

Public Health Communication with Health Care Professionals in Response to H1N1: Lessons from Kentucky

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Emergency Management Summit
Washington, DC
March 3, 2010

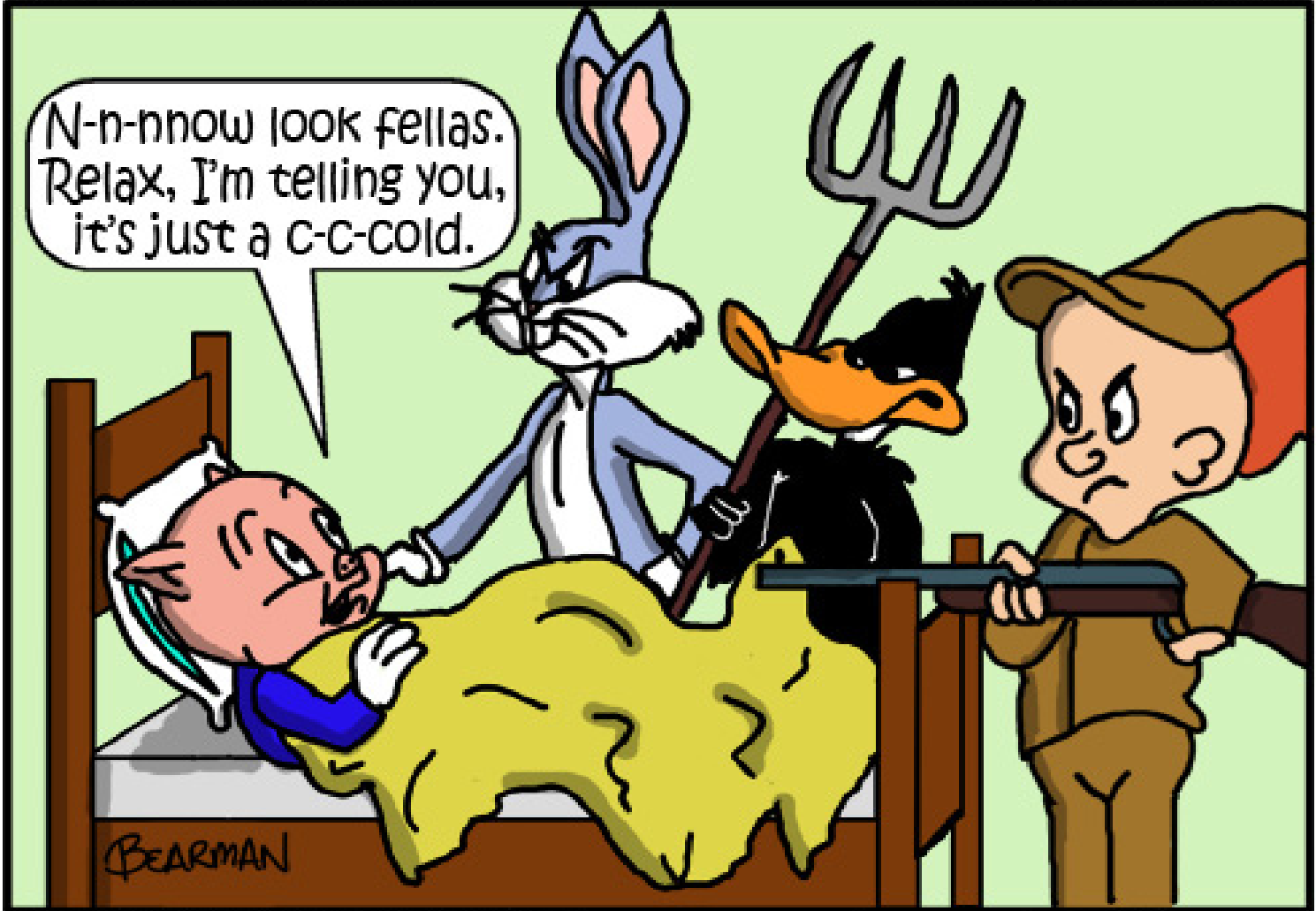


Presenter Disclosure

- No relationships to disclose

Bearman Cartoons

Porky The Swine



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Idea from George Ford (www.addanaccity.com)

