



Georgia Department of Public Health

Board of Public Health Meeting

Tuesday, October 10, 2017



We Protect Lives.

Call to Order

Cynthia Mercer, MD
Chair

Roll Call

Robert Harshman, MD
Secretary

Approval/Adoption of Minutes

Robert Harshman, MD
Secretary

Commissioner's Update

J. Patrick O'Neal, MD
Commissioner, DPH

Budget Update

Dionne Denson
Chief Financial Officer, DPH

Budget Request

Amended FY2018

- *No Changes*

FY2019

- Cardiac Care: \$548,906
- Capital: \$5,000,000

Cardiac Care

SB 102: Established the Office of Cardiac Care

Expenditures

Funding for Personnel	\$	397,706
Per Diem for Designation Teams	\$	258,000
Total		\$ 655,706

Funding

FY2018 Budget	\$	106,800
FY2019 Workload Adjustment	\$	548,906
Total		\$ 655,706

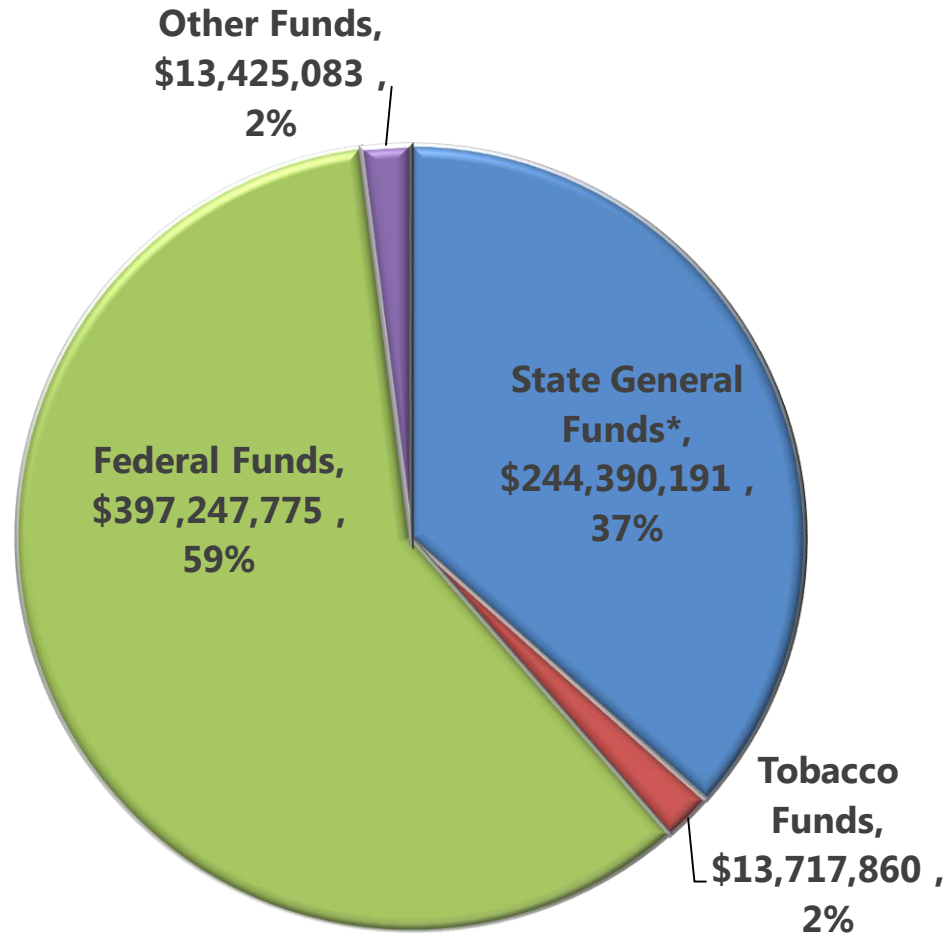
FY2019 Budget Request

Public Health Programs	FY2018	Request	FY2019
Administration	\$23,115,425		\$23,115,425
Adolescent & Adult Health Promotion	\$7,954,936	\$548,906	\$8,503,842
Emergency Preparedness	\$2,782,367		\$2,782,367
Epidemiology	\$4,661,518		\$4,661,518
Immunization	\$2,553,457		\$2,553,457
Infant & Child Essential Health Treatment Services	\$23,116,794		\$23,116,794
Infant & Child Health Promotion	\$12,953,909		\$12,953,909
Infectious Disease Control	\$32,129,971		\$32,129,971
Inspections & Environmental Hazard Control	\$6,155,573		\$6,155,573
Public Health Grants to Counties	\$123,188,442		\$123,188,442
Vital Records	\$4,401,465		\$4,401,465
Office of Children and Families	\$827,428		\$827,428
State General Funds (DPH Programs)*	\$243,841,285	\$548,906	\$244,390,191

* Attached agencies excluded

FY2019 Budget Request

Total: \$668,780,909



* Attached agencies excluded

We Protect Lives.

FY2019 Capital Request

Decatur Lab	\$	1,000,000
Enterprise System Modernization	\$	4,000,000
Total Capital Request	\$	5,000,000

Decatur Lab Projects

• Exhaust Fan Replacement	\$	240,000
• HVAC Mechanical & Plumbing Repairs	\$	200,000
• Increase Electrical Capacity	\$	300,000
• Replace 24 Hard Duct Bio-Safety Cabinets	\$	260,000
Total Decatur Lab Projects	\$	1,000,000

DPH Initiatives

Prescription Drug Monitoring Program (PDMP)

Cardiac Care (SB 102)

Maternal Mortality

Early Brain Development

Academic Health Department

Cardiac Care System

David Newton, DrPH(c), NRP, MPH
Cardiac Care Registrar, DPH

History

- Senate Resolution 1154, passed 3/22/2016
 - Created Emergency Cardiac Care Centers Study Committee
 - Committee met 3x from 9/30/2016 – 12/13/2016
 - Senator Renee Unterman, Chair
 - Senator Butch Miller, Ex-Officio
 - Commissioner Brenda Fitzgerald, MD, Department of Public Health
 - Dr. Jeff Marshall, Northeast Georgia Health System
 - Chad Black, Georgia Association of EMS
 - Lisa Wilson, American Heart Association
- SB 102 introduced January 2017
 - Passed in Senate 2/22/2017
 - Passed in House 3/10/2017
 - Governor signed 5/2/2017
 - Effective 7/1/2017
 - O.C.G.A. § 31-11-130 through 31-11-139
- GOAL = Improve survival rates, implement best practices

Components of the Law

- Establishes Office of Cardiac Care in DPH
 - In the Office of EMS
- Establishes 3 levels of Emergency Cardiac Care Center (detailed next slide)
- Requires Database(s) (Patient Registries) for:
 - Out of Hospital Cardiac Arrest (OHCA)
 - Heart Attacks (specifically STEMI)
- Grants to hospitals (if funding available)
- Annual reports to Senate/House/Governor

Emergency Cardiac Care Centers

- **Level I**

- Cardiothoracic Surgery (CTS) 24/7/365
- Ability to place LVADs and AICDs
- PCI 24/7/365
- Protocols for therapeutic hypothermia for OHCA
- Assess neuro function of patient at discharge

- **Level III**

- Protocols for therapeutic hypothermia for OHCA
- Transfer plans with Level I/II facilities

- **Level II**

- PCI 24/7/365
- Protocols for therapeutic hypothermia for OHCA
- Assess neuro function of patient at discharge
- Transfer plans with Level I facilities for patients who need CTS or LVAD

