Bree Collaborative | Health Impacts of Extreme Heat
May 8th, 2024| 3-4:30PM
Hybrid

MEMBERS PRESENT VIRTUALLY

Yonit Yogev, MRC
Brad Kramer, PHSKC
Kumara Raj Sundar, KP
Stefan Wheat, UW CHanGE
Brian Henning, Gonzaga Institute
June Spector, L&I
Seth Doyle, NWRPCA
Chris Chen, WA HCA
Krsitina Petsas, United Healthcare
Ray Moeller, MRC
Kelly Naismith, DOH

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GC, Bree Collaborative
Ginny Weir, MPH, CEO, Foundation for Health Care Quality
Sarah Warner, CHPW (CHPW workgroup representative)
Cora Espina, NP, CDES

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the May meeting.

Motion to approve April meeting minutes: motion approved.

UPDATED FRAMEWORK

Beth reviewed the results from the discussion around the prevention framework which generated a discussion around clarifying the goals of the group. Beth then reviewed statements from the article "Defining Roles and Responsibilities of the Health Workforce to Respond to the Climate Crisis" that could be focused on for clinicians and public health professionals.

- Keep this group adaptation focused, instead of mitigation such as decarbonization guidelines
- Add in the relaying clinical trends for improved capture of events related to climate impact on health, think clinicians are already doing that and we should continue to elevate it.
- Public health practitioners are looking at clinical notes from the ED, and the way clinicians document these events matter for better tracking
- Free text documentation is difficult to translate information, so would appreciate standardization of data capture that health plans can use to idetnif concentrations of prevalence in certain naighborhoods to target for additional interventions
    - Dr. Wheat wrote article on gaps in ICD-10 codes – we have fairly robust Z codes in ICD-10 documenting, so should advocate for providers to document directly the ICD-10 Z codes
        - Dr. Chen asked since providers need to recognize the impact from climate change and that can be variable across different clinicians, so what would the purpose be of this group focusing on documentation and coding?

- Dr. Wheat responded that it would improve capturing absolute magnitude of the impact on human health, and from external cause codes (provide context) don't think there's a role for clinicians to say this person is admitted due to climate change, but they do have unique perspective and insight into why a patient is presenting and see patients slip through the cracks in terms of documentation (e.g., documented as respiratory failure in ICU when they had heat stroke)

HEALTH PLANS

Beth opened the conversation to discussing the role of health plans.

- Buckets of action including data, care coordination and financial (money).
- Data: understanding vulnerability risk and impact of heat and smoke related events
- Care coordination: outreach and prevention, member communication and connection to resources
- Money: reimbursement and coverage under separate buckets but paying for resources is important.
- Formularies might be an important addition, making adjustments to favor medications with less of an impact on greenhouse gas emissions
    - Chris: feel that is a bit out of scope of this topic
    - Brad: would like to keep that conversation open, think there might be a role for clinicians to advise on the most carbon friendly solutions
- Kelly: one piece that's challenging with documentation is getting our own data, can get ICD-10 codes for heat-related illness and if that's documented in charts, but not getting all-cause data – would there be a possibility to document if a patient presents to the ED and they have pre-existing conditions that's exacerbated by heat? Is that in notes?
    - Stefan: think that's what we should be aiming for, number of barriers to that – clinician education to make them aware that certain conditions are heat sensitive, would need second ICD 10 code to say exacerbation is due to heat or smoke
    - Kelly: that would be super helpful
    - Beth: is that something we could impact at the state level?
    - Stefan: some comes from national level through CMS, could have some impact at the state level,
    - Kristina: having standardized coding tracked over time is meaningful for a health plan. As CMO for a health plan, I would monitor bed capacity of facilities and evaluate if there is need for alleviation for any authorizations so members can be transferred to nearby facilities and treated in emergency situations.
    - Stefan: low-hanging fruit is tracking and reporting emissions, something the DHHS is advocating for. Health systems can also support individual providers by showing them their ordering of medications and services compared to colleagues.
- Sarah Warner: even just creating access to systems that are already existing, can pass a note or put a note over to the doctors office to share when we've identified a member who is at high risk of extreme heat and wildfire smoke. There are lots of people with boots on the ground knowledge doing face to face field work identifying those home barriers and being able to screen for that.
    - Chris: is there something different about care coordination activities during extreme weather?

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        - Sarah: from our team in particular, we start working with members several months in advance of wildfires and heat for safety planning – not just help them find resources. A bit resource we connect people to is utilities, or HEPA filters/air conditioners.
- Chris: this might land more on health care authority agency recommendations, but in conversations with Hawaii Medicaid, it was clear that the Medicaid agency had the data to identify what medications people were on and the DME they had. Also patients on dialysis. They removed limits on medication access and used that information for care coordination and outreach. The coordination between emergency services and their Medicaid agency in Hawaii leaned on existing relationships from the pandemic.
    - Kelly: the relationships between emergency management parts of DOH are complex, and still building some in some cases because of turnover.
- Kristina: There is preparedness and then response. Do we have a way to capture vulnerable populations, again back to coding.
- Chris: under reimbursement and care coordination, guess both categories is just healthcare system throughput, and think especially hospital decompression as was alluded to before, especially during times of emergency.
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PURCHASERS

Beth transitioned the group to discuss employer purchasers and their role in this system.

- Kristina: need to demonstrate impact on medical spend and pharmacy spend. I hesitate to approach the formulary, but if we're able to demonstrate prevalence of heat-related illness more employers would investigate more social determinants of health programs to mitigate those seasonal impacts on workforce.
- Chris: are we looking to make recommendations about worker protections as well?
    - Seth: Think it would be great to mention the rules even if it's not directly within scope, and healthcare providers can reinforce that as well to spread awareness of the rights of their patients and so forth.
    - Raj: employers offering wellness programs, providers can ask patients if they can add anything from the employee benefit side such as air filters or discounts on insurance. Patients may benefit from points or discounts if they fill out wellness forms so keeping them aware of that.
    - Seth: bandwidth to enforce L&I rules is very low, so providers reminding patients of these rules and educating them on the resources to advocate for themselves makes sense.
    - June: Toward the end of 2023 the new heat rule was adopted and more protective for the worker than the 2008 rules. New smoke rules adopted this year. There's opportunity to support from both employer side and healthcare system side. .

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the group will continue to discuss the role of Long-term care in supporting and responding to these events. The workgroup's next meeting will be on Wednesday, June 12th from 3-4:30PM.

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