

WYOMING HEALTHCARE COMMISSION  
January 8, 2006  
Meeting Notes  
Cheyenne

**ATTENDANCE:**

**Commissioners:** Dixie Roberts, Chairman; Rex O. Arney; Rod Barton; Barb Cohee; Jack Glode, M.D.; Larry Kirven, M.D.; Barb Rea; Cliff Root; Jack Speight; John H. Vandel; Brent Sherard, M.D.; Ken Vines

**Absent:** Lorraine Saulino-Klein.

**Committee Members:** Rick Schum; John McBride; Greg Gruman, Ph.D.; Teri Green; Susie Pouliot; Jerry Calkins, M.D.; Lynn Birleffi; Lori Jasperson; Susan Menghini.

**WHCC Staff:** Susie Mullen, Acting Executive Director; Beth Worthen, Assistant Director; Fran Cadez, Consultant; and Keith Hageman, Administrative Assistant.

**GUESTS:**

Mary Behrens, Wyoming Nurses Association; Dan Neal, Equality State Policy Center; Marcia Shanor, WTLA; Pat Monahan, WPCA; Ingrid Martinez, WPCA; Megan Cormier, APS; Chris Sullivan, APS; Pete Reese; Debbie Hall, Cheyenne; David F. Crowder, MD; Peter Reis, WBC; Sheila Bush, WMS; Rhonda Tyre Priest, Cheyenne Community Clinic; Lloyd Wilder, WID; Bev Morrow, WDH; Dan Lex, APS; Linda O'grady, WDH; Ken Hoff, WILR; Rick Gammon, GPCDD; Dave Picard, PhRMA; Kevin Bolenenblust, WAPP; Jonathan Downing, WCA; Marcia Shanor, Laura Crawford, WDH; Vereen Bebo, WDH; Tina Carroll, WDH.

**Legislators:**

Rep. Bob Brechtel; Rep. Ken Esquibel; Rep. Mary Gilmore; Rep. Debbie Hammons; Rep. Elaine Harvey; Sen. John Hastert; Rep. Jerry Iekel; Rep. Jack Landon; Rep. Tom Lubnau; Rep. Lori Millin; Sen. Charles K. Scott; Rep. Jeb Stewart.

**9:00 A.M. Meeting called to order by Chairman Dixie Roberts**

**I. WHCC Statistical Handbook: Update and Moving Forward**

WHCC Assistant Director, Beth Worthen, presented the Commission with an overview and update on the WHCC Statistical Handbook. W.S. 9-2-2803 (f) authorized the Commission to maintain a system of healthcare information, resulting in the current WHCC database developed by the Health Professions Tracking Center (HPTC). The preliminary snapshot of the information contained in the database has been completed and has been put into a WHCC Statistical Handbook. Hard copies of the WHCC Statistical Handbook were handed out to Commissioners and the public in the room. The WHCC Statistical Handbook will be posted on the WHCC's website and copies of the handbook on disc are also available upon request to the WHCC.

It was stressed by the Commission that the data collection process is ongoing and that the WHCC Statistical Handbook will be updated regularly and if any information needs to be updated it can be and will be. The Commission also asked that if anyone sees things that need to

be updated in the handbook to please contact the Commission with the updates so they can be incorporated into the database.

There was comment from the Commission that there needs to be further clarification on certain aspects of the handbook. For example, some of the numbers vary in certain tables. If there was explanation as to why they vary, the reader would be able to understand why they vary more quickly. Also, definitions of terms that are more technical in nature, such as "Advanced Practice Nurses," would benefit the reader.

The Commission currently has the following:

- 2 Surveys completed
- A live database
- Statistical handbook
- A 3<sup>rd</sup> Survey scheduled for January-February

The key pieces of information that the handbook contains are as follows:

- Distributions of Professions and Specialties
- County Profiles
- Timeframes or leaving practice
- Languages, program participation, educational backgrounds
- Openings

The WHCC Statistical Handbook can be used for recruitment/retention, workforce and education planning, monitoring healthcare trends, shortage area designation, coordination of service for referrals and emergency preparedness.

The Commission will be working on "Use Policies" and "Outreach" to improve response rates and reach those who would benefit from and use the handbook. There was comment from the Commission that some type of incentives might improve the response rates. The Commission is also looking at putting together a directory.

Chairman Roberts commented that the handbook has brought to light some valuable information. There are still a lot of unknowns and the Commission will be working on getting more specific data and getting fewer unknowns. Chairman Roberts also commented that the Rural Healthcare Delivery Systems Subcommittee decided that there needs to be a person doing data gathering out in the field. If anyone knows of someone who could fill this position please let WHCC staff know.

When the RUPRI report is completed the WHCC will be able to use the information in that report in conjunction with the handbook to compare standards.

There was also comment that the subheading on page 8 "Disclaimer" needs a new subheading such as "Feedback."

## **II. WHCC Budget and Contract Update**

Chairman Roberts went over the expenditures for December 2006 and the WHCC Contracts update for January 8, 2007. Copies of each were handed

out to the Commission and public at the meeting. There was no comment from the Commission.

