Overview

Context

Process

Dialogue
  - What is missing?
  - Who needs to be at the table?
  - Intervention Opportunities
  - Regional/Local Stakeholder Engagement

Next Steps
The state health plan is mandated legislatively under the West Virginia Health Care Authority (WV Code §16-2D-5b).

There is a preference/requirement by CMS, CDC, HRSA and other grantors for a thoughtful strategic plan guiding alignment of resources.

There have been multiple state health planning efforts West Virginia.
CSI Staff

Christine St. Andre—Founder and Principal
- More than 30 years experience in health care leadership, including as a health system/hospital CEO, with population health and ancillary benefits management and HIT; extensive West Virginia experience

Roger Chaufournier—Founder and Principal
- More than 30 years experience across all health care sectors, including hospital leadership, at a public population health management company and with quality management; extensive West Virginia experience

Sunah Hallie—Associate Consultant
- Recent MPH graduate of West Virginia University School of Public Health

Kristen diDonato—Staff consultant

Joshua Austin—Former SIM Project Coordinator and West Virginia University consultant
TRADITIONAL PLANNING PROCESS

- State SIM Plan
- Public Health Plan
- Health Improvement Plan
- HIT Plan

STATE HEALTH PLAN
Reality of the Current Environment
PLANNING PROCESS

STATE HEALTH PLAN

State SIM Plan
Public Health Plan
Health Improvement Plan
HIT Plan
SIM Driver Diagram

**DRIVERS**

**Driver 1:** Ensure all West Virginians are connected to a primary care provider and, where appropriate, have access to advanced primary care delivery systems

**Driver 2:** Accelerate population health management

**Driver 3:** Leverage data and information management capacity

**Driver 4:** Advance value-based reimbursement models

**Driver 5:** Better address the unique needs of aging West Virginians

**GOALS**

- Ensure every West Virginian is connected to a PCP and patients with complex or multiple chronic conditions are affiliated with an advanced primary care delivery system

- Implement the CDC’s scaled intervention approach to improve population health

- Enable patients, providers and payers to share and analyze data in an open, transparent and collaborative fashion

- Encourage the adoption of value-based payment models, progressing based on risk readiness

- Reduce spending on long-term care and strengthen the delivery of care to older adults

**VISION**

Modernize and transform West Virginia’s health care delivery and payment system

**STRATEGIES**

- Coordinate efforts to identify individuals without a regular connection to a PCP and connect such individuals to a PCP

- Pursue ACA Section 2703 regarding health homes or encourage health home look-alikes by collaborating with the Medicaid MCOs

- Encourage reimbursement models that reward advanced primary care delivery systems

- Launch a shadow TCPI initiative

- Promote reimbursement models that facilitate the integration of community health workers with primary care programs and the use of related approaches to addressing psycho-social risks, patient engagement and self-care

- Focus on projects/programs to address super-utilizers

- Link community-based health and social support resources to the health care delivery system

- Build on successful community-wide health improvement programs and develop specific initiatives to address obesity

- Promote the integration of behavioral health and primary care

- Encourage providers to continue training staff in data management and analytics

- Leverage the Medicaid data warehouse

- Align quality measures across payers

- Develop a standardized provider scorecard

- Optimize an HIE to enable sharing of timely health care information, including behavioral health information

- Set a vision for a value-based system through the state’s public payer contracts

- Encourage payers to migrate toward value-based reimbursement

- Establish regional self-organized health communities

- Emphasize lower-cost, better-care settings

- Establish geriatric medical homes

- Identify and implement best practices to improve care transitions

- Develop a consultative peer network for rural PCPs
State Health Plan Planning Process

- Build off of prior work and synthesize plans
  During Summer 2016

- Stakeholder engagement and education
  Listening sessions in Fall 2016

- Alignment and fingerprinting
  During Fall 2016

- Plan due by the end of March 2017
What are your local health priorities, especially outside Charleston/Morgantown and the I-79 Corridor?

What is missing and/or underrepresented in the plan?

What is of chief importance from the plan?
What local health coalitions can you help us identify?

- Calhoun County Coalition (Specific Name Unknown)
- Grant County Coalition (Specific Name Unknown)
- Healthier Jefferson County
- Healthy Community Coalition of Wood County
- Kanawha Coalition for Community Health Improvement
What would you recommend in terms of engaging local communities?

How can we best engage local communities to take ownership for the health of their communities?
What actionable interventions should be considered in the State Health Plan?

- Exciting/Innovative Models—what is already working?

- Where are there opportunities for collaboration?
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