

NCALHD Attendance Roster
August 20, 1998

(M) = 1998 Dues Paying Member
 (E) = Executive Committee Member

County/Health Director

- 1 AD Alamance/Tim Green (E) (M)
- 2 SRC Alexander/Shelly Carraway (M)
- 3 _____ Anson/Marc Kolman (M)
- 4 _____ Appalachain Dist/Daniel Staley (M)
- 5 _____ Beaufort/Tamera Hower (M)
- 6 _____ Bertie/Joann Jordan (M)
- 7 MAG Bladen/Myra Johnson, RN, Interim (M)
- 8 DG Brunswick/Don Younsey (E) (M)
- 9 _____ Buncombe/George Bond (E) (M)
- 10 FBB Burke/Jenny Kirksey (M) *June Brown, Interim*
- 11 _____ Cabarrus/Dr. William Pilkington
- 12 _____ Caldwell/Vacant (M)
- 13 JM Carteret/Dr. J.T. Garrett (M)
- 14 AS Caswell/Anne Scott (M)
- 15 BAB Catawba/Barry A. Blick (M)
- 16 MR Chatham/Wayne Sherman (E) (M)
- 17 CB Cherokee/Elaine Russell (M)
- 18 _____ Clay/Janice Patterson (M)
- 19 _____ Cleveland/Denese Stallings (M)
- 20 _____ Columbus/Marian Duncan (M)
- 21 MS Craven/Wanda Sandele (M)
- 22 _____ Cumberland/Dr. Jesse Williams (M)
- 23 _____ Currituck/Dr. John Sledge, Jr. (M)
- 24 _____ Dare/Anne B. Thomas (E) (M)
- 25 _____ Davidson/Diane Crouse (M)
- 26 BB Davie/Barry Bass (E) (M)
- 27 WBD Duplin/Dr. Harriette Duncan (M)
- 28 GM Durham/Brian Letourneau (M)
- 29 IB Edgecombe/James Baluss (M)
- 30 SEL Forsyth/Sherman Kahn (M)
- 31 _____ Franklin/Keith Patton (M)
- 32 RD Gaston/Bruce Parsons (M)
- 33 _____ Graham-Swain Dist/Emma Waldroup (M)
- 34 WBD Granville-Vance Dist/Dr. Roddy Drake (M)
- 35 _____ Greene/Doug Uriand (M)
- 36 HK Guilford/Dr. Harold Gabel (M)
- 37 _____ Halifax/Dr. Chris Szwagiel (M)
- 38 AWR Hamett/Wayne Raynor (M)
- 39 _____ Haywood/Bob Wood (E) (M)
- 40 JM Henderson/Tom Bridges (E) (M)
- 41 _____ Herford-Gates Dist/James Boehm (M)
- 42 _____ Hoke/DonaId Womble (M)

