West Virginia Health Care Authority
State Health Plan Advisory Group Meeting
September 22, 1999

Meeting Summary

FACILITATOR: Neil Bucklew, Ph.D.

MEMBERS ATTENDING

Cathy Ayersman, Bob Coffield, Max Fijewski, David Forinash, Bill Gavin, D. Parker Haddix, Nancy Hill (representing Evan Jenkins), Howard Hunt, D.O., J. Thomas Jones, Gloria Long, George Pickett, M.D., John Prescott, M.D., Sally Richardson, Steven Summer, and Donald Weston, M.D.

OTHER GUESTS ATTENDING

Jeff Bush, Mary Fitzgerald, John Grey, Margi High, Sallie Hunt, Kenna Levendosky, Jill McDaniel, Greg Morris, Louie Paterno, Linda Sovine, and Dayle Stepp.

CALL TO ORDER: By D. Parker Haddix, Health Care Authority Chairman.

Parker Haddix provided an update of recent State Health Plan activities and the background for today's activities. Policies and state level action steps have been developed for the nine health issues that were identified in the March 1999 meeting and were represented on a proposed matrix.

The group was then divided into three discussion groups to rank each policy on a scale of importance/priority and a scale of timing. The descriptions of the two respective scales are as follows:

Scale of Importance/Priority

A - Imperative; highest priority; a must

B - Valuable; solid recommendation

C - Less important but of value

D - Not compelling; acceptable to do but lower priority item.

Scale of Timing

1. Important to do at a very early stage; implementation should receive immediate attention.

2. Should be incorporated in initial planning but reasonable to stage its implementation after items requiring immediate attention.

3. Timing is not critical; issue is valuable but acceptable to delay implementation.

The topics for the three discussion groups were as follows:

Group 1 Promotion of Coordinated Health Information System, Coordinated Information Systems (Networks), Financing/Cost Control
(David Forinash, Group Leader)

Group 2 Access, Public Health, Rural Health
(Bill Gavin, Group Leader)

Group 3 Accountability, Quality, At-Risk Populations
(Steven Summer, Group Leader)

The three discussion groups met for about an hour and a half before reconvening to report their results, respectively. The attached matrix reflects the priorities recommended by the group, as well as suggested changes.

NEXT STEPS:

The matrix will be revised to reflect the discussions and will be mailed to the group for comments. (The attached matrix reflects the group's revisions.)

MATERIALS DISTRIBUTED

Proposed matrix
Ranking scale

NEXT REGULAR MEETING DATE

Mr. Haddix informed the SHAG members that the group will be convened again in the near future.

ADJOURNMENT: 12:15 p.m.

State Health Plan Advisory Group
Policy and State Level Action Step Matrix

Policy Number	Ranking		Issue	Policy	State Level Action Steps
	Value (A-D)	Urgency			
B5	A	1	Access	Improve insurance and managed care coverage by (1) identifying barriers to successful implementation of the Physician Assured Access Services (PAAS) program (2) modifying insurance and managed care regulations that give priority to existing health care providers in rural areas (3) supporting and expanding the Mountain Trust Fund (4) fully implementing the Children's Health Insurance Program.	
A3	A	1	Promotion of coordinated healthcare system	Consider using planning and regulatory tools, e.g., licensing, certificate of need, and selected reimbursement incentives, to promote the system coordination and integration. Build monitoring and enforcement mechanisms into the process.	
A4	A	1	Promotion of coordinated healthcare system	Promote public-private community-based coalitions to pursue health service coordination where feasible. A locally driven solution should receive greater 'buy-in' from stakeholders, which will in turn facilitate implementation and assist in the monitoring process.	
B6 B7	A	1	Access	Develop methods to define, measure, and track health indicators aimed at measuring access to needed health care. Develop data sharing agreements and protocols with neighboring states in order to address the issue of migration for care. Track, analyze, and report finances, quality utilization, outcomes, and health status information to determine relationships between outcomes, cost, and access.	Document fully the extent and nature of ongoing service integration across the state, in both the public and private sectors.
B8	A	1	Access	Promote collaboration at the state level to address complementary roles of various agencies in promoting public/private partnerships targeting infrastructure for access to health care.	Build on successful partnerships and collaboration efforts created between public and private sectors. The Center for Rural Health Development has several ongoing partnerships, the Rural Health Community Leadership Program, the Rural Networking Project, and the West Virginia Primary Care Performance-Based Support Program. Using the database, undertake a detailed analysis of hospital service use to determine what the likely effects on existing institutional providers of acute, long term care, and rehabilitation services statewide. The Milliman & Robertson Health Care Management Guideline model, widely used by the managed care industry, should be followed.
C1	A	1	Financing/cost control	The State should encourage the establishment of purchasing pools to enable small businesses and self-employed individuals to purchase health insurance. The State should require that health plans offer coverage to the purchasing pools as a condition for participating in the Public Employees' Insurance Agency program.	Develop core set of access measures that can be weighed against other values such as quality and cost. When developed, incorporate core access measures and data reporting into Certificate of Need review process to ensure that applicants/developers consider all relevant access considerations fully. Conduct population-based analytical studies of acute care hospital use modeled after Dartmouth Atlas and Milliman & Robertson Health Care Management Guidelines to establish baseline planning benchmarks for key acute care services and facilities.
C3	A	1	Financing/cost control		
C4	A	1	Financing/cost control	Make efficient use of new tobacco settlement and tax revenues to support health and health-related projects, particularly those associated with cessation of tobacco use, educational efforts, and the maintenance of a system of care for those with tobacco-related diseases and conditions.	Reduce the number of under/uninsured by establishing a purchasing pool to obtain managed care (systems of care).
C5	A	1	Financing/cost control	Given the very favorable federal/state match enjoyed by West Virginia, study expanding both CHIP and Medicaid through Section 1115 waivers, and maximizing federal funds.	Impose taxes on products that have detrimental impact on health and dedicate the revenues to health care.
D1 D2	A	1	Accountability	Establish a set of population-based baseline indicators/performance measures.	Use tobacco settlement proceeds to fund smoking cessation programs and education and for treating tobacco related illnesses.
D3	A	1	Accountability	Collaborate with other stakeholders to assure that mandated data reporting is carried out and to devise implementation tools and apply sanctions for non-reporting.	Maximize federal funds by expanding Medicaid to other groups.

