

YALE HEALTH CARE

news from Yale Health
winter 2018

Patient Support
Provider Types
Coordination of Benefits



PREDIABETES
CAR SEAT SAFETY
COLD TREATMENTS

PARTNERSHIP FOR PATIENT-CENTERED CARE



The Other Person in the Room

Advice for patient supporters

THEY ARE OFTEN THE ONES REFILLING THE WATER CUP and adjusting the bed. They can usually be found sleeping in a chair or on a small couch that always seems to be just a few inches too short. They are typically spouses, parents, children, siblings, and close friends and they are the primary support system when their loved ones need it most.

When someone is going through a complex medical issue, it is important for a support person to be there to gather and retain the information given by the medical staff as the patient is not always in the best position to do so.

“As a patient, you’re rather uncomfortable and may be adjusting to many new or sedating medications,” said Dr. Anita Karne, Yale Health’s physician team chief of hospital and transitional care.

Dr. Anita Karne speaks with Brian DeChello and his wife Liz DeChello during a recent visit to the Yale Health Center.

PATIENT SUPPORTER CONTINUED ON NEXT PAGE

PATIENT SUPPORTER

CONTINUED FROM PREVIOUS PAGE

“You probably are not sleeping or eating very well. In this state, you are not likely able to receive information in the way you typically could. It’s a good idea to have someone there to accept and understand that information.”

Karne, who often meets with Yale Health members admitted to Yale-New Haven Hospital, said one of the most important aspects of being a good patient supporter is to be clear about what your role will be for the patient and the care team. Some people will find themselves best suited to provide company for a sick friend, while others may be present to take a more active role in the illness of their friend or family member. If you will step in as the primary support person, you want to be sure that both you and the patient are comfortable with a lot of personal information being shared.

She said it is ideal to have one person chosen as the communicator with the hospital’s clinical staff, but the staff understands that each family is unique and that may not be possible. That communication includes asking many questions on behalf of your loved one.

“It’s important and it’s okay to ask what will happen next and that’s a totally fair question to ask,” Karne said. “If you have questions and the doctor is not available, you can ask a nurse. They have a little more time and have an enormous amount of information they can share with you. Take

“Our focus in the hospital is the patient, but the other people in the room are an important part of the whole picture. We want to be able to help everyone process the illness, including friends and loved ones.” *Dr. Anita Karne*

notes as it is often difficult to remember everything that is being shared later on.”

While you may not have clinical expertise and may not understand everything that is going on in the moment, Karne said your biggest strength is that you know your loved one better than anyone else.

That is the strength Liz DeChello used around Christmas in 2016 when she knew something was not quite right with her husband of nine years, Brian DeChello.

After a few short visits to the emergency room for severe abdominal pain that December, Brian DeChello woke up early the morning after Christmas with the pain rising to his chest and discoloration of his skin and eyes. DeChello immediately brought him to the Acute Care Department and he was sent by ambulance to the emergency room where he was admitted.

She told the hospital staff that these were the same symptoms her husband had previously when he had gallstones, but the staff felt that was an unlikely possibility since he had already had his gall bladder removed.

His wife persisted.

“You know your spouse so well and you can identify critical aspects when something isn’t right,” said DeChello, a senior administrative

assistant at Yale Environmental Health and Safety. “As his wife, I felt like I needed to be his advocate. He was in so much discomfort that he couldn’t be an advocate for himself at the time.”

It was eventually discovered that a stone had formed in the bile ducts of Brian DeChello’s liver. He was in the hospital for a week and surgery was a possibility. Finally, the stone passed on its own. DeChello was with her husband for the duration of his stay.

“I think it’s very important to have someone there with you,” Brian DeChello said. “At that time, you’re not really on top of your game. Liz knew what to ask. When you have a spouse or child or parent, sometimes the doctors don’t always know what’s wrong because they don’t know you that well. Liz was the one who got me up off the couch and got me to go to Acute Care because she knew something was wrong.”

While being there to help take care of your loved one is important, Karne stressed that it is equally important to take care of yourself, especially if the hospital stay is extended.

“You need to go home and sleep, shower, and get some food,” she said. “You are not the patient and no one is taking care of you so you need to make sure you take care of yourself.”

Karne said you can plan your trips home around doctor visits and scheduled tests to be sure to be back at the hospital during moments when information may be exchanged. She also said to be sure to answer your phone even if it is from a number you do not recognize because it may be the hospital calling.

