Lyme disease is the most common tick-borne illness in the U.S., and Connecticut is among the states with the highest prevalence. Lyme disease can often be over-diagnosed in this area, in large part due to some of the vague symptoms it shares with other illnesses and the complexities of interpreting the blood test. However, as the warm weather approaches and we begin to spend more time outside, the risk for contracting Lyme disease increases for both adults and children.

Prevention is the first line of defense. But awareness of symptoms is also important, as timely treatment can both cure these symptoms and prevent progression to the later, more serious form of the disease.

Prevention involves reducing the risk of being bitten by ticks that carry Lyme disease and other illnesses. Focus on both personal protection and making changes to one’s environment.

Prevent ticks from attaching to the skin if you and/or your children spend time outside in areas where ticks are common.

- Wear long-sleeved shirts and long trousers tucked into socks.
- Wear light-colored clothing to make spotting ticks easier.
- Use a tick repellent such as a product with DEET. DEET concentrations of 10–35% are generally adequate and are effective for about two hours.

- The higher the concentration, the longer the protection. DEET can wash off with swimming and perspiration, so reapply it periodically. Products containing more than 30% DEET should not be used on children. As with all chemicals, these repellents should be stored safely out of the reach of children and pets. (Note that citronella and Avon’s SkinSoSoft have not been shown to repel ticks.)
- Inspect your own and your child’s skin for ticks after time spent outdoors. Remember to check where ticks most often bite, including armpits, groin, backs of the knees, and scalp.

Consider making changes in your outdoor environment to reduce tick exposure.

- Install a tall deer fence around your property to keep out tick-carrying deer.
- Clean forest borders and keep your lawn trimmed to reduce the number of ticks.

You may choose to treat property with tick-killing products such as Dursban and Sevin. These products are most effective when applied to stone walls and areas that border woods.

If, despite prevention efforts, someone in your family is bitten, take these steps.

- Don’t panic! The majority of tick bites (99%) do not result in Lyme disease.

Nurse appointments offer range of care options

YHP’s RNs (registered nurses) are essential members of our clinical teams, performing key patient care roles in each primary and specialty care department. In addition to staffing specific areas such as the travel clinic and the endoscopy suite, nurses also see patients for individual appointments as part of plans of care.

Relying on strong assessment, triage, care coordination, and clinical skills, and in close collaboration with clinicians, nurses provide care for patients to assist in management of chronic problems such as asthma, heart disease, diabetes, and hypertension. Among their many roles, RNs perform post-surgical wound care; teach patients how to manage medications; provide counseling on contraception; teach breast-feeding for...
Lyme disease
continued from page 1

- Attempt to remove the tick:
  - Use a fine tweezers and grip the tick as close to the skin as possible.
  - Pull backwards gently but firmly, using an even, steady pressure. Do not squeeze, crush or puncture the body of the tick since it may contain the infection-causing organisms.
  - After removing the tick, wash the area and your hands thoroughly.
  - Note: Do not try to remove any mouth parts that remain in the skin as this may cause significant skin trauma and is unlikely to provide any additional benefit.

- Consider contacting your clinician about a dose of antibiotics that may help prevent the disease from developing. This treatment is recommended only when all the following are true:
  - The tick has been attached for more than 36 hours (time can be estimated by how engorged it is).
  - The attached tick is a deer tick (size of a poppy seed).
  - Treatment can begin within 72 hours of tick removal.
  - Taking the antibiotic doxycycline is safe for you or your child (as long as you are not allergic, over 8 years old, not pregnant, not breastfeeding).

- Monitor for Lyme disease symptoms (whether or not the preventive treatment above is used). The location of the bite should be observed for an expanding area of redness, which might indicate erythema migrans (EM), the characteristic rash of Lyme disease.
  - Approximately 80-90% of people with Lyme disease develop this rash.
  - The rash usually occurs one to two weeks after the bite and can reach over eight inches in diameter.
  - As it expands, the redness may appear to fade away in the center, giving the rash a “bull’s-eye” appearance.
  - The EM rash may be accompanied by general symptoms including fatigue, fever, headache, muscle and joint aches, and swollen lymph nodes. These symptoms alone (without the characteristic rash) are not sufficient to diagnose Lyme disease.

