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yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. XI NO. 1

JANUARY—FEBRUARY 2008

Eating Disorders About More Than Food

Carole T. Goldberg, Psy.D., Department of Mental Health & Counseling
Rhea Hirshman, editor

Estimates are that eight million Americans—90% of them women—suffer from one or more of the most common eating disorders: anorexia nervosa; bulimia; and binge eating disorder. While age of onset is usually 12-18 years, eating disorders can occur at any age. Experts say between 1 million and 3 million middle-aged women in this country have anorexia or bulimia—often triggered by midlife events. One out of every 10 of these patients is over 40—although, according to Donald McAlpine, M.D., director of eating disorders services at Mayo Clinic, “Older women...may be more motivated to seek help.”

Anorexia nervosa is characterized by the reduction of 15% of ideal body weight due to a decrease in food intake and/or purging, and in the absence of other explanatory factors. The person has a distorted body image and an intense fear of obesity which does not diminish, no matter how thin the person becomes. Persistent denial that anything is wrong is common even though the person may be at a life-threatening level of starvation. Approximately 6% of those with anorexia die from complications and the mortality rate increases with the length of illness.

Bulimia involves a cycle of binge eating, and purging through excessive exercise, laxatives, diuretics, enemas or other medications. Often, someone with bulimia is afraid they will be unable to stop eating and may purge to interrupt the cycle. Self-deprecating thoughts and depression are common. Bulimia, although a serious disorder, is generally not life-threatening. More than half of those who suffer from bulimia recover, about 40% improve, and 10% continue to have the full disorder. Among men with eating disorders, bulimia is the most common.

Eating disorders may be an attempt to use food to solve complex emotional problems. Treatment must focus both on changing the dangerous behaviors and on the exploration and resolution of underlying issues.



Keeping patients safe

Patient safety is a key element of delivering the highest-quality and most responsive medical care. “Patient safety” is a broad term covering everything from clinic procedures to the operation of the health care facility. Maintaining and improving patient safety requires the collaboration of all clinical, administrative and support staff—as well as member input. Below are examples of ongoing safety practices, as well as ways in which our members can help maximize safety for themselves and others.

Examples of YHP safety practices:

- You may wonder why we identify you with your date of birth in addition to your name at each appointment, since birth dates don't change! We do this to prevent confusion when members have similar names. The birth date is an additional form of identification to ensure that the correct medical record is open at your visit.
- We are vigilant about securing our health information with electronic firewalls. In addition, the only people with reason to read a medical record are those members of the YHP staff who are involved in that patient's care. We regulate and audit our computer system to safeguard privacy.

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KEEPING PATIENTS SAFE

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- We conduct regular environmental audits to determine hallway, office and departmental safety practices. Examples: conducting fire drills and assessment of emergency equipment such as sprinklers, smoke detectors, exit signs; monitoring for security and conducting practice sessions related to situations such as disruptive individuals, missing children, bomb threats, and protection of valuables; monitoring utility management: electricity, water, telecommunications, refrigeration. All equipment used for diagnosis, care and treatment is tested, inspected, and maintained in accordance with the Safe Device Act of 1990. Procedures are in place for the safe handling, use and storage of hazardous materials.

Examples of how you can help us to make your health care as safe as possible:

- Bring a list of all your medications—prescription, over-the-counter, supplements—with you to your health care appointments. Better yet, if possible, bring the actual medications with you so that we can identify the active ones, help you to discard outdated or unused medicines, and address any concerns you may have.
- Ask questions when you are unfamiliar with medical terms or instructions, including how you should take prescribed medicines.



- If you notice any sort of safety hazard, let us know! The best way is to contact a department manager, whose contact information is available at the departmental reception desk. Examples of safety hazards include spills and wet conditions on our floors, hallways blocked by boxes or equipment, inadequate clearance of snow and ice around our facility.

To share suggestions about improving care and safety, please do any of the following: Contact the department manager of the department in which you notice a problem; call or email Member Services (203) 432-0246 or member.services@yale.edu; or call the Director's office at (203) 432-0076.

