HEALTH CARE ADVISORY BOARD

Meeting Summary
May 9, 2011

MEMBERS PRESENT
Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Francine Jupiter
Tim Yarboro
Rosanne Rodilosso
Ann Zuvekas
Ellyn Crawford
Susan Conrad

STAFF
Sherryn Craig

GUESTS
Jennifer Siciliano, Inova Health System
Pat Walters, Inova Health System
Barbara Doyle, Inova Health System
Sarah Hall, Blankingship & Keith, PC
Tom Wilson, Northern Virginia Dental Clinic
Peyton Whiteley, Legal Services of Northern Virginia
Patricia Harrison, Fairfax County Government
Dr. Gloria Addo-Ayensu, Health Department
Rosalyn Foroobar, Health Department
Chris Stevens, Health Department

Call to Order

The meeting was called to order by Marlene Blum at approximately 7:40 p.m.

March 16, 2011 Meeting Summary

The minutes from the March 16 meeting were accepted as presented.

Certificate of Appreciation

On behalf of the HCAB, Ms. Blum expressed her thanks and appreciation to Chris Stevens and Robin Mullet for their invaluable staff support.

Update on FY 2012 Adopted Budget

Rosalyn Foroobar thanked the HCAB for its ongoing support of Health Department programs. The FY 2012 adopted budget includes a contract rate increase for the Community Health Care Network (CHCN) and sustains the County's $50,000 contribution to the Northern Virginia Dental Clinic (NVDC). The Board of Supervisors

fully funded the department's school health program positions and provided additional contract increases for public health physician services.

Ms. Blum noted that the BOS added $1.5 million to the Department of Fire and Rescue's budget to support Advanced Life Support minimum staffing requirements. Ms. Blum shared a letter from Chief Mastin thanking the HCAB for its support.

Dedication of the JoAnne M. Jorgenson Laboratory
HCAB members should have received an invitation to the dedication of the JoAnne Jorgenson Laboratory at the Belle Willard on Friday, May 27 at 1 pm.

50th Anniversary of Inova Fairfax Hospital
HCAB members are invited to the 50th Anniversary Celebration of Inova Fairfax Hospital on Wednesday, May 11.

Public Hearing on Special Exception Amendment (SEA) Application SEA 82-V-012-6 to Expand Inova Mount Vernon Hospital

Francine Jupiter made the following disclosure: "I do not currently have a business relationship with INOVA MVH. There have been discussions about a very minor vendor relationship. I currently have no business or personal interest in the IMVH. I feel that I can participate fairly and objectively on the issue in the public interest."

Inova is seeking approval of a master long term plan, which would expand the existing 314,865 square foot hospital an additional 322,000 square feet. The main components of Inova's long term master plan include:

- An operating room/surgery/administrative addition (16,000 square feet)
- A three story Bed Tower C (53,000 square feet)
- An expanded energy plant (6,000 square feet)
- A one-story expanded support services (8,000 square feet)
- A four-story ambulatory care center (ACC #1) (75,000 square feet)
- A five-story ambulatory care center (ACC #2) (75,000 square feet)
- A 6 level above ground parking structure (1,100 parking spaces)
- Relocation of the Child Care Center's play area to ACC #1 or ACC #2
- An expanded Emergency Department (ED) (14,000 square feet)
- A four story Bed Tower D (75,000 square feet)

The proposed changes are designed to enhance orthopedic surgery, joint replacement and inpatient rehabilitation services. The HCAB's review is restricted to medical care facilities. Its recommendations will focus on four of the ten components: Bed Towers C and D, new operating rooms, and the Emergency Department expansion.

The renovation and expansion of IMVH will occur in phases. The first phase of the project, for which a Certificate of Public Need (COPN) has been granted, includes building the 3-story Bed Tower C and Operating Room/Surgery/Administrative addition. Pending approval, Pat Walters estimated that construction would begin in a year.

Built in 1974, the inpatient units of IMVH have seen some minor cosmetic changes, but there have been no improvements to these areas as the standards of patient care have changed and improved.

