

Q&A:
The Referral
Process / 4

Member
Advisory
Committee / 5



Healthy
Ideas / 7

yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. V NO. 1

JANUARY – FEBRUARY 2002

Reading Before Eating

LINDA BELL, MS, RD, CD/N

YHP Nutritionist



In recent years, food labels have been revised by government agencies in charge of interpreting emerging research on food and health and providing it to consumers in an accessible format. Understanding and reading food labels can help consumers choose more healthful diets, and it is hoped that this more informative labeling will be an incentive to food companies to improve the nutritional qualities of their products.

continued on page 2

Hair Loss: Common and Complex

SUGURU IMAEDA, MD

Chief, Dermatology

Ask any dermatologist about the symptoms which distress patients most and you will find hair loss (alopecia) near the top of the list. Most of us pay a great deal of attention to our hair and expressions such as “having a bad hair day” or getting someone “out of our hair” are woven into our vocabularies.

There are an estimated 100,000 hair follicles on the scalp. At any given time, approximately 80-85% of them are in growth (“anagen”) phase, 1-2% are regressing (“catagen”) phase, and 15-20% are in resting (“telogen”) phase. Telogen hairs, marked by a tiny white bulb on the end, are the ones which typically fall out with hair washing or combing. Normally, 75-100 telogen hairs are lost daily, so a medical diagnosis of hair loss requires more than 100 hairs lost daily over many days. Hair loss is also evident if a patch of scalp has visibly less hair than the rest of the scalp.

Evaluation of hair loss needs to be systematic because of the myriad causes. Is



the loss generalized or localized? Is the hair falling out or thinning? Is there scarring on the affected scalp skin? Is the person experiencing illness which has associated hair loss? Is the person taking medications which could account for the loss? What significant life events have occurred within one year of the hair loss? Is there any genetic risk for hair loss? Sometimes, the underlying cause is easily identified based on familial factors, recent events, illness, or medication use. At other times, procedures such as blood tests and scalp biopsies are indicated.

Hair loss can be familial or “androgenetic,” meaning “caused by androgens.” Susceptibility to androgenetic hair loss is hereditary and it can occur in both men and women although it is frequently referred to as “male pattern baldness”. In men, the hair loss is typically along the temples and at the vertex (top of the back of the scalp). In women, the hair loss is

continued on page 2

HAIR LOSS

continued from page 1

either diffuse or at the top. The cause is poorly understood but dihydrotestosterone (DHT) is thought to play a major role in the miniaturization of the hair follicle which leads to eventual hair loss. Since an enzyme called 5-alpha reductase converts the hormone testosterone to DHT, one approach to stop androgenetic alopecia is to try to block this enzyme.

Another common form of hair loss, which is stress-related, is technically called "telogen effluvium." Here, more than 20% of hair follicles become synchronized to telogen phase three to four months after severe physical or emotional strain. More hair is shed, with the amount lost depending on the percentage of follicles affected. For example, if 60% of follicles enter telogen phase, there will be significant hair loss. The only treatment is more gentle hair care to minimize the unnecessary hair pulling which causes more hair loss. Hair regrowth is typically slow, requiring 6-12 months for a return to normal hair density.

Hair loss can also be an early symptom of other problems, and it can occur with disorders such as trichotillomania (obsessive hair pulling); metabolic disorders (sudden weight loss, iron deficiency, hypo or hyperthyroidism, diabetes, and others); inflammatory disorders (systemic lupus erythematosus, alopecia areata); infectious disorders (fungal infections, syphilis); and hair shaft abnormalities. In these instances, the underlying disorder needs to be addressed in order to stop the hair loss. Hair loss can also result from certain drug regimens (chemotherapeutic agents, anticoagulants, antithyroid drugs, oral contraceptives). Depending on the problem, the hair loss may be temporary or permanent.

While there are medical therapies for androgenetic hair loss they are not guaranteed to help. Also, any benefit will be lost when the medication is discontinued. Surgical intervention by hair transplantation is a more permanent solution, but quite costly and not covered by medical insurance. If you are concerned about hair loss, talk with your clinician. While we can't guarantee a way to make hair grow back, an examination of the cause will allow us to determine whether the loss is permanent or temporary, and whether treatment options are available.

Important telephone numbers

Urgent Care	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
Toll Free	1-877-YHP-CARE
Information	432-0246
Pharmacy	432-0033
<i>Hours of operation</i>	
Monday-Wednesday, Friday	7:30 AM-6:30 PM
Thursday	8:30 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

in touch

READING BEFORE EATING

continued from page 1

Here are some of the most significant changes.

