

North Carolina Association of Local Health Directors
Association Business Meeting
July 18, 2019
Cardinal Room. NC Division of Public Health, Six Forks Rd, Raleigh, NC

Minutes

Meeting Called To Order – Steve Smith

The horizon you see, well, that is my walls...rang true throughout the Cardinal Room as energy, evolution, and opportunity presented in one space. President Smith convened the meeting at 0930.

Approval of Minutes – Stacie Saunders

June minutes deferred for approval until August meeting due to revision requests. No action taken.

Treasurer's/Financial Report – Stacie Saunders

Motion to approve the Treasurer's/Financial Report made by Tommy Jarrell (Richmond) and seconded by Marilyn Pearson (Johnston); no discussion, and vote passed.

President's Report – Steve Smith

President Smith inquired if there were any newly appointed or interim health directors joining the meeting. At that time, John Silvernail announced he was serving as the new Pitt County Health Director.

President Smith then recognized Gayle Harris of Durham County on her impending retirement September 30, 2019. Harris stated that she will attend her last NCALHD meeting in August.

President Smith asked that guest or other visitors that are not NCALHD, NC DPH or affiliates. Tom Wroth and John Alexander of N3CN announced themselves to the group.

NC DHHS Assistant Secretary for Public Health: Mark Benton

President Smith then recognized Mark Benton, NC DHHS Assistant Secretary for Public Health. Smith stated that Benton's first official day is July 22. At that time, Benton provided his background including that he grew up in Craven County and his experience on the social services side. Benton voiced excitement to be a part of public health side. He reminded membership that the legislature is in town and likened it to a three-act play in which we are in the beginning on the third act.

Chief Medical Officer/State Health Director Report- Dr. Betsey Tilson

Tilson expressed excitement about the evolving organizational structure and each member has complementary strengths. Tilson stated that on Monday, DHHS released documents regarding the Healthy Opportunity Pilots. These documents include service definitions of 33 services expected to be paid by Medicaid in the pilots. The documents also includes the assumptions used for building the fee schedule on the services. Tilson asked that members review the documents and make comments to DHHS prior to September 1 submission and negotiation with CMS. Tilson stated that an additional document was released regarding the lead pilot entities including role, responsibilities, types of entities, governing structure, etc. A non-binding statement of interest was included for organizations that may consider submitting a response to the RFP.

Chief Public Health Nurse: Phyllis Rocco

Rocco stated appreciation membership for nominating public health nurses for the 100 Years of Public Health Nursing. She stated that awardees will be announced prior to the Fall NCPHA Conference. She encouraged members to consider sending at least one public health nurse to the conference as the conference theme is celebrating 100 years of public health nursing. Prior to the conference start, there will be a Nurses Day to celebrate. Rocco also reminded folks that she is retiring after 36 years of public health service.

Update on PHP Contract Language: Jean Holliday NC Division of Health Benefits

Holliday provided an update on provider contracting. She stated DHB is working with PHPs to update their contracts to be more specific for local health departments. Holliday stated that thus far, three of the five PHPs have made revisions and made good progress regarding compensation. The remaining two are still using high-level, general language. Holliday stated that as revisions take place, PHPS are to begin incorporating those into contracts to local health department and as a results local health departments should see more specificity than previous contracts received. She reminded members that the provider is always welcome to negotiate terms to best serve them and there are certain terms in the contract language that MUST stay per DHB (like when payment occurs). Carmine Rocco (Macon) thanked Jean for taking local health department concerns seriously and making the time to communicate back to the NCALHD. Layton Long (Chatham) reiterated previous statement that none of the contracts are perfect, but three (AmeriHealth Caritas, Wellcare, Complete Care) have made good progress and anticipate that the last two (UnitedHealth, BCBSNC) should be

