

Spring 2019

## Director's Note



We hope you are having a good year and enjoying the warmer weather.

We extend congratulations to the six practices who participated in the HPV QI project. Overall, they increased the proportion of boys and girls who received the first dose of HPV vaccine before their 13<sup>th</sup> birthday by 19 percentage points. A poster describing the project was awarded First Place at the 2019 BJC Patient Safety & Quality Symposium and the practices were nominated for the 2018 Barbara R. Cole Award.

This work formed the foundation of our application to the NIH to formally evaluate our strategy. This application received a very favorable rating in peer review and will likely be funded, allowing us to hire another practice facilitator and extend this opportunity to 20 more practices. Stay tuned for more information in the coming months.

Our QI initiative to improve care of adolescents with depression is well underway, supported by the Department of Pediatrics and St. Louis Children's Hospital. Twelve practices and 53 providers are participating and feedback has been very positive.

Over 70 WUPAARC providers have enrolled in The Missouri Child Psychiatry Access Project (MO-CPAP). Funded by The Missouri Foundation for Health and HRSA, participants receive timely telephone consultation about treating and managing behavioral health needs from child psychiatrists and help with linkage and referral for community based services. This additional support has worked well with the mental health QI project.

As always, we'd love to hear of any ideas you have for new WU PAARC projects! We thank you for your continued support, and hope you have a wonderful summer.

*Jane Garbutt*

## Depression Care for Adolescents: *Let's Make it Better!*

May is Mental Health Awareness Month and mental health care has been our focus for a while. In April, 2019, findings from our survey about mental health care was published in *Clinical Pediatrics* (<https://journals.sagepub.com/doi/10.1177/0009922819834280>). We found that between 2011 and 2017, primary care providers experienced a significant shift in their willingness to provide depression care.

In 2011, few providers provided depression care; however, in 2017, the majority believed depression care belongs in the medical home, were using a validated screening tool for screening and were prescribing SSRIs. Yet many remained uncertain about the adequacy of their efforts and wanted guidance and support from local psychiatrists regarding pharmacotherapy as well as opportunity for timely referrals when needed. These findings suggest that PCPs are willing and able to provide care for their adolescent patients with depression, but need and want assistance to ensure the care they provide is most effective for their patients.

In response, WUPAARC has developed a Mental Health Quality Improvement initiative focused on adolescent depression. Enrolled practices work with a practice facilitator to help them navigate the change process using quality improvement strategies. This initiative aims to help practices manage care as recommended by the Guidelines for Adolescent Depression in Primary Care (GLAD-PC) published in *Pediatrics* in 2018 and endorsed by the AAP. The facilitator helps the practice to identify opportunities for improvement. The practice decides what improvements they want to make and designates a team including providers,

clinical staff and administrative staff who work with the facilitator to make changes happen. Team meetings occur about once a month where providers make decisions for their practices. In addition, the facilitator works with staff members to help guide things along. Improvements practices are tackling include developing protocols and procedures for managing adolescent depression to ensure consistency and optimum care, involving staff members in care delivery, standardizing billing practices and developing tracking systems as well as engaging patients and families in the treatment plan and self-management support.

Dr. Katie Plax and a steering committee of WUPAARC members are guiding our progress. Dr. Plax has made a series of brief educational videos explaining how she addresses management of adolescent depression and offers helpful tips. You can view the videos at <http://wupaarc.wustl.edu/Resources>.

We currently have 12 practices and 53 providers participating and have capacity to add up to 3 more practices. Providers who actively participate will be eligible for at least 25 MOC Part 4 credits. If you are interested in learning more about our QI project, please contact Sherry Dodd at 314.454.8914.



# Messages From Our Collaborators

## Measles in the United States

Dr. Jason Newland and Dr. Ericka Hayes

The number of measles cases continues to rise across the United States. As of May 10, 2019, the CDC has confirmed 839 cases of measles in 23 states year to date. Almost 75% of infections are occurring in children and, unfortunately, 25% have been in infants less than 15 months. While most cases are occurring in close-knit communities with poor vaccination rates (approximately 90% of cases), we must be vigilant in recognizing this highly contagious viral illness. It is also important to elicit a travel history or exposure to foreign travelers, given there are several areas abroad with current high measles activity including but not limited to the Philippines, Ukraine, Israel, Madagascar, India, Thailand, Vietnam, as well as many countries in Europe.

