

**CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
BOARD OF HEALTH MEETING
JULY 8, 2010**

MINUTES

A meeting of the Philadelphia Board of Health was held on Thursday, July 8, 2010, in the Municipal Services Building, 1401 J.F.K. Boulevard, Room 1450.

Board Members Present: Jose A. Benitez, MSW; Marla J. Gold, MD, Scott McNeal, DO; Susan Schewel, CRNP, PhD; Donald F. Schwarz, MD, MPH; Robert G. Sharrar, MD, MSc; Yolanda A. Slaughter, DDS, MPH

Attendees: Nan Feyler; Kay Graham; Caroline Johnson, MD; Carmen Lemmo; Giridhar Mallya, MD, MSHP; Jeff Moran; Elaine Strunk

Welcome and Introductions:

Board President Donald F. Schwarz, Health Commissioner, called the meeting to order at 5:35 PM. He welcomed the members of the Board and those attending the meeting. Dr. Schwarz asked for amendments or corrections to the minutes of the meeting of May 14, 2010. It was moved that the minutes be approved as submitted. The motion was seconded. **Motion passed.**

Announcements:

Dr. Schwarz said that the topic of dental amalgam would not be discussed at this evenings' meeting, acknowledged receipt by the Board of correspondence from the Philadelphia Dental Society (attachment A), and announced that the Food and Drug Administration (FDA) is scheduled to review evidence pertaining to dental amalgam at an FDA meeting in December.

Prenatal Care Information System:

Dr. Schwarz discussed the impact of the decline in the number of delivery hospitals in Philadelphia over the past fifteen years. He said that the decline to only six delivery hospitals has led to significant increases in the time and expense involved in record gathering. Women who go into labor are being taken by Emergency Medical Services (EMS) to the nearest appropriate facility which is often not the hospital, or an affiliate of the hospital, where they received prenatal care. This increases the probability that important records will not be immediately available when a woman arrives at the hospital for delivery. The records include laboratory findings that could impact the type of care received during delivery and eliminate the need for duplicate tests.

EMS has agreed to develop a more flexible policy transportation policy and share it with the Department of Public Health.

The City and city hospitals are investigating the possible establishment of a prenatal care registry, similar to the existing immunization registry, so that the medical information can be accessed at any site. Hospitals would be asked to include the discharge note for mother and baby in the files for access in continued care. Obstetric providers and their Information Technology officials have expressed interest in such a registry; however, much additional legal work will likely be required to establish a confidential registry.

Use of a bio-registry marker has been proposed to insure that providers can access only patient specific information, rather than all of the information in the database. A fingerprint scanner would be used at the time the patient is registered, and another patient fingerprint scan would be required to access the laboratory data in the registry. The scan would be linked to patient consent.

Dr. Schwarz said that he was presenting information about the registry to the Board because at some point in the future the Board may be asked to make some data reportable to the Department of Public Health to insure that the registry protects it. Making Laboratory data and discharge summaries reportable to the department will protect the department from having to release the information and will allow the department to determine its use.

Dr. Slaughter asked if large numbers of expectant mothers in some parts of the city use ambulances to get to the hospital for delivery. Dr. Schwarz responded affirmatively say that this underscores the need for EMS flexibility.

Dr. Gold observed that the registry would contain information about infant and mother, information about the mother's HIV status, and might even contain genetic information. She noted that those included in the registry would be only one segment of the population, and that it is a short step to the practice of making everyone's medical records quickly available electronically, where cost savings would be even more substantial.

Dr. Schwarz said that obstetricians at the hospitals that remain as delivery sites have identified the ability to acquire laboratory information at the time of delivery as a significant obstacle to care in 15 to 20 percent of deliveries. In addition, post-partum care providers encounter similar difficulties in obtaining records. He agreed that there are HIPAA consent issues and requirements that must be met by the hospitals, and noted that there are penalties for non-compliance. An important objective of HIPAA, he said, is providing continuity of care. In 2014, with the implementation of healthcare reform, these issues will affect everyone. As the department proceeds, it will bring more partners to the table to address confidentiality and establish consensus, Dr. Schwarz said.

