



Wyoming Healthcare Commission

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TO: Governor Dave Freudenthal
Members of the Joint Labor, Health and Social Services Committee

FROM: Rex Arney, Co-Chairman
Dr. Larry Kirven, Co-Chairman
Wyoming Healthcare Commission

DATE: December 16, 2008

RE: Semi-annual report

Introduction

The Wyoming Healthcare Commission (WHCC) is directed by the Legislature (W.S. § 9-2-2803 (d)) to "every six months submit a written progress report to the joint labor, health and social services interim committee." The material in this report reflects the continued work in the priority areas of the Wyoming Healthcare Commission.

Priority 1: Pursue incremental steps to make certain that all Wyoming residents have access to affordable health care.

Current Status

The WHCC is working with the LHSS Committee and Governor's Office on several pieces of legislation related to healthcare reform strategies for containing healthcare costs and increasing access to services. These complementary pieces of proposed legislation would provide immediate relief, through a demonstration project, to a limited number of citizens who previously did not have health insurance and had limited access to healthcare. In addition, the proposed legislation would allow for the development of design strategies to be applied to future demonstration projects. The design strategies would reflect elements critical to the long-term reduction of healthcare costs and improvement in the access and quality of healthcare in Wyoming.

Priority 2: Promote the integration of healthcare services to deliver patient-centered care incorporating

best practices while encouraging healthy lifestyles and preventative care.

Current Status

In the fall of 2007 the Healthcare Commission initiated a project to field-test methods for integration of healthcare services and identification of best practices, to ultimately develop a successful model that can be used in other communities throughout the state. The pilot project involves the communities of Rawlins, Saratoga, Encampment, Hanna, Baggs, Medicine Bow, and Wamsutter. A coalition of stakeholders from the involved communities worked together collaboratively to address these issues. An evaluation of the area's EMS structure was being conducted in spring 2008 and based upon this study's recommendations, a Joint Powers Agreement was developed and signed to work together in regional planning and response. The project continues and is now focused on encouraging integration strategies within the provider community in terms of 24/7 access to care and the recruitment/retention of the healthcare workforce.

Priority 3: Work to establish and maintain a stable supply of health care professionals to support primary and secondary care, including dental, behavioral and geriatric health providers.

Current Status

The WHCC continues to maintain the Wyoming Healthcare Professions Database, with contract assistance from the University of Wyoming Survey and Analysis Center (WYSAC) and University of Washington Center for Health Workforce Studies. The goal of the data collection and analysis is to obtain an accurate count of professionals currently practicing in Wyoming and to understand the demographics and service capabilities Wyoming's provider community. We are now collecting data related to mental health/substance abuse providers, in addition to our traditional survey of physicians, physician assistants, advance practice nurses, dentists, pharmacists, practice locations, hospitals and pharmacies.

The data in the database is currently under analysis to provide policy briefs related to pertinent topics such as the status of primary care in Wyoming. These briefs will be released prior to the beginning of the 2009 legislative session.

We are also working to develop a plan for the transition of database management following the sunset of the WHCC and have recommended legislation to address the transition process.

In addition to the Wyoming Healthcare Commission Statistical Handbook, the Commission worked with the Department of Employment, Research and Planning Division to complete the study regarding the demand, supply and retention of nurses in the healthcare profession workforce in Wyoming. The study is an analysis of the changing demographics of Wyoming's population in relation to the health care services needed by an aging citizenry and how to meet that demand.

Priority 4: Address and resolve healthcare errors to improve patient safety in Wyoming.

Current Status

The Patient Safety Task Force of the WHCC has been taking steps to encourage the establishment of a not-for-profit corporation that would serve as a patient safety organization (PSO) in Wyoming. The purpose of the corporation is to serve as a learning organization dedicated to assisting health care providers in this state to improve the quality and safety of health care rendered and to reduce harm to patients. The corporation shall promote the development of a culture of patient safety in the health care system in this state.

Current activities for the development of a Patient Safety Organization in Wyoming include developing a business plan, solidifying relationships with stakeholders and establishing relationships with PSOs across the country for technical assistance.

In terms of the national landscape, the U.S. Department of Health and Human Services (HHS) issued guidelines in October 2008 for PSOs. The guidelines allow the Agency for Healthcare Research and Quality (AHRQ) to begin receiving applications from qualified entities that wish to become PSOs until the federal rules are established. Also, on October 1, 2008, Medicare stopped paying for "never events." We believe that these developments will serve as a motivator for establishing a PSO.

