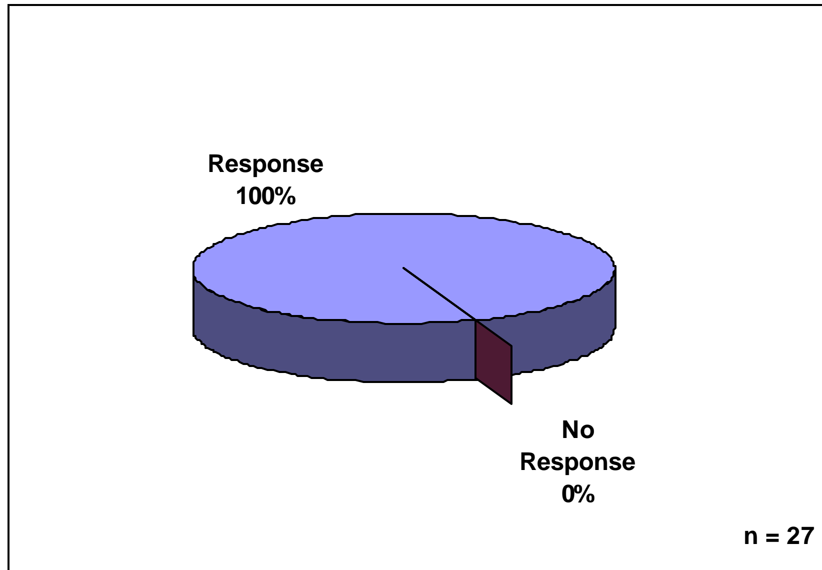
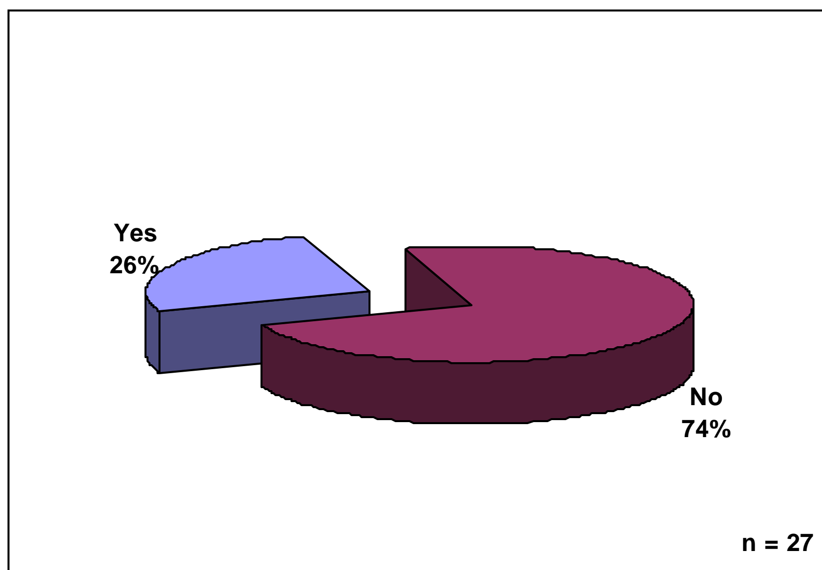
West Virginia Health Care Authority
State Health Plan Implementation
Lead Agency Reporting Period
January 1 – December 31, 2001

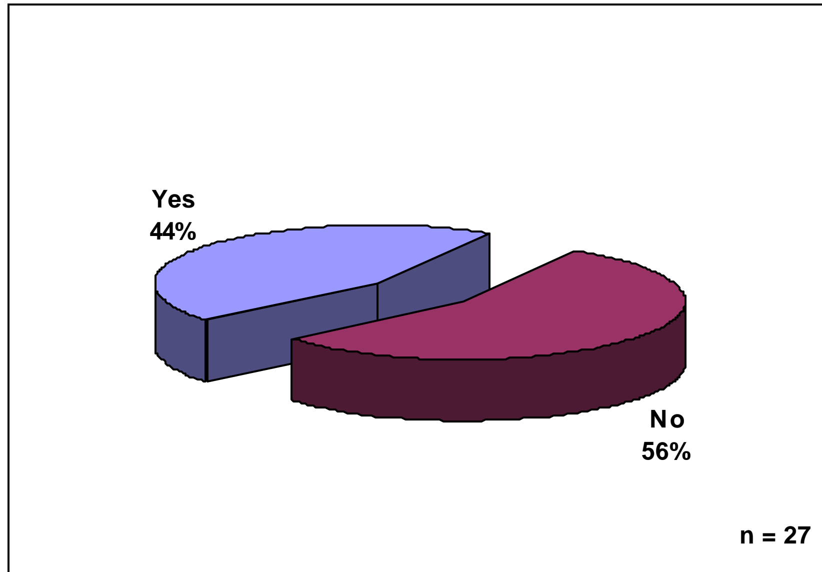
1. Please provide a brief description of your implementation activities from January 1 to December 31, 2001. (See the State Health Plan Annual Report for 2001 for specific information from the Lead Agencies' responses.)



