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# yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. V NO. 4

JULY – AUGUST 2002

## Many Strategies to Manage Hypertension

DAVID SMITH, MD

*Internal Medicine Department*



**H**ypertension (high blood pressure) is a common medical problem, and a major risk factor for stroke, heart attack and kidney failure. Many people attribute hypertension to life stress. After all, “hyper” and “tension” describe how we often feel in this modern world. Readings can temporarily go up when we are anxious or frightened, as blood pressure does vary with the need for blood flow to maintain function of critical organs. The major problem occurs, however, when blood pressure is elevated most or all of the time, placing strain on organs and blood vessels. The propensity toward this elevation is inherited—a condition called “essential hypertension.”

Blood pressure is regulated by hormones which act on the blood vessels and heart to maintain adequate blood flow to the vital organs. The main source of control

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## *Health Info* *Privacy Assured in* *Recent Federal Law*

CHRIS KIELT

*Deputy Director for Operations*



**T**he recent dramatic changes in the way we conduct our lives—from personal communication to public commerce—should give us pause when we think about the information that is connected with us and the way that information is being maintained. My banking activity, credit card information, telephone calls, travel plans, shopping history and untold other aspects of my personal life are all being captured, tracked, analyzed and, I hope, protected by people whom I do not know but who work

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is our kidneys. They produce a hormone called renin, which activates another hormone called angiotensin, which in turn regulates blood pressure. Although most cases of hypertension are due to essential hypertension, about 2-5% are due to other problems, such as reduced blood flow to a kidney (renal artery stenosis) or relatively rare diseases with exotic names such as pheochromocytoma, primary aldosteronism, or Cushing's syndrome.

High blood pressure can sometimes cause a headache or fatigue. However, there are usually no symptoms unless a complication occurs, making routine blood pressure checks an important part of health care. When we measure blood pressure, we are listening for the sound of blood pumping in a vessel and we note the pressure at which the sounds begin and end. The higher number is the systolic reading, which corresponds to the tension in the arteries against which the heart is pumping. The lower number, the diastolic, reflects the tone of the vessels at rest. Both are important indicators of risk. A diagnosis of hypertension is made when the blood pressure measures higher than 140/90 over time.

Anyone can have an occasional high reading. In fact, a common phenomenon known as "white coat hypertension" can occur when anxiety over a medical visit produces a spike in the numbers. In this situation, readings taken at home or with a 24-hour home blood pressure monitor may be helpful. Upper

## Important telephone numbers

<b>Urgent Care</b>	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
<b>Toll Free</b>	1-877-YHP-CARE
<b>Information</b>	432-0246
<b>Pharmacy</b>	432-0033
<i>Hours of operation</i>	
Monday–Wednesday, Friday	7:30 AM–6:30 PM
Thursday	8:30 AM–6:30 PM
Saturday	8:30 AM–3:30 PM
<b>Patient Representative</b>	432-0109
<b>Medicare/Retiree Coordinator</b>	432-8134
<b>Outpatient Referrals/Claims</b>	432-0250
<b>Inpatient Care Facility</b>	432-0001

# in touch

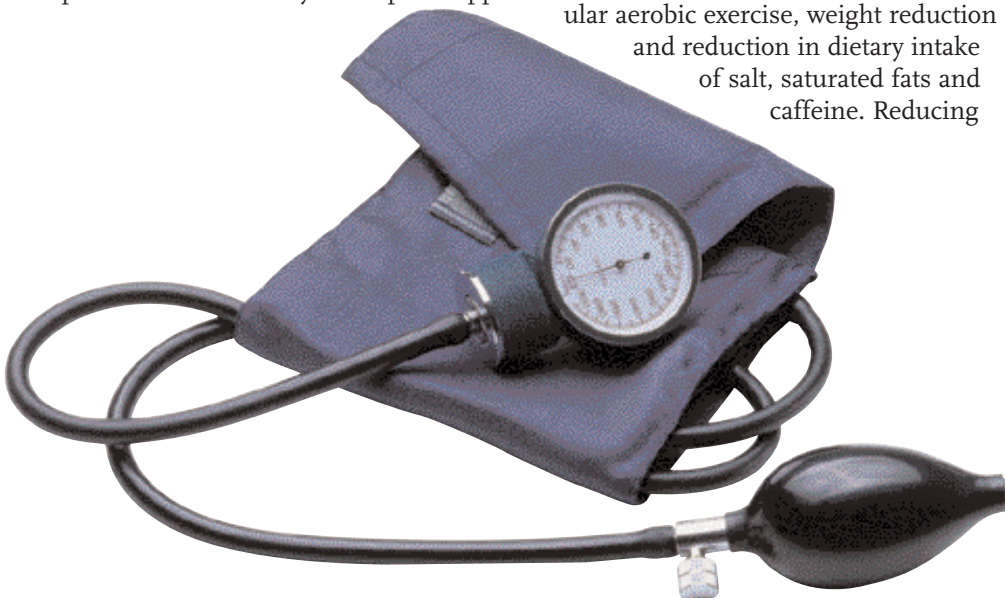
arm monitors are generally more accurate than wrist or finger monitors. Automatic cuffs are easy to use, but they can become uncalibrated, producing misleading readings. A good way to check on accuracy is to bring the monitor in and check to see how closely its reading corresponds to one taken by a clinician.

