

# YALE HEALTH CARE

news from Yale Health  
winter 2012

**Patients at the Center**  
**The Facts About HPV**  
**Nurse Midwife Gives Back**



**PREVENTING FALLS**  
**KIDS' WINTER FITNESS**  
**QUITTING DRINKING**



## Putting Patients at the Center

Yale Health recognized as a Patient-Centered Medical Home

**WHILE SUSAN BUYDOS WAS RECOVERING** from hip revision surgery at Yale-New Haven Hospital, the last thing she wanted to do was think about scheduling her follow-up care. She didn't have to.

Amy Davis, APRN, MSN, a member of Yale Health's Care Coordination Department, visited Buydos at the hospital the day after her surgery and helped transition her to Inpatient Care at the Yale Health Center.

"She was lovely," said Buydos, assistant director/adviser for the Yale University Office of International Students & Scholars and a Yale Health member for over 20 years. "You're in a scary situation and it is nice to see a friendly face who you feel is going to handle whatever needs to be done."

When she returned home, Buydos also needed an outpatient visiting nurse as well as periodic blood tests. That was all scheduled for her.

"I didn't have to do anything," she said. "It was all taken care of. That's impressive."

It's that type of care that has earned Yale Health recognition as a Patient-Centered Medical Home (PCMH), a recognition given by the National Committee for Quality Assurance.

PATIENTS CONTINUED ON NEXT PAGE



Physical Therapist Ashley Cowles, left, works with Yale Health member Susan Buydos following her hip revision surgery. As a patient-centered medical home, Yale Health was involved in all aspects of her care from pre-surgery to recovery.

**What is the NCQA?** *The National Committee for Quality Assurance (NCQA) is a private, not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, it has worked with larger employers, policymakers, doctors, patients and health plans to identify areas for measurement and improvement.*

*Health plans must meet more than 60 standards and report their performance in more than 40 areas to attain NCQA's seal of approval. NCQA has accredited health plans in every state, the District of Columbia and Puerto Rico. The plans cover 109 million Americans or roughly 70 percent of all Americans enrolled in health plans.*

## PATIENTS CONTINUED FROM PREVIOUS PAGE

“PCMH is not a bricks and mortar place,” said Dr. Madeline Wilson, chief of Internal Medicine. “The concept of a patient-centered medical home is a way of organizing health care so it is centered around the needs of the patient.”

In order to earn the recognition, Yale Health needed to meet standards set by consumers and primary care professional organizations throughout the country. Some of the standards included ease of telephone access and ensuring patients are booked appointments with their primary care clinicians as often as possible. When that is not possible, Yale Health uses a team approach.

“The relationship of the individual with his or her doctor or clinician is central and it’s an important relationship and it’s really primary to the health care experience,” said Medical Director Dr. Michael Rigsby. “But no one person can provide all of the care that anyone needs so we rely on a team of professionals working together.”

Wilson said Yale Health has also improved tracking of specialty referrals and tests as well as making sure patients are aware of how to manage chronic conditions such as hypertension and diabetes.

It often takes healthcare organizations two to three years to attain the recognition, but Yale Health was able to do it in about a year because its model was already consistent with PCMH’s philosophy.

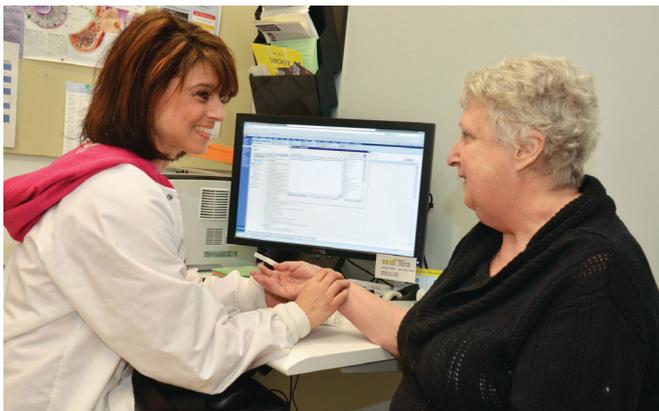
“The concept of a patient-centered medical home is a way of organizing health care so it is centered around the needs of the patient.”

