

## **PUBLIC MEETING MINUTES**

### **PANDEMIC RESURGENCE ADVISORY COMMITTEE HEALTH SUBCOMMITTEE**

**Wednesday, July 1, 2020; 4:00 PM – 6:00 PM**

Pursuant to the Governor's State of Emergency,  
this meeting was conducted solely by videoconference.

#### **MEMBERS PRESENT**

Dr. Nancy Fan, Chair

Dr. Karyl Rattay, Director of the Delaware Division of Public Health

AJ Schall, Director of the Delaware Emergency Management Agency

State Senator Bryan Townsend

State Representative Dave Bentz

Representative Steve Smyk

Mickey Carroll, Nursing House Administrator of the New Castle Health & Rehabilitation Center

Vickie Fox, VP – Director of Operations of Genesis Health Care

Dr. David Tam, President and Chief Executive Officer of Beebe Healthcare

Janice E. Nevin, M.D., MPH, President and Chief Executive Officer of ChristianaCare Health System

Dr. Joseph Straight, President of the Medical Society of Delaware

#### **STAFF PRESENT**

Joe Bryant, Policy Advisor, Governor's Office

Mary Thatcher, Deputy Scheduling Director/Executive Assistant to the Chief of Staff,  
Governor's Office

Sydney Garlick, Behavioral Health Coordinator, Lieutenant Governor's Office

#### **CALL TO ORDER**

Dr. Fan called for a vote to approve the minutes from the Pandemic Resurgence Advisory Committee (PRAC) Health Subcommittee (HSC) meeting on June 24, 2020. The HSC voted to approve the minutes.

#### **OPENING REMARKS FROM SUBCOMMITTEE CHAIR**

Dr. Fan opened the meeting by welcoming members of the subcommittee and the public to the Health Subcommittee meeting of the Pandemic Resurgence Advisory Committee. Dr. Fan also

introduced Dr. Megan Werner from Westside Family Healthcare, Associate Medical Director of Population Health and Quality. Dr. Werner will work with and provide consultation to the HSC.

## **EMERGING LESSONS ON RESPONSE TO DATE AND APPLICATION IN CASE OF RESURGENCE**

Dr. Fan provided an overview of HSC's progress and reviewed the next steps for the group, based on the established timeline. The two key topics for the meeting were to (1) agree on key lessons from the first wave and remaining gaps to address in recommendations and (2) align on potential types of resurgence to inform recommendations. Dr. Janice Nevin mentioned that she would like for the group to use language that is respectful and inclusive of the underserved populations being effected by COVID19.

Cases reached an all-time high in the U.S. as infections spiked across the South and West regions. Delaware is also seeing a significant increase in cases around the beach areas. In the 19971 zip code, from June 19-27, the number of positive test increased from 1.9 to 9.9. Representative Steve Smyk stated that Dewey Beach is a part of this zip code. He also mentioned that Dewey was experiencing a higher level of tourist visitors than they typically have in June. Senator Bryan Townsend asked if the people testing positive in the 19971 zip code were residents of the area or if they were visitors from other areas in the state or out of the state. Dr. Rattay stated that most of the people being tested in that area do not declare 19971 as their address. The data on positive cases in this zip code showed an increase in positive cases amongst older adults, which suggest a community spread of the virus. However, it appears the younger populations are spreading the virus by contracting in the area and then traveling to another area in the state or out of the state.

Mickey Carroll asked, "if it's in the community has anyone looked in the LTC centers and have there been a heighten possibility for infection in those communities?" Dr. Rattay stated that an epidemiology team is looking into the current rise in cases in the 19971 zip code. In addition, the Division of Public Health (DPH) has begun weekly testing of staff at Long Term Care (LTC) facilities. She also mentioned the age group predominantly effected were between the ages of 17-25. If a patient or worker of a LTC facility is positive for the virus, the DPH epidemiology team pays special attention to the case.

