

Montgomery Cares Advisory Board

September 22, 2021 Meeting Notes

MCAB Members Present: Betsy Ballard, Kathy Deerkoski, Julia Doherty, Sarah Galbraith-Emami, Lynda Honberg, Yuchi Huang, Ashok Kapur, Peter Lowet, Diana Saladini, Dr. Langston Smith, Wayne Swann

MCAB Members Absent: Sharron Holquin

DHHS Staff: Dr. Tricia Boyce, Dr. James Bridgers, Magda Brown, Tara Clemons, Robert Morrow, Dr. Christopher Rogers, Rebecca Smith

County Council Staff: Linda McMillan, Beth Shuman

Primary Care Coalition: Sarah Frazell, Aisha Robinson, Hillery Tumba

Guests: Councilmember Gabriel Albornoz, Sonya Bruton (CCI), Jessica Fuchs (HIF), Kehinde Fuwa, Faye Greene (HIF), Helaine Resnick, Crystal Townsend (HIF)

Wayne Swann, called the meeting to order at 3:04 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	<p>Approval of Minutes –July 28, 2021 Wayne Swann</p> <p>Approval of minutes for July 28 moved to the October 27, 2021 meeting</p>			
2.	<p>Montgomery Cares Advisory Board Chair Report Wayne Swann</p> <p>Wayne highlighted the agenda and shared the letter that was sent to Dr. Travis Gayles.</p>			
3.	<p>COVID-19 Updates James Bridgers</p> <ul style="list-style-type: none"> ▪ Dr. Bridgers is the acting health officer and Chief of Public Health until a replacement is selected for the position ▪ There has been a downward trend of the number of daily cases, but continue at the substantial transmission rate based on the CDC’s numbers ▪ The vaccination rates remain very high, 82.5% of the eligible population have received at least one dose and 74.9% are fully vaccinated ▪ Dr. Bridgers shared the presentation given to the County Executive’s office and noted the following: <ul style="list-style-type: none"> ○ Montgomery County continues to rank #1 nationwide for % of 12+ population fully vaccinated among all US Counties > 300K residents. ○ In the past 4 weeks, there have been 3,543 cases and 150 hospitalizations (4% of cases) ○ Testing has increased, about 5,000-6,000 individuals are tested per week 			

<p>4.</p>	<p>Health Care for the Uninsured Report See Report</p> <p style="text-align: right;">Christopher Rogers/Tara Clemons</p> <p><u>Policy Updates</u> Montgomery Cares</p> <ul style="list-style-type: none"> ▪ DHHS meeting with County Executive Elrich regarding: ▪ Eligibility fully transitioning to OESS ▪ Plan to ensure access to care for Qualified Health Plan eligible individuals ▪ Make permanent block payment structure ▪ Implement telehealth policy and payment parity <p>At the October meeting, Dr. Rogers will conduct a policy presentation for the MCAB and the Montgomery Cares Clinics' Executive Directors that provide more policy detail and an implementation timeline that includes DHHS receiving feedback from MCAB</p> <p>Care for Kids and County Dental</p> <ul style="list-style-type: none"> ▪ Individuals 18 years of age will be enrolled in Care for Kids dental coverage until they are 19 years old <p>Maternity Partnership Program</p> <ul style="list-style-type: none"> ▪ The new FY22 Open Solicitation includes: Increased the reimbursement to providers, Increased co-pay by \$50 due to increase costs of medical care, Enhanced reporting requirements and County FQHC's are eligible to be a vendor <p><u>Programmatic Updates</u> Montgomery Cares</p> <ul style="list-style-type: none"> ▪ Montgomery Cares served 5,411 patients through August 2021 with a total of 7,163 patient visits (in-patient and telehealth) at the ten participating clinics. A 15% reduction in patients and 21% reduction in encounters compared to the same time last year ▪ Aug 2021 - The split of encounters was 89% in-patient and 11% telehealth. ▪ Note: June 2021 % of telehealth 14%, May 2021 % of telehealth 23%, ▪ The HHS committee will meet next week on the continuation of MCAB, Sept 27th at 9:30am. <p>Care for Kids</p> <ul style="list-style-type: none"> ▪ Program enrollment through Aug 2021 is 5,565 which is a -3% decrease over the same time last year. ▪ Numbers for <u>new patients</u> are significantly up compared to the same time last year (181%). With OESS offices having in-person hours, families are able to get direct assistance from staff ▪ In FY 2021, the Care for Kids Program (CFK) served 6,439 children. 2,071 children were approved for one year extension. <ul style="list-style-type: none"> ➢ CFK serves a diverse population of children, representing 69 different countries of origin and 26 different primary languages. 			
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Maternity Partnership

