

MINUTES

DAVIDSON COUNTY BOARD OF HEALTH

September 13, 2011
12:30 p.m.

BOARD MEMBERS PRESENT

Dr. Mark Hamrick
Ms. Alice Gray
Commissioner Don Truell
Rev. Lamar Moore
Dr. Cathy Riggan
Mr. Rod Kcuik
Dr. Rick Gilliam
Dr. Michael Lanning

STAFF PRESENT

Jen Hames
Kim Frank
Barbara Jones
Catherine Warren
Nancy Rosier

VISITORS PRESENT

Brian Shipwash, Clerk of Superior Court

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

Dr. Mark Hamrick called the meeting to order, established a quorum, and welcomed everyone. Dr. Hamrick introduced Clerk of Superior Court, Brian Shipwash.

Mr. Shipwash administered the oaths of office to new Board of Health members Optometrist Dr. Rick Gilliam, and Dentist Dr. Michael Lanning.

MEETING AGENDA and CONSENT AGENDA APPROVAL

Dr. Hamrick recommended amendments to the agenda: striking Item VII, New Business, section d. Blue Cross/Blue Shield Health Foods Grant to be replaced with Board of Health recommendation of Becky Daley for the Board nurse position. Dr. Hamrick asked for approval of the amended agenda and the consent agenda including the July 2011 minutes and the monthly and financial reports.

MOTION

Dr. Cathy Riggan made the motion to approve the items on the meeting agenda as amended and consent agenda as presented. Alice Gray seconded and the motion was approved.

HEALTH DIRECTOR'S REPORT

1. **WIC Quality Improvement Project** in cooperation with the Division of Public Health Quality Improvement Branch. WIC received a grant from DPH to develop a QI project and has implemented "open access" scheduling in the WIC office. In the past, the client appointments were made two to three months in advance, which resulted in show rates running 60%-70% (the clients just didn't show up). When "open access" was implemented it improved the show rate to above 90%. A new phone & software system has been installed to help with scheduling appointments.
2. **Car seats** – We used to receive approximately \$5,000 from Smart Start and also funds from the Office of the State Fire Marshall to buy car seats for women that qualified. Due to budget cuts we no longer receive these funds so we are looking for ways to fund the car seats. There has been some discussion about possibly getting the hospital foundations to fund the seats. Women who deliver at the hospital need the car seats to bring their babies home from the hospital. Jen has no infant seats (15 women on the waiting list), has had a waiting list for convertible seats (there are about 40 women on that list), and now are just starting the waiting list for the high back booster seats (about 8 on that list).

3. **Clinic QI-** We now have a QI Council in the Health Department and the Clinic team has begun working on a QI project. This is a formalized structure approach to creating a culture of continuous quality improvement and implementation.
4. **HIS** – Is still quite a mess. I attended a meeting at Dorothea Dix centered on HIS which was a very candid discussion with the Division of Informational Resource Management (DIRM) director and staff as well as DPH staff. The health directors present at the meeting made it very clear that if nothing is done with HIS around the impending ICD-10 changes Medicaid will not allow health departments to bill statewide. The HIS system is not ready and the deadline is December 31, 2011. My comment to the DIRM director is “you will put us out of business if this is not fixed.” I also met briefly with the Assistant Secretary and emphasized the importance of this issue to him. The Health Directors Association leadership will have a meeting with the Secretary of DHHS on September 28th to discuss this issue. I will also be present at this meeting. The contract between the vendor Netsmart and DPH has been signed and there has been some positive movement in getting some things accomplished. There will be a follow up meeting with DPH, DIRM and the vendor to determine if the vendor believes the system can be brought into compliance within the timelines we have been given.
5. **Board of Health Training** - The North Carolina Institute for Public Health that does the training has lost 11 staff positions due to budget cuts. Barbara Jones will follow up to see if getting training assistance will still be possible.
6. **Dental Clinic** – The new dentist Dr. Citineni is doing a good job. The clinic was in the red when she initially came to the department. Dr. Citineni has brought the clinic into the black and has actually doubled the number of appointments scheduled.
7. **Spay and Neuter** – At the Commissioner’s meeting Dr. Hamrick and myself were asked to participate in a nine member committee to explore a spay and neuter ordinance.
8. **Property issue** - In environmental health we have a failing septic system that failed almost immediately after the property owner moved in. No one is at fault but rather the failure is related to a wet weather spring that was not there when the soil evaluation was done and only became evident during the winter wet season. It is not failing at this time but does fail when it rains again. The State has evaluated the property two or three times in conjunction with our staff and believes that due to the circumstances and nature of the soil conditions that the best option would be to assist the property owner with the repair of the failing system. The quotes for the repair range from \$2,700 to \$4,800 and I wanted to make the Board aware of this issue. We are working with the County Attorney’s office to get this resolved.
9. **Director of Nursing** interviews will start the week of September 26th.
10. **Customer Services Work Group-** Darren Ceil and I are on the customer services work group since environmental health is a component of the permitting process. The work group is working with a consulting firm to improve and streamline the permitting process. The consulting group will be presenting to the Commissioners tonight.
11. **Tdap** – Approximately 300 students have not received the Tdap vaccination and have until September 23rd to be vaccinated or they will be excluded from school. The health department is holding a clinic Thursday afternoon trying to get these students vaccinated because we don’t want any child excluded from school.

