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

<table>
<thead>
<tr>
<th></th>
<th>FY2003</th>
<th>FY2008</th>
<th>FY2013</th>
<th>FY2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimens</td>
<td>733,741</td>
<td>690,136</td>
<td>504,773</td>
<td>393,042</td>
</tr>
<tr>
<td>Tests/Exams</td>
<td>2,732,661</td>
<td>8,931,135</td>
<td>7,372,267</td>
<td>7,567,204</td>
</tr>
<tr>
<td>FTEs</td>
<td>159</td>
<td>158</td>
<td>158</td>
<td>135</td>
</tr>
</tbody>
</table>

Vacancy 14%
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.
  o 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.
  o 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.
  o Will need to replace freezers and refrigerators as they age and fail.
Newborn Screening (NBS)

• Newborn Screening is a state function
  o State decides conditions to screen for, currently 29 diseases
  o 2018 Workload: 149,933 specimens
     7,129,455 tests

• Advisory Committee on Heritable Disorders of Newborns and Children (ACHDNC) formed in 2005
  o Reviews nominations to add conditions to the Recommended Uniform Screening Panel (RUSP)
  o Recommend addition or rejection by the HHS secretary
  o 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 and later onset forms
  - Molecular testing required to assist 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
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Counties Doing Surveillance</th>
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</thead>
<tbody>
<tr>
<td>2001</td>
<td>2</td>
</tr>
<tr>
<td>2002</td>
<td>11</td>
</tr>
<tr>
<td>2003</td>
<td>26</td>
</tr>
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<td>2004</td>
<td>56</td>
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<tr>
<td>2015</td>
<td>13</td>
</tr>
<tr>
<td>2016</td>
<td>60</td>
</tr>
<tr>
<td>2017</td>
<td>159</td>
</tr>
<tr>
<td>2018</td>
<td>91 (as of 8/31/18)</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Species</th>
<th>Chatham</th>
<th>DeKalb</th>
<th>Fulton</th>
<th>Glynn</th>
<th>Lowndes</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Ae. albopictus</em></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><em>Cs. melanura</em></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
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<tr>
<td><em>Culex spp.</em></td>
<td>5</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td><em>Cx. nigripalpus</em></td>
<td></td>
<td></td>
<td>11</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td><em>Cx. quinquefasciatus</em></td>
<td>90</td>
<td>71</td>
<td>3</td>
<td>56</td>
<td></td>
<td>220</td>
</tr>
<tr>
<td>Grand Total</td>
<td>96</td>
<td>72</td>
<td>3</td>
<td>3</td>
<td>67</td>
<td>241</td>
</tr>
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</table>
Vector Species Data 2018

### 2018 Vector Species Populations

<table>
<thead>
<tr>
<th>Vector Species</th>
<th># Mosquitoes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ae. aegypti</td>
<td>17</td>
</tr>
<tr>
<td>Ae. albopictus</td>
<td>3337</td>
</tr>
<tr>
<td>Culex spp.</td>
<td>4897</td>
</tr>
<tr>
<td>Cx. nigripalpus</td>
<td>9822</td>
</tr>
<tr>
<td>Cx. quinquefasciatus</td>
<td>58065</td>
</tr>
<tr>
<td>Cx. restuans</td>
<td>163</td>
</tr>
<tr>
<td>Cx. salinarius</td>
<td>3871 (8/31/2018)</td>
</tr>
</tbody>
</table>
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
  o Mosquito Repellant
  o Public education is key
  o 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

Enterprise System Modernization (ESM)

Enterprise Care Management (ECM)

- EHR
- WIC MIS
- WIC EBT

Claiming & Payment

ESM Platform

Analytics
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
Intake & Scheduling

Scheduled

- 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

User Experience

Walk-In

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**
- 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

**Increased Clinician Information Access**
- 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

**Improved Care**
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.

- Transparency
- Analytics
- Rate Table Management
- Online Bill Pay
- Claim Edit checks
- Insurance eligibility checks

- System interfaced to primary source data points to confirm program eligibility at time of visit, taking uncertainty out of payer source
- Enhanced system analytics allow for easier revenue cycle trending and comparisons
- Rate table’s flexible configurations mean the right amount is collected and helps staff better prioritize outstanding receivables
- Easy online payment methods through system portal, helps patients track what’s due and when
- Robust edit checks within system reduce claim errors that slow payment or increase denials
- Increased collections at time of service related to accurate coinsurance/copay/self pay knowledge driven by system
Amended FY 2019 & FY 2020

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
<table>
<thead>
<tr>
<th>FY 2020 Request- Operating Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workforce Development</strong></td>
</tr>
<tr>
<td>GPHL Staffing - $601,093</td>
</tr>
<tr>
<td>District Administration Cadre - $2,502,000</td>
</tr>
<tr>
<td>Epidemiology Workforce - $1,404,341</td>
</tr>
<tr>
<td><strong>Chronic Disease: Diabetes and Hypertension</strong></td>
</tr>
<tr>
<td>Develop evidence-based diabetes and hypertension self-management curriculum for public health districts</td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
</tr>
<tr>
<td>Support TB laboratory testing by funding one position and critical testing supplies</td>
</tr>
<tr>
<td><strong>Perinatal Designations</strong></td>
</tr>
<tr>
<td>Develop levels of maternal and neonatal care and designate birthing hospitals based on level of care through onsite designation (FY2018 - HB 909)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>
## FY2020 Request – Capital Budget

