Molly Says Goodbye

Molly Meyer retires after more than four decades at Yale

IN THE SUMMER OF 1971, MOLLY MEYER walked into Yale University Health Services on Hillhouse Avenue. She didn’t have an appointment.

Her sister was working on political campaigns in New Haven at the time, and Meyer heard through a friend about a new health maintenance organization (HMO) forming at Yale.

“First thing, I had trouble finding it with all of those one way streets,” Meyer said. “But I walked right in off the street for an interview. I just said I was interested in a job. I was offered a job almost right away.”

Yale University Health Services opened on July 1, 1971. Meyer’s first day of her 45-year career there began on December 17, 1971 as a staff nurse in the Intermediate Care Facility, now the Inpatient Care Department.

Meyer moved to Ambulatory Services, now Acute Care, after a few months. The physicians were not on site, and needed to be paged at home to come in and see patients. “It was a bit different back then,” she said with a smile.
At the time, there were nurse practitioners only in the Pediatric Department and nurse midwives in Obstetrics & Gynecology. The organization was very much in support of nurse practitioners, and Meyer was one of four nurses who took a course taught by Dr. Moreson H. Kaplan, who retired from Yale in 2011 after more than 40 years as a clinician, teacher, and administrator, as well as faculty from the Yale University School of Nursing. Each of the four nurses were assigned a preceptor. Meyer was assigned to Dr. Kaplan.

“We learned everything on site,” she said. “I’ve been very, very lucky. I came at the right time to the right place. The right things were happening for women and nurses. I think nurse practitioners have blossomed. We’re certainly better educated than we once were, and the role is expanding. This organization was so great about hiring us, creating us, nurturing us, and acknowledging us.”

Meyer was soon tasked with leading the Athletic Medicine Department, where she reviewed freshmen forms for all incoming students. She also began seeing patients in Undergraduate Medicine, now Student Health, and Internal Medicine. She described the students she has cared for over the years as “like my kids.” Forty years later, she still hears from many of them.

An award named in her honor, The Meyer Award, is given each year to a varsity athlete in the senior class “whose character exemplifies selfless devotion along with compassion and concern for their team and the community at Yale and beyond.”

While Meyer said she knew since she was a child that she wanted to be a nurse, it wasn’t until an encounter with her neighbor in Dover Plains, N.Y. that she knew she wanted to care for those diagnosed with cancer.

After graduating with a nursing degree from the University of Wisconsin in 1971, Meyer was working per diem as a staff nurse at Sharon Hospital in Sharon, CT. Her neighbor, a man in his late-30s with two young children, developed lung cancer and became paralyzed from the tumor.

Meyer would help take care of him at night. “That experience of taking care of him, just sitting and talking to him was everything to me,” she said. “He would open up about dying and the cancer, about being 39 years old and having two small children. There was something about talking to him and learning from him. I still knew I wanted to work with students and that’s what I came here to do, but the oncology piece surfaced right there. He gave me a gift and I went from there.”

Dr. Harvey Kaetz, Yale University Health Services’ original medical director, was also its main oncologist. As his career approached its latter stages, he needed a nurse practitioner to assist him with patients dealing with cancer. When he took a vacation, Meyer ran the practice. She took a course at Gateway Community College led by a clinical nurse specialist in oncology. She also learned from her colleagues, whom she said always gave her “great access and support.”

“I was doing hospice care and I was delivering news, some good and some bad,” Meyer said. “I loved those patients and I still do to this day.”

When Yale Health partnered with Smilow Cancer Hospital at Yale-New Haven in 2013 to provide all cancer care including chemotherapy, Meyer personally contacted every one of her patients to assist them through the transition. She did the same with her patients when she left Internal Medicine last December. She finished up her career where she always wanted it to start, caring for students in the Student Health Department.

In retirement, Meyer will focus on rehabbing from a total knee replacement. She plans to continue volunteering at the Shubert Theater and at Yale commencement, as she has done for the past 30 years. She also wants to travel a bit and read, but not too much. “I’m an avid reader, but you can only read so many books,” she said.

“What I really want to do is volunteer at hospice,” Meyer said. “I’m a nurse from the tips of my toes all the way up. I’m a nurse. That’s what I am and that’s what I’ve always wanted to be.”
Yale, and the entire country, are in the middle of important and sometimes difficult discussions of diversity, inclusion, and cultural sensitivity. At Yale Health, we are particularly interested in how these topics play out in the healthcare setting.

