

## **CHAPTER 5**

### **IMPLEMENTATION OF THE STATE HEALTH PLAN**

The development of the 2000-2002 State Health Plan required the active involvement of several agencies and organizations throughout West Virginia; so too will the Plan's implementation. The West Virginia Health Care Authority will develop the Implementation Work Plan in early 2000.

The policy recommendations included in the State Health Plan have been developed for eight purposes: (1) reduce the unnecessary utilization of health care; (2) encourage persons to place a higher value on health; (3) provide consumers with the tools necessary to take greater charge of their health; (4) provide for the measurement of outcomes; (5) improve long-term outcomes; (6) identify services to be regionalized; (7) facilitate the development of a responsible marketplace, and (8) address personnel, funding, data, technology, plant and equipment, capital expenditures, cooperation of key groups, and training and education of current and future providers.

A State Health Plan Advisory Group (SHAG) has guided the development of the Plan. This group includes representatives of consumers, providers, purchasers, payors, state government agencies, and other groups to ensure that the State Health Plan reflects the values, issues, and concerns of the state's residents. Initially convened to identify the nine strategic issues, the group's role has broadened as it continues to advise by ranking the importance and timing of each of the policies. Other roles are planned for the group in the future relating to the plan implementation.

Six different authors developed strategic issue papers used for the executive summaries and policies presented in Chapter 4. Edited versions of the authors' issue papers will be published as a supplemental volume to the 2000-2002 State Health Plan in early 2000. The information contained in these papers will be used extensively in the development of a work plan to implement the policies.

#### **POLICY MATRIX**

The policies as presented in this document are state level activities that will be accomplished through legislation, regulation, state agency budgets and program guidelines, and actions by the private sector. Each of the 52 policies developed for the State Health Plan is included in the matrix that follows; all have been ranked in terms of urgency (timing) and value (importance).

**Urgency Scale.** The three point scale used to determine urgency (timing) is

1. (Phase One) Important to do at a very early stage; implementation should receive immediate attention;
2. (Phase Two) Should be incorporated in initial planning, but implementation may occur after items requiring immediate attention, and
3. (Phase Three) Timing is not as critical; the issue is important but its implementation may be delayed.

**Priority Scale.** The scale of importance/priority is

- A. Imperative, of highest priority;
- B. Valuable, solid recommendation;
- C. Less important but of value, and
- D. Not compelling; an important issue but of lower priority than A through C.

## POLICY MATRIX

### Ranking of Policies by Value (A - D) and Urgency (Phase 1 - Phase 3)

Value	Urgency	Issue	Policy
A	1	Promotion of a Coordinated Health Care System	Use planning and licensing, certificate of need, and reimbursement incentives to promote the system coordination and integration. Build monitoring and enforcement mechanisms into the process.
A	1	Access	Improve health care coverage by (1) increasing access to insurance and managed care to the currently uninsured, including persons in need of end-of-life care, long term care, and behavioral health services; (2) identifying barriers to successful implementation of the Physician Assured Access Services (PAAS) program; (3) modifying insurance and managed care regulations that give priority to existing health care providers in rural areas; (4) supporting and expanding the Mountain Trust Fund; and (5) fully implementing the Children's Health Insurance Program.
A	1	Access	Require collaboration at the state, regional, and local levels to address complementary roles of various agencies in promoting public/private partnerships targeting infrastructure for access to health care. Collaboration and planning within local communities are essential to ensure the maximization of all resources. For example, communities could use facilities such as schools for clinics.
A	1	Financing and Cost	Enable employees of small businesses, self-employed individuals, and uninsured persons to obtain health insurance.
A	1	Financing and Cost	Make efficient use of new tobacco settlement revenues to support health and health-related projects.
A	1	Financing and Cost	Determine the existing public and private health care providers sources and uses of revenue and assess the current and future impact of federal reimbursement changes on West Virginia health care providers.
A	1	Financing and Cost	Provide incentives for preventive care and wellness by lowering health insurance co-payments for individuals who meet their personal health care goals.
A	1	Financing and Cost	Address the adequacy of existing public health care provider payments, particularly Medicaid, including whether West Virginia is taking maximum advantage of the favorable federal/state match for Medicaid expenditures.
A	1	Financing and Cost	Address the uninsured population's needs.

A	1	Financing and Cost	Develop policies to impact the role of the consumer as the purchaser of health care services.
A	1	Accountability	Establish a set of population-based baseline indicators/performance measures and develop a standard definition for accountability.
A	1	Accountability	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.
A	1	Quality	Establish a clearinghouse for quality data collection.
A	1	Quality	Establish an advisory group on quality as a private/public 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.
A	1	At-Risk Populations	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.
A	1	Public Health	Target initiatives in cardiovascular disease. These initiatives could include continuing employee wellness programs, reporting the findings, and seeking opportunities to expand wellness programs for all employees. Promote public/private partnerships that promote heart health.

