

Yale Health Center
55 Lock Street
New Haven, CT 06511

NON-PROFIT
U.S. Postage
PAID
New Haven, CT
Permit No. 526

YALE HEALTH CARE

news from Yale Health
winter 2021

Virtual Visits
Leading the Next Generation
Members Helping Members



BEHAVIORAL HEALTH
NUTRITION
OBSTETRICS AND GYNECOLOGY

YALE HEALTH CARE

news from Yale Health
winter 2021



KEEP IN MIND

Stay Up to Date

Visit yalehealth.yale.edu to stay up to date on important and time-sensitive announcements and information from Yale Health regarding COVID-19. You can also find department hours and phone numbers, clinician bios, and information about your Yale Health coverage.

Sign Up for RxReady

RxReady, Yale Health's prescription notification system, will send you messages via text or e-mail to let you know when your prescription is ready for pick up at the Yale Health Pharmacy.

To register, visit <https://rxready.yale.edu>.

Receive This Newsletter Electronically

If you would prefer to receive the Yale Health Care Newsletter electronically, please visit yalehealth.yale.edu/e-mail-subscription-service.

Published by Yale Health
55 Lock Street
New Haven, CT 06511
203 432 0246
yalehealth.yale.edu
EMAIL member.services@yale.edu

Paul Genecin, MD
Chief Executive Officer

Jennifer W. McCarthy, MD
Chief Medical Officer

Catherine Kelly
Manager, Member Services

EDITORIAL BOARD

Ann Marie Cirkot, RN, MSN
Health Educator

Linda Ehrenfels, RN
Director of Nursing, Inpatient Care

Lisa Kimmel, MS, RD, CDN
Director of Wellness and Health Education

Audrey Rogers
Patient Partner

Joseph Serio, RPH, PHARM D
Pharmacy

Heather Smith
Communications Officer

Peter Steere, RPH, MBA
Chief Operating Officer

Dan Champagne, *Editor*
Jack Design, *Design*
Harold Shapiro, *Photography*

Yale HEALTH
yalehealth.yale.edu

Dr. Julie Rosenbaum, along with much of Yale Health, has transitioned many appointments to telemedicine.



Virtual Visits

Yale Health embraces telemedicine to connect with patients

A GLOBAL PANDEMIC brings both challenges and unexpected opportunities. When the COVID-19 crisis began in March, Yale Health knew it was the right time to turn its biggest challenge into what may be an opportunity to improve the way it provides care to patients.

For certain types of visits, telemedicine is a new way to see your provider by using modern technology that connects patients with their medical team. Patients can connect with their healthcare providers through a telephone call, or through video via MyChart by using a smart phone or tablet. Using MyChart to connect the video visits ensures that they are safe, secure, and confidential.

VIRTUAL VISITS CONTINUED ON NEXT PAGE



TELEMEDICINE TIPS

In order to allow for consistent audio output, improved video quality, and to provide the same experience across all devices, the telemedicine platform transitioned to MyChart + Zoom in mid-December. If you have had a video visit in the past, you likely received an email or MyChart message about this change. To further assist you, you can expect to receive a phone call from a **Telehealth Assistance Group (TAG)** team member two business days prior to your video appointment to walk you through the set-up process. **If you need technical assistance before your video visit, please call 475-246-8041 in advance of the start of your scheduled visit.**

When your appointment time comes, be sure to pay attention to your surroundings. Ensure you have a **good internet connection, a quiet place to talk,** and your chosen place affords you privacy. **Do not drive while on a video appointment.** Have your **questions and concerns prepared** to discuss with your clinician and **keep any medications you are taking near you.** **If you have a chronic disease such as high blood pressure or diabetes that requires self-monitoring, have your numbers ready at the time of your appointment.**

VIRTUAL VISITS CONTINUED FROM PREVIOUS PAGE

“COVID-19 became the opportunity for Yale Health to do something we’ve been thinking about for a long time,” said Dr. Julie Rosenbaum, chief of Internal Medicine and Acute Care. “This is a really interesting extension of how we provide care. It will be a really convenient way moving forward for folks to get their health care.”

