



*Georgia Department of Public Health*

# **Board of Public Health Meeting**

Tuesday, November 10, 2015



*We Protect Lives.*

# Commissioner's Update

Brenda Fitzgerald, MD  
Commissioner, DPH

# **DPH Employee Worksite Wellness Program**

**E. Susanne Koch, MS  
Worksite Wellness Coordinator, DPH**

# Why Worksite Wellness?

- 65% decreased safety and quality incidences
- 37% decreased absenteeism
- 25% decreased turnover
- 21% increased productivity
- In a time when companies are going “leaner,” employees must stay healthy and wellness programming can increase productivity.

# The Full Cost of Poor Employee Health



*We Protect Lives.*

# Where have we been?

2011	2012	2013	2014	2015
<p>DPH New Agency Commissioner Priority Developed InSTEP Research Study</p>	<p><i>FTE Hired</i> <b>Physical Activity Policy</b> Wellness Committee Designate Walking Trails Designate Healthy Eating Options Group Fitness Program -Trained Staff Instructors Lunch and Learns Collaboration with Ext/Int Resources</p>	<p>Weight Management Programs EAP/SHBP Collaboration Focus on Healthy Eating Improving Stairwell Usage <b>Lactation Support Policy</b> <b>CPR/AED Program</b> Lactation Room Fitness Center Renovation of Break Rooms Branded GetFit</p>	<p>Chronic Disease Management Programs UGA Workplace Climate Survey Expand Internship Program Annual Employee Wellness Event Fine Tuned Health Observance Calendar of Events Stairclimbing Program <b>Healthy Meeting/Eating Policy</b> <b>Tobacco Policy</b></p>	<p>District Wellness Funding Healthy Eating Options-GMM, Fruit/veggie coop Standing Desk Pilot Study Physioball Project ARC Blood Drives Weight Watchers State of GA Captain KP Event <b>KP's Fittest Company 2015</b> <b>AHA Fit-Friendly Worksite Designation</b> <b>Process of Accreditation</b></p>

# Lactation Support

- Policy implemented May 2013
- Lactation Room August 2013
- 75% used room > 6 months
- 82% encouraged to breast-feed longer by room access
- 67% increased their breastfeeding time by  $\geq 3$  months



# Physical Activity



*We Protect Lives.*



# Healthy Eating

- Renovated Break Rooms – Sept 2013
- Developed Healthy Eating logos/posters
- Healthy Vending updates at Skyland/Lab
- Working with GVRA-new 2<sup>nd</sup> fl vendor
- Several Healthy Eating LNL's



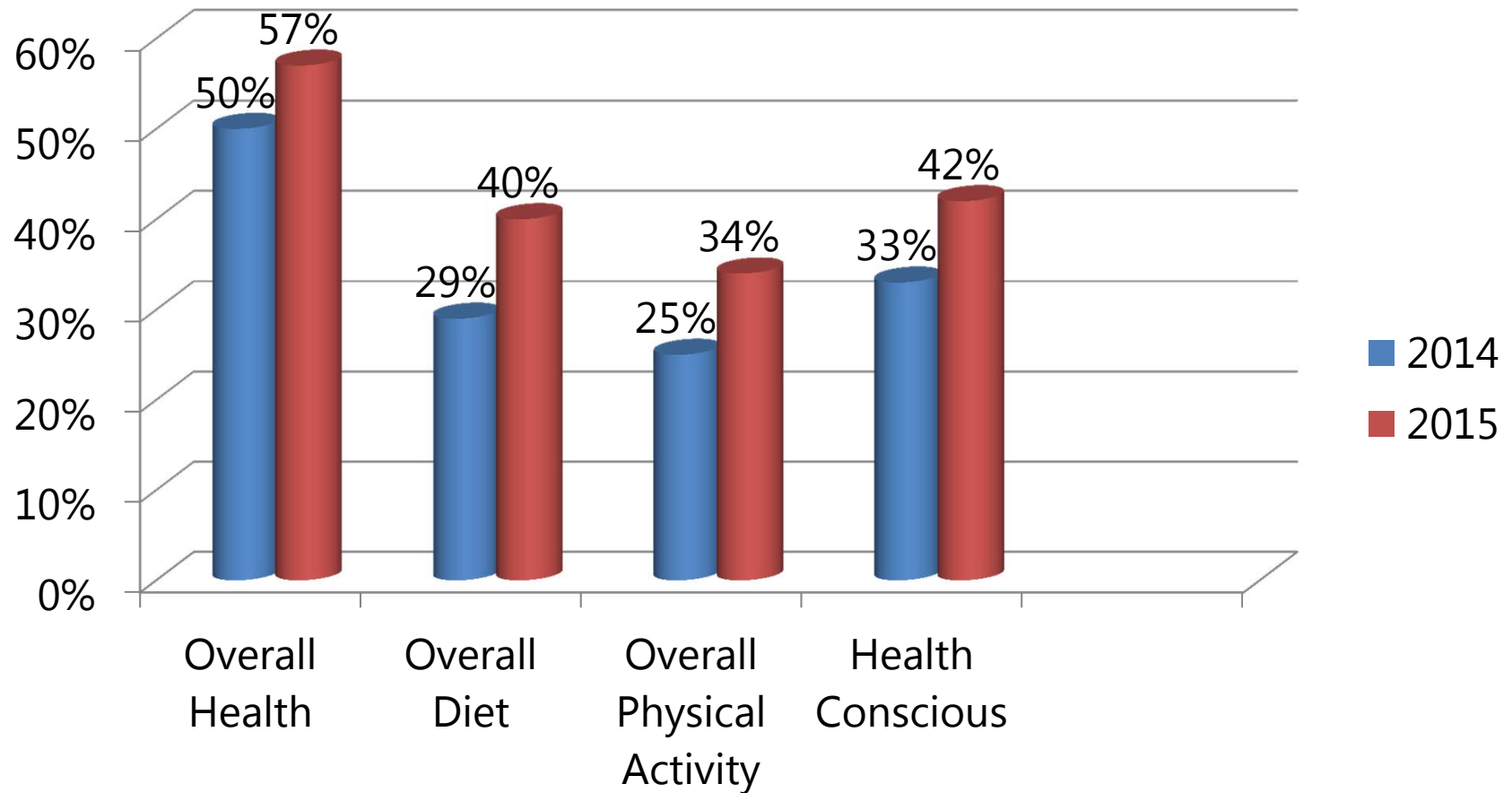
*We Protect Lives.*

# Evaluation – UGA WHG

- Holiday Weight Management Program
  - Mean BW ↓ 4.3 pounds
  - Waist circumference ↓ 1.9 inches
- Standing Workstation Project
  - ↑ Standing by 3 hours/day
  - ↓ Systolic BP of 6 mmHg
  - Reported significant ↓ fatigue



# Wellness Climate 2014 v 2015



*We Protect Lives.*



# Success Stories

“Balancing work and family is a challenge that many parents can relate to; couple that with the postpartum stresses and guilt of leaving a young baby that is still vulnerable to every germ imaginable can be overwhelming. I chose to breastfeed because of the benefits I learned about and witnessed in my first son (limited illness in his first year). I struggled to produce enough using my portable pump when I returned to work and was on the verge of quitting when a friend told me about the lactation room at 2 Peachtree. Access to the worksite lactation room has provided me with the tools and privacy to continue breastfeeding my baby. I have surpassed my goal of breastfeeding through 6 months and will continue as long as possible. He is now a very healthy 7 months and I am one happy mama.”



*We Protect Lives.*

# Our Amazing Employees

“Two years ago I was taking Metformin (1000 mg) for my type 2 Diabetes. My A1C at that time was **8.0**. As of October 2014, I am currently totally off Metformin at my doctor’s recommendation and have maintained an A1C of **5.5** since coming off Metformin. Additionally, I was taking Lisinopril (40 mg) for my hypertension two years ago and my blood pressure averaged **140/90**. As of October 2014, my doctor reduced the dosage for the Lisinopril to (20 mg) and I have maintained an average blood pressure of **120/80**.”

-Matt Carter, DPH Procurement Manager



*We Protect Lives.*

# Next Steps...

## Partnership with UGA Workplace Health Group

- Study long-term outcomes of standing workstations
- Weight Management Programs
- Annual Climate Survey
- Middle Manager Communication Program

## Expand Healthy Eating

- Collaborate with local eateries
- Analyze vending machine outcomes

## Stress Management

- Employee recognition of EAP
- Regularly scheduled education/handouts
- Develop new Stress Management program

## Ergonomic Enhancement

- Portable Standing Workstations
- Proper Workstation Set up Education
- Pain Management Education/Opportunities

“Better Health Starts on the Hill.”

