An Epic Transition

Yale Health implements new electronic medical record

IT IS OFTEN SAID THAT CHANGE IS GOOD. On January 28th, Yale Health implemented a big change that was two years in the making.

With its transition to Epic, Yale Health joined Yale-New Haven Hospital and Yale Medical Group on the electronic medical record system that brings together all of your medical history into one secure system.

“The main reason we did this is because Epic allows us the opportunity to fully integrate with our partners at the Medical School and the hospital so that we will have very easy access to specialty consultation and inpatient information,” said Dr. Madeline Wilson, chief of Internal Medicine and deputy medical director for Yale Health. “Similarly, they will have access to our notes so specialists will be able to look at a patient's primary care notes and see what’s been going on in terms of their medical history.”

The electronic medical record will include information on medical exams, procedures, test results, and medications. Having all of this information in one place allows your medical team access to the most current information so they can respond quickly and effectively to your needs.

Prior to the implementation of Epic, Yale Health would have staff members get copies of specialists’ notes and scan them into the patient’s electronic medical record.

Yale Health clinicians only provided notes to specialists that were connected to the initial consultation regarding the specialty treatment.

“We would have people scanning all the time,” Wilson said. “It’s going to take far less effort and clinicians will have access to much more medical information, which will allow us to provide a higher quality of care.”

Within Epic, your Yale Health clinicians will also be able to communicate with specialty colleagues at Yale and exchange notes through a secure messaging system.
The transition will bring a few changes for patients, the most noticeable being MyChart, Epic’s patient portal, which replaced Yale Health Online (see page 8).

MyChart gives you controlled access to the same Epic medical records as your clinician via browser or mobile app (iOS and Android). With a MyChart account, you will be able to request appointments, update your medications and allergies, view test results and appointments, view hospital admissions, and securely message clinicians.

“MyChart is a more contemporary and rich application in many ways than Yale Health Online was,” Wilson said. “It will allow patients to self-serve in terms of getting more test results and managing pieces of their medical record.”

With Epic, you will also receive an after-visit summary following appointments in clinical departments. The summary, which will also be available in the appointment section of your MyChart account, will include a list of medications, recent lab tests, and any new care plans that were generated during your appointment.

“We feel this transition is in the best interest of our patients to allow them to have as few barriers as possible to their care providers sharing their information,” Wilson said. “We felt this was a really critical way to improve the quality of care that we provide our patients.”

Because Epic involves some different processes, you may notice some changes when checking in for your first appointment after the transition is complete. You will be asked to show a photo ID, confirm your demographic information, and provide an electronic signature acknowledging receipt of a Notice of Privacy Practices. Yale Health staff will also now be able to update your demographic information such as telephone number and address.

Epic allows Yale Health to better identify people in need of outreach for care, whether it be preventive or related to the management of a chronic disease, and reach out to them through a variety of means including MyChart.

With more clinicians having access to your medical record, Wilson said privacy is still of the utmost importance.

“We have very strict rules at Yale Health that are based on federal law and best practices about how to keep medical records safe,” she said. “The same strict rules apply in terms of privacy of records through the Epic system. We feel that the benefits of a shared record far outweigh any concerns about privacy and violations in that area are taken very seriously.”

Wilson acknowledged that there will be a learning curve among Yale Health staff as they become familiar with the new system, but she said it is expected to be shorter than other organizations because Yale Health has been using an electronic medical record for 10 years.

“It takes a lot of coordination and planning, but we have no doubt that we’ll make it through this transition process,” Wilson said. “We already know that we can succeed with this. We’ve done it before.”

John Iannarone Retires

After spending more than 25 years caring for patients in the Urgent Care/Acute Care Department at Yale Health, Dr. John Iannarone retired from Yale on January 7th.

“We are grateful for the quality and compassionate service Dr. Iannarone provided our members for more than two decades,” said Dr. Paul Genecin, director of Yale Health. “We will certainly miss the professionalism and dedication he brought to Yale Health each and every day. We wish him all the best in his future endeavors.”

In announcing his retirement, Dr. Iannarone said, “it has truly been an honor and privilege to have been able for me to care for you and your families. I will never forget you and thank you for allowing me to be part of your healthcare team for these many years.”

Dr. Laurie Bridger, Internal Medicine, views a patient chart in Epic.
First let me say that I hope everyone in the Yale community enjoyed a happy and healthy holiday season. I would also like to send a warm welcome to our new members who chose to join Yale Health during the annual enrollment period. We look forward to getting to know you and providing you with quality health care for years to come.

