

YALE HEALTH CARE

news from Yale Health
spring 2022

Medical Chaperones
"Reach Out Early"



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**Scholarship, Research, Practice,
and Teaching:**
demographics, health disparities

Diversity of the Yale Community:
diverse workforce, recruiting

**Communication, Transparency,
and Accountability:**
staff newsletter, video message

**Equitable Process,
Procedure, and Responses:**
inclusive practices, group conversations

**Acknowledgement, Recognition,
and Respect:**
dedication, engagement

**Professional and Personal
Development of Inclusive Practice:**
educational programs, training

Embracing Our Differences

Yale Health welcomes university's DEI and belonging plans

IN MAY 2020, the world watched video of George Floyd take his last breath after members of the Minneapolis Police Department pinned him to the ground for over eight minutes. Shortly after, Yale Health staff gathered via Zoom to share their feelings in sessions titled "Racism: Tell Us What's on Your Heart." Around 130 staff members attended over two sessions.

When asked how they felt about the incident, the group went silent. And then came the words, along with the tears.

"It was a very rich and poignant conversation," said Ariel Perez, manager of the Member Services Department and Health Information Management. "There are a lot of things that make us unique

Yale Health's five-year DEI and belonging action plan begins by focusing on six priority areas.

EMBRACING OUR DIFFERENCES CONTINUED ON NEXT PAGE

EMBRACING OUR DIFFERENCES
CONTINUED FROM PREVIOUS PAGE

and different, but also make us the same. At Yale Health, we want to focus on all of those things.”

That conversation continues to be part of Yale Health’s five-year action plan to support and enhance diversity, equity, inclusion (DEI), and belonging. It is part of a coordinated effort across the university in which each school and administrative division is developing a similar plan as part of a set of commitments for the new phases of Belonging at Yale, announced by President Peter Salovey in October 2020.

Yale Health was already in good position when the university announcement was made as it established a workgroup on diversity and inclusion in 2017. This coincided with the launch of Yale Health’s Partnership for Patient-Centered Care initiative, which is 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.

At the time, the workgroup surveyed staff to see how they felt about diversity, equity, and inclusion within the organization



Ariel Perez (left) and Wendy Brunetto serve as co-chairs of the Belonging at Yale Health Team. Editor’s note: Masks removed briefly in private office for photograph.

and used the results to develop guidance and learning initiatives. It held a town hall and brought in several diverse speakers on topics ranging from “Implicit Bias in Health Care” to “Creating Inclusive Workplaces.” The group plans to have the staff retake the same survey this year to compare answers and identify areas for improvement.

Now, the Belonging at Yale Health Team has more than 20 members, led by co-chairs Wendy Brunetto, manager of the Population Health Department, and Perez. The workgroup is now focusing its five-year action plan on six priority areas, informed by the recommendations of the President’s Committee on Diversity, Inclusion, and Belonging. The following is the workgroup’s plan for the first two years.

SCHOLARSHIP, RESEARCH, PRACTICE, AND TEACHING

Health disparities exist in health care all over the world. The Centers for Disease Control and Prevention (CDC) defines health disparities as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.” In order for Yale Health to address these disparities, it must first understand the demographics of its patient population.

Yale Health, in coordination with Yale New Haven Health System, is planning to implement a patient registration process that will gather a usable set of demographics to help assess the quality of care among all segments of its patient population and pursue projects to reduce health disparities and barriers to care. The demographic information such as race, ethnicity, and gender identity will be self-reported by the patient.

“It will help us to make more solid determinations based on data, where, right now, we’re making assumptions,” Brunetto said. “We know that certain populations have higher risk factors. We know where

the problems lie. Now we need the data to see how we can help.”

“Race and ethnicity impact the lifestyle of the patient,” Perez said. “If our providers have a better understanding of that person as a whole, it will lead to a greater outcome and allow for a greater patient experience.”

DIVERSITY OF THE YALE COMMUNITY

One of the goals identified by Yale Health under the Belonging at Yale initiative is increasing the diversity of senior leadership, faculty, and staff. Primarily, the focus will be on recruiting, hiring, and retention. In succession planning, Yale Health will consider diversity of backgrounds, perspectives, and experiences.

COMMUNICATION, TRANSPARENCY, AND ACCOUNTABILITY

Yale Health will develop a plan to visually communicate its dedication to an inclusive environment. Its goal is to publish a quarterly staff newsletter to profile DEI and belonging leaders, promote diversity-related events, and share relevant news updates. A 30-second video message displaying Yale Health’s anti-racism statement was created for the main lobby and posters have also been hung throughout the building.

