

# Montgomery Cares Advisory Board

## January 24, 2018 Meeting Notes

**MCAB Members Present:** Sean Bailey, Betsy Ballard, Julia Doherty, Stephen Gammarino, Dr. Travis Gayles, Sybil Greenhut, Peter Lowet, Wilbur Malloy, Marie Mann, Agnes Saenz, Langston Smith

**MCAB Members Absent:** Sharron Holquin, Lynda Honberg, Mayur Mody, T.J. Senker

**DHHS Staff:** Magda Brown, Tara Clemons, Paola Fernan-Zegarra, Doreen Kelly, LaSonya Kelly

**County Council Staff:** Linda McMillan

**Primary Care Coalition:** Deepa Achutuni, Elizabeth Arend, Rose Botchway, Marisol Ortiz, Hillery Tumba

**Guest:** Diana Saladani *on behalf of T.J. Senker*, Wayne Swann

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

Item		Action Follow-up	Person Assigned	Due Date
1.	<p><b>Approval of Minutes – December 13, 2017</b></p> <p><i>Moved by Julia Doherty, Seconded by Agnes Saenz</i>  <i>The motion was approved unanimously.</i></p>		Steve Gammarino	
2.	<p><b>Chair Report</b></p> <p>Steve stated that the advocacy efforts with the Troika were going well. A letter was drafted to send to the County Council HHS committee for the work-session on the FY18 savings plan. Given the results of the work-session it was not needed. Doreen will report on the recommended cuts from the HHS committee.</p> <p>Steve announced that Doreen Kelly would be retiring after 28 years of service to the County. Doreen addressed the Board members and provided a brief summary of her career with Montgomery County. Steve, Sybil, Agnes, Julia and Marie commented on Doreen’s contributions to the public health programs and expressed how much she will be missed.</p>		Steve Gammarino	

<p>3.</p>	<p><b>Senior Administrator's Report</b>          See Report and handout</p> <p><u>Monthly Status Report</u> (see handout)</p> <p>Doreen reported that due to an unexpected shortfall in revenue to the County for this current fiscal year of approximately \$120 million, the County Executive developed a Savings Plan for the operating budget through June 2018. The County Council HHS committee met last week and again this past Monday to discuss the proposed reductions. They recommended the following-</p> <ul style="list-style-type: none"> <li>▪ Approval of the Maternity Partnership program reduction of \$165,635 since enrollment is down.</li> <li>▪ Approval of an \$18,411 reduction to the Montgomery Cares Behavioral Health program to capture reduced expenditures.</li> <li>▪ Restore the proposed reductions to the Dental programs and the Montgomery Cares preventive services.</li> <li>▪ Permit PCC to fine tune the proposed reduction of \$175,715 in Montgomery Cares personnel savings through June 30 (mostly from currently vacant positions and other personnel savings.)</li> </ul> <p>County Council will meet next Tuesday to make a final decision. Council usually follows the HHS committee recommendations.</p> <p>Doreen reviewed the data for the Health Care for the Uninsured programs:</p> <ul style="list-style-type: none"> <li>▪ <b>Montgomery Cares</b> program has served 17,205 patients through December, with a total of 34,937 patient visits at the eleven participating clinics. If this upward enrollment trend continues, the program could potentially exceed its budgeted number of visits for the fiscal year by nearly 4,000 patient visits (\$292,000). Doreen mentioned that the department may need to find \$292,000 in savings or there may be a need for a wait list</li> <li>▪ <b>Montgomery Cares Behavioral Health Program (MCBHP):</b> From July 1, 2017 – December 31, 2017 MCBHP provided Behavioral Health Services to 1,104 (10%) of the 11,245 patients served at the at the nine clinic sites where staff are located.</li> <li>▪ <b>Care for Kids</b> has enrolled 575 new children from July through December. While the number of new enrollees is 38% lower than this time last year, this is due primarily to a PCC CFK staff shortage which is temporary, resulting in delays in enrolling the large number of new children referred to the program. Despite this delay the total of ongoing plus new children enrolled to date this FY is still 2% more than this time last year, or 4,778 children. PCC has received a small grant that will support specialty dental services for children.</li> <li>▪ <b>Maternity Partnership's</b> enrollment through December was 750 women, a 12% decline in enrollment compared with the same time last fiscal year. This may be continuing last year's trend of lower enrollment for this program, possibly influenced by the federal climate of uncertainty for immigrants.</li> <li>▪ <b>Dental Services</b> has served 3,620 patients through December and provided 5,766 patient visits at our 5 clinics. This is a slight decrease compared with last year. There is still a significantly long wait list for</li> </ul>	<p><b>Doreen Kelly</b></p>		
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	<p>appointments.</p> <ul style="list-style-type: none"> <li>▪ <b>Homeless Health</b> program served 56 new uninsured patients and had a total of 108 patient visits Year to Date, a significant decrease compared with the first six months of FY17. Many of the homeless have Medical Assistance and receive services from our same provider within the shelters. Efforts also continue with hospital partners to develop a joint approach for the Recuperative Care project.</li> </ul> <p>Doreen also announced that PCC has hired Elizabeth Arends as the <b>Director of Provider Services</b>. This new position is a re-alignment of the previously titled positions of Montgomery Cares Program Manager formerly held by Barbara Raskin. As PCC’s Director of Provider Services, Elizabeth will focus on provider relations management and support for both Primary and Specialty Care.</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>▪ Agnes requested an update on the Proyecto construction project. Tara explained that Department of General Services is leading the charge on the move and still finishing the construction. The move date is now scheduled for early February.</li> <li>▪ Steve questioned about the Montgomery Cares volume of patients and encounters. Deepa mentioned that projections are consistent with trajectory and that 4,000 patient visits may be a conservative number.</li> <li>▪ Board members expressed concerns over a wait-list option in Montgomery Cares stating that the idea is not only terrifying but also an unsatisfactory solution. Dr. Gayles stated that the reality is that DHHS can only work within the current budget reality. A request has been made for a closer look of the data and Council has requested more and frequent updates on utilization.</li> </ul>			
<p>4.</p>	<p><b>Speaker: Jon Blum (Maryland’s Healthcare Environment)</b></p> <p>Jon Blum provided an overview of the challenges faced by the recent changes in the ACA and the current healthcare environment in Washington. Some of the points mentioned were:</p> <ul style="list-style-type: none"> <li>▪ Need for more alternatives.</li> <li>▪ Sicker people coming into the insurance pool than policy makers thought</li> <li>▪ Medicare expansion has been a great success</li> <li>▪ State Medicare will become more conservative</li> <li>▪ All payer Hospital Waiver – All payers pay the same amount for Hospitals. The next phase of this waiver will create more pressure on the overall system</li> <li>▪ How to maintain the work that has been done while still protecting the system</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>▪ Julia wanted to know what were thing that they could do. Jon mentioned the following- 1) The care coordination program needs to be defined, 2) Care for all populations in the community outside the hospital while reducing cost, and 3) Bring MCO’s back to the market to make it more attractive.</li> <li>▪ Peter questioned if initiatives within the states would gain traction? Jon stated that it would be best to put pressure on the state governments to improve. Healthcare is not a top priority for most states.</li> </ul>			