And while it’s difficult to know how you will react in a time of uncertainty and stress, Karne said you need to give yourself a break and simply do the best you can to support your loved one.

FROM OUR MEMBERS

“

“I always feel that my provider treats me with a lot of respect and takes my health and happiness very seriously.

She has a really open, honest manner that helps me feel confident in my communication with her.”



Our overall goal is to minimize barriers to care, and continually ask ourselves at every encounter if the patient is connected to their healthcare team.

FROM THE DESK OF NANCI FORTGANG, RN, MPA, CMPE

At Yale Health, we know that health care can sometimes feel fragmented. Hospital visits and admissions along with surgical procedures and treatments can be difficult experiences. Far too often, patients and families feel that the “healthcare system” is overwhelming, especially when dealing with severe or complex illnesses.

As part of Yale Health’s philosophy of delivering patient-centered care, our nursing team launched a program last November aimed at ensuring patient-centered care coordination to our members with a focus on facilitating seamless transitions among various levels and settings of care. A team of registered nurses participated in a year-long course sponsored by the American Academy of Ambulatory Care Nursing, which focused on care coordination and transition management (CCTM). The course concluded with an examination leading to a professional certification in CCTM. Along with this educational experience, we have created three distinct, but parallel care management nursing teams at Yale Health.

Our Hospital Transition Nursing Team members make daily rounds at both Yale-New Haven Hospital’s York Street and Chapel Street campuses, where two of Yale Health’s Inpatient Care nurses facilitate patient discharges out of the hospital to the most appropriate setting. **These nurses also work with Yale Health’s Pharmacy staff to ensure patients have easy access to their necessary medications as well as instructions once they leave the hospital. They schedule follow-up appointments with primary care providers** prior to discharge and join Yale Health’s hospitalist and pharmacists for care management rounds at the hospital every afternoon.

CCTM nurses are also embedded in clinical departments at the Yale Health Center to help support patient needs on a daily basis, from providing information and resources ranging from transportation to and from chemotherapy treatments to home care services. **These team members work with our primary care providers and specialty clinicians to coordinate care.** They also review and educate patients with complex medication lists and are available to meet with families. Patients seen in the hospital’s emergency department receive a follow-up call from one of these nurses.

For those patients with more serious medical needs, **our Complex Care Management Nursing Team provides a comprehensive assessment of each situation** and works closely with the patient’s healthcare team to provide the care they need most. This includes regular visits by phone, in person, or occasional home visits, if possible. They can also assist in coordinating behavioral health support while working closely with social service agencies.

I am enthusiastic about our progress to date and enormously proud of our nurses. Our overall goal is to minimize barriers to care, and continually ask ourselves at every encounter if the patient is connected to their healthcare team. If they are not, it is our job to find a better way for them to make that connection. Have we missed any opportunities to engage you in your care? Please let us know how we are doing.

Associate Director of Clinical Services

What Do Those Letters Mean?

A quick guide to provider credentials

Yale Health providers are all board certified and committed to a team approach to health care. Many Connecticut healthcare institutions, including Yale New Haven Health, highlight the team-based approach to health care underscoring the collaborative partnerships with physicians, PAs, APRNs, and CNMs, collectively referred to as Advanced Practice Providers (APPs).

MD, Doctor of Medicine

Family and general practitioners assess and treat a range of conditions that occur in everyday life. They often have regular, long-term patients. They typically diagnose and provide non-surgical treatment for a range of problems that affect the internal organ systems and use a variety of diagnostic techniques to treat patients.

Most students who attend medical school have at least a bachelor's degree and many have advanced degrees. They spend most of their first two years of medical school in laboratories and classrooms and their last two years working with patients under the supervision of experienced physicians in hospitals and clinics. Through rotations in a variety of care settings, they gain experience diagnosing and treating illnesses across several areas.

After medical school, almost all graduates enter a residency program in their specialty of interest, generally lasting from three to seven years. All MDs must pass a standardized national licensure exam. Certification is not required, but can be obtained by completing a residency program and passing a specialty board certification exam.

Douglas Idelson, MD, Pediatrics:

"I chose to become a pediatrician because it seemed like the ideal way to combine my interest in science, my desire to work in a field that involved an altruistic connection with others, and my love of children.



