Georgia Board of Public Health

September 11, 2018

Agenda

- Call to order
- Roll Call
- Approval/Adoption of Minutes
- Commissioner's Update

Georgia Public Health Laboratory

Elizabeth A. Franko, DrPH, HCLD /Director, Georgia Public Health Laboratory

Georgia Public Health Laboratory (GPHL)

Locations
- Central Facility in Decatur (Clairmont Road)
- Waycross Public Heath Laboratory

Required Documents
- 2 State of Georgia Clinical Laboratory Licenses, issued by DCH
- 2 CLIA (Clinical Laboratory Improvements Amendments of 1988) Certificates, issued by DHHS/CMS
- 2 Georgia Clinical Laboratory Director's Licenses, issued by DCH
- 1 Federal Select Agents Certificate (Decatur) issued by DHS
- 1 NELAC certificate (Waycross) issued by National Environmental Laboratory

Workload Overview Decatur & Waycross Labs

	FY2003	**FY2008**	**FY2013**	**FY2018**
Specimens	733,741	690,136	504,773	393,042
Tests/Exams	2,732,661	8,931,135	7,372,267	7,567,204
				Vacancy 14%
FTEs	159	158	158	135

Microbiology

Infectious Diseases
- Rapidly evolving laboratory diagnostic technology
- Implementation of new laboratory procedures and programs to support notifiable disease surveillance
- Impact of culture-independent testing for enteric pathogens increases the resources needed for each specimen at the PHL

Interferon Gamma Release Assay (IGRA)
- Coordinated effort with Mycobacteriology unit staff and TB control and prevention program
- Volume of testing is increasing

Microbiology

Enteric Pathogens Antibiotic Resistance
- Performing whole genome sequencing (WGS) on 100% of Salmonella isolates. Currently GPHL receives ~2500 Salmonella isolates/year.
- Performing WGS on 50% of Campylobacter (~200 isolates/year).

HIV Genotyping and Integrase
- GPHL recently added HIV genotyping and Integrase through the Ryan White Care program. This assay uses molecular sequencing to identify HIV genotypic anti-viral resistance. This is new testing that is being coordinated through the RW program.

Emergency Preparedness and Response (EPR)

Current Activities:

- Includes BT (molecular biology) and CT (chemical threats) testing.
- Continued close interaction with and laboratory support for FBI and USPS investigations of potential cases and contaminated mail, postal service.
- GPHL/EP&R host the federal Biowatch program (federal contractor) which monitors Atlanta's air on a daily basis for pathogens (ie Anthrax)
- Continued planning with federal and local partners to provide laboratory support for Superbowl XIII (Feb.3, 2019 in Atlanta). The period of coverage will be from 1/26/19 thru 2/04/19 and will generate 60 additional filter specimens/day.
- EPR is funded thru a federal grant

Emergency Preparedness and Response

Budget Cut Impact - EP Lab

- Program will need to identify funds/salary for GPHL Training Coordinator. Position is critical for meeting requirement of PHEP Capability 12. Had to eliminate one position (Store Manager) due to reduced federal budget
- No room for salary increases, resulting in high turnover rates
- Unable to attract qualified candidates. State Clinical Laboratory Licensure law requires technical staff to have education, pertinent experience and national certification
- Have cut-out most out-of-state travel for EP lab staff to meet funding reduction
- EP staff is required to carry on-call phones on 24/7/365 basis without any extra incentives.

Emergency Preparedness and Response

- Unable to reactivate Waycross Regional lab for BT emergency events since there are no BT technologist positions there.
- Difficult to upgrade lab instruments with continued budget reductions and rapidly changing methodologies that are more sophisticated and expensive.
  - MagNA PURE LC and Roche MagNA PURE Compact instruments are scheduled to be discontinued as of 2022. These instruments are critical and are used for automated extraction for BT events, Influenza, norovirus, mumps, measles, pertussis, MERS-CoV etc.
  - ABI4000 LC-MS/MS will be out of service at the end of 2019. This instrument is used for detection of Organo-Phosphate Nerve Agents (OPNA)Abrine/Ricinine (ABRC), etc.
  - Will need to replace freezers and refrigerators as they age and fail.

Newborn Screening (NBS)

- Newborn Screening is a state function
  - State decides conditions to screen for, currently 29 diseases
  - 2018 Workload: 149,933 specimens

    7,129,455 tests
- Advisory Committee on Heritable Disorders of Newborns and Children (ACHDNC) formed in 2005
  - Reviews nominations to add conditions to the Recommended Uniform Screening Panel (RUSP)
  - Recommend addition or rejection by the HHS secretary
  - Secretary can accept or reject recommendation (usually accepts)

NBS - New RUSP Conditions

2015 – Pompe Disease (PD)

2016 – Mucopolysaccharidosis Type 1 (MPS1)

2016 – X-linked Adrenoleukodystrophy (X-ALD)

2018 – Spinal Muscular Atrophy (SMA)

- Emory/DPH awarded NIH contracts to perform pilot projects
  - o PD and MPS1 completed in summer 2017
  - o X-ALD completed in fall 2017
  - o SMA to start fall 2018

NBS - Georgia Status

- DPH Newborn Screening Advisory Committee (NBSAC) recommended addition of PD, MPS1, and X-ALD in February 2018

- DPH Commissioner approved recommendation in May 2018

- NBSAC will vote on addition of SMA at meeting on 8/24/2018

- Optional screening for Krabbe Disease (KD) added by legislature in 2018
  - Not on RUSP (considered and rejected in 2010)
  - Not recommended by any state NBS advisory committee
  - Several states have added by legislative mandate

NBS - New Condition Issues

- PD, MPS1, X-ALD, and KD have infantile onset <u>and</u> later onset forms
  - Molecular testing required to <u>assist</u> in differentiation
  - Differentiation not always possible
  - Parents may be put in "watchful waiting" position
  - Molecular testing difficult to get paid by insurance
  - NBSAC recommended funding by state to assure equity
- Treatment for SMA is spinal injections
  - Treatment approved by FDA in December 2016
  - Cost is $750,000 first year, and $375,000 in subsequent years

GPHL Concerns

Workload: The GPHL workload has changed in distribution. In the past GPHL performed fewer types of tests in large numbers. Now, GPHL is performing more tests, each in smaller quantities, requiring additional highly skilled staff and equipment.

Technology: Rapidly changing testing methodologies are more sophisticated, complex and expensive. Additionally, equipment and Laboratory Information Management System (LIMS) require extensive computer skills.

Reduced Grant Funding: Grants from CDC/DHHS & DHS are being reduced and face additional substantial cuts in the future. GPHL expects to experience cuts across the board in 2020.

Mosquito Surveillance Update

Chris Rustin, DrPH, MS, REHS/Director, Environmental Health/Dep. Director, Health Protection

