Montgomery Cares Advisory Board

July 28, 2021 Meeting Notes

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

MCAB Members Absent: Dr. Travis Gayles, Sarah Galbraith-Emami, Ashok Kapur

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

County Council Staff: Linda McMillan

Primary Care Coalition: Elizabeth Arend, Rose Botchway, Sarah Frazell, Marisol Ortiz, Aisha Robinson

Wayne Swann, called the meeting to order at 4:06 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	**Approval of Minutes** –June 23, 2021 **Wayne Swann** Minutes approved unanimously ***Moved by*** *Yuchi Huang* ***Seconded by*** *Diana Saladini* Approval of minutes for May 26 moved to the September 22, 2021 meeting. Lynda wanted to discuss options for the meetings in the event of multiple members being absent. Julia, Wayne, and Diana suggested that having a calendar invite on their outlook would make it easier. Lynda and Wayne suggested having a discussion at the September meeting regarding the meeting times. Julia noted that she had questions about affordability and eligibility. Wayne explained that we can explore those topics as part of the September agenda	Send May Meeting Minutes to Board Members	Tara Clemons	ASAP
2.	**Montgomery Cares Advisory Board Chair Report** **Wayne Swann** ▪ Wayne highlighted the agenda and wanted to express his concern and disappointment over the current COVID-19 situation. He noted that having 3 vaccines with over 90% efficacy was pretty much a miracle, yet people do not want to take the vaccine. o Diana mentioned that Baltimore and Medstar Hospital are seeing an increase in cases among unvaccinated people. She detailed that her hospital's health system has done an education campaign focusing on minority populations			

	o Linda McMillan noted that Salud y Bienestar has done a great job reaching the community and the number of vaccinated individuals has increased			

3.	**Health Care for the Uninsured Report** **Tara Clemons**
	-- CHNA & Telehealth
	See Report and handout
	
	Tara reviewed the policy and programmatic updates for the Health Care for the Uninsured programs and noted the following:
	County Updates
	▪ The Office of Eligibility and Support Services are staffed and open **Tuesday** and **Thursday** to assist residents in-person at their sites.
	▪ OESS strongly recommends calling before coming to ensure residents have the documents and information needed to sign them up for services - 240-777-1003
	COVID Updates
	▪ Positivity rate 1.7%
	▪ 57 new cases
	▪ Case rate 4.77 per 100,000. This is really occurring among the unvaccinated population in the County
	▪ Seeing an uptick in COVID testing, indicative of resident's concern about the variant
	▪ 77% of new County COVID cases are unvaccinated adults
	▪ MCPS has mandated masks for anyone in the school building
	
	Programmatic Updates – Tara Clemons
	Montgomery Cares
	▪ There were 3,930 patients and 4,525 encounters for the month of June
	▪ Montgomery Cares served 19,777 patients through June 2021 with a total of 53,336 patient visits (in-patient and telehealth) at the ten participating clinics. A -17% reduction in patients and 13% reduction in encounters compared to FY20
	▪ June 2021 - The split of encounters was 86% in-patient and 14% telehealth.
	    o Note: May 2021 % of telehealth 23%, April 2021 34%
	▪ The FY21 MCares annual report will be presented during the Sept. 2021 planning meeting. We will send it out for review beforehand
	
	Care for Kids
	▪ Program enrollment through June 2021 is 6,439 which is a 3% increase compared to FY20 (6,230 patients)
	▪ Although monthly enrollment stayed high (retention in the program), numbers for new patients were down - 65% in comparison to FY20. June 2021
	▪ Unaccompanied minors – on July 22nd, the Montgomery County Council's joint Health and Human Services and Education and Culture Committee approved a $5.1 million supplemental funding request to support newly arriving migrant and asylum-seeking children, youth, and families.
	    o Part of that funding included Two (2) Community Health Workers through the Primary Care Coalition to be deployed at Rocking Horse Center and other settings to triage and engage families to enroll for			

