HEALTH CARE ADVISORY BOARD

Meeting Summary
September 13, 2010

MEMBERS PRESENT
Marlene Blum, Chairman
Rose Chu, Vice Chairman
Ellyn Crawford
Francine Jupiter
Dave West
Susan Conrad

STAFF
Sherryn Craig

GUESTS
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Jennifer Siciliano, Inova Health System
Kylanne Green, Inova Health System
Pat Walters, Inova Health System

In Memory of John Clark

John Clark, Braddock District Representative to the HCAB since 1991, died on August 23. Marlene Blum, Rosanne Rodilosso, and Rosalyn Foroobar attended the memorial service, and flowers were sent on behalf of the HCAB and Chris Stevens.

A 1949 graduate of Annapolis, he was a Lieutenant Colonel in the United States Air Force. He will be buried with full military honors at Arlington National Cemetery in late November or early December.

Ms. Blum shared a note from Mr. Clark's neighbors, the Sargents, thanking the HCAB for the flowers and remarking on John's enthusiasm for attending HCAB meetings. Ms. Blum will bring the note to the October 13 meeting so those who could not attend can read it.

Life Circle Alliances

HCAB members should have received an invitation for the Life Circle Alliances' "Kudos for Community Caregivers" Awards Breakfast scheduled for Monday, September 20 at Mason Inn in Fairfax. Registration begins at 7:00 am. The event is from 8:00 – 9:30 am. Marlene Blum will be attending.

Marlene Blum called the meeting to order at 7:59 p.m.

Approval of the Minutes

The minutes from the June 14, 2010 HCAB meeting were accepted as submitted.

FY 2010 Carryover Funding

The County Executive presented the FY 2010 Carryover Budget package to the Board of Supervisors on Tuesday, July 27.

The FY 2010 Carryover Review recommends changes to the FY 2011 Adopted Budget Plan. It shows what the available balances are and outlines obligations, adjustments proposed by the Board of Supervisors, and "administrative adjustments" recommended by the County Executive. The County Executive, per the HCAB's recommendation, requested that $250,000 be allocated from Carryover to procure consultative services for health care reform. These funds appear in the Health Department's budget, but will be used for the benefit of the entire human services system.

It was suggested that if the HCAB wanted to support the recommendation, it should testify at the Public Hearing scheduled for Tuesday, September 14. Susan Conrad moved that the HCAB discuss the draft testimony provided to members in the HCAB meeting packet. Rose Chu seconded the motion.

Dr. Gloria confirmed that the County was addressing the impact of health care reform on County employees. There was some concern around allocating a lump sum to a consultant, rather than staggering funds. It was suggested that the Health Department report back to the HCAB regularly regarding the status of how these funds are spent. Rosalyn Foroobar agreed to update the HCAB.

One edit was made to the testimony. The date in the first sentence of the second paragraph was changed from June 15 to June 16.

With no further discussion, the testimony, as revised, was unanimously approved.

HCAB-Inova Budget Preview Meeting

The HCAB met with Inova's senior leadership on August 5 to review FY 2009 final budget results and FY 2010 midyear performance. A summary of the meeting was provided in the September meeting packet.

The summary was revised: On page two, Jeff Brown's name will be corrected to Geoff Brown and on page four, the acronym PACE will be expanded to Program of All Inclusive Care for the Elderly.

Clarification on Rezoning Ordinance

During the June 14 Public Hearing on Inova's Lorton HealthPlex (RZ-2009-MV-023), there was some discussion regarding the HCAB's jurisdiction over a rezoning application. The Department of Planning and Zoning (DPZ) cited Section 9-308 of the Fairfax County Zoning Ordinance – "Additional Standards for Medical Care Facilities." This section of the code

authorizes the HCAB to review rezoning applications, in addition to special exception applications, for medical care facilities.

Inova Mount Vernon Hospital Capital Improvements

Pat Walters briefed the HCAB on Inova's long term, multi-phase plans for Mount Vernon Hospital. Since having these plans approved by its Board, Inova is now ready to enter the public process. Mr. Walters expected that the Comprehensive Plan Process would take about a year to eighteen months to complete. Inova will file a Certificate of Need (CON) in January 2011.

The first phase of construction is expected to conclude at the end of 2013/beginning of 2014 and will include extending the operating room (OR) complex and building a new C tower. The C tower will have a mechanical floor. The fourth and fifth floors will connect to the existing floors, allowing patient rooms that are currently semi private to be changed over to private rooms. A third floor will be shelled in for future growth. Two new ORs will be added to the OR complex along with administrative support space. Due to increasing demand for joint replacement surgeries, additional space is needed. Inova Fairfax Hospital will also perform these surgeries, but system wide, joint replacements are expected to double over the next 10 years. .

In the long term, Inova hopes to build another tower to include ambulatory services, in addition to extra patient rooms and expanded emergency room (ER) space. These changes will necessitate structured parking and additional green space on the campus. Inova will work with the community to develop a community campus plan, including coordinated parking with the police station and Supervisor Gerald Hyland's office.

Francine Jupiter stated that it was her understanding no beds would be added to the hospital. Mr. Walters said that was correct: beds are being reconfigured from semi-private to private rooms.

In response to why Inova needed a CON, Mr. Walters replied that any project exceeding $15 million dollars requires a CON. The Mount Vernon improvements are currently estimated at $43 million.

Ms. Blum asked Mr. Walters when the HCAB could expect a formal application. Mr. Walters predicted that by next fall, Inova would be ready to come before the HCAB.

