

YALE HEALTH CARE

news from Yale Health
winter 2019

Cultural Diversity
Early Detection
We Need You



CHILDHOOD FEVERS
MANAGING PREDIABETES
COLONOSCOPY PROCEDURE

स्वागत हे Bienvenue Maligayang pagdating
Willkommen Chào mừng ברוכים הבאים
Hoşgeldiniz Bem vindo! 환영합니다
Καλώς ήλθατε مرحباً ยินดีต้อนรับ Witajcie
Добро пожаловать ようこそ Benvenuto
Welcome Bienvenido 欢迎
Yale HEALTH

So Where Are You From?

Yale Health embraces the cultural diversity of its patients

YALE HEALTH HAS ROLLED OUT THE WELCOME MAT. And it comes in many different languages.

Over the past several months, the Yale Health Center lobby has been transformed into a space used to welcome patients of diverse backgrounds. A map invited patients to mark their home countries or states with pushpins, flags from over 100 countries hung high, and a new welcome message on the lobby monitor was created in multiple languages along with a message to the LGBTQ community.

These ideas came out of a work group, which was formed as one of three task groups under the organization's Cultural Sensitivity Steering Committee. The group met with leaders from the University's affinity groups, cultural centers, and LGBTQ resources.

"We wanted to find ways to connect Yale Health with university-wide cultural entities to share common goals and aspirations," said Lisa Kimmel, MS, RD, CDN, director of Wellness & Health Education, and the

CULTURAL DIVERSITY CONTINUED ON NEXT PAGE

Yale Health welcomes its members in many languages throughout the Yale Health Center.

CULTURAL DIVERSITY CONTINUED FROM PREVIOUS PAGE

project co-leader “This offers a significant opportunity to embrace our diversity as a community and create a welcoming environment for all of our members.”

The plan is to alternate the displays throughout the year on a seasonable basis while understanding that some may prefer the architectural beauty of the lobby without any décor, Kimmel said.

Along with the visual displays, Yale Health has also created department phone directories in multiple languages and increased the visibility of its interpreter services on its website, moving a representative symbol for the service to the top banner of the homepage. Interpreter services are available in over 150 different languages including sign language.

Of course, ensuring that you feel welcome does not end in the lobby. Yale Health has made a commitment to Partnership for Patient-Centered Care, a strategic initiative designed to strengthen the relationships between you and your clinical care team and to ensure that your opinions, choices, values, beliefs, and cultural background guide the care you receive.

Dr. David Roth, chief of the Obstetrics & Gynecology Department and a member of the work group, said it is critical to get to know a patient on a personal level in order to build a good relationship with them and improve the chances of positive health outcomes.

“One of the interesting things about practicing at Yale Health is that we have patients from all over the world, and also from all over the United States with different socio-economic backgrounds,” Roth said. “They bring with them a wide range of experiences and expectations regarding their health care. We have to be sensitive to their needs, taking into account their past experiences.”

Roth said the clinical staff must be aware that medical care and treatments in the United States may be much different than



A world map in the Yale Health Center lobby invited patients to mark their home countries or states.

Photo by Heather Smith.

“We have patients from all over the world, and also from all over the United States with different socio-economic backgrounds. They bring with them a wide range of experiences and expectations regarding their health care.”

Dr. David Roth, chief of the Obstetrics & Gynecology Department

in a patient’s home country and can even vary among different regions in America. He cited prenatal care as an example of how varied care can be in different parts of the world and said it is important for clinicians to show a level of respect for other healthcare practices.

“We need to be aware that prenatal testing in other parts of the world may be more, or less, or different than what we do,” he said. “We just need to try to explain the best we can that it’s evidence-based and that’s why we do it while making sure not to denigrate the practices in their country.”

