

Approved: March 19, 2015

MONTGOMERY COUNTY COMMISSION ON HEALTH

Meeting Minutes

February 19, 2015

401 Hungerford Drive, Rockville, Maryland

Members Present: Mitchell Berger, Brenda Brooks, Michelle Hawkins, Graciela Jaschek, Alan Kaplan, Linda McMillan, Sheela Modin, Daniel Russ, Tonya Saffer, Wayne Swann, Ulder Tillman and Bridget Ware

Members Absent: Ron Bialek, Ilana Cohen, Kathy Ghiladi, Pierre-Marie Longkeng, Rose Marie Martinez, Marcia Pruzan, Ashraf Sufi and Shari Targum

Staff Present: Paola Fernan-Zegarra, Jean Hochron, Doreen Kelly, Michael McCalla and Ellen Segal

Guests: Dr. Kasi Chu and Dr. Paul Lewis, USUHS, Jane Hooker, Montgomery Cares Advisory Board, Dr. Kathy Mann and Dr. Seth Morgan, Commission on People with Disabilities

Guest Speakers: Dr. Harold Goodman, DHMH Director of Oral Health and Dr. Charles Doring, President of Maryland Academy of General Dentistry

1.0 Welcome and Introductions

Vice Chair Daniel Russ welcomed members and guests and invited all attendees to introduce themselves. He congratulated Dr. Seth Morgan for his recent election as Chair of the Commission on People with Disabilities (CPWD), and expressed appreciation for Dr. Morgan's past service as liaison to the COH from the CPWD. Dr. Morgan introduced Dr. Kathy Mann, who has volunteered to serve as the new liaison from CPWD to the COH.

2.0 Guest Speaker – Dr. Harold Goodman, Director of Oral Health, DHMH

Dr. Russ introduced Dr. Goodman. He has been with the Department of Health and Mental Hygiene for 20 years. His mission is to educate the public on the importance of oral health and to expand access to oral health services for the residents of Maryland. Dr. Goodman mentioned the following points regarding oral health issues in Maryland.

- In the 1990s the State's Dental Action Committee developed a major reform of the Medicaid program for children. The reform gives children a separate dental program, Maryland Healthy Smiles, administered by DentaQuest. DentaQuest is extremely responsive, returning calls from dentists within 12 to 48 hours.
- In response to the tragic death of a child in Prince George's County, Deamonte Driver, in 2007, from untreated tooth infection, the State took positive steps to address improvements in dental care, number of providers, and reimbursement rates to assure access for children, including the large number of children with Medical Assistance.
- Maryland is now a recognized leader in children's dental health. This is a major improvement from the 1990's, when according to the Pew Survey, Maryland ranked 50th among 50 states for children's dental health. Untreated tooth decay has gone down 10

percent in the last decade. He stated that 68 percent of children in Maryland now have regular dental visits. Approximately 34 percent of dentists in Maryland are engaged with the Medicaid program.

- In recent years emergency room visits from children with dental problems have greatly declined.
- The DHMH Office of Oral Health has grown and now has 17 full time staff. Funding comes from the State, HRSA, and the CDC.
- There is a survey done every five years to collect data on school children that has been taking place since 1995. The survey is CDC funded. Montgomery County has declined to participate in the survey thus far.
- The Maryland's Mouths Matters: Fluoride Varnish for Children program started in 2009. This is an evidence based program.
- With regard to fluoridation, Maryland is doing great with 97% water fluoridation.
- Medicaid dental coverage is open to children and pregnant women. Pregnant women are only covered while pregnant.
- Most Managed Care Organizations (MCOs) don't provide much dental care for adults, since it is at the MCO's option and expense, and it is not mandated for adults with Medicaid. There is varying coverage, depending on the MCO.
- Dr. Tillman mentioned that Medicaid financial eligibility for pregnant women is being tightened by the State from those with income of 250% of federal poverty level to 185%.
- Periodontal disease is a gateway to health problems including diabetes and various others.
- DHMH Grants were given to some local health departments, including Montgomery County, to cover oral cancer; and some dental services, and mouthguards for low income children playing contact sports.

Areas that need improvement are: Access to Dental Care for Adults

- Special needs adults are not covered under Medicaid for dental services.
- Adult dental services are generally not covered under Medicaid or many insurance plans, and those who have dental problems are flooding the emergency rooms. This is a drain on the State budget as it costs \$400 to \$500 for the patients to go into the emergency room.