EQUITABLE PROCESS, PROCEDURE, AND RESPONSES

To improve inclusive practices in the professional environment, department chiefs and managers will participate in small group conversations where shared experiences, insights, and personal reactions to microaggressions and implicit bias will form the content. The workgroup aims for 80 percent of managerial staff to participate in this discussion series and for the conversations and practices shared to be brought back to departments for further discussion.

EMBRACING OUR DIFFERENCES CONTINUED ON PAGE 6



The concepts of diversity, equity, inclusion, and belonging are important, but we recognize that success does not happen by naming concepts. We need metrics for each component and we must design programs to achieve measurable improvements.

FROM THE DESK OF PAUL GENECIN, MD

Yale's President Peter Salovey has charged each division of the university to create a five-year plan to improve diversity, equity, inclusion (DEI), and belonging. Yale Health embraces this work enthusiastically because we recognize the close connection between diversity in our workplace culture and excellence in care delivery. An organizational culture that supports diversity translates into a healthcare delivery system that is responsive to the needs of all patients.

The initials DEI are familiar shorthand, but I will begin with definitions as they relate to Yale Health.

- **Diversity** speaks to the wide mix of backgrounds in our community, including race, ethnicity, age, geographic origin, gender identity, sexuality, socioeconomic status, and education, among other characteristics.
- **Equity** means we are proactive in reducing barriers for patients from traditionally underserved communities as well as staff who have had fewer career opportunities.
- **Inclusion** addresses the need for all members of the community to have a voice in their own care, as well as opportunities to participate at the organizational level.
- **Belonging** means that irrespective of their diverse identities, we welcome all of our patients and colleagues at Yale Health. We invite them to be themselves.

The concepts of diversity, equity, inclusion, and belonging are important, but we recognize that success does not happen by naming concepts. We need metrics for each component and we must design programs to achieve measurable improvements. For me, one of the most important examples is an upcoming initiative to invite patients to self-identify across various dimensions of diversity. It may seem surprising that we lack this information, but the culture of health care has discouraged recording race and ethnicity in medical records with the belief that omission of this information reduced racist stereotypes. Today, we believe that we cannot measure and improve healthcare equity without this information about our patients. Importantly, race, ethnicity, and other dimensions of identity cannot be the provider's best guess. We need to ask in order to learn how patients define their own identities and we need this data to measure our progress in reducing healthcare disparities.

The concepts and values of DEI and belonging overlap with our "patient-centered medical home" philosophy, which is also known to our members as Partnership for Patient-Centered Care. I find the concept of "medical *home*" to be especially telling. Our home is our unique personal space, a place where we can be comfortable because we belong.

I look forward to updating you about our progress in reaching the goals we have set for each of the next five years. Transparency is an important objective in itself and it sends an essential message to all Yale Health members about their care in an organization committed to diversity, equity, inclusion, and belonging.

A handwritten signature in black ink that reads "Paul Genecin".

Paul Genecin
Chief Executive Officer

Best Practices

Medical chaperones help to ensure safety for patients and providers

IN OCTOBER, Yale Health announced its policy on medical chaperones for sensitive examinations, treatments, and procedures. This policy requires a medical chaperone to be present during sensitive portions of a visit, including any examinations, treatments, or procedure of the genitals, rectum, or breast.

Yale Health adopted its medical chaperone policy in conjunction with Yale Medicine and Yale New Haven Health System as part of a community standard and best practice, which has been recommended by the American Medical Association, the American College of Obstetricians and Gynecologists, and the American College Health Association. Many healthcare organizations throughout the country utilized medical chaperones in certain circumstances and have now expanded the scope. Many more have recently incorporated the practice following instances of sexual misconduct at large institutions, universities, and community practices. The implementation of the policy at Yale Health is not in response to specific incidents at Yale and aligns with nationally recognized best practices

“This policy ensures a standard of care that is uniform for every sensitive exam,” said Dr. Jennifer W. McCarthy, Yale Health’s chief medical officer. “It supports us in providing medical care that meets our high-quality standards with consistent and routine practices. The medical



Margaret Brockamer, a medical assistant in the Obstetrics and Gynecology Department, is a trained Yale Health medical chaperone.

chaperone helps to ensure patient safety and also promotes a professional process for our providers.”

