Attachment 1

HEALTH CARE ADVISORY BOARD

Meeting Summary
November 8, 2010

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

STAFF
Sherryn Craig

GUESTS
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Tom Crow, Health Department
Chris Stevens, Health Department
Bob Eiffert, Health Department
Shauna Severo, Health Department
Richard Magenheimer, Inova Health System
Mark Runyon, Inova Health System
Anne Rieger, Inova Health System
Jennifer Siciliano, Inova Health System
Kylanne Green, Inova Health System
Robert Hager, Inova Health System
Corey Purdue, Inova Health System
Jim Santry, Inova Health System

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

Approval of the Minutes

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

Alternative Onsite Sewage Systems Draft Legislative Position Statement

Tom Crow, Director of Environmental Health briefed the HCAB on the County's response to emergency regulations governing alternative onsite sewage systems (AOSS).

Sewage systems are classified as conventional or alternative. A conventional septic system uses a pump and a drain field. An alternative system is subcategorized as experimental, provisional, or generally approved. An AOSS is classified as experimental once a manufacturer submits an application to the state. Provisional status is awarded when the AOSS is tested in field use conditions. After three years, the AOSS is elevated to generally approved status. There are 617 generally approved alternative onsite sewage systems in Fairfax County.

About a year ago, the Loudoun County Board of Supervisors decided to prohibit the use of all AOSS, including those that were generally approved. The realtor and home builders' communities opposed Loudoun County's restrictions, and the Virginia General Assembly passed a law prohibiting any local authority from implementing such ordinances.

The state promulgated emergency regulations, which have been in place since April of last year. Final regulations will be submitted to the legislature this session and sent to the Governor for signature. The enactment clause in the emergency regulations has allowed the County to maintain its status quo – prohibiting experimental and/or provisional systems that are sub-par.

The Health Department has submitted a position paper to the Board of Supervisors requesting legislation to restore local governments' authority to regulate the use of AOSS within the locality, including the right to establish minimum setback distances and installation depths and to prohibit the installation of such systems within or in close proximity to wetlands and other environmentally sensitive areas. The position statement also includes a provision requiring residential property sellers to disclose to prospective buyers the presence of an AOSS and the maintenance associated with the unit.

Mr. Crow stated that the failure rate of the County's approved alternative onsite sewage systems is less than 1.5%. The County is trying to prevent what happened in Prince William County, where the AOSS failure rate is over 30%.

Ms. Blum informed the HCAB that on November 16, the Board of Supervisors would hold a public hearing on its 2011 Legislative Program, which includes the AOSS position statement. At its October 13 meeting, the HCAB had talked about sending a letter to the General Assembly endorsing the BOS' position statement. However, the first step would be to speak in support of the position statement at the public hearing.

Dr. Lebowitz moved that the HCAB testify in support of the Health Department's AOSS position statement at the public hearing on November 16. Ann Zuvekas seconded the motion. The motion carried unanimously.

Inova FY 2011 Budget

Richard Magenheimer, Chief Financial Officer provided highlights of the 2011 budget presentation.

Last winter's snow storms affected Inova's early year performance. Mr. Magenheimer stated that it took most of FY 2010 to make up for the first quarter short fall.

Overall, patient volumes are weak, continuing a trend that began at the end of FY 2008. There has been a continued migration of short stay inpatients to outpatient observation status. A Kaiser Permanente business shift also sent inpatient business away from Inova and to its competitor, Virginia Hospital Center.

Inova's uncompensated care has increased but the overall rate of growth has slowed. Payer mix also improved in 2010 – meaning more private, commercial payers and fewer government (e.g. Medicaid, Medicare) or self-pay patients.

On the expense side, Inova tightened up on spending and capital processes, saving money on depreciation and interest expenses.

Mark Runyon, Senior Vice President for Finance, Health Services, briefed the HCAB on Inova's current FY 2010 and projected FY 2011 Fiscal Plans.

