Wyoming Healthcare Commission
June 27, 2005
Buffalo

Attendance

T. Chris Muirhead, Chairman, Steve Mossbrook, Vice Chair, George Bryce, Marlene Ethier, Jack Glode, M.D., Carol Jenkins, Dixie Roberts, John Vandel, Commissioners, Brent Sherard, M.D., Wyoming Department of Health Director, Ken Vines, Insurance Commissioner, Ex-Officio, Anne Ladd, Emily Genoff, Staff, and Julie Sapp, Governor's Office.

Introductions

Chairman Muirhead opened the meeting with an introduction of the day's process, which is to review 18 recommendations proposed for forwarding to the Governor's Office on June 29. Comments from the public would be accepted after each recommendation is discussed and at the end of the agenda.

Recommendations

Form a regional health information organization (RHIO) – Ms. Ladd explained that the Information Technology Technical Management Subcommittee (IT2) plans to create a RHIO to allow for implementation of electronic medical records. Vice Chairman Mossbrook added that RHIOs are a recommendation of the federal government and Wyoming is following the federal lead. Chairman Muirhead said the first meeting of stakeholders for a Wyoming RHIO will be July 18. Dr. Sherard said that he is concerned about how the RHIOs are going to tie together nationally. Ms. Jenkins said there are four contracts that are going to be let nationally for four or five entities to answer that – they are to develop prototypes for sharing data. Wendy Curran, Wyoming Medical Society Director, said her organization's position is supportive as a means of coordinating existing efforts of physician and hospital conversion to electronic health records.

Provide reimbursement for physician e-consultation – The goal of this recommendation is to provide reimbursement for physicians using a specific format with patients for communication about medical care over the Internet. E-consults would be piloted in the state employee health plan. Data is surfacing indicating e-consults are effective and cost saving, Mr. Vandel and. Ms. Jenkins said time is saved when physicians use e-consultation, allowing greater patient access. Mr. Vines asked whether there are malpractice concerns. Ms. Ethier asked if there as any data regarding Medicaid patients' use of e-consults. Ms. Jenkins indicated she is not aware of any, although she suspects there is less diffusion of computer access among Medicaid beneficiaries. Discussion followed about the difference e-consults and phone consults, the potential challenges for

implementation, the benefits to patients and physician practices and the role of government.

Expand and promote PharmAssist – This program was designed to assist patients taking multiple drugs. Mr. Vandel said the program began as a demonstration that was picked up on by AARP, which provided funding and advertising. Every time there is publicity, utilization goes up, but then recedes over time. Additional support is needed to keep awareness high, he said. Dr. Glode asked about guidelines for the program and clarified the intent was to review prescriptions for interactions and cost effectiveness. . Mr. Vandel said the patient brings medications to the pharmacist who then reviews possible interactions and whether a generic would be appropriate then communicates by standardized letter with physicians. He said feedback from physicians has been positive. A next step will be a program where payers initiate the communication with pharmacists, rather than patients. Another phase is HealthAssist, which puts health professionals on the street, visiting patients and making recommendations about lifestyle modification in addition to medication issues. Dr. Glode said he is concerned about physicians having input on PharmAssist's development. Dr. Sherard said he will be sure to use advisory groups communicating with him.

Create and publish quality/cost report cards – What is not measured cannot be managed, Ms. Ladd explained. There are many quality initiatives driven by business groups on health that are developing report cards. Mountain Pacific Quality Foundation is working with the Centers for Medicaid and Medicare on a quality measurement program but Wyoming's smaller hospitals are not currently able to receive ratings in the CMS system. Dan Perdue, Wyoming Hospital Association Vice President, said the Institute of Medicine report in 1999 quantifying deaths related to medical errors was an eye opener. But he hopes that effort is made to avoid duplication of effort underway in already, including the American Hospital Association's voluntary hospital self-reporting program. Ms. Curran said she thinks her organization will support quality initiatives in general but the language of the recommendation as drafted concerns her. Discussion followed regarding the language to use to convey that outcomes and measurements are not commonly used, and the impact of that absence. How to present the relationship between profitability of hospitals and quality was debated. Cost of implementing quality measurement to the hospitals was noted. A consensus was taken and a majority agreed to maintain the recommendation with modification and move on to the next issue

