

MONTGOMERY COUNTY COMMISSION ON HEALTH

Meeting Minutes

January 17, 2013

401 Hungerford Drive, Rockville, Maryland

Members Present: Mitchell Berger, Ron Bialek, Tara Clemons, Kathy Ghiladi, Michelle Hawkins, Graciela Jaschek, Alan Kaplan, Harry Kwon,, Linda McMillan, Rose Marie Martinez, , Marcia Pruzan, Daniel Russ, Gregory Serfer, Ashraf Sufi, Wayne L. Swann, Shari Targum, Steve Thronson, Ulder J. Tillman

Members Absent: Pierre-Marie Longkeng, Marcos Pesquera

Staff Present: Doreen Kelly

Guests: Dr. Lori Diseati and Dr. Bryant Webber, Residents from USUHS, and Dr. Seth Morgan

1.0 Call to Order

Vice Chair Ron Bialek called the meeting to order at 6:06 p.m. upon reaching a quorum.

Dr. Tillman introduced her two residents from USUHS, Dr. Lori Diseati and Dr Bryant Webber.

Doreen Kelly mentioned that Commission staff Jeanine Gould-Kostka was still recovering from recent surgery. She noted that she would be covering Commission business in Jeanine's absence.

2.0 Approval of Minutes

There were no changes to the minutes of December 20, 2012. A motion was made and seconded to approve the December 2012 meeting minutes. The motion was passed unanimously by voice consent.

3.0 Report of Officers – Ron Bialek, Vice Chair

3.1 Upcoming County Executive Budget Forum – Ron Bialek announced that the County Executive has several upcoming budget forums for the public during January and February and the handout was available with the dates.

3.2 Possible Speakers - Discussion of possible speakers for future meetings was deferred until after the Workgroups presented their current status during the meeting.

3.3 Next Meetings – Next Commission meetings are February 21 and March 21, 2013.

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 December 2012 in the COH electronic mail for review. The report is also included at the end of these minutes.

Dr. Tillman also noted that the State just released the RFP for the Navigator/Connector Entity and that the County was preparing a response due by the end of February. Montgomery County plans to take the lead but will work closely with Prince George's County since it must be a proposal to serve the Montgomery /Prince George's County region. Staff must be trained and in place to assist a large number of people with new enrollment by October 2013. Discussion followed.

A motion was made and seconded that the Commission draft a letter of support for the HHS application for the Connector RFP, if it was determined that letters of support would be helpful for the application; and that the Commission delegated the Chair and Vice Chair to draft the support letter which would be copied to the full Commission. The motion passed unanimously with the exception of one member, who opposed the motion.

5.0 COH Liaison Reports

5.1 Commission on Aging and Disabilities – Marcia Pruzan gave an update regarding the Senior Agenda which is supported by both the Council and County Executive, and information about End of Life Care activities, and said she would forward additional information on this by email. She also mentioned a safety concern for many apartment or condo buildings with ageing resident populations. Undiagnosed or ignored cognitive impairment can lead to fires and endanger health and safety of other residents.

5.2 Montgomery County School Health Council - Dan Russ submitted the following Liaison Report.

At the December 10th School Health Council meeting, Dr. William Beattie provided a presentation on the MCPS Concussion Workgroup. The workgroup is going to suggest to Dr. Starr that MPCS perform testing of high school athletes' cognitive abilities for use as a baseline in the event of head injury. Joan Glick, Director of School Health Services, reported that baseline testing is currently in the procurement process.

School health services administered 12,000 flu-mist vaccines to Montgomery County children at 132 elementary schools. Epi-pens were used over 50 times this school year.

5.3 Harry Kwon gave an update from the Asian American Health Initiative (AAHI) and offered to forward the link to their most recent newsletter. He noted that AAHI and the other minority health initiatives had formed a joint Steering Committee work group.

5.4 Michelle Hawkins gave a brief update on the African American Health Program, noting their participation as well in the combined Minority Health Initiative Steering Group which is making recommendations to incorporate minority health throughout HHS programs, including need for further funding, staffing, and technical assistance to expand these efforts.

