

**Meeting of the
Montgomery County
Commission on Aging
June 13, 2019
Minutes**

Members Present	Alumni Members
Jean Dinwiddie, Chair	Leslie Marks
Stephanie Edelstein, Vice Chair	Isabelle Schoenfeld
Beverly Rollins, Secretary	
Revathi Vikram, Treasurer	Guests
Neal Brown	Elisse Barnes
Barbara Brubeck	Gladys Baffour
Mort Faller	Tricia Cash
Richard Jourdenais	Leigh Hunter
Miriam Kelty	
Eddie Rivas	Liaisons
Deborah Royster	
Monica Schaeffer	Staff
Barbara Selter	Odile Brunetto, Acting Chief, Aging and Disability Services and Director, Area Agency on Aging
Mary Sweeney	Shawn Brennan, Department of Health and Human Services
Tho Tran	Tremayne Jones, Department of Health and Human Services
Hillery Tsumba	Marcia Pruzan, Department of Health and Human Services
Marsha Weber	Tina Purser Langley, Department of Health and Human Services
Arthur Williams	Karen Tan, Department of Health and Human Services
Members Absent	
Amoke Alakoye	
Arumina Ghosh	
Amy Harbison	
Karen Maricheau	
Nanine Meiklejohn	
Ruby Moore	
Odessa Shannon	
Ryan Wilson	

Welcome and Introductions

Chair Jean Dinwiddie welcomed everyone and led introductions of all attendees. She discussed the recent meeting that she, Commissioner Revathi Vikram, and Acting Chief Odile Brunetto had with County Executive Marc Elrich. It was a productive, positive meeting and the conversation included:

- The Commissioners described to Mr. Elrich how quickly the aged population is growing and that there are now more seniors than school age children in several of the Montgomery County districts.
- They thanked him for including items in the County budget that are relevant to older adults, and requested that he reinstate a senior budget next year similar to what former County Executive Leggett had during his administration. He agreed to include this in future budgets.
- Mr. Elrich agreed to help with the Age-Friendly efforts.
- The budget for the senior programs at the recreation department was discussed and also how Montgomery County spends less on older adults than some of the surrounding Counties.
- The Commissioners thanked Mr. Elrich for speaking at the CoA's March diversity forum and advocated for a senior fellow on diversity.
- The County Executive said that he was not aware of the cancellation of Friday transportation to the senior centers and commented that it needs to be reinstated.
- Mr. Elrich recommended that the CoA should start lobbying earlier in the fiscal year for its budget priorities.
- The Commissioners invited him to speak at the CoA's October meeting and he agreed.
- Mr. Elrich suggested that the CoA meet regularly with him and his staff, at least every 6 months.

Commission Business

Approval of May CoA Minutes. Discussion of the minutes was tabled until July to allow those members who were absent at today's meeting a chance to review and comment on them.

Quarterly Report. Chair Dinwiddie noted that a draft of the CoA's quarterly report is finished. In the next few days all CoA member comments will be acted on and the report will be finalized and sent to the County staff.

Budget Report. Commissioner Vikram reported that the CoA currently has \$5,109 in its treasury.

Presentation

Chair Dinwiddie introduced the guest speaker, Howard Haft, M.D. Dr. Haft is the Executive Director of the Maryland Primary Care Program (MDPCP) with extensive leadership experience in integrated healthcare delivery systems and medical management in private enterprise, public companies, and major governmental organizations.

Dr. Haft began by stating that the State of Maryland and the entire U.S. is at a critical time with regard to providing healthcare to its residents. Many members of the Baby Boom generation are now in their 60s and 70s and plans must be developed and acted on to address their health needs. There are some real challenges and the MDPCP is working to address a number of those challenges.

Dr. Haft shared a slide presentation that outlined the major points and achievements of the MDPCP. The program is now in its first year and is recruiting primary care practices for 2020. It is a voluntary

program open to all qualifying Maryland primary care practices, and provides funding and support for the delivery of advanced primary care throughout the State. The MDPCP allows primary care providers to play an expanded role in the prevention and management of chronic disease, and to prevent unnecessary hospital stays.

