Montgomery Cares Advisory Board

February 24, 2021 Meeting Notes

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

MCAB Members Absent:

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

County Council Staff: Linda McMillan

Primary Care Coalition: Rose Botchway, Marisol Ortiz, Aisha Robinson, Hillery Tsumba

Guest: Jessica Fuchs, Faye Green

The Chair, Wayne Swann, called the meeting to order at 4:08 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	**Approval of Minutes** – January 27, 2021 **Wayne Swann** Wayne requested a revision on page 6 of the minutes. Wayne will send to Tara. ***Moved by*** *Yuchi Huang* ***Seconded by*** *Peter Lowet*			
2.	**Montgomery Cares Advisory Board Chair Report** **Wayne Swann** ▪ Wayne highlighted the agenda and congratulated Dr. Gayles for all the work being done in the community. He also mentioned that the clinic leadership has done a great job ▪ Wayne also congratulated the African American, Latino, and Asian health initiatives for all their support with the vaccination issues. ▪ Wayne wanted to note the accreditation by the Public Health Accreditation Board (PHAB) for DHHS. He stated that is very notable and mentioned that the process began years ago with the Commission on Health. He gave kudos to Dr. Tillman who was an instrumental person in getting this process started.			

3.	**COVID-19 Updates** **Tara Clemons/Dr. Christopher Rogers** ▪ Tara noted that Dr. Gayles presented to County Council sitting as the Board of Health and it was very informative. Tara shared the YouTube link to the board members ▪ One of the data points mentioned was the 500,000 lives lost across the Country and about 1,300 lives in Montgomery County. ▪ Dr. Gayles as well as Earl Stoddard were present and both highlighted the improvement of the transmission rates ▪ Tara noted that Earl stated that Pfizer, Moderna, and Johnson & Johnson were attempting to increase the number of vaccines they produce every week ▪ Pfizer can produce 4 to 5 million a week and by April wants to be able to produce 10 to 12 million. Moderna can produce 5 million a week and by April wants to be able to do10 million. Johnson & Johnson is schedule for their hearing this Friday to gain approval. ▪ Dr. Rogers asked board members to send any questions they had to him or Tara and they would get them to Dr. Gayles ▪ Dr. Rogers mentioned that he would be providing the Montgomery Cares providers with information on how they can begin to gain access to vaccinations. <u>Discussion</u> • Julia questioned if there was an update regarding outreach to vulnerable populations and populations of color in reference to the vaccines and wanted to know what work has been done or will be done with the clinics as it relates to outreach for that community. Tara mentioned that it would be addressed during the Health Care for the Uninsured report.			
4.	**Health Care for the Uninsured Report** **Tara Clemons** 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 – Tara Clemons** • The County Executive's FY22 budget will be released March 15th and any changes to the Health Care for the Uninsured will be shared at the March's meeting • The County Executive's office has a backlog of notices to post for board vacancies that were missed last year due to COVID. They will get back to DHHS as soon as possible • Tara provided an update of the County sponsored outreach events in response to the request from January's meeting about outreach to vulnerable populations **Programmatic Updates – Tara Clemons**			

Montgomery Cares

- The program served 14,176 patients through January with a total of 30,569 patient visits.
- The clinics expanded 42% of the FY21 budgeted amount for encounters
- Two clinics are currently not accepting new patients but continue to see current patients.

Care for Kids

- The program's enrollment through January 2021 is 5,935 which is a 3% increase over the same time last year. Numbers for new patients are significantly down (-86%)
- MCPS will be returning to in-person learning March 1st and 15th, because of this school health has notified nurses and health technicians that they will return to school. Each school will have one health tech or nurse per school
- School Health is finalizing protocols for addressing illness and COVID situations; a draft has been shared with principals.
- MCPS is recommending securing contractual health services, intended to be a supplement to the School Health services. SH will continue to be the primary and predominant health service entity for schools

Maternity Partnership

- As of January 31st, White Oak Medical Center (WOMC) is no longer participating in the Maternity Partnership program. This was a business choice made by Adventist as they are reducing outpatient services provided at WOMC.
- The open solicitation for MPP was posted Feb. 19th. Its accessible via the County's website. The client co-payment was slightly increased from $450 to $500, and the hospital reimbursement was increased from $785 to $900
- Since March 2020, County staff has discontinued making home visits and all patient visits are via telephone. We have been making some telehealth - video calls and are working towards getting all of the staff access to ZOOM Health, which is DHHS's chosen telehealth platform. MPP staff is currently in the process of developing a new "Home Visit Protocol" and hope to be ready when the CDC and Dr. Gayles determine that it is safe to resume

Dental Services

- The program had a total of 2,357 patient visits through Jan., a 65% decrease compared to FY20
- All engineering controls have been completed at all the clinics this week. We can now start scheduling for all procedures at each clinic.

