

# Montgomery Cares Advisory Board

## October 28, 2020 Meeting Notes

**MCAB Members Present:** Kathy Deerkoski, Julia Doherty, Sarah Galbraith-Emami, Lynda Honberg, Yuchi Huang, Ashok Kapur, Peter Lowet, D. Maria Rice, Diana Saladini, Langston Smith, Wayne Swann

**MCAB Members Absent:** Betsy Ballard, Sharron Holquin, Dr. Travis Gayles, Sybil Greenhut

**DHHS Staff:** Tricia Boyce, Magda Brown, Tara Clemons, LaSonya Kelly, Robert Morrow, Christopher Rogers, Rebecca Smith

**Primary Care Coalition:** Elizabeth Arend, Rosemary Botchway, Faith Makka, Marisol Ortiz, Aisha Robinson, Hillery Tumba

**Guest:** Jess Fuchs

The Chair, Wayne Swann, called the meeting to order at 4:08 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	<b>Approval of Minutes</b> – September 23, 2020 <span style="float: right;"><b>Wayne Swann</b></span>  <i>Minutes approval moved to December 9, 2020 MCAB Meeting</i>			
2.	<b>Montgomery Cares Advisory Board Chair Report</b> <span style="float: right;"><b>Wayne Swann</b></span>  Wayne highlighted the agenda items and noted that there was going to be a section of the meeting dedicated to board development. He explained that unlike other non-profit boards; the role of MCAB is purely advisory. He detailed that this was not a one-time discussion and the board will be continuing the conversation.			
3.	<b>Health Care for the Uninsured Report</b> <span style="float: right;"><b>Tara Clemons</b></span> <b>See Report and handout</b>  <u><b>Monthly Status Report</b></u>  Tara reviewed the data for the Health Care for the Uninsured programs:  <b>Montgomery Cares</b> has served 8,546 patients through September 2020 with a total of 13,738 patient visits (in-patient and telehealth) at the ten participating clinics. Please see the data report attached detailing the split between in-patient and telehealth encounters. DHHS has extended the block payment schedule during COVID-19 through December 2020.			

<ul style="list-style-type: none"> <li>• The network is prioritizing spending the COVID-19 special appropriation for MCares. COVID-19 related expenses that are reimbursable include - Telehealth support (platform, licenses, language interpretation, etc.), PPE, Specialty Care, expanded Behavioral Health, medications, medical devices and rapid antigen test.</li> <li>• PCC and DHHS continues to work on telehealth as part of MCares (outside of COVID-19). The County Council’s HHS committee requested a telehealth report detailing patient education, experience, quality and patient/provider relationship. We are making strides and should be finalizing a policy by Dec 2020.</li> <li>• Tara also mentioned that the block payment schedule had been extended through December 2020.</li> </ul> <p><b>Care for Kids</b> program enrollment through Sept 2020 is 5,770 which is a 23% increase over the same time last year. Although monthly enrollment stays high (retention in the program), numbers for new patients and renewals are significantly down.</p> <ul style="list-style-type: none"> <li>▪ COVID-19: eligibility has been challenging for the CFK families. PCC, OESS and the School Health nurses are making focused efforts to call patients, conduct mailings and future plans for an online type of outreach event.</li> <li>▪ Additionally, the school-based health center staff were advocates for CFK and helped facilitate new &amp; renewal applications. The closure of schools has impacted enrollment events where school staff helped organized appointments for CFK eligibility families, and they were able to come to a familiar place to enroll and renew. Since FY19, OESS did 21 enrollments events at schools.</li> <li>▪ Program has staff also connected with Por Nuestra Salud y Bienestar and hoping to provide navigation/applications at County testing sites.</li> </ul> <p><b>The Maternity Partnership Program’s</b> enrollment through September was 301 teens and women, a -30% decrease in enrollment compared with FY20.</p> <ul style="list-style-type: none"> <li>▪ September’s monthly enrollment numbers reflect the highest number of enrollees since March 2020. County staff is hopeful this is reflective of a positive trend.</li> </ul> <p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>• DHHS is in the process of updating the dental referral guidelines and a form to utilize from the Montgomery Cares clinics. The current referrals have lacked information needed to schedule appointments. DHHS is hoping this provides clarity on process and County staff can schedule appointments faster</li> <li>• COVID-19 operating status – The Rockville clinic is open for most services including - Emergency, General Dentistry and Specialty Pediatrics and Oral Surgery. The Germantown, Metro Court, Dennis Ave clinics are open for Emergency and limited General Dentistry only. The goal is to have the Silver Spring-Fenton site open for full services by December 1, 2020</li> </ul> <p><b>Health Care for the Homeless</b></p> <ul style="list-style-type: none"> <li>• Due to the current pandemic, there is a significant increase in homeless clients in general, clients with significant and complex medical and behavioral health conditions, increase in substance use and overdoses and homelessness among seniors.</li> <li>• The Montgomery County Medical Respite Program continues to make good progress. In collaboration with Department of General Services for renovations to the Fleet Street Houses (location of program), we are</li> </ul>			
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projecting renovations to be completed by end of the year. Health Care for the Homeless Program (HCHP) continues to work on establishing partnerships with vendors to provide medical and case management services

