



2000-2002 STATE HEALTH PLAN ANNUAL REPORT

II. STATE HEALTH PLAN IMPLEMENTATION

Overview: Section two introduces the Lead Agencies responsible for State Health Plan policy implementation, lists the assignment of State Health Plan policies, offers an action agenda related to implementation, and introduces a synopsis of Lead Agency implementation work plans. This section also includes a map displaying the location of State Health Plan pilot projects.

State Health Plan Lead Agencies

Lead Agencies are the organizations endorsed by the SHAG to implement the State Health Plan policies. Lead agencies are responsible for developing and implementing individual work plans for each of their assigned policies, assuring that the most urgent issues are addressed. In many cases, the members of the SHAG have accepted the Lead Agency role, however there are also other organizations that have agreed to join in the State Health Plan process. Efforts have been made to include the public and private sectors in policy implementation. Among the group, there are 16 government and three non-government Lead Agencies. Each Lead Agency has a designated SHAG member and contact person(s) responsible for the implementation work plan. These individuals are listed below. Note that professional titles are reflected as of December 31, 2000.

Lead Agency

SHAG Members and Contacts

I. Center for Rural Health Development	Sharon Lansdale Executive Director Ken Stone Program Director
II. University System of West Virginia, Community Voices Partnership	Renate Pore, PhD Project Director
III. Governor's Cabinet on Children and Families	Dallas Bailey, PhD Director Steve Heasley Finance & Program Development Spec.
IV. University System of West Virginia	W. Donald Weston, MD Vice Chancellor
V. West Virginia Bureau for Medical Services	Elizabeth Lawton Commissioner
VI. West Virginia Bureau for Public Health	Henry Taylor, MD Commissioner Chris Curtis Assistant Commissioner Jim Cook Special Assistant for School Health Catherine Taylor Workforce Development Coordinator

- VII. West Virginia Bureau for Public Health,
Office of Community and Rural Health Services
- Mary Huntley
Director
- Mark King
Director of Emergency Medical Services
- Kay Shamblin
Director of Public Health Nursing & Admin.
- VIII. West Virginia Bureau for Public Health,
Office of Epidemiology and Health Promotion
- Tom Sims
Director of Health Promotion
- Charles Thayer
Program Manager
- Jennifer Weiss
Healthy People 2010 Coordinator
- Jessica Wright
Program Manager
- IX. West Virginia Bureau of Senior Services
- Gaylene Miller
Commissioner
- Tom Dudley
Manager, Research & Development
- X. West Virginia Children's Health
Insurance Program
- Dot Yeager
Interim Director
- XI. West Virginia Department of Education,
Office of Healthy Schools
- Lenore Zedosky
Executive Director
- XII. West Virginia Health Care Authority
- C. Gregory Morris
Executive Director
- Marianne Stonestreet
General Counsel
- John Grey
Chief Information Officer
- Dayle Stepp
Director of Certificate of Need
- Cathy Chadwell
Health Planner
- Kenna Levendosky
GIS Analyst
- XIII. West Virginia Hospital Association
- Steven Summer
President
- Cynthia Kittle
Program Director
- XIV. West Virginia Insurance Commission
- Cathy Ayersman
Director of Consumer Advocacy

- XV. West Virginia Medical Institute
George Pickett, MD
Medical Director
- XVI. West Virginia Public Employees
Insurance Agency
Robert Ayers
Executive Director
Gloria Long
Member Services Administrator
- XVII. West Virginia Rural Health
Education Partnerships
Hilda Heady
Executive Director
- XVIII. West Virginia University Center for
Health Ethics and Law, West Virginia
Initiative to Improve End-of-Life Care
Alvin Moss, MD
Director
James Keresztury
Associate Director
- XIX. West Virginia University Center for
Healthcare Policy and Research
Sally Richardson
Executive Director
Raymond Goldsteen, DrPH
Director of Healthcare Policy Research

Assignment of State Health Plan Policies

The 52 policy recommendations in the State Health Plan were consolidated and organized by topic area for assignment to appropriate Lead Agencies for implementation. The reorganization of the policies, and subsequent Lead Agency recommendations, resulted in a total of 31 policies for implementation. These policy assignments signal the transition to the Plan implementation phase. They also establish broad goals for Lead Agency implementation work plan outcomes. The rating at the end of each policy was completed as part of the work of the State Health Plan Advisory Group. Each policy has been assessed and ranked by value (A through D) to the system as a whole and urgency of implementation (1 through 3).

