

Assignment of State Health Plan Policies

[The rating at the end of each policy was completed as part of the work of the State Health Plan Advisory Group and is based upon the following system: Value (A-D) and Urgency (1-3).]

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. WVBPH 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. WVBPH 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)