



2000-2002 STATE HEALTH PLAN ANNUAL REPORT

APPENDIX A

Synopsis of Lead Agency Work Plans

Lead Agency	WV Health Care Authority - CHRIS
Policy:	Develop a plan for the integration of existing health databases and health information networks, to lead to a better understanding of the health status and socioeconomic conditions of West Virginia's population and how the health care system is responding to its needs. The plan for developing the CHRIS should also address how existing data are used and provide a rationale for additional data collection. (A1)
Contact Person(s):	John Grey - Tel: 558-7000, Fax: 558-7001, Email: jgrey@hcawv.org
Task Force of Stakeholders:	Data Advisory Group (DAG)
Implementation Activities:	Identify current data collection and uses of data. Create links with state government and non-government databases. Create an outpatient database. Find data sources on the uninsured. Identify data sources of external items affecting health. Assure data security. Identify duplication of effort.
Implementation Timeframe:	2 to 4 years
Project Cost:	Distributed cost of \$700,000
Existing Resources:	None
New Resources:	\$700,000, consultants
Evaluation/Monitoring Plan:	The project will be pilot tested. Organizational review will be conducted to assure components are present and linked with a common variable.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Health Care Authority - CHRIS
Policy:	Facilitate the adoption of a core set of measures, indicators, and data when establishing the CHRIS that will be used for planning, policy setting, performance monitoring, and other system-wide measures utilizing encounter level detail. (A1) Use data standardization methods from other states, the federal government, and voluntary standardization organizations. West Virginia should take advantage of, and try to be consistent with, other efforts. (B1)
Contact Person(s):	John Grey - Tel: 558-7000, Fax: 558-7001, Email: jgrey@hcawv.org
Task Force of Stakeholders:	Data Advisory Group (DAG)
Implementation Activities:	Review measures and indicators of the federal government and other states. Identify data elements. Identify measures and indicators needed but not currently collected. Assure uniformity and meet or exceed national standards. Determine future uses.
Implementation Timeframe:	18 months
Project Cost:	No individually identifiable cost
Existing Resources:	Information Technology staff and time
New Resources:	Consultants
Evaluation/Monitoring Plan:	Organizational review will be used. Focus groups will be held with representatives for the affected groups.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	There is some overlap with the CHRIS policy I.A.1 (see page 67). The group of data that result from developing CHRIS will have a direct impact upon the kinds of measures and indicators that can be developed.

Lead Agency	WV Health Care Authority - CHRIS
Policy:	Develop data-sharing agreements and protocols with neighboring states in order to address the issue of migration for care. (A2)
Contact Person(s):	John Grey - Tel: 558-7000, Fax: 558-7001, Email: jgrey@hcawv.org
Task Force of Stakeholders:	Data Advisory Group (DAG)
Implementation Activities:	Identify data needs. Document current efforts and prioritize. Correspond with appropriate officials. Schedule meetings with involved states. Develop a standard data request.
Implementation Timeframe:	6 months for inpatient, 2 years for outpatient
Project Cost:	Minimal costs
Existing Resources:	Legal services and Information Technology time
New Resources:	None
Evaluation/Monitoring Plan:	A third party review of the data for accuracy and completeness will be conducted. A comparison to nationally reported information will be made.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Health Care Authority - CHRIS
Policy:	Require all affected entities to participate in an integrated electronic patient record system in order to obtain data from CHRIS. (B2)
Contact Person(s):	John Grey - Tel: 558-7000, Fax: 558-7001, Email: jgrey@hcawv.org; Marianne Stonestreet - Tel: 558-7000, Fax: 558-7001, Email: mstonestreet@hcawv.org
Task Force of Stakeholders:	Data Advisory Group (DAG)
Implementation Activities:	Encourage the development of a national EMR with national funding. Define the legislative requirement. Identify "affected entities". Determine elements for inclusion in electronic record. Define format. Establish protocols to protect patient identity. Pilot test.
Implementation Timeframe:	3 to 5 years
Project Cost:	\$1 to \$200 million depending upon system capability
Existing Resources:	None
New Resources:	\$1 to \$200 million, Assessment of participant needs and capabilities
Evaluation/Monitoring Plan:	An organizational review will be utilized.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Health Care Authority - CHRIS
Policy:	Seek collaboration between state agencies, universities, and private groups to develop Geographic Information Systems (GIS) infrastructure to benefit all entities, including the consumer. (B2)
Contact Person(s):	John Grey - Tel: 558-7000, Fax: 558-7001, Email: jgrey@hcawv.org; Kenna Levendosky - Tel: 558-7000, Fax: 558-7001, Email: klevendosky@hcawv.org
Task Force of Stakeholders:	The membership is currently internal and will later diversify.
Implementation Activities:	Establish task force. Inventory resources (tools and expertise). Identify users. Determine levels and means of access. Develop and implement plan.
Implementation Timeframe:	2 years
Project Cost:	\$200,000
Existing Resources:	None
New Resources:	\$200,000, GIS education, GIS servers and software, high speed connectivity
Evaluation/Monitoring Plan:	GIS taskforce will review the project for completeness.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Health Care Authority - CON and Planning
Policy:	Extend certificate of need data collection to include ongoing tracking 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. (A1)
Contact Person(s):	Dayle Stepp - Tel: 558-7000, Fax: 558-7001, Email: dstepp@hcawv.org
Task Force of Stakeholders:	Not utilized
Implementation Activities:	WVHCA Board could apply a condition to each decision that data collection take place for a three-year period (reporting for a period greater than three years would require legislative change). The condition could also be used to track care for the medically indigent. Adopt the standard measurements for quality of care developed by QUAG to condition each decision for reporting purposes.
Implementation Timeframe:	Policy can be implemented immediately (with WVHCA board action requiring data reporting), 18 to 24 months to make legislative changes for reporting beyond three years, Quality measures will depend upon the QUAG timeframe.
Project Cost:	None at the current time
Existing Resources:	None
New Resources:	Additional personnel if a significant increase in reporting occurs.
Evaluation/Monitoring Plan:	Self-reporting process
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	There is some overlap with the quality policies.

