

HEALTH CARE ADVISORY BOARD

Meeting Summary

June 9, 2014

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
Bill Finerfrock, Vice Chairman
Dr. Tim Yarboro
Ellyn Crawford
Rosanne Rodilloso
Dr. Michael Trahos, DO
Francine Jupiter

STAFF

Sherryn Craig

GUESTS

Michael Forehand, Inova Health System
Jerry Seager, Inova Health System
Pat Harrison, Deputy County Executive for Human Services
Brenda Gardiner, Department of Administration for Human Services
Dr. Gloria Addo-Ayensu, MD, MPH, Health Department
Arsenio DeGuzman, Health Department

Call to Order

The meeting was called to order by Marlene Blum at 7:35 p.m.

May Meeting Summary

The May 12 minutes were approved as submitted.

Report of the Nominating Committee

The Chairman of the Nominating Committee, Francine Jupiter, along with members Rose Chu and Ellyn Crawford nominated Marlene Blum, Rose Chu, and Bill Finerfrock to continue in their current roles as Chair and Vice Chairs of the HCAB.

Ms. Blum, Ms. Chu, and Mr. Finerfrock were re-elected to two year terms by a unanimous vote.

Update on Inova's Fair Oaks Hospital Expansion

On June 13, 2011, the HCAB reviewed Inova Health System's Special Exception Amendment (SEA) application to expand the medical campus of Inova Fair Oaks Hospital (IFOH). As part of its recommendations to the Board of Supervisors (BOS), the HCAB suggested that as a condition of IFOH's development, the BOS require Inova to return to the HCAB with additional details on its request to increase its future bed complement and/or surgical services.

Copies of Inova's development condition were distributed to HCAB members: "Prior to site plan approval for the 'Proposed Hospital Expansion North' or the 'Proposed Hospital Expansion South' as shown on the GDP/SEA Plat, the applicant shall attend a public meeting of the Health Care Advisory Board to present additional details regarding future bed complement and or surgical services."

There are three phases in the development process. The comprehensive plan provides general land use recommendations to facilitate development concepts. Zoning is the entitlement phase that provides specific parameters to meet for a development concept (setbacks, access points, hours, transportation improvements, schools, parks, etc.). The site plan phase engineers the development concept, such as interior and exterior building dimensions.

Michael Forehand, Director, Advocacy and Community Outreach, Inova Health System, and Jerry Seager, Chief Financial Officer, Inova Fair Oaks Hospital (IFOH), provided a brief presentation on expanding IFOH's surgical services. The COPN granted to Inova in 2011 approved the net increase of one operating room at IFOH; a license for a second operating room was transferred from Inova Alexandria Hospital to IFOH.

According to Mr. Forehand, IFOH's surgical services are running above capacity at 137% of the state's medical facility plan. Between 2007-2011, IFOH's joint replacement surgeries increased 47% while spinal surgeries increased 31%. Given IFOH's new cancer center, Inova projects continued growth for IFOH's surgical line of business.

The proposed 25,000 square foot development would increase both the number and size of IFOH's surgical suites from 10 Operating Rooms (ORs) with an average of 350 square feet to 12 ORs with an average of 675 square feet. The expansion will also add 4 new post-anesthesia care unit (PACU) bays, increasing IFOH's total PACUs from 15 to 19. Pre-op and recovery bays will also increase: Eight new Stage II Patient Recovery Bays will be added increasing the total from 20 to 28 and 6 new Pre-op Patient Bays will increase the total from 13 to 19.

In addition to IFOH's surgical suites, the proposed development will add much needed storage to IFOH's blueprint. This will allow the hospital to not only use state-of-the-art technologies, like the da Vinci Robot, but also store the equipment when it's not in use.

Inova's original amendment to its Special Exception application requested approval to redevelop its bed tower. Mr. Seager informed the HCAB that Inova is years away from expanding IFOH's inpatient bed capacity. Per the existing proffer, Mr. Forehand and Mr. Seager agreed that Inova would return to the HCAB to discuss its plans to expand the bed tower. Dr. Michael Trahos, DO moved that the HCAB send a memorandum to Inova and DPZ's Zoning and Evaluation Division (ZED) stating that Inova fulfilled the obligations of its development condition as it relates to expanding IFOH's surgical services. The motion passed unanimously.

