

HEALTH CARE ADVISORY BOARD

Meeting Summary
September 13, 2021

MEMBERS PARTICIPATING ELECTRONICALLY

Marlene Blum, Chairman
Tim Yarboro, MD, Vice Chairman
Maia Cecire
Ellyn Crawford
Philippe Beauchene
Rose Chu
Rosanne Rodillo
Leeann Alberts, JD, MBA
Shikha Dixit
Michael Trahos, DO, At Large

STAFF

Sherryn Craig

MEMBERS ABSENT

Bill Finerfrock, Vice Chairman

GUESTS

Joseph Matos
Thomas Reiter
Nicholas Joseph
Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department
Jessica Werder, Deputy Director of Public Health Operations, Health Department
Benjamin Schwartz, MD, Director, Division of Population Health & Epidemiology, Health Department
Dominic Bonaiuto, Director, Central Region Government & Community Relations, Inova Health System

Call to Order

The meeting was called to order by Marlene Blum at 7:31 pm.

Audibility of Members' Voices

Chairman Marlene Blum conducted a roll call asking each participating member to state his/her name and the location from which he/she was participating.

Braddock District, Leeann Alberts, JD, MBA, Springfield, VA

Dranesville District, Rosanne Rodilosso, McLean, VA
Hunter Mill District, Ellyn Crawford, Reston, VA
Lee District, Maia Cecire, Alexandria, VA
Mason District, Rose Chu, Falls Church, VA
Mount Vernon District, Shikha Dixit, Lorton, VA
Providence District, Marlene Blum, Vienna, VA
Sully District, Phil Beauchene, Chantilly, VA
At Large, Tim Yarboro, MD, Arlington, VA
At Large, Dr. Michael Trahos, DO, At Large, Falls Church, VA

Chairman Blum passed the virtual gavel to Vice Chairman Tim Yarboro. Ms. Blum moved that each member's voice was adequately heard by each other member of the board, and specifically that each voice was clear, audible, and at an appropriate volume for all other members. Dr. Trahos, DO seconded the motion. The motion passed unanimously.

Need for an Electronic Meeting

Having established that each member's voice could be heard by every other member, Ms. Blum established (1) the nature of the emergency compelling the emergency procedures, (2) the electronic format for the meeting, and (3) public access to the meeting. Ms. Blum moved that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of the Board and the physical presence of the public, cannot be implemented safely or practically. Ms. Blum moved that the Board would conduct the meeting electronically through Zoom Conference call, and that the public could access this meeting by telephone 888-398-2342 or through the following link - <https://us02web.zoom.us/j/85443497711>. Shikha Dixit seconded the motion. The motion passed unanimously.

Continuity in Government

To dispense with FOIA's Usual Procedures to Assure Continuity in Government, Ms. Blum moved that all of the matters addressed on today's agenda must address the State of Emergency itself, are necessary for continuity in Fairfax County government, and/or are statutorily required or necessary to continue operations and the discharge of the HCAB's lawful purposes, duties, and responsibilities. Leann Alberts seconded the motion. The motion passed unanimously.

July 7, 2021 Meeting Summary

The meeting minutes from July 7, 2021 were approved as submitted.

Cherry Blossom PACE Presentation

Tom Reiter, Executive Vice President of PACE Operations, Cherry Blossom PACE; Nicholas Joseph, Executive Director, Cherry Blossom PACE; and Joseph Matos, and Cherry Blossom PACE provided an overview of a new PACE program located in Alexandria, Virginia.

PACE is the Program of All-Inclusive Care for the Elderly (PACE). It provides medical and supportive services to seniors with chronic needs while helping them maintain as much of their independence as possible. There are other PACE organizations in Virginia, but none in Northern Virginia.

The PACE model began in the 1970s. In 2020, nationwide, there were 135 PACE programs operating in 31 states with 55,000 participants. To qualify for PACE, participants must be 55 years or older, meet nursing home level of care, live safely in their community, and reside in the approved service area.

Cherry Blossom PACE will provide care to participants living in a controlled service area. These zip codes will be shared once the Centers for Medicaid and Medicare Services (CMS) approval is secured.