5.5 Ron Bialek gave an update regarding Healthy Montgomery Steering Committee, which had met earlier that week. They have recently hired a Data Programmer. Both the Obesity Work Group and the Behavioral Health Work Group are moving ahead on developing their final action plans. The Obesity Work Group has kept some of the recommendations from the Commission. The Behavioral Health Work Group is focused on better coordination for patients in the public mental health system.

5.6 Linda McMillan gave an update regarding the County Council, noting it was just back from a recess and was focused on the capital budget. She said that budget looks good for the Dennis Avenue Health Center's new building to keep moving along on target. She said the legislation to prohibit smoking on County property will be considered in February and she would send links to share with commissioners regarding the smoking legislation. Some discussion continued regarding unintended complications of the bill at certain types of facilities. It was noted that the Commission had addressed anti-smoking in general but had not endorsed this particular law in recent communications to the Council. She also noted that the Employee Wellness discussion is expected in February along with mental health parity for employees in all five county agencies.

6.0 Workgroups – Ron Bialek, Vice Chair, asked each workgroup to give an update.

6.1 Prevention Workgroup – Mitchell Berger submitted the following update.

Members present: Alan Kaplan, Ashraf Sufi, Marcia Pruzan, Mitchell Berger, Harry Kwon

Other members: Michelle Hawkins

- The workgroup discussed the need to educate providers and patients about screening and treatment available under the PPACA/health reform. In some cases, screening may be free but additional costs may be imposed for treatment. For instance, the colonoscopy screening itself may be free but if a polyp is found and removed the patient may be charged. Even insured patients may face significant copays/deductibles. Outreach to encourage patients to be screened may be a good step for the county. But patients need to understand that free screening may not always equate to free treatment.
- Any outreach and education effort will also need to include a provider education component. Many providers are reluctant to accept Medicaid and even Medicare patients because of paperwork and low reimbursement. This may be an issue as expanding Medicaid is an important part of health reform.
- The Commission on Aging has developed a strategy for senior issues that could be a good model for the workgroup. Marcia Pruzan, who is the Commission on Health's liaison to the Commission on Aging and is a former member of that commission, will share this plan with the workgroup. The aging strategy has been endorsed by the County Council but exactly how some of the recommended steps will be funded remains unclear.
- The workgroup noted that many primary care physicians are aging and may soon retire, contributing to a shortage of primary care physicians at a time when their role is emphasized under PPACA/health reform plans. Physician assistants and nurse practitioners can help fill this gap to some extent but even they are increasingly specialized (NPs) or require supervision (PAs). The group also noted that hospitalists are increasingly taking over caring for hospitalized patients.
- The workgroup suggested inviting an insurance company representative to discuss how they will be implementing PPACA/health reform requirements.
- The workgroup suggested re-inviting Dourakine Rosarion, who presented at the Commission on Health's October retreat to discuss how the three workgroups can help the county in its health reform implementation efforts. We also should ensure the three workgroups do not overlap.
- The workgroup would like to find out more about potential barriers to care such as language issues and transportation. The Asian-American Health Initiative and Latino Health Initiative have patient navigator programs that may be a good model.

6.2 Data Workgroup – Doreen Kelly gave the following update.

The Data Workgroup is exploring data collection opportunities and gaps with the ACA including whether data about health disparities and other Healthy Montgomery data needs will be available to the County from the new State Health Information Exchanges – and whether the County will be in a position to benefit from the increased data available. They will ask Healthy Montgomery staff some of these questions, and would like to invite Dourakine Rosarion to a future commission meeting, as well as a speaker from CRISP to address ACA data questions, Electronic Health Record requirements and more information regarding how “meaningful use” of electronic health records will benefit County residents. They are hoping the timing of the County's purchase of electronic health records software will allow staff to become familiar with it before the ACA rolls out in the fall 2013.

6.3 Access Workgroup – Kathy Ghiladi gave the following update. The group looked at many access issues from the ACA. One issue the group plans to address is specialty care under the ACA and potential gaps or challenges in accessing specialty care once access through insurance increases. There also are concerns about access to health care for the large number of people in the County who will remain uninsured even after the roll out of the ACA. They would like to confirm the number and where that projection of approximately 50,000 came from. The group suggested the County consider recycling some of the ideas from the County’s Community Transformation Grant proposal and the Commission on Health consider supporting the County’s navigator role application to the State. They would like to have further information from resources such as Dourakine Rosarion and others.