- **ALL Levels must report to both Patient Registries (OHCA and STEMI)**

- **Acronyms:**

- CTS = Cardiothoracic Surgery (CTS) (i.e. Open Heart)
- PCI = Percutaneous Coronary Intervention
- OHCA = Out of Hospital Cardiac Arrest
- LVAD = Left Ventricular Assist Device
- AICD = Automated Internal Cardioverter-Defibrillator
- STEMI = ST segment Myocardial Infarction (specific type of heart attack)

Current Progress

- Cardiac Care Registrar hired 7/17/2017
 - David Newton, DrPH(c), MPH, NRP
- Patient registries:
 - Looking at using the CARES (Cardiac Arrest Registry to Enhance Survival) for OHCA
 - Examining options for STEMI registry
 - Talking to hospitals about the data they are already gathering
- Potential Level I and Level II facilities identified (from DCH CON list)
- Drafting Rule and Regulations necessary to designate cardiac centers and establish reporting requirements

Future Goals

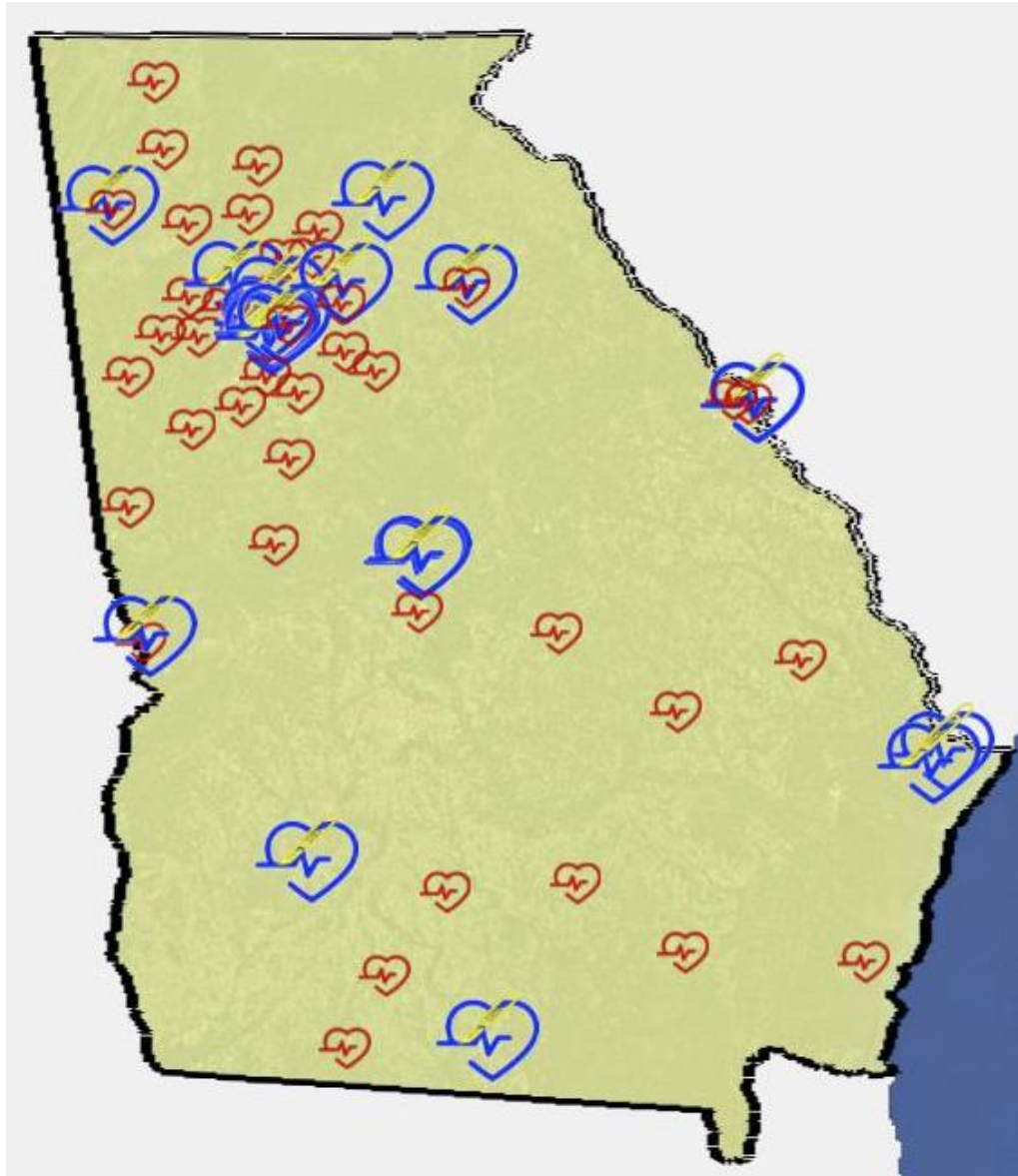
- Once funding secured:
 - Begin designation process
 - Hire additional staff (epidemiologist, registrar, admin)
 - Grants

Cardiac Hospitals (non-designated)*

- Open Heart (adult)= 20
- PCI = 40

*Cardiac Hospitals are not designated by DPH currently, but are approved by DCH for either PCI and/or Open Heart. Listed for informational purposes only.

Georgia Cardiac Hospitals (non-designated)

