

Recommendations for an Integrated Approach to Health Care
Submitted by the Wyoming Healthcare Commission
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Introduction

During the 2006 Budget Session of the Wyoming State Legislature, legislation was passed to request the Wyoming Healthcare Commission (WHCC) to examine the related issues of access to health care services and delivery of the services themselves. Specifically, the WHCC was asked to examine “additional means for **reducing the percentage of Wyoming citizens without health insurance** and **reducing the cost of private health insurance**” (Enrolled Act 41) as well as study “the **existing and future needs of health care services**” to develop “**efficiencies and opportunities for enhancing the quality of health care, the delivery of health care services and the allocation of health care resources**” (Enrolled Act 66).

The WHCC is working with national and state experts to examine these issues and is developing a long-term vision for addressing our charge from the legislature. In doing so, we have identified six priority areas for improving the access to, and delivery of healthcare in the state of Wyoming. These are:

- 1. Pursue incremental steps to reduce the number of uninsured individuals, while pledging to ultimately make certain that all Wyoming residents have some form of health insurance coverage.**
- 2. Maintain a stable supply of health care professionals to support primary and secondary care.**
- 3. Promote the integration of healthcare services for purposes of affordable patient-centered care.**
- 4. Strengthen Wyoming’s data infrastructure to improve the delivery of healthcare services.**
- 5. Improve population health and reduce the number of uninsured through emphasizing collaborative planning and individual responsibility.**
- 6. Develop a new system to address and resolve healthcare errors to improve patient safety in the state of Wyoming.**

The following pages outline our **short-range** recommendations for action within each priority area. While many require legislative support, there are recommendations which are non-legislative in nature, requiring the WHCC to work with various entities across the state for implementation.

Priority Area 1. Pursue incremental steps to reduce the number of uninsured individuals, while pledging to ultimately make certain that all Wyoming residents have some form of health insurance coverage.

Current Status

- There are currently 80,000+ uninsured residents in Wyoming; 15,000 without jobs, 44,000 employed in *small group* jobs, and 21,000 employed in *large group* jobs.
- 82% of the uninsured are between 19 and 64 years of age
 - 18% are under 18 years of age.
 - 56% of the uninsured are between 20 and 49 years of age.
- 56% of the uninsured have incomes up to 200% of the Federal Poverty Level (FPL).
- The typical employer provided insurance in WY currently costs about \$12,000 a year, and if it is deemed “affordable” for a family to spend less than 10% of its income on health insurance, currently it would require insurance costs be subsidized at incomes up to \$120,000.
- Programs currently exist to make healthcare and coverage more accessible and affordable for individuals from birth to 18 years of age, 65+ years of age, and for those who are blind or disabled.

Legislative Recommendations:

- A. Expand the current **State Health Insurance Program for Children (SCHIP) to include 3, 700 parents of SCHIP children.**
- B. Develop a public/private model health insurance program for childless adults 19 to 64 years of age **with income levels up to 200% of the Federal Poverty Level. This model should include a small employer option.**

Supplementary WHCC Tasks:

- A. Develop mechanisms for determining what is “affordable” health insurance, at a variety of income levels as it relates to reducing the number of uninsured.
- B. Develop a definition of what is a core, basic benefit package for an individual as it relates to reducing the number of uninsured.
- C. Explore funding mechanisms to finance coverage for all, knowing it is impossible to *substantially* reduce the number of uninsured without *substantial* subsidies to low-income groups.

D. Work collaboratively with pertinent agencies/entities to develop mechanisms to enhance enrollment procedures for existing SCHIP program.



Priority Area 2. Maintain a stable supply of health care professionals to support primary and secondary care services in Wyoming.

Current Status

- Large areas of Wyoming are federally designated as health professional shortage areas for primary care, dental health, and/or mental health. In fact, all 23 counties are designated as mental health professional shortage areas.
- Nine counties have no emergency medical physician: Big Horn, Crook, Goshen, Hot Springs, Johnson, Lincoln, Niobrara, and Weston.
- Fourteen counties have either none or only 1 Ob/Gyn practitioner.
- From 1997 through August 2006, 104 WWAMI students matriculated in the School of Medicine, 55 graduated with the MD degree and 10 finished residency training. Already, 6 of these first 10 Wyoming WWAMI contract students have returned to Wyoming to provide care. While the program reserves 16 seats each year for qualifying students, it has yet to reach that capacity.
- From 1997 to 2006, the University of Wyoming offered a seven-week summer high school enrichment program (U-DOC) for students who aspired to careers in medicine, dentistry, and other health professions. Unfortunately, federal support for the popular program was cut in 2006.

Legislative Recommendations:

- A. Provide state funding to revitalize the U-DOC program offered at UW, emphasizing outreach to students interested in all health professions. Consider expanding the program to community colleges.**
- B. Strengthen our ability to attract students to medical and dental education programs that have a “payback” provision (e.g. requiring WICHE students to work in Wyoming for a certain amount of time or halting funding for WICHE until WWAMI and NE dental education slots are filled).**
- C. Support the University of Wyoming budget proposal to increase faculty in the health sciences.**

Supplementary WHCC Tasks:

- A. Develop a public/private partnership to provide a **speaker series** at the middle and high school levels for **awareness about the health professions**.
- B. Encourage UW to provide **financial assistance for preparation in the pre-health professions training tests** (e.g. MCAT prep courses).
- C. **Continue data-gathering efforts** with WHCC Health Professions Database **to analyze needs in the provider populations**. Expand data-sharing with entities engaged in the recruitment and retention of healthcare professionals across the state.
- D. **Add mental health and substance abuse professionals to the Health Professions Database** and survey for information related to capabilities and needs.