Bed Tower C

IMVH is the only hospital in the region with no private medical-surgical patient rooms. The proposed bed towers will permit the eventual conversion of all IMVH semiprivate patient rooms to private rooms, which will be consistent with the current American Institute of Architect's (AIA) standard of care and the new state licensing standards. Bed Tower C, the first tower to be constructed, will accommodate the conversion of 40 semiprivate patient rooms in the existing hospital (80 beds) into 40 private patient rooms in the existing building and 40 private patient rooms in Bed Tower C. Bed Tower C will also have shelled space that will accommodate 20 more private rooms allowing the conversion of an additional 20 existing semiprivate patient rooms into private rooms at a future date.

The conversion of semi-private to private patient rooms will promote organizational efficiency: New and converted private patient rooms will decrease the risk of hospital-acquired infections, enhance privacy, and greatly improve patient satisfaction.

New Operating Rooms

IMVH proposes to construct new surgical space with two operating rooms. The new rooms would be large, about 850 square feet each. These rooms and the associated support and mechanical space would add about 18,000 gross square feet to the hospital. The new operating rooms would replace two smaller (both less than 400 square feet) operating rooms, which would be taken out of service when the new rooms become available. Upon completion of the project, IMVH would continue to have nine operating rooms.

According to the Health Systems Agency of Northern Virginia (HSANV), the hospital currently averages more than eight joint replacement cases per day (2,100 per year), and IMVH projects near term incremental growth of between 200 and 250 cases annually, or 10 cases per day within two to three years. Larger operating rooms are required to handle the increased volume, complexity, and length of these procedures.

With respect to Bed Tower D and the Emergency Department, Mr. Walters said that the overall needs of the community would define how the rest of the project's development is staged.

Bed Tower D

The specific bed/room size and configuration for Bed Tower D has yet to be determined. IMVH will have 94 beds located in 47 semiprivate patient rooms at the hospital once Bed Tower C is completed, including the development of the shelled space.

If approved, Bed Tower D would provide four new floors that will be primarily planned for new private patient rooms. These new rooms will allow all of the 94 remaining semi-private beds in the existing hospital to be converted to private bed rooms. Shelled space will remain in the new Bed Tower D after all current beds are converted to private rooms, allowing IMVH to add additional beds (subject to future COPNs and HCAB review) or other services that support IMVH in-patient care.

Emergency Department (ED) Expansion

IMVH is proposing to expand the emergency department by 14,000 square feet. The current ED dates back to 1974, is compact, lacks organization, and has minimal privacy. According to the applicant, the renovation would improve overall work flow in addition to providing space, pending COPN approval, for additional beds. However as with Bed Tower D, the details and configuration of this expansion were not made available to the HCAB.

Inova has spent considerable time working with the Mount Vernon community to organize the project's green space. The proposal reconfigures traffic circulation with a special bus shelter to support growth and future expansion of the hospital. Ms. Foroobar added that the Route One Task Force supports the IMVH project.

The ambulatory care centers will house physician offices, excluding it from the HCAB's review.

The HSA reported IMVH's occupancy rate at 66 percent. According to Barbara Doyle, the hospital has experienced substantial increase in patient volumes. Bed occupancy is now 75 percent. Inova believes it will continue to see increases in joint replacement as the population ages and the area continues to grow (e.g. Ft. Belvoir BRAC). The completion of the Lorton Healthplex will contribute to increasing volumes as patients are referred to IMVH for care and treatment.

In total, the IMVH project will cost $43 million. Inova projects the expansion will pay for itself in 10 years based on increased revenues.

Inova is scheduled to appear before the Planning Commission and the Board of Supervisors in July.

Recommendation
Inova is asking the HCAB to approve the entire master plan, including the first and subsequent phases of the project.

The HCAB agrees with the underlying need to renovate and modernize Inova Mount Vernon Hospital and supports the applicant's request to begin Phase One of its proposal. The addition of private rooms at IMVH would improve patient care and enhance overall efficiency. The replacement of undersized and outdated operating rooms with larger state-of-the-art surgical suites would ensure that IMVH can continue to service complex orthopedic surgical patients appropriately.

However approval beyond Phase One excludes the HCAB and the community from providing future input. Ms. Jupiter moved that the HCAB support the SEA application for IMVH with the additional wording that should there be an expansion planned for the emergency department or additional beds above 237, Inova would return to the HCAB. Bill Finerfrock seconded the motion.

