



Missouri Effective Practices Project (MEPP)

Involving Physicians in the State Communicable Disease Protocol

Name of LPHA: Clay

Name of Effective Practice: Involving Physicians in the State Communicable Disease Protocol

Overall Description of Program: We are guided by the protocol for investigating diseases from the Missouri Department of Health and Senior Services (MHDSS). When we find out about a disease that is in Kansas City it's because the lab reports it to the state. This can take up to 2-3 weeks before we can hear about it. Then, we have to call the physician and track down all the information and then try to find contacts and do secondary prevention. Our overall intent is to make the physicians who first see these patients understand why it's important to report cases to the health department. This program is aimed at establishing a relationship with the physician, who maybe doesn't even know our staff and haven't had any working relationship with us. This is about building relationships and making the system tighter.

Essential Skill: Assurance

Essential Service: Diagnose and Investigate

Knowledge Domain: Communicable Diseases

NACCHO Oper Defin: Protect people from health problems and health hazards

Planning Time: less than a year

Experience/Imp of Program: 2 to 3 years

Number of staff: 2 full-time staff

Department of Program: Division of Community Health Protection-Comm Disease Division

Basis for Need of Program: We first identified why we needed a strong relationship with the physicians when we had a Maternal and Child Health contract. Each county has to determine their deficiencies (e.g., immunization rate for 3 year olds, lead screening, and obesity related issue for children). Our county had obesity in children, suicide prevention, sexually transmitted infections, and lead screening. Because we were trying to get information out about immunizations, we were brainstorming and realized that we did have another weakness and that was Clay County was not being notified by its own physicians and being kept in the loop. So,

if the doctor tests John Doe because of elevated liver enzyme and then informs us that there is suspicion, then when the results come back, we can follow up. It's like this on any disease. We want to know as soon as there's a problem. We are the County Health and doctor and labs report to the Kansas City Health Department. Clinics, hospitals, physician's offices, Physician Assistants, and nurses are all supposed to report to Clay County Health Department. We do a good job getting reports of suspected cases from hospitals and labs, but for some reason the doctors trail behind and Clay County is out of the loop. Trying to get all the players on the same page. If for example, someone has jaundice and symptoms of Hepatitis A, then the doctor could call Clay County Health Department and let us know quickly. We can let our Environmental Health Department know so that if it's possibly a restaurant, we can act quickly.

Characteristics of the Program: We needed to make personal contact with reporters, physicians, labs, and hospitals to strengthen the partnerships and make the system work together. We have good relationship with hospitals and labs, but getting to the physicians offices proved difficult. We have over 100 physicians in our county. Several years ago, we had a contract with the state and one of the activities was improving the rate of the DPS shot. Very seldom did we see the physicians, but we saw the staff. We had to find a way to get to know the physicians so that change would occur. We want it to be that when they saw our face, they knew us. We are working towards having an open house, 7 a.m. to 7 p.m. so that more physicians could visit. We've developed a power point presentation for the physicians that outline what to do. We sent a letter first and then followed up with a personal visit. We are also working with conferences and epidemiologist in the state to establish norms for how reporting should occur.

Barriers to Implementation:

- Getting the physician's time.
- Getting them to understand the importance of Clay County Physicians having a working relationship with the Health Department. We worked on goals and objectives for the future.
- We are creating a CD-rom so that we can send to physicians.

Geographical Description: 100,000 to 249,999

Target Population: physician primary care & family Clay County

Describe Necessary Funding: \$3,000 for mailings, open houses, food.

Contact Information:

Barbara Dawson
816-476-4129
bdawson@clayhealth.com

Date Collected: 03/07/06