

Exam Prep –  
Yale Health  
Plan Style/2

From the  
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Bookshelf/6



Healthy  
Ideas for  
September/7

# yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. I NO. 4

SEPTEMBER 1998

## Quality Improvements Drive YHP's Own Industrial Revolution

RHEA HIRSHMAN

*Contributing Writer*

At first glance, there seems to be no connection between Yale Health Plan and the Industrial Revolution. What could cogs and smokestacks have to do with ultrasounds and prescription refills?

But, according to Judy Madeux, APRN, associate director for clinical services and in charge of quality management, the Industrial Revolution is where the formalized concept of "quality" began. With large numbers of people producing a standardized product instead of one person creating each item, there had to be ways of making sure that everything fit together.

Of course, people are not machines, and the delivery of medical care is a process of extraordinary human as well as scientific complexity. Still, standards must be set,



work must be evaluated, and outcomes must be assessed.

At the most basic level, a facility such as YHP has systems for quality assurance, which Madeux describes as "retrospective monitoring" and "maintenance" — such as physician peer review or checks on laboratory values.

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## *New Emphasis on Asthma Management*

ROBERT DEBERNARDO, MD, MBA

Asthma is a common condition, a disease which affects the small airways of the lung, causing coughing, wheezing and shortness of breath. The incidence of asthma and the number of deaths have been increasing in recent years, with no clear explanation. Estimates are that between 9 and 12 million people in the US are affected, accounting for \$6.2 billion per year in health costs.

We know that the tendency for asthma is genetic. While the

*continued on page 6*

## 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  
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## Important telephone numbers

<b>Urgent Visit</b>	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
<b>Information</b>	432-0246
<b>Pharmacy</b>	432-0033
<i>Hours of operation</i>	
Monday– Friday	7:30 am–6:30 pm
Saturday	8:30 am–3:30 pm
<b>Patient Representative</b>	432-0109
<b>Medicare/Retiree Coordinator</b>	432-8134
<b>Outpatient Referrals/Claims</b>	432-0250
<b>Inpatient Care Facility</b>	432-0001

# in touch

## Exam Prep – YHP Style

RHEA HIRSHMAN  
*Contributing Writer*

Have you prepared for your exams? Even if you are no longer a student, subject to stomach pains and tension headaches in December and May, exam preparation — getting ready for a visit to your clinician — could be one of the best things you can do for yourself.

First, the practical preparations: leave time for parking; if it's a wintertime pediatrics appointment, allow time for undoing snowsuits and boots; call ahead to see whether your clinician is on schedule. And, as a courtesy, please call if you're going to be late or you have to cancel. Keep in mind that, if problems arise with your care, you can discuss them with the manager of the clinical department or with Member Services.

Then there are the steps you can take to make good use of your appointment time. Developing a relationship with a primary care clinician is the best way to receive care, says Paul Genecin, YHP's director. "Part of how you learn about a problem is by monitoring it. You may have a urinary tract infection and then



not have one for years. But if you have recurring UTIs, being connected with a primary clinician will mean that you're more likely to get to the cause than if you see clinicians at random and explain your symptoms over and over."

Another factor in receiving good care is to remember that clinicians can't know what is on patients' minds if patients don't tell them. "It's helpful," Genecin says, "for people to have a clear sense of what they need from the visit, and not to leave the most pressing questions until the end."

Carol Morrison, chief of pediatrics, adds, "It sounds trite, but we encourage people to come in with a list." For instance, if you're having headaches, think about what a doctor might want to know: how frequent are the headaches? what are they like? can you determine

any triggers? The more information you can bring with you, the more focused the appointment can be. Morrison also comments on the importance of family history and encourages patients to "write it all down. It's hard to recall some of this information over and over."

Joann Knudson, chief of Ob/Gyn points out that "Not every concern can be addressed in one visit. It's important to ask about follow-up appointments, follow-up phone calls, how to get results of lab tests. Should the patient call or wait to hear from the clinician? These are all issues that should be discussed during an appointment."