E. Susanne Koch  
2 Peachtree, Atlanta, GA 30303  
Susanne.koch@dph.ga.gov  
404-657-2566

*We Protect Lives.*

A red decorative graphic consisting of a curved shape on the left side that tapers into a horizontal bar across the bottom of the slide.



# Georgia Telehealth Initiative

Suleima Salgado, MBA  
Telehealth & Telemedicine Director, DPH



# Telehealth vs. Telemedicine

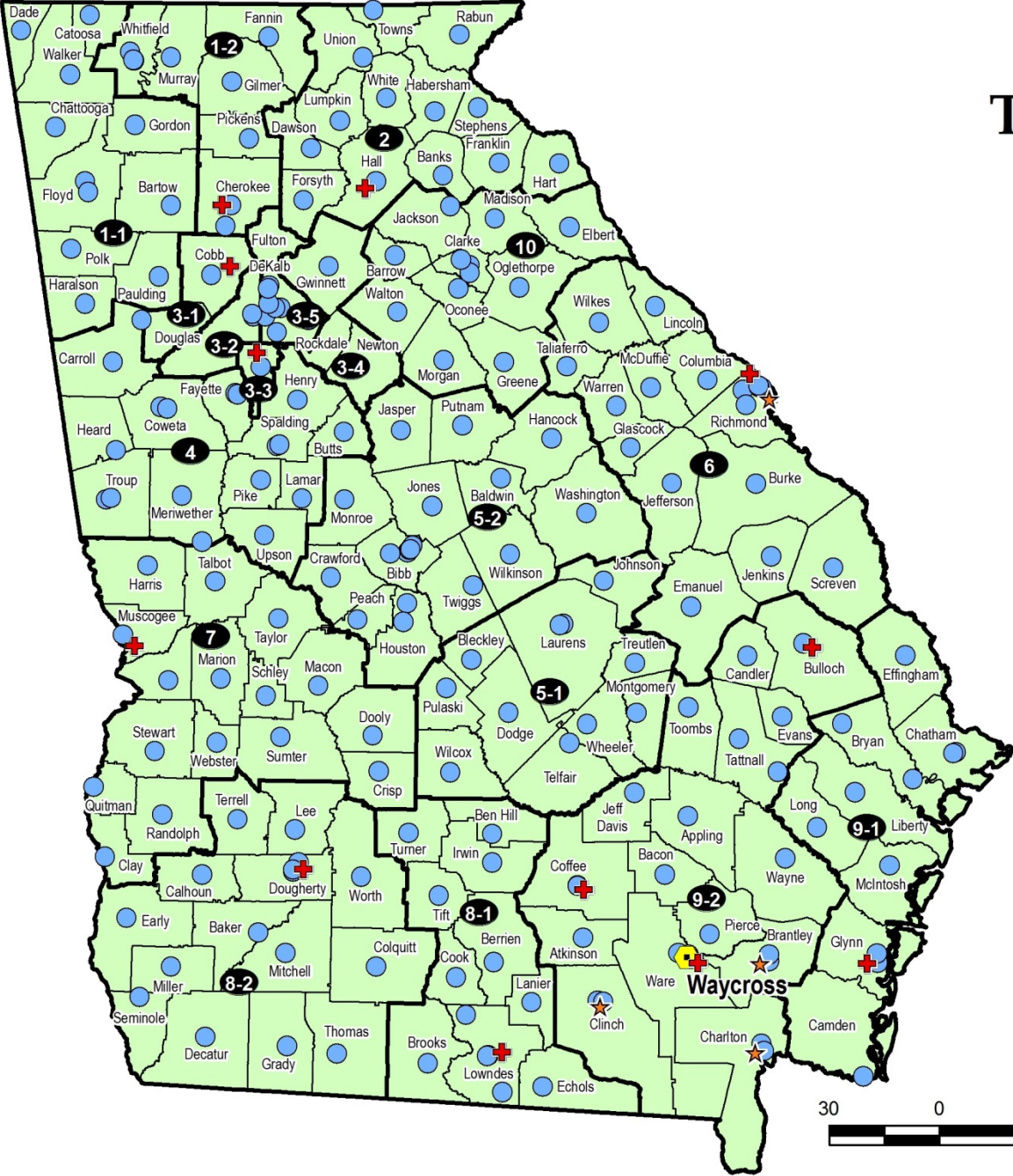
- **Telehealth**- the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing on a secure, private network with store-and-forward imaging, streaming media, and wireless communications.
- **Telemedicine** – the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology. May involve medical scopes, x-rays, ultrasound or other medical applications.

# Telehealth Goals

- **Increase access to care**
  - Address the state's most pressing health challenges, including infant mortality, oral health, obesity and associated diseases
  - Connect Georgians with the specialized care they need that may not exist in every community, i.e. monitoring of a high-risk pregnancy.
- **Increase capacity at DPH sites statewide**
  - Implement Telehealth in each of the state's 18 Public Health Districts and all 159 counties



# Telehealth Network

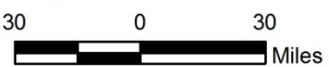


- ★ Teledentistry
- ✚ Telemedicine
- ⬡ Network Hub (Waycross)
- End Point Locations (Video Conferencing in HDs & WIC Centers)

- |                                  |                   |
|----------------------------------|-------------------|
| 1-1 Northwest                    | 5-1 South Central |
| 1-2 North Georgia                | 5-2 North Central |
| 2 North                          | 6 East Central    |
| 3-1 Cobb/Douglas                 | 7 West Central    |
| 3-2 Fulton                       | 8-1 South         |
| 3-3 Clayton                      | 8-2 Southwest     |
| 3-4 Gwinnett, Newton, & Rockdale | 9-1 Coastal       |
| 3-5 DeKalb                       | 9-2 Southeast     |
| 4 District 4                     | 10 Northeast      |



Created: December, 2014  
 By: Office of Health Indicators for Planning (OHIP)  
 Source: Department of Public Health  
 Projection: Georgia Statewide Lambert Conformal Conic



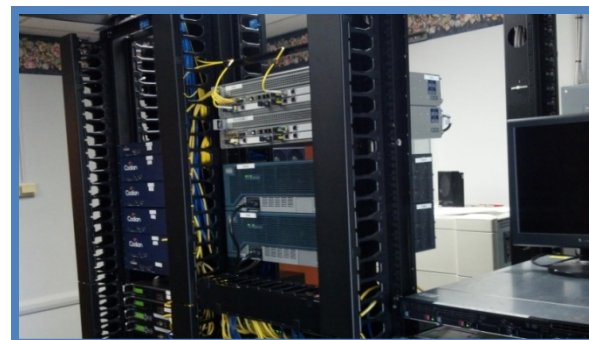


## Telemedicine Site List

County	DPH Health District	Location	Physical Address	City	Zip	Specialty
1 Bibb	North Central (Macon)	Bibb County Health Department	171 Emery Hwy	Macon	31217	Tele-Genetics
2 Brantley	Southeast (Waycross)	Nahunta Elementary	479 School Circle	Nahunta	31553	Tele-Dentistry
3 Bulloch	Southeast (Waycross)	Bulloch County Health Department	1 West Altman St	Statesboro	30458	Tele-HIV
4 Charlton	Southeast (Waycross)	Charlton Elementary	34754 Okefenokee Drive	Folkston	31537	Tele-Dentistry
5 Cherokee	North Georgia (Dalton)	Cherokee County Health Department	1219 Univeter Rd	Canton	30115	Tele-HIV
6 Clinch	Southeast (Waycross)	Clinch Co. Elem/Middle	575 Woodlake Dr.	Homerville	31634	Tele-Dentistry
7 Coffee	Southeast (Waycross)	Coffee Wellness	1003 Shirley St	Douglas	31533	Tele-HIV
8 Dougherty	Southwest (Albany)	Dougherty County Health Dept.	1710 South Slappey Boulevard	Albany	31706	Tele-OB
9 Floyd	Northwest (Rome)	Floyd County Health Department	16 E 12th Street, SW	Rome	30161	Tele-HIV
10 Glynn	Coastal (Savannah)	Glynn County Health Department	2747 4th St	Brunswick	31520	Tele-HIV
11 Hall	North (Gainesville)	Hall County Health Department	1290 Athens Street	Gainesville	30507	Tele-HIV
12 Lowndes	South (Valdosta)	Lowndes County Health Department	325 W Savannah Ave	Valdosta	31601	Tele-Endocrinology/ Pulmonology/Nephrology/ Sickle Cell/Genetics
13 Muscogee	West Central (Columbus)	Columbus County Health Department	2100 Comer Ave	Columbus	31904	Tele-HIV
14 Richmond	East Central (Augusta)	GHSU Dentist	1301 RA Dent Blvd	Augusta	30912	Teledentistry
15 Richmond	East Central (Augusta)	GHSU Pediatrics	1120 15th St. (BG), Dugas Building	Augusta	30912	Telemedicine
16 Ware	Southeast (Waycross)	Waycross CNN Building	1057 Grove Avenue	Waycross	31501	Tele-Asthma / Neurosurgery

# Network Hub (Waycross, GA)

- Waycross was chosen as the **State hub** because of the rural location which allows us to receive the Universal Services Funds as well as a history of telehealth use and experience.
- SEHD began using Telemedicine at Ware County Health Department in 1993.
- Due to success of program, SEHD decided to build its own network.
- Funding was secured from grants, programs, and special projects.



