

MINUTES OF THE CASWELL COUNTY BOARD OF HEALTH

The Caswell County Board of Health met at 7:00 P.M. on October 28, 2014 in the Caswell County Health Department's downstairs meeting room in Yanceyville, North Carolina.

ATTENDANCE:

Position	Name	Present	Not Present
County Commissioner	Nate Hall	X	
Pharmacist	Andrew Foster, Pharm. D, R.Ph. (Chair)	X	
Dentist	Rose Satterfield, DMD	X	
Veterinarian	Christine Frenzel, DVM	X	
Physician (Gen. Pub.)	Cecil Page	X	
Registered Nurse	Jennifer White, RN	X	
Engineer (Gen. Pub.)	Vacant		X
Optometrist (Gen. Pub.)	Carl Carroll, RS, MBA	X	
General Public	Vacant		X
General Public	Elin Armeau-Claggett, PA-C, PhD (Vice-Chair)	X	
General Public	Sharon Kupit		X

Others Present: Frederick Moore, MD – Health Director
 Sharon Hendricks – Finance Officer
 Jennifer Eastwood, MPH – QI Specialist

I. Call to Order

A. The October 28, 2014 meeting of the Caswell County Board of Health was called to order by the Chair at 7:00 P.M.

II. Public Comment

A. None

III. Action Items

A. Approval of Minutes

A motion was made by Cecil Page and seconded by Carl Carroll to approve the minutes of the Board of Health for September 23, 2014. There were two corrections of typos. The motion carried on a vote of 7 to 0.

B. Budget Amendment #3

1. Dr. Moore said that there were cuts in some state grants and additions to others totaling \$12,204.
2. In addition, funds were moved between lines to cover expenses. Dr. Moore commented that there had been some unexpected equipment replacement costs (telephone system and network firewall/switches).
3. There was discussion about dependent the Health Department was becoming on internet connectivity. There was some consideration about getting a redundant internet connection in order to prevent down time. Nate Hall was in favor making sure that the entire county government's technology was up to date.

A motion was made by Nate Hall and seconded by Elin Armeau-Claggett to approve Budget Amendment #3. There was no further discussion and the motion carried on a vote of 8 to 0.

IV. Informational Items

A. Budget Status

1. Dr. Moore reviewed the current status of the Health Department's budget.
2. He said that on paper we were under the expense budget and showed a \$12,000 surplus in revenue. However, he said that this was mainly because funds from the county and fund balance were being used at a faster rate than expected and if things did not change it would eventually "bite" us. He said that the earned revenue (Medicaid and Medicare) was less than expected at this point in the year.

3. Dr. Moore was asked about some line items that were way over budget. He said that the cause of this was mainly due to expenses being front loaded during the fiscal year.

4. Dr. Moore was asked about program specific budget information in Home Health. He said that information was not included in the packet but he would provide it at the next meeting.

B. Environmental Health Water Testing Fees

1. Dr. Moore said that no one private lab would do all the water testing that we needed so using additional labs could lead to confusion.

2. Some of the test prices were a little cheaper at these other labs but no where near as inexpensive as the previous state lab prices.

3. Carl Carroll said that with the smaller volume of tests that Caswell County does, he understood why staying with the state lab would be attractive to us. He said that Alamance County was trying a private lab to see if customer service was better.

4. There was discussion about how many water tests the Caswell County Health Department submitted and it was significantly fewer than Alamance County.

5. Dr. Moore said that he would bring a specific proposal to the Board of Health at the next meeting. If the board approves the change, it would then go to the Board of County Commissioners for their consideration.

C. Home Health

1. Dr. Moore said that after the last Board of Health meeting, the Home Health service area restriction to just Caswell County was implemented.

2. At a meeting she attended, Jennifer Eastwood discovered that the North Hampton County Health Department also provided Home Health services and used the same Brightree software we used. However, their program was doing well, so we have sent staff there to learn from their success. Based on North Hampton County's experience, the next issue that we needed to address was the agency's involvement of providing incontinent supplies.

a. This was primarily a Medicaid reimbursed service.

b. Over the years the agency has accumulated a large group of patients who receive this service. Eliminating these services will reduce our patient case load by about 30%.

c. Dr. Moore said that as best he could calculate the costs of providing this service, there was no way to earn a surplus and we were lucky if we came close to breaking even. Meaning that we actually lose money on this service.

d. There are several private companies that specialize in providing incontinent supplies and are able to make a profit due to the efficiencies of a high volume business. Our plan is to refer our patients to one of these companies and help with the transition process so we do not leave the clients without these services.

e. If over the next several months we stop the incontinent supply part of our business, our patient case load will drop and we will not have to replace a soon to be vacant nursing position. In addition, this cut will decrease some of the billing work load so we may not have to add to our billing staff when we bring the billing back in house. The decreased case load may also free up some nursing staff time to promote our agency to hospitals and doctor's offices.