**10:10 A.M. BREAK**

### **III. WHCC Big Picture**

Susie Mullen, Acting Director, and Beth Worthen, Assistant Director, gave a presentation on what the WHCC has been doing and on what the overall picture of what the WHCC will be doing in 2007. A handout titled "The Wyoming Healthcare Commission: Big Picture for 2007" was handed out to the Commissioners. A copy of the same is available on the WHCC Website <http://www.wyominghealthcarecommission.org/> . The WHCC Subcommittees have been working on data informed decisions. The work that the Subcommittees are doing was reviewed as follows:

#### **A. A&A Subcommittee**

The A&A Subcommittee has looked at what programs are already in place that could solve the problems and what else may be needed. They are working on the High Risk Pool expansion and the SCHIP expansion and reauthorization.

A&A Subcommittee Chair Rex Arney suggested the following for the presentation to Legislators:

1. Overview of Problem
2. Consequences
3. Data- State & National
4. Programs in Wyoming that already address the problem.
5. Long-term Goals and Outcomes

The A&A Subcommittee has contracted with Jonathan Gruber to do some modeling that will allow the A&A Subcommittee to simulate recommendations and see what would be the result of implementing the recommendations (including unintended consequences). The modeling will be Wyoming specific. Jonathan Gruber is currently working on the WHCC Report. The report will be looking at unintended consequences. The "Micro Simulation Model" will allow the Commission to determine what the fiscal outcomes would be. The intent of the modeling is to get down to the dollar & cents of implementing certain programs. Jonathan Gruber will need guidance from the Commission regarding what programs to apply to the micro simulation (i.e., prioritizing which programs to test with the micro simulation. The Subcommittee will not be able to test all possible programs. They need to be narrowed down to a select group).

There was comment regarding the High Risk Pool, the Commission should not assume that an additional 400 to 500 individuals will be insured if the High Risk Pool is expanded. There will still be individuals who cannot afford insurance after the High Risk Pool expansion. Additional measures need to be taken in order to get those individuals insured.

#### **B. Rural Healthcare Delivery Committee**

WyHIO is doing a study on the levels/capacity that different medical entities have with IT. This information will be included in the RUPRI study.

A RUPRI handout that Commissioner Jack Glode, M.D. put together was distributed to the Commission and Public. A copy of the same is available on the WHCC website. Commissioner Glode went over the handout.

There was comment that the Commission needs to take into account the long-term delivery systems when applying short-term solutions.

The WHCC Medical Errors Subcommittee plans to have a task force to take the Medical Errors Subcommittee's recommendations to the Legislators. Commissioner Glode commented, regarding electronic health records, that currently there are no standards and the different systems used by physicians are not compatible.

There was discussion that prevention is cost effective. Evidence based medicine is going to have to take a role in preventative medicine. Money needs to be spent wisely on prevention and the delivery system as a whole needs to change to be effective. The Commission needs to show legislators the need for planning. There was comment that long-term planning with incentives to apply the changes is what is needed. Education is also important and kids are the best place to start.

RUPRI is going to provide a blueprint on how to govern the recommendations. There will need to be an entity to govern the shift of the delivery system over time.

#### **C. Medicaid Committee**

There is currently a bill that the legislature is looking at (07LSO-0354.C1 "Long term care choices.") that the Medicaid Subcommittee supported. The Medicaid Subcommittee tackled the bulk of the monetary component, Long-term care(LTC), and are in a wait and see mode to see what happens to the bill. Next the Medicaid Committee will be looking at the medical side of Medicaid.

There was discussion regarding a pilot program that would look at Medicaid not just as a single event coverage or episodic coverage but also as a more complete coverage tool.

#### **D. Areas of overlap between the WHCC Subcommittee's**

There are areas of overlap that involve all of the Subcommittees. The areas of overlap are:

1. Workforce
2. Infrastructures
3. Education
4. Provider Incentives
5. Focus on Prevention
6. Analysis Model

#### **E. Additional Items Discussed**

- All materials for WHCC meetings need to be submitted a week ahead of time for review before a meeting.
- How can we effectively reach Legislators?
  1. News Letter
  2. Spend time with Legislators explaining how WHCC derive recommendations.
  3. Entire Legislation is important not just LHSS.
  4. Advocate- someone to support recommendations (Staff & Commissioners)
  5. Governor's role
  6. Marketing
  7. Timeline and where it's headed (Executive Summary incorporated into newsletter).
- Legislative Tracking needs to be started.

**12:30 P.M. LUNCH**

**1:30 P.M. SUBCOMMITTEE BREAKOUTS**

*(Subcommittee notes are kept separately)*

**3:00 P.M. BREAK**

**3:15 P.M. LEGISLATIVE ROUNDTABLE**

The Commission met with Legislators in a roundtable discussion to get Legislators thoughts on what the WHCC is doing. A handout titled "The Wyoming Healthcare Commission: Big Picture for 2007" was handed out to Legislators. A copy of the handout is available on the WHCC Website at <http://www.wyominghealthcarecommission.org/>

The Legislature wants quality from the WHCC, first and foremost. Some of the Legislators expressed the need for more time to review the recommendations before they have to act on them. There was comment that the Legislators would like to see the Access & Affordability Committee report before the October 1, 2007 deadline. Subcommittee Chairman Rex Arney said the commission could accommodate them and would get it to them as soon as possible.

Sen. Scott asked the Commission to find out from Jonathan Gruber what kind of "cost escalation" can be expected on some of the options.

**5:00 P.M. Meeting Adjourned by Chairman Roberts**