HEALTH CARE ADVISORY BOARD

Meeting Summary
May 11, 2009

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

STAFF
Sherryn Craig

GUESTS
Gloria Addo-Ayensu, MD, MPH, Health Department
JoAnne Jorgenson, Health Department
Rosalyn Foroobar, Health Department
Esther Walker, Health Department
Brent Russell, Sunrise, Inc.
Cindy Eggleston, Sunrise, Inc.
Peggy Lloyd, Beginning Steps for Parents
Jennifer Siciliano, Inova Health System

The meeting was called to order by Marlene Blum at 7:52 p.m.

Approval of the Minutes

Rosanne Rodilosso did not visit all of the Adult Day Healthcare Centers (ADHC); she visited the Annandale, Braddock Glen, and Lincolnia facilities. The minutes from the March 23, 2009 HCAB meeting were accepted as corrected.

Housekeeping

On April 28, The InovaCares Clinic for Women and Children opened at its new location at 6400 Arlington Boulevard, Suite 100. Marlene Blum, Rosanne Rodilosso, Rose Chu, JoAnne Jorgenson, and Rosalyn Foroobar attended the opening.

Karen Remley, MD, MBA, the State Health Commissioner of Virginia, announced the recipient of the state's Public Health Nurse of the Year Award—JoAnne Jorgenson. Ms. Jorgenson was also selected as the regional Public Health Nurse of the Year for Northern Virginia.

The Board of Supervisors (BOS) will recognize Ms. Jorgenson's retirement and her 38 years of service with the Health Department on June 1, 2009. Presentations are scheduled to begin at 9:30 am in the Board Room Auditorium.

FY 2010 Budget Update

JoAnne Jorgenson provided an update on the Board of Supervisor's FY 10 Adopted Budget.

- The Clinic Room Aide Program was partially restored. The Health Department must absorb a $253,000 reduction to continue the program, which includes the hiring of two new Clinic Room Aides (CRAs). The Health Department will reduce CRA hours on Mondays and cut back scheduled trainings.

- The Air Quality Program has been reduced to two positions. The BOS and the Department of Management and Budget (DMB) have directed the agency to transition these positions to the state in one year. Some preliminary conversations have occurred, and the BOS is planning to discuss the topic at its upcoming retreat. Tom Crow will keep the HCAB informed on the transition.

- The Environmental Hazards Investigation Unit has been eliminated. Mandated lead investigations will be integrated into the Community Health and Safety Division.

- $97,000 has been eliminated from the Long Term Care Program. The Health Department will manage this reduction through travel spending and contracts. The Quality Assurance position was not impacted

- $93,000 has been eliminated from Program Management. The Health Department will not be able to hire part-time staff or use short-term contracts to acquire specialized expertise.

- The Annandale Adult Day Healthcare Center will remain open another year. Families who organized to oppose the cut have agreed to fundraise $50,000. The group has collected $36,000 to date, secured $14,000 in pledges, and will continue to fundraise throughout the year to raise an additional $50,000 for FY 2011. Quarterly payments will be made to CareFax LTC, the designated fiscal intermediary. Fees for all ADHCs will increase 15 percent, and the Health Department will implement further modifications to lower costs. Agency staff will keep the HCAB informed of proposed changes.

Marlene Blum summarized the status of non-Health Department funding:

- The Lorton, Lincolnia, and Sully Senior+ Programs will remain open, but participants will be charged $50 a month. The Senior+ Program had previously been free to County residents. The Health Department is working with the Department of Community Parks and Recreation to implement its billing infrastructure.

- The BOS restored many programs in the Department of Fire and Rescue, most notably the four EMS transport units, the Hazardous Materials Unit, and the Heavy Rescue Units.

$50,000 was also approved to help the Northern Virginia Dental Clinic (NVDC) hire a full time dentist. Arlington and Alexandria have agreed to contribute $25,000 each.

Update from Sunrise, Inc

Brent Russell, Senior Area Manager of Operations, and Cindy Eggleston, Regional Nurse for the Northern Virginia Area, briefed the HCAB on the status of Sunrise's Assisted Living Facilities. Sunrise, Inc has 10 communities in Fairfax County that provide care to 1,185 residents. Five of Sunrise's facilities are in partnership with the Inova Health System. Mr. Russell said that Sunrise has taken steps to make the company financially stronger and that no change has been made to the services or level of care it provides to residents.

