

CUMBERLAND COUNTY BOARD OF HEALTH
April 17, 2018 –6:00 p.m.
1235 RAMSEY STREET, THIRD FLOOR BOARD ROOM
REGULAR MEETING
MINUTES

MEMBERS PRESENT: Dr. Vikki Andrews, Vice Chair
Dr. William Philbrick, Optometrist
Dr. Heather Burkhardt, Veterinarian
Commissioner Jeannette Council (via phone call)
Ms. Sonja Council, Nurse

MEMBERS ABSENT: Dr. Connette McMahon, Chair
Dr. Sam Fleishman, Physician
Dr. Oliver Hodge, Dentist

STAFF PRESENT: Duane Holder, Interim Health Director
Candice York, Finance Officer
Ashley Yun, Administrative Assistant to the Health Director
Marika Hoeckmann, Public Health Administrator
Krystle Vinson, Director of Nursing
Malkia Rayner, Nursing Supervisor
Heather Salisbury, EPI Clinic Coordinator
Elaine Cessna, Assistant Director of Nursing
Monica Short-Owens, Medical/Vital Records Manager
Sherrie Miller, Public Health Nurse
Torica Fuller, Physician Extender
Michelle Jennings, Physician Extender

WELCOME, INTRODUCTIONS AND MOMENT OF SILENCE

Due to Dr. McMahon's absence, Dr. Andrews, Vice Chair, welcomed all guests and called the meeting to order. Introductions were given. A moment of silence was taken.

Due to the lack of quorum, Dr. Andrews proceeded forward with the information items and will return to the action items in need when we meet the quorum.

INFORMATION/DISCUSSION ITEMS

A. Public Comment:

Dr. Andrews opened the floor for public comments at 6:04 p.m. There being no public comments registered, Dr. Andrews closed the floor for public comments at 6:04 p.m.

B. 2017 State of the County Health (SOTCH) Report:

Mrs. Hoeckmann presented the SOTCH Report. This is an annual report that provides information on health priorities identified in the 2016 Community Health Assessment and reviews recent mortality and morbidity data for Cumberland County. The 2016 Community Health Assessment can be viewed at <http://www.co.cumberland.nc.us/departments/public-health-group/public-health/community>. 2016 Community Health Assessment identified health priorities: 1) Reduce the Burden of Chronic Diseases (Heart Disease, Diabetes / Obesity & Cancer); 2) Reduce Sexually Transmitted Infections and Unwanted Teen Pregnancy; 3) Reduce Substance/Opioid Abuse.

Highlighted programs addressing health priorities are:

1. Heart Disease:

- a. Self-Management workshops and Falls Prevention workshops
 - b. American Heart Association (AHA) Heart Health walk
 - c. Chronic Disease Management, Diabetes Self-Management, “Matter of Balance” – Fall Prevention Program by Mid Carolina Area Agency of Aging
 - d. Eat Smart, Move More Healthy eating programs are offered to the younger group at YMCA, Boys and Girls Club, and Recreation centers.
 - e. 2017 NC Fruit and Vegetable Outlet Inventory to highlight local farmers markets
2. Smoking:
 - a. Smoking Cessation Session offered by Health Education
 3. Sexually Transmitted Infections (STIs), AIDS, and Adolescent Unwanted Pregnancy:
 - a. Education sessions on Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP)
 - b. “Cupcakes and Condoms” event with Cumberland County HIV Task Force for teen and minority women pregnancy prevention
 - c. Making Proud Choice and Contraceptive Education
 4. Health Department Opioid Activities:
 - a. A partnership with the NC Harm Reduction Coalition to provide funds for awareness and outreach specialist’s activities related to opioid abuse and overdose.
 - b. In March 2017, the Health Department hosted Lunch-and-Learn Sessions for the staff; Presentation “Saving Lives with Naloxone” and a viewing of the documentary “Chasing the Dragon: The Life of an Opiate Addict”
 - c. A presentation of the CDC Guideline for Prescribing Opioids for Chronic Pain to the Board of Health during the March 2017 meeting.
 - d. Being member of the CARE (Community Addictions Resource Exchange) Coalition and regularly attends the quarterly meetings.

