Georgia Board of Public Health

April 10, 2018

Georgia Department of Public Health

Agenda

• Call to order	Cynthia Mercer, M.D., Board Chair
• Roll Call	Robert Harshman, M.D., Board Secretary
• Approval/Adoption of Minutes	Robert Harshman, M.D., Board Secretary
• Commissioner's Update	J. Patrick O'Neal, M.D., Commissioner

Legislative Update

Katie Kopp, MPH/Director of Government Relations

Georgia Department of Public Health

Budget Update

Kisha Wesley, MPA/Deputy Chief Financial Officer

Georgia Department of Public Health

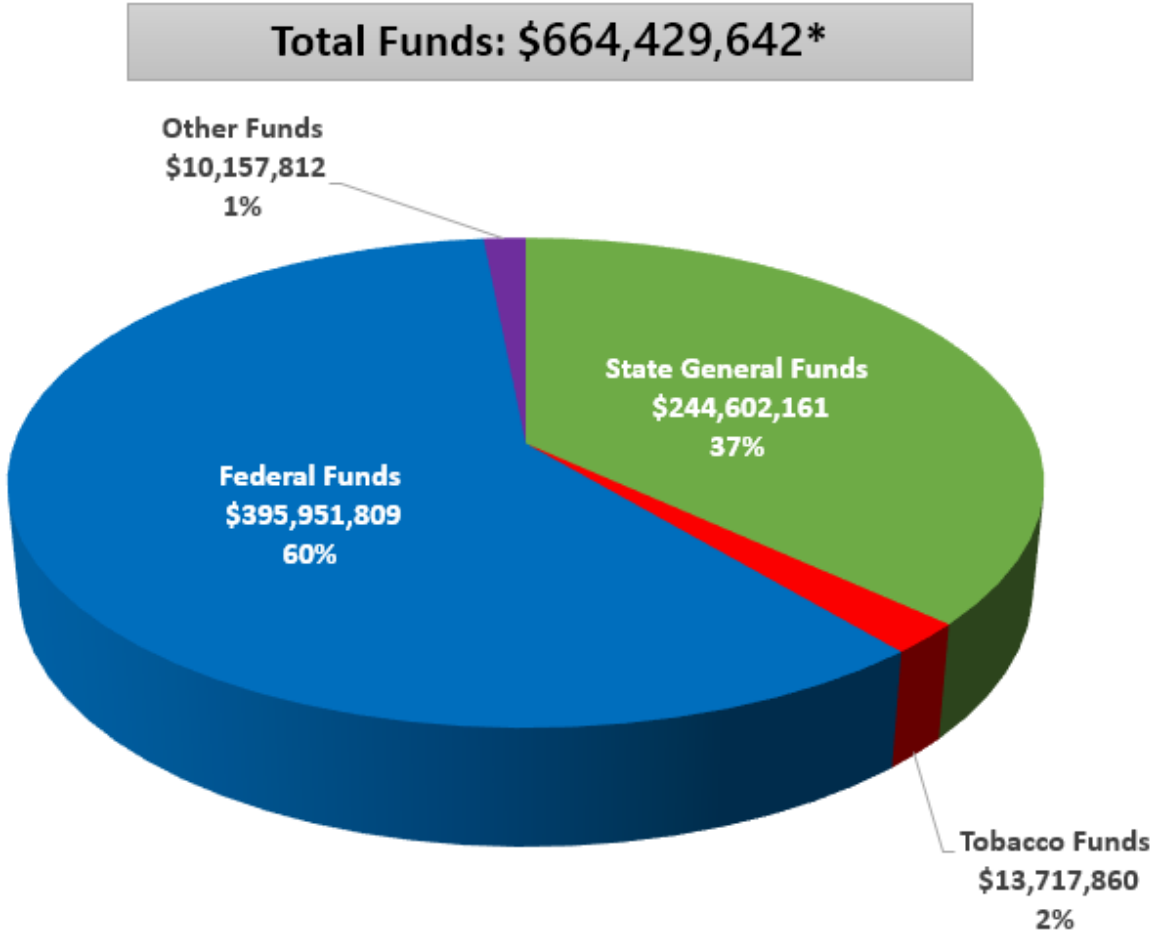
DPH Initiatives

- **Prescription Drug Monitoring Program (PDMP)**
- **Cardiac Care**
- **Early Brain Development**
- **Maternal Mortality**
- **Academic Health Department**

