Public Health Funding and Policy Committee Meeting

December 9, 2020

Minutes

Committee Members Attending

Stephen Williams, MEd, MPA - Houston Health Department – Chair

Emilie Prot, DO, MPH – DSHS, Public Health Region 11

Jennifer Griffith, DrPH, MPH – Texas A&M University

Julie St. John, DrPH – Texas Tech University

Lisa Dick, Brownwood-Brown County Health Department

Lou Kreidler, RN, BSN - Wichita Falls – Wichita County Public Health District

Phil Huang, MD, MPH – Dallas County Health and Human Services

Sharon Melville, MD, MPH – DSHS, Public Health Region 7

Umair A. Shah, MD, MPH - Harris County Public Health

Attendees:

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| Albert Cheng | Elisa Hernandez | Rachel Sonne |
| Andrew Hedges | Evelyn Hahn | Rafael Alberti |
| Angel Angco-Barrera | Glenna Laughlin | Rashandra Hayes |
| Aubrey Jones | James Lee | Reid Martens |
| Becky Earlie-Royer | Jennifer Smith | Ricky Garcia |
| Beau Mitts | Jaclyn Keller | Roberto Beaty |
| Brandy Garcia | Julie Von Alexander | Robert Kirkpatrick |
| Callie Hall | Katherine Layman | Sahira Abdool |
| Caroline Hilbert | Lindsay Lanagan | Saroj Rai |
| Cassandra Marx | Lisa Steffeck | Scott Merchant |
| Christy Havel | Lissette Osborne | Sebastian Rouzier |
| Colin Crocker | Mackenzie Spahn | Seth Henderson |
| Dan Finch | Michael DeLeon | Shannon Brown |
| Dave Gruber | Michelle Austin | Shannon Hitt |
| David Gonzalez | Michelle Carnahan | Shannon Richter |
| David Olinger | Nancy Ejuma | Steve Eichner |
| Derrick Neal | Nancy Walker | Tamika Evans |
| Donna Shepard | Nicholas Ours | Zachary Florez |
| Elewechi Ndukwe | Peter Hajmasy |  |

Chair, Mr. Stephen Williams, called the meeting to order at 9:03 am and the committee members introduced themselves.

**October 28th Meeting Minutes**

Dr. Julie St. John moved to approve the minutes. Dr. Sharon Melville seconded. Motion carried. Minutes approved.

**Update on Vaccine Allocation Distribution Planning:**

Dr. Saroj Rai presented on COVID-19 vaccine distribution plans. This presentation was broken down further to include vaccine updates, vaccine distribution plans, the expert vaccine allocation panel (EVAP), and the pharmacy partnership for long-term care (LTC) programs. The slide deck will be provided to Mr. Rafael Alberti for distribution.

Dr. Phil Huang asked about any data on efficacy within older populations and LTC facilities. Dr. Rai responded Pfizer has communicated that the efficacy has been consistent across age, race, and ethnic groups. Furthermore, meeting with the Federal Drug Administration (FDA) and their advisory committee would shed more light on this topic.

Ms. Lindsay Lanagan, with Legacy Community Health, asked as the largest Federally Qualified Health Center (FQHC) within Texas, where do health care workers fit into this plan? Mr. Williams responded the initial shipments are going to hospitals. Locally, we are trying to match up those hospitals with outpatient clinics or affiliated primary care clinics. This is so health care workers, similar to those at Legacy Community Health, have access to vaccine which may come from the surrounding hospitals. These hospitals have agreed to have an open pot of vaccines for distribution.

Dr. Huang asked if there is a version of the Vaccine Allocation and Ordering System (VAOS) for Public Health Departments that is different than the one for providers. Dr. Rai responded that it will be at the county level and the Local Health Entities (LHEs) will have access to all the providers in their jurisdiction.

Mr. Williams asked if LHEs will be able to see where the providers are in the enrollment process? Dr. Rai responded that the enrollment process is through a different site than VAOS. Dr. Rai will follow up with Dr. Huang about the providers in his jurisdiction.

Mr. Robert Kirkpatrick asked, as a rural county and a public health department, when will his health department have the ability to be enrolled in VAOS? Dr. Rai responded that providers need to first enroll in the provider portal. When the allocation has been made, an email will be sent to confirm the allocation from VAOS. Dr. Rai will check to ensure both the clinics are enrolled and follow-up with Mr. Kirkpatrick.

Dr. Umair A. Shah asked when and how the notification will be sent to the public health department when they are approved. Dr. Rai responded that it is a two-step process. Upon completion of all enrollment steps, an approval email will be sent from DSHS. Once approval has gone through, the VAOS system will begin allocations as more vaccine becomes available.