*We Protect Lives.*

# Telehealth Use / Benefits

- **Administrative/Operational** - employment interviews, staff meetings, worksite wellness, distant learning, state of public health updates, translations, etc.
- **Emergency Preparedness** – During times of disaster/emergency we use network for community partner engagement, language translation, planning, communication, disease monitoring, and training

---

## **BENEFITS:**

- **Decreased travel (limited funding)**
- **Access to specialty services & new technology (closer to home)**
- **Increased Distance Learning Opportunities**
- **Target Hard to Reach populations**



# Telemedicine

- Originating Site



- Medical Cart



- Distant Site

- **Patient Site** - the actual location where a patients is located
- **Medical Cart** – interactive and secure telecommunications system
- **Distant Site** – The site where physician or practitioner is located

# Telemedicine Projects

## High Risk OB Clinic

- Centering Pregnancy
- Ultrasound / Colposcopy
- Consult w/ Maternal Fetal Medicine Specialist

## Children's Medical Services

- Developmental & Genetics
- Endocrinology
- Nephrology
- Neurosurgery
- Pulmonology
- Sickle Cell

## WIC Nutrition

- Breastfeeding Support
- Nutrition Education
- Staff Training/Development

## Infectious Disease (HIV/AIDS)

- Patients at local clinics see DPH Infectious Disease specialist
- Mobile presentations from home or community setting

# High Risk OB (Centering)



- Access to telemedicine allows ultrasounds and Maternal Fetal Medicine consults to be performed on- site
- On-site telemedicine allows for better coordination of services
- Through a partnership with Women's Telehealth, Dr. Patterson is included in facilitated discussions in Centering sessions on pre-term labor and gestational diabetes via the telemedicine cart
- Telemedicine allows easy access to providers for many consult needs including cardiac, dermatology and mental health

*We Protect Lives.*

# WIC (Women, Infants, & Children)



- Individual Education & Consultation
- Group Nutrition services on demand
- Breastfeeding Support & Boot Camps
- Staff Training and Updates
- Translations

*We Protect Lives.*

# Children's Medical Services

## Cyber checkups connect patients with doctors miles away

Posted: Jan 13, 2014 6:33 PM EST  
Updated: Feb 03, 2014 6:33 PM EST

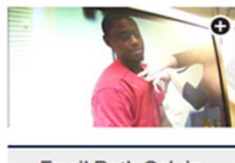
Recommend 122 

By Beth Galvin, FOX Medical Team reporter - bio | email



ATLANTA - Children's Healthcare of Atlanta is offering cyber checkups as a way for some to see a [doctor](#) without making a road trip.

With chronic asthma, Jaeqvous Bethay and his mom, Kara, are used to coming to the doctor's [office](#), but now it's easier for them. They can sit an exam room in Valdosta while lung



Caseload average @ one County Health Department:

Pulmonology	CHOA	87
Pulmonology	GRU	31
Nephrology	GRU	42
Endo/Diabetic	Dr. Wright	82

Looking to expand and provide Genetics & Neurology

- CMS provides Care Coordination
- CMS can assist eligible families with medications, tests, or supplies, if needed.

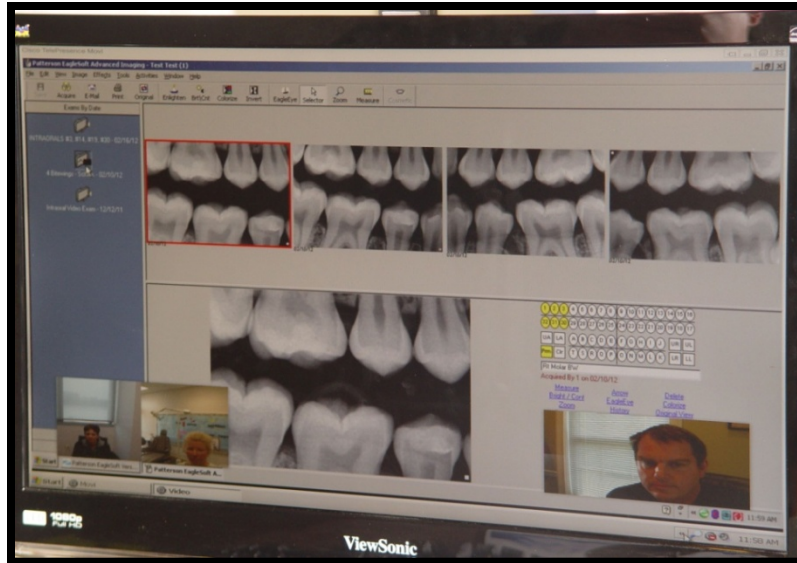
*We Protect Lives.*

# Infectious Disease (HIV/AIDS)

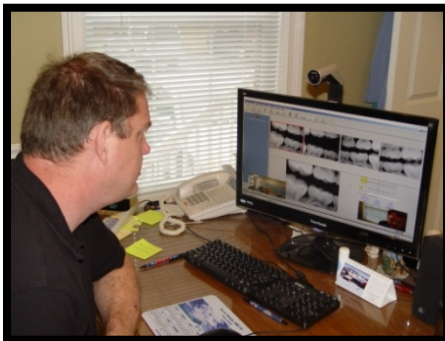


- Patients at local clinic see Infectious Disease Specialist
- Mobile Presentations from home or Health Department
- Mobile applications geared towards the more immunocompromised patients with difficulty traveling to clinics
- Primarily a PH RN or Nurse Practitioner present patient

# Teledentistry



- School-based dental clinic provides cleaning, fluoride, x-rays, and education
- Referrals and case management for follow-up
- Primarily HRSA Grant funded
- Access to children in four counties



# Additional Programs

- **Department of Behavioral Health & Developmental Disabilities**
  - Home Health Patient Monitoring Pilot
  - Using existing rural health field nurses to diagnose, assess clients and connect w/ doctors in Atlanta (ER Diversion)
- **Collaborative School-based behavioral health telemedicine pilot**
  - Lamar County Schools (existing SBHC) just added TM for behavioral health consults
  - Using CSBs and DBHDD resources
  - Cross state agency collaborative (DCH/DPH/DJJ/DBHDD/Voices for GA Children)
- **Pediatric Primary Care Telemedicine Pilot in Rural Georgia**
  - Location: Webster/Stewart (West Central/Columbus Health District)
  - Partners: WellCare, local FQHC, Peach State, DCH, Georgia Partnership for Telehealth, DPH (state/local), local Family Physician and Columbus Pediatrician ( Dr. Kathryn Cheek)



# Additional Programs

- **DPH/Emory Dermatology/ Private Large Employer**
  - Feasibility Pilot Project @ health fair at a power plant or headquarters distant from Atlanta
  - Goal: Telederm consult w/ practitioner (nurse practitioner or PA)
  - Principle investigator, other collaborators:
    - Suephy C Chen, MD, MS (PI)
    - Robert Harshman, MD
    - Public Health (Suleima Salgado, MBA, & Jean O'Connor, JD, DrPH)
- **Emergency Preparedness:**
  - Mobile TM solutions (Backpacks) being deployed to health districts for daily use but can also be used and available for deployment in the event of a state wide emergency
  - Telehealth technology was used to communicate and update districts on Ebola Response efforts

