



Georgia Department of Public Health

Board of Public Health Meeting

Tuesday, December 9, 2014



We Protect Lives.

Commissioner's Update

Brenda Fitzgerald, MD
Commissioner

Ebola Update

Pat O'Neal, MD
Health Protection Director, DPH

Cherie L. Drenzek, DVM, MS
State Epidemiologist, DPH

Ebola Virus Disease Epidemic, 2014

- It's been a year now: The largest-ever outbreak of Ebola virus disease (EVD) has been occurring in West Africa since December 2013.
- Guinea, Liberia, and Sierra Leone have widespread EVD transmission. Recent data shows the number of new cases declining in Liberia but increasing in Sierra Leone.
- In November, Mali had a travel-associated EVD case with localized transmission, resulting in a cluster of 8 EVD cases in Bamako.
- Nigeria, Spain, and the U.S. have had travel-associated cases with localized transmission but not ongoing. Senegal had a travel-associated case.
- As of December 8, the WHO reports that there have been over 17,500 confirmed and probable cases of EVD in these countries, with about 6200 deaths.



Ebola in the United States

- Four persons have been diagnosed with Ebola in the United States; one died (the first, or index, case diagnosed in Dallas, Texas).
- Three of these cases occurred among health care workers, two of whom provided intensive care to the index case in Texas, and the 3rd among a physician who treated Ebola patients in Guinea.
- These 3 cases were treated in the US and recovered.
- No secondary infections occurred among these four patients' household or community contacts.

What is Our Role?

“We Protect Lives”, so to protect Georgians and the US, experts have noted **4 Lines of Defense:**

1. Stop Disease in West Africa: Using public health control measures of isolating cases, contact tracing and monitoring, and stringent infection control.
2. Exit screening in West Africa to prevent ill persons from traveling
3. Entry Screening and Post-Arrival Monitoring in the US for all travelers originating from Liberia, Sierra Leone, Guinea, and Mali
4. **Early recognition of suspect cases** that have traveled here-- so that rapid isolation can be implemented.

Entry Screening and Post-Arrival Monitoring: Select US Airports



- A national system facilitating the early detection of Ebola is an important defense--facilitates early access to medical care and prevents spread.
- In October, CDC and Customs and Border Protection (CBP) announced enhanced entry screening and active monitoring of all travelers from Guinea, Liberia, and Sierra Leone at 5 U.S. airports (JFK, Dulles, Chicago, Newark, Atlanta).
- Added all travelers from Mali on November 17
- Anyone with a fever or symptoms is referred for immediate medical care
- Individuals with a high risk exposures (needlestick, etc.) may be quarantined
- DPH monitors asymptomatic passengers for 21 days:
 - Twice daily temp and symptom checks,
 - Mandatory reporting via web-based system (in SendSS)

DPH Electronic Monitoring System: Temperature and Symptom Check

- Traveler enrolls in system
- Used by traveler to record twice daily temperature and symptoms
- Records temperature and any symptoms they may be experiencing

 Georgia Department of Public Health

EBOLA **21 Day Temperature / Symptom Monitoring**

Entering symptoms for: **Karl Ebola Soet** DOB: **01/01/1950**

[Click Here](#) for temperature and symptom monitoring instructions

1. Please Choose the Day and Time: ▾

2. Please enter your Temperature: ° F

3. Please indicate any symptoms you are experiencing by clicking the picture(s), then click "DONE" at the bottom:

 FEVER	 STOMACH PAIN	 DIARRHEA OR RUNNING STOMACH	 VOMITING	 BLEEDING: RED EYES	 MUSCLE PAIN
 HEADACHE	 BLEEDING: BLOODY NOSE	 FEELING WEAK OR TIRED	OR		 OK, NO SYMPTOMS