Dr. Shah asked that Harris County be included in Dr. Rai’s follow-up. He further stated that there are some providers which have not received their formal approval after enrollment. Ms. Lou Kreidler brought up a similar issue of providers which have not received their formal approval email. Ms. Lanagan mentioned that the hotline for helping providers through enrollment is a great tool which has helped her with all 13 of their applications. Dr. Rai showed the various contact information to help in the enrollment process.

Dr. Shah suggested sending out a brief summary of each step is in the process to LHEs. He would like to send it out to the providers in his jurisdiction to get an idea of their status within the enrollment process. Dr. Rai will take this feedback to Immunizations. Mr. Alberti will follow up with Dr. Rai and ensure the slide deck gets emailed out to the committee.

**COVID-19 Response Planning/Holiday Prevention Messaging:**

Mr. David Gruber discussed strategies that the Department of State Health Services (DSHS) is taking and how they are making it manageable to vaccinate the Tier 1 and Tier 2 groups. The Public Health Regions (PHRs) are reaching out to locals to get a better definition of current capacity and how things can be managed from the various enrolled facilities. Mr. Williams believes it will be a challenge to get providers to go outside their areas/clinics to assist with vaccinations.

Mr. Gruber proceeded to ask what is needed from the department to enable LHEs. DSHS needs committee members to reach out to the groups they represent and connect with their constituents as much as possible so that everyone has access to important information. Mr. Williams asked committee members to describe how they see this process occurring within their jurisdictions. Dr. Shah added that all public health response does not need to be the same, but it does need to be consistent which is accomplished through communication. When communication is not accomplished well, our response becomes inconsistent and our communities can be confused by guidance being issued.

Mr. Gruber asked if the group felt there was a type of meeting missing that is necessary to ensure vaccine distribution at the operational level? Dr. Shah responded that we do not have many health authorities meeting across the regions. This would be important to explore, not just for vaccines, but also beyond our current situations.

Mr. Williams reworded Mr. Gruber’s initial question. For those who are joining the meeting, is there any way that DSHS can help you in the vaccine distribution process?

Ms. Lisa Dick answered that there are current struggles with the information that the Texas Division of Emergency Management (TDEM) is providing to their emergency management department as it is not the same as the information locals are receiving from DSHS. Is there a way for this information to be merged so there is less of an issue with planning? Mr. Gruber responded that he is meeting with the Regional Medical Directors (RMDs) tomorrow and will be in more constant contact with TDEM to help further connect outgoing information. DSHS should be contacted if this continues, as it does remain the primary agency for news on the vaccine effort.

Dr. Huang suggested that the Friday morning calls may be the best avenue to get this information out but is unsure if there is something beyond that could help. Mr. Gruber answered that he wants locals to have the information needed to be able to finalize any steps to vaccinate the public. Dr. Huang stated that he is not entirely sure what avenue is needed to get this information out, but he does know that there are some topics which at times may need some more fleshing out. Mr. Gruber proceeded with stating that he has no desire to add additional meetings, but any feedback is helpful. Mr. Williams believes that a venue needs to be selected to have these discussions, further stating that the TACCHO meetings may be an ideal venue for this topic. Dr. Huang responded that the Friday morning call may have a broader reach then the TACCHO meetings. Ms. Kreidler stated that the size of the health departments is going to play a large part in continued discussion of this topic. Currently, most staff, within medium health departments, are occupied by COVID-19 response. She is looking at reaching out to universities and nursing students to add to the current pool of staff that can perform vaccinations. Mr. Gruber responded, in relation to Ms. Kreidler’s statement, that DSHS will help in this process but the information that is needed is who needs what kind of staffing.

**Update on Medical Billing strategy for Local Health Entities/Public Health Regions:**

Ms. Ele Ndukwe gave an update on the Health and Human Services Commission’s (HHSC) response letter to the committee’s recommendations on Medicaid Billing strategy for LHEs and DSHS Public Health Regions (PHRs). She also updated on the ongoing work with the committee and the concerns when trying to contract with managed care organizations (MCOs) in Medicaid.

Ms. Ndukwe continued that they have concluded their research into concerns when contracting with MCOs, and this has divided the previous six main concerns into two main topic areas. The first is that nothing within current policies was found that would cause an MCO to have issues with requirements to carrying professional liability insurance, identification clauses and the dispute resolution provisions in their contracts. She further stressed to the committee that HHSC does not get involved with contract negotiations between a MCO and their providers but may occasionally provide review or guidance.

On the topics of provision of services, assignment of primary care provider, and standing delegation orders, there are federal and state laws that do not allow HHSC to state that MCO’s cannot make those requirements. This may warrant more discussion between the MCO’s and the LHEs on this issue.