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Purpose

- Evaluate the preparedness and response capacity of the public health system in KY to the outbreak of Influenza H1N1



Practice Based Research Networks

- K-PHReN
 - 17 LHDs
 - Community partners
- Kentucky Ambulatory Network, KAN
 - Over 300 family physicians
- Kentucky Pharmacy PBRN
 - Kentucky Pharmacists Association, KPHA



Study Participants

- K-PHReN & Local Health Departments
- KAN & Kentucky Academy of Family Physicians
- Kentucky Pharmacy PBRN & Kentucky Pharmacists Association

Survey Study

- Voluntary
- August/ September 2009

Local Health Department Survey

- PH PBRN Coordinating Center
 - HSEEP
 - CDC H1N1 care report form
 - RAND facilitated look back protocol
- Surveymonkey
- 2 Reminder emails

Surveys

Physician

- Blast fax
- 2 reminder phone calls & repeat faxes

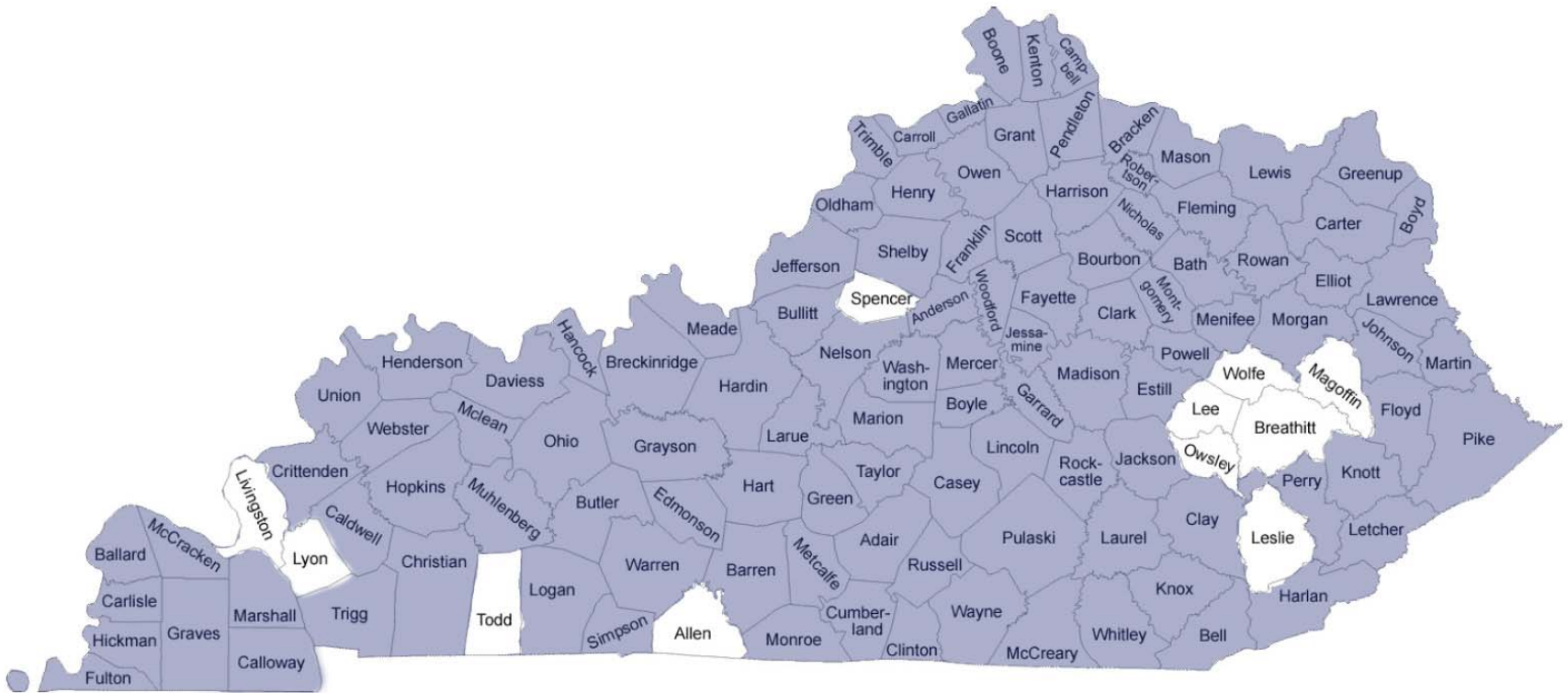