6.4 Obesity Prevention and Cardiovascular Disease Workgroup – Dan Russ gave the following update along with other group members. The group is looking at prevention ideas for this particular area and will make recommendations for investing in prevention. They are looking at reducing disparities for obesity and cardiovascular disease and working with AAHP. They would like to look through a perspective of quantifying the larger cost of treatment that results from not addressing obesity and cardiovascular disease with prevention. The result is a much bigger cost for acute care. This should justify prevention funding. Blood pressure is one of the first areas to address. Finland should be looked at for its best practices in this area.

7.0 Unfinished Business/New Business/Announcements – Ron Bialek, Vice Chair

Ron Bialek summarized the ideas for speakers from the workgroup updates, and noted that several had suggested inviting Dourakine Rosarion for later this year. John White or other speakers on ACA data issues or meaningful use were also suggested for future meetings.

Ron Bialek suggested that the Commission prepare a one page position statement for the County Executive’s annual budget planning meeting (date TBD) with HHS Boards and Commission Chairs, since it might be needed before the next Commission meeting in February. A motion was made and seconded to delegate the Chair and Vice Chair to draft a statement summarizing the Commission’s recent positions and current priorities for the upcoming County Executive’s annual meeting with chairs of HHS boards and commissions; and that the draft would be shared electronically for comment by commissioners, if this meeting with the Executive occurred before the next Commission meeting. The motion passed unanimously.

Ron Bialek announced the theme for national Public Health Week is “Return on Investment from Prevention; and it was announce that the County will soon have a County Wellness Manager to reduce costs and promote health.

Rose Marie Martinez announced that several interesting reports were now available from the Institute of Medicine including: one report dealing with population-based health policy; one regarding valuing prevention; and one looking at U.S. health through international perspectives.

8.0 Adjournment

There was a motion to adjourn at approximately 8:20 p.m. The motion was seconded and passed unanimously by voice consent.

Respectfully submitted,

Doreen Kelly
Administrator, Public Health Services

**CHIEF'S REPORT
PUBLIC HEALTH SERVICES—DECEMBER 2012**

SUCCESES AND GOOD NEWS

The Cancer Crusade program, on Dec. 17 & 18th, presented two posters at the NIH Science of Eliminating Health Disparities Summit:

- One poster was titled “Effective Use of the Medical Home Model to Promote Colonoscopy Screening to Low-Income Uninsured Women”. This poster depicts percentages of completed clinic colonoscopies that climbed from 40% in 2004 thru 2007 to 92% from Nov. 2008 thru June 2011 when the county program is integrated with the primary care home.
- Another poster was titled “Prostate Cancer Screenings for High Risk Populations”. This poster depicts 973 screenings since inception of the program in Jan. 2004 thru Dec. 2011; number of normal and abnormal results from digital rectal exam or PSA blood test; and number of cancers detected. (Of those screened, 748 had normal results while 225 had abnormal digital rectal exam or elevated PSA blood test; of the 225, 196 had Benign Prostate Hypertrophy while 29 were cancerous, with 62% of the 29 being African American.)As of 7/1/12, the Cancer Crusade program no longer performs prostate cancer screenings.

DHHS Community Review team has completed its analysis of the **Maternity Partnership program**. Among the findings: *“The dedication of the staff members that we met during the review process was extraordinary. Many of them go above and beyond to ensure that clients are receiving the best care possible.”*

DHHS Flu Coordinator, Debra Aplan, reported that as of December 4th, 83.8% of employees in ADS, BHCS, & PHS have received influenza vaccination in compliance with State and county policies.

The Maryland State Department of Education (MSDE) performed a site visit at Linkages to Learning School Based Health Center at Gaithersburg Elementary School on Dec. 4, 2012. Although MSDE does not fund the GES SBHC, that site was picked randomly for review by MSDE to assure that the SBHC Standards of Care are being followed in the County. Joan Glick, School Health Administrator, Brenda Russo, Nurse Administrator, and DHHS LTL Manager, Monica Martin, met with 2 representatives from MSDE for the site visit and were given initial positive verbal feedback that the center was conducting exemplary work.