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D4 D5	A	1	Accountability	Extend certificate of need data collection to include ongoing tracing of actual performance for the listed health services (to allow for a reconciliation between projections and outcomes) and to measure quality indicators, and access to care by the medically indigent population. Augment current operational reporting to more fully inform the public and legislature about the quality of care and financial performance of the state's key health care providers and insurers.	Develop a standard definition and define elements and indicators for key attributes and processes.
E1	A	1	Quality		Define the enforcement mechanisms.
E3	A	1	Quality	Establish Quality Advisory Council (QAC) as a public/private partnership of health care stakeholders to develop and implement a quality plan, establish statewide standards, identify and select national benchmarks, monitor selected quality outcomes and create a forum for measuring and reporting quality.	Delineate socioeconomic status and the impact of sectors outside of health, especially economic development and vulnerable populations. Track the compliance of Certificate of Need recipients with conditions placed on their decisions, as well as consistency with their financial and utilization projections.
F1	A	1	At-risk populations	Invite all interested parties - providers of care, policy makers, voluntary services groups, civic organizations, and the citizenry in general - to participate in the determination of which population subgroups will be judged "at risk", as this implies special attention and resources for these groups. The interested parties can contribute their knowledge, experience, and a practical sense of what is feasible and workable; their role should be both substantive and advisory. Their involvement is likely to be most productive if they are involved early, as soon as necessary preliminary planning efforts are under way.	Establish a clearinghouse for data collection.
G8 G1 G2	A	1	Public Health	Cardiovascular disease - West Virginia should continue employee wellness programs, report the findings, and seek opportunities to expand wellness programs for all employees. The BPH and West Virginia Department of Education should collaborate in encouraging school policy development and partnerships between the local boards of health and the county boards of education to determine school-specific environmental interventions and measurement indicators that promote healthy eating, tobacco free lifestyle, and physical activity among students, faculty, and staff (including the disabled). A focus on healthy lifestyles and disease prevention should begin in kindergarten and continue throughout every semester of high school.	Identify and address outcome information to be collected. Establish standards for quality measurement.
G10	A	1	Public Health	Cancer control - (a) the BPH should establish a cancer coalition, bringing together medicine and other health professions, environmental scientists, existing coalitions and organizations addressing cancers, other essential partners to develop a comprehensive plan for cancer control in West Virginia. (b) The West Virginia State Legislature should continue its support for cancer screening and treatments through West Virginia Breast and Cervical Cancer Diagnostic and Treatment Funds.	Define and identify at-risk groups.
H3	A	1	Rural Health	Identify circumstances that are needed to support rural health care and identify the barriers that need to be eliminated.	The WV Cardiovascular Heart Program will measure the success of such interventions and report the findings. Collaboration of numerous entities will be essential for success, especially collaboration with hospitals and medicine. The primary objectives will focus on influencing social and individual behaviors which contribute to a reduction in heart diseases. Local boards will need to educate themselves regarding the healthful life-style their schools are offering students and determine changes which might be advantageous. Devote financial resources to early childhood education re: tobacco use, alcohol use and consequences (use tobacco settlement and money or dedicated tax). Expand health curriculum in public schools to focus on health lifestyles and disease prevention (begin in kindergarten and continue through high school.)
H4	A	1	Rural Health	Evaluate payment levels in West Virginia and their impact on rural health providers.	