Based on objective standards, the U.S. is ranked 39th in the world with regard to its quality of healthcare. Maryland is ranked 19th in the U.S. The U.S. has a low ranking because healthcare is measured by quality divided by cost; although the U.S. is number 1 in healthcare spending (20 percent of GDP), its life expectancy has decreased and it has a high disease burden. It ranks at the bottom of the life expectancy scale compared to other countries that are spending comparable money on healthcare. The U.S. is not getting the bang for its buck; residents should be living longer. Other countries have more primary care providers and they spend less money and have better health outcomes.

In July 2018, Maryland Governor Hogan signed a contract to develop the MDPCP. Hospitals within the State are already attuned to the new program. Now efforts are being made to bring more primary care physicians on board. Enrollment for the program began in January 2019 and will go through December 2026. Program representatives have met with individuals from around the State and have heard that they want a doctor who follows them through their healthcare journey. In the State of Rhode Island it was found that when the number of primary care physicians increased, healthcare costs went down. A study by the *Journal of the American Medical Association* also found that an increased number of primary care physicians also results in increased lifespans.

Dr. Haft outlined the important things that happen with the MDPCP:

1. Access to care
2. Continuity in care
3. Alternatives to traditional office visits
4. Care management
5. Comprehensive and coordination of care
6. Beneficiary and caregiver engagement
7. Planned care for health outcomes

Discussion

During the presentation Dr. Haft and the Commission members engaged in a spirited conversation. Points made during the discussion included:

- The MDPCP's expenses are paid by Medicare. The State of Maryland entered into an agreement with the Federal government with the hope that if the program is successful, then bills submitted to Medicare will be less. It is a blanket investment through the State to lower Federal healthcare costs. The program is for all patients and is not an HMO. All health insurance organizations in Maryland participate.
- Physicians who participate in the program have to accept Medicare; however, all individuals in a physician's practice are eligible for the MDPCP, not just Medicare patients.

- Care transformation organizations (CTOs) employ professionals such as social workers. The CTOs will hire and manage interdisciplinary care management teams capable of furnishing care coordination services to physicians participating in the MDPCP. The majority of the referrals made to the CTOs are healthcare- or hospital-related. Some CTOs are national organizations, and others are local. The practices participating in the MDPCP will get to decide what CTO services they want.
- The MDPCP has been very well received by State physicians. When program enrollment opened 80 percent of the State's primary care physicians applied for it. The majority of them are enthusiastic although many of them say it is hard work. It is expected, however, that working within the program will get easier. Physicians in mega-practices have been a bit hesitant to join.
- Regarding whether primary care physicians' responsibilities related to electronic records will be reduced, Dr. Haft stated that one advantage of the MDPCP program is that it requires less keystrokes and that, hopefully, physicians can use more voice-activated technology.
- Doctors will refer patients directly to an expert and will not simply instruct the patient to "see someone." Patients will not pay an additional charge for the referral.
- Currently, there is no way for money from the program to trickle down to social service organizations; however, as the healthcare system changes perhaps more money will loosen up for social service programs.
- It appears that the MDPCP is a way to have the State subsidize healthcare providers for becoming more holistic which could lead to better health outcomes.
- With regard to the kinds of measurements that will be used to determine the program's success, Dr. Haft stated that, among other things, it will be tracking the control of diabetes and blood pressure, use of healthcare resources, and patient satisfaction. The MDPCP's advisory council will report annually to the Federal and State and healthcare partners.
- Many individuals who do not have primary care physicians often visit hospital emergency rooms. Individuals in that population are not getting the care they need and they add to the low life expectancy statistics. Maryland is very diverse and does do a lot of things to help with that. For instance, there are programs to help individuals get health insurance. There are factors, however, that impede people from having access to healthcare such as problems with transportation. And the Medicaid healthcare centers are bursting at the seams. This is a delicate problem because more access needs to be addressed in a culturally sensitive and diverse way.
- Physician participation in the MDPCP is not required. However, the government does understand that a holistic approach is a better way to treat a patient.
- It is good to hear that preventive medicine is getting attention. The current system is structured so that physicians receive lower Medicare payments than hospitals. Because the MDPCP encourages physicians to practice holistic treatment then, hopefully, hospital visits will be minimized and Medicare payments will go down.
- A question was asked about whether the MDPCP's compensation structure will be capitated or fee-for-service. Dr. Haft responded that the first few years the program will have the same payment system as it has now, which is mostly fee-for-service. In the future, however, the aim is to get the system more toward capitated service.
- The expected early challenges for the program are the same as any that can be seen when dealing with large scale change. Individuals need to be encouraged to accept change. Also, the initial administrative burden is a challenge. The State will need to help medical practices with that. The Centers for Medicare and Medicaid Services (CMS) and other agencies have committed to help with the challenges. Also, community organizations can link up with medical practices to develop referral systems and networks.

