In 2017, City Health Information (CHI) published clinical guidance on important health issues that we face as a community. Here, we provide a summary of the year’s key messages and a look ahead to CHI in 2018.

**SUMMARY OF GUIDANCE FROM 2017**

**MAY**

**Best Practices in Caring for Patients With Serious Illness**

- Palliative care focuses on relieving symptoms and stress to improve quality of life for patients with serious illness, regardless of stage of illness or life expectancy.
- Palliative care can be provided along with curative treatment by the frontline primary care provider or medical specialist.
- Use palliative care approaches to communication (eg, the NURSE framework) and pain and symptom management to improve outcomes for your seriously ill patients.
- Provide advance care planning and document the patient’s wishes in advance directives.
- Refer to specialist palliative care teams when patients have refractory symptoms, are highly stressed, or have complex communication issues with family members or treatment teams.
- Refer to hospice for end-of-life comfort care when there is a prognosis of 6 months or less and the patient is ready to forgo curative treatment.

**JUNE**

**Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting**

- Intimate partner violence (IPV) is often an invisible concern that can seriously threaten health and safety.
- Consider screening patients with the 4-question Abuse Assessment Screen
  - at initial or routine visits,
  - when a patient discusses a new relationship,
  - when a patient presents with trauma or concerning symptoms,
  - at prenatal and immediate postpartum visits (for female patients).
- Encourage disclosure of IPV through culturally sensitive inquiry and routine dialogue.
- If abuse is disclosed, validate patient experiences, provide a safety and clinical assessment, and document findings thoroughly.
- Promptly refer all patients who disclose IPV to appropriate services.
Making the Sexual History a Routine Part of Primary Care

- Sexual health is an integral part of overall health.
- Using a nonjudgmental approach, ask all patients—regardless of age, gender, race, or ethnicity—about their sex lives to guide:
  - the physical examination,
  - screening for HIV and other sexually transmitted infections (STIs),
  - counseling on safer sex and pregnancy.
- Engage all patients, including heterosexual and married people, about HIV and other STIs.
- Ask all patients, including lesbians, gay or bisexual men, and transgender people, about their intention to have a child or avoid pregnancy.

Influenza Prevention and Control, 2017–2018

- Vaccinate all patients aged 6 months and older as soon as flu vaccine is available.
- Give inactivated vaccine to all pregnant women in any trimester to prevent influenza infection and complications in both the woman and her infant.
- Ensure that you and your entire staff receive flu vaccine; enlist staff to educate patients about the benefits of flu vaccine and to dispel myths.
- Live-attenuated flu vaccine (LAIV) is not recommended for use this year.
- Consider high-dose or adjuvanted flu vaccine for patients aged 65 years and older.

Judicious Prescribing of Antibiotics

- Many common infections are self-limited, and initial treatment should not include antibiotics.
- Educate patients about management of common infections and the harms of inappropriate use of antibiotics.
- Consider delaying an antibiotic prescription if watchful waiting is indicated.
- If antibiotics are indicated:
  - Prescribe the recommended dose and duration of the appropriate drug.
  - Adjust antibiotic therapy based on culture and antibiotic susceptibility test results.

Using Effective Communication to Improve Health Outcomes

- Effective health communication is essential for successful patient care; unclear or inadequate patient information may lead to missed appointments and medication errors.
- Create a welcoming environment where sensitive information can be clearly communicated.
- Recognize that race, class, sex, gender identity and expression, sexual orientation, ethnicity, immigration status, religion/faith, and physical and mental ability shape interactions among patients, providers, and support teams.
- Be aware of biases or blind spots that inform your interactions with patients.
- Use less medical jargon and more everyday words to explain to patients what they need to know and do.
- Encourage questions and use the teach-back method to confirm that you’ve communicated clearly.
THANK YOU FOR WORKING TO IMPROVE THE HEALTH OF ALL NEW YORKERS IN 2017.

Best wishes for 2018!

LOOK AHEAD TO 2018

CHI issues planned for 2018 include
- Identifying and managing sleep disorders in primary care
- Managing perinatal depression
- Managing asthma
- Providing comprehensive health care to men who have sex with men
- Encouraging and supporting breastfeeding
- Diagnosing and managing hepatitis C
- Preventing misuse of prescription opioid drugs
- Preventing, identifying, and managing hepatitis B infection