

HEALTH CARE ADVISORY BOARD

Meeting Summary

March 9, 2016

MEMBERS PRESENT

Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Ann Zuvekas
Tim Yarboro, MD
Rosanne Rodilosso
Dr. Michael Trahos, DO
Francine Jupiter

STAFF

Sherryn Craig

GUESTS

Assistant Chief Reginald Johnson, Operations Bureau
Deputy Chief William Garrett, EMS Division
Captain Brian Edmonston, Operations Bureau/EVP Project Lead
Maura Ardike, Operations Data Program Manager
Dr. Raja'a Satouri, Deputy Director for Medical Services, Health Department
Karen Hannigan, Supervisor, Aging, Disability and Caregiver Resources, Department of Family Services

Call to Order

The meeting was called to order by Marlene Blum at 7:37 pm.

February 8, 2016 Meeting Summary

The meeting summary from February 8, 2016 was approved as submitted.

Discussion on FY 2017 Advertised Budget

Traffic Light Signalization – Fire & Rescue, EMS

Operations Bureau Assistant Chief Reginald Johnson introduced Fire Captain Brian Edmonston who is the project lead for Emergency Vehicle Preemption (EVP) technology. EVP connects the department's vehicles with traffic signals to ensure that emergency vehicles receive priority over non-emergency vehicles at intersections.

In 2006, the National Highway Transportation Safety Administration (NHTSA) conducted a study of the area's traffic signals and installed EVP on Route 1. However, the 2008 economic downturn prevented further expansion.

EVP technology reduces emergency response times (approximately 30-45 seconds per call) and cultivates a safer environment during emergency responses.

The \$25,000 allocation in the FY 2017 budget would be used to maintain existing EVP technology. If funding permits, the department would implement new technology to migrate from GIS to a radio-based system for two signalized intersections.

Fire and Rescue has worked with the Department of Planning and Zoning, through the proffers process, to require commercial enterprises and new residential developments to assist with new traffic signals and congestion mitigation. As new intersections are installed or updated, EVP is incorporated into the project.

There are 470 signalized intersections in the county. It will cost approximately \$10,000 to establish EVP per intersection, or \$4.7 million to implement EVP across the County. Installing Opticom EVP at the Route 29/Gallows Road intersection cost \$21,000.

Prince William County has installed EVP at 300 intersections. Their EVP coverage rate is at 98%. There are regional issues related to the universal applicability or interoperability of EVP, as well as whether other public safety vehicles (e.g., Sheriff, Police) can access EVP. Captain Edmonston said that the County continues to have these conversations with the Virginia Department of Transportation (VDOT). While there are other EVP technologies, the Metropolitan Council of Governments (COG) agreed to use Opticom. Should VDOT agree, the potential for regional interoperability exists.

While external variables, like traffic, remain an ongoing challenge, EVP will help to reduce the department's emergency response times. Other initiatives to improve response times include automated voice dispatch. The current call system alerts stations in a series of dispatches. When the third or fourth station is alerted, 15 seconds have elapsed. The recommended turn out time from call to dispatch is 60 seconds.

Depending on the call and how it's entered into the system will determine the number of units, and therefore, the number of providers, ranging from four to six persons. By August 1, all trucks and rescue vehicles will have an Advanced Life Support (ALS)

certified provider for 4 staff persons total. Suppression and engine vehicles also have an ALS-certified provider. Officers are assigned to suppression, engine, and rescue units. The County's EMS services are a fire-based system.

The EMS Medical Director helps determine what type of attendant is required for specific types of calls. Call types are triaged by the amount of resources required. If a rescue and an engine are dispatched, six staff people, including two ALS-certified providers, will respond.

The department has implemented priority stations, and there are accreditation models that are based on population density. Population-based strategies and prepositioning require further discussion.

Fire and Rescue is studying the Tyson's area and what additional units might be needed if density increases.

The department is not involved in how long a pedestrian light is active. However, it is standard operating procedure that department vehicles will not supersede an intersection if a pedestrian is present. EVP will not change the agency's response behavior.

Birmingham Green – Department of Family Services

Karen Hannigan handles intake calls for the Department of Family Services Adult' and Aging Services and Disabilities. The FY 2017 includes a \$124,000 reduction in the County's contribution to Birmingham Green. While Ms. Hannigan was not able to comment on utilization, she described how beds are allocated. What beds are open and when clients accept services determines the overall distribution of beds by jurisdiction.

Community Health Care Network and Epidemiology Program – Health Department

The County Executive proposed an increase of \$750,000 in the baseline budget to fund unanticipated expenses associated with the transition to a new primary care and safety net system. These monies are separate from the advertised \$1,104,901 contract rate increase.

While the County negotiates a new contract for safety net services, the Community Health Care Network has identified some immediate infrastructure support needs: computer replacement, cabling and interface work, electronic health record maintenance (Inova will continue to use GE Centricity).

As the area's safety net system transitions to an integrated model, unanticipated expenses may emerge. Once a new contract is issued, a gap analysis will be conducted. The Health Department will report to the Health Care Advisory Board quarterly on these programmatic and infrastructure support needs. The new model integrates primary, specialty, behavioral, and oral health services into one model of care. Had Molina stayed on as the CHCN provider, additional budget needs would have been discussed. Some HCAB members expressed concern over the transparency of the selected provider as well as the amount of funding for the items already identified.

