

North Carolina Association of Local Health Directors
Association Business Meeting
March 15, 2018
Division of Public Health, 5605 Six Forks Rd., Raleigh, NC

Minutes

Meeting Called To Order – Dennis Joyner

With the Ides of March upon us, the meeting chamber was alive with conjecture and prospect. President Joyner called the association to order at 0931 and ask fellow members to lend him their ears.

Approval of Minutes – Stacie Saunders

Motion to approve minutes of the February 14, 2018, meeting was made and seconded; motion approved.

Treasurer's/Financial Report – Stacie Saunders

Motion to approve the Treasurer's/Financial Report as of February 28, 2018 was made and seconded; motion approved.

President's Report – Dennis Joyner

New health director Bruce in Halifax.

President Joyner briefly stated that there is a plan in place for the NC HIE implementation and confidential data issue. He stated that there are a few counties that do not have participation agreements in place at this time with NC Health Connex. Mr Joyner stated that it is important that the agreements get submitted as it will then allow counties to be eligible for an extension. Beaufort County provided an example of the extension application that can be used as a template for other counties given that the reason for the extension is the same.

President Joyner then thanked Dr. John Morrow (Pitt County) and Lisa Macon Harrison (Granville-Vance Health District) for presenting at the recent Joint Legislative Oversight Committee for Health and Human Services. President Joyner shared that overall it was positive experience and legislators understand the needs for funding the local public health system. President Joyner stated that the Association is moving forward with the \$8M ask from General Assembly for local Communicable Disease support. He also stated that the Division of Public Health Epi Branch will provide some assistance in the effort.

President Joyner stated that the Technology committee update will include greater discussion regarding the MCO non-binding Letter of Intent (LOI) process and discussion. He also stated that the work groups for OBCM and CC4C have been developed. Finally, he stated that the Primary Care Ad Hoc committee will be meeting today for the first time after the association meeting.

NC DHHS Assistant Secretary for Medicaid Transformation – Jay Ludlam

Mr. Jay Ludlam stated that the Division of Health Benefits has been working over the last few weeks finalizing the concept design recommendations and these designs have been published on the Medicaid Transformation website. Mr. Ludlam informed the association that papers published have included Network Adequacy, Clinical Benefits and Clinical Coverage Policies, Care Management, Provider Credentialing, and so on. He stated that the purpose of the concept papers is multifold and serve to help organize the process, provide information to potential stakeholders and to obtain feedback from said stakeholders on the recommendations in the papers.

Mr. Ludlam then introduced Ms. Kelly Crosbie to the association. Ms. Crosbie is the Program Design Lead for Quality in Care Management and Population Health. Ms. Crosbie presented on the Care Management and Advanced Medical Home (AMH) recommendations (please see attached presentation for details). Ms. Crosbie stated that the goal was to preserve what is very good in the program and the things that have made North Carolina a model for other states. Ms. Crosbie then went on to summarize Carolina Access I and II programming as it looks today. Ms. Crosbie went on to say that in Transformation, if providers are a Carolina Access I or II provider now, the provider would be an Advanced Medical Home provider I and II, respectively. Ms. Crosbie then summarized the Tier III and IV levels in the Advanced Medical Home models. Ms. Crosbie then reviewed the steps in which a provider currently becomes a tiered provider in Carolina Access model including application through NCTracks for certification. At this moment, the exact steps for Advanced Medical Home application and certification have not been completely defined. The overall goal is for the certification process going forward to be "light touch" and if providers are currently Carolina Access I or II providers they will be grandfathered into the Advanced Medical Home process. Ms. Crosbie stated that the expectation is that very few individual practices will opt to do care management entirely on their own but will rather participate in a Clinically Integrated Network, a larger system of practices, and then will use that integrated network to support their individual practice with technology and informatics in order to implement care management.

Ms. Crosbie then moved on to describing how providers will get paid in the proposed Advanced Medical Home model. She first emphasized that the information provided is the “floor” as to how providers will get paid. She described the current fees that are paid and these current rates will be the “floors” for which the state is setting future payment levels. She then described Performance Based payments in the evolution of Medicaid. Performance Based payments allow providers to be “rewarded” for better health outcomes for those served. Dr. Morrow asked who the payment actually comes from and Ms. Crosbie stated that it would be from the Prepaid Health Plans (PHPs). She went on to say that the State is telling PHPs how they must pay providers and telling PHPs the “floors” of payments. Providers may then negotiate higher or better rates with PHPs.