Lead Agency	WV Health Care Authority - CON and Planning
Policy:	Incorporate prospective planning by developing and issuing an assessment of service-specific needs statewide annually, as an update of the State Health Plan.
Contact Person(s):	Dayle Stepp - Tel: 558-7000, Fax: 558-7001, Email: dstepp@hcawv.org
Task Force of Stakeholders:	Not utilized
Implementation Activities:	Evaluate and revise as necessary SHP CON standards by December 31, 2001. Statewide service-specific needs will be incorporated, where appropriate and approved by the WVHCA board. After December 31, 2001, review CON standards annually and revise when necessary.
Implementation Timeframe:	On-going process
Project Cost:	None at the current time
Existing Resources:	None
New Resources:	No additional resources needed
Evaluation/Monitoring Plan:	Self-reporting process
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	The following standards have been or are being reviewed: long-term acute care hospitals, cardiac catheterization, open-heart surgery, hospice services, positron emission tomography, and lithotripsy services.
Areas of Duplication:	None

Lead Agency	WV Health Care Authority - Medical Technology
Policy:	Use medical technology to assess patients in their homes. (C3)
Contact Person(s):	John Grey - Tel: 558-7000, Fax: 558-7001, Email: jgrey@hcawv.org
Task Force of Stakeholders:	Focus groups will be used to identify participants
Implementation Activities:	<p>Research current trends and technologies for home-based monitoring and/or assessment devices.</p> <p>Contact vendors to evaluate technology available.</p> <p>Develop a feasibility study of a customized monitoring system for possible pilot testing.</p> <p>If applicable, determine resources necessary and obtain funding.</p> <p>Develop prototype and/or pilot project.</p> <p>Evaluate pilot results and publish a report.</p>
Implementation Timeframe:	1 year from pilot inception
Project Cost:	\$852,226 (\$759,226 for the Internet Care and Reporting Environment pilot project and \$93,000 for the West Virginia Senior and Disabled Assessment Pilot Project)
Existing Resources:	\$93,000 for the West Virginia Senior and Disabled Assessment Pilot Project
New Resources:	\$759,226 in grant funding is being pursued for the Internet Care and Reporting Environment pilot project, need personnel (researcher and program coordinator/developer), computer hardware and software, peripheral devices, and technical support
Evaluation/Monitoring Plan:	Successful completion of prototype development, pilot testing and a survey of participants will serve as the evaluation plan.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	The West Virginia Senior and Disabled Assessment Pilot Project is in progress.
Areas of Duplication:	None

Lead Agency	WV Health Care Authority and WV Medical Institute
Policy:	Establish a clearinghouse for quality data collection. (A1)
Contact Person(s):	Cathy Chadwell - Tel: 558-7000, Fax: 558-7001, Email: cchadwell@hcawv.org; Dr. George Pickett - Tel: 346-9864, Fax: 346-9853, Email: gpickett@wvmi.org
Task Force of Stakeholders:	Quality Utilization Advisory Group (QUAG)
Implementation Activities:	HCA and WVMI will develop a list of data universally collected in West Virginia and identify the variables. Data sources include claims data, Medicaid, Medicare, PEIA, Workers Compensation, WV Hospital Association's Maryland Indicator data, private insurance companies, Minimum Data Set, OASIS and OSCAR. Focus areas will be hospital care, ambulatory care and long term care.
Implementation Timeframe:	Approximately three months
Project Cost:	Not listed
Existing Resources:	Medicare data
New Resources:	Staff
Evaluation/Monitoring Plan:	Not listed
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	There may be some overlap with policy I.A.1. (see page 67).

Lead Agency	WV Health Care Authority and WV Medical Institute
Policy:	Establish an advisory group on quality 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. (A1)
Contact Person(s):	Cathy Chadwell - Tel: 558-7000, Fax: 558-7001, Email: cchadwell@hcawv.org; Dr. George Pickett - Tel: 346-9864, Fax: 346-9853, Email: gpickett@wvmi.org
Task Force of Stakeholders:	Quality Utilization Advisory Group (QUAG)
Implementation Activities:	HCA has established a Quality Utilization and Advisory Group (QUAG) that will focus on four specific areas: 1) Diabetes Mellitus, 2) Cardiovascular Disease, 3) Low Back Injury and 4) End-of-Life. A fifth group: a Working Group on Health Care Quality (WGHCQ) will be formed by the QUAG to address the SHP quality component.
Implementation Timeframe:	Approximately one month to form the WGHCQ
Project Cost:	Not listed
Existing Resources:	Not listed
New Resources:	One staff person with expertise in health care quality improvement and related staff support for meetings, correspondence, writing, and printing. Funding not currently identified.
Evaluation/Monitoring Plan:	Not listed
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	Issue selection and work group formation have been completed.
Areas of Duplication:	None