Dr. Satouri agreed to return to the HCAB every three months to discuss how the \$750,000 is spent and what needs have been identified.

Francine Jupiter moved that the HCAB support the increase for CHCN, emphasizing the shift to a comprehensive safety net model rather than itemized needs. Bill Finerfrock seconded. The motion passed: 6 yes; 2 abstentions.

Dr. Satouri provided a brief overview of the Health Department's Epidemiology Program. After September 11, the Health Department received a grant-funded epidemiologist position, which was converted to a merit position. The Council of State and Territorial Epidemiologists (CSTE) recommends 1 epidemiologist for every 100,000 in population, which for Fairfax, amounts to 10.

The Health Department's epidemiology capacity is limited to communicable diseases. With its existing resources, the Health Department is not able to address diabetes, asthma, heart disease and stroke or other population-based health issues – suspected cancer clusters, youth suicides, and the health impact of crumb rubber. Despite the shifting drivers of morbidity and mortality toward chronic diseases, the Health Department does not have the dedicated expertise needed to assess the distribution and determinants of health and preventable disease in our community. The \$185,000 personnel adjustment in the proposed FY 2017 budget would be allocated to a Medical Epidemiologist who is trained in analyzing the incidence and prevalence of chronic disease at the population level.

With respect to infectious disease and the department's struggle to meet the surge capacity demands required to simultaneously control ongoing outbreaks, detect and respond to new outbreaks, and monitor for potential threats, two epidemiologist positions were approved during the FY16 process and were assigned to communicable diseases to help address infrastructure gaps in Tuberculosis, HIV/AIDs, sexually transmitted diseases and routine communicable diseases. In total, the Health

Department has four epidemiologist positions, one (1) that is currently vacant, one (1) that is grant-funded, and two (2) that are County merit employees. If the advertised personnel adjustment is approved, the Health Department's epidemiology program would increase to five (5).

But serious gaps remain and additional positions will be needed to provide varying levels of epidemiologic expertise required for the study, surveillance and investigations of chronic disease and population-based illness. The projected need for successive budget years is five positions (of varying class and salary grades) at an incremental cost of \$400,000. Developing this expertise will require multiyear planning that, in conclusion, would bring the epidemiology program to ten (10) staff persons.

It was suggested that the Health Department look at program expansion in the context of what is going on at the federal level. Dr. Satouri agreed to return in September or October to talk about larger population health issues and how expanding the agency's epidemiology program fits together with public initiatives and private providers around chronic disease.

Budget Recommendations

Dr. Yarboro moved that the HCAB recommend support for the County Executive's proposed increase of \$25,000 to fund Emergency Vehicle Preemption (EVP) technology and highlight future needs. Dr. Trahos, DO seconded. The motion carried unanimously.

Dr. Yarboro moved that the HCAB recommend support for the County Executive's proposed \$1,369,321 in funding to in Personnel Services, which includes \$503,988 for a 1.33 percent market rate adjustment (MRA) for all employees, \$680,333 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2016, and \$185,000 for personnel adjustments related to the County's epidemiology program to include future epi needs and projected costs. Ann Zuvekas seconded. The motion carried unanimously.

Dr. Yarboro moved that the HCAB recommend support for the County Executive's proposed increase of \$1,104,901 in Operating Expenses for a contract rate increase for the providers of contracted health services and for providers of repair and maintenance services for laboratory and medical equipment. Bill Finerfrock seconded. The motion carried unanimously.

Dr. Yarboro moved that the HCAB recommend support for the County Executive's proposed increase of \$493,208 in Personnel Services to fund additional compensation requirements as a result of Public Health Doctors moving from the S and E pay scales to the X pay FY 2017 Fairfax County Advertised Budget Plan (Vol. 1) – 332 Health Department scale, which resulted in pay adjustments and an increased pay range for both merit and benefits eligible positions. Bill Finerfrock seconded. The motion carried unanimously.

Dr. Yarboro moved that the HCAB recommend support for the County Executive's proposed increase of \$350,000 to address the increase in one-on-one nursing services for medically fragile students enrolled in Fairfax County Public Schools. Ann Zuvekas seconded. The motion carried unanimously.

Dr. Yarboro moved that the HCAB recommend support for the County Executive's proposed increase of \$107,326 in Operating Expenses for equipment and supplies to support enhanced laboratory testing for communicable diseases and environmental hazards. Dr. Trahos, DO seconded. The motion carried unanimously.

Dr. Yarboro moved that the HCAB not comment on the County Executive's proposed funding reduction for Birmingham Green. Bill Finerfrock seconded. The motion carried unanimously.

Dr. Trahos, DO moved that the HCAB not support the County Executive's \$500,000 proposed funding for the Inova Translational Medicine Institute (ITMI). Mr. Finerfrock seconded. The motion carried: 6 yes; 2 abstentions.

The HCAB budget recommendations passed unanimously.

Other Business

Human Services Council. Marlene Blum will make a statement to the Human Services Council on Thursday, March 10 on the HCAB's budget recommendations, highlighting the Health Department epidemiology program and CHCN funding. Information on FRD's traffic signalization program will not be provided. The Human Services Council does not review EMS' budget.

There being no further business, the meeting adjourned at 9:23 pm.