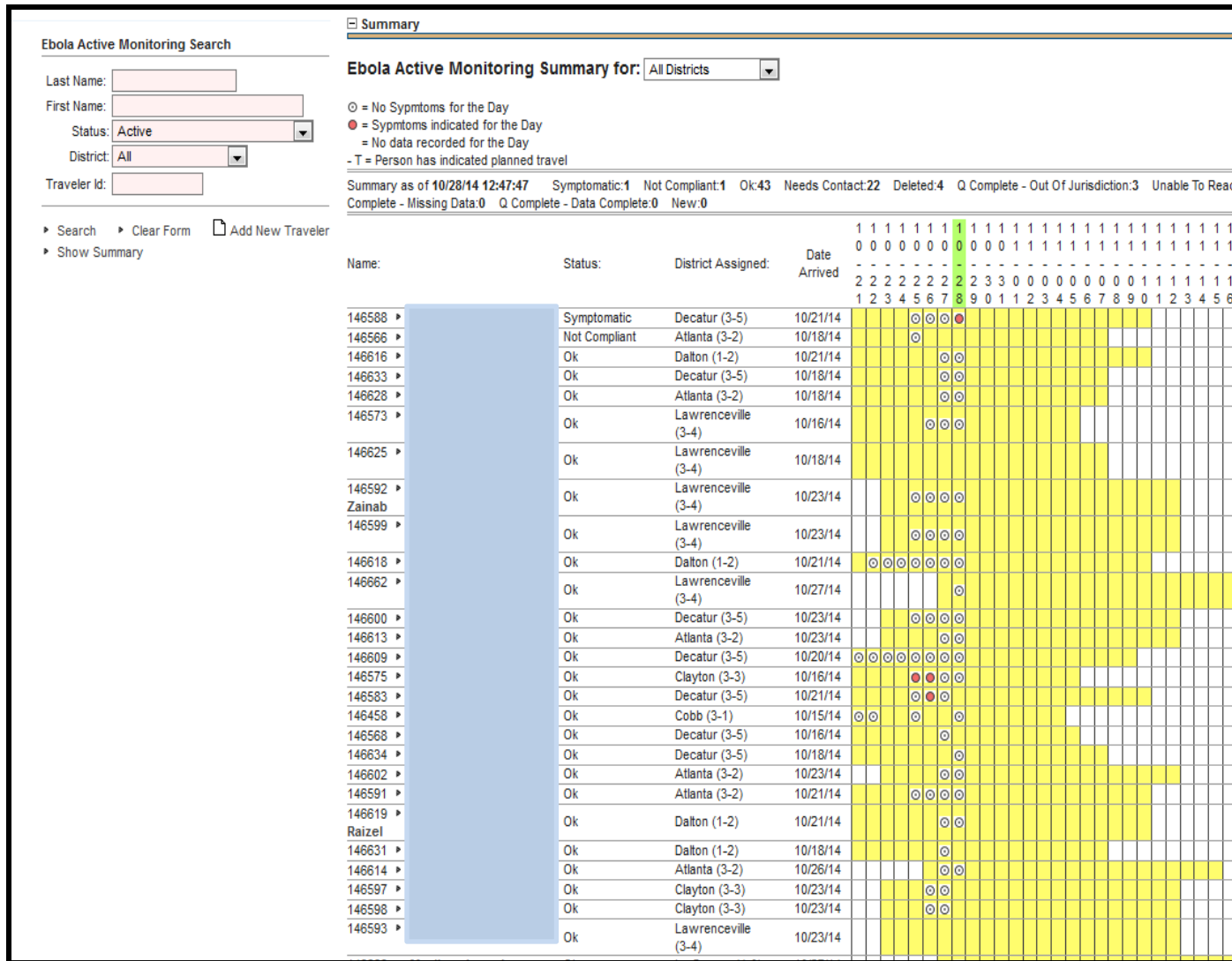
If you have no symptoms, please click OK, NO SYMPTOMS above and leave the field below blank:
List additional symptoms here:

4. Do you have any trips planned between now and 11/03/2014?: ▾

If yes, please describe the where and when you are going, and how you are getting there:

[Click Here](#) for travel approval instructions

DPH Electronic Monitoring System



Rationale: EARLY detection and RAPID isolation

Georgia Post-Arrival Monitoring

- From October 16 -December 8, 2014:
 - 327 travelers have been monitored
 - 96 are currently being monitored (50 CDC employees)
 - Cumulatively, we have had four travelers from the monitoring cohort medically evaluated for fever. Two were sent home with diagnoses of viral upper respiratory infection, one with flu, and one with malaria. All returned to regular active monitoring.

