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# yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. IX NO. 5

SEPTEMBER–OCTOBER 2006

## Milk: It's not just from cows any more!

Linda Bell, MS, RD, CD/N, Nutritionist



**I**n the last decade, a wide variety of “milk” and milk products has appeared on the shelves of both natural food stores and main-stream super-

markets. Besides the basic definition of milk as a nourishing liquid secreted by mammals to feed their young, milk is also defined by dictionary.com as “a liquid, such as coconut milk, milkweed sap, plant latex, or various medical emulsions that are similar to milk in appearance.”

It is certainly not unusual to open someone's refrigerator and see not one but several different types of milks (mine usually contains three: 2% milk for our teenage sons, skim milk for my husband and me, and soy milk for my daughter and me). Milk is fun to dunk cookies in, an essential companion for cereal, a complement to coffee or tea, and helps induce sleep for many people when consumed warm before bedtime. It is versatile, and provides many nutrients.

The standard cows' milk that we buy has been long recognized as a source of protein, calcium and vitamin D. It also provides vitamin B-12, riboflavin, niacin, potassium and phosphorous, and is usually fortified with vitamin A.

One significant nutrient lacking in milk is iron, which is why iron fortified cereals are foods introduced early into the diet of infants.

For those who choose not to drink cows' milk because of allergies, other health reasons, or preference, a wide variety of nutritious substitutions is available.

### What do those percents mean?

Fat free (skim milk) contains 0.5 percent fat or less. Low-fat (or light milk or 1% milk) has 50 percent less fat than whole milk. Reduced-fat milk, or 2% milk, has 25% less fat than whole milk, and whole milk contains 3.25% fat. These percentages refer to the amount of fat by **weight**, not calories.

*continued on page 2*

## Women's Health Program on tap for October

Yale Health Plan and the YHP Ob/Gyn Department invite you to participate in our annual October Women's Health Program. All presentations will be offered at the Presidents' Room, Woolsey Hall, at the corner of College and Grove Streets. Lunch is provided and all events are free, but registration is required. RSVP to YHP Office of Health Promotion and Education at 203.432.1826, which is also the number to call for more information.

Wednesday, October 18 • 12:00 noon

### MIDLIFE HEALTH: MENOPAUSE AND OSTEOPOROSIS

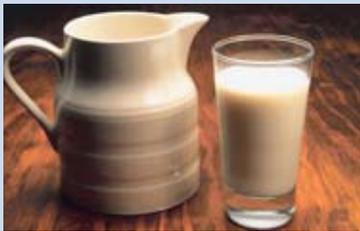
**Ivy M. Alexander, PhD, CANP**  
Associate Professor and Director  
Adult, Family, Gerontological, and  
Women's Health Primary Care Specialty  
Yale University School of Nursing  
clinician, Yale University Health Services

Wednesday, October 25 • 12:00 noon

### HEART DISEASE PREVENTION IN WOMEN

**Jessica Shank Coviello, MSN, APRN**  
Assistant Professor, Adult Advanced  
Practice Program  
Yale University School of Nursing

Questions or comments about the newsletter? We'd like to hear from you. Drop a note to [member.services@yale.edu](mailto:member.services@yale.edu) and put “newsletter” in the subject line.



*In the U.S., cows' milk is fortified with vitamin D, which is essential for bone health.*

# in touch

## IMPORTANT TELEPHONE NUMBERS

<b>Urgent Care</b>	203-432-0123
<i>Open 24 hrs/day, seven days per week</i>	
<b>Toll free out of area</b>	1-877-YHP-CARE
<b>General information</b>	203-432-0246
<b>Pharmacy</b>	203-432-0033
Monday, Tuesday,	8:00 AM–6:30 PM
Wednesday, Friday	
Thursday	8:30 AM–6:30 PM
Saturday	8:30 AM–3:30 PM
<b>Patient Representative</b>	203-432-0109
<b>Medicare/Retiree Coordinator</b>	203-432-8134
<b>Outpatient referrals</b>	203-432-7397
<b>Claims</b>	203-432-0250
<b>Inpatient Care Facility</b>	203-432-0001