A medical chaperone is a trained Yale Health clinical staff member, including a primary care provider, nurse, certified nursing assistant or medical assistant, who is present during the portion of a visit that includes a sensitive examination. The chaperone’s role is to ensure patient and provider comfort, safety, privacy, and security during these exams or procedures. They will only be in the examination room during the sensitive portion of the exam unless they are also providing medical assistance to the provider. The chaperone’s presence is documented in the patient’s medical record. Emergency services will not be delayed if a chaperone is not immediately available.

For patients under 13, a parent or guardian may act as the chaperone. The patient or the provider performing the exam, treatment, or procedure may request a chaperone in addition to the guardian. Yale Health is also obligated to

provide a chaperone when one is requested by the patient or provider during any visit and for any reason. If a chaperone is not available when requested, the patient may reschedule the examination, treatment, or procedure.

“The role of chaperone is to be present,” said Margaret Brockamer, a medical assistant and trained medical chaperone in the Obstetrics and Gynecology Department. “We are not specifically looking in the area that is being examined. We usually stand to the side and we are there if the patient needs someone to talk to or if they need someone’s hand to hold. In certain instances, we do help to assist the provider, if necessary, but our main role is to be present for the patient and for the provider. It’s for their safety.”

Patients will be informed if their visit requires a chaperone at the time of scheduling their appointment and again by the medical assistant when they are in the exam room prior to the start of the exam. Because chaperones for sensitive visits are a healthcare best practice, patients do not have the option of declining a chaperone for such visits. Yale Health has received varying feedback from patients since the policy’s implementation, including feedback about the inability to decline a chaperone.

“We understand and appreciate patient concerns with the fact that they do not have a choice in declining and we hear them,” said Nanci Fortgang, RN, MPA, CMPE, Yale Health’s chief clinical operations officer. “In fact, we struggled with this policy for the very same reason. However, this is about safety for the patient and the provider. We have not had incidents at Yale Health, but, sadly, we are all aware of misconduct and abuse that has happened at other universities. To that end, we are committed to acting in accordance with healthcare best practices nationwide to ensure safety and professionalism at every encounter.”

For more information on patient safety at Yale Health, visit yalehealth.yale.edu/patient-safety.

“Reach Out Early”

Yale provides options for mental health services

“Everyone has a down mood that may last a day or so, but if something has become persistent and interferes with your daily life, we encourage you not to wait. You shouldn’t wait until it’s full blown. Reach out early.”

Borislav Meandzija, MD



THE NUMBER OF PEOPLE using mental health services has been on the rise for years and the COVID-19 pandemic saw more people seeking help than ever before. Services for Yale Health members through Magellan Health Services rose 30 percent during the same time period from 2020 to 2021.

“People have been feeling stressed and we’re seeing dramatic increases in services in both the pediatric and adult populations,” said Borislav Meandzija, MD, chief of the Behavioral Health Department. “Everyone has a down mood that may last a day or so, but if something has become persistent and interferes with your daily life, we encourage you not to wait. You shouldn’t wait until it’s full blown. Reach out early.”

Yale University and Yale Health have several options to help.

Yale’s Personal Wellness Signature Benefit, provided through Optum, offers Yale employees and their household members up to six free confidential counseling sessions per issue, per year. This confidential service is intended for short-term or singular issues such as stress management, workplace or relationship stressors, family and parenting concerns, or grieving the loss of a loved one. Providers cannot prescribe medications.

For longer-term or more severe issues, you would be directed to a provider through **Magellan Health Services** as part of your behavioral health benefit as a Yale Health member, which does not have a visitation limit as long as it is deemed medically necessary. Yale and Magellan have worked together to create a network of roughly 600 providers in Connecticut including psychiatrists, psychologists, advanced practice

registered nurses, social workers, substance abuse counselors, and marriage and family therapists. All of the providers are licensed and qualified to perform a diagnostic interview. Psychiatrists or APRNs can also write prescriptions.

Through Magellan’s website, you can search for a provider based on criteria such as gender or specialty. The site often indicates whether providers are accepting new patients. Yale Health members should call Magellan or use the Magellan website to find the most appropriate treatment provider within Yale Health’s behavioral health network. The Magellan telephone center is staffed around-the-clock by licensed mental health clinicians who are there to help you get the care you need. After you schedule an appointment with a provider, call Magellan back for an authorization.

Many providers in the Yale Personal Wellness Signature Benefit (Optum) network are also in the Magellan network, so if you realize you need more help than originally anticipated, it is possible to continue to see the same provider following your six sessions with Optum.

