

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary

January 12, 2015

### **MEMBERS PRESENT**

Marlene Blum, Chairman  
Bill Finerfrock, Vice Chairman  
Rose Chu, Vice Chairman  
Dave West  
Ann Zuvekas  
Dr. Tim Yarboro  
Ellyn Crawford  
Rosanne Rodillosso  
Dr. Michael Trahos, DO

### **STAFF**

Sherryn Craig

### **GUESTS**

Sara V. Mariska, Associate, Walsh, Colucci, Lubeley & Walsh P.C.  
Edward Burnett, Chief Financial Officer, Sunrise Development, Inc.  
Juliann Navarrete, Registered Nurse, Registered Assisted Living Nurse, Director of  
Clinical Education, Sunrise Development, Inc.  
Michael Forehand, Director, Advocacy and Community Outreach, Inova Health System  
Pat Harrison, Deputy County Executive for Human Services  
Brenda Gardiner, Department of Administration for Human Services  
Gloria Addo-Ayensu, MD, MPH, Health Department  
Rosalyn Foroobar, Health Department  
Arsenio DeGuzman, Health Department

### **Call to Order**

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

### **December Meeting Summary**

The December 8, 2014 minutes were accepted as corrected. The revised minutes will be provided at the February 9, 2015 meeting.

### **Follow Up on Sunrise Development, Inc.'s Special Exception (SE) application (RZ 2014-SP-015/SE-2014-SP-060) to develop the Sunrise of Silas Burke House**

Sara Mariska, Edward Burnett, and Juliann Navarrete returned to the HCAB to provide additional information on the 4% development condition, staffing ratios, safety and security issues, including the facility's physical layout and medication administration. With respect to staffing ratios, Ms. Navarrete stated that Sunrise's Assisted Living neighborhoods provide for not less than five to one (5:1) ratio of residents to care managers and Memory Care neighborhoods provide for not less than four to one (4:1) ratio of residents to care managers. These ratios are maintained during each shift: a

day shift (generally runs from 6am-2pm), afternoon shift (generally runs from 2pm-10pm), and a night shift (10pm-6am).

With no further questions for Sunrise, Bill Finerfrock moved that the HCAB recommend that the Board of Supervisors and the Planning Commission approve the development of the Sunrise at Silas Burke. Ann Zuvekas and Dr. Trahos, D.O. seconded the motion. The motion passed unanimously.

### **Inova's Schedule of Capital Improvements**

Dr. Trahos, D.O. requested that Michael Forehand provide the amortization schedule on Inova's \$1.6 billion in debt.

Mr. Forehand shared the feedback he received on the recent *Consumer Reports* article that showed Inova Fairfax Hospital in the top ten hospitals with the highest rates of low risk C-sections. Mr. Forehand stated that given the hospital's Level 1 NICU and large birthing center, it accepts a lot of pregnancies, including those referred as high risk. He also stated that Inova's definition of high and low risk is different than *Consumer Reports*. He said that Inova is committed to improving its C-section rate by double-checking its inductions and ensuring its doctors are sharing information with mothers who request a C-section. HCAB members expressed some concern that Inova had not adequately explained the disproportionate C-section rate and requested periodic updates on this issue to which Mr. Forehand agreed.

Mr. Forehand provided an update on Inova's Schedule of Capital Improvements for FY 2015. The TURNER Building Cost Index, the project notification threshold, increased 3.5% because of increased private sector development and investment as well as material price increases and is valued at \$2,093,152 in 2014 dollars. During the December HCAB meeting, Mark Runyon reported that construction for the Inova Fairfax Medical Campus was 10%, or \$100 million under budget. As requested, Mr. Forehand asked Inova's planners to identify any other projects that are substantially under or over projected budget costs. They were unable to find other projects that were appreciably above or below estimated cost.

Improvement projects for Inova Fairfax Hospital (IFH) costing \$2 million or more include the expansion of the existing campus.

Women's & Children's Hospital: \$431 million – Exterior construction on the Women's and Children's Hospital, adjacent to the South Patient Tower, is almost complete and the interior fit-out is in progress, with occupancy expected in the first quarter of 2016. . Once completed, the 660,000 square foot, ten-story building will house 192 private rooms for women's services, 118 beds for pediatric services, a 108 bassinet NICU, eight operating rooms, six C-section rooms, and 33 labor and delivery rooms.

