

**West Virginia Health Care Authority  
State Health Plan Issue Selection Meeting  
Embassy Suites  
Charleston, West Virginia  
March 25, 1999  
10:00 a.m. – 3:00 p.m.**

**AGENDA**

- |    |  |  |
|----|--|--|
| 1. | Welcome and Introductions                                  | Parker Haddix, Chairman<br>Health Care Authority                     |
|    | A. Introduction of Meeting Facilitator<br>Dr. Neil Bucklew |  |
|    | B. Introduction of Meeting Participants                    |  |
|    | C. Introduction of State Health Plan Editor                |  |
| 2. | Introduction   |  |
|    | A. Review of Proposed State Health Plan Steps              | Parker Haddix  |
|    | B. Group Comments/Critique                                 | Dr. Neil Bucklew   |
| 3. | Draft Framework of State Health Plan                       |  |
|    | A. Health Care Authority Presentation                      | Linda Sovine, Director<br>Planning Division<br>Health Care Authority |
|    | B. Group Comments/Critique                                 | Dr. Neil Bucklew   |
| 4. | Development of State Health Plan Priorities                |  |
|    | A. Review State Health Plan Survey                         | Linda Sovine   |
|    | B. Determine Issue Priorities for State Health Plan        | Dr. Neil Bucklew   |
|    | C. Determine Issue Activities or Projects                  | Dr. Neil Bucklew   |
| 5. | Conclusion   | Parker Haddix and<br>Dr. Neil Bucklew                                |

A survey was sent to two hundred sixty-four (264) individuals throughout West Virginia representing consumers, purchasers, payors and providers of health care. Ninety-two (92) individuals completed and returned the survey. The information received was analyzed and placed in order of ranking. Please refer to the survey summary.

**WEST VIRGINIA HEALTH CARE AUTHORITY  
STATE HEALTH PLAN ISSUE SURVEY  
September 14, 1998**

NAME OF ORGANIZATION \_\_\_\_\_

NAME OF INDIVIDUAL COMPLETING SURVEY \_\_\_\_\_

Please identify the **10 issues** you believe should be addressed in the next State Health Plan. Place each issue in **rank order** of importance in the space provided after the definition. Number 1 will be the most important issue. If you identify another issue that should be included in the top 10, please identify this issue on page 6 and assign a rank number.

|  | 1  | 2  | 3 | 4 | 5  | 6  | 7  | 8 | 9 | 10 | TOTAL |
|--|----|----|---|---|----|----|----|---|---|----|-------|
| Access to Health Care  | 32 | 15 | 8 | 4 | 3  | 4  | 2  | 4 | 2 | 2  | 611   |
| Accountability   | 4  | 4  | 7 | 6 | 3  | 6  | 2  | 4 | 4 | 2  | 252   |
| Capacity of Current Health Care System (Supply/Demand/Need)  | 6  | 14 | 9 | 2 | 3  | 7  | 6  | 2 | 1 | 4  | 361   |
| Community Care Networks  | 0  | 0  | 6 | 3 | 1  | 4  | 5  | 3 | 5 | 4  | 138   |
| Cost Control Mechanisms (Cost Containment)   | 1  | 3  | 9 | 8 | 6  | 3  | 4  | 9 | 5 | 2  | 286   |
| End-of-Life Issues   | 2  | 2  | 2 | 3 | 3  | 2  | 5  | 2 | 2 | 5  | 138   |
| Essential Health Services  | 4  | 8  | 7 | 6 | 7  | 3  | 7  | 6 | 3 | 6  | 325   |
| Financing Health Care  | 9  | 10 | 8 | 6 | 5  | 4  | 3  | 6 | 5 | 2  | 378   |
| Health Care Technology (High-Tech Care)  | 0  | 0  | 1 | 3 | 2  | 0  | 1  | 3 | 5 | 4  | 68    |
| Health Professional Recruitment  | 3  | 0  | 3 | 1 | 0  | 4  | 1  | 3 | 2 | 6  | 104   |
| Health Status  | 3  | 3  | 2 | 4 | 2  | 7  | 2  | 2 | 4 | 3  | 173   |
| Information Networks   | 0  | 0  | 0 | 5 | 3  | 2  | 4  | 4 | 2 | 9  | 104   |
| Managed Care   | 4  | 5  | 2 | 4 | 7  | 4  | 7  | 2 | 6 | 7  | 244   |
| Measurement (Performance-Based)  | 0  | 1  | 5 | 4 | 8  | 6  | 1  | 5 | 6 | 4  | 190   |
| Ownership Issues (Acquisitions/Mergers)  | 0  | 0  | 1 | 1 | 1  | 0  | 3  | 3 | 3 | 1  | 49    |
| Primary Care Services  | 3  | 1  | 4 | 6 | 10 | 5  | 2  | 7 | 3 | 2  | 235   |
| Public Health (Communicable Disease Prevention & Control, Community Health Promotion, Environmental Health Protection) | 0  | 2  | 6 | 4 | 4  | 6  | 6  | 5 | 4 | 7  | 202   |
| Quality of Care (Outcome)  | 7  | 7  | 6 | 9 | 6  | 10 | 12 | 4 | 8 | 2  | 408   |

