

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary  
November 9, 2015

### **MEMBERS PRESENT**

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

### **STAFF**

Sherryn Craig

### **GUESTS**

Richard Irwin, Chief Executive Officer (CEO), IntegraCare  
Loriann Putzier, President & Chief Operating Officer (COO), IntegraCare  
Larry Rouvelas, Principal, Senior Housing Analytics  
John Albert, Coordinated Services Management, Inc., Tall Oaks Assisted Living  
Goldie Harrison, Senior Legislative Aide, Office of Supervisor Hudgins  
Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department  
Rosalyn Foroobar, Deputy Director for Health Services, Health Department  
Michael Forehand, Inova Health System

### **Call to Order**

The meeting was called to order by Marlene Blum at 7:41 pm.

### **October 5, 2015 Meeting Summary**

The meeting summary from October 5, 2015 was approved as submitted.

### **Public Hearing on 2222 Colts Neck Road LLC's Zoning Application (PCA-A-936-03/PRCA-A-936/DPA-A-936-05)**

Richard Irwin, Chief Executive Officer (CEO), IntegraCare, Loriann Putzier, President & Chief Operating Officer (COO), IntegraCare, and Larry Rouvelas, Principal, Senior Housing Analytics appeared before the HCAB to present 2222 Colts Neck Road, LLC's proposal and answer HCAB members' questions. John Albert with Coordinated Services

Management, Inc. representing Tall Oaks Assisted Living, provided an oral statement during the HCAB's public hearing: he welcomed Reston Reserve but expressed concern that additional competition within a limited labor pool, especially for Registered Nurses (RNs) and Certified Nursing Assistants (CNAs), would adversely affect established providers, including Tall Oaks. He also shared that Tall Oaks' occupancy rate is at 90 percent.

Reston Reserve will provide assisted living (AL) and memory care (MC) services to support the needs of residents that require assistance with daily living activities. The project is located on a 4.33 acre site and consists of 119 units: 79 AL, 24 MC, and 16 high-acuity AL/MC. The estimated completion date of the project is 2020.

Studio, one, and two bedroom units will be offered, ranging in size from an average 546 square feet for an AL unit to 382 square feet for a MC unit. Bathrooms will include grab bars, raised toilets, motion-activated lights, pocket doors, and roll-in showers (as necessary). Kitchens will be designed with upper cabinets placed lower on the wall and raised refrigerators for easier reach. Apartment doors can be wirelessly activated with an entry door opener and activated entry locks will provide greater security and knowledge of guests who enter.

Reston Reserve's assisted living facility will feature multiple dining venues, a theater, salon, barber shop, physical therapy unit, fitness center with low-impact equipment programmable to the capabilities of individual users, library and computer center with Skype station, Club room, sun room, raised gardening area, arts and crafts center with the ability to hold classes and workshops, and a Memory Care garden.

The location of the project is accessible from two major arteries – Reston Parkway and Colts Neck Road – with a public bus stop (Rt. 551) that can facilitate travel among residents, staff, and visiting families. Bike racks will also be made available on site. Another key feature of the project is the Turquoise Trail, which runs the entire length of the site and provides miles of walking paths for residents and their families. Besides its walkability, Reston Reserve will be located in a mixed use area of Reston, within walking distance of Hunters Woods Village Shopping, Reston Town Center, and the Reston and Southgate Community Centers.

The applicant contracted with HealthTrust and Senior Housing Analytics to conduct market feasibility studies. With respect to the latter, Larry Rouvelas found that the Reston area is under-supplied with AL and MC services. He reported that current provider occupancies are strong (97%) and the local market has fewer AL and MC units

for surrounding demand than the typical U.S. market. Brightview's 2014 opening was described as filling quickly. Mr. Rouvelas stated that the market need for AL services in Reston will be greater than MC over the next five years. Additionally, a continuum-of-care campus represents an appealing choice for seniors that Mr. Rouvelas said is lacking in the regional market. In the Washington, D.C. metro area, 32 percent of AL units and 25 percent of MC units are in communities that offer IL. However, the Reston market only has 9 percent of each. Mr. Rouvelas concluded that the Reston Reserve proposal would bring Reston's senior living mix closer to the metropolitan regional average.

