

COUNTY OF SAN LUIS OBISPO

HEALTH COMMISSION

Minutes of Meeting

Monday, March 12, 2018 (County Board of Supervisors Chambers)

Members Present: Mary Jean Sage (Chair), Jinah Byram, Robert Campbell, David Clous, Claire Grantham, Kris Kington-Barker, Jean Raymond, Susan Warren, Candace Winstead

Members Absent: Tamar Sekayan

Staff Present: Dr. Penny Borenstein, Jean White

Speakers: Dr. James Beebe, Director, Public Health Laboratory; Mary Jean Sage, Consultant, Sage & Associates; Penny Borenstein, MD, Health Officer/PH Director

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order at 6:00 PM by Chair Sage.	Call to Order	Chair Sage
2. Approval of Minutes	Minutes of January 8, 2018 were approved as drafted.	January 2018 minutes approved	All
3. Public Comment	Chair Sage opened the floor to public comment with no response.		
4. Presentation: Molecular Testing and Developments in the Public Health Laboratory	<p>Dr. James Beebe, Director, County Public Health Laboratory, provided a Power Point overview of “Molecular Testing and Developments in the Public Health Laboratory.” He talked about how Public Health lab services have become more valuable through advances made over the years. He defined “molecular testing,” explaining what it is and how they use it. He focused on three categories of molecular tests: hybridization (sometimes called probe), amplification, and sequencing. In 2007, the laboratory was doing some molecular testing, probe identification of M tuberculosis and amplification test for chlamydia/gonorrhea. In 2009, the PH lab joined the Laboratory Response Network and performed PCR testing for BT agents and amplification tests for TB, Pertussis, Norovirus, & H1N1 Pandemic Influenza. In 2010, they went to what is called “Syndromic PCR panels,” where they were able to test for 12 different respiratory agents and 16 gastrointestinal agents. In 2015-16 they switched from multiplex assays to what are called “Sample to Answer Syndromic PCR Panels,” which upped respiratory panel to 17 agents and gastrointestinal to 23 agents, and added the Gene Xpert, which allowed rapid PCR testing for TB. In 2017-2018, the sequencing instrument was acquired, installed and staff were trained. He explained how DNA sequencing works and how DNA extracts are pooled and compared to other sequences in a library – “in the cloud.”</p> <p>Commissioner Campbell provided an example of a college student with a few positive cocci in the spinal fluid and asked how long it would take to demonstrate conclusively that this was a case of meningococcal. (Dr. Beebe explained that they cannot test directly on the specimen and would have to “grow” the organism first. If a sample came from the hospital, they would “grow” it and submit an isolate to the lab. Currently, the PH Lab must “batch,” because a single run would cost \$1,000.)</p> <p>Commissioner Byram recently returned from a conference at Mayo Clinic where infection specialists discussed some of the current outbreaks, particularly the Lassa Virus outbreak in Nigeria. She asked if the Public Health Laboratory would be able to test for this. (Dr. Beebe advised that currently the only place that can reliably perform Lassa testing is the Centers for Disease Control.)</p>	A copy of the Power Point presentation is filed with the official record of the meeting.	

