

CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
MEETING OF THE BOARD OF HEALTH

Thursday, February 13, 2020

The Philadelphia Board of Health held a public meeting on Thursday, February 13, 2020 in the Municipal Services Building, 1401 John Fitzgerald Kennedy Boulevard, Room 1450.

Board Members Present:

Thomas Farley, MD, MPH
Marla J. Gold, MD
John Rich, MD
Scott McNeal, MD
Ana Diez-Roux, MD PhD

Attendees:

Stacey Kallem, M.D., M.S.H.P.
Jeffrey Hom, M.D. M.P.H

WELCOME AND INTRODUCTIONS

Health Commissioner and Board President Thomas Farley, MD, MPH, called the meeting to order at 5:35 p.m. Farley asked for comments and questions about the minutes of the meeting of the Board of Health held on Thursday, January 9, 2020

Dr. Gold motioned to approve minutes. Motion seconded by Dr. McNeal. Ayes recorded, no nays.

Motion passed.

PRESENTATION: Regulation Relating to Maternal and Childhood Home Visiting Programs

Stacey Kallem, M.D., M.S.H.P., Director of the Division of Maternal, Child and Family Health gave a presentation on a Board of Health regulation related to maternal and child health home visiting programs. These are voluntary, home-based programs that provide support to families who are either pregnancy or have children up to age five. Services include case management and health education about pregnancy, newborn care, and parenting.

There are eight different organizations that provide home visiting in Philadelphia, which include 13 different models of home visiting, all with their own requirements. The enrollment process for these programs was complicated and uncoordinated. MCFH has worked with its community partners to create a central intake and referral system for home visiting. The system will launch in May 2020 and will include a phone number and a website. Callers will speak with an intake

worker who will walk them through an eligibility questionnaire and assign them to a program that matches their needs.

In order to get all community partners on board with the central intake, MCFH agreed to allow them to continue to recruit clients outside of the central intake system (e.g. through direct referrals or their own outreach workers). This creates a challenge in terms of getting an accurate citywide census of individuals who receive home visiting services in Philadelphia.

The new Board of Health regulation authorizes the Department of Public Health to collect voluntary enrollment data from home visiting providers solely to create an anonymized data set. The Department is further authorized to use the anonymized data set to conduct public health surveillance related to maternal and childhood home visiting services in Philadelphia for the purpose of preventing negative maternal and child health outcomes.

Dr. Farley opened the floor to questions from the Board.

DISCUSSION

- **Are home visiting organizations required to share their data with the Department of Public Health, and if not, will they be excluded from the central intake system?**
 - No, participation is voluntary, although all current home visiting organizations in Philadelphia have agreed to participate. The purpose of the regulation is to give our partners who have already agreed to participate the legal confidence that they can do so.
- **Have any of the participating organizations expressed any barriers or concerns about the central intake system?**
 - No. Stakeholder engagement began in 2015, and they have been involved at every step of the process leading up to new intake system. They continue to meet monthly as a steering committee for the project. A community advisory group also meets monthly to provide guidance to the project.
- **Does the voluntary nature of the project affect your ability to capture all the data you need?**
 - Although the regulation includes the language “voluntarily,” all maternal and child health home visiting organizations have already agreed.
- **How big is this?**
 - The most recent data analysis in 2015 found approximately 3,000 Philadelphia families enrolled in home visiting programs. We expect this number has grown since then and will grow even more under the central intake system.
- **What is the confidentiality of the data?**
 - We are working with IT to ensure confidentiality, probably through Redcap, which meets all City confidentiality standards. We have been working with the Director of IT through every step of this process.

- **Do we know what components of these programs really work?**
 - The literature on these programs does not say.
- **Can a patient opt-out of sharing her data?**
 - No one has raised this as an issue, although the regulation is designed to make people feel comfortable sharing their data.
- **Can the home visiting organizations measure school-readiness among the individuals they serve?**
 - The organizations are not evaluating their own work to that level of granularity.
- **Can you address the U.S.’s high rate of infant mortality?**
 - This question is outside the scope of the discussion of this regulation. We will be releasing a child health report soon that will include a lot of data on this issue. The top three causes of infant mortality are sleep-related death, prematurity, and congenital anomalies.

Dr. McNeal motioned to approve the regulation. Motion seconded by Dr. Gold.

Motion passed.

PRESENTATION: Regulation Relating to Drug Overdose and Treatment Reporting Requirements

Jeffrey Hom, M.D., M.P.H., Policy Advisor for the Department of Public Health, gave a presentation on Board of Health regulation relating to drug overdose and treatment reporting requirements. The City anticipates having roughly the same number of opioid fatalities in 2019 as it did in 2018 (approximately 1,100 overdoses).

We are also seeing approximately 10,000 annual emergency room visits for non-fatal overdose or symptom of withdrawal, which creates a huge burden on our health system but also provides an opportunity to engage individuals in a “teachable moment” that could lead to treatment.

Emergency departments are changing in response to the opioid crisis, including: providing buprenorphine and/or naloxone and connecting patients at on-site peer recovery specialists. These services vary across the city.

The proposed regulation seeks to standardize the reporting of drug-related emergency room visits (and offered services) to the Health Department and would require emergency rooms to submit a variety of aggregate data on a quarterly basis. This will help the Health Department improve its surveillance as emergency departments continue to expand their recovery services.

DISCUSSION

- **How useful will the aggregate data be?**
 - There will be duplication, but the aggregate data will measure how well emergency departments are doing in handling people who come in with this

problem. State rules of confidentiality prevent us from accessing more specific information about individual drug overdoses.

- **Have the emergency departments bought into this? How are you getting the data from them?**
 - Yes, they have bought into this reporting, and have been doing so for about the last year. The data is not shared in a standardized way, however (e.g. phone calls, emails, spreadsheets). We have been encouraging them to do a better job of capturing data internally by virtue of the state-led incentive program.

- **Could paramedics capture patient information before they get the emergency department? Once revived with Narcan, not everyone gets to the ED.**
 - The data shows that at least in Kensington, at least a quarter of the people with a non-fatal overdose decline transportation to the emergency department. We have a new service called “Alternate Response Unit 2,” provided in partnership with the Fire Department. It is staffed by a paramedic and a social worker. They are deployed to individuals declining treatment or transportation to an emergency department. They provide Narcan, connect them to harm reduction services, and help get them into treatment without a trip to the emergency room.

Dr. Rich motioned to approve the regulation. Motion seconded by Dr. Diez-Roux.

Motion passed.

NEW BUSINESS

Dr. Farley discussed that a novel coronavirus is circulating in China. We have not had any cases in Philadelphia to date. The virus is behaving like something that can be contained.

ADJOURNMENT

Dr. Farley adjourned the meeting at 6:21 p.m.