



Georgia Department of Public Health

Board of Public Health Meeting

Tuesday, May 10, 2016



We Protect Lives.

Commissioner's Update

Brenda Fitzgerald, MD
Commissioner, DPH

Legislative Update

David Bayne
Government Relations Director

Ebola Table Top

Pat O'Neal, MD
Health Protection Director, DPH

PHIC Asthma Report

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

Asthma DPH Priority

Eliminate Pediatric Asthma Deaths.

- 1. Decrease hospitalizations of children with asthma in the 0-9 range.**
- 2. Increase access for persons with asthma to evidence-based care.**
 - Increase the number of providers that offer and payors (including Medicaid) that cover in-home asthma education and interventions by certified asthma educators
 - Increase the number of children with an asthma action plan
 - Achieve a 1:4 ratio of rescue to controller prescriptions statewide
 - Increase the percentage of persons with asthma who receive the seasonal flu vaccine
- 3. Increase the number of early care settings and school districts with asthma-friendly policies.**



Nearly **1 in 10** Georgia children has asthma. Black children are twice as likely as white children to have asthma.



Children 0-9 years old make up 14% of Georgia's population, but account for

36%
of asthma ER visits.



Asthma emergency care is costly.

In 2011 asthma ER visits for children cost

\$27.8 million

Asthma costs are preventable if asthma is controlled.



Parents, day-care centers and schools can reduce asthma attacks by creating asthma-friendly environments free of common triggers.

ASTHMA CAN BE CONTROLLED



Asthma Action Plan

Make sure your patient has a written asthma action plan.



Controller

Make sure your patients take their controller medications.



Self-Management

Refer your patients to an asthma educator.



Avoid Triggers

Help patients avoid common triggers, like cigarette smoke, dust and mold.

Always follow the EPR-3 guidelines when treating patients with asthma.

For more information about asthma please visit dph.georgia.gov/Asthma



The Georgia Asthma Control Program (GACP)

Mission: To improve asthma control and reduce its burden in Georgia by a focused commitment to policy and environmental change, education, and an integrated care delivery system.



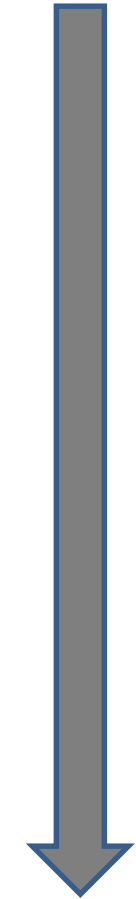
Public Health Approach

Evidence-based medical management following the NAEPP guidelines, including access to asthma medications and devices for all persons with asthma

Intensive, structured self-management education for individuals whose asthma is not well-controlled with evidence-based medical management

Access to home visits by trained professionals (CHW/EH or other) for individuals whose asthma is not well-controlled with evidence-based medical care and SME

Increasing
Persons
w/Asthma



Increasing
Asthma
Severity

We Protect Lives.

Success with Initiatives

- **Georgia selected to participate in 6|18 w/CDC and has selected asthma as one of the topics.**
- GACP has **initiated meetings with Amerigroup** one the three (3) current CMOs in Georgia to address quality improvement and reimbursement for comprehensive asthma care.
- **May 17th HUD Regional Asthma Summit . DPH is on the planning committee and will be presenting.** Over 100 stakeholder have already registered within 2 weeks of announcement. Day 2 of the conference features the Healthy Homes work.
- Augusta Health District has enrolled and trained **23 families in the SME part of the multi-trigger, multi-component interventions; EH home assessments have started.**
- Georgia may be selected by CDC to test a more brief home assessment!
- **Choice Healthcare** Pediatric Asthma Care Coordination has received IRB approval and they are currently enrolling families, with a goal of 25 enrollees.
- **90 new individuals** trained in GAME-CS, childcare center training for asthma management.
- **Collected 122 asthma school policy surveys from 97 schools in 20 school systems.** Currently 4 of those school systems are developing comprehensive asthma-friendly policies/procedures.
- Georgia has been invited by the Asthma and Allergy Network to participate in a pilot with Ohio that will provide free stock inhalers to selected school systems that are adopting the **SB126 law.** The pilot is funded by TEVA.
- **DCH/DPH/PHIC Project** (next slides) outcomes