As a reminder, measles is an acute upper respiratory viral infection, characterized by a prodrome of **high fever, cough, coryza and conjunctivitis** (the “3 Cs”) as well as malaise followed by a maculopapular rash (see attached picture) that spreads from the head to the trunk and then to the extremities. Individuals are contagious from 4 days prior to the onset of rash until 4 days after the rash appears.



If a family has called your office and you have a high suspicion for measles, we recommend sending this patient directly to the ED (which has a negative pressure room) with a call ahead so they can go straight into a negative pressure room and not expose the waiting room. (This recommendation assumes outpatient clinics do NOT have negative pressure rooms).

For the child who comes to your clinic with unexplained fever and high suspicion of measles, we recommend the following:

1. Place immediately in an exam room with the door closed. If you have been given notice that someone with suspected measles is coming to the clinic, try to have the patient avoid the waiting room to minimize exposures.

- a. The room utilized should ideally not be used for the rest of the day with the door kept closed. However, if the room is needed, the door should be kept closed and not used for at least 2 hours. Defer cleaning the room until after at least 2 hours has passed.

2. Healthcare providers should wear N95 masks if available. If not available, regular masks should be worn. Regardless of vaccine status, all healthcare providers should wear masks. Contact precautions should also be utilized if gowns are available.

3. If a healthcare provider does not have evidence of immunity, they should not care for the patient. Valid evidence of immunity include laboratory evidence of immunity or of past infection, receipt of 2 doses of vaccine, or born before 1957.

For more information on measles for healthcare providers, see CDC information here: <https://www.cdc.gov/measles/hcp/index.html>

## MRSA Colonization and Transmission

Dr. Stephanie Fritz

Our team has spent the past 10 years studying ways to prevent skin and soft tissue infections. Most recently, the team studied how community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) is introduced into households and, once there, how it is spread between household members, the environment, and pets.

The study findings showed the more family members with MRSA living on their skin (colonization), the more likely remaining members of the family would be colonized. Sharing a bedroom or bath towel with MRSA-colonized individuals as well as if the family's home was a rental were also factors.

TV remote controls, computer keyboards and mouse, and bedsheets and pillows were the most frequently contaminated household surfaces serving as reservoirs for transmission. Bathing at least daily and using antibacterial soap were preventative measures against personal MRSA colonization.

Pets were not immune; 14% of household pets were colonized with MRSA especially when their primary caretaker was also MRSA-colonized. While pets were often the recipients of MRSA transmission, they were rarely the source of MRSA for people.

Our current project, **Staph Hygiene Intervention for Eradication (SHINE)** addresses ways to stop the spread of the *Staph* germ in households and prevent infections. Families receive special soaps and/or household cleaning supplies (at no cost) to help us understand optimal prevention strategies. All study visits are in the home and families receive payment for their participation. The SHINE Study is in need of **50 more children with skin infections** to reach our study goal. If you would like to refer a child, please contact Mary Boyle at 314-286-1207. We greatly appreciate your referrals.

## Can Asthma Be Prevented?

Dr. Leonard Bacharier

Asthma remains the most common chronic disorder of childhood, and despite many important advances in therapies, many young children continue to experience significant asthma-related morbidity.

In an effort to try to prevent the development of recurrent wheezing, and subsequent asthma, Dr. Leonard Bacharier and colleagues are conducting the ORBEX trial. Funded by the NIH, ORBEX is a study of children age 5-16 months *at risk for developing asthma* (i.e. having eczema OR a parent with asthma OR a sibling with asthma). The ORBEX study is intended to determine whether an oral bacterial extract (Broncho-Vaxom) given for 10 days a month for 2 years can prevent wheezing illness in children at risk of developing asthma. Broncho-Vaxom has been used around the world for 20+ years and has been shown to reduce the risk of viral respiratory tract infections and wheezing episodes.

So far, the Washington University site has enrolled nearly 150 children into the study, most of whom have been referred by WU PAARC practices. We hope you will help us reach our goal of ~250 children over the next year! Please contact Tina Norris at 314-286-1173 or [orbex@wustl.edu](mailto:orbex@wustl.edu) to learn how you can refer patients to the study.

We appreciate the continued support of the WUPAARC practices. Our studies would not be as successful without the contributions of WUPAARC referrals!