My father is a physician and I grew up observing how much he both enjoyed and was challenged by his vocation. Although I did not choose his particular

specialty, this certainly influenced my overall career path."

DO, Doctor of Osteopathic Medicine

Doctors of Osteopathic Medicine are fully licensed physicians and practice in all areas of medicine. They emphasize a whole-person approach to treatment and care and receive special training in the musculoskeletal system.

In addition to meeting the requirements of a Doctor of Medicine, these physicians take approximately 200 additional hours of training in the art of osteopathic manipulative medicine, a hands-on technique that helps alleviate pain, restores motion, and influences the body's structure to help it function more efficiently.

Brittany Cavanaugh, DO, Internal Medicine:

"When I learned about the philosophy behind osteopathy, I knew it aligned with my approach to caring for patients in a holistic way. When I see patients, I try to



consider their concerns from a multifaceted approach, taking into consideration the relationship between the mind and body as well as

the interrelationship between structure and function of the body."

PA-C, Certified Physician Assistant/Associate

Physician Assistants are medical professionals educated and licensed to practice medicine as part of a patient-centered team. They perform physical exams, diagnose and treat illnesses, order and interpret lab tests, prescribe medications, perform procedures, assist in surgery, provide patient education and counseling, and make rounds in hospitals and sub-acute care facilities.

The typical student entering a PA program has a bachelor's degree and approximately four years of healthcare experience. They participate in more than 2,000 hours of clinical rotations, earn master's degrees in health sciences with some completing specialty residency programs, are required to pass a national certification exam, and obtain a state license.

Jonathan Weber, PA-C, Internal Medicine:

"The opportunity to practice medicine as a PA at Yale-New Haven Hospital and Yale Health for the last 19 years is a dream come true. I feel incredibly



lucky to be working with a team of such amazing colleagues and staff that together comprise a group of dedicated professionals

who help deliver a quality of care that is second to none."

APRN, Advanced Practice Registered Nurse

APRNs work independently or in collaboration with physicians. In most states, including Connecticut, they can prescribe medications, order medical tests, and diagnose health problems. They may provide primary and preventive care and may specialize in care for certain groups of people such as children, pregnant women

or patients with mental health disorders. Nurse anesthetists, nurse midwives, and nurse practitioners must earn at least a master's degree in one of the APRN roles. They must also be licensed in their state and pass a national certification exam.

Chloe Quinn, APRN, Obstetrics & Gynecology:

“In Connecticut, we can work independently diagnosing and treating as primary medical providers, but with the added bedside



manner and caring touch of a nurse. I like being a part of disease prevention, pregnancy, and problem solving the complex female reproductive system. Being

a nurse practitioner enables me to do all of those things.”

CNM, Certified Nurse Midwife

Nurse midwives provide care to women, including gynecological exams, family planning services, delivering babies, and prenatal care. Nurse midwives may act as primary care providers for women and newborns. They provide wellness care, educating their patients on how to lead healthy lives by discussing topics such as nutrition and disease prevention. Nurse midwives also provide care to their patients' partners for sexual or reproductive health issues.

Deborah Meredith, CNM, Obstetrics & Gynecology:

“Practicing as a nurse midwife allows me to meet a wide range of women and help them meet their healthcare goals. I am able to do a lot of counseling and education, help women make choices to



improve their health, and support them as they make changes. It's very rewarding when I'm able to help someone get some answers and see that her

concerns have been addressed and she has the knowledge she needs to move on.”

What is **Coordination of Benefits (COB)**?

IF YOU OR ANY OF YOUR DEPENDENTS ARE COVERED by Yale Health as well as other insurance plans, those insurance plans work together to make sure you are getting the most out of your coverage. This process is called coordination of benefits (COB). Yale Health coverage is subject to COB provisions, which is the standard process used to determine the order in which insurance plans should pay for covered services when a member is covered by more than one plan.

What is My Responsibility?

You are required to notify Yale Health. If you or any of your covered dependents, including a spouse or children, have other coverage when you first enroll in Yale Health, or if coverage is added or changes during your time of enrollment, you are required to notify Yale Health by completing an Insurance Information Update Form (COB) available at yalehealth.yale.edu/resources/forms. Not providing this information may affect the terms of your coverage, result in denial of claims, or reversal of payments (or paid claims), which may create a financial liability for you.

How Does COB Work?

