

WYOMING HEALTHCARE COMMISSION
December 11, 2006
Meeting Notes
Casper

ATTENDANCE:

Commissioners: Dixie Roberts, Chairman; Rex O. Arney; Rod Barton; Barb Cohee; Jack Glode, M.D.; Lorraine Saulino-Klein; Barb Rea; Cliff Root; John H. Vandel; Brent Sherard, M.D.; (Lloyd Wilder attended for Ken Vines).

Absent: Larry Kirven, M.D.; Jack Speight; Ken Vines.

Committee Members: Rick Schum; John McBride; Greg Gruman, Ph.D.; Teri Green; Dan Perdue; Susie Pouliot; Jerry Calkins, M.D.; Lynn Birleffi; Lori Jaspersen;

WHCC Staff: Susan Anderson, Executive Director; Beth Worthen, Assistant Director; Fran Cadez, Consultant; Susie Scott-Mullen, Facilitator and Keith Hageman, Administrative Assistant.

GUESTS:

Rep. Bob Brechtel; Senator Charles K. Scott; Rep. Jack Landon; Tom Gallagher, R&P; Silvia Jones, R&P; Mary Behrens, Wyoming Nurses Association; Dan Neal, Equality State Policy Center; Allison Rupp, Casper Star-Tribune; Mike Shambaugh-Miller, UNMC; Marcia Shanor, WTLA; Rita Mansfield, HPTC; Greg McFadden, HPTC; Pat Monahan, WPCA; Ingrid Martinez, WPCA; Chris Sullivan, APS.

8:00 a.m. Meeting called to order by Chairman Dixie Roberts

I. Update from Joint Labor, Health & Social Services Committee Meeting.

Susan Anderson, WHCC Executive Director, gave an overview of the December 5th & 6th Joint Labor, Health & Social Services Committee (LHSS) meetings. All of the Medicaid recommendations passed through the committee on a vote of 8 to 2. A summary of the recommendations was passed out to the Commissioners. Many of the amendments centered on the WHCC's Recommendations.

Sen. Scott commented that the Adult Foster Care program and Greenhouse program are going to be pilot projects.

Chairman Roberts commented that Medicaid federal compliance was passed. All of the Medical Specialty Centers recommendations did not pass. The dental did pass.

Sen. Scott commented, concerning the Medical Specialty Centers recommendations, the committee members (LHSS) had not had enough time to digest the contents of the recommendations. LHSS needs more time from when the WHCC acts from when the LHSS has to act. Sen. Scott suggested that if things are to be done with a 1 year limit then also make it so they are not done by RFP. The RFP process takes too much time.

II. Medical Errors Report

Fran Cadez, J.D., M.B.A., WHCC Medical Errors Consultant, went over the Medical Errors recommendations. They are currently in draft form but are confident they have solid recommendations.

Commissioner Arney made a formatting suggestion for the Medical Errors Report. He suggested placing the recommendations first and then have the narrative and summaries after the recommendations.

The Commission went through the Medical Errors recommendations one by one and voted. The recommendations and voting were as follows:

Recommendation #1:

1. Amend W.S. §35-2-912 to include revised NQF List of Serious Reportable Events
2. Fund state-wide education and training of health care facilities regarding interpretation of reportable patient safety events and compliance with reporting requirements
3. WDH should adopt by rule, implementation guidelines for NQF List of Serious Reportable Events

Vote on Recommendation #1: Commissioner Saulino-Klein motioned to pass recommendation #1 and Commissioner Root seconded it. The motion passed unopposed.

Recommendation #2 Adopt the NQF Patient Safety Event Taxonomy for reporting and classifying patient safety event data.

Vote on Recommendation #2: Commissioner Glode motioned to adopt Recommendation #2 for implementation by the WDH. The motion was seconded by Commissioner Saulino-Klein. The motion passed unopposed.

Recommendation #3 Authorize and fund a study to establish a Patient Safety Center that would:

1. Qualify as PSO under Patient Safety and Quality Improvement Act
2. Coordinate activities to reduce medical errors; educate/train providers and patients
3. Receive patient safety reports
4. Analyze and integrate medical errors, malpractice data
5. Provide resource for evidence-based medicine
6. Disseminate information, education, training in root cause analysis
7. Facilitate collaboration among facilities with similar problems/issues

Vote on Recommendation #3: Commissioner Barton motioned to support the concept of establishing a patient safety center and to support steps necessary to do that. Commissioner Saulino-Klein seconded the motion. The motion passed unopposed.

Recommendation #4 Support assessment and improvement of patient safety practices in ambulatory care by:

1. Public/private collaboration of state, insurers, WMS and others
2. Conduct Physician Practice Patient Safety Assessment
3. Analyze assessment data with MGMA experts
4. Utilize assessment results to improve systems and processes in ambulatory care that affect patient safety

No Vote On Recommendation #4: A task force needs to flesh out the details for this recommendation.

Recommendation #5 Improve consistency and usefulness of medical malpractice closed claims data by requiring reporting of:

1. Amount of claims paid by type of claim and medical specialty
2. Reason claims are denied, withdrawn or closed
3. Amount of time from claim filing to resolution
4. General overhead costs of insurance companies
5. Claimant's attorney fees, costs and expenses

Consider penalties for failure to report

No Vote On Recommendation #5: A task force needs to flesh out the details before a formal recommendation is made.

The Commission voted not to release the draft of the Medical Errors report but rather to wait until it is in its final form to release it.

