

HEALTH CARE ADVISORY BOARD

Meeting Summary
September 12, 2011

MEMBERS PRESENT

Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Francine Jupiter
Tim Yarboro
Ann Zuvekas
Ellyn Crawford
Marty Lebowitz
Dave West

STAFF

Sherryn Craig

GUESTS

Tim McManus, Reston Hospital Center
Tracey White, Reston Hospital Center
Ed Stojakovich, Reston Hospital Center
Jennifer Siciliano, Inova Health System
Peyton Whiteley, Legal Services of Northern Virginia
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 7:38 p.m.

June 13, 2011 Meeting Summary

The minutes from the June 13, 2011 meeting were accepted as presented.

Reston Hospital Center

Tim McManus, Chief Executive Officer (CEO) for Reston Hospital Center (RHC) and Northern Market President for Hospital Corporation of America (HCA) provided the HCAB with an overview of the hospital's capital improvement plans and shared information on its uninsured discount policy and charity care program for low income patients. Mr. McManus has been with HCA for 4 years.

Overview/Capital Improvements

RHC is a 187-bed, full-service, medical/surgical hospital serving western Fairfax and eastern Loudoun counties. RHC is celebrating 25 years as an affiliate of HCA – a healthcare system with more than 175 hospitals throughout the United States and Europe.

RHC is a private, for profit hospital. Mr. McManus reported that RHC pays \$6.1 million in taxes, including \$1.9 million in local property taxes. RHC is projected to serve 12,000 inpatients, perform 10,000 surgeries, and deliver 3,400 babies in FY 2011. The hospital was most recently awarded the Joint Commission's Gold Seal of Approval for certification as a Primary Stroke Center.

Implementation of the first phase of RHC's facility plan – the development of 150,000 square feet of medical office space contiguous to the hospital – is scheduled to begin the first quarter of FY 2012. According to Mr. McManus, the four medical office buildings located on the campus are at 95 percent capacity.

Uninsured Discount/Charity Care

The hospital also provided \$33.7 million of uncompensated health care in FY 2010, which includes approximately \$1.9 million in radiation, laboratory, and pharmacy services to the Jeanie Schmidt Free Clinic (JSFC). Mr. McManus estimated about 20% of RHC's net revenue is spent on uncompensated care and taxes, but will follow up with an exact figure.

Medicaid does not pay RHC enough to cover an indigent patient's total charges. However, these unreimbursed costs are not used to calculate the hospital's uncompensated care figures. Mr. McManus did not know the exact reduction in RHC's income, but will follow up with the HCAB.

All charity care, according to Mr. McManus, is standardized across the HCA system. RHC's Charity Care and Financial Discount Policy was recently updated and made available on the hospital's website. Individuals who are 200% below the Federal Poverty Level (FPL) are eligible for a 66% discount of total charges with an additional 10% taken off their account if paid in full.

Mr. McManus stated that if a patient was not eligible for the discount before his or her admission, but experiences a loss in income post discharge, the hospital would make every effort to work with the patient and qualify him or her for the program. There is no time limit imposed on patients applying for RHC's charity care or uninsured discount policies, and information on these programs is included in all billing documents.

All patients are stabilized and a medical screening is completed before RHC staff discuss patients' financial status. Eligibility specialists and case managers provide assistance to low income patients in applying for Medicaid as well as RHC's charity care and uninsured discount programs. Translational assistance, including American Sign Language (ASL), is provided free of charge to all non-English speaking patients. Case managers also work with patients to navigate the county's safety net system, which includes the Community Health Care Network (CHCN). Dr. Yarborough asked if RHC

would consider adding translation services to the charity care section of its website. Mr. McManus replied that RHC staff would review the request.

RHC does not inform private physicians of patients' financial status. Like Inova, medical services (e.g., radiology, anesthesiology, pathology, surgery, etc.) that are provided to low income patients during inpatient care may fall outside the scope of the discount policy. These physicians are independent contractors. Discounted care must be negotiated between the patient and the provider; RHC will not intervene.

Moreover, Mr. McManus stated that RHC pays physicians for emergency room and inpatient consults to ensure coverage in all areas. The on call fee is different than the doctors-specialists' professional fee, which is billed independently to the patient by the provider.

Mr. McManus was not able to provide demographic characteristics for the patients commonly treated or admitted to RHC, but offered to provide the percentage of RHC's patients enrolled in Medicaid. According to Mr. McManus, approximately 45,000 patients are admitted annually through the Emergency Department (ED); 15.4% of those do not have health insurance.

Ann Zuvekas discussed the Mobilizing for Action through Planning and Partnerships (MAPP) Community Health Status Assessment. She noted that data from RHC were lacking. Ms. Zuvekas made the request for emergency room patient data by zip code. Mr. McManus stated that he would reexamine this request.

