

HEALTH CARE ADVISORY BOARD

Meeting Summary

May 8, 2017

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
Ellyn Crawford
Francine Jupiter
Dr. Michael Trahos, DO
Chafiq Moumami
Tim Yarboro, MD
Ann Zuvekas

STAFF

Sherryn Craig

MEMBERS ABSENT

Bill Finerfrock, Vice Chairman
Rosanne Rodillosso
Deborah Leser

GUESTS

Rosalyn Foroobar, Health Department
Shauna Severo, Health Department
Dominic Bonaiuto, Inova Health System

Call to Order

The meeting was called to order by Marlene Blum at 7:34 pm.

April 3, 2017 Meeting Summary

The meeting summary from April 3, 2017 was approved as submitted.

General Announcements

The Board of Supervisors did not approve (6-4 vote) Sunrise of Kirby Road's application to build an assisted living facility in the Dranesville District.

The Kensington Senior Living's application (SE-2016-HM-024) to develop an assisted living facility has been rescheduled for the June 12 HCAB meeting.

County Executive Ed Long has announced his retirement effective September 2017.

Health Department 100th Anniversary

The HCAB viewed two videos prepared for the Health Department's 100th Anniversary.

FY 2018 Budget Update

The Board of Supervisors adopted the FY 2018 Budget on May 2. The BOS approved the increase in the Health Department's laboratory and clinic fees. The BOS also restored funding of \$150,000 for one year to allow Insights Memory Care Center (IMCC) to modify and adapt their business model to improve fundraising capacities. This delay means the reduction will be implemented in FY 2019 and it is anticipated that IMCC will be able to offset the reduction with increased fundraising activities.

With respect to EMS' budget, the BOS approved the elimination of a dedicated staffperson deployed to the National Counter-Terrorism Center (NCTF).

The BOS approved the allocation of federal funds to Healthy Families Fairfax. The funding shift will allow HFF to maintain the same levels of service.

The BOS also approved contributory funding, including \$500,000 to the Inova Translational Medicine Institute (ITMI). Furthermore, the FY 18 and 19 budget guidance directs staff to include in its work with Inova to make an annual presentation of the Institute's research progress and economic benefits to the County's Economic Advisory Commission. ITMI is scheduled for the HCAB's September meeting. Questions about low income and uninsured patients' ability to access ITMI testing as well as opportunities to subsidize internships for economically disadvantaged students will be asked.

The FY 18-FY 19 budget guidance also directs staff to work with national, state, and regional partners and identify funding needs to combat the opioid use epidemic. During its July/August planning meeting, the HCAB will discuss adding this issue to its fall 2017 and/or 2018 workplan.

The Health Department will continue to work with Fairfax County Public Schools to address the ongoing care needs of sick, injured, and medically frail students.

Ms. Foroobar also stated that the County will be reviewing the employee pension program, including a bridge payment that provides supplemental income to retirees.

Marlene Blum also noted the inclusion of the Fire and Rescue's Vehicle Preemption Program in the Capital Improvement Program (CIP) to expand the strategic installation of Traffic Light Preemptive Devices.

Department of Fire and Rescue's Community Stakeholder Meeting

Ms. Blum received an invitation to participate in the Department of Fire and Rescue's Community Stakeholder Meeting on June 9. She was asked to identify one additional member from the HCAB to participate. Tim Yarboro has agreed to attend the meeting. Information gathered from the meeting will be used to develop the agency's five-year Community-Driven Strategic Plan. Questions identified during the HCAB's FY 2018 budget meetings were distributed, but other issues or concerns can be e-mailed to Ms. Blum and/or Dr. Yarboro. The HCAB identified (1) traffic preemption, (2) response times, (3) creative use/deployment of equipment, and (4) primary care interventions as potential areas of discussion.

Options on Preserving Adult Day Health Care Services in the Community

Shauna Severo, Assistant Director, Patient Care Services, discussed the process that will be used to evaluate the provision of adult day health care services in the community. Ms. Severo stated that this evaluation does not mean the County is eliminating ADHC.

