

Towards A Healthy West Virginia: A Strategic Vision and Action Plan

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INTRODUCTION

Many West Virginians face serious health challenges. We experience significantly higher rates of chronic diseases and disabling injuries than the rest of the nation. Our state has the highest rates of smoking and obesity in the country. In 2005, over 300,000 of our citizens did not have health insurance, and the high costs of health care are burdening families, businesses, and the state budget.

Fortunately, solutions are taking root to address these challenges. Throughout the state, public and private entities are bringing wellness and prevention programs to our residents. New public-private partnerships have made lower-priced health insurance available to small businesses and individuals. We are working to reduce the cost of care through better health information technology. We are working together to obtain the best value for our health care spending and we continue to plan for the future.

This report outlines both the Manchin Administration's progress to date and a strategic vision for our future work to continue to address West Virginia's health care challenges. To start West Virginia on our path to a healthier future, my Administration will be guided by the following principles:

1. The ultimate purpose of West Virginia's health system should be to ensure the best possible health outcomes for all West Virginians. Both physical and mental health are essential components of overall health.
2. Prevention and health promotion must be cornerstones of West Virginia's health policy.
3. All West Virginians should be informed and active partners in taking care of their own health, making wise use of health care resources, and contributing financially to their health care to the extent they are able – and all should have the opportunity to obtain the information they need to do so.
4. All West Virginians should have the opportunity to obtain health care that is affordable.
5. The health care system must provide care of the highest value and efficiency for the resources allocated.
6. Responsible use of government funds to ensure high-quality, affordable health care requires a partnership between the private sector and government.
7. The overall costs of the health system must be sustainable over time for individuals, families, government, and employers.

To help move West Virginia toward a health care system that reflects these principles, the Manchin Administration will focus on four strategic goals that encompass our guiding principles and will help to address the most significant challenges in health care today.

1. **Value in Government:** The State of West Virginia spends billions of dollars each year on health care programs and infrastructure. West Virginians should expect state government to spend these funds in the most efficient and effective possible manner. The Manchin Administration is committed to prioritizing, integrating, and coordinating our state's health care programs to deliver the highest possible value to taxpayers. Because partnerships between the private sector and government are often necessary to getting the best value out of taxpayer dollars, the Administration will also work actively with our partners outside government to accomplish common goals.
2. **Value in Health Care:** In most sectors, consumers seek the highest possible value -- the best possible products, services, or outcomes for the lowest possible cost. However, health care providers and facilities do not always deliver the best care for the best price. What's more, due to a lack of transparency in price and quality measures, it is very difficult for most consumers of health care -- whether individuals or large purchasers such as employers -- to compare the value of the health care they are purchasing. The Manchin Administration believes that the health care system must provide care of the highest value and efficiency for the resources allocated, and that the overall costs of the health system must be sustainable over time for individuals, families, government, and employers. Therefore, the Administration is committed to undertaking efforts to contain costs, improve health care quality, and increase efficiency, to ensure that West Virginia families, businesses, and government are getting the best possible value out of our health care system.
3. **Healthy West Virginians:** The ultimate purpose of West Virginia's health system should be to ensure the best possible health outcomes for all West Virginians. Because many of the poor health outcomes experienced by West Virginians are preventable, the Manchin Administration believes that prevention and health promotion must be cornerstones of West Virginia's health policy. With lifestyle choices playing a large role in many preventable illnesses, the Administration also believes that all West Virginians should be informed and active partners in taking care of their own health.
4. **Access to Care:** One of the most significant challenges currently facing West Virginia is ensuring that all West Virginians have the opportunity to access affordable health care. In 2006, the Manchin Administration began implementation of several key recommendations from the Affordable Insurance Workgroup, a public-private workgroup representing a broad cross-section of health care stakeholders. In 2007, the Manchin Administration will continue to build on these efforts, while studying additional ways to expand access to

affordable health insurance, community-based care, and appropriate services.

