

WV Health Innovation Collaborative  
Better Care Work Group  
Meeting Notes  
September 16, 2014

Attending: Nancy Sullivan, Anne Williams, Jean Kranz, Christina Mullins, Harry Tweel, Crystal Welch, Dana Singer, Ted Cheatham, Drema Mace, Amanda McCarty, Barbara Wessels, Richard Wittberg, Jim Krantz, Debbie Waller

By Phone: Arnie Hassen, Co-Chair, Alan Ducatman, Chris Budig, Christene Ross, Jamie Jeffrey, Linnet McCann, Georgia Narsavage

Nancy Sullivan welcomed everyone and self-introductions were made. She introduced Sara Murray and Rhonda Edmunds, both NICU nurses at Cabell Huntington Hospital. Lily's Place provides medical care to infants suffering from prenatal drug exposure and offers education and support services to families and communities to help recognize and manage the needs of substance abused babies. In its efforts to provide immediate, short-term care for these infants, Lily's Place provides non-judgmental support for mothers, offers counseling and support for families and assists child protective services in determining the best placement for infants, all at a savings to the taxpayers of West Virginia. You can follow them on facebook at [www.facebook.com/addictedbabies](http://www.facebook.com/addictedbabies) or Twitter at [www.twitter.com/addicted\\_babies](http://www.twitter.com/addicted_babies)

### Program Presentation – Sara Murray

- They did not know how to treat the babies. They were doing it incorrectly. They were averaging between 30-35 babies per day that had NAS. They were doing this in the NICU at Cabell Huntington Hospital. It was a strain on the RNs and the hospital.
- They went to Seattle to learn how to treat the babies and found out they were over-stimulating the babies. A building was donated that needed renovations. The community engaged and Lily's Place is now a reality. It is licensed on a ~~6~~-six month pilot project as a Residential Treatment Center. They get reimbursed on a flat bundled per diem rate. They can now handle ~~24~~-12 babies in the facility.
- A medical director, Dr. Sean Loudin, has been hired.
- After visiting Seattle, the baby's length of stay decreased from 60 days to 21 days.
- The baby's stay at Cabell Huntington until they are ready to be transferred to Lily's Place.
- The length of stay will probably decline even more in a setting where they can work with the parents and get them started on the right track.
- It is an easier place for CPS workers to come to.
- Lily's Place is setting an example for our state and others states can learn from it.
- It is a gold standard for taking care of babies. They use the Finnagan Neonatal Abstinence Scoring System.
- Traditionally, The the first 24-hours after discharge, a follow-up appointment is scheduled, but usually it is a no show. Parents are usually afraid.
- Adult Recovery Work is done through an agreement with the Prester Center.
- To fix the babies, you have to fix the parents.

A question and answer period followed.

- Members felt that a charge for this workgroup could be looking at care models for substance abusing mothers.
- Lily's Place accepts private pay, but they need to be able to accept other types of pay.
- PEIA doesn't cover institutional care.
- CMS is working with substance abuse on the Medicaid side on creative ways to finance. It might be a good idea to have them come and talk to the workgroup.
- Reorganizational of child welfare system – Family Preservation
- Code 49-1-3 – Definition of abuse and neglect – Needs to be changed.

**It was decided that further work needs to be done on this issue. A subcommittee will be formed to accomplish this. Nancy Sullivan asked for volunteers to serve on this special committee. Sara Murray, Nancy Sullivan, Christina Mullins volunteered to participate. Georgia Narsavage said that Janine Breyel would be good to partner up with. Arnie will check about others participating. A conference call can be set to work out a strategy on how to tackle this.**

#### **Follow-up on Tasks from Last Meeting**

- Still working on the regional map of categorized projects from our Inventory List with costs and participation rates if available.
- As soon as completed, will send out Super Utilizer's List

Amanda McCarty, Bureau for Public Health, shared with the workgroup a State Health Improvement Planning Process. This was presented to the Better Health Work Group earlier today. Everyone across workgroups have discussed that we need to focus on a few priorities and get something accomplished. These priorities were shared with the Better Health Work Group.

- Establish 3-5 Priorities
  - 50<sup>th</sup> Preventable Hospitalizations
  - 50<sup>th</sup> Diabetes
  - 49<sup>th</sup> Physical Activity
  - 49<sup>th</sup> Smoking
  - 49<sup>th</sup> Heart Disease
  - 47<sup>th</sup> Obesity
  - 47<sup>th</sup> Cancer Deaths
  - 45<sup>th</sup> High Blood Pressure

Priorities decided from the Better Health Work Group

Obesity: Nutrition, Physical Activity  
Smoking  
Data/Measurable Outcomes  
Community Engagement/Collaboration/Infrastructure

It was discussed that all the other priorities would fall under the 4 above priorities with Data/Measurable Outcomes cross cutting across all priorities.

Discussion followed on the priorities decided from the Better Health Work Group and additions were discussed. The results of the discussion include:

1. Obesity
  - Physical Activity
  - Nutrition
  - Type 2 Diabetes
  - Hypertension
  - Metabolic Syndrome
2. Data/Measurable Outcomes
3. Community Engagement/Collaboration/Infrastructure
  - Individual Engagement/Compliance
  - Preventable Hospitalizations
4. Substance Abuse
  - Smoking
  - Prescription Drug Abuse
  - Illegal Substance Abuse
  - Neonatal Abstinence Syndrome

Ms. McCarty asked Mr. Samples to share this with the Lower Cost Work Group which meets Wednesday at 1:00 p.m.

**The next meeting of the Better Care Work Group is scheduled for October 21, 2014, One Davis Square, Suite 100 East, Conference Room 134.**