HEALTH CARE ADVISORY BOARD

Meeting Summary
March 16, 2011

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

STAFF
Chris Stevens
Robin Mullet

GUESTS
Rosalyn Foroobar, Health Department
Dr. Gloria Addo-Ayensu, Health Department

Call to Order

The meeting was called to order by Marlene Blum at approximately 7:35 p.m. Chris Stevens reviewed the revised agenda and the attachments provided.

February 14, 2011 Meeting Summary

The minutes from February 14, 2011 were accepted as presented. The meeting summary of the Committee of the Whole held March 7, 2011 was presented but formal approval was not needed.

Discussion of Proposed FY 2012 Budget

Ms. Blum suggested that Mr. Finerfrock, Budget Committee Chairman, present the motions for discussion. The HCAB agreed to consider the items in the FY 2012 proposed budget seriatim, considering the motion part by part, in a series, with a vote on the whole at the end. Everyone agreed.

A memorandum dated March 14, 2011 from Tony Griffin to the Board of Supervisor's was discussed. In the memo, Mr. Griffin noted that the Board had requested information regarding additional programmatic reductions which could be considered by the Board as part of its budget deliberations. As such, Mr. Griffin provided a list of proposed reductions included in the FY 2010 and FY 2011 budgets which were not approved for implementation. Included were the following items affecting Health Department and Fire and Rescue Department budgets:

- Reduction in the Clinic Room Aide (CRA) Program by Decreasing Hours

- Closure of the Annandale Adult Day Health Care Center
- Elimination of Four Basic Life Support (BLS) Units at Stations which also have Advanced Life Support (ALS) Units
- Reduction in the Hours of Four BLS Units from 24 Hours to 8 Hours Monday Through Friday

While not directly related to either the Health Department or the Fire and Rescue Department, the following contributory agency has a health-related impact:

- Reduction in Funding for the Northern Virginia Dental Clinic

Proposed Reduction in the CRA Program – final reduction = $150,000
It was noted that in the memo sent to the Board of Supervisors dated March 26, 2009 on the FY 2010 budget, the HCAB did not oppose this reduction. As Ms. Blum pointed out, it was not opposed at that time because the Health Department could only cut non-mandated services, and the HCAB did not want to see cuts to the Community Health Care Network (CHCN) program. However, in its memo to the Board, the HCAB pointed out that they did have concerns relying on untrained staff to cover for the decrease in CRA hours. This remains a key issue of concern.

A question was raised as to whether or not a reduction in CRA hours would impact the newly created School Health Nurse positions? Ms. Foroobar mentioned that the funding for the newly created School Health Nurse positions will be coming from the State. In addition, she pointed out that the roles and responsibilities of the School Health Nurse are vastly different from those of the CRA. Thus, if the hours of the CRA's are cut, there will be limited coverage during the school day. The School Health Nurse will not be available to cover these positions.

A general question was raised for discussion: In FY 2010, every agency was asked to propose a certain percentage of cuts from their budget. The trade-offs today are not the same that they were in FY 2010, so why is the HCAB looking at proposals from two years ago when the circumstances are completely different? Most agreed, however, if the County Executive is using those proposed cuts from FY 2010 and FY 2011 as *possible* cuts for the FY 2012 budget, then the HCAB should address these. Overall, it was felt that if the HCAB is going to take a different position today, then they will need to explain why something should or should not be considered now.

The motion was made to oppose any additional cuts to the Clinic Room Aide program. There was a second to the motion. It was suggested that the HCAB's memo to the Board of Supervisors state that this proposed cut in FY 2010 was *rejected* by the Board of Supervisors because it was seen as a needed service,

therefore, if the economy is improving now, even if only slightly, those same cuts should not be considered today.

The motion passed unanimously.