Once it became obvious in March that access to the Yale Health Center would be limited due to COVID-19 restrictions, Yale Health moved quickly to ensure its patients still had access to the care they needed, even if they were not physically in the building. Within 7–10 days of the global pandemic starting, Yale Health converted many appointments to telephone. It added video visits through MyChart shortly after, due to the necessary technology adaptations. Telemedicine visits are available in all primary care departments including Internal Medicine, Obstetrics & Gynecology, and Pediatrics as well as in several specialty departments such as Dermatology. Acute Care has also built in telemedicine visits for lower-level acute illnesses and injuries such as urinary tract infections or insect bites. Patients must call first to see which type of appointment is most appropriate because telemedicine encounters are not possible for every situation.

“In some cases, telemedicine may ultimately lead to an in-person appointment, but it has allowed us to create a more flexible way to do that initial evaluation,” Rosenbaum said.

When scheduling an appointment via the Call Center or MyChart, you may be offered a telemedicine appointment, depending on your needs. Each department sets its own guidelines for which visit types are appropriate for telemedicine versus in-person. Not all requests for in-person visits can be accepted due to the continued need for social distancing and to decrease risk to staff and patients, but Rosenbaum said, “We try to accommodate patient preferences when we can.” There are departments where in-person visits are necessary such as Diagnostic Imaging and Blood Draw. There are also services in primary care departments that must take place in person such as cervical cancer screening or a childhood vaccination.

Additionally, there are symptoms that would warrant immediate in-person evaluations such as difficulty breathing, chest pain, acute neurological symptoms, certain injuries, and high fevers.

While telemedicine visits are offered by both telephone and video, Rosenbaum said there are advantages to a video visit, as it allows both the clinician and patient to have a face-to-face conversation, albeit from miles away.

“We know so much about communication is about the words someone is saying and their tone, but it’s also about their facial expressions,” she said. “In a video visit, we can see their face, but they can also see ours. Ironically, since we are all wearing masks in an in-person visit, the ability to read facial expressions in the office right now is more limited than when we have a video visit. We have had to get a bit creative, but what we realized is that there is a lot that can be done over telephone or video. One of the general answers we’re hearing from our patients is it’s easier than you think it is.”

“COVID-19 became the opportunity for Yale Health to do something we’ve been thinking about for a long time... This is a really interesting extension of how we provide care. It will be a really convenient way moving forward for folks to get their health care.”

Dr. Julie Rosenbaum, chief of Internal Medicine and Acute Care

She also said that telemedicine visits will not disappear when the pandemic subsides. She said this new and innovative way of caring for patients is here to stay.

“It has forced us to think about how to deliver the best primary care under the circumstances,” Rosenbaum said of relating to the challenge of providing care during the COVID-19 pandemic. “It’s become an amazing opportunity to connect with our patients even during these times. We’ve got to take these challenges and try to make sure we’re finding ways to innovate and move forward to provide care in even better ways in the future.”



I wish I could list each person whose creativity and dedication make this herculean work possible. We owe them great thanks... for their ongoing commitment to preventing the uncontrolled spread of COVID-19 in the Yale community.

FROM THE DESK OF PAUL GENECIN, MD

As you read this issue of Yale Health Care, our second semester is about to start and we are looking ahead to progress in our fight against COVID-19. I would like to tell you about Yale Health’s recent public health journey and share some thoughts about 2021.

After our spring 2020 epidemic, coronavirus infections were at a low point in Connecticut at the start of Yale’s fall semester. A team of Yale Health staff, faculty experts, and other university partners convened to design a program to minimize COVID-19 at Yale with the return of students. We created a large coronavirus testing program with contact tracing, outbreak investigation, and management of patients in isolation and quarantine. Yale Health recruited over 175 people for COVID-19-related work and performed up to 13,000 COVID-19 tests per week by November.

Although coronavirus infections in the Yale community were uncommon in the early fall, the infection rate climbed steadily in October and surged in November in parallel with the local community. However, we were able to limit the spread of coronavirus at Yale with our most notable success in the residential student population. We managed an outbreak in a varsity team affecting approximately 20 athletes, but prevented further spread with isolation and quarantine. By November, the majority of our COVID-19 cases were in people living in the community, driven by household spread and small social gatherings. Although we had dark days with up to 30 positive COVID-19 tests, Yale experienced no large-scale outbreaks. Moreover, our contact tracing data reassured us that the university’s infection control precautions in the workplace made on-campus spread a rare event.

I wish I could list each person whose creativity and dedication make this herculean work possible. We owe them great thanks, not just for the past semester, but also for their ongoing commitment to preventing the uncontrolled spread of COVID-19 in the Yale community.

