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yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. II NO. I

JANUARY – FEBRUARY 1999

Don't Swallow Drug Companies' Prescription Hype

DAVID BRZOZOWSKI, MS, R.PH

YHP Staff Pharmacist



If you watch television or read the newspaper, you have probably noticed that pharmaceutical companies now advertise to sell prescription drugs directly to you, the consumer. In the past, it was considered unethical for pharmaceutical companies to advertise

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Promoting Health is More Than Treating Disease

ROBERT DEBERNARDO, MD

Office of Health Promotion

We've all heard the saying "an ounce of prevention is worth a pound of cure." But what does "prevention" actually mean?

Three terms commonly used in the area of health and prevention are "preventive care," "health promotion" and "preventive medicine." The differences are subtle but important. Preventive care — referred to technically as primary prevention — consists of the steps that individuals take for themselves to optimize health. These steps include avoiding risky behaviors (such as smoking or having unsafe sex), making healthy choices (such as wearing a bicycle helmet or eating a good diet), and educating oneself about preventable diseases. Preventive medicine, on the other hand — technically called secondary prevention — is



what clinicians practice when they try to detect disease early with screenings and exams. Catching health problems early greatly increases the chances for successful treatment.

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C A L E N D A R

Tuesdays
Blood Pressure
Screenings

Wednesdays
Early Pregnancy
Classes

Thursdays
Smoking Cessation
Workshops

FOR MORE, TURN
TO CALENDAR
LISTINGS ON
PAGE 8

Important telephone numbers

Urgent Care	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
Toll Free Information Pharmacy	1-877-YHP-CARE 432-0246 432-0033
<i>Hours of operation</i>	
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

in touch

Physician Associates Offer Wide Range of Care

RHEA HIRSHMAN

Contributing Writer

On any given day, YHP's physician associates (known elsewhere as "physician assistants") can be found providing medical services ranging from taking histories, doing physical exams and developing treatment plans, to stitching up lacerations, to managing a patient who is in the middle of a "cardiac event." In fact, there really isn't much in day-to-day medical care that physician associates (PAs) don't do.

And, at a place like Yale Health Plan, every day brings a wide range of health problems: sore throats and stomach aches, acute emergencies and chronic conditions. Plus, notes Mary Summers, a PA here since 1989, "We see travel-related problems and diseases. We see people with problems related to a variety of professions, everything from musicians with hand problems to forestry students with Lyme disease."

So what makes a PA a PA? According to Tom Brady, a PA at YHP since 1991, "We perform tasks formerly reserved for the physician that don't



YHP'S TOM BRADY, AND KELLY MARTENS

necessarily require the extent of the expertise and training of a physician." Summers adds, "We know our limits and always work in close association with a physician."

PAs receive 24 months of training, including clinical rotations in a variety of specialty areas (such as cardiology, orthopedics, general and plastic surgery, urology, ob/gyn, radiology, geriatrics and emergency medicine) and the opportunity to focus on areas of particular interest. They must also be recertified every six years. Over 50% of physician associates nationwide practice primary care medicine, including family medicine, internal medicine, pediatrics and ob/gyn. About 20% are in surgery or surgical subspecialties and the rest practice in

PROMOTING HEALTH

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Health promotion is the activity of convincing clinicians and individuals to practice preventive care and preventive medicine. Health promotion goes beyond simple education by actually promoting or "selling" healthy behaviors and activities. Many of us know what we should do to remain healthy but it's not always easy to change our ways; we may need someone or something to persuade us.

That "someone" at YHP is the Office of Health Promotion, which educates members about preventable diseases and risk factors, especially modifiable risk factors. Modifiable risk factors are those over which the individual has a significant degree of control, while non-modifiable risk factors are usually related to age, gender or genetics. A health risk assessment is offered to the Yale community, either as part of a complete history and physical done by your primary care clinician, or with a risk assessment questionnaire available through the Office of Health Promotion. Screening tests may be recommended as part of the assessment — particularly as we age — for problems such as breast, prostate, colon and other cancers, and high blood pressure.

