

Patient bill  
of rights/2

Staff  
awards/5



Safe lawn  
care/7

# yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. VI NO. 4

JULY – AUGUST 2003

## Water by Other Names

LINDA BELL, MS, RD, CD/N

YHP Nutritionist



As summer heats up, we should make sure to avoid dehydration with adequate fluid intake—at least 64 ounces a day for adults. Drinking water is the key to staying well hydrated, and consumers are offered increasing numbers of brands and colorful bottles of water from which to choose.

Most convenient and economical of course is water straight from your tap. We generally take this source of water for granted, but in many parts of the world, a safe and drinkable water supply is a luxury.

Our tap water is monitored by government health agencies to insure safety. In Connecticut, many households have well water. A properly maintained well, which is tested every year for bacteria and mineral levels, can also provide a safe and steady supply of drinking water. Those with well water should have their wells tested and make sure that infants and children receive a supplemental source of fluoride if necessary.

For various reasons, some prefer to drink bottled water, supporting a burgeoning industry. Today about 700 brands of bottled water are sold in the United States. Reasons cited by consumers for drinking bottled water include: preferring the taste (some tap water may be treated with chlorine, which can give water a slight flavor); feeling that it is “chic” or trendy to do so; or using bottled water as a calorie-free alternative to other beverages.

If you are in the habit of refilling your water bottles, use a hard plastic bottle which is dishwasher safe. Avoid re-using soft bottles such as those used for commercial bottled waters; the plastic deteriorates over time and chemicals

*continued on page 2*

## Old Tests, New Protocols Save Lives

DAVID ROTH, MD

Chief, Obstetrics/Gynecology

While every day brings news of high-tech developments in medical treatment and diagnostics, many effective procedures have been around for decades. One of the best known and most widely used is the Papanicolou (or “Pap”) smear, employed for about the past 50 years to detect cervical cancer.

The Pap smear has rendered cervical cancer almost entirely preventable by detecting pre-cancerous changes in the surface of the cervix or vagina early enough so that they can be evaluated (by biopsy) and treated.

According to the American Cancer Society, about 13,000 American women will be diagnosed each year with invasive cervical cancer, which will cause 4100 deaths. About half of these cancers occur in women who have never had a Pap smear, and another 10% in women who have not had a Pap for more than five years.

While the mortality rate from cervical cancer has decreased by 70% since the Pap smear was introduced, the test is not perfect. For any one smear, there is

*continued on page 4*

## WATER

continued from page 1

leach into the water with which you refill the bottle. Again, those using bottled water exclusively for children or to prepare infant formulas should check with their pediatricians regarding adequate fluoride intake.

Recently, flavored waters have gained popularity. Some have no sweeteners of any kind, and use natural fruit essence to provide a hint of flavor. Check labels carefully, as some clear beverages also contain sugar, other sweeteners, and artificial flavors. If they do, they're soft drinks, and not bottled water. Being clear does not mean that a beverage is simply water. If you are looking for a calorie-free product, check the bottle's "nutrition fact" label for calories. Bottled water and flavored waters with artificial sweeteners like Splenda or Aspartame will list the caloric content as zero.

*...avoid re-using soft bottles such as those used for commercial bottled waters; the plastic deteriorates over time and chemicals leach into the water with which you refill the bottle.*

Seltzer water, flavored seltzers (again, check the nutrition facts for calories to avoid buying a clear soda), and decaffeinated iced tea and decaffeinated iced coffee are other popular summer drinks. Naturally sugar free, these beverages are good choices for those looking to avoid the calories of juice, soda, fruit ades, and other beverages containing sugar.

You can "dress up" your water with a twist of lemon, lime, or orange. Or you can add a few slices of one of these fruits to a pitcher of water to make your own "flavored" water (adding slices of cucumber, too, provides an interesting variation.) Drinking enough water provides multiple benefits, from helping to maintain a healthy weight to supporting tasks involving mental concentration.

Remember: by the time you feel thirsty, you are already beginning to be dehydrated. So whatever your water of choice, drink up and enjoy!

