Public Health Funding and Policy Committee Meeting

February 10, 2021

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

Attendees:

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| Abel Chacko | Jennifer Sims | Paige Abney |
| Aimie Harris | Jennifer Smith | Peter Hajmasy |
| Albert Cheng | Josh Ediger | Porscha Vallo |
| Angel Angco-Barrera | Judy Telge | Rafael Alberti |
| April Brantley | Julie Lindsey | Ricky Garcia |
| Arezu Hadjaliloo | Julie Von Alexander | Robert Kirkpatrick |
| Barbara Klein | Karin Petties | Roberto Beaty |
| Becky Earlie-Royer | Katherine Layman | Saroj Rai |
| Courtney Dezendorf | Lesley Brannan | Scott Merchant |
| David Gruber | Linda Wertz | Seth Henderson |
| Edu Swarts | Lindsay Lanagan | Shannon Brown |
| Emily Sentilles | Linnea Ashley | Shannon Hitt |
| Evelyn Hahn | Lori Gouldy | Shannon Richter |
| Fiona Gilmore | Lisa Steffek | Sharon Melville |
| Garce Kubin | Lisette Osborne | Shelle Tarbox |
| Glenna Laughlin | Lucille Palenapa | Stephen Pont |
| Holly Jacques-Turner | Michelle Austin | Steve Eichner |
| Imelda Garcia | Mike Gilliam | Veronica Karam |
| Jennifer Griffith | Nancy Ejuma |  |

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

**December 9th Meeting Minutes**

Dr. Sharon Melville moved to approve the minutes. Dr. Phil Huang seconded. Motion carried. Minutes approved.

**Update on Vaccine Allocation Distribution Planning:**

Ms. Imelda Garcia updated the committee on current vaccine allocations for the state of Texas. A total of 3 million vaccine doses have been allocated with almost 1 million people fully vaccinated and an upcoming increase in allocations is to be expected. DSHS has sent a lot of one-time large donations to certain counties that were not receiving enough vaccine. Johnson & Johnson has filed for emergency use authorization (EUA) for their Janssen vaccine but won’t go before the advisory committee until the end of the month. On Thursday the federal kickoff of the pharmacy program begins. There is a current total of 336 locations. The data entered into the Texas Immunizations Registry (Immtrac2) has been changed so it is mostly entered on the front end. Changes to ethnicity data fields have been implemented on the front page and is now a required field. The Center for Disease Control and Prevention (CDC) is basing our allocations on how quickly the doses are administered and inputted into Immtrac2. We are looking at both the hub and non-hub submission rates.

Dr. Huang asked if, from the state standpoint, the difference in administered and population is considered a negative on allocation, while the CDC is talking about bonus doses based on allocation or are these separate incentives? Ms. Garcia responded that this is the data they look at when allocating doses across the state, but they have not seen the methodology on bonus doses nor has the CDC put the criteria in writing.

Dr. Emile Prot asked if census data on age is considered when it comes to allocating doses? Ms. Garcia responded that they do look at this data, but one of the things hurting the providers is that there is insufficient data of doses administered across county. There is a continuous ask for more vaccine, but data entry is moving slowly.

Dr. Melville asked if the maps presented on the website can be shared or are they for internal use only? She feels it would be very helpful for the counties to see this data. Ms. Garcia responded that they have already released iterations of it, so it is shareable.

Ms. Lou Kreidler stated that the providers in her counties are having issues with Immtrac2. They have been unable to reach anyone at Immtrac2 to troubleshoot the issues, which have now gone to an automated system, and are awaiting a call back to receive help with the data dump from the automated system. Ms. Garcia asked Ms. Kreidler to email her who the contact is for these issues and she will have someone get in touch with them.

Ms. Garcia presented the Tableau dashboard and what jurisdictional view local health entities (LHEs) have. Ms. Kreidler is unable to see how much of the total allocation is going to the providers in her counties. Ms. Garcia will talk to the team to see what view they have or able to have.

