Yale Health Introduces Expanded Pharmacy Mail Order Service

Yale Health has partnered with Catamaran Home Delivery to offer our members a convenient and affordable way to get their medications delivered right to their door.

Members who utilize this service will benefit from the same low prescription co-pays that are offered at the Yale Health Pharmacy without needing to make the trip to the Yale Health Center.

Shipping is free and safe and Catamaran Home Delivery’s experienced shippers take care of special handling such as refrigeration, all at no extra cost to members.

For more information and to enroll visit yalehealth.yale.edu/mailorder.
Sound relief

Yale Health partners with family to give child the gift of hearing

*YouTube is full of videos capturing* the incredibly memorable reactions of children with varying degrees of hearing loss actually hearing sound for the first time in their young lives.

Leah Phinney has a similar video of her daughter, Rachel, on her phone. Well, sort of.

“There wasn’t that instant moment that you see from some people on video that is usually very demonstrative,” Phinney said of the first time they tested her daughter’s cochlear implants at seven months old. “She basically took the implants off and threw them on the floor. We were kind of in
shock, but we knew she was responding because she took them off so we knew she heard something.”

Rachel was born May, 2014 and Phinney and her husband Bill Phinney were thrust into the role of first-time parents. That role became especially difficult when she had a series of small complications such as a milk allergy and trouble breastfeeding.

Those small complications resulted in several phone calls and visits to the Pediatric Department and the beginning of the family’s relationship with Rachel’s primary care clinician Susan Marchitto, APRN, and, Cris Donovan, RN, who is also an International Board Certified Lactation Consultant.

Rachel also failed her newborn screening test at the hospital and, after another series of testing at eight weeks old, Phinney and her husband were told that their child was profoundly deaf.

“It took us completely by surprise,” said Phinney, a 2004 Yale University graduate and the associate director of undergraduate admissions. “We didn’t have any idea what to do at that point.”

What she did was send Marchitto a message via MyChart. Marchitto called her that night to talk.

“She called us right away,” Phinney said. “She has been so caring and responsive and has always been willing to listen. When she called, it was just really nice to hear from her because we knew that we were supported.”

Phinney said Marchitto and the rest of Rachel’s care team were extremely eager to learn about her diagnosis and discuss options. Rachel was referred to Birth to Three, an organization whose mission is to “strengthen the capacity of families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities.”

In the meantime, Phinney and her husband continued to do their research.

“We felt like everyone at Yale Health really listened to us and respected us and what we wanted for our daughter. They really supported us the entire way.” - Leah Phinney

They came across information for cochlear implants, a small, complex electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard-of-hearing. The implant consists of an external portion that sits behind the ear and a second portion that is surgically placed under the skin.

Cochlear implants are different than hearing aids in that they bypass damaged portions of the ear and directly stimulate the auditory nerve while hearing aids amplify sounds so they may be detected by damaged ears.

Rachel had to wear hearing aids for three months as a trial before she could even become eligible for cochlear implants and needed an MRI to check the structure of her auditory nerve and other hearing components.

“We felt like everyone at Yale Health really listened to us and respected us and what we wanted for our daughter,” she said. “They really supported us the entire way.”

Phinney worked closely with the Yale Health Referrals Department to make sure all of Rachel’s services were authorized and credited Mary Beth Massaro in the Yale Health Referrals Department for her responsiveness during a stressful time.

Rachel received two cochlear implants in December 2014 and they were activated about a month later, when Rachel was eight months old.

Phinney can’t believe a year has passed. Rachel has caught up with her normal hearing peers in terms of speech perception and she’s right on pace with her speech production as well. She is also learning American Sign Language.

In contrast to that initial reaction when she threw her implants on the floor, Phinney and Rachel’s days now begin sitting on the floor, putting her cochlear implants together and placing them behind her ears. A headband helps to make sure they stay in place throughout the day. She smiles widely when she hears for the first time each morning.

While reflecting on the last year, Phinney calls the way Yale Health cared for her daughter “profound”.