Arbovirus Prevention & Control

Public Health Entomologists

Vector Surveillance Staff

- Complaint Response
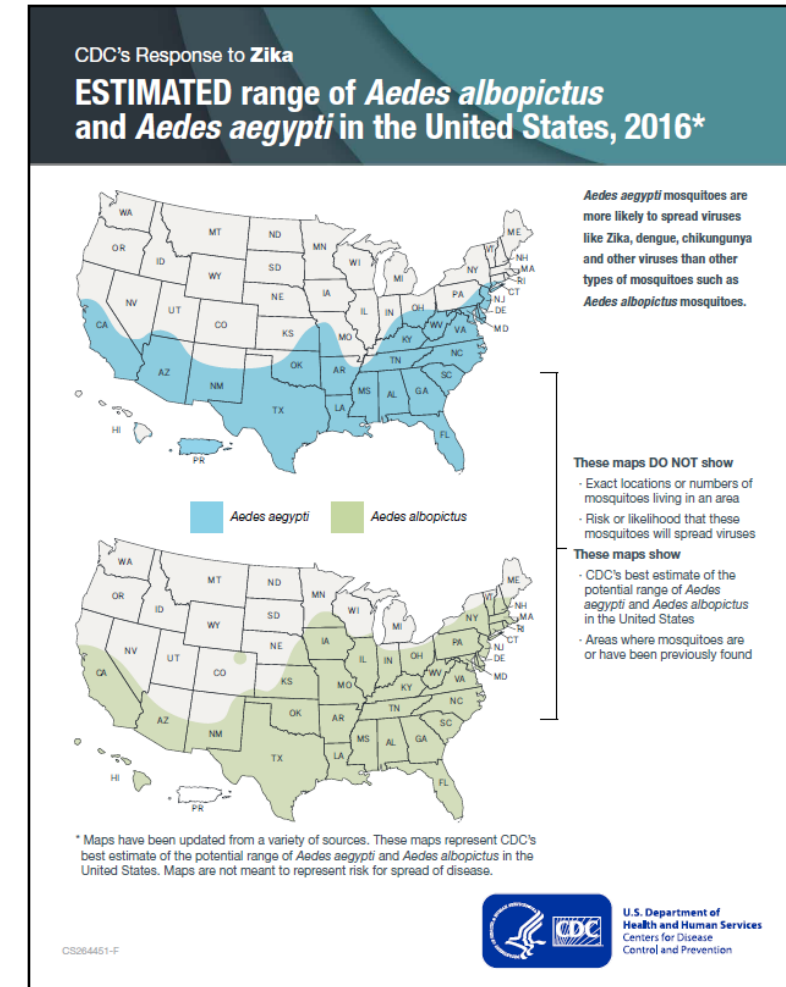- MBD response
- Mosquito Surveillance
- Public Education

EHS Strike Teams

Importance of Surveillance

Aedes aegypti and *Ae. albopictus*

- Limited surveillance data for Georgia
- Georgia has the habitat and climate to support *Ae aegypti* (primary vector)
- Mosquito surveillance drives decision making when compared to locations of known human travel related cases
- Data are useful with potential emergence of other novel arboviral diseases
- The goal of mosquito-based surveillance is to quantify human risk by determining local vector presence and abundance
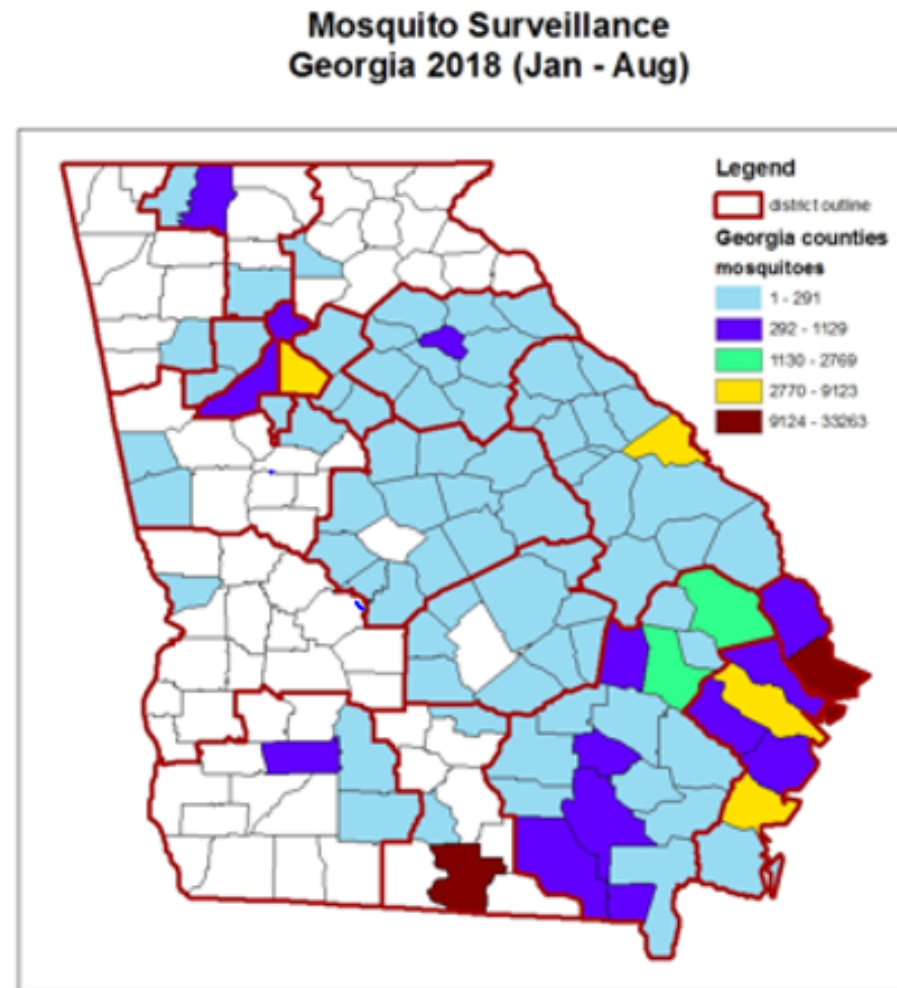

CDC's Response to **Zika**

ESTIMATED range of *Aedes albopictus* and *Aedes aegypti* in the United States, 2016*

Aedes aegypti mosquitoes are more likely to spread viruses like Zika, dengue, chikungunya and other viruses than other types of mosquitoes such as *Aedes albopictus* mosquitoes.

These maps DO NOT show
- Exact locations or numbers of mosquitoes living in an area
- Risk or likelihood that these mosquitoes will spread viruses

These maps show
- CDC's best estimate of the potential range of *Aedes aegypti* and *Aedes albopictus* in the United States
- Areas where mosquitoes are or have been previously found

* Maps have been updated from a variety of sources. These maps represent CDC's best estimate of the potential range of *Aedes aegypti* and *Aedes albopictus* in the United States. Maps are not meant to represent risk for spread of disease.

CS264451-F

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Goals 2018

- Funding
- Surveillance in all 159 counties
- Heavy focus on border counties at risk for *Aedes aegypti*
  - Border with Florida
- Expand surveillance in Muscogee County
- Expand and identify new locations for surveillance
- Reviewed a 1958 research paper that identified known locations of *Ae. aegypti* and will follow up surveillance
  - **Urban/Suburban**: Brunswick, Columbus, Macon, Savannah, Thomasville, Tifton, Waycross, Atlanta, Gainesville
  - **Rural:** Thomas and Dodge County

Mosquito Surveillance 2018

Year	Counties Doing Surveillance
2001	2
2002	11
2003	26
2004	56
2005	55
2006	28
2007	28
2008	28
2009	26
2010	22
2011	19
2012	12
2013	13
2014	15
2015	13
2016	60
2017	159
2018	91 (as of 8/31/18)

Mosquito Surveillance
Georgia 2018 (Jan - Aug)

Legend
district outline
Georgia counties mosquitoes
1 - 291
292 - 1129
1130 - 2769
2770 - 9123
9124 - 33263

Mosquito Surveillance 2018

- Currently, we are seeing WNV+ mosquitoes in the 5 of the 6 counties doing testing; there are also 2 EEE+ mosquito pools reported

  o Our first WNV+ mosquito pool was collected in mid-June; currently there are 241 WNV+ mosquito pools reported
  o 6 EEE+ horses; 1 WNV+ horse
  o First human WNV+ cases was reported in July
    ▪ 8 cases and 1 PVD confirmed as of end of August
  o One EEE+ human case; 1 SLE+ human case, 1 LAC+ case

- Vector Surveillance and EH Staff are conducting surveillance statewide

Arboviral Positive Pools 2018

WNV+ pools						
Species	Chatham	DeKalb	Fulton	Glynn	Lowndes	Grand Total
Ae. albopictus		1				**1**
Cs. melanura	1					**1**
Culex spp.	5		3			**8**
Cx. nigripalpus					11	**11**
Cx. quinquefasciatus	90	71		3	56	**220**
Grand Total	**96**	**72**	**3**	**3**	**67**	**241**