Mr. Williams asked how using the doses early affects the Tableau reporting and about details regarding the transferring doses. Ms. Garcia replied that the reporting will have a higher percentage of doses administered. If you are transferring doses, they should be tracked and entered into Vaccine Allocation Ordering System as it will give the overall picture of why more 2nd doses are being ordered then what were originally allocated.

Dr. Melville asked if they are moving away from the hub model to a population-based model? Ms. Garcia responded that they are not moving away from hubs yet. Currently, they are working on refining the distribution of the vaccine to ensure they are going to the correct areas.

Dr. Prot commented on how the locals are trying to sustain the hub model, but it is a lot of work and manpower. The regions have been alternating where they have a hub clinic one week and then transfer doses to others the next week. This is so that they keep the amount of vaccine they receive the same but can possibly transfer some to the fire department that is going door to door as an example. We are encouraging the locals to develop a plan for who they are transferring allocations to if they are not using them. Ms. Garcia responded that it is perfectly acceptable, and they currently have hubs that do this already. Further clarification on this topic can be provided during the weekly webinars.

**Update from Electronic Laboratory Reporting Workgroup on Solutions to Committee Recommendations:**

Dr. Steve Eichner, Ms. Jessica Romano, and Ms. Lucille Palenapa gave the committee an update on the Electronic Laboratory Reporting (ELR) Workgroup. Ms. Romano gave updates on lab reporting into the upgraded National Electronic Disease Surveillance System (NEDSS) database. They are receiving and processing 150 thousand to 200 thousand labs per day into the NEDSS system. Ms. Palenapa has been working with the public health laboratories on the Association of Immunization Managers (AIMS) centralized ELR platform. They are working to streamline the receipt of ELR’s into the NEDSS database. They are also working on the electronic case reporting (eCR) to receive data through AIMS by establishing an initial eCR using key information that the epidemiology staff have identified. They are working with a select group of local health entities (LHEs) to establish eCR exchanges.

Dr. Eichner went over AIMS and how lab reports are routed through them to the correct jurisdiction. They are working on building out an inventory of systems and data sharing documents to improve collaboration with LHEs.

Ms. Sims updated the committee on grant funding that has come in and the requirements of the funding being used to augment existing activities. The funding period ends on July 21, 2023. Much of which was highlighted as important within the committee’s recommendations are features of this grant. Some of the activities of a couple new grants that are allowable include the construction and renovation of buildings that provide public health services, mobile testing vans to test underserved populations, and providing the flexibility of use for other broad-based community spread infectious diseases besides coronavirus preparedness.

Dr. Huang asked if it was still beneficial for the locals to have those direct connections with the ELR infrastructure? As with eCR, how do we balance the benefits of some of the local direct connection versus going through the state? Ms. Sims responded that there is planning that needs to be done, rather than determining just one way to implement. We also need to figure out what works with state reporting, what the locals would need, as well as what can be done in the timeframe allotted. Dr. Eichner added that some things may be better as a uniform process, while others may need to find a way to connect individual processes together. Mr. Williams agreed that if it makes sense for some things to be uniform then that should be stated. Representatives from small, medium and large LHEs should be brought together on this and in the creation of a map. Is the department able to provide information as to what is possible within this opportunity and what needs to be handled on a legislative level? Ms. Sims responded that they are working with several legislators to work to improve data flow and accessibility. We are moving forward on the ELC while we wait on the results of the legislative session.

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

Ms. Emily Sentilles gave an update on the 1115 Waiver DSRIP Transition. Several proposals have been laid out to start in demonstration year 11. These were submitted towards the end of September. These include four direct payment programs, incorporating LHEs into the uncompensated care pool, and creating a cost reimbursement methodology for Medicaid. Texas Health and Human Services Commission (HHSC) did secure an extension of the current 1115 Waiver for an additional 10 years on January 15, 2021. Under this extension HHSC included a new program called the Public Health Provider Charity Care Pool (PHP-CCP). This will allow LHEs and public health districts to draw funds for their uncompensated care costs and will be implemented starting in September.