Lack of Access for Older Adults

- Dr. Doring mentioned that the Maryland Dental Action Coalition took tours of senior centers, assisted living, and nursing homes. There is a lot of neglect of oral health. Forty percent of older adults are in need of dental services and these are not covered by Medicare.
- Dr. Doring provides care in some of these institutions in Rockville. Currently dental hygienists and dentists are being trained to go into these facilities. There will be several teams of dentists, hygienists, and dental assistants taking training in working with elderly patients in facilities.
- There is another effort to improve care for emergency department referrals for dental emergencies. There is now a list of dentists who will see patients in need of care at a reduced rate.
- Ms. McMillan asked about dental procedures that the hygienists can handle as a way to expand the available dental providers in some areas.
- Legislation was passed two years ago to allow dental hygienists to work within their scope of practice without needing a dentist present.
- Dr. Goodman said in summary, he sincerely hopes that Montgomery County, and particularly the Montgomery County Board of Education, will allow participation by Montgomery County in the next important Oral Health Survey. The State is currently in

the planning phase. The survey results in helpful local, county level data regarding oral health status.

3.0 Call to Order & Report of Officers

Upon reaching a quorum, Vice Chair Russ called the official meeting to order at 7:05 p.m.

3.1 Approval of Minutes

Ms. Michelle Hawkins made a motion to approve the January 2015 Commission on Health (COH) meeting minutes. Dr. Graciela Jaschek seconded the motion to approve the minutes. The motion was passed unanimously by voice consent.

3.2 Upcoming Meetings

Dr. Russ announced that the COH's next meetings will be held on March 19th and April 16, 2015.

3.3 Update on BCC Meeting with County Executive

Dr. Russ said that on February 3rd Chair Ron Bialek and he attended the annual meeting of DHHS boards, commission and committee chairs with the County executive. Mr. Bialek presented a brief summary of the Commission's priorities for 2015.

3.4 E-Cigarette Legislation

Dr. Russ noted that the Commission's letter in support of the Council legislation to restrict E-Cigarette use was completed and delivered to the Council and included in the background packet for the Council. The link to the packet was shared electronically with the COH. He thanked all the members who had helped in drafting and finalizing the letter.

4.0 PHS Chief's Report – Ulder J. Tillman, M.D., MPH, County Health Officer

Dr. Tillman gave the Chief's Report and announced the written report for January 2015 was sent to the COH electronically and would also be included at the end of the minutes. Dr. Tillman discussed the following issues from her report:

- The Electronic Dental Record launched in late October and the rest of Public Health Services EHR should follow shortly.
- Montgomery County has seen a rise in TB.
- Care for Kids enrollment continues to increase, leading to budget pressures.
- Public Health Services (PHS)/Planning and Epidemiology has been entering data onto dataMontgomery. Age-adjusted mortality rates and the 52 ranked causes of death by gender, race, and ethnicity can be accessed at: Population Health Measures: Age-Adjusted Mortality Rates.
- The Disease Control Team monitored 70 travelers in January from Ebola endemic countries; all were low risk.
- Over 99% of children in Montgomery County have received the measles vaccine. Washington DC had two cases of the measles, not related to the outbreak in Disneyland.

5.0 County Council Report – Linda McMillan

- Ms. McMillan said that Dr. Tillman had spoken to the Council regarding Measles and that Council members were encouraged to hear about the high rate of measles vaccinations among Montgomery County children enrolled in MCPS.
- Ms. McMillan said that several committees of the Council held a joint session to discuss alternative ways to stabilize and provide appropriate placement and services to help those

with mental illness who commit a minor crime, with the goal of keeping them out of the criminal justice system. One plan discussed was to use the Pre-release Center to house people with mental illness who have committed minor criminal acts, and provide services.

- County Council will vote on E-cigarette legislation March 4th.
- The County Executive's budget for FY16 will be released to the public on March 16th.

6.0 New Business and Unfinished Business

There was no new business and no unfinished business was raised.

7.0 Workgroup Sessions

Dr. Russ requested that the members divide into their three workgroups for the next 20 minutes to discuss further planning in their respective focus areas of Oral Health, Accreditation and Data.

8.0 Adjournment

Ms. Safer made a motion to adjourn the meeting and Dr. Hawkins seconded the motion. Dr. Russ adjourned the meeting at 8:02 p.m.