Ms. Crosbie stated that very soon another concept paper will be released regarding Quality Measures for PHPs. In addition, there will be a set of Quality Measures identified that will be specific to Advanced Medical Homes that will then be used to determine the Performance Based payments to providers. The PHPs will ultimately be responsible for making sure that providers are meeting the requirements to be in a designated tier. Ms. Carolyn Moser (Pender County) asked how will the State know that the providers have met the performance measures. Ms. Crosbie stated that it will be discussed in the AMH concept paper and the upcoming Quality Measure concept paper. She went on to say that the State is holding the PHPs accountable to measures that must then be reported back to the State. Additionally, the State is holding the PHPs accountable to reporting back to the providers (including Local Health Departments). In order to carry the program out, the PHPs will have to supply the providers with reports informing the providers about their progress toward meeting the quality and performance metrics. Ms. Moser further clarified the need for dashboards to track the measures which is not the same as the medical claims data that will be collected. Additionally, Ms. Sue Lynn Ledford (Wake County) inquired if the reports might be specific to each PHPs that would then be passed to the providers. Ms. Crosbie stated both quality data and analytic data will need to be shared. She first spoke in regards to the quality data stating that at the moment the State has picked measures that will be claim-based measures. She then went on to say that data sharing is addressed in the AMH concept paper. The goal is to have some uniformity amongst the data sharing process. Ms. Moser asked about the staffing requirements for medical care management and what entity will be determining that staffing requirement. Ms. Crosbie stated that the State will require PHPs be accredited for care management and the accreditation will drive the staffing requirement. Ms. Crosbie stated that there is a different answer for OBCM and CC4C that she will address later in the presentation. Ms. Ledford stated that it sounds like a multidisciplinary team and that would work in a large setting and wonder about the practicality in smaller settings. Ms. Crosbie stated that there is some flexibility and suggested that economy of scale will be necessary and in turn payment will be specific to the actual services provided.

Ms. Crosbie then moved on to OBCM and CC4C. She stated that the PHPs will be responsible for OBCM and their care offering has to meet the current requirements in place. She reiterated that for two years, PHPs are required to use local health departments as their OBCM programs. PHPs will also be responsible for having the tools in place for providers to do their jobs in OBCM and this will include the patients lists, analytics, and documentation systems. The State will hold the PHPs accountable and PHPs will be able to work with local health departments around local performance issues. Ms. Crosbie stated that CC4C is similar and the State will hold PHPs responsible for CC4C programs. Similarly, for the first two years, PHPs must contract with local health departments. The plans, however, will be responsible for the medically complex children. Mr. Philip Tarte (New Hanover County) asked what the rationale was for the two years versus some other time period. Mr. Ludlam stated that the recommendation came from balancing a few interests including one that the PHPs are the entity at-risk meaning that if care management is mismanaged then PHPs must bear the costs when healthcare costs exceed what is expected. Additionally, this two-year period allows PHPs to gain experience with local health departments and vice versa. Further, the two years allows for flexibility after a relationship has been established with locals before exploring innovative approaches. Mr. Tommy Jarrell (Richmond County) asked if the example provided previously was a CAP-C child. Ms. Crosbie stated that it might be the child she is talking about or could be developmental needs and other complex medical needs that with whom care management could help. Mr. Layton Long (Chatham County) asked about the potential for rates to adjust over time particularly past the two initial years. Ms. Crosbie stated that for the first two years the goal is keep local health departments getting the same amount that they have in the past for the initial period of time. Mr. Long expanded that local health department costs may go up and capitation rates may stay static. Ms. Crosbie stated that there is commitment to continue the dialogues regarding payment and rates. Mr. Bill Smith (Robeson County) asked if CCNC would qualify as a PHPs in some areas. Ms. Crosbie stated that if they met all the requirements then possibly. Ms. Ledford asked about the administration burden on local health departments and the potential for DMA to advocate for reduction in submitting into multiple systems. Mr. Ludlam stated that the department has tried to align measures to lessen the burden. He also added that, historically, preferred plans and providers emerge and that is also part of the dynamic. Mr. Tim Gallagher (Consultant to NCALHD) asked a follow-up to preferred partners. Mr. Ludlam stated that they plan to capture and publish papers on quality measures after implementation based on plan performance; additionally, comments and grievances will be published and the amount of adverse coverage determination. This transparency will allow both individual consumers and local providers to establish preferred relationships with certain PHPs who are performing well and whose population is experiencing better health outcomes. Ms. Crosbie stated that enrollment brokers will be available to help consumers pick a medical home. Mr. Long asked for a reminder on the timeline for awarding of contracts to PHPs. Mr. Ludlam stated the goal is to release the RFP for PHPs in the Spring 2018, currently awaiting 1115 waiver approval (still negotiating with CMS at this time), and awaiting approval for Behavioral Health Integration into the plan. Additionally, he stated that contract awards will be presented in October 2018 with a live date of July 1, 2019. Mr. Long made the observation that this presents a very short period of time for technology transition before live date. Mr. Ludlam responded that the intent is to do a phased “roll in” with two regions going first and then proceeding to the others in a tiered fashion – this is help not to overwhelm the system both locally and at the state level. Mr. Fred