Now, we are working to deliver a coronavirus vaccine to the Yale community. In alignment with Connecticut guidelines, we are starting with members of the community whose roles or health status place them at highest risk. We will provide vaccine to our entire population as supply permits. I look forward to the time, hopefully soon, when we will succeed in protecting our community from this serious disease through a combination of high vaccine acceptance and continued vigilance until the scientific data supports relaxing our infection control precautions.

In addition to our COVID-19 work, we must also turn our attention to the care that Yale Health members may have postponed in 2020. I strongly encourage you to contact your primary care provider if you have not done so already. You can do this in-person, in telemedicine appointments or via MyChart. Following a year of extraordinary challenges, our highest priority at Yale Health is to help our community emerge from this pandemic healthy, safe, and ready to increase engagement in normal activities.

Paul Genecin
Chief Executive Officer

Leading the Next Generation

Dr. Gordon Streeter named chief of Pediatric Department

DR. GORDON STREETER arrived in the Pediatric Department as a primary care provider during a time of transition in 2011. Several long-time pediatricians including John Blanton, Moshe Siev, and Carol Morrison had recently retired and Streeter was part a small group of new clinicians joining the team.

Nearly a decade later, Streeter now finds himself as one of those staff veterans ready to lean on his experience to help lead the department into the future.

Streeter was named chief of the Pediatric Department in August after serving as its interim chief for over a year. Streeter took over as chief from Dr. Douglas Idelson, who served in the role since 2006 and has returned to providing direct patient care for Yale Health's pediatric patients.

"I've always seen myself coming into this position as a clinician," Streeter said. "It's very easy for me to be tethered to the patient care part of it, which is what I'm supposed to be. It's very grounding. Managing people you know and work with has its benefits and challenges, but I look at it as more of a benefit than challenge."

Streeter said he never had that "aha moment" when deciding to pursue a career in medicine. He grew up in Westchester, NY as the middle of three boys. His mother ran the show at home full time while his father worked in finance in Manhattan. He loved to be outdoors, catch frogs in a nearby pond, and ride bikes. His parents still live in his childhood home.

He had no great medical influence in his family or any inspirational moments with a childhood clinician. However, two great grandfathers he never met were doctors (one graduated from the Yale University School of Medicine).

After earning his undergraduate degree in environmental studies at Middlebury College in Vermont in 1991, his first job



was in the field of geographic information systems, where he performed computer mapping and modeling as a government employee in Virginia. It was then he realized that he was not cut out for a desk job.

Medicine began to intrigue him, though he was "drawn more to the people part than the science side of it."

Needing to complete all of his pre-medical courses, Streeter enrolled in Columbia University's School of General Studies and then attended Columbia University College of Physicians and Surgeons, where he earned his medical degree in 1999. He completed his pediatric residency at Jacobi Medical Center Albert Einstein College of Medicine in the Bronx and served as chief resident upon completion of his residency. He has extensive experience as a pediatrician including a six-year stint at Hamden Pediatrics just prior to joining Yale Health.

"Dr. Streeter has been a valued member of the Pediatrics team for about a decade," said Dr. Jennifer W. McCarthy, chief medical officer. "His patient-centered approach to clinical care is valued by our members and the healthcare team here at Yale Health. His thoughtful approach to leadership and creative vision make him ideally suited to the role of chief of the Pediatric Department."

In his new role, Streeter still sees patients as a primary care provider while adding more administrative duties into

his schedule. His vision for the future of the department includes focusing on staff retention and stability, as he believes that a long-standing clinician-family relationship will ultimately provide the best pediatric care.

"Now that I've been here for a while, I have families that I have grown up with," he said. "Some of them, with their second or third kid. If you've known that parent for years, you really get to know them as a person. That's a maturation you can't get if you jump from job to job. I appreciate that kind of stability in my own practice and would like to work on maintaining that for the benefit of all our patients."

"We are allowed the time and opportunity to look at the whole patient and the whole family... It's a very rewarding way to practice medicine."

*Dr. Gordon Streeter,
chief of Pediatric Department*

He would also like to continue to expand upon Yale Health's 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.

Streeter lives with his wife Rebecca, an adult cardiologist practicing in a private group affiliated with St. Vincent's Medical Center in Bridgeport, along with his two daughters, ages 16 and 12. He most recently served on the board of Bethesda Nursery School in New Haven for almost a decade and has spent weekends over the past three winters teaching children's ski lessons at Bromley Mountain in Vermont. He enjoys being home, keeping busy with chores in and out of the house, and perpetually tries to get more exercise to meet the American Heart Association recommendations (remember the cardiologist spouse).

