

**State of Board of Health
Minutes
July 16, 2010 – 9:00 a.m.
Perimeter Center, 9960 Mayland Drive
Richmond, Virginia 23233**

Members present: Dr. Craig Reed, Chairman; Dr. Julie Beales, Vice Chairman; Scott Burnette; Paul Clements; Jim Edmondson; Dr. Charles Johnson; Dr. Bennie Marshall; Dr. Bhushan Pandya; Ed Spearbeck; and David Summers.

Members absent: Bruce Edwards, Barbara Favola, Fred Hannett, Dr. Anna Jeng, and Willis Logan.

VDH staff present: Dr. Karen Remley, State Health Commissioner; Jeff Lake, Deputy Commissioner for Community Health Services; Dr. Mark Levine, Deputy Commissioner for Emergency Preparedness and Response; Joan Martin, Deputy Commissioner for Administration; Joe Hilbert, Director of Governmental and Regulatory Affairs; Catherine West, Administrative Assistant; Gary Brown, Director of the Office of Emergency Medical Services; Dr. Keri Hall, Director of the Office of Epidemiology; Bob Hicks, Director of the Office of Environmental Health Services; Dr. Wes Kleene, Director of the Office of Drinking Water; Heidi Hertz, Obesity Prevention Coordinator; Julie Ray, Shellfish Sanitation Plant Program Manager; Keith Skiles, Shellfish Sanitation Classification Chief; Dr. Julie Murphy and Sherry Shrader, guests of the Commissioner; and Simone Johnson, Richmond Mayor's Youth Academy.

Others Present: Robin Kurz and Karri Atwood, Attorney General's Office; Dr. Dianne L. Reynolds-Cane, Director of the Virginia Department of Health Professions.

Call to Order

Dr. Reed convened the meeting at 9:00 a.m. Dr. Reed mentioned that the Board would hopefully be able to recognize Fred Hannett, former Board of Health Chairman, at the Board's October 2010 meeting.

Approval of Minutes

There was a motion to amend page five of the April 23, 2010 minutes to delete a reference to a Board member's name. The motion was approved. The amended minutes were approved unanimously.

Matrix of Pending Regulatory Actions

Joe Hilbert reviewed the listing of all of the pending VDH regulatory actions. There were no questions.

Commissioner's Report

Dr. Remley introduced Sherry Shrader, Nurse Manager for the Richmond City Health District, and Dr. Julie Murphy, State Public Health Veterinarian. Dr. Remley invited Ms. Shrader and Dr. Murphy to attend the meeting and meet the Board in recognition of the superior level of service that they have provided to the agency. Dr. Remley also introduced Simone Johnson who is involved with the Richmond Mayor's Youth Academy. Simone is an area high school student working in the Commissioner's Office this summer.

Dr. Reed thanked Dr. Remley for her weekly email communication. Dr. Remley mentioned that this has been a highly successful method for sharing information within VDH.

Dr. Remley said that the past few months have been a quiet period for H1N1 activity. There has been H1N1 in the Southern Hemisphere but not as high as was experienced in the Northern Hemisphere. H1N1 vaccine is still available and vaccination is still occurring throughout the state. The expectation is that the incidence of H1N1 will increase during the fall.

Dr. Remley announced that there has been a reorganization of some of the VDH offices and shared the new organization charts with the Board. The changes will promote better communication between office programs and better alignment within the program structure.

Dr. Remley reviewed several aspects of the organizational changes:

- Administration now includes the Office of Information Management. Debbie Secor is VDH's new Chief Information Officer and Director of the Office of Information Management.
- Dr. Maureen Dempsey will fill the vacant Chief Deputy of Public Health position in November 2010. Dr. Dempsey has a vast amount of experience from her prior work as State Health Commissioner in Missouri as well as Commissioner of Public Health in Delaware. The core public health programs will fall under Dr. Dempsey.
- The Office of Minority Health and Public Health Policy will change its name to the Office of Minority Health and Health Equity. The Minority Health Advisory Committee felt it was important to retain the "minority health" portion of that office's title. This change will be reflected in the next update to the organizational charts.
- The term "Emergency Preparedness and Response" will be replaced by the term "Public Health Preparedness". Dr. Levine's title will be Deputy Commissioner for Public Health Preparedness.

There was discussion concerning the extent to which various VDH offices worked on matters pertaining to "public health policy". Dr. Remley responded that policy is under Joe Hilbert and affects every office. The question was raised concerning the difference between the Deputy for Public Health Preparedness and Chief Deputy of Public Health. Dr. Remley indicated that Dr. Dempsey is the Chief Deputy and as such, as outlined in the Code of Virginia, has authority to

act as Commissioner in her absence. Dr. Remley also indicated that it was a challenge to decide on appropriate names for the various organizational areas.

