



Public Health Delta & Menominee Counties



Board of Health AGENDA

March 19, 2014

3:00p.m. (CST), 4:00p.m. (EST)

Pinecrest Medical Care Facility

Powers, MI

Board Members:

Bob Burie

Jan Hafeman

Larry Schei

Tom Elegeert

Mary Harrington

Tom Trudgeon

Public Health Staff:

Mike Snyder, Health Officer/Administrator

Kim Gustafson, Executive Secretary

Dr. Terry Frankovich, Medical Director

Debbie Poquette, Director of Nursing

- 1) **Call to Order/Roll Call**
- 2) **Approval of Agenda**
- 3) **Approval of February 19, 2014 Board of Health Meeting Minutes**
- 4) **Educational Session: MIHP Update – Debbie Poquette**
- 5) **2013 Annual Report**
- 6) **Personnel Committee**
- 7) **Review and Approval of February Check Register**
- 8) **Cost Based Reimbursement Update**
- 9) **Medical Director's Report**
- 10) **Health Officer's Report**
- 11) **Public Comment**
- 12) **Board Member Comments**
- 13) **Adjournment**



Public Health Delta & Menominee Counties



Board of Health Meeting

Pinecrest Medical Care Facility
Powers, MI

Meeting Minutes

Wednesday, March 19, 2014

Board Members Present

| | | |
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| Tom Elegeert | Jan Hafeman Mary Harrington | Larry Schei Tom Trudgeon |
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Public Health Staff

Mike Snyder, Health Officer/ Administrator
Dr. Terry Frankovich, Medical Director
Irene Lenberg, Director of Administrative Support
Debbie Poquette, Director of Nursing

1. Call to Order/Roll Call

The regular monthly meeting of the Delta-Menominee District Board of Health was held on March 19, 2014. The meeting was called to order at 3:00 p.m. CDT by Chairman Trudgeon. Roll call was taken by the Director of Administrative Support, and is recorded above. Mr. Burie was not in attendance, but was previously excused.

2. Approval of Agenda

Ms. Hafeman moved to approve the agenda. Motion was supported by Ms. Harrington and carried.

3 Approval of Minutes

Ms. Hafeman moved that the minutes from February 19, 2014, be approved. Motion was supported by Mr. Elegeert and carried.

4. Educational Session: MIHP Update – Debbie Poquette, Director of Nursing

Debbie Poquette presented an update on the MIHP program. MIHP is a Michigan Medicaid program for pregnant women and infants providing home visitation, support and care coordination. PHDM began providing MIHP services during fiscal year 2011. PHDM was awarded full certification in January 2013 and the program will go through another certification in July of this year.

Benefits of the MIHP program:

- Effective and evidence based
- Participation in the program increases the odds of a pregnant woman receiving prenatal care
- Improves both maternal and infant care outcomes
- Promotes healthy pregnancies
- Positive birth outcomes
- Healthy infant growth and development
- Decreases infant mortality
- Client eligible for up to nine visits for the mother, and up to 36 visits for infants based on a risk assessment

MIHP continues to grow.

- FY 2011 average 40 visits per month
- FY 2012 average 90 visits per month
- FY 2013 average 99 visits per month

5. 2013 Annual Report

Mr. Snyder presented the 2013 PHDM Annual Report. Casey Young, Kim Gustafson and Shanna Hammond did an excellent job with the annual report. Highlights include:

- Different format results in a shorter report that is more readable.
- Financials: Ms. Woelffer and accounting staff do a great job with the financials. Fiscal Year 2013 had the first increase in expenses since 2009
- 59 staff members, including full & part time.
- A tribute to Sheryl Farr, Menominee County Registered Nurse for over 35 years, who retired in 2013.
- Sidebar highlights programs such as Snow Trek and Sticker Shock.

6. Personnel Committee

Ms. Harrington, Mr. Schei & Mr. Snyder met at 2:30 p.m. EDT, March 19, 2014, at Pincecrest Medical Care Facility. Ms. Harrington briefed the board regarding the

discussion of PHDM's Programmer/Analyst II position. The Programmer/Analyst I position is not filled at this time. Ms. Lenberg evaluated the program, and suggested PHDM continue with one person. The current range is \$36,000 – \$50,000 per year. The Personnel Committee proposed the range be increased to bring it closer to the market average. The average range among other U.P Health Departments for a comparable position is \$44,000 - \$55,800. Current wage for the Programmer/Analyst II is \$42,677.

