HEALTH CARE ADVISORY BOARD

Meeting Summary
June 9, 2008

MEMBERS PRESENT
Marlene Blum, Chairman
Rose Chu, Vice Chairman
J. Martin Lebowitz, M.D.
Francine Jupiter
Timothy Yarboro, M.D.
Rosanne Rodilosso
Dave West
John Clark
Ellyn Crawford

STAFF
Robin Mullet
Chris Stevens

GUESTS
Gloria Addo-Ayensu, M.D., Health Department
Shauna Severo, Health Department
Esther Walker, Health Department
JoAnne Jorgenson, Health Department
Pat Walters, Inova Health System
Jennifer Siciliano, Inova Health System
Christine Woodard, Fairfax County EMS

The meeting was called to order by Marlene Blum at approximately 7:35 p.m.

Approval of the Minutes

The minutes from May 12, 2008 were approved as written.

Housekeeping/Miscellaneous

Jennifer Siciliano shared information provided by Anne Rieger. At the last meeting of the HCAB, several members questioned Inova on the sharp increase in the number of patient encounters provided at the Fairfax Hospital OB/GYN Clinic. Ms. Rieger found that the increase was directly related to the opening of evening clinic hours.

Marlene Blum mentioned that a luncheon between the HCAB Executive Committee and representatives of Inova has been scheduled for July 21 at 12 Noon. Staff will send out information to everyone asking for an RSVP so that the appropriate number of lunches can be ordered.

Marlene Blum also noted that Michelle Milgrim submitted a paper on the Fairfax County Medical Homeless Project to the American Public Health Association. The paper was chosen as

one of only a few for an oral presentation at an upcoming conference. It was noted that this is recognition well deserved.

HCAB Election of Officers

The nominating committee, chaired by Rosanne Rodilosso, presented the following slate of candidates:

Marlene Blum for Chairman
Rose Chu for Vice-Chairman
Bill Finerfrock for Vice-Chairman

The floor was opened to additional nominations. There were none. A motion was called and seconded recommending the slate of candidates as presented. The motion passed 9 – 0.

Saving Babies Initiative

Shauna Severo distributed a packet of information on the Fairfax County Saving Babies Initiative.

In 2007, ten health districts were awarded $100,000 in an effort to reduce infant mortality. In 2006, Virginia ranked 41st in infant mortality. While the infant mortality rate in Fairfax County is low compared to Virginia and the United States, Fairfax County has the most live births and therefore the most infant deaths. Thus, while the rate may be very low, the frequency is high. Therefore, the State is hoping that if Fairfax County can lower its number of infant deaths by only 8, the rate for Virginia will also decrease.

Infant death is defined as a death that occurs between birth and one year. Fetal death is defined as a death that occurs at or after the 24th week of gestation.

After spending the first six months of the grant award analyzing data, the following findings were reported:

1. Seventy-five percent (75%) of all infant deaths in Fairfax County are due to low birth weight/pre-maturity and congenital abnormalities.

2. The Health Department believes it can address the issues of low birth weight/pre-maturity.

3. Neural tube defects can be reduced up to 80% if a woman's diet includes folic acid at least 3 months prior to pregnancy.

4. Fifty percent (50%) of all pregnancies are unplanned. Therefore, all women of child-bearing age should include folic acid in their diets.

The focus of Fairfax County during the remainder of the grant period will be on preventable causes of death and morbidity. Thus, the Health Department will be:

- Educating women on the importance of good health prior to becoming pregnant – which includes the need for folic acid in our diets; and

- Educating the community on recognizing the signs of pre-term labor (as a means of reducing pre-mature births).

It was noted that all health department maternity clients are transferred to the Fairfax Hospital OB/GYN Clinic at some point during their pregnancy.

A map was reviewed which shows the areas in Fairfax County with higher incidences of low birth weight babies and infant deaths. These areas include:

- Mount Vernon
- Falls Church
- Great Falls

It is suspected that Great Falls is a high incidence area because many of these women have higher incomes and access to assisted reproductive technology.

