# HEALTH CARE ADVISORY BOARD

Meeting Summary
January 9, 2012

**MEMBERS PRESENT**
Marlene Blum, Chairman
William Finerfrock, Vice Chairman
Francine Jupiter
Dr. Marty Lebowitz
Dave West
Dr. Tim Yarboro

**STAFF**
Sherryn Craig

**GUESTS**
Dr. Loring Flint, Inova Health System
Jennifer Siciliano, Inova Health System
Rosalyn Foroobar, Health Department
Chris Stevens, Health Department
Sarah Allen, Department of Neighborhood and Community Services

## Call to Order

The meeting was called to order by Marlene Blum at 7:36 p.m.

## November Meeting Summary

The minutes from the November 14, 2011 meeting were accepted as presented.

## Housekeeping

Anne Rieger was originally scheduled to present at the January HCAB meeting, but will return in February to provide an update on the Transitional Care Program and the Schedule of Community Benefits. Presentations on the Inova Translational Medicine Institute (ITMI) and the PACE program are also scheduled. Jim Copeland, with the Health Department, will also brief the HCAB on the new Division of Community Health and Emergency Preparedness.

Marlene Blum was invited to participate in a focus group for the purpose of selecting a new County Executive. The Board of Supervisors is encouraging community input and has developed a short survey that can be completed online. Ms. Blum encouraged members to take the survey, which will remain on the website till the end of the month.

Ms. Blum also attended the grand opening of the Inova Cares Clinic for Children and the Inova Juniper Program in Herndon. During her visit, Ms. Blum observed the clinic's ability to provide services tele-remotely and encouraged any HCAB member who is interested in telemedicine to contact Jennifer Siciliano to arrange a visit.

## Inova's Capital Plan Updates

Jennifer Siciliano, Vice President of Government Relations, presented Inova's 2012 updates to its Capital Improvement Plan (CIP) and Capital Notification Threshold. The Capital Notification Threshold was increased 1.6 percent to $1.9 million. Several factors influenced the index change, including an increase in construction costs due to increased private sector development and investment. Commodity and material prices, although stable, put upward pressure on construction prices due to global demand. Ms. Siciliano said there were some indications of material price increases in the first part of 2012. However, price increases predicted by producers have not yet materialized. Conversely, competitive conditions in the building construction industry were driving labor to increase productivity, therefore reducing labor costs. Francine Jupiter asked what effect the bond market has had on Inova's construction costs. Ms. Siciliano said that she did not know the answer, but that Mark Runyon, who is planning to come with Anne Rieger to the February meeting, would be able to provide that information. Capital investments on the Inova Fairfax Hospital (IFH) campus were divided into three phases and an auxiliary phase. The project's total budget is estimated at $850 million.

Phase 1 (2009-2012): $183 million
- Existing Tower Building (ETB) infrastructure improvements
- Inova Heart and Vascular Institute (IHVI) helipad
- New South Patient Tower (SPT)

Phase 2 (2011-2014): $430 million
- Boulevard construction
- New Women's Hospital Patient Tower
- Green Garage

Phase 3 (2012-2017): $200 million
- ETB renovations
- Children's Hospital renovations

Auxiliary (2011): $37 million
- Willow Oaks Site and Northern Off Site Work

In Phase 1, Inova has completed upgrades to the ETB infrastructure and IHVI helipad. Construction on the South Patient Tower is currently in process.

Boulevard construction in Phase 2 is almost finished. Bus stops are operational and in use by the Washington Metropolitan Area Transit Authority (WMATA) and the Fairfax Connector. Installation of site utilities and traffic planning continues. Ms. Siciliano stated that the old entrances to the IFH campus will eventually be closed, but an internal and external communications plan will be implemented in advance.

Inova is scheduled to appear before the Board of Supervisors (BOS) at its January 24 meeting to secure approval for the Green Parking Garage.
Construction on the Women's Hospital is anticipated to begin in late summer or early fall.

