

## **EXECUTIVE SUMMARY**

The 2000-2002 State Health Plan establishes the framework to improve access to health care services, constrain health care costs, and determine priorities for addressing statewide health care needs. It sets goals for improvement in the efficiency and the effectiveness of the health care delivery system, as well as providing regulatory oversight and administration of the certificate of need program. It also determines the allocation of health care resources and, where necessary, rations their supply and distribution. West Virginia's last comprehensive State Health Plan was published in 1990; this Plan is a complete replacement of that plan and all earlier plans, with the exception of the certificate of need standards.

Health care delivery in West Virginia faces unique challenges. Our state has the distinction of having the oldest population in the nation, surpassing even Florida in the median age of its residents (38.1 years in 1997). Because of this, West Virginia ranked first among all the states in 1998 in the percentage of its residents receiving Medicare. The second most rural state in the country, 20 of West Virginia's 55 counties are classified as 100% rural according to the U.S. Census Bureau definition, with an additional 14 more than 75% rural. The median income of West Virginia's households is the lowest among all the states, and the state ranked fifth in the percentage of population living in poverty in 1997. Nearly one-fifth (19.8%) of the state's residents received Medicaid benefits in that year. Providing quality health care for an aging, poor, and predominantly rural population requires the participation and cooperation of all stakeholders in the health care system, public and private alike.

The health status of West Virginia's residents reflects the state's demographic characteristics. West Virginians are more likely to smoke, be overweight, and have a sedentary lifestyle than their counterparts nationwide. As a result, in 1997, West Virginia's rate of heart disease mortality was 21% higher than the national average, while cancer mortality was 14% higher, chronic obstructive pulmonary disease mortality 32% higher, and unintentional injury mortality 22% higher. The statistics speak loudly to the need for a concerted, united effort to improve health care in our state.

This document provides a picture of the present state of our health and the organization, delivery, and financing of our health care system. In response to the obvious need, the West Virginia Health Care Authority (WVHCA) actively sought input from all sectors of the state's health care system in determining the issues of highest priority to be addressed in the 2000-2002 State Health Plan. Through the planning process, described in depth in the appendix to this document, nine strategic issues were ultimately identified: promotion of a coordinated health care system, access to care, financing and cost, accountability, quality of care, at-risk populations, public health, rural health, and coordinated health-related information networks. The WVHCA commissioned six authors to analyze and assess each of the nine issues. Their complete papers will be published early in 2000. Policy recommendations for each of the issues were subsequently developed and ranked according to their urgency and value to the system.

Following the adoption of the 2000-2002 State Health Plan, it is the intent of the WVHCA to revise the certificate of need standards, develop an implementation plan for the policy recommendations, prepare an annual report on the progress made and challenges faced in implementation, and revise the State Health Plan every three years.