

Montgomery Cares Advisory Board

April 24, 2019 Meeting Notes

MCAB Members Present: Betsy Ballard, Julia Doherty, Stephen Gammarino, Yuchi Huang, Peter Lowet, D. Maria Rice, Wayne Swann

MCAB Members Absent: Dr. Travis Gayles, Sybil Greenhut, Sharron Holquin, Lynda Honberg, Marie Mann, T.J. Senker, Langston Smith

DHHS Staff: Magda Brown, Tara Clemons, LaSonya Kelly

County Council Staff: Linda McMillan (phone)

Primary Care Coalition: Chantal Roache, Crystal Townsend, Hillery Tumba

Guest: Diana Saladini

The Chair, Steve Gammarino, called the meeting to order at 6:16 pm

Item		Action Follow-up	Person Assigned	Due Date
1.	Approval of Minutes – March 27, 2019 Minutes approval moved to May’s meeting due to lack of quorum			
2.	Chair Report Steve highlighted the agenda items and mentioned that an update on advocacy would be provided. He also mentioned that the grant process would be discussed and that an agreement had been made to write a letter to the leadership at the County Executive and Council in terms of recommendations. Steve also mentioned that an update would be provided regarding eligibility			
3.	Health Care for the Uninsured Report See Report and handout <u>Monthly Status Report</u> Tara reviewed the data for the Health Care for the Uninsured programs: <ul style="list-style-type: none"> ▪ Montgomery Cares has served 22,289 patients through March with a total of 53,777 patient visits at the ten participating clinics. Year to date, the clinics have expended 77% of the FY19 budgeted amount for encounters, the benchmark for March is 75%. Next month with March data along with the end of quarter 			

	<p>numbers will give us a more accurate picture of where we stand regarding the number of encounters. Based on current projections we are looking to go over by about 1,200 encounters This mean an additional \$89,400 dollars potentially needed if the utilization trend continues (In FY18, the program went over encounters by 4,497 visits.) We completed a budget modification and moved \$100,000 from Community Pharmacy and Preventative Services to cover Primary Care Services; this means a slight reduction in the services we are able to provide in terms of Colonoscopies.</p> <ul style="list-style-type: none"> ○ MCares Eligibility Transition - the workgroups will be meeting over the next few weeks. There will be a meeting of the collective stakeholders mid-May. ○ CCI – has launched telepsychiatry for behavioral health patients. Would like to invite them at some point during the summer to go over this program ○ Mary’s Center – As of April 1, 2019 the 344 University Blvd location has replaced the Flower Ave. site. ○ Concerns about increased capacity (budget wise): CCACC, HCH Gburg, Mary’s Center, Proyecto Salud <ul style="list-style-type: none"> ▪ Care for Kids Program has enrolled 939 new children from July through March. We continue to see a higher number of new enrollees compared to last year by 14%. The HHS and EC (Education & Culture) committees met April 12th to discuss unaccompanied minors and new immigrant families. Updates were given by MCPS, County Departments, the Children Fleeing Violence Workgroups and non-profit organizations serving this population. The data and information shared by the presenters are available online via the County Council website. HHS Epidemiology Department is going over collected data from 2014-2018 specifically diagnosis, the data shows that upper respiratory problems followed by obesity were the 2 biggest issues. Discussions are still taking place on how to best utilize this information to inform education and other programs ▪ Maternity Partnership Program enrollment through March was 1,111 teens and women, a -6% decrease in overall enrollment compared with this time last year. The March enrollment of 151 women is a monthly high enrollment for FY19. ▪ Dental Services has served 4,257 patients through March and provided 7,947 patient encounters at our clinics. The program has hired another contract Dentist. Update on FY20 Recommended Budget for County Dental Services- <ul style="list-style-type: none"> ▪ 1.0 FTE – this is a position that was shifted in error and is not a new FY20 recommendation. This FTE is a Dental Assistant position funded under the Ryan White grant program (HIV Dental Services) which is separate from County Dental Services budget. The wrong coding was used and attributed to County Dental. That error was noted and will be fixed. The \$133,568 includes the funding for that FTE so the amount added will reduce. ▪ Dental Director – this position was in the FY19 budget. A portion of the \$133k was to annualize that position. Whenever we receive a new position from Council its usually funded for 9 months given the time it takes to hire etc. Additionally, the funds for the position in FY19 were not used and held as lapse for some portion of the year. 			
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	<ul style="list-style-type: none"> ▪ The Homeless Health program has had a total of 155 patient visits through March, a -18% decrease over this time last year. The RFP is posted for the primary health care services for uninsured homeless clients, it will close April 25th. The Medical Respite program is moving forward, the program is still strategizing the best approach to provide this care ▪ The HHS Committee of the County Council is meeting tomorrow, April 25th at 2pm to discuss the FY20 Public Health Services portion of the budget. The memorandum is accessible via the website and the work session should be viewable live tomorrow. <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Peter questioned if there was any information regarding the changes in enrollment for MPP. Tara explained that the enrollment data is coming straight from the hospital. The nurse case managers/community service aides interact with everyone who is enrolled in MPP. All clients have to come to the health centers for orientation and they are assigned a hospital. ▪ Peter had questions regarding the decline in enrollment with CFK. Tara explained that new enrollment has significantly grown but the decline is in renewals. The increase in new enrollees directly correlates with the influx of new children enrolling at MCPS. ▪ Steve questioned what happens when children age out of the program. Tara explained that the CFK program staff educates the child/family on transition to Montgomery Cares. DHHS has never tracked the patients to determine if they became Montgomery Cares enrollees. ▪ Steve mentioned that Dr. Smith, chair of our dental committee, and Dr. Gayles are arranging a meeting with the dental committee to talk about where we are going to go forward relative to the dental program and the support that the committee and the board can provide. The meeting may be scheduled for June ▪ Steve wanted to know if a Dental Director had been hired. Tara explained that selection memo went over to OHR. The other positions that has been filled within the department is the Deputy Health Officer, his name is Dr. James Bridgers 			
4.	<p>FY20 Advocacy Update</p> <p>Steve mentioned that there are many different activities happening-</p> <ul style="list-style-type: none"> ▪ The joint advocates visit's with County Council members are pretty much completed. They have been successful, and attendees engaged in meaningful conversation. The joint advocates have received support for the advocacy request; however, there are fiscal constraints that will result in not all of our requests being met. Linda McMillan requested a tiered priority list by April 19th of the advocacy requests. <p>Linda noted that the Council visits have been positive. She doesn't think that there will be enough money to fund all requests. Regarding the health home care request, it was suggested that DHHS could utilize current resources, perhaps \$25,000 could be reallocated from existing funds. The department did not knock down the suggestion. There will be follow up with DHHS to see if this can move forward</p>	Steve Gammarino		