Mandatory Nutrition Labeling:

Almost all processed foods regulated by the Food and Drug administration must contain a nutrition label. This includes about 90 percent of processed foods. Among the exemptions are coffee, tea, some spices, ready-to-eat food prepared primarily on site such as deli and bakery items, and restaurant food.

Nutrition Panel: Listings of thiamine, riboflavin, and niacin are no longer required because deficiencies of these vitamins are no longer considered significant public health problems. Carryovers from previous food labels are listings of calories, total fat, total carbohydrates, protein, sodium, vitamins A and C, calcium, and iron. More recently added items, selected for the relationship to current health concerns, are cholesterol, saturated fat, sugar, dietary fiber and calories from fat.

Daily value: The amount of certain nutrients is expressed not only in terms of the amount per serving but also in terms of a percent of a dietary reference value, called the daily

value. The "percent daily values" are based on a 2000 calorie diet.

Requiring nutrients to be declared as a percent of the daily value is intended to help consumers understand the role of individual foods in the context of the total diet.

Health claims: Claims linking a nutrient or food to the increased or decreased risk of a health condition are allowed for the following: calcium (for osteoporosis); fat (for cancer); saturated fat and cholesterol (for coronary heart disease); fiber-containing products (for cancer); fruits, vegetable and grain products that contain fiber, particularly soluble fiber (for coronary heart disease); sodium (for hypertension); fruits and vegetables (for cancer). There are strict requirements about when and how these claims can be used.

Ingredient labeling: Full ingredient labeling must appear on all processed, packaged foods, including standardized foods such as mayonnaise, macaroni, and bread, which have been exempt in the past.

Next time you go food shopping, be an educated consumer. The updated food labeling system can be particularly helpful when making comparisons among different brands of the same items.



from the desk of

PAUL GENECIN, MD

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

Although most people have heard of asthma, many do not know exactly what it is and may not be aware that we are experiencing a nation-wide epidemic, especially among children. Asthma, the most common chronic childhood illness, causes wheezing, coughing, shortness of breath and chest tightness due to inflammation and constriction of the airways. Five million youngsters below the age of 18 and 1.3 million children under 5 suffer from this disease. It is a major cause of school absences, academic and athletic disability, missed workdays for parents, emergency room visits and hospitalizations. Ominously, the prevalence of asthma has increased more than 60% in the last two decades with a 50% increase in mortality. With statistics like these, it is no wonder that our Yale University Health Services pediatric clinicians have decided to aggressively confront the threat of asthma in our kids.

Yale University Health Services cares for hundreds of children with asthma. Our Pediatrics Department has worked over recent months to identify all of them to ensure that each child and family obtains the best asthma education and treatment. With this innovative program, we provide care to our asthmatics regardless of whether the child is currently symptomatic because of the effectiveness of education, prevention and early intervention.

Precipitating factors such as respiratory infections, environmental allergies, irritants such as tobacco smoke are identified and if possible, modified. Each child with asthma should receive the flu shot and other vaccines as appropriate. The family learns to monitor the severity of asthma using a special breathing meter. In this way, they can adjust the medication level to help the child achieve normal lung function. If symptoms persist, the child should come in to

Pediatrics for re-evaluation. In our YUHS Asthma Program, the family learns about the best balance between long-term control medications and quick-relief medications. The good news is that the goal of completely normal lung function is achievable in most cases.

I am particularly proud of the activist approach our Pediatrics Department is taking, in collaboration with Health Promotion and Education and Quality Assurance, to address childhood asthma. This work is especially gratifying because the benefits extend not only to the patient, but to the whole family. The results: our children will miss less school and live fuller lives, while parents will be able to look forward to more stable family and work situations. As always, we are working at YUHS to develop new programs to help our members and their families to stay healthy. I welcome your suggestions.

Group Appointments Foster Patient Education

ELLEN BUDRIS, RN, MSN

*Manager, Office of Health Promotion
and Education*

While we usually think of medical appointments as involving a one-on-one session with a clinician, group appointments have proven to be an effective alternative for receiving both medical attention and information. A number of group appointment options are currently available at Yale Health Plan. All combine individualized, confidential care with

support and education. In any of these areas, our members may choose between a group appointment and a standard clinical visit.