# Additional Programs

- **Sickle Cell Telemedicine Pilot Clinic**
  - Georgia Regents University
  - Dublin/Valdosta/Waycross (DPH Sites)
- **Environmental Health Telehealth Pilot:**
  - DeKalb County Board of Health
  - Pilot project to use mobile solutions in the field during environmental health food inspections, pool inspections, etc.
- **Breast Cancer Genomics Project:**
  - to increase access to HBOC screening for women between the ages 18-49, focusing on racial and ethnic minorities and the medically underserved
- **Under Development:** *Asthma, Diabetes Self Management, Direct Observation Therapy (VDOT), Georgia Volunteer Healthcare Providers*

*We Protect Lives.*

# Some Telemedicine Partners



*We Protect Lives.*

# Georgia Telehealth Highlights:

**Targeted telemedicine efforts based on health outcomes (barriers to care & rural access gaps)**

- **Telehealth capability in 157 counties**
  - USDA funded (network / infrastructure)
  - Significant increase in utilization (training/education)
  - Strong statewide coordination (partnerships with private/public)
- **Sixteen telemedicine carts successfully deployed**
  - On average, approximately 300 patients are currently being served , per month via Telemedicine, statewide
  - Six additional carts to be deployed in 2016
  - Mobile equipment for home health visits & disaster response
- **Over \$1 million secured in grant funding**
  - Strong grant applications which show collaboration (Teledentistry, HRSA, Georgia Technology Authority, ASTHO, Public Health Preparedness, State Programmatic funding)

# Telehealth/Telemedicine Funding

- **Universal Service Funds**
  - Available b/c rural location; reduced cost for monthly line charges
- **State Programmatic Funding**
  - Special Supplemental Nutrition Program for Women, Infants, and Children
  - Oral Health Program
  - Emergency Preparedness
- **Grants for Telehealth Networks**
  - Teledentistry (Schools/HDs), Home Health High Risk OB
  - All grants (include TH language)

# Telehealth/Telemedicine Funding

- **Public Health Emergency Preparedness (PHEP Grant) \$250k (Y1) \$94k (Y2)**
  - Infrastructure and Equipment focused
  - One-time expenses without reoccurring cost
  - Justification: Allows us to use equipment year-round so that in times of emergency staff are familiar with equipment and can activate/deploy as needed
- **Broadband Grants (GTA) \$200k**

Physician Survey	Business Model
Certified Training	Marketing/Communications
Equipment	Travel/Professional Development

# Next Steps

- **Secure Additional Funding Sources**
  - Purchase additional telemedicine carts
- **Increase Distant Learning Opportunities**
  - Internal & Stakeholders
- **Expand Network**
  - Develop sustainable business model
- **Increase available services**
  - Expand Teledentistry
  - Expand High Risk OB / Centering Pregnancy
  - Division of Family & Children Services (DFACS)

# Contact Information

**Suleima Salgado, MBA**  
**Director of Telehealth & Telemedicine**  
**[suleima.salgado@dph.ga.gov](mailto:suleima.salgado@dph.ga.gov)**  
**404.657.2305**

**For scheduling contact:**  
**GA Public Health Video Network**  
**1.855.PHVIDEO**  
**[DPH-GPHVN@dph.ga.gov](mailto:DPH-GPHVN@dph.ga.gov)**



# Improving Stroke Care and Outcomes

Ernie Doss, Deputy Director  
Office of EMS & Trauma, DPH

# Improving Stroke Care and Outcomes

## Effective EMS System



*We Protect Lives.*

# Improving Stroke Care and Outcomes

## Effective EMS System

System Components	Count
Ground Ambulance Services	258
Air Ambulance Services	4
Neonatal Transport Services	8
Medical First Responder Services	94
<b>Total Service Providers</b>	<b>364</b>

# Improving Stroke Care and Outcomes

## Effective EMS System

System Components	Count
EMTs	2,356
EMT-Intermediates	7,486
Advanced EMTs	2,604
Cardiac Technicians	47
Paramedics	7,634
<b>Total Medics</b>	<b>20,127</b>

*We Protect Lives.*

# Improving Stroke Care and Outcomes

## Effective EMS System

System Components	Count
Ambulances	2,254
Air Ambulance - Helicopters	25
Neonatal Transport Ambulances	15
Medical First Responder Vehicles	848
<b>Total Vehicles</b>	<b>3,142</b>

# Improving Stroke Care and Outcomes

## Effective EMS System

2014 System Activity	Count
Emergency Scene Responses	1,109,338
Unscheduled Inter-Facility Transports	54,781
Scheduled Medical Transports	549,292
Scheduled Inter-Facility Transports	81,904
Standbys	5,718
Patient Assists	1,314
<b>Total 2014 System Activity</b>	<b>1,802,347</b>

*We Protect Lives.*

# Improving Stroke Care and Outcomes

## Effective EMS System

### Room for Improvement

While all 159 counties in Georgia are assigned to a zoned ambulance service under O.C.G.A. § 31-11-3, four (4) Georgia counties do not have an ambulance physically located in the county.

Echols (8-1), Glascock (6), Taliaferro (6), and Twiggs (5-2).

