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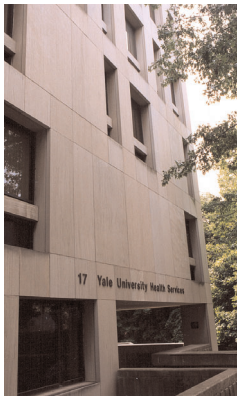
yale health care

NEWS FROM THE YALE HEALTH PLAN

30TH ANNIVERSARY ISSUE FALL 2001



Three decades have gone by since the Yale University Health Services Center opened in July of 1971. The initial proposal for the establishment of a revised University Health Services was submitted in April 1966 for consideration by the Yale administration. The objective was to develop an entirely new concept of university health, using the model of group practice to provide care to students, employees and their families. The result – Yale Health Plan – was the first comprehensive, prepaid medical care program in the country offered to an entire university community. In this year of Yale's tercentennial as well as the 30th anniversary of YUHS, we are pleased to present this special issue of *yale health care.* It features comments and reminiscences from all of YUHS' directors as well as from several long-time members of the clinical staff, and articles on changes in medical practice.

New Approach Supports Ongoing Mission

Ravi Durvasula, MD
Medical Director

The thirtieth anniversary year of Yale University Health Services heralds significant advances in the delivery of primary care to our members. New systems of appointment structure such as open access, new technologies such as electronic records, and greater precision in medical diagnosis and treatment continue to raise medical practice to higher levels. Perhaps the enhancement that will most improve the quality of care for all members is the move toward population-based medicine. This approach reflects the increasing importance of preventive measures and evidence-based health strategies for people with various health conditions and at different times in our life cycles.

In the traditional model, health care is delivered primarily at the time of appointments between a patient and clinician. Lapses in appointments, long times between appointments, or tight schedules may lead to missed opportunities for managing chronic diseases or for promoting preventive practices such as vaccinations. Furthermore, standards of care are often set by individual clinicians without a clear definition of "best practices."

The population-based approach which is being adopted at YUHS is a quality-controlled model of health care that sets as its goal the highest standard of care for all members. The Office of Population Medicine, in collaboration with clinical departments, identifies populations of patients with certain chronic diseases or those who are at risk for preventable dis-

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in touch

Important telephone numbers

Urgent Care	432-0123
Open 24 hrs/day, seven days per week	
Toll Free	1-877-YHP-CARE
Information	432-0246
Pharmacy	432-0033
Hours of operation	
Monday–Friday	7:30 AM–6:30 PM
Saturday	8:30 AM–3:30 PM
Patient Representative	432-0109
Medicare/Retiree Coordinator	432-8134
Outpatient Referrals/Claims	432-0250
Inpatient Care Facility	432-0001

A Special Note

Paul Genecin, MD
Director, YUHS

The catastrophic and life-altering events of September 11, 2001 make the summer days of 2001 seem part of a bygone era. Whether or not we suffered immediate personal losses, the apocalyptic images will remain with us; these acts of brutality against our country have traumatized us all. We also know that September 11 was not an isolated day of carnage. It signaled the beginning of an era of uncertainty in which life will surely change for everyone, but in ways that we cannot begin to grasp at this moment.

These are uncertain times and our sense of stability has been threatened. Some degree of anxiety, depressed mood, difficulty in concentrating or other symptoms may be normal in these circumstances. However, if a person with these symptoms cannot seem to get back on track or finds that the situation is worsening, our clinicians should be involved. We are eager to assist any members of our community who have these concerns. Please do not hesitate to call us.

While all of us here at YUHS were deeply affected by the events of September 11, YUHS as an institution stood ready to help in any way necessary. Of course, as always, we were here to provide not only medical care, but support and reassurance to the Yale community. At the same time, as a participant in the state's emergency preparedness plan, YUHS was on call and prepared to offer whatever services were needed by the larger community as well.

As we think about that larger community I want to mention the diversity we justly celebrate at Yale. More than forty countries are represented in our freshman class, and over one hundred throughout the university. During a national crisis, our international citizens are at risk of feeling insecure, excluded or alienated. At YUHS we are committed to providing care to all our members, regardless of race, religion, nationality, ethnicity, gender, sexual orientation or political views. There has never been a more important time to reach out to one another. I cannot think of any greater mission for Yale University Health Services.