## Important telephone numbers

<b>Urgent Care</b>	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
<b>Toll Free</b>	1-877-YHP-CARE
<b>Information</b>	432-0246
<b>Pharmacy</b>	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
<b>Patient Representative</b>	432-0109
<b>Medicare/Retiree Coordinator</b>	432-8134
<b>Outpatient Referrals</b>	432-7397
<b>Claims</b>	432-0250
<b>Inpatient Care Facility</b>	432-0001

# in touch

### Yale University Health Services Patient Bill of Rights

- To receive the best care we can offer for your problem, without regard to national origin, race, age, gender, religious beliefs, sexual orientation, disability or illness.
- To be treated with respect, consideration and dignity. To expect that your personal convictions and beliefs will be taken into account when you seek help. To participate in decisions involving your health care, including ethical concerns.
- To agree to or to refuse any healthcare service and to be informed of medical consequences of services refused. To give informed consent for diagnostic or treatment procedures, as appropriate.
- To know the identity and professional status of your clinical care team and to be able to choose your primary care clinician(s) from those available.
- To have your privacy respected.
- To expect that your medical records will be kept confidential and that access to information about you will be limited to those legitimately involved in your care and to public health authorities when required by law. Your medical information will not be released without your explicit consent except in cases of a medical emergency or in response to a court order.
- To receive information from your clinician concerning your illness, condition, treatment (including possible side effects), and plans for your care. To expect reasonable continuity of care as appropriate and to be informed by your caregivers of available, realistic patient care options when the present course or venue of therapy is no longer appropriate.
- To receive appropriate assessment and management of pain.
- To review your medical record, except when restricted by law, and to have the information explained or interpreted as necessary.
- To be informed of any research aspect of your care and to be able to decline participation without jeopardizing your access to medical care and treatment.
- To be informed of the YUHS resources for resolving disputes, grievances, and conflicts such as appeals to the relevant department manager or chief, the patient representative, the administrative officers, or the claims review committee.
- To know charges for services before care takes place.
- To have an advance directive (such as a living will, healthcare proxy, or durable power of attorney for healthcare) concerning treatments. YUHS will honor the advance directive to the extent permitted by law.
- To be informed of and be welcome to ask about the existence of business relationships among the YHP, education institutions, other health care providers or commercial entities, or other payers that might influence your treatment and care.



# from the desk of

**PAUL GENECCIN, MD**

**DIRECTOR, YALE UNIVERSITY HEALTH SERVICES**

In the past quarter century, medicine has seen breakthroughs in—to name just a few areas—molecular biology, genetic engineering, imaging technologies and minimally invasive surgical techniques. All of these have the potential to improve diagnostic accuracy, increase longevity, enhance health and functioning, and alleviate pain and suffering. Yet medicine lags far behind other endeavors in its use of computerization. In fact, we spend less than 2% of our more-than-one trillion dollar annual medical budget on informatics. Surprisingly, one of the simplest and most developed applications, electronic mail, is rarely used in medical practices across the country.

Email is an excellent means of clinical communication. When used appropriately, it can streamline interactions between patients and the health care system. Email permits asynchronous communication; in other words, a patient

can send a message when necessary and the clinician or office can respond when they are able. With patients and clinicians constantly on the go, clinical email removes the obstacle of telephone tag. For many people, email provides an alternative to congested telephone systems, which are fraught with frustration for patients as well as care givers. Another benefit of email as compared with telephone is that email is self-documenting: the content of the email interaction is recorded. While the details in a telephone transaction often go uncharted, email correspondence can be printed and placed in the paper record or incorporated into an electronic medical record.

Given these benefits, I am very eager for our members to register for Yale Health Online and to use it for scheduling and communications with their clinicians. This secure, encrypted email system is fully HIPAA compliant—in other words the privacy of your com-

munication is protected. All of our primary care departments—Ob/Gyn, Pediatrics and Internal Medicine—have implemented Yale Health Online. On-line registration is easy. Nearly two thousand members are already realizing the benefits and telling us about their high level of satisfaction with this innovation.

At Yale Health Plan we are also working on additional ways to use computer technology for improving medical practice; specifically, we are in the early stages of implementing an electronic medical record—which will no doubt be the topic of a “From the desk of...” column in the next year. Meanwhile, please log on to Yale Health Online and discover for yourself how useful and easy to use this feature is. As always, I welcome your suggestions and feedback.

