north, at Bristol and Ashmun Streets, you will find Scantlebury Park, a multi-acre area with swings, basketball courts and walking paths.

Finally, when the two new residential colleges are constructed several years from now, they will occupy space to the east of our building.

Our new home is green

Our upcoming move reflects more than just a need to expand, but also an evolution of health services at Yale University. The need to expand our physical space presented us with an extraordinary opportunity to “go green” and implement sustainable, evidence-based design in the new building, in accordance with Yale's commitment to “respond to the energy challenge (resulting in) a reduction in greenhouse gas emissions by 10% below our 1990 levels by the year 2020” (President Richard Levin). This facility is seeking USGBC LEED (U.S. Green Building Council Leadership in Energy and Environmental Design) Silver certification and is registered as a Green Guide for Health Care (GGHC) project.

What does being “green” mean? “Green” or “sustainable” buildings make more efficient use of resources like energy, water, and land in their construction and daily operations. While many innovations are behind the scenes, being green also means qualities that can be seen daily, such as extensive use of natural light. Sustainable design will shrink the YUHS ecological footprint,

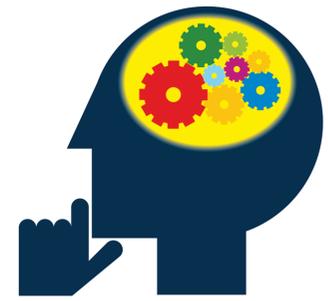
significantly boost energy efficiency, and increase employee comfort and productivity.

Having a green health care facility also improves the well-being of the members who walk through our doors every day. Evidence shows that designing with both nature and human need in mind creates a holistic healing environment. For example, use of low-VOC (volatile organic compounds) adhesives, sealants, paints, carpeting, and composite woods supports a nontoxic environment; low-VOC substances do not release significant pollutants and are virtually odor-free. Offering natural light and scenic views serves subtly to connect patients with the environment, reducing the stress often linked with the typical feel of a healthcare institution.

The new building is an embodiment of Yale University Health Service's mission to provide quality, comprehensive health care. Even with all the upgrades and innovations, YUHS will still be host to the same knowledgeable and compassionate staff, but now with an array of “green” pluses, more sunlight, and an extra 48,000 square feet!

5

Important change to Yale Health Plan's Mental Health/Behavioral Health Benefit



Our new benefit, which goes into effect January 1, 2010, offers treatment for covered mental health conditions through a local network of mental health professionals designed for Yale Health Plan in partnership with Magellan Health Services, a nationwide leader in mental health care. Pre-authorized care from a network provider will now be covered at 100%.

OLD BENEFIT	NEW BENEFIT
<ul style="list-style-type: none"> ▪ \$100 annual deductible ▪ \$60 reimbursement per visit (member pays out-of-pocket anything over \$60) ▪ Limited to 30 visits per year ▪ Lifetime maximum 150 visits 	<ul style="list-style-type: none"> ▪ No deductibles and no co-pays ▪ No annual or lifetime maximums ▪ Prior authorization required ▪ Local network of providers ▪ Access through Magellan Health Services, a nationwide leader in mental health care

YHP members will have easy access to advice and referrals through Magellan's toll free telephone center (800-327-9240 or TDD 800-456-4006), which is staffed around-the-clock by trained mental health clinicians. These clinicians will help you find the most appropriate type and level of care within our mental health/behavioral health network.

Current users of our mental health benefit will have the option of transitioning gradually from their current provider and the existing benefit, or immediately switching to the new benefit on January 1. Details of the transition plan can be found on our website, www.yale.edu/yhp/news/transition_plan.

Who is Magellan?

Magellan is the industry leader in managed mental health care programs and services. We have chosen Magellan because of their strong commitment to improving the quality of life and well being for our members. Magellan's approach revolves around a clinical philosophy of providing timely access to high-quality, clinically appropriate mental health care services.

Visit www.magellanhealth.com for more information.

Who are the network providers?

We have designed a local network of mental health professionals in partnership with Magellan Health Services to meet our members' needs. Our network includes psychiatrists, clinical psychologists, clinical social workers, psychiatric clinical nurse specialists, alcohol/drug counselors, hospitals and treatment facilities.

Is there a cost for using the mental health/behavioral health benefit?

There is no cost for pre-authorized treatment by a network provider. However, it is important to remember that (except in an emergency) there will no longer be any reimbursement for unauthorized care, care that is not considered medically necessary or care provided by an out-of-network mental health professional.

Prior authorization—what is it and how do I get it?