Ongoing Mission

continued from page 1

eases. Using the latest scientific evidence, we design clinical programs and adopt standards for care or prevention of specific diseases, monitoring outcomes very closely to ensure that these standards of care are being applied to all members. Throughout the process, patients are educated about disease management and "best practices," with the aim of greater empowerment and autonomy in maintaining good health.

Two major population-based programs currently underway at YUHS are the pneumococcal vaccine project for elderly patients and the diabetes care initiative. Using a coordinated approach, vaccination rates against pneumococcal pneumonia — a potentially deadly form of pneumonia in the elderly — were tripled in two months amongst YUHS members over the age of 62. The current rate of vaccination at YUHS is over two times the national rate. The diabetes care initiative, recently spearheaded by the Internal Medicine Department, aims to provide the highest standards of care to all diabetic patients at YUHS. Response to this program has been very positive and significant improvements in care have resulted already.

Several other major population-based programs are planned for the upcoming year, including a coordinated asthma treatment initiative and programs for optimal management of coronary artery disease. The advent of population medicine enables YUHS to fulfill its mission of delivering highest quality health care to all members while promoting patient education.

reflections on 30 years

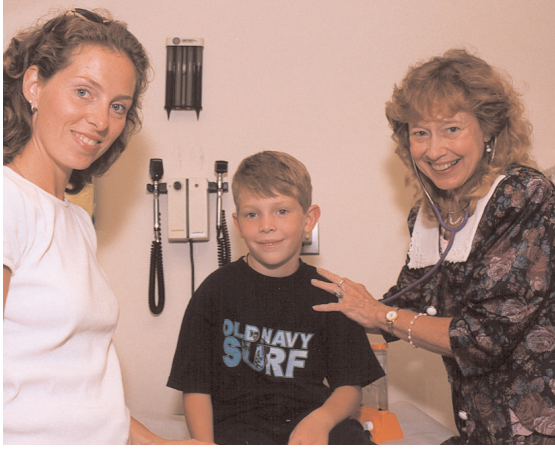
Carol Morrison, MD, came to YUHS as a pediatrician in July, 1975. She has been chief of Pediatrics since 1982.

Two dramatic changes in general medicine over the past 30 years have been (1) the vastly increased sophistication of surgical techniques, and (2) the development of non-invasive tests which offer much more precise information while posing very little or no risk. A good example is ultrasonography. I did pioneer work in echocardiography (ultrasound of the heart) while working as an academic pediatric cardiologist before coming to YUHS. Before we had echocardiography, infants and children with heart disease experienced invasive cardiac catheterizations for diagnosis and follow-up.

Another significant change in the past 30 years, specifically in pediatric medicine, has been the progress in the assessment and management of childhood asthma. We have better monitoring devices such as peak flow meters and pulse oximeters, many more medication options, and more effective medications with fewer side effects. At the same time that we are doing better at managing disease, we have also seen an increase in the number of vaccines available to prevent childhood diseases.

One of the greatest assets of YUHS is the wonderfully diverse patient population....

However, the heart of primary care medicine has remained unchanged. The best primary care is built on trust and communication between patients and clinicians — trust and communication that must also exist during off-hours, nights and weekends. This is why a committed team approach is so important. Everyone on the medical team — clinicians, nurses, receptionists, specialty clinicians, support services, management — contributes to the patient's care. Over the



years, systems have evolved to help the interface between patients and clinicians happen more smoothly and effectively.

My philosophy of medicine has not changed since my graduation from medical school. First of all, do no harm. Secondly, we should be allies with our patients, not dictators in our search for excellence in the prevention and treatment of disease and the maintenance of health. One of the greatest assets of YUHS is the wonderfully diverse patient population, from around the corner in the New Haven area to the most distant countries. We are all constantly learning from each other.

Medical Teams Rely on Range of Skills

Deborah Meredith, CNM
Ob/Gyn Department

Over the last thirty years, many YHP members have met with physician assistants (PAs), nurse practitioners (NPs) and certified nurse-midwives (CNMs) for health care concerns. From an early point in its history YHP has embraced the concept of a health care team to deliver services.

