

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## COMMUNICABLE DISEASE AND OTHER HEALTH THREATS SUBGROUP

October 31, 2011

### PARTICIPANTS

*Co-Chairs* Scott Lindquist (Kitsap); Jennifer Tebaldi (DOH)

*Staff* Tracy Mikesell (DOH)

- *Members* Harvey Crowder (Walla Walla); Jeff Duchin (PHSKC); Keith Grellner (Kitsap); Barry Kling (Chelan-Douglas); Lyndia Tye (Spokane); Diana Yu (Thurston); Janna Bardi, Maria Courogen, Kathy Lofy (DOH)

## MEETING NOTES

### WELCOME AND INTRODUCTIONS

*Scott Lindquist and Jennifer Tebaldi, Co-Chairs*

All agreed that the *Agenda for Change* provides the subgroup with the main goal and also serves as an overarching theme to create other goals. The subgroup will develop objectives and strategies under the main goal.

- Need to consider fiscal environment
- 5930 funding is a proposed reduction and often used for communicable disease activities
- Must critically assess what is needed in communicable disease

### GOAL BRAINSTORMING SESSION

Small group work - organized our ideas around following questions using affinity diagram process.

**Immunizations:** What are some best practices for assessing community immunization coverage?

- Keep status quo for vaccine preventable disease (i.e., Child Profile, universal vaccine)
- Focus work on vaccine preventable disease that are not controlled
- Universal participation in Child Profile
- Child profile goal needs to be 100% participation
- Allow schools to enter data
- LHJs need to find ways to perform fall and spring school flu clinics for kids without access to primary care

- Identify policy to improve immunization rates and lower communicable disease rates
- Strengthen relationships with providers
- Strengthen relationships with providers
  - Best practices
  - Electronic reporting
  - Electronic Medical Records
- Need data about who isn't getting vaccinated
- Look to other states re: vaccine hesitancy best practices (RWJ Grant)

**Capacity for Communicable Disease Surveillance and Response:** What is our need to evaluate and streamline our communicable disease and surveillance and response system?

**Overarching theme - Prioritize our work**

- Prioritize CD investigations
- Prioritize case investigations based on set of criteria
- Identify minimum responsibilities for case investigations
- Identify whether there are specific disease that warrant specific focus from the public health system
- Stop follow up on Chlamydia (syphilis and gonorrhea only)
- Stop treating latent TB, treat active cases only and minimize screening
- Don't investigate 'norovirus -like' outbreaks
- High risk for TB activation (foreign born + TB, HIV+, contacts of active case, Native American, Alaskan Native or Pacific islander)
- TB screening vs. questionnaire system
  - TB testing for chemical dependency admits
  - Jails – clarify and inform (?)

**Sample matrix to organize prioritization discussion**

<b>Diseases</b> →	<b>CT</b>	<b>Pertussis</b>	<b>Norovirus-like illness</b>	<b>Etc.</b>
Disease investigation				
PH risk assessment				
Collect/report data				
Manage patient				
Manage contacts				
Manage community				

### **Overarching theme – Standardize our work**

- Standardize our CD response
- Standardize case investigations (What is the mechanism or process to do this?)
- Focus on immunization/CD work that only public health does
- Emergency response – need a process for deciding state-wide policy (consistent across counties)
- Need to be prepared for large-scale emergency response
  - Communication
  - Policy (vaccine availability)
  - CD response
  - FAQ for disease in notifiable conditions

### **Overarching theme – Leverage our work**

- Leverage resources to respond to CDs (across counties, state/county)
- Share communicable disease resources among LHJs on basis of PHEPR regions
- Need to assess what we do in guidelines
- Develop shared resources for LHJs on cases like TB (don't often see disease)

#### Additional ideas:

- Establish statewide policy in certain Public Health areas/issues (*Example: implementation of H1N1 vaccine*)
- DOH make LCDF conditional on LHJ adoption of state CD manual (compilation of CD current guidelines)

#### **Informatics:** Is it time to plan for an updated and integrated communicable disease and data collection system?

- Better access to lab/clinical data
  - HIE/EMR
- Electronic medical records
- How do we modernize informatics
  - Build onto PHIMS or replace PHIMS?
- Integrated surveillance and response IT system



**Risk Communication:** How do we need to improve public health communication?

The group decided not to develop a goal in this area as there were only several ideas and those could be incorporated into one of the other goals.

**Hepatitis C:** Should public health set a goal around addressing hepatitis C?

The group decided not to develop a specific goal in this area as it could be incorporated into one of the other goals.

Subgroup members would like to begin work on the prioritization of CD activities because of the significant need due to budget reductions. Public health is losing communicable disease capacity now – plans to streamline activity are already complete for some LHJs.

Scott and Jennifer will talk with the Agenda for Change Workgroup co-chairs and ask about early implementation options for this goal.

#### **INTERIM WORK FOR SUBGROUP**

The group decided to break into smaller groups to develop the specific objectives and strategies. All of the members will be notified of the meeting times for the smaller groups and will participate as time allows. The informatics group will invite representatives from outside of the subgroup to further develop the objectives (Bryant Karras, German Gonzales, and Mary Ann O'Garro).

Tracy will assist the smaller groups with the interim activities. The full group will meet again when draft language is finalized for the objectives and strategies?

#### **WRAP-UP AND NEXT STEPS**

Tracy and Simana will start scheduling calls.

Next meeting: conference call, TBD