County/Health Director

Please list your current e-mail address

- 43 _____ Hyde/Linda Mayo (M)
- 44 AR _____ Iredell/Raymond Rabe (M)
- 45 _____ Jackson/Randall Turpin (M)
- 46 _____ Johnston/Dr. L.S. Woodall (M)
- 47 _____ Jones/Arthur T. Jones (M)
- 48 _____ Lee/Phyllis M. Lowry (M)
- 49 _____ Lenoir/Joey Huff (M)
- 50 mon _____ Lincoln/Margaret Dollar (E) (M)
- 51 _____ Macon/Ann Hyder (M)
- 52 KDR _____ Madison/Ken Ring (M) ~~MAC 1376@interpo~~
- 53 _____ Martin-Tyrrell-Washington Dist/Bill Burgess (M)
- 54 _____ Mecklenburg/Peter Safir (M) psafir@vnet.net
- 55 _____ Montgomery/Mike Hanes (E) (M)
- 56 _____ Moore/Robert Wittmann (M)
- 57 WUH _____ Nash/William Hill, Jr. (M)
- 58 LRB _____ New Hanover/David Rice (M)
- 59 _____ Northampton/Sue Gay, Acting (M)
- 60 AS _____ Onslow/Danny Jacob (M)
- 61 RS _____ Orange/^{Dr.}Rosemary Summers (M)
- 62 SPS _____ Pamlico/Jenny Lassiter (M)
- 63 _____ PPCC Dist/Howard Campbell (M)
- 64 _____ Pender/Jack Griffith (M)
- 65 _____ Person/Vacant (M)
- 66 JM _____ Pitt/Dr. John Morrow (E) (M)
- 67 MCC _____ Randolph/Mimi Cooper (M)
- 68 F _____ Richmond/Tommy Jarrell (M)
- 69 _____ Robeson/Bill Smith (E) (M)
- 70 GM _____ Rockingham/Gienn Martin (M)
- 71 JDS _____ Rowan/John Shaw (E) (M)
- 72 _____ Rutherford-Polk-McDowell Dist/Leonard Wood (M)
- 73 _____ Sampson/Vacant (M)
- 74 CEH _____ Scotland/Curtis Holloman (M)
- 75 _____ Stanly/Vacant (M)
- 76 _____ Stokes/Colleen Bridger (M)
- 77 _____ Surry/Dr. Walter Linz (M)
- 78 _____ Toe River Dist/Tommy Singleton, Acting (M)
- 79 YVP _____ Transylvania/Terry Pierce (M)
- 80 _____ Union/Lorey White (M)
- 81 LKB _____ Wake/Lou Brewer (M)
- 82 _____ Wayne/Robert Peck (M)
- 83 DR _____ Warren/Dennis Retzlaff (E) (M)
- 84 WRO _____ Wilkes/George O'Daniel (M)
- 85 W _____ Wilson/Dr. Louis Latour (M)
- 86 GB _____ Yadkin/Gayle Brown (E) (M)

OTHER ATTENDEES/GUESTS (Please provide current mailing address and telephone number)

<u>NAME</u>	<u>REPRESENTING</u>
Stephan Keen	Meck. Co.
Carmine Rocco	Assoc. of NC Boards of Health
Deborah Rowe	NCPHA
Jill Moore	IOG
Joy Reed	DIHS - OPHNPD
Dennis Hington	DIHS - Local Health
Lois Veeder	SmithKline Beecham
Lijana Register	NCLPHMSSA
Ann Waife	

North Carolina Association of Local Health Directors

Treasurer's Report August 20, 1998

	<u>CHECKING (\$)</u>	<u>SAVINGS (\$)</u>	<u>MONEY MKT. (\$)</u>	<u>CD (\$)</u>
Account Balance brought forward 7/1/98	\$13,645.57	\$32.35	\$11,078.80	\$40,000.00
Receipts:				
Interest Payments:				
August Statement	33.70	0.10	49.16	
Federal Back-up Withholding:				
August Statement	16.62	0.03		
Maintenance/Service Fee:				
August Statement	1.00			
Deposits:				
Transfer from checking				
Transfer from money market				
Dues	3,974.23			
	<u>\$17,635.88</u>	<u>\$32.42</u>	<u>\$11,127.96</u>	<u>\$40,000.00</u>
Expenses:				
# 0750 Russell Jones - Acct. #112	500.00			
# 0751 HealthQuest Consulting - Acct. #112	7,435.04			
Account Balance per Bank Statement 8/3/98	\$9,700.84	\$32.42	\$11,127.96	\$40,000.00

NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS
 1998 Budget
 August 20, 1998

REVENUE	(\$) 1998 REVISED ADOPTED	(\$) 1998 ACTUAL
Dues	30,305	30,614.32
Checking Interest	1,200	425.04
Savings Interest	900	399.73
Transfers	19,300	15,000.00
Total	\$51,705	\$46,439.09

EXPENSES		
110 - Office Supplies	150	100.63
111 - Awards	300	185.93
112 - Contractual Services	33,000	33,481.60
113 - Printing/Postage	6,555	1,957.47
114 - Meeting Expenses	1,400	4,499.12
115 - President's Expenses	3,000	500.00
116 - Miscellaneous	300	250.00
117 - Contributions	2,000	1,500.00
118 - Legislative Expenses	1,000	
119 - NACCHO Scholarship	2,500	
120 - NACCHOB Bd. Mb.	1,500	
Total	\$51,705	\$42,474.75

COUNTIES THAT HAVE NOT PAID THEIR DUES:

Cabarrus

To: Tim Green

From: Sherman Kahn

Subj: Highlights of my report to NCALHD on August 20th

1. On August 5th, Dr. Newt MacCormack convened a group of individuals "to discuss local health department handling of situations possibly warranting post-exposure prophylaxis for HIV." This was prompted after CDC issued revised guidelines for the management of these situations in an MMWR Supplement (No. RR-5), in April of this year. Questions to be answered included:
 - How can local health departments secure rapid HIV testing in the event of a post-exposure situation?
 - How can the appropriate antiretroviral drugs be prescribed and dispensed in a timely fashion in post-exposure situations in local health departments?