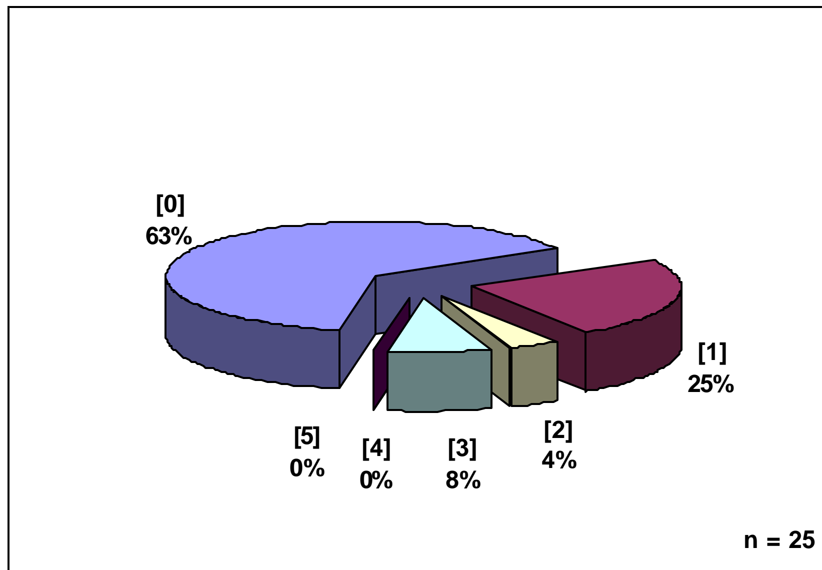
2. With regard to your previously submitted work plan information:
   A. Have you revised any information since submission?
      Yes No



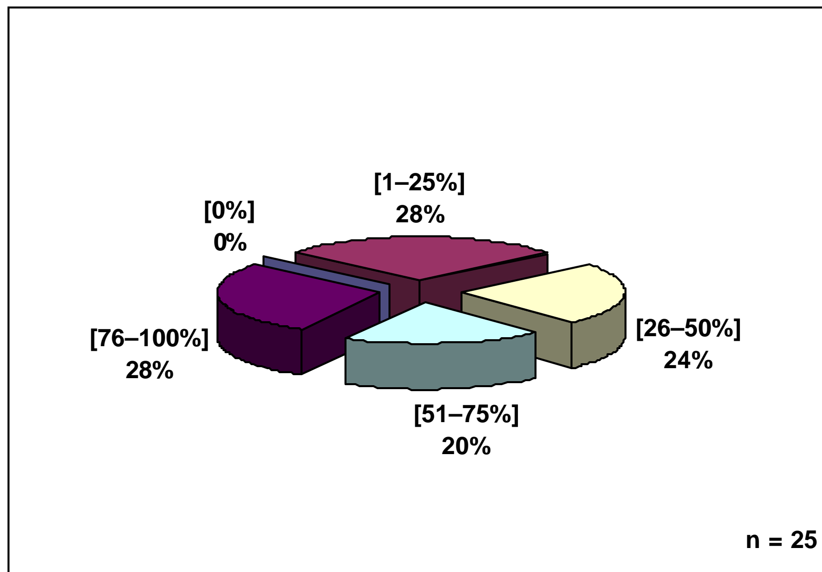
B. Do you anticipate any revision in the future?
Yes No