West Virginia will be better off with each step that brings us closer to these goals. Health care will be more affordable for individuals, families and businesses; our children will be better able to learn; parents will be better able to care for their families and be productive members of the workforce; and seniors will be better able to enjoy an active retirement. I invite all West Virginians to take an active role in making sure a healthy future becomes a reality for our state.

Governor Joe Manchin III

STRATEGIC GOAL #1
INCREASE VALUE IN GOVERNMENT BY IMPROVING STATEWIDE
MANAGEMENT OF HEALTH CARE RESOURCES

West Virginians should expect the best value from their state government, particularly when it comes to health care. To help ensure more streamlined and effective management of our state's health care resources, West Virginia's health-related agencies are working to integrate, coordinate, and prioritize health care programs and infrastructure in a number of areas. Some examples of current state efforts to better manage health care resources include:

- **Comprehensive Behavioral Health Redesign**

Behavioral health is intricately connected to physical health, and is therefore an essential component of overall health. West Virginia has embarked on a two-year effort, authorized by H.B. 4488 in 2006, to improve the quality, coordination and integration of behavioral health services statewide. A Comprehensive Behavioral Health Commission has been formed to oversee the process and work with public and private partners to study and propose changes to West Virginia's behavioral health system. Important behavioral health priorities for the redesign will include the integration of behavioral health and primary care in health care planning and delivery, the realignment of state behavioral health facilities, completing the implementation of the state's forensic plan, and suicide prevention for both youth and seniors.

- **System Of Care Development For Children And Families**

The System of Care initiative seeks to create better provision and coordination of services for some of our most vulnerable youth – those with emotional and behavioral needs – to help keep them in their homes and avoid placement out of state or in costly residential facilities. A successful pilot System of Care project funded by the Substance Abuse Mental Health Services Administration in one region of the state achieved a 55 percent reduction in the number of children placed out of state, allowing 340 young West Virginians to remain in West Virginia. Overall, 98 percent of the children served by the System of Care initiative remained in their homes. In addition to these improved outcomes, the System of Care initiative has demonstrated that taxpayer dollars can be saved without jeopardizing quality of care, with one pilot study producing a 63 percent saving in mental health care costs.

In July, 2006, West Virginia embarked on a statewide expansion of the

System of Care effort to help ensure that instead of facing a fragmented and incomplete array of services, vulnerable children would receive the care they need, when they need it, through a coherent, coordinated system.

- **Medicaid Redesign**

Over the last year, West Virginia has worked to redesign its Medicaid program, now known as Mountain Health Choices, to encourage greater accountability within the program on the part of state government, providers, and members. Under the redesign plan, participants who agree to take greater responsibility for their own health and that of their children will be able to access an enhanced benefit package and other incentives. In addition, a new web-based Medicaid claims management system will make submitting and processing claims more efficient, and will make it easier to detect fraud and abuse. In the future, Mountain Health Choices hopes to take additional steps to improve efficiency and quality in the program by expanding the use of health information technology and electronic medical records, creating a state resource for research on best practices and evidence-based medicine, and improving the Medicaid infrastructure.

Increase Value in Government: Strategies for the Future

The Manchin Administration is committed to continuing to seek out ways to do business better when it comes to health care. In 2007, the Administration will initiate the following efforts to ensure that our state's health care resources are managed as wisely and effectively as possible:

- **Update the State Health Plan:** The State Health Plan is a document developed and maintained by the West Virginia Health Care Authority (WVHCA) and is meant to guide important health care resource allocation decisions in the state. In 2007, WVHCA will lead a wide-ranging effort to update the plan in collaboration with public, private, and community stakeholders to create a comprehensive plan of action to address health care resource issues in the state, including questions of health care cost containment, quality, and access to care.
- **Improve coordination of existing programs and funding sources:** Health-related programs in West Virginia, as in all states, are often funded by a mix of public, private, and non-profit sources. As a result of differing requirements imposed by these funding sources, multiple programs are sometimes needed to address the same health care goal, resulting in fragmentation and duplication. In 2007, West

Virginia's health care agencies will seek to identify areas where health care goals could be better served by coordinating and streamlining existing programs, as well as their funding sources.