Regardless of your gender, age or genetics, many risks to your health can be reduced by adhering to a few basic concepts: eat a diet appropriate to your needs; maintain a good weight; don't smoke; avoid air pollutants; avoid unsafe sex; avoid excess alcohol and caffeine; and exercise regularly. More specific recommendations tailored to your individual needs may be made after a health assessment.

While some connections between modifiable risk factors and specific diseases are well known, such as those between smoking and lung cancer or between a high saturated fat intake and heart disease, others are less known but equally important. Did you know, for instance, that a high-fat, low-fiber diet and a sedentary life style are risk factors for colon cancer? Or that high alcohol and caffeine consumption and corticosteroid use increase the risk of osteoporosis? Or that smoking and multiple male sexual partners increase a woman's risk of cervical cancer? All of this information and more is available through YHP's Office of Health Promotion (203-432-0093), which also offers a variety of programs to the Yale community. Check calendar listings in this newsletter.

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from the desk of

paul genecin, m.d.

director, yale university health services

For many of us, the new year is a time for self-appraisal and for making resolutions. New Year's resolutions often reflect our desire to lead a healthier life — to start an exercise program, to improve our nutritional status, to moderate alcohol intake or to quit smoking. Some of these resolutions are easy to implement while others are very difficult, but many of us find the motivation to make these changes at the start of the new year. This is also the season for self-appraisal at Yale Health Plan. I want you, as our members, to know about our New Year's resolutions and to follow our progress through the coming year.

As the new year begins, we are focusing on improvements in our care of asthma and in education for asthmatics to help them to stay healthy. We are improving

our systems for early identification and follow-up for women with breast disease. We are implementing new programs for vision screening in toddlers, as well as developing enhancements in the area of adult immunizations and improvements in our systems for caring for HIV-positive patients. I am also excited about YHP's new concentration on prevention and early intervention for work-related injuries connected to ergonomic problems.

Our plan to improve access to YHP services will include a number of new programs in 1999. We have made a resolution to expand clinic hours in additional areas after successful initiatives in the past year in the pharmacy and in Radiology, Pediatrics and Obstetrics/Gynecology. We also plan to increase access to immu-

nizations, including visits across the Yale campus to provide influenza vaccinations and related services.

One of our most important initiatives in 1999 will be the renovation of our clinics. In the first half of 1999 we will be developing a multi-year plan for improvement in our facility, including enlarging clinic space and enhancing the appearance of public areas. We want to improve confidentiality and comfort for our members. We also plan to expand patient parking, and to develop other conveniences.

I wish you the best as we embark on the new year. All of us at Yale Health Plan look forward to helping you in every way possible. We value your input and earnestly solicit any suggestions or comments you'd like to share.

PRESCRIPTION HYPE

continued from page 1

prescription drugs in this manner and, while they spent millions of dollars advertising over the counter (OTC) medicines, such as Alka-Seltzer, Tylenol, and Robitussin directly to the public, they reserved advertising of prescription drugs to health care professionals. Now, pharmaceutical companies spend more money advertising prescription drugs to the public than they spend on ads to those who work in health care.

These companies argue that advertising prescription drugs directly to consumers increases awareness of diseases before they become more severe and therefore less treatable. This awareness, they claim, should reduce health care costs. They also suggest that this increased

awareness may lessen the stigma associated with having certain diseases and ultimately improve compliance with drug therapies.

Health care professionals are generally against direct to consumer advertising of prescription medications. They contend that the advertisements provide consumers with biased information and often leave them with a false sense of optimism regarding treatment. Also, clinicians are often faced with having to explain to patients why a particular drug that the patient saw advertised is not the best for them. The advertisements rarely mention the following important information: (1) how long the drug has been available for use (newer drugs may not have widespread use, thus all side effects may not be known); (2) the cost (new drugs may cost much more than established therapies); and (3) comparisons to

other similar drugs used for the same medical conditions.

