

Sacramento County Public Health Advisory Board

Meeting Minutes

April 5, 2017 (12:08 PM - 1:40 PM)

Meeting Location

Primary Care Center
4600 Broadway
Sacramento, CA 95820
Conference Room 2020

Moderator: Dr. Steven Orkand

Scribe: Theresa Vinson

Board Attendees: Adam Dougherty, Paula Green, Barbara Law, Sherry Patterson-Jarrett, Jeffery Rabinovitz, Steven Orkand, Kimberly Sloan, Sandy Damiano, Olivia Kasirye

Board Members Excused: None

Board Members Absent: Cathleen Ferraro

Guest Speaker: David Magnino, Emergency Medical Services Administrator

Guests: Sherri Heller, Director, Department of Health and Human Services, Pamela Harris, Director of Nursing, Division of Public Health; Steve Health, prospective member; Emanuel Petrisor, prospective member; Farla Kaufman, prospective member; Felicia Bhe, prospective member; Jofil Borja, prospective member

Meeting Opened at 12:08 PM

Welcome and Introductions

Dr. Orkand welcomed PHAB members and guests

Minutes Review

Minutes from the March meeting were approved.

PHAB Vacancies and Appointments

There are currently 7 Board vacancies. There are three prospective members who have been interviewed and are awaiting Board action.

Public Health Division

Dr. Kasirye distributed a handout issued by Kaiser Permanente Northern California (KPNC) and provided an update on the data collected during the flu season to determine the beginning and end of the flu season. Kaiser Permanente is one of the sentinel hospital systems that provide this information on a weekly basis, during flu season. This data indicates Flu A was the dominant strain for this year however, there were quite a number of people that were positive for both Flu A and Flu B. Currently, Flu A is almost down to zero and there are more of the Flu B cases which have gone down significantly. Earlier this week, Public Health sent an alert stating we are ending the masking policy.

Primary Health Services Division

Healthy Partners

Dr. Damiano reported that the Healthy Partners program (limited healthcare benefit for people who are undocumented and meet the eligibility criteria) continues to operate at full enrollment. Enrollment is 3,000 with 362 on the Wait List as of 4/3/17.

There are 483 referrals pending for specialty. Specialty services are provided by County Health Center, EHS (contractor), and through the SPIRIT program (volunteer physicians). There is an onsite Collaborative Care Specialty Clinic this month. This clinic address 68 of the referrals. Collaborative care specialty clinics are continuing on a quarterly basis, the next one is scheduled next month. In January, Primary Health began to have specialists during the work week on site

from the SPIRIT Program (partnership with the four local hospital systems and the Medical Society for volunteer physicians). The contract with EHS (IPA) is starting to recruit more for specialties which will be helpful with specialty consultations. The link below has the 2016 report and recent dashboard which have a significant amount of detail.

We have moved to reporting on a County Fiscal Year versus Calendar Year.

Healthy Partners Advisory Group: <http://www.dhhs.saccounty.net/PRI/Pages/GI-Healthy-Partners-Stakeholder-Advisory-Group.aspx>

MEDI-CAL MANAGED CARE

As of March 1, 2017, managed care enrollment is **442,403**. Default rate is **22%**, the lowest in the state.

Medi-Cal Managed Care Advisory Committee - County Behavioral Health will present and seek feedback on the *Drug Medi-Cal Organized Delivery System Implementation Plan* on April 24th.

<http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx>

Care Coordination Work Group – see Plan Data Summary Reports on high utilizers.

<http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/GI-MCMC-Care-Coordination-Work-Group.aspx>

REFUGEE HEALTH CLINIC

Karen Giordano will provide an overview of the Refugee Health Clinic and data next month.

