

North Carolina Association of Local Health Directors
Association Business Meeting
December 19, 2019
Cardinal Room. NC Division of Public Health, Six Forks Rd, Raleigh, NC

Minutes

Meeting Called To Order – Steve Smith

The year at a close, the Cardinal Room filled with colleagues wishing good tidings and future blessings to one another. It was a year that welcomed new faces with burgeoning potential and a year that bid adieu to pillars of knowledge and expertise. With a “toast to ones here today, [a] toast to the ones we lost on the way” the meeting began at 0931 am.

Approval of Minutes – Stacie Saunders

Motion to approve the November minutes made John Rouse (Harnett) and seconded by Davin Madden (Wayne). No further discussion and motion passed.

Treasurer’s/Financial Report – Stacie Saunders

Motion to approve Financial Report made by Sheila Davies (Dare) and seconded by Marilyn Pearson (Johnston). No further discussion and motion passed.

President’s Report – Steve Smith

President Smith inquired if any new or retiring health directors were present. At this time, Interim Division Director for Wake County Wayne Raynor introduced Chris Kippes new Division Director of Public Health for Wake County. President Smith also introduced and welcomed Dr. Cardra Burns as the Senior Deputy Director for Division of Public Health.

President Smith reported that based on feedback from the membership, he reached out to Division of Health Benefits (DHB), CCNC, and Division of Public Health (DPH) renewed discussion regarding care management given the suspension of Medicaid Transformation. A meeting will likely be scheduled in January to reengage partners to discuss the program in this interim period as well as revisit components of care management that support the model going forward.

President Smith stated that, after much deliberation and thoughtfulness, current Secretary Phillip Tarte (New Hanover) has respectfully resigned his position as an officer. Due to the changing organizational structure and New Hanover moving to a consolidated model, much of Tarte’s time and efforts have been needed in his county. Remaining officers have accepted his resignation. President Smith stated the bylaws allow for the appointment of the vacancies by the executive committee. The executive committee has nominated and appointed Scott Harrelson (Craven) to fill the officer vacancy. Harrelson will begin filling the role of Vice President beginning in January 2020.

President Smith stated that it is his last meeting as sitting president. He shared his reflections on the past year and commended association for their willingness to have tough discussions and think about public health in new and exciting ways.

NC DHHS Assistant Secretary for Public Health: Mark Benton

Mark Benton thanked President Smith for his leadership. Benton then offered well wishes to the membership for the holidays.

Benton then asked the membership for a 30-day extension for the Consolidated Agreement FY 20/21 draft presentation to NCALHD. Benton went on to say DPH is trying to streamline the agreement in certain areas and there is a need to add items such as equity language.

He then provided an overview of the current legislative state including upcoming primaries and budget discussions. Looking forward, DHHS will be pulling together legislative priorities in January. Benton stated priorities include Opioid Action Plan and Early Childhood Action Plan.

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

Betsey Tilson presented the NCCARE 360 dashboard. She informed membership that a video is available on the website that provides an overview that can be helpful to leaders as talk to others in their communities about the platform. Data available on the dashboard can inform health directors and agencies about their own use of the platform and help inform decisions for additional resources or gaps. Tilson stated that as of December 17, NCCARE360 hit the 50% benchmark with 50 counties currently engaged in rollout. At this time, Tilson provided a guided tour of data and reports available. Additionally, she demonstrated the online directory function, which may meet the Accreditation benchmark for a service directory. Chris Dobbins (Gaston) inquired if there was any discussion between NCCARE360/Unite Us and NACCHO (Academy of Science) and how the two efforts can be mutually beneficial. Tilson

shared that discussions are occurring between state and local professionals about how to collect and use data to move the work of public health.

Director of Division of Health Benefits – Jay Ludlam

Not Present

Executive Director - Lynette Tolson

Lynette Tolson announced that the NCALHD Awards Luncheon will take place on January 22 and membership should expect invitations soon. Tolson also reported that the Fiscal Research staff emailed requesting a visit to Eastern counties such as Craven, Cumberland, and Robeson.

