

HEALTH CARE ADVISORY BOARD

Meeting Summary
December 14, 2009

MEMBERS PRESENT

Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Dave West
Francine Jupiter
John Clark

STAFF

Sherryn Craig

MEMBERS ABSENT

Rosanne Rodilosso
Susan Conrad
J. Martin Lebowitz, MD
Timothy Yarboro, MD
Ellyn Crawford

GUESTS

George Braunstein, Fairfax-Falls Church Community Services Board (CSB)
Mary Kudless, CSB
Dr. Colton Hand, CSB
Rosalyn Foroobar, Health Department
Chris Stevens, Health Department
Geri Zeithammel, Health Department
Jennifer Siciliano, Inova Health System

The meeting was called to order by Marlene Blum at 7:36 p.m.

Approval of the Minutes

The minutes from the November 9, 2009 HCAB meeting were accepted as submitted.

Community Health Care Network

The Community Health Care Network (CHCN) will commemorate its 20th anniversary in 2010. Chris Stevens is planning a celebration for May. Bill Finerfrock agreed to help identify and recruit a keynote speaker.

Beeman Commission Update

George Braunstein, Executive Director of the Fairfax-Falls Church Community Services Board, stated that the CSB is committed to establishing a medical home (i.e. adequate primary health care) for individuals with serious mental illness (SMI). To accomplish this goal, the CSB is

looking to partner with the Health Department and the Community Health Care Network (CHCN)

Dr. Colton Hand and Chris Stevens reviewed the implementation status of the Beeman Commission recommendations.

Recommendation 7.1: Support and expand the existing examples of cross-system collaboration between primary and behavioral health care providers

The CSB has transitioned to an Electronic Medical Record (EMR) which will allow the CSB to communicate a client's medical information to a referring entity. Inova Health System has also provided CHCN with \$350,000 to implement a GE Centricity EMR.

A uniform assessment tool—the PHQ-9—will be implemented at all CHCN sites for the assessment of mental health needs in early 2010.

The CHCN and CSB have established bi-directional liaison positions to facilitate information sharing.

A low priority has been assigned to the establishment of a Medicaid (DMAS) interface to streamline the eligibility system. Mary Kudless felt that the County could access Medicaid information through other channels.

The CSB is hiring Peer Specialists in numerous roles and believes that the “health promoter/health coach” role is an important focus of every peer's work.

The Department of Family Services (DFS) is reviewing its Lines of Service. It is the CSB's hope that it will be able to create two positions that will function in the same capacity as the Health Access Assessment Team (HAAT) with CHCN. Currently, the CSB dedicates a total of 18 hours a month to eligibility, which does not provide enough capacity for follow up or a full, comprehensive assessment.

The CSB submitted a major partnership grant to expand primary care to other sites to the Substance Abuse and Mental Health Services Administration (SAMHSA). The proposal was not funded, but the application was highly rated and provided lessons learned. Mary Kudless has been working to expand the CSB's relationship with local nursing programs (e.g. George Mason University), including student practicum placements at CSB sites. It was unclear why “Inova” and a “tax credit” were assigned to the “Staff Responsible” for strategy implementation. This task will be amended.

Dr. Hand stated that the CSB is working to recruit psychiatrists to provide pro bono services. This is not a specialty that CSB has focused its recruiting efforts on before.

Ms. Kudless reported that the CSB is working to increase Medicaid providers. Specifically, the CSB has partnered with Amerigroup and Anthem to identify mutual consumers.

Bill Finerfrock asked about the potential for using Telemental Health to deliver services. Dr. Hand stated that one of the CSB psychiatrists is piloting the modality. Mr. Braunstein reported that the County has purchased equipment that will allow the CSB to implement Telemental Health connectivity.