Vector Species Data 2018

2018 Vector Species Populations
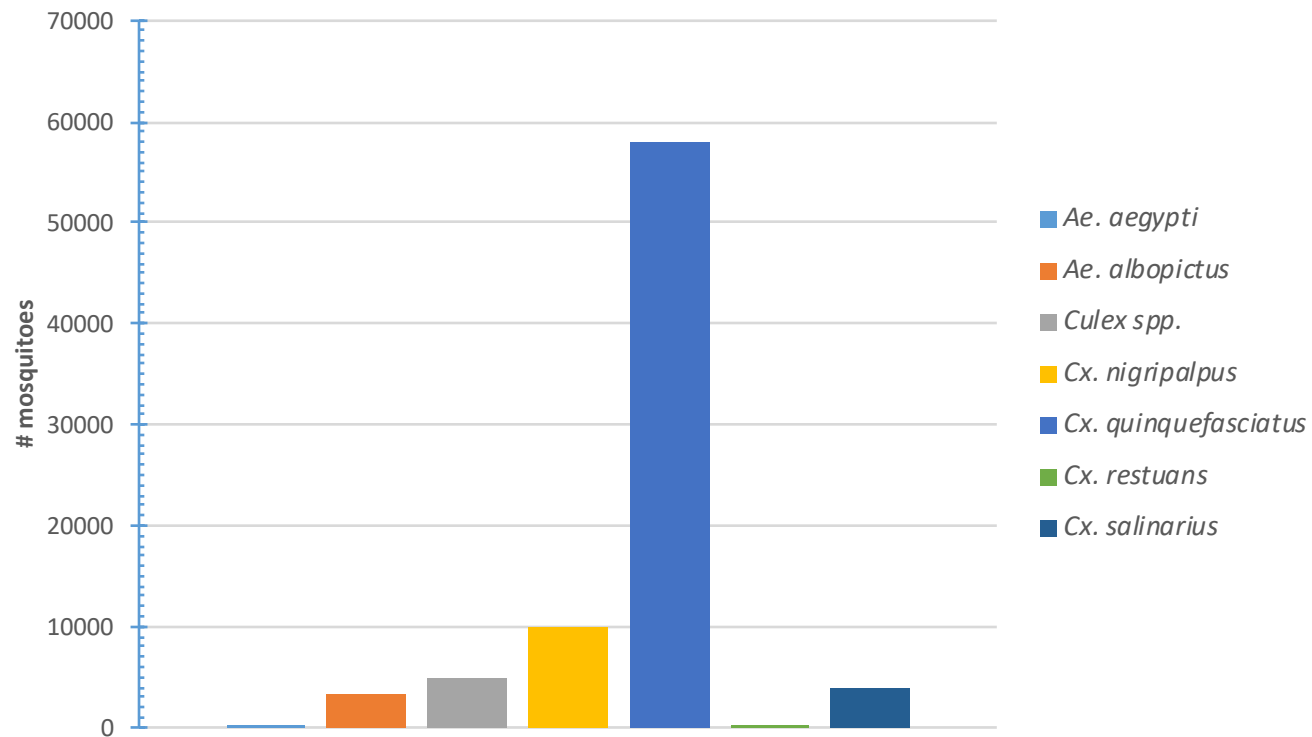
Vector Species	# Mosquitoes
Ae. aegypti	17
Ae. albopictus	**3337**
Culex spp.	4897
Cx. nigripalpus	9822
Cx. quinquefasciatus	**58065**
Cx. restuans	163
Cx. salinarius	3871 (8/31/2018)

Public Health Importance

Culex quinquefasciatus- Southern House Mosquito
- Primary WNV vector
- Lays eggs in stagnant water or containers that hold water for more than a week
- Bites at dusk

Aedes albopictus- Asian Tiger Mosquito
- Can transmit WNV and a vector of Zika
- Lays eggs in artificial containers
- Bites during the day

Prevention Message and Control

- Tip 'n Toss all containers holding water around homes
  - Mosquito Repellant
  - Public education is key
  - Respond to complaints
- Larviciding, thermal fogging and barrier sprays
- Keep ditches clear and water moving
- Use integrated pest management techniques

Enterprise Systems Modernization (ESM)

Dionne Denson, CGFM/CFO, Deputy Commissioner

Enterprise System Modernization (ESM)

ESM is a ***business strategy*** to modernize the current technology environment and enable DPH to achieve it's vision and business objectives through close and ***continuous alignment of IT with the Department's health and business priorities.***

ESM Goals

- **No "wrong door"** for clients and participants
- Reduced reliance on government funding sources by **strengthening fee-for-services** effectiveness and prepare for an environment with less available governmental funding
- **Robust self-service capabilities** for clients, providers and retailers
- **Reduced administrative time** spent on tasks and workarounds
- Strengthened partnership in all directions within DPH to create a more effective, adaptable and **seamless organization**

ESM Goals

- **Improved data standards**, stewardship, governance, and quality
- Richer more **meaningful information and knowledge** that can be shared more easily
- Make DPH **THE trusted data source** to influence and support the Governor and legislature's public health decisions
- **Compliance** with the USDA mandate that all states be EBT compliant by 10/1/2020

ESM Workstreams

Strengthening the Foundation

- Strengthen and establish the foundational components necessary to make the ESM Program a success. This includes putting in place a clear, disciplined and transparent governance, and identifying and allocating the necessary resources to govern, manage and support the ESM Program efforts. Also included are other foundations needed for full exploitation of the results of ESM

Enterprise Care Management (ECM)

- A new clinic solution with enhanced access that includes patient outcomes, cost and quality of services to meet the needs across DPH. WIC EBT 2020 mandate included in ECM initiative.

Claiming and Payments (C&P)

- Development services for C&P functionality through a SaaS and/or Cloud Solution – based on Vendor's proposals. Business Process Outsource (BPO) Third Party Claims Processing and Reporting Services. Billing and Claiming processes will be integrated with ECM. Districts & Counties will "own" claims and revenues. State level reporting.

Shared Analytics

- Establish strategic analytics and Business Intelligence disciplines and standards within DPH and business partners for all Reporting, Informatics, and Analytics needs including those of the DPH Programs, District & County offices and Public Health Labs.

Application Portfolio Rationalization

- Conduct application portfolio rationalization, consolidation and modernization assessment to optimize the current portfolio in-line with the desired Enterprise Architecture. Reduce complexity by minimizing multiple technology approaches and applications which are serving similar needs.