# Improving Stroke Care and Outcomes

## Improved Documentation



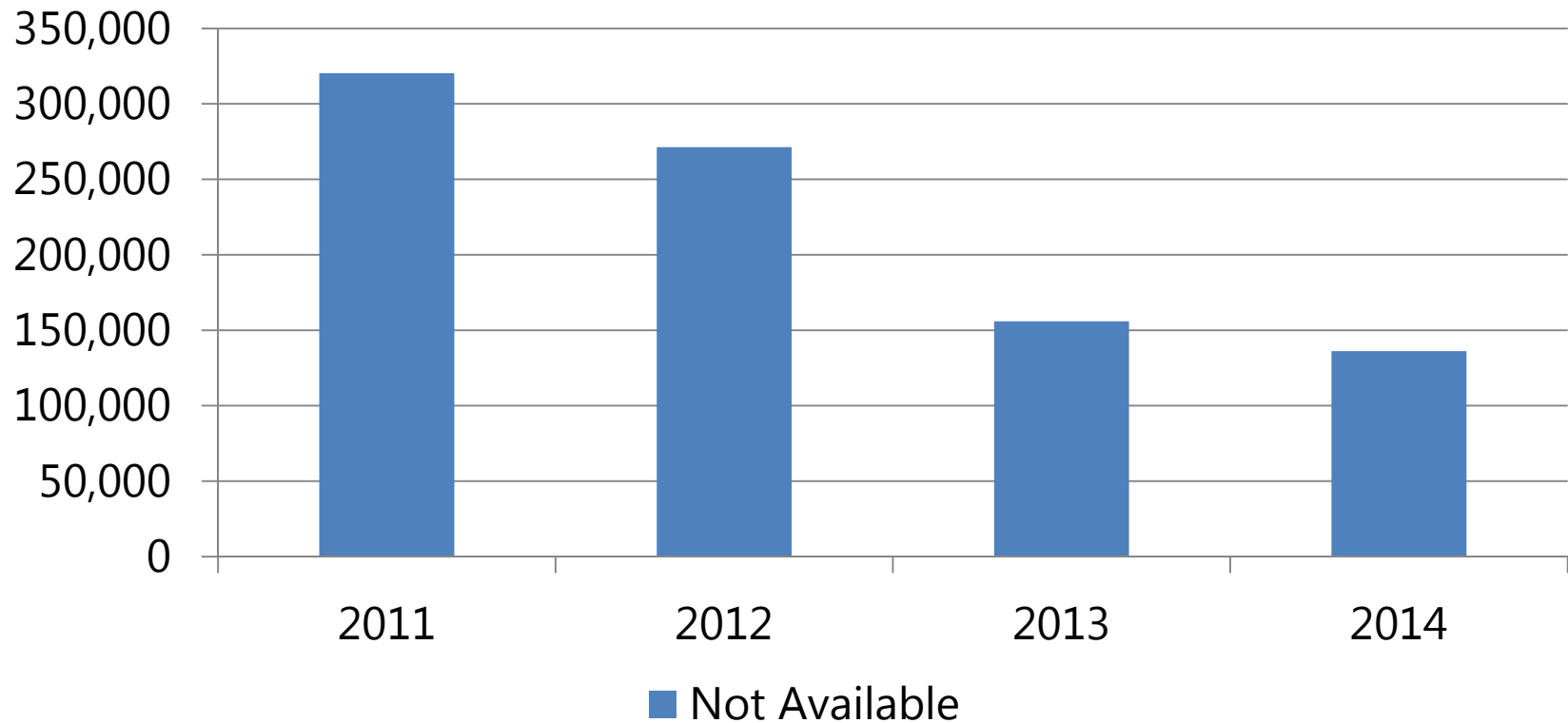
*We Protect Lives.*



# Improving Stroke Care and Outcomes

## Improved Documentation

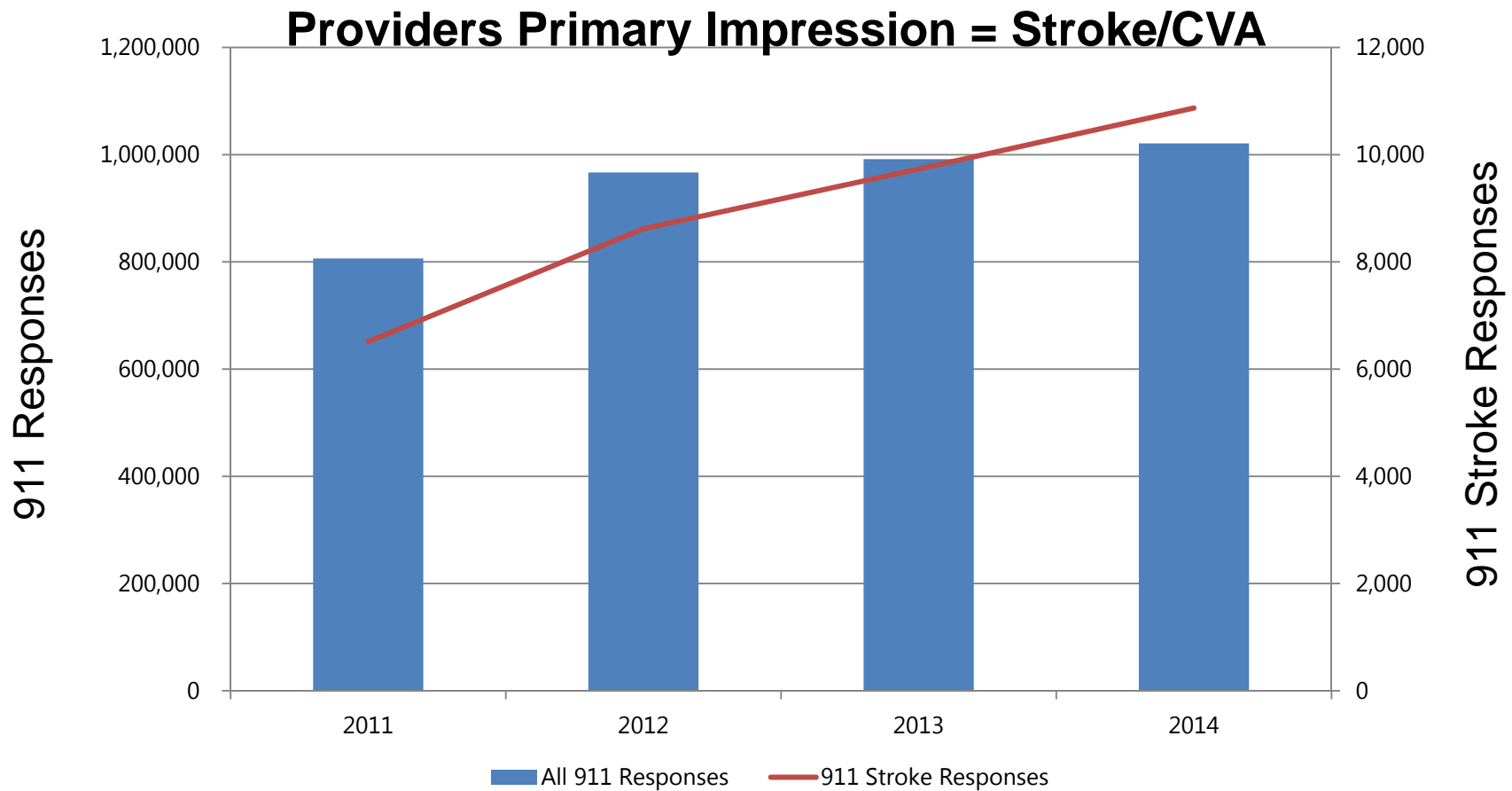
**Provider's Primary Impression = N/A**



*We Protect Lives.*

# Improving Stroke Care and Outcomes

## Improved Documentation



*We Protect Lives.*

# Improving Stroke Care and Outcomes

## Improved Documentation

In 2016 OEMS will upgrade GEMSIS to the new national data standard NEMSIS v3.4.

- Data field for “Time Last Known Well”.
- The new version is HL7 compatible.
- The new version will host a datamart allowing access to other datasets (registries) such as the Stroke Registry.

# Improving Stroke Care and Outcomes

## Focused Education



*We Protect Lives.*

# Improving Stroke Care and Outcomes

## Focused Education

- Coverdell EMS Pilot Project (current)
  - Clayton County Fire/EMS
  - Floyd EMS
  - Gold Cross EMS
  - Habersham EMS
  - Houston EMS
  - MetroAtlanta EMS
  - National EMS
  - Puckett EMS
  - South Georgia Medical Center EMS

# Improving Stroke Care and Outcomes

## Focused Education

- Coverdell EMS Pilot Project (new)
  - Grady EMS
  - Spalding Regional EMS
  - Douglas Fire/EMS
  - Effingham County EMS
  - Hamilton EMS

# Improving Stroke Care and Outcomes

## Focused Education

- Approved 40 continuing education classes in 2014 and 2015.
- Coverdell and others have conducted dozens of ASLS courses for the EMS community.
- At every speaking opportunity with EMS partners stressed the importance of early notification and documentation of “Time Last Known Well”.

# Improving Stroke Care and Outcomes

## Focused Education

### New Virtual EMS Classroom – Partnership with GPSTC

LOGIN VIEW CALENDAR

 Georgia Department of Public Health

ABOUT DPH PROGRAMS I WANT TO... CONTACT DPH PH INSIDER BLOG OFFICE OF EMS

Student Access

Login

## Course Calendar

Month:  [Next Month](#)

Show  entries

Search:  [?](#)

Course Name	Register	Start Date	Hours	Location
<a href="#">Naloxone for First Responders</a>	<a href="#">Register</a>	11/01/2015	1	ONLINE

Showing 1 to 1 of 1 entries

[Previous](#)  [Next](#)



# Improving Stroke Care and Outcomes


## Hospital Hub Pilot Project



*We Protect Lives.*

# Improving Stroke Care and Outcomes

## Hospital Hub Project



⚠ Hospital Bed Update Required - Bed exercise  
 Bed exercise  
 Updated: append the information  
 Issued: 02/24/2015 at 13:32 by ImageTrend Admin   Updated: 02/24/2015 at 13:37 by ImageTrend Admin