Other ongoing and upcoming projects at the IFH campus include the Inova Translational Medicine Institute (ITMI) build out. ITMI is temporarily moving into the second floor of the Claude Moore Building. Half of the 11,000 square foot build out will include wet laboratory work space. Inova is in the design and development phase for the installation of a new Cyber Knife, which will replace an existing Tomography machine. Inova is also replacing a 1.5 Tesla (T) Magnetic Resonance Imaging (MRI) with a 3.0T MRI on the ETB ground floor.

Ongoing and upcoming projects at Inova Mount Vernon Hospital (IMVH) include renovations to the existing Emergency Department (ED) and adjacent areas to improve ED patient throughput. Twenty-three hour observation beds will be used to decrease the load on the hospital's licensed beds. The IMVH Patient Tower and Orthopedic Operating Rooms (OR's) are currently in the design phase. Inova is working to secure site plan approval by the County with construction expected to begin in mid/late 2012.

Inova is also completing the onsite permit process for the Lorton HealthPlex and expects to break ground in late February/March. The Lorton HealthPlex is located at the southeast corner of Lorton and Sanger Roads. The HealthPlex will cover 14.55 acres and will be staggered over several phases:

Phase 1: Two story, 52,000 square foot Building B
- Emergency Room
- Imaging
- Lab
- Medical Office Building (MOB) and possible Surgery Center

Phase 2: Five story, 125,000 square foot MOB
- Emergency Room
- Imaging expansion if needed and supportive ancillary uses

Phase 3: Four story, 75,000 square foot Building A
- Ancillary uses may include a MOB, Medical Related Uses, and/or a limited service hotel

HCAB members expressed concern over the proposed emergency entrance to the Lorton HealthPlex, which lacks a direct access point from Sanger Road. Should Inova receive approval for a limited service hotel, the circuitous route required to access the emergency department will be compounded by automobile and pedestrian traffic. Ms. Siciliano agreed to take these concerns back to the project's planning and development team.

Finally, upcoming projects on the Inova Fair Oaks Hospital (IFOH) campus include the construction of MOB 4 and the Cancer Center/Services.

Dr. Lebowitz moved that the HCAB send a memo to the BOS indicating that Inova provided an update on its Capital Improvement Plan and was in compliance with the lease agreement. Dr. Yarboro seconded the motion. The motion passed unanimously.

**Inova Medical Group**

Dr. Loring Flint, Chief Medical Officer, is the new President of the Inova Medical Group (IMG). As IMG President, he is tasked with integrating the disparate nature of Inova's provider system. The IMG will include primary care doctors, adult subspecialists, and a number of hospitalists in OB/GYN, psychiatry, pediatrics, and internal medicine, under one corporate structure.

With respect to primary care, Dr. Flint said the goal is to have 14 sites geographically dispersed throughout the region with a minimum of 2-3 providers, but ideally 4-6 providers per practice.

There are currently 170 physicians in the IMG, including 50 hospitalists. The IMG includes employed physicians and a few midlevel practitioners (e.g., physician assistants, nurse practitioners). Doctors for whom Inova has an exclusive contract, such as radiology and anesthesiology are not part of the IMG structure. Other exemptions may include ITMI, research, and administrative physicians in addition to concierge practices and executive medicine.

Bill Finerfrock recommended that IMG incentivize non-Inova employed physicians to accept a certain level of charity care patients. Dr. Flint replied that when there is an exclusive contract in place, non-employed physicians will take all patients, but it is more challenging to make patient care level demands in an outpatient setting. Dr. Flint underscored Inova's commitment to building models of collaboration with other community providers.

Inova's payor mix, including its Inova Care Clinics, is 20% Medicaid and charity care. Dr. Flint stated that its primary care practices will accept charity care patients, and estimates that between 3-5% of its primary care business will be charity care. Practices will accept Medicaid on a limited basis (the for-profit structure that preceded IMG was not structured to accept Medicaid patients). Inova will not have staff on site to determine charity care eligibility, but determinations can be made available by telephone. Services will be provided by appointment only.

