

## HEALTH CARE ADVISORY BOARD

Meeting Summary

January 24, 2018

### **MEMBERS PRESENT**

Marlene Blum, Chairman  
Bill Finerfrock, Vice Chairman  
Rose Chu, Vice Chairman  
Mary Porter  
Ann Zuvekas  
Ellyn Crawford  
Francine Jupiter  
Dr. Michael Trahos, DO  
Tim Yarboro, MD  
Rosanne Rodillo

### **STAFF**

Sherryn Craig

### **MEMBERS ABSENT**

Deborah Leser

### **GUESTS**

Dominic Bonaiuto, Inova Health System  
Tisha Deeghan, Office of the County Executive  
Pat Harrison, Office of the County Executive  
Donna Pesto, Department of Planning and Zoning  
Dr. Gloria Addo-Ayensu, Health Department  
Rosalyn Foroobar, Health Department

### **Call to Order**

The meeting was called to order by Marlene Blum at 7:30 pm.

### **December 11, 2017 Meeting Summary**

The meeting summary from December 11, 2017 was approved as submitted.

### **Update on Assisted Listening System (ALS).**

Chairman Bulova replied to the HCAB's memo regarding the inadequacy of the ALS equipment. The Chairman's reply directs the Department of Cable and Consumer Services staff to develop a plan to address the operation, access, and maintenance of all ALS devices.

## **2018 HCAB Budget Meetings**

Sherryn Craig will survey HCAB members' availability in March to discuss the FY 2019 County Executive's Advertised Budget. Members were asked to provide a timely response so staff members can be notified and a room secured. A medical issue may preclude Marlene Blum's participation in March. Tim Yarboro has agreed to chair the budget discussions in the Committee of Whole and Bill Finerfrock and Rose Chu will chair the HCAB meeting currently scheduled for March 12.

## **Revised HCAB Procedures**

Following the HCAB's discussion regarding remote meeting participation, a revised draft of the HCAB's meeting procedures was submitted for consideration. Dr. Trahos, DO moved that the HCAB approve the revised HCAB meeting procedures to allow for remote participation. Bill Finerfrock and Mary Porter seconded. The motion carried unanimously.

## **Inova Health System 2018 Capital Update**

Dominic Bonaiuto, Director of Advocacy and Community Outreach, presented Inova's 2018 Capital Update. Using the TURNER Building Cost Index, the project notification threshold has increased 3.75% because of increased private sector development and investment as well as material price increases and is valued at \$2,292,440 in 2017 dollars.

Inova's capital expenditures have been steadily increasing over the last few years with the launch of several major facility improvements and information technology investments. For 2018, Inova has budgeted roughly \$700 million for capital projects, a 67% increase over last year. This increase is largely a result of significant projects on the Inova Center for Personalized Health campus, the retrofitting of the former Women's and Children's Center on the Fairfax Campus, and the expansion of Inova Loudoun Hospital. Over the next three years, Inova plans to invest \$1.6 billion in new and renovated hospital facilities to better serve patients across the region.

### *Inova Mount Vernon Hospital*

Since 2013, Inova has invested more than \$85 million over the past five years in new construction and renovations at Inova Mount Vernon Hospital, including a new patient tower and emergency department (ED). The new \$23 million Veatch Family Emergency Department opened in late 2016 and nearly triples the size of the original ED to 22,800 square feet. Campus-wide roofing repairs were made in 2017 and totaled \$3.8 million. During 2018, Inova will invest \$4.5 million to relocate and double the size of the

existing pharmacy, which will now be housed in a portion of the former ED space. Inova has also budgeted \$3.2 million for some basic renovations to the original 1976 building.

#### *Inova Fair Oaks Hospital*

2017 marked the completion of the \$38 million, 15,500 square foot surgical expansion at Inova Fair Oaks. This modernization project renovated the existing operating rooms (OR) to make them larger, and created six new ORs, for a net addition of two new ones.

