

New Banner Valley Fever Clinical Practice Background and Instructions for September 20 Rollout Webinar

From noon to 1:00 PM, September 20th, a webinar will be broadcast to explain the rationale and overview for a new clinical practice from the Banner Health Primary Care Clinical Consensus Group, "Identification, Evaluation, and Management of Coccidioidomycosis in Adult Outpatients." This is an usual approach to initiating a Banner clinical practice, but this is an especially innovative clinical practice. For one thing, no such clinical practice has ever been implemented in any health care system within the endemic region for Valley Fever. For another, a successful implementation will depend heavily upon primary care clinicians throughout Banner to change their clinical practice and for many to expand their scope of practice. Finally, implementation of this clinical practice relies heavily upon professional decision-making by primary care clinicians rather than on automatic facilitation through the electronic medical record. Because of these challenges, implementation will be undertaken with a strong educational component starting with the rollout webinar on September 20th.

Rationale for the new clinical practice:

Coccidioidomycosis (a.k.a. Valley fever) is a reportable fungal infection endemic to Maricopa, Pinal, Pima, and other Counties of Arizona, much of Southern California, and other areas of the western United States. Current burden estimates of this disease are 50,000 newly infected persons seeking medical care annually, two-thirds of whom live in Arizona and most of the rest in California. Illness usually develops one to three weeks following exposure. Of these, most suffer many weeks to many months with CAP or immunologically mediated symptoms which eventually resolve with or without specific antifungal treatment. Virtually all of these persons are protected from second infections by life-long immunity. A few develop progressive, pulmonary infections or spread of infection beyond the lungs. These complications require referral to Pulmonary or Infectious Diseases specialists to supervise optimal management plans.

Many patients with the protracted but self-limited illness are not correctly diagnosed. In Arizona at least a quarter of CAP is due to coccidioidomycosis, but the Arizona Department of Health found only 2% to 13% of such patients were tested for this possibility (Chang et al., 2008). One reason that Valley fever is not considered more frequently is that most Arizona clinicians are trained where Valley fever is not common. Another is that in the past a standard approach to such patients has not been clearly articulated. As a result, clinicians manage a large majority of the self-limited coccidioidal infections inappropriately as bacterial pneumonia, asthma, possible lung cancer, or as autoimmune conditions. Even when these infections are correctly diagnosed, it is frequently after a significant delay during which extensive unnecessary and extensive ambulatory and hospital care is consumed. For the few patients that develop complications, earlier recognition by General Internists, Family Practitioners, ED, Observation and Urgent Care clinicians will minimize the morbidity and residual disability.

There are recently published national guidelines for evaluation and management of coccidioidomycosis with particular attention to uncomplicated and self-limited infections. The University of Arizona Valley Fever Center for Excellence has implemented these guidelines in a

training tutorial for primary care practitioners (PCP) (http://vfce.arizona.edu/sites/vfce/files/tutorial_for_primary_care_professionals.pdf) that is also endorsed by the Centers for Disease Control, the Arizona Department of Health Services, and the Arizona Medical Association. This Clinical Practice will incorporate these management elements to enable primary care practitioners to manage most uncomplicated coccidioidal infections optimally.

September 20th rollout webinar:

To initiate the implementation of this new clinical practice, Drs. David Valenzuela of Banner Medical Group and John Galgiani of Banner University Medical Group will describe the need for this clinical practice within Banner and an overview of its details. The webinar can be viewed online on September 20th from noon to 1:00 LM by anyone online from individual computers. The link is <https://video.bannerhealth.com/flex.html?roomdirect.html&key=yiftRhM6I9kk>. It would also be possible for individual clinics, urgent care centers, and emergency rooms to connect in lunch rooms or other meeting sites so that groups of clinicians to view the webinar together during the noon hour. The webinar will be broadcast live but a tape of the presentation subsequently will be hosted on the Valley Fever Center for Excellence website (<http://vfce.arizona.edu>) and available to everyone for on-demand viewing.

What's next?

Following the webinar rollout, training seminars with CME accreditation will be available for presentation to individual clinics throughout Maricopa, Pinal, and Pima Counties in Arizona. It is hoped that direct face-to-face presentations of the clinical practice will provide primary care clinicians a full and complete understanding of the new practice, a guide to the several resources available to them in the clinical practice tool kit, and an opportunity to make suggestions as to how the clinical practice can best be implemented at each individual clinical site. These training sessions are expected to be conducted throughout the first year of the clinical practice's implementation. During this time several metrics will be followed to gauge the success of the implementation and the value of the training sessions themselves. Because this clinical practice is the first of its kind, its value, once implemented, is likely to be of interest to the medical profession generally and a report describing the impact of the clinical practice may be submitted for peer-reviewed publication. Although we are focusing upon implementing this clinical practice within Banner clinics, urgent care centers and emergency rooms, all of the background and details of our clinical practice will be made available to other medical practices throughout the endemic region so that, if they wish, others can learn from our experience and follow with implementations of their own.

Summary:

- **Banner Health and the UA Valley Fever Center for Excellence are changing the way Arizona clinicians recognize and manages patients with Valley Fever.**
- **Central to this change will be the expanded roll of primary care clinicians in earlier diagnosis and management of uncomplicated VF.**