

MONTGOMERY COUNTY COMMISSION ON HEALTH

Meeting Minutes

March 21, 2013

401 Hungerford Drive, Rockville, Maryland

Members Present: Mitchell Berger, Ron Bialek, Tara Clemons, , Michelle Hawkins, Alan Kaplan, Harry Kwon, Pierre-Marie Longkeng, Linda McMillan, Rose Marie Martinez, Marcos Pesquera, Daniel Russ, Ashraf Sufi, Wayne L. Swann, Shari Targum, Steve Thronson, Ulder J. Tillman

Members Absent: Kathy Ghiladi, Graciela Jaschek, Marcia Pruzan, Gregory Serfer

Staff Present: Doreen Kelly

Guests: Dr. Seth Morgan, Commission on People with Disabilities

1.0 Call to Order

Chair Marcos Pesquera called the meeting to order at 6:12 p.m. upon reaching a quorum.

2.0 Approval of Minutes

There were no changes to the minutes of February 21, 2013. A motion was made and seconded to approve the February 2013 minutes. The motion was approved unanimously by voice consent.

3.0 Report of Officers – Marcos Pesquera, Chair

- Quarterly Meeting with DHHS Director – Marcos Pesquera said he attended the quarterly meeting of board and commission chairs with DHHS Director Uma Ahluwalia March 18. He presented a short summary of the COH activities and priorities over the last quarter. He noted the importance of our liaisons' roles with other commissions and boards in HHS, including the need to find a commissioner interested in being a liaison with the Mental Health Advisory Board.
- DHHS Boards Annual Meeting with County Executive - Marcos Pesquera said that Vice Chair Ron Bialek will represent the COH at the annual meeting between the County Executive and the 15 boards and commissions of DHHS, scheduled April 3, 2013. Ron Bialek said that Jeanine Gould-Kostka had sent a draft of the Commission's statement to the members by email and comments were needed by 3/26. This meeting will not influence budget plans since those were already submitted by Mr. Leggett. However, Mr. Bialek said he will submit the written testimony noting the COH's priorities and attention to the Affordable Care Act. He will also use this opportunity to thank Mr. Leggett for maintaining the public health funding for the next FY, and for some recent county agency progress on one of the COH obesity strategies regarding providing appropriate accommodation and space for employees who were nursing, as well as asking about any other follow up regarding other obesity strategies.
- African Immigrant Issues in the County – Chair Marcos Pesquera updated the COH regarding a recent County Council work session that had a panel presentation on Continental African Immigrant Issues. He mentioned that the African American Health Program and Adventist Healthcare and others participated. Linda McMillan joined the discussion since she had helped coordinate this panel presentation. She mentioned that County residents were there from a large number of African countries.

- The Chair announced the next meetings of the Commission are scheduled for April 18 and May 16.

4.0 PHS Chief's Report

- **County Budget** – Dr. Ulder J. Tillman reviewed the highlights of the County Executive's budget for FY14. While his emphasis is on senior services, transportation and youth development, funds were maintained for public health programs and most DHHS programs. In addition funds were included for operating two new school based health centers at the elementary level and two more at the high school level. The budget now goes to County Council for their deliberations.
- **Sequestration** - She noted that the department is waiting for further guidance regarding sequestration related cuts but there are likely to be reductions in certain programs with federal grant funding.
- **Workplace accommodations for employees who are breast feeding infants** – Dr. Tillman said that the County is moving forward to assure that each department has workplace accommodations for employees who are breast feeding infants. She thanked the COH for their role in advising the County to do this to reduce obesity. The progress is also partially a response to a new requirement for this under the Affordable Care Act.
- **County Health Rankings** - Dr. Tillman reviewed the recently released County Health Rankings which rank Montgomery County second healthiest after Howard County. She noted a number of health areas in which the County had improved as well as a few in which things had gotten worse. She noted the link for a summary and for the full report is on the *healthymontgomery.org* website.
- Dr. Tillman said that the **February 2013 Chief's Report** had been emailed to COH members. It is also attached to these minutes.

