Screening & Prevention: Allergies, Influenza, Tobacco, and Depression

Background

One of the key elements of college health has been our focus on preventative care and patient safety. In truth, there are many interventions, from vaccinations to healthy eating that are stressed in college health. The ACHA Benchmarking Committee received many suggestions that guided its decision on interventions that could be measured across college campuses. In its decision process, the Benchmarking Committee chose interventions that:

1. were evidenced-based
2. were low cost
3. were able to implemented by health centers with varying practitioners types
4. had the potential to make an impact on the health of college students.
5. were based on existing recommendations/guidelines of national entities (i.e., The National Committee for Quality Assurance, The US Preventive Services Task Force, CDC’s Advisory Committee on Immunization Practices, and the Accreditation Association for Ambulatory Health Care)

The interventions chosen included documentation of allergies, influenza vaccination, screening for tobacco use, and screening for depression.

Allergy Documentation

Prescribing of medications is a high-risk area for practitioners in all areas of medicine. Although there are many areas of potential errors, including illegibility, drug interactions, dosing errors, and similarly named drug substitutions, prescription of medications to patients who have a documented allergy is one that the Benchmarking Committee decided to tackle as a safety issue nationwide. This measure is already listed as a standard by the Association for Accreditation of Ambulatory Health Care (AAAHC). The most important part of this measure is to ensure that the medical record clearly identifies the patient's medication allergies on the initial visit and is updated on each visit should their allergies change.

Influenza Vaccination

The CDC's Advisory Committee on Immunization Practices (ACIP) made a recommendation, approved February 21, 2013, that all persons aged 6 months and older who do not have contraindications, receive an influenza vaccine. In the 2013 ACHA-NCHA dataset, only 43.1% of college students reported receiving an influenza vaccination. In addition, cold/flu/sore throat were just behind anxiety, stress, and sleep problems as the number four cause of negative impact on their academic performance. An improvement in influenza vaccination rates may have the greatest impact on college academic performance.

Screening for Tobacco Use

Tobacco use and cigarette smoking in particular, is the leading preventable cause of death in the United States. More than 1,800 adults aged 18 and older become regular tobacco users daily. Nearly 90% of smokers start by age 18, and 25% of teen smokers remain addicted as adults.

Tobacco also affects the health of non-smokers. Second-hand smoke exposure contributes to the death of 46,000 people each year. Sixty-nine percent of smokers say they want to quit and each year 44% of smokers make a quit attempt of at least 24 hours. Without assistance, only 7% are abstinent at one year.
The 2011 ACHA-NCHA reported 15% of college students had used cigarettes at least one day in the last 30, with another 9% reporting use of other forms of tobacco. Additionally, ACHA actively supports the Healthy Campus 2020 goals to reduce cigarette use (within the last 30 days) by college students to below 14% and smokeless tobacco use (within the last 30 days) to below 3% by the year 2020.

The USPSTF strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. They recommend a "5-A" behavioral counseling framework: Ask about tobacco use, advise to quit through clear personalized messages, assess willingness to quit, assist to quit, arrange follow-up and support. Cessation treatments that have been found effective include brief clinical intervention, counseling, OTC therapies, and prescription medication.

**Screening for Depression**

Research shows that depression is a leading impediment to learning and therefore a barrier to student success, wellness, and retention. Mental health resources are an important part of a comprehensive strategy to address this problem, but these services alone are not enough. Many students struggling with depression never visit a mental health professional and are much more likely to access primary care because of related physical symptoms like fatigue, insomnia, and non-specific pain. A past study suggests that over 50% of students with symptoms of major depression have not received treatment in past year.

The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

**Process/Instructions**

Each health center should review 25 randomly selected charts that meet the following criteria:

- include at least one primary care visit between October 1, 2016 and February 28, 2017, AND
- without an existing diagnosis of depression.

For each chart, the reviewer should determine whether allergies, influenza vaccination, tobacco use screening, and depression screening have been appropriately documented using the following criteria:

**Allergy Documentation**

Whether there is documentation of the patient's medication allergies on the most current visit sheet or on a problem list, either in the paper or electronic chart. Material allergies (e.g., latex) should also be documented.

**Influenza Vaccination**

Whether the patient has:

- received their influenza vaccination for the 2016-2017 flu season (either given by the health center or documented from another provider) OR
- documentation of the refusal of receiving an influenza vaccination in the chart OR
- a documented allergy to influenza vaccine
Tobacco Screening
For each chart, the reviewer should determine:

1. Whether the patient has ever been screened for tobacco use.
2. If they smoke, was the patient advised to quit?
3. If they smoke, did the clinician provide behavioral or pharmacotherapy interventions (e.g. behavioral support and counseling, SBIRT, telephone counseling, self-help materials, NRT, bupropion SR, varenicline, or referral) to support the patient in quitting?

Depression Screening
For each chart, the reviewer should determine whether:

1. There is documentation of screening for depression using a standardized screening instrument or question on depression (i.e., PHQ-2/9, Beck, CES-D, etc.), OR
2. There is documentation of the refusal to be screened for depression in the chart within the past year.
3. For those patients with a positive depression screen, there is documentation of any follow-up assessment within 30 days (e.g. full diagnostic evaluation/interview, treatment for depression, psychotherapy encounter, or telephone reassessment.)

Scoring

Allergy Documentation Compliance — total number of patient charts with documentation of allergy to medications listed/25. Non-compliance is the number of patient charts without documentation of medication allergies/25.

Influenza Vaccination Compliance — total number of patient charts with documentation of receiving influenza vaccination/25. Non-compliance is the number of patient charts without receipt of influenza vaccine documented/25. Patient refusals for influenza vaccine will be reported as a portion of the non-compliance score.

Tobacco Screening Compliance – total number of patient charts with documentation of tobacco screening AND, for those who smoke, documentation of a behavioral or pharmacotherapy intervention, or referral for such is documented in the chart/25. Non-compliance is the number of patient charts without documentation of smoking status, plus the number of patient charts containing no documentation of follow up with patients identified as tobacco users/25. Patients screened, but not provided appropriate follow up to be reported as a portion of the non-compliance score.

Depression Screening Compliance – total number of patient charts with documentation of depression screen AND, for those who screen positive, documentation of follow up within 30 days/25. Non-compliance is the number of patient charts without documentation of depression screening, plus the number of patient charts containing no documentation of follow up with patients that screen positive for depression/25. Patients screened, but not provided appropriate follow up to be reported as a portion of the non-compliance score.
References