- Contact your clinician if the EM rash or other symptoms associated with Lyme disease develop. These symptoms may occur weeks to months after the bite and may include:
  - Facial palsy—paralysis of one or both sides of the face
  - Headache and stiff neck
  - Persistent joint pain or swelling
  - Lightheadedness or fainting

Contact your clinician with any questions. Good information is available through these reputable sources:
National Institute of Allergy and Infectious Disease (www.niaid.nih.gov/topics/lymedisease)
National Center for Infectious Diseases (www.cdc.gov/ncidod/dvbid/lyme)
American Lyme Disease Foundation, Inc. (www.aldf.com/faq.shtml)

OTHER IMPORTANT POINTS
- Only one-third of those who get Lyme disease recall being bitten, so anyone who develops the typical rash or other characteristic symptoms should contact their clinician, whether or not they saw or removed a tick.
- The Lyme disease blood test is not helpful right after a tick bite because antibodies have not yet developed. Also, a tick bite alone (without symptoms) does not require a blood test. Watch for symptoms and contact your clinician if they develop. Testing is also not recommended for people with only non-specific symptoms because of the high likelihood of false-positive results.
- Treatment regimens depend on the stage of the illness. If someone has EM, then they are usually treated without any blood test, because the likelihood of Lyme disease is high. If the EM rash is not present, treatment is usually initiated only if the blood test and the symptoms taken together suggest Lyme disease.
The years of planning and preparation have passed quickly, and now we are in the early phases of the moving process. As I look back on my notes from the early discussions about 55 Lock Street, I am reminded that, from the very beginning, our highest priority was to improve clinical services and enhance our patients’ experience. While the additional space in the new building will allow us to grow over time, we will all see positive changes almost immediately.

Much will remain the same: our wonderful staff; our dedication to providing coordinated, round-the-clock care; and our model that puts primary care services at the center of a network including specialty and acute care, on-site diagnostic services, and care coordination. Our pharmacy will be significantly expanded to improve efficiency and shorten visits. We will continue to offer inpatient care as an alternative to hospitalization, or transition from hospital to home.

One of the most important changes will be a renewed dedication to providing, in our primary care departments, timely access for unanticipated care needs. Our members value the “same-day” care that has been available in Urgent Care, but we can serve you better when you see a member of your primary care team, and have an appointment time that avoids long waits. The space efficiencies in our new building will allow us to give members who call with unexpected problems a primary care appointment the same day or the following day. We will also be adding staff to our Surgical Specialty Department so that members with minor accidents and injuries can receive both immediate and follow-up care in a timely and orderly manner.

With this added capacity for unscheduled care in the primary departments, the services in our Acute Care Department (our new name for Urgent Care) will focus during daytime hours on those whose problems are the most serious and who may need to be transferred to the hospital.

After hours and weekends, we will continue to offer walk-in care much as we do now.

All the increase in space in the new building is in clinical areas. We will nearly double the number of exam rooms—meaning that you will spend less time in waiting rooms, will have more privacy, and will spend more of your appointment time face-to-face with your clinician. We know that members appreciate having multiple services under one roof, so we’ll be expanding the range of diagnostic services and the capacity for performing procedures on-site. The space design, as well as new amenities, are all geared to our goal of helping you feel your best.

We’re excited about our new home! While there may be a few bumps in the road as we settle in, I think you’ll find everything you value about YHP plus some very beneficial improvements. The whole reason for a new facility is so that we can serve our members better. We look forward to doing just that as we move into 55 Lock Street.

Eat right with eatright.org

The newly-redesigned American Dietetic Association website (www.eatright.org) is an excellent resource for separating fact from fantasy regarding nutrition and health. Among many useful resources, the new consumer section of the site includes information on nutrition through the life cycle; advice for achieving and maintaining a healthy weight; and information on prevention and management of diseases including diabetes and cancer. Check out the Tip of the Day as well as a wealth of timely, accessible, science-based information that you can trust.
I am concerned about pesticides. Should we limit our intake of fruits and vegetables?

No! Fruits and vegetables provide antioxidants and phytochemicals—substances vital for optimal health—along with vitamins, minerals, and fiber. People who eat higher proportions of fruits and vegetables have lowered risk of heart disease and certain cancers. Eating a diet high in produce is also a key component in healthy eating for weight control. The US Department of Agriculture (USDA) recommends at least five servings of fruits and vegetables daily. For those concerned about pesticides, the Environmental Working Group, a non-profit organization based in Washington D.C., has assembled a list of foods most and least likely to have high levels. This information can be found on their website. For produce most likely to contain higher levels of pesticide residue, you can consider purchasing organic items.

