

Board of Health Meeting

October 16, 2017

Board of Health Members in attendance: Paul Bradshaw, Chair, Linda Peterson, Dr. Elizabeth Bryan, Commissioner Harry Parker, Dr. Jeffrey Bell, Allie Ray McCullen, Jacqueline Howard and Robert Butler.

Board of Health Members absent: Linda Heath, Dr. Elizabeth Turner and Charlotte Harrell.

I. Call to Order:

Mr. Paul Bradshaw, Chair called Board of Health meeting to order.

II. Approval of the following 2017 minutes:

- a. August 21, 2017 Board of Health minutes. Motion to accept minutes made by Commissioner Harry Parker and 2nd by Jacqueline Howard. All in favor. Motion passed.
- b. September 25, 2017 Dangerous Dog Minutes. Motion made by Allie Ray McCullen and 2nd by Dr. Jeffrey Bell. All in favor. Motion passed.

III. Additions/Deletions to agenda:

- a. Eastern Equine Encephalitis (EEE) (after III. Additions/Deletions)
- b. Sampson County Substance Abuse Collation Grant (After V. CPT Codes/Fee Revision)
- c. Consolidation Update (Health Directors Report after b.)
- d. Board of Health Re-appointment (Health Directors Report after c.)

IV. Eastern Equine Encephalitis (EEE):

(See Attached Handout). Kathie Johnson reporting. Article that will be in the paper probably tomorrow. Another horse has been diagnosed with EEE, 3rd horse in State and 2nd horse in Sampson County. Both horses were euthanized. No human cases of EEE have been identified in NC so far this year. First horse was located in the NW part of county and was not vaccinated and the second horse was located in the SW part of the county and was vaccinated by the owner. Question with the state did the owner vaccinate correctly. (See attached Map with arrows). There is a vaccine for horses, but no vaccine for humans. EEE virus is transmitted by a mosquito bite, usually between wild birds and mosquitoes. Mosquito usually lives in freshwater swamps. Very unusual to have 2 cases within one month. Information has been received from the state about homeowners spraying their areas, removing standing water from anything in their yard.

Wanda Robinson pointed out the significance of having had two cases in horses, we know the virus is here and need to start doing preventive measures and get the information out to all the Veterinarians and to all Medical Providers, so that everybody is looking for this.

V. Rural Health Grant: (See attached Handouts)

Kathie Johnson reporting. Follow up to last meeting, when Board was notified that SCHD had received the Rural Health Grant but we did not have any details at that time. We have been awarded \$100,000, in order to receive the money, health department has to report monthly and quarterly basis.

Monthly reporting requires the unduplicated number of clients that are uninsured and the number of visits that we have each month. Quarterly report is more detailed and requires the use of different CPT codes that assist in tracking of certain parameters for Blood Pressures, Diabetes, BMI and Tobacco Use needed for the report.

Tamra Jones reported on budget breakdown of how the \$100,000 grant would be spent:

- a. 41,609 Salaries (Recoupment for monies taken out of budget by state)
- b. 11,685 Fringes (Recoupment for monies taken out of budget by state)
- c. 36,942 Other
 - i. Medical Equipment
 - ii. Laptops (Replace clinic laptops)
 - iii. LARC's
 - iv. Repair of key pad system
 - v. Staff Training

Motion to accept the \$100,000 Rural Health Grant and the presented budget breakdown was made by Jacqueline Howard and 2nd by Robert Butler. All in favor. Motion passed.

VI. CPT codes/Fee Revision: (See handouts)

Kathie Johnson presented the new CPT Codes to use for the Rural Health Grant for approval by the Board. Also presented old CPT Codes with strike through which will be deleted due to already being on the Fee Schedule.

Motion made to accept the presented CPT Codes and Fees made by Linda Peterson and 2nd by Jacqueline Howard. All in Favor. Motion passed.

