

Wyoming Healthcare Commission
Conference Call Agenda
June 23, 2005
3:00 pm – 5:30 pm
Teleconference

Attendance:

Chris Muirhead, George Bryce, Jack Glode, M.D., Carol Jenkins, Steve Mossbrook, Dixie Roberts, John Vandell, Commissioners, Brent Sherard, M.D. Ken Vines, Ex-Officio Commissioners, Anne Ladd, Emily Genoff, Staff.

Meeting called to order:

Chairman Muirhead said the purpose of the meeting is a work session to further prepare recommendations to the Governor that will be formally considered during the Commission's regular meeting in Buffalo on June 27.

1. **End-of-life Document Registry** – Ms. Ladd explained many people have end of life documents that are locked away and unavailable when they come to an emergency room. There may be avoidance of unwanted medical care and cost if physicians and caregivers are able to access this information when needed. WMS and other physicians confirm that heroic measures are taken when people don't have the paperwork in hand in a situation where their lives are in jeopardy. Other states are doing this. John Vandell said he thinks this is a very efficient recommendation; if this is made available with a database somewhere it would really help. No further comment was given.
2. **Expand PharmAssist** – Ms. Ladd said PharmAssist has proven to save money for the individuals involved and we are suggesting this be more actively promoted to the public and healthcare providers so that we can do more around counseling individuals who have a list of medications about interactions and contraindications and to move from expensive brand names to generics for a huge cost savings. Mr. Vandell predicted the Legislature will not continue PharmAssist a third year and funding options are being reviewed, such as if the patient is not saved money there is no cost but if money is saved they pay a fee. He asked Wyoming Medical Society Director Wendy Curran if there is opposition from physicians who think pharmacists are going to be practicing medicine under this program; she said she has not heard any opposition. Dr. Sherard said the Department of Health initially found pharmacists making recommendations but a formal letter from pharmacists to physicians was developed for use within PharmAssist guidelines and no further complaints have come in.
3. **Free Clinics** – Ms. Ladd explained this recommendation is an acknowledgement that we are not going to solve the problem of the uninsured in the short term. Free clinics have been successful in their communities. This is one way to improve access. This is an interim solution. This says if communities are interested in operating a free clinic, there ought to be funding available from the state. Dr. Sherard said the purpose of the clinic in Cheyenne provides diabetic and other chronic condition medication maintenance. Acute conditions are not typically handled there. Mr. Vandell said the same is true for the Downtown Clinic in Laramie. Other models should be given equal consideration, Ms. Ladd said, as recommended by the Governor's health policy staff. Discussion followed regarding whether any money can be collected for services; some clinics accept donations, rather than charging fees/co-pays.

- 4. Quality/Cost Report Cards** – Ms. Ladd explained this recommendation is about trying to address cost through quality. It's a general principle that improved quality leads to cost reduction. You are less likely to have duplicated and unnecessary services with better outcomes. Many sites around the country are creating and publishing report cards. Wyoming is one of a few states without an active group doing this. We do have the Mountain Pacific quality Foundation which just published its report card but under that model, not many hospitals can be rated. We have talked with folks in Philadelphia, the National Coalition on Health and others who are informing us that this is quite possible to do. We need to find a way to push improved quality through the use of a report card. No comments or concerns were cited by commissioners.
- 5. RHIO Formation** – Ms. Ladd said the federal push is to have these entities formed across the states, called regional health information organizations, so that federal money and other funding can be put through them to help with the dissemination and development of health information systems. Eventually RHIOs will all interconnect with each other across the nation. Electronic health records study consultant Michael Rodriguez of JSI said RHIOs are basically looked at a clearinghouse going in both directions, harmonizing the information and funding and tying eventually into a nationwide health information network. Discussion followed regarding the structuring of the RHIOs and their funding and partners. Partners will be asked to participate in supporting the organization. It should not be construed as a large organization with lots of staff; a handful of people operating the RHIO who are volunteering to help facilitate funding for specific project implementation on the ground is the vision, Mr. Rodriguez said.
- 6. Data Driven Delivery System Design** – Ms. Ladd explained this recommendation came from a realization that we don't have a nose count of physicians, nor do we now what type of services they are providing and where. We don't have a plan for what do we think we should have? As a commission it has been discussed we need to know what we have and what we want, and then we can talk about ways to steer what we have to what we want. The goal of this is to quantify what we have and move to the point of designing what we want to have – the ideal system given our population, utilization and unique qualities of Wyoming.
- 7. Specialty Hospitals Study** – Many communities are concerned about the rising tide of specialty and/or physician-owned hospitals and the potential impact on the community. Some argue they make care more accessible while others are concerned about local hospitals getting stuck with the uncompensated care burden. This is a big debate in many communities. We feel as a state we need to understand the good and the bad and make a decision of whether we support them. We're asking for a moratorium on the licensing of these specialty hospitals and then doing a study. Commissioner Roberts asked if that was putting the cart before the horse. She asked if we are going to do the study, should we do that first and then if it warrants, put a moratorium in place. Chairman Muirhead said it works better to have a limited moratorium first because it stops people from starting these surgery centers during the period of time of the study. Vice Chair Mossbrook said one problem announcing the study that would consider among other things a moratorium is a huge green light to expedite development of these. This is being done in other communities, Chairman Muirhead said. Discussion followed regarding a lapsed federal moratorium. CMS is looking at the definition of hospital and reimbursement rates for different kinds of facilities, Ms. Ladd and Dan Perdue of WHA explained..