The roles of advanced practice nurses and physician assistants (also called physician associates) evolved in response to the need to improve services to specific populations. Although midwifery is an ancient profession, contemporary nurse-midwifery developed in the early twentieth century in an attempt to improve maternal and newborn health in poor rural and urban areas. Nurse practitioner and physician assistant education evolved in the 1960s primarily with the goal of providing medical care to underserved populations. As the professions have grown and the value of these clinicians has been proven, PAs, NPs and CNMs are now found not only in medically underserved areas, but also in private practices, on hospital staffs and in HMOs.

At the same time that these professions have grown in numbers, the scope of practice of individual clinicians has also expanded. All three professions emphasize primary care, counseling and patient teaching. But many of these clinicians now find themselves working in specific areas that may not have been envisioned twenty or thirty years ago. Nurse practitioners, for instance, now may have specialized roles treating chronic illnesses like diabetes or asthma. Physician assistants may be involved in trauma or surgical care. Nurse-midwives provide care during menopause and complicated pregnancies.

YUHS provides an excellent setting for these clinicians to function as a part of medical teams. Non-physician clinicians need to have a relationship with a physician in order to consult about complex patient problems, a requirement which is readily met at YUHS. Patients are "shared"— the patient may see a physician for an acute serious problem and then return to the PA, NP or CNM for more routine care. Many patients without chronic health problems may be seen exclusively by these clinicians.

In recent years, both the Internal Medicine and Ob/Gyn Departments have refined the team approach. Teams now include registered nurses, medical assistants and receptionists. The goal is to make it easier for patients to communicate to the team and for team members to share amongst themselves the problems that patients need to have addressed. Each team member can contribute strengths and skills to the patient's care. Everyone — YHP clinicians and members alike — benefits from improved communication and a focus on improving the care we give.

In 1971-72 YHP clinicians provided approximately 70,000 patient visits. There were 140,695 patient visits in the fiscal year which ended June 30, 2001.

reflections on 30 years

John Edward Dailinger, PAC, came to YUHS in September of 1976 as a physician associate in Urgent Care and Employee Health. Since the late 80s he has been a clinician in Employee Health and Orthopedics.

Most things change in 25 years, and the practice of medicine is no exception. AIDS and Lyme disease had yet to be discovered 25 years ago. MRI (magnetic resonance imaging) was only an interesting experiment. What do these and other changes mean? The possibilities of the future seem limitless until they occur, and then it is no longer the future. We live our lives in the present, which changes every day.

As I think of the past and the future, I am reminded of words written by poet T.S. Eliot about the relation of past to present, and words written by historian Walter Benjamin about history and our relation to time. Some see the words from "The Rocks" as Eliot's warning for the Information Age, a lamentation "for the wisdom we have lost to knowledge, and the knowledge we have lost to information."

I find myself in a world in which we have an increasing array of technology and information to apply to the problems our patients bring us, but also I am left wondering if we have oversold the ability of the technology to get to the center of things. So often, people seem to be more interested in what technology says about them than they are in the opinion of another human being. I also find disturbing the tendency to think of health care as a " commodity." Those who work in health care find themselves increasingly being encouraged to think of patients as "clients" or even "customers" and one hears more and more about "positioning" in the "marketplace."

One of the things I have valued most about my tenure at YUHS has been a relative degree of insulation from most of the negative forces and tendencies identified above. But I am concerned that the forces of a larger society will propel their way into this little enclave, and that we may some day think of what we had here as a quaint artifact of another era. However much medicine changes, I maintain we owe it to ourselves, each other and our patients to cling to the values and practices which enable us to forge information into knowledge while maintaining our humanity. With time, we may be fortunate enough to gain the experience, which leads to wisdom.

...we owe it to...each other...to cling to values and practices which enable us to forge information into knowledge while maintaining our humanity.

"A fond memory I have is the softball games the Physical Therapy Department held in the early 80s for our rehabilitated patients. We'd have the right knees and ankles against the left and follow it all with a cookout."

Maggie Davidowicz-Delaney, RPT
Physical Therapy

Shoo the flu

Flu shots at YUHS are available at no cost to YHP members and Medicare participants. Come to the Urgent Care Department on the first floor between 8:30-4:30 on any of these dates. For more information, call 203-432-0093.