My Agency   Hospital Hub

\*ImageTrend Hospital

Reset Search Incoming Print Related Logs Attachments Outcome Settings Maximize

<div style="border: 1px solid black; padding: 2px;"> <span>🏥</span> Service: Beta Agency            Primary Im...: Respiratory fai            Gender: Male            Arrival Date: 08/27/2015 07:            Incident Date: 08/27/2015 07:  <span style="background-color: red; color: white; padding: 1px;">-3%</span> Beta Agency         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>🏥</span> Service: Beta Agency            Primary Im...: Acute abdomo            Gender: Female            Arrival Date: 08/17/2015 11:            Incident Date:  <span style="background-color: yellow; padding: 1px;">53%</span> Beta Agency         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>🏥</span> Service: ImageTrend Fir            Primary Im...: Respiratory Di            Gender: Female            Arrival Date: 08/15/2015 09:            Incident Date: 08/14/2015  <span style="background-color: blue; color: white; padding: 1px;">83%</span> ImageTrend Fire Departm         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>?</span> Service: Beta Agency            Primary Im...:            Gender: Male            Arrival Date: 08/05/2015 12::            Incident Date: 08/05/2015 12::  <span style="background-color: red; color: white; padding: 1px;">-26%</span> Beta Agency         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>🏥</span> Service: Sales Team            Primary Im...: Acute broncho            Gender: Male            Arrival Date: 08/05/2015            Incident Date: 08/04/2015 21:  <span style="background-color: blue; color: white; padding: 1px;">98%</span> Sales Team         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>✖</span> Service: ImageTrend Fir            Primary Im...: Traumatic Injur            Gender: Not Applicable            Arrival Date: 07/28/2015 16:            Incident Date: 07/28/2015  <span style="background-color: yellow; padding: 1px;">52%</span> ImageTrend Fire Departm         </div>
<div style="border: 1px solid black; padding: 2px;"> <span>🏥</span> Service: ImageTrend Fir            Primary Im...: Allergic Reacti            Gender: Male            Arrival Date: 07/28/2015 16:            Incident Date: 07/28/2015  <span style="background-color: blue; color: white; padding: 1px;">90%</span> ImageTrend Fire Departm         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>?</span> Service: Beta Agency            Primary Im...:            Gender: Male            Arrival Date: 07/16/2015 04:            Incident Date: 07/16/2015 03:  <span style="background-color: yellow; padding: 1px;">49%</span> Beta Agency         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>?</span> Service: Beta Agency            Primary Im...:            Gender: Female            Arrival Date: 07/16/2015 04:            Incident Date: 07/16/2015 04:  <span style="background-color: red; color: white; padding: 1px;">36%</span> Beta Agency         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>?</span> Service: ImageTrend Fir            Primary Im...:            Gender: Male            Arrival Date: 07/15/2015 17::            Incident Date: 07/15/2015  <span style="background-color: yellow; padding: 1px;">57%</span> ImageTrend Fire Departm         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>?</span> Service: Sales Team            Primary Im...:            Gender: Male            Arrival Date: 07/14/2015 04:            Incident Date:  <span style="background-color: blue; color: white; padding: 1px;">94%</span> Sales Team         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>🧠</span> Service: ImageTrend Fir            Primary Im...: Altered Level c            Gender: Male            Arrival Date: 07/06/2015 16:            Incident Date: 06/11/2015  <span style="background-color: yellow; padding: 1px;">59%</span> ImageTrend Fire Departm         </div>
<div style="border: 1px solid black; padding: 2px;"> <span>✖</span> Service: ImageTrend Ai            Primary Im...: Traumatic Injur            Gender: Male            Arrival Date: 07/06/2015 16:            Incident Date:  <span style="background-color: red; color: white; padding: 1px;">-3%</span> Beta Agency         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>?</span> Service: ImageTrend De            Primary Im...:            Gender:            Arrival Date: 06/12/2015 10:            Incident Date:  <span style="background-color: yellow; padding: 1px;">49%</span> Beta Agency         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>?</span> Service: Beta Agency            Primary Im...:            Gender:            Arrival Date: 06/12/2015 05:            Incident Date:  <span style="background-color: red; color: white; padding: 1px;">-3%</span> Beta Agency         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>❤</span> Service: ImageTrend Fir            Primary Im...: Chest Pain/Dis            Gender: Male            Arrival Date: 06/11/2015 09:            Incident Date:  <span style="background-color: yellow; padding: 1px;">57%</span> ImageTrend Fire Departm         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>?</span> Service: Sales Team            Primary Im...:            Gender:            Arrival Date: 06/08/2015 10:            Incident Date:  <span style="background-color: blue; color: white; padding: 1px;">94%</span> Sales Team         </div>	<div style="border: 1px solid black; padding: 2px;"> <span>🏥</span> Service: Sales Team            Primary Im...: Behavioral / ps            Gender: Male            Arrival Date: 06/08/2015 05:            Incident Date:  <span style="background-color: blue; color: white; padding: 1px;">94%</span> Sales Team         </div>

# Improving Stroke Care and Outcomes

## Hospital Hub Project

The screenshot displays the ImageTrend Hospital Hub software interface. At the top, there is a notification banner: "Hospital Bed Update Required - Bed exercise" with a warning icon. Below this, it says "Bed exercise" and "Updated: append the information". The notification was issued on 02/24/2015 at 13:32 by ImageTrend Admin and updated on 02/24/2015 at 13:37 by ImageTrend Admin. The main header shows "My Agency Hospital Hub". A modal window titled "Enter Outcome Data for Smith, Samantha (Incident #JMV123)" is open, containing the following fields:


- Emergency Department Disposition (E22.1)**: A dropdown menu with "Admitted to Hospital ICU" selected.
- Hospital Disposition (E22.2)**: A dropdown menu with "Transferred to Rehabilitation Facility" selected.
- Patient Registry ID (E22.4)**: A text input field containing "Patient Registry ID".
- Total ICU Length of Stay (Days) (IT27.12)**: A text input field containing "Total ICU Length of Stay (Days)".
- Total Ventilator Days (IT27.13)**: A text input field containing "Total Ventilator Days".
- Date/Time of Hospital Discharge (IT27.14)**: A date and time selection interface. The "Date:" field is empty, and the "Time:" field is empty. A note indicates "Format HH:mm (24-Hour Format)".

At the bottom right of the modal window, there are "Close" and "Save" buttons. The background interface shows a sidebar with patient information for "Smith, Samantha" and a list of other incidents.

*We Protect Lives.*

# Improving Stroke Care and Outcomes

## Hospital Hub Project

Columns	Display	Grouping	Sorting	Criteria	Additional Options	Actions ▼	Generate Report »	
This new report has not yet been saved. To save your report, go to Actions -> Save.								
								
Trauma Registry ID (E22.4)	Service Name	Destination Patient Disposition (E20.10)	Emergency Department Chief Complaint (IT27.4)	ED Disposition (E22.1)	Hospital Disposition (E22.2)			
algram05171951m	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS			Transferred to Hospital			
alroon10071988	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital ICU	Transferred to Hospital			
dawhte04051985m	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital ICU	Death			
decaer02231971m	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Transferred to Rehabilitation Facility			
hepaul01111930f	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Transferred to Rehabilitation Facility			
jamoey01161934f	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Home Health			
jocoll01221946m	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Home			
jokeer09011953m	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital ICU	Home			
kajoon09231962	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Home Health			
libuer11161947f	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Home Health			
LONG GA ID	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital ICU	Home			
mafull08131954m	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Transferred to Nursing Home			
mamill01171937f	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Transferred to Rehabilitation Facility			
maroan07241944f	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Transferred to Rehabilitation Facility			
migans06301953f	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital ICU	Home Health			
mishaw03121945m	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Home			
olbatt12/28/1930f	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Home			
risher04031923m	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Transferred to Nursing Home			
rowims07171951m	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital ICU	Transferred to Rehabilitation Facility			
shcaer05211949f	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Home Health			
wagram01261965f	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Home Health			
wibaer01051947m	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital Floor	Left AMA			
wihery08111967m	South Georgia Medical Center Mobile Health Care Services	Treated, Transported by EMS		Admitted to Hospital ICU	Transferred to Rehabilitation Facility			
Date Generated: November 5, 2015 9:00:28 AM								
Records 1-23 of 23   First   Previous   Next   Per Page 1,000 ▼								

# Improving Stroke Care and Outcomes

## Hospital Hub Project

**Hospital Dashboard Linking**

Allow Automatic Linking  Yes  No







Allow Demographic Linking  Yes  No

And/Or	Field	Operator	Value
+ -	Gender	Exact Match	
+ - and	Last Name	Exact Match	
+ - and	First Name	Exact Match	
+ - and	Date Of Birth	Exact Match	
+ - and	Incident Date	Exact Match	

Warning: Please carefully consider setting strict demographic linking criteria. ImageTrend is not responsible for possible exposure to sensitive incident data.

Save

**Related Incidents for Brad Cardia (Incident #12575374)**

		<b>Brad Cardia from ImageTrend Fire Department (DO NOT CHANGE)</b> Incident #: 12575374 Incident Date: 07/14/14	PCR #: 32 Call #: 5475122	Transferred To: Received From:
		<b>Brad Cardia from ImageTrend Fire Department (DO NOT CHANGE)</b> Incident #: 12575374 Incident Date: 07/14/14	PCR #: 32 Call #: 547512212125	Transferred To: Received From:
		<b>Brad Cardia from ImageTrend Fire Department (DO NOT CHANGE)</b> Incident #: 12575374255 Incident Date: 07/14/14	PCR #: 32 Call #: 54751247	Transferred To: Received From:

*We Protect Lives.*

# Improving Stroke Care and Outcomes

Questions?