Mandate use of clinical guidelines in state employee benefit plan – Ms. Ladd explained that this recommendation is an opportunity to implement guidelines within a large pool of people in the state. Guidelines are shown to lower treatment costs and improve patient outcomes. Ms. Curran said mandated use of clinical guidelines will be opposed by the Medical Society. Clinical guidelines are good but requiring their use removes the discretion of physicians in the treatment of a variety of patients funded by a range of payers. Dr. Sherard said that when something is mandated, it has to be enforced. Chairman Muirhead said that just because it is tough, it is not the wrong thing to do. Dr. Glode referred to the guidelines as "cookbook medicine" and said the commitment must be made to a body that will choose and adapt guidelines, determine how they are

enforced and what the "carrot and stick" will be to assure compliance. "We don't want physician backlash, but if we have the physicians at the table when we implement this I think it will work. I want to be sure that we word this document so that this program will be successful," he said. Ms. Jenkins said that insurers tried to mandate at one time but it did not work; they found they had to incent physicians to use guidelines through higher reimbursement. Ms. Sapp noted that PharmAssist is a voluntary, patient and payer program intended to encourage across-the-board responsibility for lowering healthcare costs. Discussion followed regarding whether or not the guidelines should be mandatory, and it was agreed to change the wording to indicate "Implement" rather than Mandate. Mr. Bryce asked then whether the implementation should be expanded to the entire healthcare delivery system rather than just the state employee benefit plan. Which protocols to use are an issue, said John McBride of Blue Cross Blue Shield. Dr. Sherard said the Department of Health is piloting guidelines in Medicaid using contractor APS. Time was called on the discussion by Chairman Muirhead.

End of life care document registry/database – The goal of this recommendation, Ms. Ladd explained, is getting people the care they say they want based on their stated wishes found in end of life care documents. Typically end of life documents are not with a person when they arrive at the Emergency Room door and may not be accessible quickly enough to be part of the decision-making process. Registries are being done in Montana and Arizona and are well received. After the Terry Schiavo case was publicized, registry volume increased exponentially in states with those databases. Ms. Curran said it is a great idea and the model is in place since the state participates in the donor registry program in Colorado. Driver's licenses cite whether a person is an organ donor or not. Ms. Ladd said there also is a terminal illness registry for people who have "do not resuscitate" orders. The Legislature standardized the advance directive form during the last legislative session.

Offer health risk appraisals (HRAs) and a wellness program to all state employees – The best medicine is preventive medicine so we should help people manage their own health by providing them with health risk assessments, Ms. Ladd said. Dr. Sherard said the Department of Health should be a partner. Mr. Vandel said the HealthAssist pilot program is headed down a similar path. Dr. Glode and Chairman Muirhead expressed concern about the measurability and demonstration of success for these programs. Mr. Bryce said the exact measurements of success are hard to define. The Natrona County School District offered HRAs and 550 (one third of the pool) participated and 15 percent qualified for telephonic intervention to help them turn their behaviors around toward a more positive path. The input from employees was that it was "the best thing that had ever happened," he said. Healthcare cost increases were reduced for the district. Discussion followed about whether the Be Well pilot in the Wyoming Department of Transportation would be the model, even though there will not be data immediately available about the success of that effort. Measures can include lowered healthcare costs and illness- related absences.