#### *Inova Fairfax Medical Campus*

Construction on the medical campus has slowed considerably since the opening of the Women's and Children's Hospital two years ago, but there are still a number of new projects underway. In 2018, Inova will launch a \$10 million upgrade of the Inova Heart and Vascular Institute's Cardiovascular Lab, including new equipment with associated renovations. Inova has budgeted \$15 million to renovate and expand the Sterile Processing Department by 50%, adding another 6,000 square feet to the existing 13,000 square feet. Like Inova Fair Oaks, \$4.6 million has been allocated to plan for full-scale renovations to the 28 operating rooms at Fairfax, a project that upon completion will more than \$90 million.

The most significant project underway right now on the Fairfax campus is the retrofitting of the former Women's and Children's Center, which will now become the Inova Professional Services Building. This \$97 million project will create new surgical rooms, significantly expand Inova's behavioral health programs, and provide new administrative offices. The behavioral health expansion is probably the most anticipated project. It will include 41 psychiatric beds plus 15 adolescent psychiatric beds, the latter of which is urgently needed as there is no space on the pediatric floor to treat these children without disrupting other pediatric patients. The additional adolescent psychiatric beds will provide a specialized setting to better serve its teenage patients. In addition to the psychiatric beds, 25 new Comprehensive Addiction Treatment Services (CATS) Program beds will be added to the addiction and recovery programs, which continue to experience high demand.

Inova will also open eight new operating rooms. Along with the associated pre-op and recovery areas, there is a need for stand-alone rooms right now as they provide temporary replacements when the other ORs are under renovation. One notable design feature of the new ORs will be the use of stainless steel, which should allow for easier sterilizing and repairs if necessary.

### *McLean Ambulatory Surgical Center (ASC)*

One non-hospital facility upgrade includes the McLean Ambulatory Surgical Center. Inova completed a \$5.4 million expansion of the ASC creating two new gastro-intestinal procedure rooms with related pre-op and recovery rooms and the addition of new men's and women's locker space.

### *Inova Center for Personalized Health*

The campus footprint includes five existing buildings. The first building will house the Inova Clinic. The second building is the Dwight and Martha Scar Cancer Institute. The third building will be the Genomics and Bioinformatics Research Institute, a joint venture with the University of Virginia, George Mason University, and the Commonwealth. The end building will house some joint education programs, virtual health, the Inova Personalized Health Accelerator, Inova Strategic Investments, and administrative offices. Across the street is Building E and includes the conference and wellness center.

The original ExxonMobil campus was constructed in 1980. It encompasses 1 million square feet on 117 acres of land, but the campus was in need of significant modernization to support Inova's current and future planned uses. A number of the upgrades fall into the unseen infrastructure category. For example, building C, which encompasses the primary research space, will need to be retrofitted to allow water access for the center's wet labs. Inova has budgeted \$31 million to upgrade the heating, cooling, and water systems, new air chillers, and will spend \$22 million to expand the surface parking and design for a future garage. An additional \$3 million will be spent to boost telecommunications throughout the campus and ensure access to 911, cellular, and paging capabilities.

The Inova Clinic will house multi-disciplinary specialists, the Inova 360 program, an inpatient rehab center, and lab space for genomic testing. In the year ahead, Inova will complete a \$25.6 million renovation in building one for a 25-bed acute inpatient rehab unit. Another \$12 million is required to upgrade fire, life safety, and access improvements.

The Schar Cancer Institute is the farthest along in the modernization process, with \$300 million in completed renovations expected this year. The institute will house an international center for advanced cancer care, including state-of-the-art proton therapy, genomic and translational research that will help personalize treatments that better

predict and prevent cancer and other diseases. Co-locating these services under one roof will improve and enhance care coordination. Upon completion, the cancer center will be home to more than 150 cancer care providers in all specialties.

