Montgomery Cares Advisory Board

April 28, 2021 Meeting Notes

MCAB Members Present: Betsy Ballard, Kathy Deerkoski, Julia Doherty, Sarah Galbraith-Emami, Dr. Travis Gayles, Lynda Honberg, Yuchi Huang, Ashok Kapur, Peter Lowet, Diana Saladini, Dr. Langston Smith

MCAB Members Absent: Sharron Holquin, Wayne Swann

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

County Council Staff: Linda McMillan

Primary Care Coalition: Elizabeth Arend, Daniel Baker, Rose Botchway, Sarah Frazell, Marisol Ortiz, Aisha Robinson, Hillery Tsumba

Guest: Tollie B. Elliott, MD, Leah Shoval, Ronda J

Diana Saladini, called the meeting to order at 4:10 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	**Approval of Minutes** – March 24, 2021 **Diana Saladini** Minutes approved unanimously with small correction to Julia's comment under the Value-Based Care discussion ***Moved by*** *Langston Smith* ***Seconded by*** *Peter Lowet*			
2.	**Montgomery Cares Advisory Board Chair Report** **Diana Saladini** ▪ Diana mentioned that Wayne was unable to attend the meeting. ▪ Diana asked members if they had an opportunity to read the board continuation letter and wanted to know if there were any questions ▪ Lynda wanted to know who was leading the effort of the board continuation. Tara explained that Sarah, Julia, Yuchi, Peter, and Langston oversee this process			

3.	**Health Care for the Uninsured Report** **Dr. Rogers/Tara Clemons** **-- CHNA & Telehealth** See Report and handout Dr. Rogers and Tara reviewed the policy and programmatic updates for the Health Care for the Uninsured programs and noted a few County Updates: **County Updates – Dr. Rogers** ▪ County Council hosted a joint Health and Human Services and Education and Culture Meeting focusing on unaccompanied, migrant and asylum-seeking children this morning ▪ The report is accessible via this link - https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2021/20210428/20210428_HHSEC1.pdf ▪ County Council HHS Committee: will meet May 5th to discuss the FY22 Operating Budget – Healthcare for the Uninsured and County Dental programs. The meeting is 9:30 AM - 12:30 PM viewable online **Health Care for the Uninsured policy updates – Dr. Rogers** ▪ Community Health Needs Assessment – Dental Environmental Scan ▪ MCAB Data/Quality Committee o Montgomery Cares Eligibility Transition – Performance Measures Framework ▪ Telehealth o Payment Parity - Md General Assembly Senate Bill 3/House Bill 123 ▪ Montgomery Cares – Value Based Care Workgroup **Programmatic Updates – Tara Clemons** Montgomery Cares ▪ The program served 16,543 patients through March with a total of 39,594 patient visits (in-patient and telehealth) at the ten participating clinics. ▪ March 2021 - The split of encounters was 60% in-patient and 40% telehealth. ▪ PCC will provide the MCares Q3 programmatic report during today's meeting Montgomery Cares – COVID -19 ▪ COVID-19 Vaccination Experience. Six clinics have engaged in vaccine clinics independently or with community organizations/DHHS ▪ Clinics note significant challenges include securing adequate physical space for vaccine and observation processes, securing staffing to fill the multitude of tasks required in the process (heavy reliance on volunteers), operationalizing the complexities of the delivery and documentation of mass COVID vaccines, securing reliable quantities of vaccine ▪ Many thanks to PCC for hosting and administering the COVID19 monthly meetings with the MCares clinics			

Care for Kids

- Program enrollment through March 2021 is 6,095, a less than 1% increase over the same time last year.
- March 2021 - CFK enrolled the highest number of new CFK enrollees in one month since FY21 began
- Although monthly enrollment stays high (retention in the program), numbers for new patients are significantly down (-79%).
- School Based Health and Wellness Centers – we have two locations opening in Upcounty, Gaithersburg High School SBHWC and Gaithersburg ES SBHWC. The in-person visits will begin May 3rd by appointment only for children needing primary health care services