Offer Health Savings Accounts to all state employees – This is a means of making consumers more cost conscious, Ms. Ladd explained, and giving them a means to address

their role in lowering healthcare costs. “This is a way to incentivize consumers to be better consumers,” Mr. Bryce said, “because they end up with money in the bank.” This is a mini-pilot of how WyoCare-type accounts can work in a structured setting because employers and employees can contribute to the HSAs, he said. Preventive care is fully funded, Ms. Sapp said. Recent data indicates that people are not avoiding necessary care, Ms. Jenkins said. Commissioner Vines noted that although HSAs can be added to the high-risk insurance pool program the state offers, they have not yet become available.

Develop a healthcare delivery system plan to meet Wyoming citizens’ needs – The state has no means of assessing the distribution of healthcare practitioners in the state or manage where resources are allocated. This recommendation will create a process by which the state can say “this is where we are, this is where we want to get to,” Ms. Ladd said, with regard to the healthcare infrastructure of the state. Ms. Sapp asked if this would be a recruitment plan. The commissioners said the idea is larger than that, to extend to equipment, facilities, and transportation. Discussion followed about the market vs. government restrictions on distribution of healthcare providers. Dr. Glode said if there is an independent entity with a cross-section of the state’s healthcare community represented collecting data, there will be a rational means of making decisions about how resources are distributed. Vice Chairman Mossbrook said the group would have the data needed to conduct and present systemic analyses. The ability will be in place to compare guidelines with needs. “We’re simply going to try to put some method over this whole thing so that we restore some sanity to it because we know there are some things being done that do nothing but drive up costs,” Mr. Mossbrook and. Dr. Glode advocated for the recommendation saying a body needs to be in place that brings together all the vested interests in healthcare. “Someone has to crunch the data and make recommendations about how it is used,” he said. “You can put the best data in the world in the hands of the current private marketplace in medicine and get the same results. We do need a think tank. We need to get all the players at the table and make some tough decisions.” Mr. Perdue said he can see the recommendation becoming the most discussed in the Legislature; the Health Reform Commission of the mid-90s forwarded a similar idea that was not embraced but may be more accepted now.

Review impact of surgery centers and specialty hospitals – Ms. Ladd said that this recommendation is an acknowledgement that there are physician-owned surgery centers being built in communities across the state, entering Wyoming in a national debate about the merits of these entities. The question of whether competition in healthcare is always a good thing is continually debated. Until we understand it fully, no further construction should be allowed during a study period, as proposed in the recommendation. Dr. Sherard said the Department of Health has a licensing arm and needs to be listed as a partner in the recommendation. Ms. Roberts stated she continues to be troubled by the moratorium. Moratoriums tend to stimulate demand and since the recommendation is now public, there may be a rush toward construction even now – without its approval. Placing a moratorium before the study is completed implies a predetermined outcome. Mr. Perdue spoke in favor of the recommendation. Ms. Curran said she would agree with Ms. Roberts that a moratorium seems inappropriate because there are already a number of ambulatory surgical centers. Ambulatory surgical centers are different from specialty

hospitals. She said there have been no complaints in Cheyenne about the private ambulatory surgical center in Cheyenne; she doesn't think those entities have created an undue burden on hospitals. Innovation, higher quality services are stifled by a moratorium. Patient mix, referrals and access to care can be addressed through licensing. But she supports study of specialty hospitals. Sheralyn Kaiser, representing Wyoming Medical Center, said they support a moratorium and study. Dr. Glode said that the moratorium should be limited to specialty hospitals. The moratorium issue was opposed by the majority of Commissioners and was eliminated from further discussion.

Increase nursing faculty salaries – Nursing student slots are unfilled because there are not enough faculty at community colleges and sometimes the University of Wyoming to teach them. One suggestion for addressing the nursing shortage is fixing the faculty shortage. A means of doing that is increasing salaries to make positions more attractive to recruits for academic position. No discussion.

Creative solutions for the nursing faculty shortage – Increase the faculty available to teach qualified nursing school applicants by allowing reduced workloads for nursing professionals pursuing higher education, and reducing nursing educators' higher education requirements. No discussion.