Existing Tower Building (ETB) – Renovation of the ETB to convert semiprivate patient rooms to private ones is currently underway with completion set for the fourth quarter of 2015.

Green Garage: \$35.6 million – The 1,250 space, eight-level free standing parking garage will service the new Women’s and Children’s hospital. The concrete work is completed and electrical and elevator work is underway. The garage is set to open in the second quarter of 2015.

Cath Lab – The replacement of six cath labs at Inova’s Heart and Vascular Institute (IHVI) to support new technology was completed in December 2014.

2012 Assessment – Miscellaneous capital and operating unit infrastructure work, including elevators, boilers, and roof, are scheduled for completion in May 2015.

Inova Comprehensive Cancer and Research Institute (ICCRI) – The site plan for Inova’s seven-story free standing cancer center has been submitted to the County for review and approval.

Inova Fairfax Hospital Simulation Center – The multidisciplinary training center located on the first floor of the Claude Moore building will include hospital patient rooms and OR simulation for VCU medical students.

Ongoing capital improvement projects for Inova Mount Vernon Hospital (IMVH) costing \$2 million or more include:

Emergency Department (ED) –The new 35 bay, 20,000 square foot ED, adjacent to the current ED location, is expected to improve patient throughput and meet current code requirements. Target completion is scheduled for the fourth quarter of 2016, after which the existing ED space will be repurposed.

Orthopedic Surgery Operating Room (OR) Expansion – The 77,000 square foot expansion was completed and opened in the fourth quarter of 2014. It includes two new orthopedic operating rooms and 40 new single occupancy patient rooms. Foundation work has been completed and utility lines have been relocated.

Miscellaneous Infrastructure Revitalization – Inova continues to work on a multi-year project to replace air handling units, elevators, etc.

Sterile Processing Department Renovation – The hospital’s Sterile Processing Department Renovation is set for completion this year.

The Lorton Healthplex opened in March 2013. The 17,000 square foot ambulatory surgery center (ASC) was also completed in May 2014 and occupied in August 2014. The ASC has two operating rooms, one procedure room, and two GI/endoscopy rooms.

Ongoing capital improvement projects for Inova Fair Oaks Hospital (IFOH) costing \$2 million or more include:

Medical Office Building (MOB) and Cancer Center: \$43.3 million - The project consists of a four-story, 116,000 square foot MOB with a below grade cellar level in addition to a new entry point off of Rugby Road. The building was completed and occupied during the first quarter of 2014; occupancy for the Cancer Center was completed during the third quarter of 2014. Completed Tenant Spaces include Radiation Oncology (Cellar), Conference Center (Cellar), the Breast Center (First Floor), Colo-Rectal Surgery (Third Floor), Inova Cardiac Diagnostic Center / VA Heart (Third Floor), GW Northern Virginia Urology (Fourth Floor), and Life with Cancer.

Surgery Expansion – This two-story expansion, 15,500 square feet of new construction will expand the surgery program by a net additional two operating rooms, relocate two existing ORs, and provide supporting rooms (e.g., sterile processing unit) and other staff areas. Target completion is scheduled for the second quarter of 2017.

Nurse Call System – Inova expects to complete an upgrade to the nurse call system for the second through fifth floors in the first quarter of 2015.

Inova also presented information on the new 50,200 square foot Ashburn Healthplex. The HealthPlex is expected to be completed in the fourth quarter of 2015.

With respect to the life expectancy of a newly constructed building, Mr. Forehand stated that medical buildings are different than office buildings and that 30 years is often the threshold for capital depreciation.

The IFOH Life with Cancer is not replacing the one at IFH.

The HCAB agreed to send a memo to the BOS to let them know that per the lease agreements, Inova had provided an update on its Schedule of Capital Improvements and HCAB members had an opportunity to ask questions.

