

**MONTGOMERY COUNTY COMMISSION ON HEALTH**

Meeting Minutes

November 15, 2012

401 Hungerford Drive, Rockville, Maryland

Members Present: Mitchell Berger, Ron Bialek, Tara Clemons, Kathy Ghiladi, Michelle Hawkins, Graciela Jaschek, Alan Kaplan, Harry Kwon, Pierre-Marie Longkeng, Rose Marie Martinez, Marcos Pesquera, Marcia Pruzan, Daniel Russ, Ashraf Sufi, Wayne L. Swann, Shari Targum, Ulder J. Tillman

Members Absent: Linda McMillan, Gregory Serfer and Steve Thronson

Staff Present: Jeanine Gould-Kostka, Jean Hochron, Senior Administrator, Montgomery Cares, DHHS, Doreen Kelly and Helen Lettlow, Deputy Health Officer

Guests: Seth Morgan, Commission on People with Disabilities (CPWD) and Sharon Zalewski, Vice President and Director, Center for Health Care Access, Primary Care Coalition of Montgomery County

**1.0 Call to Order**

Chair Marcos Pesquera called the meeting to order at 6:04 p.m. upon reaching a quorum.

**2.0 Approval of Minutes**

Dr. Daniel Russ made a motion to approve the October 2012 meeting minutes. Ms. Marcia Pruzan seconded the motion to approve the minutes. The motion was passed unanimously by voice consent.

**3.0 Report of Officers – Marcos Pesquera, Chair**

**3.1 Board of Health Annual Report** – The County Council convened as the Board of Health on October 23, 2012 to receive the Commission on Health’s annual report. Mr. Pesquera presented the annual report on behalf of the Commission. Mr. Pesquera asked Dr. Alan Kaplan to discuss the press conference he attended earlier in the day related to Councilmember Nancy Floreen’s proposed legislation to ban smoking on all Montgomery County owned properties. The bill will be introduced in January 2013.

**3.2 Next Meetings** – Mr. Pesquera said that the Commission will meet on December 20, 2012 and January 17, 2013.

**3.3 Retreat Evaluation Survey** – Mr. Pesquera presented the retreat evaluation survey results. The retreat surveys indicated that the majority of COH members had favorable comments about the retreat speakers, location and food.

**3.4 HEZ Letter of Support Update** – Mr. Pesquera announced that the Health Enterprise Zone application letter of support from the COH was sent earlier in the week. A copy of the letter of support will be shared with the COH by e-mail.

**4.0 PHS Chief’s Report – Ulder J. Tillman, M.D., MPH, County Health Officer**

Dr. Tillman announced the inclusion of the PHS Chief's Report for October 2012 in the COH electronic mail on November 15, 2012 for review. The report is also included at the end of these minutes.

Dr. Tillman discussed the following issues: the dental program; Mobile Med's partnership award; *Klebsiella* outbreak at the National Institutes of Health (NIH); Hurricane Sandy emergency efforts; Healthy Montgomery; Affordable Care Act meetings; smoking complaints at restaurants; and an award for the refugee clinic.

## **5.0 Staff Report – Jeanine Gould-Kostka**

Ms. Gould-Kostka discussed the following items: the inclement weather policy for boards, committees and commissions; update staff on changes in contact information; RSVP for the December 20, 2012 so we know in advance that we can make quorum; the Institute of Medicine's release of the document entitled [An Integrated Framework for Assessing the Value of Community-Based Prevention](#); the Johns Hopkins Bloomberg School of Public Health Grand Rounds [The Cigar Trap: Maryland Leads the Way to Address the Hidden Epidemic of Youth Cigar Use](#) on November 28, 2012; and staff hours.

## **6.0 COH Liaison Reports – Marcos Pesquera, Chair**

**6.1 Asian American Health Initiative Steering Committee (AAHI)** – Dr. Harry Kwon said that the AAHI Steering Committee recently had their planning retreat which they discussed priorities for this current year as well as addressing some of the issues around the minority health initiatives with integration plans. One of the priority areas discussed at the retreat was on the Affordable Care Act and the importance to educate seniors and those unfamiliar with the act. There are also a number of health promotion/outreach activities currently taking place. One is the hepatitis B education and screening efforts, this time with the Filipino community. Prior successful efforts have been with the Chinese and Vietnamese communities. An overview of this and other activities can be found in the AAHI program newsletter which a link was sent to the COH on November 13, 2012.

