

WYOMING HEALTHCARE COMMISSION (WHCC)
August 14, 2006
Meeting Notes
Casper

ATTENDANCE:

Commissioners: Dixie Roberts, Chairman; Rex O. Arney, Barbara Cohee, Jack Glode, M.D., Larry Kirven, M.D., Lorraine Saulino-Klein, Barb Rea, Jack Speight, John H. Vandell, Brent Sherard, M.D., Wyoming Department of Health Director, Ken Vines, Wyoming Insurance Commissioner

Absent: Rod Barton, Cliff Root

Committee Members: Lynn Birleffi, John P. McBride, Rick Schum, Linda O'Grady, Greg Gruman, Ph.D., Darryl Bindschadler, M.D., Mary Burman, Jerry Calkins, M.D., Dan Perdue, Susie Pouliot, Fran Cadez, J.D., M.B.A., Susan Anderson, Executive Director, Beth Worthen, Assistant Director, Susie Scott-Mullen, Facilitator, Keith Hageman, Administrative Assistant, WHCC staff.

GUESTS:

Representative Pete Jorgensen, Representative Bob Brechtel, Lloyd Wilder, Department of Insurance, Lynne Weidel, Office of Rural Health; Chris Sullivan, APS Healthcare; Dan Neal, ESPC, Wyoming Medical Center, Tom Gallagher, DOE, Research & Planning, Lori Jasperson, WINhealth, Susan Menghini, WLRA, WRMA and AHIP, Ingrid Martinez, WY Primary Care Association, Jan Drury, American Heart Association, Bev Morrow, Aging Division, Dept. of Health, Laura Meloche, Cont. Ed. Chair WNA, Patrick Monahan, Wyoming Primary Care Association, Dan Lex, OHCF/WDA/APS, Marcia Shanor, Sherilyn Kaiser, Wyoming Medical Center, David Spindler, WDH- IT Support, Allison Rupp, Casper Star-Tribune

8:30 a.m. Meeting called to order by Chairman Dixie Roberts

I. Welcome and Introductions

Chairman Roberts welcomed everyone and gave everyone an opportunity to introduce themselves.

II. Sub-committees Talking Points

Chairman Roberts announced that WHCC talking points will be drafted by the WHCC Sub-committees today during the Sub-committee meetings.

III. Wyoming Medical Errors Study

Fran Cadez, J.D., M.B.A., the consultant who has been working on the Wyoming Medicals Errors Study for the WHCC, presented the Wyoming Medical Errors Report to the WHCC.

A copy of the Medical Errors Report is available on the WHCC website at <http://www.wyominghealthcarecommission.org/index.html>

• **IMPROVING IMPLEMENTATION OF ERRORS REPORTING**

After discussion, Jack Speight, Jack Glode, Susie Pouliot and Dean Perdue will meet to discuss the following:

1. "Protection" for facilities reporting is a major concern.
2. Potential "Incentives" for reporting.

- 3. "Standards" for Reporting- need to be consistent, uniform and specific.
- **ADMINISTRATIVE COMPENSATION SYSTEM (ACS)** The WHCC may ask Fran Cadez to come back at a later date to discuss the different options of having an Administrative Compensation System (ACS).
- **'I'M SORRY' LEGISLATION** Ms. Cadez recommended a followup study of use of the recent Wyoming legislation.
- **INSURANCE CLAIMS REPORTING**

Wyoming Insurance Commissioner, Ken Vines, reported that information from the first year that insurance companies reported on claims to the Wyoming Insurance Department will be released by Aug. 31, 2006.

IV. Wyoming Health Professions Workforce Study

Kolene Kohll, Director of the Health Professions Tracking Center (HPTC) at the University of Nebraska Medical Center, presented preliminary data on the Wyoming Health Professions Workforce Study.

- The study is attempting through several mailings to the targeted populations and research through other methods to establish facts about Wyoming healthcare professionals. A sampling of the areas surveyed for physicians, which is representative of questions asked of physician assistants, advance nurse practitioners, pharmacists and dentists, includes:
 1. Licensed Wyoming Physicians
 2. Age Ratios of Actively Practicing Physicians in Wyoming
 3. Physician Average Hours/Week Activity in Wyoming
 4. Physician Services Past 12 Months in Wyoming
 5. Physician Accepting/No Accepting New Patients in Wyoming
 6. Physician Time Spent on Call in Wyoming

Ms. Kohll distributed a sample directory to the Commissioners to give an idea of what it would look like and see if this is something the Commission would want to produce.

Comment was made that the WHCC needs to be patient and wait for complete data rather than release partial data. The WHCC does not want to prematurely make conclusion from incomplete data.

12:00 p.m. - 1:00 p.m. Lunch

V. Commission Administrative Report

Chairman Roberts reviewed the WHCC Budget and the WHCC Contracts. Hard copies of the July 2006 Expenditures, '05-'06 Biennium Operating Budget, Sub-Committee Encumbrances and WHCC Contract List were handed out to the Commissioners.

Chairman Roberts announced that Health Systems Change (HSC) will be providing their Texas data to the WHCC in November and therefore the WHCC will need to revise their current contract to accommodate this. WHCC Staff is drafting the amendment to the contract. There will be no additional cost to the WHCC for the Texas data.

Chairman Roberts asked for comment from the Commission regarding the need for WHCC Rules. There is not a mandate for the WHCC to have Rules. The Commission decided that Rules are not necessary.

VI. Dorsey Hughes Symposium Report

Dr. Glode provided a list of highlights from the Dorsey Hughes Symposium July 27-29, 2006, that he, Rex Arney, Barb Rea and Susan Anderson attended.

