HEALTH CARE ADVISORY BOARD

Meeting Summary
October 4, 2017

MEMBERS PRESENT

Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Rosanne Rodilosso
Deborah Leser
Francine Jupiter
Dr. Michael Trahos, DO
Tim Yarboro, MD
Ann Zuvekas
Ellyn Crawford
Chafiq Moummi

STAFF

Sherryn Craig

MEMBERS ABSENT

GUESTS

Andrew Teeters, Shelter Development, LLC/Brightview Senior Living
David Orr, Orr Partners
Eric Gardner, Benchmark Senior Living
Beth Sampath, Benchmark Senior Living
Lynne Strobel, Walsh, Colucci, Lubeley & Walsh, P.C.
Dr. Loring Flint, Inova Health System
Dominic Bonaiuto, Inova Health System
Ruth Loncar, Reston Hospital Center
Dana Cole, Reston Hospital Center
Dr. Gloria Addo-Ayensu, Health Department
Sheila Dunheimer, Community Member

Call to Order

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

September 11, 2017 Meeting Summary

The meeting summary from September 11, 2017 was approved as revised.

Resolution Honoring Francine Jupiter

The HCAB unanimously approved a resolution honoring Francine Jupiter's 10 years of service to the board.

Deferred Decision on Shelter Development, LLC zoning application RZ/FDP 2017-SP-017 to develop Brightview Fair Oaks.

The HCAB thanked Andrew Teeters for providing additional information and data regarding its application to develop Brightview Fair Oaks in the Springfield District. Deborah Leser noted that based on information received from the Department of Social Services, the HCAB has learned that Brightview Great Falls is on track to receive a three year license in March 2018. Bill Finerfrock moved that having satisfied the review criteria, the HCAB should recommend approval to develop Brightview Fair Oaks to the Board of Supervisors (BOS). Ms. Leser seconded the motion. The motion passed 9 yes, 0 no, 2 abstain.

Public Hearing on Benchmark Senior Living (BSL) and Orr Partners Application (RZ/FDP 2016-HM-024) to develop a 132-unit senior housing development comprised of 102 independent living and 30 Alzheimer's/Dementia care in the Hunter Mill District.

David Orr, Chairman, Orr Partners, Eric Gardner, Director of Development, Benchmark Senior Living, Beth Sampath, Senior Director of Quality Resident Services, Benchmark Senior Living, and Lynne Strobel, Walsh, Colucci, Lubeley & Walsh, P.C. provided an overview of the proposal.

Headquartered in Waltham, Massachusetts, Benchmark Senior Living has 20 years of experience as an owner and operator of senior housing and long term care facilities, including independent living, assisted living, memory care, skilled nursing and short stay programs.

The Midline project would be the company's first Fairfax community. The 30 memory care units will occupy the second floor of a seven-story building and will be designed to meet the unique and specific needs of those living with Alzheimer's disease and other forms of Dementia/memory loss. The memory care units/second floor will be accessed via elevator either from a lobby on the ground floor or from the parking garage. The facility will provide housing, meals, programming, and supportive care services associated with the activities of daily living that the residents need to live in comfort and with dignity.

Food preparation will be completed in a shared commercial kitchen which will be located on the seventh floor of the building. Prepared meals will be delivered to the memory care floor via hot/cold carts.

A secured courtyard will allow memory care residents to access and enjoy outdoor space, including organized outdoor activities.

BSL's target market is primarily residents and caregivers living within five miles of the proposed location. According to BSL representatives, there are approximately 5,000 households of seniors that are 75 years of age or above, and over 32,000 households of potential care givers (adults between the ages of 46 and 64) living within the 5-mile market area. In a response to a question about whether BSL's memory care beds would be open to anyone in the community, David Orr replied that the 30 units will be open to the community, and not just BSL's independent living residents.

Based on applicant's market research, there are only two communities with a total of 46 beds in Reston offering comparable services. Within the 5-mile market area around the proposed site there are a total of 184 units to serve nearly 5,000 households of seniors above the age of 75 and 32,000 potential caregiver households. Based on the available units, the demographics of the local population, projections of future population growth, and the growth in the need for memory care services, BSL believes the market area is underserved and a significant and growing demand for its proposed services is anticipated.

The senior living component of the mixed used Midline development will be visible from Wiehle Avenue and Sunset Hills and will include an entrance off of Sunset Hills. The property's location on Wiehle Avenue provides arterial access to the Dulles Toll Road (267).

Directly across Wiehle Avenue is the Wiehle-Reston East metro station providing access to the community via public transportation. The applicant believes that residents, families and caregivers, as well as BSL employees and staff, will have ample access to the proposed facility.

BSL's Memory Care units will be available on a monthly rental basis with no long-term commitments or buy-in fee. BSL representatives stated that monthly rents will be competitive with other communities offering similar services within the market place and explained that base rental rates include housing, personal care plans for each resident, highly trained, experienced staff with management onsite 7 days per week, a

full schedule of activities including family and community support groups, a base level of assistance with the activities of daily living, 3-meals per day served restaurant style with a full menu of choices at each meal, snacks and drinks available 24/7, housekeeping, laundry, utilities (other than private phone TV and internet), real estate taxes, and scheduled transportation. Additional care and medication management will be available for additional fees on an as-needed basis. When asked to provide a base rental rate, BSL representatives estimated $7,000 per month.