- CMS does not choose which medical practices and hospitals will participate in the MDPCP. Large medical systems such as Johns Hopkins are participating, and all hospitals in the State are participating.

AAA Director Updates

Dr. Brunetto provided the following updates:

- Dr. Raymond Crowel, a psychologist and Chief of HHS’s Department of Behavioral Health, has been nominated to fill the position of Director of HHS. He will have an interview with the County Council on June 14. Hopefully the appointment will be approved by the end of the month. If he is appointed, then an individual will be named as acting chief of the service area for Behavioral Health. Sybil Greenhut is staff to Dr. Crowell and maintains a very good relationship with HHS. The Behavioral Health service area works on aging issues; e.g., it recently conducted a project that looked at social isolation.
- Commissioners Ruby Moone and Arthur Williams will be recognized on Saturday, June 15 as part of the Montgomery County Juneteenth Celebration at Black Rock Center for the Arts in Germantown.
- The Age-Friendly Montgomery County Advisory Group will meet on Wednesday, July 17 at 3p in the Rockville Library.
- The Maryland National Park and Planning Commission has begun an initiative entitled, “Thrive Montgomery 2050 Strategic Framework.” It is a State mandate. The CoA may want to invite the individual in charge of the program to attend a CoA meeting to discuss it. It was an initiative started in 1964, amended in 1969 and again in 1993. The Plan can be updated as often as the locality wants and it covers many different topics. The Commission would like to hear from the CoA. The new version of the plan will be issued in 2020.
- Montgomery County has hired an individual to work on equity issues. The CoA may want to invite that person to speak at a CoA meeting. Also, the CoA should consult the County’s Racial Equity Toolkit when it holds its meeting in July.
- As the Nexus Montgomery program is reorganizing, the CoA’s Health and Wellness Committee may wish to obtain an update from the program manager.

Upcoming Meetings

- July 25, Rockville Senior Center, Azalea Room, 9a-1p. The CoA will establish its FY21 budget priorities. Speakers will include:
 - Gabe Albornoz, County Council member;
 - Beth Shapiro, Chief of Staff for Council member Albornoz
 - Linda McMillan, Staff to the County Council on budget issues
 - Possibly Rich Madaleno, Chief of Staff to County Executive Marc Elrich
- September 26, North Potomac Community Center, 9:30a-12p. A representative from the Board of Elections will discuss polling place accessibility.
- October 24, North Potomac Community Center, 9:30a-12p. The CoA will meet with County Executive Marc Elrich.

- November, North Potomac Community Center, 9:30a-12p. Rona Kramer, Maryland Secretary of Aging, has been invited to address the CoA.

Liaison Updates

Karen Tan of Montgomery County's Department of Health and Human Services stated that the topic of social isolation will be discussed at the County's June 15 "Care for the Caregiver" event. It will also be discussed at the July 19 Age-Friendly Montgomery Advisory Group meeting.

Revised COMAR regulations for Assisted Living

New proposed regulations on standards for assisted living will be issued in late August. HHS will have 45 days to review them and provide comments. The last time the standards were updated was 15 years ago. Hopefully the proposed regulations will tighten some of the existing standards; for example, the regulations that are in place now do not require a staff person to be awake overnight or a nurse to be on the premises. They also do not require an individual to be on staff to regulate medication. The current definition of assisted living includes group homes. Eileen Bennett's staff within HHS will be commenting on the proposed regulations. It was suggested that all of the CoA committees read them and review HHS' comments. Dr. Brunetto stated that she will speak to Ms. Bennett to arrange this.