*We Protect Lives.*

# Improving Stroke Care and Outcomes

## Contact Information

**Ernie Doss, Deputy Director**

Office of EMS and Trauma

Georgia Department of Public Health

2600 Skyland Drive NE – Lower Level

Brookhaven, Georgia 30319-3640

(404) 679-0547 Office

[earnest.doss@dph.ga.gov](mailto:earnest.doss@dph.ga.gov)



*We Protect Lives.*

# Diabetes Action Plan

Jean O'Connor, JD, DrPH  
Chronic Disease Prevention Director, DPH



# Acknowledgements

## DPH Staff

- 1305 Team in Chronic Disease Prevention
- Government Relations
- Communications
- Epidemiology
- Office of Nursing
- Finance
- Contracts

## Partners

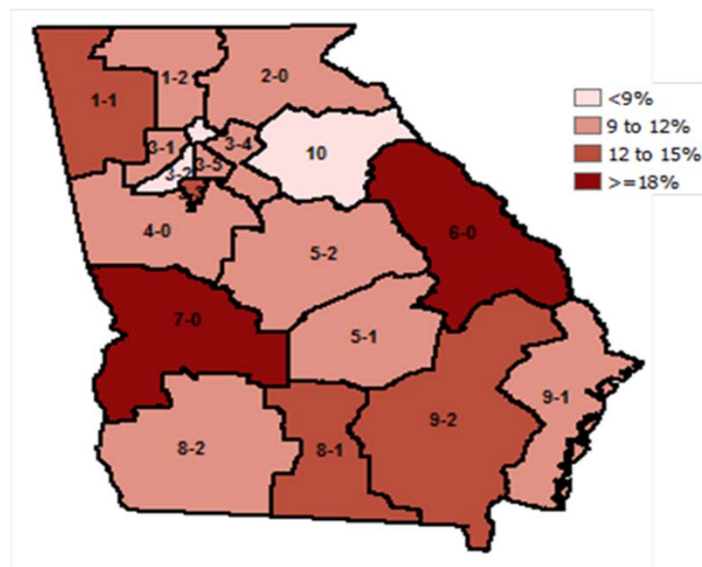
- Diabetes Advisory Council Members
- ADA
- AADE
- GHA
- Rollins School of Public Health
- Grady

# Burden of Diabetes in Georgia

## Key Facts

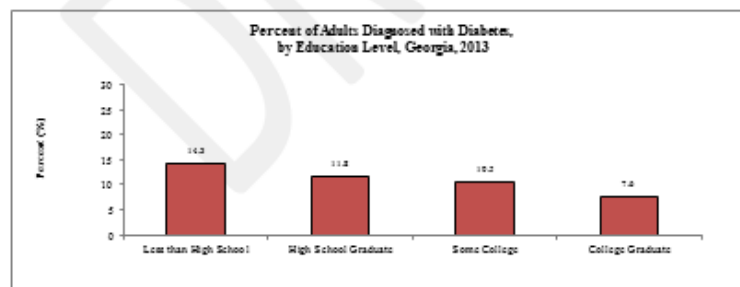
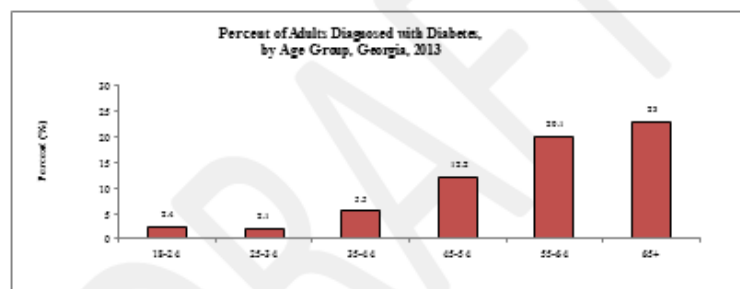
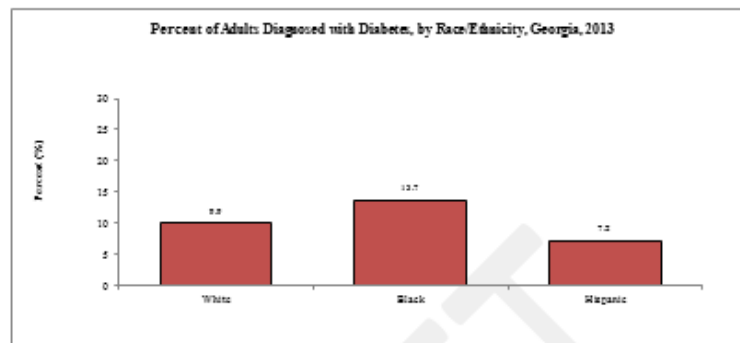
- Approximately 1 in 10 Georgia adults has diabetes.
- Georgia's death rate for diabetes is 8% higher than the national average.
- The prevalence of diabetes has increased by almost half since 2000 when an estimated 6.8% of adults had diabetes, compared to 9.7% in 2010.
- Between 2000 and 2013, there were 223,924 diabetes-related hospitalizations in Georgia.
- Approximately 6.5% of Georgians with diabetes have not been tested and are unaware they have the disease.

## Prevalence of Diabetes, 2013



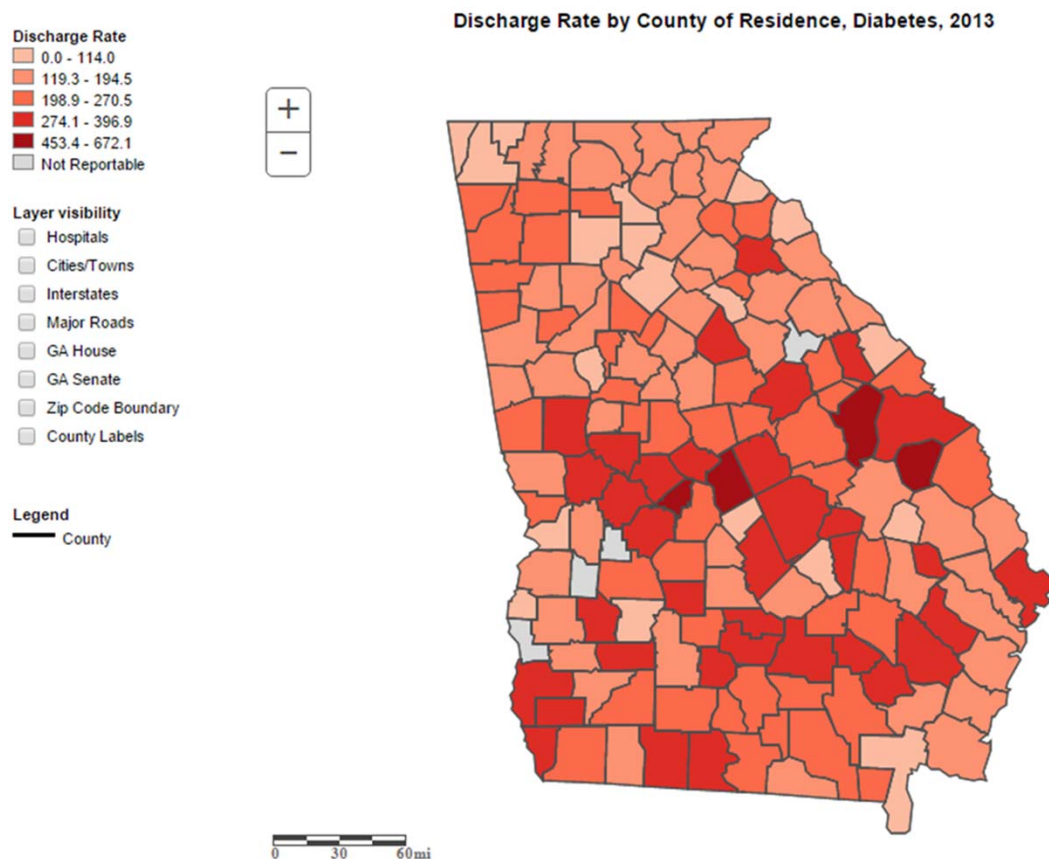
# Disparities and Diabetes in Georgia

- Blacks non-Hispanics were significantly more likely (13.7%) to have ever been diagnosed with diabetes than Hispanics (7.2%).
- Prevalence highest among adults aged 65 years and older (23.0%).
- Adults with a household income of less than \$15,000 were the most likely (15.7%) to ever have diabetes.
- Adults with less than a high school education (14.3%) significantly more likely to ever have diabetes when compared to college graduates (7.6%).