Language and health literacy, the ability to obtain, communicate, process, and understand basic health information, is crucial to the patient-clinician relationship. Roth said the medical assistants perform a health literacy screening with patients at the start of a visit to get a better

understanding of their needs. The staff also uses the teach-back method, in which they ask patients to verbalize their understanding of their care plan, to make sure the clinician has communicated it well. In addition, all of Yale Health’s clinicians are committed to using plain language to help patients better understand the healthcare information they receive. If a member of the team finds that a patient is not fluent in English, they will offer them use of the interpreter services.

The clinical staff also meets periodically as a group to discuss what they have learned from patients, address any barriers encountered, and come up with strategies to help patients achieve their health goals.

“We look at each person as an individual in their unique context,” Roth said. “There’s no set rule that applies to any one group or one culture. It’s a very individual thing.”



We are constantly looking for ways to make it easier for members to know and act on their individual care needs.

FROM THE DESK OF MADELINE WILSON, MD

Yale Health has always had quality of care at the center of our clinical mission. Many people ask how we define quality in health care and, as Yale Health's first Chief Quality Officer, I am delighted to have this opportunity to share my thinking with you.

High-quality care is patient-centered, skilled, compassionate, rooted in evidence, responsive, timely, equitable, reliable, and safe. It manages illness while promoting wellness and prevention. It is the right care at the right time, every time. Health care is also a human enterprise and is far from perfect. It turns out, however, that **with the right culture, commitment, and systems, organizations can make measurable progress toward this ideal.**

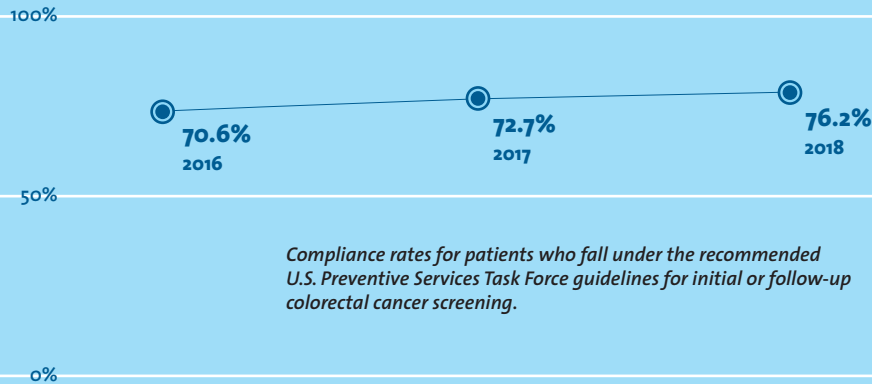
Population health is one of the realms in which we measure quality. It refers to our efforts to ensure that our whole population, or a discrete population like those with a particular condition like diabetes, receives the care that national organizations have identified as high value. We are constantly looking for ways to make it easier for members to know and act on their individual care needs. **In recent years, we have been able to use the data accumulating in our electronic health record to identify individuals who may be due for a test, vaccine or visit** (see chart on page 4 as an example). We can then reach out to those individuals to facilitate care through a call from a nurse or medical assistant or through a message on MyChart.

Quality care is also safe care. Patient safety has been a strong commitment at Yale Health and is the reason we sought and maintain accreditation from The Joint Commission, an independent, not-for-profit organization, which accredits and certifies nearly 21,000 healthcare organizations and programs in the United States. More recently, we are working to strengthen a culture of safety that infuses the day-to-day work of all Yale Health staff. We learn about possible safety events through feedback from our patients, monitoring of unexpected adverse outcomes, and through voluntary reporting from our staff. A safety team meets twice weekly to review and investigate incoming safety events and identify opportunities to reduce the likelihood of recurrence through quality improvement work. We also have a Medical Review Committee to investigate problems such as unexpected outcomes and to ensure that we adhere to the standard of care for medical professionals.