CFK and other programs. ORR does not pay for medical care once a child is released from their custody Maternity Partnership ▪ 151 women were served during the month of June ▪ Program's utilization is down -1%(1,421) in comparison to FY20 (1,434). We are seeing an improvement in enrollment numbers. ▪ We have started having in-person MPP Prenatal/Orientation classes which seem to be appreciated by all. Staff feel that the prenatal teaching is more successful in a classroom setting and there is the opportunity for peer-to-peer support among the women. ▪ Each woman Dental appointment is scheduled during the Orientation Class in order to increase the % of MPP women accessing dental care. ▪ Home visits have resumed. Each patient is to receive at least one home visit per trimester and at least two home visits during the postpartum period. More visits are made if the Case Manager determines it is needed. ▪ Staff remain concerned about COVID-19 and its variants. All staff members must be masked at all times and practice social distancing when possible when working with the public. We ask that all clients wear masks when in the Health Center and during home visits. We will not deny anyone care if they chose not to wear a mask, but in that circumstance, we will provide virtual services. Dental Services ▪ For the month of June, the program had 266 patients and 744 encounters ▪ Through June 2021 the program has served 3,135 patients and has had 5,996 encounters which is significantly lower than last year ▪ A second pediatric dentist (UMD faculty) has been added. Dental has 2 full days of specialty pediatric dental services each week as of July 1, 2021. The current wait time for a pediatric dentist appointment is approximately 3 weeks. ▪ Current wait time for an oral surgery appointment is approximately 3 weeks. ▪ We are working on increasing staff coverage for our reception area at the main Rockville Clinic by adding a merit position. This would help improve better management of calls to the main dental line, this has traditionally been covered by contractual/temp positions. 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 FY 22 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 ▪ Medical respite: continues to move forward and we are working on an early Fall opening Discussion				

	• Linda McMillan noted that the special appropriation for $5.1 million supplemental funding request to support newly arriving migrant and asylum-seeking children, youth, and families was approved yesterday. It also added about 300,000 for street outreach network services • Langston questioned what the staffing looked like at the dental clinics. Tara noted that she did not know, and Dr. Boyce is unable to join the meeting. Tara will reach out to her to obtain the information. However, Tara did mention that the market appears to be very competitive as they are having a hard time getting dental assistants. The major challenge is the salary component • Lynda wanted to know if community health centers and/or private practices were also experiencing a drop in the number of telehealth visits. Peter explained that he wasn't sure but feels that is probably the case. Tara provided a link for board members who wanted to watch Dr. Sonya Bruton, CEO & President of Community Clinic Inc's interview on Telehealth from 7/16 •			
4.	**Value Based Care Update: Status & Questions** **Dr. Christopher Rogers** • Dr. Rogers noted that DHHS continues to work on a written policy that will provide more information about the value-based care model. The goal is to roll out in 5 phases over the next 4 to 5 years • DHHS would like for the MCAB to focus advocacy efforts on value-based care to ensure that the system has all the necessary resources to support the population health management approach. • Dr. Rogers will send some policy questions regarding empanelment and reimbursement that resulted from the value-based care working group • DHHS met with PCC regarding the 1st phase, which is empanelment to share some ideas and do some brainstorming on how it could or would be implemented. He hopes to share this information before the September planning meeting Discussion • Julia wanted clarification on the incentive information. Dr. Rogers explained that across the industry; best practice has been to carve out a portion of the primary care budget to incentivize providers towards better quality measures or metrics. Based on the feedback received during the VBC working group, DHHS will look at identifying a separate budget for incentives			

5.	**MCares/CFK Telehealth Report** **Aisha Robinson**
	See presentation
	
	Montgomery Cares findings:
	• 9 of the 10 MCares clinics provide both synchronous tele-video and tele-audio health care delivery options. Proyecto Salud offers tele-audio visits.
	• Overall, patients are highly satisfied with their experience:
	    o Increased flexibility
	    o Saves time
	    o Eliminates costs associated with in-person visits
	• Challenges:			

- o Access to devices and/or technology
- o Increased burden on clinic staff
- o Interpretation services and audio issues

As of June 2021, 4 clinics had implemented a patient satisfaction survey that included questions about patients' experience with telehealth services. She provided an overview of the results

Care for Kids findings:
- CFK providers offer tele-video and tele-audio options for patients to access primary and behavioral health care services
- A CFK Client Service Specialist surveyed a sample of CFK parents whose children had at least one telehealth visit from July – September 2020
- Of the 63 parents/caregivers who completed the survey, 95 percent were satisfied with their telehealth experience.
- Participants reported connectivity as their greatest challenge when accessing telehealth services.

The data provided has several limitations:
1. Each clinic used its own survey tool, which makes clinic-to-clinic comparisons difficult
2. The survey populations do not differentiate between Montgomery Cares and non-Montgomery Cares patients
3. Survey sample sizes are small compared to each clinic's total number of patients
4. Patients who were engaged in telehealth and willing to participate in the surveys may not represent the broader patient population

Additionally, despite these limitations, the data suggest that patients served at MCares clinics have had a positive experience with telehealth visits. Based on these results and existing literature on telehealth use among underserved populations during the Covid-19 pandemic, PCC offered the following recommendations:

Montgomery Cares Clinics
- Jointly develop and adopt common telehealth-related survey questions to allow for comparisons between clinics
- Disaggregate data by insurance type/Montgomery Cares coverage to determine if patient experience varies between these populations
- Administer patient surveys on a more regular basis (e.g., quarterly) to track changes in patient experience of telehealth services.

