HEALTH CARE ADVISORY BOARD

Meeting Summary
September 8, 2008

MEMBERS PRESENT
Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
J. Martin Lebowitz, M.D.
Francine Jupiter
Timothy Yarboro, M.D.
Rosanne Rodilosso
Dave West
John Clark
Ellyn Crawford
Susan Conrad

GUESTS
Gloria Addo-Ayensu, M.D., Health Department
JoAnne Jorgenson, Health Department
Rosalyn Foroobar, Health Department
Tom Crow, Health Department
Jennifer Siciliano, Inova Health System
Chief Ronald Mastin, Fairfax County Fire & Rescue
Deputy Chief Christine Louder, Fairfax County Fire & Rescue
Teneille Taylor, Inova Nursing Student

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

Approval of the Minutes

The minutes from June 9, 2008 were accepted as submitted. Marlene Blum asked Health Department staff to extend the HCAB’s appreciation to Robin Mullet and Chris Stevens.

Update on Sunrise Development, Inc.

While a public hearing had been scheduled for September 8, Sunrise Development, Inc. decided to postpone their application in order to investigate the company’s compliance records as reported by the Virginia Department of Social Services (VDSS) Division of Licensing Programs. The hearing has tentatively been rescheduled for November 10, 2008.

Lisa Chiblow, Sunrise’s representative, has requested to meet with Marlene Blum. HCAB members who are interested in attending should contact Ms. Blum.
Emergency Medical Services (EMS) Presentation

Chief Ronald Mastin and Deputy Chief Christine Louder briefed the HCAB on the agency’s response times and redesign plan. From 2003-2008, there have been seven EMS-related committees and task forces resulting in seventeen major enhancements. Out of eighty recommendations, 70% have been completed, 25% are in progress, and 5% were tabled for consideration. Since 2003, the department has only added two additional transport units.

There are several challenges to current and future service delivery:

- The Tyson’s Corner area generates high service demands;
- The County’s population is growing and aging;
- HOT lanes will create new traffic patterns;
- BRAC/expansion of Fort Belvoir will add new volume; and
- Surge capacity is difficult to meet (demonstrated by February 08 ice storm and recent tropical storm Hannah)

An increase in providers and transport units will be required to respond to these challenges.

Jennifer Siciliano shared that there is no north bound exit to Gallows Road and Inova Fairfax Hospital in the HOT lanes proposal.

EMS acknowledged that it has had difficulty meeting its response time goals. In Calendar Year (CY) 2007, an AED (automatic external defibrillator) unit arrived on-scene in five minutes 59% of the time. The target AED response goal is 90%.

Questions were asked about peak versus non-peak travel hours and commercial versus residential traffic routes. Chief Mastin indicated that data is not disaggregated this way, but that experience has shown the busiest call times occur between 6 a.m. to 7 p.m. Monday through Friday. The Gunston and Clifton areas continue to experience the longest response times.

Fairfax County has thirty-seven engine companies and one Hazardous Materials (hazmat) unit. There are eighty-six ALS (advanced life support) and thirty-four BLS (basic life support) providers; forty-one of these units can transport patients. In total, Fairfax County EMS has 120 staff positions.

In 2007, 92,888 calls were made to 911 operators; 64,000 of these calls were EMS-related and 60% of these (38,400) were for basic life support (i.e. advanced life support intervention was not required).

There was discussion about the efficacy of using response times as the only indicator of EMS system performance. Basic CPR and AED response are important in cardiac arrest cases, but clinical evidence does not yet support the effectiveness of ALS-response interventions for non-cardiac events.
EMS is reviewing patient data that would correlate EMS system performance with patient outcomes. The Health Insurance Privacy and Portability Act (HIPPA) has limited the data available for review, but EMS is moving forward, and hopes to couple its efforts with an initiative that allows first responders to collect data immediately on arrival. EMS is also working with Quality Assurance staff at Inova and Reston hospitals to reconstruct/recover a patient’s linear history from transport to admit.

Chief Mastin reviewed the agency’s service delivery redesign model—transition to an all ALS transport system. The highlights of this model include:

- Supports unification of the ranks;
- Maintains Officer with ALS as a specialty position;
- Reduces mandatory overtime;
- Enhances Battalion management teams and roles;
- Improves flexibility of staffing for Shift leaders, providers, and the daily needs of the department and the county;
- Removes minimum staffing requirement of an Officer on every Medic Unit;
- Provides opportunities for Volunteer staffing of BLS transport units; and
- Allows for future expansion in converting units Rescues/Trucks to ALS equipped and staffed units.

