



Director's Note



In our first news-
letter of the year,
we share infor-
mation about our
accomplishments
in 2017 and cur-
rent and future

projects.

We are busy. Our first quality im-
provement project targeting initiation
of the HPV vaccine has been complet-
ed and nine providers earned Mainte-
nance of Certification Part 4 credit for
participating in the project. We are
thrilled with the accomplishments of
the project. We are applying for a
grant to make this available to all WU
PAARC providers.

In this issue we also share the results
of the provider survey on the man-
agement of opioids in the home and
our plans of how we hope to address
your concerns. We continue our
quest with the University of Missouri
School of Journalism to develop fire-
arm safety messages acceptable to
parents and you.

We heard you loud and clear about
your interest in meeting the mental
health needs of your patients. Plans
are underway to offer a quality im-
provement project aimed at improv-
ing follow-up care for adolescents
diagnosed with depression. We are
planning a pilot test and then we will
make the trial available for all.

Be sure to check out Dr. Jason New-
land's article about the study aimed
to decrease the development of anti-
microbial resistance and risk of anti-
microbial toxicity in patients with
community-acquired pneumonia.

Thank you for your continued sup-
port!

Best Wishes,

Jane

HPV Quality Improvement Project

According to the CDC, in 2016, 43% of teens were up to date on all recommended doses of the HPV vac-
cine; however, in Missouri, the rates remain low at around 36%. The Healthcare Effectiveness Data and
Information Set (HEDIS), a tool used by more than 90% of America's health plans to measure perfor-
mance on important dimensions of care, defines the measurement for HPV immunization as 2 doses of
HPV on or between the 9th and 13th birthdays.

To address consistently low HPV vaccine rates in the St. Louis area, six WU PAARC practices participated
in a 6-month quality improvement initiative aimed at improving initiation of HPV vaccine. The project
began with an educational outreach visit to review national data, the rationale for CDC recommenda-
tions, and to introduce components of the intervention. Practices then identified their quality improve-
ment teams and worked with a practice facilitator to set practice goals for HPV vaccine initiation.

All practices set a goal to improve initiation of HPV vaccine by age 13 years and tested interventions using
Plan-Do-Study-Act (PDSA) cycles. These small cycles of change involved reviewing data to assess gaps in
performance, identifying possible changes to make to improve care, selecting and testing an improve-
ment strategy, and monitoring and adjusting new processes for care delivery. Practices completed a
minimum of two PDSA cycles. Overall, HPV initiation by age 13 increased 9% (60%-69%).

Providers reported features of the intervention, such as working as a QI practice team, feedback of their
own vaccine coverage data, and working with a practice facilitator, assisted them in making clinically
meaningful improvements in vaccine delivery. Providers were enthusiastic to continue improvement
strategies to increase HPV vaccination and would strongly recommend the program to their colleagues.
As an added bonus, nine providers claimed Maintenance of Certification Part 4 credit for participating in
the quality improvement project.

Due to the overwhelming success of this quality improvement project, we are in the process of submit-
ting a grant for funding to offer the project on a larger scale to a greater number of providers.



Thank you to the following practices for their participation with the Firearm Safety Messages Parent Survey

Fenton Pediatrics, Forest Park Pediatrics, Johnson Pediatrics, Mercy Clinic Pediatrics—Washington, Nash Pediatrics, Pediatric Healthcare Unlimited, Strashun Pediatrics, and WingHaven Pediatrics.

Research Update

Assessment and Management of Opioids in the Home

The goal of this provider survey was to better understand current practice by primary care providers in regards to opioid use by adolescents. Your responses indicated that the majority (73%) of providers have not prescribed an opioid (including cough syrup containing codeine) within the last year.