DHHS
- In alignment with Maryland legislation, continue to reimburse Montgomery Cares providers for both medical and behavioral health telehealth encounters, including telephone visits, at the same per-encounter rate as in-person visits.

Discussion:

	▪ Peter noted that the information provided was very valuable as a one-time assessment, but wonders why on the recommendations made, there should be a distinction between telehealth and in-person services. Elizabeth recommended having standardized questions for in-person and telehealth as one document. She explained that if any of the questions were not applicable to the client completing the forms, they could skip them. ▪ Lynda questioned if there were linkages between quality or patient follow-up or any other aspects of patient care. Elizabeth explained that Sarah Frazell would be able to speak about all the benefits that telehealth has brought to behavioral health patients. She also explained that there is data supporting telehealth as an effective modality, but it has not yet been captured. ▪ Elizabeth noted that Sarah had shared via chat that many patients like the convenience of telehealth and feel more comfortable talking about difficult topics. She pointed out that in terms of quality of care and outcomes for behavioral health, telehealth is a great and effective modality. ▪ The convenience of not having to pay for transportation or arrange for childcare are some of the identified benefits. Connectivity and privacy issues remain a concern. Often patients must rely on someone else to help them connect.			
6.	**FY22 Planning – Round Robin/September retreat** **Diana Saladini** **Committees: Membership & Reporting** **FY23 Advocacy** ▪ A panel was suggested to discuss some key topics like affordability and eligibility. The panel can include leaders in the community sounded like the approach to take to get this information ▪ A member suggested if possible, the Board should meet in person. A few members expressed concern over meeting in person and the venue's size to provide proper social distancing ▪ Diana asked members if there were any topics besides affordability, eligibility, telehealth, and experiences or advancements learned from COVID-19 that they wanted to discuss ▪ DHHS staff announced that Councilmember Albornoz, Dr. Sonya Bruton Executive Director at CCI, and Crystal Townsend President & CEO of the Healthcare Initiative Foundation have confirmed their attendance ▪ Yuchi suggested looking inward and thinking about the effectiveness of the board. Julia and Diana agreed, and stated that this topic would be added to the agenda ▪ Dr. Rogers wanted clarification on what board members wanted to discuss regarding affordability and eligibility. Julia explained that the board would like an update on the policy as well as DHHS perspective. Dr. Rogers explained that he would need to discuss with Tara and DHHS leadership to provide clear information, however, he doesn't think he will have this information for the September meeting ▪ Lynda would like for the panel members to discuss what they see as the major challenges in the County, what they are hearing from their constituents, what their vision is for the role of Montgomery Cares' programs, and what their vision is for what the County should do to address the unmet needs of residents, any information/updates about dental services, and what they see as the County's role in addressing the underinsured population ▪ It was requested that all board members to send an email to Tara with one or two topics or questions that they would like for the panel to discuss.	`		

	▪ Julia stated that Sarah had previously mentioned conducting a survey to find out what Board members felt would be of value in terms of improving and how they could be more effective. She thought the intent was for the committee to meet before the Sept. meeting to come up with suggestions for clarifying board member roles. Langston agreed that Sarah and the Committee had mentioned it and suggested to have this added as part of the retreat discussion for Board Member development, he also added that the questions Julia mentioned should be added as sub-topics of the overall discussion:
	    o Committee structure and roles
	    o Orientation and new members
	▪ Tara suggested for the Committee to first meet with her as most of that information is already available. There is a new member manual that has about 7 different sections and there is a process already laid out. She noted that there is probably room for improvement, but the Committee should know what is currently available
	▪ Diana asked if the Committee would be able to meet before the September meeting to review the material. Julia, Yuchi, and Langston will check with Sarah and will find a time to meet
	▪ Langston wanted to inform the Board that dental Committee advocated for a collaborative approach at networking amongst the dental clinics looking at access to care issues. The committee will be meeting with DHHS to discuss the advocacy plans			

7.	**Next Steps – September 2021 Planning meeting** **Diana Saladini**
	
	▪ Tara provided an update on membership. She noted that the vacancies should be posted in about two weeks. Once posted, it usually remains open for about 3 weeks. Members will be notified when the vacancies are officially posted
	▪ Lynda wanted to know what the vacancies were. Tara noted that there are 3 vacancies:
	    o Managed Care Organization
	    o Member of the Community
	    o Participant receiving services
	▪ Julia wanted to know when the membership changes that were made to the charter could be implemented. Tara noted that County Council has not approved the change to the charter yet.
	
	The next meeting will be held September 22, 2021			

8.	**Meeting Adjourned at 6:26 pm** *Motion to adjourn: Diana Saladini* *Seconded: Julia Doherty* *Unanimously approved*			

Respectfully submitted,

Tara O. Clemons
Montgomery Cares Advisory Board