EMERGENCY MEDICAL SERVICES

Dr. Orkand welcomed David Magnino, Administrator, Emergency Medical Services (EMS). The past year in EMS has been busy; EMS has filled two positions and implemented a new on-line application process for personnel certifications; EMT, Paramedics and the Mobile Intensive Care Nurses. The system has been operating approximately two years. There are currently approximately 2,900 EMS certified personnel however applications are received daily. Dave provided an overview and shared a handout outlining which programs EMS has oversight responsibilities for as well as program purpose and functions. Several state agencies headquartered in Sacramento are under EMS (Cal Fire, CHP, State Parks, etc.); currently, EMS has oversight for approximately 6,000 of their personnel. Advanced Life Support Providers remain the same, there are fifteen providers who are advanced life support in Sacramento County, twenty two educational schools both EMT training and paramedic training programs, mobile Intensive care nurse training. There are three in-

county trauma Centers, UC Davis, Mercy San Juan, South Sacramento Kaiser and out-of-county, Sutter Roseville. The EMS medical advisory boards are very active. The Quality Improvement Technical Advisory program is a very active group meeting just over a year, reviewing data from providers and determining what we need to see to improve the quality of care at each level, by each provider. Investigations are handled by a total of five staff who are subject matter experts, handling both personnel investigations as well as service complaints. Annual inspections are underway and handled by an EMS specialist, and should be completed by the end of this year. 2016 data is not yet available to submit to the State EMS Authority but is expected mid-summer and not expected to show any significant difference from 2015. The EMS agency also serves as the Medical Health Operational Area Coordinators working in conjunction with the Public Health Officer to answer disaster requests for medical and health resources. State EMS and State Public Health divide the state into six regions and each county within is designated as an operational area. EMS receives the call, takes the lead and distributes the call to classifications with responsibility. EMS will be fully staffed by July 2017.

Areas of Focus for EMS for 2016-2017, statute as of Jan 1, 2016 required all EMS providers to be on electronic patient care reporting and at the National EMS information system level at the new version of 3.4, many of county providers were on older versions but as of January 1st this year, national and State would no longer accept older versions. All providers are now current – a complete re-write was required; hospital data and EMS data can now communicate. There are six volunteer fire departments in Sacramento county (south county), which also had be brought current, and through the State EMS Authority the county has been able to secure a local assisting grant directly from the Federal government specifically, for getting them on an electronic platform with a mobile device. Devices will be purchased and implemented by September 1, 2017.

Dave answered questions from the Board provided prior to today's meeting.

Q: Does California have a recommended number of ambulances available per population in county during peak hours?

A: California does not recommend any specific numbers. However, there is a National Fire Protection Association recommendation of one for 54,000 people. The county does not make a recommendation nor does the State. Sacramento County currently has 111 Ambulances that are inspected annually (fire service and private providers).

Q: Has the EMS agency established a standard or target response time during peak hours?

A: No. Fire service handles the operational aspects of 911 and they determine response time. Other EMS Agencies/Counties do establish response time through their 911 contracts.

Q: Do we have data for multi-casualty incidences?

A: No. we do not have data for 2016 – we had a few providers still in the process of getting updated but we are current and 3.4 data is now being reported. There is a new workgroup now reviewing data being reported using the new version – first meeting taking place next week, each provider will be represented.

Q: Describe the flow of information from the hospitals to EMS and are they supplying the data you need to make analysis?

A: The only data received from hospitals is trauma data. No data is sent back from hospitals on patients that are transported into the ED for something other than trauma.

Q: Do you have data on bed availability in ED at any given time?

A: Yes, a system called EMResource, it is software that allows us to use bed polling, and the county has had it for Years. We now use it daily in regards to how many patients are being held in ED (after being admitted) as medical holds (waiting for in-hospital beds to become available). It is also used for mental health holds (in ED); hospitals report three times per day, 8am, noon and 8pm. A monthly report is provided to the hospitals at the end of each month. An average of 20-30 medical patients and an average of 20 mental health patients are held on any given day.

Q: Do we have data on cardiac arrest emergencies?

A: No. We are implementing a national program called Cardiac Arrest Registry to Enhance Survivability (CARES) – currently, research is taking place and data is being collected; meetings have been held with hospitals and providers to obtain information needed so an application can be submitted. The cost of this program is not yet budgeted.

Q: Do you have data on stroke emergency care?