There was a discussion about the Office of Licensure and Certification (OLC) and where it fit on the organizational chart. In the past, OLC has been under Administration and Public Health Programs. Dr. Remley pointed out that moving OLC to Public Health Preparedness better aligns VDH's responsibilities to regulate hospitals and nursing home facilities with its efforts to ensure that these facilities are adequately prepared to respond during emergency situations.

Dr. Remley talked about the recent activity with Captains Cove, a privately owned waterworks on the Eastern Shore that is failing. A great deal of correspondence was received by numerous state agencies, VDH's Office of Drinking Water, Office of Environmental Health Services, and the Eastern Shore Health District concerning this situation. This was an opportunity for VDH to collaborate with the State Corporation Commission and the Virginia Department of Environmental Quality to find a solution that fits with what can and cannot be done under our combined regulatory authority. Dr. Remley expressed how incredibly proud she is of the work done by VDH staff.

The Office of the Secretary of Health and Human Resources has established an interagency obesity and nutrition task force. Joe Hilbert and Heidi Hertz will be participating in this initiative.

Dr. Remley spoke about the Health Information Technology Advisory Commission. Debbie Secor and Dr. Keri Hall are involved with this project for putting together Virginia's health exchange plan. They will be looking at how clinical and claim data is received and how to evaluate it from a public health standpoint. They will also look at re-educating the public about "public health". The strategic plan phase of this project is close to completion.

Dr. Remley recently traveled to Taiwan to exchange information with public health officials there. A delegation from Taiwan will be visiting VDH in August. VDH will be talking with them about looking at their information systems and how they might be beneficial to us.

VDH plans to apply for a \$1.4 million federal grant for child and maternal health. This grant focuses on home visiting. VDH will administer the grant through a consortium including a wide range of stakeholders, including the Virginia Department of Medical Assistance Services and the Virginia Department of Social Services. That consortium is a model

There are a number of other federal grants that VDH has learned about. Joe Hilbert will be the lead in determining what grants VDH can apply for. Some grants will go to every state, some go to fewer. Virginia does not have a school of public health which reduces VDH's ability to compete for some federal grants. Mr. Hilbert spoke about the state health care workforce grant, 20 to 30 planning grants are available as well as one implementation grant. Virginia can apply for both the planning grants and the implementation. Other grants that are available include the public health infrastructure grant and the support of pregnant women grant. There was a discussion about how much money is involved with the healthcare workforce grant. Mr. Hilbert answered that the implementation grant is approximately \$2 million. There was also a

discussion about the budget surplus that was announced for Virginia general funds recently and whether VDH could expect to receive any of that money. Dr. Remley answered that it will be the decision of the General Assembly as to how that money is allocated. This discussion included a question about bonuses for state employees. The budget includes a one-time bonus if a budget surplus is realized for fiscal year 2010. If approved by the Governor, this bonus will be effective for classified employees employed as of July 1, 2010.

Safe Routes to School

Heidi Hertz gave this presentation. This program involves health, education, and transportation. The number of children walking or biking to school has decreased. This is a program that can help in the fight against obesity. Parents comment that safety is an important aspect for their children walking or biking, and one of the reasons more parents are driving their children to school. During the Olympics held in Atlanta, there was a reduction in the number of single cars driving into the city. This reduction not only contributed to health by helping to control obesity, but there was also an increase in air quality and decrease in the incidence of asthma.

Community design is a barrier to safe routes to school (SRTS). Students are forced to walk or bike further when schools are located further away from neighborhoods. There is also the fear from the danger associated with children talking to strangers. SRTS can be implemented in a number of ways. Benefits include more physical and social activity. There is a reduction of fear about crime in the community because of more “eyes” watching.

The Arlington Walk Program includes not only schools but all Arlington citizens. A school principal moved to the district and walked to work; he was approached by a student to walk with him to school. Over time, the number of students walking to school increased. This makes for a healthier trip for the students and benefits the community by residents working together. It also increased parental involvement. VDH is recruiting partners to increase participation in the SRTS program. VDH received federal economic stimulus funding for tobacco and obesity prevention and it wanted to see immediate impact. VDH partnered with the Virginia Department of Education and the Virginia Department of Transportation to provide mini-grants. There will be a RFP that will go out in the fall of 2010 to reach out to more communities. There is a walk to school day in October. Thirty-two schools participated last year and VDH hopes that number will increase this year.

Dr. Remley commented that this is a great opportunity for hospital or other businesses in community to participate in this concept. There was a comment about the lack of safety in rural areas for walking to school and that money could be used to build cross walks. There was also a discussion about Fairfax County, that it has the largest school bus fleet in country. Buses pick up children who live a mile away from school. If this limit would be increased to 1.5 miles, the number of kids picked up by a bus would be reduced. In some neighborhoods there may be a need for safety signals or safety personnel. The hardest part of the job is to get the attention of the school systems.