Both the Yale Personal Wellness Signature Benefit and Magellan offer online information and resources through their websites to help you with your day-to-day mental health needs. Both also offer apps, “Sanvello” through Optum and “Neuroflow” through Magellan, that allow you to track your mood, sleep, and provide coping skills.

If you are considering seeing a mental health provider, you can also **call Yale Health’s Behavioral Health Department at 203-436-5706** or **203-436-5667** during regular office hours to discuss your options.



**Yale Personal Wellness
Signature Benefit (Optum)**

866-416-6586
your.yale.edu/work-yale/benefits



Magellan Health Services

800-327-9240
yalehealth.yale.edu/directory/departments/behavioral-health

EMBRACING OUR DIFFERENCES
CONTINUED FROM PAGE 2

ACKNOWLEDGEMENT, RECOGNITION, AND RESPECT

In an effort to engage and motivate staff to dedicate themselves to the principles of inclusion and diversity, Yale Health plans to launch a recognition program titled “Together Everyone Achieves More” or “TEAM.” This program will recognize individuals or departmental efforts with respect to DEI and belonging and incorporate these leaders into Yale Health’s annual Better Together Awards program.

PROFESSIONAL AND PERSONAL DEVELOPMENT OF INCLUSIVE PRACTICE

Yale Health has held around 20 DEI and belonging educational programs for its staff since the workgroup launched, many aimed at recognizing and managing unconscious bias. Upcoming educational sessions will focus on cultural needs and competencies. It plans to hold a competency day this spring and include more staff training on diversity.

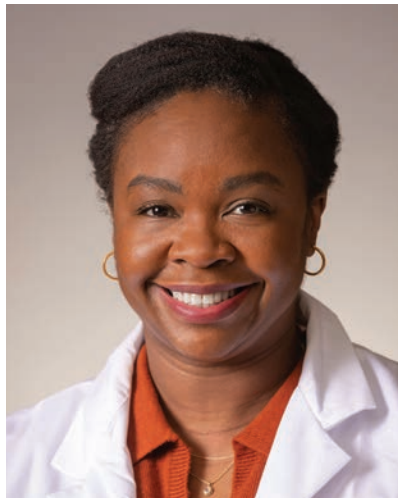
While all of these initiatives look good on paper, Brunetto and Perez know that they will only be successful if the staff is engaged and committed to change. And they know it will take everyone to make a difference.

“There is no color you have to be and there is no ethnicity you have to be to get involved in this work,” Perez said. “Even if you don’t share someone’s experience, you can be empathetic and see it through their eyes.”

As always, Yale Health welcomes your comments and suggestions.

For more information on diversity and inclusion at Yale Health, visit yalehealth.yale.edu/about/inclusion-and-diversity.

Yale Health Welcomes New Clinicians



Marianne Muchura, MD
OBSTETRICS AND GYNECOLOGY

Marianne Muchura spent the last year providing care at Hartford Hospital’s Women’s Ambulatory Health Services. She was previously a physician in obstetrics and gynecology at Cambridge Health Alliance in Cambridge, MA and at several locations in Virginia through the Mid-Atlantic Permanente Group in Arlington, VA.

Muchura earned her undergraduate degree in business administration from the University of Connecticut in 2000 and completed her post-baccalaureate in the pre-medical program at the University of Connecticut in 2004. She received her medical degree from the University of Connecticut School of Medicine in 2008 and completed her internship and residency training through Harvard Medical School at Beth Israel Deaconess Medical Center in Boston, MA.

She has served as an assistant professor of obstetrics and gynecology at Tufts University School of Medicine, a clinical instructor of obstetrics, gynecology, and reproductive biology at Harvard Medical School, and a clinical assistant professor of obstetrics and gynecology at Penn State College of Medicine.



William Bruneau, PharmD
INTERNAL MEDICINE

After receiving his undergraduate degree in political science from the University of Connecticut in 2010, William Bruneau earned his doctorate in pharmacy from the University of Saint Joseph School of Pharmacy in Hartford in 2017. He completed his clinical pharmacy residency through the Minneapolis Veterans Affairs Health Care System in Minneapolis, MN in 2018.

He has spent the past four years working as a multispecialty ambulatory clinical pharmacist at Yale New Haven Hospital, where he spent much of his time in primary care with a focus on diabetes education, insulin teaching, and working with medical residents to optimize patient medication regimens. During this time, he also served as a pulmonary ambulatory clinical pharmacist at Yale New Haven Hospital, where he provided care for patients with typically moderate to severe chronic obstructive pulmonary disease (COPD), asthma, interstitial lung disease (ILD), pulmonary hypertension, and other pulmonary diseases.