If there is one lesson I have learned in my 30-plus years of practicing medicine, it is that quality care takes a village. Our clinicians, nurses, medical assistants, pharmacists, and many others play a vital role. Our leadership team collaborates daily on work that directly affects the quality of care we provide. Our most important partners are you, our patients and members. **We count on you to share your experiences with us, positive and negative, to power our efforts to improve. While we cannot solve every problem, we promise to listen, learn, and share.** This is a journey and I look forward to sharing our progress with you. Feel free to contact me directly at madeline.wilson@yale.edu.

Madeline Wilson
Chief Quality Officer

Colon Cancer Screening Rates over time at Yale Health



Quality Data at Yale Health

Yale Health's clinical staff is dedicated to providing the best possible prevention, screening, and disease management care. Screening for colorectal cancer (see chart at left) is one example. Yale Health routinely tracks a host of metrics and discusses them internally. Over the coming year, we look forward to sharing many of those performance metrics publicly.

Early Detection is Key

The importance of colon cancer screenings

YOUR 50TH BIRTHDAY IS A MILESTONE IN ITSELF. It also marks an important milestone in your health care.

Yale Health strongly recommends that all average-risk patients, both men and women, be screened for colon cancer via a colonoscopy starting at age 50. An average-risk patient has no history of colon polyps or family history of colon cancer or polyposis syndromes. These screening recommendations are based on the U.S. Preventive Services Task Force guidelines. While the American Cancer Society recently changed its recommendation to start colon cancer screening at age 45, the other major guideline societies have not yet endorsed this change.

A colonoscopy is a very safe procedure that involves inserting a long thin fiberoptic tube into the large intestine. This allows the clinician to examine the colon for any abnormalities or polyps and sample or remove them, if necessary. For more on the colonoscopy procedure, see page 7.

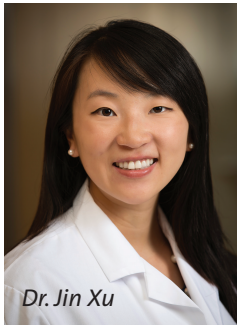
Polyps are small growths on the inside of your colon, some of which have the potential to grow into cancer. By finding and removing these polyps during the colonoscopy, your risk of cancer is diminished. When a polyp is removed, it is sent to the pathology lab for testing. Most polyps are benign or precancerous and this information is vital in determining the need for your next colonoscopy, typically every three to five years. If your procedure showed no polyps and you have no family or personal history of colon cancer, you would be due for your next colonoscopy in 10 years. In very rare cases, colon cancer is found during a screening colonoscopy. In these cases, a referral to cancer specialists and surgeons would be necessary.

“About one-third of patients who come in for a screening colonoscopy have polyps so early detection is critical to getting the proper care,” said Dr. Amir Masoud, a gastroenterologist at Yale Health who performs endoscopy. “It’s so important to detect pre-cancerous polyps. The benefit of a colonoscopy is not only detection of polyps, but our ability to remove them at the same time. It acts as a preventive measure as well as screening.”

While colonoscopy is preferred, testing stool for evidence of blood (fecal immunochemical test or FIT) is an acceptable alternative (see box). A positive FIT will require a follow-up colonoscopy.

According to the Centers for Disease Control and Prevention, colon cancer is the third most common cancer in the U.S. in both men and women, with 140,788 new cases of colon and rectum cancer reported in 2015. However, deaths from colon cancer in people ages 55 and older has been dropping in the past several decades due to screenings, early detection, and improved cancer treatments. Studies have shown that you may lower your risk of colon cancer by increasing the amount and intensity of your physical activity, increasing your intake of fruits, vegetables, and fiber, and decreasing your consumption of red and processed meat.

Yale Health has made it a priority to promote colon cancer screening. Patients who fall under the screening guidelines are now receiving communication via letters, phone calls or MyChart messages. Additionally, referrals for colonoscopies or for FIT can be requested over the phone or via MyChart, without an in-person visit to your primary care provider.



