

## Montgomery Cares Advisory Board

### January 24, 2024 Meeting Notes

**MCAB Members Present:** Dr. Kathryn Kelly, Susan Emery, Dr. Kisha Davis, Dr. Yuchi Huang, Peter Lowet, **Diana Saladini**, Melanie Bunting, Wayne Swann, Dr. Helaine Resnick, Mark Foraker, Denise Kishel

**MCAB Members Absent:** Sharron Holquin, Viviana Azar, **Melinda Hite**

**DHHS Staff:** Dr. Tricia Boyce, Magda Brown, Sean Gibson, Dr. Christopher Rogers, Rebecca Smith, Ashley Miller, Arnechia Moody

**County Council Staff:** Tara Clemons Johnson

**Primary Care Coalition:** Leslie Graham, Marisol Ortiz, Aisha Mason (Robinson), Sara Woods, Dr. Veronica Vela, Sarah Frazell, Hillery Tumba

**Guest:** Kristin Cummings, Beth Barrows

Wayne Swann called the meeting to order at 6:05 pm. Meeting held via Microsoft Teams video/teleconference.

Item		Action Follow-up	Person Assigned	Due Date
1.	<p><b>Approval of Minutes</b> – October 25, 2023  <i>Moved by Dr. Kathryn Kelly</i>  <i>Seconded by Mark Foraker</i>  <i>The motion was passed unanimously.</i></p> <p><b>Approval of Minutes</b> – December 13, 2023  <i>Moved by Mark Foraker</i>  <i>Seconded by Dr. Yuchi Huang</i>  <i>The motion was passed unanimously.</i></p>			
2.	<p><b>Montgomery Cares Advisory Board Chair Report – Wayne Swann</b></p> <ul style="list-style-type: none"> <li>• Welcomed the honorable guests and the advisory board members.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Diana Saladini and Melinda Hite are stepping down from the MCAB. Board members recognized their significant contributions to MCAB.</li> <li>• Diana Saladini shared that she has learned a lot and has enjoyed serving on the Board.</li> <li>• Chair and Vice Chair elections will be held once Board vacancies have been filled.</li> </ul> <p><b>Vacancies/Interviews for new Board members -- Ashley Miller</b></p> <ul style="list-style-type: none"> <li>• The extended vacancy notice for board positions was closed on January 8. Susan Emery and Yuchi Huang will make up this year’s Nominating Committee and will interview candidates when candidates are vetted by the Boards, Committees and Commissions Office of the County Executive (BCC.)</li> <li>• No interviews are needed for board members looking to be reappointed to current positions.</li> </ul>			
3.	<p><b>Health Officer Update – Dr. Kisha Davis</b></p> <ul style="list-style-type: none"> <li>• It's COVID, Respiratory Syncytial Virus (RSV), and influenza season. They all seem to be starting to trend down.</li> <li>• Still working on upping nursing home vaccination rates. Several of them have achieved a 100% vaccination rate; maybe up to 20 are over 75% vaccination rate.</li> <li>• DHHS continues to work with the behavioral health team on the opioid crisis in youth. There is an early trend in decreased EMS calls for Narcan. It may be due to more effective messaging or that Narcan is more widely available in the community, so people aren't calling EMS.</li> <li>• There is an increase in opioid overdose cases for 60 and 70 year-olds, especially in African Americans in their sixties. Arnecia Moody (behavioral health) is finding solutions to combat that.</li> <li>• DHHS continues to work on better integrating behavioral health and primary care and taking a public health approach to addressing youth violence, while building stronger primary care network ties.</li> <li>• During the winter season DHHS would like to remind everybody to have a good supply of medications at home.</li> </ul> <p><b>Q&amp;A</b></p> <p><b>Dr. Helaine Resnick –</b> If we rely on the EMS calls for Narcan use data to gauge the level of the opioid crisis, with more availability of Narcan in the community, is that matrix still reliable?</p> <p><b>Dr. Kisha Davis –</b> DHHS has data available on EMS calls for overdoses and for fire and rescue services that have used Narcan. DHHS also looks at hospitalizations and fatalities and is starting to look at wastewater to get a sense of where opioids, fentanyl, and Narcan are being used in Montgomery County. However, the Department is not</p>			

	<p>capturing individualized information; instead it is looking for general community-based information. Additional data may be available in the next month or so.</p>			
<p>4.</p>	<p><b>Healthcare for the Uninsured Report Q&amp;A – Dr. Christopher Rogers &amp; DHHS Staff</b> See Report</p> <p>LaSonya Kelly will deliver a presentation on Health Care for the Homeless at the February 2024 MCAB meeting.</p> <p><b>Q&amp;A</b></p> <p><b>Peter Lowet –</b></p> <ul style="list-style-type: none"> <li>• The unduplicated patient count and encounters for Montgomery Cares have seen double-digit increases for a couple of months. What's the projection for the year, and are there any concerns relating to the budget?</li> <li>• Based on the current encounter numbers, barring curveballs, the 72,000 encounters budgeted for FY24 should be enough, but how about FY25 and FY26?</li> </ul> <p><b>Dr. Christopher Rogers –</b></p> <ul style="list-style-type: none"> <li>• At this time, the budgeted 72,000 encounters should be sufficient for the year. DHHS received updated FY24 projections from the Primary Care Coalition (PCC) in January 2024 now that the clinics have transitioned to Fee For Service.</li> <li>• For FY25, DHHS will maintain a projection of 72,000 encounters.</li> <li>• The network adequacy study results should come in spring or summer. That will include churn rate (patients left over joined the system) analysis. New data and information will be used for future fiscal year projections.</li> <li>• There was a typo noted in one of the projections that said the FY24 budget was 75,000 encounters. This will be updated to 72,000.</li> </ul> <p><b>Mark Foraker –</b> Predicting normal growth patterns during the pandemic was difficult and the recovery process is still ongoing. Support for budgeting 72,000 for this year so the clinics could build their capacities accordingly.</p> <p><b>Wayne Swann –</b> What are the patients' sentiments toward telehealth now?</p>			