A worry expressed by some patients — one which can sometimes get in the way of optimum care — is whether the clinician will make value judgments. Genecin notes, "Patients ask questions like, 'Should I not come in because I'm lesbian or gay, or because I'm having an affair or because I have a drinking problem?' But we're not here to tell you what needs you should have . . . We want to deal with the situation as you present it."

He continues, "If a clinician asks a question that seems intrusive, by all means say so. But also realize that the clinician probably needs certain information in order to figure out what course of action to take" (medications, lab tests and so on). And if confidentiality is a concern, YHP members should know that the plan has a firm and clear confidentiality policy: only those involved with providing care have access to a patient's records without the patient's written permission.

Knudson notes that she and her staff welcome hearing from her patients in advance if there is some aspect of an exam or treatment that they are particularly anxious about. Genecin adds, "Some people are too apprehensive about the idea of getting health care to be able to think about what their expectations are. But if you can express your expectations, then we will have a better chance of meeting them. We want to do our best. All the clinicians have been patients, too."



# from the desk of

**PAUL GENECCIN, MD**

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

**Y**ale Health Plan is active twelve months a year, but September, when we welcome our new students, faculty, staff and their families, is an especially exciting time. I am delighted to greet our members and to extend a warm welcome to all our newcomers.

This month, I would like to discuss YHP's Member Advisory Committee, a remarkable group whose work emphasizes the great value we place on our partnership with members.

The committee has representatives from all sectors of our community. YHP is one of the few departments on campus with a working committee which includes Yale faculty, clerical and technical workers, service and maintenance workers, managerial and professional staff, Yale retirees, and students from Yale College, the Graduate School of Arts and Sciences and the professional schools. This committee reflects the rich diversity of Yale's community and ensures that we clearly understand the needs and interests of our many constituencies.

Meetings are focused on issues of practical importance to YHP members. The group has examined confidentiality, clinical access, the direction of quality improvement, the role of information systems technology, the benefits package and the cost of

premiums, as well as many policy issues. The Member Advisory Committee has helped YHP staff to identify major priorities ranging from clinical services at 17 Hillhouse Avenue to out-of-area coverage. It has grappled with issues of value such as parking, and with topics on the cutting edge of medical science and technology, such as smart card technologies and future information system enhancements. The committee's discussions of substantive issues are challenging and stimulating and I draw upon them often as I consider YHP's plans for the future.

YHP exists to provide high-quality health care to the Yale community. In contrast to the turmoil in health care that we read about almost daily, YHP has continuously served the Yale community for 27 years. Our small scale and our care model are great advantages in staying close to our members and understanding their priorities, while our Member Advisory Committee provides the direct feedback from members that is too often lacking in health care organizations. As always, I hope that you will communicate directly with me and with my colleagues at YHP. I also encourage you to acquaint yourself with the Yale Health Plan Member Advisory Committee (see the list of committee members) and to remember that we value your input.

## **Yale Health Plan Advisory Committee Membership List**

### **Yale College Council**

Eric Rosenthal  
Mailan Cao

### **Yale College Faculty**

Professor William Hallo

### **Graduate Student Assembly**

Brian Call

### **Graduate & Professional Student Senate**

Chendra Conklin

### **Graduate and Professional School Faculty**

Professor Barbara J. Safriet

### **Yale University Women's Organization**

Nancy Rosenbaum

### **Local 34**

Maureen Whitcomb

### **Local 35**

Addie Delfranco

### **Library Staff**

Jane Gillis

### **Management & Professional Staff**

Carole DeVore

### **Retiree**

Geraldine Frei



TO ACCOMMODATE OUR MEMBERS, YHP HAS AN ARRANGEMENT WITH *Quest Diagnostics (formerly DML)* to provide laboratory services at sites all over the state. Please note that, while other laboratory tests are available through *Quest*, x-rays and EKGs must be done on site at Yale Health Plan.