Amended Fiscal Year 2018 Budget

Program Changes:	
Increase funds for the Office of Cardiac Care pursuant to Senate Bill 102 (2017 Session)	$ 193,500
Increase funds for the prescription drug monitoring program pursuant to House Bill 249 (2017 session)	$ 582,892
Utilize $159,105 in existing funds for telehealth infrastructure and one program support coordinator position to provide behavioral health services to children under 21 who are diagnosed as autistic	Yes
Total Program Changes	**$ 776,392**
Statewide Changes:	
Adjustment in agency premiums for Department of Administrative Services administered self-insurance programs	$ 83,844
Reflect adjustment in merit system assessments	$ (20,283)
Reflect adjustment in cyber insurance premiums	$ (79,077)
Total Statewide Changes:	**$ (15,516)**
Department of Public Health Total	**$ 760,876**

Amended Fiscal Year 2018 DPH Budget



*Attached agencies not included
Georgia Trauma Commission - $21,760,159
Brain & Spinal Injury Trust Fund - $1,422,131

Fiscal Year 2019 Budget – DPH Programs

Increase funds for the prescription drug monitoring program pursuant to House Bill 249 (2017 session)	**$**	**626,545**
Increase funds for the Office of Cardiac Care pursuant to Senate Bill 102 (2017 Session)	**$**	**355,406**
Provide funds to develop capacity for children under 21 who are diagnosed as autistic	**$**	**100,000**
Utilize $50,700 in existing funds for one program support coordinator position for children under 21 who are diagnosed as autistic		**Yes**
Provide funds to increase the occupational, speech, and physical therapy rates in the Babies Can't Wait Program	**$**	**1,103,716**
Eliminate one-time funds for the evaluation of maternal mortality	**$**	**(100,000)**
Provide funds to address maternal mortality in Georgia	**$**	**2,000,000**

Fiscal Year 2019 Budget – DPH Programs

Provide funds for the Sickle Cell Foundation of Georgia for sickle cell outreach offices to improve access to care and reduce unnecessary emergency room costs		**$**	**150,000**
Provide fund for the Georgia Cancer Control Consortium to fund the Georgia Center for Oncology Research and Educating (CORE) and the five regional cancer coalitions (RCC)		**$**	**887,500**
Provide funds to implement the Diabetes Prevention Program in the five counties with the highest need		**$**	**75,000**
Increase in funding to reflect FMAP decrease from 68.50% to 67.62%		**$**	**328,975**
Provides funds for the Grady Infectious Disease Program to support retention in care efforts for patients with HIV/AIDS		**$**	**50,000**