If you are diagnosed with hypertension, the clinician will also take into account factors which magnify the risk, such as smoking, diabetes and high cholesterol. In addition, any problems that elevated blood pressure has already caused can be determined through a physical exam and laboratory tests. All of these factors can be used to design an individualized plan to manage the condition.

Mild hypertension can often be treated with lifestyle modifications, such as regular aerobic exercise, weight reduction and reduction in dietary intake of salt, saturated fats and caffeine. Reducing

stress levels is also helpful; your clinician can suggest a variety of techniques to try.

For those who need medication, several types can effectively control the blood pressure and lower risk. The goal is to get readings consistently below 140/90 with a medication or combination of medications. We often start with a diuretic, which works by causing sodium (salt) elimination in the urine. If this is not effective, we might try medications from different classes, such as beta-blockers, angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs) or calcium channel blockers. Because everyone reacts differently to medications, and there can sometimes be troublesome side effects, such as cough with ACE inhibitors or sexual dysfunction with beta-blockers, more than one medication or combination may be tried. While there is no cure for hypertension, we now have a more detailed understanding of the causes and an ever-expanding array of treatments. We have already seen the results of these developments in a steady decline in the incidence of deaths from cardiovascular causes over the past three decades. The future holds even greater promise.





# from the desk of

**PAUL GENECCIN**

**DIRECTOR, YALE UNIVERSITY HEALTH SERVICES**

**Y**ou have probably heard the news stories: There is a nursing shortage in every health care environment from hospitals to home care, and not nearly enough is being done to rectify the situation. The government predicts the need for 1.7 million nurses by 2020, while current projections indicate that there will be only 600,000. The state Department of Labor projected a 33% growth in the need for nurses from 1996 to 2006. However, we have seen a mere 2.9% increase in the number practicing in Connecticut and, in the past five years, our state has seen a 40% drop in the number of nursing students.

While we are already feeling the effects, the true crisis will come between 2010 and 2030, as the number of people over the age of 65 grows by 30 million and the number over 85—over half of whom require nursing care—will grow by 4 million. We know that the ratio of nurses to patients is vital to positive health outcomes; reduction of this ratio can only

cause health care to deteriorate.

The factors responsible for this predicament are too numerous to detail, but an important one was the large-scale layoff of hospital nurses as a shortsighted cost saving measure in the early 1990's. At the same time, nursing lost favor with a sizeable group of (mainly) women then in mid-life who entered new lines of work with less demanding schedules and better pay. As more nurses were laid off, the jobs of those remaining became increasingly difficult.

Today's hospital wards are short-staffed and nurses are experiencing burnout and pessimism about their profession. An astonishing 40% of hospital nurses nationally indicate dissatisfaction with their work and more than half hope to change jobs within one year. Radical action is needed to address the discontent of a group of workers whose jobs are among the most demanding and who form the backbone of the health care team for society's most vulnerable members. Americans

must support progressive legislation to help rebuild this vital profession.