	<p><u>Discussion</u></p> <ul style="list-style-type: none"> Wayne questioned if the \$25,000 would cover the Tier II requests. Linda answered that she thinks it would take care of everything. Her recommendation would be to not ask for additional funds if we can get the department to look at existing funds. She feels that it will have a hard time getting funded from the reconciliation list compared to other items. Hillary mentioned that this is the time to mobilize, to write to all County representatives. Talk to friends and encourage all to advocate (as residents of the County, not as a member of MCAB). Steve mentioned that he was pleasantly surprised on how everyone was very receptive. 			
5.	<p>Montgomery Cares Annual Quality Measures</p> <p>See handout</p> <p>Barbara Eldridge</p> <ul style="list-style-type: none"> Wayne wanted to know if there was a plan to include the other clinics in the quality measures. Barbara and Hillary mentioned that they would like to include data from all clinics; however, they do not have the same reporting capability from all clinics. When the move was made to eClinical Works, some of the clinics already had a different electronic medical record in place. Four of the clinics utilize different EMR systems and it isn't feasible to pull comparable data at this time. 			
6.	<p>Montgomery Cares Grants Process</p> <p>Steve Gammarino</p> <p>Steve mentioned at the last MCAB meeting, the Board agreed to write a letter to the County and Council leadership regarding the grant process. Next year there will be a new process. Steve will draft the letter and forward it to all members for comments.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> Tara mentioned that the one common thing that she has noticed over the years is the issue of sustainability. She stated that maybe having a way to distinguish it or having a rule Peter mentioned that with the new leadership, it may be a good idea to combine the County Executive and Council grants. The CE approved grants being decided on before the Council grants are confusing. Crystal mentioned it would be wise to propose a multi-year grant option. Also mentioned that part of the grant should clearly show areas to be serviced to ensure a geographic focus. Dr. Rice expressed there must be a way to address sustainability/dependency. There should be rationale for funding the same grants year after year through performance measures, etc. Yuchi mentioned that from the grants he read, the information was not clear or detailed. He also feels that there is no reference point/base line to verify if the request are accurate. Crystal mentioned that there are likely opportunities for partnership grants among the non-profits. Tara mentioned building on the County Council's equity agenda and making the process more equitable across the board Members noted it may be helpful if there was a grant allocation amount for the Health Care for the Uninsured programs. Should there be a limitation on the number of times you can receive a grant? If the process were to be changed, do members feel the Board could be a review body for final grant decisions? 			

	<ul style="list-style-type: none"> ▪ Peter and Steve agreed that the MCAB has the credentials and experience to perform that role but there are gaps that need to be adjusted as sometimes decisions are made without enough information ▪ Linda wanted to know if the Board would be Ok handling applications from non-participating clinics. Steve stated that yes, the MCAB group would be the best group to do this ▪ Peter recommended that whoever the decider is, the MCAB should review them before the County Executive or County Council. 			
7.	<p>Special Committee - Montgomery Cares Eligibility</p> <p>Steve discussed the letter from the Special Committee the Council's HHS committee. Additionally, the Board reviewed correspondence from DHHS indicating there will be workgroups regarding the eligibility implementation process.</p> <p>Steve mentioned that the when the special committee looked at where the eligibility process the realized the following:</p> <ul style="list-style-type: none"> ▪ The milestones kept shifting ▪ They recognized that the stakeholders, the clinics specifically saw some challenges to the process outlined. ▪ DHHS was taking steps before MCAB's letter by setting up the workgroups which will be facilitated by PCC and DHHS. ▪ Steve mentioned that the stakeholders need clarity about when things are going to happen, what exactly will be part of it and how they will be impacted. <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Tara mentioned that information will be shared regarding timelines and goals at the May meeting. ▪ Peter and Crystal agreed that there is still a gap on the consensus on the marching orders and need to have a "map". Regarding affordability, Peter recommended that options are created. He suggested that rather than trying to solve the issue, it would be best to come up with about 4 options to present to DHHS. 	Steve Gammarino		
8.	<p>May 2019 Agenda & Next Steps</p> <p>The next meeting will be May 22, 2019.</p>	Steve Gammarino		
9.	<p>Meeting Adjourned at 8:35pm</p> <p><i>Motion to adjourn: Wayne Swann</i> <i>Seconded: Peter Lowet</i> <i>Unanimously approved</i></p>			

Respectfully submitted,

Tara Clemons