She reviewed updated/changes in data of:

1. Mortality and Morbidity Data, 2012-2016
2. Teen Pregnancy, age 15-19
3. HIV Three-Year Average Rates among Adults and Adolescents
4. AIDS (Stage 3) Three-Year Average Rates
5. Early Syphilis (Primary, Secondary, and Early Latent)
6. Emerging Issues: Chlamydia and Gonorrhea
7. Heart Disease/Cancer/Diabetes/Obesity

She also gave a brief update on the Regional Community Health Assessment which was discussed during last month’s meeting. At that time, we had talked about partnering with Cape Fear Valley in order to conduct this assessment this year. We did have a successful meeting with Cape Fear Valley on Friday to move forward with the processing; more information will be provided in the future.

Regarding the County Health Rankings programs, we were ranked 75 out of 100 in the most recent rankings release. We did have a call with a community coach from that program as per the recommendation of Dr. McMahon. We, now, can use them as a resource to move forward, and more information will be provided on future updates.

Dr. Andrews asked about the outreach specialist’s duties. Mrs. Hoeckmann said that in reference to the opioid addiction with NC Harm Reduction Coalition, they do outreach with educational materials in the community to educate on available services if citizens are using opioids.

Dr. Andrews asked how they determine what part of the community needs education. **Mrs. Hoeckmann said the individual works for North Carolina Harm Reduction, and his/her title is Outreach Specialist; she will provide more documentation and information to the board members.**

In addition, we will be conducting a press release of the 2017 State of the County Health (SOTCH) Report that will include the link to the report on our website. It will be shared with the local media outlets, so it can be picked up by publications, such as the Fayetteville Observer, Up&Coming weekly, and other various outlets. It is available online and also can send an email out to partners. The target audience is the citizens in the county.

Dr. Andrews doesn't want us to be comfortable thinking that we're reaching out to the community if we are just talking to our partners. She doesn't know how that necessarily translates to the community and how the community is defined; they don't know who to reach. She doesn't want us to think we are talking to select groups offset from the population. So we need to clearly identify how to define the community, who we are reaching, and how to reach them. Mrs. Hoeckmann said she welcomes any ideas and additional avenues as we move forward.

ACTION ITEMS

A. Approval of Agenda

MOTION: Commissioner Jeanette Council moved to approve the agenda.

SECOND: Dr. William Philbrick

VOTE: Unanimous (5-0)

B. Approval of March 20 Regular Meeting Minutes

MOTION: Dr. William Philbrick moved to approve the minutes.

SECOND: Ms. Sonja Council

VOTE: Unanimous (5-0)

C. Approval of Fees Schedule and Billing Guide:

Mrs. York presented the fiscal year 2018-2019 fees schedule proposal, recommended by the Health Director. It requires the Board of Health's, and the Board of County Commissioners' approval each year. Health Departments are allowed to charge fees for services under NC Law – NC General Statute 130A-39(g) as long as the Health Department does not provide the service as an agent of the State exclude Vaccines for Children (VFC), vaccines which the State provides the vaccine and no charge to qualified patients; fees are not prohibited by law in any way and are based on cost. Health Department staff from all disciplines met to discuss the setting of rates for all services provided by the agency. Medicaid cost study, Medicaid rates, Medicare Rates, other Health Department rates, Commercial carrier contracts (currently BCBS only), and Lab costs to process were used to set fees. She reviewed the breakdown of fees below. Fees in most cases were rounded top to nearest \$5 increment.

1. Vaccines (Pg. 5-8):

a. Children (VFC) – State supply

Dr. Andrews asked for the comparison fee with BCBS.

For example, our proposed fee for Hep A Child—two doses— intramuscular is \$40 and BCBS charges \$35.22. Our fee will be slightly higher than BCBS and can't be lower than the Medicaid fee; however, uninsured children receive vaccines for free under the VFC program.