Coordination of benefits works by using one insurance plan to cover some of the expenses not fully covered by another plan. In these and all COB situations, one plan is your primary insurance plan and pays your claims first. The second insurance plan may pay toward the remaining cost, depending on the plan. Insured individuals do not have a choice in the order of coverage. See below for the rules that determine which plan is primary and secondary.

For example, if your Yale Health coverage for a service is less than 100 percent of the fee, you may be entitled to benefits from your alternate coverage to supplement the amount that Yale Health covers up to 100 percent of the expenses, depending on the benefits of the alternate insurance plan.

COB also entitles Yale Health to receive payment from other insurance plans for some services performed by Yale Health.

The following rules determine which plan provides benefits first:

- ◆ The plan covering the person as a subscriber provides benefits first.
- ◆ Dependent children are covered first under the plan of the parent whose birthday (month and day) is earlier in the calendar year. (i.e. Parent A's birthday is July 15th and Parent B's birthday is March 28th. Parent B's insurance will be the primary plan for the dependent children and Parent A's insurance will be the secondary plan.)

If the parents are divorced, separated, or not married, the order below is followed:

- ◆ According to the divorce decree or court decree.
- ◆ Dependent children are covered first under the plan of the parent whose birthday (month and day) is earlier in the calendar year.

New Clinicians Join Yale Health



Leah Whelan, APRN
INTERNAL MEDICINE

Leah Whelan has joined the Internal Medicine Department after spending the last three years providing adult and geriatric care for the Northeast Medical Group/Connecticut Medical Group in New Haven.

She had previously provided direct nursing care at the Orchard House Adult Day Center in Branford and was the 50-Year Medalist Study Coordinator at the Joslin Diabetes Center in Boston, where she performed study-related tests on eligible patients for a Type 1 diabetes research study and assisted in the preparation of scientific publications and presentations on the study's data.

Whelan earned her undergraduate degree in psychology from Gettysburg College in 2007 and both her BSN and MSN from the MGH Institute of Health Professions in Boston in 2013.

She is a member of the Sigma Theta Tau International Honor Society of Nursing and the Psi Chi National Psychology Honor Society.



Oluwatosin Onibokun, MD
OBSTETRICS & GYNECOLOGY

Oluwatosin Onibokun earned her undergraduate degree in biomedical engineering from Rutgers University in 2008 and her medical degree from the Yale University School of Medicine in 2013.

She completed her medical internship and residency at Boston's Brigham and Women's Hospital/Massachusetts General Hospital in the Harvard Integrated Residency Program in Obstetrics and Gynecology.

Onibokun was honored by Harvard Medical School in 2017 with the Outstanding Resident Recognition Award and as the Outstanding Teacher of Obstetrics and Gynecology. She is also a member of the American Association of Gynecologist Laparoscopists.



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.

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
- Press Ganey
- Health Expectations Program (HEP)
- Wellness

Yale Health is accepting applications for future seats on the council as well as opportunities to become a patient partner on other committees and initiatives that take place throughout the year. To learn more about the patient partner opportunities, watch a video of patient partners sharing their experience on the council, or to submit an application, visit yalehealth.yale.edu/about/patient-partner-opportunities.



Pharmacy Introduces Single Line Check-In/Check-Out

As a result of your feedback, the Pharmacy has combined the separate lines for check-in and check-out and now has just one line for both services. Simply join the single line and wait for the next available pharmacy technician to assist you whether you are requesting a prescription be filled or picking up a completed request. Visit yalehealth.yale.edu/pharmacy for more options on refilling your available prescriptions online or over the phone as well as to register to receive alerts when your prescriptions are ready.

SAFETY**How Do I Keep My Children Safe in the Car?**

⊕ The proper use of car seats when used consistently and correctly really does keep children safe and studies have shown that car seats dramatically reduce the risk of serious injury and even death in children.

In 2017, Connecticut updated its car seat laws to meet the recommendations of the American Academy of Pediatrics. The laws state infants must be in a rear-facing car seat with a five-point harness until they are a minimum of both 2 years and 30 pounds. Toddlers must be in a forward-facing car seat with a five-point harness until they are a minimum of 5 years and 40 pounds. Children should ride in a booster seat until they reach 8 years and 60 pounds. Older children must wear a seat belt at all times and it is recommended they ride in the back seat until they reach 13 years old.