Questions or comments about the newsletter? We'd like to hear from you. Drop a note to member.services@yale.edu and put "newsletter" in the subject line.

in touch

IMPORTANT TELEPHONE NUMBERS

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

EATING DISORDERS

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Family and friends of those with eating disorders may feel confused, guilty, angry, and frustrated in attempts to get through to the sufferer. Even so, it is important not to ignore the situation. Speaking up may help save someone's life. As with all difficult communications, it is crucial to plan what will be said and to select a time when feelings are calm and interruptions unlikely.

- Give specifics about why you believe there is a problem: "I see you are losing a lot of weight." Or: "You are withdrawing."

- Use "I" statements. "I'm worried." "I don't know how to help." "I feel hurt when you shut me out."
- If you get the common response that "Nothing's wrong" or "It's not your business," say that what happens with the family member / spouse / friend / roommate is your business.
- Have a specific goal: open communication; getting a medical assessment, nutritional evaluation; therapy for family and/or individual.
- Communicate that you are there to listen and help, not judge.
- Seek help for yourself. This is a difficult situation and it is important to be able to express your own feelings.





from the desk of

PAUL GENECCIN, MD

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

...there is no substitute for...sitting with each patient and ensuring that the patient's medication list and the clinician's list are accurate and identical.

Today, more medications than ever before are available to treat conditions from the mild to the serious and from the acute to the chronic. Many illnesses that in the past might have required surgery or long hospital stays are now manageable with this ever-expanding array of medications. Over 13,000 prescription drugs are on the market, along with thousands of over-the-counter (OTC) remedies.

Combine these factors with an aging population which is taking more medications, and we see that more drugs than ever before are being used, with one consequence being the increased potential for medication errors. Sometimes different drugs have similar names, and sometimes the same drug has several different names. Many medications require dosing adjustments over the treatment course. Some medications may be discontinued as new ones are added. Even an extremely motivated patient may have difficulty keeping track of a complicated regimen, understanding the purpose and action of many medications, and adhering to prescribing instructions.

This is where “medication reconciliation”—an initiative to improve care and safety for YHP members—becomes so important. Medication reconciliation is the process of listing medications a person is taking, including names (brand and generic), dosages, routes of administration (e.g., pill, patch, suppository, liquid, injection) and frequency. Medication reconciliation is the procedure of going over a list of medications at each clinical visit and leaving that visit with an updated list.

The most important purpose for medication reconciliation is the avoidance of preventable adverse drug reactions. Such incidents are surprisingly frequent; in addition to the negative effects on patient health and well-being, they account for millions of dollars of costs for hospitals and health care systems.

Preventable adverse drug reactions or events are problems that arise from the wrong dose of a drug, a drug that interacts negatively with other drugs or foods, or a drug to which the patient is allergic. Examples are bleeding from too high a dose of a blood thinner or a severe allergic reaction in a penicillin-allergic patient. There are possible adverse effects of medications on every single organ system from the brain to the bone marrow, so medication safety is a health issue of the utmost importance.

Although our electronic health record is very helpful in alerting prescribers to duplications of therapy, dosing issues and problems such as allergies, there is no substitute for a clinician's sitting with each patient and ensuring that the patient's medication list and the clinician's list are accurate and identical.

While patient safety is the number one reason for medication reconciliation, the process offers additional enhancements to clinic visits. In reviewing the medication list, the patient and the clinician are able to re-evaluate benefits and risks of each drug, including whether it is still needed and whether there are any adverse side effects. Just as important, we should be educating our patients about their health condition(s) and the purposes and actions of the prescribed medication(s).

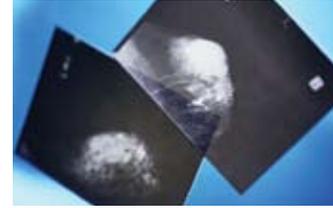
We know that a patient's understanding of a medication regimen improves adherence to that regimen. Together, the clinician and patient can make better-informed decisions about the medication regimen and look for ways to simplify. In many instances, we can also consider the option of more cost-effective medications that will result in the same benefit with less of a hit to the pocketbook.

YHP is not alone in targeting medication safety; this is a key priority for the Institute for Health Care Improvement, the Institute of Medicine and the Joint Commission. We will be sending out more information about our medication reconciliation initiative.