|                               |   |    |   |   |    |   |   |   |   |   |     |
|-------------------------------|---|----|---|---|----|---|---|---|---|---|-----|
| <b>Rural Health Care</b>      | 5 | 4  | 2 | 5 | 10 | 6 | 6 | 7 | 7 | 1 | 287 |
| <b>Uncompensated Care</b>     | 5 | 10 | 1 | 5 | 4  | 3 | 7 | 5 | 8 | 6 | 280 |
| <b>Utilization Management</b> | 0 | 1  | 1 | 2 | 0  | 0 | 0 | 2 | 1 | 0 | 39  |

**WEST VIRGINIA HEALTH CARE AUTHORITY  
STATE HEALTH PLAN ISSUE SURVEY SUMMARY  
September 14, 1998**

| <b>TOTAL<br/>SCORE</b> | <b>ISSUE</b>  |
|------------------------|---|
| 611                    | Access to Health Care   |
| 408                    | Quality of Care (Outcome)   |
| 378                    | Financing Health Care   |
| 361                    | Capacity of Current Health Care System (Supply/Demand/Need)   |
| 325                    | Essential Health Services   |
| 287                    | Rural Health Care   |
| 286                    | Cost Control Mechanisms (Cost Containment)  |
| 280                    | Uncompensated Care  |
| 252                    | Accountability  |
| 244                    | Managed Care  |
| 235                    | Primary Care Services   |
| 202                    | Public Health (Communicable Disease Prevention & Control,<br>Community Health Promotion, Environmental Health Protection) |
| 190                    | Measurement (Performance-Based)   |
| 173                    | Health Status   |
| 138 (Tie)              | End-of-Life Issues  |
| 138 (Tie)              | Community Care Networks   |

## Definitions for State Health Plan Issue Development

April 9, 1999

### Introduction

The State Health Plan is an objective appraisal of the health status of our people, the major risks they face, and the health system that exists to protect, maintain, and improve their health. Nine issues have been selected for development in the 2000-2002 State Health Plan; eight of which will be developed by organizations outside the Health Care Authority. At least two state-level activities are included in the development of each issue.

#### **1. Promotion of coordinated healthcare system (coordination)**

A coordinated health care system provides health care services that addresses disease prevention, health promotion, primary care, acute care management, rehabilitative care management, chronic care management and supportive care resources. Health services should be coordinated across providers and settings to improve health status and delivery of health services. Critical ingredients of a successful coordinated health system should include the efficient and effective information exchange and coordination of the care process.

The following two state level activities should be included in the development of this issue:

- establish the availability and acceptability of the electronic patient record; and
- study and address the socio/economic conditions and health care needs of patients and populations.

## **2. Access**

Access is the timely use and availability of personal health services to achieve the best possible health outcomes. This definition addresses the need to identify those areas of medical care in which services can be shown to influence health status and then to determine whether the relatively poorer outcomes of some population groups can be explained by problems related to access. Consideration is given to whether people have the opportunity for a good outcome – especially in those instances in which medical care can make a difference. The definition also emphasizes the need to move beyond standard approaches that rely mainly on addressing health care providers, the uninsured, or encounters with health care providers to detect access problems. When those opportunities are denied to groups in society, there is an access problem that needs to be addressed. Barriers to access may be financial, geographic, organizational, sociological, or time-based.

The following two state level action steps should be included in the development of this issue:

- health care providers, including primary care centers, need to have non-traditional hours; and
- identify essential providers and existing transportation resources within the community.

## **3. Financing/cost control**

Financing/cost control involves reviewing the fiscal viability of health care organizations, including reimbursement mechanisms, cost containment, sources of funding, and uncompensated care.