Thompson (Anson County) commended the presentations and then provided three observations from the white paper: 1. That the complexity of this process will ripple down from PHPS, to locals, etc. 2. The PHPs are innately at risk and what incentives will be there for PHPs, and 3. The paper states that Determinants of Health are far more important than the actual medical care and stated that in order to address those three things in Anson county will bankrupt any PHPs working in that county and wonders how will any PHP survive in that environment. Mr. Ludlam stated that the Department has hired a third party consultant, Mercer, to review the historical healthcare rates in North Carolina. The consultant is determining rates that, in theory, will account for all those costs related to determinants of health that Mr. Thompson mentioned. Dr. Betsey Tilson added to the Determinants of Health discussion and talked about the importance of language in describing the “paying for health”.

President Joyner (Union County) asked if there were any new developments or information regarding cost settlement and/or kick payments. Mr. Ludlam reminded the association that historically cost settlement does not typically occur in a managed care system. One of the requests in the 1115 Waiver was an exception to allow cost settlement, and CMS has come back to the State and said that they have never offered that exception to any state and that they would not be offering that exception to North Carolina. Therefore, North Carolina went back to drawing board to create a different approach to then present to CMS. Ms. Ledford requested a future presentation for how the enrollment process will happen. She also suggested a presentation regarding the complaint process and how the Department of Insurance will handle the complaints. Mr. Ludlam stated that DHHS plans to retain the component that will address complaints.

State Health Director Report – Dr. Betsey Tilson

Dr. Betsey Tilson provided an update on the Determinant of Health screening tool that will be used by PHPs. She stated that health departments can begin using this tool in anticipation for PHPs adoption. She stated Beth Lovette sent out an email with the current tool and feedback is invited by next week. Dr. Tilson would like NCALHD feedback prior to sending the tool out for public comment.

NCDPH Division Director Report- Danny Staley

Mr. Danny Staley thanked Region I who hosted Beth Lovette as she visited the area to build relationships with tribal nations. Mr. Staley stated that there were seven additional deaths associated with flu taking the state over 300 for the year.

Ms. Phyllis Rocco stated that there has been some reorganization in the nursing consultant program that has resulted in a reduction to four regions across the state. Ms. Moser asked if there was any planning happening at the state level to prime local health departments to be ready for care management that is not specific to OBCM or CC4C. Ms. Rocco stated that the consultants learned of the recommendations at the time of the concept paper release and would be working with partners on the subject.

NC Office of Rural Health- Stephanie Nantz

Ms. Stephanie Nantz reminded the association that the applications for Community Health Grant program are due on Friday, March 16. She reminded the association that the sign participation agreement with NC HIE is needed in order to be eligible for the community health program and if a county has received an extension that county would be eligible for the application.

