

HEALTH CARE ADVISORY BOARD

Meeting Summary January 12, 2004

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
Bill Finerfrock, Vice Chairman
John Clark
J. Martin Lebowitz
Susan Randall
Rosanne Rodilloso
David West
Timothy Yarboro

GUESTS

Gloria Addo-Ayensu, Health Department
Chris Stevens, Health Department

STAFF

John Ruthinoski

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

Approval of the Minutes

The minutes of the December 8, 2003 HCAB meeting were accepted with the following corrections:

- On Page 2, the 3rd sentence in the 3rd paragraph should read, "Bill Finerfrock commented that he felt the policy was a great idea, but noted that he did not think it would "pass muster" with Medicare."
- The spelling of Margo Kiely's name was corrected (again).

Announcements

Marlene Blum reported that Richard Magenheimer had not yet communicated with HCAB staff regarding the self-pay discount policy, and that a memo had yet to be sent. She also noted that there was an article in the *Wall Street Journal* about the American Hospital Association's efforts to try and get Medicare's rules changed to allow this type of program. She added that Inova must have known about this effort when they made their presentation before the HCAB and expressed surprise that they did not mention that their program was part of a larger effort. Dr. Lebowitz commented that he had seen the minutes and did not understand why Medicare would care about the program, as it would not apply to Medicare patients, who actually receive a better discount. Bill Finerfrock noted that it was not a matter of people complaining about the program, but that there is a Medicare rule which states that hospitals cannot charge people differently based on the type of insurance they have. Dr. Lebowitz suggested that the HCAB have Richard Magenheimer come back at a future meeting and discuss whether anyone has availed themselves of the new self-pay discount policy.

Marlene Blum also noted that at the last meeting Dr. Yarboro reported that he had heard that Warren Cikins had resigned from the South East Health Planning Task Force because of lack of attendance. She reported that he did resign, but not out of protest. She added that it was now unclear when their report would be coming out.

Health Access Assistance Team (HAAT)

Chris Stevens began by reminding the HCAB about the changes the CHCN made last August in an effort to get the waiting list down. She explained that the idea for the HAAT team came out of the CAP alliance and work with the State Children's Health Insurance Program (SCHIP). Previously, the CHCN had never made a Medicaid application a requirement for enrollment. Once this change was made, they worked with the Department of Family Services (DFS) and the Medical Care for Children Program (MCCP) to get a regular eligibility worker located at the Health Centers. She added that DFS really stepped up and not only provided the eligibility workers, but also provided a coordinator for them. As a result, there are two at South County, two began at North County last month and two will start at Bailey's in the spring. The wait list at South County is now down to 2 weeks and within a month it will be gone. North County's is now down to 4 weeks, and Bailey's is still 2 months, but once the HAAT team has been in place, those lists are expected to be eliminated as well. Soon, the CHCH will be able to function as it was intended, and people will be able to get into the program without a wait.

Chris Stevens noted that before the HAAT teams; clients were faced with the prospect of completing a 17-page Medicaid application or enrolling in CHCN. Dr. Lebowitz commented that this program takes a lot of pressure off of the CHCN staff, who were aware of the futility of the long waiting lists. Chris Stevens noted that one concern now is that people want to put everything on the HAAT Team. She added that the next step is for a Team member to contact a client to follow up once they receive Medicaid card. Marlene Blum asked about connecting patients with a physician. Chris Stevens responded that this is one of the things that would be discussed with the patient. Marlene Blum asked if there were enough providers who take Medicaid to make this work. Chris Stevens responded that she felt there were overall, but added that in some areas, like Route 1, there may be not enough who would see children. She added that one ongoing problem concerns parents who are not eligible for Medicaid who have a baby that probably is eligible. She added that the CHCN working with the hospitals and DMAS to obtain presumed eligibility for these babies. Marlene Blum added that there was legislation last year on this issue which did not pass, and a similar bill might be introduced this year.

John Ruthinoski asked where the DFS staff who are now at the Health Centers were previously located. Chris Stevens responded that they had been located at the regional offices. The coordinator is a new position. She also noted that DFS is providing the MCCP eligibility workers as well. Susan Randall asked what kind of data they would be

collecting. Chris Stevens responded that when they start doing more of the case management, they would be able to collect more data. For example, one area they could collect data on would be the management of diabetes. However, she added they are capturing basic information, such as the number and percent who found a provider within 30 days, the number of patients who get a card that day (which is between 70 and 80%). She added that the operations team is looking at additional performance data. Dr. Lebowitz noted that the most important data is whether these patients are no longer going to the ER for care. Chris Stevens responded that they are working with Steve Horan at Inova on this issue. She added that her own theory is that the CHCN's patients are not the ones who are overusing the ER. Bill Finerfrock asked if there was any way to look at the number of percent of ER patients who are uninsured. He reported on a study done with rural health clinics which showed that where the Medicaid population was increasing, the ER usage by Medicaid patients was declining. Chris Stevens noted that the data Steve Horan was providing was pre-HAAT. She added that the CHCN's changes have actually helped Inova, because it costs more when there are more people being enrolled due to all the tests that are run on them. She also noted that prior to last year, the CHCN was actually drawing people into the area, who were moving here to enroll into the CHCN.

Chris Stevens stated that the CHCN hopes that anyone who comes in to access services will be able to have some kind of a medical home. Susan Randall asked if Chris Stevens knew whether other CAP programs are having similar success to Fairfax's. Chris Stevens reported that the Health Resources and Services Administration (HRSA) informed them that most other CAP programs were only attempting one of Fairfax's five goals. She suggested that they may have been over-achievers. Susan Randall commented that this is probably why Fairfax was funded, adding that HRSA expected big things out of this jurisdiction. Chris Stevens added that neighboring jurisdictions are envious of what we have been able to accomplish with the HAAT teams. In addition, the Veteran's Administration is developing a data system and needs analysis and was interesting in using the Fairfax CAP program as a model.

