

Montgomery Cares Advisory Board

January 27, 2021 Meeting Notes

MCAB Members Present: Kathy Deerkoski, Julia Doherty, Sarah Galbraith-Emami, Dr. Travis Gayles, Sybil Greenhut, Lynda Honberg, Yuchi Huang, Ashok Kapur, Peter Lowet, Diana Saladini, Dr. Langston Smith, Wayne Swann

MCAB Members Absent: Betsy Ballard, Sharron Holquin

DHHS Staff: Tricia Boyce, Tara Clemons, Robert Morrow, Dr. Christopher Rogers, Rebecca Smith

Primary Care Coalition: Daniel Baker, Marisol Ortiz, Hillery Tumba

Guest: Jess Fuchs, Crystal Townsend

The Chair, Wayne Swann, called the meeting to order at 4:13 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	Approval of Minutes – December 9, 2020 Wayne Swann <i>Moved by Peter Lowet</i> <i>Seconded by Julia Doherty</i>			
2.	Montgomery Cares Advisory Board Chair Report Wayne Swann <ul style="list-style-type: none"> Dr. Rice and Sybil Greenhut are no longer with the Board as of December 2020. Sybil has retired from DHHS and Dr. Rice has moved out of the area. Wayne thank Dr. Gayles and his team on behalf of MCAB for all the work they have been doing. The Commission on Health (COH) sent a letter regarding vaccines to Council. MCAB can do a separate letter supporting the COH and addressing any other vaccine related issues members identify. Wayne/County staff will send out the COH letter for review. <u>Discussion</u> <ul style="list-style-type: none"> Linda questioned the action items outlined in the December 2020 minutes – Telehealth and Care for Kids. The Care for Kids update will be include during today’s meeting. The Telehealth update and response to the letter will be provided after County staff has read through the patient experience report produced by PCC. Linda questioned the current Board vacancies. Tara responded with the following update- <ul style="list-style-type: none"> Behavioral Health designee is vacant as of 12/2020. DHHS will determine another BHCS staff to serve in the role. 	Send out COH Vaccine letter	Tara C.	Feb ‘21

	<ul style="list-style-type: none"> ○ Dr. Rice's position - vacated 12/2020 (member of the public) ○ Managed Care representative ○ Patient representative – vacant since 2015 			
3.	<p>COVID-19 Updates</p> <p>Dr. Travis Gayles</p> <ul style="list-style-type: none"> ▪ The number of cases and test positivity rate is starting to trend downwards. As of today, the test positivity rate dropped below 6% on average. Case rate is around 33-35% ▪ From a health perspective, the County is not able to lift any of the precautions and restrictions that are in place right now. ▪ The County is aware and concerned about the variant strains emerging from different countries. The County has not had a confirmed variant case but we're concerned as the variants are more contagious and spread more easily ▪ DHHS continues to provide many avenues for testing, including County sites and working with partners like the MCares clinics, health initiatives and community partners. <p>Vaccinations</p> <ul style="list-style-type: none"> ▪ The County began vaccinating mid to late December 2020. The vaccine was made available to hospitals and nursing homes (in Maryland – Pfizer vaccine). For long-term care facilities, doses are allocated from the federal government and sent to the state, then sent directly to a pharmacy for distribution. The long-term care facility is assigned to a specific pharmacy for vaccines. ▪ 2nd vaccine released – Moderna, is being sent to the DHHS. That is the only vaccine we have received thus far. ▪ Challenges – significant issues with supply. Based on recommendations from the CDC, a prioritization schedule and process was developed to maximize the benefit despite vaccine shortages. ▪ To date, DHHS has received 32,600 doses (not including hospitals, pharmacies etc.). We prioritized individuals at greatest risk of exposure due to their job and residents at greater risk of having a severe complication. ▪ The Department is focusing on Montgomery County (all vaccinating partners) getting as many doses possible, not just DHHS. Dr. Gayles noted that Mobile Med and Kaiser for example have received doses which help promote an equitable framework of distribution. ▪ Registration system – is challenging to work with, it is a state system. The County is required to use it as a Health Department, but other organizations can use other systems. ▪ There is hope and optimism in increasing the supply. Montgomery County, along with other jurisdictions, are encouraging the state to advocate for more doses. DHHS is notified of the number of doses usually the Saturday before the start of the week. It makes it increasingly challenging to set-up clinics not knowing the number of vaccines that will be received. ▪ The County has put out 99.8% of the doses we received daily. As quickly as it is received, we are distributing it to residents. Dr. Gayles thanked the team who has worked diligently on these efforts. 			