12. No Budget Report – Janie has not received the final budget year-end report from the finance department. She will give the budget report at the November Board of Health Meeting.

13. Rabies Clinic will be held Saturday, the 17th at Tyro Middle School. Under North Carolina law only a licensed veterinarian can give rabies vaccinations with the exception of a rabies vaccinator that the health director can appoint. The Sheriff's office has wanted a rabies vaccinator in the past which I have had some reluctance to do. However, because there is now a shelter manger that could better manage and control a rabies vaccinator I have agreed to approve it. If I grant authorization for one or two rabies vaccinators vaccinations would be limited and restricted to only animals coming out of the shelter. At this point I believe it would be in the best interest of the County, residents, animal shelter and Sheriff's office to have rabies vaccinators.

OLD BUSINESS

Dr. Hamrick stated the regulating smoking committee met and Mr. Long will give the report. Mr. Long stated he had included information in the Board's packet and would like to draw their attention to the Draft North Carolina County Smoking Regulations Summary. This summary shows what other counties are doing with the respect to adoption of smoking ordinances on government property. According to the statistics that have been reported through the employee health assessment the County about 13% of our employees report being active smokers. Our insurance carrier has said the per-person excess insurance risk for smokers is \$387. This translates into additional annual insurance costs of \$28,000 for smokers. The median decrease in the prevalence of tobacco use when tobacco free policies are adopted is 3.4% (based on various studies done nationally). Mr. Long stated that as the public health official for the County I see it as my role to support and promote anything that reduces smoking and tobacco use. Mr. Long also stated that he recommend to the Board that we (the health department and Board) pursue at least requesting or working with the Commissioners on an ordinance to go tobacco free on all government property.

Jen Hames stated that signs that would be needed could be covered under the ACHIEVE grant which is also looking at tobacco reduction as well.

MOTION

Rev. Lamar Moore made a motion that the smoking regulation committee make a formal request to the County Commissioners to draft an ordinance to designate County campuses and vehicles tobacco free. Dr. Rick Gilliam seconded and the motion was approved.

NEW BUSINESS

Health Director Performance Evaluation and Job Description Review-

Mr. Long stated for Accreditation purposes the Board of Health must review the health director's job description annually and that the chair, Dr. Hamrick, has additional forms that he and I need to sign. My position description that was included in the Board's packet needs to be amended and voted on. Mr. Long recommended the following changes to the job description.

- Planning- page 2 amend to read - Responsible for planning and initiating all programmatic changes within the agency in consultation with the Board of Health including reorganization of staff responsibilities and duties. (Strike the balance of the paragraph - We no longer have some programs for example CAP-C)
- Leading/Delegating- page 3 amend to read- The Director of Nursing, WIC Director, Environmental Health Supervisor (s), Accounting Supervisor, Quality Assurance Coordinator, Health Education

Supervisor, Dental Director and Administrative Assistant report directly to the Health Director. (Strike Public Health Preparedness Coordinator which is no longer directly under the health director)

- Work Environment and Conditions- #8, page 4 amend to read – General office environment, vehicle travel, occasional air travel, off-site meetings. (Strike adequate, but aging facility)
- Machine ,Tools, Instruments, Equipment and Material Used- #9, page 4 amend to read – Telephone, calculator, copier, computer, general office machine, smart phone, computer tablet, (Strike PDA are not used anymore)

MOTION

Dr. Cathy Riggan made a motion to accept the amendments to the health director's job description as presented. Dr. Rick Gilliam seconded and the motion was approved.

Mr. Long stated the performance evaluation is a procedure the Board does every year. The current active members are Corey Buggs, Commissioner Don Truell and Dr. Mark Hamrick. Dr. Rick Gilliam agreed to fill the position on the evaluation subcommittee.

