

WV Health Innovation Collaborative
Better Value Work Group
Meeting Notes
November 18, 2015

Present: Jeremiah Samples, DHHR, Chair
Kevin Dean, UniCare
Janine Breyel, WV Perinatal Partnership
Barbara Wessels, UniCare
Tracy Dlott, UniCare
Christy Donohue, The Health Plan
Mark Drennan, WV Behavioral Healthcare Providers Association
Kim Fetty, DHHR, BMS
Jerry Roueche, Community Care of WV/Southern
Barbara McKee, Partners in Health Network/CAMC
Brent Tomblin, Partners in Health Network/CAMC
Michelle Coon, Community Care of WV
Don Gibson, Community Care of WV
Kemi King, Community Care of WV
Jeff Wiseman, DHHR
Mary Emmett, CAMC
Vickie Jones, DHHR, BBHFF
Jason Landers, Highmark WV, WV Family Health
Tony Atkins, DHHR, BMS
Lydia Nuzum, Charleston Gazette-Mail
Dasheema Jarrett, DHHR, BPH, HDCD
Ashley Noland, WV Higher Education Policy Commission
Christine DeRienzo, PEIA
Brenda Nichols Harper, Anthem
Perry Bryant, Self
Phil Shimer, TSG Consulting
John Earles, Logan Healthcare Foundation
Jessica Wright, DHHR, BPH, HPCD
Brandon Lewis, DHHR, BPH, HPCD
Richard Wittberg, Marshall University
Amy Namey, Marshall University

By Phone: Suresh Madhavan, WVU, HSC
Wayne Miller, WVSOM
Chris Budig, WV Telehealth Alliance
Leesa Prendergast, WVU Health Sciences
Garrett Moran, SIM Behavioral Health Consultant
Suzanne Evans, Westbrook
Sonia Chambers, WV HCA
Chris Colenda, WVUHS

Shelly Baston, WV HCA
Jeff Coben, WVU, HSC
Dave Campbell, WV Health Improvement Institute
Georgia Narsavage, WVU, HSC
Martha Wooten, Primary Care Association
Chris Zinn, Hospice Council of WV
Julia Palas, Tiger Morton Catastrophic Illness Commission Fund/Women's
Commission
Steven Swart, Robert C Byrd Clinic
Anne Williams, DHHR, BPH
Anduwyn William, WV Free
JoAnn Powell, Westbrook
Martha Endres, DHHR, BPH
Carrie Brainard, Mid-Ohio Health Department
Shannon Parker, WV Primary Care Association
Joshua Austin, WV SIM Project
Elliot Birckhead, DHHR, BBHFF
Jane Cline, Spilman Law
Patricia Pope, WV Association of Free Clinics and Charitable Clinics

Jeremiah Samples, Chair, welcomed everyone to the meeting. Introductions were made.

Mr. Samples introduced Mark Muchow, Deputy Cabinet Secretary, WV Department of Revenue. Mr. Muchow will be giving an overview of the WV State Budget. Mr. Muchow's presentation is attached to the meeting notes.

- 2016 Fiscal Outlook Summary
 - ☞ Lower energy prices reduce severance tax and income tax collections
 - ☞ Lower employment and sluggish wage growth result in lack of significant income tax and sales tax revenue growth
 - ☞ General Revenue Fund collections will fall below prior year receipts creating sizeable budget gaps in both FY 2016 and 2017
 - ☞ Lottery revenues will fall below prior year receipts, but still exceed estimate
 - ☞ State Road Fund collections will fall below prior year receipts
 - ☞ Overall local government tax revenues will continue to rise
- Mr. Muchow shared charts of severance tax funds, etc. You can review these on the attached presentation.
- Expects the state to lose out on \$250 M in revenue in 2016 and a preliminary estimate for 2017 - \$300 M
- Governor announced a 4% cut in state budgets which is roughly \$9.4M
- Tax revenues expected to decline in FY 2016; modest recovery in FY 2017
- Expect less fiscal support from the federal government over time
- States with strong local government partners likely to fair best in the future

- Shared other states' budget problems
- Shared General Revenue Funds for FY 2016 and a summary of mid-year budget cuts and the Rainy Day Balance at end of 2016. If the revenue gap is \$300 M, if we use the Rainy Day Fund, the Fund will only last for about 2 years.
- Jeremiah Samples shared with the group that DHHR is in a very difficult position – mid-year cut was approximately \$41.5 M. When the economy worsens, and there is an increase in unemployment, there is an increase in the need for DHHR services. DHHR saw the largest cut for any state agency.
- Mr. Muchow is not looking for any major policy changes in this coming legislative session. Most policy changes occur in the first year of a new administration

A question and answer period followed.

Mr. Samples thanked Mr. Muchow for a very insightful presentation. He introduced Barbara McKee and Brent Tomblin, Partners in Health Network, CAMC. They presented on Emergency Department High Utilizers/Multi-Visit Patients. The powerpoint presentation is attached.

- Shift the care of multi-visit patients from a crisis care model to a primary care model by providing more consistent and appropriate levels of care from an assigned medical home or medical neighborhood.
- They identified high-utilizer Emergency Department patients 12 and greater ED visits in 12 months
- Use CAPGate to identify and track progress
- Shared participating PIHN Emergency Departments
- Patients include:
 - ☞ Vulnerable, high-risk patients with multiple chronic illnesses
 - ☞ Patients across the adult age span
 - ☞ Those with or without an established Primary Care Provider/Patient Centered Medical Home
 - ☞ Those insured by WV Medicaid
 - ☞ Those struggling with chronic illnesses
- Shared reasons why patients choose ED care rather than Patient Centered medical homes and the top 7 clinical diagnoses which includes abdominal pain, alcoholism, behavioral health, substance abuse, back pain, headaches and dental care.
- Shared the preferred pathway to care
- CAPGate is a secure internet website that PIHN owns and developed. Can be managed through www.CAPgate.org Mr. Whitler thanked Dr. Emmett for managing CAPGate
- Data received within 24 hours of ED visit
- Visit reports available to case manager within 24 hours
- Information used by clinics to follow up after a hospital visit
- Should lead to better care management and reducing ED visits

- Care Management Pilot Project – a six- month pilot project with 30 high-utilizer Ed patients identified from CAMC/ED using CAPGate
- Shared the outcome goals
 - ☞ Identify 30 ED high utilizers
 - ☞ Establish each patient with PCP or PCMH
 - ☞ Assist with specialty referrals
 - ☞ Track appointments
 - ☞ Track ED visits
 - ☞ Track healthcare expenses

A question and answer period followed.

Mr. Samples thanked Ms. McKee and Mr. Tomblin for coming and sharing the progress of this project thus far.

Mr. Samples challenged the group on ideas to reduce public health care spending in FY 2017 and 2018. Focus on how to better manage population health and better ways to utilize resources. Share if they feel that any of DHHR's programs aren't beneficial or could be consolidated.

E-Mail ideas you have to Jeremiah, Jeff or Debbie. We will discuss this more at the next meeting. Also, any ideas for presentations for 2016, send us an email. One topic of interest for the group will be to hear a presentation on school-based health.

The next meeting of the WVHIC Better Value Work Group is scheduled for December 16, 2015, 1:00 – 3:00 p.m. at One Davis Square, Suite 100 East, Conference Room 134.