Wednesday, November 7
Thursday, November 8
Wednesday, November 14
Thursday , November 15
Wednesday, November 28
Thursday , November 29
Wednesday, December 5
Thursday , December 6

National Pharmacy Week

The YUHS Pharmacy will be celebrating National Pharmacy week, October 22-27 with demonstrations, give-aways and other activities. Stop by and see us.

reflections on 30 years

Benjamin Bradburn, MD, originally came in 1963 to practice orthopedics at what was then University Health Services. He left in 1977 and returned to the YUHS Orthopedics Department this past July.

Dr. Ulrich Weil and I were providing the orthopedic consultations for some of the visiting faculty and students when the University Health Services occupied a space on College Street. At that time, our offices were in the basement of the building, and we were in the same space as the physiotherapy service, which was staffed by Eddy O'Donnell and his brother, John — former wrestling coaches at Yale. The Inpatient Care Facility was over on Prospect Street in the building that is now occupied by the International Student Center.

Our patient population consisted only of students and visiting faculty who were here without any local orthopedic care. Dr. Weil and I were enthusiastic about the concept of health maintenance organizations and participated in starting CHCP (Community Health Care Plan), but had particular interest in the idea of a health plan for the University.

...the treatment advances are notable.

I returned to YUHS this past July. The examining rooms are a little bit more crowded than they used to be, but, more importantly, the treatment advances are notable. In the 70s, nobody had heard of an arthroscope; now arthroscopy is one of our more common procedures. MRIs (magnetic resonance imaging); existed only as a concept, not as a practical diagnostic option, and there was no such thing as a CT scan.

Currently, I am seeing more complex orthopedic problems than I did in earlier years. Working here is still fascinating, and I look forward to at least several more years of association with YUHS.

October is Breast Cancer Awareness Month

Look for information about upcoming free events in the October events calendar on our web site at http://www.yale.edu/uhs/highlights/calendar/index.html or pick up an invitation at the Ob/Gyn Department. For more information, call 203-432-1826.

"When I came to YHP in January 1972, all records as well as policy and procedures were developed and maintained manually. Interdepartmental communication was limited and sharing information was very difficult."

Noreen Slater
communications coordinator,
YUHS Member Services

In 1971-72 the Pharmacy filled an average of 100 prescriptions each day. In 2001, an average of 700 prescriptions are filled daily.

Yale Health Plan had 15,000 members at its opening in July of 1971. That number increased to 18,000 by February of 1972. Currently, there are 28,000 members.

reflections on 30 years

Moreson H. Kaplan, MD, came to YUHS as an internist in July of 1971. He was chief of Internal Medicine from 1976-1984 and medical director from 1979-1982 and again from 1990-2001. He continues to practice medicine and is currently also serving as associate director for medical affairs, chief of Surgical Specialties, and medical director for the Inpatient Care Facility (ICF).

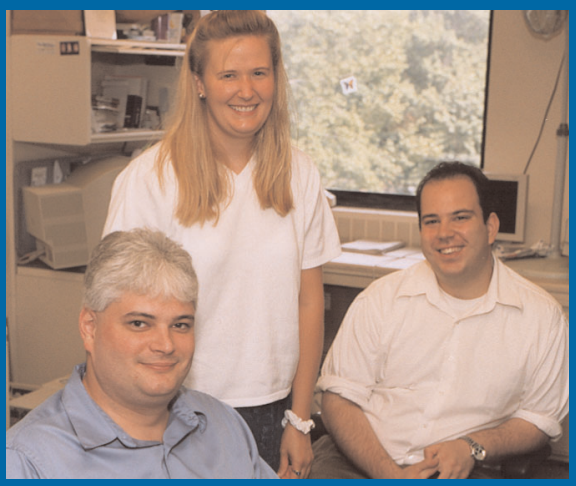
One of the major changes in medical care over the past thirty years has been the tremendous growth in the specialization and subspecialization of medical and surgical disciplines, growth that has occurred in response to the explosion in medical information. This is good news in that the level of knowledge of the specialist-physicians to whom we refer is extraordinary and would be absolutely unattainable for the generalist primary care clinician (PCC). The caveat is that such a degree of specialization can create fragmentation of care. But this specialization also provides the opportunity for a real partnership between the patient and the PCC, who can serve as integrator, simplifier, and communicator — and advocate for the patient.