Lexington School Nurse – Layton Long

Mr. Long stated that on June 30th we received a notice concerning the changes in our school nurse funding from the State. In that notice we lost one Lexington city school nurse position and a Davidson County school nurse was reallocated to Thomasville City schools. Now we have a 1 in 500 student/nurse ratio in Thomasville and 1 in 5,000 student/nurse ratio in the County system. The County school system came through this budget year with the funds for one nurse position (they had typically funded two through the years). The County School system had initially said they would not be able to cover either nurse position in the current budget year. Receiving these funds freed up part of the amount budgeted by the health department from the restricted fund balance designated to cover the positions in the current fiscal year. Mr. Long stated he discussed this situation with the County manager and Zeb Hanner, budget director. They had indicated that since the funds were appropriated they could be used to leave the Lexington City nurse position that had lost State funding in place for this year. I explained to the effected employee that there are two vacancies in the health department for which she was eligible to apply or she could stay in Lexington school nurse position for one school year with the understanding that this is a temporary position. This nurse elected to stay in the temporary position. As it turned out, one of our school nurses in the County system took one of the vacant positions that the other nurse did not take which left a County school nurse position open. The temporary funded Lexington nurse moved to the County nurse position that is a little more secure but no one knows with the State budget the way it is. The Lexington City school nurse position that was going to be vacant anyway is now vacant. Mr. Long stated he had discussed this with the school superintendent who wanted to know if we could fill this position even though it was a temporary. Mr. Long stated that he told Mr. Kriesky that he would present this request to the Board of Health.

Dr. Cathy Riggan stated that she works with Julia Crump (the remaining Lexington School nurse) on a constant bases and that she is phenomenal. Dr. Riggan stated that she felt Julia could handle the middle school and high school. She also stated that the schools are close together so she (Julia) walks across the street and all the students know and trust Julia.

MOTION

Dr. Cathy Riggan made a motion not to pursue hiring a temporary nurse at Lexington Senior High School for the remainder of this school year. Rod Kcuik seconded and the motion was approved.

DCHD Strategic Plan - Barbara Jones

Barbara Jones stated there are three handouts in the Board packets.

- Progress Report Highlights from 2010-2011 Strategic Plan - There are several things we are proud of including:

- WIC has Facebook site to keep community informed and market services
- WIC staff completed the QI 101 course and related project and we plan to carry this information and these concepts over to the whole health department
- ACHIEVE Grant

Ms. Jones stated the biggest disappointment was Medical Ministries was not awarded FQHC status and that did impact some of our goals.

- The Expanded Management Team met for an all-day and session on August 30th and updated our strategic plan for 2011 through 2012. This draft was presented to our staff for input and the ACHIEVE Steering Committee for community partner input. We are appreciative of the feedback received.
 - Feedback from staff and the ACHIEVE Steering Committee:
 1. Staff suggested including nurses in the home visits for children with asthma attacks. The Management Team discussed this suggestion and decided to amend our plan to include Personal Health involvement with Environmental Health staff in these home assessments to address the medical concerns of these children. We also added to utilize opportunities available through our WIC clients to facilitate referrals for these home visits.
 2. We received three requests from Medical Ministries: 1) that we provide at least one breast cancer screening outreach annually at Medical Ministries, 2) that we to share our list of community advocates with Medical Ministries, 3) that our staff provide the Weight Wise program for Medical Ministries' clients. We can readily accommodate the first 2 requests. We will have to determine if we have staffing capacity to meet the third request.

Ms. Jones requested the Board of Health to adopt or endorse the strategic plan with the revisions that were presented.

MOTION

Commissioner Don Truell made a motion to accept the strategic plan. Dr. Cathy Riggan seconded and the motion was approved.

Ms. Jones stated the third handout provided in the Board's packet was a list of the various community partners the health department works with to promote and provide public health services to the community, with the inclusion of the majority of these partners in our strategic plan. Ms. Jones requested the Board's acceptance of or suggestions for revision to the department's partnering activities.

MOTION

Dr. Cathy Riggan made a motion to accept the Davidson County Health Department Community Partners. Alice Gray seconded and the motion was approved.

Board Recommendation Nurse Position Becky Daley- Layton Long

Mr. Long stated Becky Daley is a lifetime Davidson County resident. She earned an Associate degree from Davidson County Community College, a Bachelor of Science in Nursing from the University of North Carolina at Greensboro, a Master of Health Administration from the University of Phoenix. Ms. Daley was employed at Lexington Memorial Hospital for more than 34 years, 9 years as a staff nurse, and 22 years as the director of the Obstetrics Department and 3 years as the Vice-President/Chief Nursing Officer.