5.0 County Council Report

- **Linda McMillan** reported that the Council's HHS Committee had Mental Health Parity as one of its priorities, and that it is now becoming a reality for all County employees within their insurance plans. She said that public hearings for the FY14 County budget will be held in April. (Check Council website or emails for exact dates and times). The final Council budget actions are currently scheduled for May 23rd.
- She mentioned that the Montgomery Cares Advisory Board and PCC were advocating for additional Montgomery Cares funding for mammograms and other specialty care; and other changes being discussed were payment issues including pay for performance (i.e., improved quality of care).
- She said **Non-Profit Montgomery** is asking for increases to all county non-profit contracts to make up for previous years of reductions and/or inflation.
- She thought the ACA Navigator/Connector proposal would probably come up for discussion or action during Council budget discussions.
- Discussion followed on the **ACA Navigator /Connector grant**. Dr. Tillman said that the County applied for the grant as the lead for the Capital Region, which includes both Montgomery and Prince George's counties, and the County had also been asked to give an oral presentation. The Department should hear about the grant in April. The goal is to get as many residents enrolled as possible – hopefully 52,000 in the first year. The grant will fund coordinating a cadre of trained navigators and assistants and a number of community partners in each County to educate and assist residents with the enrollment process.
- There are **four additional Medicaid managed care organizations (MCOs)** that will begin serving Montgomery County residents. However, members raised the related possibility of a major problem with the healthcare workforce --that there won't be enough primary care providers to care for the large number of residents who will gain insurance under the ACA.

6.0 Liaison Reports

Dr. Seth Morgan, Liaison from the Commission on People with Disabilities, informed the COH of recent findings of mammogram facilities in the County which were not ADA compliant – only one of 70 facilities had

adequate equipment to accommodate mobility disabled residents. He invited the COH to work with the Commission on People with Disabilities on this issue, which he said could be broadened to address accommodations for the mobility disabled at doctors' offices and other healthcare facilities located in the County. The link to the full report on Access to Medical Care for Individuals with Mobility Disabilities is http://www.ada.gov/medcare_mobility_ta/medcare_ta.htm.

7.0 PCC Community Forum on Health Care Reform

Several commissioners attended the PCC Community Forum on Health Care Reform March 5th and reviewed highlights from the speakers. A handout was distributed to the COH with power points from the speakers.

8.0 Unfinished Business/New Business –

- Tara Clemons said that the Commission should look into the public health needs in the Aspen Hill area, which she said HRSA had recently designated as a medically underserved area. Linda McMillan noted that the medical provider capacity discussion under ACA could be combined with the Aspen Hill focus and particularly the need for many new Medicaid providers in this underserved area of the county.
- The members were asked to informally vote for speakers they wished to invite for future informative sessions about ACA and work group fact finding, to speak within the COH monthly meeting. In order of preference they were: Dourakine Rosarion (DHHS), a CRISP/IT expert, a commercial insurance representative re. ACA, a PCC representative, and a Medicaid managed care (MCO) representative.

9.0 Workgroups – Breakout Discussion –Members spent time meeting in their workgroups to complete the new template to identify steps to turn their ideas into actions. They were asked to send their completed templates to the staff. In general, the results were the following:

- The **Access Workgroup** identified gaps in healthcare coverage that will continue to exist after full implementation of the ACA. A sizable number of County residents will remain uninsured, continuing a need for County support of healthcare for the uninsured. There also are concerns about access to specialty care once large numbers of previously uninsured individuals have insurance and the ability to access specialty care. The Commission may collaborate with the Montgomery Cares Advisory Board on these issues. The Workgroup submitted their completed template, which is attached at the end of the minutes.
- 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.
- The **Prevention Workgroup** recognizes that free access to preventive services does not necessarily result in these services being used. County government may need to provide education to all county residents, including County employees, on what preventive services are available at no cost and why accessing these services is important to their health. In developing approaches to educating residents and employees, the County should first explore existing educational materials and strategies that can be used.
- The **Obesity/CVD Workgroup** 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 the African American Health Program. They would like to look through a perspective of quantifying the larger costs of treatment that result from not addressing obesity and cardiovascular disease with prevention and comparing those large costs with the costs of prevention services.