Closure of the Annandale Adult Day Health Care Center (ADHCC) – final reduction = $0

It was noted that in the memo sent to the Board of Supervisors dated March 26, 2009 on the FY 2010 budget, the HCAB did not oppose this reduction. However, the HCAB pointed out that closure of the facility would likely increase the wait list from seven to twenty-one weeks. In preparation for this possibility, the Health Department developed a transition plan to ensure that all current Annandale participants would have access to another ADHCC with minimal disruption in service. The proposed plan called for a hold on all new admissions at the Braddock Glen and Lincolnia sites. Today, that is no longer an option. The County has been working with Inova in an effort to establish a Program for All Inclusive Care for the Elderly (PACE) site in central Fairfax which will expand the long term care continuum of services. Current negotiations with Inova include the use of the Braddock Glen ADHCC as the PACE site. Thus, if Annandale were closed, the ability of the Health Department to provide timely access to adult day health care services will be negatively impacted.

A motion was made to oppose the closure of the Annandale Adult Day Health Care Center. The motion was seconded. The question was asked about whether or not the associates were required to fundraise for $50,000 to help cover costs back in FY 2010. Ms. Foroobar indicated that the associates had been able to fundraise this amount, but that it was only required for one year. In response to a second question, Mr. Foroobar indicated that approximately 40% of the ADHCC participants who are dually eligible (Medicare/Medicaid waiver), will opt for PACE. Thus, those who do not meet dual eligibility may not have a place to go within the community.

The motion passed unanimously.

Northern Virginia Dental Clinic – final reduction = $0

Ms. Foroobar mentioned that the Northern Virginia Dental Clinic currently serves 300 adults and that there are no other options available for dental services to low-income adults.

A motion was made to support continued funding to the Northern Virginia Dental Clinic. The motion was seconded. During discussion, the following was raised:
- There is currently a 6 month wait list for services.
- Clients are asked to pay a fixed amount prior to services being provided.

- The $50,000 is used to help fund a full time dentist to supplement an array of volunteers.
- How many volunteers does the Clinic currently have? **Ms. Foroobar will need to find the answer to this.**
- Trying to separate dental health with other medical issues is an artificial separation. Providing good dental care offers a good 'return on investment.'
- Are the local dentists doing their fair share of volunteering?
- The Dental Clinic is a collaboration of area jurisdictions, with Fairfax County clients using at least half of the 'slots' available.
- An additional 298 patients have been served by the addition of this paid position.
- The Dental Clinic employs a full time Executive Director and is located in the Culmore area of Fairfax County.

Ms. Foroobar reminded the HCAB that they will have a presentation on dental services at the May meeting; not only will Health Department dental services be covered, but the Executive Director of the Dental Clinic will be invited to provide a brief overview as well.

A motion was made to oppose a $50,000 cut to the Northern Virginia Dental Clinic. The motion was seconded.

The motion passed with seven voting yes, one vote of no and one abstention.

Elimination of 4 BLS Units at Stations which also have ALS Units – final reduction = $0
In 2009, the Health Care Advisory Board opposed this reduction.

A motion was made to oppose the following cuts to the Fire and Rescue Department:

- Elimination of 4 BLS Units
- Elimination of 4 EMS Transport Units
- Reduction in Hours of 4 BLS Units
- Elimination of Dedicated Staffing of the Hazardous Materials Support Unit
- Elimination of the Seventh Fire and Rescue Battalion
- Elimination of One of the Two Uniformed Fire Officer Positions Staffed Daily

The motion was seconded. It was suggested that the rationale used in the memo to the Board of Supervisors from March 26, 2009 and March 24, 2010 be used again as the HCAB's position has not changed. In addition, it was noted that supplemental to this argument is the rationale that these proposed cuts make even less sense today given the number of over time cuts implemented over the past few years. The Fire and Rescue Department rely on the personnel

of the BLS units to back-fill for staff attending ALS recertification training; if the personnel are not available to back-fill, then either over time costs need to be re-instated or mandatory training will be eliminated. Last, while traffic severely impacts response times, if the units are not in service, response times will be even more affected.

The motion passed unanimously.

FY 2012 Advertised Budget Summary for Discussion dated March 16, 2011 (revised)

Health Department

Supplemental Pay Increase for Public Health Physicians

A motion was made and seconded to support the supplemental pay increase for public health physicians. In response to a question, Dr. Addo-Ayensu explained that this money will be divided among five positions.

School Health

A motion was made and seconded to support the increase in funding of $1.9 million coming into the Health Department from the State to support the hiring of 12 new school health nurses.

