

Georgia Board of Public Health

March 13, 2018



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

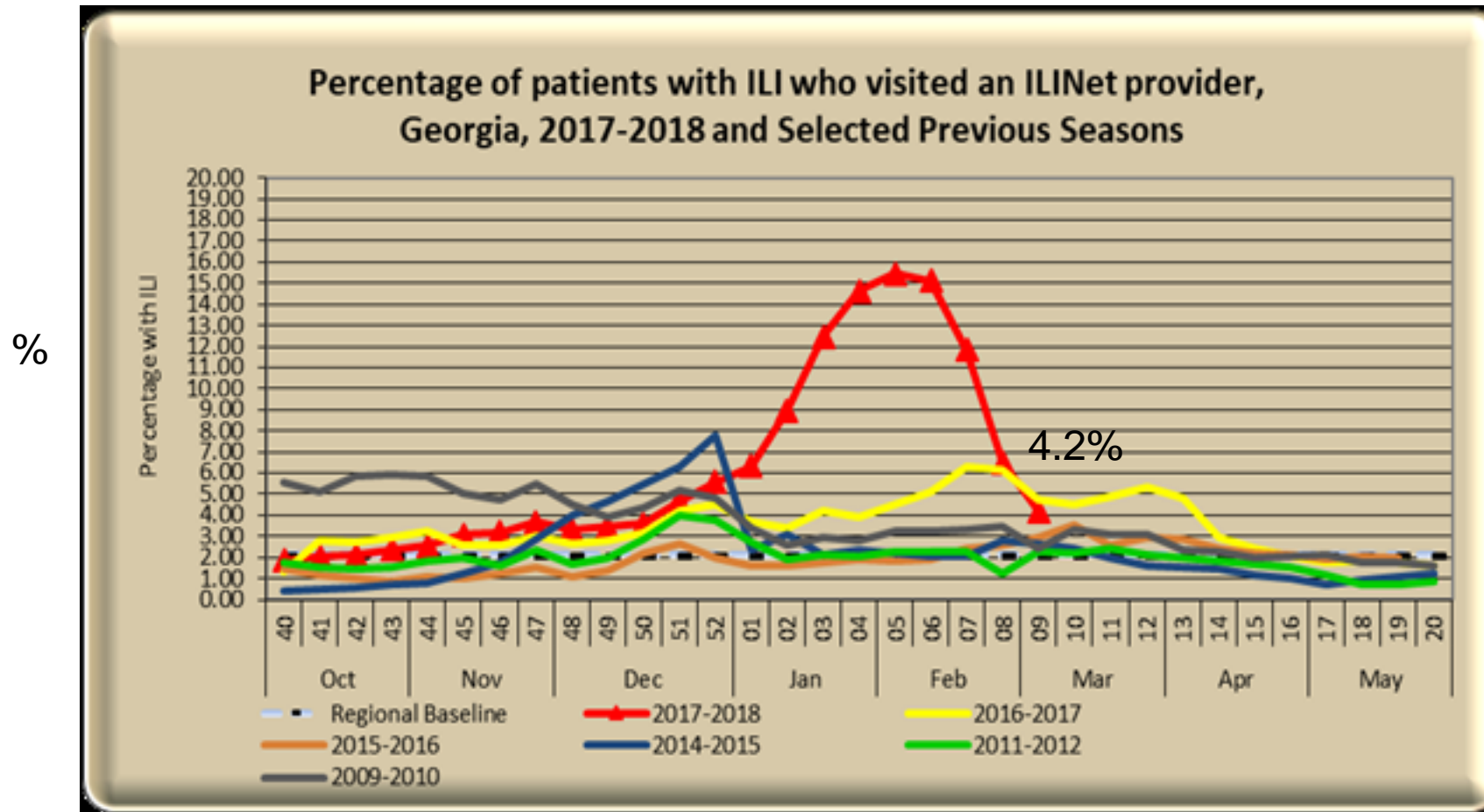