	<p>Commissioner Winstead asked if there is still a role for serology and culturing in the lab. <i>(Dr. Beebe explained that the technology for them to go directly from specimen to useful information is not there yet; they must have pure culture isolate. Culture is going to disappear more rapidly from clinical/private reference labs, but he believes will remain in the public health network.)</i></p> <p>Commissioner Winstead asked what are the most common specimens that still need to be sent to the State to be identified. <i>(Dr. Beebe advised they send serologic specimens, Zika, Dengue and Chikungunya to the State.)</i></p> <p>Commissioner Sage asked how they get the word out to physicians in the community about PH laboratory services. <i>(Dr. Beebe advised of a variety of ways through the Public Health Bulletin, the Laboratory Messenger, a recent infectious disease forum, and a staff person who visits local offices.)</i></p> <p>Commissioner Campbell asked that a copy of the slides be distributed to commissioners.</p>		
<p>5. Presentation: Preventive Health Care Coverage Requirements & Guidelines:</p> <p>USPSTD/ACA Medicare</p>	<p>Dr. Penny Borenstein, Public Health Director, introduced Laura Jamieson, Sr. Public Health Nurse, who joined Public Health 4 months ago and helped gather information for tonight’s presentation.</p> <p>Dr. Borenstein provided a Power Point overview of The United States Preventive Services Task Force (USPSTD) and the Affordable Care Act (ACA) list of covered preventive services for adults. She explained that the USPSTF is an independent 16-member panel of national experts in prevention and evidence-based medicine who makes evidence-based recommendations to improve health for all Americans. The recommendations that they make fall into one of five categories – A, B, C, D, I, with A the best and the more rigorous the research has been that shows there is a benefit to the population in providing a clinical prevention screening service. The ACA requires that all private health plans cover preventive services with no cost sharing to the patient. The screenings that are required to be paid have to have a letter grade of A or B. The presentation tonight focused on the recommendations that have come out of the USPST and are covered preventive services for adults. She walked through and provided specifics for each of the 27 preventive services: abdominal aortic aneurysm screening, alcohol misuse screening, aspirin for CD prevention, BRCA-related cancer in women, breast cancer preventive medications, breast cancer screenings, cardiovascular disease medications, cervical cancer screening, chlamydial infection screening, colorectal cancer screening, depression screening, diabetes screening, fall counseling, folic acid supplementation, gonorrhea screening, Hep C screening, high blood pressure screening, HIV screening, intimate partner/elder abuse screening, lipid disorders screening, lung cancer screening, osteoporosis screening, sexually transmitted infection counseling, skin cancer counseling, tobacco use counseling, TB screening.</p> <p>Mary Jean Sage, Consultant, Sage & Associates, presented a Power Point overview of the 28 <i>(25-30 depending upon how you list or define them)</i> preventive services that Medicare covers. CMS has a booklet that provides specifics on each of these services that is available on their website. Ms. Sage explained how CMS is able to cover preventive services through their National Coverage Determination (NCD) process, where services to be covered need to meet the criteria as being reasonable and necessary for the prevention or early detection of illness or disability. They require a Grade A or B by the USPSTF and have to be appropriate for individuals that are entitled to the benefits under Part A of the Medicare program or enrolled under Part B of the Medicare program.</p>	<p><i>Copies of the Power Point presentations are filed with the official record of the meeting.</i></p>	

	<p>Medicare pays for a one-time initial preventive physical exam (“welcome to Medicare” visit) within the first 12 months a person has Medicare Part B insurance and then a yearly wellness visit. Other preventive services include: abdominal aortic aneurysm screening, alcohol misuse screening & counseling, bone mass measurement, cardiovascular disease behavioral therapy, cardiovascular screenings (cholesterol lipids, triglycerides), colorectal cancer screenings, depression screening, diabetes screening, diabetes self-management training, flu shot, glaucoma test, Hep B vaccine, Hep C screening, HIV screening, lung cancer screening, mammogram, medical nutrition therapy services, obesity screening & counseling, pap test, pneumococcal vaccines, prostate cancer screening, sexually transmitted infection screening & counseling, smoking and tobacco use cessation. Medicare does not pay for a traditional, head-to-toe physical, but does pay for a wellness visit once a year to identify health risks and help to reduce them.</p> <p>Ms. Sage also advised that new Medicare Cards are coming with new identification numbers (replacing SS #'s). California is in the first phase and new cards will be issued by July 1, 2018.</p> <p>Commissioner Byram thanked both presenters for their presentations. She added that there is a population that does not qualify for CenCal and cannot afford to pay for private insurance offered through the ACA or on their own, noting that for that patient demographic, there is a program offered through CHC that provides cancer detection services, which covers breast cancer detection, mammograms & pap smears. The program is also for those over 50 who cannot afford colonoscopy. Commissioner Sage added that CAPSLO also has a program that offers some preventive screenings & services, as well as the Noor Clinic.</p> <p>Commissioner Grantham asked why shingles was not on the Medicare covered services list. <i>(Ms. Sage explained that although this is covered, it is not on the list because it is covered under Part D, Pharmacy Services, rather than Part B.)</i></p> <p>Commissioner Grantham referred to the new shingles vaccine and asked if persons who had a previous shingles shot should get the new one. <i>(Dr. Borenstein answered yes; advising that the new product is called Shingrix and is a two-dose vaccine, separated by 6 months. Commissioner Byram added that it is not a live vaccine and is more effective for all age groups.)</i></p>		
<p>6. Health Agency/Public Health Report</p>	<p>Dr. Penny Borenstein, Health Officer/Public Health Director, reported:</p> <ul style="list-style-type: none"> • The Sheriff’s Office has hired a Chief Medical Officer (Dr. Christy Mulkerin) to oversee Jail Medical Services as a first step in the process of moving Jail staff from the Health Agency to the Sheriff’s Office. This will provide the infrastructure to be under one umbrella of the Sheriff’s Office. • The week of April 2nd-7th is National Public Health Week and the Public Health Department has a number of activities planned during that week, with the primary one being having a presence at Farmer’s Market where there will be healthy activities to engage the public. • Public Health hired the new Oral Health Program Manager, Ms. Barbara Morrow, who will be facilitating the coalition efforts and working to expand access to care for low-income children. They have also hired an Administrative Services Officer and are in the process of hiring four other people in that program. • A thank you to all of the health commissioners who participated in the February 8th SLO Health Counts Community Health Improvement Planning process. Public Health is working with each of 		