There are plans to provide health departments with additional information and guidance on this subject in the near future.

2. It was announced that since June, Dr. Steve Cline has been serving as the Acting Director of the Division of Epidemiology. Additionally, Dr. Cline assumed the duties of Section Chief for Occupational and Environmental Epidemiology when Dr. Stan Music was reassigned to Women's and Children's Health (Childhood Asthma). The search for a new Division Director is on hold while a proposed reorganization of the Public Health Divisions is under review.
3. Three provisions in the attached budget bill, directly related to local health departments, were brought to the attention of the Association (there was not enough time to refer these matters to committee). Discussion and motion by Bill Smith

1 (b) The Department shall report on its plans for developing and
2 implementing a scientifically sound methodology for evaluating these programs by
3 February 1, 1999, to the members of the Senate Appropriations Committee on
4 Human Resources and the House of Representatives Appropriations Subcommittee
5 on Human Resources and to the Fiscal Research Division.
6

7 Requested by: Representatives Gardner, Cansler, Clary
8 **AIDS DRUG ASSISTANCE PROGRAM (ADAP)**

9 Section 12.46A. (a) The Department of Health and Human Services
10 shall develop and implement a cost-containment plan for the purpose of serving
11 additional clients of the HIV Medications Program. In developing the Plan, the
12 Department shall do the following:

- 13 (1) Explore the feasibility of obtaining a Medicaid expansion waiver;
- 14 (2) Estimate the potential cost savings to the State of participating in
15 the 340B Drug Pricing Program by studying various ways of
16 adhering to program requirements while also realizing cost savings;
- 17 (3) Examine, for possible adoption, ADAP and other similar program
18 cost-saving strategies in other states, including, but not limited to,
19 restrictive formularies, prescription limitations, insurance
20 continuity, and insurance purchasing programs, and biannual or
21 quarterly reauthorizations; and
- 22 (4) Conduct other activities that will assist in the development of a
23 viable plan.

24 (b) The Department shall implement cost-containment programs or
25 mechanisms, other than pharmaceutical rebates, by October 1, 1998, and shall report
26 to the members of the Senate Appropriations Committee on Human Resources and
27 the House of Representatives Appropriations Subcommittee on Human Resources
28 not later than December 15, 1998, on the following:

- 29 (1) The realized and projected savings;
- 30 (2) Findings from subdivisions (1), (2), and (3) of subsection (a) of this
31 section; and
- 32 (3) Recommendations for legislative action.

33 (c) Savings realized through cost-containment measures shall be used to
34 serve additional ADAP participants in fiscal year 1998-99. Funds not expended for
35 authorized program costs shall revert to the General Fund.

36 (d) The Department shall also develop a comprehensive information
37 system on AIDS/HIV clients receiving services from the State. This system shall
38 include information on program usage patterns of ADAP participants, including, but
39 not limited to, frequency of prescription purchases, and types of medications
40 prescribed. The Department shall also develop a plan for monitoring patient
41 compliance with physician treatment recommendations. In developing the plan, the
42 Department shall identify ways of obtaining information without interfering with
43 physician-patient confidentiality. The Department shall report on this plan to the
44 members of the House of Representatives Appropriations Subcommittee on Human
45 Resources and the Senate Appropriations Committee on Human Resources not later
46 than December 15, 1998.
47

48 [SECTIONS 12.47, 12.48, 12.49 RESERVED]
49

50 Requested by: Representatives Gardner, Cansler, Clary

51 **HIV MEDICATIONS DISPENSED BY CERTAIN LOCAL HEALTH DEPARTMENT**
52 **PHARMACIES**

1 Section 12.50. A local health department or county agency providing
 2 public health services that has a full-time, on-site pharmacy may contract with the
 3 Department of Health and Human Services to be the sole dispenser of medications to
 4 participants in the HIV Medication Program in the county or counties served by the
 5 local health department or county agency providing public health services.