Consumers of health care must understand that the newest therapies are not always the most safe and effective and that pharmaceutical companies advertise to sell their product, not to educate consumers. Many patients need medication to prevent illnesses or to alleviate chronic conditions that require long term treatment. These therapies are very costly and can contribute to the rise in health care costs, especially if therapies are not used appropriately. Health care professionals, on the other hand, must understand that today's consumers of health care are more educated and want more information. If both patients and health care professionals are genuinely well-informed, rather than swayed by advertising, the best therapies for the individual can be chosen.

AUTOLOGOUS BLOOD TRANSFUSIONS

AS OF JULY 1, 1998, YHP added autologous blood transfusions to the benefits package. This procedure is being increasingly recommended by clinicians for patients who need major surgery.

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. What is autologous blood transfusion?

A. The patient's own blood is collected and stored in advance of elective major surgery and used at a later date. Donating your own blood virtually eliminates the risk of reaction or disease.

Q. When would someone donate their own blood?

A. Your surgeon may recommend an autologous transfusion if your surgical procedure is likely to require transfusion, or if there is likelihood of postoperative bleeding. While reducing the risk of reaction and disease, autologous blood transfusion is also helpful for those patients who have a blood type that might be difficult to match.

Q. Are there people who should not donate their own blood?

A. As with any blood donation, you will not be able to donate blood for your own use if you have a cold, sore throat, any infection, flu symptoms, open sores, wounds, stitches or an open biopsy site. At the time the blood is drawn, it will be screened for viruses including hepatitis and HIV. Infected blood cannot be donated. If you are on antibiotics, you must wait until you are off the medication for 48 hours before donating. Sometimes the very young and the very old are not good candidates because of a tendency to have low blood counts.

Q. How do I set this up?

A. Your surgeon will write a prescription, which you take to Yale-New

Haven Hospital after you have called (203-688-4707) to make the appointment for the blood draw. Blood can be stored for only 35 days and cannot be donated later than one week prior to the surgery to allow time for screening. This one-week window also allows your body to replenish your own blood before surgery.

Q. What if surgery is postponed?

A. If the postponement means that the above time frame cannot be observed, you will need a new prescription from the surgeon. This can usually be obtained over the phone.

Q. Do I need to prepare?

A. Yes. Eat a good meal before giving blood and drink extra fluids (non-alcoholic, non-caffeinated) both before and after the blood draw. Your clinician may recommend that you take iron supplements.

Q. What happens when I have my blood drawn?

A. Your temperature, blood pressure and pulse will be checked and your hematocrit (red blood cell count) and hemoglobin (part of the red blood cells that carries oxygen) levels will be tested. A brief health history will be taken. If any problems are found at this point, your clinician will discuss alternatives with you. Otherwise, a pint of your blood will be drawn and tagged with your name and other identifying information. It will be tested for AIDS antibodies, hepatitis, and certain other viruses. If any of these tests come back positive, you and your physician will be notified and the blood may have to be discarded.

Q. Are there any risks involved?

A. No. The transfusion procedure itself carries no risk and, because your own blood is being used, there is a significantly decreased chance of reaction or infection when you receive the transfusion.

PHYSICIAN ASSOCIATES

continued from page 1

other fields.

“Name any medical specialty,” says Brady, “and you’ll find PAs there.” Of YHP’s five physician associates, three — Bill Aquila, Tom



JOHN DAILINGER

Brady and Kelly Martens — work in the Urgent Care Department, while Mary Summers works in Graduate Medicine and John Dailinger divides his hours among Sports Medicine, Orthopedics and Employee Health. Four of the five went through Yale School of Medicine’s physician associate program; Summers trained at Northeastern University.