	the group leaders on strategies to get from the concepts & constructs that emerged from the planning forum to a coherent longer-term Community Health Improvement Plan. Stay tuned.		
7. Health Commissioner Updates	<p>Commissioner Warren attended the Homeless Services Oversight Counsel (HSOC) Housing Committee meeting and reported that the committee is working with the HSOC Counsel on a plan for short term and medium term solutions & ideas around the housing crisis. A presentation will go to the Board of Supervisors at their first meeting in May.</p> <p>Commissioner Campbell updated on the Nipomo Mesa pollution issue. The Air Pollution Control District (APCD) officer charged State Parks with a violation of State Health and Safety rules and has proposed a pallet of possible solutions; with 4 different scenarios where State Parks would close different areas to ATV riding. Last week, the APCD and State Park came to a compromise solution that they will propose to the hearing board next Wednesday. It will be up to the hearing board to decide if it is an acceptable solution.</p> <p>Commissioner Winstead attended the Opioid Safety Coalition meeting where it was reported that for the first time since 2012, opioid overdose statistics have gone down. Dr. Borenstein added that a few local law enforcement agencies are in process of moving forward on carrying Naloxone, in concert with policy direction, using the template created by the Sheriff’s Office.</p> <p>Commissioner Byram reminded all that flu season is not over and it is not too late to get a flu shot.</p> <p>Commissioner Raymond attended the Adult Services Policy Council (ASPC) where CenCal Health presented on new non-emergency transportation that is being coordinated in our county and into Santa Barbara County; Kat Lauterback presented on Cal Fresh new programs available, and United Way updated that 2-1-1 is active, and also has a “search for services” available online.</p> <p>Commissioner Sage attended today’s Preventive Health Grant Community Based Organization Committee where they made their final recommendations for grant funding that will go to the Board of Supervisors for final approval during budget hearings in June.</p> <p>Commissioner Sage reported that the Healthy Communities Workgroup continues to meet monthly. They are working on gathering data to put together a report on the number and type of plans reviewed for distribution to the respective agencies and for a public presentation in October.</p>		
8. Committee Reports	Nominating Committee: The Commission is still recruiting to fill a vacancy in the Direct Provider category. Applications are available on the Health Commission website at www.slopublichealth.org/healthcommission .		
9. Prospective Future Items	<p>Next meeting: April 9, 2018</p> <p>Chair Sage reported that the Chair of the Behavioral Health Board asked if the Health Commission would consider holding a joint meeting with their Board to discuss areas of overlap. Chair Sage suggested this be discussed at the Health Commission’s next planning meeting.</p> <p>Commissioner Raymond reported that she attended a program at the SLO County Commission of Women, whose focus is on health issues this year. She suggested the Health Commission consider collaborating with them on health issues.</p>		
10. Adjournment	Meeting adjourned at 8:00 pm.	<i>Adjournment</i>	<i>All</i>