1. There are two approaches to healthcare financing, egalitarian and free market.
2. Since the 1970's incomes of the American population have become very unequal. This makes premium subsidies necessary for the majority of the population. The distributive ethic has become very difficult.
3. Should we make people pay for their destructive lifestyles with higher premiums?
4. Universal coverage causes massive redistribution of costs among people and groups, and has therefore been very difficult to achieve.
5. The U.S. is the only country which uses change in patient behavior to control costs. Other countries use supply constraints.
6. The Health Savings Account concept is controversial. It probably does not address the problem of 20% of patients generating 80% of costs.
8. Pay for Performance is very difficult to do properly.

The Dorsey Hughes Symposium was a detailed analysis of healthcare financing and delivery. Copies of complete presentations are available.

VII. Boston Seminar on Massachusetts Health Insurance Plan

Susan Anderson reported on a two-day symposium sponsored by the National Governors Association on the Massachusetts Health Insurance plan and implications for other states. Here are some of the major points learned:

- Massachusetts already has a lower percentage of uninsured (10 %) because of efforts to expand insurance over the past 15 years.
- A reason for the plan's political success was the broad menu that offered something for everything, which kept various groups at the table, seeking compromise and solutions.
- Wyoming lacks the tax incentives that the Massachusetts plan uses for enforcement.
- The Massachusetts "Connector" concept allows a quasi-public group to choose what are determined to be affordable insurance plans. An advantage Massachusetts has is the large number of potential insurers who are expected to apply to the Connector.
- State subsidies help lower-income people pay for their insurance
- The Medicaid money that will be the major financial support for the Massachusetts program is from a previous waiver obtained by Massachusetts. That money is no longer available for other states, such as Wyoming.

VIII. Rural Healthcare Delivery (RHCDs) Sub-committee Report

Beth Worthen, WHCC Assistant Director, gave the RHCDs Sub-committee report.

The Sub-committee has met with the people from RUPRI, namely Keith Mueller, Ph.D. and Michael Shambaugh-Miller, Ph.D. At any given time, there are 7-10 people from RUPRI who are working on the study for the WHCC. RUPRI has initiated the literature review of comparison states and countries that the WHCC has requested them to review. They have also started reviewing economic impact literature. They are gathering data on the EMS structures in Wyoming. RUPRI is also working with Kolene Kohll and the HPTC's data. The Sub-committee has been working with RUPRI regarding the different communities that need to be looked at specifically in order to get a complete representation of Wyoming.

RUPRI people will be coming to Laramie on August 24th and Cheyenne on August 25th. There are plans to meet with them during this time.

IX. Access and Affordability (AAA) Sub-committee Report

Susie Mullen, WHCC Facilitator, gave the AAA Sub-committee report.

The AAA Sub-committee has been delving into the small business employer lot. They have been looking at previous legislation and will discuss this in today's Sub-committee meeting.

They are also looking at the "assessed fee" amount that is in the general fund. There may be money available here to help fund incentives, etc. Wyoming Insurance Commissioner, Ken Vines, is going to report on how much of the money is available. There may be as much as 18 Million dollars. It's been determined there needs to be some type of revenue stream and the AAA Sub-committee is looking for one.

The AAA Sub-committee is also exploring Tobacco Money as a revenue source. Susie Mullen and Linda O'Grady will be meeting with Carolyn from the AG's office, in the next couple of weeks, regarding the possibility of capturing some of the tobacco money.

The Sub-committee has made an application to the "Reinsurance Institute" through the Academy of Health. The AAA Sub-committee had a conference call with Alice Burton, Vice President of Academy of Health, on August 9, 2006, regarding what other states are doing with the reinsurance concept.

The AAA Sub-committee has applied for an opportunity to be a part of a reinsurance institute (in the first part of September) with 14 or 15 other states. The AAA Sub-committee should know by the first part of this week if we have been accepted.

Julia Robinson, Ph.D., has provided the committee with a synopsis of various states (Utah, Montana, Massachusetts and Vermont). Her report gives some pros and cons for each state's programs and comments on whether or not it's feasible in Wyoming. The Sub-committee is reviewing Julia Robinson's synopsis.

There was comment that you need to be very warring about using Tobacco money because that needs to be used for cessation and smoke free matters.

X. Medicaid Sub-committee Report

Susan Anderson, WHCC Executive Director, gave the Medicaid Sub-committee report.

Milliman, the entity that the WHCC has contracted with to conduct the Medicaid Re-design Study, has been very active and is currently in the state talking with the developmentally disabled (DD) facilities and long-term care (LTC) facilities. They are on target for finishing their work on time.

Milliman is focusing on transition points between levels of care. It is the transition points (i.e., checking into a facility or leaving a facility) where there is the greatest potential for making a difference and educating people about their options.

Milliman is also looking at a "Rapid Response Team" to help with educating people at the point when it is most critical to get them the information about their options.

The Sub-committee is looking at the concept of "Money Follows the Person" and waiver possibilities. Also, the idea of elder foster care is being discussed and looked into.

The pay for support positions is already low and this something that needs to be looked into as well.

The Sub-committee is looking at possible incentives.

The WHCC will be hearing from Milliman, formally, at the Sept. 11th meeting.

XI. Wrap-up and Next Meeting

Chairman Roberts commented that the WHCC may need to have a two day meeting for October's meeting.

Chairman Roberts asked if anyone had a preference on meeting location. It was determined that the Parkway Plaza and Holiday Inn are both adequate for the needs of the WHCC.

The January 2007 and February 2007 WHCC meetings may be in Cheyenne. All the meetings until then are scheduled to meet in Casper.

XII. The Main meeting was adjourned at 2:15pm

XIII. Subcommittee meetings 2:30pm - 5:00pm

Sub-Committees met. Sub-committee meeting minutes are posted separately.