HEALTH CARE ADVISORY BOARD

Meeting Summary
May 14, 2012

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

STAFF
Sherryn Craig

GUESTS
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Thomas Fleetwood, Department of Housing and Community Development
Vincent Rogers, Department of Housing and Community Development
Dr. John Niederhuber, Inova Health System
Jennifer Siciliano, Inova Health System
Robert Hager, Inova Health System
Michael Forehand, Inova Health System

Call to Order
The meeting was called to order by Marlene Blum at 7:33 p.m.

April Meeting Summary
The minutes from the April 9, 2012 meeting were accepted as presented.

Peyton Whiteley
Marlene Blum announced that Peyton Whiteley has been honored by the Virginia State Bar with the 2012 Virginia Legal Aid Award. The HCAB will send a letter of congratulations to Mr. Whiteley.

Human Services Community Dialogue
A community dialogue on the human services system will be held Saturday, May 19 from 8:00 am – 12:30 pm at the Government Center. HCAB members who are available and interested are encouraged to attend.

Public Hearing on Proffered Condition Amendment (PCA) Application PCA 87-A-011-2/PGA 89-A-001-2/PCA 95-B-021 to expand InovaCares for Seniors Program of All-inclusive Care for the Elderly (PACE) located at Braddock Glen
Robert Hager, Assistant Vice President (AVP), Long Term Care Services and Program Director, InovaCares for Seniors PACE, Inova Health System, presented on a new partnership between Inova Health System and Fairfax County – the InovaCares for Seniors Program of All-inclusive Care for the Elderly (PACE). Initiated by Braddock District Supervisor John Cook, Inova's Proffered Condition Amendment (PCA) application – PCA 87-A-011-2/PGA 89-A-001-2/PCA 95-B-021 – seeks to expand the InovaCares for Seniors PACE program located at Braddock Glen.

Braddock Glen is part of the 14.13 acre Little River Glen senior housing development and senior center, owned by the Fairfax County Redevelopment and Housing Authority (FCRHA). The facility is located at the southeast corner of the intersection of Little River Turnpike and Olley Lane. Braddock Glen includes an Adult Day Health Care (ADHC) Center that operates in approximately 11,500 square feet of gross floor area and is currently limited to a maximum of 50 participants and hours of operation between 6 a.m. until 6:30 p.m., Monday through Friday.

The FCRHA recently leased the ADHC space to Inova Health Care Services for the purpose of operating a PACE program. The PACE program is a national model for the provision of community-based health care services to seniors whose needs for chronic care would otherwise require a nursing home level of care. Eligible PACE participants are 55 years of age or older, meet the criteria for both Medicaid and Medicare (i.e., dually eligible), and are able to live in the community but have deficits in 5 to 7 activities of daily living (ADLs). The average PACE participant in the nation is 81 years old with several comorbidities or chronic illnesses compounded by ADL deficits.

InovaCares for Seniors PACE is the first PACE program in Northern Virginia and the first coordinated care model of its kind in Fairfax County. In support of the program, Inova has recently completed interior renovations to the existing ADHC space, which will permit 60 individuals to be served, per the Building and Fire Codes. However, as currently proffered, the space/program is limited to a maximum of 50.

By increasing its capacity, the InovaCares for Seniors program will be able to generate greater efficiencies of scale. Based on daily census estimates and projected utilization of 2-2.5 days per week per client, Inova believes an additional 20 people can be accommodated in the community, bringing PACE's total membership to 120-130 clients.

Nancy Mercer, Vice Chair of the Long Term Care Coordinating Council (LTCCC) and a resident of the Braddock District, provided oral and written testimony in support of Inova's PCA application. Ms. Mercer characterized the need for PACE as great and stated that the PACE Hub would provide essential services – medical, psychological,

recreational and transportation – that would enhance the ability of county residents to age in their homes.

The costs of the expansion will not be charged to PACE participants. Mr. Hager reminded the HCAB that Inova assumes the risk. Participants must be dual eligible, and in the interest of transparency, Mr. Hager said that individuals who meet the program criteria and have Medicare only can also access clinical services by paying a subsidized Medicaid fee or market-based rate. Mr. Hager said that Inova has not determined what a market rate would be or look like, but at a minimum, it would need to cover the Medicaid subsidy.

There was some concern that by accepting Medicare-only clients, the program may create a payor mix that crowds out dual-eligibles among which there is a greater need for services. Mr. Hager said that Inova's primary objective is to serve its primary market, which is the dual eligible population. He stated that PACE is a health plan and not an institution. When patients enroll, they give up their attending physicians and instead, become part of the PACE network. When patients realize what they are saving in copays and hospitalizations, PACE becomes an attractive care coordination alternative.