I. WV Health Care Authority

A. CHRIS – Establish a coordinated health related information system.

1. 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)
2. 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)
3. Develop data-sharing agreements and protocols with neighboring states in order to address the issue of migration for care. (A2)
4. Require all affected entities to participate in an integrated electronic patient record system in order to obtain data from CHRIS. (B2)
5. Seek collaboration between state agencies, universities, and private groups to develop Geographic Information Systems (GIS) infrastructure to benefit all entities, including the consumer. (B2)

B. CON and Planning

1. 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)

2. Incorporate prospective planning by developing and issuing an assessment of service-specific needs statewide annually, as an update of the State Health Plan. (B2)

C. Use medical technology to assess patients in their homes. (C3)

II. WV Health Care Authority and WV Medical Institute

A. Quality

1. Establish a clearinghouse for quality data collection. (A1)
2. 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)
3. 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)
4. 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)
5. 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 AHCPH HCUP Quality Indicators and HEDIS; and (5) use a systems approach to measure quality using the structure, process, and outcome process. (B2)

III. Community Voices Partnership

A. Access to health care.

1. Address the uninsured population's needs and improve health care coverage by advocating for increased access to affordable insurance. (A1)
2. Work with consumers to develop an agenda, strategy and voice in State health care policy-making activities. (A1)

IV. Center for Rural Health Development

- A. 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)

V. WVBP Office of Community and Rural Health Services

- A. 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)
- B. 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)
- C. 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)
- D. 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)

VI. WVBP Office of Epidemiology and Health Promotion

- A. 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)

- B. 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)
- C. 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)

VII. WV Bureau for Public Health

- A. 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)
- B. 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)

VIII. WV Bureau for Public Health and WV Department of Education

- A. 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)

IX. WVU Center for Healthcare Policy and Research

- A. Study at-risk groups in WV.
 - 1. 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)

2. 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)

X. WV Bureau for Medical Services

- A. 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)
- B. 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)

XI. WV Insurance Commission¹

- A. Improve health care coverage by modifying insurance and managed care regulations that give priority to existing health care providers in rural areas. (A1)
- B. Draft and work to have passed legislation to expand managed care principles, where feasible, through the formation of provider-sponsored organizations and networks. (B2)

XII. WV Children's Health Insurance Program

- A. Fully implement the Children's Health Insurance Program. (A1)

XIII. WV Bureau of Senior Services

- A. Improve continuum of care resources by health care providers and payors to meet the needs of elderly and disabled persons, who are clients of BOSS. (A1)

XIV. WV Public Employees Insurance Agency

- A. Provide incentive for preventive care and wellness by lowering co-pays for people who meet their personal health care goals. (A1)

¹ WV Insurance Commission recommends no action on these policies.

XV. WV Hospital Association

- A. 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)
- B. 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)

XVI. WV Initiative to Improve End-of-Life Care

- A. Redefine end-of-life as part of the continuum of care. (A1)

XVII. WV Rural Health Education Partnerships

- A. Promote the development of new technologies that promote the continuum of care in rural health. (B2).
- B. Implement gradually 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. (A2)
- C. Promote access to health care services by alternative methods, including offering nontraditional hours of operation, services, and providers. (B2)

XVIII. Governor's Cabinet on Children and Families

- A. 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)

Synopsis of Lead Agency Work Plans

In September 2000, the Lead Agencies began submitting State Health Plan implementation work plans. Those work plans were summarized for review to provide a more consistent format including similar details and, in a few instances, simplified narrative. The categories of information appearing in the synopsis include the following.

