
Governance Committee

June 1, 2020

Chair: Ralph Clegg

Present: Dr. Joseph Miner, Dr. Marc Babitz, Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Coombs, Gary Edwards, Jerry Edwards, Jill Parker

Visitors: Gary Mower, Ginny Ambrenac, Dean Penovich, Navina Forsythe, Darryl Snyder, Jenny Starley, Linda Wininger, Mary Sorensen, Melissa Stevens Dimond, Srimoyee Bose

Voting Members: Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Gary Edwards for Lloyd Berentzen, Jeff Coombs

Co-Chairs: Ralph Clegg & Dr. Joseph Miner

Minutes

Approve minutes from May 11, 2020 Governance meeting.

Motion to approve minutes: **1st:** Dr. Joseph Miner **2nd:** Paul Patrick

Vote Yes: Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Coombs

Utah Non-Fatal Firearm Injury Surveillance - Gary Mower (handout)

- The Firearm Injury Surveillance Through Emergency Rooms (FASTER) is a three-year \$150,000 grant through the CDC.
 - FASTER acronym has been provided by the CDC.
- Seven different agencies will be awarded nationwide.
- The project period is September 1, 2020 through August 31, 2023.
- This grant will fund the collection of emergency department data on firearm injuries by training the code, collecting essence data from emergency departments, and reporting to CDC for timely data broken down by state and county, quarterly reports, age, and sex.
- The dashboard created for opioids will be extended for suicide and firearms to disseminate information to stakeholders.
- Firearm injuries are different than most injuries in that there are more deaths, more emergency department visits, and less hospitalizations.
- There are on average about 200 firearm related emergency department visits per year. This will be the data collected for the grant.
- 80-85% of funding will be used to support staff.
 - 0.50 Epidemiologist
 - 0.25 Informaticist
- The remainder of funding will be used for out of state travel to conferences for grantees.

Motion to approve - 1st: Dr. Joseph Miner **2nd:** Jeff Coombs

Vote Yes: Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Coombs

National Bioterrorism Hospital Preparedness Program (HPP) COVID-19 Supplemental - Dean Penovich (handout)

- This is the second supplement of this grant. The previous supplement in the amount of \$273,852 with 90% (\$246,467) was distributed to the health care coalitions in 7 local health departments.
- The one-time supplemental funding for the second supplement is \$941,145 with 10% maximum (\$94,115) to be kept as direct cost to the state. Expires June 30, 2021.
 - Funding may roll over.
 - PHEP is a one-year automatic extensions as well
- The purpose of this supplement is to support the urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines of this pandemic
- The administrative supplement will support hospitals and other related healthcare entities prepare them to identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, and to prepare those entities for future special pathogen disease outbreaks
- Activities supported by this funding include:
 - Update the concept of operations (CONOPS) for health care system response to COVID-19 and the existing patient transport plan.
 - EMS funding was not done in the first supplement but will be done with the second funding.
 - Funding the special pathogen treatment centers.
 - Funding will ensure that the physical infrastructure of hospitals is in place.
 - COVID training by UHA and the coalitions.
 - Caring for target populations.
 - Implementing crisis standards of care. UHA has already created a group to discuss COVID.
- \$94,115 (10%) is proposed to for UDOH admin costs to support medical surge branch operations coordinating with medical command.
- \$70,000 is proposed for a .5 FTE to the UTAH Hospital Association (UHA) to continue coordination into the future, currently meeting weekly. If an ICU becomes maxed out the group will meet three times a week and UHA co leads with facilities and UC med surge.
- \$200,000 is a proposed fee for service for physicians to ensure the right bed for the right person.
- \$50,000 is proposed for additional technology to perform real time assessments.
- \$50,000 is proposed for EMD to support the items identified in the guidance.
- \$100,000 is proposed for the Intermountain Health special pathogens center to support the items identified in the guidance.
- The remaining \$377,030 is proposed for the hospital systems to support the Big 4 and Rural 9 systems/facilities for items identified in guidance.
- This funding will not add to current health care coalition requirements and duties but they will be indirectly involved with the funding.

Motion to approve - 1st: Paul Patrick **2nd:** Lloyd Berentzen

Vote Yes: Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Coombs

ELC PPPHEA Supplemental Funding - Heather Borski, Melissa Stevens Dimond, and Ginny Ambrenac (handout)

- This grant is due June 18, 2020 through the Paycheck Protection Program and Health Care Enhancement Act of 2020.
- The state of Utah is receiving \$87,419,266 for 30 months (May 2020 - November 2022) to support testing informatics and contact tracing capacity.
- This is a preliminary budget discussion and will return to Governance on June 15th.
- Testing capacity and contact tracing capacity must be balanced.