Committee Reports

Technology – Jen Greene

Action: None

Information: Kenya Servia, Business Development and Outreach Specialist with the NC Health Connex, the Health Information Exchange Authority gave an update on patient education and the opt-out policy for both adults and minors. Some of the types of information that they encourage providers to have are a sample notice of privacy practices, fact sheets, brochures, talking points, FAQ sheets, etc. They have a lot of this already created for us to use. All patients are automatically opted into the Health Information Exchange, unless they exercise the right to opt-out. For adults (defined as 18 years or older or emancipated minors), if they opt out of one provider, they opt out of the entire HIE. Adults send in a written form mailed to NC Health Connex address listed on the form. This opt-out applies to all records related to the adult. For minors (defined as age 11-17), they can decide to opt out for the following 4 services: venereal disease, pregnancy, controlled substances or alcohol, and emotional disturbance. Providers are also prohibited from notifying guardians of those services. The opt-out procedure involves written opt-out form that is then submitted within 6 days to the Health Information Exchange via direct service message (DSM). The patient needs to complete an opt-out request form that is submitted by the LHD through a DSM at every visit to cover each encounter data when one of the opt-out eligible services has been performed. So, this is different than what we do for adults who are responsible for mailing in the form directly and it covers all visits. Pilot health departments are currently testing this system on the following electronic health records: Patagonia, CureMD, Insight, EPIC, CERNA, and GE Centricity. The first step in the process is to ensure your LHD has a practice administrator who first has HIE portal rights, then that person can follow the steps to set up Direct Secure Message with SAS. It takes about 3 weeks to get the Direct Secure Message process started with SAS, and the steps are outlined on the powerpoint we will be sending out. Some vendors may have the capability to do DSM directly from the EHR, so check with your vendor if you think this is an option for you. The minor testing is underway. Next steps are to complete the pilot projects in early 2020 - county health departments that have signed on to join the HIE will then be onboarded. We had a question about what happens to minor data when the patient turns 18. Kenya is going to check on that and get back with us. We also got a question submitted through the chat box about whether the LHD has a way to verify someone stating they had already opted out. I believe it would be on the patient to take the necessary steps, but I have sent her this question also.

Next we had an update on the Immunization Registry from Wendy Holmes, the Immunization Branch Head. She gave an overview of NC Immunization Registry interoperability and how systems communicate with each other to share immunization history and current status of patients. Benefits of the new system include a consolidated patient record and a more streamlined system in case you get walk-ins or patients from other providers. It also provides population level data that lets you look at coverage levels in case of outbreaks. And, from my perspective, if you're providing primary medical home services could also serve as an additional embedded tool for a practice management standpoint, could offer you better ways of tracking quality metrics. There are currently 58 health department sites using CureMD and the system is being piloted in Hertford County (Albemarle Regional Health Services). Once the technical details are ironed out it should roll out to any HD site using CureMD. There are 36 health department sites using Patagonia. Testing and validation has been done for 3 health departments –Surry, Nash, and Franklin, and 4 sites are currently submitting data. Goal of onboarding most health departments by the end of 2020. Wendy and her staff will keep us updated on a system-wide issues that may arise during testing. If your staff currently do not utilize the immunization capability within the electronic health record, you may want to plan ahead for training since that will be needed whenever the interoperability is launched at your site. The powerpoint slides (sent previously in email) Wendy provide give this overview and they offer provide a link to the technical site where your vendor can go to learn requirements for connecting to the NCIR. Wendy reported that she believed all health departments have registered to get connected to NCIR, but if you want to verify, please reach out to her. For those with Patagonia and Cure, we offered to rise up any system wide issues that may be identified in pilots as LHD customer group. And, finally, if you don't have Patagonia Health or Cure MD, work with your vendor to better understand the requirements and timeline to be ready to connect.

Planning and Innovation – Stacie Saunders

Action: None

Information: Jake Holdaway provided a presentation about the recent partnership between NACCHO and LHD Academy of Science. This partnership will expand capabilities in data collection, data calibration, and data standardization. The goal is to have LHDs across the nation sharing in data, ideas and best practices in one platform. Additionally, the Academy can assist LHDs in calibrating data, survey development, and survey software. There are three main goals: 1) Reduce survey technology costs, 2) Make surveying easier with simple templates through the NACCHO AOS Survey Library, and 3) Unify the local public health community through calibrated benchmarks, dashboards and reports. He provided cost per member. Presentation is attached.

