

MINUTES

DAVIDSON COUNTY BOARD OF HEALTH

March 1, 2011
12:30 p.m.

BOARD MEMBERS PRESENT

Dr. Mark Hamrick
Ms. Alice Gray
Commissioner Don Truell
Dr. Peter Rogaski
Dr. Mark Davis
Dr. Cathy Riggan
Rev. Lamar Moore
Mr. Keith Raulston
Mr. Corey Buggs
Mr. Rod Kcuik

STAFF PRESENT

Janie Ange
Nancy Rosier
Barbara Jones
Catherine Warren
Cindy Harris
Lynnette Cole
Carol Conrad
Becky DiRienzo
Karen Sheffield
John Hendren

VISITORS PRESENT

Debbie Flowers, Alpha Healthcare

WELCOME

Dr. Mark Hamrick called the meeting to order, established a quorum, and welcomed everyone.

MEETING AGENDA

Dr. Hamrick stated the agenda needed to be changed; item VII New Business - b. changed to ACHIEVE Grant, and FY 2011-2012 – Budget proposal will be changed to c.

MOTION

Dr. Cathy Riggan made a motion that the agenda with the noted changes be approved. Dr. Mark Davis seconded and the motion was approved.

ANNOUNCEMENTS

Mr. Long introduced the new Administrative Assistant; Nancy Rosier to the Board. Barbara Jones is assisting her, get acclimated. The Budget Sub Committee enjoyed the meal from Village Grill last week so we have decided to order from there for our next Board meeting. Nancy has given Board members a menu to make your selection and let her know your meal order before the next meeting.

PUBLIC COMMENT

Dr. Hamrick recognized Debbie Flowers, the administrator and owner of Alpha Healthcare of the Carolinas, a small business in Lexington who desired to provide comments to the Board. Ms. Flowers stated she would like to address the consideration before the Board regarding transfer of case management for the CAP-C Program from the health department to another entity. Speaking on behalf of the parents of the children in this program, she does not think it will be in their best interest for the case management to be provided by a case management firm in another county. As a small business owner in Davidson County, her business may be impacted by this decision also. Sixteen of the current CAP-C clients receive staffing from her agency, which equates to \$65,000 per month in revenue for her business. Should another case management entity choose not to continue using her agency for CAP-C staffing, twenty-seven of her employees will be affected. Taking business outside the county will also take tax revenue away from the county. She feels the CAP-C program needs to continue to be managed by people in Davidson County.

CONSENT AGENDA

Dr. Hamrick asked if there was approval of the items on the consent agenda including the January 2011 minutes, and the monthly and financial reports.

MOTION

Dr. Riggan made the motion to approve the items on the consent agenda. Dr. Davis seconded and the motion was approved.

HEALTH DIRECTOR'S REPORT

- **HIS** – slowly getting some reports now – state data warehouse is extracting data from the system to give some reports but still not what is needed. Recently had presentations here by the InSight and Mitchell McCormick vendors on their electronic medical record software products – the desire is to put together a collective or group purchase with other health departments. However, at this point DPH has decided it will not allow any more interfaces until after May when the State will have a contract directly with NetSmart. Based on this we are not anticipating being able to move forward with purchasing an electronic medical record until well into the summer.
- **MCC – CSC** – this program ends effective today and the transitioning to the Pregnancy Medical Home Project begins – the program will no longer be reimbursed as fee for service. Staff positions in this program will be Pregnancy Care Managers (PCM) and Care Coordinators for Children (CC4C). We are excited about the prospects for this program.
- **Remodeling** - Phase III of our remodeling will be completed by the end of this week! The Board will be able to meet in the new Board Room at the next meeting – this room can easily be accessed from the front lobby.
- **Quality Improvement Project** – the WIC office is participating in a quality improvement training course and will be implementing Open Access appointment scheduling – hopefully this will decrease the client visit time for services. A Lean Kaizen event to be held later in this project will review the processes in WIC with the goal of streamlining the processes.
- **Re-organization of public health departments** – regionalization or districting of health departments is being discussed. It has been discussed at the Health Directors Association meetings. The governor's proposed budget includes incentive money for counties to look at regionalization or districting of certain services including public health and legislators in leadership positions indicate this will be considered.
- **Director of Nursing Position** – the position has been posted and we are getting applications.
- **Changing labs for processing specimens** – we will switch from using the State Lab to Lab Corp for some of our lab tests, especially pap smears. Lab Corp's charges are comparable to the State Lab's charges but Lab Corp has a much quicker processing time – less than a week versus four (4) weeks for the State Lab. Additionally, clients can go online to get their own report results. We need to inform the State Lab of our decision as it is self supporting on revenues earned from fees for service – no State dollars are involved.
- **Release of Medical Records Policy** – plan to bring this policy to the Board in May to keep the Board informed. We had request/demand for one of our client's medical records to assist with an investigation last week. I have met with our County attorneys and the sheriff's office regarding this matter. Our intent is to abide by all confidentiality and privacy regulations in when dealing with these requests.