9:45 a.m. Break

III. Nurses Study Report

Tom Gallagher, Manager, Research & Planning, presented an update on the Nurses Study. Hard copies of the presentation were handed out to the Commission. A copy of the presentation is available online at the WHCC's website: <http://www.wyominghealthcarecommission.org/>

The Nursing Study is looking at the changing demographics in Wyoming, namely the increased demand for healthcare and the aging work force. The study is looking at the factors that affect nurses and the healthcare industry (supply, demand and retention) by studying administrative records, sample survey and focus groups. The data that Research & Planning is looking at includes the following: UI Wage Records, UI Employer File, Board of Nursing File, Hospital Discharge File, Community College Enrollment File and Worker's Compensation File.

11:00am - 2:00pm Subcommittee Breakouts (Subcommittee notes are kept separately).

IV. Committee Reports

Access and affordability:

High risk pool amendments -

- Weren't able to do full presentation before legislative committee.

- Cost of picking up additional 400 individuals: \$ around \$5 million
- Senator Scott will sponsor the bill, looking for co-sponsors

Conference call with J. Gruber --

- Initial report due January 31
- Committee believes he is going in right direction with his work - focus is on expansion of coverage.
- Meeting January 8 in Cheyenne

Medicaid:

- Presented recommendations at LHSS meeting last week
- Lessons learned: should be greater distinction into which recommendations are WHCC, which are not - make recommendations more understandable, timely and efficient
 - WHCC recommended evaluation of foster care, but promoted more heavily within actual bill
 - Bill included electronic monitoring but WHCC did not
- Discussed how to support bill through legislative process, provide outreach/education to legislators
- Federal Medicaid Commission report coming out, many items in it are within our recommendations.
- Need to examine how to encourage purchase of long-term insurance

Time should be given in future meetings to discussing how to work with the legislature.

Rural Healthcare Delivery:

- Committee reviewed HPTC data and discussed use agreements. Also talked with Mike Shambaugh-Miller from RUPRI about project status and next steps. Upcoming presentations will demonstrate where we are.

V. RUPRI Preliminary Report

Mike Shambaugh-Miller, Ph.D., of RUPRI, presented the RUPRI Preliminary Report. The draft report will be ready in March, the final report in May and RUPRI will meet with the RHCDs subcommittee in-between those reports. December 20th & 21st Keith Mueller, M.D., will be coming to Wyoming for interviews and he will set up additional interviews at that time. Some current observations from the RUPRI study are as follows:

- One job created in the health care sector of Wyoming would lead to the creation of an additional 0.53 job in other sectors of the state's economy.
- One dollar of income earned in the health care sector of Wyoming would lead to an additional \$0.34 of income earned in other sectors of the state's economy.
- One dollar of output created in the health care sector of Wyoming would lead to an additional \$0.54 of output created in other sectors.

- The overall job creation due to health care (directly and indirectly) in Wyoming is estimated at 35,512 jobs, which accounts for 10.3% of the state's total employment.
- The overall income earned due to health care (directly and indirectly) in Wyoming is estimated at \$1.23 billion, which accounts for 10.5% of the state's total income.
- The overall output created by the health care industry \$2.95 billion, which accounts for 8.2% of the state's total output.
- In 2003, there were 2,730 out-migrating discharges from WY to CO and 3,019 out-migrating discharges from WY to UT.
- Out-migration patients were younger: nearly half out-migration patients aged 0-44.
- Private insurance was the major payer: more than half were paid by private insurance.
- Out-migration was concentrated in certain areas: 82001 (Cheyenne), 82009 (Iron Mtn.) and 82070 (Laramie) were the most frequently zip codes for CO (which cover 33% of out-migrating patients to CO); while 82901 (Rock Springs), 82930 (Evanston) and 82935 (Green River) were the most frequently zip codes for UT (which cover 47% of out-migrating patients to UT).
- Major disease category: about one third of out-migration patients needed Orthopedics and General Surgery.
- In 2003, Hospitalizations for WY out-migration to CO were responsible for \$109,782,670 of total charge; Hospitalizations for WY out-migration to UT were responsible for \$64,268,975 of total charge.

RUPRI will continue to collect data and information for comparison states and countries (i.e., Alaska, Nebraska, New Mexico, New Zealand)

The next steps for RUPRI are to conduct state level stakeholders interviews, analysis of community and state level stakeholder interviews, report development (February meeting with sub-committee on progress of draft report, March Delivery of draft report, April re-draft based on sub-committee comments, May delivery of final report). A copy of the presentation is available online at the WHCC's website: <http://www.wyominghealthcarecommission.org/>.

VI. Health Professions Tracking Center

Beth Worthen, WHCC Assistant Director, presented the HPTC "Data Snapshot" to the commission. HPTC Data Snapshot handout was distributed to the Commission. The Data Snapshot included data on Physicians, Physician Assistants, Advanced Practice Nurses,

Pharmacists, Dentists, Practice Locations, Hospitals and Pharmacies. For each healthcare profession looked at the Data Snapshot included work status (full-time, part-time, other state, inactive), Age Ratios, Specialties, Plans for Retirement, Gender Ratios and High School Graduation State. Some basic information from the Data Snapshot is as follows:

- There are 2376 licensed Physicians in Wyoming; 961 (40%) of those actively practice in Wyoming.
- Wyoming Counties are lacking services (52% OB/GYN, 48% Psychiatry)
- There are 166 licensed Physician Assistants in Wyoming; 131 (79%) of those actively practice in Wyoming.
- There are 281 Licensed Advance Nurse Practitioners in Wyoming; 145 (52%) of those actively practice in Wyoming.
- There are 490 Licensed Pharmacists in Wyoming; 399 (81%) of those actively practice in Wyoming.
- There are 450 Licensed Dentists in Wyoming; 266 (59%) of those actively practice in Wyoming.

Immediately following the Data Snapshot presentation a press conference was held with Gov. Dave Freudenthal, Sen. Charles Scott, Chairman Roberts, Susie Pouliot, and Dan Perdue.

4:30 p.m. Press Conference and Official Announcement of the Databook