Furthermore, Medicare clients must have their eligibility verified before they can participate in the program. Eligibility determination is made at the county level by the Department of Family Services (DFS), not by Inova, providing a natural check and balance in participant enrollment. The Centers for Medicare and Medicaid Services (CMS) have additional measures in place that ensure Inova's fidelity to the PACE program model. According to Mr. Hager, PACE programs nationwide accept Medicare patients, but these clients remain a small percentage of the total PACE population; he estimated the number to range between 2-3 percent.

A question was asked about the impact the expansion would have on services. Mr. Hager replied that both the facility and the staffing/coordinated care elements of the program had the capacity to serve additional patients.

What makes PACE attractive to potential clients and is unique to other service delivery systems is the enhanced coordination of care. Individuals who would normally need to reside in a nursing home or assisted living facility in order to qualify for a full complement of services can now live at home and receive transportation to the Braddock Glen facility where they can access pharmacy, physician services, physical therapy (PT), occupational therapy (OT), speech therapy (ST), adult day health, specialist services, acute and long term care, home health services, and meals if necessary.

PACE participants will have access to an 11 member interdisciplinary team that includes, for example, a clinic nurse manager, physician, dietician, occupational therapist,

physical therapist, recreation coordinator, home health coordinator, etc. The team is on site every day, and by CMS regulations, is required to meet daily. A primary care physician is currently on staff one half day per week in order to attend to the program's one enrollee. However, as the program expands and more people are enrolled, the physician will be able to care for up to 100 patients. Physicians and nurses are on call 24 hours a day in addition to a triage system of care.

Nursing ratios are defined separately within the PACE clinic and the ADHC, the latter being 1 nurse to 6 clients. Existing adult day health recipients will continue to receive services on a sliding fee schedule consistent with the County's ADHCs.

With no further questions or discussion, Ms. Blum concluded the public hearing. Ann Zuvekas moved that the HCAB send a memorandum to the Board of Supervisors recommending that it approve Inova's application to increase the capacity of the InovaCares for Seniors PACE program from 50 to 60 participants. Bill Finerfrock seconded the motion. The motion passed unanimously.

PACE Program Update

Mr. Hager invited members of the HCAB to the InovaCares for Seniors PACE Grand Opening on Thursday, June 7 from 11:30 am – 2:00 pm. There will be a luncheon buffet and guests will have an opportunity to tour the PACE clinic.

Mr. Hager estimated that it took about two years for Inova to secure state and federal approval for the PACE program. All but two Full Time Equivalents (FTEs) have been hired for the program. Inova is using an interim marking director and the responsibilities of the quality care coordinator are being managed through nurse staffing. Mr. Hager also stated that CMS does not require a quality coordinator during the initial start-up phase of the program.

The program enrolled its first participant on May 1. Electronic Medical Records (EMRs) will be used to manage patient care.

PACE is different than Medicare Advantage in that the latter is not designed around serving dual eligibles. Another major difference is the level of care coordination. Mr. Hager emphasized that PACE is a network but that care is coordinated from a single clinic and a single physician. Last, the 1:100 physician-to-patient ratio is low, a unique element to PACE.

Rosalyn Foroobar asked how many of the original ADHC participants are continuing at the PACE ADHC. Mr. Hager replied that 17 out of 19 are continuing.

PACE enrollment can only occur on the first day of the month. Assessments must be completed and eligibility requirements must be confirmed prior to a patient's

enrollment. On average, the assessment process takes about 2 weeks; Medicaid eligibility may take 3 weeks to 45 days.

In terms of expanding PACE to other sites, Mr. Hager said that based on an initial market analysis, Inova projected over 400 members, or approximately 15% market share of the dual eligible population. Based on CMS guidelines, the program's start-up phase will not be complete for another 12 months, and an expansion application takes up to six months, so realistically, Mr. Hager said that the earliest Inova could expand would be in 18 months to 2 years.

A question was asked about how Inova would handle eligibility for an applicant who previously was enrolled in another PACE program from outside the state. Mr. Hager replied that Inova could accommodate participants from other Virginia PACE programs (e.g., Richmond) quite easily. However, participants coming from outside Virginia would be required to complete the eligibility determination process. According to Mr. Hager, state-to-state variations make it almost impossible to streamline enrollment for people living outside Virginia.

With respect to transportation, the PACE program is required to provide transportation to participants living in the defined service area, which includes specific zip codes. Braddock Glen is centrally located. Inova has chosen to contract with Fastran for transportation services; and Inova has also purchased a van for the program's use. Ideally, participants are not to spend more than 45 minutes on the bus or van.