Contract Rate Adjustment

A motion was made and seconded to support the contract rate adjustments with providers of contract health services.

Reductions to Balance the Budget in FY 2011

A motion was made and seconded that the HCAB not take a position on the reductions to balance the budget. It was acknowledged that while painful to make cuts, every agency is being asked to do this and the Health Department should be expected to do this as well. Thankfully, the agency is attempting to make the necessary cuts with minimal or no impact on services.

Fire and Rescue Department

Proposed Reductions to Balance the Budget

Discussion was held regarding EMS training. Clarification was sought on whether or not 'incumbent' training is for new training or recertification. While the term is confusing, it implies new training. Once again, it was noted that the 'true' cost of training is not in the actual cost of a class or books, per se, but rather in back-filling positions while staff are not on the job but getting trained.

As part of the budget discussion, the following questions/issues were raised:

- How difficult is it to recruit trained staff?
- If the Department trains their own staff, do they stay at the job for a longer period of time?

- Why can't Fairfax County ask staff to commit to "x" years of service if training is provided by the County?
- What's the projected impact of increasing fuel costs on the Department?
- If the Board of Supervisor's agrees to the cut in over time pay, then no cuts should be made to existing BLS units. It's an "either/or" issue – you can't do both. If over time pay is re-instated, then the BLS unit personnel are no longer needed to fill in.

It was noted that the $1,000,000 reduction in over time pay is being proposed in order to balance the FY 2012 budget. Again, it was mentioned that as unpopular as some of these cuts may be, every agency is expected to make certain cuts in order to maintain a balanced budget and no agency is exempt from them.

FY 2012 Budget

It was recommended that within the memo to the Board of Supervisors from the HCAB, the following be addressed (or omitted):

- The new division within the Health Department should *not* be addressed at this time;
- The issue of the state reducing the restaurant inspection fees and the potential loss in revenue to the Health Department and how the Department *may* respond *should not* be addressed at this time;
- The large worker to restaurant ratio should be mentioned. As such, the reduction in restaurant inspection fees can be mentioned;
- The wording around the supplemental pay increase for public health doctors should be carefully phrased. It should be noted that the physicians are providing mandated services which are essential to the mission of public health.

A motion was made and seconded to approve all motions as presented. The motion passed unanimously.

<u>Other Business</u>

At this time, there is only one item on the agenda for the April 11 meeting. It was agreed that the April 11 meeting should be cancelled. Therefore, the next meeting will be held May 9th.

Agenda items for the May meeting include:

- Mt. Vernon Hospital expansion (still waiting to hear from Inova)
- Dental Services (Northern Va. Dental Clinic and Health Department services)
- Update on Alternative Septic Systems (will need to hear from Tom Crow if this is still needed)

Agenda items for June include:

- MAPP
- Accountable Care Organizations (ACO's) – may be moved to September
- Update on the new division within the Health Department (may be moved to a later date)

Ms. Blum mentioned that she had received an e-mail from Peyton Whitely, Legal Services of Northern Virginia. Ms. Blum described the organization as one that provides legal aid services to low income residents. Mr. Whitely is very concerned about how patients are informed of the Inova Charity Care Policy. As such, he's asking the HCAB to help address this issue with Inova. Therefore, Mr. Whitely, and others from Legal Aid, will be invited to either the May or June HCAB meeting. Inova will be informed.

Additionally, the Fire and Rescue Department will need to be invited back (possibly in the fall) to discuss some of the issues raised earlier this evening. If they are not able to address the issue of requiring a commitment for continued employment following training, someone who can answer that question needs to also attend.

The HCAB would also like to hear from the Fire and Rescue Department (FRD) if applicant's for building new healthplex complexes or free standing emergency departments consult with FRD staff on the best way to get in and out of the bays.

Also, the HCAB would like to hear from Inova about their plans to double the size of the Springfield Healthplex.

Last, in the fall, the HCAB would like an overview from Inova on their technology services; Dean Montgomery from the HSA will also be invited for this discussion.

There being no further business, the meeting was adjourned at approximately 9:20 p.m.