



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF MEDICAL EXAMINER
401 E Street, S.W.
CHILD FATALITY REVIEW COMMITTEE
Open Minutes of the June 16, 2022 Meeting**

There were 27 attendees:

CFRC Members:

Theresa Early (DHS)	Erin Cullen (OAG)
Elizabeth Muffoletto (CFSA)	Marie Cohen (Community)
Dr. Amy Mack (OGVP)	Elizabeth Wieser (OAG)
Aleazor Taylor (DC FEMS)	Allison Losey (OSSE)
Janel Daniel (DCSC- CSS)	Hon. Breanne Nadeau (DC Council)
Dr. Eric Rosenthal, MD (CNH)	David Gorman (USDOJ)
Andrea Allen (DCPS)	Dr. Cheryl Williams, MD (Community)
Debbie Allen (DBH)	Dr. Jacqueline Francis, MD (Community)
Antonio Nunes (DC Council)	

Participants:

Daniel Passon (DC Council)
Rosalyn Carr-Stephens (Amerihealth Caritas DC)
Dr. Shilpa Patel, MD (Impact DC)
Dr. Candice Dawes, MD (Impact DC)

CFRC Staff:

Jenna Beebe-Aryee (OCME)	Katherine Barnes (OCME)
Jessica Edwards (OCME)	Ebele Brown (OCME)
Kera Johnson (OCME)	Enisa Boardwine (OCME)

Open Meeting (recorded)

I. Greetings and Introductions

The meeting opened at 10:03am with Theresa Early, DHS providing opening

remarks. Roll call for the open portion of the meeting was conducted.

- The CFRC voted to approve the **June 16, 2022**, Open Agenda as written.
- The open portion of the **May 19, 2022**, minutes were reviewed and accepted with no amendments or corrections.
- No additional members of the public requested attendance at the open portion of the meeting or were present other than those with special invitation.

II. Impact DC Presentation

Dr. Candice Dawes, Associate Medical Director of Impact DC, provided opening remarks for the Impact DC Presentation. The presentation included power point slides detailing the following information:

- Impact DC stands for “Improving Pediatric Asthma Care in the District of Columbia.”
- Washington DC provides a powerful case of a study of the disparities especially for asthma as it is similar to other urbanized areas in the US that have a high asthma prevalence and morbidity rates that affect at risk minority youth (much more than the “advantaged non- minority youth.”)
- Children’s National surveillance reveals that DC Emergency Department (ED) visits and hospitalizations are heavily concentrated in African American children who particularly reside in Ward 7 and 8, (which was evidenced in red areas on the slide map) and are also areas that are economically and socially disadvantaged (and somewhat in a Northeast areas as well.)
- Per comparison of the slide maps entitled “ED Visits for Asthma” and “Poverty in DC,” the “red areas” showed where there are higher rates of poverty and also where there are higher rates of ED visits for asthma. It was also noted for example that (on the left of the map/slide) the highest ED visit rates from 2014 data primarily occurred in 3 zip codes that were comprised of Southeast DC; the highest zip code rates had 97.5/1000 visits compared to Wards 3, 1 and 2, which was 23 times greater than the lowest rates (which were about 4.2/1000 visits in DC.) Additionally, in those same zip codes with higher rates of ED visits and poverty, 90% of the African Americans in those areas had “family-based poverty.” The other Wards (1, 2 and 3) which is comprised of 9.2% African Americans, had only 1.9% family- based poverty- which demonstrates a correlation between poverty in DC and Ed rates for asthma.
- Impact DC has 3 different arms: 1) Research, 2) Community Outreach and 3) Asthma Clinic (large portion.) It was noted that Impact DC does a lot of community outreach, with staff participating throughout the year providing information and education at health fairs and school-based programs and other health advocacy events. The Research Arm

seeks to understand why so many kids have asthma and ultimately reduce the number of children that suffer from this disease.