10.0 Adjournment

There was a motion to adjourn at approximately 8:15 p.m. The motion was seconded and passed unanimously by voice consent.

Respectfully submitted,
Doreen Kelly, Administrator Public Health Services

Date: 3/21/13

Workgroup: Access

Workgroup Members: Rose Marie, Steve, Seth, Wayne, Kathy (not present), Pierre (not present)
Ron

I. Type of Actions Workgroup Recommends (Letter, White Paper Memo, Meeting, Testimony, etc.) AND Target Group/Recipients of that Communication: (County Exec, Council, DHHS Dept Director)

1) **Action:** Letter (TIME SENSITIVE) **Target(s)** County Exec and County Council

2) **Action:** Letter **Target(s)** County Exec and County Council, to be combined with elements from other ACA workgroups

The action item to support the health department's navigator role has already been addressed and is no longer an item for this Workgroup.

II. For each action, list the key points related to each action (see Example)
Example: Action 1: Letter, Key Points: a) After full implementation of the ACA, there will remain a sizable number of uninsured in Montgomery County; b) The County needs to continue funding healthcare for the uninsured

Action 1

- **A** Note COH's support of current efforts (and dollars) to provide care for the uninsured
- **B** Remind the CE and Council that there will remain many uninsured once the ACA is fully implemented.
- **C** Encourage development of a plan for coverage of all remaining uninsured in the county

Steve will be discussing our idea of a letter and the elements of the letter with Montgomery Cares during a meeting next week.

Action 2

- **A** The group doesn't think this is a big enough issue for a separate letter, but feels that in a letter to the CE and Council the COH should weigh-in on its support for integrating social services and health insurance eligibility. The group realizes that this may not be under the control of DHHS, but feels it is important to send a reinforcing message about the importance of this taking place.
- **B** _____

- C _____

Action 3

- A _____
- B _____
- C _____

III. Time frame and responsible member:

Action 1) Draft due to staff by _____ **Vote during April COH meeting, motion will be made prior to the meeting and a draft letter will be circulated** **from** Steve (first cut)

Action 2) Draft due to staff by _____ **from** _____

Action 3) Draft due to staff by _____ **from** _____

IV. Questions for Possible Invited Speakers to full Commission (April/May/June)

Speaker 1 - Dourakine

- 1) What is the status of coordinated eligibility applications/determinations for social services and health insurance/services in Montgomery County? What is planned when the ACA is implemented?
- 2)
- 3)
- 4)

Speaker 2 – Primary Care Coalition

1) Will providers who currently see Montgomery Cares clients be able to continue to serve Montgomery Cares once Medicaid expansion is implemented under the ACA? Have providers conducted a projection of what their client proportions may be and do they see any problems with continuing to be Montgomery Cares providers (for those that serve more than MC clients). This is basically a capacity to serve issue.

- 3)
- 3)
- 4)

Chief's Monthly Report for February 2013
Public Health Services

SUCSESSES AND GOOD NEWS

School Health Services: Nine Student Wellness Advocacy Team (SWAT) members of the Northwood High School Wellness Center and two wellness center youth development staff attended the Annual Maryland Assembly on School Based Health Care (MASBHC) Advocacy Day in Annapolis, Maryland on Tuesday, February 26, 2013.

The students were welcomed by Ms. Sarah Rich, MASBHC President, at the U.S. House of Delegates in Annapolis. The students also received a warm welcome from a special guest speaker Jonathan Krumm, Deputy Director of the Governor's Office of Health Care Reform and several U.S. Delegates and their Legislative Aides, including Delegate Heather Mizeur and her Legislative Aide, Moira Moynihan, and Delegate Kirill Reznik and Drake Beckner, Legislative Aide for Delegate Ana Sol Gutierrez. This was a wonderful educational and leadership opportunity for SWAT team members, as they were able to share their stories about the importance of school based health care.

The Refugee and Immunization Program's "County Flu Clinic Customer Satisfaction Survey" captured a very high rating from customers:

- Ease of making an appointment - 100% of customers found it "easy."
- Overall rating of experience at the clinic - 92% "excellent" and 8% "good."