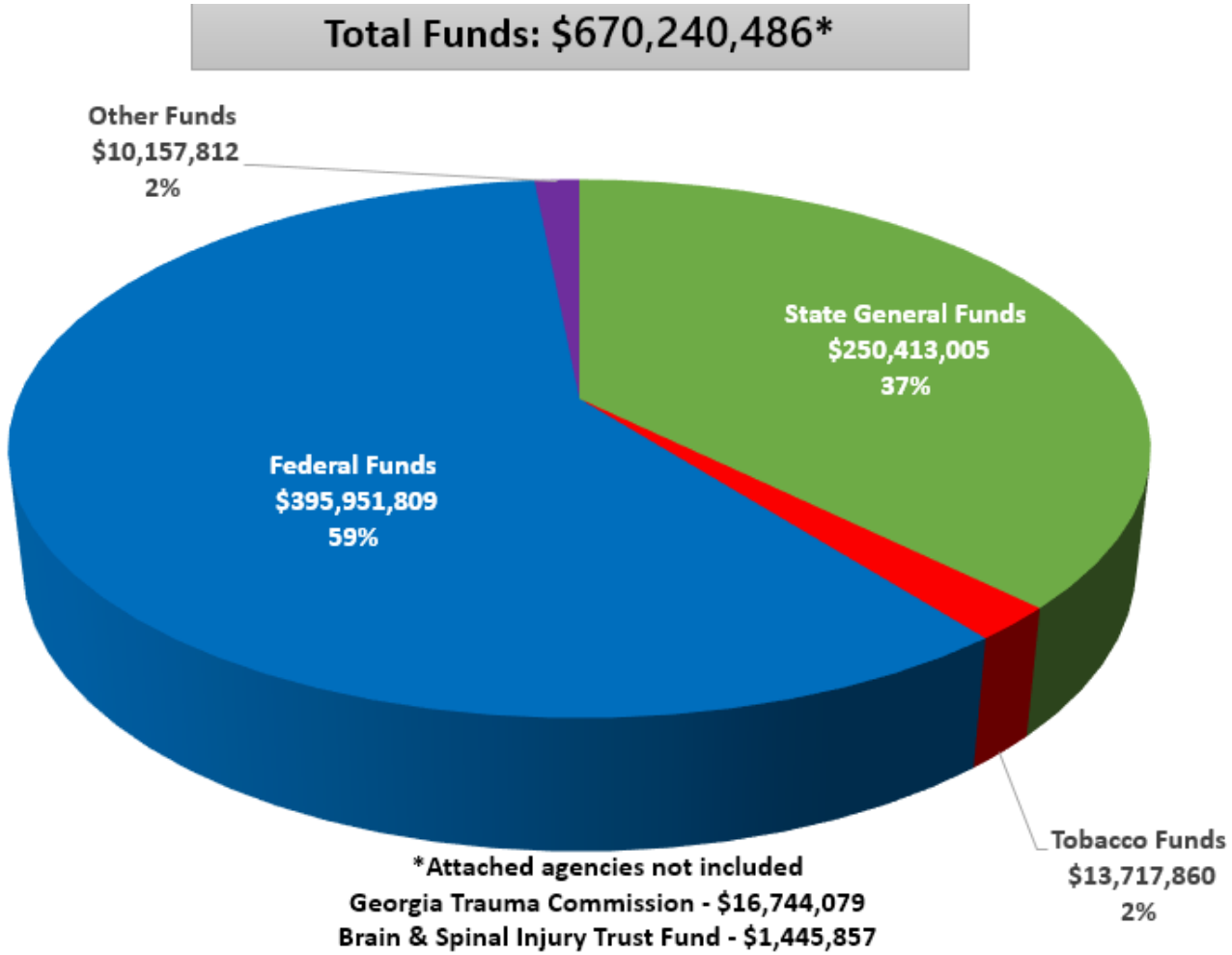
Fiscal Year 2019 Budget – DPH Programs

Provide funds to improve perinatal hepatitis C surveillance, linkage to care, and testing to address the statewide increase of the hepatitis C virus due to the opioid epidemic		**$**	**215,700**
Provide funds to reinstate 10 regional Emergency Medical Services training positions.		**$**	**979,591**
Add funds for the Georgia Commission on Women as authorized under O.C.G.A. 50-12-80 for operations		**$**	**50,000**
Total DPH Program Changes		**$**	**6,195,888**

Fiscal Year 2019 Budget – Statewide Changes

Adjustment in agency premiums for Department of Administrative Services administered self-insurance programs		**$**	**(143,485)**
Reflect adjustment in merit system assessments		**$**	**(2,009)**
Reflect adjustment in cyber insurance premiums		**$**	**(96,515)**
Reflect adjustment in TeamWorks billings		**$**	**(113,299)**
Reflect adjustment in the employer share of the TRS System from 16.81% to 20.90%		**$**	**3,258**
Adjust billings for unemployment insurance to reflect updated claims expenses		**$**	**101,337**
Total Statewide Changes:		**$**	**(250,713)**
Department of Public Health Total		**$**	**5,945,175**

Fiscal Year 2019 DPH Budget



Questions?

Georgia Department of Public Health

Georgia PDMP and Opioid Strategic Plan

Sheila Pierce/ Director, Prescription Drug Management Program

Georgia Department of Public Health

Program Updates

Prescription Drug Monitoring Program

- PDMP Registration status
- Remaining 2017 Legislative Mandates
- PDMP "How-To" information for prescribers
- Annual PDMP Report

Statewide Opioid Strategic Plan

- First Draft
- Outreach efforts to involve stakeholders
- 2nd Strategic Plan Stakeholders Meeting - August 21, 2018
- CDC Grant Deliverable – September 2018