Few providers asked about opioids in the home at adolescent check-up visits,(3% when adolescents are diagnosed with depression (21%), or in conversations with adolescents about the use of drugs and alcohol (24%). If providers learned of opioids in the home, most (59%) recommended returning left-over pills to a safe disposal site such as a police station

The majority (56%) of respondents were not aware that opioids are a leading method for adolescent suicide. According to the Center for Disease Control and Prevention, poisoning (including drug overdose) is one of the top three methods teens use to attempt and/or complete suicide. Prescribed opioids and heroin are the most common drugs used. A major source of opioids is from a family member or friend, used with or without their permission.

Our recent parent survey showed that roughly one in three homes in our patient population contain opioids. While pediatricians do not usually prescribe opioids, we have an important role in this epidemic. We must urge our families to safely dispose of all opioids as soon as they are no longer indicated. Prevention is a powerful and cost-effective way to address this urgent public health problem. In collaboration with the NCADA, WU PAARC has submitted a grant application to develop a pragmatic communication strategy that providers can use to discuss opioid misuse and safe disposal to prevent access.

Mental Health Project

According to the WU PAARC 2017 Mental Health survey results, 60% of providers strongly desire to improve care for children with behavioral health diagnoses. A new project – (MO-CPAP) The Missouri Child Psychiatry Access Project seeks to support primary care provider's treatment of their pediatric patients with mild to moderate behavioral health issues, including mental health and substance abuse. MO-CPAP enrolled providers will receive:

- ◆ Timely telephonic consultations to PCPs from child psychiatrists
- ◆ Linkage and referral services for community-based therapy.
- ◆ Education of best clinical practices for diagnosing and treating pediatric behavioral health.

MO-CPAP is funded by the Missouri Foundation for Health for three years, via a grant awarded to the University of Missouri-Department of Psychiatry on behalf of a broader group of implementation partners. MO-CPAP is modeled after similar initiatives that have been replicated in more than 20 states across the U.S. to address the disproportionately low number of child psychiatrists available to support primary care patients and providers (PCP's) in our region. MO-CPAP will be piloted in Missouri's 7- county Eastern Region beginning summer 2018 with expansion to the Central Region of Missouri in year two of the pilot.

For more information call or email Sherry Dodd at 314.454.8914 or doddsherryk@wustl.edu

WU PAARC STUDIES

Now Recruiting

Community-acquired pneumonia (CAP) causes up to 1.5 million outpatient visits in children each year. The Infectious Diseases Society of America's Pediatric guideline on the treatment of CAP recommends ten days of antibiotic therapy but states shorter courses are likely effective. This recommendation is based on expert opinion. However, two studies conducted in developing countries found no difference in outcomes between 3 vs. 5 days of oral therapy for non-severe pneumonia.

Drs. Stephanie Fritz and Jason Newland are now conducting the **SCOUT-CAP Study** to test the hypothesis that short course (5 day) therapy is superior to standard course (10-day) beta-lactam therapy (amoxicillin, amoxicillin/clavulanate, cefdinir) in children aged 6 months to 6 years who have experienced early clinical improvement of pneumonia. This study is designed to determine the shortest duration of therapy needed to decrease the development of antimicrobial resistance and risk of antimicrobial toxicity.

Please contact Dr. Newland to refer a patient or for more information at **314.477.5128** or **913.526.7736** or jgnewland@wustl.edu.

- Dr. Stephanie Fritz is asking for help to recruit patients for a household *Staphylococcus aureus* trial to investigate personal and environmental hygiene measures, entitled SHINE (Staph Hygiene Intervention for Eradication). Contact: Dr. Stephanie Fritz 314.747.6296.
- Dr. Kevin Black is recruiting children ages 5-10 years with recent on-set of Tics, starting less than 6 months ago. Contact Emily 314.362.2083 or Vicki 314.273.1876.
- ORBEX STUDY: Dr. Len Bacharier is looking for babies 5-17 months of age diagnosed with atopic dermatitis or have a parent with asthma to determine if Oral Bacteria Extract can prevent or reduce wheezing illnesses. Contact study coordinators at (314) 286-1173 or toll free at (866) 841-2273.

Visit the WU PAARC website at:
wupaarc.wustl.edu

for additional resources and information on current and previous WU PAARC research projects.