	<p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Ashok questioned if the County is tracking the side effects of the 2nd dose of the vaccine? Especially certain populations like seniors. Additionally, is there a difference in the side effects between the 2nd dose of the Pfizer vaccine vs Moderna? <ul style="list-style-type: none"> ○ Dr. Gayles replied that the state is tracking side effects through their system. The County monitors for an allergic/adverse response. So far, our numbers are minimal for negative reactions. Tracking the other symptoms is challenging. The County is following up and asking that if people develop symptoms, they share that information. It is important to continue to educate seniors and proactively share information with residents. ○ Between the differences of the vaccines, side effects were more prominent with the first dose of Pfizer. Moderna had more side effects with the second dose. ▪ Wayne asked if the County is seeing a significant number of people turning down the vaccine that are eligible. Dr. Gayles stated yes, that was one of the surprising things, especially with the allotment to the hospitals. There was some hospital staff that didn't want to be vaccinated resulting in leftover doses. The County worked with the hospitals and repurposed those doses for community members. In nursing homes, we saw a higher percentage of staff of color not getting the vaccine, even though it was offered. ▪ Sarah questioned about the variants and how that intersects with the decision about schools opening. Dr. Gayles noted that the vaccine manufacturers have stated they have a high-level of confidence that it would protect against variant strains. We are concerned about everyone in the schools (children, educators, other staff) thus the need for vaccinations. Schools will look different once they begin to open. MCPS is prioritizing who will come back first, current plan is special needs population and elementary children first. ▪ Julia asked related to people of color, would it be helpful if the clinics could help with outreach and education. Dr. Gayles noted their working with the Minority Health Initiatives and the clinics to set-up town halls, focus groups and listening sessions. Diana mentioned that MedStar is doing something similar, having people who have taken the vaccine share their experiences. 			
4.	<p>Health Care for the Uninsured Report See Report and handout</p> <p>Dr. Rogers and Tara reviewed the policy and programmatic updates for the Health Care for the Uninsured programs and noted a few County Updates:</p> <p>Policy Updates – Dr. Rogers Montgomery Cares</p> <ul style="list-style-type: none"> ▪ The Montgomery Cares eligibility extension policy is still in place through June 30, 2021. We will continue to monitor the need for an additional extension during March/April timeframe. ▪ Individuals eligible for a QHP will be extended and have an eligibility end date of 12/31/21 ▪ PCC and DHHS is continuing to work on telehealth as part of MCares (outside of COVID-19). PCC recently completed a report and DHHS is currently reviewing. ▪ DHHS has extending the block payment schedule during the COVID-19 public health emergency through March 2021. 	Dr. Christopher Rogers/Tara Clemons		