Ms. Harrington moved to increase the Programmer Analyst position to \$45,000 - \$55,000. Motion was supported by Ms. Hafeman and carried.

Ms. Harrington moved to increase the current Programmer/Analyst II's salary from \$42,600 to \$50,000. Motion was supported by Ms. Hafeman and carried.

7. Review and Approval of February Check Register

The Board of Health reviewed the February check register. Questions were answered by Mr. Snyder

Ms. Harrington moved to approve the February check register. Motion was supported by Ms. Hafeman and carried.

8. Cost Based Reimbursement

MALPH's Executive Board has not received the memo from MALPH's Administrator's Forum, requesting the Executive Board push for Cost Based Reimbursement (CBR) payment. On March 4, 2014, Mr. Snyder sent an email to Tammy Stephens, asking for the status of PHDM's payment. On March 5, 2014, Ms. Stephens emailed Lynn Woelffer regarding questions Ms. Woelffer had regarding the CBR reports. Ms. Stephens email read, "I also wanted to let you know that I'm finishing up Delta Menominee Health Department's 2011 initial settlement. I should have it completed today."

At this month's Administrator's Forum, Steve Ireland, head of CBR Division, reported all fiscal year 2011 payments are in process, and will be sent out very shortly. Fiscal year 2012 initial payments will be out the door April 30, 2014, which is a bigger payment year for PHDM because of the addition of the MIHP program. Fiscal year 2013 interim payments will be paid quarterly, based on the last finalized fiscal year which was 2010. PHDM did not have MIHP in FY2010, so the CBR for that year was approximately \$10,000. PHDM's quarterly interim payments will only be \$2500, but will receive a larger amount once the reports have been finalized at the end of the

year. Mr. Snyder contacted Western UP Health Department's Health Officer, Guy St. Germain, who also sits on the Executive Board of MALPH. Mr. St. Germain stated that the Administrator's Forum and MALPH Board are both pushing on the Medicaid unit for payment. Delta-Menominee District Board of Health members would like Senator Casperson and Representative McBroom contacted regarding the delay in payments.

Ms. Harrington moved that Mr. Snyder send a letter to Senator Casperson and Representative McBroom. Motion was supported by Ms. Hafeman and carried.

9. Medical Director's Report

Dr. Frankovich noted that March 27, 2014 is World TB Day. Tuberculosis is caused by bacteria. We usually think of TB as affecting the lungs, but it can also infect the kidneys, bones & other places of the body.

- The World Health Organization estimate 1/3 of the world's population is infected with TB. This is a huge issue, particularly in developing countries.
- There are about 10,000 cases of active TB in US every year and approximately 9 million cases of active TB worldwide.

If one becomes exposed to the bacteria and become infected, one of two things happen:

1. The infection lays dormant for a prolonged time; possibly forever.
2. The individual will develop active disease either very quickly after exposure, or many years later depending on the person's health status.

Individuals exposed to TB will fall into one of two groups:

Physicians are seeing a lot of people with Latent TB, meaning the individual has a positive TB skin test, but is not sick, their chest x-ray is normal, and they're not contagious. These patients are normally given a course of one drug over a nine month period to reduce the chance of ever developing active TB. This group of individuals is not a public health threat.

The second group are those who have developed active TB. They are typically seen by the physician because they've developed a cough that lasts for months, they're losing weight, having night sweats, they're tired and their chest x-ray shows a lesion in the chest that looks like tuberculosis. A sputum sample is collected, and if this is positive, they have active TB and are very contagious.

Can test for TB with a skin or blood test, but no vaccine is used in the US to prevent TB. In countries with a lot of active TB, a vaccine called BCG is used. BCG is not recommended in the US because:

- Exposure in the US is still very small.
- Not as effective in preventing lung TB, as it is in preventing childhood TB infection which is typically in the bone and other places.
- Difficult to interpret a TB skin test for individuals who have received the vaccine.