[www.yalehealthonline.yale.edu](http://www.yalehealthonline.yale.edu)

## yhp staff



Misiewicz



Reynolds

**Eugene F. Misiewicz, Jr., RN** joined the YUHS staff this past February as assistant manager of the Urgent Care Department. He received a BS in business administration from Central CT State University, an AS in nursing from Quinnipiac University, and his Master’s in health care administration from the University of New Haven. Prior to his arrival at YUHS he was a charge nurse at Yale New Haven Hospital on the general medicine and AIDS care units.

**Karen Reynolds, RN** joined YUHS this past October as the manager of the Laboratory and Dermatology Departments. She received her AS in nursing from Norwalk Community College, her BS in health administration from the University of New Haven and is currently pursuing her Master’s degree in that same field. Before coming to YUHS she worked as the clinical service coordinator in the Yale New Haven Hospital Pediatrics Primary Care Center.





## PAP SMEAR

*continued from page 1*

a 20–30% chance that, even if a precancerous area were present, the test would not detect it. Furthermore, most milder abnormalities we see are not dangerous and don't need treatment; they just need monitoring until they fade away on their own. Since these abnormalities worsen very slowly (over many years), repeating the test regularly is important; the chance of missing an abnormality diminishes with every negative smear.

*The Pap smear has rendered cervical cancer almost entirely preventable by detecting precancerous changes...early enough so that they can be evaluated ...and treated.*

On the other hand, testing too frequently will often pick up minor changes that are only temporary—worrying the woman and possibly resulting in unnecessary biopsies. Even after half a century, we are still

learning how best to use Pap smear technology—including some newer versions—to prevent disease while avoiding unnecessary testing and worry for patients.

At YUHS we are in the process of implementing two initiatives to improve cervical cancer screening: (1) reaching out to women who may be at increased risk because they haven't been getting regular Pap smears, and (2) adopting the recently released American Cancer Society (ACS) Guidelines for screening. These evidence-based guidelines focus on appropriately screening women who may be at risk, and not “overscreening.”

A summary of the ACS guidelines:

- Cervical cancer screening should begin approximately three years after a woman begins having vaginal intercourse, but no later than 21 years of age.
- Cervical screening should be done every year with regular Pap tests or every two years using the newer liquid-based tests, such as ThinPrep. At or after 30, women who have had three normal test results in a row may get screened every two to three years. But the clinician may suggest testing more often in the face of risk factors such as HIV infection or a weak immune system.

- Women 70+ who have had three or more normal Pap tests and no abnormal Pap tests in the last 10 years may choose to stop cervical cancer screening.
- Screening after total hysterectomy (with removal of the cervix) is not necessary unless the surgery was done to treat cervical cancer or precancer. Women who have had a hysterectomy without removal of the cervix should continue screening at least until age 70.

While the great majority of YHP members are receiving cervical cancer screening, we are reaching out to those women who may be in need of the test and are arranging for special clinics to provide these women with their Pap screenings during this summer. We welcome calls from any member who feels she is overdue for her Pap smear and has not yet been contacted.

Some suggestions to make the Pap test as accurate as possible:

- Try not to schedule an appointment during your menstrual period.
- Do not douche for 48 hours prior to the test.
- Do not have vaginal sexual activity for 48 hours before the test.
- Do not use tampons, birth control foams, jellies, or other vaginal creams or vaginal medications for 48 hours before the test.

In the near future, we will be doing similar outreach to women who have not been screened recently for breast cancer.

Important as they are, Pap smear guidelines are not the only factor dictating the frequency of gynecology visits for any particular woman. Aspects of the “pelvic exam,” still may be important at more frequent intervals. These include contraceptive and STD assessment, menopausal issues, and assessment for other gynecological problems not addressed by the Pap smear guidelines. Each woman should discuss screening strategy with her clinician.



## ***Molly Meyer Receives Award***

Molly Meyer, APRN was chosen as one of this year's recipients of the annual "Nightingale Award for Excellence in Nursing." The Nightingale Award was created in 2001 by the Visiting Nurses' Association (VNA) of South Central Connecticut in collaboration with the Hospital of Saint Raphael and the Community Foundation for Greater New Haven. The award celebrates those nurses who: epitomize the best qualities in personal patient care; demonstrate a commitment to the community served; and exemplify life-long professionalism.