- b. VFC and Adults
- c. Non-VFC and Elective: new vaccines (Flublok and Shingrix) with no current Medicaid rate established. Proposed fee for three pre-exposed rabies vaccination series is \$295. Currently, we are not providing Yellow Fever vaccines due to the nationwide shortage; however, three different locations are providing the vaccine in NC: one in Raleigh and two in Chapel Hill with \$305 fee.
- d. Administration Fees: We will recommend commissioners waiving the Administration fee for the Flu Vaccine prior to each flu season as far as the report.

Dr. Andrews asked how we can make up the gap of revenue by waiving the Administration fee for the flu vaccine.

Mrs. York answered that we collect approximately \$2,000 in administration fees; however, it is not material enough of an amount to overall cause a financial hardship to the agency.

Mr. Holder said we realized what drug stores charge, and charging the vaccine fee only will put us in line with the market. He feels very confident that we will make up the revenue in volume with an affordable fee schedule.

- 2. Medical services (Pg. 9-11): services are billed to self-pay patients based on the sliding fee scale.

Ms. Council asked about the differences between 94010 (Spirometry) and 94060 (Spirometry before and after) on pg. 9.

Mrs. Vinson answered the code 94060 is a different assessment (re-check) after treatment, and the code is using for provider's references for coding purposes.

- 3. Physician Services (Pg.12) – the proposed fee are lower or equal to Guilford, Craven, and Scotland County Health Departments based on survey response.

Dr. Andrews asked about the comparison.

Mrs. York answered that Guilford charged the highest fee among the three Health Departments. She also contacted Wake County; however, she received no response.

Mr. Holder said it was not the optimal comparison, and those were the three that responded. If any board members would like to request a specific Health Department to research fee analysis, let us know.

- 4. 340b Drugs (Pg. 13): we review this fee quarterly to adjust if it fluctuated because, regardless of the Medicaid rate, we can only bill Medicaid the actual acquisition cost. The services represent Long Acting Reversible Contraceptives.
- 5. LAB Services (Pg. 14-22): all lab services are charged based on the sliding scale fee, except TB skin tests.

Dr. Andrews asked if we have any chance to review the fee schedule during the year.

Mrs. York asked that the waiver of the Flu Vaccine Administration fee be the only one that is recommended for the flu season and that the other fee schedule will be recommended annually.

Dr. Philbrick asked about unused flu vaccines we purchase.

Mrs. York answered that the State disposes of them after the expiration date.

6. Medical Record Fees (Pg. 22): Reduced the fee for copying medical records 1-100 pages and other fees are remaining the same.
7. Environmental Health Fees (Pg. 23-24): Engineered Options Permit (EOP) for \$120 is added as a new fee and will eliminate the \$5 Swill Permit fee.
8. References
9. Fee Deleted as of 7/1/2018 due to discontinued services. Since Stedman-Wade provides an Adult Health Primary Care Clinic and Dental Health Services, some fees are removed from our schedule.

MOTION: Dr. William Philbrick moved to approve the recommended fiscal year 2018-2019 fee schedule
SECOND: Commissioner Jeanette Council
VOTE: Unanimous (5-0)

Ms. York presented the FY 2018-2019 Billing Policies and Procedures Proposed Revisions and Billing Guide.

1. Additions:
 - a. Proof of income will be required for Family Planning services. Pg. 9.
 - b. Clients can elect for their insurance to not be billed to avoid receiving an explanation of benefits in the mail. Charges for services will be the patient's responsibility based on the sliding scale fee. Pg. 9
 - c. Clients are required to show proof of income and family size annually. This financial screening can be used for charges across all Health Department Clinics. Pg. 15
2. Changes:
 - a. Medical Record Copy Fee charge updates to reflect \$0.50 per page up to 100 pages and \$0.25 for each page after 100. Pg. 21
 - b. Environmental Health removes the Swill Feeder Permit and adds Engineered Options permit. Pg. 22
3. Removed:
 - a. Adult Health Primary Care Clinic billing codes/services
 - b. Dental Health Services

Mr. Holder said this will be a cultural change requiring proof of income in the Family Planning services for the agency externally and internally. It means proof of income and identifying/verifying the situation are mandatory to avoid taking advantage of our services for someone in need. Some may agree or disagree; however, we are in the environment where resources are becoming scarce. Costs are continuing to increase, and we have the responsibility to be the best steward of public dollars. We have to maximize the opportunity we have.