- Lead Agency responsible for policy implementation
- Assigned State Health Plan policy
- Work plan contact person(s)
- Indication as to whether a taskforce of stakeholders will be used during implementation
- Implementation activities
- Implementation timeframe
- Cost of the project
- Existing resources available to support implementation
- Need for new resources to support implementation
- Brief description of the evaluation or monitoring plan
- Indication as to whether the priority given to the policy differs from that suggested in the State Health Plan
- Activities that have been or are accomplishing the State Health Plan policy
- Areas of duplication between the work plans

The synopsis contains work plans that are fully developed and others that will be completed after actions such as the assembly of a taskforce of stakeholders to finalize the selection of activities or seeking of additional funding to support implementation. The synopsis was presented to the SHAG to generate discussion of the work plans at the November 2000 SHAG meeting and may be found in Appendix A.

State Health Plan Action Agenda

Accomplishments to Date

Several actions form the foundation to implement the State Health Plan. Successful assignment has been made for all 31 State Health Plan policies to appropriate Lead Agencies for implementation. The Lead Agencies have developed work plans for policy implementation for 28 of the assigned policies. These work plans were summarized for presentation to the SHAG. After the work plans were reviewed and accepted by SHAG in a November meeting, formal State Health Plan implementation commenced. Discussions have begun regarding the development of performance measures for use in evaluating implementation. The Authority has begun regular individual meetings with the Lead Agencies. Data collection has been initiated to update the State Health Plan. Additionally, the first State Health Plan Annual Report is complete. Early in the two-year implementation phase, progress toward policy implementation is apparent in a few of the Lead Agency work plans.

On the State Health Plan experience:

"The approach seemed much more programmatic and future oriented than past efforts—it never got bogged down in details."

W. Donald Weston, MD

Vice Chancellor

University System of West Virginia

The Bureau for Medical Services has an established HMO task force and a PAAS advisory council as well as outside contractors addressing issues related to the following 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).

The West Virginia Health Initiatives Pilot Project is in progress to support the following policy by the Bureaus for Public Health and Medical Services.

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.

The Center for Rural Health Development's pilot sites are implementing the Transportation for Health Project addressing the following 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.

Health Care Authority CON staff have reviewed or are reviewing the standards for long-term acute care hospitals, cardiac catheterization, open-heart surgery, hospice services, positron emission tomography and lithotripsy services. These activities are contributing to the accomplishment of the following policy.

Incorporate prospective planning by developing and issuing an assessment of service-specific needs statewide annually, as an update of the State Health Plan.

The West Virginia Senior and Disabled Assessment Pilot Project (WVSDAPP) has begun. The pilot project facilitates and improves the long-term care assessment process, through the use of a computerized assessment tool. WVSDAPP addresses the Health Care Authority's medical technology policy.

Use medical technology to assess patients in their homes.

The Health Care Authority and the West Virginia Medical Institute have completed issue selection and work group formation for the following quality 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.

The Office of Community and Rural Health's Office of Emergency Medical Services supports on-going activities involved in the following 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.

Collaborative Activities

The Authority seeks to enrich the State Health Plan process by encouraging collaborative activities that should thereby increase public involvement and awareness and ultimately enhance the relevance of the Plan to the citizens of West Virginia. Collaboration has occurred from the beginning of the development of the current State Health Plan. Issue selection and Plan formation involved the input of over 500 individuals. The State Health Plan Advisory Group is an ongoing collaborative element.

Collaboration continues to occur during implementation, albeit in different ways and on different levels. Work plan activities will be addressed at the state and local levels. Many of the issues may have a statewide focus while others may have a more limited focus within a specific group. The individuals involved in implementation will also vary. Collaboration could be narrowly defined to between Lead Agencies or it could be expanded to include public-private collaboration or participation by the general public in

implementation activities. The Lead Agencies have distinct opportunities because the nature of some of the policies necessitates collaboration as to the direction of implementation while other policies present a directive without specific methods of implementation. Indications of present and future collaboration are found in the work plans of the following Lead Agencies.

