

Attendees

Task Force Members Present:

Dr. Rahul Gupta, Chair; Christina Mullins; Danny Scalise; Chuck Thayer; Tim Hazelett; Chad Bundy; Walt Ivey; Amy Atkins; Carrie Hill (representing Patti Hamilton); Anne Williams; Melissa Kinnaird; Barb Taylor; House of Delegates Health and Human Resources Member Michael Pushkin; Sandra Ball; Lloyd White; Senate Finance Vice-Chair Chris Walters; Ted Cheatham; Megan Simpson (representing Vivian Parsons); Dr. Stephen Worden; and Terri Giles

Participated via conference call:

Bill Kearns; Dr. David Didden; Charles Roskovensky (representing House of Delegates Health and Human Resources Joe Ellington); and Jeff Johnson (representing Senate Health and Human Resources Chair Ryan Ferns)

Task Force Members Absent:

Patricia Pope; Jim Kranz; Dr. Adam Breinig; Deputy Secretary Jeremiah Samples; Dr. Greg Hand; and Andy Skidmore

Community Members Present:

Ginny Ruble; Rebecca Schmidt; John Law; Drema Mace; Pat White; James Moore; Nikki Dolan; Jerry Rhodes; Linda Lipscomb; Julie Mundell; Missy Elmore; Sharon Lansdale; Tom Susman; Brad Cochran; Candy Hurd; Stan Walls; Toby Wagoner; Lolita Kirk; Dr. Mike Brumage; Deb Koester; Andrea Fisher; and Brian Skinner

Agenda

PHIT Chair, Dr. Rahul Gupta, welcomed everyone to the meeting. All PHIT members introduced themselves.

September 2, 2015 meeting minutes were presented for approval. Lloyd White motioned to approve the minutes. Danny Scalise seconded the motion. Vote was taken and all were in favor. **September 2, 2015 meeting minutes were approved.**

Dr. Stephen Worden introduced guest speaker, Dr. Drema Mace. Dr. Mace is the Executive Director of the Mid-Ohio Valley Health Department (MOVHD). Dr. Mace's presentation was entitled "*Mid-Ohio Valley Health Department: A Regional Approach*". Dr. Mace provided a glimpse into her "street cred". She has been in every single health department in the State conducting quality assurance monitoring, FQHCs, school-based health centers, critical access hospitals, free clinics, and community health centers. She fully understands our health system.

Dr. Mace provided FY14-15 stats of MOVHD. MOVHD has 104 employees in 6 counties. All counties share staff. MOVHD total budget is \$3.5 million. MOVHD provides a lot of basic public health services. Dr. Mace shared MOVHD financial status. MOVHD has consistently maintained 5 months of operating capitol. Dr. Mace feels we need to work with the State on a

new formula for determining financial crisis; which health departments are not operating optimal and those that are.

Dr. Mace provided MOVHD's history. The Health Systems Agency was funded in 1976 and reviewed the entire health care system (not just health departments) over a 5 year period. The final report was issued in 1982. Six (6) counties (Calhoun, Pleasants, Ritchie, Roane, Wirt, and Wood) and the City of Parkersburg agreed to a regionalization model. At the time it was a 3 year demonstration project. Additional state funding was received to implement. In 1985, the MOV Board of Health voted to continue the model. Dr. Mace feels that evidence shows the current system can be improved.

Dr. Mace provided MOVHD current payer mix. MOVHD's goal is to get their budget down to 25% of it being state aid. No other health department can show this. All health departments rely/depend on state aid. MOVHD needs state aid funding for enhanced services; state aid funding is needed, but in case something would happen and that money would be taken away or reduced, Dr. Mace doesn't want it to cripple MOVHD. She wants to still be able to provide services. Grants are a large part of MOVHD budget. Dr. Mace provided a list of their payers showing percentage of total revenue.

MOVHD provides enhanced services. Dr. Mace provided a list of MOVHD's enhanced services. She believes that no other health department can offer all these services. MOVHD can because of being regionalized. Dr. Mace spoke about enhanced administration; don't want to be top heavy on administration, have to have those areas in a regional model with combined services. Dr. Mace's presentation listed the outline of MOVHD enhanced administration.