Mr. Long stated this is a recommendation from his search and any Board member is welcome to recommend an alternative for the vacant Board nurse position.

MOTION

Rev. Moore made a motion to recommend Becky Daley for the nurse position on the Board of Health to the County Commissioners. Commissioner Don Truell seconded and the motion was approved.

NACCHO ACHIEVE Grant Update – Jen Hames

Ms. Hames presented the update of the ACHIEVE goals and objectives. She stated that our ACHIEVE process had to do community assessments that were due the end of August. Ms. Hames also stated that we completed during the month of September an action plan that has our goals and objectives. She stated that the first planning retreat was held a few weeks ago and the committee came up with four main goals to focus on: infrastructure and capacity building, tobacco, nutrition, and physical activity. The group meets again on Friday to finalize the goals and develop the budget for the \$25,000 grant. Ms. Hames stated that the Davidson Health Alliance disbanded and that the ACHIEVE group is serving the purpose of pulling the community partners together.

Ms. Hames stated that the Board of Health has been given the tentative goals and objectives to review:

- Goal #1 – By September 30, 2011, increase the number of infrastructure components supporting implementation of ACHIEVE policy and environmental strategies from 0 to 2.
 - Obj. #1 – By September 30, 2011, increase the number of community coalitions addressing chronic disease composed of key community stakeholders from 0 to 1.
 - Obj. #2 – By September 30, 2011, increase the number of community action plans focused on implementing policy, systems, and environmental change strategies to prevent chronic diseases from 0 to 1.
- Goal #2 – By September 30, 2012, increase the number of tobacco free recreation centers and community events from 0 to 9.
 - Obj. #1 – By September 30, 2012, increase the number of fairs/street festivals/events that are 100% tobacco free from 0 to 3.
 - Obj. #2 – By September 30, 2012, increase the number of tobacco free public places (i.e. parks, playgrounds, county grounds) that are 100% tobacco free from 0 to 4.
 - Obj. #3 – By September 30, 2012, increase community awareness events regarding the hazards of smoking in vehicles with children from 0 to 2.
- Goal #3 – By September 30, 2012, increase the number of community venues allowing for greater access to healthy food options from 0 to 12.
 - Obj. #1 – By September 30, 2012, increase the number of vendors providing healthy food choices from 0 to 5.
 - Obj. #2 – By September 30, 2012, increase the number of employers implementing breastfeeding policies from 0 to 2.
 - Obj. #3 – By September 30, 2012, increase the number of venues utilizing locally grown food from 0 to 5.
- Goal #4 – By September 30, 2012, increase the number of community venues promoting physical activity from 0 to 6.
 - Obj. #1 – By September 30, 2012, increase access to outdoor venues for physical activity from 0 to 4.
 - Obj. #2 – By September 30, 2012, increase the number of worksites with physical activity policies from 0 to 2.

Scheduling of Required Board of Health Training – Layton Long/Barbara Jones

Mr. Long stated Board of Health training is a requirement for accreditation. The Institute of Public Health has a training module available and the Board will need to select dates when training can be done. Part “One” of this training is for new Board members and is web based. Part “Two” is an approximately two hour session which will be completed on-site with the Board. Barbara Jones stated the training would be after the first of the year and she would be sending out possible training dates in January. She will ask Board members to select first, second and third choices of dates and times that would be convenient for this training. Our choices of dates will be provided to the Institute staff to determine if they can accommodate our request. The Board will be notified as soon as a date is confirmed.

Bad Debt Write Off – Layton Long

Mr. Long explained that due to HIS issues we were not able to get correct information for the bad debt report. Mr. long stated that when reports have accurate figures it would be discussed at that time.

Fee Schedule Revisions – Layton Long/Kim Frank

Mr. Long stated that because the health department is a “safety net” organization, we get “cost settled” for Medicaid services; meaning that we get an enhanced payment of .67 cents on the Federal Medicaid match as part of the cost recovery for services. This payment covers part of the actual cost of providing Medicaid services above and beyond what Medicaid pays. There have been a lot of changes in how the cost settlement process is being done. Mr. Long stated that for 20 years “cost settlement” was determined by averaging all the counties’ costs to get a state-wide average for each service code. (Mr. Long provided additional lengthy explanation of the cost settlement process and changes that had recently been implemented and the reasons for the changes.)

Mr. Long stated that as a result of all of these changes all health departments cost settlement will be based upon their (individual health departments) costs for services. As a result we’ve have to set our fees based on our actual cost of service.

