



STATE HEALTH PLAN ANNUAL REPORT

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Improving Health Planning Resources to Facilitate Progress in Health and Health Systems

Attached is the second 2000–2002 State Health Plan Annual Report. This report describes the innovative approaches the 19 volunteer Lead Agencies have demonstrated in meeting their tasks for 2001.

The document also outlines a new direction for the development of the next State Health Plan.

The availability of comprehensive data sets and analytical tools allow a data driven refinement of the current Plan under the West Virginia Indicators Project. Special analysis of claims and other data sets will be used to identify disease prevalence and the demographics of the populations having such diseases. Risk groups will also be identified. Then health care challenges will be compared to available resources to determine planning priorities.

We appreciate all the hard work of the Lead Agencies and the State Health Plan Group members that went into developing the current Plan and look forward to their continued participation. Please feel free to provide comments or inquire about the Authority's state health planning activities. See our Policy and Planning web page (www.hcawv.org/shp1.htm) for additional information on the State Health Plan.

Sonia D. Chambers
Chair

Overview

In 2001, the Lead Agencies responsible for implementation of the 2000–2002 State Health Plan continued with planned activities. The State Health Plan Group (SHPG) periodically reviewed and shaped Lead Agencies' activities. From within the implementation activities, a development strategy was initiated for the next State Health Plan. Implementation of the current Plan and development of the new Plan will occur simultaneously in 2002.

Two surveys and a narrative were used to gather information on implementation in 2001. Selected survey and narrative information are included to describe implementation as a collective process and to emphasize various Lead Agency accomplishments. Lead Agency policy assignments and survey results are available on the Policy and Planning web page (www.hcawv.org/shp1.htm).

State Health Plan Group

As State Health Plan implementation continued through the work of the Lead Agencies, three State Health Plan Group meetings were held. The first meeting was convened in March to consider policy implementation progress. Initiated by the March meeting, an April ad-hoc subcommittee meeting was held to examine the relationship between the goals of the State Health Plan and the new administration's health agenda (increasing access to health care, strengthening the health care infrastructure and improving health status). The subcommittee subsequently crafted a letter to Governor Wise that proposed a strong link between the Governor's health agenda and future State Health Plan activities. Indeed development of the next State Health Plan will examine the Governor's three major priorities through the West Virginia Indicators Project. A final 2001 meeting was held in October to discuss implementation progress and to shape the future for health planning.

Implementation of the 2000–2002 State Health Plan

The 16 government and three non-government Lead Agencies have made various program or system enhancements and collaborated with others in completing their proposed policy implementation activities. The Lead Agencies are confronting and overcoming challenges in the process. Thirty-seven percent of the Lead Agencies have completed implementation of at least one of their State Health Plan policies as outlined in their work plans. All of these Lead Agencies continue to work within their State Health Plan policy areas, moving beyond their original activities.

The total number of State Health Plan policies implemented is 14, indicating that 33 percent of the policies are implemented. The areas of the 14 implemented policies are coordinated health related information systems, quality, medical technology, cancer control, cardiovascular disease, disease management, improving health care coverage through the Physician Assured Access System (PAAS) program and the Mountain Health Trust (MHT), the Children's Health Insurance Program (CHIP) and tobacco use prevention. Of the remaining Lead Agencies working to complete their proposed implementation activities, 48 percent have completed more than half of their planned policy implementation activities. State Health Plan implementation activities most often involve the population at-large and at-risk population groups, yet various other age groups are also targeted in age-specific policy areas.

Collaboration Strategies

All of the Lead Agencies have formed stakeholder groups in their policy implementation activities. This collaboration strengthens their efforts and helps to create opportunities for policy area activities and improvements. For example, the Community Voices Partnership established a mental health policy task force for system of care collaboration. The Center for Rural Health Development brought together a group of State agency directors and others to advise their transportation project. This group also began to address the development of a protocol to assess the needs and resources of communities seeking non-emergency medical transportation services. The Bureaus for Public Health and Medical Services' diabetes disease management pilot project benefited from partnerships formed around the concept of disease management. In implementing its State Health Plan policies on quality, the Health Care Authority formed an expert panel on diabetes which also helped build additional consensus on diabetes care. The West Virginia Initiative to Improve End-of-Life Care built an extensive collaboration of approximately 40 organizations with interest in improving end-of-life care for all West Virginians. The Center for Healthcare Policy and Research gathered a large stakeholder group on at-risk populations to begin developing priorities for related research.