Policy and Finance – Janet Clayton

Action: Dr. Sarah Tomlinson gave an update on the Public Health Dental Hygienist Rule changes. In December, the 16W rules were amended to align qualifications, align work orders to school year, provide education with supervision, and allows hygienist to provide services with onsite dentist under certain written orders and criteria. **Motion from committee to establish a learning collaborative of health directors with dental clinic or those interested in dental. Motion from committee needs no second. No further discussion. Vote called and motion passed.**

Information: Wilson Mize presented to committee regarding wells and environmental monitoring related to legislative priorities. Clayton and Bill Smith will be drafting language regarding that portion of the legislative agenda. Work group will be looking at the private well rules. Clayton solicited volunteers to serve as NCALHD representative on the workgroup and asked that interested parties contact her directly.

Preparedness/EPI – Lillian Koontz

Action: None

Information: Dr. Zack Moore shared the Branch excitement of the “Ending the Epidemic” workgroup progress, but promised not to steal the thunder of the next presenter Jacquelyn Clymore. With the promise of this workgroup, the state is also working on a similar collaborative effort surrounding hepatitis. A launch meeting has occurred with the hepatitis group, more to come in the upcoming months. Thanked the folks who have worked on the Salmonella outbreak in Nash County. Cancer clusters in Iredell County led to a legislative initiative to convene a panel to do more research and determine some baseline data on what constitutes a cluster, recommendations from the panel are due April 30, 2020. Dr. Moore cautioned us all that while the clusters in Iredell County are headlining now, statistically each jurisdiction most likely has some form of cancer in the geographical area that occurs at a higher rate than the state average. So while we are not all working in Iredell County, we should pay attention to what is happening with this work. Rapid diagnosis for Ebola may be readily available soon.

Jacquelyn Clymore (see attached presentation) provided a data packed presentation highlighting the need for the Ending the Epidemic workgroup (attached). Within the slides there are fantastic visuals detailing diagnosis of HIV in North Carolina. In addition to the data, there were tips for how we could support this work locally:

- Consider providing PrEP in your clinics
- Understand that Syphilis and HIV are closely tied
- Consider renaming the STD/STI Clinic to Sexual Health Clinic
- U=U Campaign

Lillian Koontz reported that the state received a small grant to look at ways of measuring how LHD capacity is negatively impacted when responding to a disaster. Dr. Jennifer Horney will be sharing more information about this in the coming month.

Maternal & Child Health – Teresa Ellen

Action: None

Information: Kelly Crosbie, Deputy Director, Quality and Population Health, NC Division of Health Benefits Ms. Crosbie introduced herself and stated she is the face of Medicaid Transformation issues. She stated that Women and Children are the largest population that Medicaid supports and are therefore very important to DHB. She stated that she is going to go through her slide presentation, but the presentation will also be provided to local health department staff on January 9, 2020. She started her presentation by stating there have been a series of meetings to talk about the nuts and bolts of how care management will operate under Medicaid transformation. She stated the contract will be with DHB only. They will partner with DPH for these programs and their current roles will continue. Next Ms. Crosbie addressed the Prepaid Health Plans role (PHP). They will permit direct referral to local health departments for care management without prior authorization. They will refer high risk women they feel need the service based on their algorithm. They will be responsible for program oversight and will be auditing our records. The PHP’s will report to you quarterly on performance measures. They will work the local health departments to augment services. The population-based payment methodology has not changed. You will receive payment from each of the 4 or 5 health plans. Local Health Departments will be protected for three years, but at year 4 the PHP’s can decide who will continue to provide care management services. Ms. Crosbie assured us this decision will not happen in a vacuum. The three-year time frame will not begin until the official launch. Ms. Crosbie then went on to discuss data flow. She stated that CMARC and CMHRP referral forms will continue just as they do today. Some PHP’s will send the whole list of potential referrals and some will send based on their algorithm. DHB is encouraging them to send the whole list and trust the process. While they can control what referrals they send DHB will be able to review and monitor the process. Ms. Crosbie addressed the role of CCNC stating their contract with DHB will be for the documentation platform only. They will be provided with the beneficiary assignment file so we can easily pull the client up in the system. CCNC will provide

the PHP's with a patient list and how they are categorized according to risk score. They will send the care management data set to the PHP's with the types of service received. Ms. Crosbie stated that some of the next steps include working with local health departments on facing reports in Virtual Health and working to standardize performance measures. There will be a corrective action plan process very similar to the current procedure with the worst action being termination due to fraud and abuse. Lastly, she stated the current contract with CCNC will continue until the official launch of Medicaid Transformation.

