Montgomery Cares Advisory Board

June 23, 2021 Meeting Notes

MCAB Members Present: Kathy Deerkoski, Dr. Travis Gayles, Yuchi Huang, Peter Lowet, Diana Saladini, Wayne Swann

MCAB Members Absent: Betsy Ballard, Julia Doherty, Sarah Galbraith-Emami, Sharron Holquin, Ashok Kapur, Lynda Honberg, Dr. Langston Smith,

DHHS Staff: Tricia Boyce, Magda Brown, Tara Clemons, Rhonda Jackson, LaSonya Kelly, , Dr. Christopher Rogers, Rolando Santiago Ph.D., Rebecca Smith

County Council Staff: Linda McMillan,

Primary Care Coalition: Elizabeth Arend, Marisol Ortiz, Aisha Robinson, Hillery Tsumba

Guest: Dr. Sonya Bruton, Agnes Saenz

Wayne Swann, called the meeting to order at 4:05 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	**Approval of Minutes** – May 26, 2021 **Wayne Swann** Approval of minutes moved to July meeting due to lack of quorum.			
2.	**Montgomery Cares Advisory Board Chair Report** **Wayne Swann** ▪ Wayne highlighted the agenda and wanted to acknowledge MCAB's members work with the advocacy requests. Many thanks to all the advocates that came together and did the collective work. ▪ Wayne asked Yuchi Huang and Kathy Deerkoski to serve in the nominating committee and explained that Tara will provide them with further instructions.			
3.	**Health Care for the Uninsured Report** **Tara Clemons/ Dr. Christopher Rogers** See Report and handout Dr. Rogers and Tara reviewed the policy and programmatic updates for the Health Care for the Uninsured programs and noted the following: **Policy Updates – Dr. Christopher Rogers** **Montgomery Cares** ▪ The Montgomery Cares eligibility extension policy will continue through 12/30/21. For example, if a patient's eligibility end date is 7/15/21, their new eligible end date is 1/15/22. DHHS will finalize the eligibility process by the end of the year.			

- Individuals eligible for a QHP continue to be eligible as they have an end date of 12/31/21.
- DHHS will maintain the block payment schedule after the State of Maryland's COVID-19 State of Emergency ends on July 1st. Montgomery County Executive and Government has not officially ended the COVID-19 emergency as it is related to County services including buildings, hours of operation etc. DHHS is actively exploring a long-term policy for an alternative payment model under Value-Based Care.

Maternity Partnership

- The new open solicitation will go into place July 1st. The program/policy changes include changing the reimbursement to providers, increased co-pay ($450 to $500), enhanced reporting requirements and County FQHC's are eligible to be a vendor.

Programmatic Updates – Tara Clemons

Montgomery Cares

- Montgomery Cares served 18,692 patients through May 2021 with a total of 48,699 patient visits (in-patient and telehealth) at the ten participating clinics. A 23% reduction in patients and 16% reduction in encounters compared to the same time last year.
- May 2021 - The split of encounters was 77% in-patient and 23% telehealth.
    - Note: April 2021 % of telehealth was 34%
- The Value Based Care work sessions were completed June 17th. Four sessions were held and included representation from MCAB, Clinics Directors, Managers & Physicians and PCC staff.

Care for Kids

- Program enrollment through May 2021 is 6,283 which is a 1% increase over the same time last year. As of May, the unduplicated enrollment has exceeded FY20 which was 6,230.
- Although monthly enrollment stays high (retention in the program), numbers for new patients are significantly down (-73%).
- Unaccompanied minors – the County and its partners are focus the wrap-around services that will be needed for the children. In the past, the new enrollees to CFK previously lacked access to medical and specialty care services, notably dental. Cost for specialty dental increased considerably in response to the complex oral health needs of the new children.

Maternity Partnership

- Program is utilization is down -6% in comparison to the same time frame last year. The percentage decrease is an improvement from the comparison over the FY (e.g., July - April decrease comparison was -12%). We are seeing an improvement in enrollment numbers.
- New applications to the program have stabilized at around 100 to 150 per month, which is on par with where we were in FY20 prior to the pandemic.
- Health Centers held a COVID19 Vaccination clinic for the MPP participants. Staff will continue to offer the COVID19 vaccines on site if any patients want to come into the office.

- The Silver Spring and the Germantown Health Centers are "opening" back up on July 1. We plan on having in-person orientation and prenatal classes with the participants. Classes will be provided with social distancing and mask wearing.
    - Participation will be optional, and we can provide the class virtually if a woman is uncomfortable coming into the office. Staff believe a safe in-person class provides the best opportunity for the women to learn and receive peer support.
- Home visiting will resume in July. Each MPP participant should receive one home visit per trimester of pregnancy as well as at least two home visits after the baby is born. Again, home visits are optional, and a participant has the option to refuse.