2010 Update – Quality Performance

Over the last year, Inova has made continuous progress in improving a number of key patient outcomes. Teams throughout the system have been working to reduce length of stay, improve core measure compliance, lower mortality rates, and reduce hospital acquired conditions such has Methicillin-resistant Staphlococcus Aureus (MRSA).

Inova is moving toward a pay for performance model and reminded the HCAB that Medicare payment rates will be adjusted downward or upward based on performance measures.

- *Case Mix Adjusted Average Length of Stay* – In recent years, Inova's acute facilities have identified and corrected operational inefficiencies and practice patterns resulting in unnecessary discharge delays. This work culminated in a reduced case mix adjusted length of stay of 4.7% from 3.64 days in 2008 to 3.47 days in 2010.
- *Risk Adjusted Mortality Rate* – Throughout 2010, Inova's severity adjusted mortality rate (i.e. observed mortality vs. expected mortality) has improved. Third quarter results place Inova in the best 15th percentile of national performance.
- *National Core Measures* – The national core measure set includes indicators for heart attacks, heart failure, pneumonia and surgical care. In 2010, 90% of those patients treated for these conditions have received "perfect care," which is an all-or-none measurement at the patient level of whether the patients received all of the evidence-based care for their condition. Ninety-five percent of Inova's heart attack patients received perfect care.
- *MRSA Reduction* – Inova has continued specific initiatives to reduce the spread of MRSA. From 2009-2010, Inova hospitals have lowered MRSA infection rates by 35%, putting Inova in the best quartile performance of hospitals nationally.

A question was asked regarding system-wide performance and whether the patient outcomes are consistent across facilities. Mr. Runyon said that there is some variation, but that every facility performs within a fairly tight range.

2010 Update – Recognition

The quality and efficiency performance of several Inova facilities was recognized by a host of national organizations this past year:

- *Health Grades* – Distinguished Hospital for Clinical Excellence (IFH, IFOH, ILH, IAH)
- *Health Grades* – America's 50 Best (IFH)
- *Joint Commission* – Orthopedics Gold Seal (IFH, IFOH, IMVH)
- *Joint Commission* – Primary Stroke Center (IMVH, IFH, ILH, IAN)
- *Joint Commission* – Gold Plus Award for Stroke Treatment
- *U.S. News & World Report* – American's Best Hospitals (IFH)
- *Beacon Award* – (IAH)
- *H&HN Most Wired*
- *Premier Quality Award*
- *2010 Information Week* – Top 500 Most Innovative Companies)
- *Elizabeth S. Hartwell* – Conservation Award

2010 Update – Service Enhancements

In 2010, several initiatives were launched to improve service and access to the community.

- *Military to Medicine* – This program enables all military spouses, wounded warriors and their caregivers, Veterans, members of the National Guard and Reserve, as well as service members transitioning to civilian employment, to find accessible, short-term training, with immediate career accessibility in healthcare. In 2010, the Military to Medicine program had 582 students and 153 of those students were placed into meaningful positions. Of those 153 placements, 43% were placed into open Inova Health System positions.
- *iPATH* – Inova is expanding a pilot program to provide opportunities for area students to engage in health oriented activities within our community, strengthen healthy living among adolescents, and expose students to exciting medical careers. The initiative is a 10-week after-school program for student leaders that will occur twice a year, in the fall and spring. iPATH is currently achieving great success encouraging healthy lifestyles in four middle and high schools in Fairfax and Loudoun Counties.
- *Spine Navigator Program* – Inova launched a system-wide spine navigator program, as part of the Inova Spine Institute. Patients across the region can now call one phone number and receive assistance from a registered nurse and the spine navigation team specially trained to guide patients with neck and back pain to a network of spine specialists for treatment.
- *Pediatric Surgery Center* – Inova Fairfax Hospital for Children opened the only dedicated pediatric surgery center in Northern Virginia in March. The new Center is a licensed, Joint Commission approved facility. It includes a surgical waiting area, private consultation rooms, a pre-op holding area, operating rooms, procedure rooms and recovery rooms. A centralized nurses' station, which allows for open communication among staff, enables nurses to directly see all of the patients. To ensure patient safety, recovery rooms are equipped with pediatric stretchers with side rails, and oxygen regulators and airway equipment that are configured according to patient size and weight. The rooms are also larger than standard recovery rooms, to accommodate families.