- 8. Healthy Living/Healthy Learning** – This was highlighted by the Heritage Foundation. It's a model that's holistic and attempts to coalesce a myriad of programs through a school health program to prevent children from falling through the cracks. There are six pilot sites in Wyoming; it is our recommendation that funding for HL/HL program be extended to any school district that wants to implement it. There was no discussion.
- 9. Tobacco Use Prevention** – This is a recognition that a lot of money has come into the state's tobacco settlement fund and we want to use this funding to its highest purposes given the fact tobacco use is a leading cause of illness in the state. One suggestion has been made that all state-owned facilities be made 100% smoke free, including correctional institutions. There would be minor riots, Dr. Sherard said, but he was fairly involved with Laramie's smoke-free ordinance that is being challenged. The state Hospital is smoke free. If backed by the governor, the potential for making state institutions is good. It was decided that making state buildings smoke free could be added as an alternative. Dr. Glode said there may be a plan to make state buildings smoke free already. He thinks the scientific evidence that secondhand smoke causes disease and we should recommend that there be no smoking in any public place. Discussion followed indicating consensus that there be a recommendation that all public buildings should be smoke free.
- 10. Nursing Faculty Salaries** – It is difficult to fill faculty positions in Wyoming and there are slots going wanting that prevent nursing students from enrolling. One issue is salary. An additional \$20,000 per year per instructor would be enough to lure people from the clinical setting to the faculty setting allowing the admission of more qualified students they now turn away. Mr. Vandel supported the recommendation. It's the lynchpin for solving the shortage of nurses, Chairman Muirhead said. Ms. Roberts asked whether too many people would be pulled from clinical settings, leaving them short. Chairman Muirhead said that potential unintended consequence should be acknowledged in the recommendation.
- 11. Nursing Faculty Workload** – This is a way to stretch what is, and make becoming part of the nursing faculty more attractive outside of simple paycheck supplementation. The workload for nurses needs to be examined and adjusted because trying to be a fulltime student and teach is demanding; nurses coming to faculty positions may not have enough credentials to continue to work as teachers. No discussion.
- 12. Increase Clinical Training Sites for Nurses** – This is out of the box thinking intended to help create more options for nurse education. This will impact the Board of Nursing rules, Dr. Glode said. Discussion followed regarding the logistic of the recommendation, but its content was unchallenged.
- 13. Support Magnet Designation** – This is an important recruitment and retention tool for hospitals and is voluntary but will provide matching funds to help with certification application. If Magnet status is not obtained, the funding will have to be repaid in part. Discussion followed regarding which hospitals would be eligible for funding and where they might be likely to pursue it. This is a designation done by the National Nurses Association, Chairman Muirhead said. Most nursing programs are supporting this and steering their students to institutions that have this designation, right, wrong or indifferent, he said.
- 14. Increase Residency Program Funding** – This is an attempt by the commissioners to acknowledge we have a problem with attracting physicians to the state and one thing we can do is make sure the residency program is adequately funded. There are a number of

issues associated with the facilities, their equipment and ancillary staff maintenance. We are falling quite short in those areas, Ms. Ladd said. Discussion followed regarding whether mid-levels (physician assistants and nurse practitioners) are included. Ms. Ladd said there is intent to go on to that but the research has not been done as of this date to support the recommendation. Chairman Muirhead said that could be put on the list of “next recommendations” for research. No further discussion.