Pharmacist

- Blast fax
- No reminder phone calls or faxes

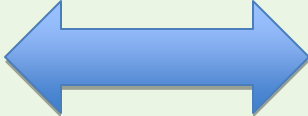
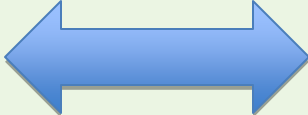
Response

- LHD survey 54
 - 35/54 LHDs 65%
 - 16/17 K-PHReN 94%
- Physician survey
 - 95/518 18.3%
- Pharmacist survey
 - 211/1000 21%

Study Respondents



Survey Study

- Communication between:
- LHD  Physicians
- LHD  Pharmacists

Local Health Department Survey

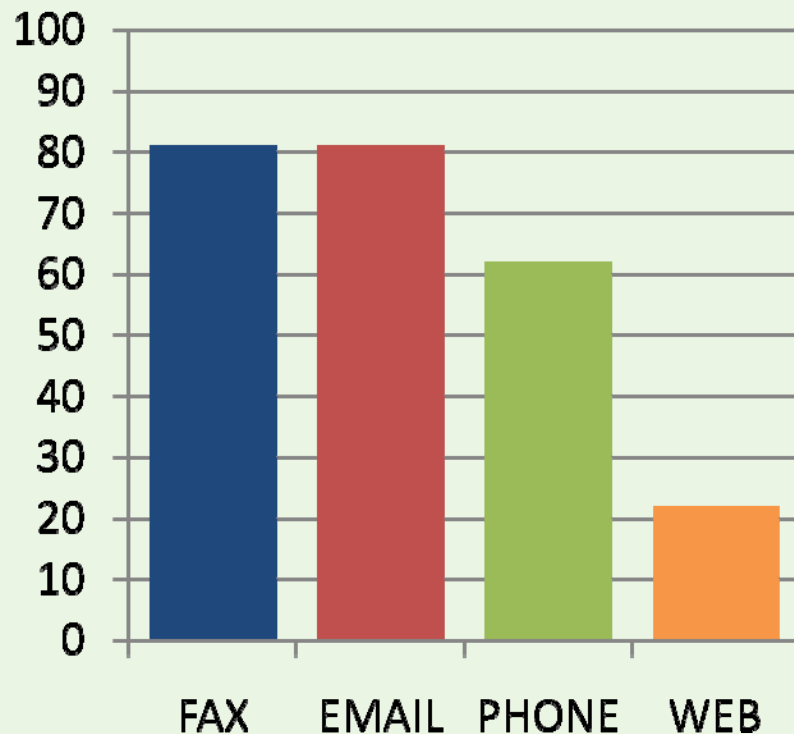
- Estimated number of **physicians** reached with information or guidelines on H1N1
- Mean 50
- Median 25
- Mode 25
- Range 3-465
- Total 1,683

Content of Guidelines Disseminated to Physicians

Guideline Content	Response %
Identification of suspected cases	86
Case reporting	83
Specimen collection	94
Treatment protocol	81
Containment guidelines	72
Risk communication guidelines	64
Acquisition or distribution of supplies	56

