

# YALE HEALTH CARE

news from Yale Health  
winter 2013

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**DRY SKIN TREATMENT**

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*Members of the Connecticut and New Hampshire-1 Disaster Medical Assistance Teams work together to provide care at Lehman College in the Bronx following Hurricane Sandy. Photo courtesy of Joshua Frances.*

## After the Storm

**Dermatologist lends a helping hand following Hurricane Sandy**

**SAMANTHA WENNERBERG, PA-C, DERMATOLOGY,** got the call just as Hurricane Sandy was putting its finishing touches of devastation on the Northeast.

On Tuesday, October 30th, Wennerberg took a shuttle from Hartford to the Bronx with the Connecticut Disaster Medical Assistance Team to help those in need of assistance following the storm.

**STORM** CONTINUED ON THE NEXT PAGE

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Wennerberg joined the team, which is part of the National Disaster Medical System and reports to the U.S. Department of Health and Human Services, in 2008. While they hold monthly meetings and conference calls for training, this was the first time she was activated.

“I thought it was a very unique opportunity to use my education to help out,” she said of why she chose to join the team, which could be sent anywhere in the country for events such as hurricanes, earthquakes or riots.

The team, along with members from the New Hampshire team, arrived at Lehman College around midnight on Wednesday, October 31st and spent the entire day setting up an outdoor field hospital and temporary shelter in the gymnasium.

The setup included oxygen, equipment for monitoring vital signs, and a makeshift pharmacy.



*Samantha  
Wennerberg, PA-C*

The clinical volunteers then spent 12-hour shifts taking care of patients from a nursing home in Rockaway, N.Y. that was evacuated.

“They were very upset,” Wennerberg said. “They were crying and worried about their animals and all of their

things. They were worried about where they would go and that they wouldn’t have a place to live anymore.”

Wennerberg tended to patients from 7 pm to 7 am for two nights. During the day, she slept on a cot in the school’s racquetball court.

“I definitely learned a lot,” she said. “It just made me grateful for everything I have and for my health and for all the people that are in my life.”

She was deactivated and returned to Connecticut on Saturday, November 3rd because she needed to survey the damage to her rental home in Fairfield, which was flooded with four feet of water on the first floor.

**“They were worried about where they would go and that they wouldn’t have a place to live anymore.”**

*Samantha Wennerberg, PA-C*

Wennerberg said she would welcome the opportunity to help again if called upon, but said she would prepare differently now that she has some experience.

“It was not what I expected at all,” she said. “Having to set up a field hospital is not something I’ve ever really seen in action. We were working with limited resources and I was working with a different patient population than I’m used to.”

And while providing medical attention was the top priority during her time in the Bronx, Wennerberg said providing emotional support was equally as important.

“I just tried to console people a little,” she said. “At the shelter, the lights were always on and it was a little noisy so people had a hard time sleeping. I tried to go around and just talk to people. They were so happy just to have someone there for them.”



*Cris Donovan, RN*

## Briefs



### Pediatric Nurse Earns International Lactation Certification

Cris Donovan, RN, recently became an International Board Certified Lactation Consultant (IBCLC).

The certification requirements include prerequisite education in the health sciences, clinical experience in providing care to breastfeeding families, education in human lactation and breastfeeding, and passing a professionally developed certification exam, which is only administered once per year.

IBCLCs have specialized skills including working with mothers to prevent and solve breastfeeding problems, collaborating with other members of the healthcare team to provide comprehensive care, and encouraging a social environment that supports breastfeeding families.

Prior to her arrival in the Yale Health Pediatrics Department five years ago, Donovan worked in the postpartum unit of Yale-New Haven Hospital for 17 years.

She was already a Certified Lactation Counselor, but recently decided it was time to earn the international certification.

“I felt that I already had a good knowledge base, but wanted to further expand my ability to give optimal care to breastfeeding mothers and their babies,” she said.



We have increased the size of our clinical staff and are devising new and innovative ways to serve our patients...