Dr. Fan discussed the key topics from the previous HSC meeting on June 24<sup>th</sup>. Delaware's experience has been different in some ways from nearby states (e.g., nursing homes and women impacted more than elsewhere). DE must build on its successes related to testing, hospital capacity, and outbreak control in certain congregate settings (e.g., prisons), including: Improving coordination between the state, providers, and the community by involving front line care providers in planning and building shared infrastructure to ensure testing, capacity, and access needs are met in the case of a resurgence. Caring for Delaware's most vulnerable communities is crucial. Consistent, clear, and tailored messaging regarding education and guidance on COVID

19 must be used to reach the community. There is a recognized need to develop strategies to reduce mortality in Delaware's nursing homes (e.g., heightened requirements around availability and use of PPE and resident separation, use of home health, etc.) Healthcare providers must continue to provide care to their communities, even amidst a resurgence. Vaccination efforts now will directly affect future health of community. Behavioral health services must be addressed in resurgence plan to reduce the number of overdoses. Ensuring the population has access to chronic condition management will reduce further complications.

Dr. Fan asked the HSC members to provide feedback on two topic items; (1) improving coordination and (2) building a shared infrastructure. Dr. Nevin recommended for the group to look at factors that made our experience different from our neighboring states. In regards to infrastructure, Dr. Nevin suggested the shared infrastructure should include representatives from the health care community that are most affected by this virus, such as LTC facilities. In addition, she stated it would be helpful to know who the "decision makers" are in this shared infrastructure.

Dr. David Tam recommended that it would be helpful to have the front line workers and local community be a part of the planning process. He mentioned it would be helpful to have a direct connection or communication with DPH in order to share information, such as testing.

Mickey Carroll stated that she would like to see LTC facility representatives be invited to participate in the planning process and response efforts. She provided examples of recent interventions (i.e. testing LTC facility employees) where the State and LTC facilities could improve coordination.

Dr. Joseph Straight commented in agreement with Dr. Tam and Dr. Fan. He stated that he is frequently contacted by health care providers that want to be more involved in the response efforts.

Dr. Rattay mentioned that she was interested in hearing feedback from HSC members who participated on the conference calls with DPH during the initial virus outbreak. These calls included representatives from the health care systems, long term care facilities, and other health care providers. Dr. Rattay mentioned that she is open to improve lines of communication and feels that we now have an opportunity to create that infrastructure.

Dr. Nevin stated it would be helpful to decrease the number of participants on the coordination calls and focus on inviting the essential capabilities that need to be represented.

Dr. Megan Werner commented on the importance of the results delivery for patients after they receive their test results. In regards to infrastructure, she stated it's important to focus the data analysis and messaging on the vulnerable populations and communities, in order to better understand how the data will trend and expand to the broader populations. She also recommended building an infrastructure that is able to meet the needs of the most vulnerable populations.

Dr. Fan asked the group for their input on how to build an infrastructure that can meet the needs of the most vulnerable populations, but also doesn't involve an excessive amount of people, which the HSC feels isn't an efficient approach to coordination.

Dr. Tam recommended establishing a group on the local level that understands the issues and population, and for them to be provided guidance from the State, then allow the group to execute those efforts on the local level.

Rep. Smyk also mentioned the importance of including the local community engagement groups and allow them to also provide leadership in the implementation of the response efforts.

Dr. Fan provided a recap on all the comments and moved forward to the PRAC Health Next Steps slide. The next steps include (1) Review key lessons learned from response to date (2) Agree on definition of resurgence and metrics to measure and (3) Identify recommendations to build on existing efforts.

Dr. Fan provided an overview of the key lessons learned, which include; control of transmission, testing and contact tracing, effective healthcare capacity, access to healthcare, and financial resiliency of HC providers. In addition, she discussed the cross topic lessons. It is important to use consistent, unambiguous and broadly disseminated messaging to drive statewide compliance. Vulnerable populations are responsive to targeted approach/channels. Engage providers and community leaders to create a plan for; testing, care operations guidance, access for vulnerable populations and funding needs.

Dr. Fan asked the group to provide feedback on the "cross-topic lesson" in regards to engaging providers and community leaders, and where that engagement should happen.

Ms. Carroll recommended the group explore options of increasing the providers buying power for PPE, by coordinating with the State (i.e. pooled purchasing). She noted her recommendation isn't for the State to pay for the facility's PPE, but to combine purchasing to increase access for participating facilities.

Dr. Rattay mentioned that States could potentially see another shortage of available PPE in the event of another resurgence. She referenced southern states that are currently seeing an infection surge and experiencing PPE shortage.

AJ Shall, Delaware Emergency Management Agency, Director mentioned the importance of diversifying the suppliers when purchasing PPE.