MOTION: Dr. William Philbrick moved to approve the recommended FY 2018-2019 Billing Policies and Procedures Proposed Revisions and Billing Guide
SECOND: Dr. Heather Burkhardt
VOTE: Unanimous (5-0)

Commissioner Council excused at 7:03pm and returned to information/discussion items.

D. Approval of Bad Debt Write-Off

This item has been tabled for the next meeting due to the lack of quorum.

INFORMATION/DISCUSSION ITEMS

C. Annual Communicable Disease Report:

Ms. Malkia Rayner presented the STD and Women's Clinic portions of the annual communicable disease report. She gave an overview of the definition, the clinic philosophy, staff, and the Communicable Disease Control Specialist (CDCS), legal responsibilities, outreach events, and current trends and statistics. Ms. Rayner shared that there are 74 reportable diseases in the electronic surveillance system (NCEDSS). Refugee education and trying to make sure they get the treatment they need is vital. Ms. Rayner shared comparisons for the following:

- Ms. Rayner shared that the communicable disease control specialists are active in the community and conduct contact tracing, as well as provide clients with free condoms and informational materials
- In 2017, Cumberland County was ranked 4th in Gonorrhea and 4th in Chlamydia in the state based on morbidity data
- Based on the North Carolina 2017 HIV/STD Surveillance Report, Cumberland County ranked 6th in HIV. It was also 6th in Primary & Secondary Syphilis and 5th in Early & Latent Syphilis based on the number of cases reported to the state; our goal is to not be in the top 10.
- In 2017, over 56,399 services were provided in the STD Clinic and include exams, labs, treatments, and counseling from in-county and surrounded counties. She handed out packages to the board members. The compact size of each package includes condoms and clinic contact information.
- As a reminder, Mr. Holder said during the meeting with the legislators, one of the State Health Directors Association's goals was to try to lobby the state for additional funding for Communicable Disease nurses. Not sure that will have traction; however, it's been recognized throughout the state of North Carolina that more resources are needed for our equivalent of full-time nursing in Cumberland County.

Mrs. Heather Salisbury presented the epidemiology portion of the annual communicable disease report. She gave an overview of the definition, legal responsibilities, sub-programs, Tuberculosis Management in Cumberland County, and current trends and statistics.

- There are approximately 80 Reportable Diseases and Conditions in the North Carolina Electronic Disease Surveillance System (NCEDSS). This includes the addition of the Ebola and Zika virus. (She provided a hard copy of the Diseases and Conditions Reportable in NC)
- Refugees Program: All refugees shall be tested regardless; most of our refugees come from the Middle East and have a language barrier.
- In 2017, the EPI Clinic made 494 home visits to TB patients.
- in 2017, we provided 7000 services to the people in our County, including 14 refugees and 12 immigrants; 76 reports of bites that needed specimens sent off for rabies testing.
- Ms. Salisbury referred to the CDC website for additional resources and information.

Dr. Philbrick asked about a current news article regarding Hepatitis B.

Ms. Cessna answered that it has been issued for the baby boomers with Hepatitis C. According to Ms. Salisbury, the most common with Hepatitis C is syringe exchange from illegal drugs. We do not have the program at the Health Department; however, we offer the treatment.

Dr. Andrews asked about the pay for home-visit treatment.

Mrs. Salisbury said the treatment is paid by tax dollars and no charge to the patients. Employee receives 54.5 cents per mile mileage reimbursement to visit patients.

Mrs. York said the actual medication is provided by State funds, and the Health Department provides services through the county budget.