Lead Agency	WV Health Care Authority and WV Medical Institute
Policy:	Determine the definition for quality, to be accomplished by the advisory group on quality. The parameters of this definition will include measurement of health care services against established standards, consumer expectations, and improvement in health status. The term standards includes established targets, appropriateness criteria, or guidelines. (B2)
Contact Person(s):	Cathy Chadwell - Tel: 558-7000, Fax: 558-7001, Email: cchadwell@hcawv.org; Dr. George Pickett - Tel: 346-9864, Fax: 346-9853, Email: gpickett@wvmi.org
Task Force of Stakeholders:	Quality Utilization Advisory Group (QUAG)
Implementation Activities:	General definition of quality to be developed by the WGHCQ, with 2-3 options, for review and consideration by the QUAG. Specific definitions to be developed for each target area of study (Diabetes Mellitus, Cardiovascular Disease, Low Back Injury, and End-of-Life). The definitions of quality must include a consideration of national standards, consumer expectations and improvement in health status.
Implementation Timeframe:	General definition to be developed tentatively by December 31, 2000. Specific definitions for defined study areas to be developed as the projects are developed.
Project Cost:	Not listed
Existing Resources:	Not listed
New Resources:	Not listed
Evaluation/Monitoring Plan:	Not listed
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Health Care Authority and WV Medical Institute
Policy:	Establish, track, analyze and report a set of health care access, quality and financing population-based baseline indicators/performance measures used to develop a standard definition of accountability. Use this data and information to determine relationships between access to health care services, use and cost of health care services and health status outcomes. (A1) Use cost-effective methods and processes such as benchmarking and computer modeling in order to allocate health care resources as effectively as possible. (C3)
Contact Person(s):	Cathy Chadwell - Tel: 558-7000, Fax: 558-7001, Email: cchadwell@hcawv.org; Dr. George Pickett - Tel: 346-9864, Fax: 346-9853, Email: gpickett@wvmi.org
Task Force of Stakeholders:	Quality Utilization Advisory Group (QUAG)
Implementation Activities:	<p>QUAG has developed four work groups for initial study: diabetes, cardiovascular disease, low back injury, and end-of-life care.</p> <p>QUAG has appointed members to these work groups.</p> <p>WGHCQ will review existing guidelines and indicators and recommend a small number of indicators for use in West Virginia.</p> <p>The findings of the WGHCQ and the four working groups will be communicated to the QUAG.</p> <p>The QUAG will determine how the indicators are transmitted to providers and other groups, including managed care plans and major purchasers of health care.</p> <p>Purchasers should be encouraged to include requirements for reporting on indicators in their contracts with insurance companies and provider organizations.</p> <p>The HCA will research accountability to the patient as a private exchange transaction. Accountability to the purchaser can be tied to the proposed indicator sets.</p> <p>The HCA should collaborate with the Center for Healthcare Policy and Research to convene a meeting of providers, purchasers, consumers and legislators to define an agenda to developing operational definitions of accountability and discuss the allocation of health care resources.</p>

Implementation Timeframe:	Indicators in the four study areas should be defined and approved tentatively by August 31, 2001. Communications with provider groups and purchasers should tentatively begin in September 2001 and continue through the life of the State Health Plan. HCA research on accountability to the patient to be completed tentatively by December 31, 2000. HCA meeting with the Center for Healthcare Policy and Research could be held by the Spring of 2001.
Project Cost:	Not listed
Existing Resources:	Not listed
New Resources:	Not listed
Evaluation/Monitoring Plan:	Not listed
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Health Care Authority and WV Medical Institute
Policy:	Establish conservative objectives and timetables for the advisory group on quality, develop strategies ensuring linkages among financing, care management, and community-based care that will (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 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; and (5) use a systems approach to measure quality using the structure, process, and outcome process. (B2)
Contact Person(s):	Cathy Chadwell - Tel: 558-7000, Fax: 558-7001, Email: cchadwell@hcawv.org; Dr. George Pickett - Tel: 346-9864, Fax: 346-9853, Email: gpickett@wvmi.org
Task Force of Stakeholders:	Quality Utilization Advisory Group (QUAG)
Implementation Activities:	The WGHCQ will draft a proposed agenda for the QUAG's review and adoption. Assess the resources available to provider organizations to improve quality. Review existing documents to ascertain other states' linkage activities. The WGHCQ will discuss the value of small area variation studies. Collect high-risk population data from the Bureau for Public Health. Additional information will be gathered on the four target areas of study. Use a systems approach to measure quality.
Implementation Timeframe:	WGHCQ agenda tentatively by January 2001, HCA research of other states tentatively by March 2001
Project Cost:	Not listed
Existing Resources:	Not listed
New Resources:	Not listed
Evaluation/Monitoring Plan:	Not listed
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	Community Voices Partnership
Policy:	Address the uninsured population's needs and improve health care coverage by advocating for increased access to affordable insurance. (A1)
Contact Person(s):	Renate Pore - Tel: 558-0530, Fax: 558-0532, Email: pore@hepc.wvnet.edu
Task Force of Stakeholders:	Healthy Kids Coalition, Uninsured Task Force
Implementation Activities:	<p>Conduct a survey on how the uninsured receive health care services and analyze and report findings.</p> <p>Publish an annual educational policy brief and discuss ways to improve access.</p> <p>Organize a universal health care campaign in WV and work with groups nationally.</p> <p>Work with a state task force on how to use CHIP and Medicaid to expand access.</p> <p>Provide an outreach campaign for CHIP and Medicaid.</p> <p>Write editorials promoting government's role in activities increasing health care coverage.</p>
Implementation Timeframe:	Five years or more to achieve 95% coverage for adults. Two years to achieve access to affordable coverage for all children and 95% of children should be enrolled in a health insurance plan.
Project Cost:	\$2 million per year
Existing Resources:	\$900,000 is currently available through private foundations
New Resources:	\$1 million is needed for outreach efforts and a media campaign
Evaluation/Monitoring Plan:	The number of people with insurance coverage.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	Community Voices Partnership
Policy:	Work with consumers to develop an agenda, strategy and voice in State health care policy-making activities. (A1)
Contact Person(s):	Renate Pore - Tel: 558-0530, Fax: 558-0532, Email: pore@hepc.wvnet.edu
Task Force of Stakeholders:	Community Voices Partnership, Family Resource Networks, Community Council of Kanawha Valley, Minority Health Program
Implementation Activities:	Support and work with local collaboratives in addressing local health care issues. Link community action to state policy. Support the Coalition for Minority Health. Develop and sponsor public forums on health issues. Represent consumers on the Insurance Commissioner's task force. Promote consumer representation on state boards. Represent consumer interests on SHAG. Provide training for outreach workers on advocacy, health and social service policy.
Implementation Timeframe:	On-going project
Project Cost:	Included in the \$2 million per year under policy III.A.1
Existing Resources:	\$200,000 is currently provided to community collaboratives and agencies, \$50,000 is spent on public forums and other communication activities, \$88,000 will be spent on the evaluation plan.
New Resources:	None
Evaluation/Monitoring Plan:	The plan will be evaluated through an organizational review documenting partnerships built, participation by consumers and consumer representatives in state policy activities and through key informant interviews. Marshall University will conduct the evaluation plan.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	Center for Rural Health Development
Policy:	Improve coordination of community resources for transportation services to increase service availability and the cost-effectiveness of transportation services for persons with limited access and special needs. (A2)
Contact Person(s):	Ken Stone - Tel: 766-1591, Fax: 766-1597, Email: ken.stone@citynet.net
Task Force of Stakeholders:	Project Partners - Department of Transportation, Division of Public Transit; WV Office of Medical Services; Center for Healthcare Policy and Research
Implementation Activities:	<p>Five pilot sites will develop models for reducing transportation barriers to health care by focusing on better coordination of existing resources and development of collaborative relationships.</p> <p>Through its evaluation of the pilot sites, the Center for Healthcare Policy and Research will develop best practices and technology transfer mechanisms, an analysis of policy-related barriers inhibiting transportation improvements, and each pilot site will be evaluated against its stated objectives.</p> <p>A report will be distributed statewide.</p> <p>A dissemination conference will be held to provide information to policymakers and rural health care and transportation providers.</p>
Implementation Timeframe:	2 years
Project Cost:	\$845,252
Existing Resources:	\$824,752 will fund the five pilot sites and the evaluation
New Resources:	An additional \$20,500 is needed for costs associated with printing, a dissemination conference and in-state and national meetings.
Evaluation/Monitoring Plan:	Through its evaluation of the pilot sites, the Center for Healthcare Policy and Research will develop best practices and technology transfer mechanisms, an analysis of policy-related barriers inhibiting transportation improvements, and each pilot site will be evaluated against its stated objectives.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	Pilot sites have begun project implementation.
Areas of Duplication:	None

