



Wyoming Healthcare Commission

Dixie M. Roberts, Chairman
Susie Scott, Executive Director

COMMISSIONERS

Rex O. Arney
Rod Barton
Barbara A. Cohee
Jack Glode, M.D.
Cathy Guschewsky
Lawrence E. Kirven, M.D.
Lorraine Saulino-Klein
Barbara S. Rea
Jack Speight
John H. Vandel

EX-OFFICIO COMMISSIONERS

Brent Sherard, M.D.
Wyoming Department of Health Director
Ken Vines
Wyoming Insurance Commissioner

Wyoming Healthcare Commission
Semi-Annual Progress Report
March 2008

To: Governor Freudenthal
Members of Joint Labor, Health and Social Services Committee

From: Dixie Roberts, Chairman of the Wyoming Healthcare Commission

Introduction

During the 2006 Budget Session, the Wyoming State Legislature specifically asked the Wyoming Healthcare Commission (WHCC) to examine “**additional means for reducing the cost of private health insurance.**” (Enrolled Act 41) as well as study “**the existing and future needs of health care services**” to develop “**efficiencies and opportunities for enhancing the quality of health care, the delivery of health care services and the allocation of health care resources**” (Enrolled Act 66).

The WHCC is also 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.” We submitted our previous progress report in September 2007; we are submitting this progress report in March 2008.

The material in this report reflects continued work in the six (6) identified priority areas for the Wyoming Healthcare Commission.

1. Pursue incremental steps to reduce the number of uninsured individuals, while pledging to ultimately make certain that all Wyoming residents have some form of health insurance coverage.

Current Status: The final phase of the “Policy Options for Expanding Health Insurance Coverage in Wyoming” study was completed in November 2007 with an analysis of the 2006 S-CHIP for Parents Senate Bill. The study focused on the impact the legislation would have on the state budget and the potential for movement among the insured population. Population model analysis included public insurance, employer insurance, non-group insurance and the uninsured. Cost factor analysis included federal cost, state public cost, state group subsidies and individual premiums. Even though the final phase of this particular study has been concluded, the data modeled in this study will be valuable to the work of health care system improvements for years to come.

Work in Progress: In response to a request from the Legislative Management Council, the Commission will work with Joint Labor, Health and Social Services Interim Committee to examine the concepts of 2008 SF 85 and incorporate the Commission’s research where applicable . The

Commission will work with LHSS to propose a system for improving the health care of a large number of Wyoming's poorest citizens. The Commission anticipates having an initial report/proposal for the slated early fall meeting of Joint Labor, Health and Social Services, including comment from pertinent stakeholders regarding SF 85.

2. Maintain a stable supply of health care professionals to support primary and secondary care.

Current Status: The 2008 Wyoming Healthcare Commission Statistical Handbook was published and distributed on a statewide basis in February 2008. The production of the statistical handbook is in response to a 2005 legislative directive to establish a health care information system to house data on Wyoming's health care workforce. 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/service capabilities Wyoming's provider community.

Work in Progress: The database is continuously being updated with a series of surveys and site visits. The 2007 and 2008 statistical handbooks contain data pertaining to physicians, physician assistants, advance practice nurses, dentists, pharmacists, practice locations, hospitals and pharmacies. In addition to publishing the statistical handbook, the Commission provides workforce data to health care and research entities for addressing issues facing Wyoming's health care delivery system.

The 2009 statistical handbook will also include data reflecting mental health/substance abuse service providers in the state in an effort to develop a more comprehensive health care workforce database. Initial licensee data gathering for mental health/substance abuse service providers has been initiated with additional data collection, verification and iteration phases to follow. The Commission will survey the following mental health and substance abuse professionals: licensed clinical social workers, licensed marriage and family therapists, licensed professional counselors, and licensed addictions therapists.

In addition to the Wyoming Healthcare Commission Statistical Handbook, the Commission continues to work 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, projected to continue through 2009, 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. Study updates are being delivered to the Commission from Research and Planning on a regular basis, with the latest updates delivered in September 2007 and March 2008.

3. Promote the integration of healthcare services for purposes of affordable patient-centered care.

Current Status: Fragmentation in the delivery of healthcare services continues to plague Wyoming communities having a profound impact on the cost and quality of healthcare. The lack of integration of services impedes providers from delivering affordable, quality care and hinders Wyoming residents acquiring a *medical home*, a primary location for personal health records and a personal physician. The Wyoming Healthcare Commission strongly believes developing mechanisms for better integrating healthcare services on a community and regional basis will have significant, positive impact for providers and patients.