LTCCC

Susan Randall reported that the first meeting of the Long Term Care Coordinating Council (LTCCC) was held in September 2001. She reported that the group was a recommendation of the Long Term Care Task Force, which was empanelled by the Board of Supervisors. The LTCCC has established bylaws and created three committees, one on access, one on service and one on workforce development. The Council meets monthly, as does each of the Committees. Each Committee is developing a mission statement and a workplan. The Council's vision is that it will eventually evolve into a 501(c)3 organization whose purpose is to form partnerships and collaborations in the community.

Susan Randall reported that it is very difficult for consumers to find information on long

term care services, as there is no central repository for this information. The Council is trying to link up organizations to create such a clearinghouse. She also reported on the Workforce Development Committee, of which she is chair. She reported that the employer community is very competitive in this area, with very low pay and very low employment standards. The Committee worked with Virginia Commonwealth University (VCU) to promote its Enhanced Care System Training (ECST). The training was targeted to aides being paid through the Medicare Personal Care Waiver. The Committee was hoping to get 200 aides for the trainings but only 14 people responded. As a result, only 1 class was held. There were problems with transportation, child care and language, with only 2 out of 14 aides being native born. The training was enjoyed by the aides who attended. VCU sent videos along with syllabus and group exercises. The training is going to be repeated in April or May, with the hope that word of mouth about the training will spread.

Susan Randall reported that the LTCCC sent a letter of intent to the Robert Wood Johnson Foundation for their Community Partnerships for Older Adults program. If they receive the grant, it will help in the development of the 501(c)3 organization. She also announced that the Council has a website that can be accessed through the Health Department's website.

Bill Finerfrock asked where participants were recruited for the ECST training. Susan Randall responded that VCU sent letters to all agencies which provide services through the Personal Care Waiver. She added that the problem appeared to be with employers. The Council had hoped they would identify their better aides and recommend the training to them. Instead, it appeared that they did not want their employees to know about the training for fear that it would make them more qualified and then lead them to seek better paying employment. Bill Finerfrock asked if the program was only for people in the field of Long Term Care or for people looking to get in the field. If it were, he suggested that Welfare to Work would be a good place to obtain participants. Susan Randall answered that it was more of a continuing education program. She also explained that the Council was working with the Workforce Improvement Board (WIB), which challenged them to come up with a career ladder for the Welfare to Work program for jobs below an LPN. She noted that they have identified possible moves into case management and administration. Dr. Lebowitz added that these employees might want to become nurses. Bill Finerfrock suggested that they remember other allied health fields, such as radiology, as possible opportunities. Susan Randall commented that that she would make sure that these jobs are part of the career ladder.

Dr. Lebowitz stated that if you read any macro analysis of the area's economy, it will note how many jobs have been outsourced. The one part of the economy that can absorb lots of people is the healthcare industry. These people getting into the industry need to feel that there is somewhere to go in the organization. Bill Finerfrock added that "You can outsource tech, but you cannot outsource touch". Dr. Lebowitz added that the employers' attitude is defeatist. There will always be turnover in this industry, but

there will be more people coming into the field if there are greater opportunities to advance. Marlene Blum commented that the HCAB appreciated the work that the LTCCC is doing.

Scheduling for FY 2005 Budget

After reviewing calendars, it was decided that the HCAB would meet on March 1st, 8th and 23rd to review the health-related portions of the County budget.

Other Business

John Ruthinoski distributed the following items to the HCAB:

- A "Dear Community Leader" letter from Inova Health System dated 12/31/03
- The County's 2004 legislative program and a memo on lobbying activities.
- The charter of the Special Committee on Medically Fragile Homeless persons. He also announced that the first meeting of the Committee would be January 29th at 1:00 PM in Conference Rooms 2/3 of the Government Center.

Bill Finerfrock reported that he had to take his mother-in-law to the Springfield Healthplex over the New Years Day weekend. It appeared she might need surgery and needed to be admitted to a hospital and was going to be admitted to Mount Vernon Hospital. Bill intervened and asked if she could be admitted to Fairfax Hospital instead. However, the on-call surgeon would not accept her, because she had Medicare Blue Cross/Blue Shield and the doctor was a Kaiser physician. She was then admitted to Mount Vernon Hospital and did not need surgery. He reported that the surgeon of IMVH was great and he had no complaints about the care she received, but did call Richard Magenheimer about the admittance issue.

Dr. Lebowitz noted that it was great that he reported the incident, as it demonstrates to Inova management that they do not know what their own people are doing. He added that this situation probably occurred because the Kaiser physicians resent that they are on the regular call schedule, because they also have to take their own Kaiser patients at the same time. He added that other physicians provide care to patents for which they are not reimbursed when they are on call. Bill Finerfrock noted that it wouldn't have happened if they had gone to the Fairfax Hospital ER, but since they were calling from a free-standing ER, the physician had the opportunity to refuse, although they are supposed to take patients from these places. Dr. Lebowitz stated that this doctor just did not want to work.

Bill Finerfrock also noted that his mother was supposed to receive a CAT scan at one point, but it wasn't done due to scheduling problems in the radiology department. However, his mother in law's doctor was told she did not have the CAT scan because she had eaten that morning. When he asked about this, the nurse told him that the radiology department often lies to the doctors to "get them off their back." He added that overall his mother-in-law received excellent care, but noted that there were some issues at Mount Vernon Hospital. Marlene Blum asked Bill Finefrock to let the HCAB know Richard Magenheimer's response regarding these issues.

There being no further business, the meeting was adjourned at 8:45 p.m.