ASTHMA DPH/DCH/PHIC DEMONSTRATION PROJECT

PHIC Asthma Demonstration Project

- Coordinated approach to improving health outcomes through information technology
 - Participating physician practices connected to HIE (send electronic care summaries between providers)
 - Physicians from each practice participated in American Board of Pediatrics (ABP) performance improvement module (PIM)
 - Physicians completing PIM implemented ***improvement strategies*** within practice
 - Baseline and follow-up measures captured

PHIC Asthma Demonstration Project

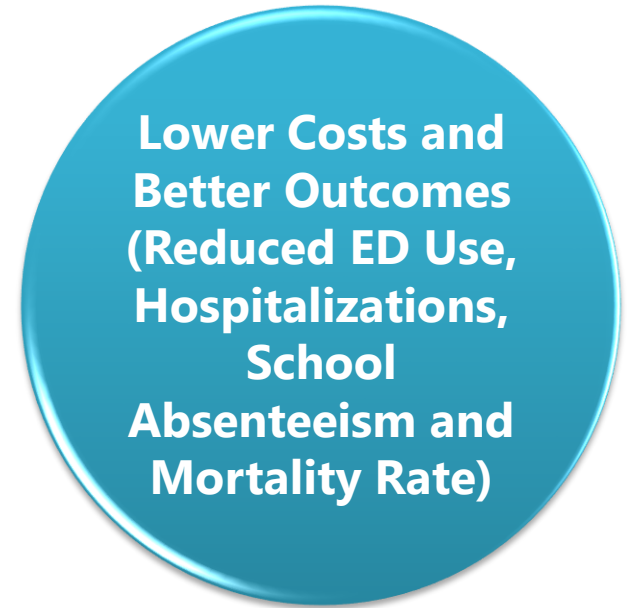
- **Improvement Strategies**

- Educate patients and family and assure level of confidence about asthma management
- Immunize all eligible patients for flu annually
- Prescribe inhaled steroids or appropriate controller medication
- Biannual review of asthma management plan
- Classify and document patients' asthma severity at dx
- Assess asthma control biannually and document in EMR
- Use of spirometry to assess asthma control as appropriate

Intervention

Convenience sample of
10 Physician Practices

- **Albany, Atlanta (3), Augusta, Columbus, Dalton, Gainesville, Macon, Savannah**
 - **Serve 114,000 children**
 - **84 providers (59 Medical Doctors, 21 Nurse Practitioners, and 4 Physician Assistants)**
- **Close proximity to one of five children's hospitals**



Evaluation Focus

Methods: Conducted phone interviews of nine (9) participating practice physicians

Purpose:

- 1. Assess the implementation of the demonstration project**
- 2. Obtain information regarding physicians' experience completing the asthma PIM and HIE connectivity**
- 3. Assess the impact the demonstration project had on the physician practices and patients**
- 4. Draw conclusions about the success and limitations of the effectiveness of project**

Evaluation Findings

1) Assess the implementation of the demonstration project

- Only 56% (5) of participating practices were connected to HIE
- None were aware of nor used connectivity features (care alerts, directed exchange, query exchange)?

2) Obtain information regarding physicians' experience completing the asthma PIM and HIE connectivity

- Physicians (56%) were concerned with connectivity
 - Limited value
 - Safety/privacy
 - Required buy-in from practice physicians
- No challenges with ABP PIM

Evaluation Findings

3) Assess the impact the demonstration project had on the physician practices and patients

- All physicians reported their inability to take advantage of HIE connectivity features that would facilitate health care coordination on asthma
- All physicians reported continued use of two or more improvement strategies
- All physicians reported improved quality of asthma care

4) Draw conclusions about the success and limitations of the effectiveness of project

- Physicians (56%) reported reduced healthcare resource utilization and reduced school absenteeism
- All physicians expressed known benefit of connectivity but close to 50% have not seen actual benefit as evidenced by reduced healthcare resource utilization and absenteeism

Georgia's Yellow Dot Program

*Funded by the Governor's Office of Highway Safety , GA Department of Public Health,
and the Division of Aging Services*

Harris Blackwood, Director
Governor's Office of Highway Safety

Elizabeth Head, MPH
Older Driver Program Coordinator, DPH

INTRODUCTION



Georgia Department of Public Health

We Protect Lives.