There is no best or safest car seat. Instead, make sure the model you choose fits your child's size, fits well in your vehicle and is properly installed. Never use a car seat if it was recalled, if the label with the date

of manufacture and model number is missing or if it has been in a moderate or severe crash.

For more information on child passenger safety, visit csafekids.org.

*Cris Donovan, RN, IBCLC
Pediatrics*

**LIFESTYLE****What is Prediabetes?**

⊕ Most people know that diabetes occurs when your sugar is elevated, but it turns out that five or 10 years before you develop diabetes, your body starts having problems handling carbohydrates (sugars and starches) so your blood sugar levels start to creep up. These levels do not reach where we would consider you to have diabetes, but it is something that puts you at risk. This is known as prediabetes.

There are some good studies on preventing diabetes and one study by the Diabetes Prevention Program had one group of people with prediabetes use diet and exercise while the other group used diabetic medication to see if either helped to prevent progression into diabetes. While both methods did have positive results, diet and exercise reduced progression by about 60 percent while the medication reduced progression by about 30 percent.

That showed that making lifestyle changes is pretty effective. Those changes include getting a recommended 30 minutes of daily moderate to intense exercise and eating a low carbohydrate diet consisting of lots of fruits, vegetables, whole grains, beans, nuts, seeds, and reducing your red meat consumption.

For more information, visit yalehealth.yale.edu/more/prediabetes.

*David Smith, MD
Internal Medicine*

**Making the Rounds**

HEALTH AND WELLNESS INFORMATION
FROM YALE HEALTH STAFF

SEASONAL HEALTH**What Can I Use to Treat My Cold?**

⊕ The cold medication aisle can be pretty overwhelming. The most important thing to remember is to know your symptoms, whether it's a cough, sneeze or congestion. All medications have the active ingredients listed and tell you what those ingredients are used for. Always read the label.

If you are dealing with nasal congestion, you will want something to keep your nasal passages moist such as a vaporizer or nasal saline. Decongestants shrink swollen blood vessels in the nose to relieve congestion. Antihistamines can help relieve sniffing and sneezing.

Cough suppressants can be used to block your cough reflex. An expectorant may help ease chest congestion, but can also make you thirsty so be sure to drink plenty of fluids.

Acetaminophen or ibuprofen help to reduce fever and aches, but it is important to never exceed the recommended dose as it could cause liver or kidney problems. If you have a persistent or high fever, you should speak with your primary care provider (PCP).

You should also speak with your PCP prior to taking any new medications if you have any chronic medical conditions such as high blood pressure, heart disease, thyroid disease, glaucoma, diabetes or if you are taking any medications for mental health. For children under the age of 12, you should always check with their PCP prior to giving them any over-the-counter medications. Many OTC and cold medications are not recommended for children under the age of 6.

The Yale Health Pharmacy carries most over-the-counter

products or the ingredients found in the products. If you have any questions, you can ask to speak to a pharmacist for assistance.

*Joseph Serio, PharmD
Pharmacy*



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

YALE HEALTH CARE

news from Yale Health
winter 2018



KEEP IN MIND

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. Please note that retiree benefit eligibility and premiums will not be discussed during these sessions.

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

The sessions will be held in the Moreson H. Kaplan Conference Center on the first floor of the Yale Health Center from 4:00–5:30 pm on the following dates:

Thursday, February 15th

Thursday, May 17th

Parking is available in the Lock Street garage next to the 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.

Published by Yale Health
55 Lock Street
New Haven, CT 06511
203 432 0246
yalehealth.yale.edu
EMAIL member.services@yale.edu

Paul Genecin, MD
Director

Michael Rigsby, MD
Medical Director

Catherine Kelly
Manager, Member Services

EDITORIAL BOARD

Ann Marie Cirkot, RN, MSN
Health Educator

Linda Ehrenfels, RN
Director of Nursing, Inpatient Care

Ellen Jenkin-Cappiello, RN, MPH, CHES
Health Educator

Lisa Kimmel, MS, RD, CDN
Director of Wellness and Health Education

Diana Levin, MA
Internal Medicine

Audrey Rogers
Patient Partner

Joseph Serio, RPH, PHARM D
Pharmacy

Heather Smith
Communications Officer

Peter Steere, RPH, MBA
*Director of Pharmacy & Medication
Management, Patient-Centered Innovations*

Dan Champagne, *Editor*
Jack Design, *Design*
Harold Shapiro, *Photography*