

HEALTH CARE ADVISORY BOARD

Meeting Summary

March 11, 2013

MEMBERS PRESENT

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

STAFF

Sherryn Craig

GUESTS

Michael Forehand, Inova Health System
Barbara Antley, Department of Family Services
Deputy Chief Morrison, Fire & Rescue, EMS
Dr. Scott Weir, EMS Medical Director, EMS
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Pieter Sheehan, Health Department
Chris Stevens, Health Department
Shauna Severo, Health Department

Call to Order

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

February Meeting Summary

The minutes from the February 11, 2013 meeting were accepted as submitted.

Home Based Care

Barbara Antley, Director of Adult and Aging Services, Department of Family Services (DFS) provided an overview of the Home Based Care Program. Home based care services provide assistance with tasks, such as bathing, laundry and housekeeping for eligible older adults or adults with disabilities living in their own home. Home based care services are purchased by the county through a contract with a home care agency and from a small number of approved private individuals. Services are provided in a cluster model, which incorporates case management and purchased home care, and for those in need, also volunteer services and home delivered meals.

The gross income of an eligible individual must be less than 70%, or \$31,740, of the Virginia Median income, which is \$45,360. Most clients have incomes of less than \$22,680, which is 50% of the Virginia Median income for one person. In FY 2012, the overall satisfaction with services was 93%, and 1,026 clients received services.

In FY 2010, the home based care budget was reduced by \$1.2 million. In FY 2011, the home based care budget was reduced by \$496,000. The FY 2013 adopted home based budget is \$3,225,019.

Clients needing services in the home beyond those provided by the county are referred for Medicaid funded Community Based Care, which includes respite, adult day health and personal care (in the home). Personal care is provided through the Elderly or Disabled with Consumer Direction (EDCD) Waiver for which there is no local match. Services are authorized on an hourly basis and include assistance with bathing, dressing, housekeeping, meals, and other daily living tasks. Recipients typically receive 4-5 hours per day of Medicaid funded services. In FY 2009, 380 adults were screened for the Medicaid funded EDCD Waiver. In FY 2012, 642 adults were screened for the EDCD Waiver.

In FY 2011, the screening and the services provided through the home based care program were tightened. In FY 2010, the average client received one housekeeping per week, two loads of laundry per week, and two bath packages (may include a light meal, clean-up of the bathroom, and linens changed) per week. In FY 2012, the average client received two housekeeping services per month, four loads of laundry per month, and two baths per week.

Statistics showing the number of waiver screenings and Home Based Care caseloads (average monthly caseload and clients served per year) were provided for FY 2005 through FY 2012. Average Monthly Adult Services Cases and Unduplicated Adult Services/Bathing/Respite/Care Network Clients were also provided for FY 2005-FY 2012.

Ms. Antley said that the proposed reduction in home based care would not result in a waiting list for services. The money that the Board of Supervisors restored in FY 2013 for Home Based Care has not been spent.

Emergency Medical Services

Keith Morrison, Deputy Chief of EMS Services, and Dr. Scott Weir, EMS Medical Director, discussed the proposed reductions in the FY 2014 Advertised Budget in addition to the agency's performance and quality measures.

The Fire and Rescue Department has completed its EMS Redesign. As of January 2013, all Basic Life Support (BLS) ambulances have been upgraded to medic unit capability with one-to-one staffing. The redesign has improved unit availability in high volume response areas as well as a significant decrease in the reliance on mutual aid units from

outside the County. No negative fiscal impacts have been associated with the change, including increased overtime staffing expenses. Rather, the redesign has contributed to a more balanced workload for the system's busiest medic units.

The agency's five minute response rate is still below national standards. Chief Morrison cited high traffic volumes and increased congestion as the primary driver behind poor response times.

With respect to the proposed cut in training and certifying incumbent providers in ALS, Chief Morrison said that the agency could sustain reductions for a one to two year period. Out of the 30 ALS providers hired for FY 2013, 10 paramedics participated in ALS certification. EMS is budgeted to train 15 participants a year. Training will be reduced from 15 to 6 participants annually if the cut is implemented. Deputy Chief Morrison stated that the agency is budgeted to spend \$500,000 on training.

EMS transitioned to a new platform for electronic patient care reporting (ePCR), which provides pre-hospital patient care data collection and reporting capabilities.

The agency has also partnered with the George Washington University to study where cardiac arrests occur and what policies or interventions are needed to reduce incidence.

Further discussion of EMS projects and initiatives was tabled due to the amount of material still left to cover on the agenda. Chief Morrison agreed to return at a later time to discuss EMS' ongoing quality improvements.

Health Department

Rosalyn Foroobar, Deputy Director for Medical Services, described the Health Department's criteria in proposing program cuts to the County Executive:

- 1) Is the program/service mandated or non-mandated?
- 2) Is the program/service central to core public health functions?
- 3) Would a reduction disproportionately affect one population?
- 4) Could a reduction be offset by revenue enhancements?
- 5) Does eliminating the program/services shift costs from one department to another?
- 6) Is the Health Department the provider of last resort?