Last summer, the county conducted a 2016 Lines of Business (LOBs) exercise. This exercise was the first step of a multi-year process to shape the County's strategic direction. Phase 1 of the LOBs was intended to educate readers on the array of services provided by Fairfax County and to begin discussions at the BOS and community levels regarding potential process enhancements within specific programs/services. Phase 1 concluded in July 2016.

Phase 2 will focus on programs/services to be reviewed for improved efficiency and effectiveness. The Adult Day Health Care (ADHC) Program was one of many programs selected to be evaluated as part of the LOB Phase 2 process.

In spite of the aging population, over the last six years there has been a steady decline in ADHC enrollment. The average daily attendance has dropped from 134 in FY 2011 (6 centers) to 90 in FY 2017 (4 centers). The Health Department convened eight Family Caregiver Meetings to elicit feedback on the program. Family caregivers shared that they trusted the government-run program and had concerns that a private provider might reduce the cost of the program but at the expense of overall quality. Caregivers also identified the need for additional marketing of the program.

Ms. Severo stated that the County has hired Alvarez and Marsal (A&M) Consultants to provide three deliverables:

- Deliverable 1 – ADHC Cost Assessment with a final report that summarizes the assessment and recommendations for increased operational efficiencies.
- Deliverable 2 – Cost Benefit Analysis that explores alternative models of care and examines the cost of program operations, marketing efforts and enrollment rates, quality measures and potential impact of each option on clients receiving these services.
- Deliverable 3 – Final report with recommendations.

A steering committee will be convened to review a variety of public, private and public-private partnership models. The committee will include representatives from the Health Department, Neighborhood and Community Services, Department of Family Services, Department of Management and Budget, A&M Consultants, Commission on Aging, Fairfax County ADHC Associates, Family Caregivers, representatives from the ethnically diverse community, and the Alzheimer's Association. The HCAB urged staff to include community providers, such as a geriatrician and geriatric social worker, on the steering committee.

When asked why the County is seeing declining ADHC enrollment rates, Ms. Severo stated that the increase in assisted living facilities with memory care programs is one factor, especially since those services did not exist when the county first opened its ADHCs. In home support services (e.g., Comfort Keepers, Home Instead, etc.) are another alternative to ADHC services. The PACE program also has adult day care as one of its core services and serves a current census of 60 people. Moreover, there are also other community providers, including ADHCs that serve specific ethnic populations (e.g., Korean, Hispanic-Latino, and Russian), and Ms. Severo acknowledged some of the cultural barriers around caring for older family members.

Finally, Ms. Severo recognized the need to market the current program. The Health Department does have a marketing team. In addition to day-to-day operational responsibilities, the staff attend some resource fairs and work one-on-one with rehab centers, hospital discharge planners and social workers. ADHC staff have also reached out to the Ethiopian community near the Lincolnian and the Hispanic-Latino community in Herndon. Caregivers are also placing notices in their church bulletins.

It was suggested that besides marketing to caregivers that greater consideration be given to the participants themselves. While Ms. Severo estimated that about 80% of

ADHC participants have a cognitive impairment, she agreed with recommendations regarding center programming to ensure that the needs of participants with physical impairments are met. Ms. Severo stated that the ADHC uses person-centered care, which includes an intensive social history. Over the last nine months, the ADHCs have grouped participants according to acuity levels, which has led to smaller group-based activities.

Ms. Severo noted that all options will be considered in order to preserve quality, accessible and sustainable ADHC services in the County. A suggestion was made to show the value-added to the program when the HD consolidated ADHC centers in previous budget cycles. The County may need to provide incentives, such as space, to a community provider with the understanding that the County will want to maintain oversight over quality, accessibility, and affordability.

Besides providers, additional benefits could be added, such as Fast Tran, and Ms. Severo and Ms. Foroobar noted that there are several providers with an interest and an ability to provide services to the program's current participants. These providers have a reputable service history and offer high quality care.

Ms. Severo will return to the HCAB to discuss the steering committee's progress and the consultant firm's research.

Other Business

E-mail discussions that have more than two HCAB members on the "To" line may constitute a public meeting.

The Kensington Nursing and Rehabilitation Center where a resident was sexually assaulted is not owned or operated by the Kensington Senior Development group, which will return to the HCAB in June.

There being no further business, the meeting adjourned at 9:16 pm.