DPH Ebola Active Monitoring Query

- Used by hospital to identify whether patient being treated is being actively monitored
- Hospital partner logs in and enters basic patient information
- Records matching search criteria are returned providing limited information on monitoring period

DPH Georgia Department of Public Health

EBOLA **Active Monitoring Query**

The following travelers matched your search criteria:

Last Name	First Name	Date Arrived	Date Monitoring Period Ends
Ebola Soet	Karl	10/15/2014	11/05/2014

To query for a traveler being monitored, please provide a date of birth and last name:

Traveler's Last Name:

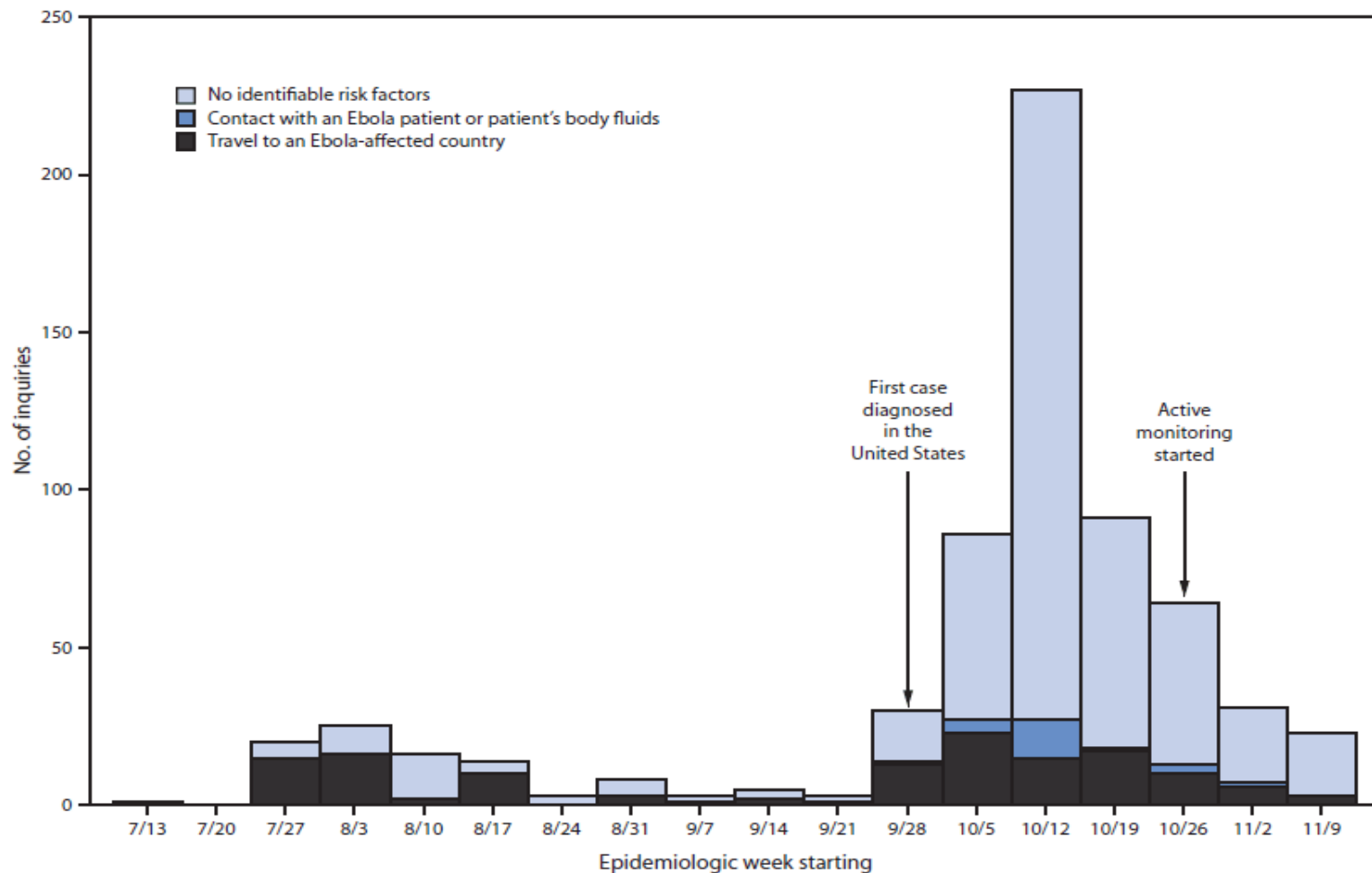
Date_of Birth: (mm/dd/yyyy) / /

Search

Early Case Recognition: Screening/Triage

- The goal is to rapidly identify and isolate Ebola patients so that they receive appropriate medical care and secondary transmission is prevented.
- DPH Medical Epidemiologists are available 24/7 at **1-866-PUB-HLTH** to assist in triage and risk assessment of patients who may meet the EVD Person Under Investigation (PUI) criteria.
- Diagnostic testing can now be done at GPHL.
- If warranted, DPH will coordinate clinical consult with CDC, specimen collection, and will provide packaging and transport guidance for laboratory testing at GPHL.
- To date, we have triaged 241 patient inquiries since early August.

Number of clinical inquiries from health care providers regarding persons thought to be at risk for Ebola, United States, July 9–November 15, 2014