- *Outpatient Imaging Center* – Inova Fair Oaks Hospital has a new outpatient imaging center which opened in March 2010. The Imaging Center features state-of-the-art equipment, including a 3T MRI, a 64-slice low-dose CT scanner and digital diagnostic system. The center's location also improves access and convenience for patients and referring physicians, with one-stop service for scheduling, registration, imaging and CD pick up.
- *Program for All-Inclusive Care of the Elderly (PACE)* – Inova was recently awarded the contract to become the Northern Virginia PACE provider. This program is built on the foundation that seniors with complex health care needs should be able to live in the least restrictive environment for as long as possible. With that goal in mind, the program will focus on providing low-income individuals who are age 55 or older, certified by Virginia to need nursing home care, and are able to live safely in the community at the time of enrollment with a variety of necessary services:
    - Adult day care that offers nursing; physical, occupational and recreational therapies; meals; nutritional counseling; social work and personal care.
    - Medical care provided by a PACE physician familiar with the history, needs and preferences of each participant.
    - Home health care and personal care.
    - All necessary prescription drugs.
    - Social services.
    - Medical specialists such as audiology, dentistry, optometry, podiatry, and speech therapy.
    - Respite care.
    - Hospital and nursing home care when necessary.
- *Improving Primary Care Access* – In 2009, Inova conducted a study of physician supply and demand which revealed a current shortage of 276 primary care physicians in Northern Virginia. The deficit is projected to grow to 447 by 2013. To improve access to routine and preventative care for the residents of Northern Virginia, Inova adopted a plan to recruit over 200 primary care physicians over the next seven years. As of November 2010, Inova has established four new stand-alone outpatient physician offices in the area and three additional sites slated to open in late 2010 or early 2011. Inova has recruited nine physicians to work at these locations with eight more expected to join in the next several months. In 2011, Inova is planning to open seven additional office practice locations across the region with 25 new physicians projected to join the 14 practice locations.
- *Emergency Department Efficiency* – Inova completed its ED redesign and has seen improved service and quality metrics. Inova's hours on reroute have declined 98.7% from 1,307 hours in 2008 to 17 hours in 2010. Its "left without being seen" population has declined from 2.05% in 2008 to 0.48% through September 2010. Lastly, there was a 57% reduction in "door-to-doctor" wait time from 55.2 minutes in 2008 to 22.8 minutes through September 2010. Patients are now able to check facility wait times at each of the nine EDs via the website or iPhone application.
- *Chronic Care Management* – Inova launched the Chronic Care Management (CCM) Program to support patients upon discharge from the hospital. The goal for the CCM Program is to improve patient outcomes and reduce avoidable 30-day readmissions through better "handoff" communication among program and providers, enhanced patient

education and self management, and coordination of care and regular follow up of patients post discharge.

With respect to improving primary care access, Mr. Finerfrock asked what benchmarks Inova used and if Nurse Practitioners and Physician Assistants were included in the ratio analysis. Mr. Runyon said that he would need to get back to the HCAB with that information.

A question was also asked about incentives for medical students. Mr. Runyon stated that there was no dedicated program, but Inova recognizes it as an untapped resource.

Mr. Runyon was asked if the recruited positions will be Inova employees. Mr. Runyon said yes. In response to whether the nine recruits are local providers, Mr. Runyon said that most of the providers are either in the metropolitan area or from outside the region.