This issue of Yale Health Care focuses on several behind-the-scenes projects we are involved in, the largest of which is our go-live on the Epic electronic medical record or “EMR.”

This implementation reflects a partnership between the Yale New Haven Health System and Yale University. When Yale Health went live with Epic on January 28th, the project united us with the Yale New Haven Health System including Yale-New Haven Hospital as well as consultants at Yale Medical Group (YMG). Our go-live was the final step in completing the implementation process across all of these sites.

So the question is, why did we move to Epic? The simple answer is that this EMR improves your care by allowing your medical record to follow you electronically, whether you are at the Yale Health Center at 55 Lock Street, visiting a consultant at YMG or in the hospital. The ability to integrate medical care across these settings means that your health care will be better coordinated, more accurate, and less redundant.

We are especially excited about the enhanced patient portal, MyChart, which you can read more about on page 8.

As with any new technology, there will be a time of transition and I hope that you will bear with us as we learn the new system.

As always, your health care is our first concern and Epic will become an important tool in providing patient care. We will work as hard as we can to ensure a smooth transition for both our patients and staff and should be back to normal within a few short months. We welcome your feedback as to how we are doing.

I would also like to encourage you all to sign up for MyChart, which is a wonderful tool to enhance your partnership with the clinicians who care for you. Visit yalehealth.yale.edu/mychart for more information and to sign up.

Paul Genecin
Ahead of the Curve
Yale Health a leader in using healthcare technology

It wasn’t long ago that three-ring binders containing hand-written patient appointments were kept at each of the reception desks throughout 17 Hillhouse Avenue.

Clinicians wrote prescriptions on pads and “chart seekers” ran around the building searching for paper copies of your medical records.

That was then. This is now.

The Yale Health Center now has more computers (roughly 600) than it does employees and its 90 miles of communication cables is enough to scale Harkness Tower 1,075 times.

“I think there’s something inherent in the culture at Yale Health, where from top to bottom, no one is ever satisfied with what we have,” said Gregory Murphy, assistant director of performance management. “We have a group of people who are always looking at figuring out a better way to care for patients. The leaders and the staff here are always tweaking, asking questions.”

Yale Health is now a leader when it comes to technology in health care. It was one of the first healthcare organizations in the area to transition from paper to electronic medical records about 10 years ago and has been recognized with the Connecticut Malcolm Baldrige National Quality Award for Innovation.

“The electronic medical record allowed instant access to records,” Murphy said. “In the paper world, you had to request a chart, and hope it was not being used in another place in the building. The other big thing was penmanship. With the electronic record you could actually read it. Medication safety was no longer a concern with misinterpretation of penmanship.”

Since that time, Yale Health has added automated appointment reminder telephone calls through Televox and the ability for patients to refill prescriptions by touchtone phone and online.

The Diagnostic Imaging Department has had CT scan, x-ray, and ultrasound machines, but was able to add an MRI machine following the move to 55 Lock Street. The pharmacy added its “robot,” which has the ability to fill 60-120 prescriptions an hour, after the move.

Technology has also improved the way Yale Health communicates and interacts with its patients. Its web site, which had over 680,000 unique page views during the past year, provides easy access to phone numbers, information on all departments, frequently asked questions, and electronic comment cards.
Facebook, Twitter, and e-mail subscription services allow Yale Health to communicate important information to its members. TMS, the University’s online training management system, gives members the opportunity to register for health education classes, tours, information sessions, and pediatric flu clinics at the Yale Health Center by using their net IDs.

“From our perspective, there is a lot of excitement around seeing the advantages of technology and what we can do as a result of it,” Murphy said.

The excitement began in 1997 when Yale Health rolled out computers throughout the organization. Employees were encouraged to play solitaire on their new computers as a way to become familiar with using a mouse. Prior to that, some departments had only one computer and staff had to schedule time to use it.

With advances in technology comes an increased need for security, which Murphy said the organization has put at the forefront from the beginning.

“Our IT manager, Hema Bakthavatchalam, and her team works very closely with the University’s Central Information Technology Services Department to make sure that we use all of our technology in the most secure way,” he said. “Protecting the privacy of our members’ health information is our highest priority.”

In the clinical areas, Yale Health has moved away from traditional personal computers to a more virtual system. Data is not stored on the machines so if a computer is stolen, no patient data will be compromised.