#### FROM THE DESK OF PAUL GENECCIN, MD

Now in my 16th year as Director of Yale Health, I realize that there have never been as many important changes in our healthcare environment as we see today. At the national and local level, and within our own university, there are many balls in the air.

**The Affordable Care Act (ACA), commonly called “Obamacare,” will affect the health care of millions of Americans and the regulatory requirements that govern every health plan.** Although the national implications of the ACA are far-reaching, Yale Health’s care delivery system and our rich scope of benefits already align well with its requirements. The foundational elements of the ACA have been in place at Yale Health for decades. We have never had exclusions for pre-existing conditions, and our coverage far exceeds the minimum standards required by the bill.

Closer to home, the Yale School of Medicine (YSM) Cancer Center has moved into the state-of-the-art Smilow Cancer Hospital at Yale-New Haven. The YSM cancer program has grown quickly, and the biggest community oncology practices have become part of this exciting enterprise. We are working closely with our partners within YSM and at Smilow to redefine cancer care so that Yale Health members have all the benefits of this remarkable clinical resource.

Another important local development is Yale-New Haven Hospital’s acquisition of the former Hospital of Saint Raphael. **We now have two Yale-New Haven Hospital campuses, one on York Street, where we have always admitted our patients, and the other on Chapel Street.** This is a change with important implications for our clinical consultants at Yale School of Medicine and for the entire local healthcare community. We don’t yet fully know how the missions and services will differ between those two campuses, but for now Yale Health patients will continue to receive hospital care at the familiar York Street location. I know that we will be part of an exciting evolutionary process as changes from this merger come into sharper focus.

We are hard at work on the mission to transform our service culture, and I’m proud to report that our members are giving us great feedback on improvements in telephone access. The phone project and many others in the arena of patient experience reflect the results of a strong partnership with Yale’s labor unions, with whom we are engaged in important collaborative work. The opportunity to work closely and productively with our unions is a change of the very best sort and is extremely important in light of our rapid growth. **Our enrollment has grown more than 17 percent since 2009, and we moved to our beautiful new facility at 55 Lock Street just in time to accommodate the needs of this growing population.** We have increased the size of our clinical staff and are devising new and innovative ways to serve our patients so that our capacity keeps pace with this growth in membership.

As I survey the challenges that result from the turbulent healthcare environment, I take great pride in the dedication of our outstanding staff and the confidence that our members have placed in us. I feel fortunate that we can work together to turn challenges into opportunities and to serve the mission of this great university in innovative ways.

A handwritten signature in black ink that reads "Paul Geneccin". The signature is written in a cursive, flowing style.

# New Guidelines Emerge for Women's Health

**WHEN IT COMES TO PREVENTIVE SCREENINGS** for women's health, new studies have shown that less may actually be more.

Previous guidelines recommended that women begin having Pap smear tests when they become sexually active and continue them annually throughout their lifetime.

Dr. David Roth, chief of Obstetrics and Gynecology, said research has shown those frequent screenings may have been causing unnecessary anxiety and testing.

The Pap smear is a screening test that looks for changes in the cells of the cervix that might indicate pre-cancer or cancer, as well as evidence of Human papillomavirus (HPV), the virus that causes these conditions.

However, these early cell changes are transient for about 90 percent of women, which means they will come and go and never cause a problem.

"When we were screening more frequently, we were finding a lot of these abnormalities and, since we can't tell which ones would go away on their own, we were causing a lot of anxiety

and we were doing biopsies and procedures that may not have been necessary," Roth said. "Instead, we want to be focusing on cell changes that persist over time."

The recently updated guidelines recommend women begin having Pap smears at age 21, and then every three years from ages 21–30.

For women ages 30–65, it is recommended to have the test every 3–5 years. These women can choose to have a traditional Pap smear every three years or have a Pap smear with a test for high-risk HPV, which shows if one of the types of HPV associated with cervical cancer is present.



Dr. David Roth

If women choose to have both tests and both are negative, they would not need to be retested for five years. More and more experts are recommending the 5-year testing as being preferable.