- **Board of Health training** – there is more training available for Boards of Health through the UNC Gillings School of Global Public Health – we will try to schedule this for the Board at some point.
- **WIC case load** – the WIC program is required to maintain a 97% case load. Statewide the case load has decreased. Our case load has decreased from 99% to 90%. It is suspected that the greater accessibility to food stamps may have impacted the demand for WIC services. The State will hold a WIC Webinar this afternoon to look at this concern. We need to do anything we can to keep our case load up; otherwise, our program reimbursement is penalized.

OLD BUSINESS

None

NEW BUSINESS

Recommendation for Dentist Board Member

Dr. Hamrick noted that Dr. Davis will be rotating off the Board in July and a dentist will need to be appointed to fill this opening. Mr. Long stated Dr Davis recommends Dr. Mike Lanning. *Dr. Davis stated he has discussed this with Dr. Lanning and he is excited about the possibility of serving on the Board and will have time to devote to the duties involved.*

MOTION

Dr. Davis made a motion to recommend to the Board of Commissioners that Dr. Mike Lanning be appointed to fill the dentist position on the Board of Health. Keith Raulston seconded and the motion was approved.

ACHIEVE Grant

Mr. Long reported we have been awarded the ACHIEVE grant that Jen Hames applied for. We were one of forty (40) recipients nationally out of over two hundred applications. The three-year grant is for policy, systems and environmental changes to reduce obesity. The funding includes \$15,000 to cover travel for a group of ten to twelve community partners for training in Baltimore from June 13 – 17. An additional \$25,000 is provided for implementation during the second and third year. We will be working with our schools on this. The grant is not a governmental grant but is through National Association of County and City Health Officials. There is no county match required but Board of Health endorsement is needed.

MOTION

Lamar Moore made a motion of endorse acceptance of the ACHIEVE Grant. Alice Gray seconded and the motion was approved

Fiscal Year 2011 – 2012 Budget Proposal

Dr Hamrick stated the Budget Sub Committee met last week and following discussion, made three (3) different motions to be presented to the Board.

Environmental Health Fees – MOTION # 1

Dr Hamrick presented the motion from the Budget Sub Committee to accept the Environmental Health fee proposal as presented (handout provided). Mr. Long stated there were no substantial changes to the fee schedule. The motion was approved with no discussion and without dissent.

Personal Health Fees – MOTION # 2

Dr. Hamrick presented the motion from the Budget Sub Committee to accept the Personal Health fee proposal (handout provided) as presented including the provision that future fees for services will automatically be established or increased based on Medicaid reimbursement rates or private lab rates at the time of the rate change. Fees will be set at ten (10) percent above prevailing Medicaid reimbursement rates or ten (10) percent above private lab rates. The motion was approved with no discussion and without dissent.

