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NEWS FROM THE YALE HEALTH PLAN

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“Breath of Fresh Air” a Marvel of Complexity

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Editor

The idea of breathing is woven into our language: “I know you’re upset, but take a deep breath and tell me all about it.” Or: “Now that I’ve finished my dissertation, I can breathe easier.” Or “That music takes my breath away.” No wonder. Breathing is the most basic of bodily functions; there is no life without some form of respiration. Humans draw between 12–15 breaths every minute of their lives.

While most people think of human breathing as the flow of air through tubes into the lungs, the respiratory system is very complex. It is controlled by the brain and driven by the muscular diaphragm expanding the lungs and sucking air into the lungs. The process involves the filtering, heating, and moisturizing of air in the nose, sinuses, and trachea (commonly called the “wind-pipe”).

We can initiate breaths voluntarily, and when we are anxious, active, or are asked, we do so. But even if we don’t



think about taking that breath, breathing will happen. The back of the brain (the medulla oblongata) measures the amount of oxygen and carbon dioxide in the blood. When the oxygen level drops or the carbon dioxide level rises, the “order” is given to take a breath.

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As Weather Cools, Pay Attention to Indoor Air

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Concerns about indoor air quality have increased dramatically over the past few decades, beginning shortly after the energy crises of the 1970s when more energy efficient building designs were adopted. As buildings became more energy efficient, they were also generally tightly insulated and sealed, leading to increases in complaints about air quality. Coupled with these changes, we have also seen marked increases in the amount of time people, especially children, spend indoors

Complaints about indoor air quality are often seasonal, typically increasing as the weather turns colder and people in colder climates spend nearly all their time indoors. Among the most common complaints are stale or stuffy air and lingering disagreeable odors. Other complaints include eye and respiratory irritation, headaches, and fatigue.

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EVERY BREATH WE TAKE

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This sequence illustrates the two main functions of respiration: (1) getting oxygen into the lungs and transferring it to the blood to be taken to the cells so metabolism can take place; and (2) taking carbon dioxide (a waste product of metabolism) from the blood and transferring it through the lungs to the air which is then exhaled into the outside world.

Many people think that breathing requires the muscles of the shoulders and chest. In the doctor's office we say "take a deep breath" and we often see people raise their shoulders. Have you ever watched dancers, singers or athletes breathe? While their shoulders and chests barely move, their abdomens pump in and out. That's because almost all the power and capacity of breathing come from the diaphragm.



The diaphragm is a set of thick muscles at the base of the lungs, dividing the chest from the abdomen. When the diaphragm moves down, the abdomen moves out, and the negative pressure sucks air into the lungs. The diaphragm relaxes, the abdomen wall moves in, and air is pushed out from the lungs. The lungs themselves have no muscles; rather, they are sacks which are opened and closed by the expansion and collapse of the chest cavity.

Important telephone numbers

Urgent Care	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
Toll Free	1-877-YHP-CARE
Information	432-0246
Pharmacy	432-0033
<i>Hours of operation</i>	
Monday–Wednesday, Friday	7:30 AM–6:30 PM
Thursday	8:30 AM–6:30 PM
Saturday	8:30 AM–3:30 PM
Patient Representative	432-0109
Medicare/Retiree Coordinator	432-8134
Outpatient Referrals	432-7397
Claims	432-0250
Inpatient Care Facility	432-0001

in touch

The air we breathe is finely processed as it travels to the lungs. The nose and sinuses are filled with tiny hairs to filter out dust and pollen, with mucus-producing cells to make sticky stuff to catch bacteria, and with cells to moisten and heat the air. The air is forced through the throat where the process is continued, past lymph glands that further capture interloping organisms, through the vocal cords and down the trachea to the lungs.

If we want to talk or sing, the brain tells the vocal cords to move, causing the exhaled air to vibrate and directing it to the mouth for shaping and ultimately the creation of sound. In and around the lungs more lymph glands and cells purify the air, but the main job of the lungs and respiration is the finely tuned diffusion (transfer) of oxygen and carbon dioxide across the cell membranes.