All levels of care require prior authorization. By obtaining prior authorization, Magellan can ensure the appropriateness of your care, and refer you to a participating provider so that you do not have any out-of-pocket expenses. Beginning January 1, 2010, you will need to obtain prior authorization of all mental health services by contacting Magellan at 800-327-9240, TDD 800-456-4006.

How do I access services?

You can simply call Magellan at 800-327-9240, TDD 800-456-4006 24 hours a day, seven days a week.

Does my primary care clinician need to refer me to a mental health provider?

No. You can call Magellan directly at 800-327-9240, TDD 800-456-4006 to access mental health services.

Complete details about the new benefit, information about Magellan Health Services and a list of frequently asked questions can be found at www.yale.edu/yhp/news/behavioral_health.

Magellan is available to answer your questions by phone at 800-327-9240, TDD 800-456-4006. If you have any questions about Yale Health Plan benefits please contact Member Services, 203-432-0246, or email us at member.services@yale.edu.

NO SHOW? LET US KNOW

Please let us know as early as possible if you don't plan to keep an appointment. When our patients don't keep appointments or cancel late for routine appointments, the slot held for that person usually cannot be filled on such short notice. When that person reschedules, another slot is taken. The result: one appointment takes "double time" and thus fewer appointments are available.

The solution is simple: Call to cancel as soon as you know you can't make your appointment. Yale Health Online users can send us a message, including letting us know if a new appointment is needed. You can also let us know if we should contact you for a new appointment.

Remember: If you cancel in advance we will have more slots available for your colleagues, friends and family members—and for you!—and shorter appointment waiting times for all.

Employees honored

Each year we honor staff members, both clinical and administrative, whose service exemplifies our mission of providing the highest quality, patient-focused care.



Back row (l-r) Lin Lee, Steve Simoes, Darlene Jones, Hema Bakthavatchalam, Gen Kaminskas

Front row (l-r) JoAnne Burger, Jay Scott, Barbara Gulanski, Craig Bartimole, Jim Zarro
Missing: Susan Langerman

Employee of the Year

Stephen Simoes, C&IS support specialist

Stephen Simoes, who came to YHP in the summer of 2005, “wants to make every computer work perfectly,” and focuses constantly on making sure everyone has a computer that meets their needs. He has created new infrastructure that will save the health plan tens of thousands of dollars for years to come. An “excellent team player,” he always has a positive attitude, which is evidenced in the productivity and mutual respect seen in the programming team.

Clinician of the Year

Susan Langerman, APRN

Before she joined Internal Medicine in July, 2006, Susan Langerman was a family nurse practitioner, and an intensive care nurse. Formerly a faculty member at Yale School of Nursing, she is a certified diabetes educator who helps with the diabetes classes here and at the School of Nursing. Described by her colleagues as someone with “a great sense of humor,” she is also “thorough and personable and loved by her patients,” many of whom have very complex medical issues. An “excellent teacher who is always glad to share her knowledge,” she reaches out easily to colleagues and staff.

Physician of the Year

JoAnne Burger, MD

A pediatrician at YHP since 1993, JoAnne Burger completed a developmental and behavioral fellowship after her residency and thus brings a unique perspective to the department and the care of children with developmental issues. “Always available for follow-up,” she is a dedicated advocate for her patients, who “gives a thousand percent of herself,” and makes the time to sit down with children and their families. She is “caring, loving and giving” to her colleagues as well, and is “well-respected in the medical community as an authority in her field.”

Consultant of the Year

Barbara Gulanski, MD

“A versatile endocrinologist with an impressive record of research in diabetes, metabolic bone disease, reproductive endocrinology, and the impact of various hormones on cardiovascular and other medical conditions,” Barbara Gulanski joined YHP in July, 2007. To her patients and colleagues, she is “a valued source of information, a sensitive and compassionate care provider and a consummate professional.” A physician colleague noted: “When I send a patient to her, I know that no stone will be left unturned. She makes sure that each patient gets what he or she needs, and patients come back to me with a real understanding of their own health issues.”

Director’s Award

Genovaitė Kaminskas, clinical assistant 3, Ophthalmology

Gen Kaminskas has been, since November, 1997, “a solid team player” in the Department of Ophthalmology, where she “is able to visualize the whole picture in any situation, and make decisions for the best workflow.” Described as, “quiet, gentle and very knowledgeable,” she can keep her composure in any situation—no matter how busy the department becomes. Her co-workers are also grateful for her ability to “throw in a comment to make us all laugh—often needed and greatly appreciated!”