New partnerships have formed for Lead Agencies during policy implementation. In planning implementation of its State Health Plan policy on workforce development the Bureau for Public Health formed a partnership with the Department of Health and Human Resources Training Council, the Southeast Public Health Training Center and the Southeast Public Health Leadership Institute. Greater partnership has occurred in health planning between the Health Care Authority and the West Virginia University Center for Healthcare Policy and Research through the West Virginia Indicators Project. Many state and national contacts have helped to shape the implementation of the Health Care Authority's State Health Plan policies on quality.

Lead Agencies have observed changes related to their collaboration. The Health Care Authority notes increased willingness to share resources and data. The Community Voices Partnership's work with State agencies has helped result in more children being covered by the Children's Health Insurance Program and Medicaid. The Bureau for Medical Services implemented continuous twelve-month Medicaid eligibility for children under the age of 19, improving access to health care. Through current attention to the need for crisis planning, the Bureau for Public Health and the Office of Healthy Schools have observed heightened awareness in their State Health Plan policy area, the need for greater collaboration between local boards of health and school districts. The Office of Healthy Schools also recognizes a common understanding of the need to collaborate with others regarding resources and skills to accomplish goals. The Children's Health Insurance Program cited valuable collaboration among major State health agencies resulting in projects that can benefit many agencies and state planning efforts, such as a recent survey on the uninsured population.

Lead Agencies have seen an improved environment for collaboration as well. The Bureau for Senior Services has experienced improved communication with provider agencies and consensus development among various stakeholder groups. The Office of Community and Rural Health Services has observed a more focused interest in ways to improve the health care system, more cooperation among Bureau for Public Health personnel to address crosscutting issues with common solutions and cooperation among the three schools of medicine and the Bureau for Public Health on recruitment and retention efforts. The Office of Epidemiology and Health Promotion has experienced stronger collaboration and data sharing. Individual hospitals are sharing data and collaborative project planning has occurred in the areas of cancer control and cardiovascular disease, respectively. Local government officials and civic leaders are now included in the community needs assessment process to stimulate increased interest and participation in the process.

Policy Implementation Challenges and Motivations

Seventy-four percent of the Lead Agencies are experiencing some to moderate constraints and challenges in implementing their State Health Plan policies. The remaining 26 percent are experiencing high to very high constraints and challenges. The most common challenge identified by Lead Agencies is a lack of necessary resources.

The majority of the Lead Agencies are using existing funds and resources to support their efforts, while others have funds and resources specifically identified for projects fulfilling implementation of their State Health Plan policies. Lead Agencies also pursued new resources. Collaboration between the Community Voices Partnership and the Partners in Health Network resulted in a community action

project grant to provide services to the uninsured. A grant was also obtained from the Legacy Foundation for a tobacco cessation program targeting the uninsured.

Implementation of the State Health Plan policy to target initiatives in cancer control is complete. Among its activities, the Office of Epidemiology and Health Promotion drafted a comprehensive cancer plan. A grant was applied for and received to establish a comprehensive cancer program based on the comprehensive cancer plan. The Office of Epidemiology and Health Promotion's State Health Plan policy to target initiatives in cardiovascular disease is also complete. However, a comprehensive cardiovascular health grant has not yet been awarded. A grant application will be submitted this year.

Two other commonly reported challenges to policy implementation are resistance by key people or organizations and problems with governmental categorical funding or program requirements. Individual Lead Agency challenges also occurred with respect to needed guidance and support for policy implementation, the complex nature of the assigned policy area, limited human resources, the State purchasing process, the lack of readily-available data and the limit of the three-year timeframe of the State Health Plan to address long-standing issues.

Despite these challenges, 62 percent of the Lead Agencies perceive there is considerable to great cost to health status and the health care system if their State Health Plan policy areas are not addressed. Many Lead Agencies noted potential costs associated with their State Health Plan policy areas. The Health Care Authority and the West Virginia Medical Institute suggest that the costs of not addressing quality of care could include inappropriate utilization of limited health care resources and compromised health status that may be correlated with inappropriate disease management. The Community Voices Partnership acknowledged that if access to health care were not addressed, the health care system would ultimately have to absorb the costs for care or the lack of care for the uninsured.