Lead Agency	WVBPH Office of Community and Rural Health Services
Policy:	Continue the development of a statewide EMS system with special emphasis in rural areas for trauma development, improved EMS Agency operations and a coordinated medical transportation component. (B2)
Contact Person(s):	Mark King - Tel: 558-3956, Fax: 558-1437, Email: markking@wvdhhr.org
Task Force of Stakeholders:	A technical assistance team is in place.
Implementation Activities:	<p>Inspect and license EMS agencies every two years. Measure number of EMS agencies licensed. Inspect and license EMS vehicles yearly. Measure number of EMS vehicles per county per year. Educate and designate hospitals as trauma centers. Measure the number of hospitals contacted or assisted with designations and the number designated. Inspect and license EMS Agencies for Critical Care (Specialized) Transport. Measure the number of EMS Agencies licensed for Critical Care (Specialized) Transport. Inspect and license EMS vehicles for Critical Care (Specialized) Transport. Measure the number of EMS vehicles licensed as Critical Care (Specialized) Transport.</p>
Implementation Timeframe:	On-going project
Project Cost:	\$175,000 per year
Existing Resources:	None
New Resources:	Need on-going funding for trauma system development, professional and support staff funding, consultant funding and meeting expenses
Evaluation/Monitoring Plan:	Measures are listed for each of the activities. Other measures include: 1) the number of patients delivered to trauma centers, 2) a report on Trauma System Development including the plan and legislation passed and 3) additional funding developed from state and federal sources.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	This is an on-going project.
Areas of Duplication:	None

Lead Agency	WVBPH Office of Community and Rural Health Services
Policy:	Study the health care delivery system in the state including the impact of certificate of need, reimbursement levels and licensing. Determine what could be considered as essential health care providers and services (safety net services and providers) in the state. Determine strategies and make recommendations that have the potential to stabilize, strengthen and integrate the service delivery system, as well as promote the development of provider networks. Specifically address rural underserved areas and populations and the use of technologies to improve health. (A1)
Contact Person(s):	Mary Huntley - Tel: 558-3210, Fax: 558-1437, Email: maryhuntley@wvdhhr.org
Task Force of Stakeholders:	A task force will be formed.
Implementation Activities:	<p>Convene a task force that will: 1) address systems of coordination and integration, 2) promote collaboration in order to determine ways to strengthen the delivery system and 3) identify/define essential health care providers.</p> <p>Collaborate with Task Force members to come to consensus on challenges facing the health care delivery system and to identify the sources and resources needed to preserve the system.</p> <p>Formulate work groups that consist of representatives from the above mentioned agencies and organizations to discuss the issues.</p> <p>Compile data and prepare an initial report of barriers and ways to eliminate them.</p> <p>Design a study of current reimbursement systems, impact of the BBA of 1997 and the BBRA of 1999 and other payors such as Medicaid and PEIA.</p> <p>Produce a final report.</p> <p>Convene a public forum to announce the report.</p> <p>Make recommendations to the Administration and the Legislature.</p>
Implementation Timeframe:	Not listed
Project Cost:	\$75,000
Existing Resources:	Professional and Support Staff
New Resources:	\$75,000, Consultants
Evaluation/Monitoring Plan:	The evaluation plan will include: 1) documentation that barriers have been reduced or eliminated, 2) a final report, 3) presentation to the Legislature, 4) implementation by the Legislature, policymakers and other providers, and 5) securing of additional funds to support rural health care.