Dr. Madeline Wilson, chief of Internal Medicine

“It’s important to realize that Yale Health has been operating as a patient-centered medical home for many years,” Wilson said. “We have used this recognition process to test ourselves against this national standard and to use the structure provided by the recognition process to tighten up some workflows and create some new ways of approaching things. These are all things that we planned to accomplish anyway, but this really facilitated and organized our efforts.”

While the focus of the recognition is on adult primary care and pediatrics, Wilson said the process has truly been a “building-wide effort.”

“We at Yale Health feel very proud of the quality of care that we have endeavored to deliver over the years,” she said. “We’re proud to share with the wider Yale community the success of this model of care and the fact that the nation is endorsing a model of care that we’ve been practicing for years.”



Medical Assistant Gina Madera, left, takes the pulse of Yale Health member Dr. Diane Komp, professor emeritus of hematology and oncology pediatrics.  
Photo by Michael Marsland



For more, listen to the healthcast on [www.yalehealth.yale.edu/healthcasts](http://www.yalehealth.yale.edu/healthcasts).

## Briefs



### Internal Medicine Clinicians Honored

Jonathan Weber, PA-C, Internal Medicine, has been chosen by the Yale Physician Associate Class of 2011 to receive the Jack Cole Society Award. Every year, the graduating PA class nominates professors who it feels have made an exceptional impact on their lives as students.

In addition, Dr. David Smith, Internal Medicine, was named the 2011 Ambulatory Medicine Teacher of the Year by the Yale School of Medicine.



### Molly Meyer Celebrates 40 Years

Molly Meyer, APRN, is celebrating her 40th anniversary as a Yale Health staff member. She began her career at Yale Health in 1971 and continues to provide care to our patients in Oncology, Internal Medicine, Student Health and Athletic Medicine. Congratulations Molly!



### Change Your Address or Phone Number on the Yale University Portal

Now changes to your contact information with the University are done in one place, the Yale University Portal ([portal.yale.edu](http://portal.yale.edu)). Changes made there are automatically transferred to Yale Health.



Our move to the new Yale Health Center in 2010 was a giant step in our growth and evolution.

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

It is my pleasure each January to welcome the new Yale Health members who have joined us this month and to thank our continuing members for their confidence in Yale Health. As we start our 41st year, I reflect on our rich history as well as our exciting future. **The visionary faculty members and university administrators in the 1960s invented a novel healthcare organization that continues to grow and thrive today, even as we stay grounded in our founding philosophy.** Designed along the lines of the Kaiser-Permanente healthcare organizations in the West, Yale Health was conceived as a health center and insurance plan for Yale's faculty, staff, retirees, students and dependents. By combining these groups, Yale was able to offer care to students as well as benefits for faculty and staff that have proven to be far more generous than the alternative plans, as well as much more affordable. Despite our steady growth, the vision of a clinician-led, nonprofit health plan remains strong – with emphasis on prevention, wellness and primary care, backed up by an outstanding network of specialists and tertiary care facilities.

Our move to the new Yale Health Center in 2010 was a giant step in our growth and evolution. Our members and staff enjoy greatly improved clinical service with many more examination rooms and clinical spaces of every type. Our new services such as Diagnostic Imaging and GI Endoscopy are running at full tilt. We are working on better ways to serve you in our pharmacy, our lab – and above all, in our clinics. We enthusiastically pursue important goals in clinical quality improvement in diabetes and hypertension, cancer screening, immunization, women's health and many others. We are in the early stages of an ambitious new electronic medical record implementation planned for 2013. The Epic electronic health record will provide a secure link between Yale Health, the School of Medicine and Yale-New Haven Hospital with a degree of connectivity that we could only dream about in past years. **But above all, we never forget that our core business is a member's visit with his or her clinician.** Supporting this work is our highest priority.

Check out our web site, [www.yalehealth.yale.edu](http://www.yalehealth.yale.edu), where you can find a wealth of information including your member coverage booklet with details about coverage, as well as information that may come in handy if you are out of the area. You can also use our web site to keep track of our many special events, link to our popular Healthwise resource for health information, and follow us on Facebook, Twitter, or through our email subscription service. If you are not already using Yale Health Online, our confidential messaging system for contacting your clinicians, obtaining results and requesting appointments, be sure to register for an account through our web site and discover for yourself how easy it is to use.