Rosalyn Foroobar asked if RHC would consider participating in the CAP System, which offers streamlined eligibility data by the Community Health Care Network. Mr. McManus agreed to review the information provided by the Health Department.

Human Services Council

Henry Wulf, member of the Human Services Council (HSC), appeared before the HCAB. The HSC has invited all human services stakeholders, including the HCAB, to complete a brief survey on the HSC's future scope and mission.

According to Mr. Wulf, the HSC's program of work has exclusively focused on the County's budget and making recommendations on human services funding. However, the HSC is trying to reassess its role in human services and the value added it brings to the system. Mr. Wulf stated that the HSC is not trying to duplicate the work of other BACs or County staff. In conducting its assessment, the HSC acknowledges that a lot of issues will be removed from its purview, but the important question is what will remain.

Francine Jupiter, the former Lee District representative to the HSC, asked Mr. Wulf how the HSC can develop a more effective and efficient human service delivery system – an

enormous task that appears to go beyond what one body or council can do. Mr. Wulf agreed and stated that the HSC's current bylaws may no longer be relevant.

Ms. Jupiter stated that she does not have a good understanding of all that is going on in human services in the county. Ann Zuvekas agreed. She stated that some human services are provided directly by the County; some are contracted out; and others are financed/organized outside the government (i.e., nonprofits and community-based organizations). Ms. Zuvekas underscored the need for a human services overview, which would answer the following: What does the system look like and who provides what? She concluded by saying that the community will not be able to comment on what ought to or should be done unless it knows what is.

Ms. Blum suggested that the HSC convene a human services summit or conference, maybe not once a year but every couple of years. She noted that the HSC is the ideal group to organize/sponsor such an event. Ms. Jupiter agreed with Ms. Blum and added that the summit could take an issue or system-related focus. Moreover, Ms. Blum said that the HSC could be helpful in bringing together County BACs to work on or discuss an overarching issue that requires some interplay or collaborative exchange.

Bill Finerfrock asked Mr. Wulf if the HSC analyzes or relays the BAC's budget-related information to the Board of Supervisors. Mr. Wulf replied that the HSC analyzes all presentations and makes edits to ensure that recommendations are not contradictory. Mr. Finerfrock replied that the HCAB does not know what the competing human services needs are in the community.

Mr. Finerfrock asked to what extent BACs reach out to the HSC to solicit support on an issue or problem. Mr. Wulf replied that outreach has occurred, but very rarely. Mr. Finerfrock identified the potential for the HSC to support an issue that a BAC has identified as significant and sending a letter to the BOS in support of the BAC's position. He said that the HSC could generalize the application of an issue to other BACs to ensure it's cross-cutting. This collaboration could result in the identification of root causes for which one BAC may not be aware. Mr. Finerfrock concluded by suggesting that the HSC feed information forward so everyone can be educated on human services issues.

With respect to how the HSC should structure its work, Mr. Wulf replied that the HSC is organized by magisterial district. He questioned whether the HSC should be reorganized along functional lines. He articulated the need for incorporating a population-based focus to the HSC's work, but did admit that he was unclear how best to achieve that.

Ms. Blum advised Mr. Wulf that joint planning and communication occurs once a year. However she was not certain on what a formalized arrangement between the HCAB and HSC would entail. Mr. Wulf said that there were two approaches. The first would

require the assignment of an HSC member to several BACs. The HSC member would attend BAC meetings and learn more about the respective their human services areas. The second approach would be to invite BACs to attend HSC meetings outside of the budget process. Mr. Wulf said that both approaches would lead to greater interaction between BACs and a better understanding of human services needs.

Ms. Blum commented on the important role the HSC played in human services redesign and the development of the Community Funding Pool. Ms. Zuvekas stated that not all BACs are set up for community involvement and input even though it often would be desirable. Ms. Blum agreed, suggesting that instead of having the County hire a consultant to solicit community input, the HSC could engage the community and secure citizen feedback on issues of importance to the community.

Update on Brightview Assisted Living

The BOS approved the Special Exception Application to build Brightview Assisted Living. In making his motion to approve the facility, Supervisor Foust cited the HCAB's recommendation.

Update on Inova *Mount Vernon Hospital*

Copies of an article from the *Mount Vernon Voice* were distributed to members in the September meeting packet. The story cites the HCAB's recommendation and quotes Ms. Blum.

Other Business

Update on Program of All-inclusive Care for the Elderly (PACE)

Jennifer Siciliano, Inova liaison, informed the HCAB that the Centers for Medicare and Medicaid Services (CMS) received Inova's PACE application on September 7. CMS has 30 days to review the application for completeness. Renovations at Braddock Glen are almost complete.

Due to the Columbus Day holiday, the next HCAB meeting is scheduled for Wednesday, October 19.

There being no further business, the meeting adjourned at 9:20 pm.