Special Supplemental Nutrition Program for Women, Infants, and Children

Dietetic Internship Program

Rhonda Tankersley, MPH, RD, LD/Georgia WIC

Dietetic Internship Program Background

- Established in 1992
- Pathway to the registered dietitian (RD) credential
- Accredited by the Accreditation Council on Education in Nutrition and Dietetics (ACEND)
- Ten (10) Standards of Accreditation
- Self-study report was submitted December 2016
- Onsite accreditation visit took place March 2017

Workforce Development

- Program promotion and out reach to undergraduate didactic programs in dietetics (DPD) in:
  - Georgia, North Florida, East Alabama, South Tennessee and Western North and South Carolina
- Recruitment of entry level nutritionists to provide direct care services to Georgia WIC participants throughout the 159 counties and 204 health departments

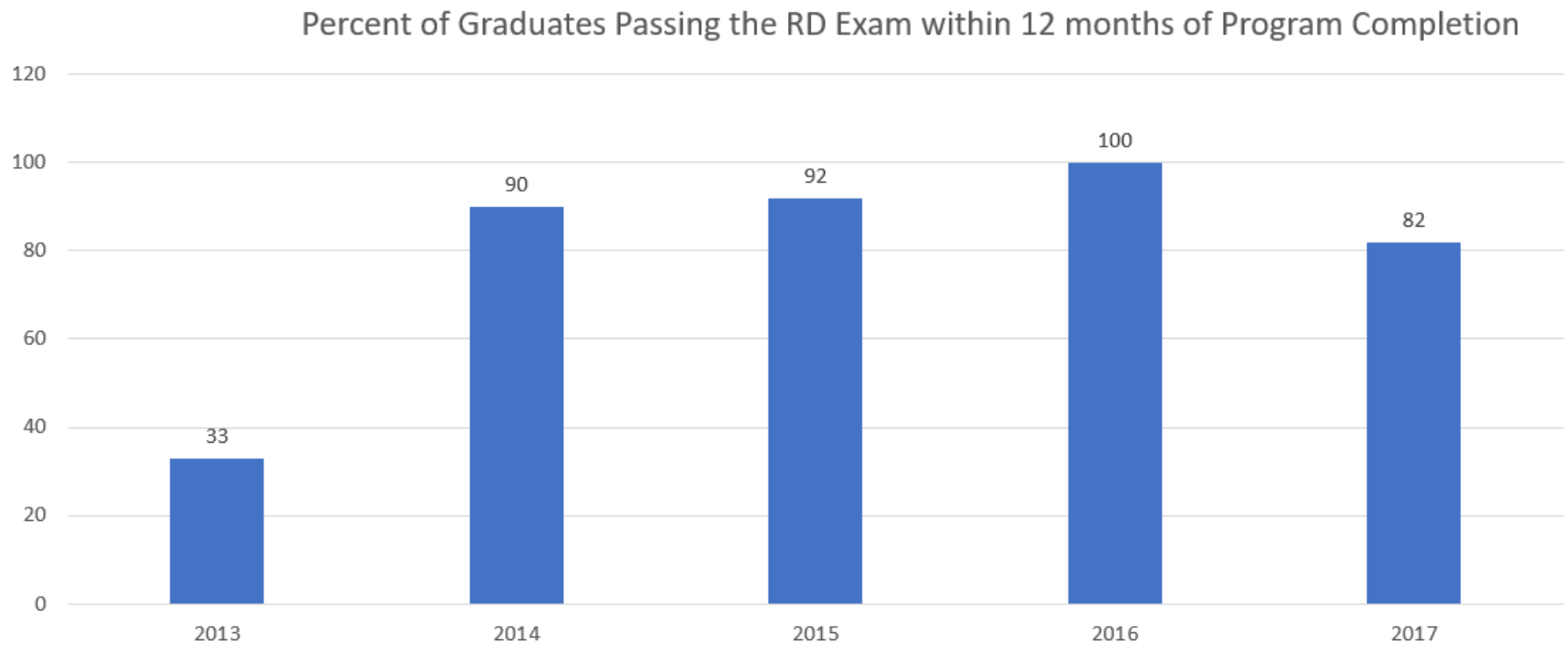
Access to WIC Dietetic Internship Program

- Georgia WIC employee with required education
- 1 year of full time work in the Georgia WIC Program
- Support of the District Health and Nutrition Services Directors
- Letters of recommendation
- Satisfactory performance management evaluation
- Application and interview