The average age of PACE participants is 77 years and approximately 95% currently live in their communities. Participants must meet state eligibility requirements for enrollment, and they may remain in the program as long as they desire. All services, including medical care, are provided by the PACE program. The Interdisciplinary Team (IDT), comprised of medical and nonmedical staff, will assess each participant and their level of care. Care plans extend beyond the physical dimension of wellness, but includes social, emotional, and spiritual needs. The program is characterized as a "high touch" model and care plans can be adjusted quickly.

The top five chronic health conditions among PACE participants are (1) vascular disease, (2) major depressive disorders, including bipolar and paranoid disorders, (3) diabetes, (4) congestive heart failure, and (5) chronic obstructive pulmonary disease (COPD). On average, participants have 5.8 chronic conditions and average six prescriptions. Approximately 46% of participants are assessed with some form of dementia, which has led to a greater partnership with the Alzheimer's Association.

Upon enrollment, about 27% of participants score depressed, but experience a discernible improvements with 80% no longer scoring depressed nine months post-enrollment.

Other key outcomes include a reduction in hospital admissions by 24%, a reduction in re-hospitalizations by 16%, a reduction in emergency department (ED) visits to less than one visit per participant per year, fewer nursing home admissions and better preventive care.

The PACE program has also contributed positively to the overall health and wellbeing of participants' caregivers, reducing stress, fatigue, and the burden associated with competing career, household, and caregiving responsibilities.

The PACE program estimates an average daily capacity of 80 participants with the center's full capacity at 200-300 participants.

A typical day for PACE participants includes home care in the morning, personal hygiene and dressing, and transportation to the PACE center; physical therapy if needed; breakfast and/or lunch; social and recreational activities; with transportation back home. In some circumstances, at home laundry services may be provided to participants, but these decisions are made by the IDT on a case-by-case basis. The average participant receives between seven and nine hours of home care per week.

The presentation concluded with an invitation to the Health Care Advisory Board to visit the center and take a tour.

While PACE participants can pay for services privately, about 95%-98% of participants nationwide are dual Medicare/Medicaid eligible. The costs of the program can be prohibitive for non-dual eligible participants.

Typically, the majority of PACE participants are enrolled from the community vis-à-vis senior housing, a primary care physician or social services agency referrals. Nursing homes do not typically refer to the PACE program.

Participants are required to accept the PACE center's doctors and nurse practitioners as their primary care provider. The program is aware that a participant's relationship with their previous primary care provide is important and the center will attempt to partner/collaborate with these physicians for a social visit.

The PACE program supports participants through each transition, partnering with hospice and palliative providers (e.g., Capital Caring Health and Goodwin House) and assist caregivers with bereavement care.

There are currently only a handful of programs that work with 70% or more connected veterans in the PACE program. It requires a local sponsor at the VA to develop a contract with the PACE program. Just as the state pays the PACE program at the state's Medicaid rate, the VA would contract to pay the program the same capitation rate.

Physicians and nurse practitioners are board-certified. Currently, there is one medical director. A nurse practitioner will be hired once 50 participants have enrolled. As the program increases its uptake to 100-125 participants, a staff physician will be hired. Staffing at full capacity (i.e., 300 participants) will include one medical director, one staff physician, and three nurse practitioners. The ratio of social workers to participants will range from 1:50-1:60. The ratio of occupational and physical therapists will range from 1:75-1:100, with additional assistance from OT and PT assistants. The program will base staffing on the center's participant mix.

Cherry Blossom PACE has a contract with Inova Health System (i.e., Inova Alexandria Hospital) that includes their specialists and sub-specialists. The program is open to contracting or developing formal partnerships with community providers.

The PACE program is subject to audit by the Virginia Department of Medical Assistance Services (DMAS) and the federal CMS.. New start-ups must complete three audits during the first three years. Afterwards, audits are conducted every two years.

With respect to COVID, participants experienced lower mortality rates in PACE relative to more institutional care settings (e.g., assisted living/nursing home) or in the general community. PACE also had more flexibility to pivot and provide in home services and facilitate community connections.

Cherry Blossom PACE is waiting on CMS approval and hopes to open before 2022.

The current plan is to provide transportation to all participants. The program recognizes previous challenges with transportation, which necessitated a reduced service area. Backup transportation has also been secured to complete one-off or routine needs, like dialysis.