6
 7 Requested by: Representatives Gardner, Cansler, Clary

8 **LOCAL HEALTH DEPARTMENTS PROVIDE HIV/STD PREVENTION SERVICES**

9 Section 12.51. The Department of Health and Human Services, Division
 10 of Epidemiology, shall allocate HIV/STD Prevention Services Program funds for
 11 community-based organizations to local health departments. Local health
 12 departments may contract with community-based organizations, including HIV Care
 13 Consortia and Community Planning Regional Organizations, to ensure that services
 14 are provided to high-risk individuals. Contracts between local health departments
 15 and community-based organizations shall provide for the local health director or his
 16 or her designee to serve as a liaison to the organization's board of directors.

17
 18 Requested by: Representatives Gardner, Cansler, Clary

19 **IMPROVE IMMUNIZATION PROGRAM ACCOUNTABILITY**

20 Section 12.52. (a) The Department of Health and Human Services,
 21 Division of Women's and Children's Health, shall develop and implement strategies
 22 to improve accountability in the Immunization Program. The Division shall examine
 23 and report on the following options for improving Program accountability:

- 24 (1) Enhancing the current doses administered reporting systems;
- 25 (2) Converting to a vaccine replacement system;
- 26 (3) Collecting child-specific immunization and Program eligibility
 27 information;
- 28 (4) Expediting implementation of the North Carolina Immunization
 29 Registry;
- 30 (5) Conducting site visits to twenty percent (20%) of private providers
 31 annually;
- 32 (6) Sanctioning providers who fail to comply with Program
 33 requirements;
- 34 (7) Identifying means to verify and reduce wastage; and
- 35 (8) Other options that will improve Program accountability.

36 The Department shall submit its report to the members of the House of
 37 Representatives Appropriations Subcommittee on Human Resources and the Senate
 38 Appropriations Committee on Human Resources within one week of the convening
 39 of the 1999 General Assembly. This report shall include the Division's
 40 recommendations for improving Program accountability and shall identify the
 41 resources required to implement these recommendations and to meet State and
 42 federal program reporting requirements.

43 (b) The Department of Health and Human Services shall study the
 44 feasibility of changing the vaccine distribution system such that private providers
 45 obtain vaccines from the local health department. The study shall include the
 46 method that would be used to enable local health departments to obtain sufficient
 47 quantities of vaccine, and cost-savings that could be realized in changing from a
 48 centralized vaccine distributions system to a decentralized system. The Department
 49 shall report its findings and recommendations to the members of the House of
 50 Representatives Appropriations Subcommittee on Human Resources and the Senate
 51 Appropriations Committee on Human Resources within one week of the convening
 52 of the 1999 General Assembly.

53

NCAPHA
Report for NCALHD Meeting - 8-20-98

- The "Alliance" held it's regular Board Meeting on August 12th.
- At present the Alliance membership stands at 10 Home Health only agencies, 2 Clinic only members and 19 agencies representing home health & clinic. Our new dues structure is at \$ 2, 000 for clinic only, \$ 2, 500 for home health only and \$ 3, 000 for agencies that join as both home health & clinic.
- A reminder was given as to the Alliance's Home Page, which is located at the same address as the Health Director's Home Page.
- It was reported that the Alliance has now negotiated several notable contracts with HMOs and Insurance Carriers for services through the Alliance. It was told that a contract will be executed this coming Friday with VICARE which has covered lives in numerous companies in both the Carolinas and Virginia.
- It was announced that the Board of the Alliance was increased from ten (10) members to twelve (12) to reflect the broader scope of the Alliance. These new Board slots would be filled by a "Clinical" RN Director and a "Home Health" Director.
- It was mentioned that "Alliance Home Care", the staffing company of the Alliance was presently supplying supplemental staffing to eight counties with 22 RNs and 17 CNAs. In addition, the company is negotiating for a staffing arrangement with Kimberly Olsten for additional staffing. At present, the monthly payroll is approaching \$ 20,000 which is significant given the short time that the company has been in existence. Counties were urged to consider this resource when contractual staffing was needed.
- Dr. Latour urged the Association members to not only join the Alliance but to consider the many components, such as being a corporation, having a 501c status, having a financially viable company in place All of which had been established and paid for and already in place, as parts of a State-Wide movement that would be needed by the health departments of the future and to give serious thought as to the Alliance being the vehicle that the Association might want to use in it's visioning.
- It was mentioned that the next Alliance meeting was scheduled for Sept. 9th, but that may be changed to the 16th to coincide with the NCPHA Conference in Fayetteville.