Dr. Jin Xu

Dr. Jin Xu, Internal Medicine, is the lead on Yale Health's Colorectal Cancer Screening Work Group. Yale Health has set a goal of 80 percent compliance for those patients who fall under the recommended guidelines for an initial or follow-up colorectal cancer screening. As of mid-September, the compliance rate was just over 76 percent, up about six percent from May 2016.

"We have been reaching out to eligible patients in all kinds of ways," Xu said. "We've tried to make it easier to get screened. Once you are done with a colonoscopy, you are usually done for at least several years, if not for 10 years, and you do not have to worry about colon cancer. I think having that reassurance is very valuable."

What is FIT?

WHILE A COLONOSCOPY IS THE PREFERRED TEST for colon cancer screening at Yale Health, there are other options.

A fecal immunochemical test (FIT) is another test for colon cancer and can be performed at home. It is intended for patients who strongly prefer not to have a colonoscopy and have no prior history of colon polyps/cancer or a family history of colon cancer or polyposis syndromes. The test involves mailing a stool sample on a card to the lab for testing. The test needs to be repeated every year in order to maintain its accuracy. The lab is looking for blood in your stool, which may indicate pre-cancer or colon cancer. If blood were detected, a colonoscopy would be recommended.

[FIT] is intended for patients who strongly prefer not to have a colonoscopy.

If you performed an at-home test in the past and are due for the annual test, a FIT will automatically be mailed to your home. If you would like to obtain a FIT, please speak with your primary care provider who can place an order, if appropriate.

"At Yale Health, we consider colonoscopy to be the preferred test for colon cancer screening," Xu said. "However, there are other effective ways to screen for colon cancer. Ultimately, the choice of screening test should be tailored to each patient. Any colon cancer screening is better than no colon cancer screening."

We Need You

Patient & Family Council seeks new members to provide input

FOR ANY CHANGE TO OCCUR, first must come an idea. Yale Health is looking to its greatest asset, its members, to help provide those ideas.

The Patient & Family Council was created during the 2015–16 academic year and allows Yale Health to work together with a diverse group of its members to review and advise on both existing and future programs and processes to help improve the patient experience. Patient partners have also been added to committees on topics ranging from MyChart to this Yale Health newsletter.

Fourteen Yale Health members are now on the council after submitting applications and participating in an interview process with Yale Health leadership. They join four Yale Health leaders who meet throughout the year.

Santo Galatioto, a senior human resources generalist and Yale Health member for the past 10 years, is serving his second year on the council. He said the organization's leadership has been "very receptive" to the council's input.

"I thought this was a great opportunity to make a contribution to the way in which we deliver care to our patients," Galatioto said. "The Yale Health administration has been very open to any and all suggestions that have been brought forward by the diverse group of members on this committee."

Epic, the electronic medical record system used by Yale Health, completed an upgrade in October, which included improvements to the look and functionality of MyChart. Members of the Patient & Family Council were given a sneak peak of the upgrades prior to implementation and were able to provide feedback.

Input from council members has been used to change wording in specific communications to patients, and to make the language and process simpler for accessing information on behavioral health services through Magellan.

"Having an engaged group of patients be at the table as our partners has helped us to achieve early success in reaching our ultimate goal of patient-centered care," said Catherine Kelly, manager of the Member Services Department. "Patient centeredness is a journey and you

WE NEED YOU CONTINUED ON NEXT PAGE

WE NEED YOU CONTINUED FROM PREVIOUS PAGE

have never arrived. Patient partners and Yale Health staff need to collaborate for the long haul.”

Several members will rotate off the council following the 2018–19 academic year and a new group will meet in July to plan topics for the next academic year. The council meets six times a year including the planning meeting.

Yale Health is accepting applications for future seats on the council as well as opportunities to become a patient partner on other committees and initiatives that take place throughout the year.