Maternal Child Health

The FY 2014 Advertised Budget includes the elimination of four Public Health Nurse II positions, which is a result of the expanded prenatal partnership between the Health Department and InovaCares for Women. The HCAB received a briefing on this service delivery change at its February 2013 meeting.

Environmental Health

The FY 2014 Advertised Budget includes the elimination of one Environmental Health Specialist III and three Environmental Health Specialist II positions as a result of

merging two divisions (Food Safety and Community Health & Safety) into one – Consumer Protection – and the implementation of risk-based assessments to conduct inspections. The county is now in compliance with national standards that recommend using risk-based assessments. All Consumer Protection employees are cross trained, including supervisors, which enhances the division’s ability to surge while allowing senior management to stay involved in the field.

Prior to the merger, one inspector would be responsible for assessing the pool of a hotel, while another would assess its restaurant. Consolidating two divisions into one means that only one inspector is deployed instead of two. While the length of time for inspections may increase, the risk-based assessments have decreased the overall caseload of the division, making the system more efficient. Travel time and costs have decreased. Productivity has not been adversely affected. .

Dr. Gloria Addo-Ayensu estimated that there are 3,000 restaurants, give or take 150. The number of restaurants is stable from year to year. As new restaurants come on line, others go out of business.

Despite the proposed reduction, Dr. Gloria said that there is enough money to continue cross training inspectors.

The Health Department does inspect salad and hot food bars in grocery stores that have a separate eating section, like Wegmans. The Virginia Department of Agriculture is responsible for inspecting other food stations.

Most inspections are not announced. Businesses can expect a minimum of one inspection a year. Houses of worship that have kitchens and serve food to their congregations are not inspected.

A key component of any inspection is education. Educating non-English speaking owners and operators is a challenge, but the agency has a diverse staff with inspectors who mirror the community in which they work. Inspectors also have access to translation services.

Community Health Care Network (CHCN)

Marlene Blum informed the HCAB that the Human Services Council has recommended a complete restoration of all the proposed cuts for CHCN in the County Executive’s FY 2014 budget.

The FY 2014 Advertised Budget reduces the contract amount for CHCN by \$245,000 to eliminate all on-site radiology services. CHCN performs about 1,500 films a year, which includes chest x-rays for potential TB patients screened at the Mount Vernon District Office.

Radiology services are available in the community and are covered under Inova's charity care policy. The reduction will contribute to increased wait times, delays in receiving results, and provider inefficiency.

The FY 2014 Advertised Budget reduces the contract amount for CHCN by \$199,826 to eliminate three pharmacy technician positions and one laboratory technician position at various CHCN locations. CHCN performs a high volume of labs and fills 9,000 prescriptions monthly and almost 100,000 a year. One pharmacy tech administers the Patient Assistance Program (PAP), which allows the CHCN to qualify for free medications, valued at \$10.5 million. CHCN also collects \$700,000 in fees related to medication.

The FY 2014 Advertised Budget reduces the contract amount for CHCN by \$157,000 to eliminate three full-time office manager positions in the CHCN. Each CHCN location has an office manager and a nurse manager. The office manager is responsible for scheduling, supply orders, account balancing, checks and balances, etc. Each CHCN location has 300-500 visits a day, and the office manager is responsible for scheduling provider appointments. These responsibilities will be passed onto the nurse manager if the office managers are eliminated.

Nurse managers have clinical and patient care responsibilities. Their skillset is not compatible or pertinent to those of the office managers.

The FY 2014 Advertised Budget reduces the contract amount for CHCN by \$150,000 to reduce payments for specialty care physicians. The volume of specialty care referrals is over 10,000, with 50% provided *pro bono*. The University of Virginia (UVA) has become a key referral source, and patients are able to get appointments much earlier than they can locally. However, arranging transportation to UVA can be difficult. Recruiting more *pro bono* specialist continues to be a challenge. Specialty payments have been decreased from \$900,000 to \$500,000 to \$300,000 over prior budgets.

As part of the County Executive's request for departments and agencies to submit budget reductions totaling 5%, the Health Department recommended the elimination of the Adult Day Health Care (ADHC) Program. The County Executive did not include the ADHC in his list of proposed reductions. However, if the BOS does not implement the County Executive's \$0.02 property tax increase, then the BOS will need to make other cuts in programs and services.

The FY 2014 Advertised Budget also includes an increase for Language Skills Proficiency Pay, which provides about \$50 per paycheck for eligible employees who use a second language for 35% or more of their job. The Health Department actively recruits individuals who live and work in the communities it serves, which may one day eliminate the need for proficiency pay.