Mr. Williams commented that he thought LHE’s had 135 million annually in DSRIP funds to drawn on. Ms. Sentilles responded that the funds were on a decreasing scale so for the last couple of years it was approximately 104 million.

Dr. Huang asked how the type of services that are eligible for the charity care program are defined and if there are public health types of services that may fall under charity care? Ms. Sentilles responded that there was not a definition of services, but she will take the question back for more clarification. Mr. Williams and Dr. Huang both feel it is important to include the input of LHEs when creating these definitions.

Mr. Williams would like to continue to look at the managed care organizations (MCOs). While the language has been strengthened, the underlying issues are still there. Previously proposed legislation did not pass but, there may be a way that the issues could be handled administratively. Ms. Sentilles responded that HHSC had planned to meet with DSHS before the holidays, but it was postponed. She will reach out to appropriate parties within DSHS to schedule that meeting.

**Updates on DSHS’ Preparation and Response to the 87th Legislation Session:**

Ms. Jennifer Sims updated the committee that while bills are being submitted, there have been a minimal amount of hearings that have taken place. The Finance Committee did meet on Monday for the first time and funding was provided for the Texas Center for Infectious Disease, regarding the request to have newborn screenings for spinal muscular atrophy. DSHS was able to revise its Exceptional Items to three main items. The first was $3 million dollars and 36 full time employees for rural & frontier health programs. The second was funds to bring consumer protection audits into compliance, which need additional staff. The Hemp Program is currently generating this funding and it needs to be redirected. The third item being the funding of staff needed to bring the Fiscal Monitoring Program into compliance. The biggest item is regarding data services where we have paid for the Department of Information Resources to provide cloud services where data is centralized. Lastly, an assessment of the four major health registries (EMS Trauma, Blood/Lead, Texas Hospital of Acquired Infections, and HIV/STD) to move them onto a different platform.

**Update on Public Health Workforce Training and Assessment for DSHS Regions and Public Health Entities:**

Ms. Courtney Dezendorf, Director of the Office of Practice learning and Chair of the training workgroup created by DSHS in 2018, presented a slide deck update. They are working on creating an inventory of existing trainings as well as a workforce training site to consolidate all trainings. An example of a service that is hoped to be provided is an online training module that is being created by the faculty at University of Texas El Paso and with virtual assistance from the PHR 6/5S Public Health Training Center in expanding the training to a broader audience. An update was also given on the Public Health 101 program. There will be a pilot program to test out the changes that will be made this summer. Interested parties should reach out to Ms. Dezendorf or Ms. Julia Von Alexander.

Dr. Prot asked where the trainings will be listed as they can be difficult to find. Ms. Dezendorf responded that they are working with Web Services to create a centralized location that will redirect to specific sites to sign up for training. Once they have the site built, they will send out a notification.

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

Mr. Rafael Alberti updated the committee that the report is in the final stages of executive leadership review and we expect to get them back within the next few weeks.

**Discussion of Essential Public Health Services Framework:**

As one of the first duties of the committee, the continuation of identifying the core public health services that LHEs should provide, was discussed. A draft framework was created, and the next steps were to meet and finalize the document. Mr. Williams asked that the document be sent out to the committee, including Jennifer at TACCHO, for review. The discussion to finalize the document and the definitions within it will be held at the next meeting.

**Public Comment:**

No Public Comment

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

The next meeting is April 7, 2021. Mr. Williams suggested that if they do go back to meeting in person that they will need to have an online process. Mr. Alberti announced that the nomination process is nearly complete.

**Adjourn**

Dr. Huang made a motion to adjourn the meeting. Ms. Kreidler seconded the motion. Motion carried.

Approved:

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Stephen L. Williams, Committee Chair Date