

HEALTH CARE ADVISORY BOARD

Meeting Summary

January 11, 2021

MEMBERS PARTICIPATING REMOTELY

Marlene Blum, Chairman
Tim Yarboro, MD, Vice Chairman
William Finerfrock, Vice Chairman
Ellyn Crawford
Philippe Beauchene
Rose Chu
Maia Cecire
Rosanne Rodilloso
Shikha Dixit
Dr. Michael Trahos, DO
Leeann Alberts, JD, MBA

STAFF

Sherryn Craig

MEMBERS ABSENT

None

GUESTS

Basim Khan, MD, Executive Director, Neighborhood Health
Carol Jameson, CEO, HealthWorks for Northern Virginia
Dominic Bonaiuto, Director for Central Region Government and Community Relations, Inova Health System
Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department
Jessica Werder, Deputy Director of Public Health Operations, Health Department
Sara Brinkmoeller, Director, Health Integration and Safety Net, Office of Strategy Management - HHS

Call to Order

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

Audibility of Members' Voices

Chairman Marlene Blum conducted a roll call asking each participating member to state his/her name and the location from which he/she was participating.

Braddock District, Leeann Alberts, JD, MBA, Springfield, VA
Dranesville District, Rosanne Rodillo, McLean, VA
Hunter Mill District, Ellyn Crawford, Reston, VA
Lee District, Maia Cecire, Alexandria, VA
Mason District, Rose Chu, Falls Church, VA
Mount Vernon District, Shikha Dixit, Lorton, VA
Providence District, Marlene Blum, Vienna, VA
Springfield District, Bill Finerfrock, Springfield, VA
Sully District, Phil Beauchene, Chantilly, VA
At Large, Tim Yarboro, MD, Reston, VA
At Large, Dr. Trahos, DO, Falls Church, VA

Chairman Blum passed the virtual gavel to Vice Chairman Tim Yarboro. Ms. Blum moved that each member's voice was adequately heard by each other member of the board, and specifically that each voice was clear, audible, and at an appropriate volume for all other members. Dr. Trahos, DO seconded the motion. The motion passed unanimously.

Need for an Electronic Meeting

Having established that each member's voice could be heard by every other member, Ms. Blum established (1) the nature of the emergency compelling the emergency procedures, (2) the electronic format for the meeting, and (3) public access to the meeting. Ms. Blum moved that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of the Board and the physical presence of the public, cannot be implemented safely or practically. Ms. Blum moved that the Board would conduct the meeting electronically through Zoom Conference call, and that the public could access this meeting by telephone 888-398-2342 or through the following link: <https://us02web.zoom.us/j/84434929857>. Bill Finerfrock seconded the motion. The motion passed unanimously.

Continuity in Government

To dispense with FOIA's Usual Procedures to Assure Continuity in Government, Ms. Blum moved that all of the matters addressed on today's agenda must address the State of Emergency itself, are necessary for continuity in Fairfax County government, and/or are statutorily required or necessary to continue operations and the discharge of the HCAB's lawful purposes, duties, and responsibilities. Lyn Crawford seconded the motion. The motion passed unanimously.

December 14, 2020 Meeting Summary

The meeting minutes from December 14, 2020 were approved as submitted.

Update from FQHC Directors. Basim Khan, MD, Executive Director, Neighborhood Health, and Carol Jameson, CEO, HealthWorks for Northern Virginia, updated the HCAB on service delivery patterns as well as client needs and trends during the COVID-19 pandemic.

Combined, the FQHCs served 64,807 patients during Calendar Year 2020 (January – December). Approximately 97% of patients had incomes less than 200% FPL while almost half (46%) had incomes less than 100%. Patients were 61% female and 39% male. While almost three-quarters of patients were adults, the FQHCs did provide care to 26% pediatric patients.

The FQHCs serve a diverse population with 71% speaking a language other than English. About 66% of patients were Hispanic/Latino, 13% Black/African American, 9% White/non-Hispanic, 6% Asian. The FQHC's payer mix in 2020 was 64% uninsured, 24% Medicaid/CHIP, 5% Medicare-Medicaid, and 7% Private Pay. Collectively, since March, Neighborhood Health and HealthWorks have enrolled thousands of patients.

Unlike the previous Community Health Care Center (CHCN) sites, patients can continue to receive FQHC services if they gain insurance (e.g., Medicaid), thereby ensuring continuity of care. Neighborhood Health and HealthWorks use a Whole Family Care medical model and pediatric services are now available at the North County and Merrifield locations. South County patients can take children to nearby Sherwood Hall and Richmond Highway locations for care. Dental services are also available, and patients can access care at FQHC sites, although additional capacity is still needed.