Dental Services

- The number of encounters continues to hover in the 800s as it has for the past 3 months, and the number of patients went up slightly to 301.
- The program had a total of 5,258 patient visits through May.
- As of the beginning of FY22 specialty pediatric dentistry services will be provided 2 days per week by pediatric dentist faculty from the University of Maryland School of Dentistry Pediatric Department.
- Specialty dental services will include sedation with nitrous oxide, stainless steel crowns, space maintainers, etc.

Homeless Health

- The program continues to have ongoing challenges with behavioral health crisis throughout our shelters and with our unsheltered populations. We will be expanding psychiatric services in shelter throughout our continuum for FY22 with temporary funding.
- Nurse Case Management Services continue to increase in the shelters, hotels/PSH and outreach for preventive care and crisis work regarding medical and psychiatric care.
- Collaborating with Mary Center, County Dental, Kelly Collaborative, Mobile dental on expanding the primary care and dental access for sheltered, unsheltered and PSH clients (uninsured, underinsured, uninsurable).
- Medical respite: the steering committee inclusion/exclusion criteria, admission packet and policy and procedures program manual.

<u>Discussion</u>

- Wayne questioned if the process for hiring a psychiatric nurse had been started. Tara explained that it has not as it has to be added to the budget first but noted that it should be there by mid-July.
- Peter wanted to know how the number of visits, or the reimbursement of visits expended in comparison to pre-pandemic for Care for Kids. Tara explained that it balances out. She noted that for visits, there are contractual providers that are paid per encounter. For school-based health centers, the Care for Kids visits that they have are in another budget separate from the CFK contact. Kaiser is also a CFK provider which provide services completely pro-bono.
- Peter asked if the reports could include utilization in addition to enrollment. He asked if this information could be shared at the next meeting along with the efforts that have been made to reengage children who have

	deferred care. Dr. Rogers will connect with Tara and Marisol to find out how PCC and MCares providers to get additional information. ▪ Marisol explained that utilization has nothing to do with access or availability but more with lack of comfort. People are simply choosing not to go, there is not a capacity issue			
4.	**COVID-19 Updates** **Dr. Travis Gayles** • Dr. Gayles mentioned that the community transmission levels continue to be among the best in the State, even in the setting of increase concern about variants, particularly the Delta variant. Dr. Gayles noted that the update received from the State is that the predominant strain in Maryland continues to be the Alpha variant or the UK variant. • The most recent test positivity rate is .3% and the case rate is .6 cases per 100K. The average in the past 5 days has been between 3 to 7 cases. Dr. Gayles noted there have been a few cases of the Delta variant that have been reported but there has not been an increase. This is a reflection of the significant success in getting the population vaccinated. • Per the CDC tracker, Montgomery County has fully vaccinated 77.8% (693,000) of the population, and 87.2% (777,800) of that eligible population has received at least 1 dose. Dr. Gayles also noted that 91% of the population over the age of 65 have been fully vaccinated and 97.4% have received 1 dose. • The County's vaccination percentages are leading in the State. Additionally, Montgomery County is one of the leading counties in the nation for vaccinations with populations over 300,000. • The Governor had lifted the State declaration of emergency effective June 30th as well as another provision on August 15th. • Dr. Gayles shared some of the non- COVID-19 related activities that the County has continued to work on throughout the pandemic. He noted that the Healthy Montgomery team is continuing the Public Health Services Community Health Needs Assessment process which has two components: There is a qualitative component as well as a quantitative component. • Dr. Liu, DHHS chief epidemiologist, has been working on an updated Status of Health Report that will be reviewed this summer. The release date is still pending. • The emphasis continues in prioritizing the work through surveillance and epidemiologic data, social determinants of health, health equity, and access to care and that this spreads throughout all the efforts in the work of the department.			
5.	**Value Based Care Update** **Dr. Christopher Rogers** See presentation. • Dr. Rogers explained that he had presented this to the Value Based Care (VBC) workgroups over the past month and noted that he would share today with MCAB members to give them the opportunity to hear about what the department continues to think about with respect to Montgomery Cares transformation to Value Based Care. He also mentioned that these are only policy proposals.			