Homeless Health

- The program had a total of 426 patient visits through Jan., a 395% increase compared to FY20
- In January, **45** single adults were housed through rapid re-housing, permanent supportive housing programs and case management services to assist with self-resolve resources
- In January, **5** Families were housed through rapid re-housing and case management services to assist with self-resolve resources

	▪ The medical respite program continues to progress well, with renovations to the 3 houses approaching completion. The vendors have been solidified to provide medical and case management services and planning for the first steering committee meeting. **Discussion** • Ashok questioned if a credit would be given if there were any hospitalization savings. Tara explained that no credit would be given as there is no system in place that tracks this savings. Tara explained that there is awareness about this taking place but there is no reporting and or tracking • Lynda wanted to know which clinics were not accepting new patients. Tara noted she did not have that information on hand but can provide it. • Regarding the Maternity Partnership enrollment numbers, Peter questioned how many women were enrolled in the first trimester and if that was a data point that was measured. Tara explained that data is available and will provide the information.			
5.	**Telehealth Report** **Dr. Rogers** See Report and handout ▪ Dr. Rogers mentioned that DHHS has heard from Montgomery Cares providers that no show rates for appointments have significantly decreased because of the ability to provide health care services utilizing various telehealth modalities ▪ Dr. Rogers provided an overview of the current status of telehealth and noted that clinics are currently utilizing tele-video and tele-audio for patient encounters and visits are reported monthly. ▪ Dr. Rogers mentioned that the department had requested PCC to conduct a telehealth experience report. It included information regarding provider experiences and challenges with telehealth as well as patient outcomes and challenges ▪ Dr. Rogers discussed the telehealth platforms and mentioned that any stand alone or EMR embedded HIPPA compliant telehealth platform as well as "non-public facing" remote communications such as Facetime, WhatsApp, Facebook messenger among others will potentially be permissible as an encounter. He explained that this good faith exemption was granted by the Federal Office of Civil Rights during the COVID-19 pandemic. ▪ The telehealth guidelines and standards were discussed along with reimbursement under a value-based care arrangement ▪ Dr. Rogers stressed to all board members to provide their feedback regarding the telehealth policy to the department **Discussion** ▪ Ashok requested clarification on what "originating site" meant. Dr. Rogers explained that it was the patient's location at the time services are received via telehealth. He further explained that the originating site must be in Montgomery County.			

	▪ Peter requested clarification on the "distant site" and if a provider was required to be in Montgomery County to provide telehealth services. Dr. Rogers explained that the provider's location could be different from the administrative location ▪ Ashok asked for clarification about the allowable platforms. He questioned if DHHS was stating that they will allow non-HIPPA compliant platforms because they have some level of encryption. Dr. Rogers explained that the department's guidance is based on the exemption mandated by the Federal Office of Civil Rights during COVID-19. Dr. Rogers also noted that the ideal is to not limit access ▪ Julia questioned how value-based payment was going to move forward. Dr. Rogers explained that the clinics are currently under an alternative payment structure with the block payment and have been for almost a year. He explained that this has given them some experience managing a different mechanism. Dr. Rogers noted this is the reason DHHS wants to hear the feedback on what value-based should be, not only from a quality perspective but also a payment perspective ▪ Lynda wanted to know what input the clinics have into the telehealth policy and expressed concerns with privacy issues regarding the platforms that are being allowed for telehealth and how patient-provider privacy will be guaranteed. Dr. Rogers explained that one of DHHS's principles is to promote equitable patient access and choice to quality, culturally responsive, person-centered telehealth care. The department wants to grant patients and providers the flexibility to use all the telehealth functionality that has been granted under COVID-19 under the Federal, State and County level. Dr Rogers also explained that the policy will be shared with the clinics at future meetings for input and feedback. ▪ Julia wanted to thank the department for the flexibility with the telehealth policy as far as platforms are concerned, but wanted to know if these flexibilities were only during COVID and what approach the clinics should take when adopting a system; should they be looking at HIPPA compliant systems only since the assumption is that the exemptions will end when the public health emergency ends? Dr. Rogers explained that what he outlined today will be the policy moving forward post COVID-19 public health emergency. The use of telehealth will be standardized for Montgomery Cares and the draft policy that was shared today is reflective of what the permanent telehealth policy will look like to be in effect hopefully by FY23 ▪ Ashok mentioned the Office for Civil Rights (OCR) guidelines regarding HIPPA and his understanding was that the use of non-HIPPA compliant platforms would only be allowed during the nationwide public health emergency. He also mentioned that he understands that the department wanted to increase healthcare access to clients but based on his personal experience, it would be the doctors who dictate which platforms to use not the patients. Dr. Rogers noted that there will be many COVID-19 telehealth federal policies that state and local payers like the County have adopted where the federal government may decide to continue or may not. Ultimately the decision would need to be between the clinics and the patients ▪ Peter stated that the exemption from the OCR regarding the non-HIPPA compliant platforms would more than likely be removed once the public health emergency came to an end ▪ Julia wanted to know if the telehealth policy would be for MCares only or for all Health Care for the Uninsured programs. Dr. Rogers explained that it would be for MCares to start with and the conversation with the other programs' stakeholders would need to take place to determine the best approach.			