Functional View
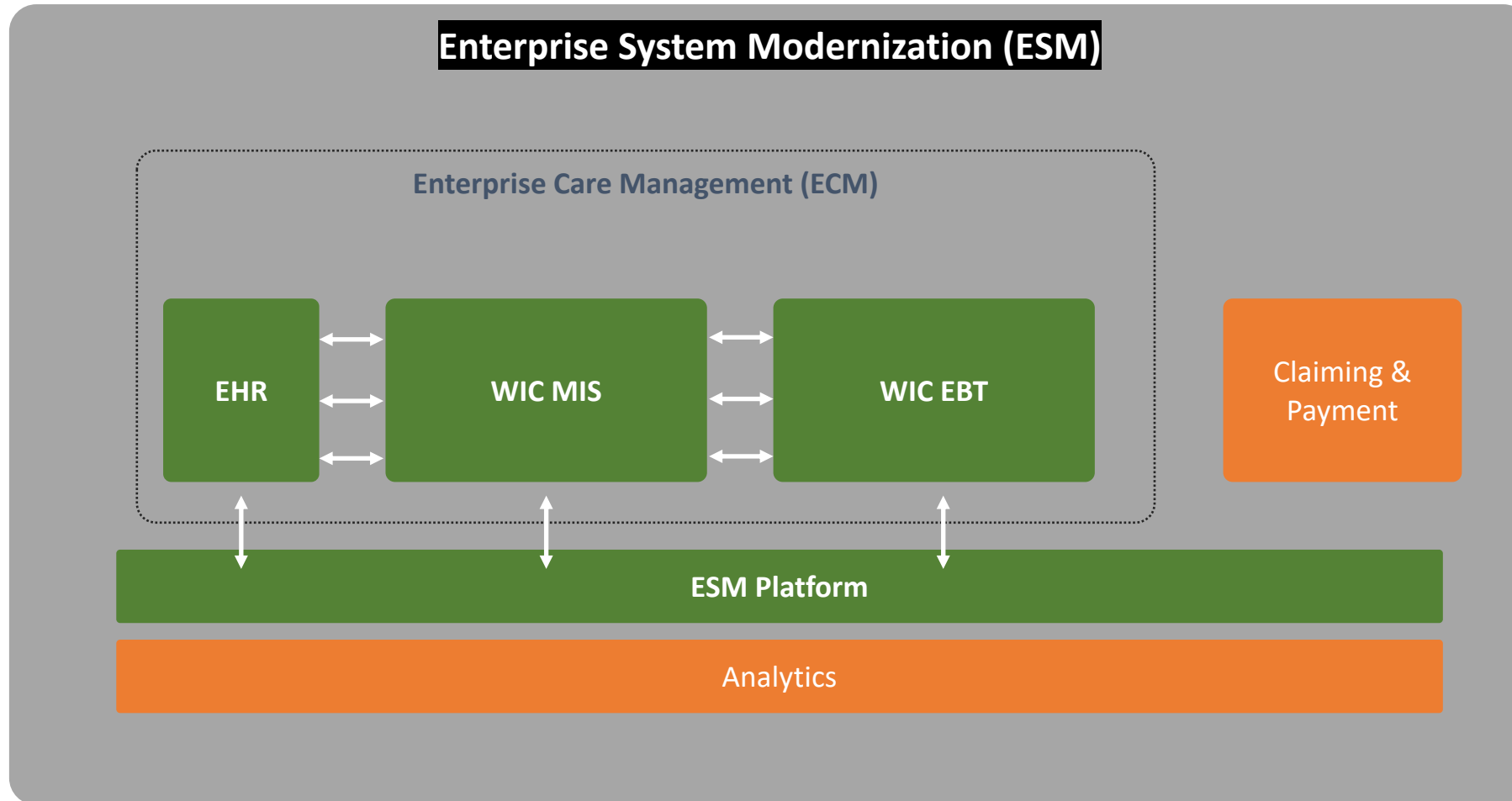
Key Success Factors

|	
Procurement	✓ Separate RFPs ✓ Procure WIC MIS Transfer System ✓ Model procurement after a successful state (e.g. TN)
Solution Design	✓ Minimize customization of solution ✓ Fully leverage existing EIP (Enterprise Integration Platform) ✓ Identify EHR solution with claiming/billing capabilities
Implementation	✓ Phased rollout vs "big bang" approach ✓ Early engagement and communication with districts and programs ✓ Design "bridging" strategies for interim operational states with minimal disruption ✓ Focus on configuration, integration and user experience

Progress

Intake & Scheduling

Scheduled

Phone

Online

Walk-In
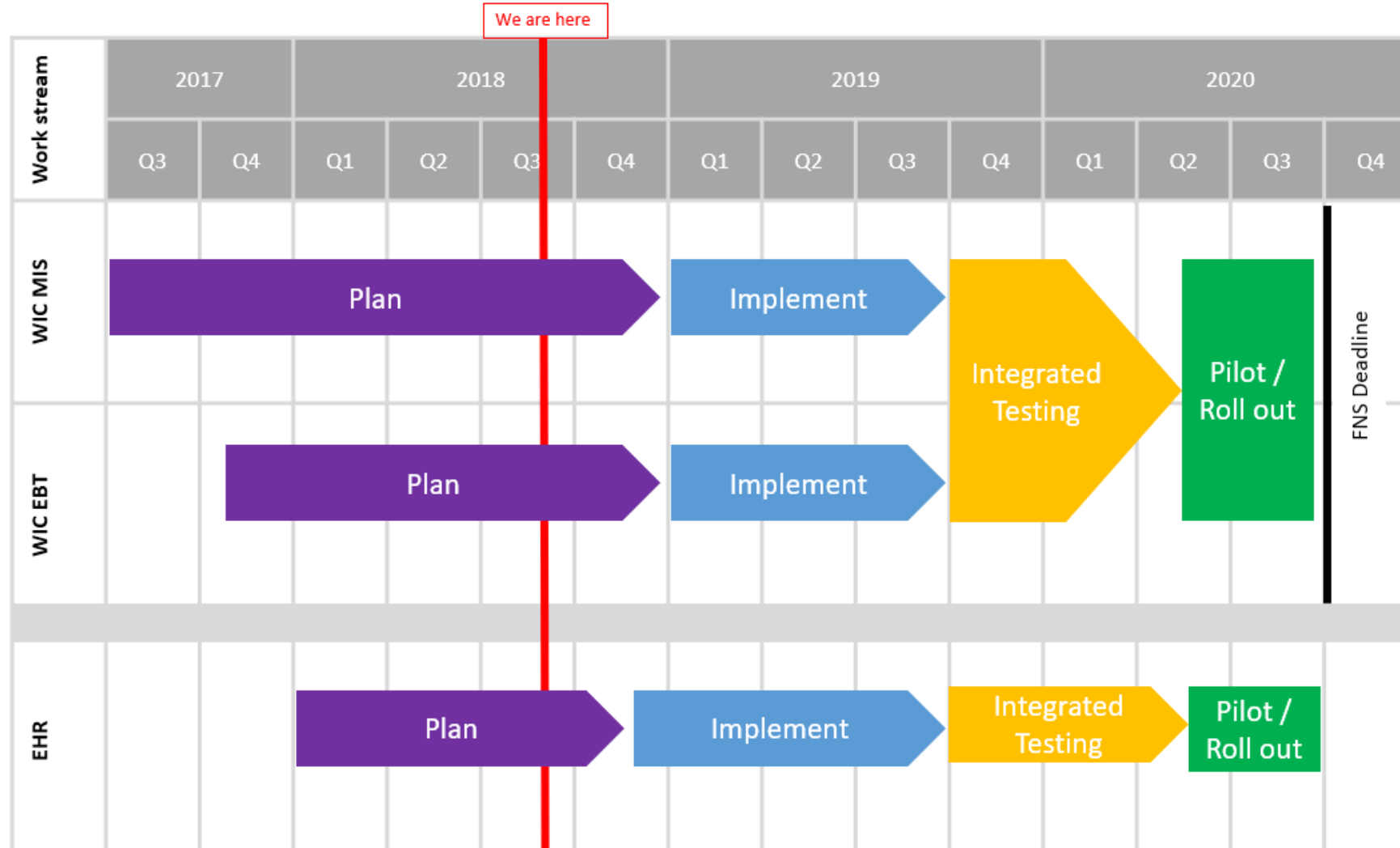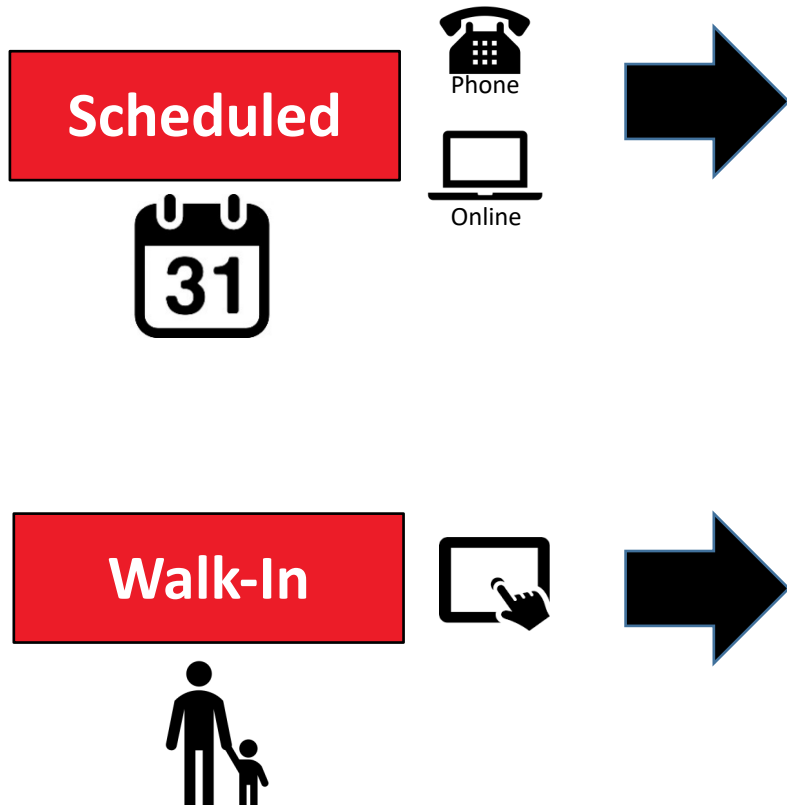
User Experience

- Appointment calendar across clinics and programs – more convenience and outreach

- System generated appointment reminders reduces no show rate

- Insurance and program eligibility run prior to patient arrival – increased transparency

- Demographics automatically placed in patient visit record, no rekeying

- Mobile support via multi platform apps, supports ease of use

- Kiosks/tablets in waiting area with multilingual support, improved access

- Standard assessments for eligibility captured electronically, more efficient

- System interfaced to other programs for primary source information, enhanced eligibility identification

System will automate several of the current scheduling and **intake processes**, saving staff time and reducing data hand offs. **Eligibility** for services **will be more transparent** to both staff and patient.