The anticipated date for implementing the all ALS model is January 2009.

In response to a question on whether transport fees would need to be raised to support the implementation of the all-ALS model, Chief Mastin responded that a fee increase would not be required to support this initiative.

A question was asked about the efficacy of one performance measure: “Percent of frequently encountered chief complaint calls reviewed that met the standard of care.” The FY 2007 target indicated 70% of calls met the standard of care. Monitoring focuses on frequently encountered medical calls that include complaint of chest pain, respiratory distress, altered mental status, trauma, pediatrics, and isolated extremity injuries. In FY 2007, 30% of EMS calls per chief complaint was reviewed and the percent that met the standard of care was 70%. For FY 2008, it is projected there will be three monitoring reports presented to analyze the standard of care provided by field personnel on the six identified frequently encountered complaints. Therefore, EMS expects this metric to increase from 70% to 90% by FY 2009.

Deputy Chief Louder identified two stroke patient indicators—documentation of symptom onset and assessment of blood glucose—requiring additional improvement.

A question was asked about the cost to implement the all-ALS model. Chief Mastin and Deputy Chief Louder said it would cost $50,000 to convert each BLS unit. There are currently seventeen BLS units in the system, bringing the entire implementation cost to $850,000.

Chief Mastin cautioned HCAB members that the implementation plan will depend on the Lines of Business (LOB) process. EMS’ share of the agency-wide cuts translates into $27 million.
HCAB members pledged their assistance in educating community members and the Board of Supervisors on the overall utility of response times. HCAB members felt it was important to advocate for resources that the community needs.

**Lines of Business (Part 1)**

Dr. Gloria reported on the Lines of Business (LOB) process, which was designed to educate the new Board and target programs for reduction. All County agencies were directed to cut 15% of their operating budgets. Starting in September, a series of public meetings will be held to educate and seek input from the community on the LOB process.

The Health Department experienced substantial growth after 2001. The School Health, Long Term Care, and Communicable Disease programs were expanded, and the Office of Emergency Preparedness (OEP) was created.

An increase in chronic diseases, an aging workforce, and a decline in public health personnel will affect future service delivery. The Mobilizing for Action through Planning and Partnership (MAPP) will be critical to mitigating these challenges as the Health Department moves forward in its program of work. An update of the MAPP process will be provided in the October meeting packet.

The Health Department has twelve LOBs. Staff considered several criteria in targeting programs for reduction, including:

1. Mandated versus non-mandated services
2. Services that support a strategic plan or core public health alignment
3. Impact on clients, including community safety
4. Sustainability

Dr. Gloria was asked if the agency looked at ways to provide services more effectively and efficiently, even if they were mandated. Dr. Gloria said that the agency was looking at how all services are delivered. A few programs are in the process of being realigned.

A question was asked about increasing the agency’s service fees. Ms. Jorgenson responded that all fees were being reviewed.

In response to whether the Health Department receives reimbursement for providing health care services to refugees or people seeking asylum, the answer was no. The agency receives reimbursement for the initial screening, but services provided thereafter are not reimbursed.

A question was asked about Speech and Hearing. Ms. Jorgenson said that the Health Department does not accept public school students, who are served by the Fairfax County Public Schools (FCPS). The Health Department provides services to preschoolers and children who are home-schooled or enrolled in private schools.
The Health Department’s recommended cuts will be mailed to the Board of Supervisors on September 29. Ms. Jorgenson said that agency staff will need to meet with employees affected by the proposed cuts, and therefore, copies of the recommendations will be mailed to the HCAB shortly after September 29.

**Other Business**

Due to the Columbus Day Holiday, the next HCAB meeting will be Wednesday, October 22 at 7:30 pm in Conference Rooms 2-3. HCAB members should bring the LOB documents provided in the September packet to the October 22 meeting.

Dr. Lebowitz strongly recommended the book *A Second Opinion: Rescuing America’s Health Care* by Dr. Arnold Relman.

There being no further business, the meeting adjourned at 9:57 p.m.