

Sacramento County Public Health Advisory Board

Meeting Minutes

February 6, 2019 (12:00 - 1:30 PM)

Meeting Location

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

Moderator: Dr. Steven Orkand

Scribe: Dr. Steven Orkand

Board Attendees: Jennifer Anderson, Jofil Borja, Sandy Damiano
Steve Heath, Farla Kaufman, Barbara Law, Steven
Orkand, Emmanuel Petrisor, Jeff Rabinovitz,
Christina Slee, Kimberly Sloan, Phillip Summers,
Kathleen Wright, Jack Zwald

Board Members Excused: Felicia Bhe, Paula Green, Olivia Kasirye

Board Members Absent: None

Guest Speakers: Staci Kennedy, David Magnino, Nick Mori

Meeting Opened 12:05 PM

Welcome and Introductions

Dr. Orkand welcomed PHAB members, speakers, and guests.

Review of Minutes

The minutes of the January 2019 meeting were accepted with one correction: Jack Zwald was present at that meeting.

PHAB Vacancies and Appointments

All positions on the Board and Executive Committee are filled

Announcement

Dr. Orkand spoke about the expanded contract with UC Davis to provide primary and specialty care services in the Sacramento County Health Clinic, which is a federally qualified health center (FQHC). UC Davis had an interest in serving more Medi-Cal patients, and they will contract with Health Net to treat patients from their managed care plan. They will begin providing services to 5,000, and this will increase over time. The electronic medical records will be uniform. This will be a great advantage for the patients. It's unclear if this will have an impact on Healthy Partners patient access to subspecialty care.

Primary Health Division Report

Dr. Damiano

Dr. Damiano distributed a handout describing geographic managed care (GMC) enrollment in the County. The first graph showed annual enrollment. This increased markedly in 2014 due to the Affordable Care Act. There has been a mild dip since peak enrollment in 2016. The enrollment as of December 2018 was 428,841 people. Statewide, Medi-Cal enrollment has decreased by about 2.5%. Similar changes have occurred nationally. This is due to the improved economy and increased employment. In this County, some people have been dropping Medi-Cal and not re-enrolling. On a monthly basis, high numbers of people enroll or discontinue membership in Medi-Cal. It is very fluid. The governor has proposed that Medi-Cal, which currently covers eligible children, be extended to cover young adults up to age 26. This would boost enrollment in the GMC program.

The handout also shows enrollment by health plan. There are currently 5 that take Medi-Cal patients in Sacramento County: Anthem Blue Cross, Health Net, Kaiser, Molina, and Aetna. Kaiser enrollment has steadily increased. Others have had small dips in enrollment. The largest number of patients are covered by Anthem Blue Cross. They also have large numbers statewide.

Public Health Division Update: Efforts to Gain Accreditation for the Division

Guest Speakers: Nick Mori, Division of Public Health
Staci Kennedy, Division of Public Health

Staci and Nick are co-coordinators of the accreditation effort. They shared this presentation. Public Health accreditation is a national program that has been operated by the Public Health Accreditation Board (PHAB) since 2011. They are funded by the CDC and the Robert Wood Johnson Foundation. Public Health Departments are measured against national standards of excellence. These are evidence-based measures that address the 10 essential public health services noted by the CDC in

1994. The purpose is to improve and protect the health of the public by making sure that health departments provide quality services.

There are currently 13 counties in California that are accredited, and 11 more have submitted applications and are awaiting approval. Most of the State's public health departments are involved in this effort. The California Department of Public Health is already accredited, and they provide technical assistance.

There is a major emphasis on quality improvement and performance management. The Sacramento County Division of Public Health has been looking carefully at how it functions, identifying gaps, and identifying areas that need improvement. This evaluation has already improved local processes. The application process has made the Division and its managers more accountable. There is a belief that accreditation may also increase funding opportunities. This process is mandatory in some states.

Dr. Kasirye will discuss the community health assessment, a requirement of this process, at a future date. The Division is also working on a community health improvement plan. A Division strategic plan has already been created. Other plans are being prepared. None of these things would exist if it were not for the accreditation process. Once the application is submitted and the fee paid, the DHS has one year to gather all the required documentation. This documentation covers all the essential public health services. Public health staff from other counties state that they had to submit about 1000 documents. In Sacramento, work has already begun to review documents and see which meet the requirements of the application. There is considerable staff education involved in this process.

Once the application is submitted and documentation provided, there will be a site visit from PHAB. If accreditation is granted, it will last for 5 years.

An example of a problem discovered through the "gap analysis" procedure related to customer satisfaction surveys. These were not being done uniformly. The analysis led to efforts at correction. The Division is also involved in a "branding" project and hopes to have a new logo. Much of this will be completed by Public Health week in April.

Work on this project began in mid-2017. It is hoped that accreditation will be granted in 2020. The initial accreditation fee is \$35,000, and there are subsequent yearly fees of \$14,000. Funding has already been included as a "growth item" in this year's budget request. It goes to the Director, then on to the Executive.

In 2011, during the search for a new Public Health Officer, the Public Health Advisory Board stated that accreditation should be a priority for the Division.

Dr. Rabinovitz pointed out that the fee costs over the five year period of accreditation is \$100,000. He wondered, "Is it worth it?" Other counties feel that the money was well-spent, and the staff in Sacramento County feel that the program is worth funding. Emmanuel Petrisor asked if there have been examples of improved outcomes in

counties that have been accredited. Staci said that most positive changes have been in areas of quality improvement. Most improvements have been in process. Jofil Borja wondered if an efficiency analysis could be done to show that these efforts save FTEs, or some other measurable benefit. Staci responded that some of these efforts might result in streamlining processes or services, and outcomes may be measurable.