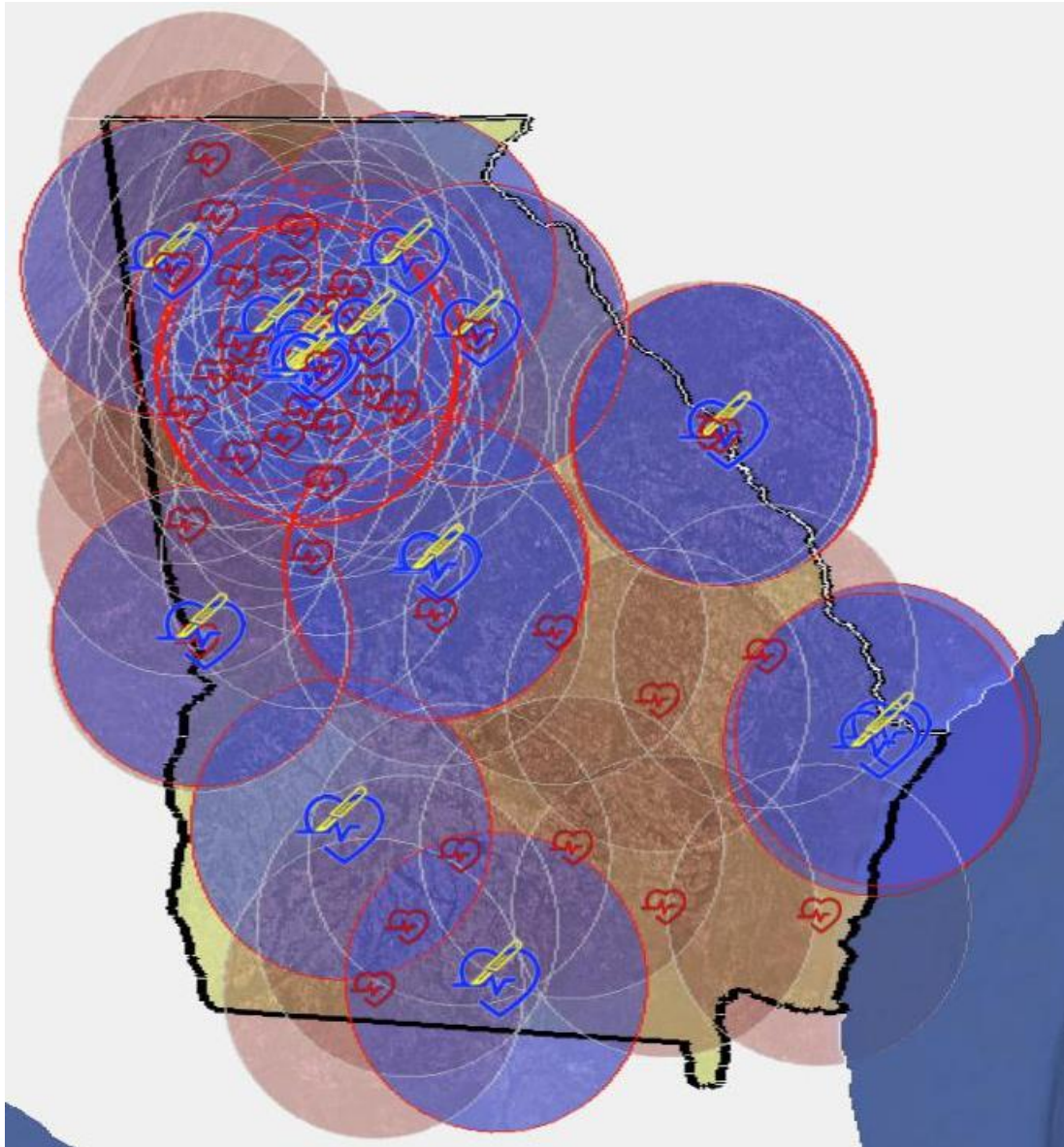



 Open Heart


 PCI Only

Georgia Cardiac Hospitals (non-designated)

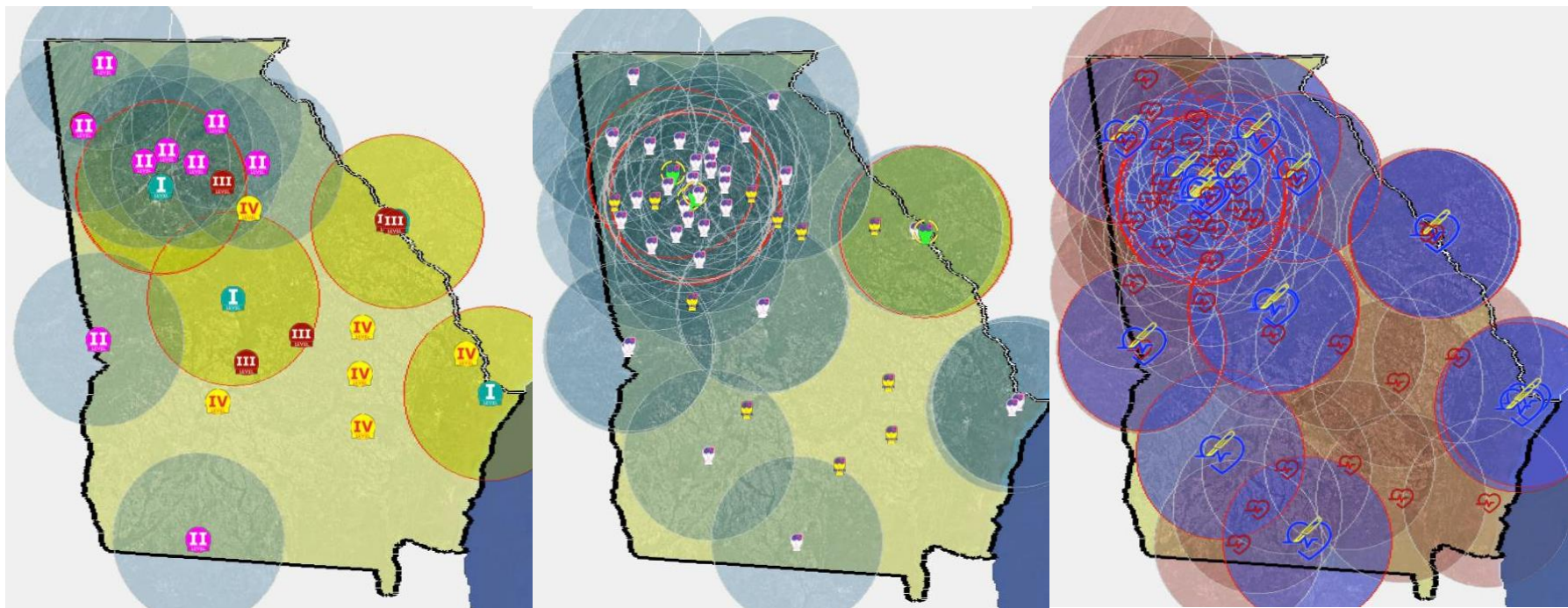
50 mile coverage



 Open Heart
50 mile = red/blue

 PCI Only
50 mile = white/red

Trauma/Stroke/Cardiac



Questions?

DPH Engagement in CDC's 6-18 Initiative

Jean O'Connor, JD, DrPH, FACHE
Chief Policy Officer and
Chronic Disease Prevention Director, DPH

CDC's 6|18 Initiative

- **CDC's** policy office is partnering with health care purchasers, payers, and providers to improve health and control health care costs in targeted states.
- **Georgia DPH and Medicaid are part of the first cohort of nine states** selected in 2016 to participate.
- Focused on proven interventions that prevent chronic and infectious diseases by increasing their **coverage, access, utilization and quality**.
- Aligns with **emerging value-based payment** and delivery models.
- **Targets six common and costly health conditions** – tobacco use, high blood pressure, healthcare-associated infections, asthma, unintended pregnancies, and diabetes.
- **And, 18 proven specific interventions** for discussions with purchasers, payers, and providers.

Georgia's Approach

- Fiscal Year 17 topics
 - LARC
 - Asthma
- Fiscal Year 18 topics
 - Asthma
 - Diabetes

CDC'S 6|18 INITIATIVE
Catalyst for Collaboration

State Medicaid and Public Health succeeding together

BETTER COORDINATION
"6|18 fostered communication and collaboration so that we each know what each other is doing."
-STATE MEDICAID

INCREASED VISIBILITY
"No longer do we think reimbursement is only a Medicaid issue."
-STATE PUBLIC HEALTH

ACCESS TO RESOURCES
"6|18 shares toolkits developed by other states, so we do not have to reinvent the wheel."
-STATE MEDICAID

IMPROVED ACCOUNTABILITY
"There are expectations, and 6|18 gives our team a gentle nudge to make sure we're making progress every month."
-STATE PUBLIC HEALTH

INCREASED CROSS-SECTOR KNOWLEDGE
"We brought public health into our world."
-STATE MEDICAID
One state health department helped medical directors of 17 Medicaid managed care plans better understand the science and public health rationale for smoking cessation.

STATE OPPORTUNITY TO LEVERAGE 6|18
While one state was working to remove co-payment of tobacco cessation medications, they were simultaneously working to remove co-payment of opioid addiction medications and overdose treatment.
"We reflected on our practice and recognized opportunities to improve."
-STATE MEDICAID

Long-Acting Reversible Contraceptives

- DPH-DCH collaboration pre-dated 6|18 initiative (2014)
- In late 2016, DCH completed the final reimbursement system configuration changes that allow all birthing hospitals in the state of Georgia to be reimbursed for the purchase of LARCs for immediate postpartum insertions for women on Medicaid.
- As a result of the collaboration—
 - the number of claims to the Medicaid programs for IUDs, including LARCS, doubled from just under 4,000 in 2014 to over 8,000 in 2015 and remained at over 8,000 in 2016
 - the number of IUDs obtained through DPH has been steadily rising since 2014 from 1,630 in state fiscal year 2014 to approximately 2,000 during state fiscal year 2017
 - in both the Medicaid program and the DPH Family Planning Program, rates of utilization of implant birth control methods increased as well