Clinical Care – From The Clinician Perspective

Task Automation **+** **Increased Clinician Information Access** **=**

Improved Care

- Clinician captures data once and it flows efficiently to rest of the care record, eliminates paperwork

- Patient history available through connection to Health Information Exchange means more diagnostic and treatment time

- Clinical documentation templates are configured to provider preferences

- Patient portal allows clinician to offload work. E.g. automatically post lab test results, and provide patient education
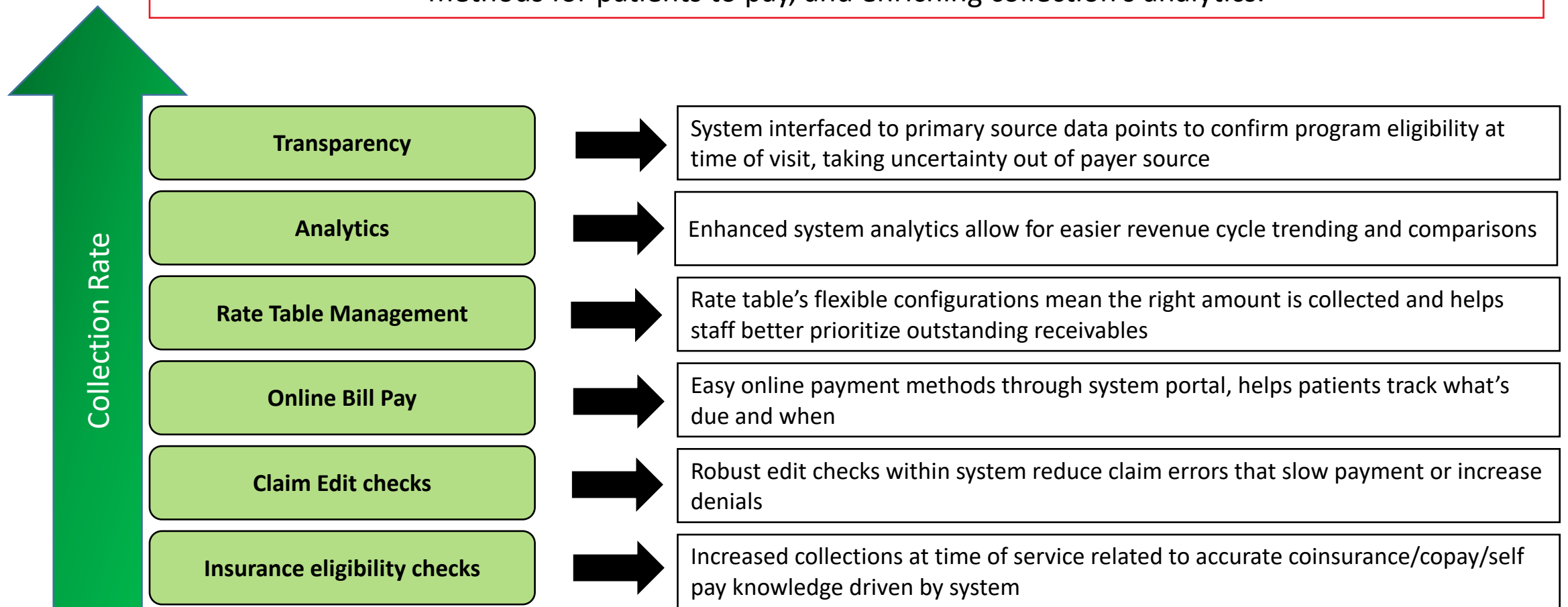
- Risk stratification and clinical decision support alerts the clinician where to focus

- Standard of care plans reduce care variability with an eye towards proven outcome care

- Near real time information available on a patient's acute care episodes and referrals

- Documentation support helps with diagnosis specificity, giving a more complete care record

Financial

> **The system will help districts improve net revenues** through improving claim accuracy, providing easier methods for patients to pay, and enriching collection's analytics.

Collection Rate ↑

Category	Description
Transparency	System interfaced to primary source data points to confirm program eligibility at time of visit, taking uncertainty out of payer source
Analytics	Enhanced system analytics allow for easier revenue cycle trending and comparisons
Rate Table Management	Rate table's flexible configurations mean the right amount is collected and helps staff better prioritize outstanding receivables
Online Bill Pay	Easy online payment methods through system portal, helps patients track what's due and when
Claim Edit checks	Robust edit checks within system reduce claim errors that slow payment or increase denials
Insurance eligibility checks	Increased collections at time of service related to accurate coinsurance/copay/self pay knowledge driven by system

Amended FY 2019 & FY2020

Budget Update

Dionne Denson, CGFM/CFO, Deputy Commissioner

Budget Instructions

Amended FY19 Budget Request

- Maintain current spending levels

FY 2020 Budget Request

- **Two (2%) Enhancement $5,008,260**
  - Support innovative initiatives or process improvements

- **Other Increases $3,066,830**
  - Prescription Drug Monitoring Program (PDMP)

- **Capital Outlay Bond Planning Amount $2,300,000**
  - Decatur and Waycross Laboratories

FY 2020 Request- Operating Budget

	FY 2020 Request
Workforce Development	$ 4,507,434
GPHL Staffing - $601,093	
District Administration Cadre - $2,502,000	
Epidemiology Workforce - $1,404,341	
Chronic Disease: Diabetes and Hypertension	$ 198,000
Develop evidence-based diabetes and hypertension self-management curriculum for public health districts	
Tuberculosis	$ 150,000
Support TB laboratory testing by funding one position and critical testing supplies	
Perinatal Designations	$ 152,826
Develop levels of maternal and neonatal care and designate birthing hospitals based on level of care through onsite designation (FY2018 - HB 909)	
TOTAL	$ 5,008,260

FY2020 Request – Capital Budget

Project	Location	Estimated Cost
Exhaust Fan Replacement	Decatur- Clairmont Road Lab	$ 240,000
HVAC Mechanical & Plumbing Repairs	Decatur- Clairmont Road Lab	$ 200,000
Replacement of the Deareator Water system	Decatur- Clairmont Road Lab	$ 138,000
Increase Electrical Capacity	Decatur Laboratory- Clairmont Road	$ 300,000
Replace 24 Hard Ducted Biosafety Cabinets	Decatur Laboratory- Clairmont Road	$ 262,000
Chemical Threat Building - HVAC Upgrades	Decatur- Clairmont Road Lab	$ 50,000
HVAC Building Automation Upgrade	Decatur- Clairmont Road Lab	$ 75,000
Reclaimed Water System Addition	Decatur- Clairmont Road Lab	$ 50,000
Card Reader System	Waycross Lab	$ 50,000
Security - Monitoring A/B	Decatur and Waycross Labs	$ 40,000
Security - Fence/Gate A/B	Decatur and Waycross Labs	$ 500,000
Security - Barrier A/B	Decatur and Waycross Labs	$ 395,000
	TOTAL	$ 2,300,000