Reston Reserve's assisted living residences will be mostly private pay. Monthly rental rates are projected to range between \$5,663 for an AL studio to \$8,984 for an AL two-bedroom and \$7,484 for a small MC studio to \$8,179 for a large MC studio. These rates do not include the \$3,500 Community Fee, a one-time charge to cover the cost to coordinate the move-in process, including, but not limited to coordinating discharge planners, physicians, and other health care providers, assessment, record creation, resident orientation, family orientation, and pharmacy program enrollment. Also not inclusive in unit rates are monthly care level charges that range from \$0 for Basic to \$1,300 for special needs. The community will provide five services levels to AL residents and four to its MC residents.

The applicant confirmed its commitment to provide 4% of its units to residents eligible for the Virginia Department for Aging and Rehabilitative Services' (DARS) Auxiliary Grant (AG) Program. AL residents enrolled in the program whose condition cannot be addressed in the assisted living environment and are willing to move into a memory care unit can do so while remaining in the AG program.

The applicant provided detailed information on security provisions for its MC residents. Key measures include a secured ground floor location which, in the event of an evacuation, minimizes the use of stairs and reduces the time required to exit the building. Access to the MC unit will be controlled and codes changed monthly. The memory care garden will be secured by a 7-8 foot fence and access will be controlled by a key pad and magnetic lock that releases in case of a fire. Proximity locks on resident care units will minimize residents entering into other resident units and they will also capture the identity of the last several hundred entrants.

Reston Reserve's assisted living facility will contract with a Virginia-licensed physician to act as Medical Director, but residents are not obligated to use the Medical Director's services. The community will be led by an Executive Director (ED) who will be a

licensed Assisted Living Facility Administrator in the State of Virginia. A full time RN will act as Director of Resident Care Services (DRCS) and supervise Licensed Practical Nurses, Medication Assistants, and care staff. The DRCS will be responsible for the oversight of resident care operations to include both AL and both MC levels of care.

Additionally, a variable staffing model, with tailored services to each resident, will be used. The individual needs of residents will be assessed by a nurse upon move in and quarterly at a minimum. Points will be assigned to each resident based on healthcare monitoring and personal care needs. The points will then correlate to a corresponding level of care and an individualized Service Plan/Support Plan will be created. Staffing levels will vary based on the aging in place and changing needs of the residents. This information will be reviewed monthly between the Executive Director, the Director of Resident Care Services and the Integra Care operational leadership.

Other key Administrative Staff will include: Business Office Manager, Life Stories Director (MC), Life Styles Director (AL and IL), Director of Environmental Services, Supervisor of Housekeeping and Laundry, Culinary Services Director, and Sales Director/Counselors. Direct Care Staff positions will include Licensed Practical Nurses, Medication Technicians, Caregivers, and Unit Clerks. The ratio of direct care staff to residents was not immediately available. Mr. Irwin will follow up with this information. According to the applicant, the staff turnover rate varies by property, but on average, staff turnover is 68 percent.

According to IntegraCare representatives, all team members must pass a rigorous interview process, detailing their experience, education, and passion in a two to five step interview process accompanied by proprietary assessment tools, the Predictive Index (PI) and the Insight Senior Living Assessment. Additionally, all employees must clear a comprehensive background check and participate in on-boarding and departmental training programs specific to each position and discipline.

Reston Reserve's assisted living facility will offer medication administration services to residents based on their individual needs and according to physician orders. Within the medication management structure, there are two categories: independent and dependent. An independent assessment means that community staff assistance is not required and that the resident has passed the Self-Medication test (administered quarterly) and is able to take medications in accordance with his/her physician's orders. The resident must also demonstrate that his/her medication is secured in a locked box or area and stored according to regulation requirements. The DRCS is responsible for

ensuring compliance. The dependent assessment means community staff assistance is required to dispense medications.

Medication Technicians will be registered as medication aides with the Virginia Board of Nursing and will be either a Certified Nursing Assistant (CNA) or will complete a Direct Care training curriculum according to the Virginia Department of Medical Assistance Services (DMAS). Staffing will vary according to the number of residents and their respective assessments. A typical Medication Technician can provide medication administration from 10 – 30 residents. IntegraCare Medication Technicians are also cross-trained to serve as personal caregivers.

Because IntegraCare does not operate any facilities in Virginia, the HCAB was unable to do its usual review of the Virginia Department of Social Services (DSS) inspection reports to assess quality of care. However, the HCAB was able to obtain and review compliance summaries for 10 IntegraCare operated facilities from the Pennsylvania Department of Health and Human Services for a 21-month period (January 1, 2014 through October 15, 2015). During this period there were serious violations of regulations at many of the 10 facilities, and 2 facilities operated under provisional licenses. Both have had their permanent licenses restored. A third IntegraCare facility, however, is currently operating on a provisional license, having had its permanent license revoked.