Travel Clinic Group Appointment

Those who are traveling together, or to similar areas, have common concerns about everything from adjusting to an unfamiliar climate to dealing with unfamiliar illnesses. During Travel Clinic group appointments, a physician who specializes in travel-related medicine teaches the group how to stay healthy in the particular climate and terrain (including issues such as food and water purification, effects of high altitude on medication usage, etc.). Also discussed are common diseases of the area and how to seek

treatment if necessary. These appointments run about 45 minutes, including time for participants to share tips. In addition, time is set aside for confidential conversation with the physician for those who want to discuss individual medical concerns. For more information call 203-432-0093.

Diabetes Care Clinics

Members of the Office of Population Health, along with pharmacists, laboratory staff and clinicians from Internal Medicine, saw small groups of diabetes patients this past year in multi-component clinics aimed at providing many aspects of diabetes care and education in one visit. These included: drawing blood

continued on page 6



THE REFERRAL PROCESS

Claims Department: 203-432-0250

The referral process at Yale Health Plan provides members with the opportunity to obtain services which are not available in the YUHS building (17 Hillhouse Avenue), as well as allowing for the coordination of primary, specialty and hospital care. Below, Connie Rollinson, manager of the Claims Department, answers some common questions about the referral process. If you have further questions, call the Claims Department at 203-432-0250.

questions, answers

By answering your questions, this column will help you get the most out of your YHP membership.

*Send your questions to:
Member Services Q & A,
Yale Health Plan,
17 Hillhouse Ave.,
P.O. Box 208237
New Haven, CT
06520-8237.*

*We'll get them answered
by someone "in the know."*

Q. When do I need a referral?

A. You need an in-house referral for ancillary medical services within 17 Hillhouse (radiology, physical therapy and nutritional counseling) and to see a specialist within 17 Hillhouse. No referrals are needed for primary care (Internal Medicine, Pediatrics, Ob/Gyn), Ophthalmology, Urgent Care, fee-for-service departments or outpatient mental health services. If you are referred off site for services – office visits, treatments, tests, consultations – you need an outpatient referral, which must be approved in advance by the Claims Department.

Q. Who gives me the referral?

A. Usually the referral will come from your YHP primary care clinician. If your clinician has referred you to a specialist within 17 Hillhouse, that specialist can also provide a referral. Urgent Care clinicians will also make referrals when needed.

Q. How do I use the referral?

A. If the referral is for a service inside 17 Hillhouse, you receive the referral from your primary care clinician (or, in some cases, a specialist within 17 Hillhouse) and bring it to the department to which you have been referred. An appointment will be usually made at that time. In some cases, the referral will be evaluated and you will be called within a day or two to set up the appointment.

To provide better service to our members, a new off-site referral process is being phased in and is currently in place for Internal Medicine. With this process, the referral information is entered right in the Internal Medicine Department. If you are being referred for covered services with a network provider, the appointment can be made at that time; the referral will be generated and you do not have to go to the Claims Department for approval. If there are questions about coverage, the referral will be reviewed and you will be contacted usually within 48 hours. This process will be instituted in the other primary care departments over the next several months.

Q. What does the referral cover?

A. It covers only the specific services that your YHP clinician has requested on that form and that the Claims Department has authorized.

Q. What if there isn't time to go through the whole process?

A. Under certain circumstances, such as an urgent medical situation, the referral can be processed by the Claims Department via phone or fax. You should then check (or have someone check for you) as soon as possible to make sure that the necessary paperwork has been completed.

continued on back cover

Meet the Member Advisory Committee

The Yale Health Plan Member Advisory Committee (MAC) provides direct feedback from YHP members to the YHP administration. Representatives from the diverse constituencies of the university serve terms of two years, with the option of serving two consecutive terms. Meetings, which take place monthly during the academic year, are highly focused on issues of practical importance to Yale Health Plan members—everything from parking to smart card technologies to the benefits package. Below are brief profiles of MAC members. To contact them, go to the YUHS web site (www.yale.edu/yuhs) then to the “Department” link, then to the “Member Services” link, where you will find contact information for the MAC.

NANCY E. V. BARRETT (MAC since 9/01) represents the Yale University Women’s Organization (YUWO). She has worked as a health care consultant to Yale New Haven Hospital, and her husband is an Associate Professor of Physics and Applied Physics. She writes: “I joined in order to ensure that the medical needs of the women at Yale are well-represented and to influence administrative decision-making. The MAC is a unique organization that gives representatives from diverse groups the opportunity to receive information and to voice opinions, questions and concerns to top management.”

