

YALE HEALTH CARE

news from Yale Health
winter 2023

An Innovative Leader

Message Received

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of the Yale Health Center**

DIAGNOSTIC IMAGING

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PHARMACY



An Innovative Leader

Dr. Paul Genecin retires as CEO of Yale Health

WHEN DR. PAUL GENECIN BEGAN HIS CAREER at Yale Health in Internal Medicine in 1989, he was delighted by his patients and colleagues and he quickly began taking mental notes of areas he thought could use some improvement. He noted the infrastructure of the department was limited to a nurse manager and a few medical assistants. Schedules were written in a big book and receptionists took phone messages on pink slips and hung them on the clinicians' mailboxes.

"I felt we needed to find processes to ensure that we were providing the best possible care," Genecin said. "We had really excellent people. However, we lacked standards and metrics."

Dr. Paul Genecin retired as CEO of Yale Health on January 6th after more than three decades of service to the Yale community.

AN INNOVATIVE LEADER CONTINUED ON NEXT PAGE

AN INNOVATIVE LEADER*CONTINUED FROM PREVIOUS PAGE*

It wasn't long before he was put in a position to address these opportunities.

Genecin was promoted to chief of Internal Medicine in 1991. In 1992, he was also named chief of Acute Care (formerly Urgent Care), a department in which he rotated on weekends and worked as a moonlighter on nights and weekends to pick up extra money for his young family.

"I had no thoughts on taking on an administrative role and no experience with it, but I thought I would give it a try," Genecin said. "My supervisors as well as the other chiefs were really good to me. I tried to create some systems to begin monitoring performance in terms of patient access and quality of care. Pretty quickly we recognized that the lack of nurses was one of our most significant challenges. We didn't have a way to triage patients properly. We knew we needed people to work around the doctor to make sure the patients were getting their needs met."

These quality-of-care systems allowed the clinical staff to target and track patients with chronic diseases such as high blood pressure or diabetes to help optimize their care. Adding a nursing staff helped with scheduling by using a triage system to ensure that patients would be seen at the right time, in the right setting, and by the right provider. This led to the creation of a rapid access system as well as policies and procedures to support more consistent and reliable care.

While making improvements, Genecin felt there was still a lot that could not be done due to technology limitations. Electronic medical records were not yet in place, which made it difficult to measure care and ensure that patient data was available where and when it was needed.

Again, an opportunity quickly arose for Genecin to make changes. In 1997, he was named director of Yale Health. A title change in 2020 made him chief executive officer.

In his early days as director, Genecin focused on improving labor relations as well as establishing clinical and operational quality standards that were consistent and reproducible throughout the organization. He knew Yale Health needed better technology to support this work.

In 2005, Yale Health was the first ambulatory practice in the state to convert to an electronic medical record (EMR). This data allowed staff to identify quality improvement opportunities, optimize care for those with high-risk conditions, and ensure that the organization could grow and add resources where they were needed.

Also in 2005, Genecin led the Yale Health team in voluntarily seeking accreditation from the Joint Commission, a healthcare accreditation organization dedicated to continuous quality improvement. Yale Health received the accreditation as an inpatient and ambulatory clinic and has maintained continuous accreditation since that time.

Genecin oversaw the move of the Yale Health Center from 17 Hillhouse Avenue to 55 Lock Street in 2010 and led the way for Yale Health to be certified as a Patient-Centered Medical Home (PCMH) by the National Committee for Quality Assurance in 2012. Shortly after, the Joint Commission recognized Yale Health as a Primary Care Medical Home. The PCMH core values include close primary care relationships, team-based care, whole person orientation, coordinated care, a commitment to quality and safety, accessibility, and patient participation. This model of care was a natural progression into Yale Health's Partnership for Patient-Centered Care initiative.

"The values of patient-centeredness have always been part of our DNA as an organization", Genecin said. "Our focus on primary care and shared decision making have become a very positive thing and patients have really responded to that partnership."

Genecin is proud of so many accomplishments throughout his time at Yale Health that it would be impossible to list them all. From developing a global partnership with Yale Medicine for specialty care to the Diversity, Equity, Inclusion, and Belonging work being done to how the staff stepped up to handle the COVID-19 pandemic, Genecin has seen the organization change a great deal over the past three decades. And with that experience, he offered some advice for his successor.

"Taking care of our patients and supporting our excellence as a Patient-Centered Medical Home is our first priority," he said. "PCMH is all about quality and safety and finding ways to listen to members of our community. If we can keep our focus on those priorities, the new CEO will have great opportunities to take things to the next level. It's an amazing organization full of dedicated people and I see that we're well positioned for another half-century."

