Board of Public Health Meeting

Tuesday, May 10, 2016
Commissioner’s Update

Brenda Fitzgerald, MD
Commissioner, DPH
Legislative Update

David Bayne
Government Relations Director
Ebola Table Top

Pat O’Neal, MD
Health Protection Director, DPH
PHIC Asthma Report

Jean O’Connor, JD, DrPH
Chronic Disease Prevention Director, DPH
Asthma DPH Priority

*Eliminate Pediatric Asthma Deaths.*

1. Decrease hospitalizations of children with asthma in the 0-9 range.

2. Increase access for persons with asthma to evidence-based care.
   - Increase the number of providers that offer and payors (including Medicaid) that cover in-home asthma education and interventions by certified asthma educators
   - Increase the number of children with an asthma action plan
   - Achieve a 1:4 ratio of rescue to controller prescriptions statewide
   - Increase the percentage of persons with asthma who receive the seasonal flu vaccine

3. Increase the number of early care settings and school districts with asthma-friendly policies.
Nearly 1 in 10 Georgia children has asthma. Black children are twice as likely as white children to have asthma.

Children 0-9 years old make up 14% of Georgia’s population, but account for 36% of asthma ER visits.

Asthma emergency care is costly. In 2011 asthma ER visits for children cost $27.8 million. Asthma costs are preventable if asthma is controlled.

Parents, day-care centers and schools can reduce asthma attacks by creating asthma-friendly environments free of common triggers.

Asthma CAN BE CONTROLLED

**Asthma Action Plan**
Make sure your patient has a written asthma action plan.

**Rx Controller**
Make sure your patients take their controller medications.

**Self-Management**
Refer your patients to an asthma educator.

**Avoid Triggers**
Help patients avoid common triggers, like cigarette smoke, dust and mold.

Always follow the EPR-3 guidelines when treating patients with asthma. For more information about asthma please visit dph.georgia.gov/Asthma
The Georgia Asthma Control Program (GACP)

Mission: To improve asthma control and reduce its burden in Georgia by a focused commitment to policy and environmental change, education, and an integrated care delivery system.
Public Health Approach

- Evidence-based medical management following the NAEPP guidelines, including access to asthma medications and devices for all persons with asthma.

- Intensive, structured self-management education for individuals whose asthma is not well-controlled with evidence-based medical management.

- Access to home visits by trained professionals (CHW/EH or other) for individuals whose asthma is not well-controlled with evidence-based medical care and SME.
Success with Initiatives

- Georgia selected to participate in 6|18 w/CDC and has selected asthma as one of the topics.
- GACP has initiated meetings with Amerigroup one the three (3) current CMOs in Georgia to address quality improvement and reimbursement for comprehensive asthma care.
- May 17th HUD Regional Asthma Summit. DPH is on the planning committee and will be presenting. Over 100 stakeholder have already registered within 2 weeks of announcement. Day 2 of the conference features the Healthy Homes work.
- Augusta Health District has enrolled and trained 23 families in the SME part of the multi-trigger, multi-component interventions; EH home assessments have started.
- Georgia may be selected by CDC to test a more brief home assessment!
- Choice Healthcare Pediatric Asthma Care Coordination has received IRB approval and they are currently enrolling families, with a goal of 25 enrollees.
- 90 new individuals trained in GAME-CS, childcare center training for asthma management.
- Collected 122 asthma school policy surveys from 97 schools in 20 school systems. Currently 4 of those school systems are developing comprehensive asthma-friendly policies/procedures.
- Georgia has been invited by the Asthma and Allergy Network to participate in a pilot with Ohio that will provide free stock inhalers to selected school systems that are adopting the SB126 law. The pilot is funded by TEVA.
- DCH/DPH/PHIC Project (next slides) outcomes
ASTHMA DPH/DCH/PHIC DEMONSTRATION PROJECT
PHIC Asthma Demonstration Project