A: Not currently. New regulations are being approved and implemented at the State level that will be effective by January 1, 2018. The new regulations will help EMS and the county look at these programs and make sure the county is operating within State Regulations.

Q: Trauma prevention?

A: We would have to go back to our providers and some of them were still using paper.

Q: Do we have hospital emergency preparedness programs in the county?

A: Yes, a very strong and robust program that is partially run by grant through the Division of Public Health, and Emergency Preparedness Coordinators from each hospital. They meet with their advisory group bi-monthly. The Hospital Preparedness Coordinators also meet bi-monthly. This program is also by region in Sacramento County and all hospitals around the region are also included in the same type of coordinators meeting. EMS staff is currently receiving training on HPP courses at incident command level as this is part of our responsibilities when we go to Emergency Operations Centers. The program has also been extended into our long-term care facilities.

Announcements

Cancer screening project

The Cancer Screening Subcommittee has recently been gathering information about this research topic. Dr. Orkand recently met with Beth Abbott, Director of the California State Office of the Patient Advocate. Her agency prepares an annual quality report card for the various health plans, HMOs, PPOs, and medical groups. To accomplish this, they have contracted with the NCQA (National Committee for Quality Assurance), which uses HEDIS (Healthcare Effectiveness Data Information Set), a tool widely used by hospitals and medical groups to report data that is then compiled nationally for comparative purposes. Among many other topics, they track cancer screening.

A similar HEDIS report card is also available for the geographic managed care groups that serve Medi-Cal patients here in Sacramento. Further, the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, provides similar measures for the federally qualified health centers (FQHC), that serve the uninsured, homeless, and medically vulnerable.

In reviewing the available data, it appears that there are significant discrepancies in the completion rates of cancer screening between different populations in the County. These seem related to socioeconomic status. For example, if you look at commercial patients in the high performing groups like Kaiser or Sutter, and examine the percentage of eligible patients who are getting cervical cancer, breast, or colon cancer screening, the numbers are typically in the 80-90% range. In Sacramento County, the successful screening rate for the Medi-Cal population is significantly lower. There are many reasons why these discrepancies exist. However, reviewing data from Kaiser, which has a commercial clientele as well as a Medi-Cal clientele (as part of geographic managed care), the discrepancy persists, but it is far less within that one health plan. This suggests that the tools used by this medical group are more successful in bringing cancer

screening to disparate populations. Perhaps these tools can be shared with clinics and doctor groups that have not been able to provide the same level of service.

Dr. Damiano pointed to the complexity in this analysis. Kaiser GMC doesn't care for the homeless or refugees. The County also provides services to those who have criminal justice involvement, and those that have serious mental health conditions. Many of the patients cared for by the County have multiple chronic conditions, both physical and mental. It is difficult to provide screening to these populations. Those medical groups with the greatest success in cancer screening don't provide care to patients such as these.

Dr. Kasirye wondered what type of research the subcommittee was considering. Dr. Orkand responded that the subcommittee would investigate the tools employed by the highly performing groups, and evaluate whether these would be appropriate in other medical care settings. Some techniques, like mailings, are in common use. But there are newer techniques, like texting, that might be employed. Perhaps there could also be publicity drives, like a County-wide Cancer Screening Awareness Week, etc. Dr. Kasirye reminded the Board of the importance of demographics and social determinants of health. The County has been working with several health plans to try to help them increase their immunization rates for 2 year-olds. Despite the efforts of the health plans, it is very difficult for some of the families to comply with the recommendations.

From Primary Health Services Division

1. Uma Zykofsky, Behavioral Health Services Director, will present at the April 24th Medi-Cal Managed Care Meeting on the Drug Medi-Cal Organized Delivery System Implementation Plan and solicit committee feedback.
2. Next month the Refugee Health Clinic Manager will come to PHAB to provide an overview of the Refugee Health Clinic, and provide data and talk about the recent Federal executive order.

Public Comment

There was none.

Adjourn

The meeting was adjourned at 1:40 PM.

Submitted by Theresa Vinson, scribe, and Steven Orkand, Chair

Next Meeting of PHAB:

May 3, 2017

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