A	1	Public Health	The WVBPH and the West Virginia Department of Education should collaborate in encouraging 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).
A	1	Public Health	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, and other essential partners to develop a comprehensive plan for cancer control in West Virginia and (2) the continued support by the West Virginia State Legislature for cancer screening and treatment through the West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund.
A	1	Public Health	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.
A	1	Public Health	Create and pass 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.
A	1	Rural Health	Identify circumstances that are needed to support rural health care and identify the barriers that need to be eliminated.
A	1	Rural Health	Evaluate payment levels in West Virginia and their impact on rural health providers and make needed changes to the system assuring continued viability of existing providers.
A	1	Coordinated Health-Related Information Networks	Facilitate the adoption of a core set of measures, indicators, and data when establishing the Coordinated Health Related Information System (CHRIS) that will be used for planning, policy setting, performance monitoring, and other systemwide measures utilizing encounter-level detail data.
A	1	Coordinated Health-Related Information Networks	Integrate existing health databases and health information networks to lead to 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 should also address how existing data are used and provide a rationale for additional data collection.

B	1	At-Risk Populations	Performance measurement systems and indicators of quality and accountability should address priority at-risk populations; at-risk populations should be monitored over time. Assess long-term care needs.
B	1	Public Health	Develop policies to ensure that private health care entities 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 wherever possible.
B	1	Coordinated Health-Related Information Networks	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.
A	2	Access	Develop methods to define, measure, and track health indicators aimed at measuring access to needed health care. Develop data-sharing agreements and protocols with neighboring states in order to address the issue of migration for care. Track, analyze, and report finances, quality, utilization, outcomes, and health status information to determine relationships between outcomes, cost, and access.
A	2	Access	Improve access to health care providers by (1) supporting programs targeting physician recruitment and retention; (2) supporting communities to “grow their own”; (3) supporting programs that will train residents and students in rural, underserved areas, and (4) promoting the development of provider networks in rural areas.
A	2	Access	Improve access to transportation to services, especially in rural areas, by (1) supporting social services agencies in developing transportation programs for the elderly and other needy groups; (2) examining the feasibility of using school buses for transportation to health services, and (3) assisting communities in maintaining emergency/medical transport systems.
A	2	Coordinated Health-Related Information Networks	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.
B	2	Promotion of a Coordinated Health Care System	Incorporate prospective planning by developing and issuing an assessment of service-specific needs statewide annually, as an update of the State Health Plan.

B	2	Access	Promote access to health care services by alternative methods, including offering nontraditional hours of operation, services, and providers.
B	2	Access	Promote community collaboration to provide inventories of essential transportation services within each community.
B	2	Access	Provide community input to mission and services of health care system.
B	2	Access	Promote collaboration of state agencies to assure and strengthen the safety net (core level of services), including community health centers.
B	2	Financing and Cost	Expand managed care principles, where feasible, through the formation of provider-sponsored organizations and networks.
B	2	Financing and Cost	Provide adequate reimbursement for health care providers to encourage use of technologies to improve health care.
B	2	Financing and Cost	Assure adequate continuum of care resources by health care providers and payors to meet the needs of elderly and disabled persons.
B	2	Accountability	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.
B	2	Accountability	Develop a core set of measures to improve performance in a cost-effective manner.
B	2	Quality	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.

B	2	Quality	Establish conservative objectives and timetables for the advisory group on quality to 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 facilities, communities, and high-risk populations; (4) identify and select high-risk populations to study by using valid, reliable, tested measures such as AHCPR HCUP Quality Indicators and HEDIS, and (5) use a systems approach to measure quality using the structure, process, and outcome process.
B	2	At-Risk Populations	Redefine end-of-life care as part of the continuum of care.
B	2	Public Health	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 health 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.
B	2	Rural Health	Promote the development of new technologies that promote the continuum of care services in rural health.
B	2	Rural Health	Recognize the importance of medical transportation as a component in a coordinated system of care in rural communities. With more training and medical supervision, EMS personnel can have a larger role in providing care in rural areas. The EMS system should be more integrated into a health care system that is cooperative, shares limited resources, promotes public/private collaboration and cost containment, provides a broad education to EMS providers, and recognizes innovative methods of health care delivery.
B	2	Coordinated Health-Related Information Networks	Require all affected entities to participate in an integrated electronic patient record system in order to obtain data from CHRIS.

