

**State of Board of Health
Minutes
October 15, 2010 – 9:00 a.m.
Perimeter Center, 9960 Mayland Drive
Richmond, Virginia 23233**

Members present: Dr. Craig Reed, Chairman; Dr. Julie Beales, Vice Chairman; Paul Clements; Jim Edmondson; Bruce Edwards; Dr. Anna Jeng; Dr. Charles Johnson; Dr. Mary McCluskey; and Ed Spearbeck.

Members absent: Kay Curling; Dr. John de Triquet; Dr. Bennie Marshall; Dr. Bhushan Pandya.

VDH staff present: Dr. Karen Remley, State Health Commissioner; Jeff Lake, Deputy Commissioner for Community Health Services; Dr. Marissa Levine, Deputy Commissioner for Public Health and Preparedness; Joe Hilbert, Director of Governmental and Regulatory Affairs; Catherine West, Administrative Assistant; Dr. Keri Hall, Director of the Office of Epidemiology; Dr. Diane Helentjaris, Director of Family Health Services; Scott Winston, Assistant Director of the Office of Emergency Medical Services; Dr. Elizabeth Barrett, Office of Family Health Services; Greg Dennis, Office of Epidemiology; Suresh Soundararajan, Office of Information Manager, and Rebecca Early, Division of Immunization, guests of the Commissioner

Others Present: Robin Kurz and Allyson Tysinger, Attorney General's Office; Dr. Gregg Pane, Director of the Department of Medical Assistance Services; Rebecca Mendoza, Department of Medical Assistance Services.

Call to Order

Dr. Reed convened the meeting at 9:00 a.m.

Approval of Minutes

The minutes of the July 16, 2010 Board meeting were approved unanimously.

Commissioner's Report

Dr. Remley introduced Suresh Soundararajan, and Rebecca Early. She invited Mr. Soundararajan and Ms. Early to attend the meeting and meet the Board in recognition of the superior level of service that they have provided to the agency, particularly as part of the agency's response to the H1N1 influenza pandemic.

Dr. Remley announced that VDH's Office of Epidemiology (OEPI) had received the Governor's Technology Award. Ms. Early wrote the application for the award which recognizes the response by OEPI staff to the H1N1 2009 influenza pandemic by launching an online registration system to use in registering, certifying, and providing vaccine to Virginia providers. This system has fundamentally changed the way that VDH looks at immunizations in the state.

Dr. Remley identified new and continued federal grants that VDH has received. There was a discussion of whether the funds received from the grants will be used to support existing VDH programs or will fund new programs. Dr. Remley indicated that the federal grants will do both. Dr. Remley also mentioned that Virginia is the only state to receive the State Health Workforce Implementation Grant. This grant will be used to establish the infrastructure for the Virginia Health Workforce Development Authority. It will also be used to encourage health workforce initiatives through the use of regional planning and implementation grants.

Dr. Remley reported that two new offices have been established within VDH's central office; both as a result of the recent re-organization of the deputy commissioners roles. The new offices are the Office of Risk Communication and Education and the Office of Emergency Preparedness, both of which fall under the Deputy Commissioner for Public Health and Preparedness.

The Boy Scouts recently held their Jamboree and Dr. Remley was pleased to announce that there were no major public health issues from this event. VDH provided public health oversight for the event.

The VDH H1N1 after action report is available upon request. One member requested a copy of the report. Dr. Remley told the Board that VDH's response was efficient, effective, and appropriate given the situation and circumstances. Since this virus was a new mutation, VDH did not know what would happen and therefore, handling the initial surge was very important. There was significant disease, mostly in children and young people. Good opportunity to do things that would not have been done. Virginia is fortunate to have the public health system it has, not all states are so fortunate. There was a comment that states with different infrastructure had more difficulty during the H1N1 pandemic. Dr. Remley reminded the Board that Virginia's immunization rate was 50% higher than other states during the first seven weeks of the vaccination campaign.

Dr. Reed thanked Dr. Remley for the Commissioner's report. He also introduced Dr. Mary McCluskey, the Board's new representative for managed care health insurance plans.