Inova just received approval of its marketing plan from CMS. Mr. Hager informed the HCAB that each message and each medium must be approved by CMS prior to its distribution. The only limitation on marketing is direct solicitation. Inova will be reaching out to congregate housing, community groups, physicians, nursing homes, senior centers, and ADHCs to promote the PACE program.

PACE is required to accommodate patients who primary language is not English. Mr. Hager noted that all residential rights will be posted in English, Spanish, and Korean. The Program will have access to Inova's system of communications and translational resources, including translator phones.

HCAB Elections Nominating Committee

Ellyn Crawford has agreed to Chair the Nominating Committee. Bill Finerfrock and Tim Yarboro have also agreed to participate.

FY 2013 County Budget Update

The BOS adopted a partial restoration of the School Health Aide (SHA) Substitute Pool, eliminating 5 instead of the original ten positions. Ms. Foroobar stated that the partial restoration will enable the Health Department to retain 26 positions and to maintain 75% coverage levels.

The BOS eliminated one contract Nurse Practitioner position from the Community Health Care Network (CHCN). Ms. Foroobar will return to the HCAB with a plan for how the CHCN will work around this reduction.

While adopting the budget, the BOS also announced to the community that the Community Services Board (CSB) will have an $8 million shortfall in FY 2012 (i.e., this current fiscal year) and a $9 million shortfall in FY 2013. The BOS is putting aside $4 million from its reserves to cover the CSB's FY 2012 deficit, but it will need to find additional revenues at Carryover. More information may be available by the June 11 meeting.

Total Housing Reinvention Initiative for Individual Success, Vital Services and Economic Empowerment (THRIVE)

Tom Fleetwood and Vin Rogers with the Department of Housing and Community Development (HCD) briefed the HCAB on the Fairfax County Redevelopment and Housing Authority's (FCRHA) application for designation as a Moving to Work (MTW) agency by the U.S. Department of Housing and Urban Development (HUD). The FCRHA owns 2,000 rental units, 1,000 public housing units, and 100 choice vouchers (i.e., Section 8). The MTW THRIVE initiative provides the FCRHA an opportunity to change how it administers federal housing resources. Benefits of the model include relief from regulatory requirements, incentives for job training and education, incentives for good housekeeping, and creativity and innovation in addressing the county's unique housing needs.

Like other county agencies, the FCRHA is faced with reduced County and federal funding and growing waiting lists. This environment has forced the FCRHA staff to find more streamlined approaches and to move individuals through a housing continuum.

A Public Housing Authority's (PHA) MTW program must: (1) reduce costs and achieve greater effectiveness, (2) assist families with children to increase employment and become self-sufficient, and (3) increase housing choice for low income families. The MTW would allow HCD staff to focus less on paperwork and more on people, including the health needs of the FCRHA's residents. THRIVE is also a more holistic approach to moving individuals toward self-sufficiency.

Mr. Rogers described County staff as operating on a compliance basis. THRIVE would allow staff to focus less on paperwork and more on people. For example, instead of recertifying FCRHA families each year, as required by HUD, a MTW designation would alllow staff to recertify federal program recipients every two years and recipients on fixed incomes every three. Staff would also have the opportunity to educate families on what services are available and then make connections to the agencies and organizations that provide them. Vulnerable FCRHA populations (elderly/disabled) will

have full access to THRIVE, but will be exempted from any of the new work requirements.

If the FCRHA is designated as a MTW site, the County will be able to link its federal and local rental housing programs to create a housing continuum. Families will have the opportunity to move through the housing continuum as they achieve self-sufficiency goals. The MTW may also allow for the conversion of scattered-site Public Housing to Section 8 subsidies to increase families' housing choices.

Families will set goals for their individual success (from long-term housing with supports to homeownership). Household goals will be monitored and supported by HCD and community providers. Families will also receive education/training around key economic skills (e.g., credit counseling, debt management, budgeting, etc.).

THRIVE will provide a vital link between the affordable housing and the human services systems. At least a third of the households in the FCRHA's federal programs are disabled or elderly. The HCD is committed to working with these families to ensure access to supportive services, including health care (mental, behavioral and physical health). Moreover, all households will benefit from the increased emphasis on developing healthy lifestyles.

The FCRHA has partnered with George Mason University's (GMU) Center for Regional Analysis to evaluate the effectiveness of its THRIVE program, should the application be approved. The FCRHA's full application is available for public comment on the website, and Mr. Fleetwood and Mr. Rogers are scheduled to present the plan to other Boards, Authorities, and Commissions (BACs). The FCRHA is soliciting endorsements from interested County BACs via letter or by testifying at the upcoming public hearing on May 30. The FCRHA will make a decision to approve the MTW proposal on June 14 with the full MTW application due to HUD by June 27.