Orange County Public Health Department

Rosemary L. Summers, MPH, DrPH

Health Director

Timothy J. Ives, Chair

Orange County Board of Health

Brenda Crowder-Gama, Vice Chair

Orange County Board of Health



Chapel Hill
(919) 968-4501

Durham
(919) 688-7333

Management Division
300 W. Tryon Street, P.O. Box 8181
Hillsborough, N.C. 27278

Hillsborough
(919) 732-8181

Mebane
(919) 227-2031

REQUEST TO LOCAL HEALTH DEPARTMENTS

From Orange County Public Health Department

On September 12th and 13th, the annual Latino Festival will be held in Chapel Hill. This year a Health Fair will be included in the Festival. The Health Department and local health agencies will be offering screening for diabetes, high blood pressure and high cholesterol. Dental screening might also be provided. In previous years, attendees have been from all over North Carolina. Health Department Quality Assurance guidelines require us to provide follow-up for abnormal results. Follow-up can be provided by phone, mail, or home visit. We are required to make at least 3 documented attempts.

The Festival Committee requests your assistance and commitment in assisting in follow-up. A written referral will be given to the person being screened indicating their results and reason for referral. Telephone numbers, address, and directions to home will be obtained and included on the referral form.

Our request is for your department to provide the follow-up for persons with abnormal results, who reside in your county.

It would be helpful to the committee to have information about screening services that you provide and the fee for services, if there is a fee. If your Department does not provide screening but has a local resource that would see these clients free or at low cost, that information would be helpful.

Please send information to: Jerry Gregory via electronic mail to jgregory@co.orange.nc.us
Or fax to: (919) 968-2013

Joyce Lee
Administrative Officer
Extension: 2410

Ann Hill
Accounting Technician
Extension: 2460

Concetta Ramsey
Public Health Education Supervisor
Extension: 2404
Southern Human Service Center
(919) 968-2022, Extension: 301

Lonise Ebois
Public Health Educator
Extension: 2462
Southern Human Service Center
(919) 968-2022, Extension: 301