We live in a city and a country that are growing more diverse. The U.S. Census Bureau estimates that soon the so-called “minority” populations (those not of white, European descent) will become the majority in the United States, increasing from 37 percent of the current population to 57 percent by 2043. These same trends are seen in New Haven and in the Yale community. As an institution with a global perspective, Yale attracts students and faculty from around the world, bringing a rich mixture of racial, cultural, and spiritual identities.

But while patient populations have become more diverse, Yale Health and the entire healthcare profession have struggled to diversify our own workforce and meet the challenges of providing culturally sensitive care.

Why is this so important?

First, our philosophy of patient-centered care is based on a fundamental principle of “respect and dignity.” This means that we strive to understand and respect how patients’ identities contribute to their health goals and needs.

Secondly, there are important and sometimes large differences in the outcomes of health care based on race, ethnicity, education level, sexual orientation, and other factors outside of differences in biology. It seems reasonable to expect that some of these health outcome disparities result from the difficulty of building trust and communicating effectively when clinicians and patients have different cultural perspectives.

So what steps can we take to make sure we are providing culturally sensitive and effective health care to a diverse patient population?

There is some evidence that frequent contact with people of different backgrounds increases our cultural sensitivity. I believe that recruiting a diverse workforce makes us better in many ways, and is something our entire profession needs to prioritize.

At the same time, we are working with our staff to better understand and appreciate our patients’ diverse identities and backgrounds. It begins with a sincere desire to get to know each person as a unique individual within a context of their family, work, community, and background. In some situations, we need to ask more questions of our patients, including questions about their lives, but also questions about how well we are listening and responding to them. We also need to really acknowledge the differences in health outcomes and constantly ask ourselves whether our own attitudes and beliefs may contribute to those disparities.

I encourage everyone to help by telling your healthcare providers your own stories. Tell them where you come from, what you believe in, and what makes you unique. And please let us know when something we say or do suggests we don’t understand. You won’t be hurting our feelings, and it will help us treat everyone with more respect and dignity.

Medical Director

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**Family Ties**

Yale Health has cared for four generations of family

**JENNIFER MULLIGAN WAS**, quite literally, born into Yale Health. Her father, Gary Mulligan, retired as a lead administrator for the Department of Internal Medicine at the Yale School of Medicine after a 42-year career at Yale. Her mother, Kathleen Mulligan, still works as a research administrator for the Department of Psychiatry at the Yale School of Medicine. They were Yale Health members when Jennifer Mulligan was born in 1974.

“I remember going to the Pediatric Department on Hillhouse Avenue,” said Mulligan, the lead administrator for the Department of Dermatology at the Yale School of Medicine. “Things have changed a lot over the years.”

Mulligan remembers appointments with Dr. John Blanton, Dr. John Federico, and Dr. Carole Morrison. She remembers transitioning as an adult to Internal Medicine where she saw Molly Meyer, APRN.

But her family’s Yale Health connection didn’t start with her parents, and it doesn’t end with her.

Mulligan’s grandmother, Damien Mulligan, worked as an administrative assistant in Sterling Memorial Library until her retirement in the 1980s. She was also a Yale Health member.

In 2008, Mulligan married her husband, Eric Sundman, and the couple had their first child, Maxwell, in 2010, extending the family line of Yale Health members to four generations. Mulligan gave birth to the couple’s second child, Alexander, in 2014.

Her great-grandfather, Thomas Mulligan, also worked at Yale as a carpenter, but it was before Yale Health’s creation in 1971. “One of the biggest benefits of Yale Health is that the cost structure is very manageable, and that’s from someone who went from a young single employee to now a family of four,” she said. “It’s always worked very well for us. It’s nice that everything is in the same place and you know your doctors. You get the benefit of having Yale Medical School, which taps into the best specialists in the country.”

She said the transition from 17 Hillhouse Avenue to the new Yale Health Center at 55 Lock Street in 2010 was “like night and day.” She also credited Yale Health with improvements to access and technology, including its move in 2014 to Epic, the electronic medical record system used by Yale-New Haven Hospital and Yale Medicine. The change also brought MyChart, Epic’s patient portal, which replaced Yale Health Online, a previous version of a patient portal.

“I love that it’s Epic and I love MyChart,” Mulligan said. “Yale Health Online was great, too. I think Yale Health went into technology before the medical school so that was impressive. I think the call center makes things easier. Access to specialty care is much easier than it used to be. Pediatric care is phenomenal. They are very responsive to your needs as a parent.”

Mulligan began as a casual employee at Yale while she was in high school. She has been a full-time employee since 1999, beginning in the Department of Anesthesiology. She transferred to the Department of Radiology and the Yale Cancer Center before she moved to her current position in the Department of Dermatology.