In the meantime, remember to bring your medication list or even the medications themselves when you come in for primary care appointments. Make sure to include all your over-the-counter medications. Use your appointment to check on the dose and frequency of the medications you should be taking, to find out about what your medications are (or should be) doing for you, and to identify and discard unneeded and outdated medications. Your clinician will be prescribing medications through the electronic health record; our patients will leave each primary care visit with an updated, printed list that supersedes the old list. Keep the list in your wallet or some other easy-to-access spot so that there is never any confusion about the right drug for the right patient for the right reason and at the right time. As always, I welcome your thoughts and comments.

By answering your questions, this column will help you get the most out of your YHP membership. Send your questions to: member.services@yale.edu and write "newsletter question" in the subject line.

questions, answers



Mammograms

For more information...
Call the Ob-Gyn Department at 203.432.0222 with any questions.

Q. What is a mammogram?

A. A mammogram is a safe test which uses a low-dose x-ray machine to take pictures of and look for problems with women's breasts. Results are recorded on film or directly onto a computer. Mammograms allow clinicians to look for breast lumps and changes in breast tissue. They can show small lumps or growths that may not be felt during a clinical breast exam.

Q. How often should I get a mammogram?

A. While you should talk to your clinician about when to start and how often you should have a mammogram, YHP has adopted the following guidelines:

- Women 40 years and older: every one to two years.
- Women 50 years and older: every year.
- Women who have had breast cancer or other breast problems or who have a family history of breast cancer might need to start getting mammograms before age 40, or they might need them more often.

Q. Where can I make an appointment for a mammogram?

A. YHP members may obtain screening mammograms at any of the following facilities: the Yale Mammography Center, the Yale New Haven Long Wharf Facility or at the Mobile Mammography Van.

Call 203-688-6800 to schedule an appointment.

Q. Do I need a referral?

A. YHP members do not need referrals for screening mammograms. However, please give the mammography center your primary care clinician's or ob-gyn clinician's name so your results can be forwarded. Your clinician may give you a requisition at your appointment. It is helpful if you bring this requisition to your appointment; however it is not required.

Q. Are there different types of mammograms?

A. • Screening mammograms are for women who have no breast problems or symptoms of breast cancer. When you reach age 40, you should have a screening mammogram every one to two years.

- Diagnostic mammograms are performed on women who have breast problems or symptoms, such as lumps, or nipple discharge, or as a follow up to screening mammograms.
- Digital mammograms take an electronic image of the breast and store it directly in a computer. Current research has not shown that digital images are better at finding cancer than x-ray film images.

Q. How is a mammogram done?

A. The technologist places one breast at a time between two plastic plates, which press the breast to flatten it. You will feel pressure and possibly some discomfort for a few seconds. But, the flatter your breast, the better the picture. Usually, two pictures are taken of each breast—one from the side and one from above. The appointment takes about 15-30 minutes from start to finish.

Q. Is the mammogram going to hurt?

A. Adequate compression is necessary for the radiologist to see the breast tissue better. Compression of the breast also lowers the radiation dose. Women who have tender breasts may experience discomfort. If you are afraid or nervous about feeling pain during your mammogram please discuss this with the technologist before the examination. The technologist will work with you to make you as comfortable as possible while still taking good-quality images.

Q. Should I be worried about radiation dose?

A. Mammography involves a very low dose of radiation, much lower than the natural level of radiation received from the environment during one year and only to the portion of the breast under exam. For example, the average mammogram has a typical effective radiation dose of 70 millirems (a measure of radiation dose equivalent), equal to approximately three months of natural radiation. As a comparison, the average person in the US receives a dose equivalent of 300 millirems per year from natural sources.

Q. How do I prepare for my mammogram?

A. Check with the place where you are having the mammogram for any instructions you may need to follow. Some general guidelines:

- Before your mammogram, discuss any new findings or problems with your breasts with your primary care or ob-gyn clinician. In addition, inform your clinician of any prior surgeries, hormone use, and family or personal history of breast cancer.