released in next two weeks. Lisa Harrison (Granville-Vance) asked about an amendment that Granville-Vance attorney proposed regarding AUBP because while included in the 1115 Waiver and the RFP, the AUBP is not included in the existing contracts. Harrison is requesting an amendment that has PHP acknowledging that they must work with LHD to implement AUBP. Harrison will be sending Holliday the amendment she and her attorney have drafted. Teresa Duncan (Bladen) expressed concern that they have not received any contracts except from Wellcare at this point. Holliday stated that PHPs might be prioritizing their efforts in Region 2 and 4 which implement first. Holliday also mentioned that contact information for PHPs is on the website and providers can reach out to PHPs. Holliday provided her own contact information for folks in the room if they have problems contacting the PHPs (jean.holliday@dhhs.nc.gov, 919-527-7021). Jane Hinson (Iredell) mentioned that even after the revisions are made, LHDs still need to review the contracts for compensation and services specific to LHDs because in her experience PHP contacts have not known what an ERRN is and had no knowledge of the AUBP. President Smith asked for confirmation that if a LHD has already signed a contract that did not include the revisions, then the PHP will provide an amendment or new contract with revisions to LHD and it will replace the previously signed contract. Holliday affirmed and reiterated that the PHPs must provide the amended contract.

Reserve Discussion and Future Priorities and Investments – Mark Benton

President Smith provided context as to many of the concerns some LHDs have regarding the recoupment of the reserves, some confusion about the forms and expenses used in calculations, etc. President Smith reiterated that LHDs are a partner in care management with DHB. President Smith stated that LHDs are interested in where those reserve recoupment dollars will be used and what will happen to them. Benton acknowledged that there was room for improvement in the timing and the process in recouping the excess reserve funds. Benton stated, primarily, the funds will be used to improve and support Virtual Health, the care management data platform. He stated that the hope is there will be money above and beyond that cost that will be used to evaluate and improve those care management programs in order to better position the programs for success. Benton stated that now is the time to get feedback from LHDs about what other needs there are for the care management programs such as looking at opportunities for training to prepare LHDs for success going forward.

Benton stated that N3CN has sent notification of what they believed the excess reserve and the total is roughly \$7 million in recoupment with about \$3.5-5 million of the total to support and enhance Virtual Health. Benton reiterated the points from previous day's committee that if enhancements are needed then DHB needs to hear from LHDs about what those desired enhancements are. DHB is committed to keeping these dollars to support the local care management program.

Benton then asked for examples of how the process went for counties in order to better improve moving forward. President Smith explained that for most counties these dollars went into general fund and soon lost their "Medicaid" watermark. Dennis Joyner (Union) reiterated that it remained in these county budget so long that it now becomes complicated to release the funds. Joyner inquired if going forward that the contracts will be performance based and therefore we would not find ourselves in this same situation. Benton was unsure and assured membership he would check with colleagues at DHB regarding that assumption. Benton acknowledged that this is difficult for counties and that each county managed these funds very differently creating complexity in release of funds. Beth Lovette (NC DPH) weighed in by stating that we know moving forward that CCNC will not be performing the budget analytics. She reminded membership that growing forward, the relationship shifts to PHPs and LHDs for the vast majority of those served by care management. Lovette stated that LHDs are moving into a true PMPM model in which LHDs are at-risk for any losses in that program but also may gain if there are any revenue over expenses in the programs. Lovette stated that counties can expect to receive similar amount for programs going forward and this will now come from multiple payers. Joyner expressed the expectation that LHDs would be held to the same standard as any private entity particularly regarding reserves and any further recoupment. Joyner then inquired about Virtual Health and its future as a system had the excess reserves not been available, particularly Joyner wondered if there was a commitment from DHB to improve the system in the absence of funds. Benton stated he was unsure what the plan was if no excess funds was but reach out to find the answer. He additionally stated he would reach out to DHB regarding the plan for after the two years of non-compete regarding the data platform. President Smith stated he has pursued the national certification for staff and recommends that DHB use some of the funds to support that certification.