The motion carried unanimously

Northern Virginia Dental Clinic
Tom Wilson, Executive Director of the Northern Virginia Dental Clinic (NVDC) provided an update on the mission and purpose of the clinic. The NVDC is a 501c(3) nonprofit and was established in 1994 through a collaborative effort of local government jurisdiction human services representatives (including Fairfax and Arlington Counties, and the Cities of Alexandria, Fairfax, and Falls Church), local service agencies, and the Dental Society. The NVDC exists to provide access to comprehensive oral health care to indigent adult residents of the Northern Virginia region. Adults are the focus of the NVDC program because, unlike children, Virginia's state Medicaid program does not mandate oral health care as an adult service. Beneficiaries choose to forego dental care primarily due to prohibitive costs.

The NVDC does not provide private or aesthetic dentistry. The goal of the program is to evaluate and determine the current state of oral health of each individual referred to the clinic, develop a detailed treatment plan, and restore each individual to an infection free and functional state of oral health. Additionally, the program strives to educate individuals on the importance of maintaining good oral health, the effects of poor oral health on their overall general health (e.g. heart disease, diabetes, low birth weight and premature births), and proper home care techniques. The clinic receives many referrals from Inova for individuals awaiting chemotherapy or organ transplants who must be free of infections. The clinic also fits individuals for dentures because they cannot chew or digest food properly. These patients suffer from poor self-esteem and decreased marketability in the workforce due to their appearance.

The NVDC serves only those individuals deemed eligible and referred to the facility through an established network of social service agencies. Eligibility includes: Resident of a Northern Virginia jurisdiction, age 18 or older, and an annual income (individual/family) at or below 200 percent of Federal Poverty Guidelines.

Individuals are charged a flat rate of $40 per visit. This is an administrative fee and does not represent payment for a specific procedure or treatment. Additional fees apply for biopsies and the fabrication of prosthetic appliances. There is no sliding scale, but no patient is refused due to inability to pay.

The NVDC opened a second facility in Sterling. The clinic currently serves Loudoun residents, but plans are being made to refer individuals from the western part of the County to the Sterling site.

The NVDC primarily relies on volunteer dentists and dental hygienists. The program hired a few licensed dental professionals on a part time basis in 1999. In 2009, a full-time dentist was hired. This dentist handles about 80 percent of new patient exams. At $40/hour, NVDC doctors make less that dental hygienists working in the private market.

The NVDC does not receive direct financial contributions. NVDC volunteers donated 9,347.5 hours in oral health care services in FYE (Fiscal Year Ending) 3/31/11. The clinic takes in approximately $280,000 in revenue, but provides services valued in the private market at $2.1 million. The annual budget for FY 2012 is $1.9 million for two facilities.

Fairfax County's share of NVDC's funding is 50 percent, and the County's usage rate for NVDC-Falls Church is 51.4 percent. About 35-40 percent of NVDC's funding comes from patient revenue. The rest comes from the Community Funding Pool, other jurisdictions, private foundations, or the United Way. Both Inova and the Kaiser Foundation for the Mid-Atlantic provided grant funding to start the Sterling facility.

The average patient's treatment varies between 6-12 appointments, at a capitated cost of approximately $300. The no show rate for NVDC-Falls Church is 8.8 percent.

The Virginia Dental Association has approximately 2,500 members. 103 members volunteer at NVDC. However, members donate dental services through other programs and partnerships (e.g. Mission of Mercy, Give Kids a Smile, and Northern Virginia Family Service referrals). Mr. Wilson was not sure how many practices in Fairfax County currently accept Medicaid, but stated it was 9 percent a few years ago.

The NVDC has experienced a 500 hour decline in volunteer service. The economic downturn has increased the demand for NVDC's services: there is a waitlist of up to 300

individuals. However, member practices continue to struggle, and in order to retain the viability of their business, members have had to forego volunteering.

Health Department Dental Program

Rosalyn Foroobar provided an overview of the Health Department's Dental Program. The goal of the program is to provide optimal oral health for infants and children living below 200% of the poverty level. Eligible clients include infants, children and adolescents 0-18 years of age and Health Department maternity clients. In addition to the NVDC, key community partners include the Northern Virginia Community College Dental Hygiene/Restorative Program and the Fairfax County Public Schools. Services are provided at the Falls Church, Herndon-Reston and Mount Vernon District Offices.

