HEALTH CARE ADVISORY BOARD

Meeting Summary
November 10, 2008

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

STAFF
Sherryn Craig

GUESTS
Gloria Addo-Ayensu, M.D., Health Department
JoAnne Jorgenson, Health Department
Chris Stevens, Health Department
Jennifer Siciliano, Inova Health System
Art Sivaslian, Director of Planning, Inova Health System
Thomas Redman, Director of Radiology, Inova Health System
Kirsten Edmiston, MD, Medical Director of Cancer Services Inova Health System
Cheryl Ward, Executive Director of Laboratories, Inova Health System
Claudia Tellez, Project Access of Northern Virginia
Linda Mosely, MD, Project Access of Northern Virginia
Brenda Dintiman, MD, Project Access of Northern Virginia

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

Approval of the Minutes

The minutes from October 22, 2008 were accepted as submitted.

Lines of Business (LOBs)

The Board of Supervisors (BOS) has solicited input from the Human Services Committee (HSC) on the Lines of Business (LOBs) reduction options. Boards, Authorities and Commissions (BACs) have been scheduled to present their feedback on potential reductions; the HCAB is scheduled for Wednesday, November 12 at 7:40 pm. The HSC has allotted 5 minutes for oral remarks, but BACs can supplement their presentations with written materials.

A draft of Marlene Blum's testimony was circulated for review and comment.

The following changes were suggested:

(1) add a sentence to the third paragraph about why the air pollution program was restored in 2007

(2) change “small” to “less costly”

(3) change “large” to more costly

The “Financial Breakdown” document will accompany the presentation.

The testimony will be revised and sent to the Board of Supervisors and the County Executive.

Dr. Lebowitz cautioned the Health Department to scale back its thinking on the role it plays. He encouraged the agency to refocus its efforts on public health and safety and communicable disease prevention. He felt that trying to do more with less would leave the agency vulnerable to liability concerns. He also recommended that agency and county leadership communicate what services the Health Department would no longer provide.

Cancer Research Presentation

Dr. Kirsten Edmiston, Medical Director of Inova Cancer Services, delivered a presentation on breast cancer in Fairfax County. 182,000 women are diagnosed with breast cancer each year. One in eight women in the United States will get breast cancer, making it the most common cancer in women. 4,680 women in Virginia will develop breast cancer. Fairfax County has the third highest incidence of breast cancer in the state (130.2/100,000). Approximately 1,140 women in Virginia will die from breast cancer in 2008. Compared to other health districts, Fairfax County has a higher mortality rate (29.0/100,000).

About 70 percent of all breast cancer is diagnosed in Stage 1 and Stage 2, making the rate of advanced cancer low. However, the burden of disease is especially high among African American women. Breast cancer incidence remains low in black women, but their mortality rate is higher than whites, suggesting later diagnoses (Stage 3 and Stage 4) for black women.

The disease has important economic dimensions as well. Despite a strong consumer awareness of breast cancer and breast cancer services (vis-à-vis “Think Pink” products), women who do not have health insurance, have less education, or have recently emigrated are less likely to get routine mammograms and more likely to present with advanced stages of the disease. White women ages 40 and over were more likely than Blacks or Hispanics to have a mammogram within the last two years.

Breast health care is now delivered almost exclusively in an outpatient setting. 60-65% of breast cancer patients elect breast conserving surgery and radiation. The average time interval for acute breast cancer diagnosis and treatment is 4-6 months, and usually involves a multidisciplinary team of at least 4 different specialists (e.g. surgeon, oncologist, radiologist, pathologist, etc.).

Because breast cancer care is fragmented, Inova has created a network to bring all providers together, virtually and physically, with the end goal of providing timely, equitable, and cost-effective patient-centered care. The Inova Breast Care Institute (IBCI) organizes all five Inova hospitals and their corresponding physicians and staff into a single network. ICBI is staffed by two Registered Nurses (RNs) and one Social Worker (SW) whose responsibilities include:

(1) Facilitating appointment scheduling,
(2) Assisting with the referral process,
(3) Providing information and advocacy throughout the care process,
(4) Addressing patient questions about the care process and treatment options,
(5) Engaging other supportive services,
(6) Identifying and participating in opportunities for operational process improvement,
(7) Engaging in community education and outreach

Patients use one phone number—(703) 776-2003—which is answered during the day by a live person who will navigate them to the appropriate team.

The goals of IBCI include: (1) providing navigator and support services within 24 hours of a request, (2) providing access to a definitive diagnosis of breast cancer within 7 days, (3) minimizing patient traveling whenever possible, and (4) providing uniform evidence-based multi-disciplinary care in a patient friendly environment. ICBI wants to maintain a network that provides the same excellence of care regardless of where in the Inova System a woman begins care.

In order to participate in the IBCI, physicians must demonstrate the following criteria:

(1) Board certified,
(2) Practice evidence-based medicine using peer reviewed guidelines,
(3) See Inova Breast Care Institute patients within 3 business days,
(4) Participate in outcomes demonstration and improvement projects,
(5) Participate in 50% of multidisciplinary care conferences and ongoing CME activities,
(6) Care for at least 30 new breast cancer patients per year.

IBCI has been operating for one year and has seen a 20 percent overall reduction in the time to diagnosis of imaged guided lesions. Moreover, the IBCI is one of the few programs credentialed by the National Quality Measures for Breast Centers.

