“It’s really like your medical home”

Yale Health member grateful for exceptional care provided to wife

SHARON GENEROSO WAS ECSTATIC when she got a job as a senior administrative assistant at the Yale School of Medicine’s Section of General Surgery, Trauma and Surgical Critical Care five years ago.

After working with her husband at his business for about 14 years, she was especially excited about all of the benefits that come along with being employed at Yale.

“The first thing she did was come home and laughed because she had paid vacations and holidays for the first time in a really long time,” David Generoso said with a smile.
Neither of them knew it at the time, but the biggest benefit from her new job would be her new medical insurance through Yale Health.

Sharon, or Sherry as she liked to be called, was re-diagnosed with breast cancer just three months after she began her career at Yale.

Generoso has been self-employed nearly his entire life. With that came health insurance premiums and deductibles for the family that totaled around $25,000 a year.

“If it weren’t for the Yale Health benefit, it could have actually put us financially where we might have had to sell our house while we were going through a multitude of medical problems.”

“She used it all,” Generoso said. “The fact that everything was here in the same building, it’s really like your medical home. A bad day here is better than a good day anywhere else and we haven’t had any bad days here.”

When Yale Health partnered with Smilow Cancer Hospital at Yale-New Haven two years ago, Sherry moved her infusion treatments to a local Smilow Cancer Hospital Care Center. She was on her third round of chemotherapy when her clinicians decided to go another route. Sherry asked if there were any trial drugs available and she began being treated and tested with an immunotherapy drug.

While Generoso accompanied Sherry as she was receiving the new treatment in the hospital, their daughter, also a Yale Health member, went into labor with their first grandchild. In an instant, Generoso trusted his wife, daughter, and eventual grandchild’s well-being to Yale Health.

“If Yale Health didn’t hit my gut, my core, with how fortunate I am and our family has been to be members, I would not be talking about this,” said Generoso, who has dealt with his own health issues in his time as a Yale Health member. “We were blessed.”

Trips to Internal Medicine, Specialty Services, Diagnostic Imaging, the Laboratory, and the Infusion Center at the Yale Health Center became routine.

“Sherry was able to see her granddaughter born and it was absolutely the highlight of her life, beyond question,” he said, stroking the wedding band on his finger. “That was everything to her.”

Sherry hated calling out from work.

She scheduled her tests and treatments in the afternoon so she could work in the morning. Come Friday nights, she would be so fatigued that she needed to rest all weekend before going back to work on Monday mornings.

Not even a week after Isabelle was born, Sherry called her husband and asked him to contact her manager to alert her she would not be able to come in to work. She had a fever of 103 degrees.

“I knew something was wrong,” Generoso said. “I could just feel it.”

He immediately got on his phone and began calling her clinicians at Smilow. It was all happening very quickly. His wife was admitted into the Medical Intensive Care Unit on Monday, November 25th. On Wednesday of that week, he walked out of the room and saw a clinician on Sherry’s team crying. In retrospect, Generoso now knows what her friend already knew at the time.

Sherry, a wife, a mother, and a new grandmother, died on Saturday, November 30th.

“Our whole family was there, we were all with her,” he said. “We all held hands and we prayed with her.”

Nearly two years later, Generoso still speaks about the care she received through Yale Health and how wonderful the University was to his wife, noting that every person who worked in her department attended her funeral, with the exception of the on-call trauma doctor who was in surgery at the time.

“They treated my wife like she was special, both on the job and at Yale Health,” he said. “She was taken care of wonderfully and it just didn’t work. Not everything can work all the time. I don’t think either Sherry or I would have appreciated the University or Yale Health as much had we not worked in the outside world. This simply isn’t happening on the outside.”
FROM THE DESK OF PAUL GENECIN

I would hazard a guess that most readers of the Yale Health Care newsletter are well-acquainted with their primary care clinicians. They are knowledgeable about how to seek care. They schedule medical appointments and reliably report important changes in their health status because they know that early diagnosis and treatment are key to good clinical outcomes. Our primary care clinicians (PCCs) know these patients well and see them regularly.

