

ERIE COUNTY BOARD OF HEALTH

MEETING MINUTES

MAY 7, 2019

PRESENT: James Hoddick, D.D. S.

Rob Free, Vice President, Food & Beverage, Buffalo Bisons
Baseball/Canalside/Outer Harbor

Dennis Galluzzo, RPh.

Diane Loomis, DNP, FNP

Legislator John Brusio

Via Teleconference:

Jonathan Daniels, M.D.

EXCUSED: Matthew Dunaif, D.V.M.

ERIE COUNTY DEPARTMENT OF HEALTH

Gale Burstein, M.D., Commissioner of Health

Jackie Andula, MPH, BSN, RN, Medical Care Administrator

I. REVIEW OF MINUTES FROM JANUARY 15, 2019 MEETING

Dr. Hoddick called the meeting to order. He asked if anyone had any corrections/revisions to the January 15, 2019 meeting minutes. There were none. The minutes were approved as presented.

II. LICENSED HOME CARE SERVICES AGENCY POLICY PRESENTED BY JACKIE ANDULA

Jackie Andula told the BOH that NYS requires that every county health department have a Licensed Home Care Services Agency (LHCSA), as we go into homes and do TB and Lead visits. Back in 2016 we were notified that we needed to do this right away. We started putting this together based on article 36, in October of 2016, by December 2016 Ms. Andula submitted the application. The following October we were notified by NYS that it was tentatively approved, and that they would do an open visit. They did the visit and there were some minor

things that we had to change. On 11/17/2017 we did obtain a license. They said that within a year they would come to do an inspection, and showed up in ten months, during which twelve deficiencies were found, that were corrected. None of them were considered major deficiencies one of which was not having doctor's orders, however we did have orders, but not on the form that they wanted us to use. Our plan of correction was accepted. This affected our TB nurses that go into homes, and our lead nurses that for the most part go into homes to provide education, not physical care. Jackie worked with Jennifer Delaney who is the Division Director of Environmental Health and Tom Muscarella, as well as the nurses to work this all out. For the most part, the lead patients will not be considered LHCSA patients because it is the second visit that makes them LHCSA patients. The first is the assessment visit, and most of the time the nurse only visits one time. Jackie went on to say that she had to have a governing authority such as the Board of Health to show what process they went through. NYSACHO is currently working with the state to say that this should not be required for county health departments. In all probability another visit would be made if there is a patient complaint or every three years, as we are not really providing care, as was pointed out. We have five registered nurses that go into the homes and either do education or the TB nurses observe patients taking their TB meds and monitor for side effects. We have obtained the license and passed our plan of correction.

Jackie said that she is required to present an annual report to the BOH She also said that their policies and procedures were reviewed by our chief medical officer and signed by Dr. Territo. She has agreed to do this annually and re-sign them. Jackie will continue to come to the BOH on an annual basis to present the report to the board members. She went on to say that every fall she needs to do a financial report on how much they have spent, and made on the LHCSA. If this report is not submitted we will be fined \$50 a day by the state. Jackie said that there is really nothing to report because we did not make any money. For public health services such as lead and TB we do not make money. We bill for TB, for a nurse to visit five days a week, we bill under a \$100 dollars.

Dr. Daniels asked Ms. Andula a question regarding in order for them to have a lead patient under the program does it has to be two visits. Jackie responded that this is just for the LHCSA. The first visit is a nursing assessment visit, the second is the actual visit that means that they have been accepted, the doctor signs the order and we go and do the second visit. This would be for people that have really high lead levels. These are education visits not medical visits. Dr. Bustein said that the nurse is providing the family with education and not providing nursing services

Jackie provided the Board with the governing authority policies, the clinical quality improvement program that we run in the clinics, she placed the LHCSA into it, as well as the minutes from 2017 when the application was submitted, and when the policies and procedures were accepted by the committee. The BOH approved the plan. The one thing the state wants on the committee is a community member to sit on the QA committee. Dr. Burstein said that this is not possible because of the confidential information involved. She suggested that Jackie ask the state on how to proceed with this, as there is personal health information being discussed.

STD-TB PROGRAMS

Ms. Andula provided the BOH with an in-depth presentation on the STD and TB programs of the Erie County Department of Health.

III. FOOD POLICY COUNCIL

Rob Free told the BOH that at the last board meeting the FPC was awarded a grant and hired a consultant. They now have direction; and recently held a Leaders and Advocates seminar at the Massachusetts Avenue Project Farmhouse on April 23. They brought in many community leaders that were concerned with food deserts in the area, all the way up to representatives from Wegmans and Latina Foods, many distributors and players in-between. Thirty seven people attended, not including FPC members, as well as 16 different organizations were represented. This was a very good start to get a discussion going about what the FPC can do in Erie County. There was good insight and recommendations from our consultants, led by Wayne Roberts who has been involved with the Toronto FPC for over a decade. He has a lot of experience and a lot of good ideas and recommendations to impart upon everyone. This even brought many different organizations together in one place to discuss what the issues are and how the FPC can work to eliminate the food dearth in especially Buffalo and Erie County. On April 24th, they held a FPC meeting, and had a 3 ½ hour visioning session with the new consultants to map out what the food action plan will be, what the direction of the FPC will be and what tangible things it can do. There had been confusion on where the FPC was housed, Mr. Free let them know that the FPC is the advisory arm of the ECBOH, that serves at the leisure of the BOH and can only be terminated by the BOH.