HOT SPOTS

Disease Control: Montgomery County had 3 confirmed Influenza A outbreaks in long-term care facilities in December. One other facility is reporting a positive influenza A diagnosis on one resident who is hospitalized, but there are no other residents with ILI symptoms.

Disease Control has investigated **111 cases of Pertussis**. The average for a year is around 25. The cases range from newborn to senior citizens.

TB Control Program reported 87 cases of TB for Calendar Year 2012 which is a 16% increase over Calendar Year 2011. State and National numbers are expected to continue to decline, however, although official numbers for 2012 are not yet available.

UPDATES ON KEY ISSUES

The Refugee Health Program hosted an inter-agency meeting featuring a presentation on “Caring for Unaccompanied Vulnerable Children and Youth” presented by the Office of Refugee Resettlement staff, Elaine M. Kelley, PhD and Essey Workie, MSW.

MA Eligibility Programs:

- SEU Redeterminations – 35 for the month of November; the report for December is pending SEU Caseload = 38,554 MA cases; does not include the 6,000 County cases
- Latest caseload report for SEU = 1:1340 cases per worker
- Long Term Care = 1,980 cases

TB Control Program nurses and staff, including a pharmacy/retail store, health clinic and restaurant, participated in 3 large contact studies in December. No new cases were identified in these contact studies.

Improved Pregnancy Outcome Program (FIMR & CAT)

- Reviewed all fetal/infant death certificates received from Vital Statistics to prioritize cases to abstract for in-depth review by the FIMR Board. There have **been total of 17 infant and 67 fetal losses for Calendar Year 2012 through Sept.**, (the most recent month for which records are available).
- Prioritized approximately 20 cases for hospital record review and attempted to obtain maternal interviews. Sought additional case history input from the SEU, Regional Health Centers, Dennis Avenue, ACCU and AIF system resulting in:
 - Preparation of six FIMR case abstracts for in-depth review and systems recommendations by the FIMR Board meeting on November 27th.
 - Planning & implementation of logistics and agenda for the FIMR mtg. on November 27th including inclusion of the annual mandatory review of a pregnancy complicated by syphilis, in conjunction with David Williams, STD Clinic.
- Conducted an outreach using material on healthy lifestyles, preconception health and health resources to: Approx. 75 parents-to-be attended Holy Cross Hospital Nov. 4th Baby Fair;
- Participated as two of three representatives from Montgomery County's CFR Team at the Maryland State Child Fatality Review Team Annual Meeting on November 28th in Marriottsville, MD.

<u>Montgomery Cares</u>	<u>YTD utilization data for FY 2013 (July – Nov. 2012)</u>	
○ Non-homeless patients	18,058	
○ Homeless patients	<u>150</u>	
○ TOTAL patients	18,208	
○ Non-homeless encounters	34,026	
○ Homeless encounters	<u>296</u>	
○ TOTAL encounters	34,322	

<u>Maternity Partnership</u>	<u>FY13 YTD Nov. 2012</u>	<u>FY 13 total YTD</u>
New patients enrolled in prenatal care	115	700
Number of teens enrolled	6	32
Percent entry during first trimester	57%	57%
Fetal losses	2	6

EHS staff in Licensure & Regulatory Services conducted 609 routine food service inspections, 51 re-inspections and 6 itinerant food service inspections. Critical violations were noted during 140 food service inspections. Thirty eight (38) food service complaints were investigated and 3 food service facilities were closed. The food-borne team conducted 3 investigations related to illnesses caused by the consumption of food. The EHS Staff conducted 316 trans-fat inspections and noted 39 trans-fat violations. Fifty one (51) nutritional labeling inspections were conducted and 4 violations noted. Seventeen (17) smoking signage violations were noted during routine food service inspections.

Twelve (12) plans for new food service facilities were reviewed and approved. Five (5) plans for new swimming pools were reviewed. There were five (5) meetings between pool industry representatives and L&R staff to discuss the new proposed construction of swimming pools.

The **EHS Staff** also inspected the following: 27 group homes, 1 nursing home, 6 domiciliary care facilities, 7 private schools and 11 swimming pools. Three (3) rat complaints were investigated.

Health Care Facilities: There were no harm deficiencies or emergencies during December.