Mr. Long referred the Board to the spreadsheet included in the Board packet. In the spreadsheet lines he explained the following:

- “Cost per Service” - is the actual cost for each of those codes as calculated by the Division of Public Health for Davidson County Health Department to provide that service.
- “% of Cost to Average” - this is the State average costs for each service code. Note that all of our costs are below the State average for that service.
- “Medicaid Rate” - is the actual rate we are reimbursed for a service.
- “State Average Cost (high & low)”. Shows the most expensive and lowest cost in the State at a health department for that service. We have to set our fees at least at our cost per service but not more than 5% above the actual cost per service.
- The red “5 % “on the spreadsheet shows the maximum rate that can be set. Our fees need to be more than Medicaid reimbursement and at least as much as cost per service and not more than 5% higher. If we don’t set our fee at least at the cost of service Medicaid is not going to settle us against that cost.
- “Provider Rates” - we don’t want to underprice our local providers and I think we are within the parameters that we have to work within.
- “Proposed Rates” the proposed changes are as follows:
 1. Red indicates a fee increase
 2. Blue indicates a fee decrease
 3. Yellow indicates keeping fees the same. These are basically immunization related fees.

Mr. Long stated that we are trying to follow the Division of Public Health guidelines with the respect to cost settlement. In years past we have received approximately \$300,000 to \$350,000 in cost settlement money. With the new process we have no idea how this will be impacted. A third of the traditional cost settlement is gone due to the way Medicaid case management services has been restructured and will no longer be cost settled. Also, losing the administration component for this cost settlement process will likely result in less money. Mr. Long stated that we need to maximize the amount of money from the cost settlement by following the State guidance in setting our fees. Mr. Long stated that we want to keep the formula previously approved by the Board in place for the private purchased vaccines.

Kim Frank noted to the Board that the proposed rate for immunization administration is below our “cost of service”. She explained that the reason we are proposing this rate remaining the same is that increasing it above “cost of service” would make the cost of vaccines prohibitive for the public. She stated that if we started charging over \$35.00 for administration of vaccines plus the cost of vaccines, the rate would be high. Mrs. Franks followed by stating that the first “yellows” (no proposed change) on the spreadsheet are vaccine administration. She reminded the Board that historically the Board of Health has wanted us to keep our flu vaccine & administration as low as possible so as much of the public will get vaccination. Again the concern is if we started charging \$25.00 for administration of the flu vaccine plus the current rate of \$14.00 for the flu vaccine it would put our flu vaccine at \$39.00, which is higher than any of the local providers that are charging \$27.00 to \$30.00. We are asking for the Board’s approval to set our flu vaccine cost this year at \$25.00 to include the administration and vaccine for the “self-pay” clients and bill Medicare or Medicaid only the administrative code of \$25.00. Medicaid/Medicare will pay us somewhere in the \$13.00 - \$15.00 range for administration and that will cover the cost of the vaccine (which costs us around \$10.00 to \$11.00) and it will give us a little extra to cover administration.

Ms. Frank stated our child health clinic is limited to totally uninsured children; not Medicaid, Health Choice or covered under any type of insurance so they are private pay on a sliding fee scale. Currently we are using the code shown for child health at a base rate of \$50.00 per visit on a sliding fee scale. Ms. Frank recommended the Board leave a new and established preventive visit in Child Health Clinic at \$50.00.

Ms. Frank stated the formulary for setting our fee for private purchase vaccines was to take the cost of the vaccine & add 10%; an administration fee would also be charged. Ms. Frank requested to continue that formula for private purchase vaccines.

Mr. Long requested these fees be adopted and effective by October 1, 2011

MOTION

Dr. Cathy Riggan made a motion to accept the recommended changes red (increase) and blue (decrease) figures to the existing fee structure with the exception of the child health fees which will remain at \$50.00. Dr. Michael Lanning seconded and the motion was approved.

MOTION

Dr. Cathy Riggan made a motion private purchase vaccine to remain at the current formula. Dr. Michael Lanning seconded and the motion was approved.

MOTION

Dr. Cathy Riggan made a motion to set the flu vaccination rate at \$25.00. Rev. Moore seconded and the motion was approved.

MOTION

Dr. Cathy Riggan made a motion to accept Yellow (remaining the same recommended rate) figures to the existing fee structure knowing that they remain below cost figures. Dr. Michael Lanning seconded and the motion was approved.

FUTURE BOARD MEETING DATES

The Board of Health will meet Tuesday, November 1, 2011 at 12:30.

MEETING ADJOURNED

Respectfully submitted,

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

This is a true and accurate copy of the September 13, 2011, Board of Health Minutes.

Dr. Mark Hamrick, Chair