**Highest in pesticides.** Fruits: peaches, apples, nectarines, strawberries, cherries, imported grapes, and pears. Vegetables: sweet bell peppers, celery, kale, lettuce, and carrots.

**Least likely to contain pesticide residues.** Fruits: avocados, pineapples, mangoes, kiwis, papayas, watermelons, grapefruits. Vegetables: onions, sweet corn, asparagus, sweet peas, cabbage, eggplant, broccoli, tomatoes, sweet potatoes.

Linda Bell, MS, RD, CD-N, YHP nutritionist

What should I know about buying my child’s first shoes?

Before babies start learning to walk, their growing feet should be left unrestricted by shoes; being barefoot helps babies develop coordination and strength, and foot muscles need adequate room to develop properly. The time for a first pair of shoes is when babies learn to pull themselves up into the standing position.

First shoes need to provide protection rather than support. Choose shoes that allow the foot to flex and grip the ground. The traditional high top hard leather shoes with soles that are smooth and stiff are no longer considered ideal. Soft leather booties are a better option to start. A thicker sole will become necessary later, for better protection outdoors.

Additionally, look for shoes without arch supports. Arches are created outdoors.

**First shoes need to provide protection rather than support. Choose shoes that allow the foot to flex and grip the ground.**

John Iannarone, MD, Urgent Care

What exactly is jet lag, and how can I cope with it?

Jet lag results when air travel across three or more time zones disrupts normal circadian rhythms (the “light/dark” cycle, or the “body clock”). It can be worsened by sudden climate changes, as well as by the reduced oxygen, air pressure changes, noise and dryness common during air travel. Symptoms include insomnia, daytime sleepiness, indigestion, and poor performance of physical and mental tasks.

Measures that can help prevent or minimize jet lag include a good night’s sleep the evening before travel. During travel, keep well-hydrated, move around the plane, and wear loose clothing and comfortable shoes. Avoid large meals, caffeine and alcohol, and try to sleep during long flights. Consider a stop-over on a long trip.

Melatonin, a nutritional supplement, has reduced jet lag in some clinical trials. However, the data is controversial and there have been quality control issues with melatonin production. Some medications intended for other uses (including certain sedatives and stimulants) have been used to treat jet lag, with varying degrees of success. Consult your clinician if you are thinking about taking any drug remedies for jet lag.

Diane Paquette, APRN, Travel Medicine

**What causes leg cramping?**

Cramping can be related to dehydration or electrolyte imbalance (an abnormal level of certain chemicals in the bloodstream—for instance, too little calcium or potassium); electrolyte imbalance can occur with conditions such as diabetes, low blood sugar, or thyroid problems. Some pregnant women develop leg cramps because of low blood magnesium levels. Some medications—including diuretics, and certain asthma and cholesterol drugs—can cause cramping. Other causes include restless leg syndrome, and intermittent claudication (an artery problem).

However, most of the time, the cause of leg cramping is unknown. Of course, sometimes, your legs will cramp if you have been holding them in one position for a long time. And sudden contraction of skeletal muscles during or immediately after exercise can cause cramping.

An occasional cramp is not a cause for concern. But recurrent or severe cramping should be evaluated by a clinician. If there are no underlying medical conditions, some remedies for leg cramps include:

- Taking in enough fluids
- Wearing comfortable shoes that fit well
- Increasing potassium intake; bananas, raisins, dates, oranges, potatoes, and beets are good sources
- Riding a stationary bike for a few minutes before going to bed
- Getting adequate exercise and stretching
- Hot showers, warm baths, icing (your clinician can advise which is preferable)

John Iannarone, MD, Urgent Care

To submit your questions to Making the Rounds e-mail member.services@yale.edu
55 Lock Street—almost there!

Construction is now 80 percent complete as crews work on details including painting, flooring, and hardware installation. Upon “substantial completion,” the building is required to undergo a series of extensive regulatory inspections by the Department of Public Health, the New Haven Fire marshal and city building inspectors. And finally, before the move can begin (a 23-day process!), the building will be outfitted with new furnishings, medical equipment, computers and other peripheral devices. The move will happen mostly on nights and weekends, with minimal disruption to care delivery.

Below are some of the amenities that we can look forward to in the new building.

Increased space and facilities for clinical services
- more space to perform minor surgical procedures in-house, providing greater convenience for members;
- five infusion stations for chemotherapy and other treatments, with increased flexibility, as these spaces can be made open or private;
- a new MRI machine is being added to our Diagnostic Imaging Department so that members will be able to have their x-rays, CT scans, ultrasounds and MRIs on site;
- expanded Physical Therapy Department with a centralized gym and additional private treatment bays.