FY 2019 Annual Operating Budget

Total Funds: $670,240,486

Other Funds
$10,157,812
2%

State General Funds
$250,413,005
37%

Federal Funds
$395,951,809
59%

Tobacco Funds
$13,717,860
2%
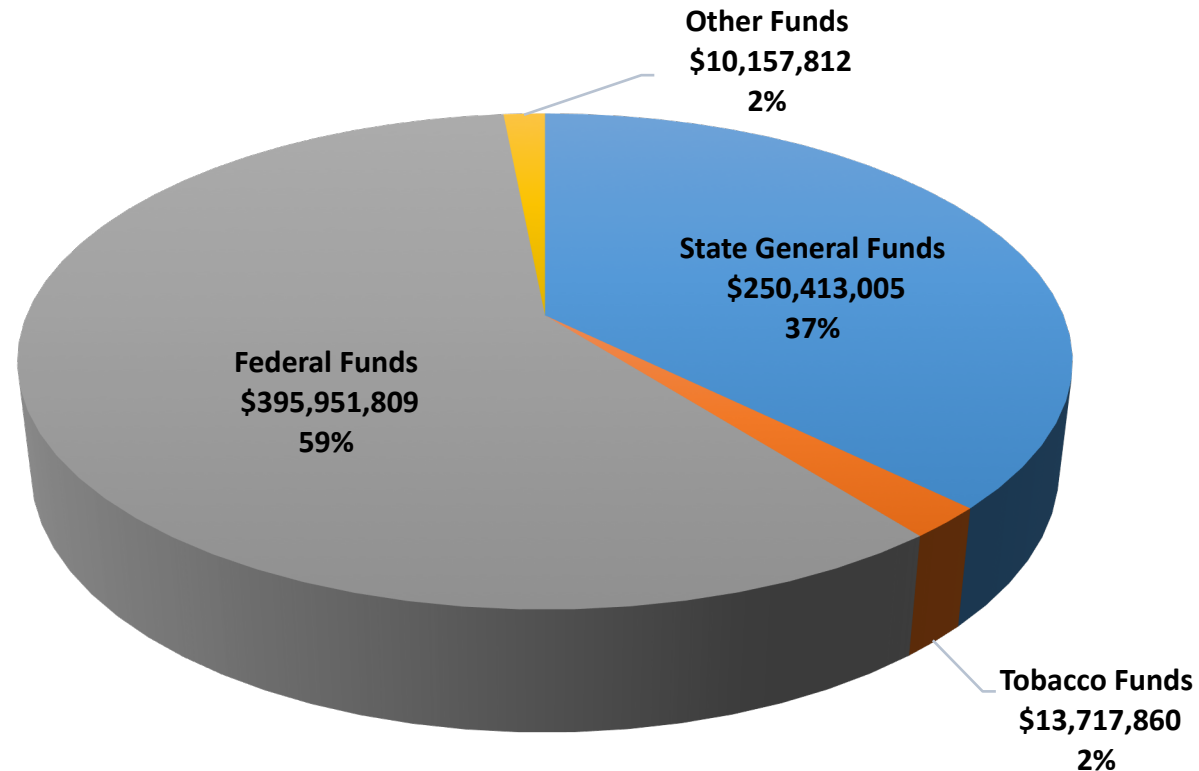
Opioid and Substance Use Response Plan

Bruce Jeffries, PA, MA/Director Opioid Grant Program

Georgia's Opioid Epidemic Response

ONE AGENCY OR ORGANIZATION **CANNOT** ADDRESS GEORGIA'S OPIOID EPIDEMIC ALONE

Opioid & Substance Use Response Plan

MULTI-STAKEHOLDER OPIOID & SUBSTANCE USE RESPONSE PLAN

GEORGIA, 2018 (Abbreviated Report)

A STATEWIDE PREVENTION, TREATMENT, AND MITIGATION STRATEGY TO ADDRESS ILLEGAL AND ILLICIT DRUG USE, AND PRESCRIPTION DRUG MISUSE, OVERPRESCRIBING, OVERDOSE, DEATH AND SUBSEQUENT SOCIO-ECONOMIC IMPACT IN GEORGIA THROUGH 2021 .

DPH
Georgia Department of Public Health

- A statewide prevention, treatment, and mitigation strategy to address illegal and illicit drug use, and prescription drug misuse, overprescribing, overdose, death and subsequent socio-economic impact in Georgia through 2021.
  - Multi-disciplinary, coordinated and collaborative response.

- Includes six (6) key priority areas.

- Intended to be a "mature" living document and an actionable strategy that shall not remain static as needs and resources arise and change.

- There are 3 Versions of the Response Plan:
  - Complete Plan
  - Abbreviated Summary
  - Senior State Leadership Summary

Implementation

Goals	Implementation Strategy (July 2018 - January 2019)	Responsible Agencies	Measures Of Success
Secure substance misuse prevention funding and other resources needed in Georgia from new, additional funding streams.	1. Establish criteria and/or a process for identifying committee members 2. Identify 7 or 9 individuals to serve on the Prevention Funding and Resource Committee and develop letters of agreement 3. Identify new, additional available opioid-related funding and resources and compile a comprehensive list	• Prevention Education Work Group • Prevention Funding and Resource Committee	• Committee established by Sept. 2018 • List of new funding & resources developed starting Sept. 2018
Using education and awareness best practices, educate patients, their families, and the health care industry on substance misuse, prevention, and the opioid epidemic.	1. Establish criteria and/or a process for identifying committee members. 2. Identify 7 or 9 individuals to serve on the Communications and Education Plan Committee. 3. Develop surveys to identify the educational needs of patients, their families, and health care industry personnel and analyze the results. 4. Begin implementing education and awareness best practices	• Prevention Education Work Group • Communication and Education Plan Committee	• Committee established by Sept. 2018 • Educational needs identified, and at least 3 best practices implemented by Jan. 2019
Increase statewide public awareness on substance misuse, prevention and the opioid epidemic.	1. Develop a draft Communication and Education Plan and distribute to potential partners	• Communication and Education Plan Committee	• Communication & Education Plan distributed to at least 2 potential funders by Sept. 2018

Workgroup Implementation Activities

Prevention Education

- Implement education and awareness best practices by Jan 2019

- Increase statewide public awareness on opioid/substance misuse and prevention through a communication and education campaign starting in Sept 2018

Maternal Substance Use

- Identify agencies/organizations that can deliver resources and services to women of child-bearing age, distributing statewide by Sept 2018

- Develop education materials on opioid and substance misuse, prevention, intervention, treatment and Neonatal Abstinence Syndrome, distributing by Jan 2019

- Expand access to Opioid Treatment Programs in at least 4 hotspots and identify telehealth capabilities among Opioid Treatment Programs by Nov 2018

Workgroup Implementation Activities

Data and Surveillance:

- Develop and distribute data inventory survey to partners by Jan 2019

- Access other state data strategies by Jan 2019

- With new funding, determine and operationalize a data and surveillance infrastructure by June 2019

Prescription Drug Monitoring Program:

- Implement PDMP interoperability with new states by Oct 2018

- Connect death data with PDMP to ensure prescriptions of the deceased are not filled, by Oct 2018

- Identify electronic health record (EHR) integration ready platforms, starting August 2018

- Identify funding for integration between PDMP and healthcare provider networks starting Oct 2018

Workgroup Implementation Activities

Treatment and Recovery

- Leverage SAMHSA funding for 3 new MAT and 15 new MAT Peers by June 2019

- Established 16 Addiction Treatment Recovery Programs, starting Jul 2018

- Implementing new peer NICU programs, for babies with Neonatal Abstinence Syndrome, Jul 2018

- Conduct 200 naloxone trainings and distribute 6,900 naloxone kits by June 2019

Control and Enforcement

- Educate LE officers on barriers to data sharing, through HIPPA virtual training by Dec 2018

- Develop a communications protocol for responding to overdoses by Dec 2018

- Promote statewide use of ODMAP by Jan 2019

- Strengthen state statutes for distribution of illicit and licit opioids starting Jan 2019

- Train law enforcement to recognize opioid OD's by Jan 2019

- Interrupt illegal transportation of opioids at state border starting Jan 2019;

- Train law enforcement officers in safe handling of dangerous substances, by Dec 2019;

- Every non-Paramedic first responder trained and equipped to use naloxone by Dec 2019

Next Steps

- Engage private sector for funding for MAT facilities, by Jan 2019
- Address social (family) and economic (work force, employers, healthcare) impact by Mar 2019
- Engage private-public technologies to assist with data sharing and PDMP integration by Dec 2018
- Establish Blue Ribbon Commission overseeing implementation of the Plan, by Dec 2018
- Implement statewide opioid and benzo-diazepam prescription limitations, with exceptions, by Jan 2019
- Identify and mitigate homeland security implications, starting Oct 2018
- Address disposal issues of unused medications by in-home hospice patient families, starting Nov 2018

Durable Medical Equipment/Services

Non-Institutionalized Older Adults

Betsy Kagey, PhD/Academic & Special Projects Liaison, Emergency Preparedness & Response

Role of Public Health during Emergencies

Public Health coordinates and/or delivers medical, environmental health and mental health services; accesses or seeks health-related private resources, supplements overburdened health service delivery personnel and resources.