Rocco expressed concerns about the payback and the 30-day period in which to pay back. Rocco provided context to the local processes to release funds that requires county management, commissioners, etc. Rocco inquired if there was a possibility for an extension to better meet the demands of the local release of funds. Benton stated that extension is a reasonable request and is likely attainable.

Tilson stated that Virtual Health will be used by three PHPs (United, Wellcare, and BCBSNC), by LHDs, and the largest CIN. Tilson stated this is all synergy for integration and alignment of data systems for long term. President Smith agreed and that LHDs are overwhelmingly supportive of funds going to improving Virtual Health.

Harrison expressed her local experience with the excess reserve recoupment request, including examples of how a county might have requested to use funds to support the program or population but LHD was denied and therefore excess funds began to build. Harrison provided context of the "boots on the ground" including safety issues involved in home visiting and technology improvements needed to be successful. Harrison asked that we be a partner in these discussions and decisions given that the implementation of the work is happening at the local level. She urged partners to allow care managers to tell their stories. Harrison then stated 20% of the LHDs in NC are in a district or an authority. These LHDs have additional financial processes and responsibilities than traditional LHD. Harrison stated that a reserve of more than 3 months is actually very responsible as systems might be more fragile in districts and

authorities. Harrison expressed that the health director is in the hot seat for this money and will have to explain this recoupment to local elected officials and others even though it is of no mismanagement of any funds. She expressed that having to pay those back in 30 days is unrealistic and riddled with strife given the many hurdles that exist at the local level to release funds in county balances. For Granville-Vance, the recoupment amount is roughly one-third of total fund balance. Harrison stated that sharing the local story regarding recoupment is important in order to gain an appreciation for the gravity and responsibility required for LHDs and directors when asked to pay back large amount of funds in short periods of time.

Bill Smith (Robeson) asked that what will personnel matrix look like because Robeson had little to payback because personnel costs are too high. Lovette provided some input that the requirements are the same BUT there is some flexibility in that the care management team leadership must meet the requirement and other positions could be used to lower costs.

Davin Madden (Wayne) asked about recent phone call he received from private provider who was told that if not participating in Advanced Medical Home then they will not be able to participate in care management program. Benton stated this was misinformation. Tilson expressed that she routinely does medical grand rounds educating providers on matters just as this. Tracey Simmons-Kornegay (Duplin) asked if the \$3-5 million will for sure get Virtual Health where it needs to be and inquired as to why proposed enhancement were not considered prior to Medical Transformation. She stated that she also requested use of funds in order to better meet needs of staff and population with vehicles that were not included in the SAR and she inquired if that expenditure could be included in the recoupment. Benton stated that further discussion with CCNC can and is occurring in order to better understand the excess reserve balances.

President Smith inquired if there was any intent to request three month reserves beyond the excess reserves. John Alexander (N3CN) stated at this time there is not intent for additional reserves. Joyner asked if CCNC had to send back any reserves from the network and the answer was no.

President Smith provided information that LHDs find themselves still expecting four years of 10% holdback that should have been paid back within 12 months. He stated that it would certainly soften the blow to receive the holdback while the care management reserves are being pulled back. Benton acknowledged that sentiment and stated he would confer with Dave Richards regarding the status of cost settlement holdbacks. President Smith expressed appreciation to Benton for answering questions and concerns of LHDs.

Committee Reports

Technology – Jen Greene

Action: None

Information: Phyllis Rocco shared a draft of the annual LHD Health Services Analysis (LHD HSA) report that shows patients and visits by program and county location. She will be emailing the report out to the health directors and asked for each to review with their data manager/nursing director contact. In addition, she strongly recommended that LHDs run a comparison report within their electronic health record vendor system to compare for the same time frame and data in case there are discrepancies. Moving forward Julie Walker at DPH will still be the primary contact for questions, but the LHD-HSA report oversight and data collection will be moving under the leadership of Eleanor Howell in the NC State Center for Health Statistics.