At YUHS we have bucked the national trend and are fully staffed with advanced practice nurses (profiled in the March issue of *yale health care*) registered nurses, clinical nurse managers (many with advanced degrees in management, public health and clinical nursing,) and licensed practical nurses. We have improved the work environment, promoted nursing leadership, provided a welcoming setting for nursing students and new graduates and fostered educational opportunities. Our valued nursing colleagues work in all areas of YUHS including Urgent Care, the clinics and the Inpatient Care Facility. It may sound like a cliché, but please take the time to thank a nurse the next time you come in. As members of YUHS, we have the wonderful, and in today's world, almost singular, comfort of knowing that our nursing team is simply the finest. As always, I welcome your comments.

## Yale Health Online: We make mouse calls

[www.yalehealthonline.yale.edu](http://www.yalehealthonline.yale.edu)

### EASY ACCESS

Just a reminder that Yale Health Online provides a secure environment for communicating with your clinicians and coordinating health related activities. At your convenience, you can request appointments, update personal information (such as a change in address) and request prescription refills. You can now connect directly with Yale Health Online

from the YUHS home page ([www.yale.edu/uhs](http://www.yale.edu/uhs)). Just click on the Yale Health Online link. Remember that you can access Yale Health Online from any computer — whether you are at home or on vacation. If you haven't yet signed up for this service, log onto [www.yalehealthonline.yale.edu](http://www.yalehealthonline.yale.edu) and check out the convenience of on-line access.

### THE EYES HAVE IT

Ophthalmology and Contact Lens have been added to Yale Health Online, so you can now schedule eye exams on line. Other current participating departments are Ob/Gyn, Pediatrics and Student Medicine. And speaking of Pediatrics: we encourage proxy account holders (parents or others who have accounts for children from birth to age 12) to schedule back-to-school physicals on line.





### LIGHTNING STRIKES

While most of us know how to minimize summer risks such as sun damage and insects, we may be less familiar with the risks of summer storms. Several hundred people in the US are struck by lightning each year, with many of these strikes resulting in serious injuries and even fatalities. While lightning strikes can be serious, they are usually avoidable both indoors and outdoors.

Stop outdoor activities if a rainstorm approaches, especially if you can hear thunder, and take shelter. You are safest inside a car or a building (a shelter that has a roof only, such as a picnic shelter or carport, is not safe). If you cannot get indoors, crouch down near the ground, away from trees or other tall objects. If you are with a group, don't keep close together but spread out over the ground. Stay away from metal objects (bicycles, fences) and from water.

Indoors, lightning may strike electrical wires and pass into a building's electrical systems and plumbing. So it is best not to use the telephone or appliances like washers and dryers during a thunderstorm. Also avoid bathing, showering, and doing dishes during a storm.

### SAFE DECKS?

Keep in mind that the chemical used in creating pressure treated wood is usually chromated copper arsenate (CCA) which contains arsenic. Do not allow children to sit or crawl directly on the wood and seal your wood deck every two years. Do not grow plants for eating in CCA treated wood containers unless you use a sturdy plastic liner. Thorough hand washing is essential after playing on or working with pressure treated wood.

### ORGANIC IS SKIN DEEP

Wash all produce whether labeled organic or not because pesticides have been found in up to 25% of food labeled organic or "grown pesticide free"—most likely due to "drift" from other crops. Wash the skins before you slice them, as making the cut inserts the pesticides into the fruit itself.

### TO SPRAY OR NOT TO SPRAY?

Because some insect bites can result in illness, we must balance the benefits of applying insect repellent against the potential dangers of the chemicals involved. If an insect repellent is needed, use no more than a 10% DEET solution. Never apply to children's hands (which often find their way to mouths and eyes) and wash your own hands immediately. Do not apply near broken skin. Focus on other methods of preventing insect exposure, such as wearing light colored clothing, not wearing perfume, wearing long sleeves and pulling socks up over pant leg bottoms.

# healthy ideas

### I WANT TO BE A LAWN



Chemicals used to create a "perfect" lawn pose significant health risks to adults, children and pets. These toxic substances eventu-

ally move into the groundwater and that ground water seeps into the water supply. Lawn pesticides are poisons designed to kill living organisms and they are linked to higher rates of cancer, birth defects, nerve damage and learning disabilities in mammals. According to the EPA (Environmental Protection Administration), 95% of the pesticides used on residential lawns are possible or probable carcinogens.