**6.2 School Health Council (SHC)** – Dr. Russ prepared the following report from the October 15, 2012 SHC meeting:

“Baseline MRI for Athletes: Dr. Starr is looking into implementing a program that will perform baseline MRI for a subset of athletes (presumably football players).

Flu clinics are ongoing at school.

Briefing on Anaphylaxis in school: Dr. Jerry Shier, M.D. discussed ongoing efforts to treat potential cases of Anaphylaxis. School health techs have received training on the use of Epi-pens. The takeaway of the discussion was that Epi-pen use is rising, because of new guidelines that require the stockpiling of Epi-pens. Dr. Shier advised that epinephrine is the treatment of choice (over antihistamines). With few side-effects and the potential of saving lives, increased use of epinephrine in schools is a major step forward.

The SHC membership committee is looking to reach out to members not currently attending (for example: the Commission on Health actually has a membership slot. Not a liaison, but a full membership.)”

## **7.0 Montgomery Cares and the Implications of the ACA – Jean Hochron, Senior Administrator, Montgomery Cares, DHHS and Sharon Zalewski, Vice President and Director, Center for Health Care Access, Primary Care Coalition of Montgomery County**

Ms. Hochron gave an overview of the safety net programs in Montgomery County and the Montgomery Cares program. Ms. Hochron's PowerPoint presentation is included at the end of these minutes.

Discussion followed on: behavioral health and oral health services; discount prescriptions; Montgomery Cares funding through the General Fund; number of physicians available for primary and specialty care; and Medicaid enrollment.

Ms. Zalewski gave an overview of the anticipated impact of the Affordable Care Act (ACA) on Montgomery Cares as reflections on where Montgomery Cares has been and the transition to the future. Ms. Zalewski's presentation is included at the end of these minutes.

Discussion followed on: an aggregated data base from seven clinics; patients with multiple diagnoses; public private partnerships; the lack of dental services for adults; the possibility of medical licenses being recognized across the Metro area; the need for a common understanding of the number of uninsured in the county as well as the number of immigrants; the need for a common framework of health systems and how it should interact with the community; cradle to grave health care for integrated services; how the Affordable Care Act could drive these changes; the importance of clinics to become Medicaid participating clinics; the need for a network of providers in a multi-lingual system to ease collaboration; how the clinics will take care of determining Medicaid eligibility; electronic records; the federal poverty level; how Medicaid eligible patients won't be covered by Montgomery County reimbursement policy; clinics will have added burden of transitioning patients to new providers; the meaning of "potentially eligible" for Medicaid as well as "Medicaid pending"; how the Montgomery Cares Advisory Board informs and advises on safety net needs; why some people do not complete Medicaid applications; Medicaid applications will move from paper forms to electronic; how useful the Health Enterprise Zone grant would be for building the framework for collaboration in Montgomery County; and the PCC's strategic plan to focus on the uninsured and vulnerable populations but not to serve as an Accountable Care Organization of a Managed Care Organization.

### **8.0 Workgroup Preparation – Marcos Pesquera, Chair**

Mr. Pesquera asked the membership to look at the draft work plans for their workgroups and prepare to work during the December meeting. Mr. Ron Bialek, Vice Chair asked the membership to remember the limited availability of staff and to understand that researching topics and setting up meetings outside of the COH meetings must be completed by the COH members.

### **9.0 New Business – Marcos Pesquera, Chair**

Mr. Wayne Swann asked that the COH consider supporting Montgomery Cares efforts when it appears that even with the implementation of the ACA their will still be uninsured residents in Montgomery County. This topic will be considered by the ACA – Access to Care Workgroup for inclusion in their work plans.

### **10.0 Adjournment**

Dr. Russ made a motion to adjourn at approximately 8:07 p.m. Mr. Swann seconded the motion, which was passed by unanimously by voice consent.

