



Macon County
Public Health

**MACON COUNTY BOARD OF HEALTH
MINUTES
10/25/2016**

- Members** Chris Hanners, Engineer and Chair; Teresa Murray, General Public and Vice-Chair; Emily Porter-Bowers, Nurse; Dr. Carole Peterson, Physician; Melissa Bell, Pharmacist; Dr. Jeff Todd, Veterinarian; Dr. Nathan Brenner, Dentist; Paul Higdon, County Commissioner; and Molly Phillips, General Public.
- Members Absent** Chris Hanners, Melissa Bell, Dr. Jeff Todd, Molly Phillips
- Staff Present** Jim Bruckner, Tammy Keezer, Jimmy Villiard, Kyle Jennings, Jennifer Garrett, Kathy McGaha, Darice Davis, Jane Morgan, Dr. Donald Dewhurst
- Guests** None present
- Media** Ryan Hanchett: The Franklin Press
- Public Comment** No public comment
- Call to Order** Meeting was called to order at 6:35 by Teresa Murray
- Approve Agenda** Jim Bruckner asked to add to the agenda under New Business A: Cowee Convenience Store and move all other new business down 1 place on the list. Dr. Brenner made a motion to accept the amended agenda. Paul Higdon seconded the motion. The motion passed unanimously.
- Welcome/Intro./Departures/Recognition** Mr. Bruckner welcomed and introduced MCPH employee's Jane Morgan and Dr. Donald Dewhurst.
- Closed Session** None
- Presentations** None
- Approve Minutes of Previous Meeting** Dr. Peterson made a motion to approve the minutes as presented. Dr. Brenner seconded the motion. The motion passed unanimously.

Old Business

A. Strategic Plan Priorities Ms. McGaha briefly discussed the 2016 MCPH Strategic Plan. The Board of Health members were given handouts ahead of time in their packets to review. She asked for suggestions and feedback on the Strategic Plan. Mr. Bruckner said we did receive a suggestion from a Board member to change the wording of goal 1 to read “Maximize Proficiency in Each of the 10 Essential Public Health Services, Increased Services Provided, and Improved Health Outcomes. There were no more suggestions. Dr. Peterson made a motion to approve the Strategic Plan as amended. Ms. Porter-Bowers seconded the motion. The motion passed unanimously.

B. Primary Care Program Update Ms. Garrett gave an update on the Primary Care program. She had a power point presentation that included the overview of the Primary Care program, including types of services provided, number of patients served, and number of services provided. She explained in detail the application process for both new and existing patients seeking primary care services from MCPH. She said that existing patients can get forms from any staff member while they are here for another appointment and new applicants can get an application from the front desk staff. After the completed application is returned, it is put through the application process and if the patient is accepted we will make 3 attempts to contact the patient for an appointment. If we are unsuccessful in making contact, we keep their application on file for future reference. If the applicant is not accepted into the program, we send them a letter in the mail stating such. Currently, we are seeing general health maintenance patients and chronic disease evaluation and management patients. We also do labs, EKG's, referrals for mental health, and pt/ot imaging. We also see Family Planning patients as a Title X requirement. Our hours of operation are Mon, Wed, Thurs. all day and Tues and Fri. half days. We currently operate using one doctor and an MOA. She explained that at times they need a nurse to help out. We also have an open position for a part-time Physician Extender to help pick up some of the load as we increase enrollment in primary care. We currently have 82 individuals enrolled in primary care. We reviewed the period from April 1, 2016 to September 30, 2016 for this discussion. During that time we saw 51 unduplicated patients for a total of 96 visits, an average of 1.7 visits per patient. Of those seen 93 had insurance and only 3 were self-pay. We have kept an 89% show rate for this program which is very good for the health department.

Payer Mix – Of the 82 patients enrolled in Primary care, 74 have insurance and only 8 are self-pay patients. The programs sliding fee scale is based on 250% of poverty level which means if a person makes less than 250% of the poverty level their pay is 80% pay. Labs associated with the initial patient visit also slide to 80%, but follow up labs that are not performed on the day of their visit are billed at 100%. Ms. Bowers asked why all labs don't slide. Mr. Bruckner said it was just an oversight when planning the program and we will be bringing it before the Board in December to request this along with the sliding fee scale be changed. Ms. Garrett said some of the pros of the Primary Care program are that we are meeting Family Planning guidelines, we are increasing utilization of our provider by having more patient visits per day. Some of the challenges include decreased enrollment due to the current sliding fee scale only sliding to 80% of our charge, we haven't advertised beyond word of mouth, and once approved many patients are choosing not to utilize the clinic because it is too expensive. We have had 29 approved patient applications that have not made appointments for care.