- **Better Coordinate Data Collection and Analysis:** The collection of reliable, consistent health care data is an essential function of West Virginia's health care agencies. Improved data sharing among agencies could greatly enhance knowledge of important public health diseases and enable policy makers to better design and finance health care programs, improve quality of care, and detect fraud and abuse. In 2007, West Virginia's health care agencies will begin efforts to better share their health care data in ways that promote efficiency while preserving privacy.
- **Streamline health care regions:** Health-related programs in West Virginia currently divide the state into regions for administrative and planning purposes; however, these regions are not consistent across programs. West Virginia's agencies will examine the system of health care regions to develop a more consistent approach to planning in various regions of the state, thereby facilitating cross-divisional planning and coordination efforts, as well as communication between state and federal agencies such as the Center for Medicare and Medicaid Services (CMS) and the Department of Homeland Security

STRATEGIC GOAL #2:
VALUE IN HEALTH CARE

The West Virginia health care system must provide care of the highest value at the best price for individuals, families, and the public and private sectors. Initiatives to contain costs and improve health care quality are essential to achieving these goals.

- **E-Health**

E-health, or health information technology, is a cornerstone of a high-value health care system. To help spur the implementation of a uniform, statewide e-health system, Governor Manchin convened the Governor's Task Force on Electronic Health Records (EHR) in 2005. The Task Force recommended that West Virginia develop a health information network, and in 2006, the **West Virginia Health Information Network (WVHIN)** was established to design a statewide, interoperable health information technology network within 5 years. Progress on this initiative to date has included the establishment of the WVHIN board and the development of a Roadmap for implementation of the network.

In addition to the WVHIN, steps to improve health IT are being taken by the Medicaid program, which implemented a new web-based claims system in 2006, and the Bureau for Behavioral Health and Health Facilities, which is expected to complete implementation of the Veteran's Administration VistA electronic health record system in all seven state-owned and operated hospitals by April 2007.

- **Transparency of health care cost and quality**

In order to become better consumers of health care, purchasers and individual consumers need reliable information on cost and quality. To further this aim in West Virginia, the West Virginia Health Care Authority is developing a **West Virginia Compare Care website**, which will allow consumers to compare the cost of procedures from one hospital to another. Future phases of this initiative will include adding information on quality. A clear, consistent billing system is another essential component of consumer empowerment and improving the efficiency of the health care system. The Division of Health and Human Resources is partnering with the West Virginia Hospital Association to develop a simplified billing form for many of the state's hospitals to help consumers better understand their hospital bills.

- **Prescription drug cost containment**

Prescription drug prices are a major factor in the high cost of health care. West Virginia has been at the forefront of efforts to contain pharmaceutical costs through efforts such as consolidating drug purchasing between government agencies, entering purchasing pools that combine the purchasing power of multiple states to obtain lower-cost drugs, and expanding use of 340b drug pricing arrangements, which help patients obtain discount drugs at prices 18 percent below Canadian and 51 percent below US retail prices.

Value in Health Care: Strategies for the Future

- **E-health**

In 2007, the Administration will build on existing efforts to implement e-health throughout the state by proposing legislation to allow **e-prescribing** in West Virginia. E-prescribing allows physicians to order prescriptions through computers instead of by paper signature, reducing medical errors and duplication. However, a change in statute is needed to allow electronic signatures for prescribing and bring this more efficient mechanism for filling prescriptions to West Virginia. Further efforts in 2007 will include the development of a plan for statewide implementation of e-prescribing, involving both public and private efforts; continued work on implementation of the West Virginia Health Information Network, including seeking federal funding support, such as through the Medicaid Information Technology Architecture (MITA) initiative; and continued attention to compatibility with the national Public Health Information Network (PHIN).