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I1	A	1	Coordinated health-related information networks	Facilitate the adoption of a core set of measures, indicators, and data when establishing CHRIS that will be used for planning, policy setting, performance monitoring, and other systemwide measures. Encounter level detail must be incorporated into CHRIS and must be converted into meaningful information consistent with user needs.	
I4 I6	A	1	Coordinated health-related information networks	Integrate existing health databases and health information networks to lead to better understanding of the health status of West Virginia's population and how the health care system is responding to its needs. Information on use, cost, and quality of services and programs as well as the supply, location, and financial condition of providers, the extent and type of illness, disability, and causes of death, and demographic information on care recipients statewide is critical for the effective and efficient allocation of resources. Conduct an inventory of databases in the public and private sectors. WVHCA, as the manager of CHRIS, should take the lead in this project. The inventory should identify the data elements collected, coding schemes and format used, access and release provisions, and other characteristics of the data. With this inventory, gaps in existing data collection can be identified and documented for all potential participants. Before additional data are collected and reported, those managing the planning process should take the lead in developing a consensus plan for data collection and reporting.	
	A	1	Coordinated health-related information networks	The plan should address how existing data are used and provide a rationale for additional data collection.	(1) Define core data elements of medical information that would most facilitate care coordination across providers. (2) Define key indicators for accountability. (3) Establish a WVHCA data repository to measure key performance indicators. (4) Collect encounter level data/responsible, knowledgeable analysis and dissemination of results. (5) Convert data into meaningful information.
D7	B	1	Accountability	Continue the development of CHRIS currently under way at HCA as the initial step in the establishment of a statewide integrated health information system.	Develop a coordinated information system.
F3	B	1	At-risk populations		WVHCA should develop an information dissemination strategy that includes reports, products, and education to meet the needs of different users (e.g., policy-makers, payers, providers, health plans, and the general public).
G5	B	1	Public Health	Continue, and support financially, the strategic planning process that has laid the groundwork for the public health system changes designed to date.	Assess long-term care needs. Performance measurement systems and indicators of quality and accountability should address priority at-risk populations, at-risk populations should be monitored over time.
G9	B	1	Public Health	Tobacco use - the West Virginia State Legislature should create and pass legislation to curb tobacco use among the state's children, making tobacco products harder to obtain by causing a significant increase in the retail cost of tobacco products.	
I7	B	1	Coordinated health-related information networks	Monitor data standardization activities among other states, the federal government, and voluntary standardization organizations. West Virginia should take advantage of, and try to be consistent with, other efforts.	
B4	A	2	Access	Improve access to providers by (1) supporting programs such as Health Sciences and Technology Academy (HSTA) and Rural Health Education Partnership (RHEP) (2) supporting communities to 'grow their own' (3) supporting programs that will train residents and students in rural, underserved areas (4) promoting the development of provider networks in rural areas.	Leverage the experience and development efforts of others.
F2	A	2	At-risk populations	Generate an initial list of potential at-risk groups, with an explanation of the rationale for their selection, as a first step in the planning process and a starting point from which all interested parties would work.	
A1	B	2	Promotion of coordinated healthcare system	Working with all interested parties, promote the gradual implementation of electronic patient records across health provider settings. This effort is necessarily long term and will take considerable effort and commitment. However, it is an essential element if the goal is efficient and effective coordination.	Define and identify at-risk groups.