**We always welcome your feedback.** Our managers, clinical department chiefs and Member Services staff (203 432 0246 or [member.services@yale.edu](mailto:member.services@yale.edu)), as well as all of my colleagues in the Director's Office (203 432 0076) are eager to provide service so feel free to contact us if we can assist you in any way. I wish you a healthy and happy 2012!

## The Facts About HPV

**IT IS THE MOST COMMON** sexually transmitted infection in the country, but Dr. David Roth said Human papillomavirus (HPV) is not considered in the same category as many other STIs.

“Most patients are concerned with the connotations associated with an STI diagnosis,” said Roth, chief of Obstetrics and Gynecology. “The reassuring thing and the reason HPV is different from the other STIs, is that, in about 90 percent of women, it will be gone within a couple of years and not leave any permanent damage.”

However, if the HPV infection persists, there is an increased chance that the woman will develop pre-cancer, which, if not detected and treated, might eventually progress to cervical or vaginal cancer.

There are dozens of strains of HPV that can infect both men and women. Some are benign and only cause genital warts, while others are associated with pre-cancers and cancers. Males seem to be more resistant to the effects of the virus, even though they can transmit it. HPV is most often transmitted through genital-to-genital contact, but can also be passed through oral and anal sex. There are no physical symptoms associated with HPV, so, except for those who develop warts, most people may never know they were infected.

Prevention is similar to other STIs in that abstinence is the only true way to avoid infection. Practicing safer sex reduces the risk.

The Pap smear is a screening test for the cell changes caused by the virus. All women

should get their first Pap smear at age 21 and again every two years in their 20s. If the results are normal, women should get their following Pap smears every three years.

If the Pap results are abnormal, an office test called colposcopy can be performed to detect any HPV or precancerous lesions in the lower genital tract. Persistent or severe changes can usually be treated with a minor office procedure.

Like most viral infections, there is no medicine to cure HPV. There are vaccines available, for both men and women, which protect against the HPV strains that most commonly cause genital warts and pre-cancers. It is recommended that both men and women get vaccinated before the onset of sexual activity, since vaccines only work if given prior to exposure to the virus.

The Gardasil® vaccine has been shown to be extremely safe and effective in men and women under the age of 27. Because the vaccine doesn't protect against all HPV strains, screening is still necessary for women.

While millions of people may never know they are infected with HPV, Roth said it is something to be aware of. This why getting regular Pap smears is so important.

“There should not be the feeling that a diagnosis of HPV is one step away from cancer,” he said. “Most of these infections will never turn into anything close to cancer. In a great majority of cases, HPV infection is a temporary condition and will go away on its own. It just requires close follow-up to make sure.”

**20,000,000**

*Approximate number of Americans currently infected with HPV.*

**6,000,000**

*Number of Americans newly infected with HPV each year.*

**75–80%**

*Percentage of sexually active men and women infected with HPV at some point in their lives.*



“The reassuring thing and the reason HPV is different from the other STIs, is that, in about 90 percent of women, it will be gone within a couple of years and not leave any permanent damage.” Dr. David Roth, chief of Obstetrics and Gynecology



LEFT Rochelle Kanell, left, stands with healthcare workers she helped train at a school in Kibera during her mission trip to Kenya.

BELOW Children from the school in Kibera play outside.

## Yale Health Nurse Midwife Gives Back

Rochelle Kanell “energized” by the people of Kenya

**WHEN ROCHELLE KANELL** went to Kenya on a medical mission trip two years ago, she visited a school for girls in Kibera, the country’s largest slum housing 1.5 million people, to offer medical assistance and advice.

She returned to the school in July on her second mission trip to find a big change.

“We were guests at a talent show,” said Kanell, a certified nurse midwife in the Obstetrics and Gynecology Department. “All of the women we met the previous year had shirts on that said “healthcare workers.” They were totally self-sufficient and that’s exactly what we’re looking for.”