Respectfully submitted,

Jeanine Gould-Kostka  
Staff to Commission on Health

## **CHIEF'S REPORT PUBLIC HEALTH SERVICES—OCTOBER 2012**

### **SUCSESSES AND GOOD NEWS**

**Community Health Services Dental Program** has been awarded a grant from DHMH Office of Oral Health to support the state's mission and strategic plan on improving access to oral health via community-based programs. This particular grant will support a new initiative in response to the state's monitoring and assessment of dental hygienists expanded scope

performing under the Public Health Dental Hygienist Act. This law was passed to support the expansion of the Dental Practice Act by lifting the direct supervision requirements that required a dentist to be on site any time a dental hygienist was performing any variance of her scope of practice. This initiative will involve developing a schedule of activities that demonstrates the broader scope in the public health setting.

**Mobile Medical Care, Inc.** recognized **Montgomery County DHHS** as its **Public Partner of the Year** at the annual meeting on October 23rd. This recognition was offered in response to the several instances in which the County has offered Mobile Med the use of County space for clinical services, including the East County facility on Briggs Chaney Road and the new Rollins Avenue site, co-located with the OAS treatment facility.

**The Refugee Health Program**, in partnership with the Suburban Washington Resettlement Center, was honored to receive the DHHS Private-Public Partnership award.

## **HOT SPOTS**

NIH officials met with Uma, Dr. Tillman, Helen, and representatives from CD&E to discuss the “superbug” outbreak at NIH that infected 19 and killed 13 inpatients. This was due to a hospital-acquired infection called Carbapenem-resistant Klebsiella pneumonia, a bacteria which is resistant to almost every kind of antibiotic used in medicine. Plans were made to improve communication and NIH has voluntarily agreed to start reporting diseases and outbreaks, even though they are not required to do so by law.

### **Hurricane Sandy activities:**

- Nursing homes and assisted living facilities were well prepared and had activated their emergency plans well in advance of this significant event. Communication plans were developed, prior to this event, by health care facility nurse administrators to report any damage or generator failure which worked very well throughout the entire event. Only one nursing home was on generator for approximately 3 hours. A few other facilities experienced an occasional switch-over to generator power. There was no structural damage to any of the facilities. All operations went smoothly.
- PHS and EOC began Hurricane Sandy preparations on October 25<sup>th</sup>. PHS is responsible for ESF 8 duties (Public Health and Medical), but they also assist with nurse staffing for ESF-6 (Mass Care). Almost 20 nurses volunteered in advance to work in shelters if needed. Three shelters were set up throughout the County, including one which accepted humans and pets.

## **UPDATES ON KEY ISSUES**

**MA Eligibility Programs** = All positions have been filled in the Service Eligibility Units. We are waiting for the Selection Memo for **one** position in Rockville.

- Currently the Silver Spring SEU has the second largest caseload in Montgomery County and the absence of a Lead Worker poses a hardship on both staff and customers, given the volume and potentially increased volume expected in the next 12 months.
- Two vacancies in Long Term Care: Montgomery Village and Long Term Care HB669 positions
- SEU overdue redeterminations for September (1-month lag time) were 63.

**Healthy Montgomery Behavioral Health Action Planning Work Group** and **Healthy Montgomery Obesity Action Planning Work Group** are making progress on developing action plans for the topics they have selected. For work group activities, go to the Work Group section on the Healthy Montgomery website ([www.healthymontgomery.org](http://www.healthymontgomery.org)). While at the website, also see the emergency room and hospital utilization indicators that have been added to the site. On the left side of the home page, click on Community Data, then Community Dashboard.

**EHS staff in Licensure and Regulatory Services** conducted 592 food service inspections, 46 re-inspections, 190 itinerant food service inspections and 11 inspections of mobile food service units. Critical violations were noted during 116 routine food service inspections. Thirty (30) food service complaints were investigated and 9 facilities were closed. The EHS staff also conducted 428 trans-fat inspections and noted 43 violations of the law. The staff conducted 52 menu labeling inspections and noted 8 violations of the law. Twenty (20) smoking signs violations were noted during routine food service inspections. One smoking complaint was investigated and a civil citation was issued for smoking a hookah pipe inside a food service facility.