3. We are in the process of the "middle man" position and transitioning our supplies for CAP clients to a nearby DME company.

4. In summary, we are trying to get out of as much of the Home Health incontinent supply business as we can without abandoning our clients and the residents of Caswell County. We think this will significantly reduce our financial exposure

- and streamline our internal process with the result of an improved “bottom line”.
5. Dr. Moore said that he was still looking of additional ways to cut costs, and staff had met to review our various processes with a goal of eliminating bottle necks and inefficiencies. We have come up with a list of possible action items that we are exploring.

D. Ebola

1. Dr. Moore included in the packet a document provided by the NC DPH that listed all of the Ebola related activities the state had been involved in.
2. Dr. Moore felt that the state was eventually going to get an Ebola case and the state was doing the right thing to prepare. However, the total number of cases in the USA is less than 10.
3. The Caswell County Health Department has sent staff to Ebola training provided by the state and we have begun the process of purchasing the proper Personal Protective Equipment (PPE) for our staff. We are finding that some PPE is in very short supply nationally.
4. Dr. Moore reviewed the recommended procedure of dealing with a patient who was suspected of having active Ebola which was basically to isolate and arrange ambulance transport to a hospital prepared to safely manage the patient.
5. Nate Hall said that the Caswell County Health Department needed to put in writing how it was going to handle a suspected Ebola case based on the resources available in Caswell County. The Health Department was in a position to coordinate the Ebola response and make sure the process was consistent. The Health Department should have staff assigned to answer questions about Ebola.
6. Andrew Foster said that he had heard that EMS was prepared to transport patients with suspected Ebola. There was further discussion about what type of message to get out to the public.
7. Jennifer White said that there was a fine line between vigilance and panic and we needed to remember that Ebola was not thought to be contagious unless you came in direct contact with infectious bodily fluids.
8. Carl Carroll asked if someone from the Health Department was listening in on the weekly conference call from the state about Ebola. He also said that Cone Hospital was also having weekly conference calls. Dr. Moore said that the agencies CD nurse was listening to the state calls. He said that in Alamance the Incident Command System had been set up and one of the primary duties of the Health Department will be contact tracing and monitoring of potential cases.

V. Adjournment

- A. The Chair adjourned the meeting without objection.

Approved By:

Health Director	Date
Board of Health	Date

Health Director's Report – November 25, 2014

I. Board of Health Membership

- A. The Board of County Commissioners have appointed two new members to the Board of Health: Carla Lipscomb and Carol Komondy. There are now no vacancies on the Board of Health.
- B. Please remember that the Board of Health voted to skip the December meeting in light of the holidays. The next meeting of the Board of Health will be January 27, 2015.
- C. It is time for all Board of Health members to sign the Annual Confidentiality Agreements. A copy is included in the packet.
- D. In addition the newest board members (Christine Frenzel, Jennifer White, Carla Lipscomb and Carol Komondy) need to sign the Conflict of Interest Acknowledgment.
- E. All Board of Health members are required to complete the online Board of Health Orientation from UNC (Part 1: Introduction to Public Health in NC" and bring in their certificates. (Accreditation standards require that board members be "oriented" within 12 months of their appointment). This can be found at <http://sph.unc.edu/nciph/boh-train/>
- F. Additional Board of Health training:
 - 1. We are required to implement some sort of on going Board of Health Training. It has been 4 years or so since we had staff come in and inform the Board about their programs, so we could implement that again if the board wishes.
 - 2. At some point the board must receive Legal Training. Some options include
 - a. Training in a group setting provided by the NCIPH
 - b. The board could review the general statutes or pick a current "hot topic in public health law to discuss.
 - c. Or, we could have the county attorney come and do a presentation (that would hit several accreditation standards). I realize he is contract and might make that option more difficult.

