NCIOM and SCIMPH Carolinas Pandemic Preparedness Task Force

Meeting VI Summary

January 24, 2022

12:00 pm – 2:30 pm

Virtual Meeting

<u>In Attendance</u>

Co-chair/Steering Committee Members: Harris Pastides, Emily Roach, Graham Adams, Angel Bourdon, Cardra Burns, Abdoulaye Diedhiou, Ellen Essick, Kelly Fuller, Tatyana Kelly, Lillian Koontz, Kathia Valverde, Polly Welsh

NCIOM and SCIMPH Staff: James Coleman, Emily Hooks, Brie Hunt, Alison Miller, Maya Pack, Michelle Pendergrass, Kaitlin Phillips, Michelle Ries, Brittney Sanderson, Hunter Sox

Task Force Members and Interested Parties: Helmut Albrecht, Steven Batson, Linda Bell, Will Britt, Lori Byrd, Lenora Campbell, Sam Cohen, Jennifer Copeland, Robin Cummings, Rep. Carla Cunningham, , Nate Denny, Tracy Doaks, Louis Eubank, Iris Peoples Green, Lynn Harvey, Tessa Hastings, Christy Jacobs, Tecoria Jones, Erika Kirby, Victoria Ladd, Kathryn Lanier, Michael Leach, Ann Lefebvre, Roy Lee Lindsey, Robin Tutor Marcom, Kathleen Martin, Danielle Maynard, Jessica Meed, Eunice Medina, Zack Moore, Connie Munn, MG Brad Owens, Hank Page, Pam Pope, Omari Richins, Tim Rosebrock, Danielle Bowen Scheurer, Kathy Schwarting, Ivan Segura, Windsor Sherrill, Janice Somers, Valerie Stephens, Shawn Stinson, A. Vernon Stringer, Jim Stritzinger, Hugh Tilson, Brannon Traxler, Louise Vincent, Franklin Walker, Hayley Young

1. Fostering Connections: 12:00 pm – 12:10 pm

Ms. Alison Miller welcomed attendees to the sixth meeting of the Carolinas Pandemic Preparedness Task Force and thanked them for their participation before explaining that they would be moved into small discussion groups to meet and connect around the topic of digital equity challenges that have emerged or been exacerbated by the COVID-19 pandemic in their state.

2. Welcome and Opening Remarks: 12:10 pm – 12:20 pm

Dr. Harris Pastides, Interim President, University of South Carolina
Ms. Emily Roach, Director of Policy and Strategic Planning, North Carolina Department of Commerce

Dr. Harris Pastides began the meeting with a welcome and thanked the task force for their commitment to improving health outcomes across both states. He discussed the current spread of the Omicron variant and potential implications on health systems and individual wellbeing. Ms. Emily Roach provided opening remarks on behalf of Secretary Machelle Baker Sanders and thanked the task force for their work. Ms. Roach encouraged task force members to take time to rest and prioritize their mental well-being as the surge in COVID-19 cases continues.

3. Framing the Discussion: 12:20 pm – 12:30 pm

Ms. Michelle Ries, Associate Director, NCIOM

Ms. Michelle Ries began with a brief discussion of the progress of the task force to date, South Carolina's key stakeholder interview process, and previous card sorting activities to develop recommendations. She then explained that the March and April meetings will be dedicated to recommendation development, action areas and strategies, implementation details, resource allocation, and other components of the iterative recommendation process.

4. Data-Driven Decision-Making in the Carolinas: 12:30 pm – 1:15 pm

Ms. Hayley Young, Data Office Director, NCDHHS
Dr. Linda Bell, State Epidemiologist, SC DHEC

Ms. Alison Miller introduced Ms. Hayley Young and Dr. Linda Bell. Ms. Young began the presentation with a brief overview of North Carolina's state data structure, which includes wraparound services, COVID-19 response, and equity utilizing focus population workgroups. Ms. Young explained that data strategy challenges include underinvestment in public health infrastructure, outdated data systems, and data governance processes. As they built the new technologies, the North Carolina Department of Health and Human Services (NCDHHS) integrated specific strategies to ensure that new data could be shared publicly. These data workstreams allowed NCDHHS to handle the influx of data and created a more effective environment for data sharing. Ms. Young then shared the updated dashboard data flow that illustrated how data sharing has been automated to streamline the process using Tableau.

Ms. Young moved on to explain that today's data landscape looks significantly different than it did in the beginning of the pandemic. For example, updated data processes allow for streamlined evaluation and data sharing. NCDHHS is now able to update public facing dashboards more readily using an automated process. She continued with a discussion on data integration, which can be used to solve complex questions such as how many Medicaid beneficiaries or people experiencing homelessness have been vaccinated.