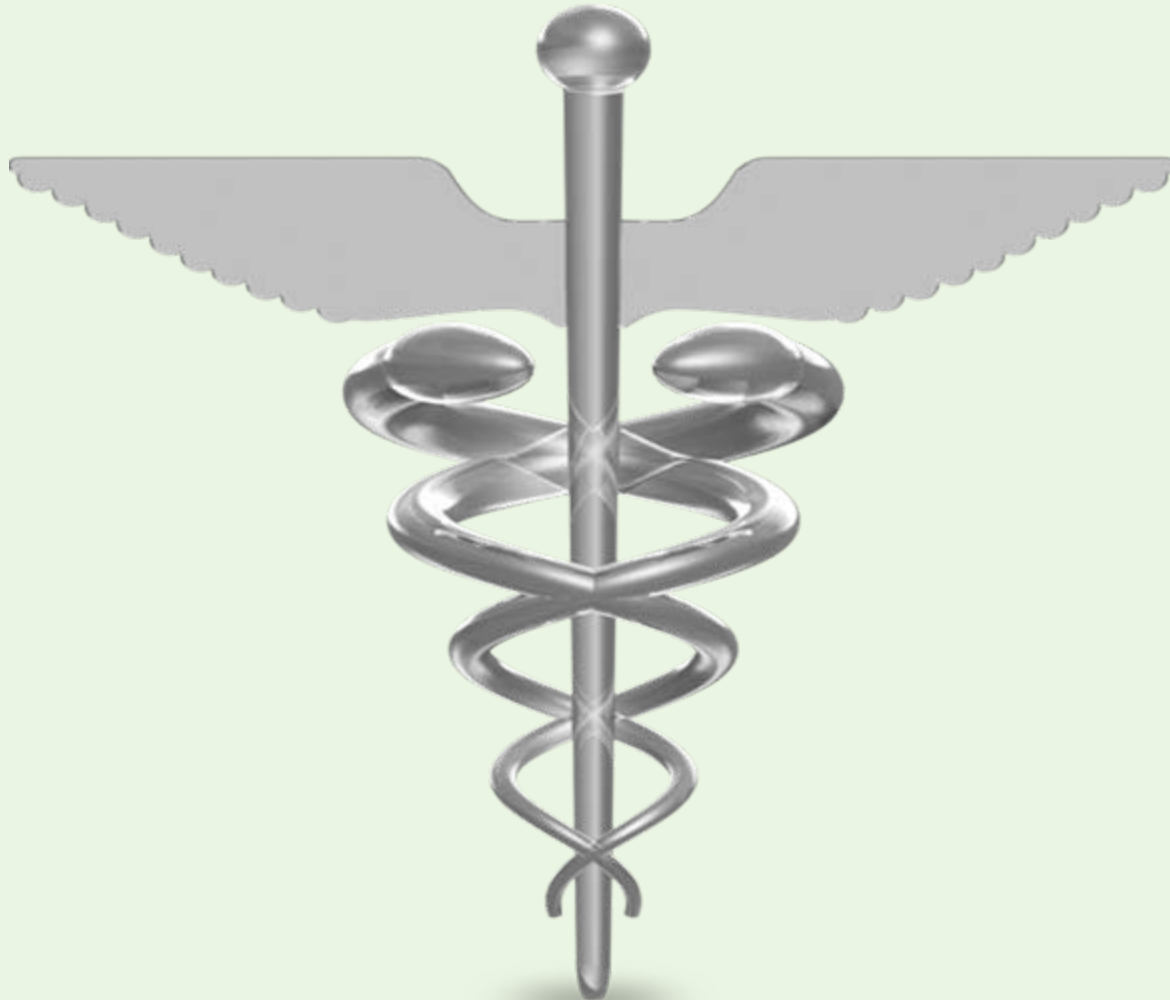
LHD Communication with Physician

**Method of Communication
Delivery**



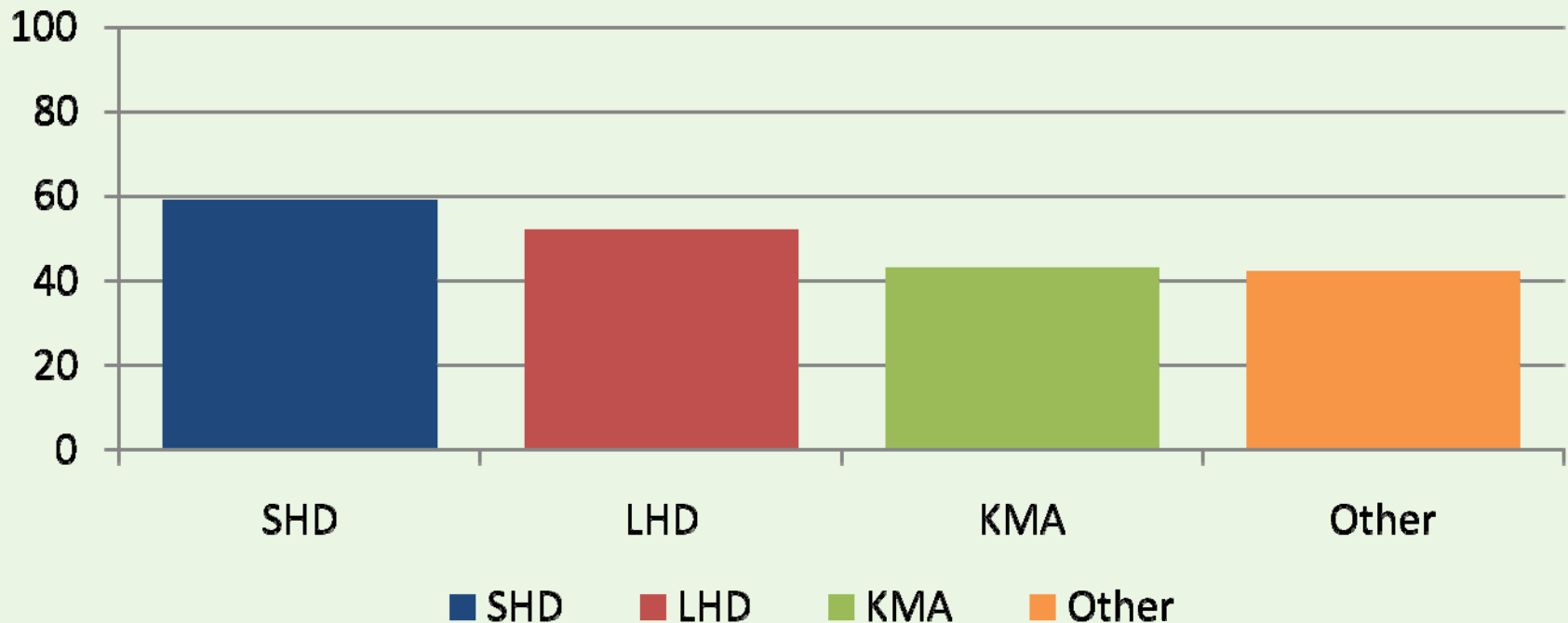
- Guideline Updates
- Mean 9
- Range 3-35

Physician Survey



Physician Survey

Did you receive any H1N1 information from these sources?



*Kentucky Medical Association

Physician Survey

What was the content of guidelines you received?

GUIDELINES	
Identification of suspected cases	35%
Case reporting	40%
Specimen collection	38%
Treatment	33%
Containment	34%