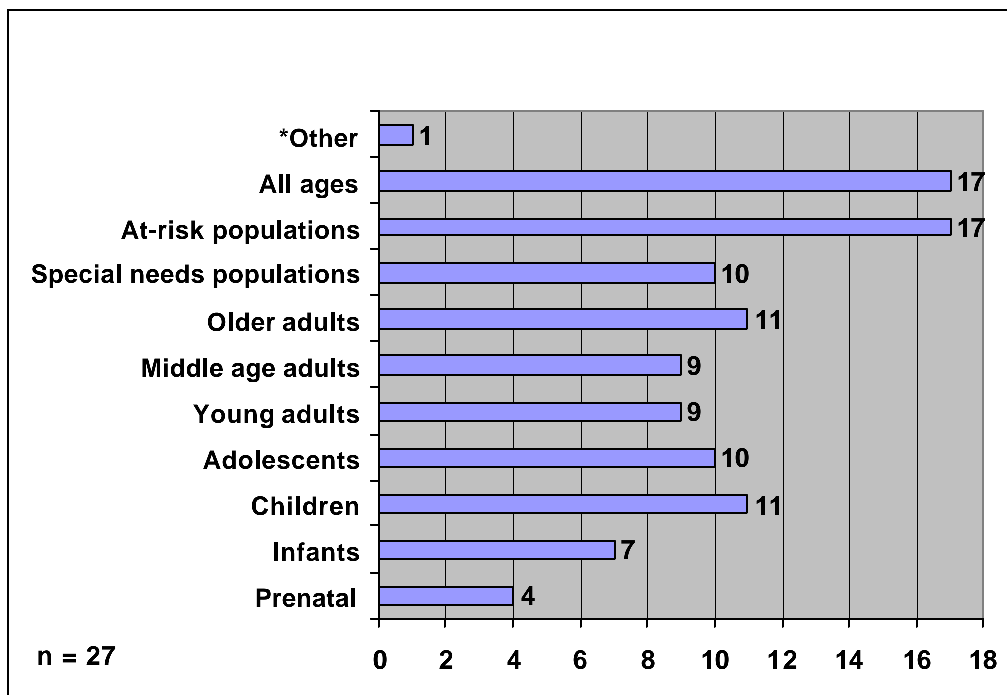
3. How many State Health Plan policies have you completed?
0 1 2 3 4 5