Executive Director’s Report – Lynette Tolson

No report

Committee Reports:

Nomination and Bylaws – Jim Bruckner (Macon County)

Action: None

Information: None

Education and Awards – Suzanne Wright (Davie County)

Action: None

Information: None

Technology – Jim Madson (Beaufort County)

Action: None

Information: The committee discussed the NC HIE and the ongoing issues regarding the ability to opt out of particular data exchange in regards to Minor Consent. Mr. Madson stated that the issue actually encompasses all confidential contacts/services and not only those covered in the minor consent law. The committee discussed the need for participation agreements to be signed and submitted in order for counties to receive an extension. Beaufort County has provided their extension application as a template for other counties.

Mr. Ryan McGhee (Cabarrus Health Alliance) asked if NC HIE has moved forward with a solution to the issue. Ms. Beth Lovette stated no, but NC HIE is exploring other opt out states as models. At this point, there is no technical solution for the issue, Ms.

Lovette added. Mr. Tarte asked if these issues applied to local HIEs that some health departments might be submitting data to as well. Ms. Lovette stated she and Mr. Bob Martin discussed this issue and that at this time there is no clear answer. She stated that Jill Moore is in the opinion that the visit level data should have the ability to be opted out. Ms. Lovette provided an example of a fully insured person presenting at a clinic and choosing to pay out of pocket for a service and the theoretical option to opt out of data exchange for that particular visit.

The committee also discussed case management reporting potentially as multiple MOCs may be chosen and each may have their own data systems. Much is unknown at this time. The OBCM and CC4C work group has been formed and will be further discussing this issue with input from the Technology committee.

Ms. Rocco gave an update on the batch interface (HSA interface) with 84 out of 85 counties submitting data. Data must be submitted at least once per month and can be submitted once per week, if preferred. Currently, some reports are being generated including summary grids, service counts by program, etc.

Policy and Finance – Lisa Macon-Harrison (Granville-Vance Health District)

Action: None

Information: Mr. Tim Gallagher presented follow-up on the MCO and non-binding Letter of Intent (LOI) process. The LOI will allow the association to communicate with MCOs as a collective entity and will not obligate departments at the local level. Contractual agreements would still need to be executed at the local level. The nonbinding LOI will outline:

- Mutual understanding
- Subsequent agreement
- Provider information
- Use of information
- Confidentiality
- Signatory authority
- Limited purpose
- Termination

Ms. Tolson will be sending out a Docusign email to the association with a turn-around time of two weeks. Ms. Tolson stated that 100% participation by the association is not necessary but is ideal. The committee discussed benefits of collectively positioning health departments while maintaining local contract authority. Additionally, the committee discussed the care management concept papers and that with relationships being established, the association can now inquire as to which case management software systems will be used. The committee also discussed strategy in terms of entering into LOI with some or all MCOs at this stage. Ms. Angela Lee (Onslow County) stated that she was able to pay for Tim Gallagher to visit Onslow to present to staff and leaders including the assistant county manager. The purpose of this visit was to help clarify Medicaid Transformation.

President Joyner then provided a summary of the presentation to the Legislative Joint Committee on Health and Human Services. He reported that there was interest in the Communicable Disease funding including a request from the legislators for a plan regarding how funds would be used and distribution.

Dr. Morrow inquired if the association should take a position in support of the students in light of the Parkland High School shooting. Discussion ensued as to the type of position public health should or would take regarding gun violence. Mr. Long stated that public health uses data to address issues and that the association should have a statement in support of CDC being allowed to study gun violence. Ms. Tolson stated that NACCHO has a press release regarding supporting at the federal level for data on the issue that may be helpful. Ms. Tolson suggested this be a topic for the April Association meeting agenda.

Planning and Innovation – Janet Clayton (Person County)

Action: None

Information: None

Preparedness/EPI – Lillian Koontz (Davidson County)