Roth said women over the age of 65 are not encouraged to get a Pap smear because, if their previous tests have shown no signs of risk, it is extremely unlikely they would develop cervical cancer at that point in their lives.

By making the Pap smear tests less frequent, it allows the transient changes to come and go naturally without putting the patient's health at risk.

"It turns out that because cervical cancer is such a slowly developing disease, there is plenty of time to have Paps spaced apart and still catch it in the early stages," Roth said. "We're not giving up safety. We're just not picking up those little transient changes."

The updated guidelines recommend a physical, which includes a breast and pelvic exam, annually for all women ages 18–25 and every 1–2 years for women over age 30. Although the guidelines recommend physical exams beginning at age 18, Roth said women under 18 should schedule a gynecology visit when they anticipate becoming sexually active.

"That's why we want to see these younger women every year," he said. "We want to have an opportunity to talk with them about contraception and avoiding sexually transmitted diseases, which are very important topics for that age group."

Chlamydia testing is recommended annually for sexually active women under 25 and for women over 25 as needed if they

**WOMEN'S HEALTH** CONTINUED ON THE NEXT PAGE

## Women's Health Screening Recommendations

### Gynecological/Breast Exam

**18–25** Annually  
**> 30** 1–2 years

### Pap Smear

**21–30** Every 3 years  
**30–65** Pap every 3 years, or Pap and HPV every 5 years

### Mammogram

**40–50** Every 1–2 years  
**> 50** Annually

### Chlamydia Testing

**< 25** Annually if sexually active or with new sexual partner  
**> 25** As needed if new sexual partner

### Bone Density Test

**< 65** If high risk  
**> 65** Follow-up interval depending on results

**WOMEN'S HEALTH** CONTINUED FROM PREVIOUS PAGE

have a new sexual partner or multiple partners. This test can be done during a pelvic exam with a vaginal swab or through a urine sample.

Mammograms to screen for breast cancer are recommended every 1–2 years for women ages 40–50 and annually for women over 50. These recommendations are for average-risk women who do not have a strong personal or family history of breast cancer.

“When we were screening more frequently . . . we were causing a lot of anxiety and we were doing biopsies and procedures that may not have been necessary.” *Dr. David Roth*

Bone density testing is recommended for women over the age of 65. Testing may be done prior to age 65 if the clinician determines that a woman is at higher risk.

The Pap guidelines are the result of a collaborative effort between the American Cancer Society, the American College of Obstetrics and Gynecology, the American Society for Colposcopy and Cervical Pathology, and the U.S. Preventive Services Task Force.



*Cynthia Holland-Toftness, APRN, Internal Medicine, left, discusses a patient with Tushemia Roberts, RN.*

## Point of Contact

### Triage nurses “an integral part of the team”

**LAUREN WHITE, RN, ANSWERS** dozens of calls every day from patients looking for medical advice. And with every patient’s needs being unique, she needs to be prepared for nearly every situation.

“A lot of people don’t know what the right step is in their health care and they need some guidance about what to do,” said White, a triage nurse in the Internal Medicine Department. “When they talk to us about their issue, we can help to point them in the right direction.”

Triage nurses often serve as the first point of contact for patients when they need to discuss a medical issue. They gather the patient’s personal information as well as detailed information about their symptoms.

Based on the patient information, they then determine if the patient should call 911 and go to the emergency department, if the issue could be handled in Acute Care or if they need an appointment with a clinician, which they would then schedule.

Triage nurses also offer home healthcare advice for symptoms such as congestion or back pain and ask the patients to contact them again if the remedies are not working.

This is especially important in the Pediatrics Department where many parents are looking for a quick answer to see if their child’s symptoms are serious enough to

keep them home from school.

“We get a lot of calls from worried parents of a child who is sick, but not too sick, so we’ll give them homecare advice and tell them to call us back if it persists or gets worse so we can reevaluate,” said Susan Surdykowski, RN, Pediatrics.

