Bree Collaborative | Health Impacts of Extreme Heat
June 12th, 2024| 3-4:30PM
Hybrid

MEMBERS PRESENT VIRTUALLY

Chris Chen, WA HCA
Kumara Raj Sundar, KP
June Spector, L&I
Seth Doyle, NWRPCA
Kristina Petsas, United Healthcare
Kelly Naismith, DOH
LuAnn Chen, CHPW
Onora Lien, NWHRN
Amy Anderson, WSHA

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
Alina Metje
Ken Sterner
Serena Segura
Richard Freed
Janice Tufte

WELCOME

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

Motion to approve may meeting minutes: motion approved.

EVALUATION UPDATE

Karie Nicholas, MA, GC presented on a few discussions the subcommittee has had. The outcomes identified so far are heat stress deaths, heat stress hospitalizations and ED visits for respiratory and COPD illness. We want to know:

- What are the key questions you want to know when this is all said and done
- What do you want to know changed? Is this statewide, or are we looking at specific populations and closing gaps in equity?

We want to come up with a list of conditions so that we can appropriately measure what the impact of these guidelines. The subcommittee is interested in using the regression discontinuity design to evaluate the guidelines, and measure before and after the guidelines are presented, then measure what changes happen.
We also want to think about what we will measure through scorecards – we can involve cohorts of people to answer the scorecards/questions and what the cutoffs are, like the cutoff for mobilization of emergency services or emergency preparedness plans.

- Randy: people with heat stroke or heat emergencies, the medical coding is pretty straightforward. It's going to be much easier to track that. Asthma is a bit harder to track if its not in the coding or notes.
- Karie: Making a list of conditions you all would like to impact, you guys can say yes or no, and then goals are to impact these things. If the group makes recommendations to change coding to

better count and track heat and wildfire smoke related illnesses, we'll have to find some way to know the change we're seeing is based on better coding.

- Chris: it's hard to measure an absolute rate and discern impact of our recommendations because the fact is morbidity and mortality related to climate change is going to increase over time, and theoretically the recommendations could change the trajectory of that but won't change the absolute increase. I wonder if there is a relative rate that you can track, not necessarily climate change coding specific if there's heat sensitive conditions that you can measure as a proportion of the population in addition to morbidity and mortality, ED visits, as a subset

INTRODUCE DSHS EMERGENCY PREPAREDNESS CURRENT EFFORTS

Beth invited DSHS colleagues, Dr. Richard Freed, Ken Sterner and Serena Segura. Dr. Richard Freed at DSHS is the new Emergency Preparedness Director and is supporting over 5000 facilities including nursing homes, assisted living facilities and adult family homes. Some of the work they've been doing includes publishing guidance as Seattle gets closer to summer months on heat, wildfires and smoke. Power outages are another area where DSHS is issuing guidance, since there are 4 utility companies in the state, and DSHS is giving some practical guidance and tips to facilities to be prepared for these.
Ken Sterner is the deputy executive director for aging and adult care, serving 6 counties in North Central Washington. Serena Segura is the emergency manager and risk officer for aging and long tem support administration at DSHS.
Beth then shared some baseline data from the DSHS website

- Over 200 SNFs, 540 assisted living and 3000 adult family homes in the state
- King and Spokane counties have the highest number of facilities
- 2023 71% DDA clients are being care for in their homes, not in facilities

- Richard: number of facilities has definitely grown, especially adult family homes. There was a special license that expanded the number of beds a licensed AFH can have from 6 to 8, so that's the fastest growing home type.
- Ken: what I'm hoping to see out of this group is what we can do in advance of emergencies. First thing is lack of equipment – air conditioners on the ground every year. People generally over 60, sometimes younger, generally with disabilities and isolated at home – my organization gets requests for air conditioners and filters. In rural areas, transportation is always an issue.
- Chris: does anyone have a sense of to what degree facilities are prepared? Or how many homes don't have air conditioning?
    - Ken: think residential care services through DSHS would know. Through 2014, after the fire there was a significant push on behalf of DSHS and ALTSA to ensure that a lot of long-term care facilities have plans in place in the event of any heat or smoke issues, but when asked to present them they couldn't provide them.
    - Ken: transfer trauma is also an issue, when you're moving a 90 year old person somewhere you're dealing with something that's very delicate and people did pass as a result of giant transfer trauma.
    - Richard: there is big variance in provider type, adult family homes (AFHs) do not have a requirement for air conditioners specifically so that will be at their discretion. There have been some programs and grants for heat pumps but that's not something DSHS would track, unless it was a regulatory requirement. We could see based off citations if they didn't meet requirements but would imagine a lot of them don't have them just because it's default the lowest barrier for licensing requirement and that has been