Based on its transportation project experiences, the Center for Rural Health Development recognizes that non-emergency medical transportation is in critical need of coordination and support to sustain rural West Virginians' health and to provide them with access to health care. The Bureau for Public Health identified potential savings in disease management programs, and the lack of these programs as a cost to the State. The Office of Healthy Schools advocates the use of prevention strategies to address health issues early in children to deflect higher health care costs in the future. The West Virginia Initiative to Improve End-of-Life Care points to significant potential Medicaid savings related to the quality of end-of-life care services received.

Paths to Plan Implementation

Many Lead Agencies have enhanced their operations to implement their State Health Plan policies. The Public Employees Insurance Agency has engaged in new strategies to encourage healthy lifestyles for its plan members. Programs have targeted improving eating habits, tobacco cessation and health screening.

Three of the Health Care Authority's State Health Plan policies on the Coordinated Health Related Information System (CHRIS) are complete. Additions to the data contained in the Coordinated Health Related Information System (CHRIS) help support access to health data and the development of the next State Health Plan. A standard data set of the Centers for Disease Control and Prevention was accepted as standard data elements for the CHRIS, providing uniformity with national standards. Surrounding states' inpatient data, except Kentucky, have been collected and are available on the Internet. Additionally, West Virginia is now a member of the Healthcare Cost & Utilization Project (HCUP), a partnership to build a standardized, multi-state health data system. This project of the Agency for Healthcare Research and Quality provides access to data from 24 states.

As part of its State Health Plan policy to incorporate prospective planning by assessing service-specific needs, the Health Care Authority's Certificate of Need standards for cardiac surgery and hospice were revised in 2001. Changes to the cardiac surgery standards afford the opportunity for development of new services in the market, potentially improving access to care. Redefinition of the need methodology for hospice services resulted in 27 additional counties showing a need for services and created the potential for increased availability of services. Ten other Certificate of Need standards will be reviewed by the end of 2002.

The Health Care Authority's State Health Plan policy on using medical technology to assess patients in their homes has been completed through two pilot projects, Internet Care and Reporting Environment (ICARE) and the West Virginia Senior and Disabled Assessment Pilot Project (WVSDAPP). Based on the success of the WVSDAPP in improving the assessment process for seniors and persons with disabilities served by home health agencies, county senior programs and case management agencies, a new three-year regional pilot project is planned to also include discharge planners and homemaker agencies.

The Health Care Authority has completed three of its quality policies. The Quality Utilization Advisory Group agreed upon a definition of quality. Expert panelists studied quality indicators for end-of-life, back injury and diabetes. An annotated list of publicly available data is being compiled to establish a clearinghouse for quality data collection.

In its efforts to address access to health care, the Community Voices Partnership's goal of 95 percent coverage for children was achieved at various times during the

year. Mental health advocacy helped to stimulate the development of the Governor's bill on mental health parity, now the newly enacted Mental Health Parity Act. Additionally, the Community Voices Partnership continues to partially fund the Bureau for Public Health's Office of Minority Health.

Toward the State Health Plan policy on the development of a statewide EMS system, the Office of Community and Rural Health Services' Office of Emergency Medical Services successfully utilized technical assistance teams to aid six EMS agencies, two of which were in crisis and heading for imminent failure. Additionally, the trauma registry program was refined and a critical care transport pilot program was initiated.

For its State Health Plan policy to promote the development of new technologies that support the continuum of care in rural health, the WV Rural Health Education Partnerships has initiated tracking for all student service-learning activities according to Healthy People 2010 objectives through its web-based TRACKER system. Site coordinators can now record which HP 2010 objective students' activities address. Additionally, the WVRHEP is implementing its State Health Plan policy to promote access to health care services by alternative methods through student activities providing health education, prevention, wellness and awareness services to community members.

The West Virginia Health Initiatives Project on diabetes completed implementation of the State Health Plan policy on disease management through the Bureaus for Public Health and Medical Services. The success of the project resulted in a transition of the pilot program into a statewide prevention program known as Disease State Management (DSM) for Diabetes in July 2001. Activities for the Bureau for Public Health's State Health Plan policy on public health workforce development included an analysis of the service records of a 1998 Department of Health and Human Resources' state and local level personnel survey, the most recent available data. Plans are gradually being made to improve public health workforce data; a new survey and database are future possibilities.