4. What is the completion percentage of your planned policy implementation activities?
0% 1–25% 26–50% 51–75% 76–100%

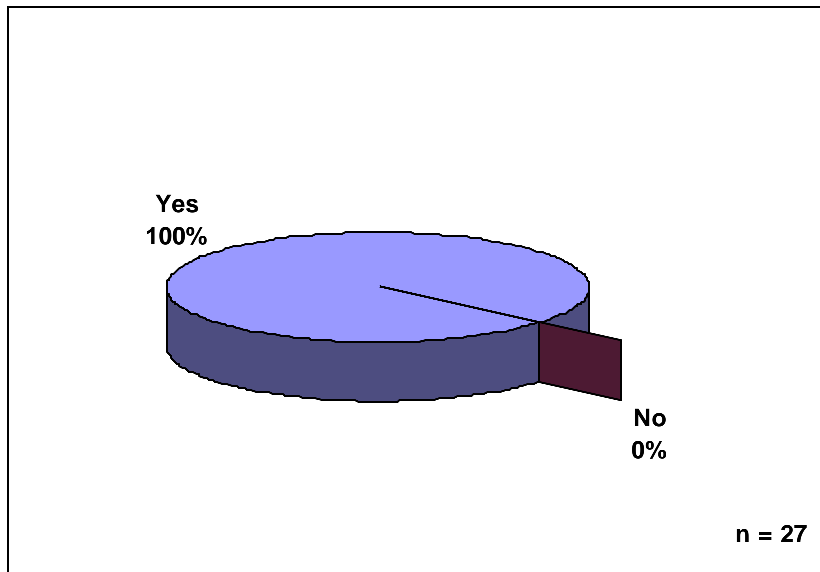


5. What are the population groups targeted by your policy activities?

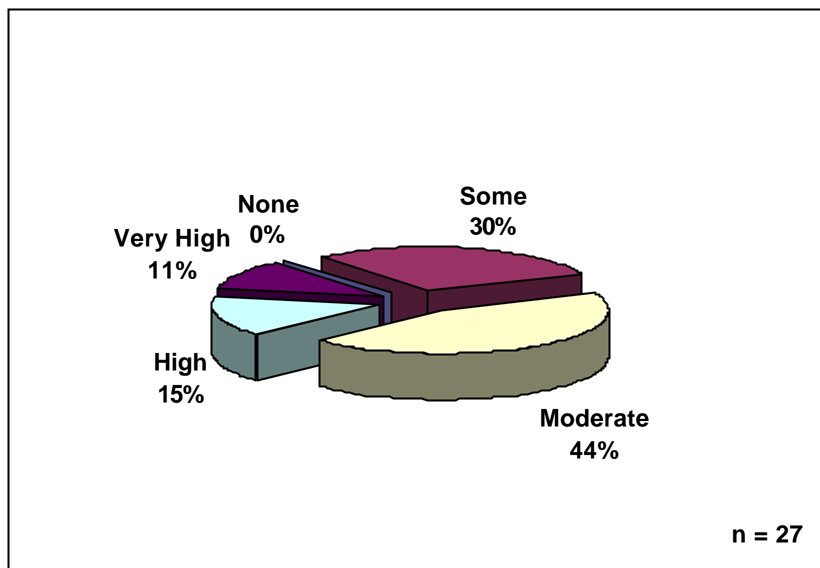


*Minorities

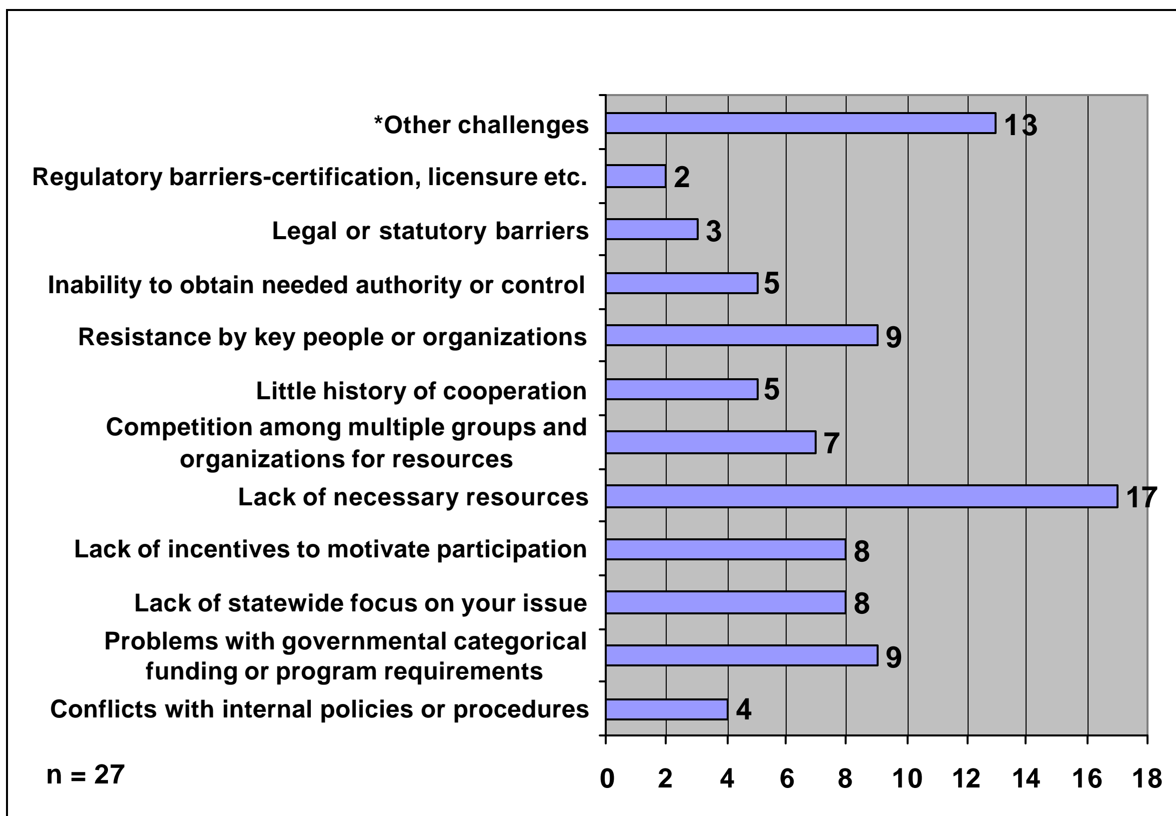
6. Are you using stakeholder groups to assist you as a Lead Agency in the policy implementation process?
Yes No