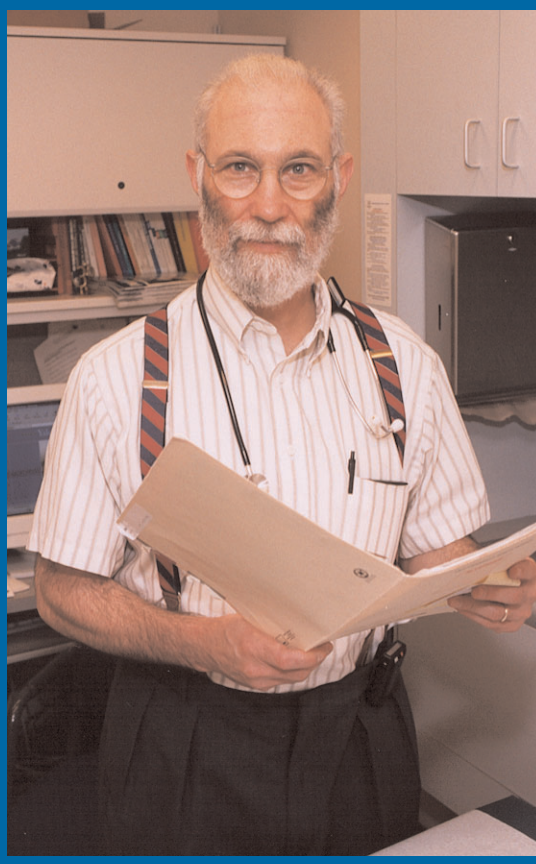
...the level of knowledge of the specialist-physicians to whom we refer is extraordinary...

Another major change has been the invention and refinement of sophisticated imaging techniques, ultrasound, computerized tomography (CT scans), and magnetic resonance imaging (MRI), as well as the specialty of interventional radiology. The good news is that we have gained extraordinarily powerful tools for viewing healthy and unhealthy anatomy and the ability to sample (biopsy) or manipulate (treat) disease without invasive surgery. The concern here is that there is the temptation on the part of both clinicians and patients to want to use these tools, along with increasingly sophisticated lab tests and procedures, in lieu of clinical judgment.

In other areas: Advances in surgery have led to less invasive procedures (such as laparoscopy and arthroscopy) and microscopic surgery, all with much better results than had been the norm with the older more invasive surgeries. The development of same-day surgery and surgery with only a single night in the hospital have been a boon to patients and families. Advances in pharmacology and immunology have led to better drugs, immunizations, and related therapies unheard of thirty or even twenty years ago.

In addition, there is a new emphasis on the development of preventive, diagnostic, and treatment guidelines (protocols) grounded upon evidence derived from clinical research. These have already been adopted in some primary care specialties (obstetrics, gynecology, and pediatrics), greatly advancing the consistency and effectiveness of care. More recently such guidelines have been developed for internal medicine and significant benefits will be realized as they are implemented.





reflections on 30 years

Barbara Dobay, CNM, came to YUHS in August of 1979 as a clinician in the Ob/Gyn Department.

YUHS has always valued the autonomy of CNMs (certified nurse midwives) and NPs (nurse practitioners) and been supportive of our practice. It has been a rewarding and challenging place to work because there has been room for growth and change. My initial nurse-midwifery training did not prepare me to care for women beyond the child-bearing years. But my work here enabled me to do research about menopause and expand my practice in this area. My research has focused on menopause symptomatology and the effects of replacement estrogen, natural progesterone and testosterone.

At YUHS, CNMs and NPs have been able to practice independently and focus on patient education because of the general good health of the population served at here. But I have also seen growing complexity of care as we deal with "new" disease entities (such as various sexually transmitted infections and HIV) and a growing knowledge base about menopause and other issues. In earlier years, much of the counseling I did related to contraception. With the discovery of HIV and the recognition of the effects of the human papilloma viruses, it has become a challenge to counsel women about all sexually transmitted diseases and help them learn how to talk with a partner, insist on condom use and protect themselves.

Now...there is much more to teaching women about taking care of themselves throughout their lives.

I also do much more complex and detailed teaching than I did earlier on. I love teaching, and I began doing Lamaze classes almost every week since my arrival at YUHS in 1979. Now, because we know more about premenstrual syndrome, post-partum depression, female sexuality, perimenopause and menopause, there is more to teaching women about taking care of themselves throughout their lives. Past generations rarely talked about these issues, but today women come in to ask for help.