Planning and Innovation – Stacie Saunders

Action: Did not meet

Information:

Policy and Finance – Janet Clayton

Action: None

Information: Phyllis Rocco introduced Jordan Vulcan, intern from ECU who worked with Kathy Dail. Ms. Vulcan provided information regarding the Population Health Framework and the process for developing the Healthy NC 2030. There were several workgroups and community listening sessions. This effort was supported by BCBS, Duke Endowment, and Kate B Reynolds. There were 340 participants in the community input sessions with 71 counties represented with 65% being PH/health, 15% social services/human services, and other advocates. Brienne Lyda- McDonald, project director with NCIOM for Healthy NC 2030, shared with the committee the selection process of the key indicators which included input from Task Force. Work Group selections went to the Task Force for approval.

The top indicators include the following:

- Healthy Behaviors- tobacco use, drug overdose deaths
- Health Outcomes- Life expectancy
- Clinical Care- Uninsured, early prenatal care primary care providers
- Social Economic Families below 200% Federal poverty line, adverse childhood experiences, unemployment,
- Physical Environment- Severe housing problems, limited access to healthy food.

Community Engagement resources on the NCIOM website. She also encouraged attendance at the 2019 NCIOM Annual meeting September 5, 2019 Transforming Medicaid in NC and stated they will present at the PH Leaders conference in January 2020.

Legislative Update- Virginia Niehaus

Virginia Niehaus shared with the committee the updates below and emailed the bill tracker out on Tuesday.

Budget

- H966 was passed and vetoed by the Governor. So far no override.
- Governor emphasizing Medicaid expansion, H655 – NC Health Care for Working Families
- Supplemental appropriations bills introduced (H111, H961).
- GA may adjourn on July 22 and take a month break – coming back Aug. 27.

Bills that have become law

- H70 – Delay of NC Health Connex for Certain Providers – SL 2019-23
 - Moved the connection date to June 1, 2020. Makes connection voluntary for some providers. Allows for an extension process for some classes of providers.
- H388 – Immunizing Pharmacists – SL 2019-21
 - Updates to the immunizing pharmacist statute
- H529 – Utilities/Water and Wastewater Consumption (realized belatedly that it isn't on the current tracker)
 - Directs the Commission for Public Health (CPH) to adopt rules (by Dec 1, 2019) for the construction and operation of “artificial swimming lagoons” (body of water used for recreational purposes with more than 20,000 sq ft of surface area, an artificial liner, and a method of disinfectant).
 - Directs the CPH to study the requirement for public swimming pools to have a dedicated permanently affixed telephone.

Some Bills have been ratified and presented to the governor

- H268 – Regarding disapproval of onsite wastewater
 - (disapproves the 18E rules; keeps the 18A .1900 rules in place and exempts them from periodic review; sets up a taskforce to make recommendations to the Commission for Public Health – Report due Feb. 2020)
 - The bill also proposes to establish another private option for permitting that would allow a Licensed Soil Scientist (LSS) to obtain a certification to be able to establish on-site wastewater treatment and dispersal systems in a process parallel to that of the Engineered Option Permit under G.S. 130A-336.1. Section 14 describes an Authorized On-Site Wastewater Evaluator as a LSS under Chapter 89F who is further certified by the North Carolina Contractors and Inspectors Certification Board. They would be certified to assess soil conditions and site features, as well as provide design and construction features for establishment of on-site wastewater systems.
- H735 – Adopt Rules to Incorporate 2017 Food Code
 - Provides the CPH with authority to adopt the 2017 edition of the Food Code.
- H761 – Clarify Wastewater Permitting Liability
 - Provides liability relief for the Department and authorized agents for evaluations conducted by a Licensed Soil Scientist or Licensed Geologist pursuant to NCGS 130A-335(a2).
- S444 – Allow Use of Oyster Shells As Serving Dishes
 - Allows the reuse of oyster shells once the oysters are shucked and cooked if the shell is boiled for a minimum of ten minutes, dried, and refrigerated the day the oyster is shucked and reused within 48 hours.
 - Requires posting signage advising that the establishment reuses oyster shells to serve cooked oysters.
- H325 – Opioid Epidemic Response Act
 - Decriminalizes certain drug paraphernalia (used to test for contaminants)
 - Removes the prohibition on using state funds for needle exchanges

