

**West Virginia Health Care Authority  
State Health Plan Advisory Group Meeting  
November 3, 2000**

**Meeting Minutes**

**Present:** Penney Baughman; Neil Bucklew, PhD; Cathy Chadwell; Chris Curtis, representing Henry Taylor, MD; Tom Dudley, representing Gaylene Miller; Max Fijewski; Bill Gavin; Ray Goldsteen, DrPH, representing Sally Richardson; D. Parker Haddix; Steve Heasley, representing Dallas Bailey, PhD; Sallie Hunt; Mary Huntley; Tom Jones; Sam Kapourales; James Keresztury, representing Alvin Moss, MD; Sharon Lansdale; Elizabeth Lawton; Kenna Levendosky; Gloria Long; Charles McKown, MD; C. Gregory Morris; Louie Paterno; George Pickett, MD; Renate Pore, PhD; Jerry Roueche, representing Senator Martha Walker; Tom Sims; Linda Sovine; Steven Summer; and Don Weston, MD.

**Others present:** Nidia Henderson, Jill McDaniel, and Sandra Pope.

D. Parker Haddix, Health Care Authority Chairman, called the meeting to order at 9:05 a.m. Mr. Haddix welcomed the members and asked those present to introduce themselves. Neil Bucklew, meeting facilitator, indicated the purpose of the meeting is to look at the implementation work plans and to obtain advice from the members about the implementation activities. Dr. Bucklew reviewed the State Health Plan implementation process, including the use of lead agencies and the addition of eight new members of the State Health Plan Advisory Group.

Using the Critical Issues Summary document, Penney Baughman, Health Care Authority Health Planner, provided an overview of the major policy implementation issues identified by the Lead Agencies. This discussion covered new initiatives, identified major new resources, identified amended, reassigned or omitted policies, and identified areas where work plans have not been initiated. The discussion included an overview of policy implementation activities from five Lead Agencies: the Public Employees Insurance Agency, the West Virginia Bureau for Public Health's Office of Community and Rural Health Services, the West Virginia Health Care Authority, the West Virginia Initiative to Improve End-of-Life Care, and the Center for Rural Health Development.

Dr. Bucklew facilitated the discussion to obtain observations, questions, or concerns from the advisory group. In general, the nature of these discussions included:

- A request was made for SHAG to assist the Office of Community and Rural Health Services' Essential Services Group in identifying potential at-risk or vulnerable health care agencies for assistance and in developing a process to review their requests for public funding.

- The need was identified to establish a high priority on developing an inventory of infrastructure information for rational health care planning to answer the question, “What is available?”
- The need was identified to track the location of the health care workforce.
- Additional information was provided about the Health Care Authority’s current and future data collection and reporting activities.
- An interest was expressed in the location of SHP pilot projects and the need to include business and employers in future pilot projects.
- An inquiry was made for explanation on the rationale for changing an at-risk policy from a disease and injury approach to a population-based approach.
- The need was identified to develop five measurable health status goals to show the direct impact of the SHP on improving the health of West Virginians.

Other observations expressed included:

- A discussion of issues relating to data collection and reporting included duplication of effort, the need to answer why clinical and financial information is being collected, and the desire to collect data and information to answer future rather than current health care questions.
- The perceived effectiveness of the PKC pilot project was discussed.
- The use of policy implementation activities to promote universal health insurance.<sup>1</sup>
- The greater need to focus activities on stabilizing health care provider payments rather than focusing on the collection of health care data and information was discussed.
- The lack of implementation activities for the West Virginia State Medical Association was discussed.<sup>2</sup>

During the discussions, agencies expressed a willingness to share rural health care provider information, and an interest in involving the private sector in SHP Lead Agency pilot projects. They also indicated the availability of Healthy People 2010 resources to improve health care, and revised a policy for Community Voices. In addition, a challenge was issued to the WVU Center for Healthcare Policy and Research to identify five goals to be used throughout the health care system to measure the impact of the SHP on improving the health status of West Virginians.

In closing, Sallie Hunt, Health Care Authority Chief Policy Officer, briefly discussed the planned Lead Agency Reporting activities, the State Health Plan Annual Report, a potential Lead Agency Summit, and future activities. She indicated she would receive comments on the previously distributed Lead Agency Reporting materials by November 17, 2000.

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<sup>1</sup> Community Voices’ definition of universal coverage is that all West Virginians have access to affordable health insurance coverage. Coverage may be public (i.e., Medicaid/CHIP) or private (e.g., employer or individual) or a combination of public and private. A key word is affordable.

<sup>2</sup> Subsequent to the November 3 SHAG meeting, the WVSMA indicated a preference to being a stakeholder agency rather than a Lead Agency. A search is currently underway for a Lead Agency.