Future Improvements – Mr. Bruckner said that we will be focusing on reaching more self-pay patients by bringing before the BOH and the BOCC the recommendation of adjusting the sliding fee scale to match that of insurance reimbursement. Currently, a self-pay patient slides to 80% and insurance reimbursement rates are at 55%. Mr. Bruckner said that self-pay patients were the original target group, but with the sliding fee scale where it is we are missing the population we are trying to reach. He reiterated that we are almost at end of our 1 year pilot so we will be back in December before the Board to request changes to the program. We are also in the final stages of becoming Carolina Access Provider, this will increase number of Medicaid patients we treat. We will be looking into more ways of advertising, Community Care of WNC (CCWNC) the regional Medicaid Managed Care Organization is now housed here in our building. CCWNC serves all of WNC. We are also working with Meridian Behavioral Health to place a Behavioral Health Specialist

(LCSW/LPC) in the Health Department to see MCPH clients. Operating costs for Primary Care to this point are about \$10,253. Ms. Porter-Bowers asked why we don't collect a fee up front from self-pay patients. Mr. Bruckner said it is very challenging because we don't actually know the services they will be receiving until they are here. Ms. Garrett said we probably would have gotten a lot more patients if our sliding scale would slide farther. Dr. Peterson asked if we set up payment plans. Mr. Bruckner said yes and we do send to collections and apply debt set off as well. Mr. Bruckner reminded those present that by no means would primary care be a break even program. Ms. Futral asked for clarification on the sliding fee scale. Mr. Bruckner explained that the sliding fee scale is based on the federal poverty level (FPL) and that for us, anyone falling below 250% of the FPL receive services at 80% of total cost. Ms. Porter-Bowers asked if the new plan will include sliding the fee on follow up labs as well. Mr. Bruckner said yes. Dr. Brenner asked if we have a target number of patients. Mr. Bruckner said original the goal was 150 patients most of which would be self-pay, but we seem to be seeing many more patients with insurance. Ms. Futral asked if the free clinic competes with the Primary Care program. Ms. Garrett said no, but some of the people going to the free clinic would be eligible for our program, but they choose to go to the free clinic because of cost. Mr. Bruckner said the free clinic recently had to add a second evening to their schedule due to demand. Ms. Porter-Bowers asked to be walked through a patient visit. Dr. Dewhurst said the MOA checks in the patient, takes vital signs, a short history and prepares the information for the doctor. Dr. Dewhurst said from there he takes care of patient treatment, does the required documentation, and gives them back to MOA. The MOA sets up any future appointments, gets paperwork ready, and calls in any prescriptions. Dr. Dewhurst said we also try to keep up with patient immunizations and get patient current while in the office.

New Business

A. Cowee Convenience Mr. Jennings gave an update on a restaurant that we issued a permit of operation in for the spring. One of the stipulations of the permit was that the restaurant had to remove some extra seating. They had more seats than the septic system allows. It became an issue in the community for the restaurant to have to remove 4 picnic tables outside of the restaurant. Environmental health has spoken with people in the community. Mr. Jennings said that everything we have done has been based off of the state rules. Mr. Bruckner said that he had spoken with the Director of Environmental Health at the Division of Public Health, Mr. Larry Michaels, on the issue. Mr. Bruckner said that Mr. Michaels said based on what was discussed he thought our environmental health staff were applying the rules appropriately and enforcing this issue as they should. Mr. Bruckner said he sent Mr. Michaels an email summarizing their conversation and that Mr. Michaels responded and was in agreement with accuracy of the summary. Ms. Morgan said the establishment's septic system was sized for 18 seats and that the original permit was issued 16 years ago for both the septic system and restaurant. She said the problem remains the original septic was only sized for 18 seats. The owner was told when the transitional permit was issued 6 months ago that he had to remove the picnic tables before an operating permit could be issued. There were four picnic tables which is an additional 16 seats outside of the building. Ms. Morgan said this issue had been addressed several times over the years with different owners and that the owners were presented with several alternative options, but and no changes were made. The three options were 1. Apply for the size septic system you need; 2. Put a meter on the well to measure water usage for one year to see if the septic system you have is big enough for the demand; or 3. put benches or rocking chairs in place of the picnic tables outside. Mr. Jennings explained that the difference between the rocking chair and the picnic table is that there is no table top on a rocking chair and it can be assumed that they will not be eating a full meal. Mr. Morgan said that the reason this was not identified in the past is because we have now added Justin Mintz to the food and lodging inspection team. Mr. Mintz has a vast knowledge of septic systems and was able to see the issue immediately. Commissioner Higdon said Macon County has for many years had the best food and lodging program in the state. He also said that this seating situation is clear cut and Environmental Health staff are following and enforcing the rules appropriately. Ms. Murray asked what happens if the restaurant chooses none of the 3 options provided. Mr. Jennings said that they have removed the picnic tables. Ms. Morgan said if the tables are put back their permit will be revoked. Ms. Bowers asked how we would know if they put back the tables. Mr. Jennings said we do periodic inspections. Ms. Morgan thanked Mr. Higdon for his support of the