Bill Finerfrock noted that residents were impacted by the closure of the Lorton Station facility. Mr. Russell disagreed, saying that Lorton Station was an individually owned asset that was not financially viable. Seventy-five percent of affected residents were placed in another Sunrise-facility that will charge similar rates to Lorton Station. Mr. Russell said the company received considerable praise from the Fairfax County Ombudsman. The Lorton property has been put up for sale.

Sunrise has a 90 percent occupancy rate among its Fairfax holdings.

Marlene Blum asked about the status of the Foundation. Mr. Russell said that Sunrise continues to provide grant beds in many of its communities and there are no plans to discontinue this practice, or stop services to existing recipients.

In response to the 11 Lorton Station residents who moved into nursing facilities, Cindy Eggleston speculated that the residents may have wanted to spend down their money and have Medicaid pick up their care costs. Marlene Blum said that this practice would violate the spirit of the grants because presumably, residents could no longer afford to pay out-of-pocket for Sunrise's services. Ms. Blum reminded Sunrise that there are not enough beds in Assisted Living Facilities for low income residents. Ms. Eggleston said she would look into the circumstances of these 11 residents and report back to the HCAB. Mr. Russell will also provide a list of the facilities that Sunrise owns or manages in Fairfax County.

The HCAB decided it would not take action at this time, but would await further information from Sunrise.

Beginning Steps for Parents Program (BSPP)

The BSPP, based out of Inova Fairfax Hospital, assesses first time mothers, identifies those at risk for poor childhood outcomes, and refers them to appropriate post-natal and parenting support programs in their communities. The desired outcomes of the program are to promote healthy infant/child development, enhance parenting skills, and strengthen the families' ties with

surrounding community resources. Women and children who are Maternity Clinic patients are not eligible for the program, presumably because they are receiving direct social service supports. Fairfax Hospital serves the majority (66%) of the BSPP's clients.

Peggy Lloyd, BSPP Program Manager at Fairfax Hospital, updated the HCAB on 2008 calendar year activities.

- 6,703 medical charts of new moms were reviewed.
- 589 first-time mothers agreed to participate in BSPP.
- 302 mothers consented to home visits and in-depth assessments by a Public Health Nurse or Family Resource Specialist.
- 58 mothers were referred to high intensity programs with the community.

BSPP, which previously had relied on grants and gift funding to operate, was reorganized into the Case Management Department of Inova Fairfax Hospital. The program is now part of the department's regular operating budget.

Francine Jupiter noted that there are a lot of Fairfax County residents in the Mount Vernon area that deliver at Alexandria, not Fairfax Hospital. Ms. Lloyd said that the hospital agreed with this observation, and is hopeful about future expansion now that the program has been integrated into the operating budget.

Bill Finerfrock and Dr. Lebowitz asked about the status of the 58 high-risk mothers. Esther Walker, Assistant Director of Patient Care Services, reported that all 58 mothers enrolled in services and no cases of abuse or neglect were reported.

Mr. Finerfrock asked if Electronic Medical Records (EMRs) would facilitate program assessments. Ms. Lloyd said that there are objective factors that can be gleaned from an EMR, but that there are also subjective indicators (i.e. a floor nurse's observation) that can precipitate a referral.

Ms. Lloyd reported that eight percent of clients require an interpreter, which is almost always Spanish or Vietnamese. JoAnne Jorgenson noted that many non-English speaking mothers are being served in clinic, and therefore, would not be eligible for BSPP.

Now that BSPP has been integrated into the Case Management Department, there was some concern that the program would lose its visibility. Jennifer Siciliano assured the HCAB members that she would keep them informed of any changes in the program.

The HCAB will address the possibility of expanding the BSPP at the preliminary budget meeting with Inova in July. Francine Jupiter noted that Inova should be acknowledged and commended for maintaining and elevating the program's status.

H1N1 Virus "Swine Flu" Update

Dr. Gloria briefed the HCAB on the Health Department's H1N1 Virus "Swine Flu" efforts.

The outbreak continues to evolve and expand. There have been 4,379 confirmed cases in 29 countries. Cases within North America include:

- USA – 2,532 cases, 44 states, 3 deaths
- Mexico – 1,626 cases, 45 deaths
- Canada – 280 cases, 1 death

The World Health Organization (WHO) issued a Phase 5 Pandemic Alert, meaning widespread human infection has occurred in at least two countries in one WHO region.

