

# Montgomery Cares Advisory Board

## November 18, 2021 Meeting Notes

**MCAB Members Present:** Kathy Deerkoski, Julia Doherty, Sarah Galbraith-Emami, Sharron Holquin, Lynda Honberg, Yuchi Huang, Peter Lowet, Wayne Swann

**MCAB Members Absent:** Betsy Ballard, Ashok Kapur, Diana Saladini, Dr. Langston Smith

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

**County Council Staff:** Linda McMillan

**Primary Care Coalition:** Sarah Frazell, Marisol Ortiz, Aisha Robinson, Hillery Tsumba

**Guests:** Ronda Jackson, Helaine Resnick

This was a requested special meeting of Board due to a consensus vote at the October 2021 meeting.

Wayne Swann, called the meeting to order at 5:13 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	<b>Approval of Minutes – October 27, 2021</b> Wayne Swann  Minute’s approval moved to the December meeting due to lack of quorum.			
2.	<b>Montgomery Cares Advisory Board Chair Report</b> Wayne Swann  Wayne highlighted the agenda and noted that he wanted to take some time to go over the QHP and eligibility letter			
3.	<b>Health Care for the Uninsured Report</b> Christopher Rogers/Tara Clemons See Report  <ul style="list-style-type: none"><li>Tara noted that a Health Care for the Homeless presentation is scheduled for the December meeting</li><li>She also mentioned that starting in January 2022, additional data will be made part of the report to include a 6-month period</li></ul> <b><u>Programmatic Updates</u></b> Montgomery Cares <ul style="list-style-type: none"><li>Montgomery Cares served 9,663 patients through October 2021 with a total of 15,437 patient visits (in-patient and telehealth) at the ten participating clinics. A 17% reduction in patients and 31% reduction in encounters compared to the same time last year</li></ul>			

	<ul style="list-style-type: none"> <li>Oct 2021 - The split of encounters was 90% in-patient and 10% telehealth.</li> <li>The public hearing on the continuation of the Board is scheduled for 11/30/21 at 1:30 p.m.</li> </ul> <p>Care for Kids</p> <ul style="list-style-type: none"> <li>Program enrollment through October 2021 is 6,030 which is a 4% increase over the same time last year (5,804).</li> <li>Volume of <u>new patients</u> are significantly higher compared to the same time last year 420% (FY21 – 116, FY22 – 603).</li> <li>Newcomers project: CFK is focusing on the undocumented children coming to Montgomery County from Central America. According to ORR, 1,045 unaccompanied children have been released to sponsors in Montgomery County between January and August, with an increase of 204 children between July and August. The project will present to Council committees on Nov. 29<sup>th</sup> at 9:30a</li> </ul> <p>Maternity Partnership</p> <ul style="list-style-type: none"> <li>Program enrollment through October 2021 is 561 which is a 38% increase over the same time last year (408).</li> <li>The Maternal/Child Health program is still managing the volume of evacuees from Afghanistan that are temporarily/permanently residing Montgomery County. DHHS has help manage around 25 – 30 pregnant women so far. Some are being enrolled in MP and other are being enrolled in Medicaid. It depends on far they are along in their pregnancy and their intent to remain in Md. Per CMS, Afghan parolees and those with visas are eligible for Medicaid or CHIP.</li> </ul>			
4.	<p><b>QHP and Eligibility Letter</b></p> <p style="text-align: right;"><b>Wayne Swann</b></p> <p>All members should have received a copy of the proposed draft. Members were provided a few minutes to review the letter and provide feedback.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> <li>All present members were fully supportive of the letter</li> <li>Wayne noted that the last paragraph gave the impression that it wasn't a collaborative approach and that not enough time was given to provide a response. He explained that he felt it was unnecessary and possibly a distraction to add those two points to the letter and asked that they be removed</li> <li>Peter mentioned that the last paragraph could be removed if there was communication with HHS expressing the same information noting that there are better ways to work together. Yuchi agreed with Peter's suggestion and mentioned that the current language could also be changed to make it sound more diplomatic</li> <li>Wayne agreed with Peter's suggestion to have a separate discussion with the department</li> </ul> <p><i><b>Motion to accept the letter as written:</b> Julia Doherty</i>  <i><b>Seconded:</b> Lynda Honberg</i>  <i>As quorum was not met during this meeting, this item was not approved. This item will be taken to an email vote and ratified during the December meeting.</i></p>			