II. Finance

- A. Budget Amendment #4
 - 1. This amendment added county funds (\$36,845) to cover the 2% COLA the Board of County Commissioners approved in the budget. The Board of Health does not need to approve this as it has already been approved by the Board of County Commissioners.
- B. Budget Amendment #5
 - 1. This amendment moves funds from one line to another to cover expenses and increases state funds by \$3,241 (TB +\$28; IMM +\$3,213) for a total increase of \$3,241.
 - 2. Based on higher than expected Private Insurance earnings and lower than expected Medicaid earnings, this amendment decreased the Medicaid revenue by \$5,000 and increased the Private Insurance revenue by \$5,000 in our Maternal Health program.
- C. Budget Status
 - 1. We are now 33% of the way through the fiscal year and we are at approximately 28% of budget in both expenses and revenue.
 - 2. As requested at the last meeting, I have provided more detail for the Home Health and CAP budgets.
- D. Environmental Health Water Sample Fees
 - 1. As briefly mentioned at the last few meetings, I have included in the packet a proposal for increasing the fees for testing water samples. Both a narrative and a proposed fee table are included.
 - 2. This is based on an unexpected increase in the cost of water testing by the NCSLPH. The proposal splits the fee into two, cost based fees: a collection fee and a water testing fee that hopefully will go into effect Jan 1st.
- E. Home Health
 - 1. We received the annual Cost Report for Home Health earlier this month (a

summary is included in the packet). We already knew that last year was a difficult one so there were no surprises in the cost report, but seeing the problem described in the cost report was a bit eye opening as our cost per service increased significantly. This report has stimulated the next round of cost saving cuts in Home Health.

- a. We have already implemented the “Caswell only” admission policy voted on by the Board of Health.
- b. We are moving ahead with divesting ourselves of the financial risk of providing incontinent supplies (diapers and ostomy supplies) that was discussed at the last meeting.
- c. The cost report highlighted our very high rate of Low-Utilization Payment Adjustment (LUPA) visits. These are episodes that do not meet the threshold of number of visits in a 60 day episode set by Medicare and are reimbursed at a lower rate.
 - 1) These are typically patients who need limited services like monthly B12 shots, venipuncture visits, monthly psychiatric medication injections and medication box prefills.
 - 2) While providing these services in the home may be a convenience for the patient and/or their caregiver, in most of the cases the patient can be transported to the doctor's office by the care giver, especially for residents of Adult Care Homes.
- d. The first step in stopping these services is to stop admitting new patients who just need these services (including incontinent supplies). We will then work on a transition plan to discharge the remaining patients over the next few months.

2. Staffing

- a. Kaye Cobb is using up some leave time prior to retirement at the end of December. I am taking over her non-nursing duties and Cheryl Huskey is taking over her nursing duties.
- b. A nurse that has been on Family Medical Leave is now back at work, and the two new nurses are doing well and have now taken on close to a full load.
- c. We have hired a part time Physical Therapist to take over for the contract Physical Therapist we have been using for several years. This new Physical Therapist has also given us a lead on an Occupational Therapist who is interested in helping out our program.
- d. We are currently interviewing to fill the CAP Social Worker vacancy.

3. Scheduling

- a. We are hoping to begin using staff scheduling module in Brightree to help streamline the visit auditing process.

4. Promoting

- a. With the changes we are making, we hope to be able to start promoting our services more aggressively with the hospital discharge planners and the doctors in our area.
- b. Hopefully this will increase the proportion of Medicare patients we admit.

5. Billing

- a. We are continuing to prepare for bringing the billing back in house. I will be notifying Brightree in December that the billing contract will not be renewed.
- b. There is still some more training to do, but I think we are making good progress.

F. Ebola

1. Several weeks ago a meeting was held with Caswell County Emergency

Management, EMS, CFMC, Prospect Hill, School Nurse, PCC, Duke and the Health Department to discuss the local response to Ebola.

2. The basic principles of the local response are listed below and are based on the guidance from the state (see the guidance included in the packet):
 - a. Screening
 - 1) All patients seeking attention at a health care provider should be asked if there has been travel to West Africa or exposure to someone who has been to West Africa.
 - b. Monitoring
 - 1) When a patient with a potential exposure but no symptoms comes to our attention, they will be monitored closely for 21 days from exposure.
 - c. Isolation
 - 1) If monitored patients develop symptoms they are instructed to stay at home and arrangements are made for transportation to Duke by ambulance are made immediately.
 - 2) If a patient with a potential exposure comes into a medical office and has typical Ebola symptoms like fever, vomiting or diarrhea, they are immediately isolated in a room and 911 is called. Staff will use appropriate PPE and stay at least three feet away from the patient. No blood tests or other contact with the patient will be allowed.
 - d. Transportation
 - 1) Local EMS is not prepared to transport a symptomatic Ebola patient but they will coordinate the process.
 - 2) EMS will immediately call Duke who will send an ambulance to transport the patient to Duke.
 - e. Decontamination
 - 1) Arrangements are made to decontaminate the office and/or home.
3. Updated information about Ebola can be found on the NC DHHS website located at: <http://www.ncdhhs.gov/ebola/>

III. Informational

- A. There are several other statistical and informational reports included in the packet.