Committee Reports

Aging in Community. Commissioner Monica Schaeffer stated that at its June meeting committee members discussed aging in employment and age diversity. The speakers included David Gamse, CEO of the Jewish Council for the Aging, and Co-chair of the Age-Friendly Employment Domain Workgroup, and Anita Brady, Montgomery County's Manager for Training and Organizational Development. The committee is considering ways to explore these issues.

Communications and Community Outreach. Commissioner Hillery Tumba reported that at their last meeting Committee members met with Montgomery County HHS staff and Public Information Officer, Lorraine Driscoll, to learn about Montgomery County's outreach efforts to older adults. The committee is looking at ways to maximize the benefit of these outreach efforts, including how the CoA can get the word out regarding what services are available to that population. The speakers recommended that the CoA provide a list of targeted groups that the County should communicate with. The concern is that individuals who need outreach are not getting it. The County is frustrated on how to reach deep into these communities. The primary goal is awareness of what is available.

Commissioner Tumba noted that the committee will not meet again until September.

Health and Wellness. Health & Wellness. Commissioner Neal Brown stated that, although they are still waiting for few statistics from HHS staff, committee members have essentially finished the "Gap" paper. The next step is to have the full CoA review and sign off on it, and then work with the Communications Committee to determine how to distribute it. County Executive Marc Elrich stated that he would like to read the paper and committee members will be making an appointment to discuss it with him.

Commissioner Brown noted that the committee makes a number of recommendations in the report and requests funding to act on them. He stated that possibly at the CoA's July meeting these funding requests could be included in the CoA's funding priorities. The paper has a broad reach and affects State and County issues.

Commissioner Brown finished by saying the “Gap” paper leads to many other topics that the committee could explore. One topic could be the regulations governing assisted living. They have held a discussion with Eileen Bennett, who manages the Long-term Care Ombudsman Program, regarding this. The committee is also considering researching social isolation as it relates to hearing impairments. The American Speech-Language-Hearing Association would be a good resource.

Commissioner Brown stated that the next meeting of the committee will be in September.

Public Policy. Commissioner Mort Faller reported that the committee cancelled its June meeting and will not meet again until September. Issues that the committee is working on include:

- Transportation Services Improvement Fund – This month Commissioner Faller will be meeting with County Council member Tom Hucker and Seth Morgan of the County’s Commission on People with Disabilities (CPWD) to discuss concerns about how the fund is being handled. The CPWD and the CoA agree on this issue. The fund is gaining about \$5 million a year and the two Commissions want to ensure that it is used appropriately. They are exploring whether the fund can be used for more than just making taxis handicap accessible; e.g., could it be used to provide grants to non-profit organizations to meet older adult transportation needs? The CoA and the CPWD plan to advocate for this. The universe of what the funds can be used for needs to be expanded.
- The committee has given up on establishing an Association of Maryland Commissions on Aging (AMCoA). Commissioner Faller plans to send a note to the other Maryland CoAs to encourage them to contact the Montgomery County CoA if they would like to pursue an AMCoA in the future. On September 17, Howard County will be hosting a meeting of the State CoAs, but he does not think many Counties have responded. Commissioner Faller intends to contact Sharonlee Vogel of the Howard County CoA to get the specifics of the September meeting.
- In July, the CoA will meet to identify preliminary budget priorities, taking into consideration the needs of relevant County departments including HHS, Housing, Transportation, and Recreation. In September, once the CoA budget priorities are determined, the Public Policy Committee will take the lead in drafting a written statement for the County Council. CoA members will meet with representatives from OMB, the County Executive’s office, the Council, and other agencies to discuss its priorities. Dr. Brunetto will set up those meetings. The CoA may also need to follow up with County Executive Elrich about letting the departments know that he plans to support a senior agenda.
- The Committee will work on setting a date for the legislative breakfast.

CoA Vice Chair, Stephanie Edelstein, reported that the Commission on People with Disabilities (CPWD) is concerned about bike lanes and how they impact individuals with disabilities.

Ms. Edelstein and CPWD members recently met with staff of County Council member, Hans Reimer, to discuss it. She will continue to participate in the CPWD meetings on this issue.

Meeting adjourned at 12:00 pm.