While on her two-week mission with the nonprofit organization The American Friends of Kenya, Kanell shared her knowledge and experiences with local healthcare workers, brought midwife supplies and offered medical attention to people across the country. The medical clinics were scheduled to treat 100 to 200 people, but Kanell and her fellow missionaries often saw over 1,000 people per clinic.

“I just love the clinics,” she said. “I end up seeing some of the same people year after year. It’s just lovely to get to know them and build a relationship.”

It’s those relationships that Kanell said make the experience so rewarding.

While in Nakuru, which she described as a garbage dump where people built their homes from the debris, she met a woman



named Mama Ruth who organized a group of women who wove plastic bags together to make tote bags. Kanell and her group brought about three dozen bags home, sterilized them and sold them. They then sent the profits back to Mama Ruth’s group.

Along with Mama Ruth’s tote bags, Kanell brought home a small plastic bag full of scraps of paper. They are from the Masai Mara, a remote reservation where she met with a group of teenage girls to discuss healthcare issues.

The teenagers were brought there by a group of women who rescue girls at risk for genital mutilation or pre-arranged marriages.

Because of the country’s conservative views on sexuality, the girls were not comfortable talking about their sexuality or women’s health issues so they wrote their questions on scraps of paper and put them in a bowl.

The questions ranged from sanitary protection to peer pressure to menstrual cramps.

“Masai Mara was difficult for me,” Kanell said. “I did a similar clinic in Ruama up north and you have these young girls there who are all thinking about the same things. I told them that they can talk to each other about some of these things.”

Although Kanell spent most of her time in Kenya educating healthcare workers and treating local residents, she said she gets just as much out of the trips as she puts in.

“When I come back, even when I’ve worked every day for two weeks and have terrible jetlag, I feel energized,” she said. “I love that place. It has become another home to me and the people there have become family to me.”

## Yale Health Welcomes New Clinicians



**Samantha Wennerberg, PA-C**  
**DERMATOLOGY**

Samantha Wennerberg served as a physician associate for more than two years in Yale-New Haven Hospital's Plastic Surgery and Reconstructive Surgery Department and one year in the Neurology Department prior to joining Yale Health's Dermatology Department.

She previously worked as a physical therapy aide at Athletico in Illinois, was an anatomy and physiology teaching assistant at Purdue University and is a current volunteer with the Connecticut Disaster Medical Team.

Wennerberg earned her Bachelor of Health Science degree from Purdue University in 2005 and her master's degree from Seton Hall University in 2008.

She has also completed four marathons and two triathlons.



**Leslie White, APRN, MSN**  
**OBSTETRICS AND GYNECOLOGY**

Leslie White joins the Obstetrics & Gynecology Department as a nurse practitioner after serving as a clinical nurse in the Labor, Delivery and Recovery Units at Yale-New Haven Hospital for the last four years. She is also a nursing lecturer/lab instructor for maternity and pediatric courses at Quinnipiac University.

She received her BA in psychology from the University of Connecticut in 1995 and her BS in nursing from New York University in 2000. She earned her Master of Science in Nursing degree from Quinnipiac University in 2011.

White won Quinnipiac University's Trewin Award for Excellence and is a member of the National Women's Health Network, Connecticut APRNs and the Association of Women's Health, Obstetric and Neonatal Nurses.

## Briefs



### Transsexual/Transgender Services: Sex Reassignment Surgery

Yale Health now covers sex reassignment surgery for Faculty and Management and Professional employees. 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.



### Medical Oncology and Hematology, Inc. Now Part of Smilow Cancer Hospital

Yale Health works with Drs. Tom Fynan and Jeremy Kortmansky, physicians of Medical Oncology and Hematology, Inc., to provide outstanding care to patients with cancer or serious blood disorders. On January 1, 2012, Medical Oncology and Hematology became part of the Smilow Cancer Hospital at Yale-New Haven Hospital. This new partnership will result in little or no immediate change for Yale Health members receiving oncology or hematology care. Drs. Fynan and Kortmansky will continue to see patients at the Yale Health Center.



### Diagnostic Imaging Earns National Certification

The Diagnostic Imaging Department has achieved national certification from the American College of Radiology for its CT and MRI programs. This ensures that the staff, radiologists and equipment meet national criteria for education, quality assurance, and exam quality.