Maternity Partnership

- Number are growing. There were 125 patients enrolled in February and 154 in March
- The new solicitation allows for non-hospital providers to participate, changing the reimbursement rates and requiring additional outcome measures. It's currently posted on the County website
- Program staff is working closely with County Dental to focus on enhanced Dental care access for MPP women. The number of maternal dental visits has gradually increased (e.g. 7 visits in July '20, 53 visits in March '21)

Dental Services

- The program's numbers were much higher with the number of encounters and the number of patients almost doubling the number of visits
- The program had a total of 3,705 patient visits through March

Homeless Health

- SEPH continue to work on providing vaccine clinics for our homeless population. Since last month, they have facilitated another vaccine clinic. Various Permanent Supportive Housing Programs have received assistance with several community partners in providing vaccines to clients in scattered sites. Currently SEPH is working on a plan to incorporate ongoing vaccine
- The medical Respite Program continues to progress very well, with completed renovations to the three houses on Fleet Street where the program will be located.

Discussion

- Yuchi questioned if the unaccompanied minors were coming to join their families and if they had a place to stay. Tara explained that most of the children have family here, so they are seeking reunification with either immediate or extended family. The County is working with all partners to meet their needs and enroll them in school and care for kids
- Langston asked if the Community Health Needs Assessment assess both private and public entities. Dr. Rogers explained that yes, it will include both
- Julia questioned if year to year data for comparison was available to see the trends. Tara noted that she could check with PCC to see if it could be incorporated quarterly
- Lynda wanted to know if the program was seeing similar ratios with other clinics, FQHCs, or private primary care offices. She is wondering if the program's trends mirror what is going on throughout the Country. Tara

	explained that she couldn't speak to that as they have not looked at other health care organizations. She also explained that the population the program serves tends to prefer to be seen in person rather than via a telehealth appointment. Julia stated that she could pull the information. She noted that health and human services produced a report and it showed an increase in the number of telehealth visits at the primary care level in the initial months and has been decreasing since. Julia will post the link to the report in the chat ▪ Lynda wanted to know if Johnson & Johnson's vaccine was the choice for the homeless population due it being one shot. Tara stated that they would check with LaSonya or Dr. Gayles to get an answer			
4.	**Montgomery Cares Program Q3 Report** **Aisha Robinson** <u>Montgomery Cares Q3 Performance</u> • The benchmark for the second quarter is 75% o Clinics have reached 71% of the FY2021 budgeted number of encounters, and 59% of projected unduplicated patients. <u>Montgomery Cares Behavioral Health Program</u> ▪ Staffing and Program Updates o Medstar psychiatrist Dr. Madhu Rao started work with the MCBHP at the beginning of January. She provides consultation and direct patient care to patients at all partner sites. ▪ MCBHP continues to offer virtual support/therapy groups in Spanish. Topics have included parenting during the pandemic, insomnia, and peer support. MCBHP plans to continue to offer virtual groups as they have been well received and patients have shared, they appreciate the convenience of virtual groups. Upcoming group plans include COVID-19 long hauler symptoms and support, acculturation to the United States healthcare system, and healthy lifestyles. ▪ MCBHP continues to host meetings for behavioral health leaders at all the Montgomery Cares safety net clinics. Recent topics have included: o Role of behavioral health staff in helping navigate getting COVID vaccines o Resources for people with dementia o Chronic Pain resources o Finding appropriate referral sites for patients with behavioral health needs the exceed primary care setting ▪ In terms of utilization, the number of patients is lower than FY20 but the percent of unique patients receiving behavioral health services is comparable to the same time last year <u>Specialty Care Summary Q3</u> ▪ FY21 Priorities o Specialty recruitment and retention o Specialty care process improvements ▪ Project Access o Referrals received: 726 (151 more than Q2) o Appointments scheduled: 451 (39 more than Q2)* o Number of patients served: 344			

- Catholic Charities Healthcare Network
  - Referrals received: 412
  - Appointments scheduled: 283
- Accomplishments
  - Project Access expanded the current agreement with oncology to include radiation oncology.
  - The Project Access clinical manager and CCHCN program manager collaborated to get critical cancer patient started with chemo and radiation.
  - Project Access continues to utilize Quest financial assistance for labs that are >$400. To date savings: ~$1,500.
  - Project Access continues to utilize the Maryland Cancer Fund to assist in coordinating specialty care for cancer patients. 11 total active grants.