This is our brief overview of breathing. As with the rest of the body, when the process works well it's a wonder. But, with all the steps involved, a lot can go wrong. For example, in the obese person the diaphragm can't move as freely into the abdomen, so less air may get into the lungs than is needed. In the asthmatic the lung passages are narrowed and blocked with mucus, so getting adequate air requires greater effort.

In the smoker the brain becomes less sensitive to carbon dioxide, so there's less drive to breathe spontaneously. In addition, smoking inserts foreign material into the lungs, blocking the exchange of oxygen and carbon dioxide; carbon monoxide instead of oxygen is transferred into the blood, and can't be used by the cells for proper functioning.

So pay attention to how you care for your respiratory system—there's nothing passive about it!

Our pediatric asthma management initiative—which includes family education and the creation of an individualized asthma action plan for each home—has resulted in a 25% reduction in pediatric asthma-related hospitalizations and urgent visits, and has improved the quality of life for asthma patients and their families.



from the desk of

RAVI DURVASULA, MD

MEDICAL DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

In the world of medicine “access” has a number of meanings. Over the past year, we at Yale Health Plan have been engaged in new and evolving projects such as population medicine and care coordination, the implementation of an electronic medical information system, and the refinement of Yale Health Online.

While these programs will have a long-term positive effect on access to clinical services, access has a simple definition for much of our membership: the availability of appointments in primary care departments at relatively short notice. Therefore, delivery of timely care at hours that suit members’ schedules remains our leading service priority.

This priority is also our most challenging. Often, members must leave work or study in the middle of the day to access care or wait until evening to be seen in the Urgent Care Clinic. For a highly productive and often over-committed community, these options are not ideal.

For several months, members of YUHS senior administration have been working with the chiefs and managers of the four primary care departments—Internal Medicine, Obstetrics and Gynecology, Student Medicine and Pediatrics—to improve access options. I am pleased to announce that we will be offering expanded clinic hours to Yale Health Plan members. Effective January 6, 2004, our primary care departments will add evening clinic hours running from 5:00 to 6:45 on Tuesdays and Wednesdays. Our Department of Student Medicine will continue to offer evening clinics until 6:30 pm on Mondays and Thursdays. On Tuesdays and Wednesdays, the department will be open until 6:45 pm.

Evening clinics will be available for a limited number of walk-in visits as well as for scheduled appointments. Ancillary services such as radiology, pharmacy and the clinical laboratory will also be open for extended hours on Tuesday and Wednesday nights to provide full services to our members.

With this plan, over 20 additional clinic hours per week will become available. In addition, by offering evening hours, we expect to reduce daytime congestion in the clinics. More of our rapid access slots will become available during the day. Both patients and clinicians will benefit from greater available space in the clinics and enhanced efficiency of clinic flow. With a little luck, we may even see some improvement in the parking situation.

As schedule templates and clinic staffing are set in place for January, 2004, members will be offered evening appointments when they schedule visits with their clinicians. I encourage you to take advantage of these extended hours and to let us know how they work for you. As always, we welcome all your questions and comments.

Effective January 6, 2004, our primary care departments—Internal Medicine, Pediatrics and Ob/Gyn—will offer evening clinic hours on Tuesdays and Wednesdays from 5:00–6:45. Ancillary services such as pharmacy, radiology and the clinical laboratory will also be available during those times.

2003 YUHS HOLIDAY RECESS HOURS

PRIMARY CARE AND ADMINISTRATIVE DEPARTMENTS
December 24, 31 (8:30 am–12:30 pm)
December 29, 30 (8:30 am–5:00 am)

LABORATORY
December 24, 31 (8:30 am–12:30 pm)
December 29, 30 (8:30 am–5:00 pm)

RADIOLOGY
December 24, 31 (9:00 am–1:00 pm)
December 29, 30 (8:30 am–5:00 pm)

PHARMACY
December 24, 31 (8:30 am–3:30 pm)
December 26, 29, 30 (8:30 am–5:30 pm)

SPECIALTY DEPARTMENTS
Call each specialty department for its holiday schedule.

URGENT CARE
Care for urgent problems is available after hours, week-ends and holidays in the Urgent Care Department.



INDOOR AIR QUALITY

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Unfortunately, the non-specific nature of many complaints can make determining the potential sources of indoor air quality problems difficult.