Patsy Bateman
Administrative Assistant
Extension: 2411




Elvira Mebane
Deputy Registrar
Extension: 2409

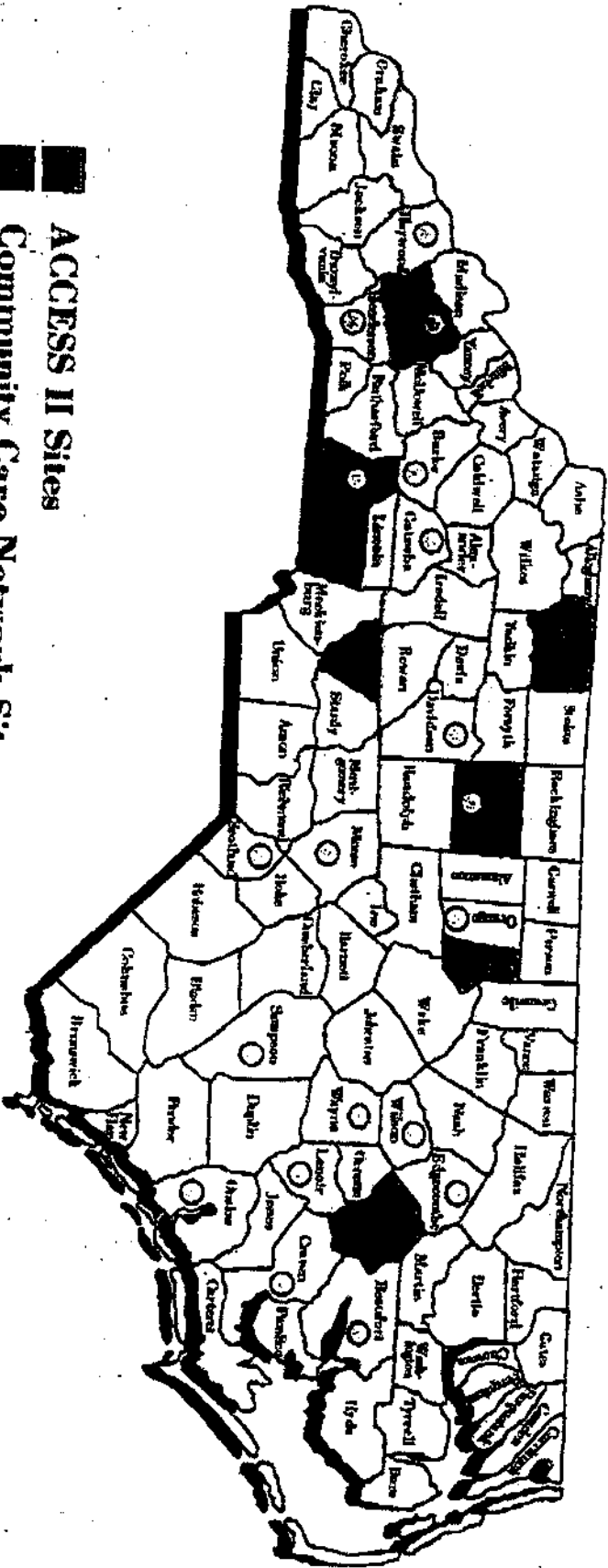
10



ACCESS II

North Carolina's Community Care Demonstrations

-  ACCESS II Sites
-  Community Care Network Sites
-  Physician Network Sites



August 1998

(11)

ACCESS II Care Management Program Development

OBJECTIVE: To develop a systematic approach to meeting the health care needs of ACCESS II enrollees that is characterized by:

- Analyzing the health care needs and experiences of the enrolled population;
- Defining those subsets of the population that may require care management support;
- Determining Care Management Program objectives and priorities;
- Establishing an enrollee database with the capability to track enrollee status;
- Developing care management initiatives and support needed to meet program objectives;
- Organizing partnership (and other) resources to meet program objectives;
- Tracking and analyzing program performance; and
- Revising program initiatives based on on-going program analysis.

11A

ACCESS II Demonstration Sites

AccessCare

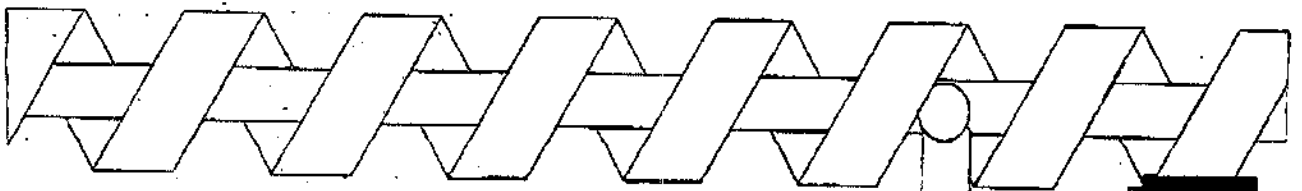
22 primary care practices covering 19 counties across the state
ACCESS II Members (7/98) - 70,348

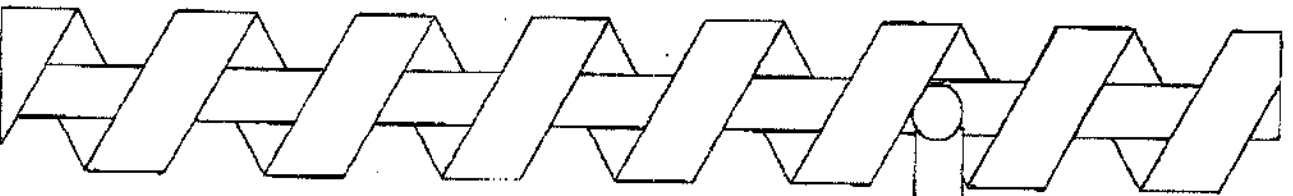
ACCESS II Care of Western North Carolina

*Buncombe County Health Dept., Mission/St. Joseph's Hospital,
Mountain Health Care IPA*
ACCESS II Members (7/98) - 2,588

