

WV Health Innovation Collaborative  
Better Care Work Group  
Meeting Notes  
January 20, 2015

Participating: Nancy Sullivan, DHHR, Secretary's Office  
Dan Mace, Bureau for Public Health  
Georgia Narsavage, WVU, Health Sciences Center  
Pam King, Office of the Insurance Commissioner  
Christina DeRienzo, PEIA  
Ted Cheatham, PEIA  
Lesley Cottrell, WVU  
Jean Kranz, WV Health Improvement Institute  
David Rupp, Wheeling Hospital  
Nancy Cipoletti, WV Bureau of Senior Services  
Brad Young, CAMC  
Dan Christy, Bureau for Public Health  
Chris Clark, GOHELP  
Drema Mace, MOUHD  
Debbie Waller, GOHELP

Participating by Phone:

Arnie Hassen, Co-Chair, WVSOM  
Michelle Chappell, American Cancer Society  
Christina Ross, Hospice  
Tony Leach, Bureau for Public Health  
Shannon Parker, WV Primary Care Association  
Valerie Jividen, WV Hospital Association  
Crystal Welch, WV Medical Institute  
Chris Budig, WV Telehealth  
Alan Ducatman, WVU, Health Sciences Center

Nancy Sullivan welcomed everyone and introductions were made. The meeting was turned over to Arnie Hassen, Co-Chair.

Dr. Hassen introduced Leslie Cottrell, Co-Chair of the Better Health Work Group to update the group on the SIM grant.

- WV received the grant – starts in February 2015.
- This grant is to support states for the development, and later testing, of state-led, multi-payer health care payment and service delivery models. The goal is to improve health system performance, increase quality of care and decrease cost.
- WV received a model design award for one year with an opportunity to request additional funding for 4 years for the model test award.
- First year activities will focus on developing the state's innovation plan.
  - ☞ Establishing and maintaining necessary organizational structure
  - ☞ Broad stakeholder engagement and participation
  - ☞ Formulation and finalization of the final plan

- WV has a good start with the WV Health Innovation Collaborative Work Groups already in place that represent a large stakeholder group.
- CMS has been very helpful by sharing reports, etc. for the grant.
- More information will be available at next month's workgroup meetings.

## **2015 Better Care Indicators**

Nancy Sullivan reported on the results of the Better Care Survey and shared with the group the top seven indicators. The indicators featured in the survey were selected from HEDIS measures, CMS goals, the State Health Improvement Plan and projects discussed in our work group meetings.

1. Reduce preventable hospital admissions
  2. Reduce avoidable hospital re-admissions
  3. Reduce preventable ED visits
  4. Increase adults' access to preventive health services
  5. Reduce hospital acquired conditions
  6. Decrease substance use, including tobacco, during pregnancy
  7. Reduce preventable ancillary services
- There were seven other indicators that tied for number 8. Nancy wanted the group to pick three to make the 10 indicators that would make up the 2015 scorecard.
  - This scorecard will be shared with the whole Collaborative at the March quarterly meeting and see how they want to address it.
  - The Better Health Work Group also sent out a survey and the results were very similar.
    - ☞ Increase adults' access to preventive health services
    - ☞ Reduce preventable ED visits
    - ☞ Decrease substance use, including tobacco, during pregnancy
    - ☞ Reduce preventable hospital admissions
 Write-ins included:
    - ☞ Improve coordination of care
    - ☞ Prevent ability to estimate risk
    - ☞ Prevent obesity, diabetes, and cardiovascular disease through lifestyle behaviors
 The write-ins could be used as a means of getting to the indicators and as implementation tools.

Discussion followed on the SIM Grant and the Indicators.

- When we get into the grant, we will expand stakeholders.
- Consumer population, health literacy, patient engagement – how patients are experiencing care – could be a focus group on its own
- How many indicators are we going to go on? Identify 1, follow it, master it and then add on?
- Need to keep inventory list up to date.
- CAMC – grants with Telemedicine. Money running through CAMC to rural areas. Bob Whitler can share information about that.
- After discussion, the next three indicators were chosen to make the 10 top indicators:
  - ☞ It was suggested in the number 4 indicator to add children so it would read increase adults' and children's access to preventive health services

- The other three chosen to make the 10:
  8. Increase cancer screenings
  9. Improve antidepressant medication management
  10. Increase follow-up after hospitalization for mental illness.

At the next meeting of the Better Care Work Group, the structure of the SIM grant and the role of the workgroups and the subgroups will be on the agenda.

Arnie thanked everyone for their input.

### **Next Meeting**

**Better Care Work Group  
February 19, 2015  
2:00 – 4:00 p.m.  
One Davis Square, Suite 100 E  
Conference Room 134**