Increase nursing clinical training sites – A clinical coordinator would help expand the number of clinical sites available to nurses in training and faculty. No discussion.

Support Magnet hospital designation – Hospitals interested in becoming Magnet hospitals would be provided with matching grants for application to obtain Magnet status. Mr. Perdue said the Hospital Association supports the recommendation. Ms. Curran said earlier discussion with legislators generated investigation of other types of certification, such as Planetree, and she wondered whether there might be grants for application for those models as well. Vice Chairman Mossbrook said the determination had been made that the effort to improve nursing work environments would be diluted by incorporating other models. Ms. Ethier said other models do not demonstrate the same recruitment and retention benefits or patient outcomes that Magnet claims. Magnet status is an American Nursing Association credentialing program Chairman Muirhead noted. Discussion followed regarding the reasons critical access hospitals are not likely to pursue Magnet status.

Fund physician training – A shortage of funding for the University of Wyoming Family Practice Residency programs makes them less attractive to high quality graduates of medical school and could impact the programs' ability to remain accredited. Funding for the Residency Program is in the University's budget, preventing a debate about the program's funding level from becoming a state-wide health policy issue and discussion. Ms. Curran said there were increases in faculty salaries last year for the Casper site, but only temporarily for Cheyenne, and she would appreciate the Commission's support for continued Cheyenne Residency Program faculty salary increases. She asked that there also be support for separating the WWAMI and WICHE medical education programs from the UW budget. Dr. Glode and Vice Chairman Mossbrook agreed with Ms. Curran.

Dr. Glode noted that WWAMI's first class was successful in that graduates returned to Wyoming to practice.

Extend Healthy Living/Healthy Learning – The McComb model has been discussed in numerous venues in Wyoming. Siloed programs create opportunities for people to fall through the cracks. Schools in McComb are a hub for aggregating program funds and services to erase those cracks. A pilot program similar to McComb's called Healthy Living/Healthy Learning in Wyoming is limited to a few districts. This recommendation would expand the program to all interested school districts in the state, Ms. Ladd explained. Commissioner Bryce asked if there is coordination between the Departments of Health and Education, and Dr. Sherard said that there is some – not enough – but since Healthy Living/Healthy Learning coordinator Sunny Kaste has left state government for private sector employment there is no clear communication between the two. The state is going to need someone of Ms. Kaste's high caliber to fill the slot, Vice Chairman Mossbrook said. Mr. Bryce said he was intrigued by McComb's enrollment of the schools in the Medicaid program so that they could bill for care. Dr. Sherard said he is working to promote interagency collaboration; school nurses are spread so thin and the place where there is a primary tie is the immunization registry. Ms. Jenkins said the schools reported favorably on their results to the Children and Families Initiative. Discussion followed regarded funding for additional school nurses, which is not included in this recommendation. Instead, a coordinator would be hired at each site to build community collaboration. In McComb, the initiative was budget neutral and there were more nurses and social workers added to staffing levels as funds became available from other silos for professionals.

Increase funding for tobacco prevention and cessation – The goal of this recommendation is to increase funds available for tobacco prevention and cessation initiatives and to ensure that the state is spending money on those programs that are mose effective , Ms. Ladd said. Ms. Ladd requested discussion on political ramifications and discussion followed regarding the allocation of substance abuse funds in the state. There was also discussion on the proposed alternatives of making state and public buildings smoke free. Dr. Glode suggested separating funding from a policy regarding where people can smoke – a public health issue. He also requested additional work be done on this issue at future meetings. Ms. Jenkins and Chairman Muirhead said this is the most important thing the Commission and state can do. Ms. Jenkins said that banning smoking in facilities is prevention and is part of CDC's tobacco prevention policy package.