State Emergency Medical Services Advisory Board Update

Gary Dalton, Second Vice Chair for the EMS Advisory Board gave this report. He commented that there has been a lot of positive developments resulting from how the H1N1 pandemic was handled. Mr. Dalton thanked the Board of Health for approving the 11 EMS Regional Councils at its April 2010 meeting. The EMS Advisory Board meets quarterly and has adopted a new set of bylaws that will go into effect November 2010. EMS patient care data is now being reported electronically. EMS jobs are now being recruited online. The EMS Advisory Board has reviewed and approved the State Emergency Medical Services Plan that will be presented to the Board of Health at today's meeting for approval. This Plan better reflects the direction of where EMS wants to go. Mr. Dalton publicly thanked Dr. Remley and Dr. Levine for their attendance and support of EMS meetings. The EMS community has embraced two VDH initiatives; infant mortality and child obesity prevention. There was a discussion about standards for safety and quality for EMS providers, in particular an awareness of OSHA standards. There was also a discussion about funding and maintenance for Medevac equipment. Bruce Edwards commented

that the ultimate concern is that every citizen in Virginia has access to Medevac services. He also indicated that the FAA has promulgated new regulations concerning Medevac.

Public Comment

There were no comments from any member of the public.

State Emergency Medical Services Plan

Scott Winston presented this action item to the Board.

The triage plan is a component of the State EMS Plan. However, the triage plan is not yet ready for presentation to the Board. It will be presented at the next Board meeting.

The State EMS plan that Mr. Winston presented to the Board was a three to five year strategic plan that does not include routine and recurring items. The Plan looks at new initiatives in terms of what can improve the system as a whole. The strategic plan is used to develop an operational plan work plan for the Office of EMS. The structuring of the EMS Advisory Board committees is driven by the operational plan. OEMS is also looking at improved integration of it is various activities. Other key planning aspects within OEMS involve communities and performance monitoring.

The draft plan was approved and then circulated to the entire EMS community for comment. No comments were received to change the core strategies and objectives in the plan. The draft was approved by the State EMS Advisory Board.

There was considerable discussion by Board members concerning their desire for a State EMS Plan document that is more detailed in terms of mission, vision, operations, resource allocation, and performance measurements. There was consensus on the part of the Board that action on approving the Plan be deferred until the next Board meeting.

There was further discussion with legal counsel focusing on the fact that the Code of Virginia requires that the Board approve a revised State EMS Plan every three years. Deferment of approval of the Plan to the next Board meeting will place the Board outside of compliance with the three year requirement.

The Board approved the following motion on a vote of 8-0-1 (Spearbeck abstained):

OEMS will provide Dr. Remley with a revised State EMS Plan to include the trauma triage plan component. Dr. Remley will provide the revised plan to each Board member via email or U.S. mail as appropriate. Each Board member will review the draft plan and individually submit comments, or seek clarification, for Dr. Remley. In the absence of any significant comments or concerns expressed by Board members, Dr. Remley will approve the Plan on behalf of the Board prior to the next Board meeting. If Dr. Remley determines that the Board does have significant comments or concerns, the draft Plan will be scheduled for the next Board meeting for consideration by the entire Board.

Legal counsel advised the Board members to submit their comments and questions to Dr. Remley only and not to copy any other Board member on the email messages.

Dr. Remley commended the Board for its high level of engagement on matters and issues pertaining to the EMS system.

Policy and Protocols for Vaccine Administration by EMS Providers in Virginia

Scott Winston presented this action item to the Board. This policy was developed in response to legislation enacted by the 2010 General Assembly, and pursuant to existing guidelines issued by the Board of Nursing and the Board of Health. It is an expansion of those individuals authorized to administer vaccines. This item has been reviewed and approved by the Board of Nursing as well as the State EMS Advisory Board.

Vaccine administration has not always been in the scope of practice of EMS providers. Historically, EMS providers have been authorized to vaccinate only in a circumstance of emergency declared by Governor.

There was a discussion concerning the impetus for the 2010 legislation, the role of EMS operational medical directors in overseeing vaccination activities, and link between this initiative and VDH's overall emergency preparedness efforts. There was further discussion concerning the likely effects of this initiative on vaccination rates overall and vaccination rates among first responders.

The policy and protocols were unanimously approved by the Board.

Other Business

Joe Hilbert discussed the draft Freedom of Information Act letter that the Board of Health reviewed earlier in the year. This letter is addressed to the Governor and discusses the limited ability to hold electronic meetings under FOIA. The Board of Health would like to suggest to the Governor that this issue be studied and examined to amend FOIA. There was an instruction that the former draft be slightly revised and that revision is now before the Board for its approval. The revision asks that the Governor's Government Restructuring and Reform Commission examine this issue and offers Board of Health assistance and approval of looking at this issue. There was a motion to Dr. Reed sign this revised letter and send it to the Governor. The Board unanimously approved the motion.

Member Reports

Jim Edmondson – Consumer Representative. He discussed issues and concerns pertaining to guidelines for the use of mammograms to conduct breast cancer screenings. He commented on some recent mixed messages on the part of the health care and public health systems. He stressed the need to examine the costs and benefits of screenings.