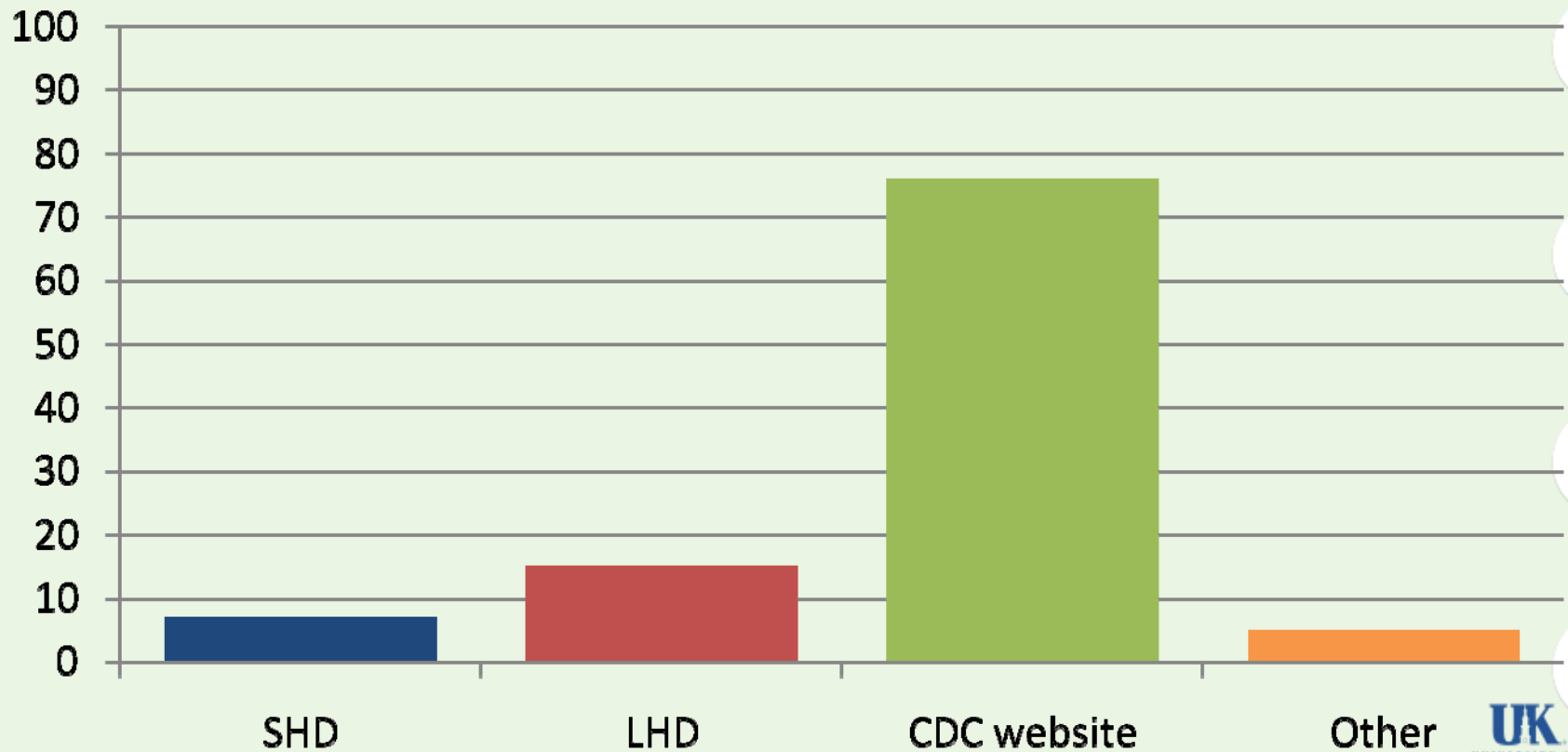
Physician Survey

Which type of information did you use in your clinical decision making?

GUIDELINES	YES
Identification of suspected cases	64%
Case reporting	31%
Specimen collection	45%
Treatment	55%
Containment	29%

Physician Survey

Where did you go for H1N1 information?



Local Health Department Survey



Public Health
Prevent. Promote. Protect.

Local Health Department Survey

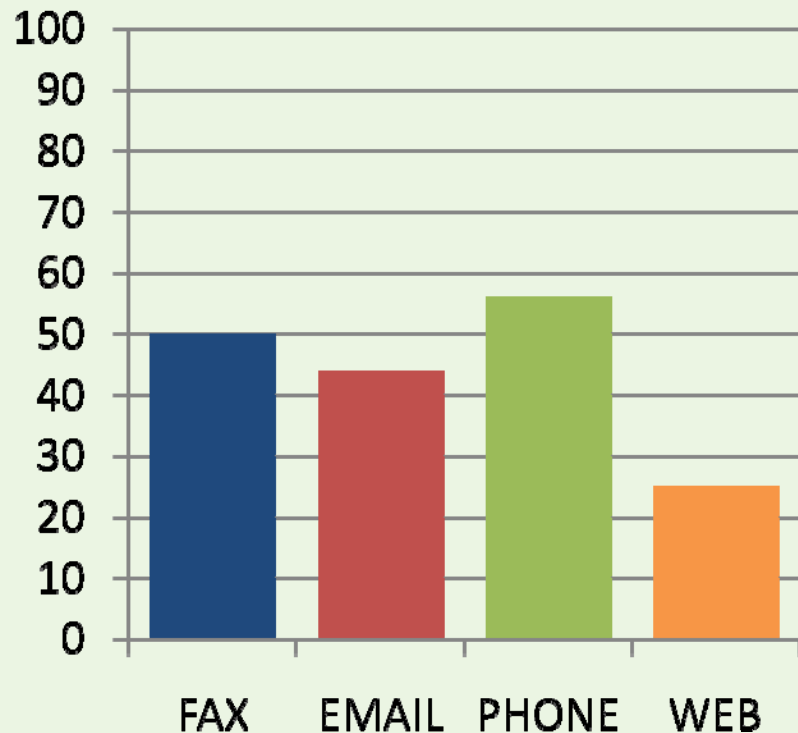
- Estimated number of **pharmacists** reached with H1N1 information
- Mean 6
- Median 5
- Mode 0
- Range 0-43
- Total 145