WIC Update – Kim Lovenduski, Operations Manager, Nutrition Services Branch, NC DPH

Kim reported that WIC participation numbers are trending in a positive direction. She attributed this partially to the auto issuance that occurred during the most recent hurricane. She stated that as of October the total participation was around 213,000. 21 counties are exceeding 100% participation, 22 counties are between 97-100%, 42 counties are below 97% and 6 counties are below 88%. One county is at 106% and they attribute their success to working the partially enrolled but not participating list. Kim then discussed the Federal Budget status. The federal budget was to run out on December 20th. They anticipate one of three things: a budget will be approved, a continuing resolution will be passed, or they will be in shut down mode. They are anticipating a 75-million-dollar reduction in WIC funding nationwide. However, Breastfeeding Peer Counselor funding should increase 20-30 million. If a shutdown should occur the state of NC has enough funds to continue operations through April.

Environmental Health – Battle Betts

Action: None

Information Larry Michael provided an update on three items for the Environmental Health committee. The Wastewater System Permit Extension that lengthened the validity of permits issued as early as January 1, 2000 through January 1, 2015 is set to expire January 1, 2020. Any system under this provision must have the operating permit issued prior to the expiration date or a new permitting process will need to be initiated. The Onsite Wastewater Taskforce has held its final meeting and will be finalizing their report that is due by February 1, 2020.

Larry also provided an update on the recent E. coli investigation. There were 102 cases of which 58 required hospitalization. The outbreak spanned 23 states including one case in NC. The best course of action is to avoid dark leafy greens that originate from Salinas, CA or those that are not marked with a point of origin.

Public Health Prevention & Promotion – Joshua Swift

Action: Sally Herndon - AA451 Tobacco Prevention & Control (ACTION ITEM - AA) CDC has announced that since the Notice of Funding Opportunities (NOFO) has not yet been cleared for release for our next 5-year funding cycle, they will extend our current Core and Quitline Capacity funding for 2 months. Once we get guidance, we will work with the 10 Regional Tobacco Control Managers, the 10 Local Health Directors and their finance staff to get this in place. Since the NOFO has not come, we do not have a final Agreement Addenda for your vote. However, NC Statutes require that you approve an Agreement Addenda at this time. See attached. We will work to amend it as necessary with your approval once the NOFO arrives. **Motion from committee to approve AA451. Motion from committee needs no second. No further discussion. Vote called and motion passed.** Debi Nelson stated that to date, \$316,000 has been donated by taxpayers to BCCCP. Debi presented the AA465 (CVD Wisewoman) and AA452 (BCCCP). **Motion from committee to approve AA465 and AA452. Motion from committee needs no second. No further discussion. Vote called and motion passed.**

Information: DiabetesFreeNC - reducing the risk of type 2 diabetes for North Carolinians. Presentation by Erica Hall. DiabetesFreeNC connects North Carolinians at risk for type 2 diabetes or diagnosed with prediabetes to a Diabetes Prevention Program. 1 out of 3 adults has prediabetes. National Diabetes Prevention Program = a lifestyle change program. Visit diabetesfreenc.com to find a program.

Sally Herndon also reported the following: Congratulations to Gaston County NC for working with partners to pass the strongest local tobacco-free regulation in the state to-date, which goes into effect in July 2020. Region 4 Leadership Committee got treated to a session on how this was accomplished and lessons learned. Gaston County staff shared with me that they are happy to provide others with a Webinar on this excellent success story. Congratulations also to Chatham County! Their new ordinance prohibits the use of any tobacco products including cigarettes, cigars, all forms of smokeless tobacco (dip or chew) and other smoking devices such as vapor products (electronic cigarettes or e-cigarettes) on Chatham County grounds. The ordinance covers any property that is owned, leased or maintained by the County such as vehicles, buildings and other property including Chatham County parks. The e-cigarette epidemic has prompted requests from decision-makers on policy actions that are allowable at the local level. Local governments may take action to ban all tobacco use, including e-cigarettes in government buildings, on government grounds, and in public places, defined as indoor places where the public is invited or permitted. Other counties working on local regulations include Henderson and New Hanover. The NC Alliance for Health is the external coalition that works on tobacco and obesity policy at the state level. They adopted policy priorities this week that include tobacco prevention funding, decreasing youth access to