- **West Virginia Pay for Performance Collaborative**

One of the most important ways to ensure widespread standards of high-value health care is to use the purchasing power of major consumers of health care services, such as state payers, large insurers, and large employers. In other states, public-private partnerships between major health care purchasers have been formed to establish standards for quality and patient safety, and to determine appropriate incentives to encourage providers to follow the best standards of care, thereby improving the value of the health care being purchased. In 2007, West Virginia's three state purchasers will form such a collaborative, and will seek input from other key purchasers of health care in the state.

STRATEGIC GOAL #3: **HEALTHY WEST VIRGINIANS**

The ultimate purpose of West Virginia's health care system should be to ensure the best possible health outcomes for all West Virginians. Achieving this goal will not be possible unless prevention and health promotion become cornerstones of West Virginia's health system – and all West Virginians become informed and active partners in taking care of their own health. To encourage and assist more West Virginians to lead healthy lifestyles and reduce the chances of chronic diseases, a number of public, private, and non-profit partners are bringing health and wellness programs to people throughout the state.

In order to prevent and manage multiple chronic diseases – such as asthma, diabetes, depression, heart disease, and cancer – we must attack the root causes that increase the risk of these diseases or make them worse. In particular, we must improve eating habits, increase physical activity, and reduce tobacco use in our state. Several initiatives currently operating to address these issues are:

- **Obesity Prevention and Weight Management**

The **West Virginia Healthy Lifestyles Coalition** and **West Virginia Office of Healthy Lifestyles**, established in 2005, are operating a broad variety of nutrition, physical activity, and tobacco cessation programs for schools, communities, and worksites. The Office and the Coalition have released a comprehensive roadmap for action in 2006-08, titled "Fulfilling Our Charge," and, through funding from the Claude Worthington Benedum Foundation, the Office of Healthy Lifestyles has provided competitively awarded grants to twelve West Virginia communities to make environmental changes that promote healthy lifestyles, such as a creating walking paths or community gardens. Other programs throughout the state to support weight loss and weight management goals include: PEIA/WVU "**Games for Health**" program, an interactive video game for 7-12 year olds, PEIA's **Medical Weight Management Program**, and the **WV Main Street Program**, which is providing funding for four regional coalitions to develop consistent, comprehensive obesity prevention and weight control strategies at the local level through regional coordination and communication. Finally, West Virginia has been selected to participate in the national **Shaping America's Youth Town Meeting** initiative, which is promoting a dialogue across all communities to take action to slow, and ultimately reverse, the childhood obesity epidemic. West Virginia will be the only participating state that will host a multi-site state-wide town hall meeting using teleconferencing technology.

- **Preventing and Reducing Tobacco Use**

A network of local and statewide partners – including the Bureau for Public Health, PEIA, Medicaid, local health departments, state voluntary health agencies/organizations, a regional tobacco prevention network, and grass-roots coalitions – have developed and offered evidence-based programs that aim to address West Virginia’s tobacco use problem from multiple angles. These include the **West Virginia Tobacco Quitline**, **Healthcare Provider Education Project**, **Save Face-Stop Spit Tobacco**, **Smoking while Pregnant**, **Raze Youth Tobacco Prevention**, and **Clean Indoor Air** programs. While West Virginia still has a long way to go before eliminating this significant health risk, existing programs have already met with success: for example, the Raze Youth Tobacco Prevention program has helped to reduce youth smoking prevalence by 28 percent from 2000 to 2005, with chewing tobacco use among high school boys showing a decline of 19 percent in the same timeframe. As a result, there are now 11,500 fewer teenage smokers, with an estimated savings of \$127 million annually in future health care costs to the state.