<u>Community Pharmacy/Medbank</u>

- Total Community Pharmacy spending for FY21 Q3 (54%) continues to be down 11% in comparison to FY20 (65%), and down 19% from FY19 (73%), most likely due to lower encounter rates as a result of COVID-19.
- The Medbank program is operating as usual with an observation of 41% decrease in new enrollment over the same period in FY20. However, active patient enrollment remains consistent at approximately 1,200.

<u>Information Technology Q3</u>

Data Projects

- To improve reporting capabilities and data insight for the participating eCW clinics, PCC data team created 3 new reports and modified 5 existing reports in eCW's reporting platform known as eBO
- Continued data collaboration with American Heart Association and Thriving Germantown.
- Continued to generate quarterly reports for Quality Measures
- Continued to compile Montgomery Cares Invoice Data from non-eCW partner organizations.

eCW Updates

- eCW Upgrade to v11.52 occurred in March 2021. Clinics encouraged to use Google Chrome/Plug-in version of eCW.
- Updated 2021 Fee Schedules available now in eCW.
- Smart Forms are now fully functional again. More updates to come regarding the historical data.
- eCW Vaccine Lot Numbers/Inventory guides have been distributed to all clinics to track vaccine administration.
- Reminder: Only PAID providers can submit claims to commercial insurance/Medicaid for reimbursement through eCW.

<u>Discussion</u>

- Regarding the year to year trend presented, Julia questioned what is driving the longer trend back to 2019 and how it compares to what the needs are in terms of the number of uninsured in the community. Aisha noted that she would need to research. Hillery wanted to clarify the question to ensure the right individual was asked.

	Julia clarified she would like additional information/data on the downward trend from 2019 to present. Tara noted that the monthly visit report does not include reconciliation encounters from each quarter. • Tara noted that the enrollment numbers show the number of encounters and patients has increased gradually since FY15. The number of patients since FY18: **FY18 –** 25,965 **FY19 –** 26,422, **FY20 –** 23,804 (COVID) • Julia mentioned the Board is continually trying to advocate for specialty care. It would be helpful to have more details on the need vs. access. Aisha noted that specialty care recruitment and retention is a large focus for the specialty care team this year. It has been difficult to retain/recruit pro-bono providers during the pandemic. The program is seeking to recruit as many providers as possible. Regarding appointments vs. referrals - the appointments are not always scheduled in the same quarter the referrals were made thus impacting the numbers on the reports. There is a yearly report that shows the number of referrals made vs. the number of appointments. She will make the report available			
5.	**Board Development: Charter** **Sarah Galbraith-Emani** ▪ Sarah provided an update on the presentation from February about the Board Charter. She noted that the first issue was the sunset date (December 31, 2021). She announced that the recommendation letter has been submitted for board continuance. The letter did not include any of the proposed changes only the recommendation that the Board continues ▪ Sarah discussed the issues that were identified at the last meeting and noted the following: o Membership criteria updates – The managed care industry position in particular has been difficult to fill and at the February meeting it was agreed to: ▪ Remove 1 representative from a Managed Care Organization, and add this individual to have a total of 4 members who have knowledge and expertise with issues related to health care ▪ Add 2 members to have a total of 5 members of the public ▪ These changes would bring the membership numbers to 19 ▪ Sarah also noted other issues to be discussed: o The Vice-Chair as an formal elected position o Inclusion of the Health Care for the Homeless Program o Board name o Any other concerns **<u>Discussion</u>** • Julia stated that most other charters mention the existence of an elected Vice-Chair. Sarah noted that discussion had taken place to add it under Sec, 24-51 (b) *Chair:* The members of the Board must elect a chair by majority vote to serve a 1-year term *Motion to make the vice chair an elected official was unanimously approved* ***Moved by** Julia Doherty* ***Seconded by** Langston Smith* • Lynda mentioned that at times it is challenging having the Health Care for the Homeless program under the MCAB because so much of the homeless programs in the County are focused on housing first. At times its			