But even with all of the advances, Murphy said Yale Health is always looking for new ways to improve patient experience and care.

“We need to continually look at technology that meets the mindset of this organization,” he said. “It’s hard, but I think that’s a great goal.”

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Knowledge You Need

Criteria for Evaluating Internet Health Information

Many online health resources are useful, but others may present information that is inaccurate or misleading. It is important to find sources you can trust and to know how to evaluate their content. The following are guidelines to use when evaluating online health information:

**WHO**

Any reliable health-related web site should make it easy for you to learn who is responsible for the site. If it isn’t obvious who runs the web site, look for a link on the homepage to an “About” page.

**PURPOSE**

The site’s purpose is related to who runs and pays for it. The “About” page should include a clear statement of purpose. To be sure you are getting reliable information, you should confirm information that you find on sales sites by consulting other, independent sites where no products are sold.

**SOURCE**

Many health or medical sites post information collected from other web sites or sources. If the person or organization in charge of the site did not create the material, the original source should be clearly identified.

**INFORMATION**

The site should describe the evidence (such as articles in medical journals) on which the material is based. Opinions or advice should be clearly set apart from information that is “evidence-based.”

**UP TO DATE**

Some types of outdated medical information can be misleading or even dangerous. Responsible health web sites review and update much of their content on a regular basis. Look for a revision date near the bottom of the page.

**LINKS**

Many sites have a policy regarding linking to other sites. Unless the site has a strict policy regarding links, don’t assume that the sites it links to are reliable. You should evaluate those sites as you would any other site you are visiting for the first time.

*Source: U.S. Department of Health & Human Services*
New Clinicians Join Pediatrics

Bela Dharia, APRN, PNP
PEDIATRICS

Bela Dharia joins the Pediatric Department after spending the last three years as an acute care nurse practitioner in the surgical inpatient/outpatient unit of The Hospital for Sick Children in Toronto. She was previously a registered nurse in the medical-surgical inpatient unit of Alberta Children’s Hospital in Calgary.

Dharia earned her undergraduate degree in nursing from the University of Calgary in 2003 and her Master of Science in Nursing and Pediatric Acute Care Nurse Practitioner degree from the University of Toronto in 2009.

She is certified as a pediatric nurse practitioner through the American Nurses Credentialing Center and is a member of the American Pediatric Surgical Nurses Association.

Susan Marchitto, APRN, PNP
PEDIATRICS

Pediatric nurse practitioner Susan Marchitto earned her BS from Southern Connecticut State University in 1979 and her MSN from the Yale School of Nursing in 2012. She has worked part-time in the Yale Health Pediatric Department for the past two years, offering patient care and education, breastfeeding support, and triaging patient phone calls.

Marchitto has been a school nurse in the West Haven school system for more than 15 years at Edgar C. Stiles Elementary School, Washington Elementary School, and Harry M. Bailey Middle School.

She has also worked with the Visiting Nurse Association of South Central Connecticut for the last 10 years, creating care plans for chronically and acutely ill children as well as working with prenatal and postpartum mothers and their infants.

Prior to that, she was a staff nurse in the School-Age/Adolescent Children’s Unit at Yale-New Haven Hospital.

In addition to her certification as a pediatric nurse practitioner through the American Nurses Credentialing Center, Marchitto is also an International Board Certified Lactation Consultant.

New prenatal group class

The Obstetrics & Gynecology Department is now holding prenatal group classes at the Yale Health Center.

Amanda Lendler, CNM, will discuss prenatal testing, prenatal vitamins, diet recommendations, and information that will be useful during your pregnancy.

If you are unsure if you would benefit from attending this class, please speak with a nurse in the Obstetrics & Gynecology Department to help guide your decision.

Spouses or partners are welcome to attend.

Visit yalehealth.yale.edu to see a list of dates and to register.

Benefit changes

All changes effective January 1st, 2014

ALL YALE HEALTH MEMBERS

There is no annual dollar limit for durable medical equipment.

There is no annual dollar limit for hearing aids for children up to the age of 12.

CLERICAL & TECHNICAL, SERVICE & MAINTENANCE AND SECURITY STAFF*

The cost of a three-month supply of your prescription purchased at the Yale Health Pharmacy is two co-pays.

The cost of three-month mail order prescriptions has increased from one times the retail co-pay to two times the retail co-pay.