Internship Curriculum

- The internship provides 1200+ hours of supervised practice in nutrition and dietetics
- Achievement of 42 competencies across 4 domains and a community nutrition emphasis
- Practice areas:
  - Community
  - School nutrition and food service
  - Clinical

Internship Outcomes



Internship Outcomes

- 30+ registered dietitian graduates currently working in Georgia WIC
- The program maintains an average long term (more than 5 years) retention of 50%
- 9 of 18 District Nutrition Services Directors are DPH WIC Dietetic Internship graduates
- 4 of 9 RD employees in the State WIC Office are DPH WIC Dietetic Internship graduates

Challenges

- Beginning January 2024, the Commission on Dietetic Registration will require a completed graduate degree prior to the registered dietitian exam
- A limited number of internship eligible nutritionists currently have a master's degree
- Financial barriers may be a barrier to graduate programs for internship eligible nutritionist

Opportunity

- Explore partnerships with graduate programs
  - Georgia State
  - Public health nutrition emphasis programs
- Explore and implement support for entry level nutritionists to obtain a graduate degree prior to or during the internship program

Josefina Arvizu-Villela

"I came to this country when I was 20 years old and I did not speak any English. The day I passed my exam was one of the best days of my life."

Ryan Saccucci

"I can honestly say that the DPH WIC DI is one of the best things that ever happened to me, and it has provided the stepping stone in my life for where I am today."

Questions?

Georgia Department of Public Health

Georgia Cardiac Care Update

David Newton, DrPH(c), MPH, NRP/Cardiac Care Registrar

Georgia Department of Public Health

Cardiac Care Program Updates

- Rules and Regulations
- Patient Registries
- Importance of Data
- Protocols
- Designations
- Staff

Cardiac Care Rules and Regulations

Rule 511-9-2-.04. Designation of Specialty Care Centers

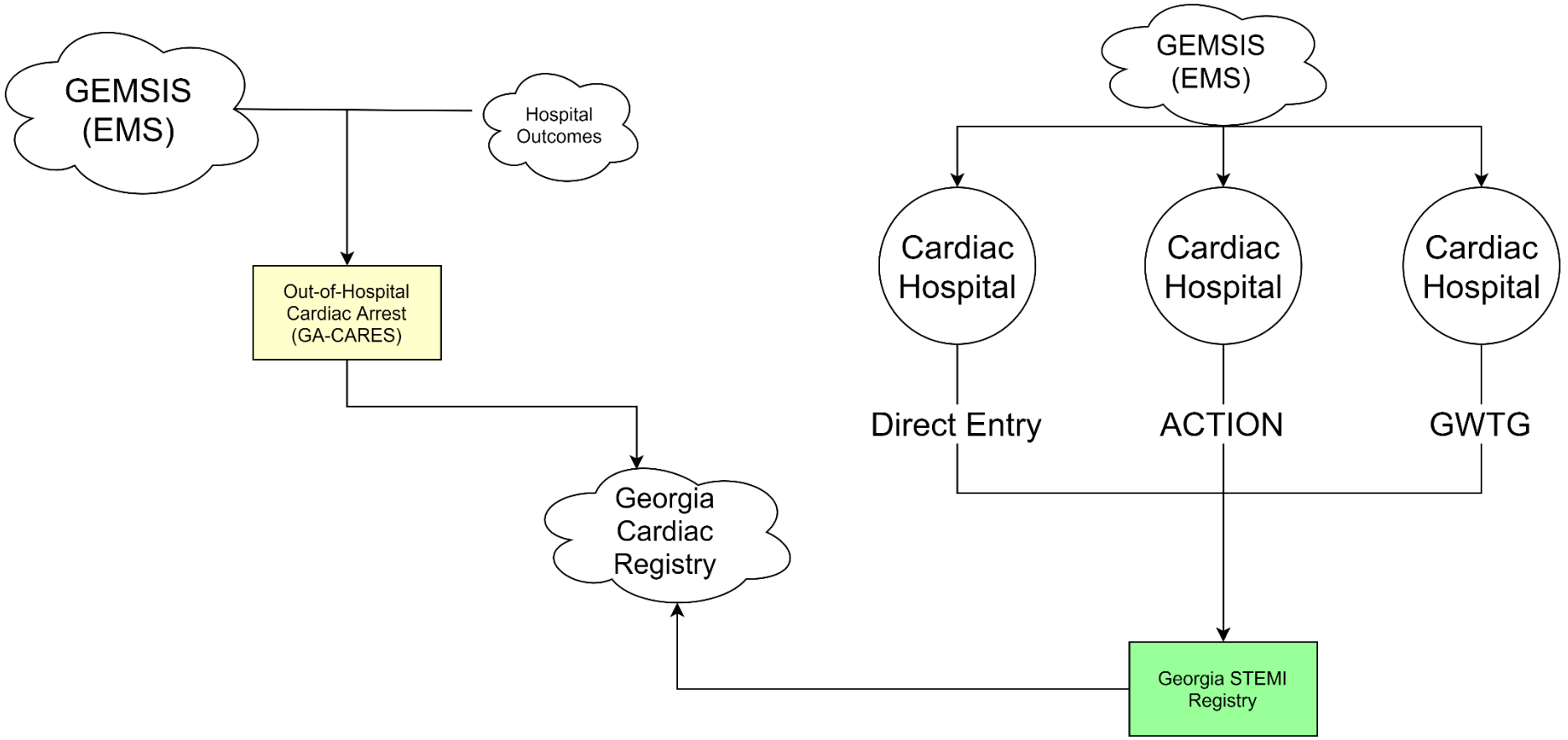
- Paragraph 3 = Emergency Cardiac Care Centers
  - Allows for designation of centers
  - Released for public comment December 2017
  - Became effective 2/13/2018
- Paragraph 4 = Confidentiality
  - Keeps EMS and hospital data confidential
  - Released for public comment 4/2018