Ms. Young's final message to the task force focused on data and equity. She stated that "you can't improve what you can't measure." Key takeaways from Ms. Young's presentation include the need for continued integration between data informatics and public health, emphasizing a continued focus on local and community decision-making, continuing to ensure that data dashboards are designed with a focus on data governance, integration and automation to make data use safe and efficient. The expanded use of data has allowed agencies to develop new tools for improving health outcomes and disparities. Ms. Young suggested that future directions must consider the need to expand the field of public health informatics, identifying ways to use lessons learned from COVID-19 to support broader efforts to enable whole-person centered health and continuing to use integrated data systems to answer complex questions.

At the conclusion of Ms. Young's presentation, Dr. Linda Bell began with a discussion on South Carolina's processes surrounding data-driven decision-making. She discussed challenges early-on in the pandemic as the South Carolina Department of Health and Environmental Control (DHEC) was responding to data requests, emphasizing the need to develop data processes during crises. However, she explained, the data was bound by legal considerations and prohibitions such as SC Section 44-1-110, SC Section 44-1-80 and Data Release and Data Sharing Agreements. These prohibitions led to some restrictions surrounding data sharing. The Emergency Health Powers Act, implemented by the Governor, allowed some expanded access to protected health information.

Dr. Bell explained that South Carolina utilizes the South Carolina Infectious Disease and Outbreak Network (SCION) to report diseases and conditions. However, SCION is not a lab-results management system, is not used to manage negative lab results and is not a patient encounter system. Dr. Bell elaborated that SCION was not built to manage or present data which introduced additional challenges including the need for manual entry when organizations are not able to utilize electronic entry systems. Dr. Bell clarified that many high-risk settings such as prisons, schools and long-term care facilities do not have the capacity to utilize electronic entry systems and would thus need to fax or email case reports, leading to bottlenecks in the reporting process.

In addition to these challenges, Dr. Bell explained that prior to pandemic there were no requirements in South Carolina necessitating that providers or laboratories submit negative test results, leading to additional strain on labs and reporters. Other challenges mentioned include limited number of staff available to manage SCION data, increased case load for administrators and the sheer volume of data for reporters that continues to tax the data system throughout the state.

At the conclusion of the presentations, Ms. Miller thanked the speakers and introduced questions provided in the chat beginning with a question from Tatyana Kelly who asked, "do you think efforts at the federal level (teletracking, etc.) will aid states in future response?" Ms. Young responded and explained that states have received funding from the ARPA funds to develop data infrastructure. She elaborated that she believes that there are ongoing efforts at the federal level to create better data surveillance structures. Dr. Bell explained that South Carolina is focused on using available funds to build out weak points in data infrastructure in the state and better prepare for future scenarios.

Ms. Miller then asked the speakers to share their thoughts on challenges connected to misinformation and misinterpretation of data and strategies to combat these challenges. Dr. Bell explained that, when misinformation was recognized, SC DHEC developed replies to frequently asked questions and posted the responses on their websites and encouraged South Carolinians to use reliable sources. Ms. Young explained that NCDHHS works collaboratively with their communications team to ensure that they are using plain language that is easily interpreted.

Afterwards Ms. Miller asked both presenters what challenges during the pandemic they would fix if given a magic wand based on their professional roles, to which Ms. Young explained that better data infrastructure and more investment in public health early on would have been helpful. Dr. Bell elaborated by saying that a better understanding of what data was needed would have been helpful considering the limited resources dedicated to data creation, validation and communication.

Representative Carla Cunningham (NC) asked, "knowing that the hospitals are collecting the data on serious illness, will we be able to use that data to determine Medicaid costs?" Dr. Bell explained that the societal costs can likely be determined through a retroactive analysis of the existing data. She further elaborated that it benefits all of us to identify the societal costs of infectious disease. Ms. Young explained that from the data systems perspective, more focus has been given on developing and building out hospital syndromic surveillance and data integration capabilities to connect data from Medicare program to other public health data to answer these complex questions.

6. Breakout Sessions: 1:20 pm – 2:30 pm

South Carolina: Data and Communications for an Equitable Response in South Carolina

Major General Brad Owens, Director of the Joint Chiefs of Staff, South Carolina National Guard
Ivan Segura, Program Manager, Hispanic/Latino Affairs Division, South Carolina Commission for Minority Affairs
Jim Stritzinger, Director, South Carolina Broadband Office, South Carolina Office of Regulatory Staff

Brie Hunt introduced the speakers beginning with Major General Bradley Owens and Christy Jacobs, GIS Program Manager for the South Carolina National Guard. MG Owens explained that using an integrated sharing platform leads to full participation in the decision-making process. He explained that there is a common responsibility to ensure that essential resources are provided in a timely manner. He explained that, in a crisis, there should be a unified assessment and that the South Carolina National Guard used a dynamic disease modeling dashboard created using GIS mapping to conduct applied site suitability analyses for test sites and vaccine clinics overlaid with over vulnerable areas to identify best locations for resources.