7. Have you experienced any constraints or challenges in being able to implement your State Health Plan policies?
None Some Moderate High Very High



8. Have you encountered any of the following challenges to implementation of your planned policy activities? (Check all that apply.)
___ Conflicts with internal policies or procedures
___ Problems with governmental categorical funding or program requirements
___ Lack of statewide focus on your issue
___ Lack of incentives to motivate participation
___ Lack of necessary resources
___ Competition among multiple groups and organizations for resources
___ Little history of cooperation
___ Resistance by key people or organizations
___ Inability to obtain needed authority or control
___ Legal or statutory barriers
___ Regulatory barriers - certification, licensure etc.
Please list any other challenges you have experienced to your planned policy activities. ______________________________



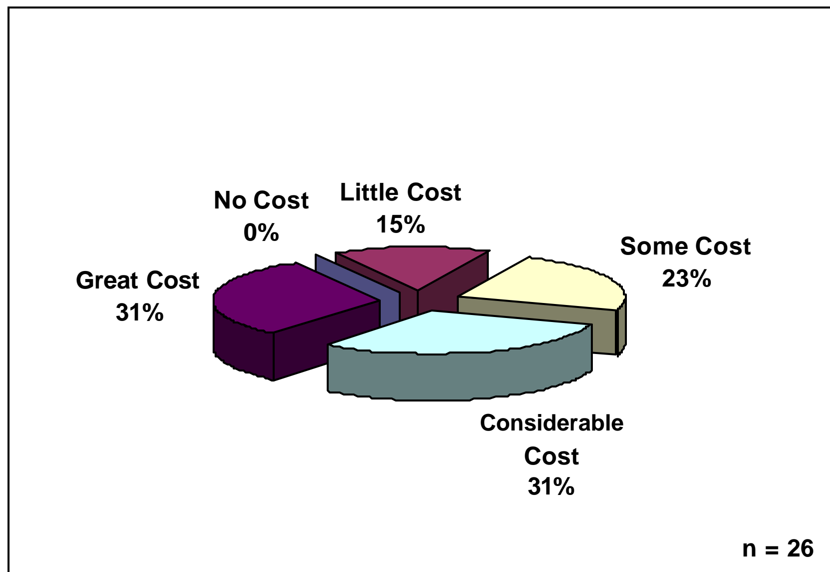
*Other challenges:

- The number of policies assigned. It is difficult to address all of them.
- Direction and support are needed for policy implementation. In addition, quality measurements and staff support are needed for reporting.
- Time constraints and human resources needs have been challenging.
- Creating and coordinating rural non-emergency medical transportation systems is a more significant undertaking than many would imagine. Additional barriers include the immense time involved in attracting otherwise busy agencies and persons to the effort, the lack of time to keep focused on the need to change, the lack of resources and infrastructure in rural communities, the massive nature of the problem, cultural

aversion among rural West Virginians to using public transportation, and the competition for revenues in agencies that should be providing resources (e.g., Medicaid and Medicare). In the waning months of 2001, public and legislative attention was focused on significant increases in Medicaid reimbursement for non-emergency medical transportation services in West Virginia. As the Legislature contemplates changes within this program, policymakers should develop a comprehensive approach that motivates the development of a system of transportation with providers that are committed to training, safety, efficient operations, and serving customers without regard for ability to pay for services.

- Staffing, resources and lack of a director have been challenges.
- Staffing, the purchasing process and lack of a director have been challenges.
- Lack of a director and the tax implications of educational benefits such as State student loan repayment considered as earned income have been challenges.
- Cooperating in research to define high-risk groups is time consuming. Thus, the time span of the State Health Plan is a challenge.
- Our current lack of standardized management reports for eligibility and service utilization are challenges in policy implementation.
- Barriers are financial as well as behavioral (attempting to motivate people to change their lifestyles.)
- Both of our State Health Plan policies require legislative action.
- Our assigned policies are inconsistent with our organization's mission.
- Our office is not a provider agency and new cross-agency priorities have not been established that are consistent with our assigned State Health Plan policies.