- Make your appointment for one week after your period, when your breasts are likely to be less tender.
- Bring previous mammograms, breast sonograms, and reports to your appointment so that they are available to the radiologist, who needs the information in order to make comparisons to your current mammogram.
- Describe any breast symptoms or problems to the technologist performing the exam. Inform the technologist of your previous breast history.
- Inform the technologist of the date of your last clinical breast exam and your menstrual cycle (if appropriate).
- Wear a shirt and a separate bottom, rather than a dress. This way, you can undress from the waist up and leave other clothes on.
- Avoid coffee, tea or caffeinated soft drinks for a few days, before a mammogram. Caffeine can cause breast tenderness.
- Don't wear deodorant, perfume, lotion, or powder under your arms or on your breasts on the day of your appointment, as these can cause shadows on the mammogram.
- If you have breast implants, be sure to tell your mammography facility when you make your appointment. You will need a technologist who is trained in x-raying patients with implants because breast implants can hide some tissue.

Q. How will I get the results?

A. The facility will send you a letter with the results of your mammogram. In addition, a report is also sent to your YHP clinician.



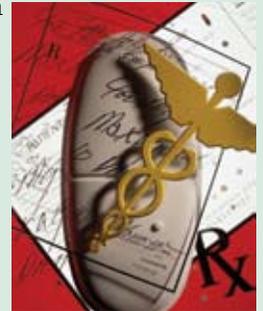
From the Pharmacy

MANAGE YOUR MEDS

The beginning of the new year is a good time for reminders about safe use and storage of medications, whether prescription or over-the-counter (OTC). Below are some important tips:

- If at all possible, fill all your prescriptions at one pharmacy. Having a record of all your medications in one pharmacy can allow the pharmacists to pick up on potential drug-drug interactions and to alert your clinicians to possible problems.
- Know the names of all substances you are using. All prescription and OTC medications have the medication name clearly printed on the container along with the proper dosing and directions on how you should take your medication (for instance, time of day, with or between meals). Make sure you know what each medication is for—ask your clinician at your appointment or ask your pharmacist.
- If you use the same pharmacy and suddenly develop a new symptom, the pharmacist is a good starting point for information on whether the symptom might be due to a medication's side effects, or to something else.
- You can ask the pharmacist what to do if you miss a dose of your medication. The answers will be different for different medications. Do not just double up on the next dose.
- Tell your clinicians and the pharmacist if you take any non-prescription medications on an occasional or regular basis.

Items like vitamin and mineral supplements, antacids, OTC pain or allergy remedies, and herbal preparations may react with prescription medications.



- Other questions to ask a pharmacist: Will this medication make me sleepy or affect my ability to drive or operate machinery? Are there any foods, liquids or other substances I should avoid while taking this medication? What, if any, are the medication's common side effects?
- For medications that will not be used up within a specified short period, make sure you know the expiration date, which should be printed on the label.
- If you anticipate having trouble opening medications with child-proof caps (for instance, if you have arthritis), the pharmacist may be able to provide containers that are easier to open. Just make sure to store them out of reach of children who might visit you.
- Do not store drugs in the bathroom or on a window sill; heat, moisture and sunlight can degrade the medications. Instead, store them in a cool, dry, dark place, such as a closet or a cabinet away from any heating source.

Rethinking boosters?

A recent study in the *New England Journal of Medicine* reported that researchers at Oregon Health & Science University found surprisingly high levels of disease-resisting antibodies in the stored blood samples of patients who had been vaccinated decades earlier for diseases including measles, mumps, rubella, and tetanus. The study results suggest that current booster shot recommendations could be reconsidered; for instance, tetanus boosters, now given every 10 years might safely be given at longer intervals. However, not all vaccines are equally long-lasting and more research needs to be done before guidelines are revised. As always, check with your clinician about your specific vaccination needs.



information

WELCOME NEW MEMBERS

Welcome to members who joined YHP during the University's open enrollment period. If you have not already received a membership packet, contact Member Services at 203-432-0246. The packet includes a Member Handbook, a list of YHP primary care clinicians and additional information about YHP membership. Please read the handbook carefully; it contains information to help you understand and use the benefits and services of Yale Health Plan.