A wide variety of factors inside and outside of buildings can influence air quality. At home, air quality problems are often caused by cigarette smoke, pet hair and dander, cooking odors, strong or volatile cleaning materials, new carpeting or furniture, plants, and dirty/clogged filters on forced air systems. In the workplace, poor air quality can also be caused by a variety of factors, including blocked HVAC grilles, contaminants near building fresh air intakes (especially vehicle exhaust), equipment such as copiers or printers, poor cleaning practices, co-workers' perfumes and deodorants, and simply too many people working in the same space.

There are several steps you can take if you suspect poor air quality in your home or workplace. First, address your own health and personal habits. Consult your health care provider about any persistent symptoms to determine whether they are the result of other more serious or underlying health issues.

At home, the following actions can offer relief:

- Review housecleaning practices carefully, since many can add contaminants to the air in your house. Reduce dry dusting, and instead use wet or damp wiping. Also consider replacing older style vacuum cleaners with newer units with much higher dust collection efficiency.
- Avoid the use of aerosol spray cleaners. Substitute toxic cleaning chemicals with low odor, low toxicity cleaners where possible. Non-toxic household cleaning materials may already be in your house. Vinegar, baking soda, borax, lemon juice and even toothpaste can be substituted for many household cleaning products. Baking soda in the refrigerator, garbage pail, or litter box will help eliminate odors in the home.

- If you do use chemical cleansers, remember never to mix them—especially bleach and ammonia, which can cause irritating or toxic gases if mixed together.
- If you have one, operate your stove's exhaust fan whenever cooking, and cut back on open pan frying to reduce grease and oil smoke.
- Prohibit cigarette smoking indoors.
- Consider a family house policy of "shoes-off" upon entering, to reduce the amount of dirt and outdoor debris tracked through the house.
- Indoor houseplants can be a source of mold and dust. Periodically damp wipe leaves to remove accumulations of dust, and monitor soil moisture to prevent mold growth.
- Pets can be highly allergenic to many people. If you do have pets, keep them clean and the house clean, and brush their coats regularly.
- Carpeting and upholstered furniture are comfortable but they also tend to accumulate large amounts of dust and are difficult to keep truly clean. If you have a choice, avoid wall-to-wall carpeting. Instead use smaller area rugs over hardwood or vinyl flooring which is much easier to clean. If you do have these fabric coverings, vacuum regularly with a high efficiency filtered unit.
- Maintain comfortable indoor conditions, typically between 68–76 °F and relative humidity at 25–60%.

Individuals generally have less direct control over the air quality in their workplace, but there are still many ways to improve conditions, including:

- Keeping your immediate work area tidy and clean, since most custodial departments will not directly clean desktops and related working surfaces.
- Avoiding indoor plants or, at the least, following the care guidelines described above.
- Keeping the spaces below supply and exhaust air grilles uncluttered to maximize airflows.

- Notifying building maintenance personnel in the event of sudden changes in air quality or comfort levels.

If these steps are insufficient to resolve your specific indoor air quality issue, you may want to summon professional help. Here at Yale, you can contact the Office of Environmental Health and Safety, which will have a safety professional help you identify and resolve any on-going problem. At home, you may wish to consider hiring an independent contractor such as an HVAC (heating, ventilation, air-conditioning) expert, an indoor air or environmental health consultant, or someone who can repair serious problems such as water infiltration or heavy mold infestation.

Additional information about indoor air quality is available from many sources, including the following websites:

<http://www.epa.gov/iaq/>

<http://www.iaqa.org/>

<http://www.osha.gov/SLTC/indoorairquality/index.html>



Pediatrics Department Initiative Helps Families Breathe Easier

JANE MILBERG, APRN, MSN

Pediatrics Department

Asthma, the most common chronic illness in children, affects 5 million children and 15 million adults in the United States. Estimates are that ten million missed school days each year are related to asthma. In Connecticut, asthma also results in approximately 1400 hospitalizations and 6000 emergency room visits for children each year.

Asthma is a chronic inflammatory disease of reversible airway hyper-responsiveness. In everyday terms, “twitchy airways” in patients with asthma respond to triggers that do not affect those who do not have asthma, and can result in wheezing, coughing, shortness of breath, difficulty talking or inability to exercise. Common triggers are environmental factors like pollen, ragweed, or weather changes. Cigarette smoke, perfume, exercise and viral infections are additional possible triggers.

