

Meeting Minutes: Western Mass. Health and Medical Coordinating Coalition

Date	June 28, 2016	Location	DPH Northampton <i>(Large Conference Room)</i>	Facilitators:	Linda Moriarty, Jeanne Galloway
Time	2-4 p.m.	Duration	2 Hours		

ATTENDEES:

Ann Shea, Hospitals <i>(remote)</i>	Jeanne Galloway, Local Public Health
Bruce Bussiere, Hospitals <i>(remote)</i>	Julie Federman, Local Public Health
Jeremiah LaPlante, Long-Term Care	Linda Moriarty, EMS
Brian Andrews, EMS	Michael Nelson, MDPH
Gail Bienvenue, MDPH	Jacqueline Johnson, CHC alternate <i>(serving as voting member)</i>

ABSENT:

Jeff Hagen, Comm. Health Ctrs.	Carrie Matusko, Comm. Health Ctrs.
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HMCC STAFF:

Tracy Rogers
Mark Maloni
Dan Nietzsche

GUESTS:

Sandra Martin, Local Public Health Alternate
Bob Hassett, Springfield EMD
Lucy Britton, Hospital Alternate
Nicole Zabko, Local Public Health Alternate

Agenda Items	Notes
1. Review agenda/introductions	Called to order at 2:05 p.m. Linda indicated alternates would not be immediately recognized for the next few meetings - if time permitted might be recognized.
2. Approve minutes from April 2016 Steering Committee Meeting	Moved by Brian, second by Jeanne. Unanimously approved.
3. Future of the MMRS	<p>Bob presented on the MMRS – origin, history, function. <i>(Slides attached as addendum to minutes)</i></p> <p>MMRS' dedicated funding will be eliminated in July 2017. Bob questioned if the HMCC had funds to put towards to the continuance of the MMRS planner position. The HMCC budget is not currently designed to fund projects or initiatives throughout the program year beyond the initiatives funded by HPP and PHEP funds. All other HMCC money goes toward administration of the coalition.</p> <p>The function and future of the MMRS needs to be further fleshed out as the HMCC gears toward response coordination for the entire region. Where is there overlap and redundancy? What are the distinct critical functions performed by each body that need to be maintained?</p> <p>The questions were identified but not discussed. Further education and conversation is necessary.</p>
4. BP5 Meeting Schedule a) 2016. i. Steering Comm.: Sept., Nov.	<p>Agreed to the following Steering Committee schedule: <i>(all meetings are on the months' 4th Tuesday from 2-4 p.m.)</i></p> <p><u>2016</u></p>

<p>ii. Full Coalition: Oct. b) 2017. i. Steering Comm.: March, May ii. Full Coalition: April.</p>	<ul style="list-style-type: none"> • September 27th – Berkshire County, exact location TBD • November 22nd – location TBD <p><u>2017</u></p> <ul style="list-style-type: none"> • March 28th – location TBD • May 23rd – location TBD <p>Agreed that the Full Coalition meeting will be held:</p> <p><u>2016</u></p> <p>Friday, October 21st 9 a.m. – 1 p.m. John W. Oliver Transit Center 1st Floor Meeting Room Greenfield, MA 01301</p> <p><u>2017</u></p> <ul style="list-style-type: none"> • April – exact date/location TBD • October – exact date/location TBD
<p>5. BP5 work plan review</p>	<p>Mark presented the Committee with a one-page document that outlines the coming program year’s tasks and rough timeline. He encouraged all Steering Committee members and alternates to familiarize themselves with the talking points on the sheet so they can represent the work of the coalition to their various stakeholders.</p> <p>Mark also presented the current punch list for the Emergency Coordination Plan that he will work on over the summer.</p> <p>It was suggested that if we can identify work of standing committees before the full coalition meeting, we could use that meeting as a recruiting opportunity.</p> <p>No other comments, no questions.</p>
<p>6. Annex Dissemination and TTX debrief</p>	<p>Request for feedback from Steering Committee on prior annex development to inform future annex development, but with Harvard Chan School of Public Health, and internally (Harvard will serve as the developers of a resource coordination annex in the fall of 2016). Feedback was:</p> <ul style="list-style-type: none"> • People like and appreciate the staff at Harvard, and simultaneously wonder if the time could be better spent, as different disciplines have different roles and levels of involvement • A lot of focus in the annex development addresses the roles of the five core disciplines, but the process didn’t fully explain or outline the role of state-level partners. <ul style="list-style-type: none"> ○ <i>This speaks to differing levels of knowledge within the disciplines, e.g., public health knows that they will rely heavily on the state epidemiologist when it comes to disease surveillance, but other disciplines don’t necessarily know that.</i> ○ <i>This speaks to how various disciplines bring differing levels of knowledge and expertise to the table. How do we best balance people feeling like their time is being</i>

	<p><i>well-used with ensuring people are at the table to educate each other. It might be that people at times will offer more than they receive, but this will benefit the HMCC as a whole.</i></p>
7. Region 1 HVA Action Plan review	<p>Knowing that OPEM will be working to conduct a Hazard Vulnerability analysis with the various HMCC's later in the year, the group reviewed the 2014 HVA Summary of Results to identify what data is worth keeping.</p> <p>Initial conversation was geared towards trying to keep as much of the findings in place as possible, but as people looked more closely at the rankings, consensus grew that a fresh look at the hazards considered holds merit.</p> <p>People noted:</p> <ul style="list-style-type: none"> • Severity rankings don't feel accurate or, in some cases, germane • Incidents of violence and unrest should be considered • There are newer HVA tools being used and recommended by the healthcare community <p>Given the lack of confidence in the current HVA, the HMCC staff will not move forward with attempts to coordinate the concurrent Region 1 Action Plan developed from the HVA.</p>
8. Board of Health physicians	<p>Jeanne brought it to the attention of the HMCC that some local health departments are having a hard time getting a doctor to serve as the signatory/prescribing authority for local boards (vaccine orders, etc.), and wondered what role the HMCC could play in addressing the issue. The major issue tends to be liability concerns.</p> <p>People didn't see a clear fit for this to serve as a current project; some wondered if this is something the WAG could take on, as it falls within the purview of local public health. Could the WAG collaborate on the development of some recruitment or informational materials that address the need for doctors to serve, what the commitment is exactly, and what liability protections are in place?</p>
9. Business not reasonably anticipated 48 hours prior to the meeting	<p>50 pallets of sheltering supplies are in Boston, and will be deployed throughout the state. Tracy asked for the leadership to consider their capacity to store some supplies.</p>
10. Wrap up and adjourn	<p>Brian moved to adjourn the meeting, Jeremiah seconded, passed unanimously. Adjourned at 3:38 p.m.</p>