**Discussion**

- Julia wanted to know if there was a way to show the past 3 years' worth of data to look for trend lines. Tara stated that she would discuss it with Wayne and figure out the design of a report. Tara noted that obtaining data from the past 3 years is not easy and it could take some time, especially to do it monthly. She also mentioned that not all data is easily accessible as they are in different formats but that she would try to work something out to get the information needed.
- Lynda added that it would be important to figure out what information is needed and when. Which elements are needed monthly vs. quarterly or every six months etc.? She also expressed concern over the CFK enrollment numbers and wanted to be reminded of when the 2-year enrollment for CFK started. Tara noted that the 2-year enrollment began two years ago. She was wondering if this might have something to do with it. Tara mentioned that there hasn't been a drop in enrollment with that, however, this is the first-time renewal for the 2-year process.
- Lynda also wanted to know if MCPS, outreach workers or someone in staff to help with the enrollment. Tara noted that the efforts have been focused with the school-based health centers and they deal directly with MCPS. Tara also explained that there is a direct relation with Rocking Horse which is the place where all international students go for MCPS registration. Marisol also mentioned that PCC receives funding for a community health coordinator to work with the Rocking Horse team on enrollment. She explained that they are in the process of implementing this and noted the role of the coordinator is to assist families with their applications for CFK, as well as any other programs that family members may be eligible for. They are working to establish this connection as this currently the main point of entry for families
- Julia wanted clarification regarding the phone calls that were to be made to Care for Kids clients. Tara mentioned that this was already taking place. She further explained that the PCC CFK and OESS staff (about 5 people) are calling the patients. There will also be a mailing and final decisions regarding which languages to include are being made. Julia also wanted to know if a blocked number was going to be used for the calls or if it was going to show a County Government number. Tara explained that originally, this was a problem as the numbers showed blocked and people were not answering but she mentioned that this has now been fixed to where it shows a County Government number.
- Dr. Rogers mentioned that he is looking forward to working with MCAB and the guidance of the chair on some type of data infrastructure workgroup to clarify and identify the types of data that are meaningful to the Board. Dr. Rogers also noted in response to Julia's request for additional data on the monthly report, that ways to refresh the Health Care for the Uninsured report are currently being worked on.
- Dr. Rogers noted his agreement that effective board and staff communication is essential to achieving common goals for the good of the patients and clients we serve. It is also essential, for example, that communication between a board and staff does not blur the lines of accountability between the two parties where staff may perceive a lack of clarity on how to respond to a specific request for information, or board members may perceive that staff are not responding to their request in a particular defined manner. He noted