Dr. McNeal said that organizations that provide prenatal, delivery, post-partum, and pediatric care currently have reciprocal arrangements with hospital for the exchange of information for the purpose of blind reporting for federal databases. Both sides are struggling to make timely reports because of the difficulties in obtaining data from multiple sites. He said that, modeled after the successful immunization registry, this effort could provide a stepping-stone to the changes that will come in 2014.

Dr. Gold expressed concern that the driver in this effort appears to be the infant rather than the mother or the general population. She agreed that this system should be consistent with what will come for the rest of the population in 2014.

Dr. Schwarz said that the registry would also be used, without identifying information, for the public health purpose of tracking trends.

The Board will be presented with a list of the individual elements in the data base and those who wish to use the elements in clinical care will be invited to justify their use and discuss why individual elements are included in the database.

Human Pappilloma Virus (HPV) Vaccine:

The Board was provided with a draft of an HPV vaccine regulation (attachment B) along with cost benefit information about the vaccine for boys and girls (attachment C).

Dr. Schwarz asked for an informal assessment of the Board's feeling about whether all girls should be receiving the vaccine. Many members responded affirmatively, while others expressed reservations.

Dr. Caroline Johnson, Director of the Department of Public Health's Division of Disease Control, provided the Board with HPV immunization data (attachment D), and reviewed the data with the Board.

The vaccine was approved in 2006. 2007 is the first year for which the department has comprehensive data.

Older girls have higher immunization rates.

Vaccination rates continue to increase.

70% have received one dose of the vaccine by age 18. One dose is not adequate immunization. The registry only reflects immunizations that have been reported, making this a conservative estimate of the actual percentage.

23% of girls born in 1992 have completed three full doses of the vaccine.

HPV immunization in Philadelphia exceeds the national average. This year, Philadelphia won an award for having the best overall adolescent immunization rates in the country.

Uptake of HPV vaccine is increasing without a regulation.

Additional study is needed to determine how to increase the rate of those receiving a third dose.

Dr. McNeal commented that that in his own practice group, Obstetric and Gynecology practitioners have been more aggressive in administering the vaccine than pediatricians, which may explain why rates are higher in older adolescents.

Dr. Schwarz asked if the Vaccines for Children program makes the vaccine available to boys and girls alike. Dr. Johnson responded that while the program makes the vaccine available for both boys and girls, private insurers may not be reimbursing or not reimbursing at a high enough rate. The vaccine can be made available through VFC for boys who are not covered by their private insurer, but physician administration charges may not be reimbursed adequately by private insurers. As a consequence, if the vaccine were to be required by regulation, many boys not covered by their private insurer would turn to the City's Health Centers for immunization.

Dr. Gold inquired about the process through which a regulation, such as the 6th grade meningococcal requirement, is established. The Board approved regulation is forwarded to the Records Department where it is posted for a period of public comment. Dr. Johnson said that the meningococcal regulation received no public comment or objection.

Dr. Gold asked why Dr. Johnson anticipated opposition to a regulation requiring HPV vaccination. Dr. Johnson cited parental sensitivity with this age group concerning a vaccine linked to sexuality, the issue of immunizing females only versus males and females, and reimbursement issues.

Dr. McNeal question the ability of insurers' systems to identify and reject a specific vaccine administered to boys. Dr. Johnson said that private insurers have not stated that they are willing to reimburse physician charges when the vaccine is administered to boys.

Dr. Schwarz suggested that requiring a school policy might not be the most resource efficient way of increasing immunization in a city where 70% have received at least one dose of the vaccine. He asked what other strategies might be employed to promote ACIP policy and recommendations in Philadelphia.

It was suggested that providers might be required to distribute to parents information about the ACIP guidelines, endorsed by the endorsed by the Board of Health; and, that the School District might also include this information in the packet of information to given to parents at the beginning of the year. The matter might also be discussed with the Medical Society and Medicaid Managed Care Directors, or even established as a provider performance measure.

Dr. Gold asked for an update on the heat wave. There have been five heat deaths in Philadelphia thus far this season. Dr. Schwarz said that every suspected heat-related death is reviewed by the Medical Examiner and the City has a very comprehensive responses plan, which coordinates the efforts of numerous City departments.

The Commissioner adjourned the meeting at 6:55 PM.