The Bureau for Medical Services assessed the adequacy of existing public payments through collaboration with the Bureau for Public Health on increasing pediatric dental provider reimbursements to improve access to care and with the Bureau for Children and Families on revenue maximization. Additionally, Physician Assured Access System (PAAS) enrollment has increased to over 90,000 members and physicians were added to the PAAS provider network. Membership in the Mountain Health Trust (MHT) program has increased to over 48,000 beneficiaries enrolled in two HMOs. The change to twelve-month continuous Medicaid eligibility for children under the age of 19 reduces the occurrence of cycling in and out of the HMOs, improving access to health care.

The Children's Health Insurance Program (CHIP) has completed its State Health Plan policy, which is full implementation of CHIP. CHIP was fully implemented with income eligibility guidelines at 200 percent of the federal poverty level. Program refinements are occurring to identify additional children for coverage and to improve administration of the program.

The West Virginia Hospital Association has completed its State Health Plan policy on advocacy for legislation to curb tobacco use among children. The Legislature established a new state excise tax on smokeless tobacco products. Although a tax equivalent to 25 percent of the wholesale price of the products was advocated, the final legislation established a tax of 7 percent of the price, which is equal to the excise tax on cigarettes. A future goal is to increase the tax on all tobacco products.

Capacity Building Activities

The Community Voices Partnership is providing training to outreach workers on advocacy, health and social service policy to help consumers develop a voice in policy-making activities. Three pilot sites in the Center for Rural Health Development's transportation project have established mechanisms for charging for their services while extending services to everyone in their catchment area regardless of ability to pay.

Collaboration is occurring to examine West Virginia's health care system. For its State Health Plan policy on studying the health care delivery system, the Office of Community and Rural Health Services is working with the Health Care Authority on capital needs issues and also collaborated with the West Virginia Hospital Association on a capital needs study for critical access hospitals and closed facilities which is being promoted for possible statewide implementation. The study will also be completed for primary care in the future.

Implementation of the Office of Community and Rural Health Services' State Health Plan policy on the strategic process for a strengthened public health system lead to a roundtable meeting composed of local health department staff and Bureau for Public Health staff to enhance the working relationship between the two levels of government. A summary report was prepared and a formal working relationship agreement is being developed to forge stronger and clearer linkages.

The Office of Community and Rural Health Services' State Health Plan policy to improve access to health care providers is being implemented collaboratively. Coordination of State and Federal financial incentives for recruitment and retention of providers is performed through the WV Rural Health Education Partnerships, whereby programs are being coordinated to help students maximize financial incentive programs. The Health Sciences & Technology Academy (HSTA) is providing training and support for youths to pursue health careers and practice in

rural communities. The WV Higher Education Policy Commission is revising a career manual for high schools students.

The Office of Epidemiology and Health Promotion reviewed the collaboration between local health departments and private health care entities in conducting community needs assessments. Approximately 60 percent of local health departments had needs assessments in place in 2001 with varying degrees of collaboration. Collaborating organizations often include Family Resource Networks (FRN), hospitals and local health departments, where local health departments are the primary funding source for community needs assessments.

The West Virginia Initiative to Improve End-of-Life Care worked with the West Virginia Boards of Examiners for Registered Professional Nurses, Medicine, Osteopathy and Pharmacy to develop a Joint Policy Statement on Pain Management recognizing that pain management is a serious health problem requiring education and an organized approach to the issue. Collaborating with the West Virginia University Center for Health Ethics and Law, the West Virginia Initiative to Improve End-of-Life Care educated the State Legislature on the importance of end-of-life care knowledge for health professionals, which lead to a two-hour continuing education requirement on end-of-life care for physicians, nurses and pharmacists. The Health Care Authority also addressed end-of-life care issues in the implementation of its State Health Plan policies on quality. The Quality Utilization Advisory Group agreed upon measures of quality for end-of-life care and a process was initiated to link data to the measures.

The shared State Health Plan policy of the Bureau for Public Health and the Office of Healthy Schools to encourage school policy development and partnerships between local boards of health and county boards of education will be partially fulfilled by Bureau for Public Health funding and human resources to support future regional meetings to assist in the planning activities for the development of county superintendents' plans to respond to health crises within each school district. The Office of Healthy Schools developed policies and provided training for teachers related to proper nutrition and tobacco, drug and alcohol use prevention.

Addressing its State Health Plan policy on gradually implementing electronic patient records, the WV Rural Health Education Partnerships arranged a site visit with the New River Family Health Center on its electronic patient record system and has asked Site Coordinators to gather information on other rural providers using electronic patient records.