“Through all of it, it was nothing like we imagined it would be a year later,” she said. “We never felt like we were just a member. We always felt like we were a part of a community of people who were trying to do what was best for a child, and that was really important.”
This month, I had the pleasure of announcing to our staff a new strategic priority that we call our **Partnership for Patient-Centered Care**.

“Patient-Centered” means many things, but as a Patient-Centered Medical Home, Yale Health has three specific goals: (1) Treating our patients with **respect and dignity** (2) **sharing information** fully and clearly, and (3) encouraging **partnership and participation** with our patients in setting and reaching their health goals.

Partnership in setting goals includes the concept of **“shared decision-making”**. Advances in medical care have increased the options for disease screening, prevention, diagnosis and treatment. In our daily lives, we face choices with regard to diet, exercise and other health behaviors. The best choice for one person may not work well for another. The idea of shared decision making is that patients and healthcare professionals work together to weigh the options and decide on a personal plan that reflects the patient’s priorities, values and skills.

In a partnership, both parties make important contributions. **Clinicians** bring experience, technical skills, knowledge of current medical evidence, and the ability to diagnose the cause of illness. Clinicians provide information about how a condition is likely to progress or improve over time. They offer treatment choices and inform patients about the pros and cons of different options. These professional skills are necessary for good healthcare, but they are not enough to guarantee success.

Patient-centered care recognizes that the expertise of the **patient** is equally important. The patient understands the experience of illness and its impact on their personal life. The patient knows about life circumstances, individual values and other preferences that influence personal medical decisions. To make the best choices, clinicians and patients must share their expertise, ask probing questions and solve problems together. The goals, whether they relate to controlling blood pressure, losing weight, undergoing screening tests or facing surgery, will make the most sense if they are the result of shared decision-making.

The idea of partnership will sound obvious if you have already experienced this kind of care. However, it will sound and feel unfamiliar to those who have come to expect that decisions will be made for them by the “experts”. Some patients want to participate more fully in their health care than others. The best practitioners of patient-centered care encourage patients to participate to the degree they wish to, but also feel confident in offering advice when asked.

Partnerships between providers and patients are the result of time, effort and dedication on both sides. They are based on relationships of trust and willingness to make sure patients have time to ask questions and to hear the answers in ways they can easily understand. I encourage you to think about these ideas and to join us in our new Partnership for Patient-Centered Care. I believe we will all be pleased with the results.

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**Patient-centered care recognizes that the expertise of the patient is equally important.**
Yale Health implements Safe Pain Management Program

IN RESPONSE TO A NEW STATE LAW and to increase patient safety, Yale Health has implemented a Safe Pain Management (SPM) Program. The program took effect January 1st, 2016 and will focus primarily on the long term use of drugs known as “opioids”. Opioids include morphine, codeine, and related drugs such as oxycodone (OxyContin, Percocet), hydrocodone (Vicodin), and tramadol (Ultram).

“The medical community is recognizing that these drugs are riskier than was previously realized and that closer monitoring is needed,” said Dr. Madeline Wilson, chief of Internal Medicine and Deputy Medical Director of Yale Health. “Nationally, the use of prescription opioid medications has increased dramatically over the past 20 years as has the incidence of overdose from these medications. The changes we are making at Yale Health are really about improving safety.”

The SPM program applies only to patients who are taking long-term, daily opioid medications and does not apply to those prescribed these medications for short-term use. The program involves careful risk assessment prior to starting opioid medications and consideration of alternatives to opioids for managing pain, including lower risk medications, physical therapy, and counseling.

“Nationally, the use of prescription opioid medications has increased dramatically over the past 20 years as has the incidence of overdose from these medications. The changes we are making at Yale Health are really about improving safety.”

Dr. Madeline Wilson

Patients who are taking long-term, daily opioid medications will review with their clinician a pain management agreement outlining the rules of the program. These rules include quarterly face-to-face visits with the prescribing clinician.

Other provisions of the program include more careful oversight of prescribing and refilling of prescriptions.

Yale Health, in partnership with the Yale Health Pharmacy, has used nationally recognized guidelines in setting up the program.