In retirement, which officially began January 6th, Genecin said he wants to spend time with his first granddaughter, May, who was born in September.

"She's adorable," the proud grandfather said. "I want to see her every day, but I have to settle for weekends."

In between those visits, he plans to work part time at The Mount Sinai Hospital in Manhattan. He will be stationed at an affiliated Federally Qualified Health Center in Hell's Kitchen, where he will be providing care to an underserved population and teaching Mount Sinai trainees.

"The world has become so complicated," Genecin said. "Every day the news is all about hatred, polarization, racism, and inequality. I would like to feel like I'm doing something good for the world by helping people who really need it. At this stage of my career, I feel I can best do that by being a doctor. That is my identity. My roots are in patient care."

SEE MORE TRIBUTES TO DR. GENECIN ON PAGE 5



Yale Health identifies several quality improvement projects each year as part of our commitment to providing high-quality care to all of our members.

FROM THE DESK OF JENNIFER WRIGHT MCCARTHY, MD

Yale Health identifies several quality improvement projects each year as part of our commitment to providing high-quality care to all of our members. These projects and resulting improvements in how we deliver care have helped lead to positive outcomes in our population health metrics for screening tests and evidence-based preventive treatments (see yalehealth.yale.edu/about/population-health-metrics).

Antibiotic stewardship, as defined by the Centers for Disease Control and Prevention (CDC), is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients. These programs are a vital part of quality and safety in health care, for both inpatient and outpatient settings. The goal is to ensure that antibiotics are only prescribed and utilized when needed as overuse can lead to resistance, making it harder to treat bacterial and fungal infections. When taken properly, antibiotics can be lifesaving and are a vital part of medical therapeutics. However, research shows that up to 30 percent of outpatient antibiotic prescriptions in the U.S. may be unnecessary and these patients run the risk of significant side effects and unwanted outcomes.

The proper use of antibiotics has been a high priority at Yale Health, especially during this respiratory illness season, which has been more significant than in prior years. The so-called “triple-demic” of respiratory illnesses including COVID-19, influenza (flu), and respiratory syncytial virus (RSV) has led to an increase in the number of people infected with a respiratory virus. Pediatric illnesses have also risen as many older children are now contracting viruses like RSV for the first time. Our clinical teams are using evidence-based practices to determine if testing is needed and if the diagnosis requires an antibiotic or an antiviral medication.

To support the clinicians, a multidisciplinary team at Yale Health has been focusing on a program to ensure the right drug, dose, and duration are selected when an antibiotic is warranted. It also includes efforts to avoid underuse of antibiotics when they would be beneficial to the patient. Providers have been given information on prescribing patterns as well as antibiotic resistance to types of bacteria to ensure an effective medication is prescribed. A systems update has been developed in Epic, Yale Health’s electronic medical record, to optimize antibiotic duration for urinary tract infections. The ultimate patient-centered goal of this program is to help maximize the benefit of antibiotic treatments while minimizing harm to both individual patients and the larger population.

I encourage you to speak with your primary care provider with any questions you may have about antibiotic use and when to avoid them.

Jennifer Wright McCarthy
Chief Medical Officer

Message Received

Tips for using MyChart messaging

FROM TELEGRAMS TO TEXTING, the way and speed in which we communicate is constantly changing. MyChart has helped bring that change to the world of health care.

MyChart is the patient portal used by Yale Health that allows you to view key aspects of your medical record, review visit notes and results, and message your clinicians. Over the course of the COVID-19 pandemic, MyChart use has increased dramatically, not only at Yale Health, but around the country. Researchers at Stanford University and other collaborators conducted a study around online healthcare messaging in which they collected data from ambulatory care clinicians in 366 health systems around the country. The results showed a 157 percent increase in online messages received from patients as compared to pre-pandemic levels.

“It has had an impact on how every practice is working and is a conversation across our health system as well as nationally,” said Dr. Madeline Wilson, Yale Health’s chief quality officer. “This growth has created a significant challenge for our clinical teams as we work to return to our pre-pandemic levels of in-person care and manage calls and MyChart requests.”

Yale Health has also been impacted by the local and national shortages of nurses and other staff members, which Wilson said has resulted in the “perfect storm” that may delay response times of MyChart messages compared to the past.

Most messages are resolved within 2–4 business days, but it may take longer for certain messages, especially when there is a back and forth with a patient, Wilson said. Yale Health does not monitor MyChart messages after hours or on weekends.