Children, with their developing immune systems and smaller bodies, are the most vulnerable to chemical assault. A 1995 report in the American Journal of Public Health showed that children whose yards were treated with insecticides had four

times the risk of developing certain cancers than those whose lawns were not treated. If you want to encourage the traditional turf lawn look while eliminating the poisons, do the following:

- Choose grasses appropriate for this environment.
- Mow high and mow often, with a well-sharpened mower.
- Water deeply but infrequently. This encourages deeper root growth, resulting in a more stable and disease-resistant lawn instead of one whose roots remain near the surface.
- Don't worry about drought. Well-established lawns will not die under drought conditions. They will just turn brown and then green up again when the rain falls.
- Visit sites such as <http://www.richsoil.com/lawn/> (Organic Lawn Care for the Cheap and Lazy).

# books

Once again, YHP staff members share summer reading recommendations. Enjoy!

**Linda Bell, MS, RD, CD/N**, YHP's nutritionist says that **Fast Food Nation** by Eric Schlosser should be of interest to all of us, whether or not we frequent those establishments. "This book discusses the social, economic, and environmental impact of fast food restaurants as well as how fast food has affected our eating habits."



**Katie Cotter**, operations coordinator in Member Services, likes mysteries. This time around she suggests **Second Chance** by James Paterson.

"... a great read if you like suspenseful books that keep you on the edge of your seat."

From **Cindy Eber, RN**, patient care coordinator in Student Medicine—another mystery by the same author. **First to Die** by James Patterson is the first installment of his women's murder club. Suspenseful and entertaining—a great book to take on vacation."

**Paul Genecin, MD**, director of YUHS, found lots to laugh at in **Fierce Pajamas: An Anthology of Humor Writing** from the *New Yorker* magazine. Edited by David Remnick and Henry Finder.

**Carole T. Goldberg, Psy.D.** staff psychologist in Mental Hygiene offers a history book: **American Colonies** by Alan Taylor. "A wonderfully, broad, rich, and all encompassing view of early American history, with a perspective that goes beyond the typical dusty approach to include ethnic, religious, geographic, economic, social, and cultural aspects. An outstanding book."

**Cynthia Holland-Toftness, APRN** in Internal Medicine, was intrigued by **Last Man Standing** by David Baldacci. "A novel about an FBI agent who fights to regain his reputation after he leads his team into an ambush and ends up the only survivor. This was the first book that I had read by this author. I've gone to the library and taken out some of his earlier novels."

**Moreson Kaplan, MD**, Associate Director for Medical Affairs, has suggestions in fiction, non-fiction and poetry. For fiction: **The Girl with the Pearl Earring** by Tracy Chevalier presents a fictionalized version of the genesis of a famous Vermeer painting—with much more to it! **Plainsong** by Kent Haruf, is a novel about how "A whole community is revealed through interwoven stories of a pregnant high school girl, a lonely teacher, a pair of boys abandoned by their mother, and a couple of bachelor farmers." **The Red Tent** by Anita Diamant, presents Old Testament stories retold from women's perspective. A non-fiction recommendation is Thomas Friedman's **From Beirut to Jerusalem** which, although written a few years ago, provides highly relevant background to the ongoing Middle East Conflict. And if you want to read some poetry, try Alan Dugan's **Poems Seven: New and Complete Poetry**, which won the 2001 National Book Award. "Accessible poetry even for those who don't read poetry. Start with the last poem, "Closing Time at the Second Avenue Deli," and if you like it, this book could be for you."

**Mary Jane Kennedy, RN**, ICF administrator for regulations recommends **We Are Our Mothers' Daughters** by Cokie Roberts. "Vignettes from the life of the author, the well-known political analyst and co-anchor of *This Week* on ABC-TV. Each chapter is devoted to a single concept, projecting a very positive image of women. Easy to pick up and put down, although I suspect a fast reader can go through this short book in one session."



**Chris Kielt**, deputy director for operations, is enthusiastic about **Seabiscuit: An American Legend** by Laura Hillenbrand. Even if the closest you've ever been to a horse is at an amusement park carousel, "this non-fiction, well researched tale of the owners, trainers jockeys and horses that led to thoroughbred racing's recapturing of the American public's interest during the middle years of this century" is a quick, surprising and delightful read. Also from Chris Kielt: **Black Water** by Joyce Carol Oates—a fictionalized account of the Chappaquidick incident.