6. Board Development - MCAB Charter **Sarah Galbraith-Emami**

- Sarah provided an overview of the Montgomery Cares charter and noted that it is due to sunset December 31st, 2021. Sarah explained that if the board decides to make changes to the charter, those changes need to be submitted 3-4 months in advance. One of MCAB's task is to make the recommendation for the continuance of the board and the deadline for that is March 31st, 2021
- Sarah reminded members of the board's mission, membership, and the need for amending its criteria as well as the board's duties.
- Some of the questions that have come are:
    - Should the title "Montgomery Cares Advisory Board" be amended to more accurately reflect all the programs the board oversees?
    - Should the board add to the membership (members of the public) or should the criteria be relaxed?
    - Should Health Care for the Homeless be removed from Health Care for the Uninsured programs?

Discussion

- Dr. Smith mentioned that based on his experience with the board, very little of the discussion has been related to the Health Care for the Homeless (HCH) program and wonder if MCAB should continue to have a role in that program. Wayne mentioned this was discussed previously and noted that the program is focused on health care delivery for uninsured/underinsured persons.
- Dr. Smith asked who manages the program and what is the process. Wayne explained that LaSonya Kelly is the manager for the Homeless program.
- Julia and Lynda both mentioned that Health Care for the Homeless is no longer under Public Health and wondered if MCAB was the best place. Tara explained that the Interagency Council on Homelessness (ICH) wanted Health Care for the Homeless to remain with MCAB for advocacy because it was focused on the medical delivery of care for uninsured/underinsured. She mentioned that it would be good to ask the HCH manager to make a presentation and decide from there if the program might fit better elsewhere.
- Dr. Smith asked Tara if the HCH manager could come to a meeting to speak with the Board. Wayne mentioned that a presentation was done by LaSonya and Amanda in October 2020 and he stated that he could re-send the power point presentation.
- Lynda wanted to discuss membership and noted that some years ago the board felt it was critical to have a member from a managed care industry as part of the board, however, that has been a difficult position to fill and she suggested rethinking this and offering more flexibility on who can join the board**.** Julia agreed and felt that relaxing the criteria would make it easier to fill the vacancies
- Peter agreed with Lynda and noted the importance of encouraging diversity of skills and experience. Peter also wanted to know if there were any diversity components already listed for the membership. Tara explained that there wasn't anything specific on the MCAB charter but explained that there is a policy and procedures for all boards and commissions of the County wanting to diversify the types of members on the boards
- The suggestions regarding membership from the board was to:
    - Move **1** representative from a Managed Care Organization to for a total of **4** members who have knowledge and expertise with issues related to health care