	<p><b>Mark Foraker –</b>  Mercy Health patients prefer in-person visits. Telehealth is minimal now, primarily for non-billable utility consultations.</p> <p><b>Peter Lowet –</b>  MobileMed has 95% in-person medical visits. However, behavioral health is primarily telehealth. From the clinical perspective, in-person and virtual continuing simultaneously makes a lot of sense as the appointment type is based on the clinical circumstances.</p>			
5.	<p><b>County Dental Services Update – Dr. Tricia Boyce</b>  See Report</p> <p><b>Q&amp;A</b></p> <p><b>Peter Lowet –</b>  Adult dental visits appear to be lower than pre-pandemic time (FY19). What are the reasons for this?</p> <p><b>Dr. Tricia Boyce –</b>  An increase in the number of pediatric appointments may be causing a decrease in the availability of appointments for adults. County Dental also handles its own application/eligibility, applications do not go through OESS, which may also contribute to this. The goal is to expand availability of appointments for adults. County Dental is advocating for adding more providers.</p> <p><b>Peter Lowet –</b>  When advocating for more capacity, is County Dental looking to treat a similar number of patients as prior to the pandemic or at an adjusted level? Will the focus be on Montgomery Cares patients or include Medicaid patients also?</p> <p><b>Dr. Tricia Boyce –</b>  County Dental is working with Montgomery County Public Schools to start providing a greater variety of dental services on site to free up some of the appointment spaces for adults. This process has taken time, but increased services are anticipated to begin within the schools soon.</p> <p><b>Peter Lowet –</b>  Do you bill Medicaid for billable services?</p> <p><b>Dr. Tricia Boyce –</b>  The program bills adult patients with Medicaid. However, we only serve adults for Medicaid emergencies or County programs turned Medicaid patients.</p>			

	<p><b>Dr. Yuchi Huang –</b>          What's the rationale for providing care for second and third graders regardless of private dental insurances? To establish a baseline? Could this be viewed as sending a message that people do not need to self-insure? If capacity for adult patients is strained, will this contribute additional strain? It may be a balancing act.</p> <p><b>Dr. Tricia Boyce –</b>          The County wants to ensure children have their permanent molars protected as these ages are a critical time for development. The goal is to remove all barriers to care. The sealant program receives State grant funding and has been added to the school-based preventative services program as a Care for Kids element. This is part of the requirement for the grant.</p>			
6.	<p><b>Update on meeting with OMB with TROIKA – Mark Foraker</b></p> <ul style="list-style-type: none"> <li>• A work group with HCLC, DHHS, and PCC went through an external environmental scan in 2022 and found that a 70% reimbursement of an average Medicaid rate was still the prevailing approach. This was used to determine the \$175 reimbursement that was requested as part of the FY24 budget.</li> <li>• OMB, the County Executive, and County Council requested a phased-in approach over multiple years. Last year the reimbursement rate was raised to \$102.15.</li> <li>• OMB has once again requested TROIKA consider a phased-in approach, in addition to quantifying potential consequences for four different funding level scenarios (no increase, low increase, mediate increase, full increase).</li> <li>• TROIKA notes it is imperative to get to \$175 as quickly as possible to ensure providers are receiving a comparable rate.</li> <li>• TROIKA is meeting the County Executive to discuss this item further. An update on this discussion will be provided at the next meeting.</li> </ul> <p><b>Q&amp;A</b></p> <p><b>Dr. Yuchi Huang –</b>          The cost structure is moving up with time. A phase-in-increase approach may result in being further behind the current adequate reimbursement rate.</p> <p><b>Mark Foraker –</b></p> <ul style="list-style-type: none"> <li>• Excellent point, the goalpost moves with inflation and other socioeconomic factors. TROIKA will have the opportunity to present this during the discussion.</li> </ul>	Talk to County Exective	TROIKA	1/25/2024

	<ul style="list-style-type: none"> <li>• Dr. Rogers’ support has been appreciated as he continually has shared with County leadership the longer it takes to get to the \$175 reimbursement rate the worse health outcomes will be in Montgomery County.</li> </ul>			
7.	<p><b>MCAB priorities letter to County Council -- Wayne Swann</b></p> <ul style="list-style-type: none"> <li>• The same letter presented to the County Executive will be presented to the DHHS Director and County Council.</li> <li>• Board members are encouraged to reach out to Wayne with any questions or comments.</li> </ul>			
8.	<p><b>February 28, 2024, Agenda and Next Steps</b></p> <p>The next meeting is on Wednesday, February 28, 2024 and will be held virtually using Microsoft Teams.</p> <p><b>Meeting Adjournment</b>  <i>Moved by Mark Foraker</i>  <i>Seconded by Dr. Yuchi Huang</i>  <i>Without objections, the meeting was adjourned at 7:24 pm.</i></p>			

Respectfully submitted,

  
Y Huang (May 1, 2024 00:52 EDT)

Yuchi Huang, Ph.D.  
Montgomery Cares Advisory Board