- Since 2001, Impact DC has monitored pediatric asthma visits to the emergency room as well as hospitalization rates within the District, resulting in a “registry” that houses this information.
- The Asthma Care/Clinic Arm is the “heart” of Impact DC and the largest arm of the program. It was noted that when a child visits the Asthma clinic, a team of asthma educators and clinicians (which are clinicians from Children’s Emergency Department, Hospitalist Division and Primary Care) provide detailed medical consultations for these patients and unique care plans for each child. The care plans are then coordinated and communicated to the child’s primary care provider, the school nurse and others who are involved with the child’s care.
- It was noted that Impact DC is ultimately a “one- time interventional asthma clinic,” which targets children with poorly controlled asthma. Impact DC conducts an “in-depth” intake process, provides personalized and comprehensive asthma education to the child and family, reviews how to use their inhaler and spacer, provides evidenced based medication management, conducts care coordination, and utilizes partnerships with social services, community and government organizations, (i.e. Virtual Home Visits) medical/legal partnerships with the Children’s Law Center, smoking cessation resources and referrals to the DC Department of Energy and Environment (DOEE).
- Impact DC also screens for “social determinants of health” and streamlines referrals to sub-specialists (including Ear, Nose and Throat-ENT, Allergy, Pulmonary.) They additionally make sure that each child has an “Asthma Action Plan” a spacer and a hypoallergenic pillow cover.
- It was noted the children can be referred to Impact DC through multiple different avenues-so families can “self-refer” (i.e. if they have heard about Impact DC through community outreach or if they had a sibling or a family member work with Impact DC.) Primary Care physicians throughout the DC area can also refer their patients and a referral is not necessary unless they have certain forms of insurance. It was also noted that Impact DC receives referrals from the emergency department for children that have been “repeat offenders” or “new asthmatics” as well as, referrals for children who were hospitalized with an “asthma exacerbation.” Additionally, referrals can come from “care managers” from some of the Managed Care Organizations (MCO’s) and school nurses.
- It was noted that a big part of what Impact DC does is not only medication management, but also “personalized asthma education plans.” Hence, a large part of the asthma clinic

visit is geared toward the asthma educators providing individualized education about the disease, medication (which the child should be taking at home and at school) and how to use their inhaler and other devices, and education on how to identify and reduce exposure to allergens and/or triggers that may exacerbate their asthma symptoms. It was also noted that education is provided using very “simple terms” that families can understand (not talking to families using complex medical terms.) What is discussed is the different types of “every day” medications that are used to “control” their asthma versus the medications used for “quick relief” when they are having symptoms, with a focus on trying to help families identify the triggers and how to avoid those triggers.

- It was noted that asthma is a chronic life-long disease and Impact DC aims to “manage” and avoid the triggers to reduce asthma attacks. Impact DC therefore utilizes “teach-back” moments, which allows families to teach-back what was taught to them. Impact DC further reviews the technique on medication and device use, as well as to dispel any “myths” the family may have about asthma. It was further noted that these appointments can last anywhere from 1 hour to an hour and a half.
- It was noted that the Impact DC website houses numerous educational asthma videos, geared toward families, patients and providers. Examples of the videos include: “Common Allergens, Common Triggers” and “How to use your Inhaler” and “How to use your Spacer” and “Examples of Action Plans.”
- It was noted that Impact DC conducted virtual home visits initially as a part of grant funding, and now they are incorporated routinely in the asthma visits. Impact DC also has a collaboration with a “home visiting program” where “housing specialist” virtually walk through a patient’s home to address housing concerns such as ventilation, pests, rodents etc. and provide home remediation for the families. Families are “recruited” for the Home Visiting Program through the Impact DC visits and are determined to need more education, need help with their asthma medication plan, or have housing conditions that exacerbate the child’s asthma and needs to be addressed.
- It was noted that “a lot” of outreach is conducted to ensure that the home visits occur. Therefore, Impact DC conducts a Pre-Video Home Visit phone call and then conducts the actual video visit with the housing specialist as well as with a medical provider to ensure that the medical aspects of the medication plan are addressed. There is also a “Post Video Home Visit” partnership in which home services and repairs are coordinated for the family. It was noted that this is usually a “one-time visit” but if the family moves or something changes, Impact DC is glad to see the family again.
- It was noted that after the visit, Impact DC asks the families to complete a Post- Visit

Survey to ensure family and community needs have been met.