- **Preventing and Managing Chronic Diseases**

In addition to addressing the root causes of chronic diseases, West Virginia operates a variety of programs to help West Virginians prevent and manage chronic diseases. These include:

- **Asthma programs** such as the **West Virginia Asthma Education and Prevention Program (WV-AEPP)**, which trains health care providers and uses school-based programs to teach children how better to manage their asthma. The **West Virginia Asthma Coalition (WVAC)** successfully championed legislation which allows students with asthma to possess and self-administer “rescue” inhaler medications while in school. WVAC also helped develop the WV Department of Education policy limiting unnecessary school bus idling to improve air quality for children while around buses. WV-AEPP and WVAC have worked together to create an interactive educational CD-ROM entitled, **Take Action: Addressing Asthma and Diabetes in West Virginia Schools**, to assist school personnel in understanding the signs and symptoms of asthma and diabetes and to provide information helpful in addressing these chronic diseases within the school environment.
- **Diabetes programs** such as the **WV Diabetes Prevention and Control Program**, an educational program that includes instruction on diabetes nutrition, self-care management, and education for providers; the **BMS Diabetes Disease Management Program**,

which provides Medicaid members with evaluation, education, diet, drug management, and referral to specialists as needed; and the **Face to Face Diabetes Program**, in which PEIA members and their dependents visit participating pharmacists for regular diabetes counseling services. West Virginia's Medicaid and Child Health Insurance Programs are also planning to implement the **Face to Face Program**.

- **Cancer programs** such as the **WV Comprehensive Cancer Control Program**, a CDC-funded effort that seeks to address cancer prevention, early detection, treatment, rehabilitation, and end-of-life care by coordinating the state's cancer-related organizations. This program, funded primarily to provide public and professional education in West Virginia, has been working diligently to create a strong foundation of partner organizations to address the growing human and economic costs of cancer in the Mountain State. The **West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP)** is another cancer prevention program that helps uninsured or underinsured women gain access to screening services for the early detection of breast and cervical cancer. The WVBCCSP has provided services to more than 100,000 women in West Virginia.
- **Cardiovascular Health programs** such as the **WV Cardiovascular Health Program**, an effort jointly managed by public and private leaders, has secured \$7 million in federal funding since 1998 through the Centers for Disease Control and Prevention and runs cardiovascular health projects in 30 Federally Qualified Health Centers. The Program is initiating a Stroke Pilot Project to develop a statewide regional stroke system of care in West Virginia, and is conducting public education campaigns regarding signs, symptoms and risk factors for heart disease and stroke.
- **The WV Osteoporosis and Arthritis Prevention Program** sponsors educational events such as an Arthritis and Osteoporosis Mini Med Schools for the Public in cooperation with Charleston Area Medical Center, as well as programs to prevent falls and promote early prevention of osteoporosis through milk vending machines in schools.

▪ **Behavioral Health**

Behavioral health is an integral component of overall health. West Virginia operates several **Behavioral Health and Substance Abuse Programs** such as the **Substance Abuse Prevention and Treatment Block Grant**, which supports statewide substance abuse prevention

and treatment services within local communities; “teen” courts in local communities to address specific adolescent substance abuse and psychiatric problems outside of the juvenile justice system; monitoring compliance with the West Virginia Youth Tobacco Access law;

Strategic Prevention Framework State Incentive Grants to support community based prevention efforts; the **Prescription Drug Abuse Early Intervention Program** to prevent and control prescription drug abuse; the **West Virginia Inclusion Campaign**, which has collaborated with WVU to develop a Media Guide and Disability Awareness Kit to counteract the effects of social bias and discrimination against people with disabilities or people living with long-term illnesses; and the **Wellness Recovery Action Planning (WRAP)** program, a self-management system designed to help individuals maintain wellness, decrease symptoms, increase responsibility, and improve life.

