

PREFACE

The West Virginia Health Care Authority (WVHCA) is committed to public input into the State Health Plan process and has actively sought this input from the beginning.

The WVHCA sent out a preliminary survey in July and August of 1998 to 15-20 health policy makers, asking them what they believed to be the top ten issues that needed to be addressed in the State Health Plan. The ten issues identified through this survey were health status, accountability, consumer protection, managed care, health care reimbursement, capacity of the current health care system, rural health care, and networks (integrated delivery system/information networks). Also identified were ways in which to improve the survey itself.

In September 1998, the revised survey was sent to nearly 300 groups and individuals representing consumers, government agencies, payors, purchasers, and providers of health care. Results from the full survey identified the following ten areas of focus for the Plan: access to health care, quality of care, financing of health care, capacity of the current health care system, essential health services, rural health care, cost control mechanisms, uncompensated care, accountability, and managed care.

The Issue Selection Group, now called the State Health Plan Advisory Group (SHAG), was convened by the WVHCA in March 1999 to assist in the identification and selection of issues for inclusion in the Plan. This 22-member group, invited to serve by the Governor, included representation from physicians, hospitals, rural health, the Legislature, medical schools, private business, health care insurance/managed care, unions, governmental agencies, consumer advocates, the health care medical review organization, academic health care research, and the WVHCA. At the organizational meeting in March, the group reviewed the results of the survey, the framework for the development of the State Health Plan, and identified the nine strategic health issues now contained in the Plan. (Six issues were selected from the survey and three additional areas were identified.)

Following this meeting, the WVHCA commissioned papers on each of the strategic issues, using three in-state consultants and three out-of-state consultants. The six authors used a detailed process to identify problematic issues and plausible and pragmatic methods with which to address them. This process involved background research on the issue, an assessment of the issue in relationship to the current health care system and then development of a problem statement based on this analysis. A second aspect involved the development of potential solutions to issues identified by the State Health Plan Advisory Group, as well as for other issues identified by the author by drafting policy recommendations. A third step involved providing information for the implementation of the policies and the next revision of the certificate of need standards and assisting in the development of accountability measures. In 2000, copies of these papers were added to the WVHCA website (<http://www.hcawv.org>).

In September 1999, the SHAG was reconvened to further shape the State Health Plan by ranking the recommended policies by value and urgency. A public comment period was held from September 15 through October 31, 1999, during which comments were encouraged to be submitted by either mail, e-mail, or fax. An interactive website, featuring a draft of the Plan and an on-line comment section, was made available. In addition, the WVHCA held an interactive teleconference on the State Health Plan on September 28, 1999. This teleconference was broadcast across the state with downlink sites in Beckley, Bluefield, Charleston, Elkins, Huntington, Martinsburg, Morgantown, Parkersburg, and Wheeling.

To conclude the public comment period, the WVHCA held a State Health Plan Summit on October 26-27, 1999, to convene the state's opinion leaders around the Plan and to discuss the action agenda. The Summit participants ensured that the Plan reflects the issues, concerns, and values of the state's residents and health care system. The Summit included representation from trade associations, physicians, managed care organizations, WVHCA, governmental agencies, private business, the Legislature, academic organizations, insurance companies, health care research organizations, providers, the health care medical review organization, consultants, health networks, organized labor, and consumers.

The development phase of the State Health Plan from July 1998 to January 2000 formed the foundation for the initial year of State Health Plan implementation. The first State Health Plan Annual Report outlines the steps taken to begin policy implementation in 2000.