Commissioner's Update

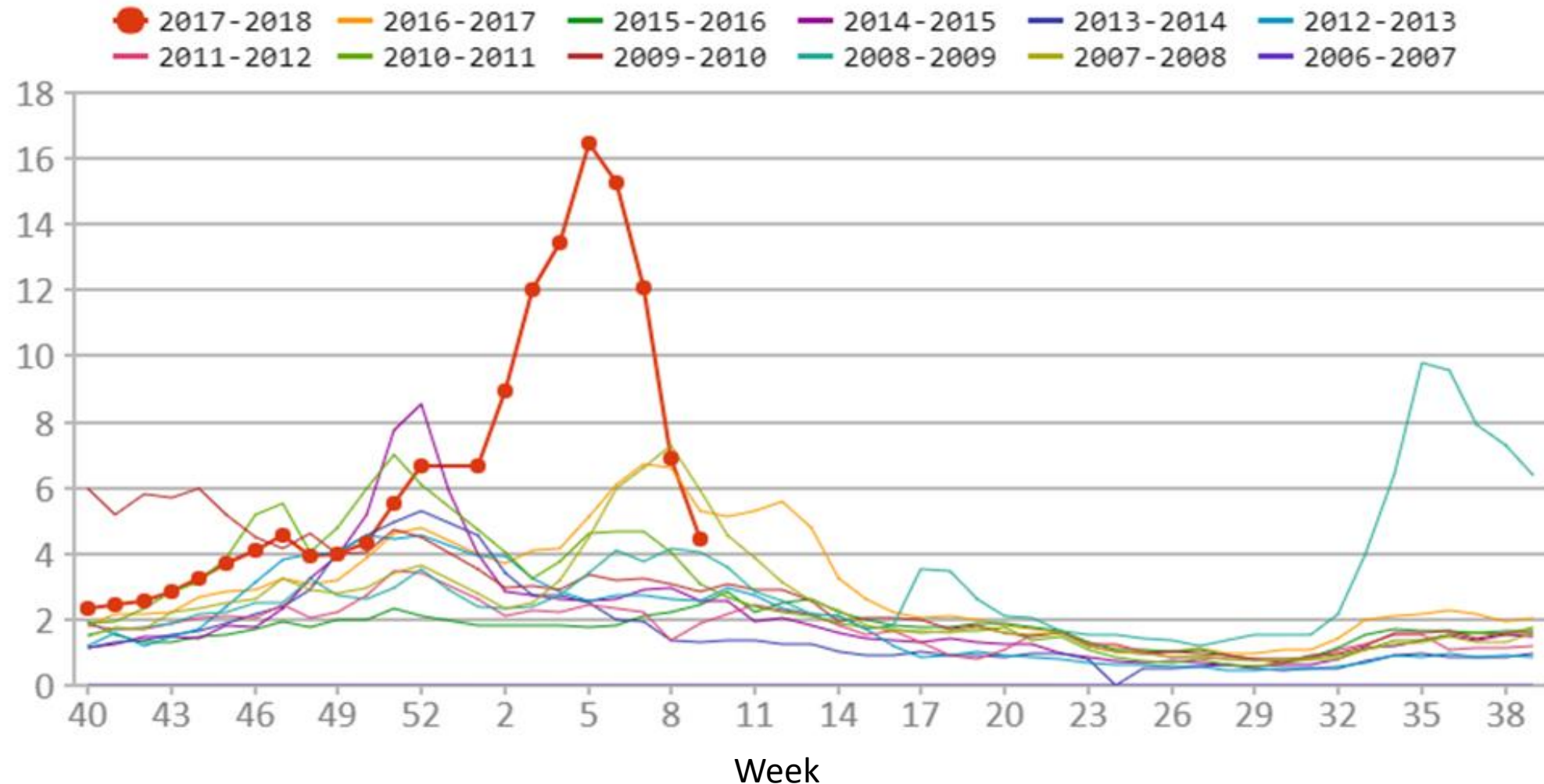
Cherie Drenzek, DVM, MS/State Epidemiologist, Deputy Commissioner



