Chronology of State Health Plan Events

The State Health Plan ("SHP") is a major focus of the Planning Division. The SHP is a policy blueprint for shaping the health care system through the action of public agencies and the cooperation of private sectors.

The following is a chronology of SHP events. Meetings are in bold.

1998

• A preliminary survey was distributed to 15–20 health policy makers, asking them what they believed to be the top ten issues that needed to be addressed in the State Health Plan. The ten issues identified through this survey were health status, accountability, consumer protection, managed care, health care reimbursement, capacity of the current health care system, rural health care, and networks (integrated delivery system/information networks). Also identified were ways in which to improve the survey itself.

The revised survey was distributed to nearly 300 groups and individuals representing
consumers, government agencies, payors, purchasers, and providers of health care.
Results from the full survey identified the following ten areas of focus for the Plan:
access to health care, quality of care, financing of health care, capacity of the current
health care system, essential health services, rural health care, cost control mechanisms,
uncompensated care, accountability, and managed care.

1999

• The Issue Selection Group, now called the State Health Plan Advisory Group (SHAG), was convened to assist in the identification and selection of issues for inclusion in the Plan. The 22-member group, invited to serve by the Governor, included representation from physicians, hospitals, rural health, the Legislature, medical schools, private business, health care insurance/managed care, unions, governmental agencies, consumer advocates, the health care medical review organization, academic health care research, and the HCA. The group reviewed the results of the survey, the framework for the development of the State Health Plan, and identified the nine strategic health issues now contained in the Plan. (Six issues were selected from the survey and three additional areas were identified.)

• Papers were commissioned on the nine strategic health issues, using three in-state consultants and three out-of-state consultants. The six authors used a detailed process to identify problematic issues and plausible and pragmatic methods with which to address them. This process involved background research on the issue, an assessment of the issue in relationship to the current health care system and then development of a problem statement based on this analysis. A second aspect involved the development of potential solutions to issues identified by the State Health Plan Advisory Group, as well as for other issues identified by the author by drafting policy recommendations. A third step involved providing information for the implementation of the policies and the next revision of the certificate of need standards and assisting in the development of accountability measures. Copies of these papers were added to the HCA website.

• A public comment period was held from September 15 through October 31, 1999, during which comments were encouraged to be submitted by either mail, e-mail or fax. An interactive website, featuring a draft of the Plan and an on-line comment section, was made available.

• The SHAG was reconvened to further shape the State Health Plan by ranking the recommended policies by value (A though D) to the system as a whole and urgency of implementation (1 through 3).

State Health Plan Teleconference - Distance Learning Event..... 9/28

• An interactive teleconference was held on the State Health Plan. This teleconference was broadcast across the State with downlink sites in Beckley, Bluefield, Charleston, Elkins, Huntington, Martinsburg, Morgantown, Parkersburg and Wheeling.

• A State Health Plan Summit was held to convene the State's opinion leaders around the Plan and to discuss the action agenda. The Summit participants ensured that the Plan reflects the issues, concerns, and values of the State's residents and health care system. The Summit included representation from trade associations, physicians, managed care organizations, HCA, governmental agencies, private business, the Legislature, academic organizations, insurance companies, health care research organizations, providers, the health care medical review organization, consultants, health networks, organized labor and consumers.

Governor Approved Plan

• The Governor approved the 2000–2002 State Health Plan. The new Plan replaced all prior State Health Plans with the exception of the Certificate of Need Standards which will be reviewed and revised during the following two years.

Beginning State Health Plan Implementation...... 4/5

• A SHAG meeting was held to focus on beginning State Health Plan implementation activities. Topics of discussion included: review of State Health Plan activities to date, general discussion of the State Health Plan Implementation Plan, review of SHAG Member roles and responsibilities, review of the State Health Plan Implementation Outline and worksheet materials to be used by Lead Agencies, discussion of preliminary Lead Agency assignments and review of the State Health Plan Timetable of Events.

In June, HCA invited organizations to become Lead Agencies and secured their
commitment to "ownership" of the policies. Informational materials were developed and
distributed to the Lead Agencies for use in creating work plans. Planning staff met with
Lead Agencies regarding the implementation process and provided technical assistance
on an as-needed basis. Lead Agencies began submitting work plans to HCA in
September.

A SHAG meeting was held to focus on a review of State Health Plan implementation
work plans. Topics of discussion included: review of the State Health Plan process to
date; general discussion of the Critical Issues Summary highlighting new initiatives,
major new resources and policy issues raised; review of Lead Agency reporting
requirements; discussion of the upcoming State Health Plan Annual Report and
discussion of a potential Lead Agency Summit.

• The implementation report asked Lead Agencies to provide information in three areas: assess the ease or difficulty they are or will experience in implementing their State Health Plan policies; identify the measures/indicators they are or will be using to evaluate the direction, progress, and use of planned implementation activities and identification of the measures/indicators they will use to link policy implementation activities to the State Health Plan goals. The results appear in the first State Health Plan Annual Report.

Review of Annual Report......3/14

A SHAG meeting was held to focus on a review of State Health Plan Annual Report.
Topics of discussion included: direction from Secretary Nusbaum, the charge to the
Center for Healthcare Policy and Research on State Health Plan evaluation, a suggestion
that the State Health Plan be aligned with the current administration's health care
priorities, an Insurance Commission policy response, the first State Health Plan Annual
Report, Lead Agencies' requests for guidance and support and the State Health Plan
Retreat.

Ad Hoc Subcommittee on Strategic Issues...... 4/6

• An ad hoc subcommittee was formed to develop recommendations for the State Health Plan's alignment with the current administration's health care priorities and also to request a dialogue with the State administration to review the committee's recommendations and provide feedback. A product of the ad hoc subcommittee was a letter on behalf of the SHAG to the Governor.

2002

• This report describes the approaches of 19 volunteer Lead Agencies during the second year of implementing the 2000-2002 State Health Plan and outlines a new direction for the development of the next State Health Plan.

• This letter to the State Health Plan Advisory Group provides additional information about the development of the next State Health Plan and identifies two new health planning projects: the West Virginia State Health Planning Grant and the National Governor's Association Policy Academy on Chronic Disease Prevention and Management. The State Planning Grant, supported the Health Resources and Services Administration, defines issues related to gaps in health care coverage and improves coverage for children, low income adults and families, senior citizens and in small and medium size businesses. The National Governor's Association project involves collaboration among public agencies to reduce the burden of chronic disease inWest Virginia