

**State Health Plan Issue Development  
Commissioning of Papers  
March 25, 1999**

**Introduction**

The purpose of this framework is to assure the development and analysis of each issue in a standardized manner to comply with the agreed upon structure and intent for policy development in the State Health Plan. The standardized process will include data collection, data analysis, problem identification, priority setting, strategy development, resource allocation, implementation, and evaluation. Each issue will be developed in a manner to include useful information for the future development of Certificate on Need standards.

The purpose of the State Health Plan is to:

- Improve access to needed health care services.
- Constrain health care costs.
- Determine priorities for addressing statewide health care needs.
- Determine the rational distribution of health care resources, when necessary.
- Establish goals to improve the health of West Virginians and the efficiency and effectiveness of the health care system.
- Provide a process for public input for health care decision-making.

The intent of the policy recommendations drafted will be to:

- Reduce the unnecessary utilization of health care services.
- Encourage individuals to place a higher value on health.
- Provide consumers with the tools necessary to take greater charge of their health.
- Improve long term outcomes.
- Provide for the measurement of outcomes.
- Facilitate the development of a responsible marketplace.

The framework for the development of each issue is as follows:

**1. Background**

Define key concepts.

Provide data and information on the issue from a state and national perspective.

**2. Perform system assessment**

Provide inventory of current West Virginia health care providers.

Determine the issue strengths, weaknesses, opportunities, and threats in the health care system.

Identify the urgency for change with the issue.

Identify the impact of the issue on health status.

Identify the impact of the issue on health care financing and delivery.

Identify the impact of the issue on the health care system.

Identify the impact of the current Certificate of Need regulations on the issue.

**3. Develop problem statement**

Identify symptoms and underlying root causes of the issue.

Identify barriers to the successful development and performance of the issue.

Identify the relationship to market share, work force, capital, community, and consumer protection.

**4. Analyze issue**

Report the national health care supporting research and theory about the issue.

Identify magnitude of issue problems/priority.

Address supply, demand, need and cost.

Identify areas of excess capacity.

Identify assumptions, major challenges, and market forces.

**5. Identify potential solutions**

Identify potential options.

Develop rationale for impact from six perspectives: patient, employer, physician, provider, purchaser, and government.

Address plausibility of solution.

**6. Develop draft policy recommendations**

Identify services to be regionalized.

Address current and future resources needed to implement and impact on: personnel, funding, data, technology, plant and equipment, capital expenditures, personnel education and training, and cooperation of key groups.

Identify stakeholders.

Identify ways to achieve public input into the policy decisions.

Address opportunities for collaboration with other health care providers.

**7. Identify feasibility of policy implementation**

Identify strategy factors (timing, barriers, and costs).

Identify indicators to measure the performance of the issue in the health care system (baseline and over time, and those that are critical to success and critical to failure).

**8. Identify Issues for the Future Health Care System and Certificate of Need Standards**

Address the impact on the identified health care system goals, values, principles, and assumptions.

Identify potential areas to address in future Certificate of Need revisions.

Identify the lessons learned from this process.