	<p>that we can also all agree that there shall always be mutual respect from both staff and board members of their respective roles and responsibilities.</p> <ul style="list-style-type: none"> <li>• Dr. Rogers explained that the purpose of the MCAB communication and information request form that was included in the email sent to board members along with other information for today's meeting is to facilitate board and staff communications consistent with these and other principles.</li> <li>• He noted that all requests for information or questions by the MCAB members to DHHS staff shall be directed to Dr. Rogers and Tara Clemons and shall be communicated using the information request form. Dr. Rogers and Tara will review and respond to the request within 48 hours with a projected timeline for completion, or to request a meeting by phone or video to clarify the information needs.</li> <li>• Dr. Rogers asked Board members to please provide at least 10 days processing time for the completion of the request.</li> <li>• Lynda wanted to know what would happen if the data request was outside of the areas listed on the form. Dr. Rogers noted that the areas listed are in line with the MCAB charter and the duties. He also explained that if the request is outside of those areas it can be submitted.</li> </ul>			
<p>4.</p>	<p><b>MCAB Board Development</b></p> <p style="text-align: right;"><b>Julia Doherty</b></p> <p>New Members Introduction</p> <ul style="list-style-type: none"> <li>• Kathy Deerkoski introduced herself and mentioned that she has done volunteer work at Mercy Clinic for about 8 year. She has a health insurance background from working in PeopleSoft HR. She has knowledge of what's going on in current terms of health insurance and she is very excited to be on the Board.</li> <li>• Ashok Kapur introduced himself and mentioned that he is a long-time resident of Montgomery County 30+ years. He also noted that he is a businessman and owns a medical supply business, providing medical equipment supplies to all ages, he also has a telemedicine platform where they provide telemedicine to people by connecting them to their own healthcare providers.</li> <li>• All Board members welcomed the newest members and briefly introduced themselves</li> </ul> <p>Board Development</p> <ul style="list-style-type: none"> <li>• Julia discussed the breakout room process and reminded the members to look at the word document with the development activity that was sent earlier about the goals and commitments, she asked board members to look at the charter and come up with information on what each member wants to achieve, what they want to accomplish and why they joined and how to work together towards a shared purpose. After the discussion, each group was asked to identify a group member to report back.</li> </ul> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>• Each of the breakout groups provided their feedback and Julia collected the information Discussion and put together a summary from the discussion. (listed below)</li> </ul> <p><b>Why?</b></p> <ul style="list-style-type: none"> <li>• Passionate about mission of improving care – community value – providing better service to the under and un-insured (low-income vulnerable populations) – improve population health</li> </ul> <p><b>What/How?</b></p>			

	<ul style="list-style-type: none"> <li>• Identify MCAB’s common goals, develop measures of effectiveness across programs, support making the system better to serve these populations</li> <li>• Identifying and using data to evaluate outcomes – are we achieving our goals <ul style="list-style-type: none"> <li>○ “More data leads to better decisions”</li> <li>○ Hear from patients about their needs – population health</li> </ul> </li> <li>• Working with other stakeholder groups/commissions, esp. Troika – and potential partners</li> <li>• Engage and coordinate between meetings to ensure momentum and progress</li> <li>• <i>Being strategic</i> – Identify opportunities as they arise, in anticipating changes</li> <li>• Understand limitations and having the information needed to be good advisors</li> </ul> <p><b>Our Commitment</b> – supporting the work toward the goals of the MCAB Charter</p> <ul style="list-style-type: none"> <li>• Actively participating in all meetings</li> <li>• Advance preparation</li> <li>• Ensure well-equipped and informed</li> </ul> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>• Quality/Data – e.g. establish policy goals/concerns</li> </ul> <p>➤ Langston wanted to know if this was a one-time meeting. Both Julia and Wayne explained that this is an ongoing process.</p> <p>➤ Julia suggested creating a small group to work on next steps. Wayne suggested that the group focuses on quality data first as it is a reoccurring theme.</p> <p>➤ Julia suggested a few volunteers to come up with next steps and help guide the discussion next time around quality, data and how it links back to the board’s goals. Wayne noted that out of necessity, the board would be working on two tracks: the priorities and identifying the data needs for those priorities. Wayne suggested that Julia continue to manage the board development role and to keep members engaged. Julia asked for a couple of volunteers to brainstorm on the debrief of this discussion to bring it forward. Langston, Lynda and Sarah volunteered.</p>			
5.	<p><b>FY22 Advocacy Priorities Committee’s Breakouts</b></p> <p style="text-align: right;"><b>MCAB Members</b></p> <p><u><b>Discussion</b></u></p> <ul style="list-style-type: none"> <li>• Langston questioned if the 116K that were advocated for (Dental) had been approved or if they had been put on hold. Tara explained that no additional funds were approved for the FY21 Health Care for the Uninsured budget.</li> </ul> <p><b>Dental Priorities</b></p> <p>Additional information is needed for some of the figures. The three items that were identified are:</p> <ul style="list-style-type: none"> <li>• Staffing of dentist, hygienist, and assistants. The Board had advocated for .4 FTEs for each last year</li> <li>• A school sealant program... (no dollar figure yet)</li> <li>• Telemedicine program... (no dollar figure yet)</li> </ul>			