Partners

- Governor's Office of Highway Safety
- Division of Aging Services
- Department of Public Health
 - Older Driver Task Force
 - Injury Prevention Program
 - Office of EMS
- Georgia Medical Care Foundation (Alliant Quality)
- Laurens County (Dublin) community
- Clarke County (Athens) community



OBJECTIVES

- 1) The definition, history & purpose of Yellow Dot
- 2) Program materials overview
- 3) Three tiers of the program
- 4) Next steps for the pilot/evaluation of the program

What is Yellow Dot?

- Improve communication when victims may be unable to communicate
- Provides crucial medical information
- Assists first responders in the event of an car crash
- Goal: Save lives during critical “golden hour”



We Protect Lives.

Who benefits from Yellow Dot?

1. Population of interest in Georgia

- Adults 65+ years of age
- Medically at-risk/disabled
 - Those in their home, but homebound
 - Anyone in a car crash
 - Anyone with a medical emergency

2. First Responders/medical providers



We Protect Lives.

Yellow Dot History

- 2002: Created & Implemented in Connecticut
 - Partnership is key
 - Provides medical information to first responders
 - Designed for the car
- GA Implementation Differences
 - Designed for all EMS calls
 - Incorporates Physician order for life sustaining treatment (POLST) documents
 - Being Piloted and Evaluated – 1st in Country



Where is Yellow Dot now?

United States of America



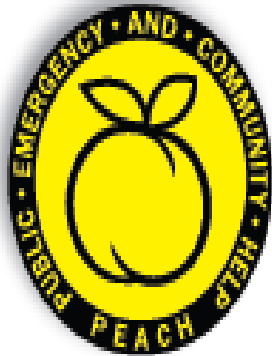
Yellow Dot Program

Review of Forms



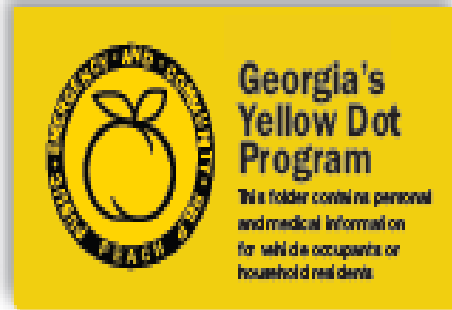
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Your Yellow Dot Kit contains



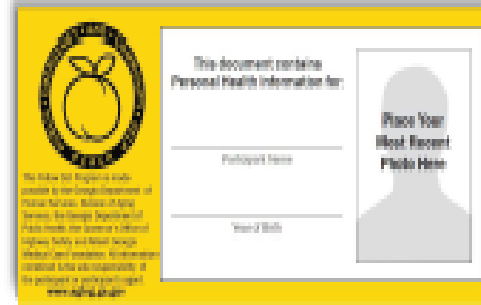
Yellow Dot Decal

*To place on your vehicle
OR
outside your home
where it can be easily
seen*



Yellow Dot Folder

*To hold your personal
and health information
forms*



**Emergency
Information Form**

*To be filled out
by you, a family
member or your doctor*



**Yellow Dot Clip
Magnet**

*To be used at
home to hold the
folder on your
refrigerator*



EMERGENCY INFORMATION FORM

Update when your information changes. Review the form at least every six months when you change the time on your clocks. If you need a new form, scan the code to the left with your smart phone or visit <http://aging.dhs.georgia.gov/yellow-dot-program>.

DATE
//___

Use of this form is voluntary. By using this form, you understand that first responders and medical personnel will use this information as they see fit.

Personal Information Please print legibly.