MG Owens then introduced Ms. Christy Jacobs who discussed the phases of response beginning with the creation of an early, basic COVID dashboard which included case numbers and mission status. This dashboard was a precursor to their site suitability analysis which provided the foundation for subsequent predictive analyses. Ms. Jacobs explained that the second phase of the data intel phase presented data sharing challenges due to the lack of an existing data sharing agreement. This led to the formation of the South Carolina Data Intel group and the creation of effective data use agreements. The data used was shared by DHEC and, as a result, the dashboard was able to integrate more complex analyses. This information was used to target medics, identify hospitals of concern, track emergency room and hospital utilization, follow hospital bed availability and tailor responses using automated processes and predictive analyses.

Mr. Ivan Segura then discussed equitable communication in South Carolina. He explained that key challenges in the state include a lack of access to information that is exacerbated by a lack of communication between communities, state agencies and nonprofits. He reiterated that translating materials to Spanish is not enough to mitigate health disparities and that organizations need to work with agencies that are already working directly with these communities. He illustrated his point with graphs and maps of vaccination rates by race/ethnicity and age across the state. His recommendations focused on the recruitment of bilingual and bicultural staff, training interpreters, adapting services, conducting culturally appropriate outreach programs and working towards influencing policy to guarantee increased equity across the state. Best practices surveyed in his presentation include creating campaigns specific to immigrant populations, identifying community brokers and hiring people that already have existing relationships within a community and funding organizations that are led by minorities and serve minorities who have worked in that area in the past and have existing connections. His concluding remarks focused on "educating yourself, knowing your access points and community brokers, creating relationships not 'flyer drop zones,' being flexible and adaptable, following your mission, sharing resources and knowing when to ask for help."

The breakout session ended with a presentation from Mr. Jim Stritzinger, who thanked the previous speakers for their content and introduced the "next, next greatest thing" which he explained is rural broadband in South Carolina. The name is a tribute to the electrification of rural America during FDRs New Deal through the rural electrification act. After this discussion, he provided context on access,

adoption and use of broadband. Mr. Stritzinger explained that access refers to physical infrastructure, not affordability, in this context.

Mr. Stritzinger explained that they have several maps that are created to work together to illustrate internet capabilities at the census block level. The first map presented showed the best available technologies available in each census block in the state. Mr. Stritzinger explained that the Broadband Office uses another map, titled Areas of Need, as a decision support tool to identify the areas that need the greatest investment in infrastructure and services by identifying hot spots that illustrate the density of unserved households. A third map illustrates Planning and funding sources, and a final illustration shows statewide statistics to help guide current and future projects. This map shows that 188,354 houses in South Carolina do not have access to internet.

Brie thanked the presenters and opened the floor to questions and comments. One comment from the group was, "South Carolina has 8 rural counties with no hospital which points to the need for adopting a system of engaging health providers in addition to hospitals and health systems." Another commenter asked Mr. Stritzinger if the maps illustrated the latest investment from ARPA, to which Mr. Stritzinger replied that the broadband office is waiting on the general assembly to authorize ARPA investment and use before being able to allocate funds for additional projects.

A meeting attendee asked, "What resources do the speakers need to overcome some of the remaining challenges?" to which Mr. Stritzinger explained that the broadband office and the state of South Carolina would benefit from increased investment to continue developing data infrastructure, computing resources and capacity. MG Owens noted that, in the future, their network could benefit from better infrastructure to address deferred maintenance, cybersecurity and recruitment to maintain capacity as well as enhanced joint exercises between key players such as EMD, DHEC and the National Guard. Mr. Ivan Segura encouraged organizations to work on asking for help and collaborating with organizations serving people of color.

A task force member asked, "will there be adoption supports for broadband at a local level?" to which Mr. Stritzinger explained that he expects the next allocation of money will be used to increase infrastructure; however, he explained that funding may become available from the federal government for adoption and utilization support but that these funds won't likely be available until 2023. He also mentioned that funding is available from the FCC to support household adoption and providing services to "last mile" communities which are often identified through user surveys and plotting geospatial attributes to illustrate those households.

Brie thanked everyone for their participation and concluded the meeting.