Bruneau is a member of the Connecticut Society of Health-System Pharmacists.

INTERNAL MEDICINE**Why should I have an Advance Directive?**

⊕ An Advance Directive is a legal document that states your wishes for end-of-life care. The form includes assigning a healthcare representative and establishing a living will.

Assigning a healthcare representative includes naming a person who will be able to communicate with your healthcare team on your behalf if you become ill or unable to do so. This is typically a family member or close friend. A healthcare representative cannot be a healthcare provider.

A living will provides a map for those who will be caring for you toward the end of your life. It establishes your care choices and treatment preferences for different situations so your loved ones understand your wishes when that time comes.

Yale Health has established its Advance Directive in conjunction with Yale New Haven Health System. Completing and submitting the form is free and requires two witness signatures to make it legal. No lawyer or notarization is required. You can change your wishes or healthcare representative at any time.

Forms are available at yalehealth.yale.edu/resources/forms.

Slawomir Mejnartowicz, MD
Internal Medicine

**OBSTETRICS AND GYNECOLOGY****What should I expect in the fourth trimester?**

⊕ The fourth trimester is the 12-week period immediately after you give birth. It has recently been recognized that women need more support, both physically and emotionally, than just a single postpartum visit as they recover from childbirth, which led the American College of Obstetricians and Gynecologists to release updated recommendations for postpartum care.

Women will now have a telemedicine visit with the Department of Obstetrics and Gynecology (Ob/Gyn) about two weeks after giving birth along with an in-person visit at six weeks. Along with checking in on your physical and mental health, this allows you and your provider to discuss contraception plans, pregnancy spacing, and any other concerns you may have as you recover from childbirth and adjust to parenthood. Additional follow-up appointments may be recommended, tailored to your healthcare needs.

Your primary care provider (PCP) in Ob/Gyn will also partner with your PCP in Internal Medicine for ongoing care, if needed. For example, conditions may develop during pregnancy such as high blood pressure or gestational diabetes, which are now known to be risk factors for cardiovascular disease in the future. Your Internal Medicine PCP will also focus on ways to maintain a heart healthy lifestyle.

Joann Knudson, MD
Chief, Obstetrics and Gynecology



Making the Rounds

**HEALTH AND WELLNESS INFORMATION
FROM YALE HEALTH STAFF****OPHTHALMOLOGY AND OPTOMETRY****What is Glaucoma?**

⊕ Glaucoma is a group of diseases caused by too much pressure inside the eye, which damages optic nerves and leads to vision loss. Your eyes are filled with fluid and you create and drain new fluid constantly. If the drainage doesn't match the production, your eye gets full of fluid and produces this unwanted pressure.

There are different types of glaucoma and it could appear at any age, although it is more common in older adults. You could be at higher risk based on family history, anatomical reasons such as a partially closed drain or irregular iris, or as a side effect of certain medications such as steroids and some anxiety or allergy medicines, which can cause pupil dilation and lead to drainage issues.

Glaucoma is often referred to as “the silent thief of sight” because there are no warning signs. You may experience the occasional headache, but any vision loss starts in your peripheral vision and closes in on the center. Most people won't even notice it in their daily lives until it gets too bad. Luckily, there have been improvements in glaucoma medication and surgical procedures.

The best thing you can do is get your eyes examined regularly, especially if you have a family history of eye disease. Young, healthy adults should be seen every two years and annually after age 40. If you have any concerns about your eye health, please contact

the Department of Ophthalmology and Optometry.

Vicente Diaz, MD, MBA
Chief, Ophthalmology and Optometry



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KEEP IN MIND

Pre vs. Post-Service Claims Appeals

You have the right to appeal an adverse claim determination or an adverse benefit determination rendered by Yale Health. Member obligations such as premium contributions, deductibles or co-payments cannot be appealed.

A pre-service claims appeal is for appeals related to services not yet rendered that have already been denied by the Yale Health Referrals Department, such as if you are seeking services outside of Yale Health's network.

A post-service claims appeal is for appeals related to services already rendered without prior approval from the Yale Health Referrals Department, such as non-covered services or services that took place outside of Yale Health's network even after a denied referral decision by the Yale Health Referrals Department.

There are different levels of appeals and different instructions for pre-service or post-service appeals. Visit yalehealth.yale.edu/appeals-process for more information.

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