- 15. E-Consults** – Ms. Ladd said there are studies that e-consultations (not emailing your physician conversationally but a formal consultation done through the computer) that can reduce costs and improves employee productivity because time away from work is reduced. Wyoming controls the state employee benefits plan. The idea is to demonstrate this model in the state employees plan for other private employers. Mr. Vandel said this is being tested by physicians in several states who are pleased thus far with the results. Discussion followed regarding whether there are malpractice issues.
- 16. HSAs** – This is an attempt to pilot Health Savings Accounts, Ms. Ladd said, as a means of helping consumers become cost-conscious consumers. The pilot would be within the state employee health benefits package. No discussion.
- 17. Health Risk Appraisals** – Again, this is a demonstration of the value and worth of health risk assessments (HRAs) within the state employee health plan. Dr. Glode asked who would be responsible for the outcomes. Discussion followed that there are four defined mechanisms for measuring; these should be considered when selecting a vendor.
- 18. Evidence Based Clinical Guidelines** – This is an attempt to use scientific evidence to improve the quality of care delivered. This is the basis for improving the PharmAssist program, Mr. Vandel said.
- 19. WyoCare Briefing** – This is a six-page document that allows the Governor and Legislature to understand where we are with WyoCare, which is not in a form yet that allows for recommendations.
- 20. WyoCare Executive Summary** – This as two-page outline of the six page document.
- 21. Introduction and table of contents** – Opportunity was given for comments or suggestions. Commissioner Roberts said the toolbox is helpful. No comments.

Public Comment:

Lynne Weidel, Office of Rural Health, Wyoming Department of Health – She said she is concerned about spending money on more free clinics do not create new medical homes for patients and therefore do not generate more healthcare access. The Office has been researching the possibility of creation of more rural health clinics, which are physician health practices that convert to a new federal status to get different reimbursement levels while being willing to take any patient regardless of ability to pay. There is no federal funding for startup funds. She said she does not know what to say about the quality/cost report cards; there is a lot going already in that arena in the state and a better approach would be to build on that and expand/support it. She has questions about strategies and priority for these recommendations. She questioned the process as well, and the inclusion of entities that will be impacted. Dr. Glode responded that an entity like the Federal Reserve Board would be in place to carry these proposals forward. Chairman Muirhead said these are proposals for further study and input; this is the first stab. There will be opportunity for further public involvement, Dr. Glode and Chairman Muirhead said. Ms. Ladd said the commission is working toward fulfilling a mandate from the

Governor's office for immediately implement-able steps. Ms. Weidel said the recommendations sound regulatory in nature and the Commission's process has seemed adversarial since its December retreat. In her experience, it's hard to implement if you don't have buy-in. She can understand that the Commission is under a time crunch but the recommendations may not be implement-able because there is not likely to be buy in. Ms. Ladd said the charge was for the Commission to come up with ideas that will go to the Governor and then the opportunity will be put forth to develop support for those he is willing to back.

Lynn Birleffi, Wyoming Retail Merchants Association, said she hopes there is some proposal that will offer immediate help to small businesses that are planning to drop employees' health benefits because of rising costs. There needs to be change in the small group law and the reinsurance mechanism to offer more opportunities for less expensive health insurance.

Dan Perdue, Wyoming Hospital Association, asked that the recommendations be emailed to participants in the call. He said there are a number of cost/quality initiatives going on in the state. He wants the Commission to not duplicate those because that can escalate the cost. For the most part, he said, he appreciates being drawn into the discussion to enable organizations to express their opinions.

Karen Ouzts, UW nursing professor, former community college program director and Board of Nursing member, said she appreciates attention being paid to nurses' situation but is interested in assuring that there is nursing organization and Board of Nursing participation in discussion about the recommendation. UW faculty is not reflected in the recommendations, she said. There are too many AA-degreed nurses in proportion to BSN nurses.

Wendy Curran, Wyoming Medical Society, suggested it may be appropriate to tell the Governor the recommendations have not been fully vetted by the public and health organizations. Free clinics are community centered, run by volunteers with minimal ability to do more than routine care and if there were money to start them up there needs to be a lot of community buy in. Physicians and hospitals are going to be key parts of the RHIO. Specialty hospitals are attached to strongly-held positions and data and she would like to be involved in the discussion in the future. Residency program funding is critical. Evidence-based medical guidelines use will need further discussion. Though they are becoming more prevalent, they are considered "assists," not rock-hard requirements by physicians. The difference between mandating and regulating and facilitating and educating needs to be kept in mind. Dr. Glode talked about the Commission's efforts to thoroughly research the means of implementing evidence-based medical guidelines.

Rep. Jack Landon of Sheridan said he supports making buildings smoke free and advised looking to Colorado's correctional facility initiative. He predicted the HRA might need a third-party evaluator, and said Sheridan's workplace wellness program was little used. He said there's a free clinic in Sheridan now that is showing some merit and he sees possibility in that recommendation, although free clinics might eventually be outgrown.

Ann Keehn, John Snow, Inc., said there are many things on the agenda that are complementary to electronic health records implementation efforts in the state being planned by JSI under Enrolled Act 31. E-consults is one, along with evidence-based clinical guidelines.

No further comment – meeting adjourned, 5:08 p.m.