	○ Add **2** members to for a total of **5** members of the public ○ These modifications would change the membership from the current 17 members to 19 ▪ There was board consensus regarding the suggested membership modifications. Additional discussion regarding the board's title change as well as the placement for the Health Care for the Homeless program still needs to take place. ▪ Wayne wanted clarification regarding the timeframe and deadlines for board continuance recommendations and change submissions. Linda McMillan explained that a regular piece of legislation takes 90 days to become effective and expedited legislation can become effective immediately, therefore, for regular legislation to be effective January 1, it would need to be enacted by the end of September ▪ Wayne asked for clarification regarding what needed to be done for an extension of the March 31st deadline to be granted. Linda explained that the March 31st deadline is not asking for any specific details. It is asking for a recommendation on whether the board should continue. Wayne asked for this item to be added to the March 24th meeting	Add continuance of board discussion to March's meeting	Tara C.	March 24th
7.	**Montgomery Cares Mid-Year Report** **Aisha Robinson** See Report and handout ▪ Aisha mentioned that the benchmark for the second quarter is 50% and noted that clinics have reached 37% of the FY2021 budgeted number of encounters, and 46% of projected unduplicated patients. She also provided the January update and noted that the clinics have reached 51% of projected unduplicated patients ▪ She mentioned that all clinics have capacity to see established patients within 7 days, except Holy Cross-Aspen Hill (25 days) and Mary's Center (21 days). She noted that the average wait time for a new patient appointment ranges from 0 days at CMR-Kaseman Clinic to 21 days at Community Clinic, Inc. and Holy Cross-Aspen Hill and Muslim Community Center Clinic are not currently accepting new patients ▪ Aisha informed the board of the most recent staffing and program updates for the behavioral health program ▪ She noted that at the end of December, the program had seen 796 unique patients who are receiving behavioral health services out of 8,674 Montgomery Cares patients (9.2%) ▪ Aisha highlighted some of the Specialty Care accomplishments: ➢ The RN Clinical Manager secured discounted optometry services with MyEyeDr for Montgomery Cares patients. ➢ The RN Clinical Manager secured a specialty pathology service (Circulogene) writing off the cost of testing to serve Montgomery Cares patients. ➢ A current orthopedic surgery practice expanded services to Project Access adding physical therapy & general podiatry ➢ PA continues to utilize Quest financial assistance for labs that are expensive. To date savings: $1,200 ➢ PA continues to utilize the Maryland Cancer Fund to assist in coordinating specialty care for cancer patients. Total grants awarded in use: 6 ($120,000) ➢ The Project Access Patient Letter, Referral, and Patient Responsibilities have been updated to improve the specialty care referral process. ▪ Aisha noted that the total Community Pharmacy spending for FY21 (37%) is down 7% from FY20 (44%) most likely due to a lower encounter rate as a result of COVID-19.			

	▪ Aisha also mentioned that there was an abundance of Flu vaccines received through the CARES Act and PCC requested that the surplus be distributed to non-Montgomery Cares patients; that request was approved by DHHS ▪ Aisha also highlighted the information technology eCW COVID-19 updates. **Discussion** ▪ Julia wanted to clarify that individuals in federal qualified community health centers are receiving mental health services but not through the Montgomery Cares program. Aisha stated that this was correct ▪ Peter asked Aisha to discuss the breast and cervical screening efforts that PCC is working on. Aisha mentioned that a grant from the Maryland Department of Health was received to provide breast and cervical cancer screenings for uninsured and underinsured populations. The process has not started yet, training and contracts with the clinics are being finalized and hope to begin seeing patients in March ▪ Lynda wanted to clarify if clinics were giving COVID-19 vaccines. Aisha stated this was correct and noted that not all clinics have received them and CCI will be getting it directly from the Federal Government's allocation, and not the State or the County's			
8.	**FY22 Advocacy Priorities** **MCAB Members** **Prioritization discussion** ▪ Tara asked Hillery if the numbers from the other two groups could be shared with MCAB, particularly the ones for Maternity Partnership and Care for Kids. Hillery will send the information to Tara ▪ Lynda asked Hillery about the timeline to request meetings with County Council. Hillery stated that she will try to get the appointments booked before the full agenda is finalized. She also mentioned that it would be ideal to have TROIKA's aligned position by March 15th. ▪ Hillery highlighted the TROIKA's document and noted that there was discussion regarding policy focus considerations about: ➢ Telehealth policy ➢ Eligibility policy and the status of it post COVID-19 ▪ Hillery also highlighted the budget items discussed: ➢ Interpretation for telehealth services – $65,000 (aligned) ➢ Psychiatric services to adjust for the shortfall in the Georgetown psychiatry contract – $63,135 (aligned) ➢ Specialty care to adjust for anticipated reduction in available specialty care. She noted that if there is not a budget adjustment is because specialty practices have been hard hit by the pandemic and practices are no longer able to provide services at the same low bono and pro bono rates – $222,000 (aligned) ➢ Request for CFK client services and medical assistant positions to keep up with the large volume of children in the program. She noted that the program has been understaffed since beginning of the wave of children fleeing violence and the need has not changed – $130,000 (not-aligned) ➢ Establishing a collaborative venture to look at public and private dental care agencies, including specialty dental and dental labs. Hillery noted that this item is currently aligned as a priority area but there is no alignment on a dollar figure to help facilitate the work			