The 2009 Influenza A (H1N1) virus is a new virus that has not previously infected humans. Therefore, humans have no immunity to the virus and there is currently no vaccine. The potential severity of the virus in the general population was initially unknown, precipitating widespread school closures. However, given that the severity of the virus is similar to seasonal flu, the Centers for Disease Control and Prevention (CDC) have now recommended that schools no longer be closed.

Three influenza pandemics occurred during the 20th century: 1918 (H1N1) – 40 million deaths; 1957 (H2N2) – 2 million deaths; and 1968 (H3N2) – 700,000 deaths. Due to viral reassortment, the 2009 H1N1 virus is different than the 1918 H1N1 virus.

The County began preparing for an influenza pandemic in Fall 2005. In response to the H5N1 avian influenza threat, an all-hazards approach was used for planning and included all segments of local government, surrounding cities, Fairfax County Public Schools (FCPS), the medical community, private sector groups and partner organizations.

Multi-disciplinary workgroups were organized around the following topics:

- Communication and notifications;
- Vaccine and antiviral distribution;
- Community disease control and prevention;
- Essential needs;
- Laboratory and Surveillance;
- First Responders;
- Legal;
- Surge capacity; and
- Mass Fatality Management

The work of the latter two groups remains ongoing.

The Fairfax County Pandemic Influenza Response Plan was published in Summer 2006. The goals of the plan are:

- Contain and control disease outbreak;
- Limit the number of illnesses and deaths;

- Preserve continuity of essential government functions;
- Minimize social disruptions; and
- Minimize economic loss

The 2009 H1N1 outbreak has tested the Health Department's readiness. On Sunday, April 26, the Health Department stood up its Emergency Operations Center and Incident Command Structure (ICS). The agency is providing situational updates to the Deputy County Executives and supporting county agencies. Agency directors have been briefed on the situation, including workplace safety issues, and all agencies have been encouraged to review their Continuity Of Operations Plan (COOP).

Additionally, the Health Department is coordinating its responses with the Virginia Department of Health and the National Capital Region public health departments. Evolving CDC guidance continues to be reviewed and disseminated to the appropriate parties. Public awareness and education is being conducted through mainstream and ethnic media, website, and presentations.

Specific strategies for responding to the H1N1 outbreak include:

- Development of an educational flyer for county staff and the public (disseminated at the meeting);
- Enhanced surveillance using the ESSENCE and SIMS databases;
- Operating a call center to address public concerns;
- Implementation of a safety net strategy for uninsured and medically indigent residents with influenza to obtain care and antivirals;
- Promotion of individual and family emergency preparedness plans;
- Placement of hand and respiratory hygiene posters in buildings;
- Collaboration with partner agencies on community mitigation strategies.

As the H1N1 situation evolves, it is very likely that Fairfax will have cases in the near future. Any response will be in accordance with the County's Influenza Response Plan and CDC guidance. Should the WHO alert level be raised to a 6, there is no need to panic. This rating is used to characterize the extent of geographic spread, not the severity of the virus.

Federal, state and local public health authorities continue to monitor this situation closely, but there are simple and effective steps that everyone can take to protect themselves and others in the community:

(1) Cover coughs and sneezes with a sleeve or tissue;
(2) Throw used tissues away in the trash;
(3) Wash hands often with soap and water, especially after coughing and sneezing;
(4) If sick with influenza, stay home and limit contact with others; and
(5) Alert your health care provider if you should seek medical care due to influenza-like illness to allow appropriate infection control practices to be put in place before your arrival.

Dr. Gloria said that the H1N1 outbreak has helped the agency disseminate public health and preparedness messaging.

Bill Finerfrock asked if the Health Department had identified any areas that need improvement of further correction. Dr. Gloria mentioned that the H1N1 outbreak came on the heels of a measles outbreak. Had the H1N1 outbreak been more severe, the ability of the agency to sustain its efforts may have become an issue.

Marlene Blum asked how the Health Department plans to reconcile its recommendation to stay home from work with the reality that some workers do not have sick leave and could potentially lose their jobs. Dr. Gloria said that the Health Department has engaged area businesses and will be focusing on small businesses this summer.

Ms. Blum also asked about the use of the Medical Reserve Corp (MRC). Dr. Gloria said that the MRC would be activated to assist with mass vaccination efforts or operating a large-scale call center.

Other Business

Jennifer Siciliano shared that Chairman Bulova will recognize Fairfax Hospital as one of the nation's fifty best hospitals at the May 18 BOS meeting.

Inova will open an OB/GYN clinic in Reston on June 24.

There being no further business, the meeting adjourned at 9:48 pm.