

Stay-at-Home Influenza Toolkit

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Organization:	University of Oklahoma
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Target Population: General

Summary: Every year, seasonal influenza reminds us that the threat of pandemic influenza is real. Appropriate response to seasonal influenza and preparedness for pandemic influenza are thus inherently linked to each other. To achieve preparedness in primary care practices, patient surges related to influenza must be thoroughly studied so that models and technologies to improve surge capacity can be identified, tested, and disseminated. This project built on the past developments and findings from the Influenza Self-Management Web site which was designed by researchers at the University of Oklahoma Health Sciences Center. The project team revised, enhanced, and then piloted the Web site as a toolkit for influenza self-management. The toolkit, which can be delivered to practices as a downloadable package, is designed to guide patients through self-management and self-triage techniques during an influenza outbreak.

Toolkit revisions included eliminating proprietary content, ensuring 508-compliance, increasing organizations' capability to customize the package, and adapting the code to allow periodic content updates over the Internet. The package now contains an implementation guide with step-by-step instructions on how Web administrators can customize the toolkit using an HTML file that edits the appropriate Web pages of the package locally and according to user preferences. Customizable features include page title, organization name, contact information, an interactive map to show location of the practice, an "About Us" page, and a list of updatable links to various influenza resources. Administrators can upload the tailored package to their organization's Web servers and can connect the home page of the toolkit to their Web sites.

Project Objectives:

- Refine the Stay-at-Home Influenza Toolkit to mitigate the characterization of product endorsement by eliminating references to specific products. **(Achieved)**
- Redesign the Toolkit into a downloadable Web package. **(Achieved)**
- Ensure that the materials meet the standards for Section 508 compliance. **(Achieved)**
- Write a "how-to" manual to facilitate the effective incorporation of Stay-at-Home modules into primary care physicians' Web sites. **(Achieved)**

2010 Activities: Following the refinement and enhancement activities of 2009, the project team deployed and tested the Influenza Self-Management Toolkit package at four practice sites. Testing was completed between February and April at two practices from the Oklahoma Physicians Resource/Research Network (OKPRN) and two STARNet practices in Texas. The implementation process began with communication

between study staff and participating clinicians, Web administrators, and information technology (IT) leadership. The Toolkit and instructions on how to access the implementation guide were distributed to administrators via e-mail. Following Toolkit deployment, the project team interviewed each administrator in order to elucidate barriers to implementation and obtain information about the utility of the package and implementation feasibility. The interviews and other communications with practice leadership and physicians helped to inform recommendations for future deployment of similar applications.

Preliminary Impact and Findings: As of the writing of this annual summary, the final report for the project is currently under revision and therefore additional detailed findings will be forthcoming. Preliminary findings indicate that all four practices successfully implemented the Influenza Self-Management Toolkit in less than 2 months. Two practices completed the implementation within 3 weeks of receiving the initial e-mail and two other practices took longer. Web administrators reported no problems in uploading the Toolkit to their organization's Web site. Followup interviews with Web administrators revealed that two primary barriers resulted in some delay in the customization step.

- *Organization Administrative Structure.* Small medical practices often have limited access to IT resources and personnel due to financial constraints. For these reasons, their IT operations are often managed by non-IT consultants who have a limited scope of expertise, experience, and time. Such shortcomings might have a negative impact on practices' ability to implement and customize software packages such as the Influenza Self-Management Toolkit.
- *Technology and Compatibility.* The basic architecture of the Toolkit required the use of a local client application (e.g. an executable file). This resulted in some compatibility issues between operating systems (e.g. Macintosh or Linux vs. Windows) and browsers (e.g. Firefox or Google Chrome vs. Internet Explorer).

Recommendations gleaned from this project for similar future projects include:

- The Influenza Self-Management Toolkit and similar resources could be provided to primary care stakeholders as a centralized Web service to which practices' Web sites would link.
- Developers of installation and user manuals should consider users' varying level of IT expertise and preferences. Commonly-accessed methods should be used whenever possible to avoid the need for individual installation instructions.
- Alternate implementation approaches may be necessary for small, mid-sized, and large practices, depending on the IT resources and expertise that are available.

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, coordination of care across transitions, and electronic exchange of health information to improve quality of care.

Business Goal: Synthesis and Dissemination