

HEALTH CARE ADVISORY BOARD

Meeting Summary

June 11, 2018

MEMBERS PRESENT

Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Ann Zuvekas
Ellyn Crawford
Phil Beauchene
Carol Washington Mizoguchi
Mary Porter
Dr. Michael Trahos, DO

STAFF

Sherryn Craig

MEMBERS ABSENT

Tim Yarboro, MD
Rosanne Rodillo

GUESTS

Donna Pesto, Assistant Zoning Administrator, Department of Planning and Zoning
Michelle Mullany, Assistant Vice President for Behavioral Health, Inova Health System
Dominic Bonaiuto, Director of Advocacy and Community Outreach, Inova Health System
Dr. Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department
Rosalyn Foroobar, Deputy Director for Health Services, Health Department
Shauna Severo, Assistant Director, Patient Care Services, Health Department
Diana White, League of Women Voters of Northern Virginia

Call to Order

The meeting was called to order by Marlene Blum at 7:31 pm.

March 12, 2018 Meeting Summary

The meeting summary from March 12, 2018 was approved as submitted.

Resolution Honoring Deborah Leser

The HCAB unanimously approved a resolution honoring former HCAB Sully District Representative Deborah Leser's years of service.

Remote Participation

After further counsel with the County Attorney's Office, the HCAB's remote participation procedures do provide for members to vote. The statute that governs remote participation is silent on the issue.

Freedom of Information/Public Meetings

A reminder that group replies (i.e., reply-to-all) to HCAB e-mails constitute a public meeting and must be archived according to the public retention records schedule.

Introduction of New Members/Guests

Philippe "Phil" Beauchene and Carol Washington Mizoguchi are the new HCAB Sully District and Lee District representatives, respectively. Diana White with the League of Women Voters of Northern Virginia is now included on the HCAB's meeting notice distribution and will attend meetings periodically.

Report of the Nominating Committee and Election of Officers

Ellyn Crawford, chairman of the nominating committee, presented the slate of candidates: Marlene Blum, Chairman, Rose Chu, Vice-Chairman, and Bill Finerfrock, Vice-Chairman. No nominations were submitted from the floor. With nominations closed, the slate of candidates was approved unanimously.

Older Adult Accommodations and Services Zoning Ordinance Amendment

Donna Pesto, Assistant Zoning Administrator, Department of Planning and Zoning (DPZ), provided an update on the creation of a new Continuing Care Facilities zoning district. In DPZ's initial presentation to the Land Use Development Process Committee, the proposed amendment changes were staged into two phases. However, it has been determined that DPZ will combine Phases 1 and 2 into a single continuing care facility use along with separate definitions for adult day health care centers and senior centers.

DPZ has retained a consultant to benchmark the monetary value of different senior housing options. This information will be used to inform the different mechanisms that can be used to secure affordable senior housing. Under consideration are: "Any combination of on-site or off-site ADUs/WDUs for older adults and/or employees; use of grants/donations/endowment/trust/subsidies/or any other funding to provide affordable purchase and dedication of affordable dwelling units; or cash contribution to be used for accommodations/housing for older adults." Ms. Pesto referenced Tyson Corner's requirement that developers contribute \$3 per square foot to a fund that is dedicated to affordable housing in the Tyson's Corner District.

A discussion about the limitations of the Housing Trust Fund followed. As currently structured, the HTF may only allocate funds to new construction. In other words, money cannot be used to secure below-market rate housing within existing construction/properties.

Ms. Pesto said that DPZ is working with the County Attorney to determine whether the existing HTF can be structured to include a Continuing Care fund or whether a separate fund, independent of the HTF, must be created. Regardless of how the fund is structured, Ms. Pesto underscored the condition that the monies must be directed to affordable housing for seniors and the disabled, not affordable housing at large.

When asked about the HCAB's recommendation that 4% of an assisted living or skilled nursing facility's units are allocated to individuals with limited financial means, Ms. Pesto stated that there is nothing that prevents the HCAB from continuing this policy.