When a MyChart message is received, it is typically reviewed by a member of the appropriate department’s nursing team. They will work to resolve the problem and, if needed, forward the message to your primary care provider (PCP) or specialist. Many MyChart requests can be resolved by the nursing staff and Yale Health has increased the nursing staff in Internal Medicine to help address the message growth. Messages are briefly scanned upon receipt to help prioritize response in the same way that phone calls are prioritized based on need.

Below are some tips to help you use MyChart safely and effectively.

Non-Urgent Medical Questions Only

Do not send a MyChart message about an issue that is time-sensitive or symptoms that are new or worrisome. It should not be used for issues such as chest pain, shortness of breath, inability to keep food down, etc. If you are having an issue and are unsure how best to communicate, please err on the side of caution and **call the most appropriate department for your issue.** That may be your primary care department

during regular business hours, Acute Care after hours, weekends or holidays, or 911 for an emergency issue.

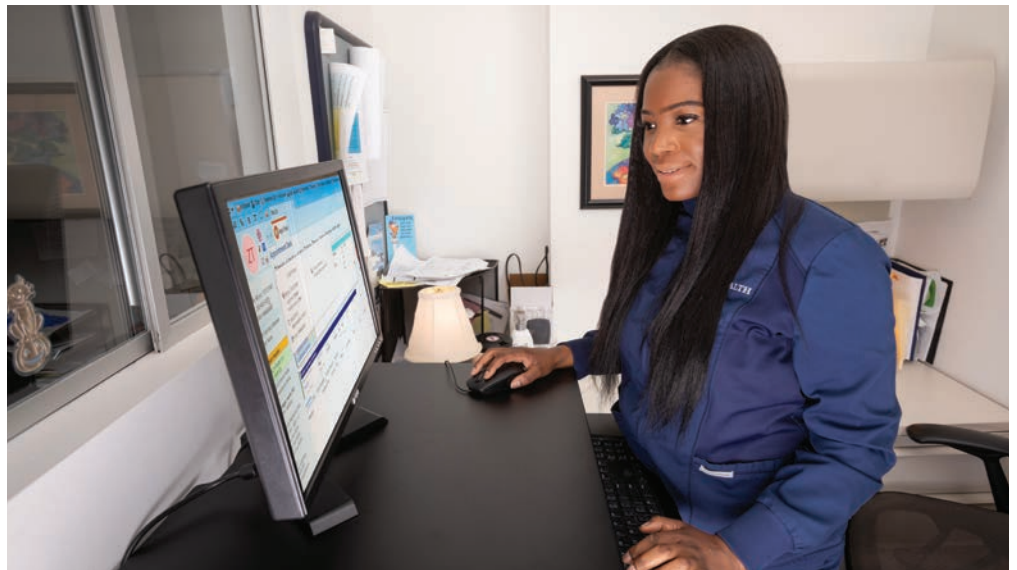
“The value of MyChart is when you want to interact with a member of the staff on something that is not urgent or to update your clinician on a particular issue that came up in a visit,” Wilson said. “It might be how you are doing on a medication or something you read in a visit note. That would be the appropriate use of the system.”

One Communication Only

When you call Yale Health with a concern, please do not message via MyChart for the same issue as it will not help to get a quicker response. Calls will generally take precedence over messages. If in reviewing your MyChart message the clinical team sees that a subsequent telephone call or visit has addressed the same topic, they may not reply to the initial message.

Be Thoughtful About Your Messages

If you have an upcoming appointment, hold your question until you have time with your clinician. Complicated or lengthy questions may be best addressed through a video visit if a physical exam is not needed.



Nicole Lloyd, RN, answers MyChart messages from patients as part of the nursing team in Internal Medicine.

Please be patient regarding messages for routine test or referral requests as those questions may be delayed to address more time-sensitive matters. And lastly, please do not send a “thank you” message. Though the acknowledgement is appreciated, these messages back up the message queues.

Contact the Correct Clinician

If you have a question about a test result or interpretation, make sure to contact the clinician or specialist who ordered that test. You should only contact your PCP about tests that they ordered.

Prescription Refills and Renewals

If you need a refill or renewal, please contact your pharmacy. For the Yale Health Pharmacy, call 203-432-0033 or request a refill online at yalehealth.yale.edu/pharmacy. The pharmacy will contact your provider directly if a new prescription is needed.

Use the Yale Health Website

If you are looking for a telephone number or information about a department or service at Yale Health, please consult yalehealth.yale.edu rather than sending a message.