My long tenure here, as well as that of many other clinicians, is due to the supportive atmosphere for CNM and NP practice at YUHS.

From The Desks of The Directors

Daniel S. Rowe, MD

Daniel S. Rowe, MD, was the director of Yale University Health Services from the inception of Yale Health Plan in 1971 until his retirement in 1990. He came to YUHS from Yale University School of Medicine, where he had been a professor of pediatrics and public health.

I would like to start by acknowledging the work of three men who figured prominently in the development of Yale Health Plan (the HMO for Yale University) during the years leading up to its opening. The first is Charles Taylor, Provost of the University at the time who, at the tenth anniversary celebration was called "father of health at Yale" by President A. Bartlett Giamatti. The second is Seabury Hathaway, MD, the former director of the old Department of University Health and the principal advocate of the plan. The third is Joseph Axelrod, the administrator responsible for the plan's development, who also served as YHP's first administrator from 1971-1975. I learned a great deal from each of them.

The original group of primary care physicians included three pediatricians seven internists and two ob/gyns. I want to acknowledge the dedication of those original primary care physicians, almost half of whom gave up successful practices in the area in order to join this organization, the future of which was by no means assured and which was labeled "socialized medicine" by many of their former colleagues. The other members of that early primary physicians' group, eager to participate in an HMO sponsored by Yale University, all had one thing in common: the desire to maintain professional control over the care of their patients. They served as role models for future medical staff members.

Nurses had begun to take on an expanded role at the old Department of University Health before Yale Health Plan became a reality. At the opening of YHP, nurse midwives and pediatric nurse practitioners were on staff. However there were no medical nurse practitioners in 1971. So, in collaboration with the School of Nursing, we developed a curriculum and four of our nurses were trained as medical nurse practitioners. We were one of only two facilities in the country with that kind of training program. YHP was also one of the first HMOs to employ nurse practitioners and physician associates, and was the only HMO in New England who had these professionals on staff at that time.

The planners had also designed an inpatient unit which could be used for patients in need of short-term hospital car,e as well as those almost ready for discharge from the hospital but still in need of care. This was a groundbreaking concept at the time, and it proved to be both cost effective and good for our patients.

I am pleased to have had the opportunity to help shape a unique organization from its inception.

Stephanie Spangler, MD

I will never forget the surprise and excitement I experienced when I first came to the Yale University Health Services.

When I left private practice in 1986 to head the YUHS Department of Obstetrics and Gynecology, managed care was still a rare phenomenon in Connecticut and, indeed, in much of the country. However, I rapidly came to admire the prescience and courage of the YUHS founders in creating an integrated health care delivery and financing system, where health care providers from many specialties worked in close proximity and collaboration, where preventive services shared equal standing with diagnostic and therapeutic interventions, where the definition of "care" included accountability for the health of the entire University population as well as responsiveness to individual patient needs. From the moment I crossed the threshold of the 17 Hillhouse Avenue facility, I felt as though I had become part of a health care system that approached most closely the ideal partnership between patients and health care providers, between a population and its health care system.

My tenure as YUHS Director from 1990–1995 was shaped by tremendous and tumultuous change in the national health care arena. Soaring health care costs precipitated a "crisis" in employer-based health coverage. The previously little-known concept of "managed care" became a topic of common conversation and hot debate, as both public and private insurers attempted, with varying degrees of skill and wisdom, to apply principles that YUHS had long embraced to the ailing national health care system. Our challenge at YUHS was to make the changes and improvements necessary to keep the founders' vision vital and current in this rapidly evolving climate—to exemplify all that was good in "managed care." Accordingly, we expanded clinical services and covered benefits, fortified quality management efforts through the establishment of a Division of Quality Management, remodeled YUHS administrative systems, shored up YUHS financial support and accountability, and, most importantly, enriched the dialogue between the YUHS and the Yale community it serves through outreach and communication programs. Thanks to the hard work and commitment of the YUHS providers and staff and the invaluable participation of the Yale community, YUHS thrived during these turbulent times.

