

HEALTH CARE ADVISORY BOARD

Meeting Summary

July 8, 2019

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
William Finerfrock, Vice Chairman
Shikha Dixit
Ann Zuvekas
Ellyn Crawford
Philippe Beauchene
Tim Yarboro, MD
Rosanne Rodillosso
Dr. Michael Trahos, DO

STAFF

Sherryn Craig

MEMBERS PARTICIPATING REMOTELY

None

MEMBERS ABSENT

None

GUESTS

Ben Brown, Chief Operating Officer (COO), Reston Hospital Center (RHC)
Miah Stutts, Chief Financial Officer (CFO), RHC
Keith Morrison, Director of Emergency Preparedness, RHC
Amir Hamad, Assistant Chief Nursing Officer, RHC
Josh Gill, Administrative Resident, RHC
Ben Wales, Senior Land Use Planner, Cooley, LLP
Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department
Dominic Bonaiuto, Inova Health System
Diana White, League of Women Voters

Call to Order

The meeting was called to order by Marlene Blum at 7:30 pm.

June 10, 2019 Meeting Summary

The meeting minutes from June 10, 2019 were approved as corrected.

Public Hearing to review Special Exception application (SE-2019-PR-011) of Reston Hospital Center, LLC to develop a freestanding emergency department (FSED).

Ben Brown, Chief Operating Officer (COO), Miah Stutts, Chief Financial Officer (CFO), Keith Morrison, Director of Emergency Preparedness, Amir Hamad, Assistant Chief Nursing Officer, Josh Gill, Administrative Resident, and Ben Wales, Senior Land Use Planner, Cooley, LLP presented the proposal.

Reston Hospital Center (RHC) is an affiliate of HCA – a for-profit healthcare system with more than 175 hospitals throughout the United States (21 states) and Europe (six in London). HCA currently operates over 80 FSEDs across the country, including five in Virginia.

HCA employs 265,000 people, including 94,000 Registered Nurses (RNs). Approximately 9 million patients visit HCA Emergency Departments (EDs) on an annual basis. Because of its reach, Mr. Brown stated that HCA can leverage the organization’s scale and scope to provide better care to patients.

Mr. Brown cited HCA’s use of S-P-O-T (Sepsis Prediction and Optimization of Therapy), artificial intelligence (AI) technology developed with algorithms from patient vital signs, labs, nursing reports, and other data to identify sepsis, one of the leading causes of death in hospitals and intensive care units (ICUs). SPOT allows for the prescription of antibiotics within one hour of a patient’s arrival at the ED. According to Mr. Brown, SPOT has saved 8,000 lives of septic patients presenting for care.

The current site for the proposed FSED is a three-story restaurant building, which includes 14,275 square feet of floor area. The building will be renovated into a hospital-grade emergency department (ED) operating 24 hours per day. Based on HCA’s existing FSEDs, RHC anticipates it will serve an average of 28 patients per 24-hour period. The majority of the FSED’s patients (approximately 70%) are expected to access the facility between 9 am and 8 pm. Using the 28-visit average, RHC projects two patients will be transported to the FSED by ambulance per 24-hour period. The proposed FSED will not include medical office space or serve patients by appointment.

The proposed FSED is expected to reduce the time that the County’s emergency services units spend transporting patients to an emergency department while improving local hospital emergency capacity and reducing patients’ wait times.

The nearest emergency department to the proposed site is Inova Fairfax. According to the applicant, Inova's hospital-based ED lacks the convenience, access, and speed of care that a freestanding facility provides. Other nearby hospital-based EDs include Virginia Hospital Center and Reston Hospital Center, but they are greater than six and nine miles respectively from the proposed FSED.

Alternative medical care delivery systems in the Tysons area include Kaiser Permanente Medical Center and Inova Urgent Care. The applicant stated that neither facility is designed to handle the level of acuity that the proposed facility would provide. Although Kaiser and Inova provide urgent care, the RHC FSED would deliver emergency services consistent with the standard of care in hospital emergency departments.

