

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary

February 11, 2013

### **MEMBERS PRESENT**

Marlene Blum, Chairman  
Rose Chu, Vice Chairman  
Bill Finerfrock, Vice Chairman  
Dr. Tim Yarboro  
Dr. Michael C. Trahos, DO  
Rosanne Rodillosso  
Ann Zuvekas  
Ellyn Crawford  
Dave West  
Judith Beattie  
Francine Jupiter

### **STAFF**

Sherryn Craig

### **GUESTS**

Pete J. Rigby, Jr., PE, Partner, Vice President, Paciulli, Simmons & Associates, Ltd.  
Javier Arencibia, Arencibia Architects Inc.  
Dong Chul Choi, President, Agape Health Management, Inc,  
Tiffany Paredes-Turner, Paciulli, Simmons & Associates, Ltd.  
Joseph Gorney, Office of Comprehensive Planning, Zoning Evaluation Branch  
Barbara Browning, Parklawn  
Tommy Browning, Parklawn  
Jennifer Siciliano, Vice President (VP) Government Relations, Inova Health System  
Mark Runyon, Senior Vice President (SVP), Inova Health System  
Dottie Diamond, Director of AMCB and Medi Credit, Inova Health System  
Anne Rieger, Assistant Vice President (AVP) Safety Net, Inova Health System  
Michael Forehand, Advocacy Coordinator, Inova Health System  
Peyton Whiteley, Legal Services of Northern Virginia  
Gloria Addo-Ayensu, MD, MPH, Health Department  
Rosalyn Foroobar, Health Department  
Chris Stevens, Health Department  
Laura Suzuki, Health Department  
Dr. Jean Glossa, Molina Healthcare of Virginia

### **Call to Order**

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

### **December Meeting Summary**

The minutes from the December 10, 2012 meeting were accepted as submitted.

## **Recommendation on Revised Proffer for Northern Virginia Health Investors (NVHI)**

The HCAB testified before the Planning Commission on December 5 regarding its recommendation on NVHI's Rezoning/Final Development Plan Application (RZ/FDP 2012-SU-010) to construct a skilled nursing facility and a separate independent/assisted living facility. At the conclusion of the hearing, the Planning Commission deferred its recommendation on NVHI's application until January 10. At its January 10 meeting, the Planning Commission again deferred NVHI's application until February 7. Staff from the Department of Planning and Zoning (DPZ) have been working to negotiate key points in the applicant's proposal, including an extension of the original proffer requiring the skilled nursing facility to maintain a minimum overall rating of "average" (three stars or higher) from three years to five. The Planning Commission has again pushed back its consideration of NVHI's application until February 27 and has requested that the HCAB review the revised proffer and submit a recommendation.

Bill Finerfrock moved that the HCAB recommend the Planning Commission accept the revised proffer extending the terms of NVHI's Medicare ratings compliance from its first three years of operation to five. Rose Chu seconded the motion. The motion carried unanimously.

## **Public Hearing on Special Exception (SE) application number SE 2012-MA-018, submitted by Agape Adult Day Health Care Center (AADHCC), to Build an Adult Day Health Care facility**

Pete J. Rigby, Jr., PE, Partner, Vice President, Paciulli, Simmons & Associates, Ltd. presented the application for Agape Adult Day Health Care Center (AADHCC).

AADHCC is an existing business that has been in operation for six years and is currently located in a Springfield industrial park. AADHCC is requesting a special exception so that it can move to a larger facility. With about 100 participants, AADHCC has exceeded the physical space of the current facility; there is a waiting list for AADHCC services.

The proposed facility, located on Lincolnia Road, is planned for 150 participants. The Mason District location is being designed according to Fairfax County requirements and will be able to accommodate extra participants.

According to Mr. Rigby AADHC is in good standing and will implement the same health practices in effect at its current facility at the new, expanded site.

The new facility will have 30 employees. AADHCC will transport participants to and from the facility. The program will operate Monday through Saturday from 8:00 am to 3:00 pm. AADHCC employees will clean and prepare for the next business day from 3:00 pm to 5:00 pm.

No medical procedures will be performed on site, but a certified nurse will be on duty at all times. Medications will be stored in a secured site: an office with double locked cabinets.

The entrance to the building will be covered, protecting participants and visitors from inclement weather. Access will be controlled by staff: people cannot enter the building unless an employee buzzes them in.