With respect to facilities originally approved for independent living only, but seek to add/enhance their services to include assisted living and memory care, Ms. Pesto said that DPZ will still consider these changes "accessory" to the original use. However, there will be greater limits on how these units are permitted.

In terms of timeframe, Ms. Pesto expects to have a draft of the proposed changes ready for distribution by the end of August. The Board of Supervisors has proposed a November 22, or at the latest, December 5 deadline for adopting these changes. There are several steps before the BOS public hearing, beginning with the Development Process Committee, Planning Commission Hearing, and BOS Authorization Meeting.

Ms. Pesto identified the importance of community testimony at both the Planning Commission hearing and the BOS Hearing. The HCAB will plan to discuss the final draft of the amendment at its September 10 meeting.

A recommendation was made to look at how Oregon regulates adult day health care, which is often provided in a home-based setting. Ms. Pesto said that home-based adult day health care may need to be deferred beyond the first phase of changes.

Preventing and Treating Opioid Addiction

Michelle Mullany, Assistant Vice President of Behavioral Health at Inova Health System, discussed several initiatives at Inova to address the ongoing opioid epidemic. Inova provides a continuum of services: 3-5 days of inpatient detox; 3 hours/3 days-a-week intensive outpatient program (IOP); partial day treatment; and medication assisted

therapy. Inpatient detox is generally not approved by most managed care companies. Partial day treatment is the level that most patients enter into service.

Inova does provide suboxone and vivitrol therapies. While Inova will provide treatment to people receiving methadone, this is not a treatment modality that Inova provides.

In addition to treating a patient's addiction, Ms. Mullany underscored the need to provide psychosocial support and therapy – mental health issues, social factors, and family relationships that impact how patients became addicted and arrived at treatment.

Inova assumed consumers were aware of its services and the different levels of care available. However, through its marketing and outreach, staff has learned that that is not necessarily the case. Inova is refocusing its efforts to engage different consumers in the community.

In terms of occupancy levels, Inova has 17 inpatient detox beds. While these beds are generally filled, many patients leave Against Medical Advice (AMA), with the number one reason being they cannot smoke. On average, 11 patients participate in day treatment services and 6-18 in intensive outpatient therapy. Inova has 6,000 encounters a year, although not all of these individuals complete treatment. Another reason that people fall out of care is because of the requirement that they check in with a case manager. Ms. Mullany shared that Inova has the ability to see more patients. Inova's capacity exceeds its volumes.

Regulatory requirements impede the ability to pursue or participate in certain partnerships. Inova does provide comprehensive addiction treatment services (CATS) for the County and is working with different task forces. Due to the nature of funding, Inova responds to RFP requests to offer services to addicted populations in surrounding counties.

Ms Mullany shared that jurisdictions are doing a good job pursuing top-down initiatives. Prescriptions are monitored and physicians who over prescribe are identified. Jail courts and diversion programs have shown positive outcomes. However, it would be more efficient to assign certain tasks and responsibilities to one stakeholder and measure results at 30, 60, and 90 days.

Inova participated in an Opioids Summit at George Mason University (GMU). Former Secretary of Health, Bill Hazel, MD joined GMU as a Senior Advisor for Strategic

Initiatives and Policy. He's also leading a multidisciplinary initiative to address the opioid epidemic in Northern Virginia. The summit convened multiple stakeholders for the first time. Ms. Mullany underscored the need to identify who's doing what and having a concerted mission moving forward. Ms. Mullany acknowledged that Inova is a large system.

Among its own providers (e.g., primary care, pain management, and emergency room physicians), there can be disagreement on policy. Plus prior to Ms. Mullany's role as VP, the position remained vacant for two years. Ms. Mullany also acknowledged that Inova is reluctant to implement new programs at Fairfax Hospital, for several reasons, but first and foremost, because it's a Level One Trauma Center. However, Ms. Mullany is more than willing to consider "trialing and piloting" programs at other EDs. Moving forward, Ms. Mullany encouraged County decision makers to include Inova in its discussions at the beginning instead of at the end or not at all.