Percent of Visits for ILI, 2017-2018 Flu Season, Georgia



ED Visits for ILI, 2017-18 Flu Season, Georgia



Influenza-Associated Deaths, Georgia, 2017-2018

Age Group (years)	Number of Deaths (% total)
0-4	0 (0%)
5-17	4 (3%)
18-49	10 (8%)
50-64	22 (17%)
65+	91 (72%)
Total	127

Legislative Update

Katie Kopp, MPH/Director of Government Relations



Home Visiting: Supporting Parents and Child Development

Twanna Nelson/Director, Home Visiting Program



Evidence-Based Home Visiting

Evidence-based home visiting (EBHV) supports at-risk pregnant women and families, and helps parents of children from birth to kindergarten entry, connect to resources and develop the skills they need to raise children who are physically, socially, and emotionally healthy and ready to learn.



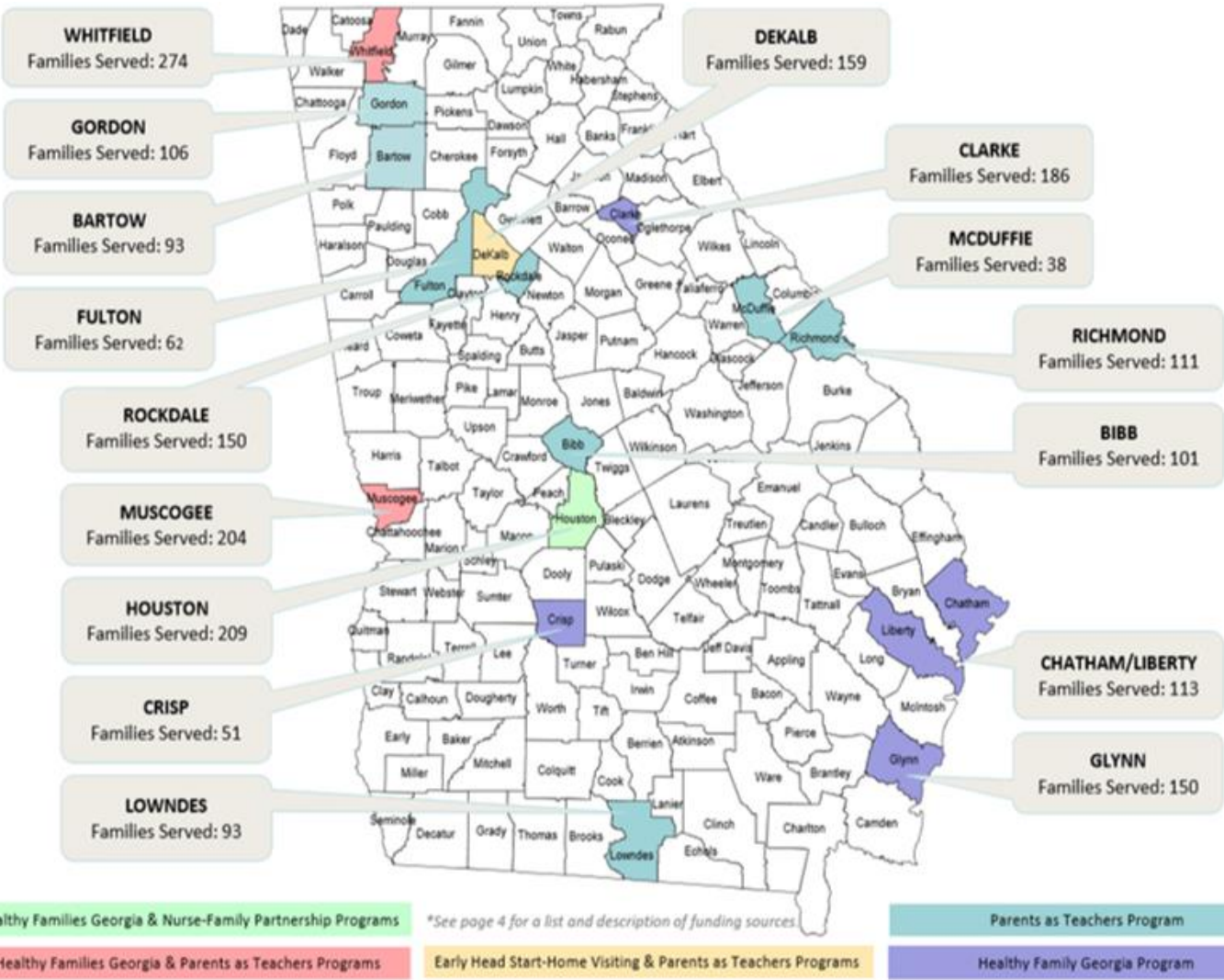
Evidence-Based Home Visiting

- Provide home visits as the primary service delivery strategy
- Offer services on a voluntary basis
- Provide services to at-risk pregnant women or families with children birth to kindergarten entry
- Target specific participant outcomes that promote family functioning and child well-being

EBHV Model Standards for Services

Program	Point of Entry	Duration of Service	Intensity of Service
Early Head Start – Home Visiting Model	Pregnancy – child 3 years	Pregnancy – 3 years	1 visit /week
Healthy Families Georgia	Pregnancy – child 2 wks./3 months	Pregnancy – 5 years	1 visit /wk. – 1 visit/quarter
Nurse Family Partnership	Prior to 28 th week of 1 st pregnancy	Pregnancy – 2 years	1 visit/wk. – 1 visit/2 weeks
Parents As Teachers	Pregnancy – child 3 years	Pregnancy – 5 years	1 visit/2 weeks

Counties, Families, Children Served



Oct. 1, 2016 – Sept. 30, 2017
All funding sources

FY18 Home Visiting Capacity

County	Capacity	Model(s)
Bartow	40	Parents as Teachers
Bibb	80	Parents as Teachers
Chatham/Liberty	120	Healthy Families Georgia
Clarke	120	Healthy Families Georgia
Crisp	60	Healthy Families Georgia
DeKalb	147	Parents as Teachers, Early Head Start-HV
Fulton	85	Parents as Teachers
Glynn	100	Healthy Families Georgia