- Disease surveillance and monitoring
- Health Information and Communication
    - General Health Impacts
    - Vulnerable Populations
- Support to healthcare facilities
- Guidance

Vulnerability

Characteristics of a person or group and their situation that influence their capacity to anticipate, cope with, resist and recover from the impact of an emergency.

Vulnerability can be created by:
- The **presence** of a risk factor, or
- The **absence** of a needed resource

At-Risk Populations During Emergencies

Socially Vulnerable (SV)

- Low income
- Single parent households
- Persons < 17 years of age

Access and Functional Needs(AFNs)

- Limited mobility
- Deaf or have limited hearing
- Non-English speaking

Medically at risk non-institutionalized(MARNIPS)

- Dialysis
- Hospice care
- Dependent on oxygen

Medically At-Risk Non-Institutionalized Population

- Individuals within the community who are medically-at-risk but independent with support services.

- Any interruption in these support services will increase their medical needs and they will seek medical attention at healthcare facilities and result in medical surge

ASPR's Electricity Dependent Durable Medical Equipment Data

- Medicare beneficiaries who bill from a residence for specified equipment or service

- De-identified Data - state, county and zip code open access

- Identified Data - by request, secure transfer and HIPAA protected

Electricity-Dependent DME & Home Health Care

Services	Number of Persons*
In-Facility Dialysis	14,276
At Home Dialysis	1,694
Oxygen Services(Tanks)	28,286
Oxygen Concentrators	56,317
Ventilators	2,226
Motorized Wheelchairs	1,657
Electric Beds	9,322
Home Health	34,616
*Total DME and Home Health**	115,989

Source: CMS de-identified non-institutional billing data, May 2018

Hurricane Irma 2017

Georgia Power Outage Map, 9/12/17, 9:00 am
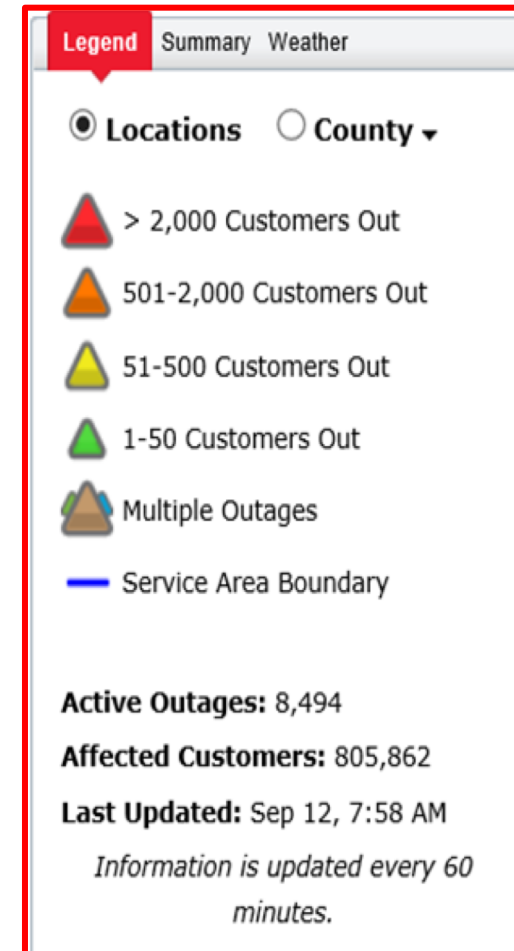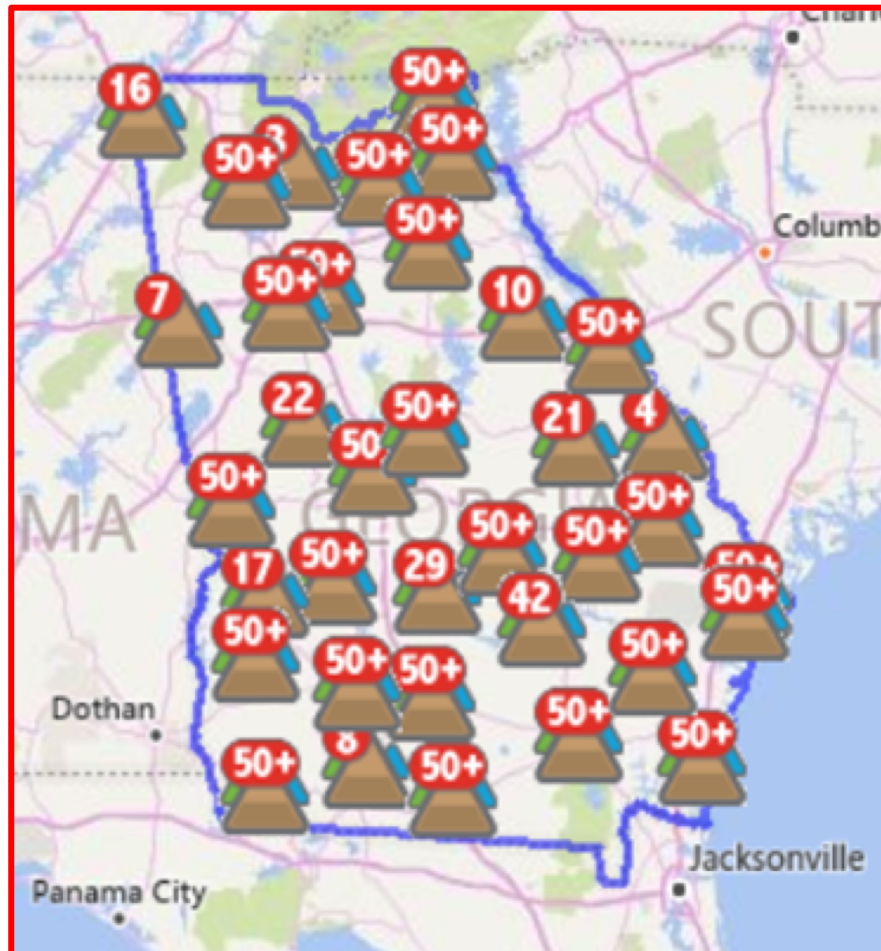
Georgia Hurricane Irma <u>Identified</u> DME Data *159 declared counties Sept 2017*	
O2 Concentrators	56,927
Oxygen Services [Tanks]	28,455
In-Facility Dialysis	14,692
Electric Beds	9,572
Motorized Wheelchairs	4,468
IV Infusion Pumps	3,771
Enteral Feeding	1,931
At-Home Dialysis	1,869
Ventilators	1,941
Suction Pumps	619
BiPAPs	533
Cardiac Devices	469
Home Health	33,323
Total	158,570