Meyer, who has been with YUHS since its inception in 1971, received her BA from Skidmore College, her BSN from the University of Wisconsin and her MSN from Southern Connecticut State University. A primary care clinician in the Departments of Internal Medicine, Student Medicine and Oncology and Hematology, she was named "clinician of the year" in 1991. She has previously been honored for her superb clinical skills with the American Cancer Society's "Lane Adams Excellence in Caring Award."



*Annual yuhs staff award recipients. 1-r: Gertrude Knotts; Marjorie Kanyusik, md; Paul Genecin, md-yuhs Director; Sharon Harriott; and Thomas Brady, pa-c*

## ***yuhs Employees Honored at Annual Gathering***

*Each year we honor staff members, both clinical and administrative, whose service exemplifies our mission of providing the highest quality, patient-focused care. This year's winners are:*

### **PHYSICIAN OF THE YEAR**

#### **Marjorie Kanyusik, md**

A primary care clinician, Marjorie Kanyusik, MD, came to the YUHS Internal Medicine Department in March of 2002. Described as "kind and compassionate" and "a person you could see having as a friend," Kanyusik is praised by patients as "someone who makes you feel that your concerns are really important" and "a doctor who always pays attention to your feelings."

### **CLINICIAN OF THE YEAR**

#### **Thomas Brady, pa-c**

Brady, a physician associate who came to YUHS in September of 1991, is a mainstay of the Urgent Care Department. He is "highly respected by both staff and patients," and "an excellent clinician," who is known for being "calm and reassuring." Brady "instills confidence in his patients" and "is always there to do what is needed," both in delivering patient care and in keeping the work of the department going smoothly.

### **EMPLOYEE OF THE YEAR**

#### **Gertrude Knotts**

Known as someone "willing to help every single person in the building," Knotts has been with YUHS as a housekeeper in Building Services since March of 2000. With "a good word to say for everyone," she is "always available to do an extra task or help in any way that will create a more pleasant environment for patients and staff." She is always "a pleasure to see and talk to" and lives by the motto "If you don't have something good to say, don't say anything."

### **DIRECTOR'S AWARD**

#### **Sharon Harriott**

An office assistant in the Medical Records Department since November of 1987, Harriott is "very knowledgeable" and "extremely hardworking." She "enjoys challenging tasks," which she "takes on independently" and has an "impeccable record" for punctuality and attendance. Going "above and beyond" in order to get the job done, Harriott has offered "numerous good ideas for improving work flow in the department."

# information

## INFORMATION

### SENIOR HEALTH FAIRS

Coming this fall: More senior health fairs, scheduled in: **Orange on Thursday, October 16; Hamden on Tuesday, October 21; Branford on Thursday, October 23.** Events will include blood pressure screenings, flu immunizations, medication consultations and discussions about a range of health issues. Refreshments will be served. Mark your calendars now and watch this newsletter for more information.

## yale health care

*published by Yale Health Plan*

17 Hillhouse Avenue  
New Haven, CT 06520-8237  
(203) 432-0246 • [www.yale.edu/yhs](http://www.yale.edu/yhs)  
email: [member.services@yale.edu](mailto: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*

Alan Greenglass, MD  
*Chief, Internal Medicine*

Chris Kielt  
*Deputy Director, Operations*

Deborah Meredith, CNM  
*Obstetrics/Gynecology*

Carol Morrison, MD  
*Chief, Pediatrics*

Rhea Hirshman  
*Editor*

Maura Gianakos  
*Graphic Design*

Harold Shapiro  
*Photos*

### NEW PHARMACY HOURS

Effective August 4, the YUHS Pharmacy will open at 8:00 a.m. except on Thursdays and Saturdays, when the opening time will be 8:30.

### EASY PRESCRIPTION REFILLS

Effective during July, you will notice some improvements to the Pharmacy telephone system. When you call the Pharmacy (203-432-0033), you will be presented with just two options:

- refilling a prescription by using our automated refill line;
- speaking to a Pharmacy staff member about any changes or questions.

We have removed the voice mail boxes for recording your prescription refills and for noting any changes that you want on your prescriptions.



Now if there are any questions or changes you will be able to talk to a Pharmacy staff member any time during business hours.

The automated refill line allows for efficient processing of your refills if you remember a few simple hints:

- Always know your patient identification number (ptid#). This is the number you were assigned when you became a YHP member and it does not change. Please note that this number is also printed on all your prescription labels.
- Keep your prescription numbers handy. Doing this is especially important for tubes, inhalers and other products which come in boxes you may throw away.
- When you are asked to punch in a prescription number, do so even if all you have is an old number. The Pharmacy usually has a linked record of your prescription numbers and can track down the correct one.