Cherry Blossom PACE is a for-profit PACE program. Concerto Health is the parent organization providing start-up funding and has partnered with Edenbridge Health to expand and scale PACE across the country. The typical start up costs of a PACE program is \$9-11 million. It takes 4-5 years for the program to break even, but among programs that scale up quickly, stabilization can occur earlier.

Department of Fire & Rescue (FRD) Update

Mark Kordalski, Deputy Fire Chief, Department of Fire & Rescue (FRD) provided an overview of the EMS Division, including several quality improvement initiatives. EMS recently changed its monitor to a lighter, smaller model with new technology enhancements that tell paramedics how fast and how hard to squeeze the bag when providing respiratory care to unconscious and unresponsive patients. The monitor can also provide 12-lead transmission for STEMI patients to receiving hospitals. Full deployment is expected by mid-November.

A new position – EMS Specialist – is being developed at a junior rank of technician-to-lieutenant. This position may or may not have extra skill sets that current EMS Supervisors do not have. The EMS Specialist may be integrated into a co-responder model to support Diversion First and CRT after hours.

EMS has also recently deployed to the Dulles Expo Center to support the evacuees from Afghanistan. Inova extended its gratitude to EMS for its partnership with the hospitals in responding to evacuees.

FRD will have approximately 26 additional Emergency Vehicle Preemption (EVP) signals coming online. Full implementation would cost \$8 million for 1,036 controlled traffic intersections. The moratorium on GPS remains; EVP implementation continues to be infrared.

EMS is working on several quality improvement (QI) efforts around pediatric patients. Response times remain steady, fluctuating between 90%-93% for both Fire and EMS. Response times, while important, are not stand-alone measures for positive outcomes. Good care is critical.

In partnership with the Health Department, EMS has deployed strike teams to vaccinate home-bound residents who are unable to leave their homes. To date, the teams have vaccinated 600 patients and plans are underway to deliver booster shots in expanded care settings, such as assisted living.

Pulse Point is a mobile app that alerts CPR-trained citizens to someone nearby having a sudden cardiac arrest as well as the nearest AED defibrillator. The app is activated by the local public safety communications center simultaneous with the dispatch of local fire and EMS resources. Inova Health System is working to make Pulse Point a community resource and cross promote the app among Inova providers/team members as well as the community.

Training and recruitment is challenging. The agency does have a considerable number of staff who are eligible for retirement and are leaving service. Turnover is average across the region and the nation. Newer recruits do not enlist for pensions and retirements; they commit to five years and leave for other positions or experiences. The most recent recruit school will graduate in October. A more experienced recruit school has started, and new school is anticipated to begin in January. FRD is rich with applicants, but the training process is rigorous.

COVID Third Dose/Booster Vaccinations Update. Dr. Benjamin Schwartz, Director, Division of Population Health and Epidemiology, updated the HCAB on the Delta variant and the implementation of third dose and booster COVID-19 vaccinations.

The past 18 months have brought a lot of ups and downs and changing recommendations as more is learned about the virus, control measures, and changing disease levels. Case numbers are increasing with the spread of the Delta variant.

This variant emerged in May and quickly became the predominant virus strain; as it took over, cases around the country and in Fairfax have increased. The reason Delta could take over so quickly is that it is more transmissible than other variants. While it is not true that the Delta variant spreads as easily as Chicken Pox, Delta does spread more than twice as easily as the original COVID-19 strains.

As the rate of disease in communities changes, recommendations for mitigation measures also may change so CDC defined 4 levels of community transmission, low, moderate, substantial and high, based on the number of cases occurring per 100,000 people in the previous 7 days and the percentage of positive COVID-19 tests. The community transmission level is based on whichever is higher for these two metrics.

Applying this definition locally, Fairfax County is at High transmission. Transmission levels are meaningful because mitigation measures change based on disease in the community so, for example, CDC recommends that at Substantial and High transmission, people who are fully vaccinated wear masks indoors in public settings.

The path out of the pandemic is through people developing immunity against coronavirus and there are 2 ways to become immune: from disease or from vaccination. Of these, vaccination is the better option because getting disease carries the risk of serious infection, death, or what is being called "long COVID" where some symptoms may persist for months. Vaccination also may provide better immunity than natural infection and broader immunity that is better for infection caused by variants.