The CSB and the Consolidated Community Funding Advisory Committee (CCFAC) have provided the FCRHA with letters of support. A letter is forthcoming from the Disabilities Services Board (DSB). Staff has presented to the LTCCC and the Affordable Housing Advisory Committee, but not the 50+ Senior Program.

Some concern was expressed that the people who are trained to ensure program compliance may not have the appropriate skills to work with vulnerable families. Mr. Rogers indicated that the HCD staff will receive training from the Progress Center in what resources and programs are available to clients. Direct referrals will also be made to outside agencies and nonprofits with experience in helping families navigate the human services system.

A question was asked about how the CHCN was going to handle additional referrals when it already has a waiting list in excess of 6,000 people. The CSB, given its recently

announced shortfall, is experiencing similar strain, and nonprofits are in no better shape. The point was made that the human services system is facing the same challenges as the affordable housing system. It was not clear that there was additional capacity to serve FCRHA families. Mr. Fleetwood and Mr. Rogers agreed, but maintained that the FCHRA had to start somewhere.

The HCAB asked HCD staff to return once it has a clearer idea of how it plans to integrate health care services within the continuum. Mr. Fleetwood agreed.

Mr. Finerfrock moved that the HCAB send a letter in support of the THRIVE program to the FCRHA that emphasizes the potential health benefits of integrating direct health care services and health education into the housing continuum. Tim Yarboro seconded the motion. The motion carried unanimously.

Rose Chu highlighted the success that Camden, New Jersey has had in redeveloping its public housing apartments.

Mr. Rogers will send a copy of the CSB's letter to Sherryn Craig.

Inova Translational Medicine Institute (ITMI)
After having several meetings with Inova Health System regarding the future of medicine, Dr. Niederhuber joined the hospital system as an Executive Vice President and CEO of the Inova Translational Medicine Institute (ITMI). Transformative medicine is defined as the use of technology and genomics to generate a roadmap for patients' health or taking science and discovery into actual health and patient care.

Dr. Niederhuber expressed Inova's commitment to being an outstanding community healthcare system. However, Dr. Niederhuber argued that Inova needed to differentiate itself from other area hospitals if it wanted to be a health care leader and meet its obligations to Fairfax County and Northern Virginia. Transforming Inova's health system toward research and education will provide alignment with the region's growing population and its primary and tertiary health care needs.

Translational medicine will change how society identifies and manages risk, diagnoses disease and develops new therapies. The technology provides clinicians with the ability to analyze and integrate data effectively with a patient's phenotypic information. This technology was once cost prohibitive, but in recent years, has become more affordable: The cost to generate a full genome sequence is about $2,000 and is expected to decrease further.

Translational medicine will become part of each individual's health records. Patients will have deep information about their individual and family's health history. This technology will allow patients to know their risk for dementia and Alzheimer's disease and learn ways they can manage against such risk. Disease will be diagnosed early and

more targeted interventions can be developed. Genomic information can be harnessed to direct therapies (e.g., breast cancer and lung cancer).

Mr. Niederhuber maintained that finding genomic defects can be transformative. The potential exists to build reference genomes for entire racial and ethnic population groups.

The Institute has spent its first year getting its Preterm Delivery Cohort off the ground. Dr. Niederhuber believes this study may find genomic and proteomic links to low weight births, which would make a huge contribution to the economics of health care.

The Institute is also launching its second project – building the Fairfax County Childhood Longitudinal Cohort, which will follow individuals and families from birth and investigate the study and onset of disease. The Institute will target 2,500 families for enrollment and is in talks with other health systems to grow the cohort to 5,000 or 7,500 families. The Institute is working with three OB practices and there are 30 families currently enrolled. Grandparents and siblings will be included in the study. Dr. Niederhuber is hypothesizing that researchers will be able to look retrospectively at the grandparents' genomic sequences to predict the onset of future chronic disease.

The costs of the Institute's work are primarily on the analysis side where analytical tools are applied to genes in order to determine which ones are actionable, or predictors of risk. The Institute is building a new operating system in order to cut down the time required to generate this analysis with the goal of using this information at the point of patient care. By providing analysis in real time, patients will be able to manage their health in real time and payors (public and private) will reduce the costs of managing these patients over time. Dr. Neiderhuber is also working with Inova's leadership to set up a centralized testing facility for its physicians and patients by the end of 2012. This facility will provide Inova with the capability of generating genetic data and patient analysis.