Mount Vernon and Falls Church are areas that also have limited access to health care and a high percentage of lower income families.

It was raised, however, that income and access to care are not the only issues affecting birth outcomes; other social issues affect outcomes, as well. In response to a question, it was noted that information in the packet uses the terms "black" and "African American" interchangeably. It should not – page 4 is very miss-leading by using the terms interchangeably.

Between February and May 2008, community-based outreach activities have reached 1,500 participants. Most of these participants have been pregnant women, and all have been of child-bearing age.

In addition to the health education programs, 2,369 free bottles of folic acid have been given out.

Grand funding is not on-going and therefore the agency must be able to sustain these activities without the $100,000. Thus, the emphasis is on broad community support.

The State is tracking all grant activities.

Inova – Woodburn Surgical Center COPN Application

Marlene Blum provided a brief overview of the role of local governments in the COPN process.

Ideally, a COPN project would come first to the HCAB, and then to the Health Systems Agency of Northern Virginia (HSANV). The HSANV sends a recommendation to the State Commissioner of Health. A local government may comment on whether or not a COPN should be granted. Thus, Fairfax County via the HCAB reviews the COPN and may or may not send a recommendation to the Board of Supervisors, which could send a recommendation to the HSANV Board and/or to the State Commissioner of Health.

Pat Walters provided an overview of the project. The Woodburn Surgery Center has 6 operating rooms and 6 procedure rooms. The COPN application requests an administrative change in the ownership structure. Currently, Inova Health System is the owner. The application, if approved, would allow ownership via a limited liability corporation, including a joint venture with physicians.

There are no costs to Inova associated with a change in ownership. Mr. Walters mentioned the following:

- Under the new ownership, payments from Medicare, and costs to the patient, will be about 35% less than they are now;

- Inova will maintain majority ownership (at least 60% of the venture) and;

- Inova's charity care policy will apply.

Mr. Walters noted that all physicians will have equal access to the facility, regardless of whether or not they are an owner.

The question "what is the benefit to the patient community" was raised. In response, Mr. Walters stated that (1) the highest levels of patient satisfaction are at Springfield and Loudoun where the ownership agreement is the same and (2) Medicare patients will pay less.

Inova originally tried to organize their Springfield facility this way, however, initially, physicians were not interested. It was always set up as an LLC, but wasn't until later that 40% was sold.

During discussion, Dr. Lebowitz expressed concern with this type of joint venture. He stated that if Inova wanted a true joint venture, at least a 50 – 50 ownership is needed. Anytime ownership is split 60 – 40, those in the minority can always be out-voted by Inova. Dr. Lebowitz explained that Inova's approach to partnership demonstrated a lack of confidence in the physician partners. In today's difficult health care environment, Inova should be committed to a true and equal partnership with physicians.

In response to other questions, Mr. Walters stated:

- One main reason for structuring ownership this was is to stay competitive.

- The conversion to an LLC will include the exchange of money between the LLC and Inova. The LLC will need to pay Inova.

- Most patients who have used this center should not notice a change in the service they receive. However, a physician who owns a share is required to disclose his ownership if he refers a patient.

A motion was made recommending that unless Inova changes the proposed ownership to a 50 – 50 split, the HCAB should recommend the Board of Supervisors oppose the COPN application because the ownership arrangement takes advantage of the physicians coming into the partnership and is not a progressive business model.

The motion was seconded. During discussion, Dr. Lebowitz noted that Woodburn is a good facility, his objection is to the ownership structure.

Ms. Blum noted that while she understands the concerns presented in the motion, the ownership structure does not come under the purview of the HCAB. The HCAB is tasked with reviewing the merits of an applicant based on what it does or does not do for the community.

The motion was called and failed 1 – 7 with 1 abstention.

Other Business

The next meeting of the Community Advisory Committee will be on Thursday, June 19.

Christine Woodard with Fairfax County EMS will be presenting at the September 8 HCAB meeting.

There being no further business, the meeting adjourned at 9:15 p.m.