

Model Practice: Fax Communication with Primary Care Providers During Public Health Emergencies (Rhode Island Department of Health, 2002)

Primary care practitioners (PCP) routinely provide initial and trusted medical contact, frame patient and family understanding of risk, render clinical assessments and treatments, and prescribe follow-up steps. During public health emergencies, public contacts with personal physicians and other primary health care providers intensify, reinforcing their role as important allies of public authorities responsible for crisis intervention. In times of crisis, PCPs link individual patients with epidemiologists, evaluators, academics and other health professionals who may not typically participate in patient care. PCPs also communicate, interpret and apply emergency public health messages for individual patients and their families.

How can public health officials marshal, guide, and support PCP-patient communications during emergencies? What works best?

While managing several public health crises, the RI Department of Health (HEALTH) devised and refined a fax-based methodology for informing and mobilizing PCPs about health risks, the PCP's role in managing those risks, and HEALTH's messages to the public. At present, many primary care offices do not use email or dedicated Internet sites for obtaining emergency information. Busy clinicians (and office staff) often avoid sitting at computer terminals to sift through messages. Printing computer messages poses difficulties for some. In contrast, almost all primary care offices rely on fax machines for real-time transfer of critical patient information. Thus faxing provides a rapid, virtually universal channel of communication to clinical professionals. HEALTH now routinely applies this "lesson learned" to public health emergencies, big and small. See examples at www.healthri.org/topics/modelpractice.htm

Cases

Meningitis: In January 1998, Rhode Island experienced a panic resulting from nine sporadic cases of meningococcal disease (“meningitis”) and three children’s deaths. The population panicked, spurred on by intense media coverage. Anxious parents inundated hospitals, primary care practices and urgent care centers. The demand for health information overwhelmed the telephone network. Gridlock seized the entire health care system, but was especially obstructive in pediatric practices, threatening to thwart access for sick children. Initial efforts to reach primary care physicians and urgent care centers through the mass media and Internet worked poorly. In mid-February, HEALTH switched to faxing critical information to PCPs.

HEALTH produced ten PCP information updates during the crisis period and distributed each one by “blast fax” within an hour’s time. This relatively low-tech methodology involves “nearly-simultaneous” transmission of a document to a large number of recipients (in this case about 1700 primary care providers throughout the state). The main challenges involved (1) getting an emergency purchase order established for a commercial “blast-fax” service and (2) obtaining, organizing and updating the list of fax numbers (available from our medical licensure program). Once set up, maintaining the list takes moderate, periodic effort.

HEALTH designed the faxes to provide clinical information, updates on the overall public health response, and ways to get additional details. Topics included: epidemiological information, vaccine shipment and storage, reimbursement policies, immunization policies, vaccine clinic supervision, and other messages.

West Nile Virus (WNV): When this emerging infection reached Rhode Island in August 2000, discovery of the first infected bird resulted in local pesticide spraying. By then HEALTH had prepared the primary care community with faxed information on the state response plan, prevention activities, pesticide exposure, clinical symptoms, public and professional information resources (hotlines) and how to order general information pamphlets and posters for the office. PCPs were able to respond to their patients very effectively, and public concerns lessened, even after finding WNV-infected mosquitoes in RI and after reports of several deaths in other parts of the country. HEALTH maintained contact with primary care providers and provided guidelines on sustaining vigilance for WNV-like cases as well as updates and status reports.

Bioterrorism: The terrorist attacks of September - October 2001 generated anxiety among health care providers and patients, alike. Using previously established fax lists and a few new ones, HEALTH quickly communicated with the medical community. Guidelines for clinical responses to anthrax exposure were faxed to hospital-based providers as well as PCPs. Topics included clinical symptoms of bioterrorism-associated pathogens, laboratory testing protocols, suggested responses to patient concerns about contact with powdery materials, and how to find additional information. A fax to local pharmacists provided guidance on assessing and questioning Ciprofloxacin prescriptions.

Summary

PCPs are key participants in the state's response to public health emergencies. By keeping PCPs informed during emergencies, HEALTH communicates not only with the

health care system, but with thousands of patients, probably reducing the load on other traditional sources of public health information, such as HEALTH's public "hotline." PCPs and urgent care physicians reduce panic and provide critical information, tailoring it to the needs of individual patients. Blast faxes reach providers quickly and at acceptable cost (the average one-pager to 1700 PCPs cost HEALTH about \$500 using an Internet-based faxing service), and are adaptable to different situations.

Key steps for establishing and maintaining a blast-fax system include:

- Identify a reliable blast-fax vendor
- Collect and vet fax number lists for target groups (e.g. primary care physicians) ahead of time.
- Establish a simple process for getting information to the vendor—including after hours and weekends/holidays.
- Don't short-circuit established information control processes. Assign high-level, authoritative responsibility to minimize unnecessary processing.
- Use the blast-fax system for important periodic or routine communications to PCPs, assuring updating of addressee information.

Guaranteeing communications during emergencies requires redundant systems, resources and methodologies. Establishing alternative blast-fax vendors, making extra copies of target group lists (CD-ROM) and keeping alternate fax software on- and off-site add an extra measure of safety. Make sure PCPs know to consult the public health website for current information. All these methods allow us to support PCPs as they work to assure safe and healthy communities during public health emergencies.

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