B	2	Coordinated Health-Related Information Networks	Seek collaboration between state agencies, universities, and private groups to develop Geographic Information Systems (GIS) infrastructure to benefit all entities, including the consumer.
C	3	At-Risk Populations	Use cost-effective methods and processes such as benchmarking and computer modeling in order to allocate health care resources as effectively as possible.
C	3	Coordinated Health-Related Information Networks	Use medical technology to assess patients in their homes.
D	3	Public Health	Develop policies that encourage managed care plans, health care networks, and other private entities to contract with public health departments to provide basic preventive and primary care services, such as immunizations, home health care, and screening services.

### **IMPLEMENTATION — STATE HEALTH PLAN ADVISORY GROUP**

Provisions of the Plan must be implemented at several different levels within the state or community. For this reason, the implementation of the Plan will require a great degree of coordination. In order to approach implementation systematically, it will be useful to develop both a detailed project plan and an implementation matrix, which will be used to identify every action identified in the policy recommendations, as well as the necessary state level action steps. The matrix will detail which tasks are to be completed, by whom, and when.

The State Health Plan Advisory Group developed and ranked the policies identified in this chapter. The group will also review the work plan developed by the WVHCA and provide an assessment of the feasibility and plausibility of the resources and activities identified to implement the policies. SHAG will also identify lead agencies responsible for developing and implementing individual work plans for each of the policies and assure the most urgent issues are being addressed. In addition, the group will assist in the establishment of partnerships throughout the state to promote the State Health Plan as a shared responsibility of all interested parties, including the private sector. Finally, they will have a key role in evaluating the effectiveness of the policy recommendations in improving the state's health care system and the health status of West Virginia's residents.

### **STATE HEALTH PLAN USE BY GOVERNMENT AGENCIES**

State agencies and legislative decision makers share the responsibility of ensuring that laws and regulations protect the public. State agencies are encouraged to develop their policies and plans in congruence with the 2000-2002 State Health Plan. The Plan is intended to provide overall policy direction for the wise expenditures of state resources to achieve the goals of improving health and assuring access to health care. The Plan establishes health policies to be used to guide the actions



of state agencies by (1) establishing a statewide mission, vision, and common policy goals for state agencies; (2) establishing a basis for performance budgeting to measure progress and to show the relationships between budgets and outcomes, and (3) providing a basis for program and priority development, funding requests, and implementation of regulatory functions. Several state agencies and organizations will be involved in developing work plans to implement policy recommendations.

## **ROLE OF THE PRIVATE SECTOR**

West Virginia will continue to see more profound changes in the delivery and financing of health care. Decision makers in the public and private sectors need to work together to resolve the health care issues facing our state; for this to happen, a common framework for action is necessary. The purpose of the State Health Plan is to enable the health care system to develop in an organized, cost-effective manner with sufficient resources to meet the needs of West Virginians and address both the regulatory and market-oriented forces that affect the supply and demand for health care services. It is the intent of the Plan to allow both public and private entities greater flexibility in working cooperatively in obtaining creative solutions, accepting mutual accountability for sharing risks, responsibilities, and resources, and fostering greater coordination among health care resources to reduce existing fragmentation of services and facilities.

The private sector can use the data, information, vision, goals, and policies herein and in future work plans to make health care decisions, identify needs, assess their organizational capacity to meet these needs, and allocate resources. In addition, the State Health Plan can assist the private sector in controlling health care costs and promoting interagency coordination. Private health care providers, unless otherwise exempt, will continue to obtain a certificate of need before (1) adding or expanding health care services; (2) exceeding the capital expenditure threshold of \$2,000,000; (3) obtaining major medical equipment valued at \$2,000,000 or more; or (4) developing or acquiring new health care facilities.

Specifically, the private sector can use the State Health Plan in the following ways:

- Use population-based planning to determine the appropriate need, supply, and distribution of health care resources to improve the health status of the people who use the health services provided by their organizations.
- Use the State Health Plan policies to reduce fragmentation or duplication of resources and to increase the coordination of health care providers/services to provide greater continuity of care and follow-through.
- Accept the State Health Plan as a shared responsibility among public and private entities and commit to shared risks and resources.
- Partner with other health care providers in their communities to continue to address the root causes of disease, death, and disability.
- Commit to reducing unnecessary health care expenditures.
- Commit to reducing fragmentation and duplication of health care resources.
- Allow consumers to have a greater voice in their health care decisions and in the ways in which health care is delivered and financed in their communities.
- Continue to offer input and technical expertise to government-sponsored task forces and advisory groups in such areas as health care analysis, information management, and clinical studies.
- Increase sensitivity and social responsibility for the implications of selecting or not

- selecting to serve certain geographic areas or population groups in efforts to control health care costs..
- Link the State Health Plan to the allocation of organizational health care resources.
- Provide accurate and timely data to assist in the measurement of health status and for making decisions, setting priorities, and measuring the effectiveness of activities.
- Acknowledge the need for the coexistence of regulatory and market-oriented approaches so that the concerns of the poor, the working uninsured, and the people with special needs are able to receive necessary health care services.