Among the bills we are still keeping an eye on:

- S553 – Regulatory Reform Act

Accreditation Study Workgroup

Scott Harrelson, Accreditation Study Workgroup co-chair, provided an update on the process. The workgroup views this as a process improvement initiative. He reminded the committee that Janet Clayton had shared with the regions the spreadsheet designed by Region 10 to be used for providing feedback and is due by August 1st for compilation. Virginia Niehaus provided insight regarding the change process and which entities would need to approve. The committee will receive data on August 14th and will engage the AACs at NCPHA for stakeholder feedback. The workgroup plans to present its recommendations during the January NCALHD meeting. The workgroup has the following objectives:

- Remove the duplication
- For the process to be value added and to ask the question- does it improve our services?
- Is it within the scope of PH?

- Explore reciprocity with PHAB
- Keep it current and in line with Healthy People Goals
- Objective and remove subjectivity.
- Possible financial health of the department

Preparedness/EPI – Lillian Koontz

Action: None

Information: The Epi/Preparedness Committee met, with no action items. Dr. Moore shared that next month the Commission of Public Health would be considering the addition of Varicella (high volume of cases expected), Babesiosis (tick-borne disease), and Acute Flaccid Myelitis to the list of reportable diseases. Discussion ensued regarding how North Carolina would compare to other states and nationally with these proposed additions. Dr. Moore shared that the current list in North Carolina includes some diseases that are not reportable in other states, but these additions would improve our capabilities regarding CD in North Carolina. A mosquito task force is in the works for North Carolina. The CD Branch only has two entomologist on staff, the group would include Environmental Quality, Wildlife, Agriculture, and Emergency Management and would improve efforts. There are ongoing “Ending the HIV Epidemic” meetings across the state, thank you to those who have attended and advertised. Dr. Moore brought HepA posters for the taking and reported they are available online for local printing; there are several different options depending on audience. The state has been working closely with Southern Partners, the company who provides jail health for many counties to improve HepA vaccinations for those incarcerated. Wake County, Uranium in ground water-guidance is coming from the state on this. The focal point for preparedness coordinators is high consequence pathogens (Ebola) and will start in August, and run four months.

Pierre Lauffer provided a presentation on mold and request for local health departments to head off some of the mold calls before passing to the state. Specifically if calls are received at the local health department, try to determine if the issue is a water leakage. North Carolina building code law requires landlords to fix excessive standing water, sewage, or flooding problems caused by plumbing leaks or inadequate drainage that contribute to mold (N.C. Gen. Stat. § 42-42), therefore some of the calls may be better routed to building inspections.

Maternal & Child Health – Teresa Ellen

Action: None

Information: Virtual Health/Care Impact- Tom Wroth, Anna Boone, and Kimberley Deberry, Community Care of NC Mark Benton – Mr. Benton spoke to the group and stated that all parties involved want to see local health departments successful with CMARC and CMHRP. He asked that we make sure to communicate to CCNC what we need from Virtual Health.

Dr. Tom Wroth – Dr. Wroth stated the role of CCNC is changing and their new role is to produce the best technology platform to help ensure we are successful. He reported a transition team made up of DPH, CCNC, and DHB have been meeting every two weeks. The team is addressing Virtual Health, reporting platform needs, and training delivery. Virtual Health/Care Impact will be the same platform with enhancements. However, all enhancements must go through the CCNC process. He reiterated the ask that we provide feedback regarding our needs from Virtual Health.