The Governor's Cabinet on Children and Families' Healthy Child Care West Virginia initiative continues to link health care providers to childcare providers, which improves the health status of young children. Indicators of well-being for children and families including basic health related indicators have been updated and are available online (www.prevnet.org/outcomes).

Implementation of the Bureau for Senior Services' State Health Plan policy on improving continuum of care resources for elderly and disabled persons is underway through the formation of five task forces (Quality Assurance, Point of Contact, Assisted Living, Recruitment and Retention of Direct Care Workers and Types/Coordination of Services) and the development of comprehensive recommendations to improve long-term care service delivery.

Upcoming State Health Plan

The Authority's primary focus in 2002 is the West Virginia Indicators Project. This project, partially funded by the Benedum Foundation, is jointly undertaken with the West Virginia University Center for Healthcare Policy and Research and will fulfill the Center's implementation of its State Health Plan policy on at-risk groups. This project will use detailed data to establish the State's health care priorities, helping to further explore the focus areas of the Wise administration on increasing access to health care, strengthening the health care infrastructure and improving health status. The project findings will also be used as the foundation for the next State Health Plan.

The Authority's health care claims database includes information from Medicaid, the Public Employees Insurance Agency (PEIA), Workers' Compensation and Medicare. Discussions are ongoing to add commercial insurance data. Sophisticated analysis of this claims data will specifically identify the State's largest health care problems, where they are concentrated, or whether particular diseases are more prevalent within specific age groups or by gender. Analysis of the claims data will provide another view into the health status of West Virginians. Benchmarks such as Healthy People 2010 and other nationally recognized health care measures could be used to evaluate the findings. Using the claims data, hospital discharge data and other data sources, health care use patterns can also be established. State decision-makers will be able to compare health service needs with the availability of resources and services to determine where the most significant gaps occur. Subsequently, the Authority will work with other agencies to develop specific strategies to address the identified gaps.

The Health Care Authority and the Center for Healthcare Policy and Research completed initial steps in the project in 2001. An options paper was developed based upon current health care market area research outlining possible analytical approaches. A collaborative Policy Analysis Workshop of the Milbank Memorial Fund, the Center for Healthcare Policy and Research and the Health Care Authority was held to focus on health data and policy analysis. Various data were analyzed including PEIA and Medicaid and the area resource file (ARF) was obtained. Selected primary care diagnoses were profiled from the hospital discharge data.

The next step is to design the best analytical approach for application to West Virginia using available data.

Conclusion

In 2001, all 19 Lead Agencies and their partner organizations have worked toward the goals of the State Health Plan. The public and private sectors are supporting the policy areas of the State Health Plan. Likewise, the policy recommendations of the Plan are guiding health care activities in West Virginia. This common relationship is the central goal in implementing the State Health Plan.

Although many of the State Health Plan policy recommendations require a long-term commitment to fully achieve, the Lead Agencies have resourcefully found creative ways to make incremental improvements within the scope of the three-year Plan. Flexible elements in the process, such as the Lead Agencies' latitude in defining their roles or even revising their assigned State Health Plan policies, have helped make implementation more feasible. Most importantly, it is the individual dedication and the hope for improved health status and an enhanced health care system that drives this voluntary implementation process beyond mere organizational commitments.

The implementation process has resulted in increased awareness of current and pressing health care issues through the collaboration of Lead Agencies and, by the nature of the process, has brought different groups together for comprehensive state health planning. As a result, positive changes in health and in the health care system have taken place. As implementation continues during 2002, additional measurement and analysis of the process will occur and lessons will be drawn for application to future health planning efforts.

Next Steps for State Health Planning

- Continue implementation of the 2000–2002 State Health Plan until December 31, 2002
- Prepare a final report on State Health Plan implementation by March 2003
- Complete the data analysis for the West Virginia Indicators Project
- Present the findings of the West Virginia Indicators Project to West Virginia communities, revising the results as necessary based on community input
- Prepare a final report for the West Virginia Indicators Project
- Develop the next State Health Plan

State Health Plan Information

(www.hcawv.org/shp1.htm)

The Policy and Planning web page offers additional information beginning with the development of the current Plan in 1999. It contains the complete works of the background authors, the State Health Plan, State Health Plan implementation information, annual reports, proceedings of State Health Plan Group meetings and other related information. Browse the web page or contact Planning staff at 304-558-7000 or 1-888-558-7002 for information on the State Health Plan.