MOTION # 3

Dr. Hamrick presented the motion from the Budget Sub Committee to accept the fiscal year 2011 – 2012 budget proposal including the transfer of case management for the CAP-C program to RHA Howell contingent on Mr. Long's investigation and determination of a favorable report regarding RHA Howell's reputation. (Budget proposal handout provided.) Mr. Long reported that he has talked with Teresa Piezzo with the Division of Medical Assistance (DMA) and found that the State will make the decision on the agency to which the program will be transferred. There is another agency in addition to RHA Howell which also provides CAP-C case management services. We will need to send a letter to Ms. Piezzo expressing our desire to transition the program and she will develop a transition plan. She indicates it will take the State about three (3) months to make the transition. He did get two (2) positive responses back from health directors concerning RHA Howell's reputation. A handout was provided describing the impact related to transitioning CAP-C outside the health department. Mr. Long discussed the following two concerns – 1) the possibility of anxiety and stress to the parents with a transition - efforts can be made to make the transition as seamless as possible and 2) continued use of the local staffing agency – clients do have choices as to the agency used – we can recommend but not sure how much influence we will have regarding use of the local agency – our desire would be that local people be able to maintain their jobs. The reality is that a new case management agency may have a provider of choice and use of another staffing agency may be encouraged. Mr. Long stated the program issue is that Medicaid does not pay adequately to support the case management services required by the program. Even if the revised reimbursement rates come out in April and are sufficient to support the two (2) FTEs currently required for the program, the changes DMA has made in the program will require additional staffing resources. We are in a predicament with the budget, being pinched from the State and the County and we have no more resources to offer. We are trying to best use our resources and maintain staff. We do know that three (3) other health departments are currently in the process of transitioning CAP-C out of their health departments. Without the CAP-C Program in the budget, we will be able to absorb one vacant position, move one staff member into a Medicaid funded Pregnancy Care Manager position in the Pregnancy Medical Home Project and move another position into the clinic where it is much needed. This will prevent any loss of currently filled positions. Not having to bill for CAP-C services will also provide some relief for management support staff who are already stressed with the implementation of HIS. We will also hold vacant one other position in the budget in the event of additional State revenue cuts. If CAP-C is left in the budget, we will probably lose an employee. *Rev. Moore asked why another agency can provide these services with Medicaid's reimbursement rate and we can not. Mr. Long responded that RHA Howell is a large company, providing CAP-C case management in twelve (12) other counties, which allows them to spread their administrative costs. They can get foundation funds which we can not access as well. Mr. Truell asked if the decision is to transition CAP-C out of the health department, can we re-instate the program later. Mr. Long stated from a budgetary standpoint, probably not but there is no CON (Certificate of Need) for this program and he feels we could ask to re-enter this arena if the decision is that it would be financially feasible to do so. Mr. Truell asked if RHA Howell could decide at some point in the future they no longer want to provide this service in our county. Mr. Long responded that in the event this occurred, the health department has a role to provide the service or assure the services are provided within the county by someone else.* Mr. Long stated he has discussed the possible transition of the CAP-C program with the assistant county Manager, Zeb Hanner, as part of the budget discussions. Mr. Long also stated that the Board could have a special meeting to allow the parents of the children in the CAP-C program to hear information about the proposed transition, ask questions and voice concerns/comments. Mr. Long stated he felt this would be an appropriate course of action. Mr. Long stated that these are Davidson County children and we want the best care possible provided for them and we need to feel comfortable with how the program will be managed. He would like to have Ms. Piezzo from DMA here to provide information regarding the

transition process and any impact on services for the clients. He would like to have representatives from RHA Howell and the other agency which provides this service at this meeting as well. *Discussion resulted in Mr. Long being directed to arrange a public meeting as an evening meeting for this intent before the next Board meeting in May.* Mr. Long explained that the County requires submission of a budget today. The Board can decide to adopt the budget proposal including the transfer of the CAP-C program to another agency and reconsider its decision following the public meeting at its scheduled Board meeting in May if it so chooses. The motion to accept the fiscal year 2011 – 2012 budget proposal including the transfer of case management for the CAP-C program to RHA Howell or whomever the State determines was approved with no further discussion and without dissent.

MOTION

Rev. Moore made a motion that the Board hold a Special CAP-C Public Meeting to be scheduled before the next Board of Health meeting in May. Dr. Davis seconded and the motion was approved.

FUTURE BOARD MEETING DATES

The Board of Health will meet Tuesday, May 3, 2011 at 12:30.

MEETING ADJOURNED

Respectfully submitted,

L. Layton Long, REHS, MSA
Secretary to the Board

This is a true and accurate copy of the March 1, 2011, Board of Health Minutes.

Dr. Mark Hamrick, Chair