The proposed facility will be billed as a department of RHC. All patient financial rates will be consistent with those of RHC HCA's Charity Care program is standardized across all its hospitals and will apply to the proposed FSED.

HCAB members were concerned about patients' financial liability for EMS transports, either because the RHC FSED is considered out-of-network or the patient requires hospitalization at a more appropriate facility. Ms. Stutts explained that FSEDs provide inpatient services, which are considered a higher level of care. Patients would not be charged for subsequent transports from the RHC FSED to a competing provider that is in-network. Likewise, patients would not be charged for transports to another facility for services RHC does not provide (e.g., open heart surgery). RHC representatives also stated their commitment to eliminating balance billing. Within their contracts, RHC physicians and providers are prohibited from balance billing patients.

Ms. Stutts also described HCA's Charity Care program. A 100% charity discount is processed for patients with incomes less than 200% of the Federal Poverty Limit (FPL) guidelines, which are based on income and family. An Uninsured Discount is available to uninsured patients with incomes above 200% FPL equal to 88% of total charges.

Additional relief is extended to uninsured and underinsured patients who receive emergent, non-elective services with balances greater than \$1,500 and whose income is between 200% and 400% of FPL guidelines. Patients with incomes between 201-300% of the FPL will have their balance capped at 3% of their income, or the remaining balance after the uninsured discount is applied, whichever is less. Patients with incomes between 301-400% of the FPL, balances will be capped at 4% of their income, or the remaining balance after the uninsured discount is applied, whichever is less.

There is no geographical location limit or time limit imposed on patients applying for RHC's charity care or uninsured discount policies, and information on these programs is included in all billing documents.

Eligibility specialists and case managers assist low income patients in applying for charity care and uninsured discount programs, navigating Medicaid, the county's safety net system and the Virginia Health Insurance Exchange. Staff also provide translational assistance to all non-English speaking patients.

With respect to how County EMS staff will know which patients are appropriate for transport to the FSED, Mr. Morrison stated that he will visit surrounding stations and accompany EMS supervisors on ride-alongs. RHC will host information sessions for EMS units and conduct walk throughs of the facility, answering questions about the FSED's capabilities. Case studies of patients who are transported to the FSED will be reviewed to identify lessons learned and best practices.

The applicant also stated that ER physicians are trained to care for pediatric patients.

Ambulance access is located at the front of the building. The entrance includes room for two ambulances.

Marlene Blum asked Bill Finerfrock to preside as chairman. Ms. Blum moved that the HCAB recommend the Board of Supervisors approve the applicant's proposal, which satisfies the HCAB's Special Exception review criteria as well as the community's need for emergency health care. Dr. Trahos, DO seconded the motion. The motion passed with nine in favor. One abstention was noted, citing the inadequate assisted listening technology that precluded participation in the applicant's presentation and subsequent HCAB discussion.

Sherryn Craig and Dr. Gloria will meet with IT staff to address the ALS failure and implement steps to correct it.

2020 Fairfax County Legislative Program. The County has begun the process of developing its Legislative Program for the 2020 General Assembly. County staff has established an Aug 3 deadline for County Boards, Authorities, and Commissions (BACs) to submit a legislative initiative, budget initiative, or position statement. However, the legislative program is developed throughout the fall and there are multiple opportunities for community input.

Ms. Blum welcomed HCAB members help in addressing the ambiguity around assisted living staffing ratios. Interested members will work over the summer to research regulations in neighboring jurisdictions and discuss next steps in September.

Dr. Trahos, DO also reminded HCAB members about 2016 HB 900 that authorizes the Board of Medicine to issue a two-year license to practice as an associate physician to graduates who have completed Step 1 and Step 2 of the United States Medical Licensing Examination but have not completed a postgraduate medical internship or residency training program.

Other Business

There being no further business, the meeting adjourned at 8:38 pm.