JENNIFER BAYOT (MAC since 9/01), a senior at Yale College, represents Yale undergraduates. She writes: “I want to help students know about resources available to them and to provide the MAC with a student perspective. I’m also interested in better understanding health care. The committee has impressed me by how earnestly and energetically it carries out its work. I think YHP members would be pleasantly surprised by just how thoroughly the committee assesses the initiatives presented. We meet frequently, we meet early, and we stay late, but the MAC commitment seems tireless.”

LOUISE CAMERA-BENSON (MAC since 9/01) represents Local 34 (clerical and technical employees). She was unavailable for comment at this writing.



Back row: Brian O’Neill, Vicki Eisler (YHP Patient Representative), Collin May, Joseph Paolillo, Patricia Pierce. Front Row: Gilbert Glaser, MD, Jane Gillis, Nancy Barrett. Not available for photograph: Jennifer Bayot, Katepalli Sreenivasan, Benjamin Kirkup, Louise Camera-Benson.

JANE GILLIS (MAC since 9/97 and current chair) represents the staff of the Yale libraries. She writes: “I joined because I have been a long time member of YHP, where my family and I have received excellent care. I would like YHP members to know that they should speak up about areas of concern. In the past several years, we have addressed issues such as out of area coverage and improvements in the pharmacy.”

GILBERT H. GLASER, MD (MAC since 9/00), represents retirees. He is a Professor Emeritus of Neurology who came to Yale in 1952 to found and develop the Department of Neurology at the Medical School, which he chaired until 1986. He writes: “I joined to offer my experience in medical and related affairs, including dealing with the complexities of present day problems of appropriate care. The MAC is an integral part of the YHP organization and is unusual in health care in its representation of all constituencies in the Yale community.”

BEN KIRKUP (MAC since 9/99), a graduate student in ecology and evolutionary biology, represents graduate students. He writes: “I joined the MAC to represent graduate students, who were feeling underserved....The MAC serves as a first point of review for programs within the YHP/YUHS; it may not make an obvious impact month-to-month but it frequently brings up issues and helps fine tune plans that are in the works.”

COLLIN MAY (MAC since 9/01) is a Yale undergraduate majoring in biomedical engineering and represents the Yale College Council. He writes: I joined the MAC out of an interest in medicine and public health, as well as a desire to be more involved in Yale policy making. The

MAC addresses concerns from all areas of the Yale community in an effort to provide better care for all. If any members have concerns about the YHP, we are the first place they should come.”

BRIAN O’NEILL (MAC since 9/00) is a member of the grounds/maintenance staff at the Medical School and represents Local 35. He writes: “I had met with the previous Local 35 representative to the MAC and when she left I thought I would be a good representative for the committee. I want my fellow union members to know that I am here to bring up any issues of concern to them.”

JOSEPH PAOLILLO (MAC since 9/01) is the director of ITS data network operations. He represents managerial and professional employees. He writes: “Health coverage is the most important of our benefits at Yale. Serving on the MAC presents an opportunity to ensure that the services offered continue to meet our needs. While members should certainly feel free to contact YUHS staff directly with concerns, bringing those concerns to the attention of the MAC can often amplify the impact.”

PATRICIA PIERCE (MAC since 9/01) represents the graduate professional schools and faculty. She is currently Dean of Students at the School of Organization and Management and has previously served as Dean of Berkeley College and Dean of Yale College. She writes: “I wanted to learn more about the management of YHP and I like the committee’s participatory format.”

KATEPALLI SREENIVASAN (MAC since 9/01) is Professor of Mechanical Engineering and represents Yale College faculty.

information

INFORMATION

WELCOME TO NEW YHP MEMBERS

Welcome to those who joined YHP during the recent open enrollment period. You will soon receive a packet containing a member handbook, a form for transferring medical records and member identification card(s). The handbook contains important information about using the health plan, so please read it carefully and use it for reference. Call the Member Services