To keep the presentation moving, Ms. Blum suggested that Inova return to the HCAB to provide a short presentation on the program. Mr. Runyon and Mr. Magenheimer said they would work with Sherryn Craig to get something scheduled.

Susan Conrad asked how Inova was able to achieve such great success in ED services. Mr. Runyon said that some improvements were achieved internally by working with nurses, physicians, and dedicated lean teams. Others were achieved externally, such as a new automated system – PISCES.

<u>2010 Update – Financial Results</u>
September YTD 2010 Volumes:

- Admissions are down 5% versus prior year.
- Outpatient visits are up 3% versus prior year.
- ED visits are down 1% versus prior year.
- Inpatient surgeries are down 6% versus prior year.
- Outpatient surgeries are up 4% versus prior year.

<u>2010</u> Financial Projection:

- Net revenue of $2.32 billion ($39 million or 1.7% under plan).
- Operating expenses of $2.12 billion (62 million or 2.8% under plan).
    - Capital expenses of $189.9 million ($19 million or 9% under plan).
    - All other expenses of $1.93 billion ($43 million or 2/2% under plan).
- Operating income of $194 million or 8.4% of net revenue.
    - $21 million better than plan and prior year.

Mr. Runyon said that the real story behind Inova's 2010 financial results was its ability to respond to lower patient volumes using various expense controls (i.e. restructuring debt and interest expenses, timing capital projects, etc.).

Ann Zuvekas said that the operating margins for large teaching hospitals (e.g. Johns Hopkins) and large community hospitals range between 4-4.5%. She asked why Inova needs margins that are so high.

Mr. Magenheimer said that Inova is similar to a Single State System, rather than a teaching or large community hospital. Using Moody's and Standards & Poor's AA Single State margins, Mr. Magenheimer said that Inova performs above average, but is by no means an outlier. He also said that Inova enjoys rich nursing ratios – something not found in other hospitals, and that physical assets will need to be replaced. When you overlay Inova's five year capital cycle with its financial projections, operational margins will be cut in half.

When asked about the nurse-to-patient ratio, Mr. Runyon said it varies by unit and type of patient, but on average, it is 1:4.

Ms. Zuvekas asked how much Inova has in reserves. Mr. Runyon said that Inova has $1.2 billion in debt and $2.3 billion in reserves.

Mr. Finerfrock said that Inova operates as a monopoly and as such, can extract higher premiums from managed care contracts, making health insurance unaffordable. Mr. Magenheimer disagreed and said that Inova has been responsive to the community.

Dr. Yarboro cited Kaiser as an example of payers having options. Mr. Finerfrock said that Kaiser is a different model and not the average payer.

<u>Future Challenges – Healthcare Reform</u>
Medicare Payment Cuts:

- Health care reform will be financed by making $450 billion in cuts to Medicare through 2019.
- Effective October 1, 2010, Medicare inpatient payment rates will be reduced 4.7%. The higher wage index that Inova received as a result of being reclassified will disappear next fiscal year.
- Medicare payments do not currently cover the cost of providing care for patients, and Inova expects this unreimbursed cost gap to accelerate substantially as health care reform expansion begins.
- Beginning in 2012, hospitals will be hit with a financial penalty for "excess" readmissions for heart attack, heart failure, and pneumonia. New benchmarking and monitoring systems will be essential in tracking performance. While Inova has performed well in these categories, it will need to invest in enhanced monitoring tools to ensure that it is accurately capturing the acuity levels of its patients.
- Starting in 2013, hospital payment rates will be adjusted based on quality levels from the preceding year. Inova will need to devote resources to enhance its current quality monitoring and benchmarking systems.
- 2013 marks the beginning of the bundled payment pilot program where one payment is made for an episode of care that begins three days prior to a hospitalization and spans 30 days following a discharge. Inova will need to devote resources – both time and money – to more actively work with all community providers to manage patient care across the service continuum. The sharing of bundled payment between Inova, physicians, and other providers will require Inova to develop new ways to measure and control costs and manage financial risk.

