

HEALTH CARE ADVISORY BOARD

Meeting Summary

October 15, 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

John Deardorff, CEO, Reston Hospital Center
Ronnie Midgett, CFO, Reston Hospital Center
Tracey White, VP, Community and Government Relations, Reston Hospital Center
Jean Glossa, MD, Former CHCN Medical Director, Molina Healthcare
Pat Harrison, Deputy County Executive for Human Services
Brenda Gardiner, Department of Administration for Human Services
Rosalyn Foroobar, Health Department
Arsenio DeGuzman, Health Department
Marie Custode, Health Department
Michael Forehand, Inova Health System

Call to Order

The meeting was called to order by Marlene Blum at 7:32 p.m.

September Meeting Summary

The September 8, 2014 minutes were approved as submitted.

Resolution Honoring Dr. Jean Glossa

The HCAB unanimously approved a resolution honoring Dr. Jean Glossa's service as the Community Health Care Network Medical Director.

Reston Hospital Community Report

John Deardorff, Chief Executive Officer (CEO), Ronnie Midgett, Chief Financial Officer (CFO), and Tracey White, Vice President (VP) of Community and Government Affairs, provided its annual community report.

RHC is a 187-bed, full-service, medical/surgical hospital serving western Fairfax and eastern Loudoun counties. It employs 1,200 skilled workers and 1,000 privileged physicians.

Mr. Deardorff reported that RHC pays nearly \$11.6 million in state and local taxes. RHC served 69,038 patients, an increase of 1,600 patients over 2012, had 48,796 emergency room visits, an increase of 1,846 visits over 2012, and delivered 3,360 babies in FY 2013.

RHC has received numerous accolades, but highlighted its recent award as a Top Performer on Key Quality Metrics by the Joint Commission, an independent organization that accredits and certifies more than 20,500 healthcare organizations across the country. Only 10 percent of all hospitals earn this achievement.

In September 2012, RHC broke ground on a \$25 million Pavilion II Medical Office Building (MOB) that is set to open in January 2014. Construction is also underway to expand four operating rooms (ORs) and a renovated Emergency Room (ER), which will include a pediatric ER. Mr. Deardorff stated that 20% of the hospital's ER visitors are pediatric patients. The OR expansion is scheduled for completion in late 2014. While an ambulatory care center may be a future possibility, Mr. Deardorff minimized immediate plans for expansion citing the development of HCA's Stone Springs facility in Loudoun County and RHC's full agenda.

HealthWorks for Northern Virginia represents RHC's most significant partnership. RHC's support for HealthWorks totals about \$2 million annually in in-kind laboratory, pharmacy, and radiation services for residents in need.

Besides HealthWorks, RHC supports other community-based organizations focused on health care, including the newly created Fairfax Breast Health Network, a nonprofit organization founded by RHC cancer survivors, staff and physicians to provide breast cancer patients and survivors with financial support and resources, such as free wigs, hats and breast prostheses.

RHC has also partnered with Fairfax County on the Local Specialty Care Access project with the intent of recruiting additional specialists to provide care to safety net clients.

The hospital provided approximately \$7 million of uncompensated health care in FY 2013, which excludes \$3.24 million in bad debt charges. RHC's Charity Care Program and Financial Discount Policy are available publicly on the hospital's website and are included in all patients' billing documents. Free, medically necessary care is available to uninsured patients with household incomes at or below 200% FPL. An Uninsured Discount is available to uninsured patients with household incomes above 200% FPL. The Uninsured Discount represents up to 85% of total charges. There is no time limit imposed on patients applying for RHC's charity care or uninsured discount policies.

Eligibility specialists and case managers provide assistance to low income patients in applying for Medicaid as well as RHC's charity care and uninsured discount programs. Translational assistance, including American Sign Language (ASL), is provided free of

charge to all non-English speaking patients. Case managers also work with patients to navigate the county's safety net system, which includes the Community Health Care Network (CHCN).

RHC's contracted physicians are required, under the terms of their agreements with RHC, to participate with all insurance providers that the hospital accepts. Among independent physicians who practice at the hospital, RHC strongly encourages them not to balance bill patients. The HCAB was encouraged by this information as there have been issues with other local hospitals that are recognized by a patient's insurance carrier as a network provider but use physicians or physician groups (e.g., radiologists, anesthesiologists, emergency departments, etc.) who are not, resulting in large out-of-network co-pays and co-insurance costs. RHC does have a contract with Kaiser Permanente.