For example, Inova did not learn of the County's Diversion First initiative until after it was implemented. Inova's EDs were not staffed appropriately to manage and respond to more aggressive patients. Programs like Diversion First affect ER personnel and resources, and as a result, there has been less acceptance of Temporary Detention Orders (TDOs). Often times Inova is approached after the County makes a decision, which appears more as a favor and less than a partnership.

Dr. Gloria explained that the County has several human service agencies and internal consensus must be reached before outside stakeholders are engaged. The County does not want to take advantage of partners' time and resources prematurely as it works to secure agreements with partner agencies.

In terms of other things Inova could improve, Ms. Mullany shared that psychiatric care components could be enhanced as addiction is only one piece of the puzzle. A bottom up approach is just as important to an individual's recovery: grief, individual traits that predispose people to mental illness and/or addiction must be identified. Mental and behavioral health are integral to treating the whole person and supporting his/her recovery. Ms. Mullany recognizes that physicians do not always have the time to tease out these factors and appointments are often capped at 15 minutes. Ms. Mullany's team tries to educate providers and support their patients with counseling and therapy services/referrals. Ms. Mullany recognized that bottom up efforts are more expensive, but they are key to sustainable recovery.

Ms. Mullany stated that 6% of encounters are charity care. Approximately \$200K is written off because of TDOs and another 95K in physician charges. Inova does complete an assessment process to determine what patients qualify for, with services pro-rated according to where they fall under the poverty guidelines. Inpatient detox is self-pay or insurance only because these funding streams lend themselves to the 3-5 day discharge model. Some clients select self-pay, not because they do not have insurance, but because they do not wish to pursue a claim through their policies.

Inova participated in DMAS' ARTS program, which reimburses Medicaid services for opioid addiction at a higher rate. The purpose of ARTS was to create an environment where providers were not discouraged from treating, but it has not yielded the intended results. Since April 1, 2017, Inova has only signed up three patients.

Inova has implemented a scholarship program for patients who are motivated to seek treatment but cannot continue because of lack of insurance.

Inova has implemented outreach protocols for patients who enter the ER after an overdose. Case managers will attempt to engage them for services 3, 7, and 29 days after overdose. The majority of these patients declined services.

Inova is also working to integrate primary and behavioral health care. Mental and behavioral health care services have been integrated into 18 primary care locations.

To the extent that confidentiality laws allow, Inova tries to engage family members early in the process. Staff members secure releases in order to facilitate access to care. Inova refers family and caregivers to existing community resources, including support groups. Inova does not use interventionists, but again, can make a referral.

With respect to a question regarding Inova Medical Group (IMG) Neurology's policy to not treat chronic pain, Ms. Mullany will follow up with the Chief Medical Officer and Inova's IMG CEO.

Beginning July 9, Inova is expanding its psychiatric bed capacity with an additional 15 adolescent beds. Inpatient substance abuse beds will increase from 17 to 25. Inova's psychiatric program will also include specialized care for depression, anxiety, geriatrics, and severe and persistent illnesses. Ms. Mullany encouraged anyone who's interested in touring the new facility to contact her. Inova also has a 24-7 call center, staffed by clinicians, to answer psychiatric and substance abuse calls.

In response to questions about ongoing research, Ms. Mullany said that Inova is participating in two research projects. The first is an assessment of a CMS intervention and the second is a suboxone pilot in the ER.

Marlene Blum relinquished the chair to Bill Finerfrock and moved that the HCAB send a memo to the BOS describing Ms. Mullany's presentation and recommend that the County include Inova in its future planning efforts as a true partner. Ann Zuvekas seconded the motion. The motion passed with one abstention.

