

**Wyoming Healthcare Commission
Rural Healthcare Delivery Subcommittee**

**Meeting Minutes
December 11, 2006
11AM-2PM**

Present: Dan Purdue, Brent Sherard, Susie Pouliot, Mike Shambaugh Miller, Rita Mansfield, Dixie Roberts, Mary Burman, Jack Glode, Beth Worthen, Bob Brechtel, Jerry Calkins, Fran Cadez

I. HPTC

Statistical handbook review:

The subcommittee reviewed the handbook. Edits include:

1. Emphasize survey response rates vs. other verification methods
 2. Explain verification in text under table
 3. Make numbers in survey response table match with chart data
 4. Place a footer on the graphs to identify denominator/numerator and date of data
 5. Eliminate p. 34, "Physician Participation in Wyoming Program"
 6. Hospital privileges: call hospitals about privileges/place footnote to explain and alphabetize by city name
 7. Hospital Capacity: p.72, numbers inflated – clean up sources and define data source (Long term care, swing, etc.) as a footer, or categorize with different types of beds. Define locations (VA, etc.)
 8. Change p.70 to reflect actual numbers of hospitals in Natrona and Laramie counties
 9. Review all charts in county profiles – titles not matching up
 10. p.141-146: put "Laramie County" instead of just "Laramie"
- Any other edits are due December 18.

Could put databook on a CD instead of printing, and send to all participants with a note that "If you would like a hard copy, please contact the WHCC . . ."

Questionnaires:

- Deadline for comment from committee: December 18
- Beth will send final surveys to committee before they go out as Phase III.
- Beth will send surveys to Lynne Weidel (Practice location survey), Roxanne Homar (Pharmacist/Pharmacy) and Grant Christiansen (Dental).

Draft use agreements:

Kolene reviewed the ways in which HPTC shares data in Nebraska. There is a wide range of data users and her office has guidelines for who they share with, and how.

- Kolene will provide list of who HPTC does not sell data to.

There are two questions associated with this issue:

1. Should we charge?
2. Are there limitations on who can use the data?

There are tiers of data: 1) there is some data that should be completely confidential, 2) data that is in public domain, 3) data that we must compile for them. Levels of distribution should reflect these tiers.

The subcommittee does not want to share data at this point with Wyoming Business Report. It is too early, and we are concerned about the potential implications of this type of precedent.

Charging for data:

- Should charge for printing costs
 - If it is self-sustaining, it would be a budget request every two years. If it is not self-sustaining, it would be accessible to more users.
 - Subcommittee would like a mix of charging, not charging – consider different charges for different uses.
- WHCC staff and leadership will create a business case plan that includes considerations of charging, data sharing limitations, and distinctions in responsibilities of HPTC vs. WHCC.

II. RUPRI – Dr. Mike Shambaugh-Miller

Stakeholder interviews:

Dr. Keith Mueller will be holding stakeholder interviews on Dec. 20,21 and then around December 27-28. The list of individuals was created by RUPRI and committee members. Any additions can be given to Beth by December 18.

Economic impact data:

- Impacts of the energy boom won't be reflected for 1-2 years, there is little literature about previous booms and their impacts
- 1 job in health care = .5 jobs somewhere else
- Health care sector is somewhat insulated from rises and falls in economy.
- Over 35,000 jobs created because of healthcare sector
- RUPRI will look at county-level IMPLAN data as well as cross-check data with entities such as Department of Employment Research and Planning
- Should not be used as predictive model

Use of HPTC data: Layering data to define vulnerable communities, look at ratios with population to workforce.

Community site visits: Goal was to get “community pulse,” should have perhaps also done a mailed survey to community members to capture any disconnect between community leaders and members.

Project status:

- Need hospital discharge database for out-migration and looking at relationships for referrals
 - Still getting secondary databases
 - Will present results of out-migration for Colorado and Utah, other border states will be studied as well
 - Rural healthcare delivery models in other states: one full-time person working on that, We asked for Colorado, New Mexico, New Zealand, etc. They will also look at Oregon, N.Dakota, Minnesota.
- **Would like to meet with subcommittee in February in Cheyenne to go over draft report.**
- **Beth will send RFP, RUPRI response, and their IOM review report in January to subcommittee members.**

Committee adjourned at 1:52PM.