EMS Related Patient Registries

- Registries currently in place in Georgia:
  - EMS Registry
  - Trauma Registry
  - Coverdell Acute Stroke Registry
- New Registries called for by SB102:
  - Out-of-hospital Cardiac Arrest (GA-CARES)
  - Georgia STEMI Registry


If you can't
MEASURE it
you can't MANAGE it.

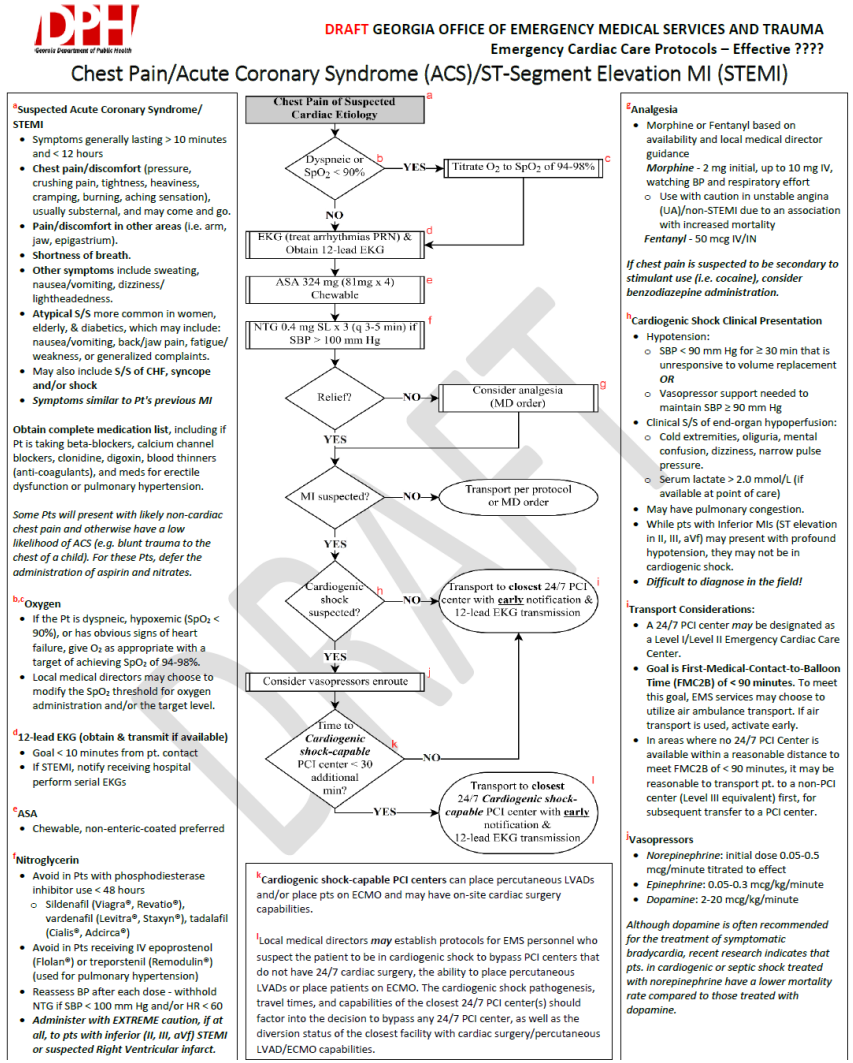
Cardiac Care Registries



Cardiac Care Data

- Updates to Georgia EMS Information System (GEMSIS) to allow for CARES data
- Implementing rules to increase data validity
- EMS Data Dictionary
  - Field providers
  - Agency staff
  - EMS Students
- Presentations at various EMS conferences

Cardiac Care Protocols



DRAFT GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA
Emergency Cardiac Care Protocols – Effective ????

Chest Pain/Acute Coronary Syndrome (ACS)/ST-Segment Elevation MI (STEMI)

[a] **Suspected Acute Coronary Syndrome/ STEMI**

- Symptoms generally lasting > 10 minutes and < 12 hours
- **Chest pain/discomfort** (pressure, crushing pain, tightness, heaviness, cramping, burning, aching sensation), usually substernal, and may come and go.
- **Pain/discomfort in other areas** (i.e. arm, jaw, epigastrium).
- **Shortness of breath.**
- **Other symptoms** include sweating, nausea/vomiting, dizziness/ lightheadedness.
- **Atypical S/S** more common in women, elderly, & diabetics, which may include: nausea/vomiting, back/jaw pain, fatigue/ weakness, or generalized complaints.
- May also include **S/S of CHF, syncope and/or shock**
- ***Symptoms similar to Pt's previous MI***

Obtain complete medication list, including if Pt is taking beta-blockers, calcium channel blockers, clonidine, digoxin, blood thinners (anti-coagulants), and meds for erectile dysfunction or pulmonary hypertension.

Some Pts will present with likely non-cardiac chest pain and otherwise have a low likelihood of ACS (e.g. blunt trauma to the chest of a child). For these Pts, defer the administration of aspirin and nitrates.