Policy Number	Ranking		Issue	Policy	State Level Action Steps
	Value (A-D)	Urgency			
A5	B	2	Promotion of coordinated healthcare system	When setting up the Consolidated Health-Related Information System (CHRIS), facilitate the adoption of core sets of measures, indicators, and data that will be used for planning, policy setting, performance monitoring, and other systemwide measurements.	Establish the availability and acceptability of the electronic patient record.
B1	B	2	Access	Promote access to health care services by offering non-traditional hours of operation.	Sequential and longitudinal analyses of inpatient hospital and nursing home use data to determine, primarily, the likely effects of significantly higher managed care penetration levels.
B2	B	2	Access	Promote community collaboration to provide inventories of essential transportation services with each community. Provide community input to mission and service of smaller hospitals as well as promote collaboration of state agencies to assure safety net, including community health centers.	Health care providers, including primary care centers, need to have non-traditional hours.
B3	B	2	Access	Improve access to transportation services, especially in rural areas, by (1) supporting social services agencies in developing transportation programs for the elderly and other needy groups (2) assisting communities in maintaining emergency/medical transport systems.	Identify essential providers and existing transportation resources within the community.
C6	B	2	Financing/cost control	The HCA shall establish a task force to study the need for additional nursing facility beds in the state. The study should include a review of the current moratorium on the development of nursing facility beds, the exemption for the conversion of acute care beds to skilled nursing facility beds, the development of a methodology to assess the need for additional nursing facility beds, and the certification of new beds both by Medicare and Medicaid.	Link or merge existing data sets, such as hospital discharge data, population data, transportation data, Medicaid data to provide powerful insight into understanding service use and obstacles affecting access to care. Inventory county/community health and health related transportation services.
C7	B	2	Financing/cost control	The State should promulgate rules and regulations encouraging the use of technologies to improve health care through adequate reimbursement.	
D6	B	2	Accountability	Encourage the development of a comprehensive disease management program.	The State should provide technical assistance to providers wanting to start to use technology services, and attempt to reduce barriers to the provision of services by encouraging Medicaid and private payers to pay adequately for services provided in this manner.
D8	B	2	Accountability	Develop a core set of measures to improve performance in a cost-effective manner.	Selection of a single disease for Year One may be controversial and may concern certain consumers, advocates and providers.
E2	B	2	Quality	Define quality as a measure of the extent to which health care services meet or exceed established standards, are considered valuable by consumers who receive the services, and improve health care for the citizens of West Virginia. The term standards could be defined as established targets, appropriateness criteria, or guidelines.	WVHCA should inventory performance measures and indicators, and the information systems that support them, used as benchmarks by leading public sector and private sector health entities. WVHCA should work with providers, purchasers, the public and other interested parties statewide to develop a core set of accountability/performance measures. Measures should cover the structure, process, and outcome of care. Data collection and reporting processes should be tailored to these measures. Any system should ensure that benchmark accountability measures address identified at-risk populations, access, and vulnerable populations issues and use existing measures/indicators whenever possible. Consideration should be given to AHCPR HCUP Quality Indicators, CAHPS and FAACT guidelines, and other national initiatives and clinically-accepted guidelines that have shown promise. Any measure selected should have been demonstrated to be reliable, comparable, valid, and timely.

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E4	B	2	Quality	Encourage the QAC to establish conservative objectives and timetables to accomplish the following functions: (1) assess the resources available to provider organizations to improve quality performance, (2) assess the experiences of other states to provide insight into the practical and technical problems occurring in their health care systems (3) perform small area variation studies using existing hospital data to identify variations among facilities, communities, and at-risk populations; (4) identify and select high risk populations to study by using valid, reliable, tested measures such as AHCPR HCUP Quality Indicators and HEDIS; (5) develop strategies to ensure linkages among financing, case management, care management, and community-based care, and (6) use a systems approach to measure quality using the structure, process, and outcome process.	Survey health plan enrollees using the AHCPR Consumer Assessment of Health Plans (CAHPS).
F4	B	2	At-risk populations		Select and use Foundation of Accountability (FAACT) performance measures such as those for coronary artery disease, alcohol misuse, end of life services, or pediatrics. Monitor the National Forum on Quality Measurement and Reporting. Consider adopting its recommendations for use in West Virginia, where applicable.
H2	B	2	Rural Health		Redefine hospice care as part of the continuum of care. Due to an aging population, steps should be taken to provide an array of services to meet the growing need for acute, chronic, and end-of-life health care services.
H5	B	2	Rural Health	Recognize the importance of the medical transportation as a component in a coordinated system of care in rural communities. The EMS system should be more integrated into a health system that is cooperative, shares limited resources, promotes public/private collaboration, cost containment, provides a broad education to EMS providers, and recognizes innovative methods of health care delivery.	Provide technology support unique to rural health providers.
I2	B	2	Coordinated health-related information networks	Promote the gradual implementation of electronic patient records across health provider settings. This effort will be necessarily long-term but is an essential element if there is to be efficient and effective coordination.	Integration of Health Services Policy Recommendations. Federal legislative efforts defining or supporting innovative hospital conversions such as the essential access community hospitals and rural primary care hospitals, limited service hospitals or medical assistance facilities should recognize the importance of integrating EMS as part of the overall system of care in rural areas. Continued support and study for expanded EMS developments and appropriate reimbursement is a priority to enhance access to health care systems in some rural areas. EMS workers and EMS systems must be supported to meet the needs of special populations, including children, the elderly, minority groups, and persons with disabilities.
I3	B	2	Coordinated health-related information networks	Address provider and personal privacy issues directly and early in the process. Institute appropriate measures to ensure personal confidentiality.	Collect patient information in an electronic patient record having individual identifiers.
I5	B	2	Coordinated health-related information networks	Encourage all affected entities to commit to participation in such an integrated system.	Standards for data interchange and privacy.
	B	2	Quality		Develop a coordinated information system.
G4	C	2	Public Health	Consider strategies to ensure that private health care entities participate in and help defray the costs of conducting and reporting community needs assessments and cooperative public/private health promotion activities.	
A2	B	3	Promotion of coordinated healthcare system		Study and address the socio/economic conditions and health care needs of patients and populations.
F5	C	3	At-risk populations	Use cost-effective methods and processes, such as benchmarking and computer modeling in order to use health care resources as effectively as possible.	Examine incidence and prevalence of disease and disability within the population, its morbidity and mortality patterns, and utilization of health care services in order to develop priorities and use resources efficiently. Work to impact the high incidence and prevalence of potential years of life lost due to premature death each year resulting from poor lifestyle and behavioral factors. Change should be possible through education and behavior modification, as well as through clinical intervention.

