Attending: Karen Bowling, WVDHHR Secretary and Chair of the Collaborative  
Jeremiah Samples, WVDHHR  
Nancy Sullivan, WVDHHR  
Penney Hall, WVDHHR, Bureau for Medical Services  
Anne Williams, WVDHHR, Bureau for Public Health  
Christine Mullins, WVDHHR, Bureau for Public Health, Maternal, Child and Family Health  
Georgia Narsavage, WVU, Health Sciences Center  
Tom Gilpin, WVU School of Public Health  
Joshua Austin, SIM Project  
Dick Wittberg, Marshall University  
Renate Pore, West Virginians for Affordable Health Care  
Janine Breyel, WV Perinatal Partnership  
Jeff Coben, WVU, Health Sciences Center  
Aila Accad, Future of Nursing WV  
Rahul Gupta, WVDHHR, Bureau for Public Health  
Laura Casto, WVDHHR, Bureau for Public Health, Office of Nutrition Services  
Tony Atkins, WVDHHR, Bureau for Medical Services  
Ellen Potter, WV Office of the Insurance Commissioner  
Jane Cline, Spilman, Thomas & Battle  
Laura Boone, Higher Education Policy Commission  
Louise Reese, WV Primary Care Association  
Jamie Jeffrey, KEYS 4 Healthy Kids  
Donna Sands, WV Family Health  
Ed Dolly, WVDHHR, Office of Management Information Systems  
David Campbell, WV Health Improvement Institute  
Gary Murdock, WVU Health Systems  
Connie White, Kentucky Department of Public Health – Guest Speaker  
Dasheema Jarrett, WVDHHR, Bureau for Public Health, Community Health Systems and Health Promotion  
Jessica Wright, WVDHHR, Bureau for Public Health, Community Health Systems and Health Promotion  
Crystal Welch, WV Medical Institute  
John Wiesendanger, WV Medical Institute  
Usha Sambamoorthi, WVU School of Pharmacy  
Sally Hodder, WVU Clinical and Translational Science Institute  
Chuck Mullett, WVU Clinical and Translational Science Institute  
Suresh Madhavan, WVU School of Pharmacy  
Daniel Christy, WVDHHR, Bureau for Public Health, Health Statistics Center  
William Ramsey, WVU, Health Sciences Center  
Brenda Harper, Anthem
Secretary Karen Bowling opened the meeting and welcomed everyone. She asked for introductions of in-person attendees and those joining by conference call.

**SIM Update – Work Group Status**

Secretary Bowling introduced Mr. Tom Gilpin, WVU School of Public Health and Project Manager of the SIM Project.

- Mr. Gilpin explained that the July work group meetings were geared toward establishing strengths, weaknesses, opportunities and threats for WV’s health care system.
- He discussed the key findings from each work group in July.
  - Better Care – focus on a whole-person orientation to health care
  - Better Value – align measures among payors
  - Need to decide on a care coordination model (SIM to help with this)
  - Better Health - integrate behavioral health with primary care
  - HIT – make HIT useful and helpful in health care delivery
  - Workforce Development – collaborative and team-based approach to care
  - Will need some specific training for care coordination
- SOAR CHART – Optimistic work groups: West Virginia has poor population health; a major opportunity to be able to improve
- August work group meetings: Focus on the chronic disease of obesity
  - Better Care and Work Force Development received a hypothetical vignette regarding care delivery as a discussion starter. Better Value, having met a week later, refined its hypothetical vignette to include revisions and changes suggested by Better Care and Work Force Development
  - Better Care – reviewed the challenges, elements/components to keep and recommended changes
  - Better Value – included a regional aspect to the vignette and a major theme that emerged was to make the delivery model more health-oriented
  - Better Health – interventions/approaches straight from the State Health Improvement Plan – only question that is different from the SHIP is the SNAP question
  - HIT – SWOT analysis for HIT; review of weaknesses and threats
  - Workforce Development – emphasis on health model versus a medical model
• Themes for Model Design – After July and August
  ➢ Must include care coordination/coordinators
  ➢ Must be an integration of behavioral health and physical health
  ➢ Must be alignment of provider and payor quality measures
  ➢ Must include telehealth/telemedicine
  ➢ HIT must be a backbone, aid to this model design and its deployment

The powerpoint presentation is attached to the meeting notes.

Secretary Bowling thanked Mr. Gilpin for the SIM update and for everyone’s participation in the work groups.

Secretary Bowling introduced Dr. Connie White, Deputy Commissioner, Kentucky Department of Public Health. Dr. White provided an overview of her path from practitioner to health policymaking.

• What is kyhealthnow? Created in February 2014 by Executive Order and it is not a funded entity.
• Oversight Team including representatives from each Executive Branch Cabinet and key agency in the administration.
• Conducted a survey of each department to see how health is incorporated in their area.
• 2019 Goals – seven goals with a group of associated strategies to achieve; with 5 of these goals to be achieved by 2019
  ➢ Reduce rate of uninsured individuals to less than 5%
  ➢ Reduce smoking rate by 10%
  ➢ Reduce obesity rate by 10%
  ➢ Reduce cancer deaths by 10%
  ➢ Reduce cardiovascular deaths by 10%
  ➢ Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%
  ➢ Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days
• Started Medicaid managed care in 2011 – started with three plans and now there are five plans. West Virginia and Kentucky are similar in terms of public payor mix, and there are two major commercial payors – Anthem and Humana
• Discussed various smoking cessations options. Governor issued an executive order making all Executive Branch campuses smoke free. Kentucky is the fifth state to do that. Prohibited e-cigarette sales to minors in 2014
• National Diabetes Prevention Program information – 3rd best nationally in the amount of programs
• One of five states where the NDPP is covered by the public employee insurance program. There is a huge return on investment for this particular program.
• Shared with the group associated strategies to achieve their seven goals.
• Kentucky State Innovation Model Grant
  ➢ Shared the SIM Model Design Initiative – Population Health Improvement Plan
  ➢ Much overlap between Kentucky and West Virginia in terms of concerns/challenges
  ➢ Provider buy-in is key
  ➢ Five work groups: Increased Access; Integrated Coordinated Care; Quality/Strategy Metrics; Payment Reform and HIT Infrastructure
Cabinet Secretary is to issue an administrative order establishing a governing body to oversee the five work groups
- Includes kyhealthnow goals
- Special chronic disease components
- ER SMART program to address inappropriate access to the ER and superutilizers
- HIT infrastructure is more robust and able to exchange data to a greater extent than West Virginia currently
- Putting an EHR and telehealth component in each local health department
- All but one Medicaid MCO can bill for the telehealth component at the local health departments
- Telehealth regulations are quite conducive to telehealth, but need more participation. Kentucky has substantial broadband access issues much like West Virginia
- Evidence Based
  - Medication adherence
  - Dental and behavioral integration
  - Non-medical involvement, such as health coaches, community health workers, person to person interaction
  - Aligning quality measures among all payors
  - Using the Kentucky Public Employee payor as the model for PCMH
  - Robust education and outreach piece to explain the new mode

Secretary Bowling thanked Dr. White for her very informative presentation.

A copy of Dr. White’s presentation is attached to the meeting notes.