



Fall 2018

WU PAARC

Director's Note



We are excited about our new mental health quality improvement project, starting this Fall, targeting adolescent depression. The

shortage of psychiatrists is not going away and many of you identified adolescent depression as an area where you'd appreciate support to optimize the care you provide.

We have worked with a steering committee of WU PAARC members and other experts to develop the QI initiative focused on follow-up care. Through support provided by the Department of Pediatrics and the Institute of Clinical and Translational Science (ICTS), we will provide a trained practice facilitator to help you work through the change process using quality improvement strategies. This approach has been shown to work well in other practice-based research networks. We are recruiting practices on a first-come, first serve basis, so sign up now!

Finally, a big thank you to all the WU PAARC members who are or have collaborated on one or more of our research projects: The Children's Clinic, Esse Health Mason Road Pediatrics, Esse Health Watson Pediatrics, Fenton Pediatrics, Dr. Caryn Garriga Pediatrics, Johnson Pediatrics, Mercy Clinic Primary Care-Union, Mercy Clinic Pediatrics-Washington, Pediatric Healthcare Unlimited, WingHaven Pediatrics, WUCA Bluefish Pediatrics, WUCA Cloverleaf Pediatrics, WUCA Forest Park Pediatrics, WUCA Nash Pediatrics, and WUCA O'Fallon Pediatrics.

Thank you for your continued support!

Sherry

Best Wishes,

P.S. Please let me know if you have ideas for future QI initiatives at jgarbutt@wustl.edu.

Exciting New WU PAARC Mental Health Initiative!!!!

We are expanding WU PAARC activities to include assisting our members with quality improvement (QI) activities. This new initiative targets improving care for adolescents with depression. We have capacity to work with 12 practices, for a 12-month period, and will use a first come - first serve recruitment strategy. Providers who actively participate in the project will be eligible for at least 25 MOC Part 4 credits.

If you would like to learn more about the mental health initiative, we are delighted to come to your office at a time that is convenient for you and discuss participation options and answer any questions. The meeting should take no more than 30 minutes.

This WU PAARC initiative is different to and complimentary with the MO-CPAP program that you may have signed up for. (See below).

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



The Missouri Child Psychiatry Access Project (MO-CPAP)

Over 50 WU PAARC providers have enrolled in the Missouri Child Psychiatry Access Project (MO-CPAP) funded by the Missouri Foundation for Health. This project provides "just-in-time" telephone support from licensed psychiatrists for primary care providers with questions about optimal management. Support is available 10-6 pm Monday-Friday.

Here is what providers are saying about (MO-CPAP):

"I was provided excellent guidance and reassurance during my consultation that my plan was on track and it reinforced my skills."

"The quick call back allowed me to move ahead with my patient's care."

Tips about using the service:

- ◆ You can have an office staff member make the initial call to MO-CPAP. They can provide the initial case information and the on-call Child and Adolescent Psychiatrist will call you back within 30 minutes.
- ◆ A specific call-back time and date can also be arranged for you to talk with one of the Child and Adolescent Psychiatrists.

If you are interested in enrolling in MO-CPAP or would like more information, call Sherry Dodd at 314.454.8914 or email at doddsherryk@wustl.edu

Ongoing Community Research Projects

SHINE STUDY: Dr. Stephanie Fritz is recruiting patients for a household *Staphylococcus aureus* trial to investigate personal and environmental hygiene measures, titled SHINE (Staph Hygiene Intervention for Eradication). The team has enrolled 125 households and need approximately 80 more are needed to meet recruitment goals.

TICS STUDY: Dr. Kevin Black is comparing children with tics who go on to develop Tourette's Syndrome with children whose tics have resolved. They are looking for children ages 5-10 years old with a tic that started less than 12 months ago. They have 43 enrolled in the study and still need approximately 50 more children.

ORBEX STUDY: Led by Dr. Len Bacharier, this research is looking for babies 5-17 months of age, diagnosed with atopic dermatitis OR having a parent with asthma, to determine if Oral Bacteria Extract can prevent or reduce wheezing illnesses by changing the microbiome. The enrollment period will continue for two more years and 150 more babies are needed.

SCOUT-CAP STUDY: Drs. Stephanie Fritz and Jason Newland are 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. To date, 16 patients have participated and the team needs 10-15 more patients to participate during the "pneumonia season" this fall/winter.

PLAN STUDY: Denise Wilfley is working with 6 WU PAARC practices to test a family-based treatment for childhood obesity provided in the primary care setting. Another opportunity to participate in a similar program will be available beginning April 2019.

PHYSICIAN INTERVIEWS:

Dr. Ana Baumann would like to interview providers to examine the feasibility of implementing an evidence-based parenting program in primary care.

Dr. Anne Mobley Butler is requesting to interview WU PAARC providers to learn about your experiences, thoughts, and feelings about delayed vaccine schedules for children 0-2 years of age.

If you are interested in any of these community research projects, please contact Sherry Dodd 314.454.8914 or doddsherryk@wustl.edu

Publications

"Opioids in Adolescents' Homes: Prevalence, Caregiver Attitudes and Risk Reduction Opportunities has been published in *Academic Pediatrics*. <https://doi.org/10.1016/j.acap.2018.06.012>

Opioids prescribed for family and friends are the most common source for misuse. In a survey of 700 adolescent caregivers conducted in 12 WU PAARC practices we found that 35% had opioids in their home and many were unaware of the risk they posed to their children and adolescents. One in 10 caregivers were willing to share left over opioids with their adolescent for pain relief. Pediatricians could help to counteract the threat that opioids pose for children and adolescents by asking about opioids in the home, educating about the risk they pose, and recommending and facilitating timely and safe disposal of unused medications.

Barriers and facilitators to HPV vaccination in primary care practices: a mixed methods study using the Consolidated Framework for Implementation Research <https://www.ncbi.nlm.nih.gov/pubmed/29734944>

Theory-based development of an implementation intervention to increase HPV vaccination in pediatric primary care practices <https://www.ncbi.nlm.nih.gov/pubmed/29534761>

In depth interviews with 16 WU PAARC providers revealed multiple barriers to implementation of national guidelines for use of HPV vaccine. These included barriers at the provider and practice level. Study findings informed development of a multi-faceted intervention to increase timely use of the vaccine that is being implemented in 6 practices as a QI project. Future plans are to make this available to all WU PAARC members.

Comprehensive modeling reveals proximity, seasonality, and hygiene practices as key determinants of MRSA colonization in exposed households. 2018. In *Pediatric Research*. <https://www.nature.com/articles/s41390-018-0113-x>

Two recent studies found factors associated with an increased likelihood of MRSA colonization. Contributing factors include: the number of people living in the home, sharing a bedroom with MRSA-colonized individuals, renting versus owning the home, and warmer seasons. Factors associated with non-colonized individuals were: older age, bathing at least daily, and the use of antibacterial soap. These findings will be used to develop interventions among MRSA-affected households to mitigate MRSA in the community.

Methicillin-Resistant *Staphylococcus aureus*: The Effects Are More Than Skin Deep. 2018. In *The Journal of Pediatrics*. <https://www.sciencedirect.com/science/article/pii/S0022347618304918?via%3Dihub>

Dr. Fritz's research showed that primary caregivers of children with MRSA skin and soft tissue infection (SSTI) reported changing their health behaviors, altering their interactions with people outside of their home, and feeling isolated by others in response to their child's MRSA diagnosis. These findings highlight a need for community interventions and education to prevent the negative psychosocial repercussions associated with MRSA.



Visit the WU PAARC website at wupaarc.wustl.edu for additional resources and information on current and previous WU PAARC research projects.