9. What do you consider to be the cost to West Virginia's health status or health care system if your State Health Plan policy area is not addressed?
 ___ No cost
 ___ Little cost
 ___ Some cost
 ___ Considerable cost
 ___ Great cost



10. What changes have resulted from your State Health Plan-related collaboration across agencies or within individual agencies?

- There is increased willingness to share resources and data. There is also increased awareness of the issues related to the policy area.
- Collaboration has resulted in a better understanding of other agencies.
- Collaboration between State agencies has increased through our pilot project. The pilot provided a beneficial opportunity for provider agencies to share experiences and successful strategies.
- Collaboration has been wide-ranging including advocacy groups, employers, health care consumers, health care organizations, insurers, agency staff, managed care, numerous health professions and professional organizations, contacts in other states through the User Liaison Program and with national organizations (Centers for Medicare & Medicaid Services, Institute for Healthcare Improvement, Agency for Healthcare Research and Quality, Quality Forum, Center to Improve Care of the Dying and others.
- A mental health policy task force was established for system of care collaboration. Legislation on oral health care was proposed. The Governor's bill on mental health parity was developed. Medicaid and CHIP cover more children. Dental chairs and services are provided at Health Right and the Family Enrichment Center. A grant was obtained to continue the Healthy Kids Coalition. Parents as Teachers opened a day care center at the Family Enrichment Center. Health education initiatives began in seven churches through the Partnership of African American Churches (PAAC).
- We have been able to bring together a group of State agency directors and others to advise our project with an eye toward how State agencies can foster successful non-emergency medical transportation interventions. Those persons also are interested in investigating what policy changes need to occur. The WV Division of Public Transit has taken an active role in working with the communities piloting this initiative. The West Virginia Institute for Healthcare Policy and Research is conducting an independent evaluation of the project. We are beginning to work closely with State Emergency Medical Services personnel to ensure resources can be used to maximum efficiency. That agency is also helping us with a protocol for enhancing the work of current initiatives and also how to plan services in communities where none currently exist. Most recently we have been working with our communities, policymakers, and State agencies in an attempt to influence the direction of future public funding of non-emergency medical transportation with a special emphasis on Medicaid funding—the only current insurer that pays a transportation benefit.
- Technical assistance teams have interacted with six EMS agencies, two of which were in crisis with imminent failure looming.
- More of a focused interest in ways to improve the health care system has emerged.
- There is more cooperation among Bureau for Public Health personnel to address crosscutting issues with common solutions.
- All three schools of medicine and the Bureau for Public Health are cooperating with each other on recruitment efforts.
- There is better collaboration and information, more brainstorming for effective programs and hospitals are sharing data.

- Increased communication and collaborative planning of projects, surveys and inventories have occurred.
- Local government officials are now included in the community needs assessment process to stimulate increased interest and participation in the process.
- There are partnerships around the concept of disease management. It has been been very easy to pull groups together because of the work of the Quality Utilization Advisory Group. We have built consensus.
- A partnership has been formed with the WV Department of Health and Human Resources Training Council, the Southeast Public Health Training Center and the Southeast Public Health Leadership Institute.
- There is increased awareness of the need for greater collaboration between local boards of health and school districts.
- There is a common understanding of the need to collaborate with others regarding resources and skills to accomplish goals.
- There is greater partnership between the Health Care Authority and the Institute for Healthcare Policy and Research. Greater community partnership will develop in the future.
- Twelve-month continuous Medicaid eligibility was implemented for children under the age of 19.
- Collaboration occurred with the Bureau for Public Health on increases in reimbursements for pediatric dental providers. Collaboration occurred with the Bureau for Children and Families and a consulting firm regarding maximization of Medicaid revenues.
- Collaboration with major State health agencies has resulted in projects that can benefit all agencies and State planning efforts, e.g., the recent survey of the uninsured.
- Communication has improved with provider agencies. Consensus has developed among various stakeholder groups.
- Through agency collaboration, resources have been used more effectively.
- An extensive collaboration of organizations (40) has been built with interest in improving end-of-life care for all West Virginians.
- Linkages between health care providers and childcare agencies are being established which improve the health status of young children.