Action: None

Information: Dr. Debi Radisch and Ms. Nikki Marshall from the Office of the Chief Medical Examiner (OCME) presented information regarding appropriate procedures for submitting reports to their office. Dr. Radisch shared that as of January 1, 2014 the death certificate form changed. Box 32 on the new form should be checked with the local ME that is certifying the death, and IF this box is checked the form is to be sent to OCME. In order for the ME and pathologist to be reimbursed for their work, the report must

be received in Raleigh. Also, it is required for the death certificate to be completed in three days and filed within five days of death. Recently, it has taken up to and/or over a month for OCME to receive copies of these certificates from some agencies. It was noted that this can be extremely problematic and stressful for the families of the deceased. These delays are usually attributed to new employees in Vital Records (VR) or temporary employees in an agency. In an effort to streamline the process, OCME is suggesting that local departments create a standard of work or policy on what to do with a Death Certificate- Buncombe, Wake, and Durham Counties have excellent procedures and may possibly be a resource. OCME would prefer the records be sent electronically. As Death Certificates are public record, sending the information weekly (in one document) in an email without encryption would be acceptable—BUT THE SSN must be redacted. Hopeful for electronic death certificates soon. Also a Medical Examiner Information System (MEIS) is also in the works.

Contact information:

OCME Case Management

Questions: Sharon Artis 919.743.9061 artiss@dhhs.nc.gov

Email Death Certificates: Jnanya Lewis 919.743.9066 jnanya.lewis@dhhs.nc.gov

Local VR Assistance

Durham: Vinita Bullock 919.560.7670

Buncombe: Terrie Rogers 828.250.5214

Maternal & Child Health, Care Management and WIC – Janet Clayton (Person County)

Action: None

Information: Dr. Sarah Tomlinson presented on Hygiene Under Direction Training. Dr. Tomlinson announced that training is available for local health department staff to train dental hygienist to become a public health hygienist. This will allow them to provide screenings in the community. The Oral Health Section will start doing these trainings quarterly. They plan to hold trainings on June 20, September 19 and another in December. She also shared that recruitment for a dentist can be done through the Office of Rural Health. Additionally, they are going to Georgia to a dental conference where they plan to recruit dentists. She also reminded the committee that we are celebrating 100 years of Public Health Dental and this will be our theme for NCPHA in September.

Ms. Belinda Pettiford presented on Family Planning – Collections and Debt set off. Ms. Pettiford stated they have been asked frequently about our ability to utilize debt set off with Family Planning patients. She explained it is ok to send family planning patient information to debt set off, however you must ensure confidentiality. Therefore, you cannot send adolescent bills if the patient is confidential.

Ms. Beth Lovette provided information on the OBCM and CC4C Medicaid Transformation Committee. Ms. Lovette announced that Local Health Departments and DPH are forming a work group to help guide Medicaid Transformation for case management. The committee will have co-chairs from both DPH and local health departments. They are trying to predict what the new model will look like. There are no new dollars, however there is a lot of work to be done around documentation, evaluation, and staffing models. They hope to get started soon and this committee will be ongoing. They will likely start with one team and eventually break up into two teams.

Ms. Tolson asked the question if DPH could provide further information on the home visiting programs that were mentioned in the Joint Legislative Oversight Committee on Health and Human Services meeting on Monday March 12, 2018. Mr. Staley explained the programs mentioned are two pilot home visiting programs planned in Cleveland and Johnston Counties. The Cleveland County program is for first time moms and the Johnston County program is for at risk moms. This was in response to a request from legislators to figure out reimbursement for these programs and how to fold them into Medicaid rates. This is not a comparison, or an evaluation of which program is more effective.

Environmental Health – Michael Rhodes (Green County)

Action: None

Information: Ed Norman, Branch Head of Children’s Environmental Health, presented regarding the childhood lead program. Please see attached letter than was presented at the committee meeting.

Public Health Prevention & Promotion – Helene Edwards (Hoke County)

Action: None

Information:

Ms. Debi Nelson presented: Reducing the Burden of Cancer in NC

- Ms. Debi Nelson discussed the companion piece to the NC Cancer Plan which was unveiled in November 2017 and is entitled **Reducing the Burden of Cancer in North Carolina: A Data and Resource Guide for Communities to Fight Cancer**.
- Ms. Nelson stated the data for the 6 top cancers in NC are represented in this document for uninsured and insured residents.
- The **Reducing the Burden of Cancer in North Carolina: A Data and Resource Guide for Communities to Fight Cancer** is located on the DPH website. <http://publichealth.nc.gov/chronicdiseaseandinjury/cancerpreventionandcontrol/index.htm>
- Colorectal Cancer was used as an example to exhibit the benefits of the document and how the data can be included in the Community Health Assessments.
- The **Reducing the Burden of Cancer in North Carolina: A Data and Resource Guide for Communities to Fight Cancer** was available for Health Directors.