Gordon	45	Parents as Teachers
Houston	80	Healthy Families Georgia
Houston	100	Nurse-Family Partnership
Lowndes	80	Parents as Teachers
McDuffie	20	Parents as Teachers
Muscogee	200	Healthy Families Georgia, Parents as Teachers
Richmond	120	Parents as Teachers
Rockdale	80	Parents as Teachers
Whitfield	140	Healthy Families Georgia, Parents as Teachers

1652 families

EHS = 24

HFG = 660

NFP = 100

PAT = 868

Maternal, Infant, Early Childhood Home Visiting 2017

1362 families served

- 602 families were newly enrolled
- 760 families were continuing services (from FY16)
- 65 “graduated” from services
- 471 stopped services before completion

17,279 home visits completed

Risk Factors:

- 85% of families served are low income
- 9% have a child with a developmental delay
- 8% have previous involvement with Child Protective Services

Preterm Births

Live births before 37 weeks of gestation	9
Live births who were born to mothers enrolled in HV prenatally before 37 weeks	130
	7%



Georgia preterm birth rate: 11.29%
March of Dimes

Safe Sleep

Children < 1 year enrolled in home visiting whose PC reports that baby is always placed to sleep on their backs, without bed-sharing or soft bedding	519
Children enrolled in home visiting who were < 1 year during the reporting period	862
	60%

Where does your baby sleep?



Alone Back Crib

Early Language and Literacy

Children enrolled in home visiting with family member who reported that during a typical week they read, told stories or sang songs with child daily	1079
Children enrolled in home visiting	1303
	83%



Developmental Screening

Children enrolled in home visiting with at least one developmental screening during reporting period	356
Children eligible for a developmental screening during reporting period	449
	79%



Next Steps

- Annual Home Visiting Institute – Aug. 28, 2018 – Peachtree City
- DATA Integration within SENDSS
- Expansion of Home Visiting throughout Georgia
- Workforce Development (Innovation Award)
- Fully integrating Home Visiting into DPH (internal partnership development)

Questions?