### If you purchase “milks” made from plant sources...

In the United States, cows' milk is fortified with vitamin D, which is essential for bone health. In fact, fortification of milk with vitamin D has virtually eliminated rickets in North America. In addition, milk is a source of the essential vitamin B-12, which is found exclusively in animal foods. If you are vegan, look for cow milk alternatives (rice, soy, or almond milk) that are fortified with vitamins D and B-12 as well as calcium, as these nutrients are often in short supply in a vegan diet. Many—but not all—alternative milk products are fortified with these nutrients. Cows' milk provides about 300 mg of calcium/cup, and most of these products are fortified to meet this level as well as the equivalent level of Vitamin D (100 IU/cup) and Vitamin B-12 (products vary widely, from .36-3.00 mcg/cup, compared to cows' milk which provides about .90 mcg/cup).

If you are	Try one of these	Because	Nutrition notation
<b>Concerned about fat content because of weight or cholesterol issues</b>	Skim milk	Calories are lower than whole milk	Look for milk products with less than or equal to 3 g fat/serving (“non fat” or “low fat”) and less than or equal to 100 calories/serving. Although low in fat, some products may contain a significant amount of sugar which can boost the caloric level.
	Thickened skim milk products (such as Simply Smart™ or Skim Plus™)	Negligible saturated fat and cholesterol	
	Soy, rice or nut milks	Calories are lower than whole milk	
<b>Lactose intolerant</b>	Lactose-free or lactose-reduced milk	The lactose is broken down	Lactose-reduced milk is available in full fat or reduced fat varieties.
	Soy, rice or nut milks	There is no lactose in these	Soy, nut and rice milks are available in a variety of flavors.
<b>Vegan</b>	Soy, rice or nut milks	These contain no animal products	Protein content of soy milk (9 g/cup) is higher than rice milk (1 g/cup) or almond milk (2 g/cup).
<b>Making a gradual change to lower fat intake</b>	1% or 2% milk	These have less fat than whole milk (which is 3.25% fat) but do not taste dramatically different	2% milk is not “low fat” as it contains 5 grams of fat per serving.
<b>Looking for a milk product with a longer shelf life</b>	Long life UHT (ultra heat treatment) milk (such as Parmalat™) or powdered milk	UHT can be safely stored without refrigeration for up to 6 months	These products are also available in full fat or reduced fat varieties.
		Powdered milk (canned) can be stored unopened for up to 18 months	
<b>Concerned about BHA hormones in milk</b>	organic milk	It contains no hormones	Organic milk is also available in full fat or reduced fat varieties.
<b>Feeding a child 2 years of age or younger</b>	Breast milk or infant formula (until at least 12 months of age)	Infants need breast milk or formula for their first year of life	Lower fat milks don't contain enough energy and are too high in protein for toddlers.
	Whole milk (12-24 months)		
<b>Like a more “cultured” flavor</b>	Buttermilk	The fermentation process gives this product its characteristic taste, and also reduces the lactose content	Buttermilk is usually made from fat free or low fat milk.



# from the desk of

**MICHAEL RIGSBY, MD**

MEDICAL DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

*Discussions about improving health care quality are all over the news these days.*

**A**s opportunities for sustaining and improving health have increased through more effective prevention and treatment, health care organizations must constantly evaluate the level of quality they provide. The measurement and improvement of quality in clinical services at YHP is my highest priority as medical director.

Quality in health care delivery involves many factors. A fundamental measure of quality is the satisfaction of our membership. For several years, YHP has employed an independent, outside agency to conduct telephone interview of members to determine their satisfaction. The survey asks about satisfaction in many areas. These include: scheduling, reception and waiting room environment, as well as the overall satisfaction with the clinical staff and the ability of YHP to meet members' expectations. The results consistently show a very high level of satisfaction with YHP clinician and support staff. In the most recent survey, conducted this spring, 91% of patients rated their most recent medical visit as either "excellent" or "very good."

We also know from survey results that members sometimes feel frustrated with scheduling delays and would like contacting the clinical staff to be easier. The survey results allow us to provide each of our clinical departments

with very objective, timely data so that quality improvement steps can be implemented. For instance, the percent of patients seen on time in Student Medicine was lower than the health plan average one year ago, but increased by 32% over the course of the past semester. Wait time satisfaction in that department now equals the result for the rest of the facility.