Changes in Priority/Timing of Policies:	Not clear, implementation timeframe not listed.
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WVBPH Office of Community and Rural Health Services
Policy:	Continue and support financially the strategic process that has laid the groundwork for a strengthened public health system emphasizing the basic public health services of prevention and control of communicable diseases, community health promotion, and environmental health protection. (A1)
Contact Person(s):	Kay Shamblin - Tel: 558-8870, Fax: 558-1437, Email: kayshamblin@wvdhhr.org
Task Force of Stakeholders:	A task force will be formed.
Implementation Activities:	Site visit presentations on visits to three states. Draft and finalize a plan of action. Develop the monitoring tools. Determine methods of tracking and evaluation. Conduct forums for local health departments on the process. Conduct pilot testing at four local health departments. Implement the performance improvement process statewide.
Implementation Timeframe:	4 years
Project Cost:	The Performance Improvement and Financial Management Committees of Public Health Transitions are working to determine project cost. Preliminary findings will be available in December 2000 or January 2001.
Existing Resources:	\$600,000 in grant funding is identified for the project
New Resources:	None
Evaluation/Monitoring Plan:	The performance improvement process will be pilot tested in four local health departments for six months. The results of the pilot test will be evaluated.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WVBPH Office of Community and Rural Health Services
Policy:	Improve access to health care providers by (1) supporting programs targeting recruitment and retention of health professionals; (2) supporting communities to "grow their own"; and, (3) supporting programs that will train residents and students in rural, underserved areas. (A2)
Contact Person(s):	Mary Huntley - Tel: 558-3210, Fax: 558-1437, Email: maryhuntley@wvdhhr.org; W. Donald Weston - Tel: 558-2736, Fax: 558-3264, Email: weston@hepc.wvnet.edu
Task Force of Stakeholders:	WV Rural Health Education Partnerships' Recruitment & Retention Committee
Implementation Activities:	<p>Coordinate state and federal financial incentives for recruitment and retention of providers.</p> <p>Maintain and enhance the state's rural, community-based infrastructure for training health professions students (WVRHEP).</p> <p>Develop community-based rural residency training.</p> <p>Enhance the capacity of rural communities to recruit and retain providers.</p> <p>Conduct an assessment of state financial incentives for recruitment and retention.</p> <p>Develop a longitudinal tracking system to track medical school graduates through residency training and their practice locations.</p> <p>Develop structure for statewide locum tenens service.</p> <p>Provide training and support for youth to pursue health careers and practice in rural communities (HSTA and similar programs).</p>
Implementation Timeframe:	1 to 2 years
Project Cost:	\$50,000
Existing Resources:	Funding from WVRHEP, WV Rural Health Access Program, and Bureau for Public Health's Division of Recruitment
New Resources:	Medicaid federal funds to match existing state funds for rural residencies. Enhance WVRHEP funds for tracking system.
Evaluation/Monitoring Plan:	WVRHEP Recruitment & Retention Committee Annual Reports to the Legislative Oversight Commission on Education Accountability and the Legislative Oversight Commission on Health and Human Resources Accountability. Annual Higher Education Report Card. Assessment of State Financial Incentive Programs. Progress Reports of the WV Rural Health Access Program to the Robert W. Johnson Foundation.

Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WVBPH Office of Epidemiology and Health Promotion
Policy:	Target initiatives in cancer control. These initiatives could include (1) the establishment of 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 and (2) the continued support by the West Virginia Legislature for cancer screening and treatment through West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund. (A1)
Contact Person(s):	Jennifer Weiss - Tel: 558-0644, Fax: 558-1553, Email: jenniferweiss@wvdhhr.org
Task Force of Stakeholders:	A steering committee will be utilized.
Implementation Activities:	Form steering committees - prevention, early detection and patient care and survivorship. Draft bylaws. Draft responsibilities of chair/vice chair. Draft a nomination process. Accept nominations for committee chairs and vice chairs. Draft a comprehensive cancer plan. Examine resources, evaluation plans and legislative issues.
Implementation Timeframe:	The cancer plan will span five years with updates and supplements as needed.
Project Cost:	Undetermined at this time
Existing Resources:	CDC funding will support implementation
New Resources:	Need dedicated committee members representing various interests, Collaboration among members, Cancer plan with goals and objects which serve as a strategic plan, Coordination and sharing of data, Effective evaluation plan, Informational and educational programs
Evaluation/Monitoring Plan:	Undetermined at this time
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WVBPH Office of Epidemiology and Health Promotion
Policy:	Target initiatives in cardiovascular disease. Build leadership and capacity in the WV Bureau for Public Health in areas critical to the implementation and management of a successful comprehensive cardiovascular health program. (A1)
Contact Person(s):	Jessica Wright - Tel: 558-0644, Fax: 558-1553, Email: jessicawright@wvdhhr.org
Task Force of Stakeholders:	A statewide work group will be utilized.
Implementation Activities:	Develop and coordinate partnerships. Develop scientific capacity to define the cardiovascular disease problem. Develop an inventory of policy and environmental strategies affecting cardiovascular health. Update the WV Cardiovascular Health Plan. Provide training and technical assistance. Develop population-based strategies. Coordinate minority initiatives to promote cardiovascular health.
Implementation Timeframe:	The cardiovascular health plan will span five years with updates and supplements as needed.
Project Cost:	Undetermined at this time
Existing Resources:	None
New Resources:	A grant application will be made for CDC funding. Need dedicated committee members representing various interests, Collaboration among members, Cardiovascular plan with goals and objects which serve as a strategic plan, Coordination and sharing of data, Establish new data sources to track baseline data for Healthy People 2010 Objectives, Effective evaluation plan, Tools to affect state and community level policy changes, Coordination of training among partners
Evaluation/Monitoring Plan:	The CDC evaluation plan for cardiovascular health programs will be used.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WVBPH Office of Epidemiology and Health Promotion
Policy:	Encourage private health care entities to participate in and help defray the costs of conducting and reporting public health community needs assessments and cooperative public/private health promotion activities, by sharing resources whenever possible. (B1)
Contact Person(s):	Charles Thayer - Tel: 558-0644, Fax: 558-1553, Email: chuckthayer@wvdhhr.org
Task Force of Stakeholders:	Public Health Transitions
Implementation Activities:	Assess collaboration between local health departments and private health care entities. Develop a report outlining where collaboration is occurring. Promote collaboration where it is not occurring. Utilize WV Health Promotion Specialists in making linkages between local health departments and private health care entities to collaborate on community needs assessment.
Implementation Timeframe:	3 to 5 years for full implementation
Project Cost:	\$15,000 to \$20,000 per year
Existing Resources:	\$15,000 to \$20,000 per year, Staff
New Resources:	Survey tools, Database for tracking assessments
Evaluation/Monitoring Plan:	Organizational review of the local health department annual program plans will evaluate the policy and policy implementation.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Bureau for Public Health
Policy:	Encourage the development of a comprehensive disease management program. Track and evaluate the Bureau for Public Health and the Bureau for Medical Services' disease state management program for diabetes. (B2)
Contact Person(s):	Catherine Taylor - Tel: 558-0051, Fax: 558-1035, Email: cathytaylor@wvdhhr.org
Task Force of Stakeholders:	Stakeholders' Group was identified, representative of health care professionals and others interested in disease management. An Advisory Group was formed, composed of a sub-set of members from the Stakeholders' Group.
Implementation Activities:	<p>West Virginia Health Initiatives Pilot program in eight counties of the Eastern Panhandle and the Potomac Highlands areas of West Virginia: Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton.</p> <p>Train PAAS providers and their staff to use public domain guidelines recommended by the WV Diabetes Advisory Committee and based on national clinical guidelines, that blend the highest quality of care with the best practical management strategies.</p> <p>Reimburse these PAAS providers for their efforts in complying with these guidelines and for completing the extensive documentation required of them by the project, including a diabetes assessment, individualized care plan, flow sheet updates, care management services and referrals to a certified diabetes educator for more extensive diabetes education.</p> <p>Assure patient referrals to certified diabetes educators (CDEs) for diabetes education to improve their self-management skills.</p> <p>Provide feedback reports to PAAS providers that contain current data about the patients' utilization of medical services.</p>
Implementation Timeframe:	WVHIP (pilot project) will run for one year, from October 2000 to September 2001.
Project Cost:	Approximately \$500,000
Existing Resources:	Approximately \$500,000, provided by the National Pharmaceutical Council, Inc.
New Resources:	The WVHIP Internal Work Group, composed of staff of the WV Department of Health and Human Resources, Bureau for Medical Services, Bureau for Public Health, WVU Office of Health Services Research, and the National Pharmaceutical Council, Inc. manages the day-to-day activities associated with the project.