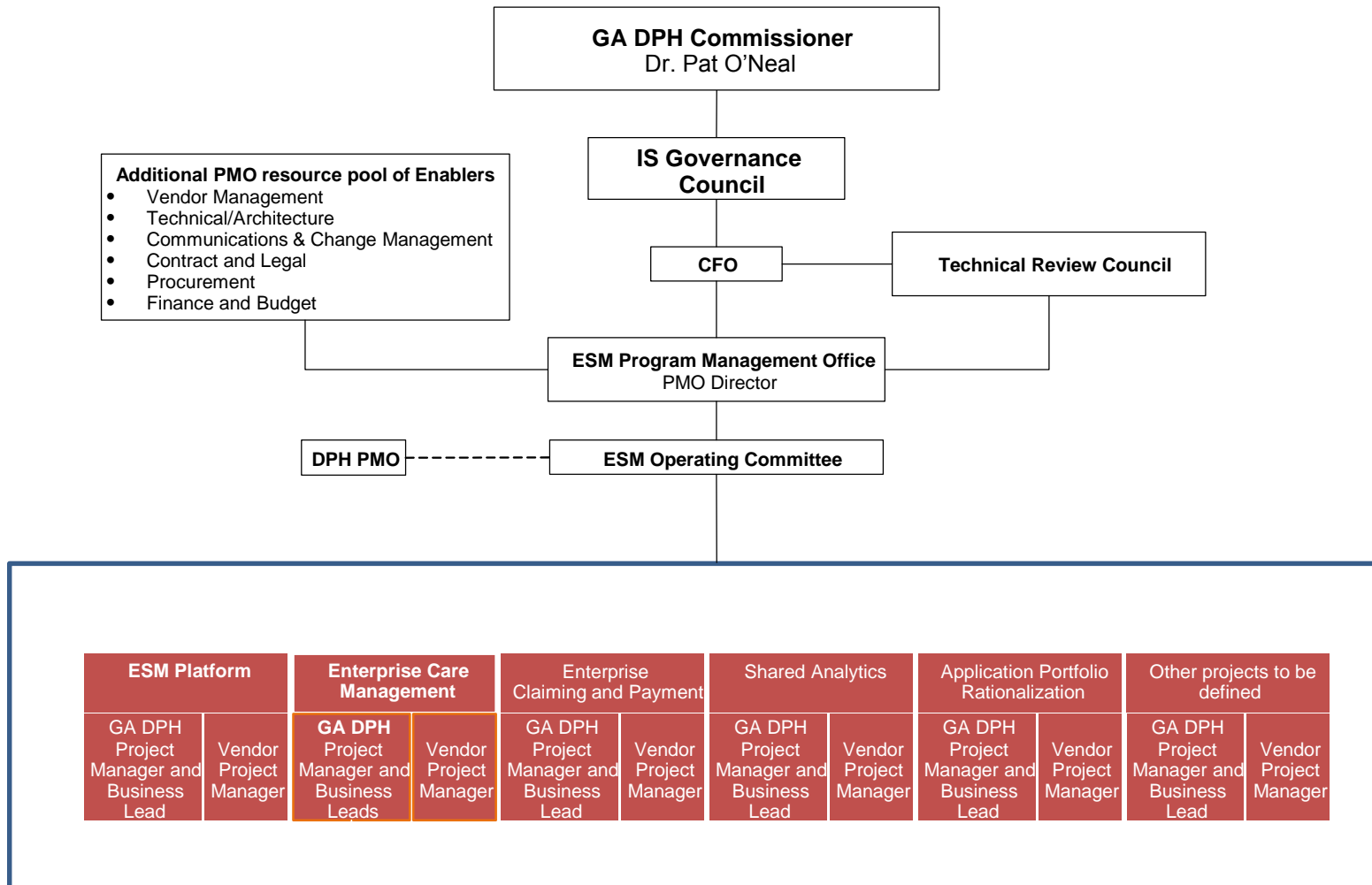


Enterprise Systems Modernization

Dionne Denson, MSA/Chief Financial Officer, Deputy Commissioner
LaToya Osmani, MPH/Interim Director, Division of Health Promotion