AADHCC patrons will have an opportunity to go outside, which is currently lacking at the existing facility. The new property will be partially fenced, and participants will not be permitted outside unless they are accompanied by an AADHCC employee.

The estimated staff to patron ratio is 2:1.

The proposed facility will have a simple design with a large multipurpose room in the center, surrounded by a perimeter of activity rooms. The basement will house mechanical supplies, a break room, and commercial kitchen

Meals will be served to all 150 participants in the multipurpose room.

AADHCC's current facility has 18 staff for 110 patrons. Ten names are on the wait list for AADHCC. All 110 of AADHCC's current patrons are expected to attend the new facility. When asked the average number of days that participants attend the center, the applicant responded that all 110 patrons attend Monday through Saturday. The applicant anticipates that the same daily census will apply at the new facility.

Questions about the patrons' safety were asked, specifically if there was enough supervision should the facility need to be evacuated. The applicant responded that the center is required to conduct an evacuation drill each month. Outside access will be supervised, and small groups of patrons will be escorted outdoors for recreation. The HCAB recommended that the applicant fence in the outdoor area.

The information provided in the applicant's written response to the HCAB's review criteria lacked sufficient detail. HCAB members wanted to know who AADHCC's consumers are (e.g., ambulatory, medically frail, medication assistance, dementia diagnosis, etc.); what specific services will be provided and who will perform them; what trainings are required for AADHCC staff, and what specific requirements are in place for rehabilitation, health monitoring, and medication administration.

Mr. Rigby replied that all of AADHCC's patrons are of Korean descent. The average age is 86-years-old, and the majority are female. Less than 10 have been diagnosed with a dementia condition. About 20-25 participants require medication. AADHCC receives Medicaid reimbursement for 90 participants. While the applicant stated that AADHCC does not have a plan in place to aid people that are unable to afford the facility, about

3-5 patrons receive some type of subsidy from AADHCC. The rest of AADHCC's patrons pay the facility's full rate of \$60 per day, five days a week.

Activities include group bingo, snack, lunch, lectures, movies, reading, crafts, music, exercise, and medication.

AADHCC employees receive 40 hours of personal care aide training from a certified registered nurse (RN). Two medication aides, certified by the Board of Nursing, are on duty during AADHCC's hours of operation. The medication aides are required to have 68 hours of training. The applicant stated that in the proposed facility, 25 out of 30 AADHCC staff will provide direct patient care.

When asked about the facility's revenue, the applicant stated that Medicaid generates between \$900K - \$1 million in income.

HCAB members asked questions about the center's failure to properly manage and administer medication. Based on AADHCC's inspection history, medication errors, including inappropriate access, disposal, and documentation, have continued unabated. The HCAB asked AADHCC how it planned to correct the violations. The applicant did not provide an answer.

The state licensing requirements also require that AADHCC provide rehabilitation services. The applicant transports patrons to outside facilities for rehabilitation services (e.g., physical therapy, occupational therapy, speech therapy, etc.). Due to the County's zoning ordinance, the applicant maintained that it is restricted from providing medical and rehabilitative services onsite.

The applicant stated that client needs are evaluated upon program entry, then on a monthly basis, thereafter.

HCAB members asked the applicant to return in April and provide the HCAB with additional documentation on the areas of concern outlined during discussion. HCAB members also requested more information on AADHCC's revenue from Medicaid versus full-pay and subsidized clients.

Rose Chu moved that the HCAB defer its recommendation on AADHCC's application until additional information is received at the April HCAB meeting. Ann Zuvekas seconded the motion. The motion carried unanimously.

The HCAB will send a letter, per the zoning ordinance requirements, requesting that the Board of Supervisors defer its decision until the HCAB gathers more information on which to base its recommendation.

AADHCC agreed to return to the HCAB's April meeting. The HCAB will provide the applicant with specific questions it would like answered.

### **Inova's Schedule of Capital Improvements**

Jennifer Siciliano, Vice President of Government Affairs, presented Inova's Schedule of Capital Improvements. Ms. Siciliano has had some additional responsibilities added to her position and therefore will transition her HCAB liaison responsibilities to Michael Forehand.

Using the TURNER Building Cost Index, the capital project notification threshold has increased 1% because of increased private sector development and investment as well as material price increases and is valued at \$1,978,779 in 2012 dollars.

Ongoing capital improvement projects for Inova Fairfax Hospital (IFH) costing \$1.98 million or more include the expansion of the existing campus:

South Patient Tower: \$148 million – An eleven story building with 174 private beds, including 54 Intensive Care Unit (ICU) and 120 Medical Surgical Beds, the South Patient Tower opened in January 2013.