Self-Management Education (SME) and Home Trigger Assessment for Pediatric Asthma

- During the summer of 2016, DCH, DPH and the Medicaid Care Management Organizations (CMOs) convened to discuss the EPR-3 guidelines for the care and management of asthma
- As a result of the collaboration—
 - Adoption by the CMOs of a DPH-recommend asthma action plan in early 2016
 - More than 60 CMO staff trained on home trigger assessment and SME
 - Asthma selected as a Performance Improvement Project (PIP) for the CMOs to be conducted between January and July 2017
 - Georgia Tech has conducted an ROI analysis to identify for which children the intervention will yield the greatest ROI
 - CMO replication of a DPH pilot project that started in 2015 to test a comprehensive approach to asthma control among children on Medicaid

Diabetes Self-Management Education and Diabetes Prevention Program

- New topic as of July 2017
- The burden of diabetes and its rapidly increasing rate and its costs to the Medicaid program has been recognized by DPH and DCH in the 2015 Georgia Diabetes Action Plan
- In 2017, the Georgia General Assembly recognized the significance of this condition by providing DPH with state funds for a full-time Diabetes Program Manager to implement the Action Plan
- Emory analysis of counties that would benefit from DPP
- Planned activities for 2017 and 2018—
 - DPP Coach Training for CMO staff
 - CDE Trainings for CMO selected providers
 - DSME site accreditation support for CMO-selected sites
 - Diabetes State Engagement Meeting (Leavitt Partners and NACDD)
 - ROI analysis

DPH Diabetes and Asthma 6|18 Teams



Sarah Wilkinson



Joanna Hill



Allison Smith



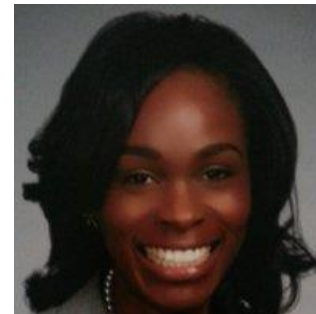
Miranda Ouellette



Kia Toodle



Jean O'Connor



Shana Scott

Upcoming Overall Milestones

- CDC manuscript on 6|18- In CDC clearance
- APHA presentations with CDC- November
- Building hospital engagement- November TFAH/AHA meeting
- Philanthropic engagement- January Grantmakers in Health meeting
- DPH manuscript- Draft expected Feb 2018



Thank you

Early Brain Development

Jeannine Galloway

Maternal Child Health Director, DPH

Kimberly Ross

Early Brain Development and Language Acquisition
Program Manager, DPH

Brain Trust in Action: How Public Health Programs are Helping Move the Needle on Early Brain Development

Brain Trust for Babies

Created to support Governor Deal's education goal to increase the number of students who are able to read at a third grade level by the completion of third grade

Currently, two thirds of Georgia children are not reading on level by the end of third grade

Advisory Board made up of 19 members representing academia, government agencies, professional associations, and nonprofit organizations

Objective 1

Implement and support early brain development and early language program trainings and resources for at least 3 high-impact workforces that support new and expectant families with the goal of reaching/ training at least 5,000 professionals by 2020.

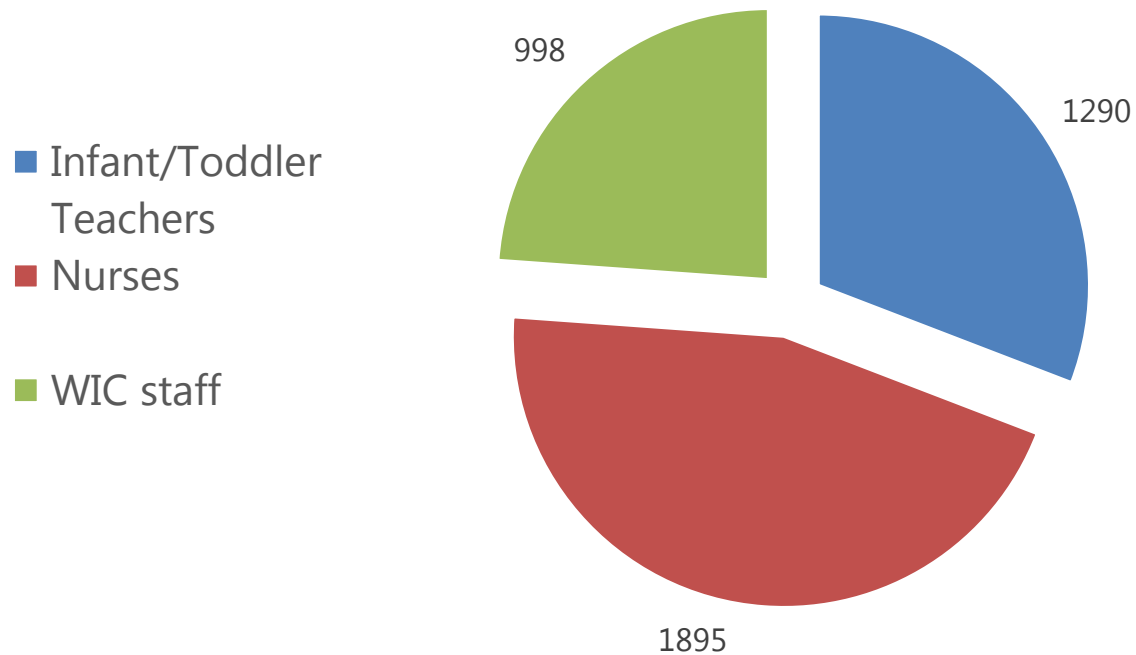


Early Language Programs

- DPH Goal: Train 2200 Public Health Professionals in early brain development and early language programs
- 588 Public Health Nurses and 998 WIC staff have been trained in Talk With Me Baby
- 5 of 18 Public Health Districts participate in *Reach Out and Read*