Discussion on the Integrated Safety Net Health Care System

Pat Harrison, Deputy County Executive for Human Services, began the discussion with an explanation of why the County is exploring options to integrate the safety net health care system. The Patient Protection and Affordable Care Act (PPACA) was signed into law by President Obama in March 2010. This landmark legislation aims to enable all Americans to have access to health insurance coverage and health care services. The law changes long standing rules, methods, and incentives that are expected to transform insurance markets, health service delivery processes, and public health outcomes. The implementation of PPACA required major decisions and actions to be taken by both the federal government and states. Local health and human services delivery systems are all impacted by these changes.

Actions taken by the state to prepare for the healthcare marketplace have affected the County. Changes in technology have resulted in more individuals applying for Medicaid online or in person and not by mail. Fairfax County is receiving 200-300 more applications a week creating a processing backlog.

Ms. Harrison reminded HCAB members about George Mason University's (GMU) key study findings. Utilizing a robust safety net optimally is increasingly important as resource availability becomes more problematic. Integrated, efficient, and cross-system approaches will be needed to manage resources for vulnerable populations, especially persons with disabilities and/or chronic disease(s). The demand for services provided by the safety net will change as more residents obtain health insurance coverage and will be influenced by a variety of factors, including the availability of primary care providers and individual care seeking behavior.

Data from the 2010 American Community Survey (ACS) indicate that over 144,000 or 12.9% of residents are uninsured. The 2012 ACS survey estimates the number of uninsured at 141,194 residents. About half of Fairfax's uninsured will gain coverage under the PPACA and slightly more than half of these will get private coverage instead of Medicaid. Data are not available by locality, but as of March 2014, over 210,000 Virginians enrolled in health insurance coverage through the Virginia Marketplace. Furthermore, the remaining uninsured are less likely to be children or the very low income; the system needs to plan for adult expansion.

Ms. Harrison outlined the key issues for what the County is trying to do and why it is necessary. If the state expands Medicaid, an additional 25,000+ Fairfax adult residents may be eligible for benefits, in addition to residents who are newly insured through the federal marketplace. Prior to PPACA, the safety net was already strained. The demand for services has increased as well as their cost. The waiting lists for oral health care and CHCN have continued, and the County has maxed out its ability to draw down free medications and pharmaceutical subsidies.

Community health providers are needed to serve the uninsured, underinsured, and Medicaid covered patients, especially for specialty care, behavioral and oral health.

Health care practices are changing. Integration among primary and behavioral healthcare, oral and specialty care is occurring. Medical/health homes are being created for the most vulnerable populations. The role of public health, in addition to the public sector, is changing, and a systems-level response will be required to address this changing landscape.

Since 2012, the County continues to look at the safety net's capacity and the role it should play facilitating and coordinating care. The County has done a lot of planning through the MAPP and Partnership for a Healthier Fairfax (PFHF). The community has adopted a Community Health Improvement Plan (CHIP) and a self-help chronic disease management program is currently being tested. The InovaCares for Seniors PACE Program is now open. Pilot programs are being created to test strategies for integration of primary and behavioral healthcare. Dual eligible demonstration project grants have been awarded to CSB and DFS/Adult and Aging Services.

The Northern Virginia Family Service (NVFS) is taking the lead to develop a community coalition of Health Care Navigators to support enrollment in the Health Marketplace. The County is assisting to identify CHCN and MCCP recipients and help them navigate into the Marketplace. Public/private work groups are continuing their work to find efficiencies and build capacity for oral health, specialty care, and behavioral health for youth.

The Health Management Associates' (HMA) report provides recommendations for a systems response to address ACA impacts and a changing Fairfax health care environment. In addition to external changes, a coordinated response for Fairfax's internal human services system will be required.

HMA is recommending that the County create a "Community Health Network." Information management strategies and finance changes will be needed to support integrated care delivery.

Ms. Harrison explained the goals behind the systems change:

- Achieve the best possible use of Fairfax County health dollars to assure the health of the community.
- Build transparent and equitable partnerships with community providers to share the responsibility.
- Maximize the potential for the "health care safety net" to be financially sustainable.
- Improve and optimize the service experience for those seeking County health care services.