## **ROLE OF THE WEST VIRGINIA HEALTH CARE AUTHORITY**

The WVHCA will assist in the implementation of the State Health Plan through the agency's health planning responsibilities and by being actively involved in implementing many of the policy recommendations. The Authority shall be responsible for the implementation of the policies relating to coordinating and overseeing state government health data collection, transmitting, reporting, and analysis. As the lead agency responsible for the state's health planning, the WVHCA will provide a structure and staff resources to facilitate the overall coordination and implementation of the State Health Plan.

The Health Care Authority staff will prepare a work plan in early 2000 for adoption by SHAG. In the development of this plan, issue policy implementation strategies identified by the State Health Plan authors and the advisory group will be used. A specific feature of the work plan will address the preparation of a resource allocation framework for each policy, to include anticipated implementation costs and resource requirements for staff, data, technology, financial resources, and other factors. The work plan will include information on key process and structure implementation steps, listing specific requirements and tasks needed to produce the desired outcomes. This document may also define key terms, describe policy intent, identify prerequisites, outline barriers to successful implementation, and identify start and completion dates, necessary resources, strategic success and risk factors, current and future data needed to measure or benchmark accomplishments, and responsible parties. In addition, the implementation plan will address the development of the West Virginia Healthy People 2010 objectives focusing on health promotion and disease prevention, allowing the various health agencies within the state to work together to improve the health of West Virginia residents. The complexity of health care issues requires broad-based collaboration and coordination so that efforts will not be duplicated.

In addition, the WVHCA will assume the following responsibilities:

- Prepare an annual report on the status of policy recommendation implementation based upon input received from the responsible agencies. This report will address accomplishments and collaborative efforts that have occurred to achieve policy implementation and document challenges or limitations encountered as they may relate to funding, as well as policy implementation design, staffing, operations, and other factors.
- Develop an annual report that would include: (1) a summary of regulatory decisions for the previous 12 months; (2) a multiyear schedule for the review and analysis of the appropriateness of maintaining certificate of need controls for all covered services over a seven-year period; and (3) an analysis of the appropriateness of maintaining certificate of need controls on at least two of the covered services/categories each year. This report will assess market changes statewide

that may affect the need for continued regulation of selected health care services, facilities, and equipment.

- Prepare a description of the components that should constitute a coordinated health care system, information useful for the development of the revised certificate of need standards. This will involve an assessment of the current needs of the health care system and comparison of these needs with currently available health care resources.
- Establish a task force to study the need for additional nursing facility beds in the state. The study will include a review of the current moratorium on the development of nursing facility beds, the exemption for the conversion of acute care beds to skilled nursing facility beds, the development of a methodology to assess the need for additional beds, and the certification of new beds both by Medicare and Medicaid.

### **CONCLUSION/RECOMMENDATIONS FOR THE FUTURE**

The State Health Plan is both a process and a product. It is a call to action for all of West Virginians to work together as partners to focus thinking and action on creating measurable improvements in health care in our state. The WVHCA anticipates regular and periodic updates to the Plan. Future improvements and refinements will occur to reflect technological changes and additional information obtained about the issues and trends affecting our state residents. The issues addressed in the Plan are complex, challenging, and always changing. Because this document is population-based, the scope reflects the needs of our entire population: infants, children, adults, seniors, and special-needs groups.

The State Health Plan establishes the framework to:

- Improve access to needed health care services.
- Constrain health care costs.
- Determine priorities for addressing statewide health care needs.
- Determine the distribution of health care resources and, where necessary, ration the supply and distribution of these resources.
- Establish goals for the health care system to improve the health of West Virginians and the efficiency and effectiveness of the health care system.
- Provide regulatory oversight and administration of the certificate of need program.
- Provide a public process for decision-making.

Following the adoption of the State Health Plan, it is the intent of the WVHCA to:

- Use the approved State Health Plan for the development of the revised certificate of need standards during 2000-2002.
- Develop an Implementation Plan in early 2000 using information provided by the State Health Plan authors.
- Publish the text of the complete papers submitted by the State Health Plan authors in early 2000.
- Prepare a State Health Plan annual report to discuss changes in the health care system and the status of the health plan policies.

- Revise the State Health Plan every three years.