Policy Number	Ranking		Issue	Policy	State Level Action Steps
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G6	C	3	Public Health	Develop organizational structure and capacity at the state level to institutionalize continued public health workforce development. Identify profession-specific competencies needed to enable the workforce to deliver the basic public services and measure progress toward meeting those competencies. Establish a process to review and revise the job descriptions and qualifications of public health workers to more adequately reflect the developing profession-specific competencies and qualifications and revise pay scales reflective of these newly emerging requirements.	*A BPH statewide education and training coordinator will assure planning, implementation, and measurement of progress toward meeting these needs. *Health Care networks, managed care plans and other integrated delivery systems should be encouraged to work with the "Public Health Transitions Project" to explore practical ways in which private and public health systems and functions can work in cooperation to the mutual benefit of the public. Particular attention should be given to finding ways to ensure that the needs of those who have depended upon public health services will be met as public health services are focused more narrowly on core population-based services. *Given the critical importance of public health system principles and practices being more fully integrated into the general health care system, consideration should be given to expanding the planning and marketing capabilities of the public health system as quickly as possible.
G7	C	3	Public Health	Provide funding to support the leadership development of the current public health workforce to provide for more rapid capacity development.	Measurement will be in tracking the number of WV state and local public health professionals who complete the leadership training each year.
I8	C	3	Coordinated health-related information networks		Monitor patients in their homes using technology.
A6 (formerly H1)	D	3	Promotion of coordinated healthcare system	Consider the development by HCA of an annual report that would include: (1) a summary of regulatory decisions for the previous 12 months (2) a multiyear schedule for the review and analysis of the appropriateness of maintaining certificate of need controls for all covered services over a seven-year period (3) an analysis of the appropriateness of maintaining certificate of need controls on at least two of the covered services/categories each year (4) an assessment of market changes statewide that may affect the need for continued regulation of selected health care services, facilities, and equipment.	Provide regulatory relief to rural providers.
A7 (formerly H3)	D	3	Promotion of coordinated healthcare system	Incorporate a prospective planning feature in the certificate of need program by developing and issuing annually, as an update of the State Health Plan, an assessment of service-specific needs statewide.	Include rural health needs when infrastructure plans are developed. Action Steps - Conduct analyses to determine age and gender specific population-based use rates for urban and rural populations for hospital, nursing home, surgery center, health department, and primary care center use rates [zip code, GIS or other community level geographic aggregation would be necessary]. Assess the practical effects of the practice [policy] of permitting and encouraging the conversion of rural hospitals for other health purposes. For example, both the positive and the negative effects of the policy of maintaining a moratorium on nursing home development and permitting the conversion of excess acute care hospital beds to nursing home use should be examined fully. Assess the relationship between facility and program size and volume and treatment outcomes in the state's small hospitals and service programs. [This would be a long-term effort.]
C2	D	3	Financing/cost control	Provide a regulatory framework that would encourage the expansion of managed care principles, where feasible.	Provide incentive/disincentives to move public payers to managed care (systems of care).
G3	D	3	Public Health	Consider strategies that encourage managed care plans, health care networks, and other private entities to contract with public health departments to provide basic preventive and primary care services, such as immunizations, home health care, and screening services.	The BPH will meet nationally developing State Public Health System Performance Standards.