The number of people of all ages with asthma has doubled since 1985. In urban areas, hospital emergency rooms are seeing more children with asthma than ever before. National data suggest that asthma prevalence rates are higher for younger children, low-income individuals and members of racial and ethnic minority groups.

While these statistics are sobering, there are also many treatments available which can allow children and adults with asthma to lead normal lives. Asthma medications fall into two categories: (1) long term control medications and (2) quick relief medications. Long term control medications include inhaled corticosteroids, which decrease airway inflammation and help prevent asthma symptoms from occurring. Quick relief medications are short acting bronchodilators which relax muscles in the airways to relieve wheezing and make breathing easier at the time of an asthma attack.

The National Institutes of Health (NIH) has established guidelines for asthma treatment, guidelines which the YUHS Pediatrics Department uses in working with our families to provide the best possible care for children with asthma. Provision of this care has three facets: preventing asthma attacks, recognizing symptoms when they do occur, and initiating timely and appropriate treatment.

Self-knowledge and self-care are major components of controlling asthma. If you have a child with asthma, make sure to follow the appropriate steps. Older children can be taught to take some responsibility themselves, such as avoiding triggers while they are at school. Tips for managing asthma include:

- Knowing and avoiding your own triggers
- Being familiar with your asthma symptoms (or those of your child). These may include:
 - › shortness of breath
 - › coughing
 - › nighttime coughing (a specific symptom of poorly controlled asthma)
 - › difficulty talking
 - › breathing difficulty during exercise
- Keeping a diary of symptoms. Inform your clinician of any patterns you notice.
- Keeping a peak flow diary in order to compare your normal air flow with changes during illness or an asthma attack.
- Having medications refilled promptly and always easily accessible at home and work and at school, camp and daycare for children.



- Knowing what medications you are taking (or your child is taking) and how best to use them.
- Having a written asthma action plan. This should include a list of medications to be used daily and when the person is sick, as well as emergency steps when an asthma attack is not getting better. Copies of this plan for children should be given to the school and kept in an accessible place for baby sitters and other caregivers.
- Having regular checkups with your primary care clinician to review symptoms and medications.
- Keeping the Yale Health Plan phone numbers for regular and urgent care posted where they can be easily seen.

The YUHS pediatric asthma management initiative includes mailings with the latest information about asthma symptoms and treatments. Group education sessions are conducted by pediatric clinicians, who present an overview of issues in asthma care and are available for questions and discussions. Clinical pharmacists are available to answer medication questions. A pediatric nurse will review each child's technique in using inhaler medications, spacers (devices for delivering inhaled medications) and peak flow meters (hand-held devices that measure the maximum rate of air output from the lungs).

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information

FLEE THE FLU

Annual free flu vaccination clinics will be held at the YUHS building on Wednesdays and Thursdays: November 12, 13, 19, 20 and December 3, 4. Please note that there is no clinic during Thanksgiving week. For more information, contact the Office of Health Promotion and Education at 203-432-0093.

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Among our patients over 62, YHP's pneumococcal immunization rate has increased from 23% (the national average) to 83% over the past three years.

THE WORD ON MENOPAUSE

Our popular lecture/discussion series on menopause will be held on January 14, 21 and 28 (all Wednesdays) at 12:00 in the President's Room in Woolsey Hall (corner of College and Grove Streets). The events are free and lunch will be provided. In addition, we will be offering an early evening program open to partners and significant others. Watch for more information posted at YUHS and in this newsletter.

MANAGING DIABETES DURING THE SUGAR ONSLAUGHT

The Departments of Internal Medicine and Health Promotion at Yale University Health Services will sponsor a discussion group on managing diabetes during the holiday season. Participants are welcome to bring recipes or stories to exchange. The group will meet Friday, November 14, from 8:00 a.m.–9:30 a.m. in room 405 at YUHS, 17 Hillhouse Avenue. Light refreshments will be served. For more information or to RSVP, call Vicky Chang at 203-432-7219.