“We are implementing this program to increase the safety of prescribing practices for a class of medications that poses unique risks,” Wilson said. “The same program will be in effect for all members on chronic opioid therapy. If you are on this form of therapy, your clinician will not be singling you out or minimizing the importance of effective pain management.”

“Some types of pain may require the use of opioid medications.” Wilson said, “In the long run however, our goal is to find safe and effective strategies for managing pain that reduce our reliance on these drugs.”

Tobacco-Free Yale Assistance Program

To enroll:
Call 866 237 1198
MONDAY–THURSDAY 8:00 AM–8:00 PM
FRIDAY 8:00 AM–6:00 PM
Liaison Welcomes New Members

SHARON ANDERSON, who has been assisting Yale Health members for over a year as a senior administrative assistant in the Member Services Department, has been appointed Yale Health’s New Member Liaison. In her new role, Anderson will help smooth the transition to Yale Health for new members.

This position came about as a result of union contract negotiations and member feedback. Yale Health management has worked in close partnership with Local 34/Local 35 leadership to develop this position and to recruit excellent candidates. Anderson will be the second person to serve in this role.

“Having a support person who has worked in the system and understands how our network provides care will give our new members that onboarding support as they begin to use Yale Health,” Anderson said.

One critical aspect of the role will be to help new members identify a primary care clinician in the appropriate departments of Internal Medicine, Obstetrics & Gynecology, and Pediatrics. New members receive welcome letters with their PCC assignments, their member ID cards, and information on how to locate important forms and information on our web site.

Anderson then reaches out to each new member by e-mail requesting they schedule a brief in-person meeting with her in the Member Services Department. New members also have the option of speaking with Anderson by phone.

“Yale Health is a fantastic benefit to us, but it’s critical to understand how to use it to maximize this resource for ourselves and our families,” she said.

Anderson has over 20 years of experience in a healthcare setting including patient services at Yale Medical Group and in a variety of roles over a 14-year period in the Yale School of Medicine’s Obstetrics, Gynecology & Reproductive Sciences Department and Internal Medicine’s Section of Digestive Diseases. She joined Yale Health’s Member Services Department in July 2014.

She can be reached at 203.436.9257 or sharon.anderson@yale.edu.
New Clinicians Join Yale Health

Margot Ebling, PA-C
INTERNAL MEDICINE
Margot Ebling received her BA from Yale University in 1995 and her master of medical science degree from the Yale University School of Medicine in 2013. She also completed a post-baccalaureate program for pre-medical studies at the University of Connecticut in 2010.

Ebling has spent the past year as a physician assistant in Yale-New Haven Hospital’s Department of Emergency Medicine where she provided care to both children and adults and worked in close collaboration with attending physicians, physician assistants, nurses, and social workers to ensure a cohesive approach to patient care.

She has completed clinical rotations at several medical facilities including Yale-New Haven Hospital, Bridgeport Hospital, and the VA Connecticut Healthcare System.

Ebling is a member of the American Academy of Physician Assistants.

Ellen Majors, PA-C
INTERNAL MEDICINE
After spending the last six years caring for patients at the Stony Creek Urgent Care Center, three years as the center’s clinical medical supervisor, Ellen Majors has joined the Department of Internal Medicine.

Majors had previously worked at a private internal medicine practice in Branford, the Hospital of Saint Raphael’s Department of Emergency Medicine, and Yale-New Haven Hospital’s Surgical Critical Care Unit. She was also part of the critical care staff for Traveling Nurse Corps in Orlando and has participated in several international missions to Africa and the Dominican Republic.

She earned her BSN from Kent State University in 1983 and her PA degree from the Yale University School of Medicine in 1993.

Majors is a member of the American Academy of Physician Assistants, Christian Medical and Dental Association, and Global Health Outreach.

Chloe Quinn, APRN
OBSTETRICS & GYNECOLOGY
Chloe Quinn has joined the Obstetrics & Gynecology Department after providing care for men’s and women’s reproductive and sexual health at Planned Parenthood of Southern New England for the past year. Prior to that, she had worked at Reproductive Medicine Associates of Connecticut, and St. Vincent’s Medical Center.