Susan Conrad asked if Inova's long term plans included the construction of a trauma center hospital. Mr. Walters said that Fairfax Hospital is the only Level 1 Trauma Center and cautioned that this resource must be carefully managed. Ms. Blum suggested that hospital planners consider a regional approach to trauma level care, and identified this area as something the HCAB may want to monitor.

Dave West asked if the trend of physicians moving out of the Mount Vernon area had been reversed. Mr. Walters said that more physicians are interested in locating to the Mount Vernon area. An increase in surgical specialties, along with the Base Realignment and Closure (BRAC), is expected to increase this demand. Mr. Walters said that a shortage of office space in the

region has resulted in more physicians moving to the Lorton area. Given the increased need for office space, Inova hoped to build physician/medical offices in the ambulatory tower.

Commonwealth Care Roanoke (CCR)

In response to questions raised at the HCAB-Inova budget preview meeting, Kylanne Green provided an update on Inova's decision to select Commonwealth Care Roanoke (CCR) to take over two of Inova's long term care facilities—Cameron Glen Care Center (CGCC) and Commonwealth Care Center (CCC).

CCR operates nine facilities in Virginia.

- Pennington Gap
- Clifton Forge
- Radford
- Chase City
- Hopewell
- Gainesville
- Manassas
- Petersburg
- Fredericksburg

In resident satisfaction surveys, one-quarter of CCR's nursing homes scored in the 90th percentile. This credential was important to Inova, given that CCR is a "turn-around" organization that buys facilities at risk for failure/closure. Moreover, three of the eight temporary managers designated by the state to intervene in difficult cases are employed with CCR.

CCR has also implemented model programs in several of its facilities:

- Carriage Hill has "Get Well, Go Home," a model that facilitates discharge for residents that have the ability to go home.
- Radford Health and Rehab has developed a point of care continuum that focuses on certified nursing assistants to facilitate residents' transition.

With respect to the state's five star ratings, Ms. Green compared CCR to Inova (Table 1). Of CCR's nine facilities, five are better than Inova's current quality rating, one is comparable, and three are less well rated. Ms. Green considered the quality rating to be the most important out of all the five star ratings.

Table 1: Five Star Ratings for Inova and Commonwealth Care of Roanoke Facilities (7/29/10)

Facility Name	# of Certified Beds	Overall Rating	Health Inspections Rating	Health Inspections Deficiencies	Staffing Rating	Quality Rating	Ownership
Inova Cameron Glen Care Center	173	3	2	13	4	3	NA
Inova Commonwealth Care Center	143	3	2	15	4	3	NA
Chase City Health & Rehab Center	120	3	2	11	2	5	Nov 2004
Dinwiddie Health & Rehab Center	60	2	2	16	3	4	Oct 2008
Gainesville Health & Rehab	120	1	1	11	1	4	Jul 2006

Manassas Health & Rehab Center	120	3	2	11	4	4	Mar 2001
Radford Health & Rehab Center	90	4	4	6	2	4	Jun 2001
Woodlands Health & Rehab Center	60	4	4	6	2	3	May 2002
Riverview on the Appomattox Health & Rehab Center	124	1	1	12	1	2	Dec 2003
Carriage Health & Rehab Center	150	2	3	10	1	2	Mar 2008
Lee Health & Rehab Center	110	3	4	3	1	2	Aug 2001

In terms of overall ratings, Ms. Green felt that both companies were comparable.

With two exceptions, CCR exceeded or matched Inova on health inspection ratings, which are based on the number and type of deficiencies identified by the state.

The only rating that both companies differed on is staffing. The staff rating is based on the number and mix of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nursing Assistants (CNAs). Inova provides a greater number and staffing ratio mix of professionals. Ms. Blum noted that staffing did not necessarily lead to higher quality, overall ratings, or better inspections.

Ms. Green said that all of CCR's facilities are operational; none are in jeopardy of being closed. She stated that Inova's health inspections are low because both facilities have populations one and half to three times as large as other facilities. This, coupled with both facilities' aging infrastructures, puts Inova at risk for more deficiencies.

Rosalyn Foroobar asked if Ms. Green had the definitions of the ratings. She referred the HCAB to the state's website and said the ratings are based on state inspections, the Centers for Medicare and Medicaid (CMS) core measures, and resident satisfaction surveys.

Given that CCR operates facilities with smaller population sizes, a question was asked about its ability to manage Inova's 179 and 143 beds. Ms. Green said that she did not have any reservations about CCR's ability to operate CGCC or CCC, especially since the agreement retains Inova's management.

Ellyn Crawford asked if CCR was for-profit. Ms. Green said it was and that it partners with developer Smith-Packett.

No one has moved out of CGCC or CCC since Inova announced its decision to divest from these facilities. CCR has provided residents with information and organized meetings with residents and families.

Ms. Crawford asked if CCR's palliative care policy was the same as Inova's. Ms. Green said CCR was consistent with Inova. Moreover, CCR has a longer history of having hospice care beds.

Ms. Green said that CGCC and CCC will continue to provide care for indigent patients. However this care will only extend to current patients. Once CCR builds a new facility, Inova will act as a referral source. Ms. Green mentioned that there are other facilities in the area, besides Inova or CCR.

Other Business

The land swap between Inova and the County, with respect to the Woodburn Center for Community Mental Health, will be taken up by the Board of Supervisors at the September 14 meeting.

Due to the Columbus Day holiday, the next HCAB meeting was rescheduled for Wednesday, October 13. Reminders will be sent to the HCAB.

With no further business, the meeting was adjourned at 9:10 pm.