Although the work that PAs do is as old as medicine, the profession itself is relatively new. The first class of PAs came

out of Duke University Medical Center in the mid-’60s, when there was a shortage and uneven distribution of primary care physicians. Kelly Martens notes that “...at that time, there was also an increased focus among physicians on areas of specialization.” And in the ’60s and ’70s, returning Vietnam veterans who had been trained as medics showed the medical profession and the public that a good deal of day-to-day medical care could be delivered by people who had undergone a shorter period of training. Thus the PA profession was born.

John Dailinger was one of those Vietnam-era medics. Although in his college days he couldn’t imagine practicing medicine, things changed when he was drafted in 1970. He says, “I...was trained as a medic and when I came out of the military in 1972 I decided that I could do medicine after all. I had worked primarily in the operating room and thought that I’d like to try medicine with patients who were awake.” He went through the Yale PA program

shortly after and has been here ever since.

In many places PAs work on a team, each with “their” physician. Martens explains, however, that at YHP, the model is different: “We have a lot of autonomy and consult with whichever physicians can best help us treat our patients. There is always the opportunity to get questions answered.”

The culture of collegiality is so strong that, as Aquila says, “Many times a physician will send a patient to a PA if the physician knows that the PA has more experience with a particular problem; then the PA and the physician will work together.” Dailinger adds, “Here, we don’t just send letters back and forth. The physicians and PAs talk with each other about patients all the time so that we can deliver the best possible care.”



MARY SUMMERS

Two NPs Share Patients, Practice, Love of Teaching

What’s a nurse practitioner (NP) to do when she enjoys teaching students as much as she enjoys seeing patients? She finds a place, like Yale Health Plan, where she can do both. With their faculty appointments at Yale’s School of Nursing and clinical appointments in YHP’s Internal Medicine Department, Ivy Alexander, MS, C-ANP, APRN, and Maria Mauldon, MSN, C-FNP, APRN, can combine their two loves — clinical practice and teaching.

Alexander, who came to Yale from the Community Health Care Plan (CHCP) received her joint appointment in 1994. Mauldon, who is fluent in French and Spanish, previously practiced at Fair Haven Community Health Center; she joined Alexander this past August upon the retirement of the nurse practitioner with whom Alexander had been working.”

Each woman teaches a wide variety of courses in the nursing school’s adult and family nurse practitioner program. Together, they provide full coverage for their YHP patients and keep each other apprised through what Alexander calls

the yhp staff



IVY ALEXANDER AND MARIA MAULDON

“an elaborate and developing communications system” which allows them to communicate detailed information without compromising patient confidentiality. “We make sure,” she says “that access is available to this combined group of patients as if we were one full-time provider.” Mauldon adds an advantage of this shared practice model: “The art of health care is that there can be more than several solutions to a problem, and our patients get more than one perspective.”

Both are enthusiastic about the advantages of combining teaching and clinical practice, pointing out that teaching

increases the need to be up-to-date and that patients benefit because their faculty positions put them in constant contact with experts in various fields with whom they can discuss clinical issues. And Mauldon talks about the process of making clinical practice part of her teaching: “It’s challenging to combine textbook knowledge and clinical experience in a logical, coherent way that students can understand.”

Alexander, who taught full-time earlier in her career (and who is working on her PhD), and then practiced full-time before coming to Yale, says, “When I practiced full-time I missed the teaching. The contact with students keeps you on your toes. But I could never do a full-time teaching job again because I would miss interacting with patients. People often ask me, “Are you going to stop practicing when you finish your doctorate?” And I say, “Stop practicing? Definitely not!”

information

NUMBERING CHANGE ENHANCES CONFIDENTIALITY

As part of our new information system, and to enhance patient confidentiality, Yale Health Plan no longer uses the contract holder's Social Security number plus two digits as the member's medical record number. We are now using a randomly assigned medical record number, which remains the identifier for medical information even if the member changes status (i.e., from student to employee). This change, in addition to minimizing the visibility of the Social Security num-



ber, will also enable us to search more efficiently using patient names and will reduce the possibility of misfiling your medical records.