Anna Boone – Anna is the Director of Quality Management for CCNC and she provided an overview of Care Impact. She stated the following dashboards will be available:

- Current Caseload Dashboard for CMARC
- Population Dashboard for CMARC
- CMARC Measurement Dashboard
- High Risk Pregnancy Patient Engagement Dashboard
- Current Pregnancies Dashboard

The CMARC Dashboard and Current Caseload Dashboards should be available 8/1/19.

- Training videos will be released July 19, 2019
- A link for submitting questions August 8, 2019
- Questions and Answers will be posted beginning August 23, 2019

Anna shared examples of the Dashboard measures and it was stated these measures are aligned with the national HEDIS measures.

Kim Deberry – Kim discussed the documentation system improvements. She stated the number of help desk tickets have decreased significantly. She reported the following system errors have been resolved or are in the process of being resolved:

- Caching issue resolved
- Working to resolve cases opened in error
- Delayed task generation resolved
- Member merge fix in testing
- Member portal is on hold

The following enhancements were shared:

- CNA enhancements are in testing
- OB enhancements are coming
- Gestational age easily recognized

There will be releases in August, October, and January.

Upstream NC – Nicole McKenny, NC Executive Director, and Peter Belden Co-CEO and C0-Founder
Upstream is a nonprofit organization whose mission is to promote economic opportunity by working with health centers to decrease unplanned pregnancy. They have been around since 2014 and are funded by private foundations. They provide technical assistance and training to ensure our patients make informed decisions about birth control while encouraging them to choose the most effective methods. Nicole introduced the NC team and listed several NC Health Departments they are already working with. She stated they just want to enhance the work we are already doing. The slide presentation and handouts for both all presentations were sent out via the Health Directors listserv on July 19, 2019.

Environmental Health – Battle Betts

Action: None

Information: Kenneth Michaud from Guilford County Environmental Health presented on Tattoo and Body Art. The presentation provided a history of body art, current regulations, and emerging issues in this area. A more in depth presentation will be provided at NCPHA.

Public Health Prevention & Promotion – Joshua Swift

Action: None

Information: Morgan Wittmann Gramann from NC Alliance for Health provided a Legislative Agenda update. She focused on restoring funding for tobacco prevention. Currently, there are \$500,000 in non-recurring funds and \$1 million in recurring funds. NC Quitline was not cut from the budget. Currently, NC is close to the 20% threshold meaning if NC gets beyond that we are at risk for losing funding. Tobacco 21 bill was filed but not strong policy and NCAH discussed with sponsor and bill was removed. NCAH is also working in food insecurity and provided information on poor school cafeteria policies regarding children with no money in their accounts. NCAH is working on an agenda setting policy and open for public comment until July 26.

Mary Bea Kolbe gave a summary of the Active Routes to School program that operated from 2013-2019. She reported there were 10 health departments that hired coordinators to increase the number of elementary and middle school students that could safely walked or biked to and from school.

Public Health Regions- No action or information items

Partner Reports

NCAPHA Report- No report

NCPHA Report – No report

NCSOPHE- No report

NACCHO – Chris Dobbins (Gaston) provided a summary of the Annual NACCHO Conference. Talked with national partners including PHAB process, CDC does not want to make PHAB a mandatory requirement but NACCHO board urging for some ROI on that investment for LHDs. Dobbins stated that Harrison had been elected to the Executive Committee of NACCHO. Harrison reported that the theme was Private-Public Partnerships and indicated there was a strong interest in bringing Frameworks to NC in order to build public health messages for those partnerships.

ANCBH/NALBOH – No report

NCIPH/SPH Update- IPH Director search is in process and rapidly moving.

UNC-School of Government – No update

Meeting Adjourned

Motion was made to adjourn, seconded, and passed unanimously. Meeting was adjourned at 1147am.

Next Meeting –August 14, 2019 at 9:30 am Location: DPH, Cardinal Room, 5605 Six Forks Road, Raleigh, NC