Women's & Children's Hospital South Elevation: \$431 million – Construction on the Women's and Children's Hospital, adjacent to the South Patient Tower, has begun. Once the ten story building is completed, it will have 192 private women's beds, 113 private pediatrics beds, 33 labor and delivery rooms (LDRs), six C-Section rooms, and 108 Neonatal Intensive Care Unit (NICU) beds.

Existing Tower Building (ETB) – Renovation of the ETB to convert semiprivate patient rooms to private ones is in the early stages of planning.

Green Garage: \$35.6 million – Currently in the building plan review process, the 8-level free standing parking garage will service the new Women's and Children's hospital. Completed construction is expected in July 2014.

Inova will also replace the hospital's existing Tomography machine with a new Cyber Knife in addition to installing a new 3T MRI machine on the ground floor of the ETB

Another project costing \$1.98 million or more, but not included in the campus expansion, is:

Epic Installation – Inova selected the EpicCare information system for its core clinical and revenue cycle applications in early 2011. Epic is a nationally renowned clinical information system used by many of the largest healthcare providers in the country and the system is fully certified for meaningful use

purposes. Epic will replace Inova's current GE Centricity system along with a host of other applications. Epic implementation at Inova Fairfax Hospital went live on November 10, 2012. Inova Fair Oaks and Loudoun Hospitals are scheduled to go online March 22 with Inova Mount Vernon and Alexandria Hospitals to follow on June 28.

A future project costing \$1.98 million or more is:

Inova Comprehensive Cancer Center – Approved by the Inova Board on November 14, 2012, this seven-story, freestanding cancer outpatient facility will be located on the Inova Fairfax Medical campus. The project is currently in the schematic design phase and a Special Exception amendment is being prepared for submission to the Fairfax County Department of Planning and Zoning (DPZ).

Ongoing capital improvement projects for Inova Mount Vernon Hospital (IMVH) costing \$1.98 million or more include:

Emergency Department (ED) – Currently in the design phase, the new 35 bay ED will be located adjacent to the current ED and is expected to improve ED patient throughput and meet current code requirements. Upon completion, the existing ED space will be repurposed.

Orthopedic Surgery Operating Room (OR) Expansion: \$46.4 million – Currently in the permitting process, the OR expansion will include two new ORs as well as shelled space for future expansion. Completed construction is expected by December 2014.

C-Pod Patient Tower: \$46.4 million – Also in the permitting process, the C-Pod project will add three new floors, two of which will include 40 new single patient rooms, and a penthouse mechanical room. Occupancy for the 77,000 square foot tower is expected in December 2014.

The new \$24 million Lorton HealthPlex is scheduled to open March 2013. HCAB members should be receiving their invitations to the grand opening shortly.

Ongoing capital improvement projects for Inova Fair Oaks Hospital (IFOH) costing \$1.98 million or more include:

Medical Office Building and Cancer Center: \$36.3 million - The project consists of a four-story MOB with a below grade cellar level in addition to a new entry point off of Rugby Road. The MOB 4 is expected to open in the first quarter of 2014 followed by the Cancer Center in the third quarter of 2014.

Inova recently announced that in addition to his responsibilities for Inova's Translational Medicine Institute (ITMI), Dr. Niederhuber will also be heading up the system's Cancer Center. Dr. Niederhuber is the former Director of the National Cancer Institute (NCI).

### **Inova's Revised Charity Care and Discount Policies**

Mark Runyon, Senior Vice President, Finance, presented a draft of Inova's revised charity care and discount policies. Inova's Financial Assistance policy provides a 100 percent discount (full coverage) for those with incomes at or below 200% of the current Federal Poverty Levels (FPL) and sliding scale coverage for those with incomes between 200% and 300% of the FPL. Catastrophic (high-dollar) Financial Assistance is now available for patients who live in Inova's primary service areas and with limited means (between 301% and 500% of FPL) who, due to the nature and extent of services provided have significant care-related financial obligations after considering all potential payment sources.

Financial Assistance applications are valid for a six-month period. Accounts with any balances after Financial Assistance discounts are referred to Inova MediCredit, an Inova program which offers reasonable, zero interest payment plans.