Public Health becomes involved when:

- Public Health receives a call from the hospital, nursing home, or other healthcare provider with a patient who has tested positive, and they're looking for advice on what to do with that patient.
- The patient is identified through a positive TB test administered by the Health Department.
- Occasionally, Public Health receives papers from the State regarding an immigrant who tested positive and needs to be treated.

Drug-resistant TB: If the individual is not compliant with their medications, the infection can recur leading to drug-resistant TB. The multi-drug resistant TB is the big public health threat at this time. Some strains now are very difficult to treat. Approximately 83% of individuals in the U.S. with drug-resistant TB were born in another country. Public Health's involvement can be as minor as ensuring the infected individual has a primary healthcare provider. Public Health may also be the ones to administer the drugs two to three times per week over a nine-month period. It can be difficult for patients to remember to take their medication and this population often has other problems such as HIV or drug and alcohol dependence. There is no reimbursement to monitor these patients or administer the medications. Public Health does this because it's a public health threat. Additionally, Public Health will test all household members, coworkers, and close friends.

10. Health Officer's Report

- In February, Mr. Snyder reported PHDM received \$10,265 from the Community Foundation of Delta County. The Board of Health requested Mr. Snyder present ideas on how this money will be spent. PHDM supervisors input included:
 - Continue offering smoking cessation products to families with children
 - Offer smoking cessation classes. Currently, Shanna Hammond offers classes through Hannahville for tribal members. No other classes are offered in either county.
 - Taxi vouchers for clients to get to appointments
 - Continue to pay for MIHP tablet mobile hotspots
 - Sign language books for Early On families

o Possible expansion of Breast & Cervical Cancer Control Program

- Mr. Snyder had a meeting with Menominee County Administrator, Brian Bousley, on March 12, 2014, to go over issues with the Menominee County facility, brought up during a walk-through with the Menominee City Fire Chief. Interior fire doors need to be installed in the hallways. Mr. Bousley said to get him an estimate of the cost of doors and Menominee County has staff who can install them.

Another item discussed was the lack of parking and safety of the parking lot in Menominee. Today, the maintenance worker for the County backed into the corner of the building while plowing snow. Quite a bit of damage was caused inside and out. Mr. Snyder will be talking to Mr. Bousley to ensure the building is structurally sound. Mr. Snyder and Mr. Bousley discussed a possible expansion or rearrangement of the parking area.

- Both the Menominee County Courthouse and Delta County Service Center are now connected to the Merit Fiber Network. Total up-front cost could be up to \$11,000. This is not a budgeted item, but has the potential to provide significant annual savings of over \$6,000 a year.
- The All Star's Program received \$6,129 grant from Tri-County United Way.
- The Snow Trek program continues to be very popular. PHDM received a request to expand the program to the Powers-Spalding area. We may be getting additional funding through the WISEWOMAN program to purchase more snowshoes. If that funding is approved, the snowshoes will be available from either Moraska Saw or the Township Hall.
- Sewage System Installer Training will be held on March 26, 2014, at the Chip-in-Island Resort and Casino, from 1:00-4:00 p.m. About 40-50 participants are expected to attend.
- The 2nd Annual All-Staff meeting is scheduled for September 18, 2014, at Bay College.
- PHDM had their audit with Anderson Tackman during the week of February 24, 2014, and the preliminary results are very good. According to Ray Lamarch, who did the audit, "Things went very well. I don't have a lot to report as there were no large issues."

11. Public Comment—None

12. Board Member Comments

Mr. Trudgeon noted a news report regarding homelessness in the City of Marquette. A panel member from Marquette's Room at the Inn raised an issue with Marquette General Hospital, now that they are owned by a for-profit corporation. MGH will no longer allow patients to be admitted directly from the emergency room to the

psychiatric unit. This could leave local law enforcement with no options available for mentally ill residents.

13. Adjournment

There being no further business, a motion was made by Mr. Elegeert with support by Ms. Harrington to adjourn the meeting. Motion was carried and the meeting adjourned at 4:28 p.m. CDT.


Chairperson

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