The Bureau for Medical Services has an established HMO task force and a PAAS advisory council as well as hired outside contractors that address issues related to the policy on improving health care coverage. An additional group will be formed to assess the adequacy of existing public payments.

On the State Health Plan process:

“Strategic planning involves the articulation of a vision, mission statement, goals and objectives which lead to policy development and implementation. State health policy in West Virginia will be improved by a coordinated approach to health planning and policy development which in turn impacts the delivery and financing of health care services.”

Steven J. Sumner
President

West Virginia Hospital Association

The West Virginia Health Initiatives Pilot Project is in progress by the Bureaus for Public Health and Medical Services to support a policy on the development of a comprehensive disease management program. Also, the Bureau for Public Health and the Office of Healthy Schools will collaboratively implement a policy on school health policy development.

The Center for Healthcare Policy and Research will assemble a stakeholder group to shape the direction of data collection and analysis efforts for policies on at-risk populations.

The Transportation for Health Project employs the efforts of five organizations to implement the Center for Rural Health Development's transportation services policy. Another Lead Agency, the Center for Healthcare Policy and Research, is conducting the project evaluation.

The Community Voices Partnership proposes to work with the Healthy Kids Coalition, the Health Care Authority, the Insurance Commission, the Coalition for Minority Health, local collaboratives addressing health care issues, and consumers during policy implementation.

The Governor's Cabinet on Children and Families will use its Family Resource Networks across the state to share policies locally that focus on the development and promotion of collaboration at the state, regional, and local levels and obtain community input on the healthcare system.

The Data Advisory Group (DAG) will be utilized in the implementation of the Health Care Authority's coordinated health related information system (CHRIS) work plans. Policy-specific communication will be established with other states and nationally with

regard to data issues. State GIS users will be assembled to focus on collaborative activities related to GIS infrastructure.

In order to effectively review the CON standards for possible revision, the Health Care Authority may form task forces, comprised of representatives of consumers, business, providers, payers and state agencies, to assist in making necessary revisions.

The West Virginia Senior and Disabled Assessment Pilot Project (WVSDAPP) that helps fulfill the Health Care Authority's medical technology policy is based on the collaboration of 11 pilot sites to facilitate and improve the long-term care assessment process, through the use of a computerized assessment tool. Project implementation also includes the involvement of the Bureau for Medical Services, the Bureau for Public Health's Office of Health Facility Licensure and Certification, the Bureau for Senior Services, and the West Virginia Medical Institute.