# Cost of Diabetes in Georgia

- Diabetes hospitalizations for Medicaid and SHBP populations resulted in charges of \$30 million in 2013 for just 36,567 admissions.
- As of 2013 the total cost of diabetes in Georgia is approximately \$5.1 billion.
- Of the \$5.1 billion, \$3.3 billion was attributed to direct medical cost.
- The remaining \$1.8 billion was attributed to loss of productivity and sick days.



# Recommendations

**Enhance Diabetes  
and Pre-diabetes  
Surveillance**

**Reimbursement  
for Evidence-Based  
Prevention and  
Control Services**

**Ensure Provider  
Professional  
Education**

**Support Self-  
Management at  
the Community  
Level**

**Promote Quality  
Improvement in  
Health Systems**

*We Protect Lives.*

# Developmental Recommendations

## Surveillance

- Requiring laboratories to report and gain access of A1C levels.
- Obtain and analyze Medicare and Medicaid claims data.
- Encourage broader use of EHR to share data.

## Reimbursement

- Ensure access to diabetes screening, treatment and self-management services.
- Provide access to and reimbursement for the Diabetes Prevention Program and Diabetes Self-Management Services.
- Encourage insurance plans to offer the Diabetes Prevention and Management Programs.

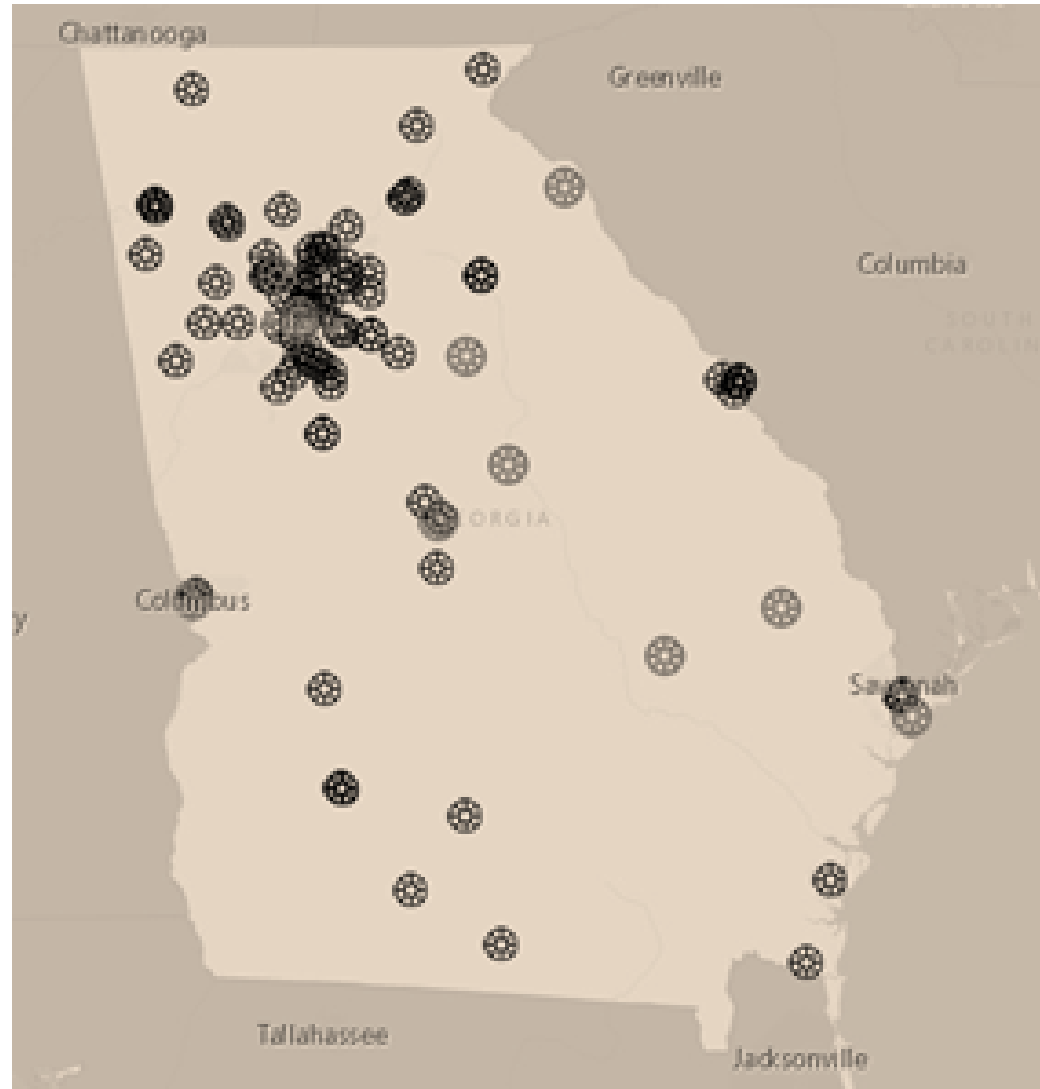
# Developmental Recommendations

## **Ensure professional education for providers around—**

- Medicaid and Medicare reimbursement policies, as well as coding for diabetes, pre-diabetes, and gestational diabetes.
- Local community resources to support patients and families in achieving healthier weights and better nutrition.
- Early detection of diabetes and prevention of type 2 diabetes and management of diabetes and associated conditions.
- Quality improvement tools and strategies to ensure use of electronic health record data to manage patients with diabetes.

## DPH Focus: Self-Management at the Community Level

1. Promote awareness and the need for screening and early detection of diabetes.
2. Ensure that persons newly diagnosed with diabetes are referred to Diabetes Prevention Programs and Diabetes Self-Management Education programs.
3. Establish accredited and evidence-based Diabetes Prevention Programs and Diabetes Self-Management Education programs.

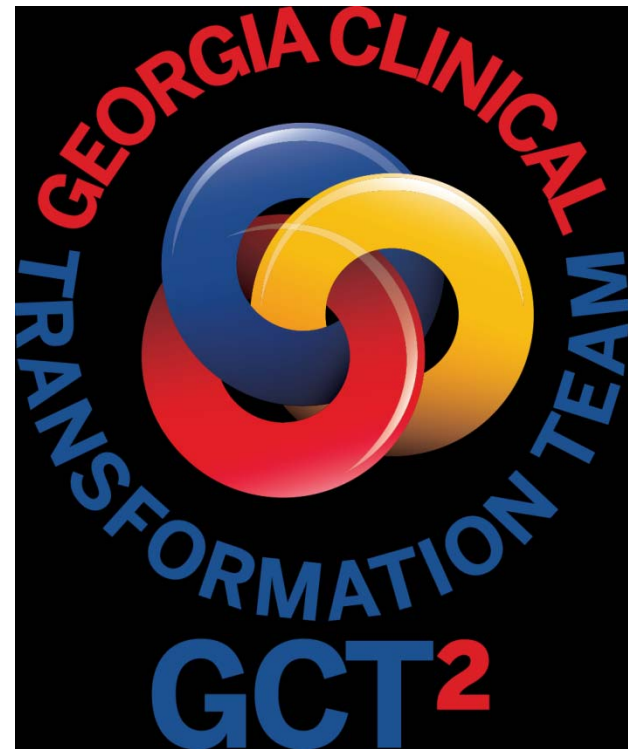


**ADA & AADE Accredited Programs**



# DPH Focus: Promote QI in Health Systems

1. Increase the number of health care providers participating in continuous quality improvement initiatives(NQF 59).
2. Support local partnerships and communications between employers, payors, physicians.
3. Develop or support the development of tools for use in electronic health records systems.



# 2015-2016 DPH Diabetes Goals and Targets

Goal	Status as of July 2015	Target July 2016
Increase the number of accredited DSME sites.	92 Sites	102 Sites
Increase the proportion of counties with accredited DSME sites.	40 counties	45 Counties
Increase the proportion of people with diabetes who have at least one encounter with accredited DSME program.	2.7%	2.9%
Start or expand a DSME telehealth pilot	0	1
Implement the Diabetes Nurse Protocol in Health Districts	0	4
Offer private healthcare provider webinars on NQF 59 through GCT2	0	1
Train public health nurses as CDEs	-	30
Support health systems in improving NQF 59 performance	0	10

# **QUESTIONS AND/OR BOARD INPUT**

*We Protect Lives.*



# Closing Comments

Phillip Williams, PhD  
Chair

The next Board of Public Health meeting  
is currently scheduled on  
Tuesday, January 12, 2016 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send  
an e-mail to [huriyyah.lewis@dph.ga.gov](mailto:huriyyah.lewis@dph.ga.gov)