Because the HCAB was dealing with out-of-state compliance information, it focused on violations related to resident medical care, safety, and security (rather than documentation errors), since these items are excellent indicators of the quality of staff members and their training. In responding to HCAB questions about the reported violations (including medication administration, an elopement, unattended/unsupervised residents, suspected abuse, and a death resulting from injury) IntegraCare representatives discussed their knowledge of each case and the remediation plans and procedures adopted to address them.

Hearing that HCAB members were concerned about the reactive—rather than proactive—nature of the operator's compliance measures, and that its compliance record caused doubts about the quality of staffing and training at the proposed facility, IntegraCare representatives volunteered to return to the HCAB to provide regular updates on its compliance with DSS inspections for a predetermined time period. The HCAB expressed its support for this plan.

Ellyn Crawford moved that the 2222 Colts Neck Road, LLC application be supported by the Board of Supervisors including the provision that IntegraCare will voluntarily report back to the HCAB. Bill Finerfrock seconded the motion. The motion passed 8 yes and 2 no.

### **Reston Hospital Community Report**

John Deardorff, Chief Executive Officer (CEO), Ronnie Midgett, Chief Financial Officer (CFO), and Tracey White, Vice President (VP) of Community and Government Affairs, provided its annual update, volunteering information on its capital development plans, investments/partnerships, insurance coverage, and uninsured discount and charity care policies. This year, Alan Eaks, CEO of Dominion Hospital, an affiliate of HCA, provided an update on patient volumes and mental health needs in our community.

RHC is a 187-bed, full-service, medical/surgical hospital serving western Fairfax and eastern Loudoun counties. It employs 1,200 skilled workers and 1,000 privileged physicians. In November, RHC will begin its 29th year as an affiliate of HCA – a healthcare system with more than 175 hospitals throughout the United States and Europe.

RHC is a private, for profit hospital. Mr. Deardorff reported that RHC pays nearly \$10.6 million in state and local taxes. In 2014, RHC served 124,932 patients, a 6 percent increase of 7,098 patients over prior year, had 56,750 emergency room visits, a 16 percent increase of 7,954 visits, and delivered 3,540 babies, a five percent increase of 180 deliveries.

RHC has received numerous accolades and has been recognized as a high quality provider. In addition to becoming the region's only accredited Chest Pain Center, RHC has been named a Comprehensive Cancer Center and an Accredited Breast Center by the Commission for Cancer and recognized as a Primary Stroke Center by the Joint Commission. RHC also shared that it is the only acute care hospital in the region that has received an "A" rating for the third consecutive year by the LEAPFROG Group for inpatient safety.

RHC completed its operating room (OR) expansion and emergency room (ER) renovation, which includes a pediatric ER. Mr. Deardorff shared that the state has awarded RHC 14 additional obstetric and 18 rehabilitation beds. With RHC's fourth medical office now open, efforts will move to developing these new units.

HealthWorks for Northern Virginia represents RHC's most significant partnership. RHC's support for HealthWorks totals about \$1-2 million annually in in-kind laboratory, pharmacy, and radiation services for residents in need.

Besides HealthWorks, RHC supports other community-based organizations focused on health care, including Cornerstones (formerly Reston Interfaith), Medical Care for Children Partnership (MCCP), Northern Virginia HealthForce and the George Mason University School of Nursing. Mr. Deardorff highlighted RHC's support for the Fairfax Breast Health Network, a nonprofit organization founded by Reston Hospital Center cancer survivors, staff and physicians to provide breast cancer patients and survivors with financial support and resources, including free wigs, hats and breast prostheses.

RHC is also financially supporting the Fairfax County Local Specialty Care Access project with the intent of recruiting additional specialists to provide care to safety net clients.

The hospital provided approximately \$11.8 million in FY 2014 of uncompensated health care, which includes charity care, bad debt, and the uninsured discount. RHC's Charity Care Program and Financial Discount Policy are available publicly on the hospital's website and are included in all patients' billing documents. Free, medically necessary care is available to uninsured patients with household incomes at or below 200% FPL. An Uninsured Discount is available to uninsured patients with household incomes above 200% FPL. The Uninsured Discount represents up to 86% of total charges. There is no time limit imposed on patients applying for RHC's charity care or uninsured discount policies.