## AGING

## What can you do to prevent a fall as you or your family members age?

⊕ Falls among the elderly are a true public health problem. People over the age of 80 suffer from a fall about once a year and 20 percent of those people remain in the hospital or nursing home for at least a year.

There are several simple and inexpensive measures that can be taken to prevent falls. Encouraging **physical activity** such as walking a mile a day, dancing or participating in Tai Chi exercise increases stamina, sense of balance and confidence.

Wearing **shoes with good grip** and eliminating clutter, loose rugs and electrical cords is important. **Good lighting** and **sturdy railings** along stairs and in bathrooms can also help prevent falls.

**Screening** for visual impairment and avoiding the use of medications that cause poor balance, dizziness or drops in blood



pressure when standing is important as is proper hydration and monitoring your levels of Vitamin D and B12.

*Slawomir Mejnartowicz, MD*  
*Internal Medicine*

## FITNESS

## How can I keep my kids fit in the winter?

⊕ The American Academy of Pediatrics recommends children get 60 minutes of physical activity every day. Keeping children this active in the winter can be challenging.

One way to help your kids stay active is to **incorporate physical activity into their daily routine**. This works best when the activity is something your children enjoy.

It does not have to be structured. Taking a walk with your family or playing in the snow are fun winter activities as long as your children are properly dressed.

You can also look to local recreation centers, which offer affordable indoor activities such as basketball leagues.

**Limiting your children's sedentary activity** in the winter is also important. Experts recommend children have no more than two total hours per day of television, computer and video games.



Keeping your children active not only keeps their bodies healthy, but also promotes self-esteem and a positive attitude.

*Michelle Brei, APRN*  
*Pediatrics*



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

# Making the Rounds

HEALTH AND WELLNESS INFORMATION  
FROM YALE HEALTH'S CLINICAL STAFF

## ADDICTION AND RECOVERY

## How do I quit drinking alcohol safely and effectively?

⊕ If you want to quit drinking alcohol, we recommend that you speak to your doctor or a behavioral health professional prior to making any attempt to stop drinking.

If you have been drinking heavily for a long period of time, you are likely to be alcohol dependent and are very likely to experience alcohol withdrawal when you try to stop drinking. **For some people, the symptoms may be relatively mild and unpleasant, but withdrawal symptoms may be quite severe for heavier drinkers.**

Acute alcohol withdrawal may be life-threatening as alcohol and benzodiazepines, which include pharmaceutical medications such as Valium and Xanax, are two of the most dangerous substances in terms of detoxification.

If you are experiencing acute alcohol withdrawal, **you may experience delirium, become disorganized, confused and hallucinate, experience high fever and be at high risk for seizures.** This is a potentially life-threatening condition that requires an immediate medical intervention.

If you would like to speak to a behavioral health professional before attempting to quit drinking, you can call Magellan Health Services at 800 327 9240. Magellan is Yale Health's administrator of behavioral health benefits and offers **a wide variety of mental health and substance abuse services from outpatient treatment with a therapist to detoxification and residential treatment.**

Trained professionals are always available to speak to you about your treatment needs 24 hours a day, seven days a week.

You can also contact the staff at Yale Health's Behavioral Health Department by calling 203 436 5706 and we will be happy to assist you.



All of the services provided are confidential.

*Cheryl Doebrick, PhD, Clinical Psychologist*  
*Behavioral Health*

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## KEEP IN MIND

### Yale Health Unveils New Web Site

Yale Health has launched a new web site at [www.yalehealth.yale.edu](http://www.yalehealth.yale.edu). The site features information on all Yale Health departments, categorized Frequently Asked Questions and a wealth of information regarding managing your health.

### Co-Pay Change for M&P/Faculty

Effective January 1, 2012, the tier 2 pharmacy co-pay for Faculty/Managerial & Professional staff has changed from \$20 to \$25 for preferred brand drugs.



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Published by Yale Health  
55 Lock Street  
New Haven, CT 06511  
203 432 0246  
[www.yalehealth.yale.edu](http://www.yalehealth.yale.edu)  
EMAIL [member.services@yale.edu](mailto:member.services@yale.edu)

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