	<p><b>Health Care for the Homeless</b></p> <ul style="list-style-type: none"> <li>• Hiring a psychiatric social worker for \$60,000-\$75,000 approx. specifically focused on behavioral health admissions and working with hospitals to discharge plan for the patients that are leaving</li> <li>• To help with the development cost to identify a new shelter for housing up to 150 men and 50 women for \$75,000 approx.</li> <li>• Creating a memorandum of understanding with all the hospitals in the County along the lines of Nexus to enhance care coordination and treatment to allow for early and continued engagement with homeless services providers and hospital discharge planning. There is no cost associated with this, it is more of a policy issue.</li> </ul> <p><b>Montgomery Cares</b></p> <p><b>Policy issues</b></p> <ul style="list-style-type: none"> <li>• Telehealth policy to support the clinical model</li> <li>• Alternative payment mechanism</li> <li>• Sustainability – Affordability</li> </ul> <p><b>Budget Issues</b></p> <ul style="list-style-type: none"> <li>• Integrated behavioral health</li> <li>• Specialty Care</li> <li>• Immunizations</li> </ul>			
6.	<p><b>Committee Report Out</b> <b>--Prioritization discussion</b></p> <ul style="list-style-type: none"> <li>• Julia questioned the timing to discuss telehealth to determine if the group needed to meet before the next meeting. Tara explained that telehealth is something the County wants to implement; staff is currently working on a policy to be included in the Montgomery Cares contract. She explained that the contract would need revisions and it could be something that can be accomplished by FY22. A waiver is granted currently to cover telehealth during COVID-19.</li> <li>• Dr. Rogers also noted that value-based care goes beyond how the clinics are reimbursed; it extends to how quality is monitored and how the clinics are held accountable for quality outcomes in different metrics. All those components of value-based care are going to be a part of an alternative payment model. Dr. Rogers stated that he would encourage the MCAB to begin working towards key components of value-based care that they would like for the County to consider in a value-based care policy. PCC has been instructed to start thinking of the same. Dr. Rogers noted that he would ensure that both PCC as well as MCAB are part of the conversation as a value-based model is developed for Montgomery Cares.</li> <li>• Julia questioned if the current block payment model would continue until June of 2021 and then revert to the old method. Tara explains that due to COVID-19, the end date is unknown. It is currently re-evaluated every 3 months. Tara made emphasis on the fact that this method of payment will continue during this</li> </ul>	<b>MCAB Members</b>		