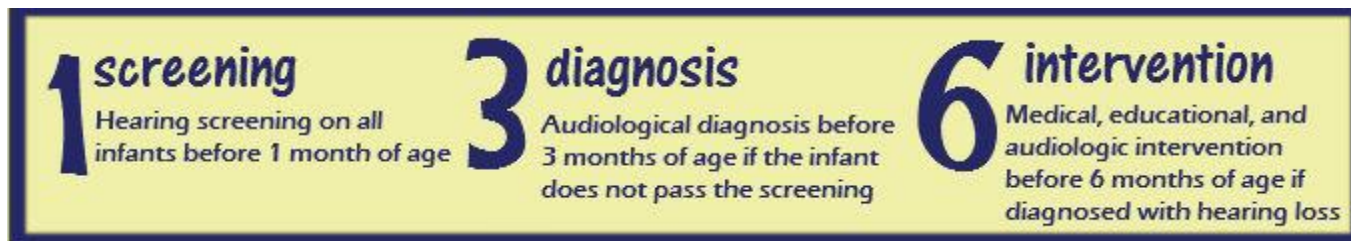
Talk With Me Baby

Total Workforces Trained

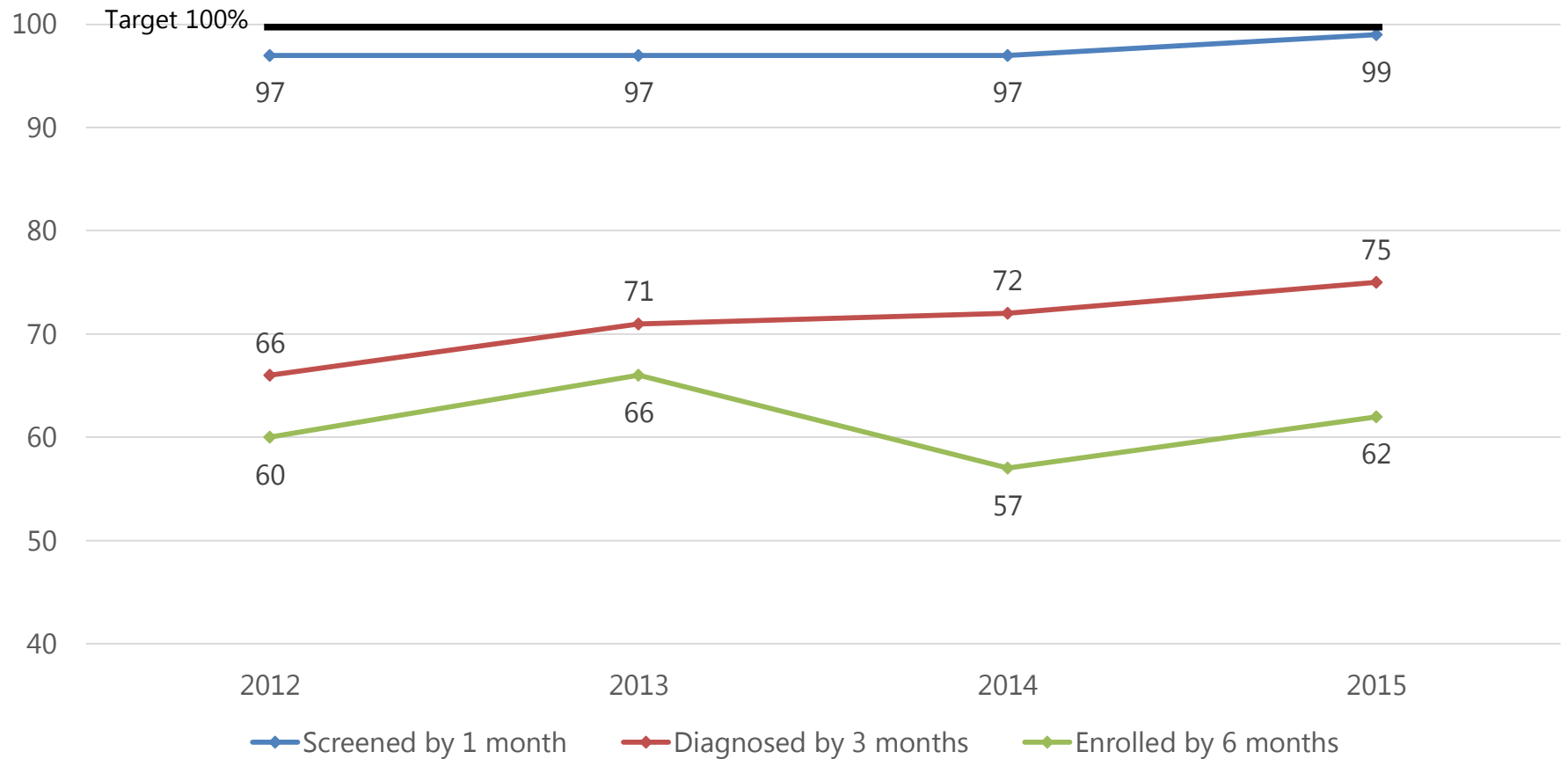


Objective 2

Ensure that all children who are deaf or hard of hearing are on a path to 3rd grade reading by ensuring screening of hearing loss by 1 month, diagnosis by 3 months, and appropriate intervention by 6 months, by 2020.



Early Hearing Detection Intervention (EHDI)



Source: Georgia Department of Public Health, Office of Health Indicators and Planning (OHIP)

Objective 3

By 2020, achieve breakthrough outcomes for all children by building self-regulation skills, executive function, and social emotional health of children and the adults who care for them.



Home Visiting

Home visitors in Georgia made 15,589 home visits to 1,636 families including 369 pregnant women; 1,267 mothers; and 1,478 children



84% were
Screened for
Depression



99.4% of
Children had
No Verified
Reports of
Maltreatment



93% Were
Screened for
Intimate
Partner
Violence



94% of Home
Visits
Included
Brain Building
Activities

Objective 4

By 2020, ensure that all children in Georgia are screened for Autism and Communication Delays by 18 to 24 months and connected to appropriate intervention at the time of identification.



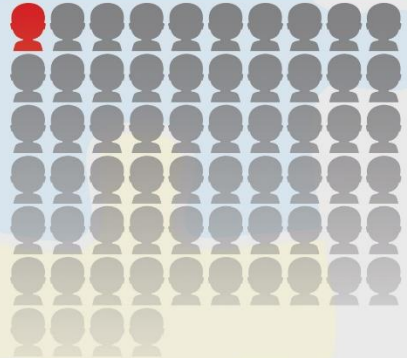
GEORGIA AUTISM STATISTICS



THE GEORGIA AUTISM INITIATIVE IS A SERVICE DELIVERY SYSTEM TO IMPROVE THE STATE'S CAPACITY FOR EARLY IDENTIFICATION, SCREENING, DIAGNOSIS, AND EARLY INTERVENTION FOR AUTISM SPECTRUM DISORDERS.

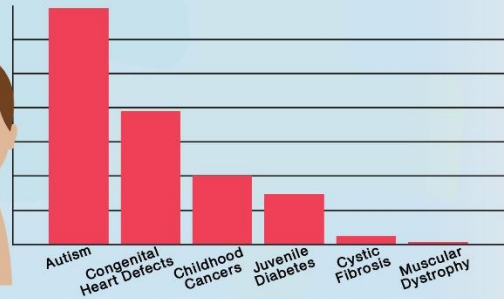


AMONG 8 YEAR OLD CHILDREN IN METROPOLITAN ATLANTA, 1 IN 64 WAS IDENTIFIED WITH AUTISM SPECTRUM DISORDER IN 2012



NATIONAL DATA

BASED UPON RECENT STUDIES IT IS ESTIMATED THAT THERE ARE CURRENTLY BETWEEN 500,000 AND 1 MILLION CHILDREN AGES 6-17 YEARS LIVING WITH AUTISM SPECTRUM DISORDER IN THE UNITED STATES.



FOR MORE INFORMATION
ABOUT AUTISM
Please Visit dph.ga.gov/mch



Multi-Agency State Autism Plan

Implemented unique autism screening code for Medicaid reimbursement

- Incentivizes providers to screen children
- Can now track number of children screened for autism