From my current perch in the Provost's Office, I have watched with pleasure as the YUHS has continued to evolve and flourish with the wise leadership of Drs. Siggins and Genecin, with the dedication of its staff, and with the ever-growing engagement of the Yale community. As we face the tremendous challenges and uncertainty that will undoubtedly characterize 2001 and the years beyond, our community will continue to draw strength and support from the robust and enduring health care organization that we have built and nurtured together over the past thirty years.

Lorraine D. Siggins, MD

Lorraine D. Siggins, MD, has been a psychiatrist with YUHS since its inception in 1971 and has been chief of the Department of Mental Hygiene since 1989. From 1995-1997 she served as the interim director of YUHS.

My time as director was an exciting one. I had been at YUHS since the beginning and so I knew almost all the staff. The biggest change during my tenure was the implementation of the IDX system, which had a major impact on the organization of our clinics. The benefit of this system that is probably most obvious to our members is what it meant for our scheduling. The IDX system made possible rapid access and open access appointments, the latter meaning that an appointment can be scheduled within a few days from the time of calling. Putting this system in place required an enormous team effort from the entire staff, and I am grateful for their support and dedication during the process.

Another significant activity during that time was our search for a new permanent director. I was on the search committee and am proud that, after a nationwide search, we chose Dr. Paul Genecin, who was then chief of Internal Medicine.

After Dr. Genecin assumed the director's position, I returned to the work I love best — counseling students. There have been many changes in our department over the years. We have increased our involvement in the University community: working with freshman counselors and peer counselors; providing mental health liaisons to the colleges, graduate and professional schools; increasing outreach to international students. We have increased the availability of group therapy and support groups including groups for those with chronic illnesses. We welcome the class of 2005 and look forward to working with them as they become part of the Yale community.

Paul Genecin, MD

Paul Genecin, MD, came to YUHS in 1989 as a clinician in Internal Medicine. He became chief of that department in 1991 and of Urgent Care shortly thereafter. He was chief of both departments until 1997, when he was appointed director of YUHS.

At thirty years of age, YUHS is a venerable health care institution, even if its life span is only a tenth of Yale's three hundred years. We have been here for as long as most people currently working at Yale can remember. And since we continue to serve the majority of Yale's faculty, staff, dependents and students, YUHS and Yale Health Plan have become household terms for many thousands of Yale-affiliated people.

When I started as director in 1997, I had the good fortune that two of my predecessors, Drs. Stephanie Spangler and Lorraine Siggins remained actively engaged. Each of them played vital roles in the history of YUHS and they continue to be dedicated partners and colleagues as we plan for the future.

One of the important advances of the past few years is the explosion of new technologies to assist clinical practice. In the early phase of this technological revolution, the enhancements came in the form of scheduling systems, membership databases and other administrative functions largely invisible to members. However, the next wave of electronic applications is clinical. We will soon be implementing secure clinical e-mail, an electronic medical record, and many tools to help us to track the accessibility and quality of clinical care — all in a confidential and secure environment.

We will always be committed to our mission to provide excellent, accessible personalized clinical care. But now we will also have the tools to realize the dream of outreach to members of specific risk groups such as our diabetics, asthmatics and cardiac patients, as well as to members who require screening or immunization. We are working towards the day when our patients will use the customized information we will provide to prevent or control disease.

Even the most sophisticated technological tools can never supplant visits to and interactions with a trusted clinician. However, the patient and the clinician can each get more from the visit if they do not have to scramble for information from past visits, results of tests, prescription medication dosages and so forth. All of our changes are geared to enhancing clinical care with better information, better reminder systems and ongoing outreach. As always, I welcome your questions and comments.

"I wouldn't have taken my children anywhere else. I never had a problem with their being afraid of their doctor. They are now 25 years and 22 years old and still comment about how much they liked their pediatrician."

Barbara Brangi,
administrative assistant at Yale Law School

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Now, Getting On Line Means Convenience

Rhea Hirshman, editor

Paul Genecin, MD, the director of Yale University Health Services, noted recently: "Years ago the telephone was the ultimate technological marvel....But the telephone is far from perfect and, in almost every institutional setting and in doctors' offices everywhere, problems with phone systems can drive patients to distraction. We simply cannot sufficiently enhance telephone technology or add enough staff to meet spiraling demands for advice, information, appointments and results. In this age of expanding technology our members are seeking other options."