A vote of support from PHAB will await Dr. Kasirye's presentation in March.

Emergency Medical Services Update: New Initiatives

Guest Speaker: Dave Magnino, Administrator

Proposal for New Programs and Fees

Dave reviewed basic responsibilities of the Emergency Medical Services Agency (EMS).

Every county is required by the State to have an EMS Agency. This is a regulatory agency that oversees all pre-hospital emergency care. They set standards and create protocols for EMTs and paramedics. They establish training programs. They designate trauma centers. They certify and accredit emergency medical personnel, including mobile intensive care nurses. This allows these personnel to work for one of the emergency 911 providers.

The EMS Agency has been working to develop new programs required by the State. They are also coming up with a fee structure, based on a salary and fee analysis. This will all be presented to the Board of Supervisors in late April. The programs should start in 2020.

The new programs relate to critical care: STEMI (ST elevation myocardial infarction - acute heart attack), stroke, and critical care for children. They are intended to improve care, and to improve the interaction between pre-hospital services and the hospitals. Presently, the EMS Agency measures how critical care patients are handled in the field, but it has no access to measures of care provided in the hospitals. The new regulations require that this data be integrated, and that outcomes be measured. The new regulations are permissive regarding a pediatric critical care program, but the County would like to undertake this as well. Currently, some hospitals are not equipped to care for pediatric emergencies. The EMS Agency will address what would be required for the hospitals to offer that level of care.

The EMS Agency will request a new employee (FTE) to oversee these critical care programs. EMS Agency funding is mostly fee-based or derived from vehicle code fines, so new programs and expansions are generally funded through new fees.

Currently, there are only 7 people in the local EMS Agency. The County has 1.5 million people. Counties with comparable populations have 25-40 personnel in their EMS Agencies.

The EMS Agency is also looking at expanded scope of practice for certain emergency personnel. Currently, law enforcement and firefighting agencies come to the EMS Agency for medical training to administer medications such as Epi-Pen and naloxone. It is proposed that a small fee be charged to the public safety agencies to pay for the EMS Agency oversight.

Emergency Medical Responders are mid-way between an EMT and someone with a public safety first aid certification. Volunteer Fire Departments are requesting this mid-level certification because they can't afford to send all their volunteers for EMT training. This training and oversight would require another fee. Other programs are being proposed, including one that would train paramedic personnel for inter-hospital critical care transports. Currently, only nurses are authorized to provide this level of care. Transfer of ventilator-care patients, however, could be done with a properly trained paramedic. This would also require a training fee. These positions are already permitted by State Code, but have not been available in Sacramento County because of lack of oversight. The fees would be charged to the agency that requests this additional training and/or certification.

The EMS Agency will meet with stakeholders to announce these programs and fees, and there will be a 30 day period for comment before these proposals are brought to the Board. The fee structure will also be shared with PHAB and support may be requested.

Ambulance Patient Offload Times (APOT)

The EMS Agency collected data on APOT throughout 2018. There are 4 public ambulance providers that handle all 911 calls. There are a number of other providers that handle 7-digit calls (non-emergent). Altogether, ambulances deliver patients to 11 hospitals (includes Kaiser and Sutter Roseville). At times, the hospital emergency rooms become overcrowded and this has an impact on the transfer of patients from ambulances to hospital care. An increased off-load time makes ambulances unavailable for other emergency runs in the County. Delays are called APOT, also referred to as "wall time." All hospitals now measure this time, and the data is collected by the EMS Agency.

The County has agreed with State guidelines that transfers of care should ideally be completed in under 20 minutes. In January 2018 there were over 10,000 ambulance deliveries to the emergency rooms. The average offload time throughout the system was 41 minutes. This reflects not only ER overcrowding, but delayed hospital throughput. This is dramatically improved from 2017, when times were often measured at 60-65 minutes.

Regarding APOT, there are marked differences between the hospitals. If transfer times are over the 90th percentile or over 1 hour, the case is automatically reviewed by the hospital. If the transfer time is over 3 hours, the EMS Agency reviews the case.

Dave was asked what steps the hospitals are taking to remedy this. At first they concentrated on ED staffing and procedures. It became clear, however, that hospital throughput (ability to discharge patients) was a major factor in ED delays. The hospital CEOs ultimately became involved. At Mercy San Juan, for example, more staff were hired at every level, to improve hospital services (lab, x-ray, pharmacy) and facilitate discharge procedures. Doctors now make morning rounds between 8 and 9, and discharges can no longer be delayed until the afternoon.

In another area, the State is currently considering the possibility of allowing paramedics to transfer patients directly to sobering centers or other non-hospital facilities. There are also efforts to begin community para-medicine programs in Sacramento County.

PHAB Topics for 2019

At the January meeting PHAB members elected 5 topics they would like to study in 2019. Dr. Orkand reviewed these:

- Emergency and disaster preparedness
- Violence in Sacramento County
- Communicable diseases, including sexually transmitted diseases
- Stimulant use
- Suicide in Sacramento County

Board members clarified the second topic, violence in Sacramento County. There is interest in the demographics: What types of violence do we experience? Where does it occur in the County?

Dr. Orkand will work with Drs. Damiano and Kasirye to find appropriate speakers.

Public Comment

The was none.

The meeting was adjourned at 1:30 PM

Submitted by Steven Orkand, Chair