In January, adaptive behavior services will be offered through Babies Can't Wait



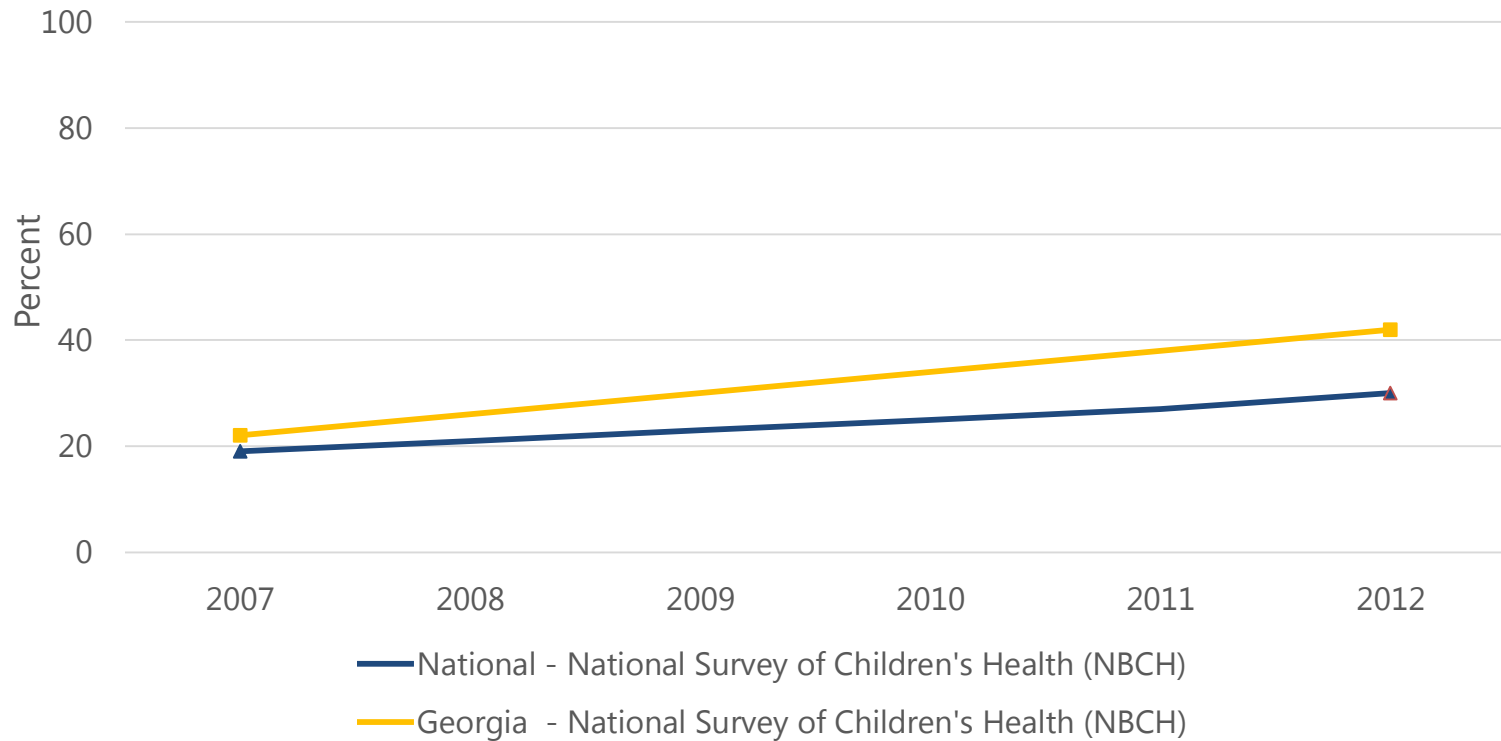
Objective 5

By 2020, ensure that all children 0-3 years old identified with medical or developmental concerns are connected to appropriate resources as early as possible.



Developmental Screening

Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent- completed screening tool

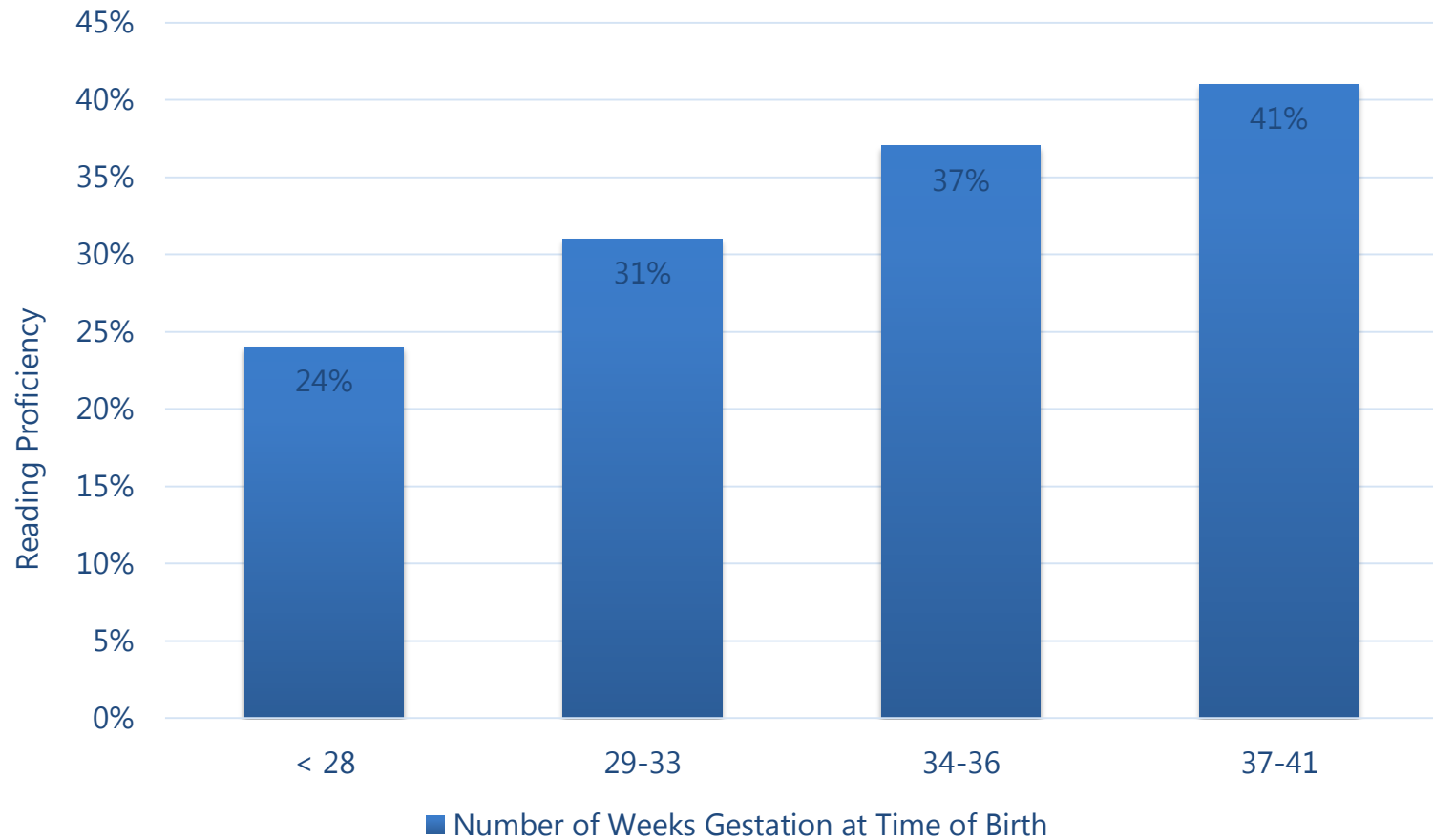


Successes in Screening and Linkage

- Children 1st
 - *15,000 developmental screenings annually*
 - *Links children at risk for developmental delays to appropriate services*
- Children's Medical Services (CMS)
 - 4,266 referred to CMS
 - 1,770 enrolled
- Project LAUNCH
 - *1,000 developmental screens*
 - *Links children at risk for developmental delays to appropriate services*