CLECO - Cleveland County Primary Care Network

*Cleveland County Health Dept., Alliance for Health, Kings
Mountain Pediatrics, Cleveland Hospital*
ACCESS II Members (7/98) - 3,294





Durham Network

*Durham County Health Dept. & DSS, Lincoln
Community Health Center, Duke Family Medicine, and
Duke Pediatric Clinic
ACCESS II Members (7/98) - 10,089*

Community Health Partners

*Gaston Family Health Services, Gaston Health Care, and
Gaston County Health Dept.
ACCESS II Members (7/98) - 5,518*

Guilford ACCESS II Partnership

*HealthServe Medical Center, Guilford Child Health Inc.,
Moses Cone Family Practice, and Guilford County
Health Department
ACCESS II Members (7/98) - 13,507*

Surry County Health System

*Surry County Health Dept., Northern Pediatrics, Dobson
Medical Center, Mount Airy Family Practice, Northern
Hospital of Surry
ACCESS II Members (7/98) - 2,531*



Enhanced Care Management Activities

Disease Management Initiatives

- Asthma (*AccessCare, Buncombe, Cleveland, Durham, Gaston, Guilford*)
- Diabetes (*Gaston, Guilford, Surry*)
- High-risk Pregnancy (*Buncombe, Gaston*)
- Otitis Media (*Guilford*)
- Hypertension (*Guilford*)
- HIV (*Guilford*)
- Pediatric Respiratory Infections (*Cleveland*)

III

<ul style="list-style-type: none"> • Collaboration of local physicians, hospital and health departments with consumer representation • Not-for-profit 	<ul style="list-style-type: none"> • Cabarrus Health Alliance (Health Department) and Cabarrus Managed Care Organization (CMCO), an MCO made up of Cabarrus Physicians Organization and Northeast Medical Center 	<ul style="list-style-type: none"> • Pitt County Health Department along with University Medical Center Health which serves as the PHO for Pitt County Memorial Hospital and its physicians. 	<ul style="list-style-type: none"> • Range of owners/organizations from non-profits to for-profits and from out-of-state insurers to in-state hospitals.
<ul style="list-style-type: none"> • Comprehensive Any Willing Provider featuring traditional Medicaid and safety net providers 	<ul style="list-style-type: none"> • Over 200 CMCO shareholder PCP's and specialists. • Northeast Hospital, the county health department, specialty and tertiary facilities, home health, DME, home infusion, and physical therapy. 	<ul style="list-style-type: none"> • Faculty practice and participating community providers in the PHO as well as the hospital and health department. • Includes all current Pitt County Access providers except 2 covering 96% of existing Pitt Access enrollees. 	<ul style="list-style-type: none"> • Selected providers with network sizes ranging from under 25% to a majority in some trustee managed care communities' PPA's. • Safety net and health department providers subject to exclusion
<ul style="list-style-type: none"> • Focus on entire continuum of services from preventive thru treatment utilizing full range of community care resources from public health and community based services thru physician and hospital based. 	<ul style="list-style-type: none"> • Developing a targeted set of initiatives based on Cabarrus County Medicaid enrollees needs from preventive and primary care thru the highest level of acute care services focused on efficient managed access to high quality services. 	<ul style="list-style-type: none"> • Collaborative efforts to focus on priority health problem which plague Eastern North Carolina including asthma management, infant mortality, and low birth weights among others. • Focus on leading non-emergent or manageable causes of ED use such as otitis media and pediatric 	<ul style="list-style-type: none"> • Focused on reducing total HMO costs especially inpatient and ER • See themselves as independent and separate from the community in terms of other community based resources