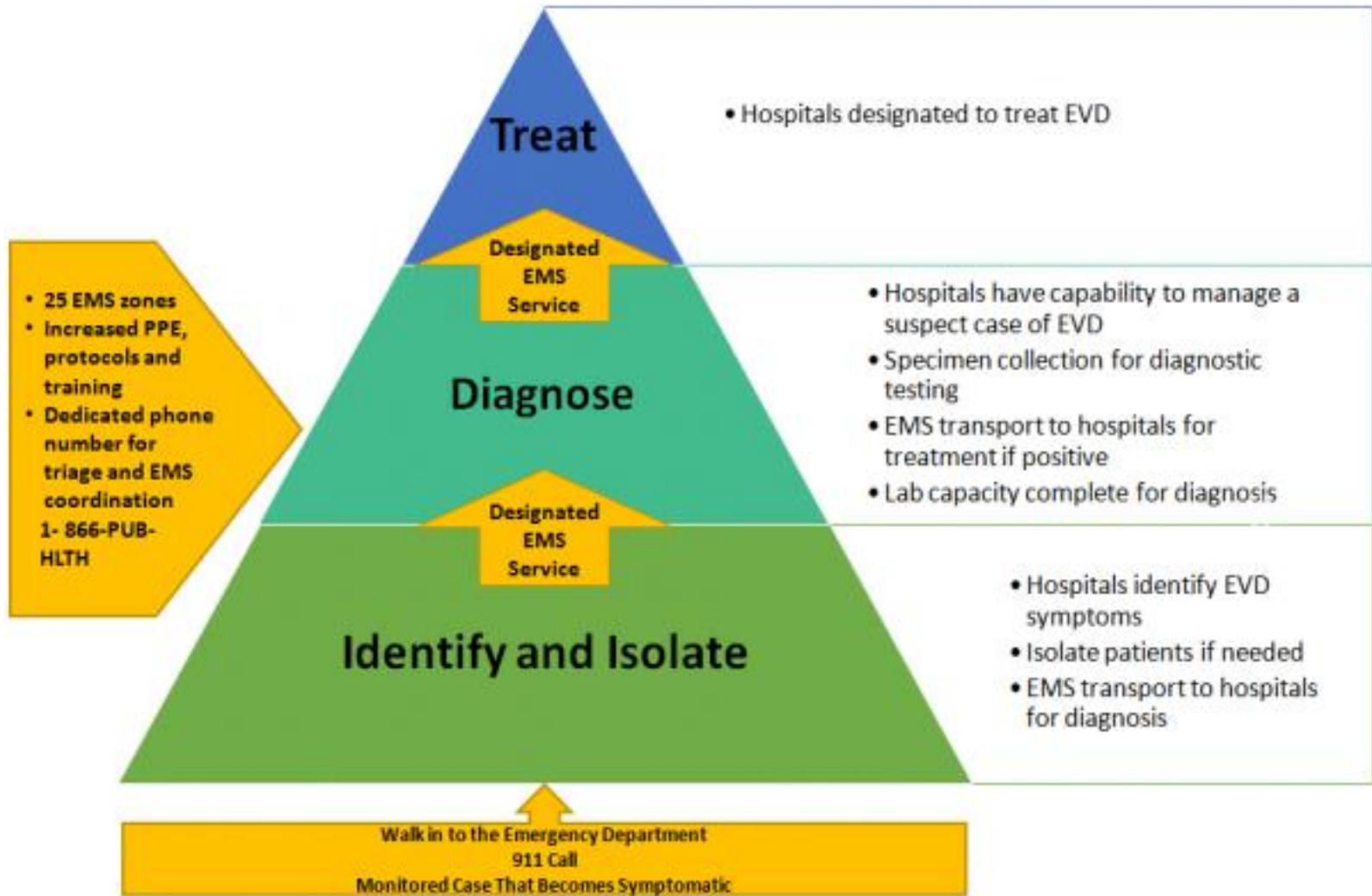


http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e1205a1.htm?s_cid=mm63e1205a1_w

Comments

- As long as Ebola is spreading in West Africa, we must prepare for the possibility of additional cases in the United States.
- Risk assessment and post-arrival monitoring of travelers is an added safeguard.
- Our collective mission to **protect lives** requires collaboration between healthcare providers, hospitals, EMS, and Public Health to identify, triage, and manage suspected EVD infections to, ultimately, prevent EVD transmission in our state.
- Key point: the system that we're building will continue beyond Ebola

Georgia's 3-Tiered Hospital Plan



The Community Paramedic Concept - Filling the Gaps with Mobile Integrated Healthcare

Keith Wages, Director
Georgia Office of EMS and Trauma, DPH

Ernie Doss, Deputy Director
Georgia Office of EMS and Trauma, DPH

Effective Mobile Integrated Healthcare Systems are:

- Patient and Community centered
- Integrated into the broader healthcare system
- Capable of consistently delivering high-quality emergency care
- Prepared to respond to public health emergencies