[b,c] **Oxygen**

- If the Pt is dyspneic, hypoxemic (SpO_2 < 90%), or has obvious signs of heart failure, give O_2 as appropriate with a target of achieving SpO_2 of 94-98%.
- Local medical directors may choose to modify the SpO_2 threshold for oxygen administration and/or the target level.

[d] **12-lead EKG (obtain & transmit if available)**

- Goal < 10 minutes from pt. contact
- If STEMI, notify receiving hospital perform serial EKGs

[e] **ASA**

- Chewable, non-enteric-coated preferred

[f] **Nitroglycerin**

- Avoid in Pts with phosphodiesterase inhibitor use < 48 hours
  - Sildenafil (Viagra®, Revatio®), vardenafil (Levitra®, Staxyn®), tadalafil (Cialis®, Adcirca®)
- Avoid in Pts receiving IV epoprostenol (Flolan®) or treporstenil (Remodulin®) (used for pulmonary hypertension)
- Reassess BP after each dose - withhold NTG if SBP < 100 mm Hg and/or HR < 60
- ***Administer with EXTREME caution, if at all, to pts with inferior (II, III, aVf) STEMI or suspected Right Ventricular infarct.***

[a] **Chest Pain of Suspected Cardiac Etiology**

Dyspneic or SpO_2 < 90%? [b] — YES → Titrate O_2 to SpO_2 of 94-98% [c]

NO →

EKG (treat arrhythmias PRN) & Obtain 12-lead EKG [d]

ASA 324 mg (81mg x 4) Chewable [e]

NTG 0.4 mg SL x 3 (q 3-5 min) if SBP > 100 mm Hg [f]

Relief? — NO → Consider analgesia (MD order) [g]

YES →

MI suspected? — NO → Transport per protocol or MD order

YES →

Cardiogenic shock suspected? [h] — NO → Transport to **closest** 24/7 PCI center with **early** notification & 12-lead EKG transmission [i]

YES →

Consider vasopressors enroute [j]

Time to ***Cardiogenic shock-capable*** PCI center < 30 additional min? [k] — NO →

YES → Transport to **closest** 24/7 ***Cardiogenic shock-capable*** PCI center with **early** notification & 12-lead EKG transmission [l]

[k] **Cardiogenic shock-capable PCI centers** can place percutaneous LVADs and/or place pts on ECMO and may have on-site cardiac surgery capabilities.