- Program enrollment through July 2021 is 131 which is a 77% increase over the same time last year (74).
- The FY21 full year MPP enrollment (1,421) reflects a decrease of -.9% from the FY20 enrollment (1,434). The reason for this overall decrease is directly due to COVID-19.
- Of note, the overall combined FY21 first trimester enrollment percentage was 30%. This reflects a decrease in comparison of FY20 which was 41%. Additionally, Fetal Infant Losses were down compared to FY20. In FY21, we suffered a loss of 9 infants and in FY20, 20 infants. **The good news is that overall, 96% of all deliveries in FY21 were at a healthy birth weight.**
- Area Health Centers are having a hard time keeping up with the Maternity Partnership referrals because we have to limit class sizes to allow for social distancing. We have added one class a week to the schedule to accommodate and may have to add more.
- Statistics from the Dental program indicate that due to COVID, only approximately 30% of the Maternity Partnership patients were able to receive dental care in FY21. Now that we are all back to in-person services, we are working diligently to increase that percentage with the goal being 70%.

County Dental Services

- For the month of August, the program had several staff (dentists, hygienists, dental assistants, front desk) out either for vacation or out sick. This did put a strain on the program, as evident in the data. We have improved from FY21 and are climbing back to numbers comparable to FY20.
- Next available appointments for the pediatric dentists are the first week in November (individual pediatric patients are schedule for multiple appointments at a time), emergencies are always placed with pediatric dentist as soon as possible. The program has 2 faculty pediatric dentists providing dental services 2 days/week
- Next available appointments for Oral Surgery are first week in November, we have 2 Oral Surgeons providing dental services 1.5 days/month

Health Care for the Homeless

- Over the last two months the programs have had a slight uptick in positives in the shelters needing isolation and/or quarantine due to possible exposures at the isolation hotel.
- 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
- The number of homeless clients continues to increase with a growing number of elderly clients over the age 62. Over the last two weeks alone, we received referrals for 6 homeless clients over the age of 70 and one age 92.
- Medical Respite Program continues to move forward with a few delays in deliveries due to the pandemic. Tours will be available. Members should email Tara and LaSonya if they would like to tour the facilities
- We continue to have an increase in challenges and major gaps in services for behavioral health support for clients sheltered and unsheltered. We have expanded our current psychiatric services to serve everyone in all shelters and unsheltered (currently street homeless). As an immediate response to this growing crisis, we will use temporary funding available for FY22 to support this endeavor