The Dental Program provides a variety of services:

- Diagnostic dental services, including oral examinations, dental x-rays, etc.
- Preventive dental services, including sealants, fluoride application, prophy, etc.
- Restorative dental services, including endodontic, periodontic, and oral surgery services
- Fluoride varnish programs administered to populations of high risk children
- Dental emergency care including emergency evaluation for dental pain and required treatment including extractions
- Dental education to inform parents and patients of recommended individual preventive oral health practices through screenings and community education sessions

The Health Department screened over 3,000 clients and provided 12,741 services in FY 2010. Program revenue continues to increase as the agency works to attract Medicaid-eligible clients.

The average patient has about 12 procedures per year. The program is budgeted for $571,000, and the agency will continue to look for more opportunities to bring in additional revenue.

The Health Department is working to increase safety net providers in the community. Other challenges to the program include:

- Availability of new technology to maintain standards of care and meet best practices
- Need to increase professional salaries to improve recruitment and retention
- Need to increase availability of specialty care providers (orthodontist, endodontic care)
- Forecast impact of Federally Qualified Health (i.e. pediatric dental care will be required under health care reform and could potentially free the county to provide more preventative services)

The Health Department will follow back up with the HCAB regarding it partnership with Head Start and Early Head Start.

Charity Care Discussion

Peyton Whiteley outlined some concerns regarding Inova's charity care policy. Mr. Whiteley distributed a brief that summarizes the requirements of state and federal law. The Patient Protection and Affordable Care Act of 2010 mandates that all tax-exempt hospitals adopt, implement, and widely publicize a written financial assistance policy; restrict charges to no more than the amounts generally billed to individuals who have insurance; and limit the collections process until eligibility can be determined. Furthermore, when the State and Local Hospitalization Program and the Virginia Indigent Health Care Trust Fund were abolished, the State made changes to the law requiring greater transparency in hospital policies and procedures for the uninsured.

Mr. Whiteley distributed copies of the Virginia Hospital Center's financial aid policy, which conforms to the state and federal requirements. However, in representing his clients, Mr. Whiteley has found the "Charity Policy Statement" that is posted on Inova's website to be ambiguous and unclear. For example:

- The income requirements (i.e. net or gross) are not stated;
- How Inova distributes its policy to eligible and potentially eligible patients is unclear.
- The one year time limit on applications is at odds with workers compensation or disability claims, which can take up to three years to process or qualify;
- It is not clear which of the federal criteria Inova will use to limit charges to patients who qualify for financial assistance;
- Doctors who have privileges at Inova do not always follow the hospital's charity care guidelines, submitting separate bills or pursuing the collections process against indigent patients.

Mr. Whiteley raised these concerns in the hope that greater collaboration could occur among Inova and its safety net partners. He referenced a task force that used to meet several times a year to address financial assistance/charity care issues. Mr. Whiteley recommended that this forum be reestablished.

Ann Zuvekas inquired about Inova's eligibility threshold, specifically how to interpret the difference between the 200% and 250% of Federal Poverty Guidelines.

Jennifer Siciliano said she would raise these issues with Inova's management team and report back at a future HCAB meeting.

Ms. Blum summarized the discussion, underscoring the community's need to be better informed. She recognized that some of these issues may already be resolved while others may still be "in process." In addition to better communication, she encouraged

Inova staff to consider reinstituting the work group that Mr. Whitely referenced. It is the HCAB's hope that such a group could resolve an issue before it became a problem.

Bill Finerfrock moved that the HCAB contact Reston Hospital to clarify its charity care policies and procedures and its plan to comply with the federal requirements. Ms. Zuvekas seconded the motion. The motion passed unanimously.

Other Business

HCAB members felt that the written information provided by Chief Morrison did not clearly address whether the Fire and Rescue department is consulted during zoning considerations for medical care facilities. The HCAB would like to invite Chief Morrison to a meeting in the fall to address this issue.

Jennifer Siciliano provided members with follow up information from its January budget meeting with the HCAB on January 31.

There being no further business, the meeting adjourned at 9:59 pm.