ESM Governance



ESM Goals

- Deliver integrated person/family-centric services
- Create self-service capabilities for clients, providers and retailers
- Reduce administrative time spent on tasks and workarounds
- Strengthen fee-for-services billing and collections
- Make DPH **THE** trusted data source to support the governor and legislature's public health decisions
 - Improve data standards, stewardship, governance and quality
 - Strengthen partnership in all directions within DPH to create a more effective, adaptable and seamless organization

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.

Key to Success-Built to Last

Engagement

- State and District Leadership
- State and District Program Managers
- Clinical and Claims Management Staff

Change Management

- Communication Plan
- Training
- Performance Evaluation

Partnership

- U.S. Department of Agriculture
- Governor's Office of Planning and Budget
- Georgia General Assembly
- Georgia Technology Authority
- Georgia Dept. of Admin. Services

Engagement

District Health Directors

- ESM update provided at quarterly meetings

District Leadership meetings

- ESM team participates in all quarterly meetings

Local Health Department staff

- Focus Groups

State WIC team

- Subject Matter Experts for the WIC initiative
- Technical Reviewers



Change Management

- Accountability, Change Management and Process Improvement Act of 2016 (HB676)
- Communication Plan
 - Key Decisions & Updates
 - Method and Frequency
- Change Management training
 - Change Champions
- Performance Evaluation
 - Evaluation of Communication and effectiveness of change management process

Partnership

- Large IT Project Executive Decision Board
 - Initial Project Review – November 2017
 - Next Scheduled Review – May 2018
- USDA Food and Nutrition Services (FNS)
 - Bi-weekly Cadence Calls and Technical Assistance
- ESM Weekly Cadence Calls