North Carolina: Achieving Digital Equity in North Carolina

Nate Denny, Deputy Secretary for Broadband and Digital Equity, North Carolina Department of Information Technology
Dr. Shannon Dowler, Chief Medical Officer, NC Medicaid
Moderator: Tracy Doaks, President and CEO, MCNC

Ms. Tracy Doaks began the session by introducing Mr. Nate Denny, Deputy Secretary for Broadband and Digital Equity with the North Carolina Department of Information Technology (NCDIT) and Dr. Shannon Dowler, Chief Medical Officer with NC Medicaid. Mr. Denny began by outlining some of the key digital equity challenges in North Carolina, including affordability, infrastructure, and digital literacy. He added that approximately 1.1 million households in the state lack high speed internet access. He then introduced Governor Cooper's strategic plan to address digital equity and provided an overview of the

plan's goals, which are designed to ensure: (1) 98% of households have access to high speed internet (including access to infrastructure locally); (2) 80% of households are subscribed to broadband internet across all demographic groups; (3) 100% of households with school-aged children are subscribed to broadband internet to close the "homework gap" (i.e., children that do not have access to the internet at home and have to visit libraries or other public spaces to do their online homework); (4) provide 98,000 laptops to households that do not currently have one. To achieve these goals, nearly $1 billion in funding from the American Rescue Plan Act, $30 million in state funds, and additional private sector funds have been invested to expand infrastructure and other efforts related to digital literacy and administrative capacity. Mr. Denny emphasized the importance of private-public sector partnerships in achieving these goals.

Following Mr. Denny's presentation, Dr. Shannon Dowler presented on access to services and telehealth for NC Medicaid beneficiaries. Dr. Dowler shared that prior to the start of the COVID-19 pandemic, there were almost no telehealth policies for NC Medicaid beneficiaries, but over the course of six weeks, NC Medicaid mobilized close to 400 policies, payments, and modifications. Dr. Dowler also shared that after a precipitous drop in the total volume of care was observed following the implementation of stay-at-home orders early in the pandemic, NC Medicaid partnered with the North Carolina Area Health Education Centers (NCAHEC) and conducted analyses to understand which providers were and were not billing for telehealth services. She explained that these analyses supported an understanding of barriers in access to telehealth and shared that NCAHEC practice supports were deployed to low telehealth utilizers in high-risk areas of the state in response. Dr. Dowler continued to describe partnerships with the Division of Mental Health on telehealth services and the Office of Rural Health on broadband and other initiatives, the establishment of a payer's council to align coverage across plans, and the creation of the NCDHHS telehealth workstream to support ongoing assessment.

Dr. Dowler shared that there was significant discussion around telephonic care vs. telehealth, and NC Medicaid decided to reimburse at a rate of 80% for telephonic services and 100% for audio-visual services (telephonic services are not considered to be as effective as audio-visual). This resulted in a rapid increase in the utilization of telephonic and telehealth services. Dr. Dowler shared that the use of telephonic services in the behavioral health space has particularly taken off. Parents of young children have also appreciated access to telehealth, and the provision of atypical services (e.g., physical therapy) has allowed parents to be more engaged. Dr. Dowler also noted that older people utilized telehealth at lower rates once stay-at-home orders were lifted. Overall, telehealth satisfaction rates have been high, although a second visit seems to be more likely after an in-person visit compared to a telehealth visit. One key takeaway has been that telehealth provides more access for more people. In terms of next steps, Dr. Dowler shared that some temporary telehealth policies are being made permanent, while others (e.g., optical telehealth) are sunsetting.

Several key takeaways from the Q&A discussion with Mr. Denny, Dr. Dowler, Ms. Doaks, and the task force are provided below.

- Most utilized services include behavioral health services; well-child care was not as utilized (two visits are required – one telehealth visit and another in-person visit for immunizations).
- Mr. Denny shared that NCDIT established a target of 380,000 households and are now at 340,000; they are currently focused on free and reduced lunch qualifications by county and working with schools directly to ensure awareness of the program.
- Dr. Dowler shared that there's an opportunity to see cross-over advantages, but pandemic fatigue has created challenges; practices are less likely to lead with telehealth now as well, and commercial payers haven't declared what they are willing to cover long-term.

- When asked how we are going to determine who has been missed with these projects, and how projects are meeting the needs of North Carolinians, Mr. Denny shared that utilizing surveys and speed tests on their website, ensuring fees and services are as good as advertised, and pushing back on the FEC and provider community to elevate places that aren't being adequately served are key.
- Mr. Denny shared that private-public sector partnerships to leverage funding for projects that yield profits for providers and connect the underserved is essential and emphasized the importance of providing used laptops to low-income households (a portion of digital literacy funds will support this goal).
- Mr. Denny added that we must turn to the private sector to solve certain telecommunications challenges – specifically, public entities are not allowed to establish telecommunication services.

Ms. Alison Miller thanked Mr. Denny, Dr. Dowler, Ms. Doaks, and Ms. Young for their wonderful presentations and discussion and concluded by sharing next steps with the NC task force.

Adjourn: 2:30 pm