Inova Financial Clearance Policy

An internal error resulted in the distribution of a new financial clearance policy to Inova physicians. Dominic Bonaiuto, Director of Advocacy and Community Outreach, provided an update on Inova's guidelines to secure payment and educate patients on their financial responsibilities. He explained that the intent of Inova's policy is to educate patients up front about what their obligations are. He stated that the guidelines will be rolled out system-wide this summer. Mr. Bonaiuto will follow up regarding whether there will be visible signage communicating Inova's expectations. He will also investigate/clarify the following:

- Criteria defining elective procedures and medically urgent care and who makes the determination
- Defining the timeframe used for advance notification
- Steps to navigate an appeals process and the time to complete it
- Contingencies for complications (e.g., infections) that may require a longer than anticipated stay
- Application of policy to CHCN patients

Mr. Bonaiuto was also reminded that patients who seek urgent medical care are operating at high stress levels, and the staff people who are charged with explaining their financial obligations must be appropriately trained to counsel these individuals.

Mr. Bonaiuto will have answers available in time for the HCAB's midyear budget review with Inova's senior staff.

Adult Day Health Care

Despite the agenda item summary, Lyn Crawford explained that the task force has not yet made recommendations to the Board of Supervisors.

Shauna Severo, Assistant Director, Patient Care Services, provided an update on the Adult Day Health Care (ADHC) Lines of Business (LOB) review. Over the past several years, declining enrollment has made the program more expensive to operate. The BOS requested additional study of the ADHC program to include a financial assessment, a benchmarking summary and analysis, and a complete cost-benefit analysis. Possible program options/alternative models to be considered are:

- Continuation of the current model with enhanced efficiencies
- Privatize one ADHC Center
- Privatize all ADHC Centers
- Privatize all services co-located at one site

The Health Department convened a steering committee, comprised of family caregivers, county staff, geriatric social worker, representatives from the Alzheimer's Association and Health Care Advisory Board, and consultants. The committee requested feedback from Boards, Authorities and Commissions (BACs) serving older adults or individuals with disabilities, including the HCAB, Commission on Aging, Disability Services Board, Social Services Advisory Board, Multicultural Advisory Council, Adult Day Health Care Associates, and the Long Term Care Coordinating Council. Committee members also met with family caregivers from four ADHC Centers and have organized ongoing meetings to keep staff and family caregivers informed.

A financial analysis of the ADHC Program and a benchmarking study are now complete. The cost-benefit analysis showed that county-operated centers service unit cost at full capacity is \$120.87 while private-operated centers service unit costs at full capacity is \$103.81. The difference in cost is due to staff salaries and benefits, a low county turnover rate resulting in staff positions at the top of the income range, and the use of a sliding scale versus a flat rate.

The steering committee is in the process of completing its presentation to the BOS with recommendations. At this time, the committee is leaning toward a Request for Information (RFI) to determine if there are reputable and interested private providers interested in operating one of the county ADHC centers. The RFI would also explore various types of partnerships or contractual agreements between a private provider and the county.

Lyn Crawford stated that the caregivers who participated in the ADHC program spoke passionately about the quality of the existing program. They cited the staff members with 10, 15, and 20 years of service in the ADHC as the reasons for the program's high

quality of care. Salaries and benefits that exceed those in the private market factor contribute to the county's low staff turnover/high retention. Ms. Crawford argued that if the county decides to privatize the centers, they are breaking a contract with the people who have worked a decade or more to provide these important services. More importantly, a provider that compensates staff with lower salaries may also deliver services that are diminished in quality (due to higher turnover/lower retention).

When asked about a private provider, Ms. Severo stated that Insight Memory Care provides high quality services.

While the committee has not been assigned a date to present to the BOS, Ms. Severo committed to keeping the HCAB informed of the BOS' feedback.

Other Business

Dr. Trahos briefed the HCAB on the recent conviction of a medical assistant who diverted opioid drugs by using an electronic prescribing program in the medical office where she was employed.

Legislation passed by the Virginia General Assembly with an implementation date of July 1, 2020 would require physicians to implement electronic prescriptions for opioids, which is problematic for physicians who choose to use paper-based prescriptions and protocols for controlled substances. Liability for anyone who subverts, or "hacks," an e-prescription system lies with the physician.

Dr. Gloria will follow up with VDH on its position regarding this legislation and report back to the HCAB on whether the Health Department or the County should initiate legislation to respond to these concerns.

There being no further business, the meeting adjourned at 9:56 pm.