	pandemic.			
7.	<p><b>COVID-19 Updates</b></p> <p style="text-align: right;"><b>Dr. Christopher Rogers/Tara Clemons</b></p> <ul style="list-style-type: none"> <li>• Dr. Rogers mentioned that currently there are 25,562 Covid-19 confirmed cases and 830 deaths. The County has seen an uptick in cases over the past week with cases hovering at over 100</li> <li>• The County’s positivity rate has also seen a slight increase to 3.1% which is lower than the 3.36% for the state of Maryland. There are currently 12.2 cases per 100,000 residents. Hospital inpatient and ICU bed capacity utilization is low at this time</li> <li>• The testing capacity increased significantly since August thanks to the ability to get test kits out to the community</li> <li>• Dr. Rogers wanted to remind everyone that the County has 3 testing tracks: <ul style="list-style-type: none"> <li>○ Employee testing track where employees can get tested,</li> <li>○ Community based testing track which Montgomery Cares is a part of and,</li> <li>○ Clinical testing track for Nursing homes and those types of clinical providers</li> </ul> </li> <li>• As a community, the County has tested 32.6% of the population</li> <li>• The County also has the CDC trailers located in: <ul style="list-style-type: none"> <li>○ Gaithersburg at Lakeforest Mall which offers drive-thru,</li> <li>○ Germantown parking garage behind the regal theaters, and</li> <li>○ The White Oak Community Recreation Center</li> </ul> </li> <li>• Lakeforest Mall has been the highest valued site for county sponsored testing. The County is continuing to increase testing among high impact zip codes by increasing the community offering of pop-up test sites</li> <li>• With the cold weather fast approaching, the County is looking at outdoor car garages combined with outdoor heaters to continue to provide outdoor testing</li> <li>• Montgomery Cares clinics continue to refer patients to the testing sites and some of the clinics offer their own testing via a private lab.</li> <li>• The County is also looking to bring all MCares Clinics who are interested back online with County sponsored PCR testing where they would serve as collection points of Covid-19 specimens. The County would then retrieve the specimens and send them to the lab.</li> <li>• The County has been working with PCC and the Montgomery Cares Clinics that are interested to provide Point-of-care (POC) rapid antigen testing to detect Covid-19 or to diagnose a positive case of Covid-19. Dr. Rogers noted that conducting this type of testing requires a significant investment of additional resources outside of the routine practices of the clinic. The County has provided PCC and the clinics with guidelines on specimen collection and handling of Point-of-care (POC) kit test. The conversations between the County, PCC, and the clinics should be finalized by next week.</li> <li>• Contact tracing efforts continue in the County. Over the past week, 98% of positive Covid-19 cases were contacted or received an attempted phone call within 48 of the recorded case.</li> <li>• Dr. Rogers noted that during the County Councils HHS Committee session, Dr. Gayles shared the National</li> </ul>			

	<p>Academy of Medicine’s framework for the Covid-19 vaccine distribution. He described it as a two-dose vaccine.</p> <ul style="list-style-type: none"> <li>• The County has taken an innovative approach to ensuring that residents get their flu shots by offering drive-thru flu clinics</li> <li>• The County is examining low, moderate, and high case rates across business sectors to see what policy decisions need to be made such as rolling back reopening guidelines.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Lynda thanked Dr. Rogers as well as the County for all the work they’ve done and for listening to the signs.</li> <li>• Wayne wanted to know if the testing issue that was experienced a while back had been resolved. Dr. Rogers noted the issue has been resolved and provided additional information as to the types of contracts and testing kits received and the different sources.</li> <li>• Julia also wanted to express gratitude on behalf of the Board towards all the work the County has done and continues to do.</li> <li>• Yuchi wanted to know what suggestions or advice he could provide to us as individuals. Dr. Rogers noted that there is a Mask-Up campaign going on. Dr. Gayles as well as other state health officials feel very strongly about the proper usage of masks. He also noted that this is the main takeaway that the County wants to continue to emphasize is to avoid large gatherings.</li> </ul>			
8.	<p><b>HHS Committee Breakfast – Priorities</b></p> <p style="text-align: right;"><b>Wayne Swann</b></p> <p>Wayne shared the HHS Committee breakfast scheduled to take place November 19, 2020. Tara will send the talking points to Wayne for review and Wayne will forward to the Board for comments.</p> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>• Julia requested an update on the affordability issue. Tara noted that she had met with Dr. Rogers and Dr. Gayles on Monday and is currently waiting on the Department Director and his guidance on how on moving forward. Tara noted that this is a priority for the Health Care for the Uninsured staff, we are waiting for the final decision. Julia wanted to know if an update could be provided at the December meeting.</li> </ul>			
9.	<p><b>Next Steps - December 2020 meeting</b></p> <p style="text-align: right;"><b>Wayne Swann</b></p> <p>The next meeting will be held December 9, 2020</p>			
10	<p><b>Meeting Adjourned at 7:05 pm</b></p> <p><i>Motion to adjourn: Wayne Swann</i>  <i>Seconded: Julia Doherty</i>  <i>Unanimously approved</i></p>			

Respectfully submitted,

Tara O. Clemons  
Montgomery Cares Advisory Board