department.

B. Mold Program Reorganization Mr. Jennings said that mold is completely unregulated in North Carolina. MCPH have been referring people to the state epidemiology branch for questions on how to treat mold. The state would like for the county to answer these questions instead. In order for us to be able to answer mold questions we must have training. The state will be offering education training from HUD on how to manage mold in homes. This class will be in November and we will be taking several staff members. MCPH will not be inspecting homes or remediating in any way. We will simply educate people on the necessary steps to combat mold. This procedure change will take place next summer. Dr. Peterson asked if there will be written material provided to customers. Mr. Jennings said yes, but we will be talking to people as well. Mr. Bruckner added that this mandate had no funding.

C. Delegation of Authority/HD Job Description Health Directors Job Description Ms. Keezer gave a power point presentation on the Health Directors job duties broken down into the following categories; 1. Management Duties including hiring and/or firing staff, approving promotions and increases, developing and/or approving all program and policies, negotiating contractual agreements, and budget development and presentation to the BOH, County Commissioners, and the public, 2. Leading and Delegating including support and guidance to program supervisors and coordinators, ensures program policies and procedures are carried out, has regular contact with section administrators and program supervisors to receive briefings on program performance, levels of activity, and operational impediments, 3. Enforcement Duties as defined by the General Statutes and directed by the BOH to enforce the rules of the BOH, investigate the causes of infectious, communicable, and other diseases, exercise quarantine and isolation authority, disseminate information and promote the benefits of good health, advise local officials on public health matters, and enforce State immunization requirements and laws, and examine and investigate cases of venereal disease, tuberculosis and rabies, 4. Public Relations/Governing Board and Administrative duties including being the chief spokesperson for the department- handles media inquiries and interviews during times of crisis or public health activation, serves on numerous boards and committees, serves as secretary of the BOH and reports directly to this eleven member Board, and oversees the drafting of rules, policies, and position statements presented to the Board for adoption. She also added that Mr. Bruckner serves as the local registrar for all births and deaths in Macon County. Ms. Futral asked if these rules are handed down by the state. Mr. Bruckner said that many of the functions of the health director were derived from state law and are delegated to him by the state, but that the Board did have some input into his role.

Delegation of Authority – Ms. Keezer reminded the Board that they had received a copy of the Delegation of Authority policy with their meeting packets for them to review before the meeting. She asked if anyone had any questions. Mr. Bruckner explained the content and reason for the policy.

D. Fee Changes- Special Adoption Fees Mr. Villiard said we would like to propose four new fees or fee options be added to the current fee schedule. These new fees will allow us to have more flexibility when it comes to adopting out animals: 1. A Special Events adoption fee of \$20 for cats and \$30 for dogs; 2. An over capacity adoption fee that when the shelter reaches 90% capacity we would charge an adoption fee of \$10 for cats and/or \$20 for dogs (this would depend on where the shelter is maxed out e.g. cat rooms or dog kennels area); 3. A boarding fee of \$10 per day for every day an animal remains in the shelter after an owner receives notification to pick up their animal and they don't; and, 4. we would also like permission that when we participate in a sponsored event at which the sponsor sets the adoption fee that we accept that fee rate as our fee rate for that particular event.