FROM OUR MEMBERS

“

“The clinician was very thorough even though it was a video visit. I was impressed by the type of care I received.”

“

“I think the staff is doing a great job with an almost impossible situation managing these telemedicine meetings.”

“

“The appointment was held through MyChart video chat and provided an informal introduction between the doctor and myself. The staff on the phone has also been incredibly helpful throughout adjustments with telemedicine.”

PARTNERSHIP FOR PATIENT-CENTERED CARE

Members Helping Members

Volunteer donations support Yale Health's Patient Hardship Fund

In recognition of Nurse's Week two years ago, nursing leadership established the Yale Health Patient Hardship Fund to provide support for members of Yale Health experiencing a financial hardship. The fund was the result of Yale Health's Care Coordination Transition Management (CCTM) RN team identifying significant gaps that were barriers to compliance with recommendations and adherence to care plans.

"We were seeing that some patients were not able to stick with their prescribed treatments and we were trying to figure out why," said Gabriela Brito, RN, a nurse in the Endoscopy Department and a member of the Patient Hardship Fund Committee. "We found many patients simply did not have enough financial resources to pay for their treatments. We wanted to create a support system to fill some of these gaps."

The Patient Hardship Fund is available to all eligible members of Yale Health and serves explicitly to support members to get the care ordered and coordinated by their healthcare team. Patients can receive up to a maximum of \$500 based on eligibility criteria. Funds are sourced from voluntary contributions with 100 percent going directly back to patients.

The fund to date has assisted over a dozen families and members of the Yale community. The Patient Hardship Fund Committee meets regularly to review requests, and is a multidisciplinary team comprised of clinicians, nurses, medical assistants, technicians, finance, and pharmacy staff. All fund requests and disbursements are confidential and allocated on an as-needed basis. Funds are available for a variety of patient needs, which include:

- Food for special diets.
- Transportation to and from appointments.
- Gas for travel to appointments.
- Pediatric supplies, such as diapers, nourishment, and formula.
- Durable medical equipment and other devices that are not covered by Yale Health and are important for recovery, health, and daily living activities.
- Help with prescriptions.

Brito said the committee has seen more applications for help with prescriptions since the start of the COVID-19 pandemic as some Yale Health members have lost second jobs and are struggling financially.

"There is a misconception, even I had before I came to this committee, that if you work at Yale, it's associated with wealth," Brito said. "There are other sides to the spectrum and there are people who have two or three jobs. There are members in the Yale community who are trying to decide if they should buy food for their families or buy their prescriptions. We're trying to help with that and make a difference in their lives."

To donate to the fund or to make a confidential request of funds for yourself or another member, please visit yalehealth.yale.edu/about/yale-health-patient-hardship-fund.

New Clinicians Join Yale Health



Vicente Diaz, MD
CHIEF, OPHTHALMOLOGY & OPTOMETRY

Vicente Diaz has been named chief of the Ophthalmology & Optometry Department after spending the past 10 years as a partner at Eye Surgery Associates, LLC, in Stratford. He is the present director of ophthalmology at the Connecticut Burn Center at Bridgeport Hospital and at Optimus Healthcare in Bridgeport.

Diaz has served as an assistant clinical professor of ophthalmology at the Yale University School of Medicine since 2018 and as an assistant professor of ophthalmology at The New York Eye & Ear Infirmary of Mount Sinai in New York since 2010.

He earned his undergraduate degree in Latin American studies from Brown University in 2000, his MBA from the Yale School of Management in 2005, and his MD from the Yale University School of Medicine in 2005. He completed his residency from the Yale University School of Medicine's Department of Ophthalmology and Visual Science in 2009.

Diaz is certified by the American Board of Ophthalmology.



Eugenia Betz, MD
INTERNAL MEDICINE

Eugenia Betz earned her undergraduate degree in brain and cognitive sciences from the Massachusetts Institute of Technology (MIT) in 2011 before obtaining her MD from Penn State College of Medicine in 2017.

She completed her training in the Yale Primary Care Internal Medicine Residency Training Program in 2020 and has research experience in the Behavior and Development Clinic at Penn State, the Yale Early Childhood Cognition Laboratory at the Yale Child Study Center, and the Department of Brain and Cognitive Science at MIT.

Betz was honored with the Penn State College of Medicine Student Research Award in 2014.



