# HEALTH CARE ADVISORY BOARD

Meeting Summary
October 13, 2010

**MEMBERS PRESENT**
Marlene Blum, Chairman
Rose Chu, Vice Chairman
Bill Finerfrock, Vice Chairman
Ellyn Crawford
Francine Jupiter
Dave West
Susan Conrad
Dr. Yarboro
Dr. Lebowitz
Rosanne Rodilosso
Ann Zuvekas

**STAFF**
Sherryn Craig

**GUESTS**
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Michelle Milgrim, Health Department
Tom Crow, Health Department
Bob Eiffert, Health Department
Chris Stevens, Health Department
Jennifer Siciliano, Inova Health System

**Marlene Blum called the meeting to order at 7:44 p.m.**

**Approval of the Minutes**

The minutes from the September 13, 2010 HCAB meeting were accepted as submitted.

**In Memory of John Clark**

Ms. Blum shared a note from John Clark's neighbors, the Sargents.

**New Braddock District Representative**

Ann Zuvekas has been appointed as the new Braddock District representative to the HCAB. She is retired from the George Washington University School of Public Health. She has worked extensively in public health and has served on several County Boards, Authorities and Commissions (BAC).

**Community Health Survey**

The Partnership for a Healthier Fairfax is a group of community members and organizations working together to improve public health. The Partnership is conducting a survey to help identify the community's strengths as well as areas for improvement. Copies of the survey were distributed at the meeting and members were asked to participate.

**With no further business, the HCAB adjourned at 8:07 pm and met as a Committee of the Whole.**

**Work Plan Discussion**

The HCAB last reviewed its work plan and priorities four years ago. To minimize the reactive nature of the HCAB's meetings and to avoid overloaded agendas, the Executive Committee of the HCAB invited staff from the Fairfax County Health Department, Fire & Rescue, Department of Planning and Zoning (DPZ), and Inova Health System to discuss and answer questions regarding current/upcoming projects, the role the HCAB may play in these programs, and the timeframe needed for action.

Fire & Rescue – Emergency Medical Services (EMS)
Ms. Craig reached out to EMS to find out if a replacement has been named for Chief Louder. Dr. Lebowitz requested that EMS update the HCAB on the department's STEMI response initiatives. It was suggested that the HCAB invite EMS to a meeting prior to its budget work in March. Ms. Craig will follow up with EMS and report back to the HCAB.

DPZ
Ms. Craig has been working with Catherine Lewis, Branch Chief, Rezoning and Special Exception Branch, Zoning Evaluation Division in DPZ to better coordinate zoning applications subject to HCAB review. One proposal is to add the HCAB to the agency's pre-application requirements, meaning applicants would be told to contact the HCAB regarding their plans to seek a special exception amendment or rezoning for a medical care facility. There is a managers' meeting where this proposal will be discussed. Ms. Craig will keep the HCAB informed on what DPZ suggests.

Rosalyn Foroobar – Deputy Director for Health Services

The Partnership for a Healthier Fairfax will complete the Mobilizing for Action through Planning and Partnerships (MAPP) process in May/June.

The agency is recruiting for the nine positions approved by the BOS for the new Division of Community Health Development and Preparedness. A briefing is tentatively scheduled for April.

Ms. Blum informed the HCAB that the County's public hearing on the Advertised Budget is scheduled for late March.

Tom Crow – Director, Division of Environmental Health (DEH)

Mr. Crow briefed the HCAB on the emergency regulations governing alternative onsite sewage systems. The regulations stem from a decision by the Loudoun County Board of Supervisors to ban all alternative systems – systems that use anything other than a septic system to treat sewage. The Virginia General Assembly responded by passing a law prohibiting any local authority from implementing such ordinances. Fairfax County allows alternative onsite sewage systems, but they must be those with a proven track record for success. Currently, there are 617 alternative systems in the County, representing four types of systems. The result of the new law means that Fairfax County will no longer be able to restrict the installation of sub-par alternative systems.

Per the law's requirement, the Virginia Department of Health (VDH) has issued emergency regulations stipulating how these systems are to be installed and maintained. The County was successful in securing language that requires a licensed operator to inspect and maintain the system once a year in addition to the distance the systems must be from the water table and/or bedrock. However, the County was not successful in securing language that would restrict the depth of the systems' distribution lines, so conceivably, a homeowner could have tubes of sewage running across the lawn.

Mr. Crow cited the example of Prince William County, which allows any type of alternative system and is now grappling with a 30 percent failure rate among these systems. Of the systems approved in Fairfax County, the failure rate is one percent.

