HEALTH CARE ADVISORY BOARD COMMITTEE OF THE WHOLE

Meeting Summary
March 12, 2007

MEMBERS PRESENT
Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Rosanne Rodilosso
John Clark
David West
Edna Cruz

STAFF
Sherryn Craig

GUESTS
JoAnne Jorgenson, Health Department
Rosalyn Foroobar, Health Department
Tom Crow, Health Department
Andrew Snead, EMS

Bill Finerfrock, Budget Chair, called the meeting to order at 7:37 pm.

Health Department

Affordable Health Care Program

JoAnne Jorgenson provided an update on the Affordable Health Care Program's return on investment. The ROI data suggest a $3.8 million potential cost-savings to the County. There was some confusion over what baseline was used to calculate these savings. JoAnne will follow up with Chris Stevens to clarify these figures.

Office of Emergency Planning

The Health Department continues to be an agency in transition. With the creation of the Office of Emergency Planning, emergency preparedness efforts are contained about 90 percent of the time. Dr. Gloria spends about 60 percent of her time on emergency preparedness and Dr. Satouri spends about 50 percent of her time on pandemic flu. A question was asked about current staffing assignments. Donna Foster has moved from MRC to pandemic flu coordinator.

Dr. Satouri continues to deal with the physician side of pan-flu. The HD is gearing up to do N-95 fittings. The HD's pan-flu efforts are funded until October.

Health Department Laboratory

Construction to refurbish the Belle Willard building is delayed until 2009. No monies have been allocated to the project. The HD may come back to the HCAB in FY09.

Rosalyn Foroobar and Tom Crow were asked to identify potential challenges to service delivery in areas of patient care services and environmental health.

Strategic Area 1: Preventing the Spread of Communicable Disease

Patient Care Services (PCS):

- The changing role of the HD as First Responders continues to present challenges as well as opportunities.

- The Communicable Disease burden continues to grow with an ongoing need to investigate and respond in a timely manner. CD surveillance (monitoring, investigation and management) has become critical, especially in light of the increasing rate of drug resistant tuberculosis, pan flu planning, and the growing number of norovirus outbreaks in the community. There were an estimated 193 norovirus outbreaks in Virginia, with the Northern Region having a large proportion of these cases. This past weekend, HD staff were dispatched to the Manchester Lakes area to conduct a noro investigation and provide education to a high-risk population. Bill Finerfrock asked Rosalyn if the department could provide some statistics on the prevalence of CD. Rosalyn said that she would put something together.

- The recent spate of food recalls (peanut butter, pickles, spinach) has also had an impact on local health departments. Improvements in surveillance have precipitated the need for more information in the community. Bill Finerfrock asked what the role of the HD is if the Department of Agriculture (USDA) and/or Food and Drug Administration (FDA) initiate the recall. Rosalyn said that all recalls are put on the HD website and that the HD disseminates information (e.g. what people should do with the adulterated products).

- The HD is in the planning phase to administer the HPV vaccine. Unlike other vaccines, the legislation provides an "opt out" provision for parents,

so HD staff must develop a way to track this population and make sure the agency is in compliance with the legislation.

Environmental Health (EH):

- Under the risk-based schedule a high risk establishment would be inspected four times a year, medium risk establishments would be inspected twice per year, and low risk establishments would be inspected once per year. Approximately 49% of the restaurants in Fairfax County are considered to be high risk, which would unreasonably increase the Food Safety Section's heavy workload.

- The inspection of ethnic food restaurants requires staff to address language barriers, build mutual understanding, and provide ethnically-targeted food safety training.

- The Metropolitan Washington region stands to lose federal highway funds if the EPA standard for ozone is not met by 2009.

- Approximately 51% of the 323,000 dwelling units in Fairfax County were built before 1978 and are at risk of having lead based paint. These same dwellings are in the more urban areas of the County with a greater than average probability of having significantly elevated lead levels in the soil from years of airborne deposits. Both of these facts would indicate an increased risk of Childhood Lead exposures.

- There is an increasing trend in the development community to request approval for experimental alternative onsite sewage disposal systems that will permit them to build homes on lots that had previously been disapproved due to poor quality of the soils. The DEH has contracted to do a feasibility study to provide recommendations to the Board of Supervisors for developing responsible management entity that will be responsible for conducting an operation and maintenance program for the 30,000 onsite waste disposal systems located throughout the County.

- Fairfax County Health Department reported a total of 84 cases of Lyme Disease to VDH during 2006. Tick surveillance conducted in the county revealed that approximately 14-22 percent of the ticks sampled tested positive for *Borrelia burgdorferi*. This past summer two DCIP biologists contracted Lyme Disease during the course of their duties and one Onsite Sewage and Water employee contracted the disease last summer.

<u>Strategic Area II: Facilitating Access to Services</u>

Patient Care Services

- The HD has become a primary medical provider in the community, especially for the homeless. Services are provided via shelters, drop-ins, medical respite, and street outreach. The agency has designed these services to be mobile so that they can follow the population. Long-term medical needs continue to exist for individuals who are homeless and hospitalized. The HD is facilitating a discharge planning group and working with other County staff (i.e. social services and housing). Long term medical needs for this population are a community problem, and will require a community solution. The HD is hoping to have a preliminary plan in place within 6-8 weeks.