Dr. Mace stated that MOVHD is not the only model for regionalization; but it is a good model. Dr. Mace submitted a different model. Dr. Mace believes back office functions are the first thing that needs to be looked at especially for small health departments that struggle in that area. She doesn't want to see a model where there is not a presence in each county. Shared back office functions such as billing, finance, group purchasing, outsourced payroll, standardized policies and procedures and travel savings utilizing state car rental contract. Grant opportunities could be expanded if regionalized.

Dr. Mace presented an example of a regional map. The regional map was that of the Nursing Coalition Committee. Their map is divided into 9 regions. Dr. Mace stated less regions, more money saved. If everyone did what MOVHD did (just as an example) immediate savings would be \$12.5 million dollars and that's just setting up the system. Dr. Mace believes partnerships are key to success.

Dr. Mace described how MOVHD works:

- Local control – County Commission in each county appoints 2 members to the Board of Health
- Two members must be of different political affiliations
- Clear roles established of Board Members and Executive Director
- Board hires the Executive Director who supervises all employees
- Medical Director reports directly to the Board, works in partnership with the Executive Director
- Participates in DOP merit system
- Meets all requirements as outlined in WV Code

Dr. Mace stated the change process takes time; 3 years to at least get things going and then another 2 to evaluate what has been done to see if it works. No matter what is decided, looking at least 5 years to change the process to make it solid.

Dr. Gupta introduced guest speaker, Pat White. Her leadership led to the regionalization of the MOVHD.

Pat White informed everyone that she is retired now, but has experience that may be helpful. When Ms. White served in the WV Legislature for 10 years, she tried to entice, financially, the formation of multi-county systems. She gave up on the term of regionalization because of terminology that goes along with it. Ms. White contacted every health department and county commission before focusing in on MOVHD.

One of the problems she encountered was when dealing with local health, a lot of decision making was happening by staff. This is not a good thing for accountability. Health officers and boards of health was another problem encountered. The system was broken across the board. She noted that the same problems are in existence right now particularly with the changing in the health care system.

Ms. White feels it is important to have trust in the people appointed to the board. Accountability is the key. There is an opportunity to make changes. Change is a process. Ms. White stated that it is extremely important that everyone be open to look at other models and funding sources. During her time at the Legislature, she brought about local health being able to bill for services. At that time, no local health departments were in support of that.

Ms. White is a strong component of multi-county systems, because she knows what it can do. She said public health is more than sanitarians; it goes to looking at epidemiology data of a system and being able to identify problems. Ms. White feels this group should be at the forefront of how it works. County commissions are very much aware of this. She stated that if the Commissions knew of the amount of money left on the table and efficiencies not taking place – they would mandate that the change happen. Ms. White encourages everyone to come to the forefront and move on these issues. With all the changes in health care today, she's not surprised if there will be future cuts. She feels it's time to anticipate cuts, start planning for it.

PHIT Chair, Dr. Gupta, opened the floor for discussion/questions from PHIT members on the presentations from Dr. Drema Mace and Ms. Pat White.

Ted Cheatham asked Dr. Mace, "Do you calculate your cost per dental patient and cost per medical patient on what it takes to deliver that service?" Dr. Mace replied, yes MOVHD does. She will provide that information. Mr. Cheatham would like to see how it's compared to critical care hospitals, FQHCs, etc. The costs of their treatment compared to MOVHD. Dr. Mace stated MOVHD is not a primary care center, they provide basic public health services. When necessary, they refer to other agencies as appropriate. MOVHD is currently looking at becoming a primary care medical home. Feels this is the next step in this regional system, but doesn't know if they are capable to do that.

Lloyd White asked on the projected savings, the example used was the IT (regional IT vs. having an IT in the county). Was that an assumption? Most counties don't have an IT. Dr. Mace replied it is an assumption. It's based on what MOVHD has. This is her projection if it was a regional model like MOVHD. That would be the initial cost savings.

Tim Hazelett asked what is MOVHD's total population served. Dr. Mace replied 115,000 total population.

Carrie Hill stated if you calculate the population of the county represented, she gets 132,000. If calculate population proposed (RESA model type plan), it's 283,000. Kanawha County is 900 square miles within itself. Do you see any geographic challenges? Dr. Mace replied yes there would be challenges. If this would happen, MOVHD would have to expand. Population is key.

Ms. Hill asked do you think there is any model where large counties can be “left alone”? Dr. Mace replied, she did look at that and submitted a model to the PHIT that hasn’t been looked at yet. It deals with different populations and regions. Today she is only presenting on what is currently in place in our state.