But what about the patients who do not seek initial or follow-up care, especially those with serious health problems? Too often, patients with unmet healthcare needs first come to attention when they suffer a serious complication such as a heart attack, stroke or renal failure. Emergency rooms and hospital wards in our country are filled with patients who are suffering the preventable consequences of long-neglected health conditions.

Yale Health clinicians are concerned about every single one of our members, not only the ones who reliably schedule appointments. All Yale Health members have a designated PCC. We have a wealth of programs that are intended to bring these people into caring relationships with their PCC and other members of the healthcare team. Once we have an opportunity to assess the patient’s clinical situation, we can do a lot to help with follow-through.

Yale Health’s New Member Liaison reaches out to every newly enrolled Yale Health member to ensure that they know how to get started. We also look for high-risk, vulnerable members of the Yale community through screenings at health fairs where we occasionally find staff members who do not realize that they and their dependents have a rich health benefit. We follow up with patients after ER visits and hospital admissions. We are alert to situations in which a patient may have a lapse in follow-up care, stop filling prescriptions, or be unable to get their clinical problems under control. We facilitate visits with primary care clinicians, nurses, care managers, clinical pharmacists, mental health professionals, consultant specialists, and Yale University’s Counseling & Support Services program. Even when a patient’s problem is so complex that a subspecialist manages most aspects, we always stay involved.

We aspire to turn all of our high-risk patients into committed, engaged partners in self-care, but this is really the best case scenario. Careful self-management may require adherence to diet and exercise regimens, smoking cessation, treatment for behavioral health conditions, and compliance with a complex medication regimen. Even the most dedicated patient may find it hard to do all of these things. High-risk patients need support to prioritize and to sequence the interventions that may be hard to do all at once. They need for us to reach out to them when they do not ask for help themselves.

Perhaps you know someone—a family member or co-worker—who does not get regular care and needs extra help to get or remain motivated to live a healthier life. The best possible way to help such a person is to assist them in getting scheduled to see their PCC who is ideally situated to work with the patient and assist with accessing the full spectrum of necessary services and resources. We live in a time of great change with regard to health care. By becoming more engaged and more aware of the way that each of us, directly or indirectly, share in the burden of higher healthcare costs, we can all contribute to making the system work better for everyone.

Paul Genecin
earlier this year, the country experienced a large, multi-state measles outbreak linked to an amusement park in California. From January 1-June 26, 2015, 178 cases of measles were reported in 24 states and the District of Columbia, according to the Centers for Disease Control & Prevention (CDC).

The majority of affected people were not vaccinated.

“There are increasing numbers of people in the country who are either unvaccinated or under-vaccinated,” said Dr. Douglas Idelson, chief of the Pediatric Department. “The majority of folks who came down with measles in this outbreak were unimmunized. This is really a cautionary tale about the importance of being current with your immunizations.”

Yale Health follows CDC and American Academy of Pediatrics guidelines for determining its vaccination schedule. Roughly 95 percent of Yale Health pediatric patients up to the age of 2 are fully compliant with their required vaccinations, whereas nationwide only 70 percent of children around this age are up to date for routine vaccinations, according to the CDC.

“Immunizations are one of the most important ways that we can prevent the transmission of infectious disease, especially in children,” Idelson said. “It’s really never too late to be immunized and we encourage parents of children who have not been vaccinated according to the schedule to contact us so that we can provide catch up vaccinations for them.

Some vaccination is better than none, and provides some protection. There are specific protocols for catch up immunization at any age.”

Each state has certain vaccination requirements for children to attend daycares and schools. There are also exemption laws.

Connecticut currently allows for religious and medical exemptions. A medical exemption means that a clinician has documented that the child is allergic or cannot otherwise tolerate a vaccine. The clinician must provide documentation to the daycare or school.