• Coordinated approach to improving health outcomes through information technology
  • Participating physician practices connected to HIE (send electronic care summaries between providers)
  • Physicians from each practice participated in American Board of Pediatrics (ABP) performance improvement module (PIM)
  • Physicians completing PIM implemented *improvement strategies* within practice
  • Baseline and follow-up measures captured
PHIC Asthma Demonstration Project

• **Improvement Strategies**
  – Educate patients and family and assure level of confidence about asthma management
  – Immunize all eligible patients for flu annually
  – Prescribe inhaled steroids or appropriate controller medication
  – Biannual review of asthma management plan
  – Classify and document patients’ asthma severity at dx
  – Assess asthma control biannually and document in EMR
  – Use of spirometry to assess asthma control as appropriate
Intervention

Convenience sample of 10 Physician Practices

- Albany, Atlanta (3), Augusta, Columbus, Dalton, Gainesville, Macon, Savannah
  - Serve 114,000 children
  - 84 providers (59 Medical Doctors, 21 Nurse Practitioners, and 4 Physician Assistants)

- Close proximity to one of five children’s hospitals

Lower Costs and Better Outcomes (Reduced ED Use, Hospitalizations, School Absenteeism and Mortality Rate)

Clinical Decision Support through HIE Connectivity

Provider Practice Improvement Training

Asthma Management Supports

We Protect Lives.
Evaluation Focus

Methods: Conducted phone interviews of nine (9) participating practice physicians

Purpose:
1. Assess the implementation of the demonstration project
2. Obtain information regarding physicians’ experience completing the asthma PIM and HIE connectivity
3. Assess the impact the demonstration project had on the physician practices and patients
4. Draw conclusions about the success and limitations of the effectiveness of project
Evaluation Findings

1) Assess the implementation of the demonstration project
   - Only 56% (5) of participating practices were connected to HIE
   - None were aware of nor used connectivity features (care alerts, directed exchange, query exchange)?

2) Obtain information regarding physicians’ experience completing the asthma PIM and HIE connectivity
   - Physicians (56%) were concerned with connectivity
     • Limited value
     • Safety/privacy
     • Required buy-in from practice physicians
   - No challenges with ABP PIM
Evaluation Findings

3) Assess the impact the demonstration project had on the physician practices and patients
   - All physicians reported their inability to take advantage of HIE connectivity features that would facilitate health care coordination on asthma
   - All physicians reported continued use of two or more improvement strategies
   - All physicians reported improved quality of asthma care

4) Draw conclusions about the success and limitations of the effectiveness of project
   - Physicians (56%) reported reduced healthcare resource utilization and reduced school absenteeism
   - All physicians expressed known benefit of connectivity but close to 50% have not seen actual benefit as evidenced by reduced healthcare resource utilization and absenteeism
Georgia’s Yellow Dot Program

Funded by the Governor’s Office of Highway Safety, GA Department of Public Health, and the Division of Aging Services

Harris Blackwood, Director
Governor’s Office of Highway Safety

Elizabeth Head, MPH
Older Driver Program Coordinator, DPH
INTRODUCTION
Partners

- Governor's Office of Highway Safety
- Division of Aging Services
- Department of Public Health
  - Older Driver Task Force
  - Injury Prevention Program
  - Office of EMS
- Georgia Medical Care Foundation (Alliant Quality)
- Laurens County (Dublin) community
- Clarke County (Athens) community
OBJECTIVES

1) The definition, history & purpose of Yellow Dot

2) Program materials overview

3) Three tiers of the program

4) Next steps for the pilot/evaluation of the program
What is Yellow Dot?

- Improve communication when victims may be unable to communicate
- Provides crucial medical information
- Assists first responders in the event of a car crash
- Goal: Save lives during critical “golden hour”
Who benefits from Yellow Dot?