Ms. Hertz pointed out that schools are not willing to have a conversation if they are not getting money; VDH wants to encourage more participation. VDH hopes to promote statewide the

priority of this program. There was also a discussion that kids spend more time on computers inside than outside playing; the influence of society on this behavior, that habits need to change, school taking responsibility for children walking to school and how two parents working impact this. There is a need to think of how to influence this environment. Dr. Remley commented that school nurses take this on as a real challenge. This is a way that school nurses can be seen as part of the community. Getting parents walking encourages having a “walking school bus”. There is a need to get others in the community involved; firefighters, EMS, others, instead of having carpools, have walking pools. VDH, through grant, helps people think of solutions.

Lyme Disease in Virginia

Dr. Keri Hall gave this presentation. Lyme disease is spread to humans through the bite of an infected tick. VDH has tracked Lyme disease since 1982. In addition to monitoring the disease, VDH provides education concerning it. Lyme disease is a reportable disease to VDH.

There was a discussion that the number of cases has dropped in the last few years after a big increase. This increase is not only due to reporting but to changes in technology and the availability of information. At one time, Lyme disease was fairly clustered tightly in the northern part of the US; it is now spreading southward, with Virginia as a border state. In 2007, there were significant increases in Northern Virginia; before that time it was more in the coastal areas. There was a discussion about the deer population in Northern Virginia. Dr. Hall pointed out that as urban areas spread, ticks go with the deer population. There has been an increase and clustering of Lyme disease cases in those areas. There was a further discussion about the controversy concerning chronic Lyme disease. Dr. Hall indicated that it can cause chronic arthritis and neurological effects. Lyme disease would seem to be a chronic syndrome, but there is a lot we need to learn, especially where a patient does not have a clear diagnosis. Because it is impossible to eliminate ticks, the key is to educate the public about how not to be bitten by ticks. Controlling the tick population by controlling deer population is done primarily by hunting. This is an issue that would fall under the Department of Game and Inland Fisheries. Dr. Reed stated that even if you could severely control the deer population the tick population would still be high. A 90% reduction in the population would be needed in order to have impact.

Beach Monitoring Program

Dr. Hall gave the beach monitoring presentation. The purpose of the beach monitoring program is to help people avoid swimming in water that could be harmful to their health. The program includes testing of water samples. There was a discussion about beach monitoring and shellfish sanitation working together in light of the recent oil spill in the Gulf of Mexico. While we do not know if the oil spill will affect Virginia’s coast, VDH needs to be prepared. A question was asked if there is a decrease in the risk of contamination now that the Delaware and Virginia beaches have been replenished. Where Buckroe Beach was extended, the contamination for that area has gone down. The beaches that are monitored do not include fresh water areas as those areas are excluded from VDH funding. The Virginia Department of Environmental Quality (DEQ) monitors fresh water areas. VDH monitors once a week and DEQ monitors on a less frequent basis.

Shellfish Sanitation Program

Bob Hicks, Julie Ray, and Keith Skiles gave the presentation about this program. Ms. Ray talked about inspecting processing plants. Mr. Skiles spoke about the growing areas and where VDH starts its regulation of shellfish. The FDA supervises inspectors and it conducts joint inspections with VDH. FDA also compares the inspections with the records to find areas where problems may exist that staff are not addressing. There are some federal funds for training as it is standardized. In order to permit interstate commerce, all states follow the same guidelines. There have been instances of damaged Virginia product going to other states; three in 2010 (one clam, two oysters), this is not an outbreak. Typically there are four or five cases a year from Virginia waters, and that is where harvesting techniques are important. Virginia has a strong program. Virginia is unique in that it receives a great deal of Gulf of Mexico product. Virginia also has a strong aquaculture industry.

Member Reports

Dr. Bhushan Pandya – Medical Society of Virginia. The Medical Society of Virginia is engaged with Secretary Hazel in examining the Medicaid program and physician reimbursement, as well as patient-centered medical home and accountable care organizations. MSV has held strategic planning sessions looking at quality of care and patient safety issues. Dr. Pandya briefly discussed issues pertaining to meaningful use of electronic health records. Finally, he said that another health fair is being planned in Danville and the local health department there will participate.

Jim Edmondson – Consumer Representative. The VDH Health Care Associated Infections Advisory Committee, on which he serves, has made great strides. He will be participating in the committee's conference call next week.

Dr. Charles Johnson – Virginia Dental Association. VDA has upcoming Mission of Mercy projects in Wise on July 23.

Paul Clements – Nursing Home Industry Representative. Nursing facilities received a three percent reduction in Medicaid reimbursement effective July 1. This will have an adverse impact on the facilities. A new resident assessment process, using the Minimum Data Set (MDS) 3.0 will become effective October 1. It will focus on patient-centered participation. The assessment will be conducted four times a year. The new assessment instrument will be 38 pages long, compared to the current 10 page document. Nursing facilities will have to hire more staff in order to administer this new assessment process. Utilization of medication aides continues to be a topic of extensive discussion within the industry. This has implications for both cost and patient safety.