With respect to the Ebola outbreak in West Africa, Reston Hospital has been planning and preparing for over two months to respond to any cases that may arise.

In terms of RHC's payer mix, as a percentage of total admissions, 30% of patients have traditional Medicare, 5% Medicaid, 55% managed care, and 5% self-pay/charity. As a percentage of ED admissions, 15% are Medicare, 11% Medicaid, 60% managed care, and 14% self-pay.

Bill Finerfrock moved that the HCAB send a memo to the Board of Supervisors summarizing RHC's update to the HCAB. Tim Yarboro seconded. The motion passed unanimously.

Update on Health Services Integration

Patricia Harrison, Deputy County Executive for Human Services and Brenda Gardiner, Policy and Information Manager, Strategic Initiatives, Department of Administration for Human Services (DAHS), briefed the HCAB on a proposal to pilot an integrated health home model at Merrifield Center. The proposed site includes 200,000 square feet of space, with the County occupying the basement level and floors one through three. The County has rented 40,400 square feet on the fourth floor to Inova Health System for 10 years; the space, upon the conclusion of Inova's lease, would be returned to the County.

Inova has decided to use half of the fourth floor to relocate its IT department to the Merrifield site, which does not support the integration of health services or collaboration between safety net partners. Inova has postponed its planning for 30 days while the County discusses alternative uses for the fourth floor, but the immediate need remains: county funded health services, including the Community Health Care Network (CHCN)-Bailey's Center and the Northern Virginia Dental Clinic (NVDC), must be relocated immediately. County staff have been informed that NVDC must vacate its lease at the

dental clinic off of Columbia Pike by year's end, and there is one year remaining, with the possibility of a one year extension, on the CHCN lease for the Bailey's location in Seven Corners.

Ms. Harrison said that the County is considering whether or not to sublease back from Inova 15,000-20,000 square feet of the fourth floor for primary care health services and dental services and utilize the building to develop and model a coordinated health care system crossing multiple agencies and programs to provide a continuum of services for patient care. Ms. Harrison explained that the facility is not large enough to attract an outside vendor to operate the space. Moreover, funding is not available to contract with a third-party. The County expects to occupy the building beginning this winter.

Ms. Harrison explained that this model is an opportunity to integrate primary care, behavioral health, oral health, specialty care access, medication management, laboratory, and pharmacy services. Co-locating services will allow the County to improve patient care models, including Fairfax-Falls Church Community Services Board's (CSB) priority populations (e.g., Seriously Mentally Ill (SMI)) or adults with multiple health conditions requiring care coordination (e.g., Chronic Disease Self-Management Program (CDSMP)). Programmatically, the Merrifield Center has the potential to enhance patients' health access and navigation services, information and outreach, registration, enrollment, eligibility determination, health care services, after care and care coordination.

Financially, a comprehensive patient care coordination model confers other benefits. At the conclusion of 10 years, the County would be the sole owner of the building, eliminating the need to rent and the uncertainty of lease renewals and service relocation. Instead of identifying new funding to design/construct a leased space, the County can avail itself of remaining bond funds tied to the development of the Merrifield property to build out the patient home model. Finally, the County's proposal aligns with the Governor's plan to enhance outreach to the federal marketplace/Medicaid eligible services by increasing the County's competitiveness to apply for Healthy Virginia Plan or CMS innovation grant funding. The County may even be able to explore its third party insurance capability, including Medicare and Medicaid.

While there are many programmatic and financial benefits to pursuing service integration, HCAB members expressed caution about the accessibility of the Merrifield Center site for CHCN-Bailey's existing clients. Arsenio DeGuzman presented data that showed 46% of CHCN clients arrive at the Bailey's location by car, 39% by bus, and 15% walk. Rosalyn Foroobar shared that when the Health Department relocated from the Heritage Building to Annandale, there was minimal disruption, and overall, patient volume did not decline. To the extent possible, the HCAB members encouraged County planners to mitigate any transportation barriers that may disrupt patients' access to care while minimizing the effects of relocating services from one part of the County to another for both current and future patients.

Ms. Harrison said that the potential for developing a satellite location/clinic is a possibility, and will be considered when drafting an RFP for CHCN. Moreover, the Merrifield site may make the County more competitive in securing an FQHC designation in the Bailey's area.

Rose Chu moved that the HCAB provide a memo to the Board of Supervisors recommending the programmatic and financial benefits of piloting an integrated health home model at Merrifield Center, but include the HCAB's concerns about patient access and transportation. Lyn Crawford seconded the motion. The motion passed unanimously.