REMINDER: APPOINTMENTS

Please remember to call in advance if you know that you cannot keep a clinical appointment so that the slot can be given to another member.

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REMINDER: REFERRALS

Referrals cover only the services that your YHP clinician requests on the referral form and that the Care Coordination Department has authorized. If the outside clinician recommends additional consultations, treatments or testing, that clinician must contact your YHP clinician so that an additional referral can be generated. We recommend that you check with your YHP clinician or Care Coordination to see that the contact has been made and the authorization generated. Referrals are usually issued for a four-month period or for a specific number of visits or consultations. Additional services require another referral.



TRAVELING?

Thinking about overseas travel this summer? You should contact the YHP Travel Clinic (203.432.0093) as soon as you know your destination(s), or at least six to eight weeks before your trip. We will set up an appointment to 1) evaluate risks; 2) recommend ways to maintain health related to the areas in which you will be traveling; 3) discuss your own specific health issues, if any, including management of chronic conditions; 4) begin a course of vaccinations, if needed.

All visits to the Travel Clinic are by appointment. Fees vary according to the type of appointment: individual consultations; group consultations for groups of four or more people headed for the same destination; or group education for large groups headed for the same destination. Travel Clinic services are not a covered benefit, and you will be charged for consultations, most vaccinations and travel-related prescription medications. Please visit our web site for current fees: www.yale.edu/yhp.

Yale has additional health and safety travel resources at: http://world.yale.edu/abroad/travel_resources.html.

Basic hygiene is best MRSA defense



MRSA—methicillin-resistant *Staphylococcus aureus*, which has been in the news recently—is a form of the common staph family of germs. About one in every three

people carries staph aureus in their noses; about 1 million people carry the MRSA variation. The MRSA bacterium causes mostly skin infections, such as boils and abscesses, which are generally easily treatable with other antibiotics or by draining the infected area; however, it can sometimes spread to cause life-threatening blood infections. There are two strains of MRSA, the type spread in hospitals and other health facilities and a genetically different type spread in community settings. According to the federal Centers for Disease Control, the vast majority of those who contract the most serious form of the infection—86%—do so in hospital and health care settings.

The best defense against MRSA—or any infection—is good basic hygiene, including these simple steps:

- Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer. Anti-bacterial soap is not necessary.
- Keep cuts and scrapes clean and covered with a bandage until healed.
- Seek prompt medical care if a cut or wound shows signs of infection: redness, swelling, tenderness, streaking.
- Avoid contact with other people's wounds or bandages, or items that have been in contact with wounds.
- Don't share personal items (e.g. towels, razors) that come into contact with bare skin and always use a barrier (clothing or a towel) between your skin and shared equipment such as weight-training benches.

healthy ideas

Mopping for health

Numerous studies have shown that finding ways to make exercise part of your daily routine may help you live longer. Turning everyday tasks—including household chores—into exercise opportunities can help put more movement into your life.

Some activities already require a high level of energy, such as weeding the garden, raking the lawn and walking up and down stairs several times a day. The key to turning any household task into exercise is to pick up the pace or intensity and sustain it for as long as comfortably possible without resting.

Always supplement your exercise routine with cardiovascular exercise, such as walking, whenever possible. But on days when time is scarce, doing chores with extra oomph is a great way to multitask.

Some ideas:

- **Facing dirty dishes?** Every five minutes, use the kitchen counter for an upper body workout.
Starting position Facing counter; hands on edge of counter, arms straight; feet slightly farther than arm's-length away from counter so that body is at a slight angle.
Action Without bending at your waist, slowly bend your elbows and lower your chest toward the counter. Dip your chest toward the counter as far as is comfortably possible for you before returning to your starting position. Repeat 5 to 10 times.
Tip Make sure both counter and hands are very dry and your feet can't slip.
- **Washing the floor?** Put on headphones with upbeat music, put some major muscle behind your scrubbing, and time yourself to see if you can get a sparkling result under a certain time limit. This will help keep the activity intense enough to count as exercise.

- **Carrying water?** Many household chores require buckets of water. Whether you're mopping the floor, washing the car, or scrubbing windows, you can get a lower body workout with a couple of buckets half-filled with water.