Dr. Craig Reed – Virginia Veterinary Medical Association. He has spoken to Dr. Julie Murphy at VDH concerning preparation of a presentation for a future Board meeting concerning parasites that travel between animals and humans.

Julie Beales – Medical Society of Virginia. No report.

Scott Burnette – Hospital Industry. He announced that this is his last Board meeting. He is resigning in order to serve on the Virginia Health Reform Initiative Advisory Committee. He was asked to serve on this committee by Secretary Hazel. He has greatly enjoyed his service on the Board of Health.

Dr. Bennie Marshall – Virginia Nurses Association. She recently attended the Virginia Nurses Association conference. President Obama spoke at the conference. There were presentations concerning federal health care reform. She told the Board she is pleased that VDH continues to fund the Mary Marshall Nursing Scholarship program. She serves on the scholarship selection advisory committee for that program.

Ed Spearbeck – Virginia Pharmacists Association. He briefed the Board on issues pertaining to public awareness of pharmaceuticals and prescription drug manufacturing and availability. Certain types of pharmaceuticals have only a limited number of manufacturers.

David Summers – Managed Health Care Insurance Plans. The Virginia Association of Health Plans is surveying obstetricians concerning issues pertaining to billing for immunizations. VAHP members are looking to be good stewards of taxpayer-supported Medicaid and Medicare funds. Pay-for-performance continues to be examined within the health insurance industry.

Lunch Presentation

Dr. Remley introduced Dr. Dianne Reynolds-Cane, Director of the Virginia Department of Health Professions (DHP). Dr. Cane gave an overview of DHP to the Board. There was a brief discussion about a *USA Today* article about problems with licensure of nurses coming from other states. Dr. Cane indicated that DHP's Board of Nursing investigates every applicant thoroughly to make sure that public is protected. The article speaks to different practices and protocols used by other states. There was also a brief discussion about the number of licenses that are denied or rescinded during the course of a year and investigations involving healthcare professionals.

There was further discussion concerning legal responsibilities to report incidents involving licensed practitioners to DHP; hospital quality assurance policies and practices; and overall efforts within the health care industry to improve quality of care and patient satisfaction.

Dr. Remley talked about issues concerning physicians signing death certificates in a timely manner. Dr. Remley said that funeral homes have experienced a great deal of difficulty in this regard. In an effort to address this problem, VDH and DHP will provide training and education on how to properly complete a death certificate. The training materials will be posted on the DHP website and will also be sent to the state's medical schools.

Public Comment

Susan Ward, General Counsel for the Virginia Hospital and Healthcare Association commented during the public comment period. She indicated support for the final draft of the Durable Do Not Resuscitate regulations that are to be presented to the Board today. VHHA worked with providers and the Office of Emergency Medical Services. Ms. Ward commented that VHHA

appreciates the OEMS's work on the regulations. VHHA strongly supports the final draft. This draft resolves the implementation problems that have arisen over the years with the program. All health care providers strongly support the authority in the regulations for providers to recognize a copy of the DNR. This regulation will help to ensure that a patient's wishes and decisions will be carried out.

Board Regulatory Action Items

Waterworks Regulations (12VAC5-590) – (Final Amendments – Chronically Non-Compliant Waterworks)

Dr. Wes Kleene presented the final amendments. This regulation allows for identification and notification for chronically noncompliant systems. There was a discussion of how a waterworks would come back into compliance and whether VDH approves the schedule to do so. Dr. Kleene said that the effort to come back into compliance could be vastly different depending on the problem. The first thing VDH wants to see is the return to compliance schedule which VDH will approve. Some waterworks that fall out of compliance come back into compliance quickly. This process will help to bring the chronic waterworks back into compliance. It will also be an indicator that a waterworks may not find it possible to come back into compliance. The final amendments were unanimously approved.

Regulations Governing Durable Do Not Resuscitate Orders (12VAC5-66) – (Final Amendments)

Gary Brown presented the final amendments. There was a brief discussion concerning the tremendous benefit for long term care facilities to be able to use copies of a durable do not resuscitate (DDNR) order rather than an original. There was also a discussion about whether it is mandatory for healthcare providers to honor the DDNR. A do not resuscitate order is written for institution use where the DDNR is portable and follows the patient in all settings. The Code's wording is that a qualified healthcare professional shall comply with the DDNR. The final amendments were unanimously approved.

Other Business

A proposed meeting schedule for 2011 will be presented at the October 2010 meeting.

Dr. Reed recognized Scott Burnette for his service to the Board.

Adjourn

The meeting adjourned at approximately 1:50 p.m.