	difficult to figure out how Homeless fits under the MCAB's umbrella. Lynda noted that there are many programs that are not under the board's umbrella such as the school-based health clinics even though they focus on underserved, uninsured, low-income population among others • Diana asked who would oversee the Health Care for the Homeless program if not the Board. Lynda explained that there is an Interagency Council on Homelessness and noted that they are fairly successful in advocacy • Peter stated his concern was the lack of context for prioritization for advocacy. He explained that the Board did not have the whole picture. When the issue was brought before HHS, it was said that the health care pieces of the program could be carved out for the MCAB to advocate • Diana questioned if there was a motion to include or exclude Health Care for the Homeless. Lynda mentioned she didn't have enough information to be able to answer this. • Sarah stated that she thought they didn't have much time as she understood a decision needed to be made by June. Tara explained that the Council goes into recess at the end of July until the 1st or 2nd week of September. Tara asked Linda for any additional recommendations. • Linda explained that Council would need the recommendation by September in order to have a hearing and take action on it and/or to turn it into expedited legislation to become effective immediately (she explained that non-expedited legislation doesn't become effective for 90 days). She also explained that if it is ready before the Council recesses it can be introduced and ready for public hearing right when they come back. It could be done either way and reminded the board that the last Tuesday of July is the last Council session • Diana and Julia wanted to clarify what information was needed to be able to make the decision to remove or keep Health Care for the Homeless as part of the board. Ultimately its up to the Board what they want to recommend. however, there is a group within Health Care for the Homeless that are Medicare eligible and a group of people who are uninsured. • Lynda questioned who is on the Interagency Council? How they are organized? and the kind of advocacy they do on behalf of the homeless population and their healthcare issues? • Diana wanted to know if it was feasible to have this information available for the next meeting or if someone from the Interagency Council could come to the to the meeting to do a presentation • Peter suggested for an offline discussion and nominated Lynda to have a side conversation with the chair of the Interagency Commission to get information on the scope. LaSonya explained that Amanda and one of the leads for the ICH are open to talking to Peter and Lynda. LaSonya will help with coordinating the meeting • Peter wanted to discuss the possibility of expansion of scope for children services such as school health-based clinics which in his opinion should not be separate from Care for Kids. He wanted to know if the board could advocate for expansion • Lynda agreed with Peter and mentioned the preventative dental program to expand services. She noted that in her opinion the school health-based clinics fit in nicely within Care for Kids. Tara explained that all school health-based centers are staffed by DHHS staff within public health • Lynda wanted to know who advocates on behalf of the centers and about their funding. Dr. Rogers explained that there is collaboration with the school health-based centers around Care for Kids which led to the re-opening of the school health and wellness centers. Dr. Rogers also explained that the Commission on Health has done advocacy for school health. • Diana and Sarah discussed the question of changing the board's name and Diana asked members to send suggestions to Tara. A more in-depth discussion will take place during May's meeting	Set up meeting for	LaSonya Kelly	ASAP