Recommendation 7.2: Explore modification of the affordable health care system, to Federally Qualified Health Center (Look-Alike)

The CSB supports this initiative. The Health Department has contracted with a vendor to seek a Medically Underserved Population (MUP) designation. Rosalyn Foroobar and Chris Stevens will have primary responsibility to move this strategy forward and asked that the HCAB intervene on behalf of the Health Department should that level of advocacy be needed.

Marlene Blum reminded everyone that the HCAB can only advocate on behalf of an issue or activity on which the Board of Supervisors (BOS) has taken a position; the HCAB cannot act independently of the BOS. There was some question of whether the BOS was aware of the implications or feasibility of pursuing this strategy. Moreover, the HCAB has not taken a formal position on an FQHC Look-Alike. Several issues would need to be addressed before taking a position, including overall accountability, financial incentives, etc.

Ms. Blum said that the HCAB needs to discuss the pros and cons of pursuing this policy. It was recommended that the Affordable Health Care Advisory Committee put a group together to explore the feasibility of this strategy.

George Braunstein concluded the discussion by saying that in light of health care reform, the FQHC may not be the final answer and if a policy decision was needed, the CSB would return to the HCAB and the CSB Board.

Recommendation 7.3: Explore the possibility of a locally developed health insurance plan

Group health insurance plans have been explored at state and local levels without success. The CSB has placed this recommendation on hold, given prior attempts and the uncertainty around federal health care reform. Staff will continue to explore increasing income eligibility in CHCN from 200% of Federal Poverty Limits (FPL) to 250%. It is not clear what budgetary implications this change may have.

A comment was raised about the CHCN's future given health care reform. The need for providers will continue, however the eligibility to receive care will change.

There was discussion regarding the possibility of qualifying the CHCN as a free clinic. Chris Stevens and Bill Finerfrock will review the free clinic definition to determine the County's eligibility status.

Mr. Finerfrock also inquired about the potential for applying for federal funds available for EMR development. The Health Department's Infomatics Manager put together a proposal for stimulus funds, but the request was not funded. Mr. Finerfrock will follow up with Ms. Stevens since it was unclear if the financial incentives justified submitting an application.

John Clark asked how many customers CSB served. Ms Kudless said that Mental Health serves 11,000 customers a year; the CSB, in total, serves 21,000.

HIV Presentation

Marlene Blum reported that the Board of Supervisors issued a proclamation declaring December 1, 2009 AIDS Awareness Day. The BOS recognized the Northern Virginia Clergy Council for the Prevention of HIV/AIDS for its efforts to raise awareness and prevent the spread of HIV/AIDS in the African American community.

Geri Zeithammel, one of the Health Department's HIV nurses, presented *Break the Silence*, a 14 minute educational video that explores some of the cultural issues, (e.g. stigma, denial, etc.) surrounding the HIV/AIDS epidemic in the black community. Fairfax County has the second highest number of new HIV/AIDS cases in Virginia. The Virginia Department of Health reports blacks are 7 times more likely to be living with AIDS than whites and that one out of every 370 Virginians is known to be living with HIV/AIDS. The trend of new HIV/AIDS cases in Northern Virginia is alarming: 41% are black men; 61% are black women; 69% are black youth.

The church is seen as the core of the community. The Health Department began meeting with black clergy in the summer of 2006. Since that time, Ms. Zeithammel reported that members of the faith community have embraced their roles as HIV educators and are committed to curbing the spread of the disease in their community.

A question was asked about why public health campaigns have been ineffective at promoting behavioral change within the black community. Rosalyn Foroobar replied that the Health Department needed to change how it communicates with minority and underserved populations. Since these affected communities were not coming to the Health Department for services, the Health Department needed to go to them. The Health Department hopes to replicate this model with other public health issues (e.g. low birth weight).

Ms. Zeithammel concluded her presentation with a notice of an upcoming HIV Summit for Saturday, March 6, 2010 at Reverend Smith's church, the First Baptist Church of Vienna.

EMS Presentation

Sherryn Craig will contact Chief Louder and reschedule her presentation.

There being no further business, the meeting adjourned at 9:16 pm.