- Dr. Rogers provided a summary of the Strategic Framework for implementing Value-Based Care. He noted that the first workgroup session was focused on understanding patients' needs, preferences and values. During the workgroup, Montgomery Cares providers talked about their population's health needs, their preferences, and the challenges that could slow progress.
- The subsequent 3 workgroups were focused on beginning to flush out the design of the value-based care model for Montgomery Cares. This included getting feedback from the providers on how to achieve quality outcomes for the patients by identifying and addressing gaps or obstacles in their care.
- The advantage of defining a sub-population is it allows for tracing the existence of health needs and problems to a defined group within the population. When we can pinpoint those health problems in a certain group, we can identify and better manage patients.
- The evidence-based research has suggested that the primary care medical home model is an effective model for population health management. It helps facilitates the realization of person-centered, longitudinal, and coordinated care that achieves quality outcomes and financial viability.
- Dr. Rogers provided an overview of the Primary Care Medical Home concept and noted that:
    - A Primary care medical home builds on the patient/practitioner relationship to ensure Montgomery Cares patients receive the right care at the right time. Dr. Rogers explained that the Department's proposal is to assign eligible Montgomery Cares patients to a medical home of their choice. The Montgomery Cares medical home will be responsible for the delivery of primary care, coordination of specialty care and behavioral health. DHHS would look to PCC to work with patients and the providers to facilitate empanelment of patients to a clinic of their choice. The department is also proposing to standardize care across the network by proposing that the medical home should offer at least three of the following:
        - Planned coordination of chronic and preventive care.
        - Patient access and continuity of care.
        - Risk-stratified care management.
        - Coordination of care across clinical-community partnerships that includes the medical and social supports.
        - Patient and caregiver engagement.
        - Shared decision-making.

      (Dr. Rogers mentioned that most clinics are already doing the majority if not all of these)

- Dr. Rogers noted that the Department will not mandate a specific set of criteria to ensure a Montgomery Cares Clinic meets at least three of the characteristics of a Medical Home. The proposal is to allow the clinic total flexibility to design a Medical Home model that meets their organizations and patients' preferences, values, and needs.
- Dr. Rogers also provided an overview of the proposed payment design. The clinics would receive a fixed payment. A prospective monthly grant funding that is payment paid each month for each person empaneled to that clinic/medical home. The monthly grant funding will cover all primary care, care-coordination and/or case management delivered by a licensed provider

	• The monthly grant funding can be adjusted by determining the number of individuals assigned to a clinic. It will be based upon data collection and analysis undertaken by the department and PCC. The department will work with PCC to collect and analyze data from clinic panels to ensure accurate monthly grant funded. • Dr. Rogers discussed the proposed incentive payment and explained that it is for clinics who meet or exceed quality of care targets for specified quality measures. The performance areas to determine the reward will align directly with the contractually required quality measures that will be monitored and reported on. He explained that clinics can choose to opt-out of receiving the incentive payment. • DHHS will look to start with incentives for quality measures that are already in existence and expand incentives to new quality measures over time. Incremental implementation allows time for the clinics to prepare and allows new measures to be tested before full scale use, it also allows policies and procedures to be evaluated for new measures prior to starting the incentive payment. • Dr. Rogers provided an overview of the timeline of the Phases for the Montgomery Cares Transformation to Value-Based care. He noted that it would be a 3-to-5-year phase in process. <u>Discussion</u>: • Wayne wanted to know if extra funds from the incentives was not paid out would it roll over from year to year. Tara explained that it would be part of the core budget renewed annually.			
6.	**FY22 Planning – Mid-Year review & September retreat** **Wayne Swann** • Wayne discussed having 2 lead speakers for the retreat. Dr. Crowell and Council member Gabe Albornoz. He asked board members who they wanted to hear from and what topics they wanted to cover. • Yuchi mentioned that he would like to have an expert provide more information on the Value-Based Care model. Wayne explained that it will be on the agenda in the near future. • Peter noted that having two speakers was plenty and wanted to know if the retreat would be in person. Wayne noted that more than likely it would be in person. • Peter also suggested having questions prepared for the speakers and pick one or two key issues to get their perspectives on • Linda McMillan mentioned that Council member Albornoz is really interested in innovations taken away from the pandemic to improve healthcare and suggested to have some discussion around this topic. • Wayne asked members to send an email identifying a topic or two to produce a list with potential topics to go over next month to narrow it down. The suggestions can be sent to Tara or Wayne directly • Linda suggested to include an agenda item for the timeline for the advocacy schedule regarding value-based care. • Peter mentioned that the TROIKA has questions about two policy points regarding value-based care. The first one is regarding the eligibility of Montgomery Cares and the second one is regarding the enrollment process and the changes coming December 31st. • Peter also wanted to have a further discussion on the issue of affordability (MCares 2.0). Wayne will add issue to the July agenda			

7.	**Next Steps – July 2021 meeting** **Wayne Swann** July 2021 will include: • Discussion of the 2021 Mid-Year Review/Planning Meeting Outline • Approval of May 26, 2021, Meeting Minutes The next meeting will be held July 28, 2021			
8.	**Meeting Adjourned at 5:35 pm** ***Motion to adjourn:*** *Yuchi Huang* ***Seconded:*** *Peter Lowet* *Unanimously approved*			

Respectfully submitted,

Tara O. Clemons
Montgomery Cares Advisory Board