Lab Fees – Ms. Keezer said we would like to add the rapid flu test to the fee plan and that all the rest of the added lab fees are those that we now have to do in conjunction with the mosquito borne exposures. The high risk pap is a new panel that is combining 2 service codes into one to allow for a better fee. She also explained that vaccine fees go up and down depending on the purchase price and we don't like to ask for fee changes every time we purchase new vaccines, so we only request changes when necessary. We have reassessed the latest fees for these vaccines to cover the most recent re-assessment of purchase price. Ms.

Futral asked if the sliding fee scale is applied to these vaccine fees. Mr. Bruckner said no. Ms. Keezer said that insurance does pay for some. Ms. Garrett said these are all privately purchased vaccines. Ms. Futral asked about state vaccines. Mr. Bruckner said that if a patient qualifies for state vaccines there is no cost, but not all vaccines are state supplied. Ms. Garrett clarified by saying only children's vaccines are state supplied. The nurses are encouraging patients to keep up to date on their vaccines. Ms. Porter-Bowers asked how we keep track of patient vaccines. Ms. Garrett said the nurses look up the patient's vaccination record in NCIR or the patient can bring in a copy of their vaccine record. Ms. Futral asked if they have to be a resident of Macon County to receive vaccines. Ms. Garrett said no, we are required to give everyone vaccines.

Dr. Peterson made the motion to accept the fee changes as proposed with the stipulation that Animal Adoption Fees specifically those related to special events, over capacity, and sponsored events had to be approved by the health director in writing prior to the even. Ms. Porter-Bowers seconded the motion. The motion passed unanimously.

E. Behavioral Health Services Mr. Bruckner asked for the Boards support of a new program. He said that primary care settings have become the entry point for individuals with behavioral health needs. Our clinical programs are no different and now that we are doing primary care, we need to address these needs by integrating behavioral health services in our department. He said that the County Commissioners Association has made a recommendation for Health Departments across the state to be the entry point for behavioral health patients and to help link these individuals with other mental health services. What we would like to do is partner with Meridian Behavioral Health to put a Behaviorist here at MCPH. Mr. Bruckner said he hoped that it would be at no cost to us and that we just have to give them office space, but that he would keep the Board apprised. He also said that this said this is an easy program to get off the ground and that he would appreciate the Boards support. Dr. Peterson made the motion to support the effort of adding a behaviorist to the clinic. Ms. Porter-Bowers seconded the motion. The motion passed unanimously.

F. Minority DPP Grant Mr. Bruckner gave a power point presentation on the States Minority Diabetes Prevention Program (MDPP). Mr. Bruckner said he was presenting this information to solicit the Boards support of a new regional program and for Macon County to be lead agent (fiscal and management oversight) for the regional grant. He explained that the MDPP grant is being offered through the State Office of Minority Health and Health Disparities to implement DPP programs targeting minority populations. He explained that he had the support of the other seven health directors in the region and that the eight county western region has a large enough Indian and Hispanic populations to qualify for the grant. The grant is for \$150,000 and is effective beginning November 1, 2016. Community screening will begin in November/December and DPP classes will begin in January. He further explained that this grant may be used to pay for a portion of the Lifestyle Coach's salary already working in all eight counties. We would screen at least 150 people for prediabetes, refer 100% of eligible people to DPP or DSME, enroll 50 people into DPP, and 60% of people served must be racial/ethnic minorities, we will conduct 3 - 4 sets of classes and administer an incentive plan for participants. Ms. Porter-Bowers made a motion to approve Macon County Health Department apply for the MDPP regional grant and for Macon County Health Department to be the lead agency for the eight western most counties for the MDPP grant. Dr. Brenner seconded the motion. The motion passed unanimously.

Board Training and Information

A. Budget Update – Mr. Bruckner reviewed the monthly budget update.

B. Reminder that the NALBOH News Brief now comes to all Board members online quarterly. If you are not receiving them please let Ms. Davis know.

Announcements Ms. Davis reminded all the Board of Health members to bring their BOH books to next month's meeting so that she can update them.

Tomorrow 10/26/2016 is our Employee Fall Festival from 11am – 1pm. All BOH members are invited to come.

Next Meeting Date 11/15/2016

Adjourn Dr. Peterson made a motion to adjourn the meeting. Dr. Brenner seconded the motion. The motion passed unanimously. The meeting adjourned at 7:55 pm.

These minutes were approved in the November 15, 2016 Board of Health meeting as presented with a motion made by Dr. Peterson and seconded by Dr. Brenner. The motion passed unanimously.

Respectfully submitted by

Darice Davis