Beth Hodshon, a project director at the Yale Center for Healthcare Innovation, Redesign and Learning, has been on the council since 2016. She said being a patient partner has “been a pleasure for me to provide the patient perspective to Yale Health on a range of topics.”

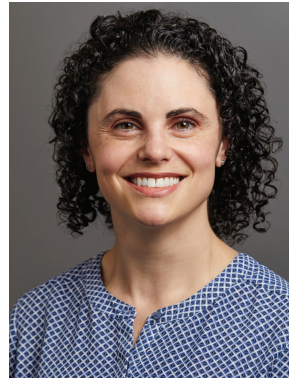
“I strongly encourage interested Yale Health members to consider joining the council,” said Hodshon, a Yale Health member since 2008. “Yale Health is eager to hear from patients and incorporate their feedback.”

To learn more about the patient partner opportunities, watch a video of patient partners sharing their experience on the council, or to submit an application, visit yalehealth.yale.edu/about/patient-partner-opportunities.

Topics discussed by the Patient & Family Council to this point include:

- Partnership for Patient-Centered Care
- Enhancements to MyChart
- Pharmacy Mail Order
- Yale Health Midwifery Services
- Behavioral Health Services (Magellan)
- Second Opinions
- Shared Notes
- Online Scheduling
- Press Ganey
- Health Expectations Program (HEP)
- Wellness
- Transparency (sharing Press Ganey results)
- Consistency (role identification and professionalism)
- Benefit Changes
- Cultural Sensitivity

New Clinicians Join Yale Health



Alicia Little, MD, PhD
DERMATOLOGY

Alicia Little received her undergraduate degree in chemistry and neuroscience at Amherst College in 2004 prior to earning her PhD in immunobiology (2013) and her medical degree (2014) from the Yale University School of Medicine. She completed her residency in dermatology at Yale New Haven

Hospital, serving as the dermatology chief resident in 2017–18. Little is also an instructor and postdoctoral fellow in the Yale School of Medicine’s Department of Dermatology.

She is board certified by the American Board of Dermatology, a member of the Women’s Dermatological Society and the American Academy of Dermatology, and a Yale School of Medicine Alumni Mentor for the Association of Yale Alumni in Medicine.

Little was honored with the Women’s Dermatological Society Mentorship Award as a mentee in 2018.



Anita Kohli, MD
OPHTHALMOLOGY AND OPTOMETRY

Anita Kohli has joined the Department of Ophthalmology and Optometry after spending the last two years as a neuro-ophthalmology fellow at the Hospital of the University of Pennsylvania and Children’s Hospital of Philadelphia. She attended the University of Maryland for her undergraduate degree in physiology/

neurobiology with a minor in Spanish language and literature. Kohli then earned her MD from the University of Maryland School of Medicine in 2012 before completing her internship in internal medicine at the Mercy Medical Center in Baltimore and her residency at the Hospital of the University of Pennsylvania: Scheie Eye Institute 2016.

She is a member of the American Academy of Ophthalmology and the North American Neuro-Ophthalmology Society.

PEDIATRICS**What Should I Know About My Child's Fever?**

⊕ A fever is your body's mechanism to help fight infections. Babies three months and younger don't localize infection as well as older children and their immune systems are not as strong so we recommend that you call Pediatrics for any temperature over 100.4 degrees Fahrenheit. For older children, we would like you to check in with us if their temperature goes over 102 degrees Fahrenheit or lasts more than a day or two.

The most accurate way to measure a baby's temperature is with a rectal thermometer and the Pediatric staff can give you some advice on the best procedure during an office visit. In older children, thermometers that measure across their forehead or in the child's ear are best.

If your child has a low-grade fever, but is otherwise happy and comfortable, they generally do not need medication. Be sure your child drinks plenty of fluids to stay hydrated. Both viruses and bacterial infections can cause a fever so your child's primary care provider can help determine if antibiotics or other treatment is necessary. More common



medications include either acetaminophen (Tylenol) or ibuprofen (Motrin or Advil). Weight, not age, determines dosage for children and dosage sheets are available in Pediatrics.