recognized as a big gap. DSHS has been working on substitute House Bill 1218 which addresses some deficiencie in planning and the requirement – don't believe air conditioners are a part of that HB because DSHS also tries to examine how prohibitive those requirements would be.

- Richard: some other barriers include turnover and staffing, including administration. Some nursing homes are just focusing on staffing and keeping the doors open, so they are not looking at their emergency plans or regulatory requirements. Variance in resources as well, some facilities invest those in emergency preparedness and some have let their standards lapse. There's almost no coordination with local emergency management, not like hospitals have. Most providers have a completely nonexistent relationship with emergency management which means they're not doing any community exercises or community plan testing. Also, a lot of nursing homes have the CMS robust requirement, but the ones that exist for Washington codes are pretty easy to get without doing much additional work, so for some facilities it's little more than water supply and a flashlight – that's what HB1218 is looking to address.
- Chris: Onora, with regards to come comments on relationships between long term care and local emergency management, do you have any thoughts?
    - Onora: there's absolutely variability in type of providers and even within types of providers to make regulation and readiness really complex. Corporate management versus independent management plays a role as well, and to be frank a lot of emergency management agencies don't have a lot of capacity to engage those facilities. There's a significant Medicaid population being cared for in AFHs.
    - Onora: during the heat dome we saw a fair amount of collaboration work with DSHS and long-term care partners in evacuations and other things, so there's good foundation to build upon.
    - Chris: HCA did a lot of work through COVID to ensure system throughput, and expediting prior authorizations etc, are there any additional financing barriers or things to be thinking about related to payment and financing specifically for this population?
        - Richard: that is not my area of expertise, but I imagine there probably is a pain point for providers, would have to do some more research to get the answer.
        - Chris: one of the initiatives is potentially finding a way with air conditioners paid for by Medicaid dollars, thinking about things like that
        - Onora: I don't know that we have a laundry list of solutions, but would say that what comes up consistently is staffing. The ability to think about how to mobilize rapid response teams to help augment in emergency response, that is something always on the back of our minds. Resources are leaner in long-term care than other parts of the healthcare system, and it's the second most regulated industry in the country. They find themselves navigating a high degree of regulatory complexities, sometimes makes these steps and strategies harder to overcome or cost prohibitive. In general, the message is not enough staff to do the things required, not enough reimbursement per patient for the ones they already have and lots of risk around that.
        - Beth: we have a couple plan colleagues on the call as well, would you mind commenting any thoughts you might have?