Patients found eligible for Inova's charity and discount care policies will now be responsible for "Amounts Generally Billed" (AGB), not gross charges. Mr. Runyon stated that the AGB is a new feature of the Internal Revenue Services' (IRS) guidelines. Nonprofit hospitals can use two methods in providing charity care: (1) writing off what Medicare typically pays or (2) a look back method. The latter is determined annually by reviewing payments for insurance claims (Medicare fee-for-service and all private health insurers) and comparing them to gross charges for these claims. The average payment is then derived from this calculation and used to establish an uninsured patient discount which is provided to uninsured patients irrespective of any other financial assistance that may be available.

The revised charity care and discount policies will apply to all Inova patients, both inpatient and outpatient. It covers the Inova Medical Group (e.g. pediatric, orthopedic, trauma, transplant, and about 100 hospitalists), ambulatory sites, urgent care centers, and/or any individuals/practices employed by Inova. Inova's contracted providers, which are considered independent physicians, are excluded from the policy, including the new catastrophic assistance provisions. HCAB members suggested that the policy stipulate which services are included in the revised policy.

It was also suggested that Inova define assets in Item 5(d) on page 5.

On page 4(c), it was noted that the Community Health Care Network (CHCN) was not included. Moreover, the wording of the section implies that if a patient is eligible for an FQHC, he or she then qualifies for assistance. However, FQHC's are required to accept all patients, regardless of insurance.

On page 3, section 3(A), ethnicity and national origin are missing from the last sentence.

Patients in Inova's Transitional Care Program will be discharged to a medical home in the community, either CHCN or an FQHC, but not the Inova Medical Group (IMG).

Dolly Diamond will follow up with IMG to verify whether or not it will accept Medicaid patients. However, Anne Rieger stated that IMG was established for commercially insured, private pay patients. While IMG can accept a limited number of Medicaid patients, this is not the average consumer that IMG was intended to serve.

Bill Finerfrock suggested that given the issue of adult children, who may be legally independent but are insured through their parents' policies, Inova may need to rethink its definition of family.

Patients have 30 days after discharge to apply for charity care. Inova recognizes that certain circumstances, such as workers' compensation or Medicaid eligibility, may prevent patients from meeting the 30-day window. Inova has a system in place for identifying these patients and is willing to help them apply for assistance.

It was suggested that Inova reword page 2, number 4. The wording is too abstract and may cause unnecessary confusion.

Inova does bill daily to third party carriers, with the exception of claims flagged for workers' comp or Medicaid. Those accounts are put "on hold."

Inova is working to educate all employees on the revised policies. Ms. Diamond meets weekly with the hospitals' registration department directors. Written procedures will be distributed to staff as well as worksheets to help calculate eligibility.

Peyton Whitely from Legal Services of Northern Virginia applauded Inova's commitment and flexibility in helping indigent patients qualify for assistance.

### **Health Department and Inova Health System Maternity Partnership**

Laura Suzuki, Maternal Child Health (MCH) Program Coordinator and Rosalyn Foroobar briefed the HCAB on the Health Department's new MCH partnership with Inova.

The Health Department has had a long standing partnership with the InovaCares Clinic for Women to provide prenatal care as part of the County's safety net services to women whose incomes are at or below 200% of FPL and have no other resources for accessing care. This partnership provides clients with medical management throughout their pregnancies, as outlined in the American Congress of Obstetricians and Gynecologists (ACOG) standards. In addition, clients receive health education, case

management, nutrition services, home visitation, and referrals to other community resources. Within the current model, the Health Department functions as the entry point for pregnancy testing and maternity services. Clients receive obstetric care through the second trimester at four Health Department sites, at which time they are transferred to the InovaCares Clinic for Women in Falls Church for the remainder of their prenatal care and delivery. Additionally, the InovaCares Clinic for Women provides care to all high risk pregnancies, regardless of trimester, that are identified by the Health Department.

Committed to continuous improvement efforts that improve continuity of care and outcomes, the partnership has worked to eliminate duplicative efforts by adopting a shared prenatal record, transferring lab and sonographic data, and developing uniform clinical protocols. In spite of these successes, the partnership, recognizing that full continuity of care can only be accomplished with one provider, has remained open to exploring service redesign opportunities that would optimize continuity of care and eliminate the need for clients to transition services mid-pregnancy. Transformations in the health delivery system, due to the Affordable Care Act, and the resulting increase in Inova's capacity for prenatal services has afforded the partnership such an opportunity.

In March of 2012, the Health Department and InovaCares Clinic for Women agreed to pursue a new delivery model which allows for seamless, continuous prenatal care without compromising quality. The partnership has developed a comprehensive, efficient, and robust model of prenatal care that is highly client-focused, maximizes each organization's expertise, and provides the highest quality care for the women we serve.