*Michelle Brei, APRN, DNP
Pediatrics*

ENDOSCOPY**What is a Colonoscopy?**

⊕ A colonoscopy is a procedure during which an endoscope – a flexible rubber tube with a camera and a light at the end – is inserted into your colon to examine the lining and look for any abnormalities. The most common reason to undergo a colonoscopy is for colon cancer screening, but it can also be used to investigate various complaints from bleeding to diarrhea.

There are ways that you can be sedated during this safe and low-risk procedure, with some patients opting not to be sedated at all. During your colonoscopy, the scope is introduced and air is slowly inserted to inflate your colon. This gently stretches out the colon wall so we can better see the inner lining. As we go in and come out, we are paying very close attention to what that lining looks like. If we see polyps, we can remove them. If we see any suspicious lesions, which is rare, we can take some biopsies.



Preparation for the procedure includes taking a prescribed laxative to help clear your colon so the clinician has a good opportunity to perform a satisfactory exam. The prep is the most important part.

*Amir Masoud, MD
Endoscopy*

Making the Rounds

HEALTH AND WELLNESS INFORMATION
FROM YALE HEALTH STAFF

PREVENTION**How Can Lifestyle Changes Help Manage Prediabetes?**

⊕ Prediabetes is the stage before diabetes occurs when your blood sugars are elevated, but not high enough to be considered diabetes.

A healthy diet is important and it begins with breakfast. Typically, those with prediabetes benefit from a good amount of protein in the morning such as eggs, a slice of low-fat cheese or Greek yogurt coupled with a complex carbohydrate such as whole grain oatmeal or whole wheat bread.

It is important to eat regularly throughout the day. When you have prediabetes, your body is making insulin, but it is not using it as well as it should be. This makes it more difficult to process carbohydrates. Eating regularly and spreading carbohydrates more evenly throughout the day may help prevent your insulin and blood sugar levels from rising as high.

When sitting down for a meal, it is always good to look at what makes up your plate. Half of your plate should be vegetables, which are low in carbohydrates, high in fiber, and very filling. The other half should be split between lean protein (lean meat, poultry, fish, eggs, tofu) and complex carbohydrates such as a whole grain bread, pasta or cereal, baked potato, brown rice or legumes like beans or lentils.



Research also shows those who participated in 150 minutes of cardiovascular exercise per week decreased their rate of diabetes.

*Alisa Scherban, MPH, RD, CDE
Nutrition*



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

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KEEP IN MIND

National Shortage of Shingrix Vaccine

The Shingrix (shingles vaccine) shortage continues and is expected to last through 2019.

Yale Health will reach out to individual members to start the vaccine series as our supplies allow. In this process, we will prioritize those at highest risk of developing shingles.

Yale Health Staff Recognizes Colleagues

On October 9th, Yale Health staff gathered to celebrate the winners of its first annual Better Together Awards. The ceremony recognized staff members, nominated by their co-workers, for their extraordinary efforts in making Yale Health a patient-centered organization.

The following winners were chosen in the categories of individual, clinical team, and non-clinical team:

INDIVIDUAL

Carol Blum, *Pharmacy*

CLINICAL TEAM

Transitional Care Management Team: Elizabeth Donovan, RN; Lilwatie Kaydhar-Finkelstein, RN; and Myunghee Shim, RN

NON-CLINICAL TEAM

IT Team: Hema Bakthavatchalam, Mihai Barbu, Matthew D'Agostino, Neetu Jain, Rob Kaczowka, Bryan Little, Brian Malona, Karen Otterson, Jay Scott, Rafael Segura, Vin Sementilli, Melissa Wallace, and Jim Zarro

PARTNERSHIP FOR PATIENT-CENTERED CARE

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Several nominees were also recognized during the awards ceremony.