It is possible to follow-up with some amendments within MCO policies and certain policy language has been identified that could be strengthened. The language will be updated to say “MCOs must contract with public health entities” which includes LHEs. Ms. Ndukwe added that they are hoping to have this amendment go into effect in September of 2021 and would like to begin to facilitate conversations between the MCO’s and the LHEs starting in early 2021. The response letter will be sent out to Mr. Williams to share with the committee members once it has been approved.

Mr. Williams commented that while he understands that federal law might prohibit certain provisions of service, it does not prohibit them from explaining the position of LHEs in comparison to primary care providers (PCP) and how LHEs are different.

**Update on Electronic Laboratory Reporting Workgroup:**

Dr. Steve Eichner shared that he has collected some example formats of reporting that are used by the LHEs. This data is submitted directly by a provider through the LHEs and there is a significant degree of variability in the standards that are being used for reporting data. In trying to address the duplication of submissions, DSHS updated its implementation of the National Electronic Disease Surveillance System (NEDSS) and increased the processing capacity of that system. This will reduce the need for LHEs to collect data separately from providers, which is believed to be causing these duplications. DSHS is working with federal partners on solidifying data standards. DSHS is aligning its work with the Council of State and Territorial Epidemiologists (CSTE) and the Center for Disease Control and Prevention (CDC) for scheduled updates.

DSHS is also making progress on eCR (Electronic Case Reporting) to standardize and move towards increasing eCR usage, first with COVID-19 then towards other conditions. DSHS is working on a statewide strategy to accommodate LHEs that are not currently directly engaged in eCR.

Mr. Williams asked if it is very different from what they are currently using? Mr. Eichner stated that there is already a national standard in place that can easily be adapted.

Mr. Eichner has been working with the Electronic Laboratory Reporting Workgroup and plans to get together to discuss the next set of steps.

Mr. Beau Mitts discussed successes they have had in working with Dr. Eichner’s team and the quality improvement projects to improve the timeliness of getting data. They have been able to get their actionable cases each day over 90% along with getting this data to contact tracers for follow up.

Mr. Williams recommended formalizing the work group and adding additional members that represent other department sizes. Ms. Kreidler agrees that it would be good to bring in some people from other size LHEs as their resources are not the same as the larger LHEs.

Dr. Eichner agreed, stating one of the current goals is to shift this workgroup towards the longer term Public Health System Improvement Project and try to bring the work of this group under that umbrella.

**Update on 1115 Waiver Delivery System Reform Incentive Payment (DSRIP) Transition:**

Mr. Alberti spoke on the status of an 1115 Waiver DSRIP Transition update in future meetings. Currently, Ms. Lauren Kalbfell from HHSC has accepted a position outside of the agency. She has directed us to her supervisor, Ms. Emily Sentilles, for any future updates on the waiver. Mr. Alberti will work with Ms. Sentilles on getting this update for the next PHFPC meeting in February.

**Update on 2020 Annual Report/Recommendations Letter to DSHS:**

Mr. Alberti updated the committee on the status of the recommendations letter. The response to the letter is currently pending DSHS executive review. Mr. Alberti further added that statute does require the committee to submit an annual report. Government Affairs has agreed to a deadline of February 28th, 2021 to submit the 2020 Annual Report. The Division for Regional and Local Health Operations (RLHO) is offering to assist with the submission process by providing additional support in drafting the document.

Mr. Williams stated that Ms. Michelle Austin will assist with the report as in previous years and asked for volunteers from the committee to assist with the report. Dr. Julie St. John volunteered to assist. Mr. Alberti will follow up with Ms. Austin and Dr. St. John.

**Public Comment:**

No Public Comment

**Timelines, Next steps, Announcements and Future Meeting Dates**

Mr. Williams publicly thanked Dr. Shah for all his support and service over the years as he heads off to his new position, Secretary of Health for the State of Washington. Mr. Williams also read a letter from Dr. Hellerstadt to Dr. Shah.

Dr. Shah thanked everyone for the honor and privilege of being able to work along with all his colleagues through everything. He is always going to be a local health practitioner at heart and it will be a big transition to go from local to state.

Mr. Williams asked for the next set of agenda items to include any Vaccine Updates, Medicaid Billing Strategy Updates, Electronic Lab Reporting Workgroup Updates, and 1115 Waiver DSRIP Transition Updates as well.

Mr. Alberti gave an announcement of the expiring memberships of Dr. Jennifer Griffith and Ms. Lou Kreidler. These memberships will expire February 1st, 2021 but Dr. Griffith and Ms. Kreidler will continue until new or reappointments are made. A new nomination process will begin soon. Mr. Alberti will provide further information as the process moves forward.

**Adjourn**

Ms. Kreidler made a motion to adjourn the meeting. Dr. Griffith seconded the motion. Motion carried. Meeting adjourned at 11:05 am.

Approved:

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Stephen L. Williams, Committee Chair Date