Director’s Award

Craig Bartimole, computer operator, Billing

Since July, 2002, Craig Bartimole “has worked hard to adapt to the changing technology and leadership transitions, making many good suggestions for improvement in workflow.” In his role in the Billing Department, he has been devoted to “helping YHP achieve our goals of service excellence, quality and value.”

Director’s Award

Darlene Jones, financial analyst, Finance

Since she joined YHP in May, 2008, Darlene Jones “has become a lead analyst for coworkers and department managers to seek guidance with respect to University Policies and procedures.” Coming to YHP with ten years of University experience, “she is extremely reliable and always available to share her in-depth financial knowledge with all.” She has made significant improvements in the monthly postings of transactions which has streamlined the workflow in the Finance Department, and “is always seeking ways to improve on financial reporting.”

Director’s Award

YHP programming team

Hema Bakthavatchalam, Lin Lee, Jay Scott and Jim Zarro are professional, knowledgeable, and approachable. “Dedicated to the YHP mission, they are always available to assist non-technical staff in understanding programs, obstacles, improvements—anything our clinical and support staff need to carry on their work.” YHP now has unprecedented access to data and information from our systems. Behind the scenes is a small group of people, each of whom sleeps with one eye open, processes every enhancement request with the care of a parent nurturing a child, and constantly endeavors to make our systems ever better. “We all depend on the programming team to keep us running, upgraded, and continually improving our services.”

Call First

If you’re like most of us, a medical concern for you or your family means that you want answers quickly. If you need care, you’d rather avoid a long wait in a waiting room, and you’d prefer something that fits your schedule. And you’d like the medical provider to be the right person for the job. Walking in is tempting, but isn’t always your best option.

Give us the chance to give you the care you need—call first.

Our trained triage nurses will assess your concerns and give you an appointment—today if that’s what you need, tomorrow with your own clinician if that’s what you prefer.

FOR ADULTS

Internal Medicine:

call 203-432-0038 and press 5.

Ob/Gyn:

call 203-432-0222 and press 3.

FOR CHILDREN

call 203-432-0206 and press 5.



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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.



Women's health screening guidelines

Screenings are an important part of maintaining health. Screening tests can find health conditions early, when they are easier to treat. YHP recommends several health screenings for women:

Breast cancer screening*

- Women 40–49 should have a screening mammogram every one to two years, and
- Women 50 and older should have a mammogram yearly.

Cervical cancer screening

- Beginning at age 21 or three years after becoming sexually active, women should have Pap smears annually.
- Women 30–65 should have a Pap smear every 2-3 years if previous Paps have been normal. If there have been abnormal Paps, more frequent screenings might be recommended.

Bone density testing

- Women 65 and older should be screened for osteoporosis. Those at increased risk for fractures should be screened earlier.

Cardiovascular health

- **Blood pressure.** Checked every two years or at every clinical visit.
- **Cholesterol.** Women 45 years and older should have a fasting lipid profile once every five years or sooner if at high risk for cardiac conditions.
- **Fasting blood sugar.** Those 45 and older should have diabetes screening every three years or sooner if at high risk for diabetes or cardiac conditions.

Colorectal cancer

- Those 50 to 75 should be screened for colorectal cancer with colonoscopy every 10 years or sooner if at high risk.

Sexual health

- Sexually active women ages 25 years and younger should be screened for Chlamydia annually.
- Women 25 years and older should be screened for Chlamydia based on risk.
- Discuss with your clinician whether you should be tested for other sexually transmitted infections.

Those with certain high risk conditions may require more frequent testing than noted above.

*The U.S. Preventive Services Task Force has recently updated recommendations for breast cancer screening. We will be following the debate regarding these recommendations, and will evaluate our guidelines as expert opinion and consensus evolve.

WOMEN'S HEALTH SCREENING MEASURES	YHP 2007	YHP 2008	NATIONAL AVERAGE**
Mammography screening Percent of women ages 40 and older obtaining a mammogram.	74%	75%	70%
Cervical cancer screening Percent of women 21–64 years who had a Pap smear.	81%	84%	81%
Chlamydia screening Percent of woman 24 and younger with annual Chlamydia screening.	66%	71%	42%

** Source: NCQA Quality Compass 2009.

YHP exceeds national averages in preventive health screenings

At YHP, we have long made quality a high priority. YHP has a number of preventive health reminder programs, including reminders for mammography, Pap tests, and colonoscopies. Patient reminders are made in a variety of ways, including automated phone calls, letters and postcards.