- **Senior Wellness**

West Virginia operates a number of programs for seniors to obtain health and wellness information as well as services that allow seniors to age in their homes and communities, rather than in nursing homes. These include the **Aged and Disabled Resource Centers**, one-stop information centers for seniors and families; the **Community Care** program to help seniors obtain home and community-based services; **Senior Centers**, which serve as gathering places for a variety of health and wellness activities and provide congregate and home delivered nutritionally balanced hot meals to seniors and adults with disabilities; and **Older Americans Act** services. In one example of how West Virginia is encouraging physical activity among its seniors, the Bureau of Senior Services is introducing the “Dance Dance Revolution,” a video exercise game at senior centers, and has partnered with the West Virginia University and WVU Health Sciences to study the impact of the game on mental activity as well as physical health. This research has far-reaching opportunities for understanding the link between mental and physical health and the onset of dementia.

- **Health Emergency Preparedness:**

West Virginia must remain vigilant when it comes to our preparedness for disasters. To secure the safety and well-being of West Virginians, the Bureau of Public Health is leading a coordinated effort to strengthen public health and medical response systems when serious emergencies occur. It also is working to protect the health of West Virginians from a variety of everyday health threats – from food-borne

disease outbreaks to rabies to West Nile Virus.

Healthy West Virginians: Strategies for the Future

Disease prevention and health promotion must be the cornerstones of our efforts to support West Virginians in achieving and maintaining good health. In 2007, we will focus on two areas – chronic diseases and behavioral health – to maximize the number of West Virginians who can live their lives without the burden of chronic illness.

- **Coordinated chronic disease management initiative**

West Virginians suffer from extremely high rates of chronic disease, as well as chronic disease risk factors such as obesity and tobacco use. All across government, in the private sector, and at the local community level, people are working to lessen this burden in our state. However, efforts to prevent and manage individual diseases are sometimes limited in their effectiveness, because many people suffer from multiple chronic diseases. In 2007, the Manchin Administration will form a comprehensive public-private partnership to **prevent and manage chronic diseases throughout a person's life**, taking into account the unique needs of infants and children, working-age adults, seniors, men and women.

As a key step in this effort, we will focus particularly on **chronic disease prevention in children**. Chronic diseases that begin in childhood often carry through into adulthood. If West Virginia is to have a healthy population and a healthy workforce in the future, we must begin now to concentrate on preventing chronic illnesses in our children. To help prevent and manage chronic diseases in West Virginia's children, the Administration will promote:

- **Baseline well-child screenings for all West Virginia children.**

Although a well-established and recognized standard for well-child screenings exists and is endorsed by state and national organizations, the well-child screenings that children actually receive can vary widely. High-quality screening services for children shouldn't be a hit-or-miss proposition. In 2007, I will direct the three major state payers for children's health care – Medicaid, WVCHIP, and PEIA – to work with all providers with whom they do business to ensure that they follow the gold-standard protocol, known as **Health Check**, when conducting well-child visits. This standard will help to ensure high-quality, standardized screenings for the majority of West Virginia's children, and will challenge private-sector payers to implement the **Health Check** protocol for

the children they cover, as well.

In a complementary effort, the Manchin Administration will introduce legislation to require all pre-K, new enrollment, and 6th and 9th graders to receive **Health Check** screens from their health care providers prior to entering school. Schools will be the checkpoint to ensure that screenings have occurred, and will refer students who have not received the **Health Check** screens back to their providers to obtain them. This standard will ensure that all children receive consistent, comprehensive screening in their medical home, according to physician-recommended guidelines, and will eliminate the unnecessary duplication of screening by schools.

- **Maternal and newborn health:** A child's risk for chronic disease, as well as a host of developmental and behavioral conditions, is closely tied to the health of the mother during pregnancy. West Virginia has higher-than-average rates of unhealthy conditions such as teen pregnancy and smoking during pregnancy, while negative health indicators such as low-birthweight have grown worse in the last decade. A focus on maternal and newborn health will therefore be a part of a coordinated effort to prevent and manage chronic diseases throughout life.