Claims, Referrals, and Coverage

Questions about bills should be directed to Yale Health’s Claims Department at yhclaims@yale.edu or 203-432-0250. Questions about referrals should be directed to Yale Health’s Referrals Department at yhreferrals@yale.edu or 203-432-7397. Questions about your Yale Health coverage should be directed to Member Services at member.services@yale.edu or 203-432-0246.

To learn more or to register for MyChart, visit yalehealth.yale.edu/mychart.

Tributes to Dr. Paul Genecin

ON THE OCCASION OF HIS RETIREMENT AFTER OVER THREE DECADES OF SERVICE TO YALE

President Peter Salovey, in his message to the Yale community:

“A champion of high-quality, data-driven, patient-centered care, Dr. Genecin has contributed immeasurably to the health and well-being of generations of Yale community members... As CEO of Yale Health, Dr. Genecin has focused on clinical quality and launched numerous initiatives to measure and improve patient care...Dr. Genecin leaves his position after ensuring Yale Health is operating at the fore of patient-centered clinical care.”



Bryan Cretella, Director, Pharmacy and Medication Management Service, Yale Health:

“People that work at Yale Health work here for a higher mission. They are always looking for ways to improve themselves and our systems to benefit our members. That example was set by Paul Genecin.”

Catherine Kelly, Assistant Director, Member Services & Health Information Management, Yale Health:

“Yale Health is such a unique model for care from our certified PCMH to our Partnership for Patient-Centered Care. Dr. Genecin’s leadership and his values are so deeply embedded at Yale Health, I think they will carry us into our next 50 years of service.”



Hema Bakthavatchalam, Director of Information Technology, Yale Health:

“Dr. Genecin has fostered a wonderful environment of diversity, equity, and inclusion at Yale Health. During his tenure, he thrived at engaging the entire Yale Health organization in creating a greater sense of belonging. The positive workplace culture he promoted carries over to patient care.”

Diane Parrette, Assistant Director, Human Resources, Yale Health:

“In the 25 years that I’ve worked with Paul Genecin, he has been an extraordinary role model. He’s seen the value in each and every one of us and helped us all understand how we connect and contribute to the mission of Yale Health.”



Yale Health Welcomes New Clinicians



Sasha Bennett, APRN
INTERNAL MEDICINE

Sasha Bennett joins the Internal Medicine Department after spending the last three years assessing, diagnosing, and treating acute illnesses as a nurse practitioner at Stony Creek Urgent Care. She was also a staff nurse in the Acute Care for Elders Unit and Cardiothoracic Intensive Care Unit at Yale New Haven Hospital.

Bennett earned her MSN-FNP degree from Sacred Heart University in Fairfield in 2019.



Iman Berrahou, MD
OBSTETRICS & GYNECOLOGY

Iman Berrahou earned her undergraduate degree in microbiology from the University of Texas at Austin in 2013 and her medical degree from Harvard Medical School in 2018. She completed her residency in obstetrics, gynecology, and reproductive sciences at the University of California-San Francisco. Berrahou served as the program's educational chief resident for a year before joining Yale Health.



Jared Thomas, MD
INTERNAL MEDICINE

Jared Thomas earned his undergraduate degree from UCLA in political science/international relations and Russian studies in 2004. He earned his medical degree from the Frank H. Netter MD School of Medicine at Quinnipiac University in 2019. Thomas completed his internship and residency in primary care internal medicine at Yale New Haven Hospital. He previously worked as an HIV testing counselor and a linkage to care specialist in Los Angeles.

⊕ Referrals for Services Outside of the Yale Health Center

An approved referral is **required for all services received outside** of the Yale Health Center, 55 Lock Street. Your primary care provider or specialist can request a referral, but that **does not guarantee approval**. The review process can take up to a week (referrals for urgent services receive priority).

Approved referrals are for a **specific service and time period**, usually one year, or could include a specific number of approved visits. You will receive a **notification about the status of your referral** in the mail. You can also check the status via MyChart or by contacting the Referrals Department (see contact information below).

You should not schedule any appointments for outside specialty services until your referral has been approved. If you attend an appointment without an approved referral or after your approved referral expires, you will receive a bill and be **financially responsible** for services rendered during that appointment.

If you need to **continue with outside specialty services after your approved referral expires**, you must contact the ordering provider to request a new referral.

If an outside specialist refers you to another outside specialist, you must have prior authorization from Yale Health for those services to be covered. If you need **lab testing ordered by an outside specialist or other healthcare provider**, the lab test must be performed at a Quest Diagnostics location in the six New England states unless prior authorization is given by Yale Health. If you need **diagnostic imaging ordered by an outside specialist or other healthcare provider**, all imaging (CT scan, x-ray, ultrasound, and MRI) must be performed at the Yale Health Center unless prior authorization is given.