The institute's improvements include \$90 million for the new proton beam therapy, which will be located next door in a building currently under construction behind the Inova Clinic. Proton therapy is a form of focused radiation that minimizes the exposure of nearby healthy tissue and organs to unnecessary radiation. There are roughly 17 such proton centers across the country with another dozen or more in the pipeline. The treatment originates in a 270 ton cyclotron that's housed in a "bunker" built with 16-foot thick concrete walls.

The third building is the Genomics and Bioinformatics Research Institute, a joint venture with UVa, GMU, and the Commonwealth. The foundation of this collaborative research began with the Inova Translational Medicine Institute (ITMI), in which the County has invested. The building itself will undergo a \$110 million renovation this year with Inova and UVa contributing \$45 million each, the Commonwealth \$20 million, and \$1 million from GMU. Inova is also collaborating on the joint recruitment of scientists and research teams with each partner putting up \$8 million for that effort. GMU's research efforts at its Manassas campus are separate from its joint venture with Inova. In response to HCAB questions, Mr. Bonaiuto will look into the possibility of paid or subsidized internships for economically disadvantaged students.

Inova has reached out to several universities to discuss potential roles or contributions to the new campus. Virginia Tech is expected to play a role in a data analytics program and Shenandoah University is already teaching pharmacy courses on campus.

The fourth building will house the data and analytics work as well as the small business accelerator and training operations, educational space, and administrative offices.

Inova has identified the need to cultivate a sense of community at ICPH. The intent is to create a health and wellness destination where the uses and activities available are focused on the mission of improving your health. Inova plans to support organizations with similar missions by providing new space for educational partners, making recreation and sporting facilities open to the community, creating retail and restaurant uses that support a healthy lifestyle as well as central community space for culture and entertainment events. The HCAB identified the increasing need for affordable and workforce housing as an incentive to recruit and retain highly skilled employees. Mr.

Bonaiuto acknowledged the demand and said that a hotel and/or housing is another possibility.

At the conclusions of the ICPH project, Inova estimates it will have spent more than \$1 billion, including purchasing the campus, renovating it, and attracting other partners. Inova believes there will be considerable benefit for the local economy in terms of jobs and economic activity generated both by the construction itself and ongoing operations.

### **Modernization of the Zoning Ordinance.**

Donna Pesto with the Department of Planning Zoning provided an overview of certain concepts currently under consideration for a new Continuing Care Community District and Use. The Zoning Ordinance was developed in 1978 and is 1200 pages long. Definitions and usage for assisted living facility, congregate living facility, hospital, independent living facility, medical care facility, and nursing facility are out of date. Moreover, uses for adult day health care centers, continuing care community (CCC)/facility, and senior centers are absent from the ordinance. As part of the zoning modernization (zMOD) efforts, these uses will be modified and new definitions will be established.

In order to modify independent living facilities (ILFs) and assisted living facilities (ALFs), several provisions are being considered. Senior housing services are more integrated today than they were 40 years ago. Making changes to designate uses for “stand alone” developments that aren’t part of a CCC and incorporating some allowance for accessory ALFs as part of ILFs is one potential revision to the zoning ordinance.

Reassessing affordability requirements (e.g., Affordable Dwelling Units (ADUs) in ILFs and Auxiliary Grant units in ALFs)) is another area that requires further development. To accomplish this goal, regulations for ILFs in rezoned planning districts with specific multipliers will need to be balanced with affordable housing requirements. Land, money, and units are the three things the County can request, with units being the most preferable.

Other changes to the zoning ordinance include adding new uses and provisions for adult day health care centers and senior centers, the former of which the HCAB has advocated strongly for. These new uses will also require provisions to address appropriate districts, parking, screening/barriers, and signage. Additional standards will also be needed to address access requirements, pick-up/drop-off areas, and HCAB review and recommendation.

To better manage the changing landscape of senior housing, DPZ is proposing the creation of a new district and use for CCCs. This district would be established as a non-residential use designation, specify appropriate floor-to-area-ratios (FAR), including the relationship to the Comprehensive Plan, address affordable housing, and establish appropriate secondary uses.