- **Chronic disease.**

To maximize the effectiveness of the overall chronic disease initiative, the Manchin Administration will:

- **Prioritize and integrate chronic disease prevention and management efforts**, working with stakeholders to combine efforts on those chronic diseases and risk factors most likely to affect the health of West Virginians.
- **Focus on evidence-based interventions** to ensure that proven approaches to chronic disease prevention and management are being maximized statewide.
- Work with the West Virginia congressional delegation to increase our ability to **use federal funds flexibly** to address chronic disease prevention and management, so that efforts to better coordinate programs are not tied up in red tape.
- **Expand use of ancillary providers** such as pharmacists, physician assistants, and nurse practitioners to expand access to disease management programs.

- **Utilize technology** to help identify areas for improvement, through efforts such as PEIA's **Healthy Tomorrows** program, which compares claims data to disease management guidelines from respected organizations and provides feedback to physicians if the treatment does not meet those guidelines.
- **Integrate health education and health literacy efforts** into disease prevention and management to ensure that West Virginians have the information they need to take more responsibility for their health.
- **Focus on behavioral health.**

Behavioral health is an important part of overall health and a critical component in establishing a healthier West Virginia and improving our citizens' ability to perform their jobs, maintain their families, and contribute to society. In 2007, the Manchin Administration will continue to focus on our major efforts to date in the area of behavioral health, namely our comprehensive behavioral health redesign and the system of care expansion effort mandated in HB 2334. Given the high level of unmet need for behavioral health treatment, and the close link between behavioral and physical health, it is essential to improve the integration of behavioral health care with the primary care system. In 2007, the Administration will continue to support existing efforts to integrate behavioral and primary care and ensure that a physical health component is addressed in all behavioral health issues.

STRATEGIC GOAL #4: **ACCESS TO CARE**

All West Virginians should have the opportunity to obtain high-quality health care that is affordable and that consumers ought to contribute to their care to the extent they are able. In 2007, the Administration will continue to support existing programs designed to expand access to affordable health care and investigate additional options to create affordable coverage opportunities for a greater number of West Virginians.

The state operates several insurance programs to help West Virginians obtain coverage. These include:

- The **West Virginia Children's Health Insurance Program (WVCHIP)**, a low-cost health care plan for children 18 and younger. To help expand access to this program to more children, West Virginia is planning to increase eligibility for the program in early 2007 to families with incomes between 200 percent and 220 percent of the federal poverty guidelines.
- The **West Virginia Small Business Plan**: In 2005, a public-private partnership was created between Mountain State Blue Cross/Blue Shield and PEIA to offer a more affordable insurance product to businesses with 2-50 employees. Because BC/BS can access PEIA's reimbursement rates, premium costs can be as much as 22 percent lower than the going market rates for comparable policies.
- **AccessWV** is a health plan created by West Virginia statute to provide health insurance to West Virginians who have been unable to find, or who have been denied, health insurance in the private market because of a medical condition.
- **M-WIN (Medicaid Work Incentive)**: This program allows disabled individuals under age 65 who meet certain income and asset limits to purchase Medicaid coverage for a \$50 enrollment fee and a monthly premium based on income.

In addition to insurance plans, **free or low-cost health services** are also offered through West Virginia's free clinics, primary care clinics, and school-based health centers. West Virginia currently provides services through 139 community clinics, as well as through 45 school-based health centers serving 55 schools in 22 counties. For those in dire need of medical assistance, the **James "Tiger" Morton Catastrophic Illness Commission** acts as a last resort to cover medical bills and expenses associated with catastrophic care. In addition, West Virginians can access free or low-cost medications through the **Partnership for**

Prescription Assistance (PPA) Rx for West Virginia, which connects qualified, low-income people with free brand-name prescription drugs, direct from the pharmaceutical manufacturer; **Rx Outreach**, which provides access to generic medications to qualified low-income individuals and families; participating clinics eligible for **340b low-cost medications**; and the **Aids Drug Assistance Program**.