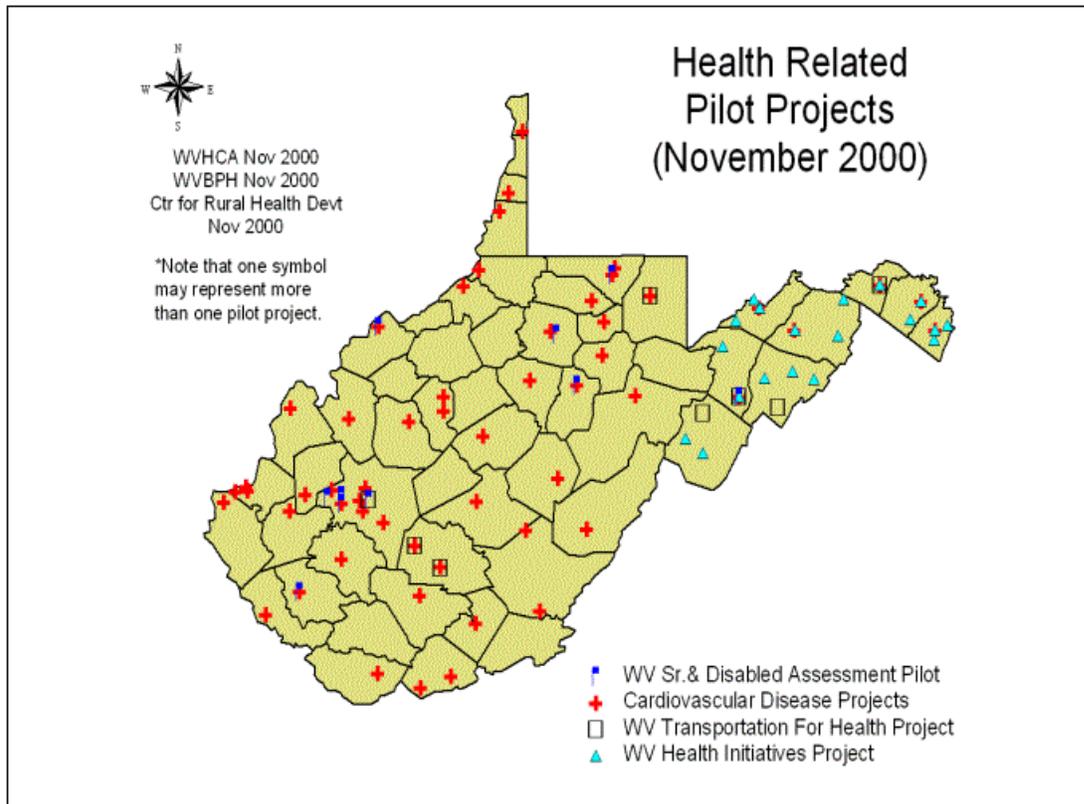
Implementation of the policies on quality follows a collaborative approach of the West Virginia Health Care Authority and the West Virginia Medical Institute. The continued use of the Quality and Utilization Advisory Group (QUAG) also introduces additional opportunities for collaboration.

The Office of Community and Rural Health Services' EMS policy is being implemented with the assistance of the EMS Advisory Council, the State Trauma System Advisory Committee, and the State Critical Care Committee. A taskforce will be convened to support a combined policy studying a broad range of health care issues. The collaborative Public Health Transitions Project is heavily involved in the policy focusing on strengthening the public health system.

The Office of Epidemiology and Health Promotion will convene a statewide work group and a steering committee for implementation of the policies addressing cardiovascular health and cancer. In support of another policy, West Virginia Health Promotion Specialists will seek to increase the level of local collaboration in community needs assessment and health promotion activities.

The Public Employees Insurance Agency will convene a task force to study the use of alternative medicine for preventative healthcare. Results from studies on health risks and preventative healthcare programs will be shared with stakeholders.

The Coalition for a Tobacco Free West Virginia, a collaborative group of approximately 200 members, will assist in the implementation of policies by the West Virginia Hospital Association aimed at reducing tobacco use among children and promoting the efficient use of tobacco settlement and tax revenues.



The West Virginia Initiative to Improve End-of-Life Care utilized seven task forces to develop a work 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.

The map above displays the statewide distribution of four collaborative Lead Agency pilot projects.

New Initiatives

The Public Employees Insurance Agency is proposing innovative activities to implement the following policy.

Provide incentive for preventive care and wellness by lowering co-pays for people who meet their personal health care goals.

PEIA will be developing recommendations for potential coverage through a pilot program and offering the program to other stakeholders. Proposed activities may include: expanding tobacco cessation programs, expanding 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.

The Office of Community and Rural Health Services has consolidated four of its policies to better address the current needs of the health care system. OCRHS, in collaboration with the Authority, has been responding to an increasing number of requests for funds and technical assistance from health care providers in financial crisis. These providers have had to alter or reduce services, lay off staff or close facilities. The Authority and OCRHS have been working on a number of strategies and policies in order to respond adequately to these requests but there needs to be broader thought and input. These requests do not appear to be just isolated incidents but signs that the State's health care delivery system is under considerable pressure and stress.

On the State Health Plan process:

"I found the State Health Plan process very helpful. The Office of Community and Rural Health Services worked through the process to refine and consolidate four health system delivery goals. We were able to take comments from members of the SHAG as well as staff from OCRHS and HCA to consolidate and refine health system goals for the State. We not only consolidated the goals but we were also able to more fully develop our action steps. Effective state health planning requires broad input and consensus—an element that has been built into the current state health planning process."