<table>
<thead>
<tr>
<th>Project</th>
<th>Location</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhaust Fan Replacement</td>
<td>Decatur- Clairmont Road Lab</td>
<td>$ 240,000</td>
</tr>
<tr>
<td>HVAC Mechanical &amp; Plumbing Repairs</td>
<td>Decatur- Clairmont Road Lab</td>
<td>$ 200,000</td>
</tr>
<tr>
<td>Replacement of the Deareator Water system</td>
<td>Decatur- Clairmont Road Lab</td>
<td>$ 138,000</td>
</tr>
<tr>
<td>Increase Electrical Capacity</td>
<td>Decatur Laboratory- Clairmont Road</td>
<td>$ 300,000</td>
</tr>
<tr>
<td>Replace 24 Hard Ducted Biosafety Cabinets</td>
<td>Decatur Laboratory- Clairmont Road</td>
<td>$ 262,000</td>
</tr>
<tr>
<td>Chemical Threat Building - HVAC Upgrades</td>
<td>Decatur- Clairmont Road Lab</td>
<td>$ 50,000</td>
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<tr>
<td>HVAC Building Automation Upgrade</td>
<td>Decatur- Clairmont Road Lab</td>
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<tr>
<td>Reclaimed Water System Addition</td>
<td>Decatur- Clairmont Road Lab</td>
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<tr>
<td>Card Reader System</td>
<td>Waycross Lab</td>
<td>$ 50,000</td>
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<tr>
<td>Security - Monitoring A/B</td>
<td>Decatur and Waycross Labs</td>
<td>$ 40,000</td>
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<td>Security - Fence/Gate A/B</td>
<td>Decatur and Waycross Labs</td>
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<tr>
<td>Security - Barrier A/B</td>
<td>Decatur and Waycross Labs</td>
<td>$ 395,000</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$ 2,300,000</strong></td>
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</table>
FY 2019 Annual Operating Budget

Total Funds: $670,240,486

- Federal Funds: $395,951,809 (59%)
- State General Funds: $250,413,005 (37%)
- Tobacco Funds: $13,717,860 (2%)
- Other Funds: $10,157,812 (2%)

Total Funds: $670,240,486
Georgia’s Opioid Epidemic Response

ONE AGENCY OR ORGANIZATION CANNOT ADDRESS GEORGIA’S OPIOID EPIDEMIC ALONE
Opioid & Substance Use Response Plan

- 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

<table>
<thead>
<tr>
<th>Goals</th>
<th>Implementation Strategy (July 2018 - January 2019)</th>
<th>Responsible Agencies</th>
<th>Measures Of Success</th>
</tr>
</thead>
</table>
| 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

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

Source: CMS de-identified non-institutional billing data, May 2018
Hurricane Irma 2017

Georgia Power Outage Map, 9/12/17, 9:00 am

Active Outages: 8,494
Affected Customers: 805,862
Last Updated: Sep 12, 7:58 AM
Information is updated every 60 minutes.
### Georgia Hurricane Irma Identified DME Data
*159 declared counties Sept 2017*

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>O2 Concentrators</td>
<td>56,927</td>
</tr>
<tr>
<td>Oxygen Services [Tanks]</td>
<td>28,455</td>
</tr>
<tr>
<td>In-Facility Dialysis</td>
<td>14,692</td>
</tr>
<tr>
<td>Electric Beds</td>
<td>9,572</td>
</tr>
<tr>
<td>Motorized Wheelchairs</td>
<td>4,468</td>
</tr>
<tr>
<td>IV Infusion Pumps</td>
<td>3,771</td>
</tr>
<tr>
<td>Enteral Feeding</td>
<td>1,931</td>
</tr>
<tr>
<td>At-Home Dialysis</td>
<td>1,869</td>
</tr>
<tr>
<td>Ventilators</td>
<td>1,941</td>
</tr>
<tr>
<td>Suction Pumps</td>
<td>619</td>
</tr>
<tr>
<td>BiPAPs</td>
<td>533</td>
</tr>
<tr>
<td>Cardiac Devices</td>
<td>469</td>
</tr>
<tr>
<td>Home Health</td>
<td>33,323</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>158,570</strong></td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Service</th>
<th>N</th>
<th>Number of Major Providers</th>
<th>Percent of patients serviced by these providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen Supplies</td>
<td>3929</td>
<td>19</td>
<td>81%</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>3563</td>
<td>12</td>
<td>85%</td>
</tr>
<tr>
<td>Dialysis</td>
<td>1590</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home dialysis</td>
<td>185</td>
<td>7</td>
<td>66%</td>
</tr>
<tr>
<td>In facility dialysis</td>
<td>1405</td>
<td>20</td>
<td>74%</td>
</tr>
<tr>
<td>Ventilators</td>
<td>289</td>
<td>10</td>
<td>65%</td>
</tr>
</tbody>
</table>
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.