Like other medical care facilities, COVID-19 has presented unique challenges to the FQHCs. The FQHC patient population (largely low-income, uninsured, front line workers particularly immigrants) has been disproportionately impacted by the pandemic. FQHC staff and employees also come from highly affected communities. Neighborhood Health and HealthWorks are committed to (1) keeping staff and patients in the clinic safe by ensuring adequate PPE, reducing density, erecting barriers, screenings at building entrances, etc.; (2) maintaining continuity of operations supplementing in-person visits with telemedicine; and (3) addressing the virus, including free COVID-19 testing at multiple sites (to date, 25,000+ tests conducted), COVID-19 clinical support, COVID-19 social support, isolation and quarantine assistance, leveraging partnerships to increase access and utilization of services, and vaccine administration.

As the pandemic recedes, Neighborhood Health and HealthWorks anticipate patients will shift to more in-person visits, but the use of telemedicine will remain as it provides an ongoing opportunity to increase access to care. Dr. Kahn indicated that alternative platforms may be needed to enhance integration with existing electronic health records (EHR).

Additionally, with the implementation of expanded Medicaid benefits, the FQHCs will need to address expanding dental services. Other improvements include streamlining the eligibility process between FQHCs, county programs, and other health care providers.

With respect to vaccine administration, both FQHCs have cold storage capacity. However, ensuring adequate space to administer vaccine will continue to be a challenge. The clinics are trying to identify additional space, procure extra staff by offering overtime, and scheduling vaccines on Saturdays. Resources are being shifted, and the clinics expect the greatest volumes to occur during Phase 1(c).

Inova Health System FY 21 Capital Improvement Plan (CIP)

As required by the provisions of the Lease Agreement between Fairfax County and Inova Health System, Dominic Bonaiuto, Director for Central Region Government and Community Relations, Inova Health System, updated the HCAB regarding its current and future capital projects. Under the terms of the County's lease agreement with Inova, the County must be informed of and review any project which alters service delivery patterns at Fairfax or Mount Vernon Hospitals, or which costs \$1 million or more in 1990 dollars. Using the ENR (Engineering News Record) Construction Cost Index for the Baltimore Region – which includes Fairfax County – the December 2020 Construction Cost Index is 6.0%, which is equivalent to a \$145,000 increase over the prior year for a threshold of \$2.56 million in 2020 dollars.

Inova Fairfax Medical Campus (IFMC)

Inova Fairfax Hospital is currently undergoing a \$99 million renovation and expansion of its 47,000 square foot Main Surgical Suite to include 28 total operating rooms (ORs) and two cystoscopy rooms. The project is multi-phased, and construction is organized around 6-8 rooms at a time. In July 2018, eight new ORs opened in the Professional Services Building, prior to construction, to ensure continuity of surgical services. All ORs will be modernized with several using modular stainless steel wall panels to enhance infection prevention and maintenance. Construction is scheduled for completion in Q1 of 2023.

In November 2020, the Hospital completed a \$13 million renovation of the existing Sterile Processing Department and an \$8.7 million construction of a Backup Sterile Processing Department. The former includes a multi-phased renovation of 13,000 square feet plus construction of a 6,000 square foot addition while the latter, in service since December 2019, serves as primary backup and is located in the basement of the Women's and Children's Hospital.

Other notable projects on the IFMC campus include a \$4 million upgrade for one of six IHVI cardiovascular ORs with an estimated completion of February 2021; a \$24 million renovation of radiology spaces with an estimated completion of March 2022; and a \$20 million phased renovation of the perioperative suite with an estimated completion of March 2023.

The Inova Center for Personalized Health (ICPH)

The campus footprint, originally constructed in 1980, includes several buildings that once housed ExxonMobil's headquarters. The ICPH encompasses 1 million square feet on 117 acres of land, but the campus required significant modernization and adaptive reuse to support Inova's current and future uses. The HCAB has reported on many of these developments in past memos, and several of these projects are completed, operational, or in service. However, one project that is currently in development is the ICPH's Research Partnership. This \$51.4 million joint research building is currently under construction and will include a \$35 million renovation of the main tower and bridge that connect to the conference center. The building is scheduled for completion in Q2 of 2021.