Eligibility specialists and case managers provide assistance to low income patients in applying for Medicaid as well as RHC's charity care and uninsured discount programs. Case managers also work with patients to navigate the county's safety net system, which includes the Community Health Care Network (CHCN).

In response to an HCAB question, Mr. Deardorff responded that its contracted physicians are required, under the terms of their agreements with RHC, to participate with all insurance providers that the hospital accepts. Among independent physicians who practice at the hospital, RHC strongly encourages them not to balance bill patients.

In response to a question about RHC's relationship with Fairfax County Fire and Rescue, Mr. Deardorff stated that he takes this partnership very seriously and makes a concerted effort to meet the needs of the fire and rescue teams. RHC is always looking for ways to decrease offload times in order to get the crews back in the field. There is

a dedicated EMS lounge next to the ER where the team can finalize its paperwork. RHC hosted an EMS CME dinner series. Mr. Deardorff, along with the Chief Nursing Officer, will be participating in a ride-along next week.

Dominion is a 116-bed facility located in Falls Church that has operated continuously as a mental health hospital for more than 30 years. The hospital provides 24-hour, seven days a week care for children, adolescents and adults who suffer from debilitating disorders such as anxiety, depression, bipolar disorders, eating disorders, school refusal, and self-injurious behaviors.

In 2014, Dominion treated 3,201 inpatients (1,417 adults, 1,664 children and adolescents, and 120 eating disorder patients). Compared to 2013, Dominion's adult volumes increased 15%, adolescents 13%, and children 20%. Dominion reported 14,891 Partial Visits where patients receive 5-6 hours of treatment five days a week; among those visits, 5,325 were adults, 5,475 adolescents, 1,234 children, and 2,857 eating disorders. Dominion also performed 575 Electroconvulsive Therapy (ECT) procedures in 2014.

The need for mental health services continues to grow in our community, and Dominion has worked to renovate and expand its campus to create additional flexibility within the hospital. In 2013, Dominion relocated its Adult Partial (Day) program off-campus to another Falls Church site in order to accommodate more patients. That same year, Dominion opened an Intensive Outpatient Program in Ashburn to provide another service location for residents living west of the hospital. In March 2015, the state awarded Dominion an additional 16 inpatient beds.

Like RHC, Dominion has been recognized as a high quality service provider and is actively engaged in our community. Dominion's Reflections Center is the only Joint Commission disease-specific certified eating disorders treatment program on the east coast, and Dominion is the first and only program in the Northern Virginia and metropolitan Washington, D.C. region to provide inpatient and partial hospitalization programs, as well as access to outpatient care in one comprehensive treatment center.

Dominion has partnered as a Community Resource Center for the Jason Foundation, a youth suicide prevention and awareness organization. The Community Resource Center serves as a hub where parents, teachers, guidance counselors, students, churches, and other community organizations can get educational materials and learn about training programs available. Dominion also offers financial support and/or in-kind expertise to organizations such as CrisisLink, Prevent Child Abuse America, and the Fairfax



Partnership for Youth, among many others. Dominion follows the same charity care and uninsured discount policies as RHC.

The HCAB will send a memo to the Board of Supervisors alerting them that the Reston Hospital Community update occurred and summarize the key points from the presentation.

### **Neighborhood Tax Credits**

Rosalyn Foroobar provided a brief update on the Neighborhood Tax Credits for Specialty Health Care. The BOS Legislative Committee considered and discussed the initiative twice. County staff are continuing to do research and look for opportunities to partner with other nonprofits, for which a large number are eligible and currently receiving. In the last few days, the state has announced an audit and will consider whether to repeal, amend, or keep the credit in its existing form. The comment period runs from November 16 to December 13.

### **Department of Planning and Zoning's Use Determination of Adult Daycare**

The Department of Planning and Zoning (DPZ) was scheduled to present a plan that would address adult day health care, but staff have requested to postpone their presentation until February. Between now and then, DPZ will reconvene the agencies involved in the initial adult day care discussion.

### **Other Business**

A revised workplan was distributed to all HCAB members.

Dr. Michael C. Trahos, DO shared a Medscape.com article, "Physicians Decry Broken Promise of Medicare Raise in 2016."

There being no further business, the meeting adjourned at 10:05 pm.