	• Lynda wanted clarification on which board members could fill the position of chair and vice-chair. Tara explained that most members could be chair unless their member type is for certain appointed positions.	Lynda and Peter with Amanda and ICH lead		
6.	**COVID-19 Updates** **Dr. Travis Gayles** • Dr. Gayles provided a brief update and noted that as a local jurisdiction, Montgomery County has made tremendous strides • In the past 2 months since Governor Hogan lifted restrictions, there has been a rise in community transmission. Nearly every jurisdiction experienced a doubling of their case rate as well as their case positivity and in some cases tripled. Montgomery County's did not despite some residents being dissatisfied with the decision to keep restrictions in place. • 51% of residents have had at least a 1st dose of a vaccine and about 34.8% have been fully vaccinated • There are new reopening metrics that continue to be tied to community transmission but are also now tied to vaccine rates. Dr. Gayles explained that the County looked at many jurisdictions including the State of Illinois who was one of the first to incorporate such metrics in their reopening parameters. It created a system that was approved and awarded a health resolution yesterday. The resolution calls for achieving a rate of 50% of vaccination (first dose) to move to Phase 1 which means reopening up to 50% capacity, 60% of vaccination (first dose) to move to Phase 2 which means 75% capacity, and phase 3 would be when 50% of the population is fully vaccinated and at that point capacity restrictions would be removed while continuing to recognize and respect physical distance per CDC guidance • Dr. Gayles discussed the 2 weeks pause on the use of the Johnson & Johnson vaccine. The CDC is investigating the potential relationship between formation of blood clots, thrombocytopenia, and low platelets. Originally 6 cases were reported. After further review, it was determined that it was 15 cases that raised concern out of approximately 8 million doses administered. All the cases were experienced in female patients between the ages of 18-50. There was no causal relationship found, however, given that the incidents were documented, additional warnings for those who fit the demographics are now included **<u>Discussion</u>** • Members questioned if the Johnson and Johnson vaccine is the primary vaccine being used on the homeless population. Dr. Gayles explained that great strides have been made in terms of providing vaccines for the homeless. Initially, Moderna doses were being used and doing first and second dose follow up as best as possible. Once the Johnson & Johnson vaccine was received, priority was given to the homeless population.			
7.	**Mary's Center: Telehealth Report** **Leah Shoval** ▪ Leah went over the "Telehealth and Strategies to Increase Healthcare Access and Equity" presentation and noted that they have had a telehealth program since 2017. It is a fairly unique model which allowed Mary's Center to pivot through the pandemic in a seamless way. ▪ Leah explained that telehealth at Mary's Center includes teletheraphy, telemedicine, teledental, and telesocial services. One model includes sending a MA out to the patient's home bringing all necessary equipment. She			

	further explained that because of the pandemic they had to switch to a virtual space. With the various models Mary's Center has implemented, they have seen improved patient outcomes and a reduction in cost. ▪ Leah provide an overview of the services provided and their model and noted the following: **<u>SERVICES PROVIDED</u>** TELEMEDICINE ▪ Adult ▪ Chronic condition management ▪ Sick & ER follow-up ▪ Medication Assisted Treatment ▪ Partnership with Federal City Recovery Services ▪ Pediatric ▪ Chronic condition management ▪ Sick & ER follow-up ▪ Annual well visits post 24 months ▪ Perinatal ▪ Prenatal ▪ Peripartum TELEDENTAL ▪ Digital imaging TELETHERAPY AND SOCIAL SERVICES ▪ Warm hand off for immediate support ▪ Group work including SUD/MAT ▪ Senior Engagement ▪ Therapy and psychiatry ▪ Early Childhood and Parent Child Interaction Therapy ▪ Tele-Home Visiting and Parent Support TELESOCIAL SERVICES ▪ Referrals within Mary's Center ▪ Health education and promotion ▪ Specialist and screenings support ▪ Family support ▪ Pharmacy coordination ▪ WIC and breastfeeding coordination **<u>MODEL</u>** VIRTUAL			

- Doxy.Me synchronous interaction
  - Two-way and group video conferencing
- Zoom for Healthcare
  - Behavioral health groups
- Televoice synchronous calls

FACILITATED
Telemedicine/dental assistant travels to participants' homes with a kit of screening and diagnostic equipment:

- Point-of-care tests
- Lab supplies
- Vaccines
- Peripheral diagnostic equipment
  - Stethoscope
  - Digital scope: allows the provider to closely examine skin, inner-ear, nose, or throat
  - Doppler
  - Nomad portable x-ray
- Internet hotspot and laptop
- Doxy.Me synchronous interaction

BENEFITS – PATIENTS:

- Comfort and convenience of the home
  - Time saved
  - More accurate biometrics
- Hands-on, personal attention from Mary's Center Telemedicine/dental MAs
  - Advocates that ensure participant health literacy
  - Care coordination with case managers, pharmacy, specialists
  - Medication administration support
  - Referrals assistance
- Scheduling
  - Access to unique telemedicine/dental scheduling phone line [for facilitated Telemedicine/dental only]
  - 90.8% of 76 respondents thought our scheduling process was easy and 89.5% of them thought they were able to schedule an appointment as quickly as needed