tobacco by building support for retail license systems for all tobacco sales, including vape shops; and other ways to curb the e-cigarette epidemic among young people. TPCB has developed a funding proposal for an evidence-based media campaign that will target youth peer groups with tailored messages. BCBSNC has tentatively proposed to be a foundation funder; and we are seeking an additional \$1.7m to fully fund the campaign in 2020. We have social media memes – appropriate for Facebook, Twitter and Instagram, celebrating 10 Years of Serving Smoke-Free Air in NC. We will make those available through your Regional Tobacco Control Managers for use starting in January. January 2, 2020 is the 10 year anniversary for smoke-free Bars and Restaurants in NC.

Nominations and Bylaw –Dennis Joyner

Action: None

Information: None

Education and Awards: Tommy Jarrell

Action: None

Information:

Public Health Regions-

Region IX: Wes Gray (MTW District) stated that counties looking at payment models from other states and would like to form a study group to explore with DPH. Region IX asked that the topic be placed onto the February Planning and Innovation committee for further discussion. Gray also mentioned that Eastern NCPHA will take place April 29-May 1 in Nags Head.

Partner Reports

NCAPHA Report- Madden reminded that NCALHD that a membership meeting for NCAPHA will take place promptly after NCALHD. All health departments are members. Madden stated that the NCAPHA budget report and revisions to the Article of Incorporation will be presented.

NCPHA Report – Ellen reported that grant writing workshops will be available to NCPHA members in January through AHEC. She also reminded members that the NCPHA Spring Conference will be May 19.

NCSOPHE- Julie Goody Hasting announced that she is retiring in December. No other update.

NACCHO – No report

ANCBH/NALBOH – Barbara Ann Hughes honored Bob Blackburn who passed away recently. National meeting in Michigan in August.

NCIPH/SPH Update- Accreditation board is reviewing recommendations from workgroup.

Doug Umland reported that members should contact local AHECs for the upcoming grant writing workshops. Spring 2020

Management and Supervision training is already half full and urged members that if they had staff they wanted to participate to quickly get them registered. Registration details for Principles and Practices of Public Health Nursing can be found at:

<https://sph.unc.edu/nciph/ppphn/>. The Public Health Leadership Institute registration will be opening in January. UNC IPH will have a booth at Public Health Leader's Conference will more information. Regarding Accreditation, the update webinar will be January 21 at 930-1100. Health departments are encouraged to have at least one staff person participate. New ACC training will be offered in April. The Minority Health Conference will be held February 28 and more information can be found at <http://minorityhealth.web.unc.edu/>. Dean Rimer recently visited Granville Vance Health District.

UNC-School of Government – Jill Moore reported that the HD Legal Conference will be May 6-7, 2020. The NCALHD Business meeting will be May 7 at approximately 1:30pm. She also stated that Annual HIPAA training will take place April 3 at the McKimmon Center in Raleigh. Moore then provided an update on SB 199 that required that certain crimes against juveniles for reported to law enforcement. The law was enacted on November 7 and went into effect December 1. Moore is working on getting educational materials out to local health departments. Online at NCPHLaw.edu there is a 30 minute webinar with an overview on the law. She informed members that a FAQs document will be coming soon that include questions that local health departments have been asking.

President Smith asked that NCALHD move into a members session. **Motion made and seconded. Vote passed.**

Member Session: Motion made to support confluence model as presented by organizations' presidents. Motion seconded. No further discussion. Vote called and motion passed with no dissensions.

Meeting Adjourned: Motion was made to adjourn, seconded, and passed unanimously. Meeting was adjourned at 12:07 pm.

Next Meeting – January 22 at 2:00pm Location: North Hills Hilton, Wake Forest Rd, Raleigh, NC.