“There are very few good reasons not to get vaccinated,” Idelson said. “There are some very rare medical contraindications to being vaccinated, but for the vast majority of children and adults, vaccination is a very safe and effective way of preventing disease. Not vaccinating your child only puts them and others at unnecessary risk.”

For the 2014–2015 school year, of the 37,064 students enrolled in a Connecticut public school that included a kindergarten program, 625 students, or 1.7 percent, were given an exemption, according to the Connecticut Department of Public Health. The exemptions totaled 520 for religious reasons, and 105 were medical exemptions.

For the same period, of the 38,942 students enrolled in a Connecticut public school that included a seventh grade, 362, or 0.9 percent, were given an exemption (258 religious, 104 medical).

Idelson said parents who decide not to immunize their children often believe they are safe from vaccine-preventable diseases because the majority of other children have been vaccinated and therefore the overall risk of the disease is greatly diminished. This is often called “herd immunity”.

“It doesn’t take many non-immunized people to create a situation where an outbreak can occur,” he said. “Herd immunity is something that can easily break down when more than a few people in the community don’t immunize. Very quickly, you can put a lot of people at risk, particularly those who are unable to be vaccinated because of age or illness.”

According to the CDC, among children born in the United States from 1994-2013, vaccination will prevent an estimated 322 million illnesses, 21 million hospitalizations, and 732,000 deaths during their lifetimes.

One of the unintended consequences that has come with such a successful vaccination program in the United States is people often don’t recall a time when infectious diseases were so common and deadly.

“I think that when people haven’t seen or heard about certain diseases for a long time there’s no memory of how serious and debilitating they can be,” Idelson said. “These diseases have a history of significant morbidity and mortality. Diseases such as diphtheria, small pox, and polio, which were so common and devastating in the not too distant past, have been all but eradicated because of vaccination. It’s a public health success story that hopefully will continue to become more widely recognized and valued.”

For more information on pediatric vaccines, please visit yalehealth.yale.edu/pediatric-vaccines.
Magellan Healthcare is now offering web-based, confidential care that provides you free 24-hour access to online self-help programs for a variety of emotional health needs. Magellan Healthcare manages Yale University’s Counseling & Support Services program as well as Yale Health’s behavioral health benefit.

The web-based care, known as cognitive behavioral therapy, increases your choice of support and can be used before, during or after more traditional in-person therapy and some members may find it meets their needs to the point that more intensive forms of care or the use of prescription drugs are not necessary. These free programs can be accessed on any device with an Internet connection and a screen at least seven inches.

“This is a perfect opportunity for self-motivated individuals to obtain cutting-edge, research-based help for a number of common conditions and problems,” said Dr. Borislav Meandzija, chief of the Behavioral Health Department at Yale Health.

Online programs are now available in the following areas:

- **Depression:** MoodCalmer is a four-session program for mild to moderate depression that helps you identify signs and symptoms of depression, challenge negative thoughts, manage relapse, and schedule pleasant activities.

- **Substance Use:** Shade is a nine-week program for individuals suffering from alcohol and substance use that helps by promoting long-lasting, skill-based changes in behavior and thinking.

- **Anxiety:** FearFighter is a nine-step program for anxiety, panic, and phobias. The program provides explanations of the body’s reaction to anxiety and personal examples of individuals on the road to recovery.

- **Insomnia:** Restore is a six-week program for sleep problems and insomnia. The program provides videos on how to get a better night’s sleep as well as tools to measure sleep time and improve sleep.

- **Obsessive Compulsive Disorder:** OCFighter is a nine-session program for obsessive compulsive disorder. The program provides interactive videos and user success stories that make the exercises easy to follow.