# 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 are the best times to go to the lab at YHP?**

**A.** Except in the case of an emergency, patients are seen on a first-come, first-served basis. Notify the receptionist at the desk if you have time constraints; she will do her best to accommodate you. You will also be given a list of Quest sites where you can have the test done if an off-site test is more convenient.

**Q. How do I get my results?**

**A.** Through your clinician, with whom you should discuss (usually at the time of your visit) how the results will be communicated to you. While most results are available within 24 hours, others, such as those involving cultures, may take several days or more. The lab does not keep test results or communicate them directly to patients.

**Q. It is not convenient for me to come to YHP for lab work. Can I go to any Quest station?**

**A.** Yes, you can have lab work done at any of the 70+ Quest sites. The Member Services Department and the laboratory have a list of these sites with hours of operation. Or you can refer to this Web site: <http://www.yale.edu/uhs>. When you go to a Quest site, please present the requisition from your clinician.

**Q. Is there a charge for laboratory services at either YHP or Quest stations?**

**A.** There is a charge only for those patients seen on a fee-for-service or Medicare plan. If you are unsure about your status, contact the Member Services Department at 432-0246 or [member.services@yale.edu](mailto:member.services@yale.edu). If you are on Medicare, Quest staff will ask you to sign a form that will allow them to submit the charges to Medicare. If you have questions, contact Margaret Hionis, YHP Medicare coordinator, at 203-432-8134. Also, there is a charge for premarital lab tests for non-members.

OCTOBER IS BREAST CANCER AWARENESS MONTH. Yale Health Plan and the Ob/Gyn Department will offer information all month on mammograms and breast self-exams (BSEs). In addition, the week of October 19-23 will feature several daytime programs including: "Does Breast Cancer Run in My Family?" (October 20); "Mammograms: Fact or Fiction?" (October 21) and "How to Get What You Want From Your Providers" (October 22). Watch for posters and announcements at YHP and all around campus, and call 432-8015 or 432-8109 for more information.



### YHP 1998 Flu Vaccine Program

Influenza may be prevented if you receive one of the current influenza vaccines. These vaccines are made each year so that the vaccine contains influenza viruses that

are expected to cause illness that year. Flu shots will be available at no cost to YHP members and Medicare participants on Monday, Wednesday and Friday beginning mid-October (from 8:30 AM to 12 noon and 1:30 PM to 4:00 PM in the YHP Immunization Department. For additional information, call 203-432-0093.

### Register with OPS to Obtain a Blue Card

Providers at the Yale School of Medicine offer specialty care for YHP members upon referral by their YHP primary care clinicians.

As soon as you arrive at the hospital, you must register with the Office of Professional Services/Faculty Practice Plan (OPS) representative on the first floor of the Dana Building at the Yale-New Haven Hospital. If you have previously registered and received an OPS Blue Card, your med-

ical record as well as your insurance information can be quickly accessed. If it is your first visit to a medical school provider, please arrive at least one hour before your appointment to complete the OPS registration process.

### Watch for Health Fairs

YHP will present several "health information fairs" during the University's annual open enrollment period. Watch for dates and locations. Fairs will include:

- Information on YHP services and benefits
- Blood pressure screenings
- Raffle
- Food
- Giveaway items

Visit the fairs for fun, educational sessions with the folks from Yale Health Plan, the on-campus resource for your health care needs.

## QUALITY IMPROVEMENTS

*continued from front page*

Such maintenance is vital. But beyond the maintenance level of quality assurance, there is quality improvement, which Madeux defines as "a systematic way of designing and looking at processes and structures and trying to improve them . . . You might want to improve specific clinical services . . . but you might also want to make a service easier to use — which has nothing to do with clinical quality, but makes a big difference to patients."

Ideas come to the quality management committee, which Madeux chairs, from every department and level, as well as from patient comments. Ideas can be for small and easily implemented changes ("incrementalism" in quality improvement lingo), such as a department's deciding that staff should wear name tags. More complex changes are called "innovations," and usually involve more than one department.