NEW LAB SERVICE

Effective October 1, 2003 Yale University Health Services (YUHS) has contracted with Clinical Laboratory Partners (CLP) to provide laboratory services to Yale Health Plan (YHP) members. CLP prides itself on its timely and accurate delivery of results and superior customer service.



Phlebotomists will continue to be available at YUHS to obtain and process specimens. CLP maintains an extensive network of patient service centers statewide for your convenience. Many locations are open as early as 7:00 am as well as half days on Saturdays. A complete list of these sites with locations and hours can be found on the YUHS web site at www.yale.edu/uhs. For additional information, call Clinical Laboratory Partners at 800-286-9800 or 860-696-8020.

CLP also provides for immediate "stat" processing of tests that are urgent. Onsite stat testing at YUHS is available Monday through Friday from 8:00 am–4:45 pm. After hours and on week-ends this stat service is provided by CLP at their main testing facility in Newington.

YHP staff



Sharon Remillard, RN, BSN and MSN has been promoted to the position of Assistant Director for Clinical Administration. Educated at Northeastern University and the University of Massachusetts, Remillard came to YUHS as Director of Nursing and head of the Inpatient Care Facility (ICF) in 1995. Her duties expanded to include oversight of the Student Medicine and Ophthalmology Departments, as well as of central sterile supply and infection control. In this new position Remillard will oversee the daily operations of several additional YUHS departments and will work with department staffs on service integration and continuity of care.

healthy ideas

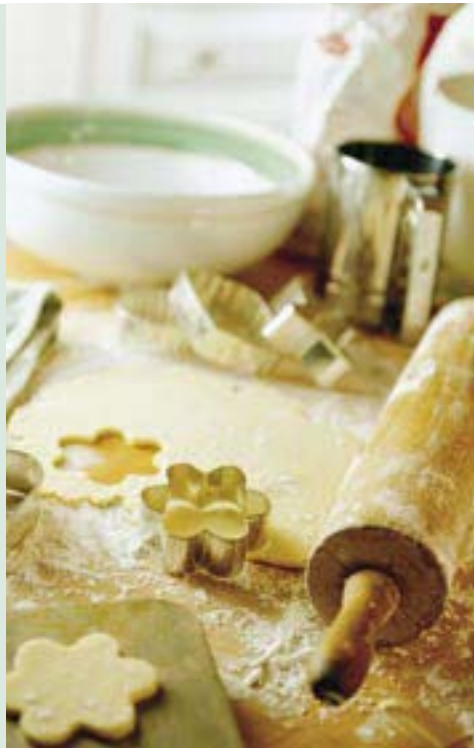
HEALTHY HOLIDAY GIFTS

Are you firing up your oven to bake treats as holiday time rolls around? Perhaps there's someone on your holiday list who is trying to avoid high fat or high sugar foods, and you're wondering if there's something else personalized you can give while at the same time respecting their health needs.

One way to do so is to give the person a smaller portion of your home baked goodies. Instead of giving a whole tin of cookies, make a gift basket arranged with a few of the cookies and add other items like stationery, a pair of colorful socks and candles. Fruit baskets always make wonderful gifts, and again you can add a small portion of another treat.

Many baked items, such as muffins and fruit bars, can be made into lower fat versions by substituting plain yogurt for sour cream, and the low fat varieties of milk and cream cheese. Many recipes also work with significantly less sugar than called for. Recipes for lower fat and reduced sugar alternatives can be found in a variety of cookbooks, available at your public library. If any of your friends or family have food allergies, there are now many alternative products on the market, such as wheat-free and gluten-free flour mixes and prepared baked goods.

Make up your own gift baskets, and match the items according to the recipient's personality. Some examples are a variety of herb teas, a small teapot, and a mug; gourmet mustard and salsa with pita and tortilla chips; small bags of gourmet coffees and a mug with an electric warmer; an air popcorn popper, a bag of gourmet popcorn kernels, some small bottles of flavored seltzer, and a video.



Of course, there are plenty of non-food gifts that promote a healthy lifestyle. Consider a gift subscription to a health newsletter, such as the Tufts University Diet and Nutrition Letter (call 1-800-274-7581) or gift certificate for a health food store, a sporting goods store, or some sessions at a fitness center.