Please note that the medical record number is not the number printed on YHP membership cards. That number is the contract number, which is used for billing and claims; this will continue to be the social security number plus two digits.

REMINDERS FROM THE YHP CLAIMS DEPARTMENT

PRESCRIPTION REIMBURSEMENTS

Don't forget to submit receipts for medical services you have received outside of the University Health Services Center and for prescription medications purchased at non-YHP pharmacies. Claims are honored for one year from the date of service. You will receive reimbursement for these expenses within six to eight weeks following submission. Please send claim forms and bills to the YHP Claims Department, 17 Hillhouse Avenue, P.O. 208237, New Haven, CT 06520

EMERGENCY AND URGENT CARE COVERAGE

If you have an emergency or an urgent medical situation outside of the YHP area, first and foremost you should seek care. You do not need to call YHP before receiving emergency or urgent treatment. However, you should notify the YHP Claims Department (203-432-0250) within 48 hours or two business days of receiving treatment so that we may coordinate coverage with the provider from whom you received care

The Claims Department will notify YHP clinical staff of your condition so that they can coordinate your care or make further arrangements for care and pre-authorize medically necessary short-term follow-up care. Follow-up

care that is not pre-authorized may be denied. If YHP deems it appropriate, YHP may arrange for and cover the expenses of transporting you to a YHP-approved facility to receive follow-up care. If the severity of your medical condition prevents you or your representative from contacting the YHP Claims Department within 48 hours, you will still be covered for the emergency; but you should contact Claims as soon as possible to ensure that YHP clinical staff are aware of your condition and to request Claims to pre-authorize follow-up care.

THE YHP TOLL-FREE NUMBER IS 1-877-YHP-CARE IN THE UNITED STATES AND CANADA

Toll-free numbers for some foreign countries are available on our website: www.yale.edu/uhs

WE'RE MOVING THINGS AROUND

We will be starting a large-scale renovation project at the University Health Services Center this year that will involve the redesign of our pharmacy and many of our clinic and public areas. We're planning for better patient access by increasing our usable clinic space and we will make our lobby area more welcoming by redesigning the first floor public areas. We ask for your patience while we make our renovations; the results will be worth it.

MENOPAUSE SERIES ON TAP FOR NEW YEAR

Yale Health Plan will sponsor a three-part series on menopause on consecutive Tuesday evenings in February. All sessions run from 5:15-6:30 in room 405 at 17 Hillhouse Avenue. Refreshments will be served. The series is free. For more information, call 203-432-1826.

February 2. *What to Expect at Menopause: Staying Healthy During Midlife and Beyond*

February 9. *Hormone Replacement Therapy: Making the Decision*

February 16. *Urogenital and Sexual Health After Menopause*

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SPORTS AND EXERCISE FOR CHILDREN WITH CHRONIC HEALTH CONDITIONS

Edited by Barry Goldberg, MD
Human Kinetics Publishing



Over two million children in the United States suffer from a chronic medical condition. Physical symp-

toms and recurrent, sometimes traumatic medical therapy are a regular part of many of their lives. Sports and exercise are important to children and this book is the first-ever comprehensive set of guidelines for how children with chronic health problems can participate in these activities. Leading pediatric authorities address 20 common and less common problems including asthma, cerebral palsy, cystic fibrosis, diabetes, eating disorders, epilepsy, heart problems, hemophilia, kidney disease and spina bifida. Information is provided on: the effect of each condition on exercise tolerance; permissible activities; appropriate levels of competition; and how to adapt activities to the condition and the circumstances of the child. Anyone making decisions about children's participation in physical activity will find this an indispensable reference tool.

healthy ideas

Keeping Your Resolve

With the best of intentions, many of us have lofty goals for improving our lives in the coming year.