	<p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Julia questioned if there was information explaining the decrease in Montgomery Cares numbers. Tara explained they have not discussed this in detail with the clinics yet, Utilization (based on trends) tends to decrease during the summer months. Peter noted that it would be worth having a conversation about this ▪ Peter asked if dental capacity had been decreased to open room for pediatric dental. He also wanted to know what efforts are being made to ensure that more adults receive dental services. Dr. Boyce explained that the intent is to increase capacity for adults. There was a surge of pediatric appointments which were taken time away from other populations. Dr. Boyce is currently working with Dr. Rogers on increasing capacity of the adults and senior populations ▪ Julia requested clarification on the transition of eligibility to OESS. Dr. Rogers explained that after meeting with the County Executive, DHHS will be moving forward with transitioning all eligibility determination to OESS. Next month he will provide a policy presentation with additional details, implementation timeline, as well as the plan to ensure access to care for qualified health plan individuals. There is a policy decision and solution that the County Executive has approved for the QHP eligible individuals. Dr. Rogers will go over the policy with the MCAB at the October meeting and feedback is requested 			
5.	<p>Montgomery Cares FY21 Annual Report</p> <p>Aisha provided an overview of the FY21 program performance and noted the following:</p> <p>Utilization</p> <ul style="list-style-type: none"> ▪ Clinics served 19,777 patients in 53,336 encounters, a 20% patient decrease in unduplicated patients and a 15% decrease in encounters from 2020. ▪ Clinics spent 95% of the FY21 budgeted amount for encounters. ▪ Encounter ratio: 2.7, a 5% increase from the 2.57 ratio in FY20 <p>Capacity</p> <ul style="list-style-type: none"> ▪ The network remained intact with 10 clinics ▪ Two clinics temporarily stopped accepting new patients due to Covid-related staff reductions. ▪ There were only minor wait time fluctuations for established patients throughout the FY ▪ Nine clinics accept Medicaid, eight clinics accept Medicare, seven accept commercial insurance. <p>Pharmacy Challenges</p> <ul style="list-style-type: none"> ▪ As Montgomery Caress patient encounters decreased due to COVID-19, Community Pharmacy spending decreased <p>Project Access Specialty Care Utilization</p> <p><u>In FY21, Project Access:</u></p> <ul style="list-style-type: none"> ▪ Received 2,761 referrals ▪ Documented 1,951 appointments kept or confirmed (underreported pro bono visits) <ul style="list-style-type: none"> • 1,709 Montgomery Cares appointment • 37 Care for Kids appointments • 190 Holy Cross or Adventist funded appointments • 15 appointments attributed to other programs (e.g., Preventative Services) 	Aisha Robinson		

- Served 903 unique patients
- Returned 668 referrals
 - Referred 46 patients to other programs (e.g., CCHCN, state funded screening/treatment)
- Coordinated 13 Maryland Cancer Fund applications (including 3 renewals)

Aisha provided a summary of Project Access Specialty Care Activities as well as Project Access Specialty Care Network Challenges.

Montgomery Cares Quality and Clinical Services

- Maintained high levels of performance in chronic care management and cancer screening in majority of Montgomery Cares clinics, despite effects of pandemic
- Awarded Breast and Cervical Cancer Prevention (BCCP) grant from MD Department of Health to improve screening, diagnosis, and navigation services
- Coordinated optional Quality Assurance reviews and provided feedback to CCACC; Holy Cross Health Center; Kaseman Health Clinic; Proyecto Salud

Aisha provided an overview of the Montgomery Cares Behavioral Health Program (MCBHP) and noted that some of the challenges faced are:

- Many patients shared high amounts of stress related to losing employment during the pandemic.
- Behavioral Health and clinic staff expressed concern that patients with high acuity needs beyond the scope of collaborative care (psychosis, recent suicide attempts, etc.) were being directly referred to the clinics from hospitals or other community agencies. Director has been meeting with hospital and DHHS staff to review safety net clinic services, but finding appropriate care remains a challenge
- Many patients express concern about being behind on rent, especially when the eviction moratorium ends.
- While many patients have been eager to receive the COVID-19 vaccine, some patients have been expressing fear and have been encountering sources of misinformation from social media.

Montgomery Cares Program Transformation

- County Council appropriated \$500,000 CARES ACT funding to Montgomery Cares Clinics in FY21
- Upon entering a second year of COVID-19 pandemic:
 - QHP eligible individuals remained Montgomery Cares eligible
 - “Two visit rule” suspended; all clinics permitted to make eligibility determinations for new and renewing Montgomery Cares patients; all patients deemed presumptively eligible able to access medication through the Community Pharmacy program.
 - Clinics reimbursed through “block payments” based on pre-Covid utilization
 - Clinics continued to provide services in person and via telephone and/or video

Montgomery Cares System Transformation Challenges

- Year two of diminished encounters during pandemic
- Reduction of pro bono and insufficient specialists to meet specialty care needs

