



Design Support for Better Health in West Virginia

Keeping in mind the existing resources and programs to address obesity and related chronic diseases from the West Virginia Bureau for Public Health presentation and contained in the “Better Health / Care Launch Document,” your task is to address gaps and refine the current support infrastructure to encourage Better Health in West Virginia. In crafting solutions, you may want to consider three categories of interventions: 1. traditional clinical approaches, 2. innovative patient-centered care and / or community linkages and 3. community-wide strategies.

Examples:

1. Traditional Clinical Approaches

This category includes increasing the use of prevention and screening activities routinely conducted by clinical providers. Examples include: screening for BMI and A1C.

2. Innovative Patient-Centered Care and / or Community Linkages

This category includes innovative, evidence-based strategies offered within the community that are not typically leveraged by health care systems under fee-for-service payment models. Examples include: community-based preventative services, health education to promote health literacy and patient self-management and routine use of community health workers.

3. Community-Wide Strategies

This category includes specific system-wide action steps demonstrating an organization’s investment in total population health. Examples include: funding for chronic disease self-management groups in the larger community, passing legislation that addresses public health issues (i.e., SNAP alignment with nutritional goals), providing healthier food options at state-operated venues (i.e., public schools) and menu labeling.

Today’s focus is primarily on addressing obesity and co-morbid chronic diseases, such as diabetes, hypertension and CVD; however, some of the infrastructure and interventions that are appropriate to address obesity may also support reductions in tobacco use and substance abuse.



Targeted Populations and Interventions

- You should identify the target populations to be addressed by the interventions.
- You should discuss the number and types of providers or potential number of participating providers that are needed to address the health improvement objectives.
- You should identify the services that should be delivered; how they can be most effectively and efficiently delivered and how current barriers to health can be addressed through such delivery.
- You should build on the current programs and evidenced-based interventions described by the WV BPH, CMS and / or CDC.

Design Constraints

Your design efforts should be consistent with the goals established by the SIM Steering Committee. Four aims were previously identified and endorsed by the SIM Steering Committee. These aims will be completed to meet the overarching goals of the SIM grant, as well as the long-term goal of improving the West Virginia health care delivery system. These aims include:

- Establish a highly coordinated care delivery system built upon a comprehensive primary care model;
- Implement payment systems developed to enhance value for consumers;
- Adopt population health improvement strategies that address existing health disparities, modifiable risk factors and preventable conditions and
- Expand the use of information technologies to provide better intelligence to providers and other stakeholders.

Additionally, you should be mindful of the following:

- You might not have funding to implement your model, so it should be as self-sustaining as possible.
- The model should prioritize interventions based on improvement goals.
- The model should demonstrate savings within five years and be fully-deployed within a decade.
- If there are state laws that need to be repealed, revised or passed to make your model practical, identify those. Keep in mind there is no guarantee this will happen, and it weakens the ability of the model to be implemented if there is a lot of legislative change required.
- Prioritize pre-existing policy levers, such as revising agency rules, submitting a Medicaid State Plan Amendment or applying for a waiver from CMS.
- **You MAY NOT change federal law, or attempt anything contrary to state or federal law.**



Reminder of Workgroup Consensus

The workgroup adopted consensus statements after the July workgroup meeting through its survey process. You should keep those in mind during your design efforts. Please see the handout entitled “**Better Health Workgroup July Survey Results**” for reference.