1. Population of interest in Georgia
   - Adults 65+ years of age
   - Medically at-risk/disabled
     - Those in their home, but homebound
     - Anyone in a car crash
     - Anyone with a medical emergency

2. First Responders/medical providers
Yellow Dot History

• 2002: Created & Implemented in Connecticut
  – Partnership is key
  – Provides medical information to first responders
  – Designed for the car

• GA Implementation Differences
  – Designed for all EMS calls
  – Incorporates Physician order for life sustaining treatment (POLST) documents
  – Being Piloted and Evaluated – 1st in Country
Yellow Dot Program

Review of Forms
Your Yellow Dot Kit contains

**Yellow Dot Decal**
To place on your vehicle OR outside your home where it can be easily seen

**Yellow Dot Folder**
To hold your personal and health information forms

**Emergency Information Form**
To be filled out by you, a family member or your doctor

**Yellow Dot Clip Magnet**
To be used at home to hold the folder on your refrigerator
# Emergency Information Form

Update when your information changes. Review the form at least every six months when you change the time on your clocks. If you need a new form, scan the code to the left with your smartphone or visit http://aging.dhs.georgia.gov/yellow-dot-program.

Use of this form is voluntary. By using this form, you understand that first responders and medical personnel will use this information as they see fit.

## Personal Information

**Last Name:**

**First Name:**

**Middle Initial:**

- [ ] Female  
- [ ] Male

**Height:**

**Weight:**

**Primary Language:**

**Address:**

- **City:**
- **State:**
- **Zip:**

**Emergency Contact 1:**

- **Relationship:**
- **Phone:**

**Emergency Contact 2:**

- **Relationship:**
- **Phone:**

**Primary Doctor:**

- **Phone:**

**Pharmacy:**

- **Phone:**

- [ ] Organ Donor

- [ ] Advance Directive, Living Will or POLST (If not in Yellow Dot packet, include document location in the yellow OTHER IMPORTANT INFORMATION box at the bottom of this page)

## Medical History

**Medical Conditions**

- [ ] Heart Conditions
  - [ ] Heart Rhythm/AFIB/Abnormal Heart Rate
  - [ ] Angina/Chest Pain
  - [ ] Defibrillator/Pacemaker
  - [ ] Heart Attack
    - **Date of Last:** __/__/__
  - [ ] Heart Failure/CHF
  - [ ] Heart Valve Replacement
  - [ ] High Blood Pressure

- [ ] Brain/Nervous System Conditions
  - [ ] Anxiety
  - [ ] Dementia/Alzheimers
  - [ ] Depression
  - [ ] Multiple Sclerosis
  - [ ] Parkinson’s Disease
  - [ ] Schizophrenia
  - [ ] Seizure Disorder
  - [ ] Stroke/TIA

- [ ] Auto-Immune Conditions
  - [ ] Hepatitis
  - [ ] Lupus
  - [ ] HIV/AIDS
  - [ ] Myasthenia Gravis

- [ ] Lung Conditions
  - [ ] Asthma
  - [ ] COPD/Emphysema

**Sensory Impairments**

- [ ] Visually Impaired/Blind
- [ ] Hearing Impaired/Deaf

**Other Medical Conditions**

- [ ] Bleeding/Clotting Disorder
- [ ] Cancer (Type: ____________)
  - **Due Date:** __/__/__
- [ ] Currently Pregnant
- [ ] Diabetes
- [ ] Dialysis/Kidney
- [ ] Sickle Cell Disease
- [ ] Tuberculosis
- [ ] Last Tetanus Shot
  - **Date:** __/__/__
- [ ] Other

**Health Habits**

- [ ] Tobacco Use
  - **Type:** 
- [ ] Alcohol Use
  - **Amount per:** 
- [ ] Illicit Drug Use
  - **Type(s):** 

**Allergies**

- [ ] No Known Allergies
- [ ] Latex
- [ ] X-ray Dyes
- [ ] Foods
  - **Type(s):** 
- [ ] Insect Stings
  - **Type(s):** 
- [ ] Medications
  - [ ] Aspirin
  - [ ] Penicillin
  - [ ] Morphine
- [ ] Other Medication(s)
  - **Type(s):** 

**Other Important Information:**
Emergency Information Form

EMERGENCY INFORMATION FORM
Update when your information changes. Review the form at least every six months when you change the time on your clocks. If you need a new form, scan the code to the left with your smartphone or visit http://aging.dhs.georgia.gov/yellowdotprogram.