The emergency regulations do not become effective until the General Assembly votes on them. In the meantime, the County has denied about 30 applications for alternative onsite systems because of shallow distribution lines. The Board of Supervisors has issued a draft position statement requesting that the General Assembly introduce alternative legislation that would allow local authorities to accept alternative onsite systems, but also provide local controls over how the systems are maintained.

The HCAB will send a letter to the General Assembly endorsing the BOS' position statement. Mr. Crow will return to the HCAB to brief members on the County's position statement.

Bob Eiffert – Long Term Care Program Manager

*Program for All Inclusive Care for the Elderly (PACE)*
PACE is an alternative to institutional and nursing home care for individuals who are Medicare- and Medicaid-eligible. It is a full risk model where the sponsor assumes complete responsibility for the care of all participants. The State's Department of Medical Assistance Services (DMAS) recently approved Inova Health System to become the regional PACE provider in Northern Virginia. The County believes PACE will enhance its continuum of care for the elderly and medically fragile.

Inova Health System is scheduled to present its proposal to the HCAB on November 8 and to the Long Term Care Coordinating Council (LTCCC) on November 10. A formal presentation to the BOS is scheduled for sometime in November.

The goal among organizers is to have an operational program by next summer, with an expansion to three or four sites in seven years. Based on a feasibility study, several zip codes were identified as potential sites, including the western part of the county, central Fairfax, and Manassas. To build a successful PACE program, about 100-150 participants will be needed. The Center for Medicare and Medicaid Services (CMS) capitates Northern Virginia's rate at $5,000 per beneficiary.

*Long Term Care Coordinating Council (LTCCC)*
The LTCCC is beginning a strategic planning process. The council's former plan is over 10-years-old. The LTCCC will be seeking input from several of the County's BACs, including the HCAB.

*Cameron Glen Nursing Home*
Mr. Eiffert reported that residents have expressed concerns over the future location of the facility. They have contacted Supervisor Hudgins, who has in turn contacted the Health Department. Jennifer Siciliano confirmed that the Certificate of Need (CON) to transfer the beds from Inova to Commonwealth Care of Roanoke was approved. The HCAB sent a letter to the Board of Supervisors in June advising them of its concerns. Now that the CON has been approved, it is unclear what else can be done. Mr. Eiffert said that the Health Department will work through the facility's resident councils to address outstanding concerns.

<u>Michelle Milgrim – Director, Patient Care Services</u>

*School Health Study*
The Health Department began implementing the recommendations from the 2007 School Health Study (previous studies were sponsored in 1993 and 1999) in March. As the HCAB is aware, the Health Department entered into a collaborative agreement with the Fairfax County Public Schools (FCPS) in 1956 to provide school health services and assist children with health issues that may impact their ability to learn. The Public Health Nurse (PHN) develops care plans for students with special health conditions, including asthma, diabetes, or seizure disorders. The PHN also oversees the School Health Aides (SHA) and FCPS faculty who have responsibility for students' health and wellness. A SHA is assigned to every school. They provide care to sick and injured children, including vision and hearing services, medication dispensation, etc.

There has been a steady increase in the number of school sites and school children identified with complex medical issues. The Health Department has struggled to meet this growing demand for school health services. The purpose of the 2007 School Health Study was to look at the future demands of school health and develop a 10-year strategic plan. The study was approved by the HCAB, the County, and FCPS in 2008.

A number of phased-in recommendations have been implemented, including changing the names of Clinic Room and Clinic Rooms Aides to School Health Rooms and School Health Aides; signing a Memorandum of Agreement (MOA) between the FCPS and HD; enhancing PHN and SHA's technology capabilities (PHNs now have Blackberries and laptops so they can spend

more time in their schools); and reorganizing school health services from a pyramid to a cluster-based design.

The Health Department has submitted an addendum to its FY12 budget proposal requesting additional PHNs to support the cluster-based organization.

The HCAB will deal with this budget request in February and March.

*Seasonal Flu*
The Health Department has acquired free seasonal flu vaccine through the American Recovery and Reinvestment Act (ARRA). Vaccines are being targeted at high risk populations and Title 1 schools in an effort to build upon last year's H1N1 vaccine outreach. The vaccine will be piloted in two County schools the week of October 18 – to children during the school day at one school and to children after school at the other.

The seasonal flu vaccine will still be provided at Health Department district offices at a charge of $25 per person.