Quinn earned her BSN from Southern Connecticut State University in 2008 and her MSN as a women’s health nurse practitioner from the University of South Alabama in 2013.

She is a member of the American Association of Nurse Practitioners and the National Association of Nurse Practitioners in Women’s Health.

Scott Soloway, MD
OPHTHALMOLOGY & OPTOMETRY
Scott Soloway received his BS in Chemistry from the University of Rochester School of Arts & Sciences in 1970 and his medical degree from the University of Rochester School of Medicine in 1974. He completed his residency at Yale-New Haven Hospital and is presently a clinical assistant professor in the Yale University School of Medicine’s Department of Ophthalmology.

Soloway was a diplomate of the American Board of Ophthalmology, National Board of Medical Examiners, and Barraquer Course Keratophakia and Keratomileusis. He is also a member of the American Academy of Ophthalmology, New Haven County Medical Society, Connecticut State Medical Society, and New England Ophthalmologic Society.
Referrals

When do I need a referral?

An authorized referral from your primary care clinician is required for specialty services, whether those are provided in the Specialty Services department at the Yale Health Center or outside our facility. The Referrals staff verifies your eligibility and makes sure the requested services are covered by your health benefit and are provided within our local specialty network. If any of these conditions are not met, the referral may not be authorized.

If authorization is denied, you will be notified by mail. If the referral is for a service that will occur within a short period of time, you will also be called.

When a referral is approved — as it is in the large majority of cases — you may not hear anything. But it’s always a good idea to confirm that an approved referral has been received when you schedule a specialty appointment. If a valid referral is not on file, you could end up with financial responsibility for the visit.

If you need any further information on referrals, you can contact the Referrals Department at 203 432 7397 or yhreferrals@yale.edu.

MaryBeth Massaro,
Account assistant, Referrals Department

Physical Therapy

What are the benefits of physical therapy?

Physical therapy offers a variety of ways to help reduce pain and disability and restore function after an injury or illness.

The most common type of physical therapy involves supervised exercise, stretching and conditioning. Treatments like heat and ice, ultrasound, or electrical can be used alone to reduce pain or to make exercise-related therapy more effective.

Choosing the appropriate type of physical therapy is based on the nature and severity of the injury as well as your abilities and preferences. If you have a serious orthopedic injury that could result in significant disability, you will definitely benefit from working individually with a professional physical therapist. For less severe injuries or conditions, a therapist may help you develop a home care program that you can do on your own.

Patience and perseverance — as well as close attention to the instructions of a professional therapist — are essential for achieving good results.

Mild injuries or problems of limited duration are less likely to result in prolonged disability and often do not require physical therapy. In those cases, you will most likely improve with Mother Nature’s own care and some information and advice provided by your clinician.

Thomas Brady, PA-C,
Specialty Services

Making the Rounds

Health and Wellness Information from Yale Health Staff

Women’s Health

Do women need to have an annual gynecological exam?

Most women do not need a yearly gynecological exam. A “well woman visit” describes the appointment more accurately and you should discuss with your clinician a visit interval that works for you and your needs.

A Pap smear is a screening for cervical cancer. It involves looking at a small sample of cells from the cervix and testing for high risk strains of HPV — the virus that causes cervical cancer. Women ages 21–30 should have a Pap smear every three years, and women ages 30–65 should have a Pap smear every five years. As long as the results are negative, those guidelines can be followed until the age of 65 when no further testing is necessary.

A recent recommendation from The American College of Physicians states that internal or “pelvic” exams, where clinicians examine the uterus and ovaries with a gloved hand, are no longer routinely necessary unless you are pregnant or have symptoms indicating the exam may be helpful. This change in practice will surprise some people, but there is no evidence that these exams prevent cancer, and the new recommendations have been widely accepted and adopted in clinical practice.

Contraception, or “birth control”; testing for sexually transmitted infections; and anything related to sexual or reproductive health can be discussed at a well woman visit, but you can also schedule an appointment with your clinician to discuss concerns or options at any time. We want to help women make the best choices for their health and safety.

Leslie White, APRN
Obstetrics & Gynecology

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