For individuals with behavioral health needs, West Virginia operates a number of **behavioral health and community support programs**. These include **school mental health** counselors, social workers and therapists in 39 schools, making mental health services available to the school aged population; a statewide **suicide prevention initiative**; the **Unmet Needs Program**, which provides funding for medical, dental, vision and other therapies not covered by other sources for adults with developmental disabilities; **intensive programs for individuals** with severe mental illness or disabilities; and **forensic and sub-acute group homes**, several of which have recently opened or are expected to open in 2007.

In December 2005, the **Affordable Insurance Workgroup**, a partnership between the West Virginia Health Care Authority and West Virginia University, issued a report and recommendations on how to expand access to affordable health insurance. In 2006, the Manchin Administration began the implementation of several of those recommendations. These included:

- The launch of the **West Virginia Prepaid Health Services Program**, which will allow health clinics and private medical practitioners to provide primary and preventive health services for a prepaid fee to increase uninsured West Virginians' access to affordable primary and preventive healthcare;
- The creation of **Adult Basic and Individual Health Access Plans**, limited-benefit insurance plans with affordable premiums; and
- **Establishing incentives and rewards for increased personal responsibility for health.** West Virginia is taking steps to establish these types of incentives through initiatives such as the redesigned Medicaid plan, which includes incentives to members who establish and maintain a relationship with a medical home, thereby improving coordination and continuity of care.

Access to Care: Strategies for the Future

As the Affordable Insurance Workgroup noted in its December 2005 report, "in the absence of a comprehensive national health insurance program, it is indeed a challenge to address the needs of the uninsured at the state level." Despite this difficult obstacle, there are actions that states can take, and the Manchin

Administration is committed to working towards solutions that achieve the goal of affordable access to health care for everyone. The Administration intends to work closely with the new congressional leadership to support efforts to address federal responsibilities in this area. In addition, the Administration will move forward with the implementation of the new initiatives begun in 2006 and closely monitor their impact on access to affordable health care. Finally, the Administration will work to find other potential mechanisms for containing costs and improving access to care, such as assessing the potential for a reinsurance program for protection against catastrophic health care costs, or the possibility of raising the age at which children can be considered dependents on their parents' insurance policies. Evidence suggests that this approach can help more young adults – one of the fastest-growing segments of the uninsured -- obtain coverage through the group market, rather than attempting to obtain it through the individual market or remaining without coverage.

- **Intermediate Long-Term Care**

The Manchin Administration also recognizes that West Virginians need access not only to health insurance coverage, but also to a broader array of alternatives, appropriate facilities, services and practitioners. In particular, West Virginians need greater access to intermediate long-term care services such as assisted living facilities and in-home care. These options provide less costly care than in nursing homes and can be an important element in allowing seniors to maintain independence. Given the high percentage of the population who are seniors in West Virginia, the preference of most seniors and disabled persons to live at home rather than in facilities, and the need to contain long-term care costs, it is essential that public and private partners throughout the state develop the right mix of services and supports for our seniors. In 2007, we will continue planning efforts such as the **Vision Shared** initiative to ensure West Virginians' long-term care needs are being met, and will look for ways to provide better services to West Virginians with long-term care needs through our home and community-based long-term care programs.

- **Health Care Workforce**

Access to care requires access to the appropriate health care practitioners. West Virginia is currently facing a shortage of health care workers including nurses, long-term care workers, obstetric providers, and skilled public health and mental health providers. In 2007, the Administration will consider ways to boost West Virginia's health care workforce, which will serve not only to enhance access to care, but also to increase the number of good jobs available to West Virginians.

CONCLUSION

West Virginians should expect a health care system that provides affordable, efficient, high-quality care, and provides them with the tools and information they need to improve their own health. Achieving this vision will require a concentrated, long-term effort; but it is one for which the Manchin Administration has begun laying the groundwork. In the next year, the Administration will continue to take steps towards a better health care system, and towards our ultimate goal: good health for West Virginians, now and for generations to come.