

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
November 10, 2022**

APPROVED

**COMMISSIONERS
HEALTH REPRESENTATIVES**

Alina Dorian, Ph.D., **Chairperson** *
Diego Rodrigues, LMFT, MA, **Vice-Chair** *
Crystal D. Crawford, J.D.*
Patrick T. Dowling, M.D., M.P.H.*
Kelly Colopy, M.P.P.*

DEPARTMENT OF PUBLIC

Dr. Barbara Ferrer, Director of
Public Health **
Dr. Muntu Davis, Health
Officer *

PUBLIC HEALTH COMMISSION ADVISORS

Christina Vane-Perez, Chief of Staff **
Dawna Treece, PH Commission Liaison*
Judy Vasquez, Advisor to the Director*

***Present **Excused ***Absent**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<u>I. Call to Order</u>	<i>The meeting was called to order remotely at 10:30 a.m. by Chair Dorian</i>	<i>Information only.</i>
<u>II. Announcements and Introductions</u>	The Commissioners and DPH staff introduced themselves. October minutes	<i>Information only.</i> <i>Approved</i>
<u>III. Public Health Report</u>	Dr. Muntu David, Chief County Officer Giving Thanks Event Due to inclement weather the Giving Thanks event was rescheduled for November 16 th . Food will be offered and live entertainment provided by Ozomatli. There will be DPH Value awards to Public Health employees and teams whose achievements and dedication and services reflect the department's values of compassion, collaboration, innovation, equity and leadership. In addition, seven community-based providers and organizations will be recognized for their continued partnership over the past year. COVID Case Numbers COVID-19 cases are no longer declining in LAC and the steady decline that was observed since July plateaued in mid-October. Currently, cases are at 1,662. That's over a 20% increase from the 1,374 that was reported at the last Commission meeting. The total number of cases in	

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	<p>LAC to date is over three and a half million and over 34,000 COVID related deaths. Hospitalizations are at 492. Since the beginning of the pandemic, the number of tests performed in total is 74 million. Right now, LAC is categorized in the low community level in terms of the impact of COVID on health and the healthcare system. The weekly case rate increased to 72 cases per 100,000 as of November 3rd but has risen since to 89 per 100,000. The value for the rate for new COVID hospital admission increased to 4.3 new admissions per 100,000 and the proportion of occupied beds with patients with Covid remained the same compared to last week at 2.2%.</p> <p>Influenza</p> <p>Influenza is another virus circulating in LAC this winter. DPH will focus on minimizing the impact of a COVID surge this winter on the healthcare system because there are signs of increase spread of influenza and other respiratory illnesses that can create a big demand on clinics.</p> <p>Flu and respiratory illnesses are tracked differently than Covid. Neither requires mandatory reporting of cases. Instead of tracking individual cases, trends are monitored in the percentage of specimens testing positive for flu and other respiratory viruses, such as respiratory syncytial virus or RSV. In LAC, flu season officially starts when the percentage of specimens testing positive reaches 5%. By mid-October, LAC had already surpassed the 5% threshold, which is the earliest start of the flu season in five years. With such a sharp increase, there is concern of experiencing a more severe flu season, which can negatively impact our healthcare system. Nearly 1/3, about 26% of ED visits are among 0 to 4 years old, more than 21% of visits are 5 to 11 year old with influenza-like illnesses. It is unusual to have such high levels of influenza this early in the season. Since flu activity is high right now it is important to get vaccinated.</p> <p>Respiratory Syncytial Virus or RSV</p> <p>RSV is a common respiratory virus that usually causes mild cold-like symptoms with many people recovering in one to two weeks. RSV can be more serious for those older adults aged 65 and older and for very young children under the age of two. It can cause inflammation in the bronchioles or the small airways in the lungs. RSV is the most common cause of pneumonia and bronchiolitis in children under one years of age</p>	