Health Department Strategic Plan

Marie Custode, Strategic Planner, updated the HCAB on the Health Department's Strategic Plan. The plan builds on the Health Department's existing work and partnerships in order to strengthen the public health infrastructure. It identifies the Health Department's role in enhancing public health services for the community and outlines goals, objectives, and key actions for the next five years. The Strategic Plan complements other internal plans as well as linking to national, state, local, and community initiatives. The strategic plan is organized around the 10 Essential Public Health Services (EPHS):

- EPHS 1: Monitor Health
- EPHS 2: Diagnose and Investigate
- EPHS 3: Inform, Educate, Empower
- EPHS 4: Mobilize Community Partnerships
- EPHS 5: Develop Policies
- EPHS 6: Enforce Laws
- EPHS 7: Link to/Provide Care
- EPHS 8: Assure Competent Workforce
- EPHS 9: Evaluate
- EPHS 10: Research

The Health Department has identified the need to monitor and evaluate performance indicators using the Results-Based Accountability (RBA) framework, enhance service delivery through continuous quality improvement and quality assurance initiatives, and attain and maintain national public health department accreditation. EPHS 10 is focused on research and promoting and encouraging healthy behaviors through coordinated communication approaches. Key actions include identifying and applying evidence-based approaches and promising practices to health promotion activities and coordinating, tracking, and evaluating health promotion activities throughout the department.

In addition to the 10 EPHS, the Health Department also highlighted some system management activities:

- Adopting an organizational structure designed to address current and projected public health needs;
- Coordinating internal employee communications;
- Identifying and applying for new funding opportunities that address areas of need;
- Developing an information technology plan;
- Implementing electronic health records and electronic dental records for clinic and field service clients;
- Sharing critical health information with partners through the statewide health information exchange;
- Leveraging technical infrastructure to reduce paper generation, storage, and transmission.

Now that the strategic plan is completed, the Health Department is working to communicate the plan. Internally, the plan has been e-mailed to staff, written up in *Newsette* articles, and the subject of an all staff webinar, staff meeting presentations and discussions. Externally, the plan has been e-mailed to the Health Department's partners and stakeholders, posted to the agency's website and social media accounts, and the subject of presentations among its community partners.

The Health Department is in the implementation phase of the plan, which will include:

- Refining work plans;
- Prioritizing key actions;
- Allocating resources, as available;
- Convening implementation teams, as needed;
- Implementing strategies;
- Evaluating progress; and
- Reviewing and revising the plan periodically.

HCAB members expressed several concerns about the plan. First, the stated objectives in EPHS 6 and EPHS 10 seem disconnected from the goals: Enforce Laws and Research, respectively. Health Department staff will revise the use of "outbreaks" in Objective 6.1 and review the key actions for EPHS 10. Furthermore, the Strategic Plan made no mention of the HCAB in EPHS 4 and 5, two areas on which the BOS has tasked the HCAB to advise. The resources identified in the strategic plan will require funding, which at a minimum, the HCAB is required to advise the BOS on.

Other Business

George Mason University 50+ Trend Analysis Stakeholders Meeting. Marlene Blum, along with Health Department staff, will attend a stakeholder meeting organized by George Mason University's College of Health and Human Services and in association with Fairfax County, to plan and implement a trend analysis of Fairfax County 50+

residents for the 50+ Community Action Plan. The HCAB expressed interest in convening a panel to discuss the declining use of long term care services in the county. In addition to utilization, the HCAB identified the need to understand the cultural factors that drive LTC service demand. It may be premature to convene a separate panel if GMU analysis/research design considers these factors. Ms. Blum will report back at the November meeting on the stakeholders' discussion.

Adult Day Health Care. An internal working group of county staff met last month to discuss how adult day health cares are zoned in Fairfax County. The meeting had representation from the Department of Planning and Zoning (DPZ), Department of Family Services (DFS), Community Services Board (CSB), Health Department, and the County Executive's Office. DPZ was not familiar with many of the LTC services provided in the County. Shauna Severo from the Health Department agreed to provide a continuum of services model to DPZ that shows the distinctions among senior centers, 50+ programs, ADHC's, etc. County staff are also going to review the 50+ Action Plan documents to ensure consistency and coordination among the recommendations. DPZ is going to reach out to national and regional jurisdictions to benchmark how ADHCs are zoned. The work group will reconvene once all the information has been gathered.

There being no further business, the meeting adjourned at 9:46 pm