D. School Health Nurses:

Ms. Jennifer Naylor, the new school health supervisor, presented on the school health nurses. She presented roles and responsibilities, daily duties of school nurses, and services provided by school nurses. She also provided comparisons of the number of schools, student population, total nurses, students per nurse, and Local Education Agency State Ranking. The state recommends a nurse to student ratio of 1:750. Ms. Naylor shared the WRAL news video regarding five on your side: school nurse shortage.

Ms. Naylor said, in order to reach the state recommendation, we need to add an additional 65 nurses. It is difficult to recruit school nurses because the positions (funded by the schools) are often temporary and has no job security.

Mr. Holder reported that Mrs. Shirley Johnson-Bolden, Interim Superintendent Kinlaw, and Mr. Rod Jenkins, and he had a meeting. They expressed the desire of the Board of Health to pursue additional resources. They felt like they are in a position where they are not going to be able to request any additional new resources. They suggested jointly approaching Cape Fear Valley Hospital. We are requesting seven additional school nurses to the Board of Commissioners at a cost of \$468,000. It would be a heavy lift to the commissioners because 100% of funds come from county budget. However, he feels it is our responsibility, and that's the progress we made at this point.

Dr. Philbrick asked if we can assign nursing students to the schools.

Ms. Naylor said that we allow nursing students from the local colleges; however, we have not had candidates for a while. So she hopes we have more nursing students available. But students can not be placed alone; they must be accompanied by a registered nurse.

Dr. Andrews said we are already convinced, and we need to convince a higher level. The Board of Education and Board of County Commissioners must take it as a priority. It's not efficient and unacceptable unless we give pressure to the School System and Commissioners to take it as a priority.

Mr. Holder said that one of our plans is to press that upon the county because the County Commissioners have the ability to add or appropriate funds to the public health budget to be approved or not for the additional team. The Cumberland County Commissioners are the primary local funder of the school system; so ultimately, it still falls back on the commissioners.

Ms. Naylor said school health nurses help out a lot when there are Public Health emergencies, staffing issues at shelters, etc. A few years ago when had an issue from Olive Garden, she was a school nurse at the

time, and the school nurses were providing extra services. Clinics were allowed to continue seeing patients. Different counties fund school nurses in different ways. The school nurses in some counties who are funded through the school systems belong to the school system, not to the public health as extra bodies for emergencies.

Mr. Holder said we can do a better job of messaging out the community so that citizens are aware of the situation. If the Board feels like conducting a public campaign around school nurses, we can definitely consider that and be open to what the Board feels is the most effective way to convey the need.

E. Financial Reports:

Mrs. York presented the following financial reports.

- Reviewed the self-pay aging report by program.
- The accounts receivable by program are broken down by payer source.
- The statement of Revenue and Expenditures (Profit and Loss) as of March 31, 2018. The excess of revenue over the expenditures is \$466,842.08. This figure includes actual due from the state and school system as well as grant entities.
- The statement of expenditures by program as of March 31, 2018. We should be at 75% by end of month if spending 100% of budget but currently at 62.70%.
- Revenue by Source reports by state and federal allocations, grants, Medicaid, fees, fund balance and county funds allocated, and total earned. It would be 75% overall if 100% earned but we are at 65.02%; state and federal allocations are a month behind.

F. Board Retreat:

Mr. Holder appreciated all board members who participated in the Doodle Poll. After discussing with the Chair & Vice Chair, we would like to gauge the Board's interest and availability in attending a Board Retreat this year. The purpose of the Retreat will be to establish annual goals for the Health Department and the Board and to review Board operations. The Doodle Poll has been sent out on April 12, 2018 via email. Per result of the Doodle Poll, the Board Retreat is scheduled for Monday, April 30, 2018 in the Cape Fear Valley Cancer Center Conference Room located on the Owen Drive from 1:00 pm to 5:00 pm. Senior Leadership Team would also take part in the Retreat to serve as a resource for the Board. The agenda is the following:

- FY 2018-19 Health Department Goals
- Branding of Health Department/BOH/Community
- Implementation of committee structure
- Board member duties, responsibilities, and expectations

We have identified a potential facilitator as Dr. David Tillman from Campbell University. He has previously facilitated the Management Team Goal Setting session.