Another indicator of quality is whether we are following well-accepted, evidence-based guidelines in disease prevention (such as screening for cancer) and in management of chronic diseases such as asthma and diabetes. To assess quality in these areas, we look at several types of measures. Process measures examine whether we are taking the right steps, such as checking patients' cholesterol levels. Medical outcome measures can be either intermediate (such as how well cholesterol levels are controlled) or long term (such as reduction in the incidence of heart attacks and strokes).

Each of our clinical departments has an active program of examining quality through the use of clinical quality measures. For instance, in Pediatrics, measurement of compliance with recommendations for childhood vaccinations shows that we do extremely well compared to public health goals.

Similarly, we measure the percent of female members who have been screened for cervical and breast cancer. For patients with diabetes we measure 8-10 indicators of quality, including control of blood sugar, screening for kidney and eye complications, and blood pressure control.

Over the next year we will add significantly to the number of quality indicators that we measure. A broad area of focus for adult primary care will be cardiovascular health, with particular attention to management of high blood pressure and elevated cholesterol. In Student Medicine and Ob-Gyn, we will implement recommendations to offer screening routinely to young women for Chlamydia infection. Pediatrics will focus on asthma management and prevention of obesity in children. Throughout YHP we will be working to improve the ease of contact and access to timely appointment scheduling. Please look in future newsletters for updates on how we're doing with quality measures. By sharing this information with you, we hope to engage you in the process of improving your own health and the quality of health care you receive at YHP.

# Emergency preparedness ongoing throughout the University



Yale University has been actively planning for emergencies with partnerships among Yale University Health Services, the Schools of Medicine and Nursing, the Provost's Office, the Office of the Vice President and Secretary, Environmental Health and Safety, the Yale Police and University Security to name just a few—as well as with outside agencies such as the New Haven Health Department and Yale-New Haven Hospital. YUHS has a central role because of our clinical responsibility for over 30,000 individuals who depend on us for health care.

We focus on developing the infrastructures and systems that will permit the University to respond to a range of possible scenarios, from a local computer systems failure to natural disasters, terrorist events and global pandemics. We assess: 1) the likelihood that an event might happen; 2) the degree of threat it would pose to the health care delivery system and the operations of the University; and 3) our present state of preparedness to handle that event.

Then we design scenarios that serve as bases for “table top exercises,” in which we analyze the responses necessary in an emergency, and we conduct actual drills with broad participation across the University.

Examples of these exercises have included responding to a hypothetical health threat requiring urgent vaccination of our population or immediate provision of medication to thousands of people. Another involved the scenario of a bomb explosion with casualties; we used actors as victims and went through the steps involved in caring for people in the event of an influx of injured patients.

In August, YUHS lead an exercise and full-day drill involving many of our partners, with the scenario of a pandemic in conjunction with various confounding events—a failure of computer systems, an off-hours emergency in which health care personnel must be quickly mobilized, or a situation in which a significant portion of the health care response team is affected by the pandemic.

All of our drills provide practice in setting up emergency command centers, testing communications strategies, and working through the dilemmas involved in caring for large numbers of people under stressful circumstances. We build any questions raised into subsequent drills and tabletop exercises.

All of us hope that our behind-the-scenes planning for disasters and pandemics will never be needed, even as we know that we cannot allow ourselves to become complacent. We may not be able to predict the future, but we can do everything in our power to be prepared.



The following web sites offer more detailed information on emergency preparedness:

[www.disasterhelp.gov](http://www.disasterhelp.gov)  
[www.redcross.org](http://www.redcross.org)  
[www.dph.state.ct.us/ready.htm](http://www.dph.state.ct.us/ready.htm)  
[www.ct.gov/demhs](http://www.ct.gov/demhs)  
[www.fema.gov/areyouready](http://www.fema.gov/areyouready)  
[www.nfpa.org](http://www.nfpa.org)

## GENERAL TIPS FOR EMERGENCY KIT PREPARATION

- **Date all supplies.** Periodically check food and water in your kits to make sure that they haven't expired and refresh when needed. If uncertain, change items every six months.
- **The average person needs at least one gallon of water per day.** Make sure to include pets' needs as well [varies by size]. Buy commercially bottled water or use sanitized containers to store. Do not use milk or juice jugs, as they promote bacteria growth.
- **Avoid foods that require preparation and foods that make you thirsty.** Make sure to consider special dietary needs when planning emergency supplies.
- **Rethink your kit annually as needs change** [new medications, supplies for older children, addition of pets to the household].
- **Keep items in airtight plastic bags and put the entire supply kit in one or two easy to carry containers.**