Conclusion

The Wyoming Healthcare Commission will continue to address these important issues as we participate in the coming legislative session. In preparing for our June 2009 sunset date, we are also assembling a comprehensive resource library to aid healthcare research and policymaking in the future. For your reference, an abbreviated listing of the WHCC library is attached.

WHCC Summary of Reports and Report Recommendations:

SafeTech Solutions: Emergency Medical Services System Assessment

May 2008

In 2008, the Wyoming Healthcare Commission contracted with SafeTech Solutions to conduct an assessment of the emergency medical services (EMS) system within Carbon County, Wyoming, extending to Wamsutter. The report recommends design improvements of creating and empowering a county EMS coordinator position, forming a countywide EMS Council, developing a EMS strategic plan, workforce planning, developing a two-tiered EMS system, exploring creative funding of paid ambulance staffing and improving communication with public.

Wyoming Department of Employment, Research and Planning Division: "Nurses in Demand: A Statement of the Problem"

March 2008

In 2007, the Wyoming Healthcare Commission funded the Wyoming Department of Employment (DOE) to conduct a study to assess the shortage of nurses in Wyoming. Wyoming's changing demographics, primarily its rapidly aging population will require a transformation of its health care services to meet the demands. The DOE also makes clear that Wyoming is suffering from a shortage of health care professionals generally. "At least one quarter of Wyoming's current population," for example, lives in a county with an inadequate number of health care professionals." Moreover, "more doctors are limiting Medicare patients because reimbursement rates are lower than private insurance."

Assuming no changes to the current policy scenario, R&P projections show that Wyoming's health care industry will need a total of 3,307 more nurses than were employed in 2006 (estimated at 3,145) to fill the projected demand. If growth as a result of recent staffing pattern trends can be held constant at current levels through policy changes, Wyoming's health care industry will need an additional 2,935 nurses by 2014 to fill the projected demand.

Wyoming Health Information Organization (WyHIO): "An Inventory of Existing IT Capability in Wyoming's Medical Community, Access to High Speed Internet Connections, and Systems Interoperability"

October 2007

In 2006, the Wyoming Healthcare Commission funded the Wyoming Health Information Organization (WyHIO) to conduct a survey of health information technology (HIT) and health information exchange (HIE) capabilities in Wyoming. The main objectives of the study were to provide (1) an inventory of current and planned HIT capability, (2) an inventory of access to high-speed internet connections, (3) an assessment of HIE capabilities, and (4) an assessment of existing HIT/HIE infrastructure.

Findings

Exchange capability: The majority of respondents reported having computers aged less than four years, as well as access to high speed internet. Over one-half of hospitals and pharmacies and one-third of physicians are "Most HIT Capable," yet one-fifth of physicians are "Least HIT Capable." Less than half of the facilities responding to the survey participate in a two-way exchange of electronic, patient-specific health information. Large facilities are participating at a higher rate than small facilities, including with administrative financial

functions, patient management functions, and use of electronic medical records.

Electronic Health Records (EHR)s: Overall, 51.8% of facilities reported having software applications for EHRs. Retail pharmacies (85%), dental offices (70.5%), and hospitals (64.5%) reported using EHRs at the highest rates, while mental health and substance abuse providers (37.5%), private practice physicians (44.2%), and healthcare clinics (44.4%) reported using them the least. There are over 160 vendors for EHRs and 140 vendors for administrative software in Wyoming.

EHR Use: Administrative/financial functions are the most computerized in Wyoming health care facilities. Patient billing (90.4%), general accounting (89.2%), and claims submission (83.2%) were the most reported functions. Scheduling procedures (70.7%), registration/admission (61.6%), discharge procedures (50.9%), and emergency department operations (37.5%) were reported less frequently.

Interoperability: More than half of the survey respondents reported their electronic HIEs were facilitated by HL7 compliant software, yet the use of HL7 compliant software is not distributed evenly across facilities or specialties. Hospitals (82.7%) are most likely to use HL7 compliant software, while retail pharmacies (37.5%) are least likely to use such software. Larger facilities are more likely to use HL7 compliant software than smaller ones.

Rural Policy Research Institute (RUPRI) Center for Rural Health Policy Analysis: "Status and Future of Health Care Delivery in Rural Wyoming: A Summary Report"

June 2007

During the 2006 Budget Session of the Wyoming State Legislature, legislation was passed to request the WHCC to conduct a study on improving healthcare delivery systems. The WHCC contracted with the Rural Policy Research Institute at the University of Nebraska Medical Center to study the current condition of the rural health care delivery system in Wyoming and recommend changes to build a health care delivery system that best meets the needs of residents of the state. They examined Wyoming's demographic trends, health care provider distribution, health information technology capacity, workforce training programs and recruitment and retention initiatives. They provided analysis on the economic impact of healthcare and the outmigration of services. As a component of the study, two community case studies were undertaken to provide in-depth information. Finally, RUPRI made recommendations on strategies to improve the healthcare delivery system, with an emphasis on service integration.