- It was noted that social determinants of health have a major impact on people's health and well-being and quality of life and contribute to health disparities in healthcare. Impact DC provides "screeners/questionnaires" for the families and utilizes "navigators" that follow up with the families to address identified needs. Examples of possible needs can include housing concerns, asthma concerns at school, employment programs, applying for benefits (related to housing and food insecurity.)
- It was noted that Impact DC is located throughout DC, with several clinic locations including: The Main Children's National Campus (on Michigan Ave), THEARC in Southeast DC (on Mississippi Ave), Shepard Park, Mary's Center (on Georgia Ave) and Unity Health (on Minnesota Ave and Parkside.)
- It was noted that Impact DC provides "in person visits" but also provides for families to participate in "telehealth" visits (in instances when a family is not able to physically go into a clinic location.)
- Impact DC contact information was noted as follows: Phone 202-476-3970; Fax 202-476-2126; email: impactdc@cnmc.org
- It was noted that some of the barriers to care that Impact DC has identified included high "no show rates" averaging 30-40% and correlating with no show rates of primary care. It was noted that although great effort is made through numerous phone calls, emails and multiple text messages, Impact DC still experiences high no show rates, particularly among the high-risk patients. Hence there is a push to identify/utilize "innovative" measures to get these patients/families into the clinic. An additional identified barrier is that of insurance coverage for "controller medications" which are inhaled corticosteroids which should be taken every day by children with persistent asthma. It was noted that some of the MCO's change their drug formulary frequently, so Impact DC conducts checks of the Medicaid formulary frequently (i.e. once a month) as well, and had found that there are medications that are not covered. Unfortunately, this leads to barriers in guidelines that Impact DC should follow, hence Impact DC advocates for "proper" coverage of asthma medications. It was further noted that an additional barrier is "healthy housing" in DC (as there is a backdrop of housing disparity in Ward 7 and 8 in comparison to other wards in the District.)
- It was noted by a responding member that there is much interest and need for collaboration and partnership with the DC Department of Human Services (DHS) and Impact DC to improve quality housing via improvement of inspections for shelter housing, apartment style shelters as well as Rapid Rehousing.

- Further inquiry was made by a responding member regarding when Impact DC goes into a family home and identifies conditions that could exacerbate asthma, what the process would be for referring the family directly by Impact DC or needed resources.
- Impact DC advised that the “housing specialist” handle these kinds of issues. Additionally, they handle issues surrounding rodents and pests, which are further addressed by pest management companies (who go to the home to assess and remediate issues.) It was also noted that families have advised that their landlords intermittently send someone out for pest management, but Impact DC conducts this service on a regular basis. It was further noted that “poor ventilation” is a common issue observed where filters are not changed, or are not changed frequently or are not cleaned. Impact DC goes to the homes and provides filters. Additionally, a lot of issues have been identified with carpets in the home-which may not have been cleaned (which is a big trigger for kids with asthma.) Impact DC advocates for the removal of carpet (and replacement with some sort of hard wood or laminate flooring.) Additionally, Impact DC provides “HEPA” vacuums for the cleaning of carpets when it cannot be removed from the home. If there are issues in the home that the housing specialist cannot take care of or issues that need to be escalated, Impact DC writes landlord letters or refers to the Children’s Law Center (within the medical legal partnership with them.)
- It was noted by a responding member that Impact DC is in a sense a one stop shop. Impact DC advised that although comprehensive, “everything” would be inclusive of moving people into newer and more updated housing- but pointed out that this is not the case at this time. Remediation of what is actually in the home is the dominant trend.
- Impact DC further added that “housing” has had increased focus in recent years, with virtual visits occurring Pre-Pandemic as a result of the housing partnership that Fannie Mae initiated- which further supported the seamless move to virtual visits for the regular clinic care program. This sustained heightened focus on housing has also prompted the review of several other funding opportunities and partnerships that will enhance the program (because there are qualification factors and limited resources.) Impact DC also refers to DOEE as well as city resources (to contact the appropriate people- inclusive of the lawyers as previously mentioned in cases of an escalated issue with a landlord.) It was also noted that despite multiple avenues that Impact DC takes, some families “fall through the cracks” because there is follow up that the family has to do. However, there are efforts underway to improve this process, which lends to continuous process improvement. Additionally, process improvement continues with the partnerships with the MCO’s to work with formulary changes, medications that are not covered and

updated guidelines. It was noted that Impact DC has a great partnership with the MCOs.

- The Fatality Review Program Manager provided closing thanks and remarks for the presentation and advised that email follow up would be sent to the presenters as the committee would be looking into potential recommendations, especially regarding (non-approved) medications and formularies.

CFRC members voted to close the open portion of the meeting and move into closed session.

The next CFRC meeting is scheduled for **July 21, 2022**