

MINUTES OF THE CASWELL COUNTY BOARD OF HEALTH

The Caswell County Board of Health met at 7:00 P.M. on October 27, 2015 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	
Dentist	Rose Satterfield, DMD		X
Engineer (General Public)	Jennifer White, RN (Vice-Chairperson)	X	
General Public	Carol Komondy		X
General Public	Carl Carroll, REHS		X
General Public	Elin Arneau-Claggett, PA-C, PhD	X	
Optometrist (General Public)	Cecil Page	X	
Pharmacist	Andrew J. Foster, Pharm.D, R.Ph. (Chairperson)	X	
Physician	Scott Spillmann, MD, MPH	X	
Registered Nurse	Carla Lipscomb, RN	X	
Veterinarian	Christine Frenzel, DVM	X	

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

I. Call to Order

A. A quorum being present, Caswell County Board of Health was called to order by the Chair.

II. Public Comment

A. None

III. Approval of Minutes

A. The September 22, 2015 Board of Health minutes were reviewed.

A motion was made by Nate Hall and seconded by Elin Arneau-Claggett to approve the minutes of the Board of Health for September 22, 2015. The motion was approved on a vote of 7 to 0.

IV. Budget Amendment #2

A. This Budget Amendment moves funds from one expense line to another to cover expenses and it also increases State STI funds by \$2000 and decrease State FP funds by \$1161 for a net budget increase of \$839.

B. Jennifer White asked if the amounts in the state changes matched the needs of the agency. Dr. Moore said that the need of the agency had very little to do with this. Instead it has to do with what funds are available on a state and federal level, and the rules that apply to those specific funds. The funds are in different "silos" and a change in one fund usually has nothing to do with changes in another fund.

A motion was made by Jennifer White and seconded by Christine Frenzel to approve Budget Amendment #2 as presented. The motion was approved on a vote of 7 to 0.

V. Occupational Therapy in Home Health

A. Dr. Moore reminded the board that at the end of the budget process this spring, they had approved the hiring of a part time, as needed, Occupational Therapist for our Home Health Agency. This did not get approved on by the Board of County Commissioners.

B. Dr. Moore said that an Occupational Therapy was a needed service in the community and it had the potential to bring in tens of thousands of dollars of revenue to the Health Department with very little financial risk to the agency. He asked the board when, if ever, they would advise him to approach the Board of County Commissioners again about hiring an Occupational Therapist.

C. Dr. Moore said that prior to the Board of County Commissioners choosing not to discuss the matter, he and Sharon Hendricks had spent about an hour with the County Manager and County Finance Officer explaining the pros and cons of hiring a Occupational Therapist. Dr. Moore felt that, at the end of the conversation, they understood the situation and were supportive.

- D. Carla Lipscomb asked if there was documentation about how many patients were being turned away due to the lack of an Occupational Therapist. Dr. Moore said the the numbers were a little hard to pin down because some referral sources who originally wanted Occupational Therapy will accept Physical Therapy, so the patient is admitted anyway. However, the Home Health admitting nurses thought that since July there had been about 5 patients who were turned away, but even that relatively small number is "worth" \$10000 to \$15000 of revenue.
- E. If Occupational Therapy were available, the demand would likely grow, so the future referral numbers will probably be greater than the past numbers.
1. Currently, our referral sources know that we don't have an Occupational Therapist so they don't even ask. When we get the word out that Occupational Therapy is available, referral sources will probably ask for it more.
 2. In addition, if a patient is referred to us for Physical Therapy, the Physical Therapist may evaluate the patient and determine that they would also benefit from Occupational Therapy services. They would then discuss this need with the referral source.
- F. Dr. Moore said that an important part of this discussion needed to be that Occupational Therapy is a needed service in the county and Occupational Therapy and Physical Therapy were not interchangeable.
- G. Jennifer White said that in addition to helping patients regain use of hands and arms, Occupational Therapist work to improve a patient's basic activities of daily living (eating, bathing, dressing, toileting, etc) that will enable them to stay at home and maintain/regain their independence.
- H. Jennifer White said that she did not understand the reluctance of the Board of County Commissioners to allow us to offer a service that will help the people of the county, bring revenue into the Home Health Agency and there is very little financial risk as we will only pay for the service when it is used.
- I. Nate Hall asked were most of the referrals for Occupational Therapy come from. Dr. Moore said that most referrals come from doctor's offices and hospitals.
- J. Nate Hall said that he would recommend that this be represented to the Board of County Commissioners but we should pin down the statistics about the need for the service. He felt that the need for the service should be the main argument, not the ability to generate revenue. We should explain what Occupational Therapy is and the need that we see in the community.
- K. Dr. Moore said that our Physical Therapist would be happy to have a discussion with the Board of County Commissioners about what Occupational Therapy is and does. Nate Hall asked, "Why would I need Occupational Therapy?" Dr. Moore said that if someone has had a stroke or a major injury, or is a child with some sort of developmental delay, an Occupational Therapist will help them gain the strength, motion and function that will help them be successful in everyday life. This includes motor, social, personal, academic and vocational pursuits. Occupational therapists not only work directly with the patient, but also with the family, parents, caregivers and teachers in order to educate and reinforce specific skills and behaviors which will be used to improve and facilitate the patient's performance and functioning.
- L. Dr. Moore said that some people simplify the difference by saying that OT deals with the waist up while PT deals with the waist down. However, there is a lot of anatomical overlap and the techniques and goals are often different. The two professions often work together closely.
- M. Dr. Moore said that another reason to consider offering Occupational Therapy services is that Health Insurance companies often like to know that these services are available to their members.
- N. Elin Armeau-Claggett said that the decision to hire an Occupational Therapist should be based on the need rather than the availability of a therapist.
- O. Dr. Moore said that during the Board of County Commissioners brief discussion about this matter, one of the commissioners asked if we had straightened out our ability to bill for services enough so we could actually get revenue from providing OT. Dr. Moore said that he thought we had made a major improvement in the billing process and he felt confident that if we provided the service, we would be able to bill for it.