HCAB members expressed concern over Dr. Flint's 3-5% estimates. Estimates provided to the Health Care Reform Task Force, for example, are much higher, due to the large number of undocumented individuals living in the region. It is possible that these practices will be inundated with charity care clients once the word spreads. Dr. Flint announced the creation of a new adult safety net clinic, which Anne Rieger will brief the HCAB on next month.

Chris Stevens, Director of the Affordable Health Care Program, addressed the need for primary care in the community. The Community Health Care Network (CHCN) currently has 2800 patients on the waiting list. Since March 2011, when the wait list was implemented, 3800 clients have been removed and enrolled into services. In addition, the CHCN enrolls approximately 100 patients a month who are exempt from the waitlist (e.g., homeless, maternity, etc.).

Ms. Blum reminded Inova that if the IMG decides to pull back on accepting charity care patients in its primary care practices, proper notice must be made to the BOS.

A question was asked about the applicability of the 35% uninsured discount. Dr. Flint did not know the answer to that question and said he would follow up with the HCAB.

**Inova's Reorganization**

John Gaul, Inova's General Counsel, was unable to attend the meeting due to a conflicting appointment. Ms. Siciliano provided a broad overview of Inova's reorganization, characterizing it as "cleaning up Inova's plumbing." In an effort to streamline the system's corporate structure, Inova is reorganizing and consolidating existing legal services. The goal of the reorganization is to increase administrative efficiency, maximize cost savings, and comply with changes in the regulatory environment.

The reorganization does not affect or change any of the services that Inova provides. The Inova Health System Foundation remains unchanged and continues to serve as the system's parent entity. The applicability of the lease agreement will also remain in effect.

Ms. Siciliano described Inova's restructuring using four buckets: (1) clinical, which comprises 90% of Inova's operations, (2) research (e.g. ITMI), (3) physician enterprise (e.g. IMG), and (4) community (e.g. PACE). Community services may or may not be organized under the clinical bucket.

Dormant entities, for which Inova is required to file a Form 990 with the Internal Revenue Service (IRS), are being "pruned." The reorganization will consolidate the number of 990s that are filed.

Ms. Siciliano was not able to provide a diagram or organizational chart, but will follow up with the HCAB at a future meeting.

The Office of the County Attorney has been briefed on Inova's reorganization.

**Fairfax County Prescription Drug Card Program**

Chris Stevens and Sarah Allen with the Department of Community and Neighborhood Services, provided an overview of the County's Prescription Drug Card Program. Many

jurisdictions have a card similar to the one that Fairfax County has endorsed. Ms. Allen said that the program is not the "be all end all" of prescription drug cards, but it does create a discount on medications for which people may be paying full price. The card will benefit people who are uninsured, underinsured, or whose insurance does not cover certain medications. The formulary is unlimited and Fairfax County will receive a royalty from the use of the card. The card can also be used to purchase human medicine that is prescribed to pets (e.g. insulin and certain antibiotics).

The card's vendor has allocated $150,000 for marketing. The County is working within its existing network to get the word out about the program. The HCAB suggested reaching out to college and university students.

Launched on December 6, the program has gotten off to a slower than expected start with only 800 prescriptions filled. However, the County hopes to raise awareness about the program and increase the card's use.

**Women, Infant and Children (WIC) Program**
Information on the WIC Program was included in the HCAB packet.

**Other Business**
Ms. Blum attended the Centers for Disease Control and Prevention's (CDC) Community Transformation Grant (CTG) training in Atlanta, Georgia in early December. Ms. Blum found the training very useful and learned a lot from fellow grantees. The HCAB will be hearing more as the work of the Partnership for a Healthier Fairfax continues.

Tim Yarboro has agreed to serve as the HCAB's budget chair this year. An e-mail from Sherryn Craig will be sent asking members about their meeting availability in March.

Tom Crow, Director of Environmental Health, has announced his retirement at the end of April. The Health Department will be working to find his replacement over the coming weeks.

There being no further business, the meeting adjourned at 9:10 pm.