Respectfully Submitted:

Doreen Kelly, Administrator, Public Health Services

Public Health Services Chief's Report January 2015

SUCSESSES AND GOOD NEWS

- Montgomery County TB Program was invited to present at the State DHMH TB Program's Annual Meeting scheduled for March 2015.
- Following a successful Electronic Dental Record (eDR) launch in late October, there had been on-going issues with connectivity at a number of Oral Health provider locations. Thanks to very responsive DHHS IT support, the connectivity issue has been resolved, connecting all provider laptops to the network.

HOT SPOTS

- TB continues to have two vacant CHN positions. An exemption request was submitted for one of the two positions. (One is unable to be filled to decrease in grant.)
- The Health Care for the Homeless program is awaiting approval for an exemption to the hiring freeze to continue the hiring process for a Community Health Nurse. At present, we have a temporary nurse in that position. This individual is also covering the vacant broker position, providing nursing support for the Special Needs Housing-Housing Initiative Program.
- Care for Kids enrollment continues to increase, and a shortfall of \$124,000 is anticipated for FY15. A contract amendment has been submitted by PCC for additional funding to cover costs for client services, specialty referrals, and a small staff expansion to handle the backlog of patient

enrollments. In the absence of additional funding, CFK enrollment could close in March 2015, with new patients admitted only as vacancies are created. Referral for specialty dental care (a significant budget item) is also at risk for funding reasons.

UPDATES ON KEY ISSUES

Planning and Epidemiology

- In January, PHS/Planning and Epidemiology added a CHIP Data Repository dataset onto dataMontgomery. County-wide detailed age-adjusted mortality rates for the 52 rankable causes of death by gender, race, and ethnicity subpopulations for combined data years 2006-2008, 2007-2009, 2008-2010, 2009-2011, and 2010-2012 were published onto dataMontgomery and can be accessed at: [Population Health Measures: Age-Adjusted Mortality Rates](#). A detailed description of the posted data can be found [here](#). The birth characteristics dataset is scheduled to be the next dataset loaded into dataMontgomery this Fiscal Year.

School Health Services

- The Rockinghorse Road Immunization Clinic and School Based Health and Wellness Centers are preparing to go-live with EHR on February 17th. School Health Services is currently finalizing data migration from legacy systems, assisting in the installation of 18 additional desktops and the resolution of access issues, as well as completion of EHR training for more than 50 School Health Room Technicians, School Community Health Nurses, Nurse Practitioners and Doctors.

Disease Control

- The Disease Control Team of 4 nurses conducted 10 animal bite investigations, 30 case investigations including one R/O Measles, and 16 outbreak investigations of which 11 were influenza in long term care facilities. In the month of January, 70 travelers from Ebola endemic countries entered Montgomery County; all were LOW Risk. 60 were monitored by the DHMH Call Center, 8 by NIH and 2 by EMOCHA (a mobile health platform for remote patient management).

HIV/STD

- Enrollment/re-enrollment for health insurance through the ACA ends on February 15, 2015. We anticipate a significant increase in clients requesting HIV health care services at Dennis Avenue after that time.

Immunization Program

- The provider's reenrollment survey for the Vaccine for Children (VFC) program was successfully completed. The Immunization's program outreach staff is in the process of conducting a review of 20% of the private schools' records to keep them in compliance with the State's VFC guidelines. The Immunization program is collaborating with School Health Services in a planning meeting for seventh graders' vaccinations compliance. The Immunization Program continues to hold its Adult Immunization Clinic on every Tuesday from 1:00 pm to 3:00pm at DAHC. For the month of January 2015, we vaccinated 38 adults.

TB/Refugee

- Total number of active TB cases reported to the CDC for calendar year 2014 is 58 (six more than the previous calendar year).

Montgomery Cares

- Montgomery Cares continues to experience utilization below the level anticipated for FY 15. At the end of the first six months of the Fiscal Year (12/31/14), utilization was at 40% for the year, rather than the “benchmark” level of 50%.

Health Care for the Homeless

- The Health Care for the Homeless program is engaging with each of the local hospitals to provide in-service training for discharge planning staff regarding discharge of patients into the shelter system.
- Health Care for the Homeless is re-opening exploration of the feasibility of developing a “medical respite” program for homeless individuals being discharged from the hospital who are not appropriate for the shelter setting. Special Needs Housing has indicated the possible availability of a facility that might house the program, and we are exploring program design, costs, and funding sources.