All phone encounters are documented electronically and, when necessary, messages regarding the conversation are sent securely to the patient’s primary care clinician.

Triage nurses work closely with a team of clinicians in their department if they have a question about a particular patient or the correct course of action.

“They are such an integral part of the team,” said Veronica Redente, RN, assistant manager of Internal Medicine and Acute Care. “They are extremely valuable to our patients, not only for medical advice, but for direction, coordination of their care, and letting them know the best place to get their care. They really coordinate with the clinician to care for the patient.”

But it’s not only the patients who are benefiting.

“It’s a rewarding experience,” White said. “The patients are grateful and thankful after you’ve helped them. It’s a really nice feeling to be able to help.”

## Internal Medicine Welcomes New Clinician



**Laurie Bridger, MD**  
**INTERNAL MEDICINE**

**LAURIE BRIDGER** has joined the Department of Internal Medicine after spending the last 21 years practicing internal medicine at the Fair Haven Community Health Center. She has also served as Medical Director for both the Fair Haven Community Health Center and the HAVEN Free Clinic.

“In my previous position I was in a big administrative role and I was really anxious to get back to patient care,” Bridger said. “I really enjoy getting to know people and providing comprehensive care for all of their health care needs.”

She was formerly an internal medicine clinician at Temple University Hospital and in the Department of Internal Medicine at the Harvard Community Health Plan.

Bridger has also been an assistant clinical professor of medicine in the Yale School of Medicine’s Department of Medicine for the past 21 years and was previously an assistant

professor of medicine in general internal medicine at Temple University Hospital.

She earned her BA from Oberlin College in 1979 and her MD from Albert Einstein College of Medicine in 1985. She also took part in a two-month study of community health in Nicaragua as an Albert Einstein International Health Fellow. She completed her internship and residency training in Primary Care Internal Medicine at Boston City Hospital, which merged with Boston University Medical Center Hospital in 1996 to form the Boston Medical Center.

She is a diplomat on the American Board of Internal Medicine and the National Board of Medical Examiners and was honored in 2007 with the American College of Physicians Connecticut Chapter’s Community Service and Volunteerism Award.

Bridger also speaks Spanish.



*Back from left: Joan Channick, Ellen Ryerson, Betty Ann Levitin, Deborah DeFelice, Patricia Dallai, Ernest Baskin, Sandra Dinneen, Eugene Douglass, Catherine Kelly. Front from left: Andrea Benefiel, Ike Lee, Judith Madeux, Paul Genecin, Nadine Morandi. Not pictured: Margaret Hionis, Shirley Lin, Michael Rigsby, Eliot Shimer.*

## Meet the Member Advisory Committee

The Member Advisory Committee (MAC) is a unique group created to share the feedback of their constituents with Yale Health staff and administration. It is comprised of representatives from all sectors of the Yale community. Yale Health is one of the few departments on campus with a working committee representing Yale faculty, clerical and technical staff, service and maintenance staff, managerial and professional staff, Yale retirees, and students from Yale College, the Graduate School of Arts and Sciences and the professional schools.

The committee meets monthly during the academic year.

Find meeting minutes and contact information for your MAC representative at [yalehealth.yale.edu/member-advisory-committee](http://yalehealth.yale.edu/member-advisory-committee).

## HOME TREATMENT

**How can I prevent and treat dry skin?**

⊕ Dry skin is common especially in the winter, but there are a few simple steps you can take to help prevent it from becoming a larger problem.

Hot water can make dry skin worse so it is recommended that you decrease the water temperature you use while showering as well as decrease the length of time you expose your skin to the hot water.

Avoid harsh soaps containing detergents and fragrances, which are made from chemicals that can irritate your skin. Dove brand soaps are relatively gentle and do not commonly cause as much irritation as other soaps.

Daily moisturizing can also help prevent your skin from becoming dry. There are many moisturizing products available so you should test a few products and pick the one you like best.

**You should moisturize one to two times daily and one of the best times is immediately when you get out of the shower.**



Using a humidifier during the winter months can also help your skin stay moisturized. The dry heat in your home makes for a low-humidity environment, which can dry out your skin. Be sure to drink plenty of water as well.