- In addition to communicable disease efforts, the HD would like to facilitate community initiatives to improve the health of the community at large and/or targeted populations (e.g. cancer, cardiovascular disease, childhood obesity/overweight, respiratory disease such as asthma, etc.).

- Currently, HD staff are looking into the number of infant deaths in the County and identifying ways to decrease that number.

- The HD is working on access to care issues and the development of a safety net structure, with emphasis on OB and primary care.

- The HD needs to identify health disparities that impact the general health status of the ethnically/culturally diverse population of the county.

- The HD is developing a RFP for a PACE program at Braddock Glen with satellite sites throughout the county. The hub-spoke model will require the use of technology to monitor and assess participants at the satellite sites. Rose Chu asked for some clarification on PACE funding. JoAnne Jorgenson said that the Feds approached the State about applying for the program money. The state gave Fairfax County seed money to conduct some feasibility studies. Fairfax had a sponsor lined up, but at the last minute, the organization pulled out of the arrangement. A number of other community organizations have expressed interest in the PACE program.

- There is a need for greater transportation resources to ensure adequate access to existing ADHC centers. There is a need for more day care centers for younger adults who are not appropriate for the existing ADHC centers (brain injury, MR, other disabilities). There may be the potential

for another ADHC in the Centreville/Chantilly/Lorton area; the HD would act as a consultant to an outside provider. Moreover, there remains a lack of direct care workers who will be able to meet the growing demand for long term care. Initiatives that will make senior services more accessible to seniors who have limited English language proficiency are needed in order to prevent social isolation of ethnically diverse seniors. The use of specialized technology (computer software) that will enhance the cognitive and physical functioning of participants is needed in the ADHC centers.

Environmental Health

- The Division of Consolidated Laboratory Services has lost 45% of its federal funding, which will be passed on to the Health Department. This will result in an additional charge to the program of approximately $35,000 per year.

- Environmental health issues that affect our communities are becoming increasingly complex. Effective partnerships incorporating input from community, industry, and government participants are essential to ensure comprehensive approaches are adopted.

- The Internet and public media have been effective in making a wide range of environmental health information available to the public, not all of which is accurate. The need to get scientifically accurate, timely information to the public is more important now than ever before.

<u>Strategic Area III: Employing and Retaining a Skilled and Diverse Workforce</u>

Patient Care Services

- It is estimated that approximately 70% of the Health Department's nursing staff is age 50 or older. Given this aging demographic, there is an increasing need to recruit and retain staff, especially Public Health Nurses and Nurse Practitioners. It is imperative that future recruitment efforts reflect the diversity of the Health Department's clients as well as the Fairfax County community. The County has offered signing and referral bonuses and conducted multiple open houses, but the national shortage of public health nurses remains a pressing challenge that could affect the local delivery of public health services.

- Given the role of the Health Department as First Responders, there is ongoing need for emergency preparedness training (community, health

care providers, etc.). Health Department staff have been required to complete National Incident Management System (NIMS) trainings, which are fairly intensive.

- The diversity of the Fairfax County population requires an increased need for language skills (e.g. Spanish classes, teleinterpreter services, etc.).

Environmental Health

- The environmental health consequences for emergencies is well known. Environmental health staff is particularly challenged to improve our response capability for chemical, biological and radiological incidents.

- The Food Safety Section regulates approximately 3,165 permanent food establishments and approximately 750 temporary food stands at festivals and carnivals during after hours and weekends. Recent amendments to the Food Safety Code exempted convenience stores from County inspections. By dropping these establishments, it was hoped that the FSS could focus on more troubled areas, but between July 1 and March 1, the County approved applications for 110 new restaurants. As a result, the FSS is back to its former staff/establishment ratio of 1:211, compared to a national standard of 1:150, and Arlington County with 1:137 and Alexandria with 1:92. In last Monday's meeting, there was a comment made about the County's homeless shelters and how recent exemptions have freed up the FSS to focus on community education initiatives. However, before the exemptions, the FSS was inspecting 5 of those establishments. Therefore, the effect of the exemptions has been negligible. In order to meet the FDA recommendation, the FSS would need 7 additional staff. The FSS has tried to manage this need by working smarter. FSS staff inspect restaurants once every 6 months. If one of those inspections is good, then the second inspection will be used as a training, which ultimately takes less time to complete. The FSS has also streamlined some of its business processes. In response to the question about being fully staffed, Tom Crow said the unit was fully staffed a few months ago, but since then, someone has quit. Tom said it takes several months to get new staff in place and fully trained.

<u>Strategic Area IV: Integrating and Harnessing Technology</u>

Patient Care Services

- There is a need to utilize technologies, like Electronic Medical Records, to enhance and inform the health/medication information needed by various Health Department programs (e.g. PACE, primary care, etc.).