A recent YHP innovation, undertaken in response to patient comments, involved

the Obstetrics/Gynecology and Radiology Departments. Ob/gyn patients often had to wait a month for an ultrasound appointment, and had to jockey back and forth to get referrals filled out and appointments scheduled. Madeux describes the results of the quality improvement process: ". . . we reduced waiting times by half . . . to 10 or 11 days . . . we added evening hours . . . we built in emergency times . . . and we started something that had never been done here before — interdepartmental booking. Now, if you're an ob/gyn patient who needs an ultrasound . . . the ob/gyn department can book it for you."

And, periodically, the opportunity arises for a "breakthrough," which Madeux describes as ". . . something revolutionary . . . a paradigm shift." A breakthrough currently being implemented involves YHP's having joined a national collaborative with 40 other facilities to reduce the Caesarean-section rate which, at 20%–25% in the US, is higher than in any other industrialized nation (it's 4%–8% throughout Europe). "The paradigm shift," Madeux says, "is

from managing each piece of care to looking at the whole pregnancy . . . C-sections as a last resort, not as part of regular ob care." The numbers look good so far, but since YHP does only 250 deliveries a year, a few more months of data are needed before, as Madeux puts it, ". . . we can say Hooray!"

A basic premise in quality improvement, Madeux notes, is that "blame is not helpful" and that "most of the reasons that errors and problems occur have to do with the way a system works." In a way, it becomes useful to think again about the Industrial Revolution — not because people are like cogs in a wheel but because having smoothly operating systems in a facility ultimately helps patients. "Most of us," Madeux notes, "go into health care because we want to make life better for people. What is most frustrating is when, because of a system problem, you can't make it better. What we're doing here is using quality improvement techniques to deliver really good care."

# information

## BOOK REVIEW



THE FOLLOWING BOOKS ARE AVAILABLE FOR REVIEW FROM THE BETTY STOWE BOOKSHELF ON THE FOURTH FLOOR OF

THE YHP BUILDING:

### **The Asthma Self-Care Book**

by Geri Harrington  
Harper Perennial, 1991

This book covers the basics about what asthma is and how it is treated. The author, who has asthma,

encourages the reader to be an active participant in the care of this chronic disease, and provides information to help make informed health choices. It provides a level of detail on asthma care that is not always available at an office visit. One drawback is that the section on medications is now somewhat outdated. But the chapter on asthma and exercise is especially useful in dispelling the myth that people with asthma should avoid exercise, and gives tips on how to exercise safely. This is a “must-read” for those who want to take control of their asthma.

### **Osteoporosis — How to Make Your Bones Last a Lifetime**

by Wanda S. Lyon  
and Cynthia E. Sutton  
Tribune Publishing, 1993

The National Osteoporosis Foundation has estimated that as many as half of women over the age of 50 will eventually suffer a bone fracture due to osteoporosis. This book provides a comprehensive and useful overview of the available knowledge about prevention and treatment of osteoporosis. Risk factors for osteoporosis and screening tests are described, as are prevention and treatment options, which include hormone therapy, drug therapy, exercise and diet. This book is recommended for women of all ages — and especially for women with a family history of osteoporosis — who want to take steps to maximize bone health throughout their lifetimes.



## ASTHMA

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exact disease mechanism is unknown, what is known is that “asthma attacks” are caused by a variety of triggers: infection, irritants, and in allergic individuals, allergens. There is also evidence that air pollution plays a major role.

Recognizing triggers is important in preventing attacks. In children, 50% of viral infections will trigger an asthma attack. In adults the most common infectious cause of an asthmatic response is a sinus infection, but an infection anywhere can be associated with increased asthma symptoms. Air pollutants, particularly oxides of nitrogen and sulfur generated by internal combustion engines, are major triggers in most asthmatics. Slightly over 50% of asthmatics also have allergies which can trigger the disease. Dust mites, animal and insect antigens and some mold spores are major culprits. Recent studies have shown that areas of dampness or water leaks in buildings and inadequately maintained ventilation systems increase the incidence of asthma. Toxins produced by mold and bacteria which flourish in this environment can trigger asthma even in non-allergic individuals.