In the new model, the Health Department will continue its role as the entry point for pregnancy testing and maternity services. Clients with positive pregnancy tests who meet eligibility requirements will be referred to InovaCares Clinic following a public health screening for tuberculosis and psychosocial risk factors (depression, intimate partner violence). In addition, the Health Department will provide primary care through the Community Health Care Network and other public health and supportive services, such as the Women, Infant, and Children (WIC) Program, case management, and home visiting services. InovaCares Clinic will provide the full scope of obstetric care, from the clients' entry into prenatal care through delivery. Prenatal care will now be provided by InovaCares Clinic for Women at three locations across the County: Falls Church, North County and South County.

Implementation of the new maternity service delivery model is planned to begin within three months of contract award (anticipated early 2013) with full transition of all clinical prenatal care services to the InovaCares Clinic for Women occurring by the end of 2013. Communication and management of the transition will occur jointly between the InovaCares Clinic for Women and the Health Department. Key staff from both the InovaCares Clinic and the Health Department will be meeting on a quarterly basis after

the transition is complete to guarantee the partnership is implemented as envisioned, provide a mechanism for communicating and resolving issues as they arise, and ensure continued positive pregnancy outcomes for our clients.

Currently, the Health Department employs the equivalent of one exempt-status (0.9 FTE) Obstetrician-Gynecologist, four (4.0 FTEs) Clinic Public Health Nurses who provide maternity clinical services and contracts with Genetics and IVF Institute in Fairfax for genetic testing. Ultrasound and routine laboratory testing is a shared responsibility between the Health Department and Inova.

During the first year of the service transfer, the Health Department will provide a one-time payment of \$200,000 to support the additional personnel resources (one obstetrician and one nurse practitioner) required to serve Inova's increased client volume at its InovaCares Clinics for Women. In subsequent years, Inova will absorb all program and personnel costs, with the exception of genetic counseling and testing services for eligible clients. The Health Department will continue to fund genetic services in the amount up to, but not exceeding, \$150,000/year.

The Health Department will be able to provide pregnancy testing and the public health assessment service within our existing clinic structure along with other public health clinic services. Once the clinical prenatal care services have been fully assumed by the InovaCares Clinic, the Health Department will eliminate the exempt-status (0.9 FTE) Obstetrician position and four merit (4.0 FTE) Clinic Public Health Nurse (PHN) positions, which have been proposed in the Health Department's FY 2014 five (5) % overall reduction package.

### **Other Business**

The HCAB will meet Wednesday March 6 and Monday March 11 to conduct its budget work. Tim Yarboro and Bill Finerfrock have agreed to co-chair the Budget Committee. The HCAB will continue meeting at the Health Department throughout the spring.

Ellyn Crawford briefed members on the plan to develop dynamic criteria based on the changing health care environment. The HCAB will hold a brainstorming session before its regular May 13 meeting between 6 and 7 pm at the Health Department. Marie Custode has agreed to facilitate the discussion. Dinner will be provided.

Chris Stevens is organizing a 40<sup>th</sup> Anniversary Celebration of the HCAB. Rosalyn will follow up with her and report back at the next meeting.

Reston Hospital provided written responses to the HCAB members' questions. The HCAB will send Reston representatives a thank you for attending its December 10 meeting and for the information they shared.

Peyton Whitely has raised some concern about individuals, who are not used to having insurance, obtaining fair payment from the insurance companies available to them under the Affordable Care Act. The HCAB does not necessarily have a role to play in this issue, but may encourage other entities, such as insurance counselors, to take action. Ms. Blum will raise this issue at the next Health Reform Task Force meeting. Francine Jupiter has also agreed to talk with Mr. Whitely. Ms. Jupiter will also recommend that Mr. Whitely look at existing education models, such as the Area Agency on Aging's approach to Medicare Part D.

The issue of resident safety and security at skilled nursing facilities has also been raised. Rosanne Rodilosso has agreed to talk with Bob Eiffert, Long Term Care Coordinating Committee (LTCCC) Coordinator and report back in April with what she's learned. Sherryn Craig will contact the Long Term Care Ombudsman for Northern Virginia.

Lastly, the Fairfax County Federation of Citizens' Associations will honor Rose Chu with a Citation of Merit at its Awards Banquet on April 7.

There being no further business, the meeting adjourned at 10:16 pm.