IIF

<ul style="list-style-type: none"> • A primary focus of local CCN efforts which begins with identification of high risk patients thru an initial health screening and channeling into appropriate disease management programs such as pediatric asthma, high risk OB and diabetes. 	<ul style="list-style-type: none"> • PCCM model • Have mapped out a continuum of services for at risk Calhoun County families with the goal of improved coordination. • After hours nurse advice line to be answer questions and assist in triage. 	<ul style="list-style-type: none"> • asthma. • Clinical programs, guidelines and carepaths being developed for the above as well as acute pediatric GI, and diabetes management. 	<ul style="list-style-type: none"> • Focused on minimizing hospital stays for high cost diagnoses and OB • Case managers are based out of the HMO and do much of their work by phone • Use their own claims data to identify patients for case management versus health risk assessments with some exceptions
<ul style="list-style-type: none"> • Plan to use DOI approved "Budget Model" under which a 6 month comparison to a target budget is done and prospective adjustments are made relative to projected annual surplus or deficit in actual versus budgeted costs. • DMA pays enhanced case management fee directly to CCN. 	<ul style="list-style-type: none"> • Plan to use DOI approved "Budget Model" under which a 6 month comparison to a target budget is done and prospective adjustments are made relative to projected annual surplus or deficit in actual versus budgeted costs. • DMA pays enhanced case management fee directly to CCN. 	<ul style="list-style-type: none"> • PCCM model • Use of Health Benefit Advisors located at Health Department to do initial risk assessment for use by a Family Care Coordinator who will be assigned to each family. • Call Center for after hours advice and triage. 	<ul style="list-style-type: none"> • Age/sex and eligibility specific capitated monthly premiums
<ul style="list-style-type: none"> • Providers continue to get paid via EDS at agreed upon rates 	<ul style="list-style-type: none"> • CCN providers submit claims to the CCN TPA who cleans, 	<ul style="list-style-type: none"> • Use of a TPAMSO for UM, claims clearing and pricing 	<ul style="list-style-type: none"> • Produce own MIS reports using claims and UM data

111

TOTAL P. 12

<ul style="list-style-type: none"> • (Medical or CCN specific) EDS tracks costs against CCN budget and reports monthly to CCN along with other access, quality, and utilization data • Providers adjust rates after 6 months commensurate with annualized budget differential 	<ul style="list-style-type: none"> • prices according to terms of CCN provider contract, integrates UM results, and submits electronically for payment to EDS. EDS pays CCN electronically who records and remits payment to provider. 	<ul style="list-style-type: none"> • as well as for provider performance reporting. 	<ul style="list-style-type: none"> • Some contract with data management companies for specialized needs such as risk adjusted provider profiling
<ul style="list-style-type: none"> • Maximize access to qualified providers with target of over 90% participation of currently PCP's • Use outreach staff to maximize the number of new enrollees seeing their PCP within 120 days of enrollment • Insure access by appointment type within reasonable timeframes 	<ul style="list-style-type: none"> • Network estimated to currently cover over 90% of eligible Medicaid enrollees. 	<ul style="list-style-type: none"> • Less than 10% of Pitt county is over 10 miles from a CCN PCP. 	<ul style="list-style-type: none"> • DOI requires access and availability standards by appointment type and distance or driving time away from PCP, specialists, hospitals • Networks tend to be more restrictive in order to deliver volume, capitate, leverage relationships and minimize cost
<ul style="list-style-type: none"> • Employ and monitor a comprehensive set of specific performance measures for access, quality, cost and utilization. • Each CCN to select 2-3 local performance measures based on identified problems in their respective local area (e.g. School absenteeism due to pediatric asthma in Pitt County) 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

NORTH CAROLINA

ASSOCIATION of LOCAL HEALTH DIRECTORS

An Affiliate of the North Carolina Association of County Commissioners
PUBLIC HEALTH....EVERYWHERE. EVERYDAY. EVERYBODY.

August 18, 1998

William L. Roper, M.D., M.P.H.
Dean, School of Public Health
The University of North Carolina at Chapel Hill
170 Rosenau Hall
Campus Box 7400
Chapel Hill, North Carolina 27599-7400

Dear Bill:

When you first referenced the establishment of an Institute for Public Health some time back, I was excited about the prospect. This enthusiasm extends beyond me and into many of the local health units. As such, on behalf of the North Carolina Association of Local Health Directors, I am offering our complete support for the School of Public Health to create an Institute of Public Health.

While the School was the source of training in public health for many of us, after the schooling there is little contact between local public health units and the university except for specific projects. I visualize the Institute as a bridge between the "theoretical" and the "real world" (as we see it) - the establishment of this entity will be mutually beneficial to us and to the public health system. The Institute of Government offers us much support in legal, environmental and management matters but does not attempt to deal with the health arena except in a general fashion.

We welcome this opportunity to help shape our future. Please be assured that our membership will assist you in the development and implementation of this novel project. Please contact us as the plans are finalized. And, good luck!

Sincerely,



William J. Smith
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