- All components of this effort that are not testing or informatics related fit into the 5th category listed on the ELC PPPHEA Funding Activities handout. (see below)
- Required Activities:
 - a. Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity
 - At minimum, the requirement is to have a Program Manager and a Budget Manager.
 - Additional lab Epidemiologist and Informatics staffing should also be considered.
 - b. Strengthen Laboratory Testing
 - The goal of this grant is to ensure that 2% of the population is tested every month.
 - The target is about 2,000 tests per day.
 - As recommended by Harvard Health.
 - Expand capacity for testing of symptomatic individuals, and secondarily asymptomatic individuals.
 - Coordinate with outside public/private testing providers to expand capacity.
 - Utilize mobile testing units to provide POC testing in non-traditional test sites.
 - Improve efficiencies in lab operations and management.
 - Enhance lab data analysis to improve informed decision making.
 - Create lab data visualizations to share with public, local, and federal partners.
 - c. Advance Electronic Data Exchange at Public Health Labs (Lab & Informatics)
 - Enhance and expand lab information infrastructure through an enhanced LIMS system.
 - Improve lab test ordering and reporting through HL7.
 - *The Utah Public Health Lab does not currently have electronic test ordering and is a critical need.*
 - d. Improve Surveillance and Reporting of Electronic Health Data (Informatics & Epi)
 - Enhance automated reporting to CDC of morbidity and mortality data, and individual-level data.
 - Enhance community-based surveillance.
 - Work with testing facilities to improve electronic lab reporting.
 - Enhance connectivity with data feeds.
 - *A current example of this is the building of an automated data feed with UHIN in order for test results and other data to be accessed.*
 - Through expanded electronic reporting and ADT messaging, improve understanding of capacity, resources, and patient impact at healthcare facilities.
 - Enhance systems for flexible data collection, reporting, analysis, and visualization.
 - Enhance systems to ensure accurate and timely data transmission to CDC in a machine-readable format.
 - e. Use Laboratory Data to Enhance Investigation, Response and Prevention (UDOH/LHD, Epi, & HAI)
 - Utilize lab data to initiate case investigation, contact tracing and follow-up, and implementation of containment measures.
 - Utilize tools to assist with mapping and tracking of disease.
 - Identify cases and exposures in high-risk settings and within vulnerable populations.
 - Use targeted mitigation strategies in high-risk settings to isolate and prevent spread.
 - Work with local jurisdictions to build capacity for containment within high-risk settings and vulnerable populations.
 - Build capacity for infection prevention and control in LTCFs and other similar settings.
 - Healthcare associated infections is also another significant area of focus for this grant.

- f. Coordinate and Engage with Partners (UDOH/LHD, Epi, Lab, & HAI)
- Enhance testing through partnership with local jurisdictions.
 - Enhance capacity for infection control and prevention through partnerships with local, regional, or national organizations and academic institutions.
- These priorities were identified by the CDC.
 - There must be balance in the budget between testing capacity, contact tracing capacity, and health care associated infection capacity.
 - This grant also includes very extensive informatics requirements building capacity that Utah does not currently have right now such as electronic lab ordering anticipated to take 4-5% of the budget.
 - At minimum, \$15 million dollars of this grant will hopefully be dedicated to local health departments to assist in the critical role of contact tracing.
 - It is hoped to leverage this funding to build capacity and benefit public health systems for potential future outbreaks.
 - Local health departments are more concerned on immediate response as opposed to long term capacity.
 - Federal CARES act money is in place through December 2020.
 - The goal is to maximize the CARES funding as much as possible prior to December while using the grant funding primarily for informatics until January 2021.
 - A strong, cohesive, and well-justified plan must be in place for CARES Act funding to ensure the existing state resources are utilized first.
 - The CARES Act funding could potentially cover a large portion of the testing needs and perhaps some of the contact tracing from now until December 2020. This will not cover Informatics.
 - Over 200 local health department staff, not including Epi's and nurses, will need to be removed from contact tracing in order to go back to their original duties and local health departments will be losing the National Guard assistance.
 - Locals need the ability to build their own local capacity as well as dedicated funding through the end of the year to hire and train contact tracers.
 - Contact tracing is estimated to be about \$1,000 per case.
 - Jill Parker will provide Shari Watkins with the current burn rate and expenditure data for local health departments as well as a proposal for contact tracing through the end of the year.
 - If the CARES Act funding is not received in time, this grant would be the funding source for local health department needs through the end of 2020.
 - Per Gary Edwards, a \$15 million budget would yield about 40 FTE's for Salt Lake County which is a 60% reduction from current contact tracing efforts.
 - Budgets will be reviewed at the next Governance meeting on Monday, June 8.

Motion held until next Governance

Vote Yes: Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Coombs

Other Agenda Items:

- OVRS LHD Fee Sharing - Navina Forsythe
 - This is a follow up to concerns from the local health departments about the potential loss of revenue to the state vital records office due to more orders being online.
 - A new funding model will go into effect on July 1, 2020.
 - Functions were reviewed for the certificates shared across the local and state office, and the functions only used by the state office have been removed.

- Silver data was reviewed by zip code and allocated all certificates and funding related to that out to the pertaining area.
- Counter mail and vital check records processed by the local health departments through April were reviewed.
- The electronic system fee was changed to reflect funding that went to UDOH.
- The varied medical examiner fees were removed to make it clear this was not showing as revenue going out.
 - A children's trust fund fee that has remained consistent did affect the proportion.
- This information was used to calculate a ratio of the proportions of funding that went to locals by zip code and UDOH.
- These figures were averaged across two years and compared them to FY20 to date and determined the difference.
- To reflect the average of the two years in FY20, \$81,493.01 will be the amount sent back out to each health department to have the same proportion that would have been accurate in the prior two years.
- Per the local health officers vote, in the new funding model \$350 of each initial certificate will go to UDOH and the remainder will go to the local health departments.
- Local health departments will be responsible for the silver orders for each area and collecting the majority of that revenue.
 - The \$2 birth certificate fee increase has been approved with \$1 going to vital records and \$1 going to local health departments.
- Trends will be monitored to ensure the amounts reflect the funding agreement.
- Navina and Darryl will send this information to Jill Parker and local health officers.
- Funding model will be assessed quarterly.

Motion to approve and adopt - 1st: Jeff Coombs **2nd:** Dr. Joseph Miner

Vote Yes: Dr. Joseph Miner Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Coombs

Misc:

- Jerry will discuss reporting hours for COVID employees with Shari.

Next Meeting - June 15, 2020 - 12:30am - Room 401/Google Meet

Motion to Adjourn

Motion to Adjourn - Ralph Clegg

Vote Yes: Dr. Joseph Miner Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Coombs