Priority Area 3. Promote the integration of healthcare services for purposes of patient-centered care.

Current Status

Given the nature of Wyoming in terms of community size, distance between communities and to specialized services, **integration of health care services is essential**. The RUPRI researchers examined our state's levels of integration by interviewing providers and other stakeholders. Wyoming stakeholders described a **system that is highly fragmented**, both across professions and across communities. This fragmentation has a profound impact on the individual consumer: a significant number of Wyoming residents are lacking a *medical home* and **consider emergency medical services as their primary healthcare provider**.

There have been limited efforts to create efficiencies in regional service delivery. For example, the legislature has funded the development of regions for delivering mental health/substance abuse services over the past three years. Further steps to integrate primary care into these efforts would be beneficial.

Finally, while integration of services is certainly the goal, the WHCC has determined that field work is needed to truly test methods for integration and determine best practices.

Legislative Recommendation:

Support a program for early screening and intervention methods for substance abuse within primary care and community care settings, as proposed by the Division of Substance Abuse/Mental Health.

Supplementary WHCC Tasks:

- A. Develop a demonstration project in several regions of the state **to assess community needs** related to health care delivery and **develop integration techniques to meet those needs.**
- B. Pursue means to combine coverage expansion endeavors with efforts to control healthcare costs and improve the quality of care delivered by chronic care management and incentives for preventative health care.
- C. Investigate means by which mental health and substance abuse services/intervention can be integrated into new health coverage programs.
- D. Take actions to help create informed, active and prepared health care participants/patients of the newly insured as a result of coverage expansion, as well as those currently insured.

Priority Area 4. Strengthen Wyoming's data infrastructure to improve the delivery of healthcare services.

Current Status

An important source for analyzing the status of healthcare delivery in Wyoming's hospitals is the hospital discharge database. This database can provide information related to the quality and cost of healthcare, as well as utilization rates and patient migration patterns. However, information is currently reported on a voluntary basis and there are critical gaps in the current data.

Legislative Recommendation:

Require Wyoming hospitals to submit inpatient and outpatient information to a central location, with oversight from the Department of Health. Requirements of reporting should be: 1) use of a blinded patient identification system, 2) patient information normalized for acuity and 3) inclusion of charge information.

Supplementary WHCC Task:

Continue working on initiatives related to health information technology (HIT) in coordination with the governor's HIT task force and other HIT entities throughout the state.

Priority Area 5. Improve population health and reduce the number of uninsured through emphasizing collaborative planning and individual responsibility.

Current Status:

Reducing the Uninsured:

Cost sharing, appropriate deductibles and co-pays are prompting state health insurance programs for low-income individuals to be perceived as a healthy care effort rather than an entitlement program.

Population Health: Tobacco

Secondhand smoke is **harmful and hazardous to the health of the general public and particularly dangerous to children**. It increases the risk of serious respiratory problems in children, such as a greater number and severity of asthma attacks and lower respiratory tract infections, and increases the risk for middle ear infections. It is also a known human carcinogen (cancer-causing agent). Inhaling secondhand smoke causes lung cancer and coronary heart disease in nonsmoking adults.

The Centers for Disease Control and Prevention (CDC) estimates that **over 680 deaths in Wyoming each year are due to smoking-related illnesses**. In 2004, smoking-attributable **medical costs totaled \$136 million** in Wyoming and direct **Medicaid costs totaled \$37 million**¹.

Legislative Recommendations:

- A. Reducing the uninsured: **Sliding scale premiums should be a component of any devised public/private health insurance plan.** Individuals with income levels below 100% of the Federal Poverty Level should not be assessed a premium. Coverage emphasizing prevention, primary care and chronic disease screening/management are conducive to establishing personal responsibility.

- B. Population health: **Support a statewide ban on smoking in public areas.**

Supplementary WHCC Tasks:

- A. Continue work on developing programs for coverage based on funding from employer, employee and government.

- B. Work to define what is “affordable” health insurance for Wyoming residents in a variety of income levels.



¹ *State Data Highlights*, U.S. Centers for Disease Control and Prevention, 2006.

Priority Area 6. Develop a new system to address and resolve healthcare errors to improve patient safety in the state of Wyoming.

Current Status:

The lack of standardization and coordination in Wyoming's patient safety reporting system results in inconsistencies in how adverse events are described and raise questions in underreporting and whether reported adverse events are representative of all injuries and errors.

Legislative Recommendation:

Amend Wyoming Statute §35-2-912 to include the revised National Quality Forum List of Serious Reportable Events in the mandatory reporting of safety events at health care facilities, and provide appropriate funding for state-wide training and education to health care facilities regarding interpretation of patient safety events and compliance with reporting requirements.

Supplementary WHCC Task:

Through the work of the WHCC committee on patient safety, continue to examine ways in which to improve patient safety through reporting mechanisms, compliance with federal rules and regulations, the development of a patient safety "center," and ongoing evaluation.