Don't forget to pay attention to yourself. Take the time to eat well and exercise during the busy holiday season, even if you can't devote as much time as usual to these activities. If you have been trying to lose weight, set weight maintenance, not weight reduction, as your goal for the season. Be selective with holiday goodies and allow yourself smaller portions of your favorite treats. Greet the new year with a positive attitude towards healthy choices, and your efforts will be well rewarded.

THE HEART TELLS THE TOOTH

We know that regular and thorough brushing and flossing of your teeth is good for tooth and gum health. But research shows that good oral hygiene can also benefit the cardiovascular system



by keeping plaques from forming in the arteries. Tooth loss is associated with higher levels of plaque in the arteries that lead to the brain. Adults who had lost many teeth were more likely to have the arterial plaques compared to people who didn't experience major tooth loss as they aged.

MIX AND MATCH MEDS WITH CARE

With the coming of the cold weather, we spend more time in confined spaces, where we are more likely to come into contact with colds and other viruses. If you take self-help cold remedies, including herbal items, be careful about mixing them with any prescription medications you are taking.

- Always ask your pharmacist about the potential for interactions between prescription and over-the-counter medications.
- Make sure to read the inserts which come with your medications to learn about drug interactions which may make the drugs less effective, cause unexpected side effects or even cause health problems. For instance: Antihistamines will help your runny nose but may also interfere with your blood pressure, whether you are on blood pressure medication or not.
- Many over the counter cold medications already contain high doses of ibuprofen or acetaminophen, so be very careful if you take either of them while also taking cough syrup. You may end up taking an amount which exceeds the recommended daily doses.

BREATHE EASIER

continued from page 5

A written asthma action plan, giving instruction about medication use, is created for every child. Copies are provided to be kept not only at home, but also at school or day care and at camp during the summer. Flu shots, which are recommended for all children with asthma, are offered. Parents are able to take home a variety of educational materials as well as new spacers for use with inhaled medications and new peak flow meters.

These sessions, held during the height of the fall asthma season on Tuesday and Thursday afternoons from 4:00–5:30 pm, will continue through late November, with more sessions planned for the future. If you have a child with asthma, the goal of these sessions will be to help:

- Parents and children understand and take charge of their asthma care
- Maintain normal activity levels
- Prevent chronic and recurrent symptoms
- Provide the best medication treatment plan
- Prevent emergency room visits
- Prevent hospitalizations
- Prevent missed school days

If you have any questions or would like to attend these sessions, please call the Pediatrics Department at 203-432-0206.

From the Pharmacy

Right Medication, Right Amount, Right Time

As a quality review measure, the YHP Pharmacy has a process to ensure that the quantity of medication dispensed conforms to guidelines and dosing recommendations established by the FDA (Food and Drug Administration) and manufacturers. A list of medications with quantity limits can be found on the Pharmacy web site or you can request a list when you visit the Pharmacy. This list is constantly being updated, as new information and new drugs become available.

In addition, the YHP Pharmacy and Therapeutics committee has guidelines based on whether a medication is taken daily or periodically. Sometimes a medication or dosage needs to be adjusted, and these guidelines have been established to assure—before you purchase a large quantity—that it is the correct medication and dose for you. Adherence to these guidelines will prevent you from being left with medication you cannot use. Prescriptions will be filled and reimbursed in accordance with these guidelines. Requests for quantities that exceed guidelines must be accompanied by a prior authorization request filled out by your clinician. This request will be reviewed by the clinical pharmacy team in collaboration with your clinician and a decision made regarding the request.



Prior Authorization Process Protects Members

Yale Health Plan has developed a list of medications that require an approval—beyond the clinician's prescription—before they can be dispensed to patients. This process ensures appropriate use of certain drugs that have very specific indications, have generic or therapeutic equivalent products available, are very expensive, or have a high potential for abuse or misuse. Before these medications can be dispensed, your clinician will need to submit a prior authorization form documenting the clinical reasons for prescribing the medication.

Such medications include all interferons, most injectable medications other than insulin and all brand name products if we have approved generics. A full list can be found on the YUHS website Pharmacy link. This list is constantly being updated, as new information and new drugs become available.

www.yale.edu/yuhs

yale health care

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

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