*Christopher Bunick, MD, PhD*  
Dermatology

## TERMINOLOGY

**What is white coat hypertension?**

⊕ The phenomenon known as “white coat hypertension” occurs when you become nervous or more stressed at the time your blood pressure is being taken, causing higher results than your usual blood pressure.

Many people become anxious when seeing their clinician and their adrenaline is pumping, which causes their blood pressure to rise.

As clinicians, our job is to figure out if that elevated blood pressure is a medical issue or a situational issue.

**It turns out that 20–30 percent of high blood pressure readings in a clinician's office may be due to external factors and are situational.**

A good way to check whether high office blood pressure readings reflect hypertension is to obtain an automatic upper arm blood pressure cuff, which are sold at the Yale Health Pharmacy, and keep a log of readings at home.

You should bring these readings to your visit to compare with readings in the office. This can help your clinician decide whether you need to take

a medication to lower your blood pressure, or if you are already on treatment, how well it is working in your everyday circumstances.



*David Smith, MD*  
Internal Medicine



For more on these topics, listen to the complete healthcasts on [yalehealth.yale.edu/healthcasts](http://yalehealth.yale.edu/healthcasts).

**Making the Rounds**

HEALTH AND WELLNESS INFORMATION  
FROM YALE HEALTH'S CLINICAL STAFF

## WEIGHT LOSS

**How can I be successful managing my weight?**

⊕ The key to being successful at managing your weight is to make sustainable lifestyle changes. Setting large weight loss goals can become overwhelming so look for strategies to break your goals down into smaller steps.

Instead of trying to lose a certain amount of weight by a specific date, set action-oriented goals that are less overwhelming, such as aiming for 30 minutes of physical activity each day. This is a measurable goal with the fringe benefits of weight loss.

**Diets don't work. They set you up for failure and deprivation. So, if you have failed at dieting, you have actually succeeded.**

Weight loss is a benefit of making lifestyle changes so don't let the number on the scale be the entire grounds for gauging your success.

Instead, measure change by inches lost, increased strength and endurance, improved self-esteem, or having more energy.

Surround yourself with a positive support group, whether at home or through friends or co-workers. Having people around you that help lift you up rather than bring you down can make a big difference in your success.

Staying motivated and accountable for your decisions and actions is also important. **Exercising with a friend or taking a group fitness class at the gym may help you stay on track.**

Anticipate that there will be setbacks along the way, but look at them as learning experiences. Perfection and an all-or-nothing approach is a set up for self-sabotage. It is often those mindsets that set you up for failure in the first place because they are so extreme.



While these strategies may not seem earth shattering, it is often small, consistent changes that add up to bigger results in the long run.

*Lisa Kimmel, MS, RD, CSSD*  
Manager, Being Well at Yale

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## KEEP IN MIND

### Benefit changes *All changes effective January 1st, 2013.*

Yale Health members (excluding YPBA) are eligible to receive **generic birth control pills**, related devices and emergency contraception at no charge at the Yale Health Center Pharmacy.

Yale Health members (excluding YPBA) are eligible to receive one single **electric breast pump** every three years provided it is requested within 60 days of the child's birth.

The tier 3 co-pay for Clerical & Technical, Service & Maintenance and Security staff has changed from \$30 to \$35 for **non-preferred brand drugs**.

There is now also a \$50 co-pay for Clerical & Technical, Service & Maintenance and Security staff for **emergency room visits**. The reason for the visit must meet the definition of emergency as defined by Yale Health.

**Sex reassignment surgery** is now also covered for Clerical & Technical, Service & Maintenance, and Security staff. Specific eligibility guidelines are based on widely accepted professional standards. Copies of the guidelines employed by Yale Health as well as a list of covered surgical procedures are available upon request from the Care Coordination Department or your primary care clinician. Yale Health continues to cover hormone therapy (eligibility guidelines apply) and counseling.

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