Chris Stevens – Community Health Care Network

*Health Care Reform*
Ms. Blum reminded the HCAB that a memo was sent to the BOS in June outlining several areas of concern, but a response has not been forthcoming. The BOS did approve money during the carryover process to hire a consultant, but is not clear when a Request for Proposal (RFP) will be issued. Ms. Foroobar said that the Deputy County Executive, Patricia Harrison, is developing a Committee and that the Health Department would follow up with her regarding its status.

Ms Foroobar also briefed the HCAB on the Health Resources and Services Administration (HRSA) RFP for New Access Points (NAP). This RFP is mainly directed at existing Federally Qualified Health Centers (FQHCs), although new entities could apply. The Alexandria and Loudoun health centers have approached the Fairfax County Health Department about applying for a new site in Fairfax County, either Reston-Herndon or Bailey's/Culmore. The Health Department is assisting with the data collection. The application must be submitted in two parts, with the first due in November and the second in December.

Bill Finerfrock asked if there was any possibility of a Governor's special exception. Ms. Foroobar said that VDH indicated Fairfax's best chance of getting an FQHC is through the HRSA NAP RFP.

Mr. Finerfrock reported on his appointment to the Negotiated Rulemaking Committee. This committee is tasked with recalculating/redefining the methodologies used to designate shortage areas, with respect to FQHCs. He advised the Health Department that this may be an opportunity to identify areas in the methodology that currently disadvantage the region and influence changes that would benefit Fairfax.

Members of the HCAB encouraged the County to become active in these discussions, and a point was raised about the ability of the County to attract qualified consultants if too much time passed. Ms. Foroobar said she would follow up with Ms. Harrison.

*Electronic Health Records (EHRs)*
When asked about the County's eligibility for EHR incentive payments, Chris Stevens said that the federal regulations required that organizations accept Medicare and Medicaid patients. The County does not qualify under these guidelines. The Health Department is working with Inova Health System, which has provided $350,000 toward the development of an EHR.

Jennifer Siciliano – Inova Health System

Ms. Siciliano suggested moving Inova's capital projects notification up from May/June to January. The new schedule would include a budget preview meeting in July or August, a formal presentation on the budget in November, followed by a capital projects notification in January. The HCAB agreed to the change. Ms. Siciliano will seek formal approval from her supervisors and report back to the HCAB.

A request for utilization rates and budgets itemized by facility was made. Ms. Siciliano agreed that the forthcoming budget materials would include lines of business by center and program.

With respect to the Inova Mount Vernon Hospital expansion, a letter of intent for a CON will be sent in December. Ms. Siciliano thought Inova would return to the HCAB for a recommendation in the late spring 2011.

The next phase of the Inova Fairfax Hospital expansion is the Women's Center. Ms. Siciliano thought Inova would return to the HCAB for a recommendation in the late fall of 2011.

During months where the HCAB agenda was light, Ms. Siciliano suggested highlighting some of Inova's physicians and programs. The HCAB agreed to the suggestion.

Open Discussion

Ms. Blum asked HCAB members for ideas they would like to add to the work plan.

Mr. Finerfrock requested a presentation from Inova regarding Accountable Care Organizations. According to Mr. Finerfrock, instead of a fee-for-service model, ACOs would create a new payment structure with formal linkages to physician practices including hospitals. Ms. Siciliano said she would look into an update and tutorial on ACOs.

Susan Conrad asked for an update on mental health issues. While the Community Services Board of Fairfax-Falls Church (CSB) retains authority over mental health, mental retardation, and substance abuse, it was suggested that the Health Department could talk about the integration of mental health services in its clinics. Additionally, Rose Chu thought it would be useful for the HCAB to have a presentation on what services the Community Health Care

Network provides. Ms Blum suggested that the two presentations be done in tandem. Chris Stevens agreed.

Ann Zuvekas asked for an update on dental health services. Ms. Foroobar said that Tom Wilson, Director of the Northern Virginia Dental Clinic, could present on this topic and discuss the regional approach to dental services.

Dr. Yarboro informed the HCAB that VDH is no longer paying for amniocentesis for maternity clients. The Health Department has put in place an emergency contract and the HCAB will monitor this issue during its budget discussions.

Dr. Lebowitz suggested that the HCAB continue holding budget discussions to two meetings in March. An April meeting would then be more palatable and make May and June meeting agenda's less cumbersome. The HCAB agreed to this change and will continue to take July and August off, unless there is a need that must be addressed.

With no further business, the Committee of the Whole adjourned at 9:19 pm.