Medicaid Expansion:

- Medicaid coverage expansion begins in 2014.
- Most of the expanded coverage will be funded at Medicaid rates which pay Inova roughly 65% of its costs to provide care.
- State funding for Medicaid continues to decrease.

Rose Chu questioned several of Inova's suggestions. Under health care reform, Inova will receive reimbursement for individuals where it would have previously received no payment. Moreover, the HCAB would expect that prohibitions on lifetime caps would benefit hospital providers rather than hurt them. Mandates for preventative care coverage might also be cost neutral. She cited Chip Kahn, President of the Federation of American Hospitals – the national advocacy organization for investor-owned hospitals and health systems – who supported the trade in Medicare cuts for increased reimbursements from Medicaid.

Commercial Rates:

- As the new Insurance Exchanges are established and the threshold for eligible employees is raised from the initial level of employers with less than 100 employees, Inova expects a significant migration of currently covered commercial business to exchange plans at lower payment rates.
- Inova's commercial rates have historically subsidized Medicare and Medicaid losses.

Mr. Finerfrock asked why Inova assumed rates would decrease under an exchange. He said the bronze level will be similar to HMOs.

Mr. Runyon said that Inova is more vulnerable on commercial rates and expanded coverage on Medicare and Medicaid will not pay Inova at cost.

Dr. Lebowitz concluded that health care reform is a moving target and that Inova needs to budget using a worst-case scenario approach. The HCAB will need to monitor the reforms closely.

Mr. Finerfrock asked if Inova is moving to become an Accountable Care Organization. Inova stated that it has taken the foundational steps to become an ACO.

<u>2011 Budget</u>

Volumes:

- Admissions are expected to decrease 1.3%.
- Emergency visits are expected to decrease 2.9%.
- Outpatient visits are expected to flatten.

Reimbursement:

- Medicare inpatient payments will drop 4.7% and outpatient payments will increase slightly.
- Medicaid payments will drop 4.1% for inpatients and 3% for outpatients.

Indigent Care, Bad Debts, and Programs for Low-Income Residents:

- For 2011, Inova's costs of caring for indigent patients are budged at $114.4 million.

Inova is not budgeting a gross charge rate increase for 2011.

Mr. Finerfrock asked how the $114.4 million for indigent care translates into bed occupancy and the percentage of patient volume. He maintained that as an institution, the vast majority of Inova's costs are fixed and that there is a certain capacity that will always be vacant. He stated that a percentage of indigent care/bad debt is really a measure of excess capacity that is going to cost the facility anyway.

Mr. Runyon said that indigent care is total charges for indigent patients as a percentage of total charges for the system (i.e. cost-to-charge ratio).

Ms. Zuvekas stated that costs usually fall into three categories: fixed, quasi-fixed, and variable and recommended that Inova calculate its marginal costs as an index of these three categories.

Mr. Runyon continued with his 2011 budget projections stating that hospital volume is expected to grow at Inova's Loudoun and Mount Vernon facilities. With respect to non-acute volumes, home health care visits are flat and urgent care visits, especially in Loudoun and Purceville, are increasing

Compensation:
Salaries and wages are going up 1.3%. Inflationary pressures were offset by productivity improvements. Benefit costs, which includes pension costs, will increase 7%.

Compared to FY 2010, Inova is projecting some margin degradation for FY 2011.

Mr. Finerfrock asked about surcharges on private versus semi-private rooms. He noted that most insurance plans will only pay for semi-private rooms. Mr. Magenheimer said that Inova does not differentiate in price between a private and semi-private room, and that best practice has most facilities converting their semi-private rooms to private ones.

Ms. Conrad asked if Inova was nervous that the Internal Revenue Service (IRS) may revoke its nonprofit status.