Evaluation/Monitoring Plan:	There will be an evaluation of the success of the intervention with regards to clinical outcomes, costs and process. Two sources will be used for evaluation data: Medicaid claims data and medical charts. The medical charts will be audited after the one year pilot period to create an extract database. If it is demonstrated that the interventions positively influence these measures, the pilot may be expanded statewide. A reduction in Medicaid payments is expected for inpatient hospital services and emergency room visits for diabetes-related diagnoses, as well as increases in the percent of patients being tested annually for HbA1c and being referred for diabetes education. Most important, HbA1c (the primary measure of consistent blood glucose control) test results are expected to improve.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	Pilot project implementation is in progress.
Areas of Duplication:	None

Lead Agency	WV Bureau for Public Health
Policy:	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. Provide funding to support the leadership development of the current public health workforce to provide for more rapid capacity development. (B2)
Contact Person(s):	Catherine Taylor - Tel: 558-0051, Fax: 558-1035, Email: cathytaylor@wvdhhr.org
Task Force of Stakeholders:	Not utilized
Implementation Activities:	<p>Strategies for improving workforce preparedness in the future should include:</p> <p>Monitor workforce composition by using consistent methods to count workers and forecast trends (Standard Occupational Classifications).</p> <p>Identify competencies and develop competency-based training to address current, new and emerging health threats. (Competencies).</p> <p>Design integrated learning systems using technology to make learning opportunities accessible to frontline public health workers. (Connecting people/cross training).</p> <p>Use incentives to assure competency by reinforcing accountability for life-long learning through certification and credentialing systems. (Rewards).</p> <p>Conduct evaluation and research and build the scientific basis for determining the effectiveness of workforce development activities. (Workforce Performance Standards).</p> <p>Assure financial support by leveraging existing resources; identify new funding resources; and develop innovative approaches to support workforce development. (Partnering)</p>
Implementation Timeframe:	4 years, 2000-2004
Project Cost:	Not determined
Existing Resources:	Not listed
New Resources:	Not determined

Evaluation/Monitoring Plan:	Not determined
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Bureau for Public Health and WV Department of Education
Policy:	Collaboratively encourage 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, a tobacco-free lifestyle, and physical activity among students, faculty, and staff (including the disabled). (A1)
Contact Person(s):	Jim Cook - Tel: 558-0016, Fax: 558-1035, Email: jimcook@wvdhhr.org; Lenore Zedosky - Tel: 558-8830, Fax: 558-0048, Email: lzedosky@access.k12.wv.us
Task Force of Stakeholders:	School Health Committee
Implementation Activities:	A collaborative effort between regional and local-level health and education resources “to plan and implement programs that improve the health of children.” Implementation activities will include orientations for local boards of health and education, as well as the development of a model to be replicated in every school district.
Implementation Timeframe:	2 years
Project Cost:	To be determined
Existing Resources:	None
New Resources:	Trainers
Evaluation/Monitoring Plan:	An annual evaluation involving all data/reports on school health programs, and the report is reviewed by the School Health Committee prior to presentation to the Superintendent of Schools and the Commissioner of Public Health.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	There could be some overlap with policy XVII.A. (see page 106).