### **Update on Merrifield Center Relocation**

The Board of Supervisors is holding a hearing on January 27 to amend the lease with Inova modifying the space on the 4<sup>th</sup> floor of the Merrifield Center. Pat Harrison, Deputy County Executive for Human Services, said that staff will be prepared for any questions the BOS may have. Ms. Harrison said that the County has not provided this

level of integration and that Merrifield will serve as model for how to plan and implement integration countywide.

The Community Services Board (CSB) began moving its outpatient services to the new location and will transition its emergency services on January 13. October 2015 is the target move in date for the Northern Virginia Dental Clinic (NVDC) and CHCN-Bailey's. If the BOS approves the modification to the lease, the County will need to build out the 4<sup>th</sup> floor, with Inova's adult behavioral services occupying the eastern half.

The January 27 hearing is open to public comment. Ms. Harrison said that the question for the hearing is the renegotiation of the lease that Inova and the County entered into for the 4<sup>th</sup> floor. Board action is being sought to ensure that half of the 4<sup>th</sup> floor is the County's to do with as it needs. Testimony that supports the Merrifield Center relocation would recommend revising the lease to accommodate the integration of the county's health services on one half of the 4<sup>th</sup> floor.

The name for the Merrifield Center was selected by the Supervisor for that district.

Ellyn Crawford moved that the HCAB testify at the public hearing in support of amending the lease with Inova. Ann Zuvekas seconded the motion. The motion passed unanimously.

### **Local Specialty Care Access**

Arsenio DeGuzman, Director, Community Health Care Network (CHCN), provided an update on the local specialty care access group. The workgroup exploring improving local specialty care access has made limited progress and continues to explore various avenues for recruiting local specialists and increasing local access to specialty care for safety net patients.

After considerable discussion, the workgroup has also withdrawn its initial proposal for funding to the Virginia Health Care Foundation (VHCF). At the current time, the workgroup is not able to demonstrate a long term sustainable model for providing specialty care. Additional decisions and commitments by participating safety net provider organizations need to be addressed. Moreover, a consensus regarding participation in a health information exchange (HIE) or specialty care referral management system needs to occur.

In October, the first Physician Advisory Group meeting was held and focused on improving specialist physician recruitment. This initial meeting yielded some concrete physician guidance and recommendations that are under review for feasibility and possible implementation as soon as possible. Recommendations include taking better advantage of telemedicine, communication, and information technology; making greater use of retired and semi-retired doctors; conducting public relations activities to increase the supply of participating physicians; ensuring equity by requiring each doctor to care

for two patients per month; and reducing medical society dues for participating physicians. Mr. DeGuzman stated that administrative decisions regarding where patients are seen (i.e., in a safety net clinic or the physician's office) or charging no show or referral fees will require additional discussion.

Additionally, as Dr. Anne Rose Eapen completes her 2-year commitment as the Pro-bono Physician Manager of Project Access of Northern Virginia (PANV) at the end of February 2015, a transition plan, including temporary funding for administrative support to continue those activities, is currently being reviewed and assessed. Dr. Eapen has provided her services pro-bono, billing the Medical Society a minimal \$130 per quarter for two years. Rosalyn Foroobar estimates that the Health Department will provide funding in the amount of \$30,000 to \$40,000. The Medical Society has committed \$10,000 to sustaining the PANV activities.

Lastly, House Bill Number 1459, which may potentially amend the ability for specialist physicians to receive neighborhood assistance tax credits for providing charity specialty care services under certain criteria, has been introduced for the upcoming State legislative session. This bill is currently being reviewed by County staff.

Mr. Forehand shared the Inova's Chief Information Officer, Dr. Ruffin, co-chairs the state's HIE workgroup with Dr. Hazel and can facilitate the medical society becoming a node with the state HIE.

Dr. Trahos, D.O. recommended assistant physician licensure, like that offered in Missouri, as a way to increase local specialty care access.

HCAB members asked staff to keep the board apprised of any developments.

### **Immunization Update**

The HCAB will receive an update on local immunization trends at its February meeting. Staff have provided information for the HCAB to review. Members are concerned about the declining rates of vaccinations and asked staff to identify ways they could help, either as individuals or as the HCAB.

There being no further business, the meeting adjourned at 9:08 pm.