FACULTY/MANAGERIAL & PROFESSIONAL STAFF*

The tier 2 co-pay has changed from $25 to $30 for preferred brand drugs.

*Excludes Yale Police Benevolent Association
**DIAGNOSIS**

**How do I know if it’s the flu?**

Both the common cold and influenza (the “flu”) are caused by respiratory viruses, but the flu can have more serious complications. The flu is typically more sudden in onset and the symptoms, such as a fever and body aches, are more severe. A cold is usually more gradual in onset and you can usually go about your day-to-day activities.

Treatment includes rest, drinking plenty of fluids, avoiding alcohol which can lead to dehydration, and use of over-the-counter medications depending on your health condition.

Nasal sprays may offer relief from a stuffy nose and hot liquids including chicken soup have been shown to break up mucus congestion.

Anti-viral medications such as Tamiflu can help with influenza recovery, but must be prescribed within 48 hours of your first symptoms. There are no effective anti-viral drugs for the common cold viruses. Antibiotics treat bacterial infections and will not help with symptoms caused by the cold or flu viruses.

Health authorities recommend that everyone older than 6 months receive an annual flu shot to protect themselves against the influenza virus.

Ann Marie Cirkot, RN  
Health Education & Staff Development

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**CRITERIA**

**Why would I be admitted to Inpatient Care?**

Inpatient Care on the 4th floor of the Yale Health Center is a 17-bed inpatient unit that is available to you should you have care level needs above and beyond what you may be able to do for yourself at home.

Patients are most often admitted to Inpatient Care from Internal Medicine, Acute Care or are transferred from a hospital or the emergency department to provide a smoother transition if more supportive care is needed prior to returning home.

Yale Health has a great team of expert nurses with specialized skills including oncology care, wound care for post-operative patients, and pain control assessment. But the skill we value most is the compassionate bedside care that helps you feel better and recover quickly.

There is always a clinician – a physician or PA – overseeing your care. Their job is to develop your care plan, consult with other medical providers as needed, and to work with the nursing staff and medical assistants to manage your day-to-day care based on your ongoing needs until you meet goals for discharge home.

Jonathan Weber, PA-C  
Internal Medicine; Inpatient Care Facility

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**Making the Rounds**

**HEALTH AND WELLNESS INFORMATION FROM YALE HEALTH’S CLINICAL STAFF**

**OPHTHALMOLOGY**

**What is included in a comprehensive eye exam?**

A comprehensive eye exam begins with checking your vision. If necessary, a procedure called “refraction” will determine what kind of eyeglasses might help. The exam may also include checking for eyelid health and function, coordination of the eye movements and muscles, response of the pupil to light, side and peripheral vision, pressure inside the eye, and an evaluation of the interior parts of the eye. You may also be given drops that dilate the pupil for better examination of the back of your eye. If dilated, you may experience blurred vision for about two hours, but on occasion, up to six hours after the drops are given. You will also be more sensitive than usual to light.

The American Academy of Ophthalmology recommends adults have at least one comprehensive eye exam before the age of 40 and then every 5 to 10 years, more frequently if warranted by your general health, your specific eye pathology, or your family’s history. After the age of 60, assuming you have healthy eyes, it is recommended that you be examined every 1 to 2 years.

If you have a chronic disease, you may need to be evaluated more frequently. For patients with diabetes, it is important to be screened at least once a year to check for diabetic retinopathy, the leading cause of blindness in working-age Americans.

If you wear contacts, your cornea, the outer surface of the eye, should be checked once a year. If you wear glasses, your visit frequency will depend on how they are working. If your vision is changing or your glasses are not working well, you will need to be re-examined more frequently.

Children are screened in the Pediatric Department from birth, looking for abnormalities that appear in early childhood.

Susan Forster, MD  
Chief, Ophthalmology & Optometry

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

yalehealth.yale.edu
MyChart Registration

HOW TO GET AN ACCESS CODE:

The receptionist can e-mail you an access code when you arrive for your next clinical appointment and an access code will be printed on your after-visit summary following your appointment.

or

Visit mychart.ynhhhs.org, click “Sign Up Now” and “Request Access Code.” MyChart will send you a letter with an access code.

ONCE YOU HAVE AN ACCESS CODE:

Visit mychart.ynhhhs.org and click “Sign Up Now” and enter the access code.

Questions: E-mail mychartsupport@ynhh.org.