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# healthy ideas

## Healthy Ideas for September '98

### Too good to be true?

Have you seen the new fat-free chips? Fat-free chips from Lays are prepared with the new fat substitute Olestra. While many people are enjoying this product and saving fat calories, some people experience cramping and diarrhea after eating products containing Olestra because the Olestra is not absorbed by the body. In addition, there is concern over the extent to which Olestra may interfere with the absorption of fat-soluble vitamins, and some researchers have raised the issue of Olestra's potential to increase the risk of intestinal cancer. The manufacturer has recently added fat-soluble vitamins to these products. Limit your intake of products containing Olestra until the adverse effects become better known.

### Vitamin D and the winter sun

Getting enough vitamin D is important for maintaining healthy bones. In sunny climates we obtain vitamin D from skin exposure to sunlight year-round. In the Northeast, your body can't make any vitamin D from November through February because the angle of the sun markedly limits the amount of UV-B radiation that reaches the earth's surface. If your body makes enough Vitamin D during the summer it is stored in your fatty tissue for use during the winter. However, older people and those who avoid the sun because of its harmful effects usually can't make enough. The daily recommended intake for Vitamin D is 400 IU for those 70 or younger and 600 IU for those over 70. A quart of milk provides about 400-600 IU of vitamin D. If you do decide to take a supplement, be sure not to exceed a total of 1000 IU of vitamin D from your supplements and your food.

### Allergic to dust mites?

If your area rugs cause you to sneeze and itch, give them a sunbath. Place them upside down on a concrete surface during a sunny, dry and warm day. Studies at the University of Sydney found that after four hours no live mites or eggs survived. Dry air and heat are the exterminators.

### Save the whey

Whey looks like water, but it contains valuable vitamin B and minerals and is low in fat. Stir the separated whey back into your cottage cheese and yogurt instead of pouring it off.



### Making menu choices

Fatty food terms: creamed, crispy, tempura, fritters, fritto, croquettes, carbonara, parmigiana, breaded, a la king, batter-dipped, bernaise, hollandaise, Newburg and Alfredo. **Lower fat choices:** baked, braised, broiled, grilled, marinara, poached, roasted, steamed and stir-fried.

### Early heart disease prevention

Coronary disease can begin in children and young adults. Bad habits established in childhood, such as inactivity, smoking, and poor dietary habits, often carry into adulthood. Routine screening for heart disease in children is not cost effective, but preventive behavior is!

## ASTHMA

*continued from page 6*

Inflammation and irritability of the airway muscles, both of which restrict airflow in and out of the lungs, are hallmarks of asthma. Previously, treatment efforts were focused primarily on relieving this muscle constriction, and bronchodilators such as albuterol, (Ventolin or Preventil) were used regularly. The focus now is on controlling inflammation, so the treatment of choice in all but the mildest asthmatics is an inhaled steroid. The bronchodilators should be used only intermittently, as necessary. The goal is to decrease their use to less than four times per week. The primary purpose of inhaled steroids is the long-term reduction of the inflammation associated with asthma so that future exacerbation and permanent lung damage can be prevented.

YHP instituted an asthma initiative two years ago, using a team approach to ensure the most up-to-date asthma management. The clinician establishes an individualized care plan. The pharmacy monitors drug use, and brings to the attention of the clinician those individuals who may be requiring large amounts of bronchodilators for symptom control or those who are using too little of their prescribed inhaled steroids. The Office of Preventive Medicine instructs patients in how to use inhalers and how to monitor progress with peak flow meters, and conducts educational sessions for patients and providers. The emphasis is on helping patients with asthma to help themselves.

# calendar

O N G O I N G W E L L N E S S P R O G R A M S

**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 Workshops**

**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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