Mary Huntley
Director
West Virginia Bureau for Public Health,
Office of Community and Rural Health Services

OCRHS believes that we have a wonderful opportunity through the State Health Plan process to truly evaluate and analyze the factors contributing to the problems being experienced by both individual health care providers and the system as a whole and to provide solid recommendations for policy and program changes. We need to heighten the focus on the need to address the problems faced by providers and the system as a whole. We need to develop ways to stabilize and improve the State's health care infrastructure. The cost to fund this program is \$75,000.

The new policy reads as follows:

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.

The four policies that were consolidated are:

Use planning and licensing, certificate of need, and reimbursement incentives, to promote the system coordination and integration. Build monitoring and enforcement mechanisms into the process.

Promote collaboration of state agencies to assure and strengthen the safety net (core level of services), including community health centers.

Identify circumstances that are needed to support rural health care and identify the barriers that need to be eliminated. Once the barriers are identified, work to eliminate them.

Study effect of reimbursement levels on rural providers. Determine the existing public and private health care providers' sources and uses of revenue and assess the current and future impact of federal reimbursement changes on West Virginia health care providers. As a part of this study, evaluate the impact of payment levels, both from public and private sources, in West Virginia on rural health providers, recommend needed changes to the system to the appropriate public and private officials, assuring continued viability of existing providers. Study and recommend ways to provide adequate reimbursement for health care providers, to encourage uses of technologies to improve health care.

Two pilot projects, Internet Care and Reporting Environment (ICARE) and the West Virginia Senior and Disabled Assessment Pilot Project (WVSDAPP), address the Health Care Authority's medical technology policy.

Use medical technology to assess patients in their homes.

ICARE telemedicine technology will improve home health care capabilities, at an estimated cost of \$759,226; the Authority is seeking funding for this initiative. WVSDAPP facilitates and improves the long-term care assessment process, through the use of a computerized assessment tool. The cost of the pilot is approximately \$93,000.

Major New Resources

The work plan of the West Virginia Initiative to Improve End-of-Life Care includes a proposal to the Legislature for the development of a West Virginia Center for Palliative Care and Hospice. This investment of new resources, in the amount of \$350,000, will help support the following policy. The Center has also upgraded its policy ranking from a B2 to an A1.

Redefine end-of-life as part of the continuum of care.

The Center for Rural Health Development is implementing a pilot project that will develop models for reducing transportation barriers to health care by focusing on better coordination of existing resources and development of collaborative relationships. Funding in the amount of \$824,752 has been secured; an additional \$20,500 is needed. These efforts will address the following 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.

On the State Health Plan process:

“The planning process provides a great opportunity for discussion of many crosscutting issues that affect both the private and public sectors in medicine and public health.”

Henry Taylor, MD
Commissioner

West Virginia Bureau for Public Health

Policies Amended

Five lead agencies have substantively amended six policies. The Community Voices Partnership shaped two policies for a better match with agency role.

Original Policy - Address the uninsured population’s needs and improve health care coverage by ~~increasing access to insurance and managed care to the currently uninsured, including persons in need of end-of-life care, long term care, and behavioral health services. This initiative should also address the needs of small business and self-employed individuals.~~

Amended Policy - Address the uninsured population’s needs and improve health care coverage by advocating for increased access to affordable insurance.

Original Policy - Work with consumers to develop an agenda, strategy and voice in State health care policy-making activities. ~~Develop policies to enhance the role of the consumer as the purchaser of health care services.~~

Amended Policy - Work with consumers to develop an agenda, strategy and voice in State health care policy-making activities.

The Public Employees Insurance Agency made a substantive positive policy adjustment.

Original Policy - ~~Study providing incentives~~ for preventive care and wellness by lowering co-pays for people who meet their personal health care goals.

Amended Policy - Provide incentive for preventive care and wellness by lowering co-pays for people who meet their personal health care goals.