Bruce Edwards – Emergency Medical Services Representative. The Board of Health recently approved the data elements for the new electronic records system in use by EMS. The process is

going well and won a Governor technology award for medical records system. The system is a template that can be used by other organizations. Retrieving patient outcome data is a problem the EMS community is dealing with the hospitals about. Historically, EMS staff have not been able to track what happened to a patient from their EMS treatment through the hospital outcome. EMS providers will be able to use this information to know what to do to improve patient outcomes. EMS providers love to treat patients but they are not as good with paperwork. This system will help to know what treatments work and help with research.

Dr. Charles Johnson – Virginia Dental Association. He told the Board that the Virginia Dental Association (VDA) headquarters burned down; the building was lost as well as some supplies. Even with this setback, VDA still has MOM projects going on; upcoming programs will be in Grundy as well as in Gloucester. VDA was able to save big equipment and no one was hurt in the fire; the cause of the fire was a lightning strike.

Dr. Mary McCluskey – Managed Care Health Insurance Plans. Newly appointed member, no report. Dr. McCluskey talked about her background and that she is looking forward to service on the Board of Health.

Paul Clements – Nursing Home Industry Representative. He told the Board about efforts within the long term care industry to implement a new minimum data set process. He also briefed the Board on efforts to promote the use of medication aides within long term care facilities.

Dr. Anna Jeng – Public Environmental Health Representative. She received a Certificate of Merit from the National Environmental Health Association for her exemplary contribution to the profession of environmental health. It is based on her service on several boards for state and national associations and organizations, and for her advancement of the environmental health profession through teaching the next generation of environmental health professionals. She also gave a presentation at a community gathering about health effects from coal fired power plants in Hampton Roads.

Dr. Craig Reed – Virginia Veterinary Medical Association. The veterinarian community is concerned with food safety issues. He has been retained by egg producers to help solve problems with safety issues. Another food safety issue that will impact both VDH and VDACS is the expansion of products tested for e coli, six other tests have been added. Labs that do the testing will have to be certified. A lot of product is coming from overseas with other organisms that are not natural here.

Julie Beales – Medical Society of Virginia. No report.

Ed Spearbeck – Virginia Pharmacists Association. He briefed the Board on a variety of issues pertaining to Medicaid and Medicare coverage of prescription pharmaceuticals.

Lunch Presentation

Dr. Gregg Pane provided a highlight of the Department of Medical Assistance Services' collaboration with VDH. He commented on the following issues and challenges:

- Implementation of federal health care reform legislation, including a projected 40% increase in Medical enrollees
- Minimizing fraud and abuse
- Improving service delivery and quality of care
- Maximize enrollment of children
- Coordination of care
- Cost reduction and fiscal stewardship
- Health information technology

There was a discussion pertaining to areas of potential collaboration between VDH and DMAS, including infant mortality, family planning, and telemedicine. There was additional discussion concerning the effect of low provider reimbursement on a provider's willingness to participate in the program.

Board Regulatory Action Items

Regulations Governing the Dental Scholarship and Loan Repayment Programs (12VAC5-520) – (Final Regulations)

Dr. Helentjaris presented the final amendments. The final amendments are the result of a periodic review process. There were no comments received during the public comment period. There was a discussion that the program currently is not funded. There was also a discussion that VCU was chosen as the official governing body for the scholarship process as it is the only dentistry school in Virginia. There was a brief discussion concerning the program's eligibility criteria as well as penalties to be imposed in the event of a default. The proposed amendments were unanimously approved.

Virginia Immunization Information System Regulations (12VAC5-115) (Proposed Regulations)

Dr. Hall presented the proposed regulations. VIIS will provide a birth to death immunization history for patients who receive vaccine in Virginia. VIIS is available to any health care provider that can provide vaccine to patients. While participation in the system is voluntary not only for providers but also for patients at this time, it is mandatory for EMS providers to use and will eventually become mandatory for all providers to use. There was a discussion about how useful this system will be for patients in the long term care system so that a patient's vaccination history is correct and up-to-date. There was also a discussion that Board of Health members can encourage the use of VIIS with individual constituency groups. Ms. Kurz pointed out a correction that was needed to a Code citation on page four of the regulation. That correction will be made to the regulation before it is posted for the next public comment period. Dr. Hall indicated that no comments were received during the public comment for the NOIRA stage of the regulation. The proposed regulation was unanimously approved.

Board of Health 2011 Meeting Schedule

The Board adopted its meeting schedule for 2011 as follows: March 11, June 9, September 15, and December 9.

Adjourn

The meeting adjourned at approximately 1:35 p.m.