Except for emergency and urgent care as defined in the Employee Member Coverage Booklet, **healthcare services outside of the Yale Health Center require prior authorization**.

For more information, visit yalehealth.yale.edu/directory/departments/referrals. If you have any questions about referrals, please contact the Referrals Department at 203-432-7397 or yhreferrals@yale.edu.

DIAGNOSTIC IMAGING**What should I expect from an MRI?**

⊕ Magnetic resonance imaging (MRI) is a procedure that uses radio waves, a powerful magnet, and a computer to make a series of detailed pictures of areas inside your body. During an MRI, you lie on a table that slides into the MRI machine. Imaging can last anywhere from 30 minutes up to two hours, depending on the type of exam and it is understandable that you may feel a little uncomfortable or nervous being isolated inside of the tube for that period of time.

Yale Health radiologists believe communication is key to making you as comfortable as possible. We will speak with you prior to you entering the machine to explain what to expect and provide a safety sheet. Once you are positioned on the table, we will make sure you are warm enough and provide pillows and blankets, if needed. We also have blindfolds and lavender tabs available to help ease anxiety.

There are speakers in the MRI machine and you can choose your preferred music genre via Sirius XM satellite radio. We will also be able to talk to you throughout the exam to provide updates and there is a camera to allow us to see you as well.

You will also have a handheld emergency button that you can press at any time if you feel you need to stop the exam. You are in control and can stop at any time.



*Karl Horobin, RT
Diagnostic Imaging*

COVERAGE INFORMATION**Where can I learn about my Yale Health coverage?**

⊕ Yale Health is the flagship medical insurance plan for benefit-eligible Yale University employees. As a staff-model health maintenance organization (HMO), it is unique in that it acts as both the medical insurer and healthcare provider. You can find more information on your Yale Health coverage at yalehealth.yale.edu/coverage by selecting your job classification (clerical & technical/service & maintenance or managerial & professional/faculty).

The Schedule of Benefits is a list that describes covered services and treatments, as well as any of your financial responsibilities as a patient. Look here first when you have questions about what services are covered by Yale Health and what, if any, amount you will have to pay for those services.

The Employee Member Coverage Booklet provides a detailed explanation of the benefits and coverage provided under your Yale Health insurance. The booklet describes the rights and obligations of you and Yale Health, what the plan covers, and how benefits are paid for that coverage.

If you have any questions regarding your Yale Health coverage, please contact Member Services at member.services@yale.edu or 203-432-0246.



*Ariel Perez
Manager, Member Services & Health Information Management*

Making the Rounds

**HEALTH AND WELLNESS INFORMATION
FROM YALE HEALTH STAFF****PHARMACY****How do I properly dispose of my unwanted medications?**

⊕ While pharmacies are prohibited by law from accepting any unwanted medications, some local police departments have implemented medication drop boxes where you can drop unwanted medication to be safely and securely destroyed.

Most prescription drugs and over-the-counter medications should not be flushed down the toilet or sink to prevent water pollution, the harmful impact on drinking water, and adverse effects to septic systems, animals, and aquatic wildlife.

Keep the medication in its original container, but remove your personal information (name, address, and date of birth) with a black marker or remove the label if possible. Modify the medication to discourage consumption. Add a small amount of water to pills or capsules to partially dissolve them. Add salt, flour, or kitty litter to liquid medications to discourage anyone from ingesting it. Tape the lid shut and put it in a non-transparent container. Do not conceal medications in food products because animals could inadvertently consume them. Lastly, dispose of the container in your household trash. Never dispose of medications in your recycling bin.

Dispose of any used syringes or needles such as diabetic supplies by placing them in a hard plastic, opaque container with a cap such as an empty laundry detergent or bleach bottle and seal the cap with heavy duty tape. Label the container as containing “sharps” and place it in your household trash.

If you have any questions, contact the Yale Health Pharmacy at 203-432-0033.



*William Narducci, RPh
Pharmacy*

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KEEP IN MIND

988 Suicide & Crisis Lifeline

988 has been designated as the new three-digit dialing code that will route callers to the Suicide and Crisis Lifeline, formerly known as the National Suicide Prevention Lifeline.

The Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. It is comprised of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices.

For more information, visit 988lifeline.org.

Pharmacy Hours

The Yale Health Pharmacy hours are:

Monday – Friday	8:00 am – 6:00 pm
Saturday	8:00 am – 3:00 pm
Sunday	Closed

Please check yalehealth.yale.edu for any changes, closings or holiday schedules.

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