Also Mr. Free told the BOH that at the past FPC meeting, the Greater Buffalo Urban Farmers Pledge created by the urban farmers of Buffalo, wanted the BOH/FPC to endorse them and the FPC did agree to this. It is not a legal document, it does however bring the urban farmers together and it adds credibility to them and their promise to better serve the people of Buffalo and Erie County. We have sent this to legal and are awaiting approval, they then want to send it to local lawmakers, such as the legislature and common council so that they can see what is coming out of the FPC in assisting with the food systems in the area. Dr. Burstein asked if there were large farms in the city, Mr. Free answered that there are not large farms, but there are a good quantity of smaller farms, perhaps ten of them that are perfect for serving places such as MAP. Five Loaves is a farm that raises produce serving the west side. Mr. Free said that he would ask the urban farmers to provide a list of the farmers involved and what they are growing to provide to the BOH. Mr. Free said that along with the consultant we can reach out to the media. Dr. Burstein also mentioned that the health department has a press person that could also assist with this.

IV. COMMISSIONER'S UPDATE

Dr. Burstein told the group that this year's flu season is officially over as the prevalence went under 2.1%. She said that it was a late and long flu season in NYS, and that there is still flu circulating in the community.

Dr. Burstein said that the opioid overdose death numbers are continuing to stay low. We have not closed out all the 2018 cases, there are 173 confirmed and 16 suspected that are still pending. The numbers will be under 190. We have received a couple of federal grants to expand what we are doing. We have the response to overdose project that we piloted in Cheektowaga, where when a first responder resuscitates someone with Narcan this data is entered into an overdose map so that we can see it, then a police report is filed. We then provide the victim with a trained peer who goes and talks to the person regarding getting into treatment. We now have funding to expand that throughout Erie County, as well as some other counties in Western New York. We are also starting an opioid mortality review board. Our budget has just been approved, it has been a slow start up but all of the staff has been hired. We plan to dive deep into some of these cases to try and figure out how to find out what the events that led to the person overdosing; and see if there are any gaps in care or any systems changes that can be made to prevent future deaths under similar circumstances. We are also still working with the office of women's health to roll out SBIRT's for prevention and early treatment in ob/gyn clinics. We also have a couple projects with some large

primary care offices to help them expand buprenorphine (medication addiction treatment) into primary care. Over the past five years in 2015 looking at our Medicaid data, Tylenol with codeine was the number one prescription filled by Medicaid patients in Erie County, now it has dropped to half the number, going from 78,000 to 40,000. Also over the past five years we have doubled the number of buprenorphine products used for medication addiction treatment prescriptions. We have data to show that we have more people who are filling their prescriptions for medication addiction treatment.

Dr. Burstein went on to say that we are also trying to expand our trained peers in our community. We have found that this is a great resource. On May 31 we are having a working conference on how to bill for SBIRT, all of the offices that are attempting to bill are having difficulty. All of the offices trying to bill for SBIRT will submit a claim sometimes it is reimbursed and sometimes it is rejected. We are having a meeting with health plans and offices that are struggling to get reimbursed to talk about the situation and see how a consensus can be reached with appropriate coding etc. Cheryll Moore who runs the opioid task force is doing a lot of pre-work with the health plans and offices on calls.

NYS has passed legislation that is going to mandate starting later in the year that all counties will have to go full on board with lead prevention activities for lead levels of five and above. Currently it is fifteen and above. Mark Kowalski had gotten approval for funding to provide some resources for families that have a child with ten micrograms and above. But now we must get on board for every child, that will triple the number of lead cases that we have to deal with. We are trying to figure out what this will cost.

Dr. Hoddick asked Dr. Burstein about measles cases in the area. There was a case in the area last year in a new immigrant but there was no secondary transmission from this case, we have not had any this year. Dr. Burstein told the group that there is a bill in the NYS Assembly and Senate that would eliminate religious exemptions for vaccines. There are other states that have done this, most recently California after their Disneyland outbreak, this has greatly improved their immunization rates. In order for this bill to get voted on, it has to be approved by their respective health committees, and then the Assembly and Senate are able to vote on them. If passed the governor then signs. The governor has indicated that he would sign the bill. In the Senate the bill did get through their health committee, so that it would pass, however in the Assembly health committee fourteen members have to approve it, only ten or eleven have done so. One of them is Robin Schimminger. If you are interested in getting the bill passed you

could call him to voice your opinion. What is happening now is that anti-vaccinators from across the United States are calling all of the NYS representatives on the health committees and telling them not to pass this bill.

V. OLD/NEW BUSINESS

Dennis Galluzzo spoke to the BOH on Support for A-3867/S-5092 – Authorize Pharmacists to Perform CLIA-Waived Tests Memorandum of Support from the ECBOH. This bill would allow pharmacists to administer blood glucose tests. The bill would limit pharmacists in CLIA testing to whatever the NYS Commissioner of Health allows. Dr. Burstein said that this would improve access to health care and went on to say that NYS has the most restrictive scope of work for pharmacists in the United States. She said that the Medical Society of the State of New York is obstructive to allowing any health care provider other than a physician to expand their scope of work.

Dennis Galluzzo made a motion that the BOH approve a memorandum of support for A-3867/S-5092 to Authorize Pharmacists to Perform CLIA-Waived Tests, Rob Free seconded the motion there were no objections, and the motion was passed. The letter will be prepared, signed by Dr. Hoddick and sent out.

There was no other new business. The next Board of Health Meeting was scheduled for September 10, 2019 at 3:30 P.M.

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