- The HD would like to investigate the use of telemonitoring in order to implement the PACE hub-spoke model. This technology could also be used to monitor individuals in the community with chronic illness/conditions. One such model is the San Diego program which uses video monitoring for its TB cases.

- There is a need to provide staff with additional wireless technology to support care in the community (e.g. care of those with chronic health conditions including elderly, homeless, children, etc.). An example is "electronic tablets" to record assessment data/demographic information.

- The HD would like to provide or enhance existing technology to increase access to Senior Navigator in the community (e.g. improve accessibility of SN to individuals with disabilities).

- Development of specialized technology to engage individuals with dementia aimed at maintaining or enhancing their cognitive ability.

- Investigate the use of "pod casting" to improve communication/information sharing/training.

Environmental Health

- The County has initiated a countywide project to locate and digitally map all individual drinking water wells and onsite sewage disposal systems, food establishments and swimming pools. This will allow for more efficient and rapid identification of sites to address problems, issues, outbreaks or other significant public health events. There are also plans to incorporate GIS technology to track West Nile Virus and Lyme Disease activity as well as other public health parameters such as air quality data, hazardous material sites, and hoarding cases.

Tom Crow provided a brief summary on the return on investment for Disease Carrying Insects Program. The cost to contract mosquito surveillance services would be approximately $1,000,000. The County currently performs those services with in-house staff for approximately $360,000; a savings to the County of approximately $640,000.

Tom explained the perceived discrepancy for the inspections performance objectives. This difference is the result of the way success in the food safety program is measured by the State and the County. The Commonwealth of Virginia Title 35.1 governing restaurants states that we must inspect all restaurants once per year, which is the measure by which VDH audits the HD contract. This had also been the department's objective in the budget until FY 2006, when Fairfax County adopted the FDA Food Code as regulation, which requires that all restaurants be inspected once every 6 months. The HD adopted the FDA standard of two inspections per year as our program objective in order to achieve compliance with the FDA National Voluntary Retail Food Program Standards. We attempted to get VDH to allow us to change the performance measure for our audit as well to be consistent with our program objective, but VDH told us that the measurements could not be changed without historical data. We will be collecting data during FY 2006-2008 to demonstrate to VDH that a standard of two inspections per year is achievable, and anticipate changing our performance measurement to two times a year in FY 2009.

Marlene Blum and Bill Finerfrock asked Rosalyn and Tom to identify 5 significant areas that the HCAB should highlight to the BOS. Rosalyn and Tom will work together to develop a consolidated list.

Edna Cruz asked what the Health Department's policy on the HPV vaccine was. JoAnne said that once we receive guidance from VDH, the HD will be able to move forward in this area.

Office of Community Partnerships

OCP provided a written response to the HCAB's question of how and why the health care costs per child to join an HMO dropped from $300 in FY 07 to $70 in FY 08. The County was able to leverage an alternative revenue source outside of the General Fund, meaning that private financing will pick up most of the costs of this program in FY 08.

EMS

Andrew Snead discussed the department's billing system. Out of $19 million that was billed, the department was able to recover $9 million. Once administrative costs are factored in, the net recovery is $8.3 million. Andrew stated that the department uses a compassionate billing system, approving 505 waivers.

Andrew discussed the department's progress on response times. He noted that some of the response measures could be improved. The Standards of Coverage workgroup continues to meet on this issue. Their recommendations will be

brought forward to the new Fire Chief, once he/she is appointed. The Standards of Coverage group is dealing with such questions as roving units, paramedics, and tiered coverage. The higher response times for ALS units can be explained because they have a larger area to cover than the BLS units.

The emergency physician who attended the meeting with Andrew said the weakest measure for EMS was the AED response time. This response time was poor due to high demand and high traffic volume. According to outcome data, only 3% of cardiac patients have an AED applied before they reach the ER. A suggestion was made to increase the number of public AEDs in areas with high cardiac arrest and multi-system failure rates.

It was noted that the Citizen CPR program had been discontinued. Therefore, EMS staff recommended that people use public gatherings to increase awareness about bystander CPR. Bill Finerfrock asked if it was more cost-effective to pre-place AEDs or increase resources to citizen CPR. EMS responded that the trick was to place the AEDs at the right location—where the arrests are occurring. EMS suggested a partnership with the Health Department to map out these areas.

Edna Cruz inquired about the MUSE system and why it had been discontinued. The emergency physician said that MUSE was a great investment for diminishing returns. Additionally, there was an issue with dropped signals or no signals at all. 23 of the 40 EMS units have 12-leads. Studies have shown that EMS staff read EKGs accurately 90% of the time. When emergency doctors or cardiologists are added into the equation, the accuracy level increases to 93% and 96%, respectively.

In response to a question on bandwidth, Andrew said there is a national effort to look at dedicated bandwidths for emergency personnel.

The HCAB will follow up with Andrew on the protocol for transporting patients to medical facilities, like the Springfield Healthplex.

The meeting was adjourned at 9:41 pm.