And throughout all of the years, and all of her family members, she said her experiences with Yale Health have been consistently positive.

“People may think you have these barriers to service by being in this type of healthcare structure, but you don’t,” she said. “You have access to any kind of service. You just have to know that it’s there and how to get it and that you can always talk to your primary care clinician. I can’t say enough about it. It’s always just been fantastic care for my entire life.”

Yale Health Offers Options for Prenatal Care and Birth

CHOOSING A BIRTH SETTING that fits your values and preferences is an important part of the experience of expecting a baby. Yale Health now offers two choices for care during pregnancy and when the time comes to welcome your baby into the world. One option is to receive your prenatal care from Yale Health’s team of physicians, nurse practitioners, and certified nurse-midwife at the Yale Health Center, with deliveries attended by Yale Health’s experienced, board-certified obstetricians at the York Street Campus of Yale-New Haven Hospital.

A second option is for your care during pregnancy and birth to be provided by the certified nurse-midwives affiliated with the Vidone Birth Center at the Saint Raphael Campus of Yale-New Haven Hospital. All midwives are affiliated with the Center for Women’s Health and Midwifery (CWHM) or the Yale School of Nursing Midwifery Faculty Practice (YSN), and see patients at 200 Orchard Street in New Haven. This option is available to women who have an average risk pregnancy with no severe medical or obstetric complications, and requires a referral from your Yale Health Obstetrics and Gynecology clinician. There is always a Yale Medicine attending obstetrician present at the Vidone Birth Center in case complications develop in labor or if a cesarean section is necessary.

“We’ve been aware that some of our patients would prefer to see a midwife for prenatal care and give birth with a midwife in more of a birthing center setting,” said Dr. David Roth, chief of the Obstetrics & Gynecology Department. “In keeping with Yale Health’s focus on patient-centered care, we’ve been able to arrange this option for our members who desire midwifery care.”

You will still receive care during the first three months of your pregnancy in the Obstetrics & Gynecology Department at the Yale Health Center, at which time you can discuss your options with your clinician. Once you have transferred your care to CWHM, in the rare case that certain complications arise during your pregnancy, you may need to be transferred back to Yale Health obstetricians and plan for delivery at the York Street Campus of Yale-New Haven Hospital.

Regardless of the option you choose, you should continue to use Quest Diagnostic Services at any of their New England locations for all lab services and testing; use the Yale Health Pharmacy to fill your prescriptions with the standard copay; and receive all of your other medical care, not related to your pregnancy, from Yale Health clinicians, including Acute Care.

You will have an office visit about six weeks after delivery with the clinicians who attended your birth. All further care, including well woman visits, will be provided by the Yale Health Obstetrics & Gynecology Department.

For more information, visit yalehealth.yale.edu/prenatal-birth-options

FROM OUR MEMBERS

“We were extremely impressed with our experience at Yale Health Pediatrics. Everyone was incredibly helpful and knowledgeable. The entire experience was easy and patient centered from start to finish and we received great care! Thank you!”

Did You Know?

The MyChart mobile app is now available for Apple and Android devices. The app provides fast, secure access to the most frequently used features of MyChart including medical records, messaging, lab results, and the ability to view past and upcoming appointments.

To install the app on your device, search for MyChart in the Apple App Store or Android Market. You must have an activated MyChart account in order to use the app.

To learn more about MyChart, visit yalehealth.yale.edu/mychart.
Yale Health Welcomes New Hospitalist

Anita Karne, MD
HOSPITALIST

Anita Karne earned her BS in biology from the University of Tennessee in 1997 before completing her Master of Science degree in Physiology from the University of Oxford in 1999. She received her MD from the Yale University School of Medicine in 2002.

She completed her internship and residency at the New York University and Bellevue Hospital Program in Primary Care Internal Medicine in 2005 and served as the program’s chief resident from 2005-2006.

Karne most recently worked as a part-time attending physician in both Hospitalist Services and Adult Primary Care at Yale-New Haven Hospital, and served as the interim clerkship director for the Yale University School of Medicine ambulatory care clerkship in 2014.

Since 2009, she has taught as an assistant clinical professor for the Yale University School of Medicine’s Section of Internal Medicine.

Karne is a member of the American College of Physicians and the Society of General Internal Medicine.

THE PATIENT & FAMILY COUNCIL was formed in December 2015 as a way for Yale Health to engage with its members in support of patient-centered care. Fourteen Yale Health members and four Yale Health leaders make up the council. The council’s diversity encompasses race, ethnicity, gender, age, tenure, and job classification, and includes clerical and technical staff, professional staff, faculty, retirees, and spouses of employees.