Dr. Worden commented it is important that when the counties appoint board members, they are active, participating members. Members are key.

Dr. Mace stated that partnerships make it work.

Terri Giles asked Pat White if there are any other groups preparing to follow this model that was done in MOVHD. Are there other regions getting ready to do this or considering it? Ms. White replied she is not aware of any at this time. She did add that when working on regionalizing MOVHD, she went around the state and found the important people to meet with were city councils and county commissions. They were onboard but actual staff of local boards were terrified. There was an interest in the Huntington area and eastern panhandle at the time but focus was directed to the area with the largest group. She stated that Jackson County regretted not participating in the initial group.

Ms. White doesn’t encourage metropolitan areas (like Kanawha County) to be immune from this just because they have a signification population. It’s not the proper way to do this. There are savings for everybody (city, county, etc.) along the way particularly in the outline areas.

Ms. Giles wanted to know how the regions were chosen. Ms. White replied it was by local interest at the time. She did press Jackson County to go in but they had a lot of resistance from staff in that area. Ms. White found that every county commission wanted to verify that every penny of their money was going to their county. She provided that. It was important to show in order to get their buy-in. It is critical that the group recognize that everyone is a part of a system and if you don’t get that you should step aside. Ms. White stated the health care system is in the largest state of flux ever, and it’s going to get more so. It is time to recognize there are issues that impact public health. Public health has the responsibility to take the lead on this.

Senator Chris Walters wanted to know if this multi-county approach is a self-sustaining type model. Ms. White replied yes it is, but it will always need some state funding. There is funding that flows through the state which is federal funding, like CDC, for public health. CDC requests accountability just like the Legislature. Ms. White stated why should the legislature fund a system that is unwilling to change? The Legislature needs to look at the areas that are leaders in the field.

No other questions/comments from the PHIT members were presented in regards to the presentations from Dr. Mace and Ms. Pat White.

PHIT Chair, Dr. Gupta, opened the floor for discussion/questions from the public in regards to the presentations from Dr. Mace and Ms. Pat White.

Tom Susman stated there are differences in regions. In those regions where they could work together not necessary organizational, could be programmatic, makes sense. The group needs to be careful on putting a \$12 million savings on a model when it hasn’t been completely evaluated when it comes to local shares and local contributions to health departments of that period of time. Mr. Susman noted that West Virginia has a history of regionalization. Some time it works, other times it doesn’t. A good example is the RESAs. He noted it is important, as we go down the path, how we look at it and the implementation cost. He agrees with Ms. White

we need to maximize ACA reimbursements and maximize grants. Mr. Susman noted that sometimes we tend to get caught up on the organization structure; it takes focus away from the end of the day. There are opportunities where we can come together to saving money, generate dollars, but not necessarily necessitate losing local control. Mr. Susman suggests that until there is a significant independent review of the \$12 million figure, he wouldn't put that in next year's fiscal budget. He doesn't think you can save that much money.

Dr. Gupta wanted Dr. Mace or Ms. White to address the question about local control as it pertains to MOVHD. Is local control lost? Is it still there? Who runs it? Ms. White replied it is totally local control, but it's done through a collaborative effort with other counties. You don't lose local control.

Dr. Mace wanted to make a disclaimer that the \$12 million was her formula, nothing official. If MOVHD had to go back to the way they were, six separate counties, it would cost them \$7 million to get the system up the way it was. Dr. Mace wasn't advocating for that model, she was just stating its one model among many.

Dr. Worden wanted to comment on local control. It goes back to the importance of the board. It's important to have board members that are active and participate.

Lloyd White wanted to address a couple of issues as it pertains to sustainability to Senator Walters. Local health knows what we have been doing isn't working and that it's time for a change. Local health is willing to change. There is a proposal ready to move forward with local health performing preventable services and being a billable service. Kentucky has been doing it for 19 years. It works. If health outcomes are to change, we need to do things differently. We spend about 3% out of every dollar on prevention, 97% on treatment. We need to reverse that. If we only did a 2% increase, how much money could be saved? Local health is willing to step up. We have a productive workforce that is willing to move forward. Our challenge is to allow those to allow us to move forward with that.

No further questions/comments from the public were presented in regards to the presentations by Dr. Mace and Ms. Pat White.