Bushra Javaid, MD
PEDIATRICS

After spending the last 11 years at the Marshfield Clinic, Eau Claire Center, in Eau Claire, WI, Bushra Javaid has joined the Pediatric Department as a primary care provider. She had previously served as an associate professor of pediatrics at The Children's Hospital & Institute of Child Health and an assistant professor of pediatrics at King Edward Medical College and Mayo Hospital, both located in Lahore, Pakistan.

Javaid earned her MBBS, an international degree equivalent to an MD, from King Edward Medical College in Lahore, Pakistan in 1985. She completed her training as a house surgeon and medical officer in obstetrics and gynecology at Lady Willingdon Hospital, in Lahore, Pakistan. She completed her residency in pediatrics at Bridgeport Hospital.

Javaid is certified by the American Board of Pediatrics and is a member of the American Academy of Pediatrics.

NUTRITION

What are Superfoods?

There is no actual definition for superfoods, but foods are often given that label if they are a good source of fiber, protein, vitamins, minerals, antioxidants, and omega-3 fatty acids. If a food has these nutrients, they may get promoted as a superfood.

Some examples of superfoods are salmon, whole grains such as quinoa and brown rice, kale, spinach, blueberries, and raspberries. Matcha and goji berries are examples of superfoods that are often promoted in the media, but are not as readily accessible.

The nutrients found in these superfoods help to promote good heart health, stabilize blood sugars, and may even help in preventing some types of cancer.

While superfoods are important, you shouldn't focus solely on foods with that label. Instead, focus on a "super plate", which will get you a better variety of vitamins and minerals.



Becky Purcell, MS, RD, CDN
Registered Dietitian, *Being Well at Yale*

OBSTETRICS AND GYNECOLOGY

What Do I Need to Know About Genital Herpes?

Genital herpes is a sexually transmitted infection caused by herpes simplex virus type 1 (HSV-1) and herpes simplex virus type 2 (HSV-2). Oral herpes, which can result in cold sores and fever blisters on and around the mouth, is typically caused by HSV-1 and can be spread to the genitals through oral sex.

More than one of out of every six people ages 14 to 49 in the United States has genital herpes and up to 50 percent of those infected are asymptomatic. The initial or primary infection symptoms may include painful ulcers, fever, and/or tender lymph nodes in the groin area. Herpes lesions look like a gray crater on a red base. The average time to show primary infection symptoms following an exposure is four days, with a range of two to 12 days.

Genital herpes is spread through skin-to-skin contact, saliva, and mucus secretions. You can reduce the risk of transmission by avoiding sexual activity with someone who has a visible outbreak, as transmission rates are higher when the virus is visible. You can also use condoms to help reduce skin-to-skin contact, although no method is 100 percent safe. While there is no cure for genital herpes, there are medications used to treat outbreaks and help reduce transmission.

If you have a concern about genital herpes, contact your primary care provider in Obstetrics and Gynecology or Internal Medicine.



Michelle Kennedy, APRN
Obstetrics and Gynecology

Making the Rounds

HEALTH AND WELLNESS INFORMATION
FROM YALE HEALTH STAFF

BEHAVIORAL HEALTH

How Can I Cope with Stress During the Pandemic?

Stress is a normal part of life. Chronic stress is a situation that keeps going on and the current COVID-19 pandemic is a perfect example. Dealing with this type of stress starts with healthy habits, including structure and maintaining a regular schedule. Drifting from one day to the next without knowing what our schedule will be like can be counterproductive.

Some advice is to make a calendar, one week at a time, and try to plan out every day starting with your morning routine, mealtimes, daily tasks, relaxation, and exercise time. Eating regular meals is an important part of a routine. Avoid or limit caffeine, nicotine, and alcohol and try to get plenty of physical exercise, as it is your body's way to burn off the chemicals that stress produces.

Additionally, humans are social beings and sharing our struggle with others is one way we unburden ourselves. When we are isolated, all sorts of thoughts may be circling around and talking to someone we trust may help us gain a different perspective. The present time obviously presents us with a different challenge. Socializing involves a lot of physical components as simple as hugging and that is restricted in the time of a global pandemic. But that should not be a barrier to use safe measures such as a phone or video call or meeting people as long as you wear a mask and maintain proper social distancing.

If these things are not working, do not



hesitate to seek support from a mental health professional by calling Magellan Health Services at 800-327-9240.

Borislav Meandzija, MD
Chief, Behavioral Health



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