WELCOME AND INTRODUCTION

Parker Haddix, Chairman of the Health Care Authority and Chairman of the Quality Utilization Advisory Group, called the meeting to order at 9:08 A.M. Introductions were completed and Mr. Haddix provided the group with a review of the QUAG Mission and Plan, and highlights of the QUAG’s 1999 activities.

PRESENT

Peggy Adams, Cathy Chadwell, Dr. Richard Crespo, Dr. Mary Emmett, Patricia Fast, Mary Fitzgerald, Dr. James Forsythe, John Grey, Dr. Stephen Grubb, D. Parker Haddix, Lou Ann Hartley, Sallie Hunt, Sam Kapourales, Kenna Levendosky, Mike Madelena, Mark McCombs, Greg Morris, Martha Morris, Kathy Parsons, Louie Paterno, Cecil Pollard, Linda Sovine, Dayle Stepp, Cathy Taylor, Nancy Tolliver

Nancy Tolliver, meeting facilitator, informed the group that the meeting objectives were to educate the Health Care Authority/QUAG regarding Diabetes quality initiatives, to assist the Authority in identifying potential members to assist in coordinating program structure, and to identify other publicly available reports and outcome data.

Nancy Tolliver shared with the group the QUAG Implementation Plan and indicated that the meeting today would fulfill the actions identified in Phase One of the Implementation Plan.

Robert Coffield, Assistant General Counsel, West Virginia Health Care Authority, provided an overview of the HCA’s position on the Proposed Privacy Rules under the Health Insurance Portability and Accountability Act of 1996.

PRESENTATIONS

Kathy Parsons with The Health Plan presented information on the HMO’s Diabetes Management Program for their beneficiaries. Ms. Parsons explained the program focuses on member and provider education. She indicated that the Diabetes Guidelines are currently and periodically updated in relation to all of the new oral medications used in the treatment of diabetes. She
explained that The Health Plan and WVU are collaborating for collection and analysis of baseline data for 3,200 members and their current utilization.

Peggy Adams, RN is currently with the West Virginia Diabetes Control Program at the Bureau for Public Health. She reported on a research project she conducted during her years with CAMC. Telemedicine was used to teach diabetic self-care model for 500 patients in rural West Virginia and compare the effectiveness of the education to that of person to person teaching. An interdisciplinary team approach was utilized in both teaching methods. In addition to teaching via technology, telemedicine was also utilized to conduct on site physical evaluations of patients, including foot exams, with consultation by off site physicians. The images were transmitted electronically for the physician to view and evaluate.

Dr. Stephen Grubb with Camcare, and Vice President of the WV Society of Endocrinologists told the group that there is an impending crisis worldwide related to the growing numbers of diabetics. He stated there are rapidly increasing numbers of diabetics in third world countries. Dr. Grubb pointed out that WV currently ranks number one in obesity and sedentary lifestyle nationwide and this compounded with the fact that WV has one of the oldest populations in the nation contributes to the fact that one out of every two individuals over the age of 65 are diagnosed with Type II diabetes and the fact that WV has the highest incidence of diabetic deaths per 1000 in the US. Dr. Grubb stated that another important emerging issue is the growing numbers of Type II diabetics in adolescents in WV, and this is directly related to physical activity and diet. Dr. Grubb cited some barriers to diabetic management: the need for physician and consumer education, few resources in WV for Insulin Pump management, and also small numbers of practicing Endocrinologists in WV, (currently 32 certified Endocrinologists in WV). Dr. Grubb informed the group that the WV Society of Endocrinologists has developed a diabetes template using pharmacological support and are piloting it by distributing it to physicians throughout the state.

Catherine Taylor, West Virginia Health Initiatives Project Coordinator, WV Bureau for Public Health provided an overview of this project. She explained that the purpose of the project is to improve the quality of life for Medicaid participants, and to work with all stakeholders to develop and establish patient-centered health care approaches responsive to the unique needs and conditions of people living with chronic disease and illness. Ms. Taylor explained that West Virginia’s disease state management program has chosen diabetes as its first initiative. Ms. Taylor stated that the stakeholders group, which has guided the process, would soon release the WVHIP Proposal, which will provide details of how the program will work using a phased approach.

Cecil Pollard with the Office of Health Service Research, WVU provided information to the group describing a CDC sponsored Diabetes Control Program. The program has two major goals, which include community-based AHEC demonstration sites and patient/provider education. The program, using claims data, developed an algorithm to identify diabetics. Preliminary findings indicate there is increased prevalence rate in Medicaid populations. This was determined by comparing NHANES data to the Medicaid rates for DM in WV in 1995.

Dr. Richard Crespo, with Marshall University described the West Virginia Comprehensive
Diabetes Care Partners, a program in collaboration with the WV Bureau for Public Health and Centers for Disease Control and Prevention. He indicated that the purpose of the project is to improve the outcomes for patients with diabetes in rural West Virginia and to form a cooperative relationship with primary care centers in order to implement the project. Dr. Crespo stated that Marshall University developed the interventions to assist in the care of patients with diabetes; and will monitor the outcomes to assess the effectiveness of the interventions, along with collaborating in prevention and community–based programs.

Dr. James Forsythe, Director of Health Services Research at West Virginia Medical Institute provided an overview of WVMI and its quality initiatives. He indicated that WVMI is currently working within their second five-year contract to provide QI for 145 hospitals and 600 outpatient clinics in WV, VA, and Delaware.

Mike Madelena with Madelena Consulting described the HCA’s client centered database (CHRIS). Mr. Madelena stated that the database now contains claims data from PEIA, Medicaid, and Worker’s Comp from 1995 through 1999. It also contains all Medicare hospital discharge data. He explained that the database structure is logically linked and extendable.

Martha Morris provided handout materials outlining the HEDIS Measures for diabetes.

Nancy Tolliver asked the group to recommend experts to assist the QUAG with Phases II through VI of the QUAG Implementation Plan in the diabetes area.

Nancy Tolliver requested that the individuals who provided presentations to please submit their materials in an electronic format to the HCA to post on the QUAG Website. The information should be sent to John Grey, Chief Information Officer at jgrey@hcawv.org.

ADJOURNMENT: 12 Noon