yale health care

published by Yale Health Plan

17 Hillhouse Avenue
New Haven, CT 06520-8237
(203) 432-0246 • www.yale.edu/tihs
email: member.services@yale.edu

Paul Genecin, MD
Director

Noreen Slater
Communications Coordinator

Editorial Board

Linda Bell, MS, RD
Nutritionist

Ellen Budris, RN, MSN
Health Promotion & Education

Nancy Creel
Assistant Director, Admin. Resources

Cynthia Eber, RN, MPA
Student Medicine

Carole Goldberg, PsyD
Mental Hygiene

Cynthia Holland-Toftness, FNP, APRN
Internal Medicine

Chris Kielt
Deputy Director, Operations

Elise Low
Member Representative

Deborah Meredith, CNM
Obstetrics/Gynecology

Carol Morrison, MD
Chief, Pediatrics

Rhea Hirshman
Editor

Maura Gianakos
Graphic Design

Harold Shapiro
Photos

Department at 203-432-0246 if you have any questions about benefits or if you need help choosing a primary care clinician.



FLU SHOTS

Flu shots will be distributed at Yale Health Plan throughout the month of January until our supply is depleted.

MANAGING MENOPAUSE



Menopause is a normal stage in a woman's life and accurate information is important in managing the changes that occur during the menopausal years. The YUHS Obstetrics & Gynecology Department is offering a lunchtime series about menopause issues, including physical changes, sexuality and an overview of hormone replacement therapy. Programs begin promptly at 12:00 noon and include a light lunch after the presentation.

- Wednesday, January 23
The Physiology and Changes of Menopause
with Philip Sarrel, MD
- Wednesday, January 30
Urology and Sexuality in Menopause
with Joann Knudson, MD and Barbara Dobay, CNM
- Wednesday, February 6
Hormone Replacement Therapy: Pros and Cons, Benefits and Risks
with Ann Ross, MD

All events are at Yale Health Plan, 17 Hillhouse Avenue in the cafeteria (lower level).

The events are free, but RSVPs are requested. To RSVP, please call the Health Promotion and Education Department at 203-432-1826.

GROUP APPOINTMENTS

continued from page 3

for fasting blood work; checks of current vital signs; receipt of and education about a new blood glucose meter; foot exams by a clinician; education about how to do foot exams on oneself; dilated eye exams; discussions with pharmacists about all medications being taken; up to date vaccination coverage; and a half hour talk with their own clinician about new diabetes treatment and care guidelines. For more information, contact your primary care clinician.

Asthma Education

Student Medicine offers group appointments every year for incoming undergraduate and graduate students to help those with asthma gain control of the disease and prevent exacerbation of symptoms. Information is provided about using peak flow meters (to measure air movement out of the lungs), understanding the triggers for asthma and the differences among asthma medications.

Cold Care Clinics

Most of us will experience between six to eight viral colds each year. Last winter YHP developed cold care clinics and we have started the 2001-2002 cold season with clinics geared toward students. Participants have a history taken, receive a brief physical exam to rule out bacterial causes, and hear a presentation by a clinician. While there is no "cure for the common cold," this presentation offers information about the many steps that can be taken for both prevention and symptomatic relief.

If you are interested in learning more about YHP's group medical appointment options, please call Ellen Budris, manager of the Office of Health Promotion and Education at 203-432-7601.

healthy ideas

CELIAC DISEASE: HAVING A DIFFERENT CAKE

While celiac disease is fairly common, affecting approximately one out of every 200 Americans, it has not received much public attention. The condition is characterized by intolerance to gluten, the protein found in wheat, rye, oats and barley. Ingestion of these grains and their derivatives damages the small intestine, disrupting the digestive process. Symptoms include: anemia, weight loss, osteoporosis, abnormal/frequent stool, and stomach disorders. Infants with celiac disease can suffer from failure to thrive.

While diagnostic procedures such as blood tests and endoscopy are available, the range of symptoms — from stomach upsets to life-threatening nutritional deficiencies — makes diagnosis difficult. There is no cure, but the condition is contained by the removal from one's diet of gluten-containing foods such as bread, cakes, pretzels, pasta, gravies and other products.

Gluten-free grains and starches such as rice, corn and potato, and products made from these are available from numerous vendors. Although a gluten-free diet can be challenging, there is a widespread support system in place for celiacs. For more information about a New Haven area celiac support group, contact the YHP nutritionist at 203-432-0093 or log onto <http://connceliac.tripod.com>. Another useful website: www.celiac.com.

MOISTURE AND MEDS DON'T MIX

The beginning of the year is a good time to review your medications, throwing away any that have expired and organizing what remains. Keep in mind that your bathroom medicine chest is the worst place to keep medications. The steam from the shower may cause the active chemicals to degrade, decreasing the effectiveness of the substances and possibly compromising your health. Store your medications in a cool, dry, place away from children and animals.