- Even if the label says you have no refills remaining, enter the information! The pharmacy may have already requested additional refills for you and you may have a newer number on file. If you don't, the system will tell you that your prescription is not refillable and will give you the option (for most medications) to ask us to contact your clinician.

The majority of our members use this automated system and you can, too. In the near future we will have a demo phone set up outside the lobby, with staff members available to offer hands-on help.

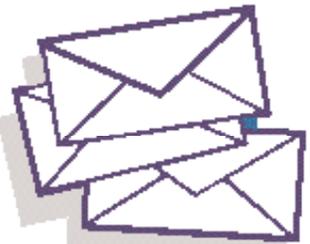
One other note: Certain medications are prescribed without refills. Check your prescription number. If it starts with a 2 or 3, you must contact your clinician directly to obtain a refill.

If you have any questions, please call the Pharmacy at 203-432-0033.

### MAKE YOUR CLAIM!

Please note: If you are submitting claims by mail, you must use the full Yale Health Plan address, including the P.O. box number, as given below. Forms mailed in without the P.O. box number can be slowed down for days or even weeks in the University postal system—resulting in a significant delay in the payment of your claims.

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



# healthy ideas

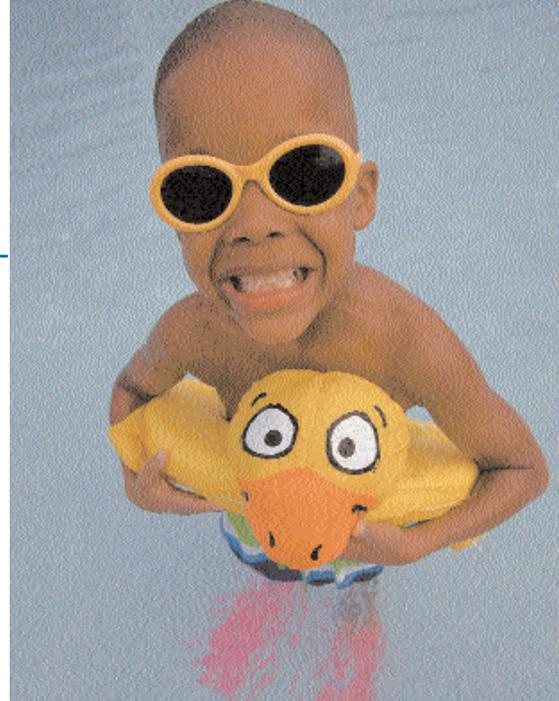
## COOL SHADES

Our eyes can be damaged by the same ultraviolet A and ultraviolet B (UV-A and UV-B) rays that damage skin. UV rays are strongest when the sun is highest (at this time of year and in this part of the world, from about 10:00 a.m. to 3:00 p.m.). Ultraviolet levels are greater at higher altitudes, and UV rays may reflect off surfaces (such as water, sand, and snow) into the eyes. Don't assume that ultraviolet rays are not a risk factor on cloudy days. UV radiation from the sun is present, although diminished, on cloudy days and may penetrate into shady areas.

There is evidence that both cataract formation and macular degeneration (a disease of the retina that causes vision loss and that is most common in people over 55) may be related to chronic UV exposure. Some tips to protect your eyes:

- Choose glasses labeled as blocking 99–100% of UV-A and UV-B rays, or labeled “UV absorption up to 400 nm” (nanometers, a measurement of wave length). These phrases mean the lenses are chemically coated to block UV light.

- Polarized or mirror-coated lenses reflect glare and may be more comfortable for use on snow or water, but they do not offer UV protection.
- Dark lenses are not necessarily better than light colors; the protective chemical coating can be added to any lenses. Dark lenses that are not labeled are not effective.
- Although lens color is not related to protection, eye-care organizations recommend gray, green or brown lenses.
- Greater expense does not guarantee effectiveness. Many inexpensive models offer proper UV protection. Higher-priced shades might be more sturdy or more stylish, or might carry a designer label, but won't necessarily be kinder to your eyes.
- Children need eye protection too. Give them effective sunglasses and encourage them to wear hats, especially in midday sun. (Adults should wear hats, too!)