Starting position Standing with one bucket handle gripped in each hand; feet shoulder-width apart; back, arms, and legs straight.

Action Keep arms straight down at sides while you slowly squat by bending at the knee and hip joints. Lower yourself until thighs are roughly parallel to the ground, then return to starting position. Repeat 10 times.

Tip To avoid injury, keep your knees centered over your toes when squatting, do not allow thighs to dip beyond parallel to the ground, and keep your back straight.

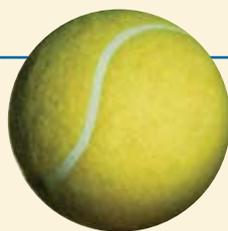
- **Raking the yard** is already a great workout. If you do it steadily for half an hour, you'll burn nearly as many calories as you would running a mile. Increase the intensity with this exercise, which works your arms, shoulders, stomach, back, sides.

Starting position Rake gripped in both hands, right hand lowest on the rake handle; arms extended to make a long rake stroke.



Action Reach the rake out as far as you can and pull debris back toward your left foot by taking long, steady strokes while twisting your hips and upper body to the left. Do half your raking with this motion, then move your left hand below your right on the rake handle and do the rest with a left-to-right twisting motion.

Tip Start with only a few minutes with this motion and add time as you get stronger. This motion works when sweeping floors, too. Consult your clinician first if you have back problems.



Strong hands, healthier aging

Mid-life hand-grip strength is one predictor of able-bodiedness later in life, according to an article published in the *Journal of the American Medical Association*. Simple exercises can increase the strength of your hands:

- Squeeze a tennis ball. Try two or three sets of 10 squeezes per hand every other day.
- After reading them, roll each page of your newspaper into the smallest ball possible. (Then recycle, of course!)
- If you are at a more advanced fitness level, try doing a few fingertip push-ups.



In keeping with Yale's commitment to environmental stewardship—and with the knowledge that the health and safety of our homes, our communities and our planet affect us and our families—we'll be offering our readers a series of tips on reducing the environmental impact of human activities.



Plastic bags were widely introduced into the U.S. in the 1970s. Now:

- According to the Wall Street Journal, nearly 100 billion plastic bags are used each year in the United States.
- 12 million barrels of oil are required to produce those bags.
- According to the Environmental Protection Agency, a plastic bag can take up to 1,000 years to decompose. Only 5 percent of plastic bags are recycled.
- Improperly disposed of, plastic bags are a hazard to wildlife.
- Plastic bags don't biodegrade; they photodegrade—breaking down into toxic bits that contaminate soil and waterways, eventually entering the food chain.
- Paper bags, while recycled more often, are also problematic. They require a lot more energy to produce and to transport because they're bulkier.

Bag it?

What to do?

- Invest in reusable shopping bags and write “bring bags” at the top of every shopping list.
- Reuse paper and plastic bags when you do get them, for instance, as garbage-can liners or pet waste bags.
- Don't be afraid to tell cashiers that you don't want a bag for one or two items, or to ask to fit several items into one bag. For instance, do you need a bag for a jug of milk?
- If your supermarket has plastic bag recycling capacity, be sure to use it.

YHP staff

New clinical pharmacist joins staff



James Porzio, RPh, MS, has joined the YHP staff as a clinical pharmacist. Educated at the University of Connecticut and at The Ohio State University, Porzio most recently

worked at an independent pharmacy coordinating care for behavioral health patients. His other experience includes coordinating care for home infusion patients; managing an acute center pharmacy for a staff model HMO; managing a pharmacy that provides outpatient pharmacy services for a community health plan; and serving as the inpatient pharmacy supervisor at Yale New Haven Hospital. At YHP, Porzio will work in both inpatient and outpatient services and will be working with Internal Medicine to coordinate diabetes education.

REMINDER: EXTENDED HOURS

- During the academic year, we offer early evening hours in primary care departments [Internal Medicine, Ob-Gyn, and Pediatrics] two evenings per week.
- The Pediatrics Department accepts early morning triage calls between 7:30 and 8:30 a.m. so that parents can consult a nurse about their child's condition before making plans for the day.
- The Pharmacy has early evening hours to coincide with the extended hours in primary care departments.

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