To access these web-based services, visit magellanhealth.com/member and create a username and password. It will ask for your program’s toll-free number. Enter 800-327-9240. Click on the web-based care option under the benefits tab.
New Clinicians Join Yale Health

Bradley Herrin, MD
PEDIATRICS

Bradley Herrin has joined the Department of Pediatrics after spending the last year as pediatric chief resident at Yale-New Haven Children’s Hospital. He completed his pediatric internship and residency at Yale-New Haven Children’s Hospital and is an instructor in Pediatrics at the Yale School of Medicine, Department of Pediatrics.

Herrin earned his undergraduate degree in physiology from the University of Arizona in 2006 and his medical degree from the University of Washington School of Medicine in 2011.

During his residency, he served as a primary care provider for newly-arrived refugee families from Iraq, Afghanistan, Eritrea, Kenya, and the Democratic Republic of Congo. He also worked to start a clinic for newly-arrived undocumented children to New Haven.

Nicole Maciejak, APRN
PEDIATRICS

After spending the last four years as a pediatric nurse practitioner at the Child and Family Agency of Southeastern Connecticut, Nicole Maciejak has joined the Yale Health Pediatric team.

She has also previously worked at Branford Pediatrics and Allergy and the Newborn Intensive Care Unit at Bridgeport Hospital.

Maciejak received her BA in psychology from Boston University in 2002, her certificate in nursing from the Yale University School of Nursing in 2005, and her MSN from the Yale University School of Nursing in 2006, when she also served as the keynote student speaker at commencement.

She is a certified pediatric nurse practitioner through the Pediatric Nursing Certification Board.

Jin Xu, MD
INTERNAL MEDICINE

Jin Xu earned her BS in biological sciences from Stanford University in 2005 and her MD from the Boston University School of Medicine in 2012. She also studied at Oxford University in Great Britain for three months in an overseas studies program through Stanford University, which focused on international women’s health.

She was most recently a resident physician in the Department of Internal Medicine at the Yale School of Medicine where she worked in inpatient, outpatient, and intensive care unit settings.

Xu is also fluent in Mandarin Chinese.
Could chocolate be good for you?

Chocolate is made from the bitter cacao bean that is ground into a paste known as the cacao mass, which contains flavonoids. Flavonoids are powerful antioxidants that have shown to improve vascular health and are also found in red wine, red apples, blueberries, and black and green teas.

Research studies have found small amounts of dark chocolate to be beneficial in protecting the cardiovascular system, lowering blood pressure, raising HDL “good” cholesterol and lowering LDL “bad” cholesterol. Chocolate also has an impact on the brain, stimulating the production of “feel good” chemicals such as dopamine and endorphins and has proven helpful for premenstrual dysphoric syndrome and depression.

The healthiest chocolate has the highest cacao mass and least amount of processing. Dark chocolate contains roughly 70 percent cacao mass while milk chocolate contains about 10 percent. White chocolate has no cacao mass.

Although there are health benefits, dark chocolate also contains sugar and fat so adding even just an ounce of dark chocolate to your daily diet may cause weight gain or increase your risk for diabetes.

Vanessa Lehner, PA-C
Internal Medicine
**Keep in Mind**

**Pharmacy Academic Hours**

The Pharmacy has resumed academic hours effective Tuesday, September 8th.

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>8:00 AM – 6:30 PM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>8:00 AM – 7:00 PM</td>
</tr>
<tr>
<td>Wednesday</td>
<td>8:00 AM – 7:00 PM</td>
</tr>
<tr>
<td>Thursday</td>
<td>8:30 AM – 6:30 PM</td>
</tr>
<tr>
<td>Friday</td>
<td>8:00 AM – 6:30 PM</td>
</tr>
<tr>
<td>Saturday</td>
<td>8:30 AM – 3:30 PM</td>
</tr>
</tbody>
</table>

**Laboratory Now Open Saturdays**

The laboratory on the lower level of the Yale Health Center is now open Saturdays from 8:00 am-12:00 pm. It is open Monday-Friday from 7:30 am-5:15 pm. Yale Health members may also use any Quest Diagnostics laboratory in the six New England states.