## Prepare yourself

Your home emergency preparation kit should contain supplies for each person for at least three days. It should be kept in a designated place, easily accessible, in a waterproof container away from temperature extremes. Items to include:

- phone numbers and maps identifying locations of safe places
- cash and credit cards
- extra car keys
- copies of documents including identification, wills, insurance policies, deeds, contracts, passports, Social Security info, immunization records
- water and non-perishable food
- first aid materials
- prescription and non-prescription medications and health supplies such as eyeglasses, contact lens cleaner, hearing aid batteries, walkers and canes
- personal hygiene products such as soap, shampoo, toilet paper, menstrual supplies, moist towelettes, disinfectants
- baby supplies
- changes of clothing
- flashlight and radio [if devices require batteries, include extras]
- tools and accessories such as: pocket knife, hammer, screwdriver, duct tape, waterproof matches, safety goggles, plastic bags, manual can-opener, implements for eating and drinking, whistle, writing and reading materials
- supplies for pets including identifications, food, carriers, leashes, litter pans, dishes, medications

### At your workplace:

- keep a coat or jacket and comfortable walking shoes in case of evacuation
- keep your cell phone handy and charged at all times
- keep cash and credit cards on hand
- keep a pack with non-perishable food, fresh water, and a change of clothing, a flashlight and portable radio [preferably the kinds that don't require batteries]

### To keep in your car:

- protective clothing and walking shoes
- a fully-charged cell phone
- cash, credit cards and photo I.D.
- a small pack with non-perishable food, fresh water, and a change of clothing
- flashlight and portable radio
- first aid supplies
- blankets and seasonal supplies [e.g. bug spray, ice scraper]
- flares and jumper cables
- kitty litter [for traction on ice]



## From the Pharmacy

### What does “filling a prescription” actually mean?

Pharmacists are medication specialists who train for six years, graduate with a doctorate in pharmacy [PharmD], serve internships and pass state examinations in order to be licensed. Yearly continuing education is required for the license renewal. Pharmacists dispense medications; work with clinicians on medication selection and on issues related to dosing, interactions and side effects; provide disease management services with conditions such as asthma or diabetes; and prepare individualized drug therapies for treatments of conditions like cancer.

While “filling a prescription” may look routine, doing so actually involves a series of procedures that go into ensuring that your prescription medication is right for you:

**Checking the written prescription order.** If there are no questions about the order, the pharmacist will go to the next steps. If clarification is needed the pharmacist will contact the clinician.

**Entering your information into the computer.** The pharmacist enters your prescription information into the computer system, which contains your complete medical history. This feature is especially useful in an emergency, when a clinician may need to know exactly what medications you are or have been taking. To make sure your medication record is complete, you should always inform the pharmacist of any drug products—prescription and nonprescription, including vitamins and supplements—that you have obtained from other sources.

**Checking your prescription history.** After the information has been entered, the pharmacist checks your prescription history, looking especially for therapeutic duplication—the simultaneous use of two or more medications that serve the same purpose.

**Guarding against drug interactions.** Pharmacists also look for potential adverse interactions not only between prescription drugs, but also between foods, beverages and over-the-counter medications. An interaction may also occur when a medication prescribed for one condition has an unintended effect on another problem.

**Checking dosage and duration.** Pharmacists verify the dosage and duration of use, comparing against standard usage recommendations. When your clinician varies from the standard or prescribes a drug that is not commonly used to treat your condition, the pharmacist may need more information to be sure the prescribed drug therapy is best for you.

**Checking against allergies.** Pharmacists also check for medication allergies by reviewing your medication records every time you have your prescription orders filled.

**Making recommendations.** Pharmacists are trained not only to recognize the potential for drug interactions and allergies, but also to recommend to the clinician the best alternatives when necessary.

**Double-checking the prescription.** After the prescription is filled, the pharmacist reads the label. The written directions were checked as the information was entered into the computer system and are now checked against the written order. The contents of the package are rechecked to ensure that what was prescribed is the same as what was placed in the bottle. When needed, labels are fixed to your prescription to alert you to side effects, possible interactions and other information.