5.	<p><b>Board Development</b> See presentation</p> <p>The governance sub-committee has been working for a few months focusing on the charter as well as how to improve the functioning of the board</p> <ul style="list-style-type: none"> <li>▪ New Charter - one useful way to think about the mission would be to consider the Board's activities and how they relate to the new charter, how to improve active engagement in the Board and how to make sure the Board is meeting its priorities</li> <li>▪ Sarah noted the recruitment challenges faced by the Board and discussed some of the ideas the sub-committee thought of</li> <li>▪ There were suggestions regarding the orientation process, clarity around the roles and the value of more clearly defining the roles and responsibilities of board members, and committee structure</li> </ul> <p><u>Discussion</u></p> <ul style="list-style-type: none"> <li>▪ Peter thanked Sarah and the group for the work they've done and noted that his concerns were around robust member participation both in-meetings and between meetings. He stated that he would like to know why some members are reluctant to participate. Wayne agreed with Peter and added that members should be comfortable enough to participate.</li> <li>▪ Lynda suggested to continue board development discussion in future meetings</li> <li>▪ Julia questioned if the current committee structure is supportive of the needed engagement level. Limiting the committee structure to possibly only 3 committees could make it easier for everyone to engage</li> <li>▪ Lynda noted the importance of the consumer seats on the board. As the consumer member, Sharon stated she didn't have a comment (on the importance of the seats). She has shared her concerns that during her tenure on the Board and the dental committee, committee members have not been engaging her for input and discussions.</li> <li>▪ Julia and Sarah discussed the possibility of spending less time reporting and more time in discussions. Having the reports and other relevant meeting material available ahead of time rather than having it read during the meeting</li> <li>▪ Wayne suggested adding board development as an agenda item for the next board development activity. Additionally, it could be added as a regular agenda item to incorporate discussions on how to improve and get better usage out of the current committee structure</li> <li>▪ Lynda stated that she would like to continue the discussion about which committees the board should or shouldn't have. She noted she liked the idea of having separate committees that focus on the program, policy, and advocacy</li> <li>▪ Sarah further explained that the goal is to have better reporting from the existing committees or figure out if restructuring is necessary. She mentioned that she finds the current program committees impenetrable, and noted that it is difficult to understand the dynamics, the politics, the questions, and the history</li> <li>▪ Julia wanted to know if it would be possible for a workgroup to write up the process with rolls and responsibilities. Wayne noted it would be good to have a summary of the roles and responsibilities of the committees and its members.</li> </ul>			
----	---	--	--	--

6.	<p><b>FY23 Advocacy Priorities</b>  <b>-- Value Based Care Transition</b></p> <p>Dr. Rogers started by emphasizing that information will be made available to all key stakeholders prior to the finalization of any policies or procedures. The value-based care transition and changes will happen within different phases in an effort to be collaborative.</p> <ul style="list-style-type: none"> <li>• Feedback was received from clinical partners, HCLC, and MCAB. HHS has been working with PCC on designing phase I empanelment as well as portions of phase II which is the primary care medical home model</li> <li>• Phase II: HHS is proposing a shared/bundled navigation model where a team of empanelment workers would be employed by PCC and community health workers would be assigned to clinics to be part of the care teams</li> <li>• DHHS doesn't anticipate that the advocacy asks for FY23 would include the community health workers, but it would rather include the case navigators. He mentioned that along with phase I empanelment there may be an additional need for IT resources</li> <li>• The County Dental program will have an FY23 advocacy ask based on programmatic needs to continue expanding services for residents</li> <li>• HHS is committed to providing the necessary resources are in place for the VBC eligibility. A proposal had been presented in October 2021 for the County Health Programs eligibility unit. The department is committed to investing the approx. 1.4 mil needed to get the program rolling</li> </ul> <p><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• Lynda and Julia expressed concerns over the lack of communication regarding value-based care and the difference between empanelment workers vs. eligibility workers. Dr. Rogers explained this information has been presented to the MCAB and the value-based care workgroup over the past couple of months. Before the County moves forward with implementing or finalizing any policies or procedures, the department will ensure all stakeholders have provided input and feedback.</li> <li>• Wayne wanted noted that Dr. Rogers was informing the board of the status/progress of the value-based care transition. The board is not being asked to approve or advise and the update provided was purely informational. Wayne noted that Dr. Rogers has given several presentations on the subject</li> <li>• Dr. Rogers clarified that as far as FY23 advocacy, HHS is still working with PPC to finalize the draft details. He noted that when those details are finalized, he will come back to MCAB as well as the value-based care workgroup with all the information for Phase I empanelment.</li> <li>• He wanted to also clarify that there will be an FY23 advocacy ask associated with value-based care which is Phase I empanelment</li> <li>• Lynda wanted to know who was part of the value-based care workgroup. Dr. Rogers explained that the workgroup is made up of PCC staff, Council staff, clinic executive directors, community partners and Julia and Wayne from MCAB. Tara noted that the last vbc session took place on June 17, 2021</li> </ul>	Dr. Christopher Rogers		
7.	<p><b>December 2021 Planning Mtg and Next Steps</b></p> <p>The December meeting will include:</p> <ul style="list-style-type: none"> <li>• QHP and eligibility discussion</li> </ul>	Wayne Swann		

	<ul style="list-style-type: none"> <li>• Dental</li> <li>• Board development</li> </ul> <p>The next meeting will be held TBA</p>			
8.	<p><b>Meeting Adjourned at 7:03 pm</b></p> <p><i>Motion to adjourn: Wayne Swann</i>  <i>Seconded: Julia Doherty</i>  <i>The motion was not passed due to not meeting quorum</i></p>			

Respectfully submitted,

Tara O. Clemons  
Montgomery Cares Advisory Board