- People who spend a lot of time on snow or water should use wrap-around sunglasses.
- While some contact lenses now feature UV blocking, it is not sufficient protection. If you wear contacts, even with UV blocking, you should still wear sunglasses.
- Tanning booths can damage eyes as well as skin. The FDA requires salons to provide protective goggles. If you use a tanning booth, make sure that you request eye protection.



## I WANT TO BE A LAWN

Chemicals used to create a “perfect” lawn pose significant health risks to adults, children and pets. These toxic substances eventually move into the ground water and that ground water travels into the public water supply.

Lawn pesticides are poisons designed to kill living organisms and they are linked to higher rates of cancer, birth defects, nerve damage and learning disabilities in mammals. According to the (federal) EPA (Environmental Protection Administration), 95% of the pesticides used on residential lawns are possible or probable carcinogens.

Children, with their developing immune systems and smaller bodies, are the most vulnerable to chemical assault. A 1995 report published by the American Journal of Public Health showed that

children whose yards were treated with insecticides had four times the risk of developing certain cancers than those whose lawns were not treated. If you want to encourage the traditional turf lawn look while eliminating the poisons, do the following:

- **Choose grasses** appropriate for this environment.
- **Mowing.** Mow high and mow often, with a well-sharpened mower.
- **Watering.** Water deeply but infrequently. This encourages deeper root growth, resulting in a more stable and disease-resistant lawn instead of one whose roots remain near the surface.
- **Don't worry about drought.** Well-established lawns will not die under drought conditions. They will just turn brown and then green up again when the rain falls.



## HEALTHY IDEAS

continued from page 7

### LIGHTNING STRIKES

According to a recent study, men are the vast majority of those killed by tornadoes and by storm-related flooding and winds. Thunderstorms cause the deaths of twice as many men as women and, of those killed by lightning strikes, 85 percent are men. One possibility cited for these discrepancies: men may be involved in more outdoor work and recreational activities than women. Researchers also cited the greater tendency of men, especially young men, towards risk-taking and ignoring safety warnings.

To avoid lightning strikes: Stop outdoor activities if a rainstorm approaches, especially if you can hear thunder, and take shelter. You are safest inside a car or a building (a shelter that has a roof only, such as a picnic shelter or carport, is not safe). If you cannot get indoors, crouch down near the ground, away from trees or other tall objects. If you are with a group, don't keep close together but spread out over the ground. Stay away from metal objects (bicycles, fences) and from water.

Indoors, lightning may strike electrical wires and pass into a building's electrical systems and plumbing. So avoid use of the telephone or appliances like washers and dryers during a thunderstorm, and avoid bathing, showering, and doing dishes.

## Yale Health Online: We Make Mouse Calls

It's late at night and you've just remembered that you forgot to call for your medical appointment. If you are a YHP member, you don't need to stick post-it notes all over the house. Instead, you have the option of sitting down at your computer to take care of the matter then and there. Welcome to Yale Health Online, where a few clicks of your computer mouse can help you manage many details of your medical care. With this interactive web site—where security and confidentiality are assured—you can:

- request, cancel or reschedule appointments
- request demographic changes (i.e. changing an address)
- request medication information
- leave messages for clinicians (such as requests for test results)
- access general health information
- link to the YHP web site to obtain information and download forms.

Use of Yale Health Online is totally optional. But if you want to try it, here is a brief overview of how it works.

We think you'll like knowing that we're just a mouse click away.

You can register as a user of Yale Health Online using a computer at your home or office. All you need is an Internet Service Provider (ISP).

To register, connect to the Internet and open your Internet browser. In the address box, type in [www.yalehealthonline.yale.edu](http://www.yalehealthonline.yale.edu)

This will bring you to the Yale Health Online web site. Click on the link that says **First Time Registration** for Yale Health Online. Complete the brief registration form, and then click **Submit** at the bottom of the form. That's all there is to it.

Once you register on line, you will receive your user name and password by postal mail. To ensure privacy and secure access, you will need to use these each time you log on to Yale Health Online, using the Member Login link.

Questions: Call Member Services at 203-432-0246.



## 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.

NON-PROFIT  
U.S. Postage  
**PAID**  
New Haven, CT  
Permit No. 526