**Counseling you about your medicine.** Common questions include: Should this medication be taken with food or between meals? Is there anything I should not eat or drink while on this medication? Can I continue to take over-the-counter medications while using this prescription? What should I do if I experience side effects? Can I take this medication beyond its expiration date? Is a less expensive version available? We are happy to answer these or any other questions. Talk to us when you are at the Pharmacy, or call us at 203-432-0033.



# information

## A REMINDER ABOUT BENEFIT COORDINATION

“Coordination of benefits” [COB] is the term applied to the process used to determine the order in which benefit plans should pay for covered services when a member is covered by more than one plan (e.g. YHP and Blue Cross and Blue Shield). Members who have both YHP and other coverage are required to forward all explanations of benefits from their other insurance carrier—including payments and denials—to the YUHS Billing Department, 55 Whitney Avenue, 2nd floor, New Haven, CT 06520.

And please remember that if you have other coverage when you first enroll in YHP, or if the coverage changes while you are enrolled, (e.g. other insurance or identification numbers) you are required to notify the Billing Department. You may also download the COB form at the YHP web site [www.yale.edu/uhs](http://www.yale.edu/uhs). As noted in the YHP Member Handbook, failure to disclose other coverage, or changes in other coverage, is grounds for termination of YHP coverage. For questions related to benefits coordination, contact the Billing Department at 203.432.7877.

## EXTENDED CLINIC HOURS RESUME

Extended hours in the primary care clinics (Internal Medicine, Pediatrics, Ob/Gyn) resume on September 12. Evening clinics are offered on Tuesdays and Wednesdays from 5:00–6:45 PM during the academic year.

## UPCOMING EVENTS

- Employee wellness fairs are planned for this fall. Watch for signs around campus and check our web site.
- Employee benefit fairs, at which new and current employees can learn more about available benefits, are planned for Tuesday, October 24 at Harkness Lounge, Medical School, Cedar Street from 10 AM to 2 PM and Wednesday, October 25 at GM Room, School of Management, 55 Hillhouse Avenue from 9:30 AM to 2:30 PM.
- The open enrollment period runs from October 30 through November 17. During this period, new members can enroll in YHP and current members can make changes in their coverage. Watch for details via mailings, postings around campus and the web site [www.yale.edu/uhs](http://www.yale.edu/uhs).
- Influenza vaccination (flu) clinics will be scheduled for later this fall. Watch for more information at YHP and check our web site for the schedule.

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The Best Practices Initiative at Yale represents a new partnership between labor and management. “Best practices” means work practices that increase productivity, efficiency and satisfaction of employees while at the same time increasing the quality of services offered by the organization. Throughout the University, labor and management are working together on Joint Department Committees (JDC) to improve the quality, efficiency and overall workplace culture through the design and implementation of new “best practices.” The JDC for Yale University Health Services is focusing on patient satisfaction, particularly on simplifying and improving access. Union members, clinicians and managers will together define new processes to improve member service.

To learn more about the Best Practices Initiative at the University, check out <http://www.yale.edu/bestpractices/index.html> and look for more information on the YUHS Joint Department Committee in the November/December issue of *yale health care*.



Pictured are union [Local 34] and management members of the YUHS JDC.

Left to right: Mary Thigpen, Adam Marchand, Naida McKelvey, Marilyn Young, Gloria Lopez, Maureen Polizzi, Katie Cotter, Peter Steere, Nancy Creel. Missing from photo: Lisa Mendoza and Cindy Negron.

# YHP staff

## Employees Honored

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



Left to right: Grace Galli, Trish Loving, Paul Genecin, Ann Ross, Art Levy, Peggie Edwards

### Physician of the Year

#### Ann Ross, MD

A member of the Ob/Gyn Department since 1994, Ann Ross is “held in high regard” by both the staff, who praise her as “hard-working, flexible and a pleasure to work with” and by patients, who appreciate her “kindness, openness and warm bedside manner.” She is an excellent clinician—“bright, organized and compassionate”—someone who is “always approachable” and “willing to fight for her patients” when needed.

### Clinician of the Year

#### Trish Loving, PA-C

Appointed earlier this year as a member of the Connecticut Medical Examining Board, Loving came to YUHS in November of 2004. She “quickly built a loyal patient following” as a “caring, kind clinician who goes the extra mile,” and has earned the respect of her colleagues with her “extensive knowledge, attention to detail, skilled clinical decision-making and ready sense of humor.”