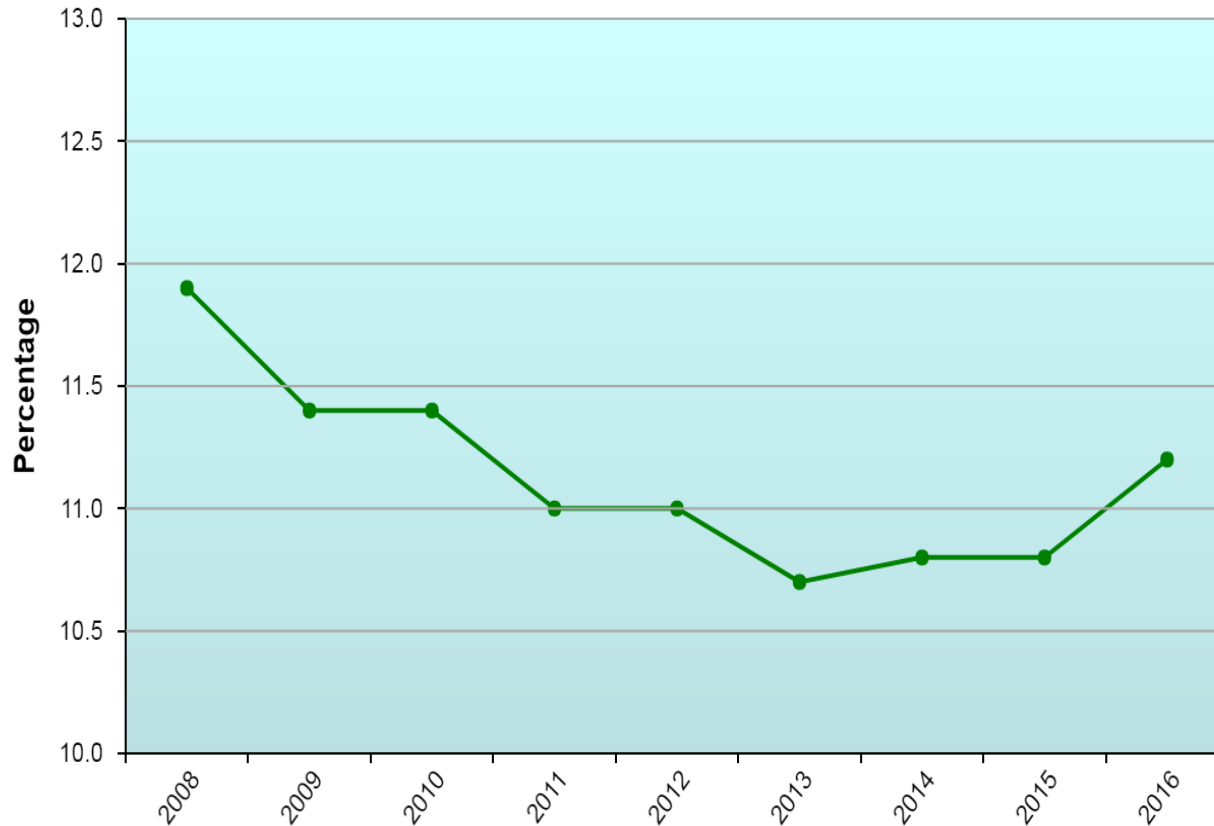
Gestational Age Matters

For Early Reading Proficiency

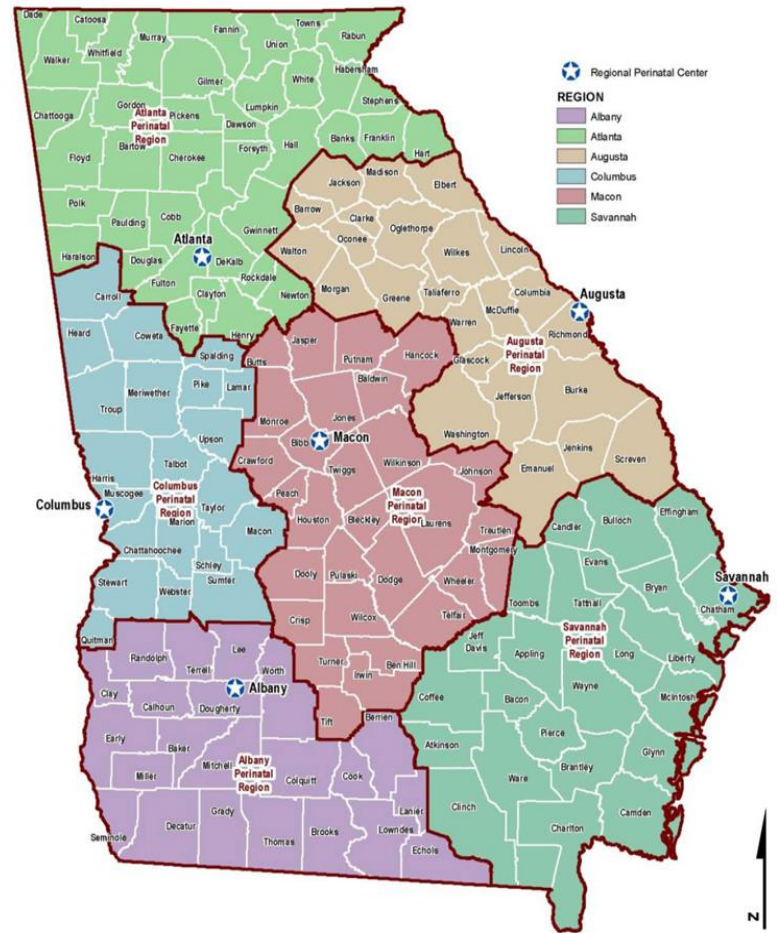
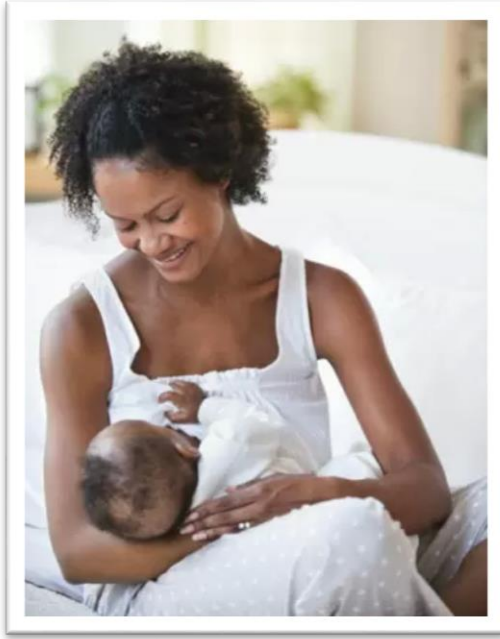


Source: William et al., *Perinatal Origins of First Grade Academic Failure: Role of Prematurity and Maternal Factors*, Pediatrics, March 2013

Percent Preterm Births, GA, 2008-2016



Decreasing Preterm Births



QUESTIONS?



We Protect Lives.

Georgia Gateway Update

Anthony McGaughey
Systems & Applications Director, DPH

Georgia Gateway Update

What is Georgia Gateway? aka The Integrated Eligibility System (IES)

Georgia Gateway is an Integrated Eligibility System comprised of the following Agencies and Programs:

- **Department of Public Health – (DPH)**
 - Special Supplemental Nutrition Program for Women Infants & Children (WIC)
- **Department of Human Services – (DHS)***
 - Food Stamps (SNAP)
 - Temporary Assistance for Needy Families (TANF)
- **Department of Community Health – (DCH)**
 - Medicaid
 - PeachCare for Kids
 - Planning for Healthy Babies
- **Department of Early Care and Learning – (DECAL)**
 - Childcare and Parent Services (CAPS)

*DHS is the lead agency on the Georgia Gateway Project.

What is Georgia Gateway? (Cont.)

Georgia Gateway provides a “one-stop-shop” for all social programs in Georgia. A major feature of the system is the Enterprise Master Person Index (EMPI) which tracks participants across programs and agencies. This allows for better coordination and approval of benefits and also helps to reduce fraud and abuse.

What is Georgia Gateway? (Cont.)

- **Customer Portal** – Citizens can apply for benefits via the web portal for all programs except Medicaid and WIC*.
- **Worker Portal** – Intake workers across all programs use the Worker Portal to process applications and to approve applications submitted via the Customer Portal.

* Customer Portal is currently turned off for WIC. All applications are processed in the WIC clinic.