Dr. Nevin suggested that purchasers should consider an alternate method from the Just-In-Time purchasing strategy, in regards to PPE and tests. She also acknowledged this could be a cost burden on these purchasers to change from this method.

Dr. Tam mentioned the importance of maintaining enough of a PPE stockpile, to allow hospitals enough PPE to also perform surgeries and maintain a higher level of operation than they had during the previous surge.

Dr. Fan mentioned that part of the responsibilities of effective healthcare capacity is to have appropriate care operations guidance.

Dr. Fan presented the next slide on the “Goals of resurgence planning and management.” Dr. Fan reviewed the following goals: (1) Monitor pandemic to proactively develop a plan in case a broad resurgence occurs, (2) Communicate regularly and effectively to all Delaware residents, (3) Ensure readiness and accessibility of the health system, (4) Maximize economic opportunity for all Delawareans, and (5) Support those who have been disproportionately affected by COVID-19.

Dr. Fan asked the group for feedback on the economic opportunity goal.

Dr. Straight mentioned the MSD outreach efforts to inform providers on available loans to help sustain business operations.

Dr. Werner mentioned the importance of providers and the overall healthcare system of being flexible to provide care in non-traditional ways. This will help with keeping patients engaged and continuing appropriate level of care and treatment.

## **DEFINING A RESURGENCE AND IMPACT ON VULNERABLE POPULATIONS**

Dr. Fan provided an overview of the possible types of resurgence, which include: (1) Localized outbreaks, Statewide slow increase in key metrics, County or statewide rapid rise in key metrics, and (4) Resurgence in neighboring states.

Dr. Fan asked the group if the slide captured the range of resurgence types.

Dr. Tam recommended for the group to consider capturing outbreaks related to specific industries such as poultry or restaurants.

The HSC reviewed and discussed potential responses to example scenarios of types of outbreaks.

In regards to the localized outbreak scenario, Dr. Tam mentioned the successful collaboration between Beebe and DEMA to implement increased testing in Rehoboth due to the recent increased rate of positive cases.

Ms. Carroll mentioned that it would be helpful for an alert to go out to nursing homes, independent care, or LTC facility administrators when there is a significant increase of positive cases (i.e. localized outbreak) in the area. She mentioned the impact of staff being exposed to the virus outside the facility and then potentially infecting others in the facility when coming to work.

Dr. Nevin suggested for the State to develop data that looks at the number of patients contacted following a positive test.

Dr. Rattay stated that 100 percent of the patients who test positive receive a call from the DPH Contact Tracers. She mentioned some people are not always compliant with social distancing from the time they take the test, to when they receive results. In addition, she stated the success rate for contacting patients is about 60-70 percent.

Dr. Rattay mentioned that in addition to the “Myhealthycommunities” dashboard, DPH is working to develop a public facing dashboard that will include contact tracing information.

Dr. Werner suggested that the group looks at outbreaks specific to industries, for example poultry processing plants and migrant seasonal agricultural workers that travel for work throughout the state. She also recommended looking at the clinical symptoms present when patients are testing for COVID.

Dr. Rattay mentioned working with the DHIN to better obtain data on co-morbid indicators associated with the virus. She stated DPH receives this information from the ERs but the receipt of the information is delayed due to being claims data.

Based on feedback from HSC members, Dr. Fan suggested altering the current definition for “Localized Outbreak.” She suggested the definition include an increase in number of positive cases, plus hospital and ED rates.

Dr. Straight suggested the data should help providers identify cluster areas and tracking infection rates throughout the state.

### **COMMENTS ON FINDINGS**

Rob Lattin, Bayada Home Health, Government Affairs, provided public comment and stated that he supports the inclusion of industry reps during the decision making process. He mentioned many of the policy decisions by the State were given to them with short turnaround times. Mr. Lattin also stated that including industry reps in this process would allow for more successful implementation of the State’s goals.

### **NEXT SCHEDULED MEETING ANNOUNCEMENT**

Dr. Fan informed the HSC that the next Subcommittee meeting will be the week of July 13<sup>th</sup> and the next full PRAC meeting is tentatively scheduled for July 10<sup>th</sup>.

### **ADJOURNMENT**

The HSC adjourned at 6:15p.m.

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