Ms. Harrison shared that HMA's recommendations are valid and the scope of work is broad. Getting full scale agreement on recommendations from internal agencies and providers may inhibit progress. Understanding the resource requirements to implement recommendations and systems changes is uncertain. Several immediate areas/community challenges will require attention and collaboration with Inova. For example, the FQHCs are very fragile and require more assistance than what the County can provide; a joint response will be required from Inova, the FQHCs, and the County.

First steps in implementing changes to the safety net system include initiating discussions with Inova's leadership. The County and Inova must work together to create a strategy plan for serving Medicaid and those anticipated to be eligible for Medicaid. Meetings will identify priority areas of focus, quick fixes and/or areas for collaboration. Possible demonstration sites will be used to develop and refine work process and collaborative decision making.

Concurrent activities and meetings are scheduled with:

- Commonwealth of Virginia Secretary of Health and Human Resources;
- FQHCs
- Boards, Authorities and Commissions (BACs) to obtain input/recommendations
- Key safety net providers
- County agencies (Human Resources, Department of Management and Budget, Department of Information Technology, Public Safety and Sheriff, which contract out health services for its population)
- Board of Supervisors Human Services Committee

Work continues with specialty and oral health care work groups.

Ms. Harrison said that staff will identify and prioritize key internal work processes for redesign or coordination that will enable the County to strengthen its primary/behavioral health care, care coordination and information management practices. Some of these process and program improvements include: information sharing, revenue opportunities, consolidation of health services contracts, development of model care management strategies and priorities, and development of a new RFP for CHCN.

Ms. Harrison will return to the BOS Human Services Committee on July 22. Staff are working to develop a transparent system that will report back to the BOS annually or biannually on the state of the County's health care and how well the system is doing serving a vulnerable population.

Ms. Harrison stated that the system cannot insure health care for everybody, but it can assure a health services system exists. FQHCs are immediate care providers and an important strategy in integrating the safety net system. Opportunities may exist to reinvest potential savings from FQHCs (e.g., subcontracting behavioral health services). However, efforts must be taken to ensure the FQHC's payer mix is opportune.

A question about proposed IT changes left some questioning the likelihood that provider EHRs will be able to talk to a human services system EHR.

Ms. Harrison said that it may not be possible, but there may be workarounds. The solution may not be neat, but at a minimum, the County must explore ways to communicate with multidisciplinary and specialty care systems (e.g., Inova's ED). Ms. Harrison acknowledged that integrating the human services' intake system has been years in the making. She cited one process change – the CAP system – where the County partnered with Inova, and suggested similar changes could be made with Epic. Brenda Gardiner stated that there are systems (e.g., San Francisco) that coordinate/communicate safety net care services.

Rose Chu cautioned against using the word consolidated. Consolidating programs using one set of eligibility criteria is not practical. Ms. Harrison and Ms. Gardiner agreed. Ms. Harrison clarified that an integrated system would organize health services under one umbrella. As services are currently organized, each agency sets its own priorities.

A suggestion was made to include other community providers – Kaiser, Sentara, Reston Hospital – in negotiations to integrate the safety net system.

The County is looking at where former CHCN clients now enrolled in the marketplace are receiving care. Ms. Harrison said that efforts will be made to focus on the Medicaid population and primary care. The County may need to start with a particular population or certain geographic areas.

Ms. Harrison asked for the HCAB's support in supporting the efficiencies identified in the HMA report, including their implementation. The HCAB welcomed the opportunity to work more closely with other BACs as the County moves forward with its implementation plan. For the next three months, the HCAB agreed to serve as a "thought partner" and invited Ms. Harrison to return in September to brief the HCAB on how discussions with internal and external partners are going. The HCAB will then consider its recommendation to the BOS at that time.

2014 Zoning Ordinance Amendment Work Program (ZOAWP)

On June 10, the BOS will consider DPZ's recommendation to add "consider treating adult day health care centers as a medical care center rather than being most similar to a child care center" to its 2014 Zoning Ordinance Amendment Work Program (ZOAWP). Ms. Blum will attend and report back to the HCAB.

Other Business

The HCAB will meet with Inova's senior leadership to review midyear FY 14 budget results and preview projections for FY 15 on Monday, July 28 from 12:00 pm – 2:00 pm. At the conclusion of the budget meeting, the HCAB will convene for approximately one hour to consider its workplan for the 2014-2015. Sherryn Craig will send a

reminder for anyone who has questions they would like Inova to discuss/answer on July 28.

There being no further business, the meeting adjourned at 9:41 pm