Last Name:		First Name:		MI:	
<input type="checkbox"/> Female	<input type="checkbox"/> Male	Height:	Weight:	Primary Language:	
Address:		City:		State:	Zip:
Emergency Contact 1:		Relationship:		Phone:	
Emergency Contact 2:		Relationship:		Phone:	
Primary Doctor:		Phone:			
Pharmacy:		Phone:		<input type="checkbox"/> Organ Donor	
<input type="checkbox"/> Advance Directive, Living Will or POLST (if not in Yellow Dot packet, include document location in the yellow OTHER IMPORTANT INFORMATION box at the bottom of this page)					

Medical History Check all boxes that apply to you. Please print legibly.

Medical Conditions Indicate all past and present health conditions.		Allergies Indicate all allergies and reactions (rash, hives, swelling of the face or tongue, wheezing/trouble breathing, etc.)
Heart Conditions <input type="checkbox"/> Heart Rhythm/AFIB/Abnormal Heart Rate <input type="checkbox"/> Angina/Chest Pain <input type="checkbox"/> Defibrillator/Pacemaker <input type="checkbox"/> Heart Attack Date of Last ___/___/___ <input type="checkbox"/> Heart Failure/CHF <input type="checkbox"/> Heart Valve Replacement <input type="checkbox"/> High Blood Pressure	Sensory Impairments <input type="checkbox"/> Visually Impaired/Blind <input type="checkbox"/> Hearing Impaired/Deaf Other Medical Conditions: <input type="checkbox"/> Bleeding/Clotting Disorder <input type="checkbox"/> Cancer (Type: _____) <input type="checkbox"/> Currently Pregnant Due Date: ___/___/___ <input type="checkbox"/> Diabetes <input type="checkbox"/> Dialysis/Kidney <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Last Tetanus Shot Date: ___/___/___ <input type="checkbox"/> Other _____	<input type="checkbox"/> No Known Allergies <input type="checkbox"/> Latex Reaction: _____ <input type="checkbox"/> X-ray Dyes Reaction: _____ <input type="checkbox"/> Foods Type(s): _____ Reaction: _____ <input type="checkbox"/> Insect Stings Type(s): _____ Reaction: _____ <input type="checkbox"/> Medications <input type="checkbox"/> Aspirin Reaction: _____ <input type="checkbox"/> Penicillin Reaction: _____ <input type="checkbox"/> Morphine Reaction: _____ <input type="checkbox"/> Other Medication(s) Type(s): _____ Reaction: _____ <input type="checkbox"/> Other Allergies Type(s): _____ Reaction: _____
Brain/Nervous System Conditions <input type="checkbox"/> Anxiety <input type="checkbox"/> Dementia/Alzheimers <input type="checkbox"/> Depression <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Stroke/TIA	Health Habits <input type="checkbox"/> Tobacco Use Type _____ <input type="checkbox"/> Alcohol Use times per _____ <input type="checkbox"/> Illicit Drug Use Type(s): _____	
Auto-Immune Conditions <input type="checkbox"/> Hepatitis <input type="checkbox"/> Lupus <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Myasthenia Gravis		
Lung Conditions <input type="checkbox"/> Asthma <input type="checkbox"/> COPD/Emphysema		

Major Surgeries (Types and Date): _____

Other Important Information: _____

Emergency Information Form



EMERGENCY INFORMATION FORM

Update when your information changes. Review the form at least every six months when you change the time on your clocks. If you need a new form, scan the code to the left with your smart phone or visit <http://aging.dhs.georgia.gov/yellow-dot-program>.

Use of this form is voluntary. By using this form, you understand that first responders and medical personnel will use this information as appropriate.

DATE __/__/__

Personal Information *Please print*

Last Name:		First Name:		MI:	
<input type="checkbox"/> Female	<input type="checkbox"/> Male	Height:	Weight:	Primary Language:	
Address:		City:	State:	Zip:	
Emergency Contact 1:		Relationship:	Phone:		
Emergency Contact 2:		Relationship:	Phone:		
Primary Doctor:		Phone:			
Pharmacy:		Phone:		<input type="checkbox"/> Organ Donor	
<input type="checkbox"/> Advance Directive, Living Will or POLST (If not in Yellow Dot packet, include document location in the yellow OTHER IMPORTANT INFORMATION box at the bottom of this page)					

Emergency Form – Medical Info

Medical History Check all boxes that apply to you. Please print legibly.