G. Director's Report:

a. Human Service Consolidation Update:

The Cumberland County Board of Commissioners' (BOCC) met on Monday, April 16, at 6:45 p.m. in the Courthouse. A public hearing was conducted and the commissioners received two

citizens' input on the Board's consideration of alternate options for governance of the County's human service agencies. The BOCC will spend the next few weeks continuing the discussion on how to structure its Human Services department. Board members will consider four options to govern the department, which has been under scrutiny for about a year. Board members will continue discussing, gather public comments, and review the results of an internal survey before voting on how the department will be governed. They will continue further discussions during a meeting on May 7, 2018.

b. Status of Board Vacancies:

Upon Dr. Fleishman's request during the last meeting, Mr. Holder gave an update on the status of the board vacancies. The BOCC has not adopted a recruitment policy. We do indicate current and/or upcoming vacancies on the County's website. We receive applications daily, and the oldest application was received in 2016. We filtered and removed any applicants before January 31, 2016. We do not post/advertise vacant positions outside of the County's website. The county PIO can highlight all of the boards in the County that citizens can apply to be on. They mentioned doing a press release, making social media posts, and putting something in the Cumberland Matters sections of the Fayetteville Observer and Up & Coming Weekly. The board vacancies are announced on the County and Health Department websites. Even if there is a change to the transition of the BOH, we will still be reflected on the current composition of the BOH for the Health Advisory Committee.

c. National County Government Month – April:

As a reminder, the theme this year is "Serving the Underserved," chosen by the National Association of Counties (NACo). Variety of activities will take place throughout the county promoting this observance. Employees with 20+ years of service will be recognized in a County ceremony and reception on April 27 at 8:15am at the Courthouse in Room 118. **Staff created a video and will share with the BOH.**

d. Employee Service Year Recognition/All-Staff Meeting:

We will be honoring employees who have obtained 5, 10, 15, 20, 25 and 30 years of service on or before April 30, 2018 as a part of our All-Staff meeting. A reception and ceremony will be held in on Friday, April 27, 2018 at 3:00 p.m. in the third floor Auditorium, and Mr. Holder will present their service pins. Board Chair will make an opening remark, and all board members are welcome as their schedule allows.

e. Employee New Hires:

Mr. Holder presented one new hire for the month of March.

f. National Conferences – Save the Dates:

Mr. Holder announced that the National Association of County and City Health Officials (NACCHO) Annual Conference is scheduled for July 10-12, 2018 at the New Orleans Marriot. Also, the National Association of Local Boards of Health (NALBOH) Annual Conference is scheduled for August 8-10, 2018 at Marriot Raleigh Crabtree Valley. Both are strongly recommended for the board members to attend.

H. Membership Roster/Attendance Roster:

Dr. Andrews reviewed the membership roster and the attendance report for 2018.

I. Others:

- Dr. Philbrick checked the status of the Stedman-Wade provider coverage and wait time complaint from the public comment in the March meeting.

Mr. Holder discussed with Ms. Margaret Covington, CEO and they will be considering an additional provider; however, the wait time is not decreased.


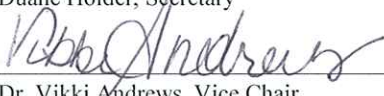
- Board of Health acknowledged the outstanding services of Dr. Philbrick as a Chair from April 2017 to March 2018 and presented a plaque.

Dr. Philbrick thanked everyone and stated that it was a part of his love to serve for Public Health in the last 25 years.

ADJOURNMENT

MOTION: Dr. William Philbrick moved to adjourn.
SECOND: Dr. Heather Burkhardt
VOTE: Unanimous (4-0)

The meeting was adjourned at 8:17 p.m.

	<u>5/15/18</u>
Duane Holder, Secretary	Date
	<u>5/15/18</u>
Dr. Vikki Andrews, Vice Chair	Date