One of the newest products of this expanding technology is Patient Online, a web-based communications service structured to address administrative functions in medical settings. Yale Health Online — the Yale Health Plan version of this technology that is tailored for the Yale community — will be introduced to YHP members this fall through pilot programs in specific clinical departments, starting with Ob/Gyn. The full service will be phased in throughout the whole health plan during 2002.

Set up to mesh with current systems, this program, when fully in place, will allow members to go on line to:

- request appointments, appointment cancellations and scheduling changes
- request changes in their own demographic information (i.e. changing an address)
- request referral information
- request medication information
- leave messages for members of their clinical teams
- receive general clinical information (such as nutrition tips)
- link to the YUHS web site to obtain information and download forms

Activities related to appointment scheduling and leaving messages for clinicians will be the first options available.

Of course, as with any personal medical communication, patient confidentiality is a priority with Yale Health Online. Nanci Fortgang, RN, MPA, is clinical manager of the Ob/Gyn Department and chair of the committee charged with implementing this program. She notes: "All the information that goes back and forth is encrypted and completely secure. Also, use of this system, even when it is fully in place, will be totally voluntary."

While many health issues cannot be addressed electronically, the significance of Yale Health Online lies in its ability to simplify routine communications and to offer members the convenience of accessing or transmitting certain kinds of information at their convenience — "similar to on-line banking," notes Chris Kielt, deputy director for operations. "Secure clinical messaging will also help improve telephone service as members perform many routine transactions electronically." Kielt notes also that other university health systems, including those of Dartmouth, Duke and the University of Colorado, are successfully instituting their own version of the IDX-developed system.

Watch for more detailed information coming this fall about the implementation of Yale Health Online.

reflections on 30 years

Donna G. Gayman, RPh, MBA, came to YUHS as a staff pharmacist in May of 1976. She was appointed assistant director of the Pharmacy a few years later, and became director of the Pharmacy in 1992.

The practice of pharmacy and the role that pharmacists and pharmacy play in overall patient care has changed significantly over the past 25 years. Much of this change has been the result of a dramatic increase in the number of prescriptions filled per year per patient and the proliferation of new medications. These factors have led to more complicated medication treatments for many conditions and have required pharmacists to become more actively involved in monitoring medication related issues. We have added clinical pharmacists to our staff and all pharmacists have become more actively involved in patient care issues. While 25 years ago our main role was to interpret prescriptions and dispense medication to patients, we now, in addition, provide a range of pharmaceutical services to both patients and clinicians.

Because pharmacy technicians and automation can assist in dispensing medications, pharmacists can be more clinically involved. This clinical involvement can include interpreting drug interactions; making medication recommendations and intervening proactively in patient care to prevent adverse drug reactions and interactions. A large part of our time is also devoted to counseling patients about medication use and answering clinician questions on choice of medications and their potential adverse effects. Pharmacists are also involved in monitoring medication use and analyzing trends among the patient population in utilization of certain medications such as antibiotics.

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Pharmacists have also become much more involved in disease management and education programs. We work collaboratively with other members of the health care team to help patients manage chronic diseases such as diabetes. In addition to treating symptoms of disease, medications are now commonly prescribed to prevent progression of disease and improve the quality of patients' lives. Pharmacists play a role in monitoring certain disease states to ensure that patients are receiving the most currently recommended treatments. Pharmacists are also actively involved in instructing patients on the use of monitoring devices, such as blood glucose monitors, and counseling them not only about medications but symptoms of disease and symptoms of adverse drug reactions.

The YUHS Pharmacy staff has grown in the past 25+ years from four pharmacists and one technician to eight pharmacists and five technicians. The space has been changed or remodeled four times since the early days. With our latest upgrades, we have a state of the art operation that includes additional innovations, such as on-line prescription writing.

YUHS staff members with 25+ years of service. See caption below.

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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.

***Seated**: Flora Gibson; Marilyn Young; Phyllis Mulrine; Marie Meneely.*
***Standing:** John Dailinger,PAC; Lorraine Siggins, MD; Moreson Kaplan, MD; Carol Morrison, MD; Molly Meyer, APRN; Donna Gayman, RPh, MBA; Maggie Davidowich-Delaney, RPT; Noreen Slater; Lynda Boynton, RPT*

***Unavailable for photo:** Douglas MacRae, MD; AmaBella SanJuan; Sandra Sliby; Rena Wilkerson*