Reminder: annual physical exams and school/camp forms

Updated physical exams are mandatory for children entering kindergarten, 6th grade, 10th grade and for many colleges. Children playing school sports are also required to have an annual physical exam.

Call NOW to schedule your child’s physical exam as these appointments fill up quickly.

Allow two weeks for processing of school and summer camp physical forms. Forms are available at: www.yale.edu/yhp/forms.

A more spacious and convenient Pharmacy
- robotic dispensing, which will improve turn-around time for filling prescriptions;
- more work-stations, additional cash-out space, and a more welcoming and private area for patient consultations with pharmacists;
- a location that is easily accessible, but no longer in the middle of the entryway.

The lobby
Easily navigable, inviting, and bright, the new lobby illustrates the architects’ departure from a closed, institutional structure to an accessible and functional space—a philosophy sustained throughout the building. The lobby opens below soaring vertical glass and a dramatic four-story ceiling allowing for ample natural light. It acts at the hub of the building, where patients, guests, and staff will share a main entrance. Viewable from all floors, the lobby offers around-the-clock security assistance, seating, easy access to our Member Services Department, and a flat screen display with information and real-time shuttle maps.

Transportation
More than double the amount of patient parking on-site, and an increase in shuttle service to and near the site.

Finishing touches in progress along the eastern side of the new building (as seen from the Farmington Canal).
Q & A

YHP Pharmacy/prescriptions
Answers to some commonly-asked questions about obtaining and paying for prescriptions

Q. How can I tell how much my prescription at the YHP Pharmacy will cost?
A. Since July of 2009, the employee pharmacy benefit has been on a co-pay system. All Pharmacy pricing tiers are on the YHP website (www.yale.edu/yhp/druglist). There are three tiers, with all prices based on up to a 31-day supply. Tier 1 covers most generics and requires a $5 co-pay; tier 2 covers preferred brand name medications and requires a $20 co-pay; tier 3 covers non-preferred brand name drugs and requires a $30 co-pay.

Q. What if I need a prescription and the YHP Pharmacy is closed?
A. Try to have all of your prescriptions filled at YHP because there are circumstances under which reimbursement of outside pharmacy claims for covered medications is not available (see website for specific information: www.yale.edu/yhp/med_services/pharmacy). If you find yourself in an emergency situation (you are out of town, or need your prescription filled on a Sunday or holiday), look up the medication on the YHP website (www.yale.edu/yhp/druglist); see if you are obtaining a covered medication and purchase only what you will need until you can go to the YHP Pharmacy. Claim forms for reimbursement are available in the form section of the YHP website (www.yale.edu/yhp/forms) and printed copies are available in the YHP first floor lobby. The claim form must be filled out properly, including the receipt from the outside pharmacy.

Q. Can I call ahead to have my prescription prepared and ready for me?
A. For new prescriptions: The paper copy must be brought into the Pharmacy and cannot be called or faxed in by the patient. If the clinician has left you a message that he/she has called or faxed a prescription to the Pharmacy then you can call the Pharmacy at 203.432.0033 to activate the filling process; your medication can be ready to be picked up when you arrive.

For refills: Order a day or two ahead of anticipated pick-up using the pharmacy automated refill line. Call the main pharmacy at 203.432.0033 and follow the menu prompts to refill your order using the prescription number (Rx #) and patient ID number (7 digit number on the right of the label). The automated line will give you a time when your order will be ready.

Q. What happens if I lose my medication after I fill my prescription?
A. Lost prescription medications are not covered under YHP’s prescription drug benefit. If a medication is lost, the patient is responsible for the full cost of a replacement (not the co-pay benefit). Sometimes the pharmacist must contact your clinician to obtain a replacement prescription. The pharmacist will work with you to continue your current therapy with minimal disruption.

Medication questions?
Call (203) 436-9700

For any questions about your medications, you can now call the clinical pharmacy office directly at (203) 436-9700. If the pharmacist is not available at the time of your call, leave a message and your call will be returned. This number replaces calling the main Pharmacy number for drug questions.
YHP shines in childhood immunizations rates

Vaccination against preventable childhood diseases is one of the great public health success stories, resulting in record or near-record low levels of vaccine-preventable childhood diseases in the U.S. But because many of the disease-causing viruses and bacteria are still circulating in this country—or are only a plane ride away—obtaining recommended immunizations continues to be an essential part of infants’ and children’s health care.