- Leah mentioned the percentage of telehealth encounters and noted that for behavioral health it was 5% pre COVID-19 and it is 94% during COVID-19 and for Medical it was 1% pre COVID-19 and it is 50% during COVID-19 (via both facilitated and virtual telemedicine)
- Leah noted that some of the successes they have seen include
  - 20% decrease in low acuity non-emergent visits to ER
  - 9% improvement in both HbA1c and blood pressure control

ANTICIPATED LONGTERM OUTCOMES:

- Improved
  - Adherence to well exams, chronic care follow-up, treatment plans and immunizations
  - Health outcomes
- Reduce
  - Inequities in primary healthcare
  - Hospital and emergency room over-utilization
  - Hospital all-cause readmission rates
  - Morbidities and mortalities

OPPORTUNITIES:

- Kiosks & Pop-up Sites: select locations with greatest need in Montgomery County
  - Existing school-based health centers
  - Healthcare deserts
    - Piney Branch & University Blvd
    - Wheaton – Georgia Ave and University Blvd
    - White Oak
    - Aspen Hill
  - Senior living communities
  - Low-income housing developments
  - Community centers
  - Wellness centers
- Remote Patient Monitoring
- Virtual Urgent Care
- Chatbot and Artificial Intelligence

<u>Discussion</u>

- Julia questioned what Mary's Center thoughts were on maintaining telehealth given that the change in payments will not be significant unless they are under a global budget. Dr. Elliott mentioned that the motivating factor for coming up with this model was to save money. He also noted the value of advocacy to help with this
- Dr. Rogers mentioned that he is very interested in the kiosks and pop-up sites in the County. He questioned what staffing resources would be needed to implement? Leah noted it could be done with as little as 1 person including clinical oversight to ensure safe and quality delivery of care via telehealth. Leah also mentioned Mary's Center has telemedicine MAs going out to sites and the kit is roughly 5K to 6K
- When thinking of pop-ups, it is important to consider location, staffing, computers, internet access etc. If a roaming model is considered, then having a MA go to a community site could be a less expensive approach
- Dr. Rogers asked what some of the items are included in the medical kit. Leah detailed it includes blood pressure monitor, a specialized stethoscope that can be plugged into a computer to allow the provider to hear the heart and lung sounds, specialized scopes which allow the provider to see the tympanic membrane in the ear for a pediatric well exam, Snellen eye charts, among other things

	▪ Langston questioned what the dental kit included that allows for screenings and diagnostics. Dr. Elliott explained that the kit is in the process of being created. It will include a camera that allows the provider to get a full mouth image. Dr. Elliott mentioned that no treatment is being provided at this time and much like telemedicine it will evolve			
8.	**FY22 Advocacy Priorities** **MCAB Members** **--Troika Update** ▪ Lynda mentioned that the TROIKA is due to meet on Thursday and noted that the visits to County Council were very successful. She noted that there was interest around dental, there was acknowledgement that the system in the County needs to be better coordinated and there was also interest in the Children preventative services instead of focusing on just the sealant program. Lynda further explained that a proposal is being worked on for expanding the program ▪ Peter reminded the board about the advocacy priorities and noted that there were several policy elements around eligibility and telehealth. Peter also mentioned that they had been very conservative in their advocacy ▪ Hillery noted that the process is still ongoing, there are still 2 additional Council visits coming up, and a work session is scheduled for next Thursday. She will provide additional updates at the next meeting			
9.	**Next Steps – May 2021 meeting** **Wayne Swann** May 2021 Meeting will include conversations about Health Care for the Homeless, possible name change of the board, and a legislative update The next meeting will be held May 26, 2021			
10.	**Meeting Adjourned at 6:52 pm** ***Motion to adjourn:*** *Julia Doherty* ***Seconded:*** *Lynda Honberg* *Unanimously approved*			

Respectfully submitted,

Tara O. Clemons
Montgomery Cares Advisory Board