Lead Agency	WVU Center for Healthcare Policy and Research
Policy:	Generate an initial list of potential at-risk groups based upon existing data, 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. Invite all interested parties, based upon the data findings - providers of care, policymakers, 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. (A1)
Contact Person(s):	Sally Richardson - Tel: 347-1246, Fax: 347-1236, Email: srichardson@hsc.wvu.edu
Task Force of Stakeholders:	A stakeholder group including providers, policymakers, voluntary services groups, civic organizations and the citizenry will be formed.
Implementation Activities:	Utilize a life-cycle approach (infants, youth, adults, elderly) to study at-risk populations. Utilize a population health approach including behavioral, genetic, environmental and other determinants of risk to health. Stakeholder group will help to select the at-risk population groups and the age categories relevant to each group. Subcommittees of the stakeholder group will complete tasks for each category of at-risk populations. Preparation of a final report.
Implementation Timeframe:	Project completion by Summer 2001
Project Cost:	To be determined with input from stakeholders
Existing Resources:	To be determined with input from stakeholders
New Resources:	To be determined with input from stakeholders
Evaluation/Monitoring Plan:	To be determined with input from stakeholders
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WVU Center for Healthcare Policy and Research
Policy:	Ensure that performance measurement systems and indicators of quality and accountability address priority at-risk populations, including, the elderly and the disabled. These systems should address at-risk populations' long-term care needs. (B1)
Contact Person(s):	Sally Richardson - Tel: 347-1246, Fax: 347-1236, Email: srichardson@hsc.wvu.edu
Task Force of Stakeholders:	A stakeholder group including providers, policymakers, voluntary services groups, civic organizations and the citizenry will be formed.
Implementation Activities:	Utilize a life-cycle approach (infants, youth, adults, elderly) to study at-risk populations. Utilize a population health approach including behavioral, genetic, environmental and other determinants of risk to health. Stakeholder group will help to select the at-risk population groups and the age categories relevant to each group. Subcommittees of the stakeholder group will complete tasks for each category of at-risk populations. Preparation of a final report.
Implementation Timeframe:	Project completion by Summer 2001
Project Cost:	To be determined with input from stakeholders
Existing Resources:	To be determined with input from stakeholders
New Resources:	To be determined with input from stakeholders
Evaluation/Monitoring Plan:	To be determined with input from stakeholders
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Bureau for Medical Services
Policy:	Improve health care coverage by (1) identifying barriers to successful implementation of the Physician Assured Access System (PAAS) program; and, (2) supporting and expanding the Mountain Health Trust (MHT). (A1)
Contact Person(s):	Elizabeth Lawton - Tel: 558-1703, Fax: 558-1451, Email: medcomm@wvdhhr.org
Task Force of Stakeholders:	Managed Care Task Force, PAAS Advisory Council
Implementation Activities:	<p>Use existing Managed Care task force and PAAS advisory council to improve health care coverage.</p> <p>Increase PAAS recipients through outreach efforts, development of automated PCP assignment, and expand the required enrollment group.</p> <p>Increase PCP participation in PAAS through provider recruitment activities, provider incentives, and quality of care measures for provider feedback.</p> <p>Seek input from stakeholders through the PAAS advisory council including representatives of PAAS providers, medical community associations, state agencies concerned with medical care, and recipient advocates.</p> <p>Develop policies encouraging the establishment of access standards between patients and physicians to decrease the time between the request for and provision of the initial appointment, scheduling new patient appointments, and providing written referral for specialty care.</p> <p>Contract with an additional HMO to expand Mountain Health Trust.</p> <p>Develop a 12 month continuous eligibility for children up to age nineteen.</p> <p>Contract with The Health Plan and Carelink to increase the number of covered counties.</p>
Implementation Timeframe:	Ongoing project
Project Cost:	Not listed
Existing Resources:	Not listed
New Resources:	Not listed
Evaluation/Monitoring Plan:	Not listed
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	On-going efforts are in place that address the policy.
Areas of Duplication:	None

Lead Agency	WV Bureau for Medical Services
Policy:	Assess the adequacy of existing public payments, particularly Medicaid, including whether West Virginia is taking maximum advantage of the favorable federal/state match for Medicaid expenditures. (A1)
Contact Person(s):	Elizabeth Lawton - Tel: 558-1703, Fax: 558-1451, Email: medcomm@wvdhhr.org
Task Force of Stakeholders:	To be developed
Implementation Activities:	Identify stakeholders and create a work group of interested parties. Survey other states regarding ways to maximize federal funding.
Implementation Timeframe:	Project will begin in March 2001
Project Cost:	Not listed
Existing Resources:	Not listed
New Resources:	Not listed
Evaluation/Monitoring Plan:	Not listed
Changes in Priority/Timing of Policies:	This policy has a priority ranking of A1. However, the project will not begin until March 2001.
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Public Employees Insurance Agency
Policy:	Provide incentive for preventive care and wellness by lowering co-pays for people who meet their personal health care goals. (A1)
Contact Person(s):	Gloria Long - Tel: 558-6244, Fax: 558-2516, Email: glong@gwmail.state.wv.us
Task Force of Stakeholders:	A task force will be formed.
Implementation Activities:	Identify and investigate health risks not already included in the PEIA PPB Plan. Develop a strategy to address identified health risks. Convene a task force to study the use of alternative medicine for preventive health care. Review statistical information to determine the effectiveness of preventive health care programs in reducing costs. Develop recommendations for potential coverage through PEIA as a pilot program and offer program to other stakeholders. Proposed activities may include: expand tobacco cessation programs, expand newborn testing/prevention initiatives, coverage of acupuncture, coverage of complimentary/alternative medicine when prescribed by a licensed practitioner, premium discounts for healthy lifestyles, and provider activism to more proactively screen/counsel/treat patients for health risks.
Implementation Timeframe:	The goal is to implement recommendations of the task force by July 2001 for PEIA PPB members.
Project Cost:	\$10,000
Existing Resources:	\$10,000, support staff
New Resources:	Task force assignments
Evaluation/Monitoring Plan:	PEIA will implement the adopted policies for the PEIA PPB Plan. Monitoring and outcomes will be provided to other stakeholders to encourage their adoption of the programs showing positive outcomes.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Hospital Association
Policy:	Create and work to have passed 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. (A1)
Contact Person(s):	Cynthia Kittle - Tel: 344-9744, Fax: 344-9745, Email: ckittle@wvha.com
Task Force of Stakeholders:	Coalition for a Tobacco Free West Virginia
Implementation Activities:	Continue public education and advocacy efforts. Support the policy during the 2001 Legislative session.
Implementation Timeframe:	Implementation is dependent upon actions of the Legislature to increase excise taxes.
Project Cost:	Not listed
Existing Resources:	Existing resources will fund implementation. Need Coalition for a Tobacco Free West Virginia lobbyists and members to support the policy.
New Resources:	None
Evaluation/Monitoring Plan:	Policy implementation will be measured by the establishment of a significant increase in the retail price of tobacco products and a resulting decrease in tobacco consumption, especially among youth. Tobacco product prices will be tracked. Self-reported tobacco use rates among youth will be tracked with the Youth Risk Behavior Survey, the Youth Tobacco Survey and the Behavioral Risk Factor Surveillance Survey. Results from Synar checks at retail stores will provide information about illegal sales to minors. A public opinion survey may be conducted to include questions concerning an increase in the retail cost of tobacco products.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Hospital Association
Policy:	Work with the Legislature to ensure that efficient use of new tobacco settlement and tax revenues to support health and health-related projects is made. (A1)
Contact Person(s):	Cynthia Kittle - Tel: 344-9744, Fax: 344-9745, Email: ckittle@wvha.com
Task Force of Stakeholders:	Not utilized
Implementation Activities:	Continue public education and advocacy efforts. Focus lobbying efforts on the investment of settlement funds in Medicaid and PEIA. Support the agenda of the Coalition for a Tobacco Free West Virginia to fund a comprehensive tobacco prevention program with settlement funds.
Implementation Timeframe:	Not listed
Project Cost:	Not listed
Existing Resources:	Existing resources will fund implementation activities.
New Resources:	None
Evaluation/Monitoring Plan:	Annual monitoring of allocation and spending of settle funds will serve as the monitoring plan.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	WV Initiative to Improve End-of-Life Care
Policy:	Redefine end-of-life as part of the continuum of care. (A1)
Contact Person(s):	Alvin Moss - Tel: 293-7618, Fax: 293-7442, Email: amoss@hsc.wvu.edu
Task Force of Stakeholders:	Seven task forces of the West Virginia Initiative to Improve End-of-Life Care were used to develop the plan. The task forces included Funding and Finance, Professional Education, Palliative Care Delivery Systems, Cultural and Spiritual, Policy, Community Visioning, and Survey and Needs Assessment.
Implementation Activities:	Educate professionals and the public. Establish more complete and efficient financial coverage. Facilitate the development of palliative care teams. Educate the Legislature on pertinent policy issues. Foster a statewide dialogue about end-of-life issues. Monitor end-of-life care issues and establish a statewide networking resource. Propose to the Legislature the development of a West Virginia Center for Palliative Care and Hospice.
Implementation Timeframe:	3 years
Project Cost:	\$195,000 for personnel, \$60,000 for operations and supports, \$20,000 for statewide resource center services, \$60,000 for public education campaign, \$15,000 for data collection and analysis (a combined total of \$350,000 to fund implementation activities for one year)
Existing Resources:	Initiative to Improve End-of-Life Care is funded until 2001
New Resources:	\$350,000
Evaluation/Monitoring Plan:	The availability of end-of-life care will be determined. Measure West Virginia's hospice utilization against the national average. Measure West Virginia's percentage of deaths in hospitals against the national average. Calculate the percentage of hospitals, nursing homes and home health agencies that have adopted "Pain as the Fifth Vital Sign," with a goal of 100 percent. Calculate the percentage of adults who have completed advance directives, with a goal of more than 50 percent.
Changes in Priority/Timing of Policies:	West Virginia's demographics and lack of comprehensive end-of-life care services support an elevation of this policy to A1 priority. The Lead Agency requests that the policy ranking be changed.
Policy Accomplished:	None
Areas of Duplication:	None