Mr. Magenheimer said that it was not concerned because the hospital provides $259 million, or 11% of net revenue, in community benefits. He cited Inova's 2008 charity costs as a percentage of total costs comparisons. 5.2% of Inova's 2008 costs were attributed to charity care compared to a local competitor average of 2.4% and other Virginia systems at 3.7%.

Mr. Finerfrock asked if Inova will conduct a community health needs assessment separate from Fairfax County's Mobilizing for Action through Planning and Partnerships (MAPP) process. Anne Rieger replied that Inova would conduct an assessment separate and distinct from MAPP, but would incorporate regional MAPP plans in its analysis.

<u>Community Benefits</u>
Given the late hour, Ms. Rieger referred the HCAB to Appendix B in the 2011 Budget Presentation for a full description of Inova's community benefits. Some highlights include:

- The Inova Diabetes Center (IDC) expanded services to the IMVH Community and is continuing work on the Diabetes Connections Project to improve care and education of patients with diabetes in Northern Virginia's safety net clinics and affiliated providers.
- To answer the growing demand for pediatric services in the Reston/Herndon region, the InovaCares Clinic for Children opened a satellite clinic in June 2009 serving the area's uninsured and Medicaid population.
- The Inova Partnering Actively Towards Health (iPATH) will expand from two to five schools.
- Inova is working with the County on a new model for perinatal care, called Centering.
- The *Promotores de Salud Perinatal Initiative* is training laypeople in five congregations to provide health information on prenatal care.
- The Inova Juniper Program (IJP) has been expanded to include Arlington and the Manassas and Dumfries sites have been doubled.

Ms. Zuvekas asked for clarification on the Services for the Hearing Impaired reported in the Schedule of Community Benefits. Ms. Rieger said that Inova provides assisted hearing devices for hearing-impaired patients, special devices for telephones, and American Sign Language (ASL) translators. Ms. Zuvekas asked how this service was different from what Inova is required to provide under the Americans with Disabilities Act (ADA). Ms. Rieger stated that Services for the Hearing Impaired is an allowable cost for community health benefit under IRS guidelines.

Ms. Zuvekas asked about the services provided to the Center for Multicultural Human Services. Ms. Rieger replied that Inova donates space for the program.

Ms. Blum asked for clarification on the decrease in Nursing Home, Rehabilitation and Home Care Indigent and Long Term Care/Home Care Medicaid expenditures. Mr. Runyon said the decreases reflect Inova's decision to divest from the Cameron Glen and Commonwealth Care facilities.

Mr. Yarboro asked why there was no planned rate increase for FY 2011. Mr. Runyon said that Inova was doubling down on its cost structure this year and did not foresee the need for a rate increase.

Ann Zuvekas moved that the HCAB prepare a memorandum to the BOS informing them that per the County's Lease Agreement with Inova Health System, the HCAB had met with Inova officials to review and discuss the FY 2011 Fiscal Plan. The memorandum would summarize Inova's fiscal plan, including future business challenges, quality performance, service enhancements, and community benefits. Rose Chu seconded the motion. The motion carried unanimously.

Program for All-Inclusive Care for the Elderly (PACE)

Kylanne Green, Executive Vice President, Health Services, Inova Health System; Robert Hager, Assistant Vice President, Long Term Care, Inova Health System; Corey Perdue, Assistant Vice

President, Growth, Marketing and Sales, Inova Health System; and James Santry, Assistant Vice President, Managed Care Contracting, Credentialing and Network Development, Inova Health System, briefed the HCAB on the status of Inova Health System's application to become the Northern Virginia Program for All-Inclusive Care for the Elderly (PACE) provider. In March, Inova filed a Letter of Intent with the Department of Medical Assistance Services (DMAS) in March to become the Northern Virginia PACE provider. A feasibility study was concluded and DMAS awarded Inova the Northern Virginia contract in August. Inova has submitted its application to the Centers for Medicare and Medicaid Services (CMS), and will be working over the next few months to address any CMS concerns or requests for additional information.