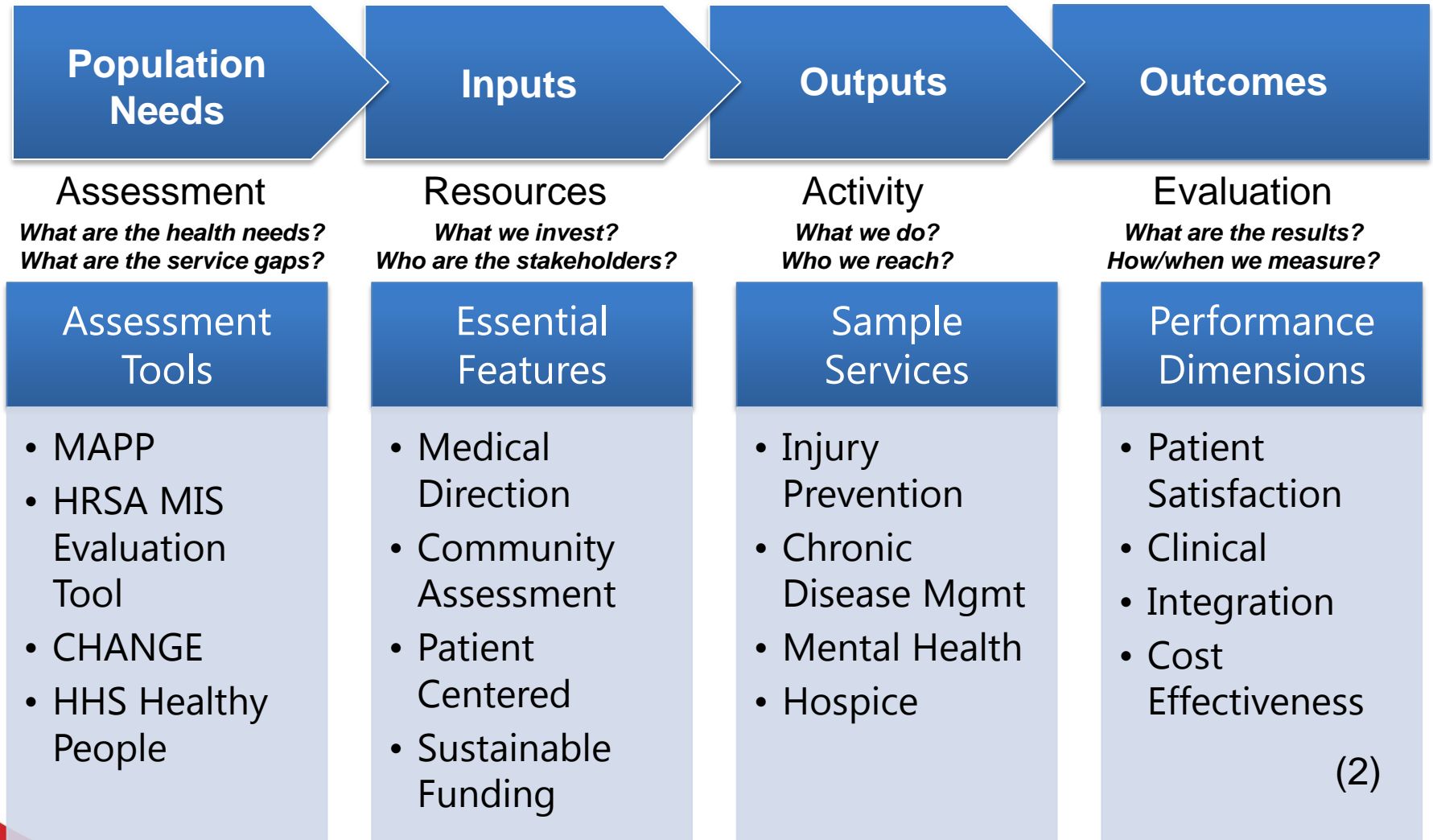
Mobile Integrated Healthcare System Design

Effective MIH Systems

Strategic partnerships with stakeholders, engaging a spectrum of healthcare providers ...¹



Mobile Integrated Healthcare



Mobile Integrated Healthcare

Populations that could be well suited for the MIH include³:

- chronic disease management;
- unscheduled acute care evaluation/treatment
- primary, secondary and tertiary prevention strategies;
- population health surveillance;
- culturally competent social services;
- patient navigation and care coordination;
- patient advocacy; and
- education.

Mobile Integrated Healthcare

Potential Road Blocks⁴

- Lack of sustainable funding
- Turf battles
- Lack of vision
- Resistance to change
- Fragmentation
- Market size
- Lack of community acceptance

Mobile Integrated Healthcare

Grady EMS – Atlanta, GA



- Identified concern; alternate pathways for behavioral health/substance abuse patients
- Identified partners; Grady Hospital, Behavioral Health Link and Atlanta PD
- Developed a 7 phase approach, including special response unit
- By the end of 2013 reduced 9-1-1 response by 1,026 calls and ED visits by 517
- Looking to expand to other chronic illnesses

Mobile Integrated Healthcare

Spalding Regional EMS – Griffin, GA



- Tried unsuccessfully in 2013 to find a mission – conflicting interests among community partners
- In 2014, working with Hope Health Clinic and McIntosh Trail Behavioral Health identified a coverage gap for CHF and behavioral health patients
- Recently received funding for a dedicated FTE to follow and manage these patients
- Medical control for CHF patients will be through a local cardiologist who normally follows these patients
- Looking to expand to other chronic illnesses