Inova Fair Oaks Hospital (IFOH)

In 2019, Inova Fair Oaks Hospital began its largest project – a \$10 million renovation of its 3rd floor labor and delivery unit with larger patient rooms and improved work flow environments for nurses and physicians –expected to open during the first quarter of 2021. Additionally, a \$2.5 million linear accelerator (LINAC) radiation was relocated from Inova Fairfax Medical Campus to IFOH with service initiated in October 2020.

Future Ambulatory and Acute Care Infrastructure Development

Inova provided a high-level overview of three projects to expand and modernize the health care infrastructure in the eastern region of the County – Inova Oakville at Potomac Yard, Inova Springfield Hospital and Inova Alexandria Hospital at Landmark. Like Inova's HealthPlex facilities, Inova Oakville at Potomac Yard will provide emergency, diagnostic, ambulatory surgery, primary and specialty physician services.

Inova Springfield Hospital will be located on 12 acres of land adjacent to Inova's Springfield HealthPlex and based on early renderings, will include 72 inpatient beds across three stories (i.e., 24 beds per floor). Inova will not seek a Certificate of Public Need (COPN) to expand its licensed bed capacity. Instead, Inova will redistribute surplus bed capacity from Alexandria Hospital to Springfield. The Springfield proposal will require a Special Exception, for which the HCAB will provide review and recommendation. Another service line change will also include the relocation of Mount Vernon Hospital's Muscular Skeleton (MSK) program to the new Springfield site. Early renderings of Alexandria Hospital at Landmark show a phased approach to development.

Update on the Fairfax County Food Code Amendment. Pieter Sheehan, Division Director, and Deborah Crabtree, Environmental Health Specialist and District Standardization Officer, Environmental Health updated the HCAB on the Fairfax County Food Code Amendment, which was first presented to the HCAB on April 8, 2019.

The U.S. Food and Drug Administration (FDA) publishes the Food Code (on a four-year interval), a model that assists food control jurisdictions at all levels of government by providing them with a scientifically sound technical and legal basis for regulating the retail and food service segment of the industry (restaurants, grocery stores, and institutions such as nursing homes). Local, state, tribal, territorial, and federal regulators use the FDA Food Code as a model to develop or update their own food safety rules and to be consistent with national food regulatory policy.

The Fairfax County Food Code (Ch. 43.1) was last amended in 2006 and the 2005 FDA Food Code was used as the model. There have been three editions of FDA Food Code since the last amendment of Chapter 43.1 (2009, 2013, & 2017).

Effective July 12, 2016 the Food Regulations of Virginia were amended to be consistent with the 2013 FDA Food Code. Chapter 43.1 amendments are required to ensure the Fairfax County ordinance is equivalent to, or more stringent regarding public health, Virginia's Food Regulations.

Key changes to the Fairfax County Food Code will include the handling of leafy greens, prohibiting undercooked, ground meat on children's menu, providing non-continuous cooking requirements, and requiring a vomit/diarrhea written policy.

The amended Fairfax County Food Code will also include industry-focused improvements including Certified Food Manager Certification requirements, Open Air

Barbecue and the movement of food from barbecue pits to the restaurant, and ShareWare and Cottage Food Operations guidance and standards.

The Board of Supervisor's public hearing and decision on the amendments will take place on Jan. 26, 2021. While Environmental Health representatives itemized the changes to the food code, the level of detail was not sufficient for the HCAB to move forward with a recommendation to the Board of Supervisors in preparation for the upcoming public hearing. Therefore, the HCAB will abstain from offering public comment on the proposed amendments.

Zoning Modernization (zMod) Project. Marlene Blum updated the HCAB on several revisions to the advertised zMod Project. During the December meeting, the HCAB agreed that some of the language included in the definition of "Medical Care Facility" was outmoded and stigmatizing. This terminology has been removed and is reflected in the recently posted Red Line Edits.

Additionally, while not intentional, the advertised zMod omits the HCAB's public hearing process in reviewing and making recommendations on medical care facilities. To clarify the HCAB's role and minimize confusion, DPD has added "hearings" to its description of the HCAB's procedures in the "Red Line Edits" (Section 8106.6.F), in Section 8103 (Review and Decision Making Bodies), which describes the responsibilities and procedures of the boards and commissions that play a role in decisions under the Zoning Ordinance. Bill Finerfrock recommended that the HCAB send a statement in support of these edits, in addition to those changes previously made during the zMod Process (i.e., the distinction between ADCCs and Adult Day Support Centers). Lyn Crawford seconded the motion. The motion passed unanimously.

There being no further business, the meeting adjourned at 10:01 pm.