A question was asked about disease prevalence in Asian women. Dr. Edmiston said that it is difficult to segment the Asian population because of how statistics are collected. Dr. Edmiston also shared that the IBCI is moving away from social constructs, like race, and will begin focusing on socio-economic status indicators.

JoAnne Jorgenson asked if the IBCI is working to educate primary care providers in the private sector. Dr. Edmiston said yes.

In response to a question about IBCI's funding, Dr. Edmiston said that Inova pays for the navigation program. Although the IBCI is unique to the Northern Virginia region, the concept has been implemented in many areas of the country.

Dr. Lebowitz asked if the use of OB-GYNs as primary care providers has had any affect on early diagnosis. Dr. Edmiston said that in small, rural communities it may, but in Fairfax County, it has not.

Review of Inova Capital Improvements and Certificates of Public Need (COPN)

Inova has received conditional approval for a COPN, pending further discussion around charity care, for the Automated Central Laboratory. Estimated at $23 million, the laboratory will occupy 23,500 square feet at the Juniper Building, 1.2 miles from Inova Fairfax Hospital, and will perform all of the routine testing (e.g. chemistry, hematology, microbiology, cytology, and histology) for all five of the Inova Health System laboratories. Additionally, the lab will include a Bio-Safety 3 (BSL3) component that will perform tests on highly infectious specimens. All routine testing defined as testing that requires greater than 4 hours turn-around time will be performed at the Central Lab. All testing that requires less than 4 hours turn-around time and Emergency Department testing will continue to be performed in the hospital laboratories.

A COPN for the addition of a MRI scanner, estimated at $5.3 million, is pending. If approved, the MRI would be located on the Inova Fairfax campus adjacent to the existing radiology department in space formerly occupied by the Trauma Intensive Care Unit (ICU). The Trauma ICU has now been relocated to the ICU space vacated when the Cardiovascular ICU moved to the Inova Heart and Vascular Institute. This location will allow for easy access by inpatients and outpatients and was chosen because the MRI will not need to be moved in relation to construction associated with the campus building project. The project will improve access to MRI services, further enhancing patient quality of care.

Dr. Lebowitz moved that a memo be sent to the BOS recommending that the Board endorse the addition of the MRI scanner at Fairfax Inova Hospital to the State Commission of Health. Lyn Crawford seconded the motion. The motion passed unanimously.

Project Access

Claudia Tellez, Director of Project Access of Northern Virginia (PANV), provided an overview of the program. PANV is a program of the Medical Society of Northern Virginia Foundation with the goal of increasing access to Specialty Care by developing and maintaining a volunteer network of physicians who provide care to low-income, uninsured "safety net" patients in Fairfax County. PANV is a collaborative effort between "safety net" clinics, Inova Health System, Reston Hospital, and PANV's volunteer physicians who provide pro-bono specialty medical care to their patients.

PANV serves patients from the Alexandria Health Department, Alexandria Neighborhood Health Services, Inc., Culmore Clinic, Fairfax County Community Health Care Network, and Jeanie Schmidt Free Clinic. Patient income eligibility is up to 250% of the Federal Poverty Level

(eligibility screening is conducted by participating safety net entities). Participating safety net entities provide ancillary services, diagnostic testing, and medications to support treatment plans and/or recommendations of PANV's volunteer physicians and to assure patients' continuity of care. PANV also provides interpretation services in 173 languages, including sign language for participating volunteer physicians

PANV began processing referrals on January 1, 2008. The goal is to fill referral requests within 10 business days. Currently, PANV is averaging an 80% response rate on referral requests.

PANV has more than 160 volunteer physicians in 25 specialty areas (e.g. Cardiology, Dermatology, Endocrinology, Eyes, Nose, Throat (ENT), Orthopedics, Gastroenterology, General Surgery, Gynecology, Oncology, Orthopedics, Plastic Surgery, Pulmonology, Rheumatology, and Urology). Doctors have provided more than $100,000 in pro-bono care to 165 unduplicated "safety net" patients who have generated 225 visits.

Besides specialty care, PANV is working to expand primary care access points and increase access to hearing and low vision aid devices. PANV has partnered with MDVIP, a nationally recognized concierge practice, which will provide pro-bono primary care medical services to eligible safety net patients with diabetes and cardiovascular conditions. Beginning November 1, the Virginia Lions Club will also provide eyeglasses, low vision aids, hearing aids, diabetes test strips and blood glucose metering devices to safety net patients in zip codes 22015, 22150, 22151, 22152, 22153, 22310, 22314, and 22315.

The Medical Society of Northern Virginia (MSNV) provided the funding for FY08. However, the MSNV has scaled back its funding in FY09 to include salaries and indirect costs only. MSNV will further decrease funding in FY10 to $35,000. PANV has secured a $50,000 unrestricted grant from the Aetna Foundation, but is looking for other funding sources to cover the remaining $180,450 program cost.

HCAB members wanted to know if PANV recruits physicians who accept Medicaid. Dr. Mosely said the program does not do so exclusively.

Dr. Yarborough asked what the experience has been recruiting young physicians out of medical school. Dr. Dintiman, who has been in practice for 17 years, spoke to her experience treating PANV patients.

Marlene Blum asked why the CHCN must pay for specialty care if all PANV physicians are providing services on a pro bono basis. Ms. Tellez said PANV is transitioning from fee-for-service to an all pro-bono model. PANV cannot support the referral volume that CHCN currently generates.

There being no further business, the meeting adjourned at 9:43 p.m.