Dr. Susan Kansagra and Mr. Alan Dellapenna presented **NC Opioid Action Plan/Funding--**

- Dr. Kansagra provided an update from DPH on the Opioid Epidemic in NC and the collaborative efforts with Mr. Cris Harrelson, Brunswick County Health Director, who chairs the Opioid Sub-committee of the Health Directors.
- Since 2016, the following have occurred:
 - ❖ Legislative mandates on prescription drugs and creation of Opioid Advisory Committees.
 - ❖ Opioid Summit (9-month educational program for community leaders)
 - ❖ CURES ACT funding discussion and limitations of use
 - ❖ Local communities need funds now to work with LMEs and mental health for treatment
- Mr. Dellapenna discussed the timeline for Opioid work at DPH, which began in 2010.
- Some interventions that are successful are the *Needle Syringe Program* and the administration of *Naloxone treatment*; however, Medical Assisted Treatment (MAT) is needed as part of treatment too.
- The CDC funding prohibits Naloxone purchases and sponsorship of Take Back Prescription Drug events.
- More work needs to be done with LME and Mental Health services to address the Opioid usage and addiction. New strategies are needed to create a cohesive relationship between the LMEs and local Health Departments.

Ms. Penny Shelton, Executive Director of the NC Pharmacy Association, presented on **Opioid Prevention**

- North Carolina has a one Pharmacy Association that represents all sectors of pharmacy.
- Trainings will be available for NC pharmacists on the Opioid Epidemic.
- The interventions will include the following:
 - ❖ A series of webinars on opioids, need exchange programs, selling needles, how to identify patients who need Naloxone. (Spring 2017)
 - ❖ Workshops will be available for the pharmacists to utilize interactive skills from the webinars. (Summer 2017)
 - ❖ NC Pharmacy Association will offer the following 2 certifications to pharmacists (Fall 2017):
 - Recovery Coach certification
 - Medical Assisted Treatment certification
- The NC Pharmacy Association would like to encourage all public health pharmacists to participate in the Opioid Epidemic Interventions.
- Also, Ms. Shelton would like to invite Public Health representation to participate in the Annual NC Pharmacist convention in September 2018.
- Contact information: Ms. Penny Shelton, Executive Director NC Pharmacy Association
Telephone: (984)439-1646
Cell phone: (919) 523-2944
Email: penny@ncpharmacists.org
Website: www.ncpharmacists.org

Public Health Regions-

Steve Eaton is now the Region IV representative.

Partner Reports

NCAPHA Report – No report

NCPHA Report – No report

NACCHO – Mr. Chris Dobbins (Gaston County) gave an update on NACCHO's Hill Day. He stated that county and city health officials presented issues to representatives with a focus on prevention, preparedness and opioids. Attendees encouraged elected officials to get funds to the local level.

NCSOPHE- no report

Liaison Reports

ANCBH/NALBOH – Dr. Calvert Jeffers & Barbara Ann Hughes

Dr. Calvert Jeffers attend the association meeting and encouraged local health directors to send Board of Health members to the NALBOH Annual Conference that will be held in August at Crabtree Marriott in Raleigh. Ms. Barbara Ann Hughes reported that the NALBOH Executive Committee recently met and membership continues to increase. Scholarships are available for local members of Boards of Health and she encouraged the association to review the application located on the website. Additionally, a NALBOH Board meeting will be held April 18-19 at the Sheraton Atlanta Hotel. She also reported that the ANCBH Students' Awards ceremony will be held April 11 in the BCBSNC Auditorium.

NCIPH/SPH Update- Rachel Wilfert

Dr. Wilfert reminded the association of deadlines for Public Health Nurses training in April. She also reminded the association about the application deadline for Public Health Leadership Institute. Dr. Wilfert also provided information about the upcoming 1918 Pandemic Flu lecture series that will overlap with Legal Conference in April.

UNC-School of Government – not present

Meeting Adjourned

Motion was made to adjourn, seconded, and passed unanimously. Meeting was adjourned at 1210.

Next Meeting –April 5, 2018, @ 1pm UNC Legal Conference for Health Directors, UNC School of Government, Chapel Hill, NC.