Work in Progress: 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. The pilot project involves the communities of Rawlins, Saratoga, Encampment, Hanna, Baggs, Medicine Bow, and Wamsutter in eastern Sweetwater County. A coalition of stakeholders from the involved communities has identified countywide needs in healthcare delivery and have agreed to work together collaboratively to address these issues. A long-term, statewide goal is to develop a successful model of the healthcare assessment and prioritization process that can be used in other communities throughout the state. The initial assessment and prioritization process has identified lack of emergency medical services as a crucial element in the healthcare delivery system. Evaluation of the area's EMS structure is being conducted and the findings will be included in a comprehensive plan for the Carbon County project to be released in fall 2008.

4. Strengthen Wyoming's data infrastructure to improve the delivery of healthcare services.

Current Status: As a result of 2004 legislation, the Wyoming Health Information Organization (WyHIO) was organized in 2005 with assistance from the Wyoming Healthcare Commission. Since that time, WyHIO has delivered a series of reports to the Healthcare Commission incorporating an inventory of current and planned capability of healthcare stakeholders, an inventory of access to high speed internet connections, assessment of HIE capabilities of stakeholders, and assessment of existing infrastructure. In addition to enabling the establishment of WyHIO, the Healthcare Commission has served as a convener of interested stakeholders attempting to address the challenges of establishing HIT in Wyoming such as lack of interoperability, privacy concerns, proprietary interests and cost. Several members of the WHCC continue to serve on the Governor's Health Information Technology Task Force, one of a number of entities in the state trying to coordinate HIT efforts.

Work In Progress: As a result of the 2005 WHCC recommendation to Labor, Health and Social Services that Wyoming form a self-sustaining regional health information organization, the Commission continues to aid in HIT efforts on a statewide and regional level. The most recent efforts involve WyHIO, the University of Wyoming Center for Rural Health Research and Education, and a Rural Health Care pilot program in conjunction with the Federal Communications Commission. Stakeholders are currently involved in developing the administration and implementation of a three year program to build a dedicated, high-speed network to link all hospitals, community health centers and substance abuse clinics.

5. Improve population health and reduce the number of uninsured through emphasizing collaborative planning and individual responsibility.

Current Status: Included in the September 2007 recommendations to Joint Labor, Health and Social Services from the WHCC was the recommendation to support a program for early screening and intervention methods for substance abuse within primary care and community care settings, as proposed by the Division of Substance Abuse/Mental Health. Incorporated in those same recommendations was a recommendation from the WHCC to support a statewide ban on smoking in public places. In December 2007 the Healthcare Commission recommended to Joint Labor, Health and Social Services the expansion of the State Children's Health Insurance Program (S-CHIP) to include a particular number of uninsured parents of S-CHIP children. The proposed expansion of the S-CHIP program involved existing administrative services and required contributions from the parent and the employer of the parent.

Work in Progress: The Healthcare Commission will be working with Joint Labor, Health and Social Services to provide information as needed in fulfilling interim goals.

6. Recommend a new system to address and resolve healthcare errors to improve patient safety in the state of Wyoming.

Current Status: The lack of standardization and coordination in Wyoming's patient safety reporting system results in inconsistencies in how adverse events are described. This situation raises questions as to whether reported adverse events are representative of all injuries and errors. To help address the situation, the WHCC supported legislation (HB 31) to amend W.S. 35-2-912. The legislation would authorize the Department of Health to define safety events for the purpose of mandatory reporting, and that those events be identified by a standard taxonomy generally accepted in the health care industry, e.g National Quality Forum (NGF).

In conjunction with the October Commission meeting, the Healthcare Commission co-sponsored a public forum titled *Patient Safety & Reducing Medical Errors: Exploring Options* to investigate ways in which an administrative approach to injury compensation might facilitate enhancements in patient safety and put perspective on legal and regulatory barriers. Based upon responses and insights from attending stakeholders, the Commission believes there is significant interest for continued work in this area.

Work in Progress: The WHCC Patient Safety Task Force continues to examine ways in which to improve patient safety. As part of this ongoing effort, the Commission is cosponsoring a symposium at the University of Wyoming where a wide range of experts will discuss patient safety challenges and proposals to improve care, reduce medical errors and compensate medical injuries. *Health Care Reform and Patient Safety; Medical and Legal Challenges & Opportunities for Medicine and the Law* will be held April 2-3, 2008 in Laramie. The Commission's concerns for reporting mechanisms, training for medical safety officers, compliance with federal rules and the development of a patient safety "center" will be addressed during the symposium.

The Wyoming Healthcare Commission will continue to address these very important issues. We realize there may be modifications to our priorities to best utilize resources prior to the June 2009 sunset date, while maintaining the goal of positively impacting access, quality and cost of healthcare in Wyoming. In preparing for this sunset date, we are also assembling a comprehensive resource database and action plan to aid healthcare research and policymaking in the future. For your reference, an abbreviated listing of the Commission's database is attached.