	<ul style="list-style-type: none"> ▪ Difficulty navigating social services/applying for benefits with staff working off-site and needing to do everything via email/phone etc. ▪ Network preservation through duration of unforeseeable end to pandemic ▪ Planning for Delta variant wave of COVID-19 and upcoming influenza season ▪ Surge in demand for Behavioral Health Care Services, particularly BH issues that went untreated or were exacerbated during the pandemic; growing but still insufficient BH crisis resources to address need ▪ Health and social services workforce burnout and recruitment challenges 			
6.	<p>Panel: Health Care for the Uninsured Prog/COVID-19</p> <p style="text-align: right;">Diana Saladini (moderator)</p> <ul style="list-style-type: none"> ❖ Dr. Sonya Bruton, CEO and President of CCI ❖ Councilmember Gabriel Albornoz ❖ Crystal Townsend, Healthcare Initiative Foundation <p>Diana explained that with this panel, the MCAB is considering what the broad comprehensive strategy for trying to deal with access to health care is. Diane thanked the panel members and noted that the MCAB had put together a list of questions for them to answer</p> <p>To Dr. Bruton – How is the landscape of safety-net providers currently and how has the population that the safety-net providers treat changed?</p> <ul style="list-style-type: none"> ▪ Dr. Bruton: the landscape consists of very resilient providers who have shown that they can be counted on in a time of crisis and help fortify the health delivery landscape during this time. CCI is doubling the location size in downtown-Silver Spring in response to the need. In terms of recipients and those accessing care, what CCI is finding is that diversity in patients served is increasing as Montgomery County is a big area for resettlement. The deeper concerns are with dental as we have had to reduce services because of the way the COVID-19 is transmitted, and the effects are starting to show. <p>To Councilmember Albornoz and Crystal Townsend – Is there a need for expansion for the Health Care for the Uninsured programs?</p> <ul style="list-style-type: none"> ▪ Ms. Townsend: During the pandemic, best practices emerged and one of the things HIF is seeing is the approach of doing things in community and often developing hybrid models. Many providers are doing community clinics, pop-up clinics and providing connections for long term comprehensive care. There are great examples of where compacity has grown for safety-net clinics such as Mobile Med, Holy Cross, and Mercy to now being able to complete vision exams and meet the needs of their patients with diabetes. It would be great to see a model that could be built connecting these partnerships with all the safety-net clinic and non-profit partners to help meet the comprehensive goals around food security, behavioral health, vision, and dental. ▪ Councilmember Albornoz: There has been a lot of innovation both in terms of better accessing and utilizing technology. Telehealth has provided new opportunities and some unique work is being done in that space and it is a tremendous opportunity. Great strides were made in reestablishing the trust that was lost over the previous years with people disengaging from government services and programs. The hybrid approach, and the 			

partnerships and alliances that in some cases were formed organically because of the need or the emergency crisis have continued and, in some instances, have evolved.

To Dr. Bruton – How do you foresee the utilization of telehealth in the future among safety-net providers?

- Dr. Bruton: Telehealth is here to stay, and it will allow providers to broaden their reach. Service providers will continue to refine when that is the best mode of care. At CCI, telehealth is the perfect way to execute the visit and have high quality care, when there are more complexities or longer times between face-to-face visits or touch exchange, then a telehealth appointment may not be the best method for providing a visit. Additional guidance and education needs to be provided to the clients to help patients determine the type of appointment they need. Telehealth is here to stay, it will become more complimentary, supportive and an enhancer of care versus a replacement or new model for care. One of the challenges is the lack of a private and safe places to have the conversation.

To Crystal Townsend – What role do you see safety-nets having in increasing annual wellness visits and advanced care planning?

- Ms. Townsend: Great progress has been made in addressing the barriers to patient care and patient access but there still ways to go. When setting requirements on annual wellness exams and access, it is important to look at how to streamline the eligibility process, enrollment, provider assignment, and connectivity. Also, there should be a focus on providing a family approach to eligibility and enrollment and how to move to that type of practice model for services. Connections with the school system and allowing the non-profits to engage is essential. The aging population is the fastest growing population in Montgomery County and helping individuals prepare for how they want to have their health care delivered is imperative.

To Dr. Bruton – Do you think it is essential for telemedicine to exist in a physician practice?

- Dr. Bruton: it is essential, and it is also a great tool in the provision of health care. For the Montgomery Cares population where there are barriers to accessing care that are environmental, social and economic, that when and where they access is not unlimited, being able to save or capture what could have been a no-show is a critical implementation of telehealth. Telehealth is a great tool with benefits to both sides, but it is not a replacement of how care is delivered

To Councilmember Albornoz – What role do you think the safety-net clinics should play in collecting or reporting health equity data amidst COVID-19?