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	<p>in the US. Just like the flu, RSV season begins in the late fall or early winter and can vary in severity and duration.</p> <p>Boosters and vaccines</p> <p>Public Health continues to remind residents to help prepare and prevent severe illness, either from COVID or flu, by making sure to get vaccinated preferably before gathering with family and friends during the winter holidays. The updated COVID-19 fall bivalent booster is available for people five years and older and provides the best protection against COVID. The booster uptake is lagging. 85% of residents five and older have received their primary series, but only 11% of eligible people, have received the new bivalent booster. Of nearly 1.3 million residents ages 65 and older who are eligible for the bivalent booster dose, only 22% or 283,000 have received one. This group is more vulnerable to severe outcomes from COVID. The updated fall COVID boosters and the flu vaccines are readily available at Public Health sites, community pharmacies and other locations across the county.</p> <p>Prevent Respiratory Illness</p> <p>In addition to vaccination, other ways to prevent respiratory illnesses is remembering to hand wash especially after coughing or sneezing, using the restroom or before preparing food. Residents should hand wash for at least 20 seconds and get all areas. Use alcohol-based hand sanitizers, and wear masks while indoors and crowded areas. Residents stay home if they are experiencing symptoms of respiratory illness, coughing, a sore throat, headaches, muscle aches or a fever. Be sure to test for COVID.</p> <p>DPH will continue to message these key strategies as we approach Thanksgiving and the winter holidays to protect the most vulnerable from severe illness from COVID, flu or RSV.</p> <p>Residents can visit our Public Health website at vaccinatelacounty.com to find a nearby vaccination site</p>	

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<p><u>IV. Presentation:</u></p>	<p>PRESENTATION OVERVIEW</p> <p>Gema Morales-Meyers, Director of Clinics Services, oversees 14 Public Health Clinics throughout LAC, one satellite clinic in Skid Row and a Mobile vaccine team.</p> <p>The program provides services for tuberculosis, sexual health clinics, and more recently the family pack program as well as providing immunization for vaccine preventable diseases, COVID testing and vaccinations and monkey pox, treatment, and vaccine.</p> <p>In March 2020, the department responded to the COVID-19 pandemic and staff were redeployed to other activities such as contact tracing, communicable disease control, and outbreak management. The clinics were temporarily closed to be able to respond. Only 6 clinics were left open. The clinics also provided COVID testing. The Central Health Center did some of the first testing in LAC for patients that were symptomatic for COVID that were coming in from overseas.</p> <p>The clinics began to reopen in 2021 and staff gradually returned to the clinics to provide testing, vaccines, and treatment for monkey pox. The clinics maintained a high volume of encounters and a lot has to do with the number of testing that were done. A drive thru testing was implemented at the clinics so people didn't have to get out of their vehicles.</p> <p>Strategic priorities to highlight are revenue reimbursement for the clinic encounters, ending the HIV epidemic in LAC, and providing health equity.</p> <p>Reimbursement for Clinic Encounters</p> <p>The program is now using electronic health record through Orchid. Although it took a while to receive reimbursement, it is now fully operational. Dr. Ferrer was vital in leading the charge to begin generating revenue from our clinic encounters. The program is progressing, but still have more work to do. In fiscal year 2019/20, over \$25,000 was received and in 2021/22, it went up to \$642,902. There is a lot of revenue that can be generated out of the clinics. Some challenges include not having contracts with any payers, many of the population now have insurance, but come as a safety net facility for any communicable disease. The community also come in for the anonymity.</p>	

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	<p>Some patients are come in because they don't want their insurance to find out that they are being tested, especially for STIs or they don't want their partners or spouses to find out that they came to be tested for STI. So, some patients will not provide information on their insurance.</p> <p>Another challenge is knowledge for public health billing. Public health billing is quite unique for primary care billing. So, the need to build knowledge of how to bill for public health services and working with a vendor that understand all the dynamics.</p> <p>Our electronic health record was not built for public health services. Orchid is a DHS primary care driven electronic health record. So, some of the things that are being done may not result in payment because charges are not being drawn, ICD 10 codes are not being included. So, there is work to be done on the electronic system to get reimbursed.</p> <p>Some solutions include contracting with a vendor, identifying best practices in billing for public health services by looking at other cities and states and mirror what they are doing. Additional solutions include identifying gaps in our billing processes and working with payers to get contracts.</p> <p>Ending the HIV Epidemic</p> <p>Ending the HIV epidemic is another priority in LAC. Currently there are nine sexual health sites. There is screening, diagnosis, treatment for STI and monkeypox, and we have implemented the family pack services.</p> <ul style="list-style-type: none"> • DPH partnered with sister programs, Division of HIV and STD programs to develop strategies on how to increase volume in clinics, and to ensure to provide services the community needs. The program has also partnered with other programs to receive Title 10 designation to help with pharmaceutical costs for the services. • DPH started the Express Model clinic, which is a rapid intake to make sure patients are being seen and tested and can get out with 15-20 minutes for shorter visits. Also in the works is biomedical prevention access with pre-exposure prophylaxis and post exposure prophylaxis. This is also expanded to the sexual health clinics. We hope to provide Rapid HIV medications and looking for funding opportunities to pay for the medications. 	