FLUFFY SNOW MEANS HEAVY WORK

All those snowflakes add up. Each year, snow removal results in health problems such as heart attacks, muscle strain, broken bones and frostbite. Shoveling, which requires a lot of energy and muscle, can be good exercise if you are in good health. However, shoveling large amounts of snow can significantly boost heart rate and blood pressure. That may help explain the rise in heart attacks seen during the winter.

Those who are 45+ years of age who have a history of heart disease, symptoms suggestive of a cardiac problem (chest pain during exertion, palpitations, dizziness) or major coronary risk factors (cigarette smoking, high blood pressure, elevated blood cholesterol and sedentary lifestyle) are at increased risk of cardiovascular complications during strenuous physical exertion. People with these characteristics should consult with their clinician before shoveling snow, or hire someone else to do their snow removal.

BARE HEAD, COLD BODY

We lose body heat when our heads remain uncovered in the cold. Newborns lose at least 30% of body heat through their heads and need head covering in cool weather as well as during the winter. As we age, we still lose heat through our heads, although the percentage decreases as our body size increases. If the head covering is wet, however, an adult can lose 40% of body heat because the dampness conducts the heat away. Take the time to change into a dry hat and gloves/mittens when outside for a prolonged period.

YHP staff



DIANE M. RUBELO, RN, MSN, EMBA, has joined the YUHS staff as nurse manager of the Internal Medicine Department.

Educated at Mt. St. Mary College and St. Francis Hospital School of Nursing, she received her Master's in Nursing at the University of Pennsylvania and her EMBA from the University of New Haven. Prior to her arrival at YUHS, she worked at Yale New Haven Hospital as a nurse manager of the Primary Care Center, Adult Medicine and Pediatrics. She also coordinated the asthma program for adults and

children in the Department of Community Health at Y-NHH.



BRENDA J. PRENTICE, RPT, joined the staff of the YUHS Physical Therapy Department in October. She was educated at Quinnipiac

University, where she received her Bachelor's and Master's degrees in physical therapy. Before coming to YUHS she worked at Yale New Haven Hospital, diagnosing and treating a range of problems, with a concentration on outpatient orthopedics.

calendar

ONGOING WELLNESS PROGRAMS

Early Pregnancy Classes

Held on the 2nd Wednesday of each month from 10:30–11:30 in room 405 for YHP members. To register, call the Ob/Gyn Department at 203-432-0222 or stop by the appointment desk. We encourage you to bring a supportive person.

YHP Cancer Support Group

Life Options is a support group for adult YHP members diagnosed with cancer, regardless of type of cancer or stage of disease. The group meets weekly with a facilitator. There are three 15-week programs each year. Members can enroll in a consecutive series of meetings. Funded partially by the Edith S. Hallo Fund and by a small weekly fee charged to each participant. To enroll or for more information, contact the facilitator, Mona Felts, MSW, at 203-432-0290.

Adult CPR Classes

Adult CPR classes are held monthly. For information, call 203-432-1892.

Blood Pressure Checks

Tuesdays and Thursdays from 9:00–11:00 in room 406. Open to the Yale community free of charge, by referral or on a walk-in basis. For info, call 203-432-0093.

Post-partum Reunions

Held on the 3rd Friday of each month from 10:00–11:30 in room 405. Bring your new babies to this great support network for all new moms! Conducted by Wendy Madore, RNC. Call the Ob/Gyn Dept. (203-432-0222) to register.

Q&A: THE REFERRAL PROCESS

continued from page 4

Q. What happens if the outside clinician recommends tests or additional appointments?

A. That clinician's office must contact the referring YHP clinician to have a new referral generated. It is a good idea for you to check with your clinician or with the Claims Department to see that the contact between the specialist and the primary care clinician has been made and that the proper paperwork is in place before you proceed with additional appointments.

Q. Is there a time limit on referrals?

A. Yes. So that your clinician can monitor your progress and your care can be coordinated, a referral is usually issued for a 4-month period. Also, if additional appointments are required past the 4 months or you need additional services within that period, you must get another referral. A referral may also be issued for a specific number of visits or consultations.

yale health care

Yale Health Plan
Member Services
17 Hillhouse Avenue
P.O. Box 208237
New Haven, CT 06520-8237



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.

FIRST CLASS
U.S. Postage
PAID
New Haven, CT
Permit No. 526