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Personal Information Please print if able:

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☐ Advance Directive, Living Will or POLST (If not in Yellow Dot packet, include document location in the yellow OTHER IMPORTANT INFORMATION box at the bottom of this page)
## Emergency Form – Medical Info

### Medical History

**Indicate all past and present health conditions.**

**Heart Conditions**
- Heart Rhythm/AFIB/Abnormal Heart Rate
- Angina/Chest Pain
- Defibrillator/Pacemaker
- Heart Attack
- Date of Last __/___/___
- Heart Failure/CHF
- Heart Valve Replacement
- High Blood Pressure

**Brain/Nervous System Conditions**
- Anxiety
- Dementia/Alzheimers
- Depression
- Multiple Sclerosis
- Parkinson’s Disease
- Schizophrenia
- Seizure Disorder
- Stroke/TIA

**Auto-Immune Conditions**
- Hepatitis
- Lupus
- HIV/AIDS
- Myasthenia Gravis

**Lung Conditions**
- Asthma
- COPD/Emphysema

**Sensory Impairments**
- Visually Impaired/Blind
- Hearing Impaired/Deaf

**Other Medical Conditions:**
- Bleeding/Clotting Disorder
- Cancer (Type:__________)
- Currently Pregnant
- Due Date: __/___/___
- Diabetes
- Dialysis/Kidney
- Sickle Cell Disease
- Tuberculosis
- Last Tetanus Shot
  - Date: __/___/___
  - Other __________

**Health Habits**

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**Other Medical Conditions:**

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**Allergies**

- Indicate all allergies and reactions:
  - (rash, hives, swelling of the face or tongue, wheezing/trouble breathing, etc.)
  - No Known Allergies
  - Latex
    - Reaction:_____
  - X-ray Dyes
    - Reaction:_____
  - Foods
    - Type(s): _________
    - Reaction:_____
  - Insect Stings
    - Type(s): _________
    - Reaction:_____
  - Medications
    - Aspirin
    - Reaction:_____
    - Penicillin
    - Reaction:_____
    - Morphine
    - Reaction:_____
  - Other Medication(s)
    - Type(s): _________
    - Reaction:_____
  - Other Allergies
    - Type(s): _________
    - Reaction:_____

**Other Important Information:**

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We Protect Lives.
This document contains Emergency Information for:

Participant Name

Year of Birth

Enrollment Site

Place Your Most Recent Photo Here

Medications

Indicate all prescription and over-the-counter medications, vitamins and supplements along with dose and directions. Update this list whenever your medications change. Add additional pages if needed. Please print legibly. Example: Aspirin 81mg once daily

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Vitamins & Supplements

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We Protect Lives.
Enrollment Sites

• Beginning to recruit enrollment sites
• 2 levels (open/closed)
• Enrollment Site Requirements
  – Informed Consent management
  – Monthly usage/training report
  – Sign-up events
    • Form completion
    • Photos
Pilot/Evaluation Effort

- Athens/Clarke and Dublin/Laurens

- 10,000 packets per pilot site

- Pilot will run at least 2016-2017
  - Rolling implementation and process evaluation
  - Outcome evaluation determined 2017
Evaluation: Three Tiers

- Enrollment Sites
  - Promote program
  - Distribute packets
  - Surveys/interviews about program utility

- Emergency Medical Services/Hospitals
  - Check for Yellow Dot at every call
  - Report use of Yellow Dot
  - Surveys/interviews about program utility

- End-users – Medically at-risk
  - Surveys about program utility
Next Steps

• Program Rollout
• Community training
  – Provider trainings
  – Enrollment site training
• Program communications outreach
• Finalize evaluation parameters
Questions?

Elizabeth Head, Program Coordinator: Elizabeth.head@dph.ga.gov

General Yellow dot questions: Yellowdot.info@dph.ga.gov
Closing Comments

Phillip Williams, PhD
Chair
The next Board of Public Health meeting is currently scheduled on Tuesday, June 14, 2016 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send an e-mail to huriyyah.lewis@dph.ga.gov