- Councilmember Albornoz: there are recruitment and retention issues that are very alarming. The past years have been overwhelming and disorienting. It is very important to emphasize health and wellness among staff and those immediately around you including ourselves. Regarding data collection, there is an opportunity to for the County to take the lead. To create a space to collaborate and share data that will help both the providers and the County better inform this broader system of care. Data collection is an area that we need to invest in financially because it is unfair to expect our providers on top of all their responsibilities, staff shortages etc. to have the administrative capacity and infrastructure to not only collect that information and collect it well and then share it with others. An administrative financial investment needs to be made to add to the administrative capacity of your respective organizations.

	<p>To All panel members – Many low-income residents do not have dental insurance or are underinsured. How do you think the County can improve access to the dental care for the vulnerable populations?</p> <ul style="list-style-type: none"> ▪ Dr. Bruton: What CCI has found is lack of appreciation for the level of treatment that is needed. Patients will come to the initial/annual exam. What gets lost is the things that get discovered through the initial exam which creates a treatment plan that escalates in cost and complexity. Many of the issues that get uncovered are urgent and or escalating, require a treatment plan that is multiple visits long with multiple layers of intervention. In that space that many patients do not continue with care. All services cannot be provided at \$0 cost. Discounts are provided but even the discounted amounts become a barrier for the clients, and they don't appreciate how oral health and hygiene affect physical health. There needs to be additional coverage for a wider array of dental interventions. ▪ Ms. Townsend: Dental at the community level has to focus on public and private partnerships as well as partnerships with the education system. There are many health services that the traditional health coverage doesn't cover so, the larger picture is how do we make all services affordable to all residents. ▪ Councilmember Albornoz: As chair of HHS committee, dental care has been a long standing topic for all the reasons that Dr. Bruton and Crystal mentioned. It is a supply and demand issue as well as financial. There is not a sufficient number of technicians or dental medical providers that are able to provide the care and that is a challenge across the entire country. Investments in partnerships need to be made with the Universities of Shady Grove, the University of Maryland Health system as a whole to identify and recruit students early on that are interested in the field <p>To the panel – Many residents are eligible for QHP, Medicare, or employment-based insurance but cannot afford it so, up until now they have been able to receive care through Montgomery Cares. What role do you think Montgomery Cares should have in the future in serving these residents?</p> <ul style="list-style-type: none"> ▪ Councilmember Albornoz: The issue of under-insurance is significant and the ramifications of it have been felt within the past 2 years (during COVID-19). ▪ Dr. Bruton: By mandate and by practice, CCI always screens for income regardless of insurance status. Insurance coverage doesn't mean ability to pay or visit covered. Partnerships could help alleviate some of the issues. <p>Councilmember Albornoz announced that he and Councilmember Jawando are working on introducing legislation and an appropriation to launch a universal income pilot in Montgomery County. He noted that this concept has been tested out in other jurisdictions across the country and what's been learned through the infusion of Federal resources including the child-tax credit is that it has been a game changer in giving families flexibility to be able to make decisions that directly relate to their overall health and wellness.</p>			
7.	<p>FY22/FY23 Program and Advocacy Priorities</p> <p>Wayne asked that the Chairs of each committee send in a draft before the October meeting with their list of priorities</p>	Wayne Swann		

<p>8.</p>	<p>Next Steps – October Planning</p> <p>The October meeting will include:</p> <ul style="list-style-type: none"> • Dental discussion • Dr. Rogers’s presentation on policy and implementation regarding the eligibility process <p><i>Motion to have an additional meeting in November 17th at 5:00 pm: Peter Lowet</i> <i>Seconded: Langston Smith</i> <i>Unanimously approved</i></p> <p>Board development was moved to the November meeting – Sarah provided a brief overview of what her group would like to cover during the meeting.</p> <p>The next meeting will be held October 27, 2021</p>	<p>Wayne Swann</p>		
<p>9.</p>	<p>Meeting Adjourned at 6:05 pm</p> <p><i>Motion to adjourn: Wayne Swann</i> <i>Seconded: Julia Doherty</i> <i>Unanimously approved</i></p>			

Respectfully submitted,

Tara O. Clemons
Montgomery Cares Advisory Board