### Employee of the Year

#### Grace Galli, RMA

A medical assistant at YUHS since November, 1996, Galli has worked in Ob/Gyn, Medical Specialties and Internal Medicine. Noted for “her ability to get things done,” Galli is “devoted to her job, the clinicians she supports, and the patients.” She has oriented new employees while balancing her own work, including coordinating complex referrals and follow-up care, and “takes the initiative, always follows through, and finds humor in her work even at its most challenging.”

### Consultant of the Year

#### Art Levy, MD

Art Levy, “a remarkable physician and compassionate caregiver,” has been providing hematology and oncology care to YHP patients since 1990 and has been a generous and thoughtful teacher to colleagues and students. Levy is passionate about patient care and has been known to “take on Medicare or insurance companies to get his patients what they need.” The walls of his off-site office are filled with pictures of babies born to his patients, and he takes great pride in what this collection means.

### Director’s Award

#### Peggie Edwards, RMA

Medical assistant Peggie Edwards is one of the ‘YUHS originals.’ Edwards has been on the night shift at the ICF since July of 1971, working “with dedication and empathy behind the scenes,” where she treats all patients “with great respect and compassion.” Her peers, both ‘old-timers’ and new, appreciate her reliability and her quiet sense of humor.



Pohlmann



Rubinstein

## New physician in Student Medicine

Christine Pohlmann, MD, has joined the Student Medicine Department. She received her undergraduate degree in biological sciences from Purdue University and her medical degree from Eastern Virginia Medical School. She completed an internship and family practice residency at Middlesex Hospital and worked in private practice in Middletown, CT for the past eight years. Her areas of special interest include preventive medicine, adolescent medicine and women’s health.

## Health Educator added to staff

Laura Rubinstein has joined YHP as a health educator in the Office of Health Promotion and Education. A graduate of the University of Maryland with a major in sociology, Rubinstein has a Master’s in health education from Plymouth State University in New Hampshire. She spent six years as coordinator of health programs for the University Health Service at Dartmouth College and has worked with students there and in other venues on issues including eating disorder prevention, drug and alcohol abuse prevention, sexuality education, violence prevention and wellness programs.



## Electronic health record promises more integrated care

The movement within the health care industry to adopt electronic tools for recording health information provides an opportunity to record, organize and retrieve patients' health information more accurately and efficiently. We are pleased to be integrating this technology to complement patient care at Yale University Health Services.

You may have heard or read about both the electronic health record (EHR) and the electronic medical record (EMR). Here is how they differ. Think of the EMR as the early version of the EHR, with the EMR allowing the paper-based charts you know of today to be viewed in an electronic format.

Over the last decade the EMR has transformed into the EHR, which allows clinicians to place orders for tests, send prescriptions directly to the pharmacy, and identify prominent health risks based on past information.

All these features add up to improved clinic work flow and clinical care that is safer, better integrated, and more efficient. For instance, the EHR automatically checks for potential drug interactions and makes it easier for clinicians to view test results. Your health information in the EHR is protected by very stringent security systems and remains fully confidential. In fact, protecting electronic information is in many ways easier than protecting paper records.

As of this writing, we have already adopted many features of the EHR. Over the next year it will become even more noticeable as you will see clinicians relying less on paper charts and beginning to record information directly into computers in the exam room. We see the adoption of the EHR as a major advance in our ability to provide the best clinical care to our members, but we realize that you may have questions about how computerized records affect your health care. We encourage you to discuss any concerns with your clinicians and to ask them to demonstrate how information is collected and stored in your paperless chart.

### NATIONAL PHARMACY MONTH

During October, the YHP Pharmacy, in conjunction with national pharmacy organizations, will be observing National Pharmacy Month. Members can look forward to events including clinical and educational sessions on diabetes care and asthma, presentations on the Pharmacy's new computerized dispensing and pick up equipment, recognition of pharmacists and pharmacy technicians, and building-wide give-aways and refreshments. Please plan to visit the Pharmacy during October and look for updated information on our web site [www.yale.edu/uhs](http://www.yale.edu/uhs) and handouts distributed in the fall.

## yale health care

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