Conference of Local Health Officials

November 19th, 2014

*Conference Executive Members: Muriel DeLaVergne-Brown (Crook); Silas Halloran-Steiner (Yamhill); Cathy Perry, AOPHNS Rep[ (Clackamas County); Pat Luedtke, Health Officer Caucus (Lane)*

*Conference Members: Muriel DeLaVergne-Brown, Chair (Crook); Tatiana Dierwechter (Benton); Dana Lord (Clackamas); Cathy Perry (AOPHNS); Brian Mahoney, (Clatsop); Sherri Ford, (Columbia); Florence Pourtal-Stevens, (Coos); Holly Strom (Curry); Tom Kuhn, (Deschutes); Jane Smilie, (Deschutes); Eugene Reagan, (Douglas); Kimberly Lindsay, (Grant); Diane Hoover, (Josephine); Marilynn Sutherland, (Klamath); Pat Luedtke, (Lane); Cindy Morgan (Lane); Rebecca Austen (Lincoln); Pat Crozier (Linn); Rod Calkins (Marion); Jae Douglas, (Multnomah); Katrina Rothenberger (Polk); Meghan DeBolt (Umatilla); Carrie Brogoitti, (Union); Tricia Mortell (Washington); Karen Woods, (Wheeler); Silas Halloran-Steiner (Yamhill)*

*CLHO: Morgan Cowling; Kathleen Johnson*

*AOC: Stacy Michaelson*

*PHD Members: Jan Kaplan, Tom Eversole, Sabrina Freewyn, Mimi Luther, Priscilla Lewis*

