

**West Virginia Health Care Authority
State Health Plan Advisory Group Meeting
March 14, 2001**

Meeting Notes

Present: Cathy Ayersman; Penney Baughman; Neil Bucklew, PhD; Jeff Bush; Cathy Chadwell; Sonia Chambers; Chuck Conroy, representing Ann Stottlemyer; Max Fijewski; Ray Goldsteen, DrPH; John Grey; Parker Haddix; Bonita Hess, representing Bill Gavin; Howard Hunt, DO; Sallie Hunt; J. Thomas Jones; Sam Kapourales; Sharon Lansdale; Kenna Levendosky; Gloria Long; Phil Lynch; Alvin Moss, MD; Paul Nusbaum; Louie Paterno; Sandra Pope; Renate Pore; John Prescott, MD; Sally Richardson; Tom Sims; Linda Sovine; Dayle Stepp; Marianne Stonestreet; Steve Summer; Henry Taylor, MD; and, John Wiesendanger, representing John Brehm, MD.

Guests Present: Cinnie Kittle, Jerry Rhodes, and Cathy Taylor.

Louie Paterno, WVHCA board member, called the meeting to order at 9:07 a.m., identified the new members of the State Health Plan Advisory Group and asked those present to introduce themselves.

Three Lead Agencies presented information regarding policy implementation. The Coalition for a Tobacco-Free West Virginia sponsored by the WV Hospital Association, the Bureau of Public Health's West Virginia Health Initiatives Project and the Office of Emergency Medical Services provided an overview of their agencies and discussed their implementation activities.

Secretary Paul Nusbaum addressed the group expressing the importance of health planning for the Legislature, the need to focus resources and identify health problems earlier. He stated that the Governor has indicated his Cabinet Council will use strategic planning. He also discussed his previous health care and health planning experiences in the State.

SHAG Charge to the Center for Healthcare Policy and Research

At the November 2000 State Health Plan Advisory Group meeting, the West Virginia University Center for Healthcare Policy and Research was asked to identify some very specific actions to measure the results of the State Health Plan on improving health and health care in West Virginia. Obstacles were identified in the process of developing a strategy to address this charge and the SHP policies assigned to the Center. These obstacles include the State's limited resources and a lack of priorities and strategic alignment of the SHP with the current administration's health care priorities. Sally Richardson proposed that the focus of the SHP be aligned with the current administration's health care priorities in order to coordinate and obtain the necessary fiscal resources and methods to measure policy results.

In the discussion of this recommendation, Sonia Chambers, DHHR Acting Deputy Secretary, identified Governor Wise's three health care priorities as 1) access to health care insurance, 2) rural healthcare infrastructure, and 3) prescription drug coverage. Other meeting comments identified values, perceptions, strengths and deficiencies associated with the recommendation. The values expressed included the need to identify, provide incentive for and sustain the appropriate level of community health care infrastructure in the State; reallocation of health care expenditures; addressing "should be vs. what is" in the health care system and reaching decisions based on knowledge of the "big picture" in health care. Expressed perceptions acknowledged the reality of political influences in decision-making, the need for the SHP to be objective and independent of the political process and the ability of SHAG members to be able to identify the State's health care priorities. Other issues raised addressed the reported results of the survey in which many Lead Agencies affirmed their ability to collect information to measure results and their ability to implement policies by the end of 2002.

The group recognized that the process used to develop the SHP did not establish the plan as a business plan with measurable goals, benchmarks, outcomes and accountability. Interest was expressed to identify strategically what is important and also fiscally responsible in an incremental manner. Looking at the principles, funding and developing priorities with outcomes and using the public/private efforts underway in Healthy People 2010 in a way that can improve health care in the State can accomplish this goal. A subcommittee of the State Health Plan Advisory Group will address the issue. Options to consider include using the existing SHP as it is or tying the existing SHP to the administration's health priorities. The task for the subcommittee is to create a leadership model that sets priorities and aligns resources to move health care forward.

Sallie Hunt expressed current efforts underway at the HCA to identify funding needed to support SHP initiatives, including the second SHP Annual Report that will be discussed at the fall retreat and presented to the Legislature. She also indicated the HCA relies on Lead Agencies' responses to reporting activities.

Insurance Commission Policy Response

Two policies assigned to the Insurance Commission will not be addressed due to the State's decreasing managed care impact, previous insurance company insolvencies, and the financial risks associated with establishing PSOs. Group members expressed an interest in having the Insurance Commission research successful PSO models and to consider establishing new paradigms of thinking to creatively solve problems.

First State Health Plan Annual Report

Members of the State Health Plan Advisory Group were asked to review the draft copy of this report identifying changes needed to the document. The final report will reflect members' suggested changes. The document contains information about the State Health Plan Advisory Group, State Health Plan implementation activities, State Health Plan

reporting, State Health Plan updates and Certificate of Need activities. The results of the November 2000 Lead Agency survey were discussed.

Lead Agencies' Requests for Guidance and Support

The seven issues identified by Lead Agencies in question 12 of the November 2000 Lead Agency survey were discussed. The newest Lead Agency, the Rural Health Education Partnerships, will present its proposed work plan activities at the next advisory group meeting. Members were informed that Hilda Heady might look to them to assist her in implementing their SHP policies due to poor fit of the policies with agency mission and vision.

State Health Plan Retreat

A one-day September 2001 retreat is being planned for the SHAG, Lead Agencies and Lead Agency work plan contacts in Charleston. The purpose of this retreat is to provide an opportunity for Lead Agencies to review the draft second Annual Report and the health care expenditure report and to present an opportunity to share SHP implementation issues. Meeting arrangements will be distributed as soon as the retreat plans are finalized.

Meeting Actions:

1. A decision was made for the WVU Center for Healthcare Policy and Research and the WVHCA to establish an ad hoc subcommittee to develop recommendations by mid-April. Sally Richardson, Sallie Hunt and Neil Bucklew will determine the exact charge of the group, identify the members, work within the current administration's health care priorities and request a dialogue with the State administration to review and provide feedback on subcommittee recommendations.
2. SHAG will review the ad hoc subcommittee recommendations prior to presentation to the administration.
3. Complete and distribute State Health Plan Annual Report as established in the meeting.
4. Develop, distribute and analyze a survey to identifying Lead Agency funding issues and other implementation information for use in the second State Health Plan Annual Report and fall retreat.
5. Develop second State Health Plan Annual Report.
6. Plan fall Lead Agency retreat to review the draft second Annual Report, review a preliminary health care expenditure report and review accomplishments and challenges associated with SHP policy implementation.

Handouts:

Big Tobacco vs. Our Kids: Where West Virginia Draws the Line
West Virginia Health Initiatives Project
Center for Healthcare Policy and Research At-Risk Organizational meeting materials