With respect to providing safeguards on how genetic information is collected, used, and shared, Dr. Niederhuber stated that science pushes us to do the things we need to do. Inappropriate use of information should be considered a federal offence, and the Institute will need to work at the congressional level to protect patients. Dr. Niederhuber said that the Institutional Review Board's (IRB) protocols for the Preterm Delivery and Childhood cohorts will govern how data is shared.

In response to Inova's advertisements that are currently airing, Dr. Niederhuber said that there are a battery of tests that be ordered and sent out to laboratories for analysis, which is why Inova is trying to establish its own facility in-house.

Dr. Niederhuber said the Institute will have a staff of 25 people. Five senior scientists have been hired and 2 offer letters have been extended. The Institute is recruiting and

interviewing for bioinfomaticists who can work on the analysis side of the translational question.

In terms of funding, the Institute has worked with the Inova Board to develop a business plan. The Board has granted the Institute monies over the next few years to start its programs.

The Institute does not currently have any agreements with any pharmaceutical company. However, Dr. Niederhuber recognized the growing interest from the private sector in the Institute's genomic database and the potential for development. Dr. Niederhuber said that there is significant value in the database, but that Inova has not yet quantified it. The Institute, according to Dr. Niederhuber, does not have plans to work with medical schools, or the National Institutes of Health (NIH) new center for advancing translational sciences.

An observation was made that translational medicine has driven down the costs to generate genomic sequences, but the costs to treat patients may have actually been driven up, especially in cases where a defect is rare. Dr. Niederhuber disagreed. He believes that translational medicine will reduce, by as much as one half, the amount of time drug developers spend in trying to bring a drug or device to market. The average time to develop a drug, secure FDA approval, and pursue commercialization is 12 years and the cost is $1.2 billion.

Marlene Blum reminded the HCAB that as part of its budget guidance for the County's FY 2013 Adopted Budget, the Board of Supervisors directed staff to identify $11 million spread over multiple years, and with no budget implications until Fiscal Year 2015, to fund ITMI. In its guidance, the BOS also cited the potential for economic development as its rationale for the $11 million contribution.

When asked what the return will be on the County's investment, Dr. Niederhuber replied that monies will be used to support the long term follow up of patients participating in the Fairfax County Childhood Longitudinal Cohort: the Institute will need an infrastructure of staff and resources to measure the academic, physical, and behavioral development of participating children as they grow. ITMI, Dr. Niederhuber argued, will advance the region's economic development. Making widgits will not be the economic drivers of the region, but rather healthcare, education, and information technology.

There is a concern among area business leaders that the federal government's investment in the region is declining and will continue to do so over time. To be competitive and increase its share of the job market, Northern Virginia will have to court marketable businesses and investors, especially in the areas of biotechnology. The County will have an opportunity to benefit from the jobs and enterprises that spin off from ITMI. According to Jennifer Siciliano, the Board of Supervisors wants to lay

down a marker that it is supportive of economic development, the longitudinal cohort studies, and the long range health benefits that come out of ITMI.

Mr. Finerfrock commented on the transient nature of the Northern Virginia region and questioned the investment and costs of tracking a population that when it turns 18, and in most cases, even earlier, will leave the area. Moreover, there are moral implications for giving people information that is psychologically damaging. Telling a family that their child is predisposed to a certain disease or has a genomic guarantee could affect how parents bond with their children. Translational medicine may represent a Pandora's box of moral dilemmas for which society is not prepared.

Dr. Niederhuber argued that genetic information will only be given to people who want it through a physician. Any adverse information would be managed, and hopefully mitigated by the physician/patient interaction. ITMI also has an ethicist as part of its team.

There was considerable concern that translational medicine will not be affordable for many of Fairfax County's residents, including those who are low income, underinsured, and uninsured. It was argued that the only people who can take advantage of the genetic tests and the pharmaceuticals that come out of them are those who can afford to pay the out-of-pocket costs.

The last issue that was discussed was how much should be invested given the high potential and risk of failure. Northern Virginia is an attractive market for economic development, but other regions, like Bethesda, Montgomery County, Maryland, and Johns Hopkins, are world renowned for their expertise and industry in the research and medicine field. Inova does not have an established program or reputation for teaching, and research, until now, has been nonexistent. Just looking at GMU's experience in Prince William, County should give Inova some pause. Moreover, Virginia's political environment is very different than that of its Northern neighbors.

Due to the late hour, the HCAB deferred further discussion of ITMI, and its response, if any, to the BOS until the June 11 meeting. The BOS has directed the County Executive to return in the fall with a plan for allocating $11 million to ITMI. The HCAB, if it wants, will need to provide comment before that time.

There being no further business, the meeting adjourned at 10:05 pm.