**Phyllis Mulrine**, senior administrative assistant in Administration, had her interest captured by **Deadly Decisions** by Kathy Reichs. "An electrifying mystery by a forensic anthropologist."

**James M. Perlotto, MD**, chief of Student Medicine, also found a history book—this one about our second president and his wife—at the top of his "not to miss" list. The fine writing of David McCollough, a Yale grad, and winner of this year's Pulitzer Prize for History, makes his **John Adams** into fascinating and timely reading.

**Marilyn Young**, administrative assistant in Office of Health Promotion and Education, calls the novel **Object Lessons** by Anna Quinlan "An interesting lesson in family dynamics."

“...the much publicized Health Insurance Portability and Accountability Act of 1996 (hipaa) – has begun to define how personal health information may be treated.”

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## HEALTH INFO PRIVACY

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for parties I have come to trust. While this has gone on for years, only recently has federal legislation (the Graham-Leech-Bliley bill) formalized the responsibilities of the financial houses that hold so much of my personal and critical information.

Health information has been similarly collected, analyzed and protected. Here, too, a federal law—the much publicized Health Insurance Portability and Accountability Act of 1996 (HIPAA)—has begun to define how personal health information may be treated. While many aspects of the act as passed by Congress are general, the Department of Health and Human Services has defined the specific regulations most parties must observe when dealing with personal health information.

The emerging regulatory definitions have focused on several aspects of the handling of health information. One such set of definitions deals with administrative simplification. In October of this year, organizations that have not filed for an extension and that electronically exchange health information may do so only when the information is formatted in a consistent fashion. In the past companies maintained information in multiple formats to accommodate the idiosyncrasies of a given insurance company's or health provider's data system. By defining one standard per type of transaction (claims, billing, etc.) the health care industry will save billions of dollars over the next decade — dollars that can be spent directly on activities directly related to patient care.

But what does HIPAA mean in relation to personal privacy and the safeguarding of your medical record? The legislation makes clear that personal health information may be disclosed for the purposes of patient treatment, payment and health care operations. In the very near future health care institutions will be asking your consent before disclosing personal health information for these very specific purposes. Disclosure for purposes other than treatment, payment or health care operations (for instance, as in the case of marketing or research

activity), will require your specific prior authorization. And in all cases where consent and disclosure apply, a health care organization may exchange only minimum and necessary information to satisfy a request.



You will also be hearing from your health care organization concerning a number of rights patients have under HIPAA. Individual patient rights include: the right to be informed of a “covered entity’s (e.g. Yale Health Plan’s) privacy practices; the right for patients to request restrictions on use of personal health information; the right for patients to obtain access to their own medical record; the right for patients to obtain access to an accounting of those to whom disclosures have been made; and even a right, in some instances, to request amendment of personal health information. When these regulations are fully formed (probably late spring of 2003), all health care institutions will have policies and procedures to ensure these rights are preserved and made clear to their patients.

Many other activities are underway to prepare YHP for the HIPAA mandates. Several involve formalizing long-standing practices related to an essential part of our care for the Yale community: confidential treatment of our patients’ health information. We are also preparing notices and consent forms. These will explain our privacy practices; assure you of our commitment to preserving confidentiality; and ask you to complete a form that indicates you are aware of our practices, your rights, and methods to address concerns about confidentiality. As the specific regulations and compliance requirements become clearer, we will provide news that will help in understanding the impact of HIPAA legislation on health care.

# yhp staff



*l-r: Gina Juliano, Vicki Eisler, Anne Gorman, YHP Director Paul Genecin, MD, and John Toksoy, MD*

## Employees Honored

Each year we honor staff members, both clinical and administrative, whose service exemplifies our mission of providing the highest quality, patient-focused care. This year's winners are:

### PHYSICIAN OF THE YEAR

*John Toksoy, MD*

A primary care clinician in internal medicine, Toksoy came to the YUHS Internal Medicine Department in July of 2000. Described as "an honorable man who adheres to a code of ethics that sets a standard for others," he "always does his best to help anyone in need." One patient wrote: "... he was very sensitive and caring, and I felt that he was doing everything possible to help me not only medically, but also emotionally...I felt that he was with me throughout my illness and I'll always be grateful." He pursues the practice of medicine with a passion that led one colleague to say "...he approaches patient care as a true calling."