Increase the number of free clinics across the state – Providing funding for free clinics and potentially greater protection for physicians volunteering in free clinics is a Band-Aid approach to intervene in the healthcare care needs of those who do not have coverage and who wind up in emergency rooms profoundly ill and unfunded, Ms. Ladd said. She noted that the Commission is working on WyoCare as a longer-term more comprehensive solution to the issue of the uninsured. Vice Chairman Mossbrook said there are physicians who want to reach the uninsured and there needs a place for them to do that. Mr. Vandel predicted a recommendation like this would generate cries of the advent of socialized medicine. Ms. Sapp asked if the recommendation was a stop gap, and whether

it would end when the larger solution is in place? Discussion followed regarding the role free clinics play in creating a safety net and the continual need for that safety net. Mr. Bryce proposed that matched funding be provided to the clinics. Discussion followed regarding the challenges to creating new free clinics and funding those that exist without making them "state" clinics. The decision was made to leave the recommendation as it is.

WyoCare briefing and executive summary – WyoCare is still evolving and is not a product but is designed to be a mechanism that will make paying of premiums, claims and program standards under a single umbrella, Mr. Bryce said. Lowering claims costs is key. Leif and Associates has been hired to study reinsurance models for the state's reinsured populations (small group and high risk pools). A scope of work is being developed to do actuarial analysis of WyoCare. On July 19, there will be a meeting regarding Total Health Management (evidence-based medicine) in Casper to work within WyoCare. The overall goal is to make healthcare more affordable across the board, starting with the uninsured, without cost shifting. If the existing people cannot afford the coverage they have, the uninsured will persist. If the whole system is more affordable, more people will buy insurance under a modified purchasing system. The WyoCare accounts are multiple-source (including government) pre-tax accounts that appear more do-able as research into the legal ramifications advances. Vice Chairman Mossbrook asked about coverage of the uninsured whose employers are not willing to contribute anything toward health benefits, and who are unwilling themselves to purchase coverage. Mr. Bryce said that getting the number of uninsured down to 8 percent or 10 percent will be a victory. John McBride of Blue Cross Blue Shield asked if the reinsurance mechanism could be rolled out before 2006 – the year targeted for WyoCare's launch. Offering reinsurance subsidy – a credit against premium tax, for example -- in the small group marketplace is a form of help that could benefit businesses with fewer than 20 employees and assure them that their interests are being addressed, he said. Mr. Bryce said reinsurance study is rolling toward completion in September and will be ready for analysis prior to the 2006 legislative session.

Implement use of clinical guidelines in state employee benefit plan continued – Discussion focused on where and how it is possible to reduce costs by measuring outcomes and follow best practices, and to whom the guidelines should be applied. Dr. Glode emphasized that there are multiple sets of protocols pushed by payers but there has to be a collaborative decision about how those are applied and to whom. He envisions an effort similar to the Colorado Clinical Guidelines Collaborative. Staged in implementation for a set of people, i.e. state employees, will be easier than trying to go system-wide at the outset, Dr. Glode said.

Prioritization

Chairman Muirhead asked the Commissioners to choose and label "low hanging fruit" among the 18 recommendations. They each selected three from the list. Priorities the Commissioners listed were the RHIO, PharmAssist, Healthy Living/ Healthy Learning, tobacco use prevention funding and an end of life document registry. Then Chairman Muirhead asked the Commissioners to choose their next set, weighed against the cost in political capital. Priorities were a healthcare delivery system plan, report cards,

guidelines, tobacco, specialty hospital study, Healthy Living/Healthy Learning and Magnet hospital designation.

Addtiional comments from the public – Jan Drury from the American Heart Association told the Commissioners that Laramie voters have a tradition of not electing incumbents so the efforts to eliminate tobacco from public places in that community can not be measured in town council turnover.

Discussion – Ms. Ladd said she would like to learn from the Commission's process what needs to be done differently to do better; feedback on the process used to choose the recommendations received during the June 23 teleconference meeting needs to be taken seriously..

Meeting adjourned at 1:49 p.m.

Next meeting: July 24-25 in Casper