Content of Guidelines Disseminated to Pharmacists

Guideline Content	Response %
Identification of suspected cases	44
Case reporting protocol	44
Specimen collection	38
Treatment protocol	81
Containment guidelines	50
Risk communication guidelines	69
Acquisition or distribution of supplies	56

LHD Communication with Pharmacists

Method of Communication
Delivery



Guideline Updates

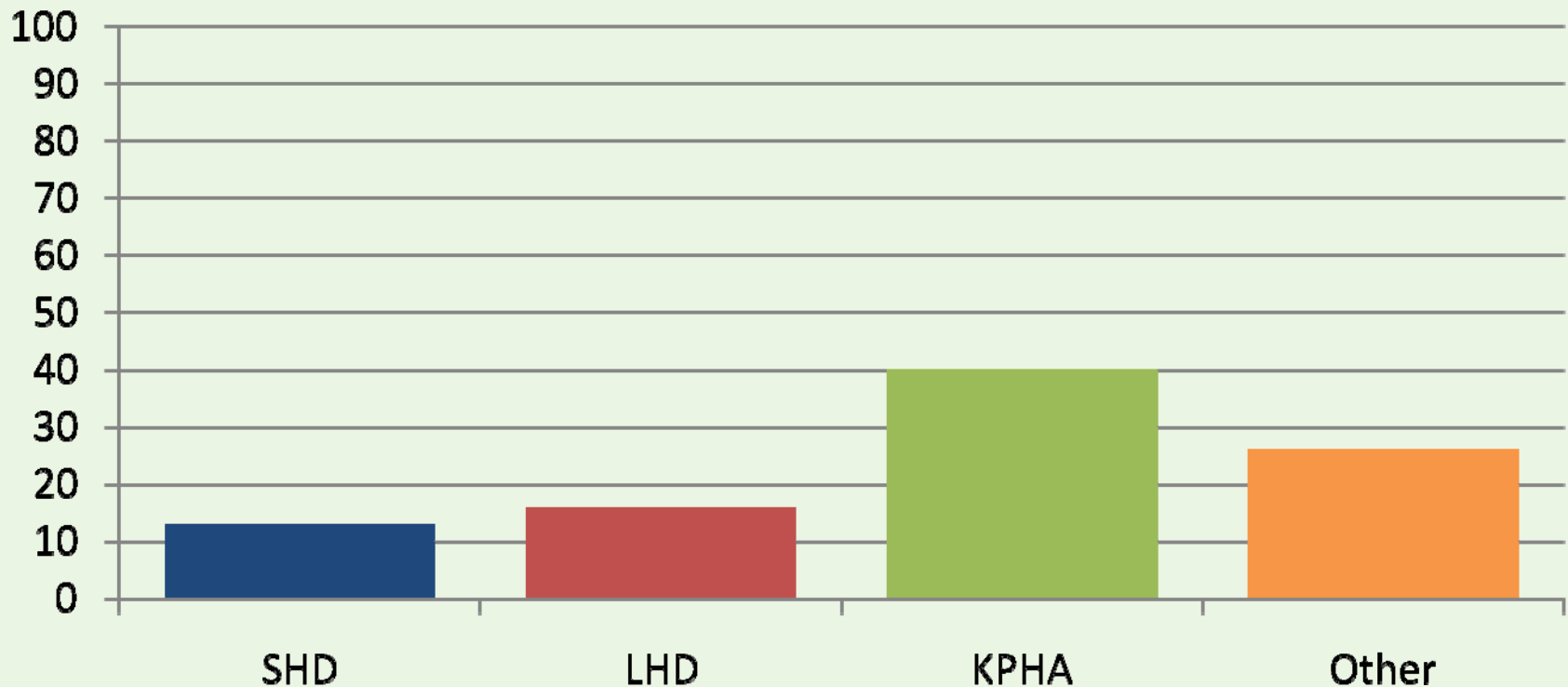
- Mean 6.5
- Range 0-35

Pharmacist Survey



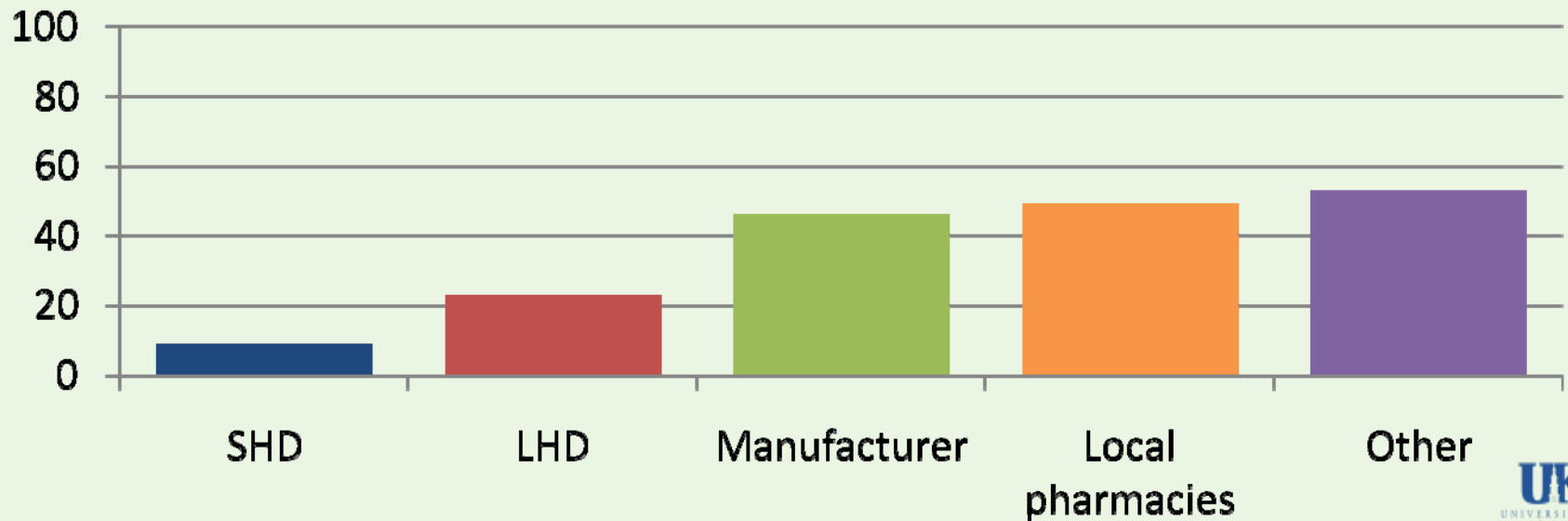
Pharmacist Survey

Did you receive H1N1 information from these sources?



Pharmacist Survey

If your pharmacy ran out of antivirals, who would you contact for information on additional supplies?



Pharmacist Survey

- Are you familiar with your local health department's emergency plan in the event of an influenza outbreak?
• YES 26% NO 74%
- Would you have liked more information on H1N1?
• YES 68% NO 32%

Summary

- Physicians
 - 52-59% physicians report H1N1 information receipt from SHD/LHD
 - 7-15% of physicians went to the SHD/LHD for information on H1N1
- Pharmacists
 - 13-16% pharmacists report H1N1 information receipt from SHD/LHD
 - 74% pharmacists **not** aware of LHD emergency plan for influenza outbreak

Limitations

- Self- report
- Small response rate
 - Physician
 - 54/120 counties represented
 - Pharmacist
 - 84/120 counties represented

Conclusion

- Disconnect between public health, physicians, and pharmacists
 - Lack of communication between major stakeholders
- Need for improved communication and information-sharing
- Need to optimize:
 - Useful information
 - Information delivery