Dr. Gupta informed PHIT members that the PHIT Survey #2 results would be reviewed at the October 28, 2015 PHIT meeting. Ms. Meike Schleiff, who prepared the survey results, was not available to attend this meeting, but would be in attendance at the October 28th meeting.

PHIT Chair, Dr. Gupta, requested updates from the workgroups. Better Health, reported by Danny Scalise, discussed minimum package for accreditation. Dr. Didden has a few items that he wants to discuss with the PHIT members. Better Quality, per Chuck Thayer, has nothing to report. Affordable Public Health, reported by Amy Atkins, developed an understanding of what is currently in place to help with recommendations moving forward. The workgroup has been charged with redefining statutory and regulatory authority with the notion that it needs to be built around a modern relevant definition of basic public health services. Need clarity around the capacity it takes to deliver those requirements. Discussed current standards in detail; 232 developed in 2000. Workgroup is reviewing what has evolved and changed throughout the nation and discussed the limitation of the current standards and the opportunity for improvement. The Workgroup continues to focus on three areas: 1) the intent of the Bureau's role to monitor; 2) setting standards, core set of services and capacity; and 3) understanding capacity requirements. Community Engagement, per Tim Hazelett, has nothing to report. Chad Bundy wanted to add that the Community Engagement workgroup did a lot of work at the forefront and is currently waiting on PHIT outcomes to continue.

Senator Walters wanted to clarify earlier comment from Lloyd White regarding local health department wanting to move forward but prevented in doing so. How have you been prevented from billing for medical services or what other things have you been prevented from? Lloyd White responded that they haven't been prevented, it's just an initiative. We are trying to mimic what Kentucky has been doing for 19 years. When we look at long term sustainability, when we look at chronic disease management, West Virginia is doing terrible. Things have to change, so we look at preventative services as a means to change health outcomes long term. We need to approach payers like Medicaid to allow local health department employees to do preventive services by RNs not by mid-level practitioners. Senator Walters asked if there was a state law preventing that? Lloyd White replied not now. There are several preventable services that have been defined that nurses can do within their scope of practice. As long as they work within their scope of practice they can perform preventable services. Senator Walters asked how long have they been able to do that. Lloyd White apologized that he couldn't answer that particular question. Challenge is getting Medicaid to approve set codes for RNs like Kentucky.

Ms. Pat White added that it could actually be done right now if the Health Officer would take that responsibility understanding medical protocol. Lloyd White said they will have to look into that. Ms. White said there is a "work around". Lloyd White wants to be open, honest and up front. He stated he wants their services be provided by qualified RNs rather than Health Officers that aren't in the building.

PHIT Chair, Dr. Gupta, wanted to mention that it is very important to understand that scope of practice issues and other issues will not be solved anytime soon and to use that as a reason not to move forward is also a challenge. When a nurse is giving a shot, the Health Officer doesn't have to be physically there, that's how the system works and you can bill for services. It's transparent, open and legal.

PHIT Chair, Dr. Gupta, asked for final comments from the public.

James Moore, Marion County Health Department, asked Dr. Mace to talk about the outcomes of public health since MOVHD's regionalization. Dr. Mace replied that since her tenure (August 2014) there she doesn't have any outcomes/evidence, but will within the year.

Chad Bundy wanted to reiterate the self-sustainability of MOVHD. Dr. Mace replied state aid received is 29% of overall budget. If something would happen and state aid removed, MOVHD would not close, but would have cuts in programs/services. Ms. Pat White added the formula needs to be around the numbers. She said that you have some health departments entirely funded by state dollars. Chad Bundy replied that all health departments statewide are at 40% of state funding. Dr. Mace would like to look at those above that curve.

No other comments or questions received from the public.

PHIT Chair, Dr. Gupta, reminded the PHIT members that the next meeting is scheduled for October 28, 2015 in Lewisburg, West Virginia at the School of Osteopathic Medicine. Virginia Department of Health will be the guest speaker.

At the last meeting, the Bureau was charged with the task of creating a proposal. On November 5, 2015, BPH will meet with the WV Local Health Department Association members to discuss an interest in developing a framework collaboratively. After that meeting, the proposed framework will be taken to each individual workgroup (which contains PHIT members) to make a process. On December 9, 2015 from 1:00PM-3:00PM (location to be determined) the proposal will be presented to the PHIT as a whole.

No further business to discuss. Meeting was adjourned at 10:50AM.