Kathie Johnson presented the Non Stress Test CPT Codes that have been divided by DMA into 2 separate Fetal Non-Stress Test codes:

- a. 59025 Current Fee 0.00 Recommended Fee \$70.00 (Test done at health department and read at health department by the Doctor).
- b. 59025-TC Current Fee \$70.00; recommended Fee \$40.00. (Test done at health department and results faxed to Doctor's Office to be read and orders called back to health department).

Motion to approve the fee adjustment for 59025-TC and addition of fee to 59025 CPT Codes as presented made by Robert Butler and 2nd by Commissioner Harry Parker. All in favor. Motion passed.

New Federal and State government TB case management guidelines became effective August 1st, 2017. Part of new guidelines include lab testing for our clients that have certain medical conditions or take specific medications. Tests are to obtain some base lines and to monitor some functions due to types of medications given to clients for treatment of TB. There are 5 tests now required. Currently, there are no fees attached due to these labs were not a normal part of the service offered. Seeking approval of fees for the required tests to be able to bill Medicaid and Insurance companies. Handout shows the new requirements for the lab testing, the LabCorp fee and the recommended fee for:

- i. 84520 Blood Urea Nitrogen \$27.00 \$34.00

ii.	82565	Blood Creatinine	\$27.00	\$34.00
iii.	84560	Uric Acid	\$27.00	\$34.00
iv.	85610	Prothrombin Time	\$17.22	\$22.00
v.	85049	Platelet Count	\$17.64	\$23.00

Wanda Robinson stated that many of the drugs used to treat TB causes issues and side effects. State decided to start testing to monitor. New guidelines have changed with the length of time the TB patients receive their medications. TB patient's now receive 8 weeks of daily directly observed therapy and then medications taken 3 x week until completion of their medication therapy.

Motion to approve the above required lab test for TB Clients and new fees made by Linda Peterson and 2nd by Commissioner Harry Parker. All in favor. Motion passed.

VII. Sampson County Substance Abuse Collation Grant:

SCHD is part of the SCSAC which working with our groups to bring awareness of the Opioid Overdosing. We were one of the counties that was targeted to do takeback events across the state. Applied for one of the grants and were awarded a grant for \$1,167.68 to be used to promote public awareness, a Drug Take Back event is planned for October 27th at Clinton Drug in Clinton from 10 am to 2 pm to allow the public to bring any drugs or narcotics to be properly disposed. Clinton Police Department does have a container that the public to come to dispose of unwanted or old medications. Hoping to expand and have more container sites in the county.

Motion to accept the grant of \$1,167.68 made by Allie Ray McCullen and 2nd by Linda Peterson. All in favor. Motion passed.

VIII. EH/CHC Lead Policy Revision: (See attached Handout)

Perry Solice reporting updates adding in time frame guidelines in investigations and completing of investigations.

Motion to accept the revised Environmental Health/Childhood Lead Policy made by Allie Ray McCullen and 2nd by Linda Peterson. All in favor. Motion passed.

IX. Financial Report:(See handouts attached)

Tamra Jones, Accounting Specialist presented the Activities Summary report. Change to the number in report for TB-CDC-DOT's number should be 7 not 5 for September. Some services are down and some are up. Tamra pointed out that revenues are coming up due to September 15th stopped breaking out revenues for prior year services and current year services. Presented the Medicaid Revenues and graft; Local Revenues and graft; and Environmental Health Local Revenue graft.

X. Health Directors Report:

a. 2017 County Health Rankings: (See attached handout.)

Wanda Robinson discussed pages 3 and 4 showing how Sampson County ranked against other counties in North Carolina and counties rank for Health Factors. Discussed some

of the Health Factors for Sampson County are low birth weights, smoking, diabetes, obesity.

b. QI Measures:

Some of things that were mentioned at the Consolidation meeting were change to make things better. Things are constantly changing, we are always doing Patient Satisfaction Services, reviewing complainants with the Management Team to seek ways to improve.

We have done several improvements over the past year.