The Center for Healthcare Policy and Research changed the following policy to make it more population based, using a life-cycle approach.

~~Original Policy - Generate an initial list of potential groups, at risk for disease and injury (“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.~~

Amended 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.

The Center for Rural Health Development revised its policy assignment.

~~Original Policy - Promote community collaboration to provide inventories of essential transportation services within each community. 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) examining the feasibility of using school buses for transportation to health services; and, (3) assisting communities in maintaining emergency/medical transport systems.~~

Amended 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.

The Office of Community and Rural Health Services has rewritten its EMS policy.

~~Original Policy - Recognize the importance of medical transportation as a component in a coordinated system of care in rural communities. With more training and medical supervision, EMS personnel can have a larger role in providing care in rural areas. The EMS system should be more integrated into a health system that is cooperative, shares limited resources, promotes public/private collaboration and cost containment, provides a broad education to EMS providers, and recognizes innovative methods of health care delivery.~~

Amended 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.

Policies Omitted

The Office of Community and Rural Health Services has omitted a policy upon determining that it is no longer relevant.

Develop policies 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 reasons for this recommendation include the following:

- The number of managed care organizations expected to be established in West Virginia have not reached original projections. Therefore, the issue addressed in the policy does not have the critical implications anticipated at the time the Health Care Plan was drafted to include this policy.
- Many local health departments do not have the administrative capacity to bill for the services which would be provided under the suggested contract, therefore, the concept is not feasible at this time.
- Local health departments are currently refocusing their efforts on delivery of basic public health services. These services have been defined as Environmental Health Protection, Community Health Promotion and Communicable and Reportable Disease Prevention and Control. Therefore, most local health departments have diminished capacity for delivery of categorical and clinical programs and thus would not be able to carry out the terms of a contract to provide such.

The Insurance Commission has omitted two policies due to existing health care market conditions that inhibit policy feasibility.

Improve health care coverage by modifying insurance and managed care regulations that give priority to existing health care providers in rural areas.

Draft and work to have passed legislation to expand managed care principles, where feasible, through the formation of provider-sponsored organizations and networks.

The reasons for this recommendation include the following:

- In its experiences regulating HMO access standards, the Insurance Commission has been challenged to maintain an adequate supply of physicians in rural areas. Giving preference to existing physicians through insurance and managed care regulations would further complicate this supply problem.
- The formation of provider-sponsored organizations and networks raises a primary concern for financial risk in relation to plan solvency. Other major issues include plan regulation, payments, coverage, utilization review, and the historical failure of the largest provider-owned HMO in West Virginia.

Policy Reassignments

Two policies have been reassigned. The Health Care Authority and the West Virginia Medical Institute will take the lead on the following policy. The quality work plan will be revised to incorporate implementation activities for the additional policy, which has been integrated into policy II.A.4. found on page 21.

Develop methods to define, measure, and track health indicators aimed at measuring access to needed health care. Track, analyze, and report finances, quality, utilization, outcomes, and health status information to determine relationships between outcomes, cost, and access.

Although a work plan has been developed, the Office of Community and Rural Health Services requested the following policy be reassigned to the Office Epidemiology and Health Promotion for implementation.

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.

The Office of Epidemiology and Health Promotion has accepted the policy and will implement the activities as outlined in the work plan.

Unfinished Business

The Children's Health Insurance Program work plan is forthcoming. The assigned policy is to fully implement the Children's Health Insurance Program. The Bureau of Senior Services recently submitted a work plan for its assigned policy involving improving continuum of care resources by health care providers and payors to meet the needs of elderly and disabled persons. Additionally, a work plan aimed at enabling and facilitating policy implementation has been recently received for three policies below that have been accepted by the West Virginia Rural Health Education Partnerships. All newly submitted work plans will be reviewed at the next State Health Plan Advisory Group meeting.

Promote the development of new technologies that promote the continuum of care in rural health.

Implement gradually 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.

Promote access to health care services by alternative methods, including offering nontraditional hours of operation, services, and providers.