While the applicant's written materials initially indicated the facility would not reserve 4% of its beds or units for lower income residents, David Orr, on behalf of the entire project, stated that 4% of its 30 units (or 1 unit) would be maintained for an Auxiliary Grant (AG) recipient. The HCAB was pleased to learn of this material change and asked that Mr. Orr provide written documentation to this effect. Mr. Orr agreed.

BSL representatives described the safety and security provisions for memory care units located on the second floor. One of the reasons why memory care will be located on the second floor is that the units will be constructed primarily of concrete, providing the highest safety and security.

While residents will have access to outdoor space vis-à-vis a deck, the doors are secured and will require key card access. An eight-foot fence surrounding the constructed courtyard will further enhance residents' safety and security.

All perimeter doors will be secured and require key card access. Independent living residents on the 3-7 floors cannot access the second floor. Cameras are installed on the building's exterior doors to monitor who is entering and leaving the building.

Because memory care services are more intensive than other assisted living services, BSL representatives explained that a higher acuity staffing model will be implemented. BSL anticipates three shifts of 3-4 Resident Care Associates. When nurses and medication aides are included, the total number of staff increases:

- Executive Director (who oversees entire building) -1
- Resident Care Director (RN) – 1
- Resident Care Associates (Certified Nursing Assistants, Home Health Aides) – 10 per 24 hour day
- Certified Medication Aides – 3 per 24 hour day
- Care Nurse –Licensed Practical Nurses (LPN) – 3 per 24 hour day

- Care Nurse – Registered Nurse (RN) – 1 per day when Resident Care Director is not onsite

BSL representatives anticipate the resident-to-staff care ratio as 6 residents to one qualified Resident Care Associate. At least one RN and one LPN will be on staff from 7:00 AM to 11:00 PM. Overnight nursing will be provided on an on-call basis.

BSL employees are required to attend monthly in-service training with annual competency testing consistent with state regulations through Benchmark University trained faculty, and annual talent reviews and competency testing are required.

Residents requiring medication assistance will be assessed by a nurse who will develop a Medication Management Plan. His/her medications will be delivered by a pharmacy of the resident/legal representative's choice along with a physician's order outlining dosage and frequency. All medications are stored in a locked medication cart.

The Med Tech or LPN would bring either the cart to the resident's room along with the Medication Administration Record (MAR) or a Resident Care Associate would bring the resident to the Wellness/Nurse's office to receive their medication within the correct timeframe as specified on the resident's Service Plan and the Aide Assignment Sheet. The MAR is audited at the end of every shift by a nurse along with periodic, random quality control audits. Narcotics would be in a separately locked compartment within the cart. Benchmark policy requires Nurses to conduct a narcotic count 2 times per day for quality control.

Training on medications and medication administration will be provided by state certified medication technicians and/or LPNs. Med Techs are also required to take an annual state-mandated certification course.

BSL representatives stated their commitment to partner with community providers and agencies to deliver ancillary services that its residents may need. The proposal does not currently include a dedicated space for physical therapy, but adaptive equipment can be brought in and stored.

Ellyn Crawford moved that the upon receipt of the applicant's decision to allocate 4% of its memory care beds to Auxiliary Grant recipients, the HCAB should recommend approval to the BOS to build 30 memory care beds as part of the the Midline Development proposal. Dr. Trahos, DO seconded the motion. The motion passed unanimously.

Hospital-Based Infections and Injuries

Dr. Loring Flint, Chief Medical Officer, Inova Health System, presented on Inova's system-wide efforts to prevent and reduce hospital acquired infections as well as the limitations of CMS' reporting algorithm. Dr. Flint explained that there are three pay for performance areas:

- Hospital Acquired Condition Program (1% Payment Reduction, Downside Risk Only)
- Value Based Purchasing Program (+/- 2%, Upside and Downside Risk)
- Readmission Program (3% Payment Reduction, Downside Risk Only)

Generally speaking, large hospitals, teaching hospitals, and safety net hospitals are penalized.

Hospital Acquired Condition (HAC) Program. Effective Fiscal Year (FY) 2015, hospitals that rank in the worst-performing quartile are subject to a 1 percent payment reduction. This penalty is based on prior years' performance. For FY 2018, the HAC score is based on discharges from potentially preventable complications from July 1, 2014 – September 30, 2015 and hospital acquired infections from January 1, 2015 – December 31, 2016. The latter – hospital acquired infections – comprises 85% of the HAC score.

Dr. Flint explained that Inova has made improvements across the system, especially among discharges at Inova Fairfax Hospital. Inova is also making strides at Inova Alexandria Hospital, although IAH was subject to a 1% payment reduction. However, Dr. Flint underscored that since the beginning of the HAC program, all 5 Inova hospitals have performed well. According to Dr. Flint, Inova Fairfax's prior penalty and Inova Alexandria's current penalty is driven by opportunities to reduce hospital-acquired infections. Inova Fairfax had significant reduction in infections during 2016, resulting in no HAC penalty in year 4 of the program. Inova Alexandria has seen a reduction in infections during the current year, which will contribute to an overall reduction in future HAC scores.

