

**West Virginia Health Care Authority
State Health Plan Group Meeting
October 10, 2001**

Meeting Notes

Present: Penney Baughman; John Brehm, MD; Sharon Carte; Cathy Chadwell; Sonia Chambers; Chuck Conroy, representing Ann Stottlemyer; Auburn "Bud" Cooper, representing Nancy Atkins; Charles Dunn; Mary Emmett, PhD; Bill Gavin; Raymond Goldsteen, DrPH; John Grey; Sallie Hunt; Sam Kapourales; James Keresztury representing Alvin Moss, MD; Sharon Lansdale; Kenna Levendosky; Gloria Long; Jill McDaniel; Sandra Pope; Renate Pore; John Prescott, MD; Sally Richardson; Linda Sovine; Dayle Stepp; Cathy Taylor; and Lenore Zedosky.

Welcome/Introductions

Sonia Chambers, Health Care Authority Chair, called the meeting to order at 1:00 p.m., welcomed new members and asked those present to introduce themselves. She continued to lead the meeting stating that future use of a facilitator will be determined by need. The purpose of the meeting was to provide information about the next phase for state health planning and the use of a statewide health information system in population health planning, to discuss the Lead Agency survey results, to address the role of the current State Health Plan and to provide an update on allied State Health Plan projects.

Next Phase for State Health Planning

Sonia Chambers described the next phase for state health planning efforts as more dynamic than past efforts. It will include a stronger incorporation of existing and forthcoming health and health-related data through a health care market area analysis entitled the West Virginia Indicator Project. The goal of the project is to provide a readily available source of data from the Health Care Authority's expanding data repository and other sources for health planners and policymakers. The project is a collaboration of the Center for Healthcare Policy and Research and the Health Care Authority. The project will form the next State Health Plan and will accomplish the Center's State Health Plan policy implementation on at-risk groups. The project has been initiated with a literature review on models of market area analysis. The State Health Plan Group will be kept informed of progress and conferred with as needed.

Raymond Goldsteen, DrPh, expanded the discussion with a presentation of examples of market area analysis and described the project as the development of a decision support system. Data for approximately 80 percent of medical claims in West Virginia are becoming available for the market area analysis. Statistical analysis software, "grouper" software that categorizes patients by risk status and Geographic Information Systems (GIS) software, will be used for data analysis. This analysis of medical claims data will

create opportunities to test anecdotal beliefs about our health care environment and to shape health care planning and policy decisions. Further, this data will help better identify health care needs in West Virginia through disease prevalence calculations and subsequent development of prioritized risk categories. The medical claims data can also be compared and possibly combined with existing West Virginia health and health-related data. The results of the market area analysis can be used to more closely examine how health care resources are expended. Medical market areas could also be developed to improve responsiveness to community needs.

Transition to the Next Phase and Lead Agency Survey Results

Sonia Chambers outlined how the changing focus affects current activities. Policy implementation will continue as planned until December 31, 2002. Lead Agencies should proceed with their policy implementation work plans. However, the Lead Agency Retreat has been delayed because of the changing focus and will likely center on the West Virginia Indicator Project. Significant communications with the Legislature regarding health planning have also been postponed until results are available from the West Virginia Indicator Project.

Penney Baughman discussed the results from the second Lead Agency reporting activity. The response rate for the survey was 63 percent. The Group provided three suggestions to improve the response rate and reporting.

- Develop shorter surveys and other ways to assess progress
- Offer survey completion options, i.e., on paper, in person, by telephone, etc
- Define survey expectations, uses and terms more clearly

Planning staff will visit with Lead Agencies following this meeting to gather more information for the second annual report and to discuss implementation progress and challenges. The second annual report on the implementation of the current Plan will be completed in early 2002.

Role of the Current State Health Plan

Sonia Chambers stated that the current Plan will remain in place until December 31, 2002. The next phase for state health planning will build upon the current State Health Plan by more precisely pinpointing community needs. The new efforts will also support State Health Plan alignment with the current administration's health care priorities in order to coordinate and obtain the necessary fiscal resources and methods to measure policy results.

Allied State Health Plan Projects

National Review of State Health Plans: Sallie Hunt stated that the purpose and scope of the project is to provide support and research for the next phase of state health planning by obtaining and analyzing all available state health plans. Plans have been received from 24 states. Various pieces of information are being entered into a database that will later be available on the Internet.

Essential Health Services Project: Linda Sovine indicated this project is being completed as part of the Southeast Public Health Leadership Initiative. The project involves the identification of licensed and CON-covered health care facilities and services and current health care access standards used by the West Virginia Insurance Commission, the Public Employees Insurance Agency and the Washington State Health Care Authority. Using GIS, this information is presented in maps and analyzed to identify whether access standards are met. The information obtained from this project will be used in the West Virginia Indicator Project to identify health care resources.

Health Care Expenditure Project: Penney Baughman described the project as originating from the need to update and expand upon the Health Care Delivery and Financing chapter in the State Health Plan. It will also complement the West Virginia Indicator Project. The initial report will focus on sources and uses of public funds for health care and expansion of State and county health expenditure information.

American Public Health Association Conference Presentation: Linda Sovine outlined the paper on State Health Plan development and implementation that would be presented at the American Public Health Association Annual Conference. The major themes are the process used to select the key issues of the Plan, methods to include the public in Plan development, use of an advisory group to shape the final Plan and advisory group involvement in policy implementation to stimulate change in West Virginia communities.

Meeting Actions

1. The Center for Healthcare Policy and Research and the Health Care Authority will proceed with the West Virginia Indicator Project.
2. The State Health Plan Group (SHPG), previously known as the State Health Plan Advisory Group (SHAG), will be involved in the future at key project stages.
3. The current State Health Plan and policy implementation will continue until December 31, 2002 as originally planned.
4. Planning staff will visit Lead Agencies to gather more information for the second annual report and to discuss implementation progress and challenges.
5. John Brehm, MD, suggested that the State Health Plan Group could provide a forum to discuss emerging physician retention issues.