UPDATES ON KEY ISSUES

Communicable Disease and Epidemiology (CD&E): Mark Hodge, Nurse Administrator for TB Control, is now acting Sr. Administrator for CD&E until a replacement for newly retired Carol Jordan is found.

- **Disease Control Program:** Conducted 6 outbreak investigations during the month of February. Four were gastro outbreaks and 2 influenza. All but one outbreak occurred in Assisted Living or Long Term Care facilities. The 6th outbreak, a gastro outbreak in an elementary school, began the beginning of February and continued for 3 weeks. Specimens were collected, and the cause is unknown. (Noro, RSV, rotavirus were all ruled out.)
- **Emergency Preparedness and Response:** Peter Suh and Terri Schuster from the Public Health Emergency Preparedness & Response program (PHEP&R) provided training on February 15, 2013 to Suburban Hospital medical emergency preparedness staff on the logistics of becoming a Point of Dispensing partner in the event of a wide-release anthrax release requiring mass dispensing of medications.
- PHEP&R has developed plans to respond to a large-scale public health emergency (Anthrax) by dispensing antibiotics to the entire county population within 48 hours. The plans are a requirement for the Cities Readiness Initiative (CRI), a federally funded program supported by the Centers for Disease Control and Prevention. The hospitals in Montgomery County have agreed to work with local public health services to plan together in response to this type of an emergency. In the next several months, PHEP&R will be training the four other Montgomery County hospitals to be part of the CRI plan for mass dispensing.
- **Refugee and Immunization Programs:** The Refugee Health Clinic (DAHC) conducted 172 clinic appointments to screen 45 Asylees and 10 Refugees during the month of February 2013. Refugees were from Iraq, Russia, Eritrea and Ethiopia.

- **TB Control Program:** TB Control staff has finalized the process to do their TB Cohort Review via video conferencing with DHMH. The equipment is in working order and will be used at the next Cohort Review in March.

Licensure and Regulatory Services (L&R): During the month of February 2013, the Environmental Health Services (EHS) Staff in L&R conducted 633 routine food service inspections, 61 re-inspections, 3 mobile unit inspections and 8 itinerant food service inspections.

Critical violations were found during 120 food service inspections. Five food service facilities were closed and re-opened when the critical violations were corrected. Twenty-four food service complaints were investigated. The food-borne team investigated 5 food illness complaints.

The EHS Staff conducted 302 Trans fat inspections and noted 10 violations. Thirty-two nutritional labeling inspections were conducted and 1 violation noted. One smoking violation was noted during routine food service inspections.

The EHS Staff inspected 34 group homes, 4 nursing homes, 5 domiciliary care facilities, 3 private schools and 20 swimming pools. Eight rat complaints were investigated and 4 violations noted.

Fourteen plans for new food service facilities were reviewed and approved. One plan for a new swimming pool installation was reviewed.

Montgomery Cares: Year to date utilization data for FY 2013 (July – January 2013)

- Non-homeless patients 21,585 (67% of budget target)
- Non-homeless encounters 48,043 (56% of budget target)

Maternity Partnership

	<u>January 2013</u>	<u>FY 13 total YTD</u>
Number of patients referred to contracting hospitals	139	1003
New patients enrolled in prenatal care	140	963
Number of teens enrolled	7	40
Percent entry during first trimester	51%	55%
Fetal losses	0	8

School Health Services is preparing for the orientation of 20 new sub and merit employees starting March 11th. This includes 15 School Health Room Aides (SHRAs) and five School Community Health Nurses (SCHNs), of which three SCHNs will be starting in merit positions and the remaining hires will be used to augment our depleted sub pools.

HOT SPOTS

CD&E (HIV/STD Services): Dr. Susan Robilotto has resigned her position with STD/HIV Services. She has taken a position with HRSA/HAB. The HIV Program has closed to new intakes for 2 weeks starting 02/25/2013.

Community Health Services: DHMH will not fund the Minority Infant Mortality Reduction Demonstration grant for FY14 as the initial term of the demonstration grant has come to an end. While DHMH has been pleased with the success of the services provided under the grant, it has decided to use a new approach in FY14 and issue an RFP for a community based organization to provide similar services in Montgomery County as well as other Counties that previously had demonstration grants.