- Instituting a school-based sealant program is also not aligned but has been introduced, she also noted that she doesn't have a figure available and asked Lynda or Langston if they had it. Lynda explained that it was $175,000 for the sealant program and $125,000 for other dental needs to seniors and specialty care. Tara wanted clarification if this was for CFK or County dental. Hillery and Lynda confirmed that it would fall under County Dental. Lynda also noted that this was something new the board had not yet heard about and explained that the program would provide sealants at the schools for 2nd and 3rd graders.
- Initiative to design and implement a tele-dentistry program with no funding request attached
- Assessment of the unmet needs. A community health needs assessment approach with a focus on dental with no funding request attached

- Julia wanted to confirm the figure for the entire ask was about $750,000. Hillery explained that it is between $750,000 - $850,000 and reminded the board that some of the items are not yet aligned
- Wayne also noted that under Health Care for the Homeless the only financial impact was approximately $75,000 for a social worker position to enhance discharge planning and discharge coordination with the homeless patients
- Peter wanted to know if the $75,000 for a social worker would be considered a priority if Health Care for the Homeless were to be looked as a separate budget. LaSonya explained that the program has been experiencing ongoing problems centered around behavioral health which has been made worse as a result of the pandemic and there is no appropriate support.
- Lynda mentioned to LaSonya the questions posed earlier in the meeting about the reasons why Health Care for the Homeless was moved out of public health and how the program's needs fit in with the advocacy provided by MCAB. LaSonya explained that there were many factors that went into deciding to move Health Care for the Homeless out of public health but also noted that an overlap remains.
- Linda M. noted that the Interagency Council on Homelessness (ICH) has not focused on the health care because it falls under MCAB
- Wayne noted that as Linda mentioned, the ICH looks to MCAB for the healthcare component and there is a balance between the two. He thinks that moving forward, the board needs to decide where the Health Care for the Homeless program fits best
- Lynda wanted to clarify if recommendations were still missing for CFK and MPP. Tara explained that there were none from MPP and that they are waiting to hear from the program staff for CFK. She further explained that while there were no recommendations for MPP they still wanted to hear from PCC and the HCLC. Tara explained that there is still a need for lactation and outreach, but it was decided it was best to be conservative with the ask because of the budget situation
- Peter felt that it should still be included but deferred to another year so that it was not forgotten. Becky agreed with this and felt it was important for the program not to look as if there were no needs
- Peter wanted to request for the scope of dental for MCAB to include the non-profit clinics and not just the public clinics and therefore when thinking about priorities it would apply to the full range of dental. Lynda noted that this was included in the priorities' recommendations
- Wayne wanted suggestions on how not to be so conservative that it is unclear what the needs really are. He mentioned that it may be best to ask for all the needs and let the process do what it needs to do.

	▪ Linda McMillan mentioned that it is going to be a very hard budget year and noted that the County has lost revenue. She further explained that this makes it difficult to forecast how much the County Council and the County Executive will want to expand. However, she also explained that the ask should be for what is critical and noted that there is no reason not to ask despite the financial picture remaining tenuous and the uncertainty on the economic impact once things re-open ▪ Wayne asked the committee chairs to refine their asks and send them to Tara and Hillery			
9.	**Next Steps – March 2021 meeting** **Wayne Swann** March 2021 Meeting will include value-based care (Dr. Rogers will send materials) and a follow up discussion about the Montgomery Cares Advisory Board charter The next meeting will be held March 24, 2021			
10.	**Meeting Adjourned at 6:48 pm** ***Motion to adjourn:*** *Peter Lowet* ***Seconded:*** *Julia Doherty* *Unanimously approved*			

Respectfully submitted,

Tara O. Clemons
Montgomery Cares Advisory Board