

WV Health Innovation Collaborative
Lower Cost Work Group
September 17, 2014
Meeting Notes

Present: Jeremiah Samples, Jeff Wiseman, Penney Hall, Sharon Carte, Chuck Thayer, Anne Williams, Jean Kranz, Ashley Hicks, Carol Haugen, Tony Atkins, Larry Malone, Phil Weikle, Verena Mullins, Barbara Wessels, Dana Singer, John Earles, Bob Whitler, Brent Tomblin, John Moore, Harry Tweel, John Law, Julia Elligers, Laura Runnels, Courtney Armstrong, Nazleen Bharmal, Phil Shimer, Ted Cheatham, Perry Bryant, Chris Clark, Dave Campbell, Richard Wittberg, Taya Williams, Daniel Mace, Debbie Waller

By Phone: Chris Budig, Arnie Hassen, Fred Earley, Brenda Harper, Stephanie Hall, Sarah Chouinard, Sherri Ferrell

Jeremiah welcomed everyone to the meeting and introductions were made.

WVHIC Activities

- Better Care and Better Health Work Groups met on September 16.
- Initiative Inventory – continue to add new programs

Presentations

Jeremiah introduced Sharon Carte, WVCHIP to do a brief update on the WVCHIP federal funding issues.

- Sharon shared a powerpoint presentation with the group. She reported that the entire country is dealing with the termination of CHIP federal funds in 2015.
- A provision of the State Code says if insufficient federal funding, the program terminates.
- Eighteen states will experience a shortfall in 2015 and will run out of funds in 2016.
- Sharon can report back after September 30, 2014 closing and she will have a better sense of enrollment projections.
- WVCHIP Enrollment in 2014
 - Enrollment (August 31) 22,888
 - Unduplicated Enrollment (June 30) 34,440
- WVCHIP Funding
 - Funding, June 30, 2014

\$44,520,885	Federal
\$11,083,017	State
\$55,603,902	Total

- Sharon shared a June 30, 2014 Quarterly Report reflecting federal funding ending scenario that shows a drop in federal funds by the end of 2015.
- In essence, if CHIP is not renewed, 13,000 kids will be without coverage.
- Senator Rockefeller introduced a bill to Senate regarding CHIP funding.

A questions and answer period followed.

Jeremiah introduced Chuck Thayer, Deputy Commissioner, Administration, Bureau for Public Health. Mr. Thayer gave an overview of the WV Local Health Departments. A powerpoint presentation was send to the group prior to the meeting.

- Mr. Thayer shared with the group a listing of the WV Local Boards of Health. There are 49 local boards of health which 2 are clustered; covers all counties in WV.
- The West Virginia Legislature allocates \$16.6 million to support the provision of basis public health services by 49 autonomous local boards of health. State and federal funds provide basic public health services.
 - ☞ Community Health Promotion
 - ☞ Environmental Health Protection
 - ☞ Communicable or Reportable Disease Prevention and Control
- Can also provide enhanced public health services, clinical/categorical programs, and primary care services based on community needs and resources.
- Mr. Thayer shared with the group the FY 2015 State Funding Allocation Summary, the method for distribution of funds, and the projected budget for 2015.
- A chart of the sub-recipient grant agreements was also shared with the group. There are 119 sub-recipient agreements totaling \$10,557,089.
- Challenges:
 - ☞ Sustaining infrastructure with current and future anticipated reductions in federal funding/programs (Family Planning, Breast/Cervical Cancer Prevention, Threat Preparedness, HIV/AIDS, Hepatitis, Sexually Transmitted Disease and Immunization)
 - ☞ Development, maintenance and support of IT systems to connect to partners and report outcomes
- Opportunities:
 - ☞ Public health accreditation tools and resources
 - ☞ Partnership development
 - ☞ Prevention focus beyond communicable and reportable disease

A question and answer period followed.

Jeremiah introduced Julie Joh Elligers and Laura Runnels from the National Association of County and City Health Officials (NACCHO) and Courtney Armstrong and Nazleen Bharmal with the Rand Corporation.

- The Office of the Assistant Secretary for Planning and Evaluation (ASPE) within the Department of Health and Human Resources contracted with RAND and NACCHO to identify innovative models and best practices that leverage public health investments in outreach and enrollment efforts. The goals of the study are to: 1) explore how state and local public health entities can aid in identifying those newly eligible for coverage; 2) access what is known about current and previous outreach and enrollment efforts at the state and local levels; and 3) identify promising practices that achieve high levels of enrollment and re-enrollment through public health agencies that can inform other states' efforts.

- They are doing a scan of the published literature for documentation of these practices, key informant discussions to learn more about the role of public health in outreach and enrollment, and case studies with 7 states.
- At the conclusion of the data collection, they will disseminate their findings through presentations, providing lessons learned back to the states that participated, webinars, etc. The projects run from fall 2013 - spring 2015.
- A list of questions were asked the Lower Cost Work Group members:
 1. What is the history of this group? Why and how was it formed?
 2. What motivates partners to be at the table? What parts of the community are not represented at the table?
 3. How do/will you know that his group has been successful? What are your indicators of success? What difference has this group made for your organization?
 4. What factors drive your success? What factors limit your success?
 5. What are the next steps for the group?
 6. How did that group transition from siloes to a cohesive and collaborative group?
- The Work Group participated in answering the questions. The case study will be shared when complete.

Mr. Samples thanked the RAND Corporation and NACCHO for being a part of the Lower Cost Work Group meeting and for using the collaborative in their case studies.

State Health Improvement Plan

- Anne Williams shared with the group that Amanda McCarty presented to the Better Health and Better Care Work Groups a State Health Improvement Planning Process. Everyone across workgroups have discussed that we need to focus on a few priorities and get something accomplished. The Collaborative is working with the Bureau for Public Health on the State Health Improvement Plan. Looking at the poor health outcomes, the Work Groups were asked to choose 3-5 priorities. Listed below are the priorities:

Establish 3-5 Priorities

- 50th Preventable Hospitalizations
- 50th Diabetes
- 49th Physical Activity
- 49th Smoking
- 49th Heart Disease
- 47th Obesity
- 47th Cancer Deaths
- 45th High Blood Pressure

- After meetings with the Better Health and Better Care Work Groups, here is their list of priorities:

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

Discussion followed and the Lower Cost Work Group agreed to add the following:
Additions are in red:

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/**ED Visits (Avoidable Costs & Consequences)**
4. Substance Abuse
 - Smoking- Tobacco Use**
 - Prescription Drug Abuse
 - Illegal Substance Abuse
 - Neonatal Abstinence Syndrome

- **Add Hepatitis B&C and Care for the Elderly**

Jeremiah thanked everyone for their participation in today's meeting.

The next meeting of the WV Health Innovation Collaborative Lower Cost Work Group is scheduled for October 24, 2014, 1:00 – 3:00 p.m. at One Davis Square, Suite 100 East, Conference Room 134.