Mobile Integrated Healthcare

MetroAtlanta Ambulance – Marietta, GA



- Identified concern; alternate pathways for high utilization users, known as “Friends of Metro”
- Specially trained medic conduct home visits working to connect patients with available resources
- Targeting patients with chronic illnesses such as diabetes, respiratory and cardiac diseases
- In the 8 weeks since the program has started, the Friends of Metro program has had reduction in utilization in 34 of 104 Friends

Mobile Integrated Healthcare

Hall County Fire Services/Home Physician Care Gainesville, GA



- Identified concern; alternate pathways for low acuity calls screened by 9-1-1
- Crew configuration (1) mid-level and (1) medic
- This project has been suspended due to staffing changes at both entities
- Hall County has reached out to Northeast Georgia Medical Center with hopes of starting discussions in early 2015 to form a new partnership

Mobile Integrated Healthcare

Gold Cross EMS – Augusta, GA



- Identified and trained staff for MIH
- Reached out to all 4 civilian acute care hospitals in Augusta with 3 positive responses
- Unable to achieve a common goal
- EMS appeared focused on re-admission rate

Mobile Integrated Healthcare

Mobile Integrated Healthcare			EMS	Call Center	Hospital	Primary Care	Mental Health/Detox	Cardiology	Pharmacy	Telemonitoring	Assisted Living	Hospice
Location	Impacts											
American Medical Response Arlington, TX	Reducing CHF readmissions		◆		◆	◆						
	Decrease utilization of EMS by high utilizers		◆		◆	◆						
University of Chicago Medicine Chicago, IL	Reducing CHF readmissions		◆		◆	◆		◆	◆	◆	◆	
MedStar Mobile Healthcare Fort Worth, TX	Reducing hospice tevocation		◆			◆						◆
	Decrease utilization of EMS by high utilizers		◆	◆	◆	◆						
	Reducing CHF readmissions		◆	◆	◆	◆		◆				
Wake County EMS Raleigh, NC	Decrease utilization by patients who fall		◆	◆	◆	◆						
	Decrease utilization by patients with substance abuse and mental illness		◆	◆	◆		◆					
Barnes-Jewish Hospital/Abbott EMS Saint Louis, MO	Reducing CHF, AMI, COPD, and pneumonia readmissions		◆		◆	◆		◆				

References:

1. Beck E, Craig A, Beeson J, et al. Mobile Integrated Healthcare Practice: A Healthcare Delivery Strategy to Improve Access, Outcomes, and Value. *Mod Healthc. 2013: 3*
2. Beck E, Craig A, Beeson J, et al. Mobile Integrated Healthcare Practice: A Healthcare Delivery Strategy to Improve Access, Outcomes, and Value. *Mod Healthc. 2013: 5*
3. Beck E, Craig A, Beeson J, et al. Mobile Integrated Healthcare Practice: A Healthcare Delivery Strategy to Improve Access, Outcomes, and Value. *Mod Healthc. 2013: 3*
4. Shedding the Light on the "Dark Side" of Community Paramedicine/Mobile Integrated Healthcare. Zoll Data Web site. <http://www.zolldata.com/WorkArea/DownloadAsset.aspx?id=26413>. Accessed October 10, 2014.
5. Beck E, Craig A, Beeson J, et al. Mobile Integrated Healthcare Practice: A Healthcare Delivery Strategy to Improve Access, Outcomes, and Value. *Mod Healthc. 2013: 6*

References:

- Grady EMS
- Spalding Regional EMS
- MetroAtlanta Ambulance Service, Inc.
- Hall County Fire Services
- Gold Cross EMS, Inc.

Audit/Budget Update

Kate Pfirmman, CPA
Chief Financial Officer, DPH

Closing Comments

Kathryn Cheek, MD, FAAP
Chair

The next Board of Public Health meeting
is currently scheduled on
Tuesday, January 13, 2015 @ 1:00 PM.

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