VI. Medicaid Cost Settlement

- A. Dr. Moore reviewed several letters in the packet about the disagreement between Health Departments and Medicaid.

- B. The 2011 and 2012 final payments have either been received or should be received soon. The big disagreement begins with the 2013 Cost Settlement and that is what the potential law suit is about. The letters explain the details about this issue.
- C. Talks are continuing and there is hope that an agreement can be reached outside of the courts.
- D. Dr. Moore reminded the board that this was a \$60,000,000 disagreement that could have a major impact on Public Health services across North Carolina.

VII. Finance Report

- A. Dr. Moore said that, as of the end of September, the Health Department had about \$68000 more revenue than expenses. This positive balance is in part due to the receipt of the 2011 Cost Settlement as well as a more favorable Home Health revenue picture. In addition, we have just found out that the usual backing out of July revenue into the previous fiscal year did not take place in July 2014 or 2015. The County Finance Office was not aware of this until we asked about it. The County Finance Office checked with the auditors and they did not want to make any changes to what had already happened.
- B. Whether this involved a significant amount of dollars or not, Dr. Moore said that it would be nice to know what the auditors intentions were for purposes of our own planning. This change resulted in an additional month of revenue in the current fiscal year.
- C. Sharon Hendricks stated that the auditors did not keep all of the revenue in this fiscal year, they instead moved some but not all. She was not sure how they chose which funds to move.
- D. Nate Hall said that he spoke with the auditors after the last meeting and they stated that the amount was not big enough to make a significant difference. Nate Hall said that the funds were not lost to the Health Department, but it did make it difficult to compare budgets from different years because there may be one month more or less of revenue.

VIII. Flu Vaccine Exercise

- A. The Health Department had it flu vaccine exercise at the civic center last week and it went well with an estimated 465 vaccines being given in a four hour period.
- B. The evaluators made suggestions about how we could have improved the event but the comments from the public were very positive and I was asked several times if we were going to do this again next fall.
- C. The biggest problem was that we ran out of vaccine and there was a delay while we went to Danville to get some more. Due to this delay, some of the high school students did not get vaccinated because they had to get on the bus. However, as problems go, this was a good problem to have. Dr. Moore said that he should have called around to pharmacies before the event to know where to go if more vaccine was needed. This could have shortened or eliminated the delay.
- D. Dr. Moore was making plans for a make up clinic for the school employees to get vaccinated that could not make it to the civic center event.
- E. Nate Hall asked if there was going to be a written evaluation of the exercise and if there was, could the Board of Health see it. Dr. Moore said that a written evaluation was a part of the exercise requirements and he would bring it to the board when it was available.
- F. Nate Hall commented that in some of the big disasters that have happened over the years, the federal government was not able to provide assistance immediately. Dr. Moore said that whether it was a household or a county, Emergency Management planners frequently state that households, counties and states all need to be self sufficient for 3-4 days while waiting for outside help. Depending on the details of the crisis and what the remedy is will dictate how quickly a response can be mounted. In some situations, the best advice for everyone may be to stay at home and lock the doors.

IX. Project Lazarus Grant

- A. Dr. Moore reported that we were awarded the \$10000 Project Lazarus grant. We are in the process of getting the paperwork completed so we can receive the funds.

X. Other

- A. There was a brief discussion about the Medicaid Reform that was passed by the NC Legislature.
- B. Dr. Moore had included in the packet an article by a legislator who was very involved in the crafting of the legislation.

XI. Adjournment

A. The Chair adjourned the meeting without objection.

Approved By: _____
Health Director

Date

Board of Health

Date