[l] Local medical directors ***may*** establish protocols for EMS personnel who suspect the patient to be in cardiogenic shock to bypass PCI centers that do not have 24/7 cardiac surgery, the ability to place percutaneous LVADs or place patients on ECMO. The cardiogenic shock pathogenesis, travel times, and capabilities of the closest 24/7 PCI center(s) should factor into the decision to bypass any 24/7 PCI center, as well as the diversion status of the closest facility with cardiac surgery/percutaneous LVAD/ECMO capabilities.

[g] **Analgesia**

- Morphine or Fentanyl based on availability and local medical director guidance
  Morphine - 2 mg initial, up to 10 mg IV, watching BP and respiratory effort
  - Use with caution in unstable angina (UA)/non-STEMI due to an association with increased mortality

  Fentanyl - 50 mcg IV/IN

If chest pain is suspected to be secondary to stimulant use (i.e. cocaine), consider benzodiazepine administration.

[h] **Cardiogenic Shock Clinical Presentation**

- Hypotension:
  - SBP < 90 mm Hg for ≥ 30 min that is unresponsive to volume replacement ***OR***
  - Vasopressor support needed to maintain SBP ≥ 90 mm Hg
- Clinical S/S of end-organ hypoperfusion:
  - Cold extremities, oliguria, mental confusion, dizziness, narrow pulse pressure.
  - Serum lactate > 2.0 mmol/L (if available at point of care)
- May have pulmonary congestion.
- While pts with Inferior MIs (ST elevation in II, III, aVf) may present with profound hypotension, they may not be in cardiogenic shock.
- ***Difficult to diagnose in the field!***

[i] **Transport Considerations:**

- A 24/7 PCI center ***may*** be designated as a Level I/Level II Emergency Cardiac Care Center.
- **Goal is First-Medical-Contact-to-Balloon Time (FMC2B) of < 90 minutes.** To meet this goal, EMS services may choose to utilize air ambulance transport. If air transport is used, activate early.
- In areas where no 24/7 PCI Center is available within a reasonable distance to meet FMC2B of < 90 minutes, it may be reasonable to transport pt. to a non-PCI center (Level III equivalent) first, for subsequent transfer to a PCI center.

[j] **Vasopressors**

- ***Norepinephrine***: initial dose 0.05-0.5 mcg/minute titrated to effect
- ***Epinephrine***: 0.05-0.3 mcg/kg/minute
- ***Dopamine***: 2-20 mcg/kg/minute

Although dopamine is often recommended for the treatment of symptomatic bradycardia, recent research indicates that pts. in cardiogenic or septic shock treated with norepinephrine have a lower mortality rate compared to those treated with dopamine.

Designation Application/Documents

Per O.C.G.A. § 31-11-132 and DPH Rule 511-9-2-.04, the Office of Cardiac Care will create:

- Application for designation as an Emergency Cardiac Care Center
- Designation Criteria/Checklists for hospital preparation and site visitor use.
- Data reporting requirements and required reporting measures
- Model transfer agreements for patients requiring higher levels of care:
  - From Level III hospitals to both Level I & Level II hospitals
  - From Level II to Level I hospitals

Cardiac Care Program Staffing

Additional funding secured for AFY18 and FY19

- Current staff:
  - Cardiac Care Registrar
- Additional staff CY18:
  - Cardiac Care Program Director
  - Cardiac Care Admin Assistant
- Future staff
  - Cardiac Epidemiologist

Questions?

Georgia Department of Public Health

Closing Comments

Cynthia Mercer, M.D., Board Chair

Georgia Department of Public Health

The next Board of Public Health meeting is scheduled for Tuesday, May 8, 2018 @ 1 p.m.

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