<ul style="list-style-type: none"> ▪ Montgomery Cares' Transformation to Value-Based Care <p>Care for Kids</p> <ul style="list-style-type: none"> ▪ As of December 1st, DHHS is extending CFK participants' eligibility will be extended for one year. For example, if a client's eligibility end date is 12/15/20, their new eligible end date is 12/15/21. We chose the one-year extension for CFK given historical data demonstrating the 90 plus percentage retention in the program. <p>Programmatic Updates – Tara Clemons</p> <p>Montgomery Cares</p> <ul style="list-style-type: none"> ▪ The program continues to utilize the \$500k COVID-19 funding given the extension to spend the money after 12/31/20. Funds have been used for PPE, Behavioral Health, medications, medical devices and rapid antigen test. <p>Care for Kids</p> <ul style="list-style-type: none"> ▪ School based health centers remain closed. We have transitioned children to community and private providers for care. Additional funds have been requested to cover the increased costs <p>Maternity Partnership</p> <ul style="list-style-type: none"> ▪ The new open solicitation for the MPP program is still pending with the Office of Procurement and the County's Attorney office. <ul style="list-style-type: none"> ○ The new solicitation would allow for non-hospital providers to participate, changing the reimbursement rates and requiring additional outcome measures. ▪ OESS has transitioned to utilizing one application for MPP. Prior to this, applicants had to fill-out two applications – one for the program and one for the Medicaid labor and delivery coverage. We are now only utilizing the Medicaid application <p>Dental Services</p> <ul style="list-style-type: none"> ▪ Dr. Boyce, County Dental Director, will present program utilization and COVID-19 updates during todays meeting. <p>Homeless Health</p> <ul style="list-style-type: none"> ▪ The Homeless program housed 108 people in December 2020 despite the pandemic and the busy holiday season. ▪ The Medical Respite Program is coming along very well, with renovations to the three-houses solidifying the vendors to provide medical and case management services and development of the steering committee. <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Julia questioned the status of the affordability recommendations. Dr. Rogers detailed that the DHHS leadership had met to discuss and are finalizing recommendations to the County Executive. The decisions 			
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	<p>being considered are aligned with the workgroup recommendations. DHHS will have future correspondence with the Board on the status and final decisions by the County Executive.</p> <ul style="list-style-type: none"> Value Based Care – phasing in a performance standard so there is quality linked to payment/reimbursement. Dr. Rogers stated that MCAB will be apart of the process and we’ll determine how to roll the planning soon. Linda questioned if there are other factors why CFK clients are not coming to appointments. Tara responded that DHHS and CFK staff believe it’s a mixture of COVID and fear of coming in. When staff is talking to families and telling them to renew, they are stating once things up they’ll go in person. Peter requested that any type of utilization data for CFK would be helpful. Dr. Rogers requested that Peter or the Quality team utilize the data request form to determine what data would be most helpful. 			
5.	<p>County Dental Services Update See Report</p> <p style="text-align: right;">Dr. Tricia Boyce</p> <ul style="list-style-type: none"> Most of the County Dental staff has been vaccinated Dr. Boyce provided an in-depth review of the data since FY19 to current. During the FY21 COVID-19 period, Dental services chose to focus their efforts on children. The pediatric population is growing, and number of children treated is increasing. They are also seeing adults/seniors for emergency and priority treatment. Patient visits – patients may be coming in multiple times within the month to finish a course of treatment. The visit count does not include procedures because in one visit, 3 or 4 procedures can take place. COVID-19 2020 fall transmission – as numbers increased across the County, the Dental clinic was affected as well. Staff had to quarantine meaning cancellation of visits and parents were cancelling visits because they had been exposed. Overall, this affected operations and something Dental is still trying to manage. The program is focusing on an enhanced public health dentistry, including a new model of clinical care delivery. For example, the Dentist and dental hygienist working together, rather than separately, to deliver more treatment. <p><u>Discussion</u></p> <ul style="list-style-type: none"> Peter remarked on the intentional focus on pediatrics. Is this a triage decision and should we be concerned about the access for adults during reopening? Dr. Boyce explained the reason for the focus was pre-COVID, the pediatric population was growing rapidly. The fear was that when clinics fully reopen, the demand would be unmanageable. If we treat this population in advance, the expectation is there will be increased access for other populations. Also, we were concerned about certain vulnerable populations such as Seniors coming into the clinic. Additionally, pediatric care doesn’t usually involve aerosols, surgical extractions etc. that can become complex which tends to occur more with adults. It took sometime to ensure we had all precautions set-up (plastic shields, social distancing etc) to treat everyone. Linda questioned with the increase in visits, is there an increase in complexity? Dr. Boyce replied that you can breakdown the procedures in to preventative and restorative. It can be reported by the patient visits or providers. Dr. Boyce is hopeful to show a comparison of that data soon. 			

	<ul style="list-style-type: none"> Dr. Smith noted with the focus on pediatrics, what is the unmet needs of adult patients and how does this relate to acute emergencies that need to be addressed. Dr. Boyce stated the unmet need it is appointment availability. The program has faced challenges with providers coming back in the office (during COVID-19). Dr. Boyce is trying to bring on a hygienist full-time that would help expand availability. Dr. Smith and Linda thanked Dr. Boyce for sharing the data and presentation. 			
6.	<p>FY22 Advocacy Priorities MCAB Members Committee's Breakouts/Prioritization Discussion</p> <p>MCAB members collectively agreed to have committee meetings offline rather than extend the meeting.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> Julia asked what's the timing on sharing advocacy/policy priorities. Lynda noted in December, we sent out principles in terms of advocacy. Noting the County's budgetary situation, it was a way to consider what request committees should prioritize. Dr. Smith noted with Dental, we must focus on policy and budget concerns given what Dr. Boyce has detailed today. The Dental committee's ask will be two-prong. Peter recommended sharing advocacy documents offline before the February 2021 meeting. FY22 advocacy is going to focus on both policy and programmatic issues. Troika is meeting Feb. 9th. 			
7.	<p>Next Steps – February 2021 meeting Wayne Swann</p> <p>February 2021 Meeting will include Telehealth and Board Development a</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> Dr. Smith requested that the charter be sent to the Board members for next months meeting. <p>The next meeting will be held February 24, 2021</p>			
8.	<p>Meeting Adjourned at 6:35 pm</p> <p><i>Motion to adjourn: Langston Smith</i> <i>Seconded: Julia Doherty</i> <i>Unanimously approved</i></p>			

Respectfully submitted,

Tara O. Clemons
Montgomery Cares Advisory Board