While the Health Department was asked to come up with 5% in total reductions, the HCAB is not obligated to this amount. The BOS has a compressed budget review cycle this year and has scheduled a presentation by the Human Services Council before its March 18 Budget Committee meeting. Ms. Blum suggested that the HCAB send two memos to the BOS – a short one, focusing on just a few issues and some particular concerns, and a longer memo dealing with all the HCAB’s recommendations. Budget hearings are scheduled for April 9 and 10 before the BOS.

Recommendations

- 1) Bill Finerfrock, Budget Co-Chair, moved that the HCAB recommend the BOS support the increase in Health Department employee compensation.
- 2) Mr. Finerfrock moved that the HCAB recommend the BOS support the increase in Health Department language skills proficiency pay.
- 3) Mr. Finerfrock moved that the HCAB recommend the BOS support the reduction in MCH positions and support the expanded prenatal partnership between the Health Department and InovaCares for Women.
- 4) Mr. Finerfrock moved that the HCAB recommend the BOS support the elimination of the Environmental Health positions.
- 5) Mr. Finerfrock moved that the HCAB should oppose the elimination of CHCN x-ray services and recommend the BOS restore funding to maintain on-site radiology services at CHCN.
- 6) Mr. Finerfrock moved that the HCAB should oppose the elimination of CHCN’s pharmacy and laboratory technicians and recommend that the BOS restore funding to maintain services at current levels.
- 7) Mr. Finerfrock moved that the HCAB should oppose the elimination of the CHCN office manager positions, arguing that the nurse managers should focus on the clinical while office managers focus on the business side of CHCN operations, and recommend that the BOS restore funding for the positions.
- 8) Mr. Finerfrock moved that the HCAB should oppose the elimination of CHCN specialty care physician payments and recommend that the BOS restore funding for specialty care.
- 9) Tim Yarboro, Budget Co-Chair, moved that the HCAB take no position on the EMS’ budget.
- 10) Mr. Yarboro moved that the HCAB take no position on Contributory Fund 10030.

11) Mr. Yarboro moved that the HCAB recommend the BOS support the reduction in DFS' Home Based Care funding.

The HCAB recommendations passed unanimously.

Ann Zuvekas moved that the HCAB recommend opposition for the possible reduction of ADHC and tie future cuts to the findings of a two-year study of senior services. Elyn Crawford seconded the motion.

The motion passed unanimously.

Health Department representatives said that they continue to implement efficiency savings measures. Since 9/11, the agency has restructured its existing infrastructure to address its expanded scope of services. However, there is no more room left to cut without completely eliminating certain services, like ADHC.

The HCAB agreed to send a short memo focused exclusively on CHCN. A longer memo, which is less time dependent, will be sent outlining the HCAB's complete list of recommendations and comments, including its opposition to additional cuts.

The tone of the long memo will be constructive, indicating that the HCAB is supportive of some proposed cuts. The HCAB will provide explanatory comments and also reiterate its position from the memo it sent to the County Executive back in December.

Observation versus Inpatient Admissions Presentation

The HCAB had previously identified the need to organize a presentation on the use of observation versus inpatient admissions. Based on follow up information provided by Reston Hospital Center and Inova Health System, patients are being informed, hopefully in a timely way, of the issue. Recent articles in the *New York Times*, *Wall Street Journal*, and *Washington Post* have also increased awareness of the practice, including that of the HCAB. The HCAB will schedule a discussion at some point in the year, but there is less urgency to do something before the spring/summer timeframe.

Status Update on Northern Virginia Health Investors

The HCAB provided a letter to the Planning Commission recommending its support of the revised proffer condition for Northern Virginia Health Investors' (NVHI) Rezoning/Final Development Plan Application (RZ/FDP 2012-SU-010) to construct a skilled nursing facility and a separate independent/assisted living facility. Since the HCAB's review of the revised proffer at its February 11 meeting, the language has been strengthened further to eliminate the either/or provision of being in effect for the facility's first five years of operation or until the operator receives two consecutive periods of average or above ratings. The proffer, as approved by the Planning Commission on February 27, will be in effect for five years, regardless of consecutive reviews.

HCAB 40th Anniversary

The Board of Supervisors will recognize the Health Care Advisory Board's 40th Anniversary on Tuesday, June 18 at approximately 9:30 am at the Government Center. A reception, prior to the BOS meeting, will be scheduled for approximately 8:00 am on June 18. A planning meeting to organize the event will occur on March 15 at 1:00 pm at the Health Department for anyone who is interested in working on the anniversary celebration.

Other Business

Bill Finerfrock mentioned the recent media attention on one independent living facility's policy for its employees not to provide CPR to residents. Mr. Finerfrock suggested that as part of the HCAB's zoning review criteria, the HCAB ask applicants to outline their CPR policies.

Ms. Blum informed the HCAB that the Housing Authority has been selected as one of 36 jurisdictions designated as a Moving to Work agency.

There being no further business, the meeting adjourned at 9:31 pm.