Medical Conditions Indicate all past and present health conditions.

Heart Conditions

- Heart Rhythm/AFIB/Abnormal Heart Rate
- Angina/Chest Pain
- Defibrillator/Pacemaker
- Heart Attack
Date of Last __/__/__
- Heart Failure/CHF
- Heart Valve Replacement
- High Blood Pressure

Brain/Nervous System Conditions

- Anxiety
- Dementia/Alzheimers
- Depression
- Multiple Sclerosis
- Parkinson's Disease
- Schizophrenia
- Seizure Disorder
- Stroke/TIA

Auto-Immune Conditions

- Hepatitis
- Lupus
- HIV/AIDS
- Myasthenia Gravis

Lung Conditions

- Asthma
- COPD/Emphysema

Sensory Impairments

- Visually Impaired/Blind
- Hearing Impaired/Deaf

Other Medical Conditions:

- Bleeding/Clotting Disorder
- Cancer (Type: _____)
- Currently Pregnant
Due Date: __/__/__
- Diabetes
- Dialysis/Kidney
- Sickle Cell Disease
- Tuberculosis
- Last Tetanus Shot
Date: __/__/__
- Other _____

Health Habits

- Tobacco
Type _____
- Alcohol Use
_____ times per _____
- Illicit Drug Use
Type(s): _____

Allergies Indicate all allergies and reactions (rash, hives, swelling of the face or tongue, wheezing/trouble breathing, etc.)

- No Known Allergies
- Latex
Reaction: _____
- X-ray Dyes
Reaction: _____
- Foods
Type(s): _____
Reaction: _____
- Insect Stings
Type(s): _____
Reaction: _____
- Medications
 - Aspirin
Reaction: _____
 - Penicillin
Reaction: _____
 - Morphine
Reaction: _____
 - Other Medication(s)
Type(s): _____
Reaction: _____
- Other Allergies
Type(s): _____
Reaction: _____

Major Surgeries (Types and Date): _____

Other Important Information: _____



This Yellow Dot Program is made possible by the Georgia Department of Human Services, Division of Aging Services, the Georgia Department of Public Health, the Governor's Office of Highway Safety and Alliant Georgia Medical Care Foundation. All information contained is the sole responsibility of the participant or participant's agent.

This document contains
Emergency Information for:

Participant Name

Year of Birth

Enrollment Site

Place Your
Most Recent
Photo Here

Medications

Indicate all prescription and over-the-counter medications, vitamins and supplements along with dose and directions. Update this list whenever your medications change. Add additional pages if needed. Please print legibly. Example: Aspirin 81mg once daily

DATE

__/__/__

Medication	Dose	Directions
Vitamins & Supplements	Dose	Directions

Enrollment Sites

- Beginning to recruit enrollment sites
- 2 levels (open/closed)
- Enrollment Site Requirements
 - Informed Consent management
 - Monthly usage/training report
 - Sign-up events
 - Form completion
 - Photos



Pilot/Evaluation Effort

- Athens/Clarke and Dublin/Laurens
- 10,000 packets per pilot site
- Pilot will run at least 2016-2017
 - Rolling implementation and process evaluation
 - Outcome evaluation determined 2017



We Protect Lives.

Evaluation: Three Tiers

- Enrollment Sites
 - Promote program
 - Distribute packets
 - Surveys/interviews about program utility
- Emergency Medical Services/Hospitals
 - Check for Yellow Dot at every call
 - Report use of Yellow Dot
 - Surveys/interviews about program utility
- End-users – Medically at-risk
 - Surveys about program utility

Next Steps

- Program Rollout
- Community training
 - Provider trainings
 - Enrollment site training
- Program communications outreach
- Finalize evaluation parameters



Questions?

Elizabeth Head, Program Coordinator:

Elizabeth.head@dph.ga.gov

General Yellow dot questions:

Yellowdot.info@dph.ga.gov



We Protect Lives.

Closing Comments

Phillip Williams, PhD
Chair

The next Board of Public Health meeting
is currently scheduled on
Tuesday, June 14, 2016 @ 1:00 PM.

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