The following five state level action steps should be addressed in the development of this issue:

- reduce the number of under/uninsured by establishing a purchasing pool to obtain managed care (systems of care); and
- provide incentives/disincentives to move public payers to managed care (systems of care); and
- impose taxes on products that have detrimental impact on health and dedicate the revenues to health care; and
- use tobacco settlement proceeds to fund smoking cessation programs and education and for treating tobacco related illnesses; and
- Maximize federal funds by expanding Medicaid to other groups.

#### **4. Accountability/measures**

The health care system responds to multiple requests for quality assurance data from purchasers, employers, patients, community groups, governmental agencies and others. Measures and indicators refer to numerical information that quantifies input, output, and the performance dimensions of processes, services, and the overall organization.

The following four state level action steps should be included in the development of this issue:

- define elements and indicators for key attributes and processes; and
- develop a standard definition; and
- define the enforcement mechanism(s); and
- Delineate socioeconomic status and the impact of sectors outside of health, especially economic development and vulnerable populations.

## **5. Quality of Care**

Quality of care is a measure of the degree to which the delivery of health care services meet established professional standards and judgements of value to the consumer. It may also be seen as the degree to which actions taken or not taken maximize the probability of beneficial health outcomes and minimized risks.

The following four state level action steps should be included in the development of this issue:

- identify and address outcome information to be collected; and
- recognize utilization patterns differ; and
- establish a clearinghouse for data collection; and
- establish standards for quality measurement.

## **6. At-risk Populations**

Certain groups of people are at-risk of or in greater need of health care services because of their lifestyle, age, gender, residence, income status, or other factors. This issue will address the role the State of West Virginia should have in ensuring that these groups of people have access to health care services. Examples of at-risk groups include women, children, minorities, aged or disabled, poor, or the mentally ill.

The following three state level action steps should be included in the development of this issue:

- define and identify at-risk groups; and
- assess long-term care needs; and
- redefine hospice care as part of the continuum of care.



## **7. Public Health**

Public Health efforts involve communicable disease prevention and control, community health promotion, and environmental health protection. Communicable Disease Prevention and Control efforts relate to the prevention and control of communicable and infectious disease such as outbreak investigation/case follow-up, vaccine preventable diseases, responses to epidemics, rabies, sexually transmitted diseases, HIV/AIDS, tuberculosis and disease surveillance activities.

Community Health Promotion efforts relate to the assessment and reporting of community health needs to improve health status, as well as the facilitation of community partnerships including identification of priority health needs of the county, mobilization of the community around identified priorities, monitoring progress of the community in improving health status, and community health education services.

Environmental Health Protection efforts relate to protection of the public from environmental health risk including food and milk sanitation, housing/institutional sanitation, recreation sanitation, sewage/water sanitation, drinking water sanitation, and responses to disasters/disease outbreak.

The following two state-level action steps should be included in the development of this issue:

- devote financial resources to early childhood education, re: tobacco use, alcohol use and consequences (e.g. use tobacco settlement or dedicated tax); and
- expand health curriculum in public schools to focus on healthy lifestyles and disease prevention (begin in kindergarten and continue through high school).

## **8. Rural Health**

Rural health involves the organizational mechanisms for the delivery of basic primary care services and selected secondary services to citizens in non-urban areas. In West Virginia, 80% of the population lives in communities of 5,000 or fewer.

Rural residents do not have the same access to basic health care services that is available to urban West Virginians. Poverty, inadequate transportation, large geographic distances and an aging population base complicate the delivery of health care in rural communities. Rural communities are constantly struggling with building and supporting their limited health system capacity and infrastructure. Rural communities face difficulties in recruiting and retaining providers, establishing telemedicine systems and maintaining adequate emergency medical services.

The following three state-level action steps should be considered in the development of this issue:

- provide regulatory relief to rural providers; and
- provide technology support unique to rural health providers; and
- include rural health needs when infrastructure plans are developed.

## **9. Coordinated health-related information networks (systems)**

Coordinated health-related information networks (systems) involve the collection and dissemination of data aimed at improving the decision-making capabilities of consumers, providers, payers, and policymakers.

The following seven state level action steps will be included in the development of this issue:

- define core data elements of medical information that would most facilitate care coordination across providers; and
- define key indicators for accountability; and
- establish a West Virginia Health Care Authority data repository to measure key performance indicators; and
- collect patient information in an electronic patient record having individual identifiers; and
- collect encounter level data/responsible, knowledgeable analysis and disseminate results; and
- standards for data interchange and privacy; and
- convert data into meaningful information; and
- develop a coordinated information system; and
- leverage the experience and development efforts of others; and
- monitor patients in their homes using telemedicine.