Lead Agency	Governor's Cabinet on Children and Families
Policy:	Develop and promote collaboration at the state, regional, and local levels to address complementary roles of various agencies in promoting public/private partnerships. (A1) Obtain community input to mission and service of health care system. (B2)
Contact Person(s):	Steve Heasley - Tel: 558-0600, Fax: 558-0596, Email: heasley@wvnm.wvnet.edu
Task Force of Stakeholders:	Not utilized
Implementation Activities:	<p>Seek input from the Cabinet technical assistance team on the role of Family Resource Networks in local health care delivery partnerships.</p> <p>Discuss State Health Plan with FRN coordinators and develop local strategies for building health care partnerships and infrastructure development.</p> <p>Encourage FRNs to develop local community strategies for increasing access to health care services in alternative community settings.</p> <p>Promote access to healthy environment and preventive health care in childcare settings through the "Healthy Child Care West Virginia" Initiative.</p> <p>Promote the development of school-based health clinics in underserved areas.</p> <p>Increase the number of community health screening events and local health and wellness fairs by encouraging FRNs to plan and facilitate such events.</p> <p>Develop a Cabinet "policy brief" related to cross-agency and public-private partnerships that promote access to health care services.</p> <p>Discuss State Health Plan with Cabinet Technical Assistance Team and FRN coordinators.</p> <p>Develop local strategies for obtaining community input through local forums, focus groups, surveys, and other means.</p> <p>Encourage the development of "Regional Prevention Teams" composed of regionally based resource persons attached to state health agencies to assist communities in exploring issues related to the local health care system.</p> <p>Encourage FRNs to gather local community input on health care services and the State Health Plan and provide that input to the Cabinet Office.</p> <p>Compile information received from local communities related to the local health care system and the State Health Plan and prepare a report.</p> <p>Encourage local communities to develop and monitor locally defined indicators of child family well being which include health care system indicators.</p>

Implementation Timeframe:	1 year
Project Cost:	Grant funds for start-up/seed dollars in order to provide incentive for development of school-based clinics. Small grants to support local development and monitoring of key indicators.
Existing Resources:	Not listed
New Resources:	Not listed
Evaluation/Monitoring Plan:	Documentation of discussion at TA Team Meeting. Documentation of regional meetings and strategies developed. Increased number of objectives related to increased access to health care services contained in FRN local community plans. Increased number of childcare programs with access to basic preventative health care services on site. Increased number of objectives related to development of school-based clinics contained in FRN local community plans. Increase in local community health screening opportunities and health/wellness fairs. Published policy brief widely disseminated to local agencies and organizations. Increased number of regional staff working across program lines to assess health care needs and plan for improvements. Local reports to Cabinet Office summarizing local community feedback on the health care system and the State Health Plan. Report on local perspectives of health care in West Virginia and the State Health Plan. Increase in number of local communities monitoring locally defined indicators of health and wellness.
Changes in Priority/Timing of Policies:	None
Policy Accomplished:	None
Areas of Duplication:	There could be some overlap with policy VII.C. (see page 97).