<p><b>5. FY19 County Council Grants Process</b></p>	<p style="text-align: right;"><b>Linda McMillan</b></p> <p>Linda explained to the Board that the grant process has changed and there are other auxiliary groups that assist in reviewing the grants. To provide consistency across the group, Council has altered the input process.</p> <ul style="list-style-type: none"> <li>▪ All grants will follow the same process and none will go through the HHS committee separately</li> <li>▪ MCAB must submit one Evaluative Comments Information sheet per grant indicating their recommendation.</li> <li>▪ Some of the auxiliary groups delegate all grants reviews to a small group of members. The group makes the final decision on behalf of the larger body. MCAB is welcome to continue the process as they did in the past.</li> <li>▪ Applicants should be given the opportunity to present/interview with MCAB members that review the grants. DHHS staff stated they would invite the respective organization to March’s MCAB meeting.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>▪ Julia mentioned it is important to understand the priorities and Sybil wants more clear and definitive criteria. Lynda responded that this criterion can be determined by the Board. Grant priorities could be relative to the priorities of the Board for the Fiscal Year such as access to care.</li> <li>▪ DHHS staff noted they would send the grant applications to members prior to February’s meeting. This will give the opportunity to for Board members to review application prior to the applicant’s presentations.</li> </ul> <p><i>Wilbur Malloy motioned to have continue the usual grant proposal review and to incorporate the final product with the sample provided by Linda as well as the invitation to have the grant requestor come in and present their proposals. <b>Seconded: Julia Doherty, Opposed: Agnes Saenz</b></i></p>	<p>Send grant applications before Feb’s meeting</p>	<p>DHHS Staff</p>	<p>2/21/18</p>
<p><b>6. Montgomery Cares Mid-Year Report</b></p>	<p style="text-align: right;"><b>PCC Staff</b></p> <p>See report and handout</p> <p>The visit utilization benchmark for December is 50%. Clinics have reached 51% of the FY18 budgeted number of encounters and 71% of budgeted unduplicated patients. Most of the clinics are within 10% of the benchmark The length of time to next appointment for new patients has gone down. The average is about 2 weeks</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>▪ Steve requested that DHHS/PCC look at the past clinic projections compared to actual utilization to see how accurate clinics been.</li> <li>▪ Wilbur questioned if demographic information could be provided to support the increase. Deepa stated that she would make this information available</li> </ul>	<p>Provided data on utilization</p>	<p>DHHS/PC C</p>	<p>ASAP</p>

7.	<p><b>Advocacy Priorities: Discussion and Next Steps</b></p> <p style="text-align: right;"><b>Steve Gammarino</b></p> <p>Steve mentioned that the leadership teams at PCC and the clinics are working very well together. He also mentioned that a thank you letter was going to be written and sent to the Council once the FY18 Savings Plan items were approved.</p> <p>Steve stated that the Board is in great shape and ahead of the curb for advocacy.</p>			
▪	<p><b>Meeting Adjourned at 8:09 pm</b></p> <p><i>Motion to adjourn: Agnes Saenz</i>  <i>Seconded: Julia Doherty</i>  <i>Unanimously approved</i></p>			

Respectfully submitted,



Tara Clemons  
Montgomery Cares Advisory Board