Overall, more than 765,000 people in Fairfax County have received at least one dose of vaccine, which includes 76.8% of adults, 76.7% of adolescents, and represents 64.6% of people of all ages. The proportions of fully vaccinated individuals are a bit lower.

Among adolescents, the numbers of fully vaccinated are lower relative to older age groups because many adolescents started their vaccination series more recently and have not yet completed the three weeks before their second dose.

Efforts to improve vaccine equity show increasing rates among minority communities.

While great progress has been made in Fairfax with more than three quarters of those eligible to receive the vaccine having been vaccinated, there are also about 400,000 people in the county who are not yet vaccinated, leaving many vulnerable to the continued spread of COVID-19.

With Delta emerging as the predominant variant around the country and in the county, an important question is whether the vaccine works for this variant. The answer is Yes.

Studies from multiple countries show that vaccination still is highly effective, particularly in preventing serious infection that may lead to hospitalization or to death. Breakthrough cases, that is infection occurring in someone who is fully vaccinated, do occur as no vaccine is perfectly protective. But the data from several studies show comparable effectiveness against severe disease for Delta as for earlier variants and slightly lower but still high effectiveness against all COVID infections.

Thus, what is being seen here in Fairfax, similar to the rest of the country, is that the pandemic is largely affecting unvaccinated people.

In terms of process, the FDA reviews manufacturer data on safety and efficacy through the Advisory Committee on Immunization Practices (ACIP). The ACIP will then makes recommendations to the CDC regarding what vaccine(s) will be approved for a booster

dose, if mRNA vaccines are interchangeable, who should receive a booster, and what the timing should be. Upon reviewing the FDA's recommendations, the CDC will then make the final recommendation.

Last week FDA and CDC approved a third dose for people who have weakened immune systems due to illness or medications they are taking. Anyone with suppressed immunity should talk with their doctor and get the third dose. To date, 1,104 individuals in the county have received a third dose.

The Health Department has been preparing for booster vaccinations. Vaccine is available at over 200 sites around Fairfax County, including private providers, pharmacies, hospitals, and the Health Department. A Community Vaccination Center (CVC) will be established with VDH support based on projected weekly demand for boosters. Vaccine availability will be sufficient to meet demand. Equity clinics, vaccine navigators, partner outreach, and targeted communications will be deployed to promote equity.

The Health Department will continue to monitor developments around the additional dose/booster of the Johnson & Johnson vaccine as well as vaccine approval for children ages 8-11 years old.

The Health Department has seen a significant increase in cases among children. Since school began, the Health Department has received 650 cases of students who have tested positive for COVID-19. There have been challenges in conducting case and contact investigations as interviewers need to review seating charts and bus routes. Enhancements are under way that will expedite identification of close contacts, and allow for better guidance around pausing, quarantining and isolating affected students.

Afghanistan Evacuees Update

The Commonwealth activated a response plan on August 15 and since that time there has been a joint hospital and EMS response. Four hundred eight patients were transported to Inova and more than half – 217 patients – were treated. Inova Fair Oaks and Inova Loudoun received many patients and more urgent or acute needs, such as deliveries or cancer care were dispatched to Inova Fairfax Hospital.

While 408 patients out of the 50,000 total evacuees may not seem like a large number, many of the hospitals are currently close to or at capacity. A large influx of patients can put a strain on existing operations. A recent measles outbreak has resulted in flights

being paused, but should they resume, Inova will continue to coordinate care as needed.

The Health Department deployed to Dulles Airport to conduct COVID testing. Upon hearing reports of rashes, the Health Department deployed additional staff to the Dulles Expo Center where cases of measles have now been confirmed. The Health Department appreciates Inova's partnership in treating all the evacuees, especially two individuals infectious with measles. Inova kept these patients an extra day instead of discharging them to a hotel where additional spread/exposure could occur.

Marlene Blum and Phil Beauchene moved that the HCAB prepare a memo to the BOS detailing the extraordinary efforts of EMS, hospitals and the Health Department in responding to the evacuation of refugees. Shikha Dixit seconded the motion. The motion carried unanimously.

Other Business. Due to the late hour, the HCAB agreed to postpone its workplan discussion until October 11.

There being no further business, the meeting adjourned at 10:03 pm.