### CLINICIAN OF THE YEAR

*Gina Juliano, APRN*

Juliano, who came to the YUHS Pediatrics Department in December of 1995, is "a remarkable clinician" who is "knowledgeable, resourceful, flexible and patient" and who "never seeks credit for all her hard work." She spends "countless hours helping new parents adjust to the demands of a baby" and will "always see one more patient, no matter how busy she is." Families love her; one parent notes that "Gina always listened and persevered" when their adolescent child's symptoms required extensive follow up and complex diagnostic procedures. She continues "I attribute my daughter's good health today to Gina and the other members of the Pediatrics team."

### EMPLOYEE OF THE YEAR

*Anne Gorman*

Described as a "true team player" who "never says no when someone needs help," Gorman came to YUHS as a medical records technician in August of 1982 and became a clinical receptionist in the Obstetrics/Gynecology Department in January, 1990. Since April of 1997 she has been in her current position as senior administrative assistant in

Ob/Gyn where her "ability to think on her feet" and a "willingness to embrace new challenges" make her "the backbone of the department." "She is my right hand and my left hand," notes the department's manager. "The department depends on her every day for everything." At every encounter with patients and staff she is "kind, helpful...and the epitome of professionalism."

### DIRECTOR'S AWARD

*Vicki Eisler*

Eisler began her career at YUHS in November of 1993 as a senior representative in Member Services. Since June of 1996 she has been in her current position as patient representative, a position in which she gets "a hundred interruptions a day and still keeps it all together." She is always "willing to stop what she is doing at any time in order to help" someone else. "Patient, kind and interested in others," she "handles difficult situations...and works tirelessly with department managers and other staff to...resolve member problems...from the simple to the complex." At YUHS public forums, Eisler "answers all sorts of...questions with sensitivity and good humor" and her work behind the scenes is an "invaluable part of our service."



Karen Stemler, FNP, APRN, joined the Internal Medicine Department in April. Educated at St. Francis (Hartford) Hospital School of Nursing, the University of

Massachusetts and Northeastern University, she has worked with pediatric, adolescent and elderly patients. Her most recent experiences include working as a primary care clinician at Teen Health & Pediatric Counseling Services in Lowell, Massachusetts and delivering care in the Urgent Care Center at Harvard University.

# information

## TOP DOCS

The May, 2002 issue of Connecticut Magazine ran an article entitled "Top Docs for Women in Connecticut." The information was taken from the *Best Doctors in America* database. This database offers the results of surveys asking physicians around the country to name the doctors they would recommend to their own family members.

Congratulations to YUHS physicians **Paul Genechin, md** (who is also the director of YUHS) and **David Smith, md**, both of whom were listed as outstanding practitioners of internal medicine.

## SCREEN YOUR SKIN



The YHP Dermatology Department is offering monthly skin cancer and mole screenings. The dates are (all Tuesdays): July 9, August 6, September 10, October 1, November 5 and December 3. Please call three weeks in advance to schedule an appointment at 203-432-0092.

## ONGOING WELLNESS PROGRAMS

### YHP Cancer Support Group

**Life Options is a support group for adult yhp members diagnosed with cancer,** regardless of type of cancer or stage of disease. The group meets weekly with a facilitator. There are three 15-week programs each year. Members can enroll in a consecutive series of meetings. Funded partially by the Edith S. Hallo Fund and by a small weekly fee charged to each participant. To enroll or for more information, contact the facilitator, Mona Felts, MSW, at 203-432-0290.

### Adult CPR Classes

**Adult CPR classes are held monthly.** For information, call 203-432-1892.

### Blood Pressure Checks

**Tuesdays and Thursdays from 9:00–11:00** in room 406. Open to the Yale community free of charge, by referral or on a walk-in basis. For info, call 203-432-0093.

## yale health care

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Please remember that free parking for YHP members is available both in the lot right next to 17 Hillhouse Avenue and in parking lot 37, just across Trumbull Street.

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