The **EHS staff** conducted 137 inspections of Private Schools, 14 inspections of group homes, 4 inspections of nursing homes and 4 inspections of domiciliary care facilities. The staff inspected 15 indoor swimming pools. Twenty two (22) rat complaints were investigated and violations were found during 6 inspections.

Twenty four (24) plans for new food service facilities were reviewed and approved.

The **Improved Pregnancy Outcome Program (IPOP)** reviewed all fetal/infant death certificates for presentation to the FIMR Board. There have been 15 infant and 47 fetal losses from January 1, 2012 through August 31, 2012.

The IPOP conducted an outreach and educational presentation on October 5th as part of DHHS School Health Services “Partners in Teen Pregnancy Prevention” resource event. Materials on healthy lifestyles, preconception health and health resources were distributed to approximately 100 school health nurses and health room technicians.

The **IPOP** participated in Maryland Premature Infant Health Network meeting on October 4th and attended DHMH Annual Health Disparities conference on October 17<sup>th</sup>.

**PHS Affordable Care Act (ACA) Planning Group** had their first meeting on 10/2/12 that included most sections in PHS with expert guidance provided by Dourakine Rosarion (Special Assistant to Uma for Health Care) and Helen Lettlow (Deputy Health Officer, PHS). Each program and division had the opportunity to project how their services might be impacted by ACA. The group will meet monthly and establish four focus areas similar to the work groups of the Maryland Health Care Reform Coordinating Council: Education and Outreach, Public Health Safety Net and Special Populations, Public Health Workforce, and Public Health Delivery System.

In collaboration with Montgomery College, **Public Health Emergency Preparedness and Response Program** participated in “The Great Southeast Shakeout” on Thursday, October 18, 2012. This earthquake drill was an opportunity to introduce students, faculty and staff to emergency preparedness and response programs within our County and teach them about emergency preparedness at home, school and work.

**Emergency Preparedness and Response Program** gave presentations as result of preparation for County’s “Cities Readiness Initiative” collaboration with “Closed Points of Dispensing (PODs)”. They were given to:

1. Montgomery County Healthcare Collaborative on Emergency Preparedness (MOCEP)
2. Homeless Shelter managers and staff
3. Nursing home & assisted living facilities L&R nursing staff

**The Refugee Health Clinic**, in October, provided 46 health assessments for individuals granted asylum in the United States, including 13 refugees (countries of origin: Iran, Iraq, and Burma); 29 asylees (countries of origin: Cameroon, Ethiopia, Eritrea, and Uganda); and 4 Cuban parolees.

There are 1,033 employees/contractors (ADS, BHCS, and PHS) covered under the new **Mandatory Employee Flu Vaccination Policy**. As of the end of October, 67% of employees/contractors have been vaccinated, 7% have submitted a declination refusing vaccination, and 36% have not responded. All covered employees have until December 1<sup>st</sup> to be vaccinated or submit a declination refusing vaccination. Also, during the month of October, the **Immunization Program** provided surgical face masks and signage “**Important Notice to All Patients: STOP if you have Fever and Cough...**” at 27 entry points to patient reception areas in ADS, BHCS, and PHS. This action meets policy requirements for flu infection control.

**TB Control** Managers from CD&E met with representatives from the National Association of City and County Health Officials (NACCHO) to talk about the services provided at Dennis Ave. Health Center, how NACCHO works, and discuss possibilities for future collaboration.

**Care for Kids** contractor staff (PCC) are in the process of setting a date for a meeting of all Care for Kids providers, which is likely to occur in mid-to-late November.

**Montgomery Cares** FY13 year to date data is as follows:

o Non-homeless patients	12,495
o Homeless patients	<u>74</u>
o TOTAL patients	12,569
o Non-homeless encounters	19,692
o Homeless encounters	<u>149</u>
o TOTAL encounters	19,841

<b>Maternity Partnership</b>	<b><u>September 2012</u></b>	<b><u>FY 13 total</u></b>
Number of patients referred	137	449
New patients enrolled in prenatal care	140	439
Number of teens enrolled	3	18
Percent entry during first trimester	53%	57%
Fetal losses	0	2

DHHS staff is working with CMT on finalizing language for a new **Maternity Partnership** Open Solicitation to be used in FY 14 and beyond.