Value Based Purchasing (VBP) Program. The VBP Program is comprised of clinical outcomes, patient experience, safety, and efficiency. Four hospitals across the system, Inova Alexandria, Inova Fair Oaks, Inova Mount Vernon, and Inova Loudoun qualified for bonus payments. Inova's areas of strength include potentially preventable conditions, some mortality measures, and catheter associated urinary tract infections

(CAUTI). Areas for improvement include Medicare spend per beneficiaries and hospital acquired infections, such as central line associated bloodstream infections (CLABSI), MRSA, and surgical site infections (SSIs).

Readmission Penalty (RP) Program. For FY 2017, the Readmission Penalty Program is based on risk-adjusted 30-day all-cause readmission for 6 conditions (e.g., heart attack, COPD, heart failure, pneumonia, elective hips and knees, and coronary artery bypass graft (CABG)) from July 2013 – June 2016. It's important to note that over 2,500 hospitals (4 out of 5 hospitals nationally) will be penalized in FY18 for approx. $564M in savings to the federal government with an average penalty of 0.73% (compared to a maximum of 3%). All five Inova hospitals will receive readmission penalties in FY18, but improvements are being made system-wide. Four out of five Inova hospitals performed better than expected on Heart Failure, with Inova Fair Oaks performing better than expected on four out of five conditions

Moving forward, Inova's current goals are aligned with measures in all three CMS payment programs. For example, to improve patient experience, Inova has implemented Trio Rounding combined with purposeful rounding and coaching and simulation labs for hand hygiene. In the area of infections, new measures are in place to confirm a physician's order exists for central lines and catheters and that nurse-directed protocols are adhered to.

Inova has implemented documentation and early identification of symptoms leading to sepsis in order to prevent mortality. With respect to preventable readmissions, Inova staff will follow up with patients 48 hours post-discharge to facilitate referrals to transitional care.

Dr. Flint stated that many performance measures continue to show improvement, which will benefit future CMS payments and reduce overall penalties.

In response to a question about self-selecting patients in order to minimize CMS penalties, Dr. Flint stated that Inova's case mix acuity continues to increase and the data does not support this claim.

Ruth Loncar, RNC, MBA, CPHQ, Vice President, Quality Resources, Reston Hospital Center (RHC) introduced Dana Cole, Director of Infection Prevention, RHC. Ms. Cole stated that like Inova, RHC's patient acuity mix continues to increase as well. Ms. Cole also reinforced the importance of proper hand hygiene and described different "carrots and sticks" used to incentivize good hand washing behavior among all RHC staff. RHC

is also committed to making sure catheters are appropriately placed in addition to reducing the overall use of these devices system-wide. Ms. Cole described creative ways (e.g., emojis) staff and patients are using to reduce diarrheal conditions.

Safety Net Approach

Len Nichols, PhD, Director, Center for Health Policy Research and Ethics, Professor of Health Policy, College of Health and Human Services, George Mason University provided an overview of possible frameworks for structuring the Fairfax County Health Care Safety Net.

Molina's decision to leave Fairfax County after Virginia failed to expand Medicaid provided the County with an opportunity to reevaluate how the current safety net is structured. An estimated 100,000 Fairfax residents are uninsured. While the County is committed to providing primary care to the uninsured, the current structure requires the County to estimate the initial scale of services and the number of providers required. The County assumes the full risk of the program.

By considering a different approach where the County moves from a direct care provider to a payer or general contractor, the County limits its financial risk. Multiple providers can compete, whether it's fee-for-service or a per member-per month payment structure.

Dr. Nichols described Option 1 where CHCN, as currently structured, would go away, and community providers (Federally Qualified Health Centers (FQHCs), Inova, and private physicians) are reimbursed from an agreed-upon fee schedule and the County enrolls eligible residents and pays for services from approved providers. This option maximizes patient freedom and minimizes county risk.

Option 2 would allow the County to pay providers for treating patients, but embed nurse liaisons and social workers in providers' clinics to address certain deficits, including social determinants of health (SDOH).

Under the current structure, the County is allocating almost of its dollars toward primary care. A revised framework allows community resources to provide primary health care, allowing the County to build capacity to provide care management and specialty health care. An alternative safety net framework would provide stable access for low income uninsured residents, improve management and prevention of chronic disease, improve continuity of care for vulnerable populations, reduce potentially preventable admissions, and reduce ED use for non-urgent care

Due to the late hour, further discussion was suspended. However, Pat Harrison, Deputy County Executive for Human Services, stated that there will be additional opportunities moving forward for discussion and feedback.

Other Business

In preparation for the HCAB's discussion with EMS next month, Marlene Blum reviewed a list of questions that have been previously identified for discussion and information with EMS. HCAB members felt that this list was ambitious and recommended removing opioids, since the HCAB will be scheduling several meetings to address this issue. However, the HCAB expressed continued interest in traffic preemption signals.

There being no further business, the meeting adjourned at 9:53 pm.