Ms. Pesto indicated an interest among the Supervisors in expediting the zMOD process. An April Zoning Development Process Committee has been identified and Ms. Pesto will work with County staff to prepare a more robust outline for the Supervisors' consideration. Erikson Living's purchase of the former Northern Virginia Training Center property has also accelerated the timeframe with Supervisors committing to an end-of-the-year/December 2018 adoption of the zMOD provisions. The HCAB offered to provide names and contacts for individuals with expertise in long term health care trends and projected service needs.

### **Health Integration Committee Update**

Tisha Deeghan, Deputy County Executive for Human Services, shared the vision for the Health Safety Net Provider Network. The County will initially transfer care of current CHCN patients to the FQHCs, as this is the population they already serve and are willing to assume. The County will subsidize the care of the uninsured, low-income residents receiving care from the FQHCs through block grant funding.

The County will provide economic and community supports to better meet the full spectrum of socioeconomic needs of those being served. If needed, a panel could be developed in the future to expand the health safety net provider network to accommodate specific needs in the community.

CHCN has served an essential role for many years, and the County continues to be committed to ensuring the availability of a vibrant safety net for residents in need. When the CHCN was created, there was no health care safety net system for low-income/uninsured residents, but today, Fairfax County has two thriving FQHC organizations that play an integral role in the safety net system. By leveraging existing primary care provider networks, the County can achieve economies of scale while reallocating its dollar mix beyond primary care services.

Moreover, several complementary forces are compelling change. There is less federal and state funding for the county than in years past. There is growing evidence that comprehensive primary care, integrated behavioral and acute care, and access to social



determinants of health lead to better outcomes for individuals, families, providers and payers.

Under this new model, the County will become more of a payer and less of a direct provider of primary health care services. The County will provide and coordinate non-medical services that support whole person care (e.g., economic supports, housing, social connections). The County will continue to work with FQHCs to link eligible residents to County services and programs, which allows the County to focus its attention on integrating patient care with social determinants of health supports and developing a specialty care provider network.

Inova's first year of operating the CHCN clinics has yielded substantial cost savings. Ms. Deeghan confirmed that using non-physician providers has resulted in lower costs. Initially, the County was skeptical about using a different staffing model, but not only is it yielding the same patient outcomes, it is doing so at a reduced cost. There was considerable discussion around the advantages and disadvantages of using non-physician professionals (nurse practitioners, physician's assistants, etc) to deliver primary care.

The potential for further savings may be realized once the County transitions away from its direct provider role since it will no longer be paying for the primary care infrastructure. These savings may be redirected toward specialty care for low income residents.

At the conclusion of the presentation, the HCAB expressed several concerns about the composition of the Health Integration Council (HIC) and how the new model is captured in the budget. The HIC's current composition is insular to the County, and includes Fairfax County Human Services staff, representatives from Inova, the FQHCs, GMU, and the Community-Services Board, Disability Services Board, and Health Care Advisory Board chairmen. The HCAB encouraged staff to broaden participation and seek counsel from other providers and entities that may not be part of the medical community. Without community participation and support, the integrated safety net becomes more vulnerable during a budget crisis. The HCAB also agreed that the CHCN Advisory Committee (CAC) no longer serves a role and can be dissolved.

The HCAB underscored the need for the HIC to generate quantifiable, measurable statistics on how the money is being used and the people it benefits. The HCAB felt that once CHCN patients are blended into the FQHC's patient population, it will become



increasingly difficult to demonstrate what the County is receiving in returns from its investment.

The County has a five-year contract with Inova. Transitioning CHCN patients to the FQHCs may begin in 2019.

**Resolution for Pat Harrison**

The HCAB honored Pat Harrison with a Resolution thanking her for her years of service to the County, the human services system in particular, and wishing her well in retirement.

There being no further business, the meeting adjourned at 9:52 pm.