The first PACE program, On Lok, was started in 1971 in the Chinatown-North Beach community of San Francisco. PACE is an alternative to institutional and nursing home care for individuals who are eligible for both Medicare and Medicaid. It is a full risk model where the sponsor assumes complete responsibility, with the exception of rent, for the care of all participants. Inova will receive capitated payments for each PACE enrollee; however patient acuity is risk-adjusted, with the availability of a "frail adjustment fee." Ms. Green assured the HCAB that the program design and benefits structure cannot be manipulated to capture healthier participants.

PACE was designed to keep the frail elderly as independent as long as possible. PACE serves individuals who are aged 55 or older and live in a PACE service area. They are certified by the state to need nursing home care, but are able to live safely in the community with support. The average PACE participant is over the age of 80, with 7.9 medical conditions, and limitations in three Activities of Daily Living (ADLs).

Inova's population analysis underscores the need for a PACE program in Fairfax County. In 2010, Fairfax County had 122,082 Medicare eligible individuals 65 years and older; 2,119 of these individuals had two disabilities and were financially and clinically eligible for PACE. Fairfax's 65 and older population is expected to increase 31% in 2015 to 160,208 individuals. By 2020, it is estimated that there will be 196,132 individuals 65 and older.

The PACE model facilitates care through a central location – the PACE Center – where an interdisciplinary Team collaborates to develop and implement a personalized program for each enrollee. Acute and long term care for the frail elderly is provided through home and community-based care services.

The transportation model presented to the HCAB estimates that each PACE participant will require 2.5 visits per week. With 60 enrollees in year one, this would result in an incremental traffic flow of 10 visits per day, divided between five incremental morning runs and five incremental afternoon runs.

There are plans to expand enrollment to 150 participants in year two. HCAB members asked if there were technological adaptations that could be used to enhance remote access and care delivery services. Mr. Hager said that adaptations, like video cameras, were being considered so that participants and providers could interact virtually from remote sites, such as other Adult Day Healthcare Centers (ADHC).

Fairfax County will be the only county in Northern Virginia with a coordinated care model for the frail elderly. Inova is planning to partner with existing networks of care, such as Braddock Glen and the ADHCs.

Rosalyn Foroobar said that Braddock Glen is larger than other adult day care facilities and was originally built to accommodate a PACE site. She said that the plan is not to have PACE at every ADHC, but to leverage ADHCs based on traffic time and demand for services.

When asked what kind of patients would tend to be attracted to PACE from a diversity point of view, Kylanne Green cited the On Lok program as proof that PACE can engender participation among different cultures. She said that participants tend to suffer from one or more chronic diseases and are on the verge of nursing home placement.

Mr. Purdue said that PACE providers may not necessarily be all Inova providers; some may be contracted, but as of now, Inova has not had any discussions with local providers.

Dr. Gloria and Ms. Foroobar assured the HCAB that the County has no plans to phase out or eliminate the ADHCs. The ADHCs are seen as integral component to Inova's PACE program and also ensure a continuum of care for those individuals whose immigrant status makes them ineligible for PACE.

Inova is scheduled to go before the Board of Supervisors on Tuesday, December 14. The Health Department is preparing a Not In Package (NIP) memo for the BOS detailing the Braddock Glen site proposal. Inova is hoping to have the PACE program up and running by June with its first participant enrolled by July. Ms. Foroobar said that she would make sure the HCAB receives the final proposal.

Dr. Lebowitz moved that the HCAB send a memo to the BOS informing them of Inova's presentation and encouraging support, pending additional detail, for the PACE proposal. Mr. Finerfrock seconded and the motion carried unanimously.

Other Business

HCAB members were asked to mark March 7 and 16 on their calendars to review the FY 2012 County Budget.

There being no further business, the HCAB adjourned at 10:08 pm.