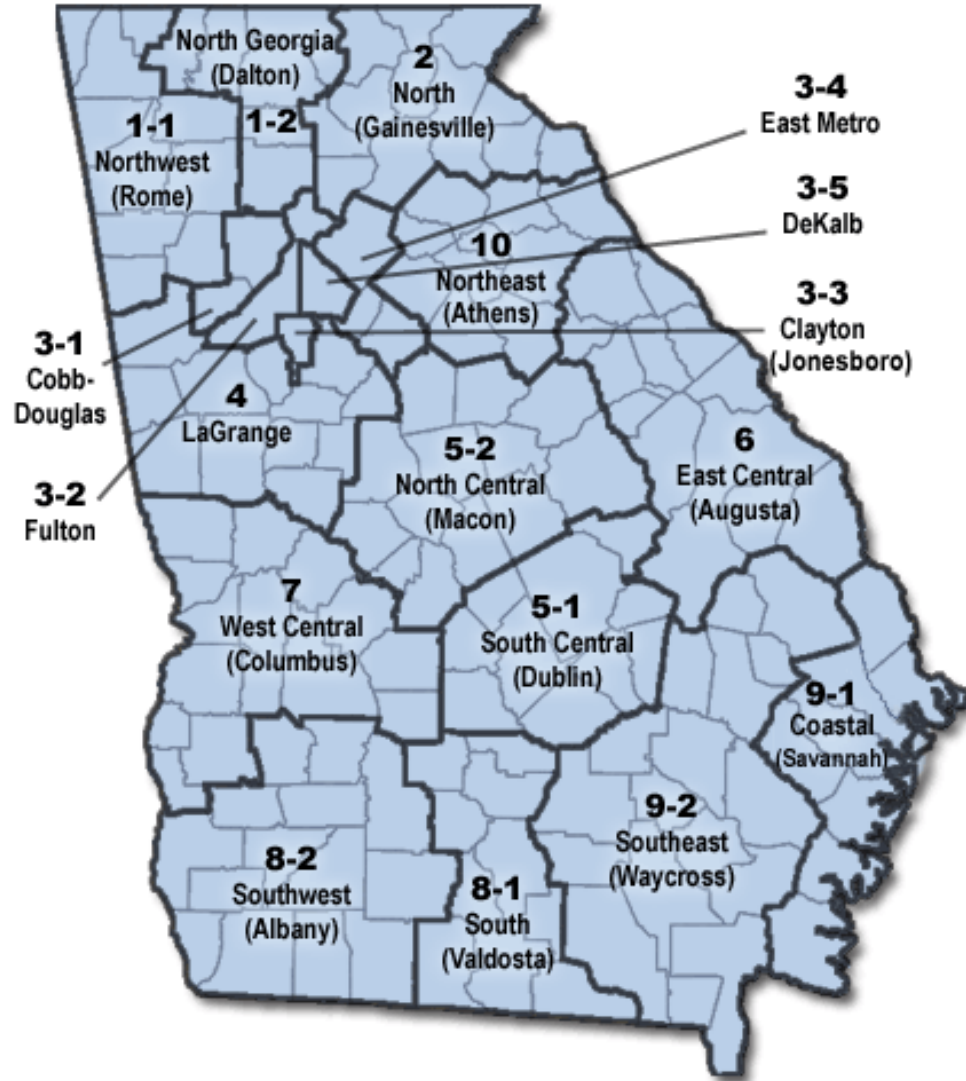
Georgia WIC

Leadership

- Sean Mack, State WIC Director
 - Hugh Warren, Deputy Director, Program Administration
 - Angela Damon, Deputy Director, Program Operations and Nutrition Services
 - Shameyrae Miller, Deputy Director, Strategy and Integrity
 - Yvonne Rodgers, Deputy Director, Vendor Management
- Legal Team, Ruth Pawlak and Noor Najeeb
- Office of Inspector General, Ondray Jennings and team




WIC Capacity in Georgia



- 159 Counties
- 18 Districts
- 1 Contracted agency
- 201 Clinics

Vouchers vs Electronic Benefits Transfer



DIST/UNIT/CLINIC	WIC ID NO.	C	P	PARTICIPANT		VOUCHER NO.	ISSUED BY
03 4 107	107 035 566	2	1	VOUCHER	SAMPLE	03958934	MIM
United Community Bank 06-1119-684				GEORGIA WIC PROGRAM		NOT NEGOTIABLE WITHOUT WIC VENDOR STAMP HERE	
PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR FOR THESE ITEMS/QUANTITIES ONLY - WIC APPROVED FOODS ONLY - NO SUBSTITUTIONS						FIRST DAY TO USE	10/31/2011
						LAST DAY TO USE	11/30/2011
CPA FPC W01 FPC W01 VC P02 9 PRODUCE: \$10 for fresh, frozen, or canned fruit and vegetables No potatoes - except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.						VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE PAY EXACTLY DOLLARS CENTS	
						PARTICIPANT/GUARDIAN/PROXY SIGNATURE 	
<small>IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION</small>						<small>rev. 7-2009</small>	
⑆039589344⑆ ⑆061119684⑆ 2072112382⑆							



Impact on Families

In Store

- Changes how families purchase and consume WIC approved foods
- Participants can purchase one item or as many as needed instead of everything printed on voucher
- Minimizes waste

In Clinic

- Better understand how WIC participants use and prefer technology access
- More time to spend on nutrition education
- Less visits to the office
- Cuts wait time in clinics

Impact to Georgia WIC Retailers

- When the WIC transaction is processed in-lane, the results are known immediately
 - Delayed timeframe for payment that occurs with paper vouchers is eliminated
 - Responsibility shifts away from the cashier and makes for a more pleasant and accurate shopping experience for all parties
- Cashier can scan all the customers' items in their basket before tendering WIC
 - Cashiers are no longer required to:
 - Collect and validate customer signatures
 - Check the date range
 - Manually verify the quantity and type of food participants are eligible to purchase

Questions?



Closing Comments

Cynthia Mercer, M.D., Board Chair



The next Board of Public Health meeting is scheduled for Tuesday, April 10, 2018 @ 1 P.M.

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