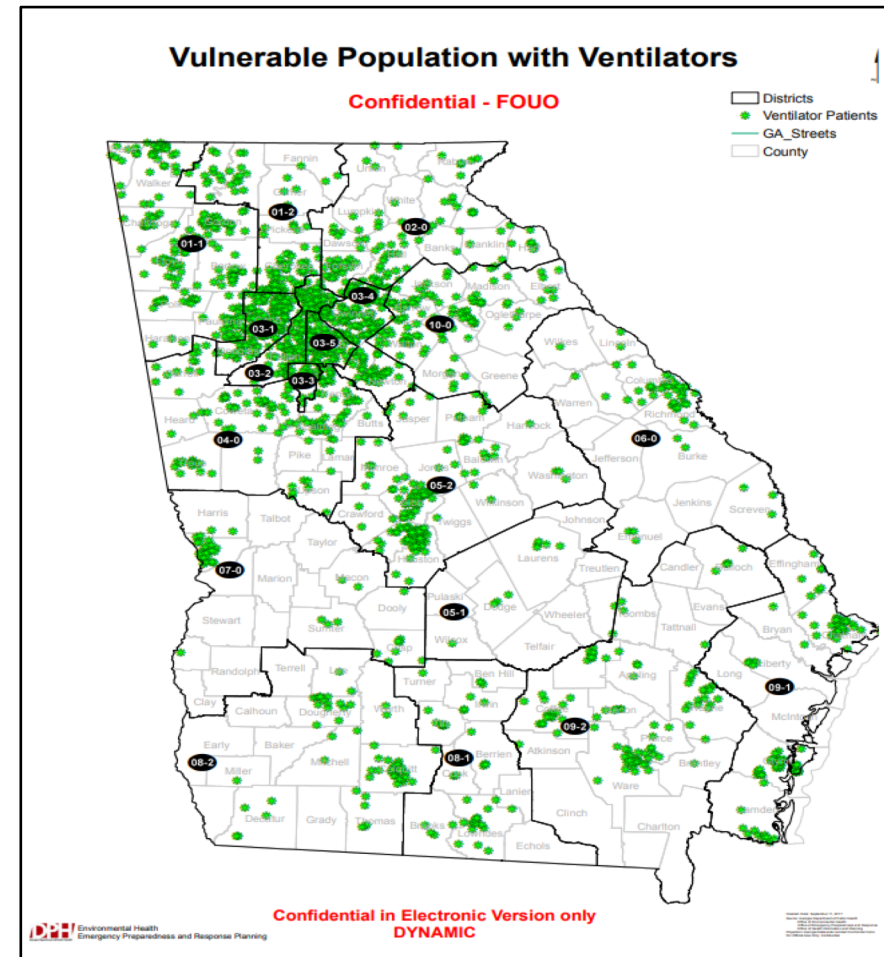*Source*: HHS/ASPR Georgia identified electricity dependent durable medical equipment data, 2017

Hurricane Irma 2017

Power Outages 9/12/17
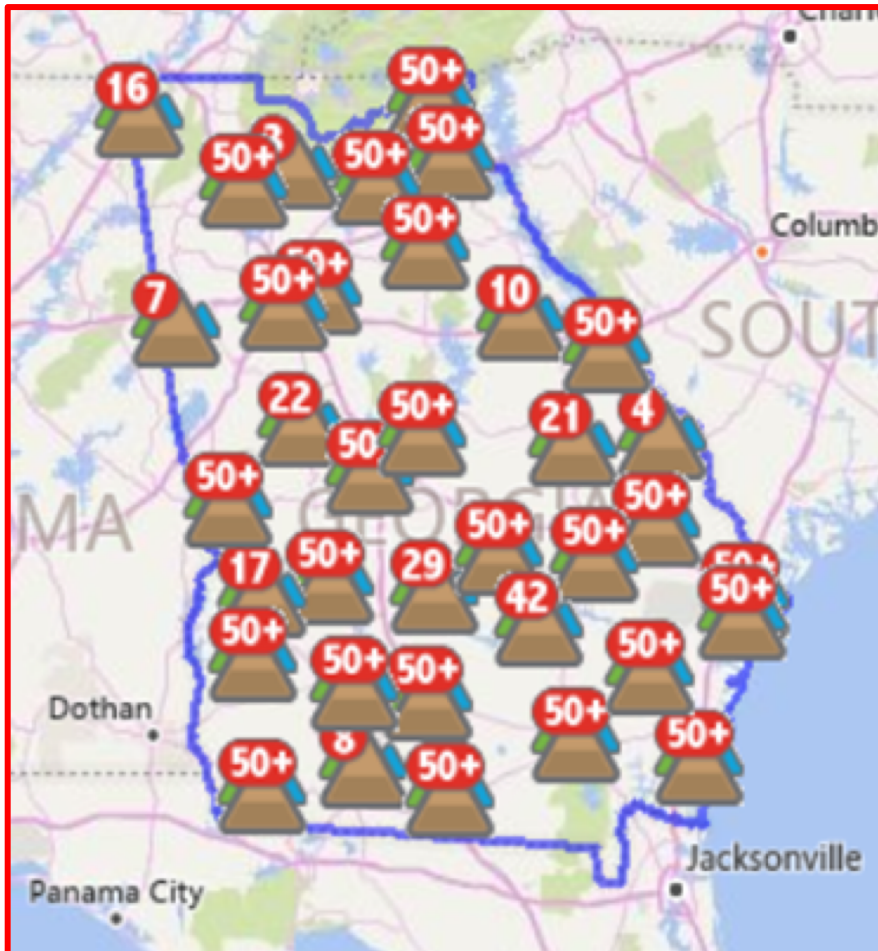
Identified Ventilator Data

Hurricane Matthew 2016
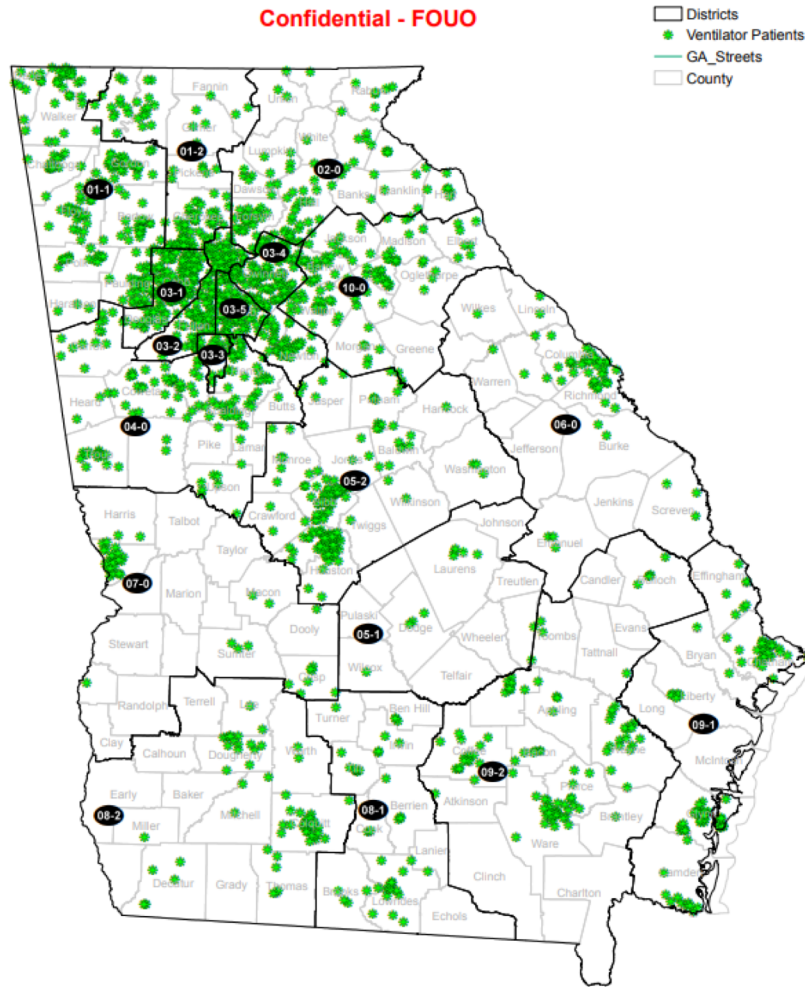
Service Providers in the 30 emergency declared counties

Service	N	Number of Major Providers	Percent of patients serviced by these providers
Oxygen Supplies	3929	19	81%
Home Health Care	3563	12	85%
Dialysis	1590		
home dialysis	185	7	66%
in facility dialysis	1405	20	74%
Ventilators	289	10	65%

Vulnerable Population with Ventilators

Durable Medical Equipment Providers

Closing Comments

Cynthia Mercer, M.D., Board Chair

The next Board of Public Health meeting is scheduled for Tuesday, Nov. 13, 2018 at 1 p.m.