Sometimes these goals are attainable; sometimes we set ourselves up for disappointment. Here are some tips, based on self-motivation techniques, to help you keep that resolve going through 1999.



Word your resolution positively.

Instead of resolving to “stop eating junk food,” tell yourself to “eat more healthy foods.”

Tackle one resolution at a time.

You're more likely to stick to your resolutions if you don't try to do everything at once.

Try not to punish yourself for a setback.

If you miss a few days at the gym, don't spend energy being hard on yourself. Instead, create a positive feeling by going an extra day next week.

Reward yourself for accomplishing your goals.

If you lose five pounds, or go a week without smoking, reward yourself with a new outfit, a massage, or a long-distance call to someone you miss talking to.

Set manageable goals.

Instead of saying “I have to lose 30 pounds,” say “I want to lose 5 pounds this month” and then go on to the next manageable goal.

Think positively.

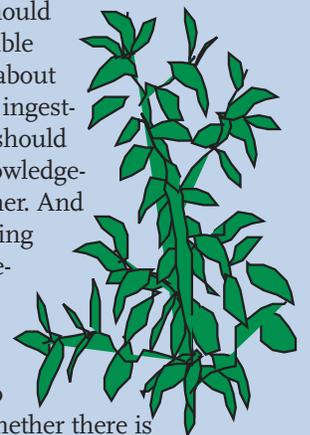
Failure is not falling down. It's falling down and not getting up again.

The Blurb On Herbs

Dr. Donald D. Hensrud, a Mayo Clinic preventive medicine and nutrition specialist, examines vitamins and herbal supplements. He says, “Many believe herbs are a panacea. Others believe they have no value....The truth probably lies somewhere in between.” In any case, herbs are not magic. Whatever effect they have is due to the properties of their active ingredients. Some are

potentially beneficial, some are toxic and others may not have much effect one way or the other. Ginger, for instance, makes food taste good and has been shown to be effective against motion sickness and nausea. Chamomile tea can aid digestion, but those with ragweed allergies should avoid it. St. John's wort has undergone clinical studies showing it to be helpful for depression, but there is no information yet on long-term effects. Stephania and magnolia, used in a weight-loss product in Belgium, are so toxic to the kidneys that a number of users needed dialysis or kidney transplants. As with any product taken for medicinal pur-

poses, you should seek out reliable information about what you are ingesting and you should consult a knowledgeable practitioner. And if you are taking herbal supplements of any kind, inform your clinician(s) to determine whether there is a risk of interaction with other medications you might be taking.



calendar

ONGOING WELLNESS PROGRAMS

Early Pregnancy Class

Held in room 405 on the 2nd Wednesday of each month

from 10:30–11:30 AM 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.

Post-partum Reunion Classes

Held on the 3rd Friday of each month in room 405 from 10:00–11:30.

Please bring your new babies to this great support network for all new moms! Conducted by Wendy Madore,

RNC. Call the Obstetrics/Gynecology Department (203-432-0222) to register.

Adult CPR Classes

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

Weight Watchers at Work

Mondays, 12:15–1:00 PM in room 405. You can join any time. For information, call 203-432-1892.

Blood Pressure Screenings

Tuesdays from 10:00–11:00 AM in room 406. Open to the Yale community free of charge, by

referral or on a walk-in basis. For info, call 203-432-6853.

Health Risk Assessments

Health risk assessment questionnaires are offered to the entire Yale community free of charge on the first Wednesday and Thursday of the month from 2:00–3:00 pm in room 406. For more information, call 203-432-6853.

Smoking Cessation Workshop

Thursdays, noon–1:00 PM in room 406. Free to Yale Health Plan members. Pre-registration is requested. To register, call 203-432-1826.

Yale Health Plan

Cancer Support Group

Life Options is a support group for adult YHP members who have been 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. Group members can enroll in 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.

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