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| **MINUTES** |
| **Agenda Item** | **Detail** | **Action Item** | **Responsible Party** |
| **Welcome & Introductions**  |  |  | Muriel DeLaVergne-Brown |
| **Minutes Approval** | October minutes approved ***Silas Halloran-Steiner moved to approve the minutes, Megan DeBolt seconds motion, All voted in favor- motion passed*** | Review & Approve | All |
| **Appointments** | April Harrin (Immunization Coordinator), Clackamas to IPATMelissa Nye, Umatilla County to Healthy Structure Committee | Appoint | Muriel DeLaVergne-Brown |
| **CLHO Healthy Structure:****TB Management Funding Formula Change** | Heidi Behn from TB program in the PHD brought forward funding formula for approval to CLHO Healthy Structure. The TB program is proposing changes in funding formula due to decrease in federal funding and OHA cost allocation. Funding would go to counties with 9 cases in the past three years (4 counties would be funded), those no longer receiving funding would not have to do B-waivers for immigrants screened for TB. Tom Eversole state that In the case of outbreaks or complicated cases in counties not receiving funds, PHD would hope to work with DIS, and maybe use PHD resources to assist county. The PHD looked at staff requirements (as required by feds), and because of staffing required at PHD most of the cost allocation is being taken from funding for LHD. Attachment 3 (available on CLHO [webpage](http://www.oregonclho.org/clho-meetings.html)) breaks down expenditures by county/state for TB funding. **Discussion**:Silas Halloran-Steiner- There are problems with the way this is being laid out and I could not support the proposed funding formula. The PHD should take language out of the contract if it is not being funded—this looks poorly with commissioners. Perhaps we need to start thinking of structuring it more as risk pool. I cannot support this recommendation today. If the state is not supporting public health, then why would county? Priscilla Lewis- I appreciate your concerns, we are all going through transformation, funding will be cut across all systems (health care and public health). When we (PHD) get cuts we go through internal angst. It may be helpful to apply principles with managing dollars and outcomes, we will be called to demonstrate outcomes for future funding, and this is a responsibility of LHDs and the PHD.Jane Smilie- What if a county has MDR TB? At this point the PHD works with consulting physician and moving forward maybe a DIS? How have they been handled financially? **Motion:** ***There is a Recommendation to approve funding formula from CLHO Healthy Structure (Pat Crozier), No second. The motion is at an impasse.*****Next steps:** Discussion of principles for managing dollars and outcomes, not a single conversation but applies to larger context. Also provides examples to Legislators about how bad financial situation is. Do work ahead of time prior to CLHO December meeting.Change in language in PE to include clear language for what PHD will provide for work, would feel more comfortable with receiving little funds to do work (a lot for very little). LHD Administrators can tell local boards how we have mitigated for risks. Look at all of CD funding (TB, STI/HIV). Communicable disease contingency fund would be a start. **Reminder:** If CLHO and PHD cannot agree on funding formula it goes to per capita funding. Also important to remember the values of our PH system.  | Approve | Pat Crozier |
| **Health System Transformation Recommendation:****New PE** | The Health Promotion Chronic Disease Prevention Program (HPCDP) has drafted a PE place-holder for competitive RFP process for sustainable relationships (between LHD, CCOs, and Community Organizations). Communities can apply as consortium, and either the CCO or LHD can be the fiscal agent. The PHD is looking to fund 2-3 consortiums and have $300,000 to distribute. Timeframe for the process is an RFP out in December 2014 with the funding period ending in August of 2015. Definitions have been attached for PE. **Motion:*****The Health System Transformation Committee (Dana Lord) is recommending the draft PE for approval, Tom Machala seconds the motion. Voted in favor with one dissent from Mark Orndoff. Motion passed.*** **Discussion:**Mark Orndoff- Why is the PHD only funding 2-3 rather than 16 regions (all CCOs)?Sabrina Freewyn- The PHD is approaching it at as a learning opportunity pilot project to support self-management agreements (MOUs, Contracts).  | Approve | Dana Lord |
| **Healthy Communities:****Letter of Support** | The PHD is applying for a competitive grant ($750,000) from the CDC smoking and health, resources will predominantly be put toward data and surveillance in retail environment and committees. The PHD is looking to coordinate with SParQ grantees and TPEP. If funds are received there will be competitive funds to LHD that will heavily emphasize evaluation efforts of retail environments at the local level. $175,000 to go forward to support Healthy Communities, support remainder of current fiscal year for Healthy Communities grantees, and towards the next round of Healthy Communities grantees. The Healthy Communities committee spent time looking at details and elements and new opportunities. The Committee had a robust discussion and no real concerns moving forward to support work, and letter. **Motion:*****The Healthy Communities committee is recommending CLHO submit a letter of support. Kimberly Lindsay seconds the motion. All voted in favor- motion passed.***  | Approve | Tanya Phillips |
| **Domestic Wells RFP** | The PHD is soliciting RFPs for two additiona applicants for the Domestic Wells Stewardships project, the opportunity is open to tribal and local health departments. The PHD is Looking for feedback for revisions or accept to accept the RFP as is. **Motion:*****CLHES is recommending approval of RFP, Tricia Mortell seconds motion. All voted in favor, motion passed.***  | Approve | Tara Chetok |
| **Immunization Billables Project** | The Billable vaccine project was able to extend contract with Kelly McDonald. All LHDs need to do cost estimation by end of this year (2014) with the cost calculator, and we are recommending that if you have not done this recently is that you redo it. Commercial contract will have a clause that limits how much rates can go up annually, and you need to ensure that your costs are as close to what they are as possible. This will be your baseline for contracts with private insurance companies and you will be limited to 5% increase in upcoming years. Morgan Cowling- Would it be helpful if CLHO facilitated webinar with Kelly to walk through cost assessment? CLHO staff will reach out to Kelly to and pick date in early December to have a webinar. Providence is very close to finalizing contracts and will send to LHDs in next coming weeks. The contract is for immunizations only, but is open to other services if contract goes well. Moda contracts will cover 100% of billable charges related to cost of vaccine. Include Kelly McDonald (available for TA up until February) in conversations if you are having trouble obtaining contract. Get as much done as you can while there are resources for assistance.  | Update | Mimi Luther |
| **Oregon State Public Health Lab Changes** | Dr. Mike Skeels came last month to CLHO to work with LHDs on billing to the State Lab. We wanted to check-in on the work being done at LHD to assist with this process at the State Lab. Dr. Ludekte- It is going well in Lane County, but having trouble with CCO billing to state lab (not paying state lab for lab tests). The PHD should look at all CCOs billing data and work with CCOs to correct issue. Do a gap analysis on that line of business.  | Follow-up | All |
| **Ebola Communications** | Now that ebola has calmed down a bit, Muriel DeLaVergne-Brown is proposing that we go back to once monthly preparedness calls, rather than weekly, unless something changes. If there is going to be a weekly meeting use the time reserved on Friday afternoons.  | Feedback | Muriel DeLaVergne-Brown |
| **CLHO Committee Check-In** | Some committees continuing to search for new members. Committees are always available to be appointed to. CLHO committees are able to use CLHO website to post materials for meetings.  | Update | Morgan Cowling |