        - Kristina: inflation certainly increased cost of care in Washington, this year has been particularly challenging for us but we do try to align with recommendations for the state of Washington, so if we were to develop a strategy to address particularly the Medicaid population first we could really lift those struggling the most.
    - Serena: after the Heat dome , DSHS came together to talk about policy changes or legislation to implement in long-term care. They have not been successful in passing legislation at this point, but focus was on safety and health including getting AC units. One problem with that is lack of data available to justify it. The other thing is during the pandemic, we recognize our long-term care facilities were struggling with their staffing as well as trying to support influx from healthcare into long-term care. DSHS brought contracts to supply facilities through May 31st, 2024, and they were super valuable. It was a standing resource in the state, but that's no longer available. Having open contract or contracted staffing would be super valuable.
- Beth: what would be your top priority to achieve as part of this work?
    - Richard: opening up funds for facilities for capital improvements would go really far, because we already have capability to publish guidance and are working on the regulatory aspects, but it would be beneficial to see the data on this year over year as well of the guidelines.
    - Onora: there's lots of ways to reinforce the guidance and rules that already exist. If we put an equity lens on it, the adult family home population worries me more than others, in terms of both who they are serving and the fragility of that environment. What I've heard from some other communities, like New York, they either pilot programs related to air conditioning is consideration around credits or augmenting the cost of power to run air conditioning units. Whether that's additions of units themselves or something that offsets the cost or partnership with power and utility companies to offset that, that would go a long way.
    - Chris: I appreciate the guidance that's already been published by long-term care and, I also appreciate some of the clinical recommendations like thinking about medications that make people more susceptible to heat, like meds for heart failure or blood pressure. People with complex medical conditions are certainly more vulnerable.
    - Raj: we've talked about this before, and KP is trying to do national targeted outreach to highest risk individuals about heat-related illness and they're using cardiovascular codes to triage which would be the highest category of patients. There's still not great guidance anywhere, if you're trying to do that from a health plan level.
    - Chris: Kelly, do you know if there are any resources along those lines?
        - Not really, to my knowledge there's more like the heat-related codes and this group would be a good opportunity to develop that
- Janice: I've been sick on and off with heat-realted illness since I was a child, but I realized it's not documented anywhere in my record. It's just going into my notes, and there's no way to know if it will show up. I don't have any other major conditions, but it's very serious and I doubt it's documented. We anticipate once we reach 65

wespecially people who have experienced homelessness and other things before, it's something for doctors to be more aware of.
    - Kelly: we do have documented ICD10 codes for some of the climate commitment act environmental justice work specific to wildfire smoke, it's more associated with PM2.5 looking at longer term impacts like lung cancer and COPD. Some of the health impact functions, we could come up with a list.
    - **Action item**: return to risk stratification next meeting
- Beth: any specific guidance toward DSHS or long-term care facilities?
    - Richard: has increased its outreach directly with providers, and the healthcare coalition started a long-term care sector specific planning group so there may be opportunity to collaborate and get messaging across that way.
    - Chris: it seems like we don't necessarily know as a state what the level of preparedness of adult family homes is, and there are likely barriers to increasing that whether it be equipment or ongoing systematic training. In addition to not knowing the level of preparedness of adult family homes, just even more broadly not having an understanding of vulnerability of populations based on the medical conditions. We don't have to duplicate their guidance but calling out the specific gaps could be useful.
- Beth: Are there any specific recommendations DSHS are making in regards to the power safety shutoffs expected later in the summer?
    - Richard: tailored letters to providers are going out, and emphasizing practical tips and reminding providers to review their plans. There might be some utility companies including like earlier notification and possible exceptions. Some utility companies have programs providing battery packs for life sustaining equipment. The letters are opt-in delivery mass notifications, so definitely possible some providers are not getting that information. We don't have the capability of a mass notification system that can be geofenced.
    - Chris: how organized of an effort are programs providing battery packs for life-sustaining equipment?
        - Richard: there's a lot left to be desired, the utility company that started it they already had a list of people on life sustaining equipment, so they reached out to facilities directly instead of broadcasting it.
        - Chris: this does seem to be a prime topic to be discussing in light of the climate commitment act as well and some of the funds being made available from the Department of Ecology.
        - Kelly: I'm planning on sharing this week, the Department of Ecology's public response period is opening up for integrated climate response strategy, let me know if anyone wants the sign up.

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth invited final comments or public comments, then thanked all for attending.

- Janice: there was an article in New York Times/Post today about shutting off nursing home electricity during wildfires, in Colorado they did that this year in April. There are some parts of the state where they might start doing that, and it's something to think about areas with higher trees and higher wind speeds. There was a couple hours warning, but independent living struggled because they didn't have generators.

At the next workgroup meeting, the group will hear from King County's emergency preparedness plans and discuss risk stratification in more detail.

The workgroup's next meeting will be on Wednesday, July 10th from 3-4:30PM.