Georgia Gateway Customer Portal



[¿Habla Español? | Help](#)

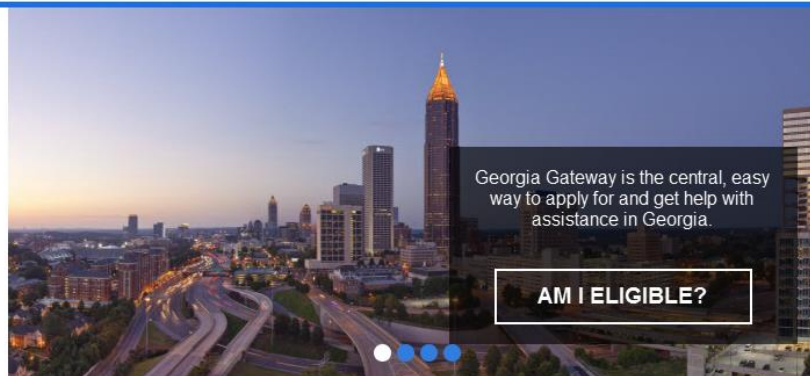
******IMPORTANT INFORMATION ABOUT PAYING YOUR PEACHCARE FOR KIDS PREMIUM******

Please be advised that there are currently fraudulent internet online payment scams targeting PeachCare for Kids members. These websites are NOT Authorized! DO NOT make payments on any of these unauthorized websites. There are only two online sites for paying your premiums: here at Georgia Gateway by signing into your account and selecting "If you need to make a payment" and at <https://myprofile.bill2pay.com/login/login.aspx?client=peachcare>. Please go to <https://dch.georgia.gov/peachcare-kids> for more information.

The Georgia Gateway Technical Help Desk will be operating with limited hours through Tuesday, October 31st, 2017 from 7:00AM to 6:00PM and closed on Saturday and Sundays. If you need to check your benefits status, case status, or make payments after 6:00PM, please call 1-877-423-4746 for further help.

Welcome to Georgia Gateway! You're now at the home of Georgia's new eligibility determination system for a number of social benefit programs. We hope you enjoy your customer experience as you navigate this website. If you experience difficulties with logging in or linking your old account, or have any questions about the new system, please call our Help Desk at 1-877-423-4746.

Use your COMPASS User ID and Password for your Gateway Login. If you do not have a COMPASS User ID, please set up a new account.



GATEWAY LOGIN

Sign in using your Georgia Gateway Account information.

User ID

[Forgot User ID?](#)

Password

[Forgot your password?](#)

LOGIN

NEW TO THE GATEWAY?

Sign up for a new account.
With an account you can:

- Apply for benefits

GENERAL INFORMATION

ABOUT BENEFITS

ARE YOU A PARTNER/PROVIDER?

If you have trouble while using Georgia Gateway, please call the Online Services hotline at 1-877-423-4746. If you have a hearing impairment, call

Georgia Gateway Worker Portal



Username

Password

Login

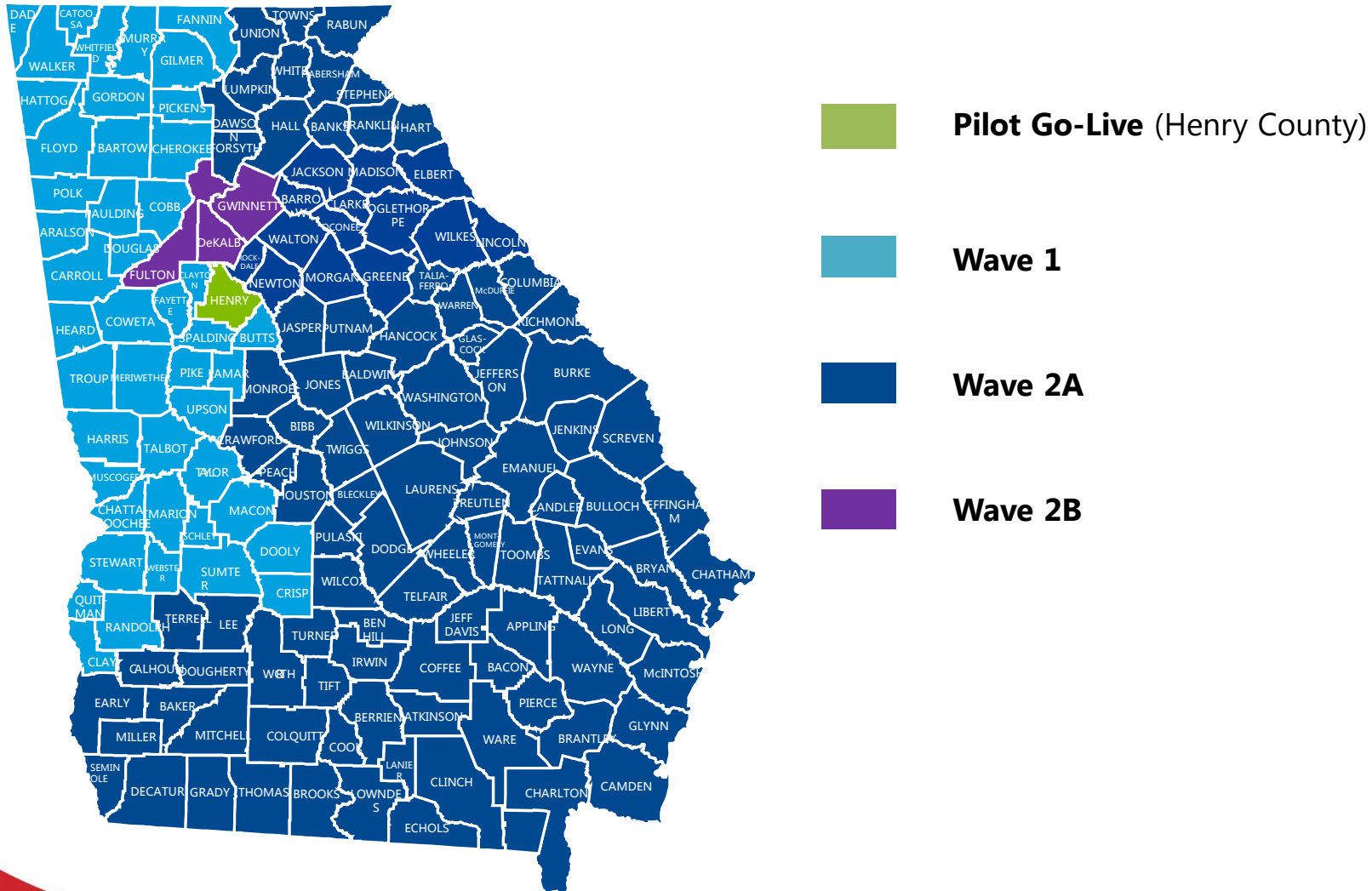
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- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Implementation Rollout

- Roll out of the system will occur in three waves across the State*.



**WIC will follow the OFI rollout for counties across the State*

Georgia Gateway Highlights

- Staggered rollout for WIC
- 150 of the 203 WIC clinics across the state have rolled-out Gateway.
- Updated processes for staff access to systems

Georgia Gateway Highlights...

- Training:
 - Train-the-trainer
 - Training was conducted locally to reduce impact on WIC Clinic operations
- Web Enabled Capture (WEC) for WIC

Georgia Gateway Highlights

- The next system updates are scheduled for production in October and December of 2017 as well as March of 2018.
- After March 2018, new Gateway system releases will be quarterly beginning in June 2018.

Questions?



Tony McGaughey

Systems & Applications Director

Georgia Department of Public Health

Office of Information Technology

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Closing Comments

Cynthia Mercer, MD
Chair

The next Board of Public Health meeting is currently scheduled on Tuesday, November 14, 2017 @ 1:00 PM.

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