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	<ul style="list-style-type: none"> • DPH will start providing sexual health navigation with a senior health educator to ensure access to biomedical prevention on continuity of care for patients that coming into the clinics. Some future interventions that have been discussed are home collection kits and telehealth visits or our STI patients. <p>Providing health equity</p> <p>One of the new branches in the clinic services is the mobile vaccine team. The team is made up of 150 staff and half are nurses that work with a network of providers who provide vaccine.</p> <p>On an ongoing basis, over 700 sites are provided with vaccines in the hardest hit communities. This has been ongoing since March 2021 when vaccines became widely available.</p> <p>Telehealth</p> <p>The therapeutics team is a telehealth program that provides medications for people who have tested positive for COVID-19 and have symptoms. There have been over 4,400 patients have been screened. Prescribed over 3,662 medications and provide paxlovid and molnupiravir as option for medications. These meds can also be mailed out to homes overnight. Local pharmacy prescriptions have been preferred to overnight shipping.</p> <p>Mobile Vaccination Team</p> <p>The team goes out to different sites and provide vaccinations as well as door-to-door vaccine. Staff walk around in targeted communities based on their vaccination rates to provide vaccines. They knock on doors and a nurse is there to vaccinate onsite if needed. The team also visit homebound individuals. Residents can call the 800 number and request the homebound vaccines for Covid and flu.</p> <p>Home Visitation Program</p>	

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	<p>The program is for families with young children. This will help elevate barriers because families with young children often find it difficult to get out.</p> <p>The mobile vaccine visits schools, faith-based organizations, outdoor worksites, parks, retail, food and agriculture, supermarkets, special events, person experiencing homelessness, sheltered and unsheltered sites. The mobile team will also visit senior assisted living facilities, senior centers, and skilled nursing facilities. The team also work with regional centers to provide vaccines for people with disabilities.</p> <p><i>Comments/Questions/Recommendations:</i></p> <p>Comm. Dorian: UCLA Public Health Department has worked with the County in disaster planning during the pandemic. It is agreed that continuity of operations planning can be challenging when thinking about what to keep open and how to move forward in response plan. TB is extremely important and it would not be a good idea to interrupt or cease services in a pandemic.</p> <p>Comm. Rodrigues: Regarding revenue reimbursement, which is a shared challenge by many community clinics and nonprofits. With that setting, what stage of the solutions do you feel that the clinics are? Do you have vendors that are already working with you? Are you seeking out those partnerships in anticipation of this continuing to be a problem?</p> <p>Gema: DPH signed a contract with their vendors in November. This is the beginning phase with vendors. We have the same vendor that does revenue reimbursements. So, the vendors are very well versed in the way the system works and how we operate. This will help to close the gaps with billing vendors. It is a shared challenge for many when getting reimbursement from payers that are not within the network.</p> <p>Comm. Colopy: The Long Beach Health Department uses the electronic health record as part of the billing process around clinical services. However, the department has been thinking about the opportunities around Cal AIM and other different pieces and the billing pieces. Trying to build a public health model that looks like a healthcare model. It is appreciated on how to draw in resources to continue the work.</p>	

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<u>V.</u> <u>New Business</u>	PHC Bylaws	Commissioners will review Bylaws and make any updates and revisions, if needed.
<u>VI.</u> <u>Unfinished Business</u>		
<u>VII.</u> <u>Public Comment</u>		
<u>VIII.</u> <u>Adjournment</u>	<p><i>MOTION: ADJOURN THE MEETING</i></p> <p><i>The PHC meeting adjourned at approximately 11:30 a.m.</i></p>	<p><i>Commissioner Dorian called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Rodrigues. All in favor.</i></p>