Policy Options for Expanding Health Insurance Coverage in Wyoming: Dr. Jonathan Gruber.

January 2007

In 2007, the Wyoming Healthcare Commission contracted with Dr. Jonathan Gruber, Health Economist at the Massachusetts Institute of Technology, to analyze approaches to dramatically increase insurance coverage within its borders. The study highlighted the pro's and con's of pursuing the incremental approach to reduce the number of uninsured versus more fundamental reform options. The report emphasized a program design that offers coverage to those who would otherwise be uninsured when using public monies. The research clearly stated that if it is the state's goal to cover the most people for the fewest dollars, the best route would be to expand programs for public insurance to low income residents now not eligible. Tax credits to employers to offer health insurance rather than tax credit, or subsidizing individuals to buy in to their employer provided insurance was represented as more promising in the incremental approach. The study further suggested employer tax credits be targeted to small, low wage firms. Mechanisms such as pooling of large numbers of

participants created independently of health status, public subsidies combined with affordability and mandates were suggested when implementing more fundamental reform options. As follow up to the January 2007 report, Dr. Gruber “modeled” cost and consequences of insuring several populations, including parents of S-CHIP children, parents of Medicaid children and all adults up to 200% of the federal poverty level.

A Brief Analysis of Health Care Reform in Five States: Utah, Montana, Maine, Massachusetts and Vermont.

August 2006

In 2006 the Wyoming Healthcare Commission requested Julia Robinson, M.A., M.P.A., D.P.A, and President of J. Robinson Enterprises, Inc. to prepare an analysis of key reform features in five states that might provide lessons for the Wyoming Healthcare Commission as they moved ahead in the strategic planning process. Included in the analysis were suggestions as to how Wyoming might move ahead in light of Wyoming’s current gubernatorial support for health care reform, history with Medicaid expansions, and identified uninsured populations. The report suggested incremental approach to reform beginning with such options as providing affordable health insurance to the uninsured and underinsured between the ages of 19 and 26, creating a low cost preventative care/primary care product for persons 19-26 which is tied to the individual not school or work, utilizing Medicaid as part of the funding engine, for whatever program design should proceed towards implementation, and a potential single pool in Wyoming that could make a significant difference in access and cost if chronic disease management could be publically funded.

Report on Medical Errors and Medical Injury Compensation.

October 2005

The Wyoming Healthcare Commission was directed by the Legislature during the 2004 Special Session in Enrolled Act 2, Section 1, to study the feasibility, costs and benefits of a new system to address and resolve health care errors and health care malpractice. The mandated study was broad based and far reaching, requiring analysis of numerous medical errors studies before formation of recommendations was possible. With assistance from Wyoming Department of Health attorney, Fran Cadez and Harvard University’s Dr. Michelle Mello, the Commission was able to create a framework for logical and feasible steps toward medical errors redress systematically and effectively in Wyoming. As a result of the study several potential actions were recommended including adoption of the National Quality Forum (NQF) definitions associated with the List of Serious Reportable Events, promotion of error analysis, determine benefits and burdens encompassed by pursuing certification under the Federal Patient Safety and Quality Improvement Act of 2005, review Wyoming statutes to determine discovery protections for error reporting, make patient safety a priority through education and training, draft legislation enabling entities to develop pilot projects to compensate patients for well defined errors and empower an independent commission to support educational efforts to promote the patient’s role in the safe delivery of care and to continuously review evidence-based patient safety interventions.

Waiver Expansion Study: State of Wyoming Department of Health.

January 2005

In response to Wyoming-specific concerns regarding the personal and financial cost of being uninsured, the Department of Health engaged Navigant Consulting, Inc. to conduct a study of Wyoming’s ability to expand health insurance coverage using Medicaid or State Children’s Health Insurance Program waivers. The study focused on expanding coverage to parents of children in the State’s Children’s Health Insurance Program (Kid Care CHIP) and to low-income adults. Potential recommended policies included use of a premium assistance

program as part of expansion efforts, limiting program enrollment to meet budget constraints, providing coverage to parents of Medicaid children, parents of S-CHIP children and childless poor adults, most importantly previously uninsured populations. Limitations cited in the study included the state's limited ability to reduce Medicaid benefit package as a cost savings mechanism because Wyoming's Medicaid benefit package contains few optional services compared to other states.