The council held four meetings during the 2015-2016 academic year. In July, the council’s patient-partners were given the opportunity to develop the agenda topics for the upcoming year.

Below are the topics the council has discussed to this point:

- Partnership for Patient-Centered Care
- Enhancements to MyChart
- Pharmacy Mail Order
- Yale Health Midwifery Services
- Behavioral Health Services (Magellan)
- Second Opinions

Yale Health continues to accept applications for patient-partners to join the council or participate in other initiatives that take place throughout the year.

To learn more about the Patient & Family Council, or to submit an application, visit yalehealth.yale.edu/volunteer.
Making the Rounds
HEALTH AND WELLNESS INFORMATION
FROM YALE HEALTH STAFF

PHARMACY
How is the Pharmacy Working
to Improve My Experience?

Through a combination of outreach efforts and feedback that we had received from our patient satisfaction surveys, it was clear that long lines and wait times in the Pharmacy were becoming a barrier to providing you with a good quality healthcare experience even as we have prided ourselves on ensuring your service was safe and clinically accurate.

The Pharmacy staff has made a strong effort as a team to look at our workflows and improve our operations to serve you better. As a result, since January 2016, the wait times in the Pharmacy have basically been cut in half.

New Pharmacy hours for the academic year were also implemented on January 3rd (see pg. 8) that should be easier to remember and also allow us to serve you better during peak times.

There are also ways for you to help us improve your experience with the Pharmacy. Please avoid using MyChart for prescription refill requests as the application does not communicate with the Yale Health Pharmacy system and does not recognize that you may have refills available. Instead, you can call the Pharmacy at 203-432-0033 and use the automated refill system or speak with a pharmacy technician.

You can also request your prescription refills online at yalehealth.yale.edu/rxrefill.

Bryan Cretella, PharmD
Senior Operations Manager, Pharmacy

NUTRITION
How Can I Stick to My New Year’s Resolution?

The key to success is to approach your resolutions from a different perspective. Common resolutions like “lose weight” and “eat healthier” are just too broad. Set SMART (Specific, Measurable, Achievable, Realistic, and Time specific) goals. Here are some achievable New Year’s resolutions that can make a significant impact on your health this year.

Increase your veggies. To boost your intake, try roasting vegetables like Brussels sprouts, carrots, winter squash, onions, cauliﬂower, broccoli, and peppers. Plan to prepare two veggies with dinner at least three times a week.

Cut added sugar. If you have a “sweet tooth,” try a fruit instead. Set a goal to add a fruit with your lunch each day.

Increase your fiber intake. Getting enough fiber lowers your risk of chronic disease. Try adding a new whole grain each week such as quinoa, brown rice, bulgur, farro, or barley.

Eat less meat. You will lower your intake of saturated fat and help keep your cholesterol level in a healthy range. Set a day to go meat free like “Meatless Mondays.”

Eat more foods rich in Omega-3 fats. Good sources are fatty ﬁshes like salmon, mackerel, sardines, and albacore tuna. Aim to include an omega-rich ﬁsh at least once a week.

To measure your success, try not to get caught up with pounds on a scale. Pay attention to physical signs like your energy level or other ways these changes have improved your life.

Alisa Scherban, MPH, RD, CDE
Nutrition

For more on these topics, listen to the complete healthcasts on yalehealth.yale.edu/healthcasts.

yalehealth.yale.edu
**KEEP IN MIND**

**New Pharmacy Hours**
Effective January 3rd, 2017, the Yale Health Pharmacy academic year hours are:

- **Monday – Friday**: 8:00 am–6:30 pm
- **Saturday**: 8:30 am–3:30 pm

**Yale Health, Retirement, and Medicare**
Yale Health provides information sessions for patients who are soon to retire and those recently retired and who are Medicare eligible to help you learn about what it means to transition from an active Yale Health member to Medicare patient.

You can register for a Yale Health Retiree Medicare Information Session by visiting yalehealth.yale.edu/attend-classes-and-events (registration is required).

The sessions will be held in the Moreson H. Kaplan Conference Center on the first floor of the Yale Health Center, 55 Lock Street, from 4:00-5:30 pm on the following dates:

- **Thursday, February 16th**
- **Thursday, June 29th**

Parking is available in the Lock Street garage next to Yale Health Center, and light refreshments will be served. If you need assistance registering or have questions please email member.services@yale.edu or call 203-432-4945.