YHP adopts immunization recommendations from nationally recognized sources such as the American Academy of Pediatrics. We track our pediatric patients to assure they receive their immunizations on schedule, and we monitor our immunization rates. YHP is among the top-performing health plans in our rate of administering childhood immunizations*—currently in the top 10 percent among all health plans in the nation.

Parents can track their children’s immunizations in the personalized health record booklet that newborns and new patients receive from the Pediatrics Department. In addition, an updated immunization record is given to parents at each well child visit.

*Specifically: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B; one chicken pox (VZV); and four pneumococcal conjugate vaccines.

EMT program scholarships for YHP’s new neighbors

As noted in the last issue of this newsletter, YHP’s move to our new space at 55 Lock Street has provided additional opportunities for the University to connect with local communities. One notable venture is a Yale program offering scholarships to residents of the Dixwell and Newhallville neighborhoods who qualify to enroll in a community-based EMT training program.

Taught by Shaun Heffernan, the deputy fire chief for the town of Branford and the instructor for Yale’s own student EMT program, the course graduated four students last October and currently has 15 enrolled. Classes are held at the Rose Center, which houses both the Yale Police Department and the Dixwell Community Center; once YHP’s move to 55 Lock Street is completed, the classes will be held there. “We’re looking for this program to grow and prosper,” says Paul Genecin, MD, YHP’s director. “It’s a great example of town-gown cooperation that will have long-lasting benefits.”
Our top priority at Yale Health Plan is caring for members. We know that you want help quickly when you have a medical concern, and we have developed a system that meets the needs of you and your family with prompt and effective care.

With our trained nurses ready to assist you, and appointments available every weekday in our primary care departments (Internal Medicine, Pediatrics, and Ob/Gyn), most acute medical concerns can be handled quickly by the clinicians who know you and your family. By calling us or contacting your clinician through Yale Health Online, you can get the care you need—often a scheduled appointment the same day with a member of your primary care team. Having a scheduled appointment means that you will:

- Avoid the waits that can accompany a drop-in visit to Urgent Care
- See the primary care team that knows you best
- Have the full attention of your clinician at a designated time
- Give your primary team the best opportunity to provide appropriate follow-up and to coordinate other aspects of your care

If you need help after hours or on weekends, our Urgent Care Department is always available. Here, too, a call before coming in is important.

Our experienced nursing staff and on-call physicians will help you determine if making an immediate trip to YHP is your best option. If you do need to come in, knowing about your concerns ahead of time will help us respond quickly once you arrive.

Day or night, we’re never more than a phone call away. Keep our phone numbers handy, and don’t hesitate to give us a call to let us know what you need. We are here for you.

The Women’s Health and Cancer Rights Act (WHCRA) of 1998 provides benefits for mastectomy related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas. Call the YHP Care Coordination Department at (203) 432-7397 for more information.
In July 1971, the doors opened on a bold new experiment in university health care. University Health Services was conceived as a way to deliver high quality, cost effective care to students, faculty, staff and their dependents – all in one convenient campus location. The ensuing years have seen significant growth and change, more than a few challenges, and many notable achievements. And here we are, on the cusp of our 40th anniversary, looking forward to perhaps the biggest change of all: our move to a brand-new, state-of-the-art facility that will help ensure our success over the coming 40 years and more.

In the coming months you will be hearing more about our plans to celebrate our anniversary and our move to a new home. To kick off a year-long series of events and programs for our members and for the New Haven community, we will be introducing a new name. After much careful deliberation – and with the help of hundreds of members and Yale employees who completed surveys and questionnaires – we have chosen Yale HEALTH as the unifying name for our many functions and services. Our new home at 55 Lock Street will be the Yale HEALTH Center.

The new name is more than a change in our letterhead and signage. It represents our goal to rededicate ourselves to all that is best in our wonderful tradition of medical excellence and personalized care. We know that you value the personal attention and friendly convenience you have come to expect from us, and that you also want access to the newest and best in medical treatments. You want, and deserve, care that works for people with busy lives and complicated schedules. You want to know that the people caring for you understand your medical history and your individual needs, preferences and concerns. I am convinced that with our rich history and the benefit of 40 years’ experience caring for the Yale community, as well as the tremendous opportunities that our new home will provide, Yale HEALTH is ideally positioned to deliver on the promise of exceptional care and service that our founders envisioned.

Yale HEALTH. The future of care is here.

Sincerely,

Paul Genecin, MD
Director
Yale HEALTH