- i. Environmental Health looking and revising Policy and Procedures, especially with adding in timeframes for services to be completed. Created an Excel spreadsheet to track services requested and when services were completed. EH has greatly decreased the amount of days between the date service requested and date services were completed with the creation of this spreadsheet.
- ii. Fiscal Department has worked hard with Medicaid Denials. Tamra discovered that some of the Medicaid Denials were not being worked on a daily basis. She has implemented a more efficient way to work Medicaid claims before going out and to have the returned denials worked in a timelier manner. She has been able to substantially decrease the number of denials by working with her staff and the nursing staff; therefore getting the revenue into the health department quicker.
- iii. Management Support. Issue discovered that our clients were not being given the same information or all the information needed for their appointments. Sally and the QI 101 team adopted Appointment Scripting to ensure the staff are telling the clients the same information and all information regarding their appointments. Sally has been good about keeping up with changes to the Appointment Scripts and ensuring that appointment staff are aware of the changes.
- iv. WIC Department. Looking at ways to increase participation and show rates. WIC is getting ready to go through big changes with the WIC going electronic. The staff is working hard calling clients, to remind of appointments, in effort to have clients come in a timely manner and rescheduling of missed appointments. This is just a few things we have worked to improve. We do not take complaints lightly, bring to our group and come up with a plan. Look at efficiency, ways we take payments to looking at things across the board.

c. Consolidation: (see handouts attached)

Mr. Bradshaw, Ms. Howard, Mr. McCullen and Commissioner Parker Along with the County Commissioners and Department Heads attended the October 9, 2017 Consolidation Meeting with Margaret Henderson and Jill Moore from the UNC Institute of Government. Mrs. Robinson asked the above board members to comment if they would like on the meeting.

Jacqueline Howard comments: Appreciated the ladies that came and spoke, giving the different options and models. The second model would add a lot of input and work to

the County Commissioners. One piece that was looked at in other counties was the cost savings a piece that we are already housing our Health and Human Services in one building. Another item that came up consist was that our program that in place are functioning well. Already assessing programs to change to keep working efficiently. Ms. Howard stated she did not hear any big advantage to consolidating. I think it is good to constantly look to see if things good be done better.

Chairman Bradshaw report. He sees no cost savings. He does see extra work for the County Commissioners. He could not see any real benefit with the consolidation.

Mr. McCullen comments. They did say in the meeting no real monetary savings. You do need to look at things and evaluate for change at all times. He does think we may see some consolidation of some agencies. May be looking at being more customer friendly.

Discussion on reason for looking at consolidation. Mrs. Robinson explained would still need an Advisory Board of Health, this is regulation. Many things would be delegated to the County Commissioners, but many things would still need to be handled by the Advisory Board of Health. Mrs. Robinson commented it was a very good meeting, good communication between Social Services and Health Department, Commissioners and others.

Commissioner Harry Parker spoke that the commissioners will be looking at everything, meeting was very important, to learn the options. It is an advantage that he serves on He plans to take back to the other commissioners the significant of having the Board of Health and things that Board of Health does the commissioners will not be able to handle. Commissioners will be looking at all the options and angles. He is a firm believer in if it is not broke, don't' fix it; also believes in change is good in certain areas.

Mrs. Robinson thanked the board members that came and expressed understanding for those that were members that were working and unable to attend.

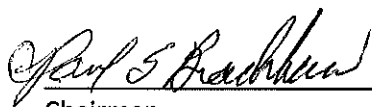
d. Board of Health Re-appointment:

Linda Peterson coming up for re-appointment. She has agreed to continue to serve. Mrs. Robinson will submit her name to Board of Commissioners for re-appointment. Ms. Peterson's position is a mandatory position.


XI. Public Comment: None

XII. Adjournment:

Motion to adjourn made by Commissioner Harry Parker, seconded by Robert Butler. All were in favor. Motion passed.


Chairman

11-20-17
Date


Secretary

11/20/17
Date