

2009 Annual Report
West Virginia Governor's Office of Health
Enhancement and Lifestyle Planning (GOHELP)

Pursuant to the provisions of West Virginia Code §16-29H-4(c), this Annual Report is submitted to the Governor and the Legislative Oversight Commission on Health and Human Resource Accountability by the Acting Director of the Governor's Office of Health Enhancement and Lifestyle Planning (GOHELP) for the four month period from September 1, 2009 through December 30, 2009 to provide a review of the condition, operation, functioning, and activities of GOHELP.

EXECUTIVE SUMMARY

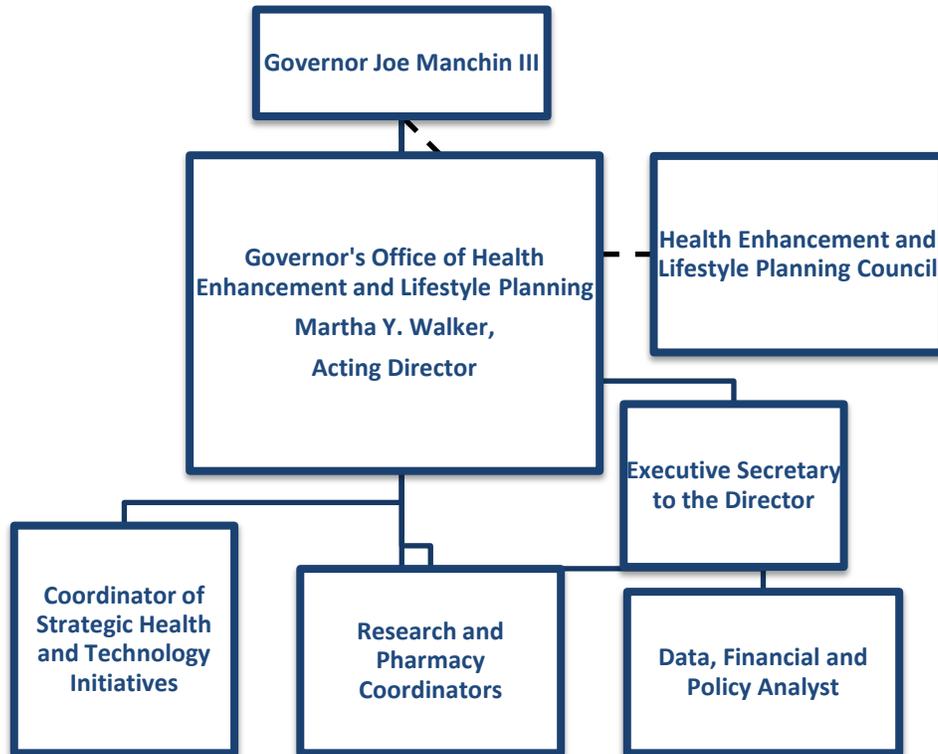
GOHELP was created by Senate Bill 414, which was effective August 26, 2009 (90 days from passage). GOHELP was officially established by the Governor and commenced operations on September 1, 2009. Martha Y. Walker, former State Senator and Secretary of the West Virginia Department of Health and Human Resources, was appointed as Acting Director of GOHELP on August 31, 2009 by Governor Manchin. She was confirmed as Acting Director by the West Virginia Senate on October 14, 2009.

The GOHELP is to coordinate all state health care system reform initiatives among executive branch agencies, departments, bureaus and offices. The office is under the direct supervision of the Acting Director, who is responsible for the exercise of the duties and powers assigned to the office under the provision of West Virginia Code §16-29H-1, et seq. All state agencies having responsibility for the development, improvement and implementation of any aspect of West Virginia's health care system, are required to cooperate with the GOHELP.

Under the provisions of West Virginia Code §16-29H-4(b), the Acting Director is authorized to employ "such professional, clerical, technical and administrative personnel as may be necessary to carry out the provisions of this article and with consideration of the appropriation provided by the Legislature."

Pursuant to an interagency agreement with the Office of the Insurance Commissioner, the physical operations of the GOHELP office were established in Room 105 of the Greenbrooke Building, 1124 Smith Street, Charleston, WV. The office currently houses the Acting Director and five staff members, which includes an Executive Secretary. These individuals prepare reports and publications, coordinate development and maintenance of the GOHELP website (under construction), develop surveys and research activities for GOHELP. These positions are staffed through a series of interagency and consulting arrangements for both full-time and part-time services.

ORGANIZATIONAL CHART FOR GOHELP



The appropriation for GOHELP for FY 2009-10 is \$523,424. The sum appropriated is intended to cover all operational costs of GOHELP, including staffing (salary and benefits and any contractual costs), technology and communication services, administration (including leased offices and facilities, supplies and other operational costs) and travel.

In accordance with West Virginia Code §16-29H-5, the Health Enhancement and Lifestyle Planning Advisory Council (GOHELP Council) was appointed by Governor Manchin. The GOHELP Council consists of representatives of the organizations designated in West Virginia Code §16-29H-5. The GOHELP Council held its initial meeting on October 21, 2009 and included a brief address by Governor Manchin and participated in an overview of pending federal health care reform activities. The GOHELP Council met again on December 16, 2009 with presentations on West Virginia's 2007 health report, the previous state health plan, Office of Healthy Lifestyles initiatives and health improvement initiatives at Community Care Clinic in Clay, West Virginia. The members of the GOHELP Council are listed in **Appendix A**. Summaries of the meetings are included in **Appendix B**.

The balance of this report provides additional information on the condition, operation and functioning of GOHELP, including an overview of activities anticipated during 2010.

COORDINATION OF HEALTH CARE SYSTEM REFORM

The GOHELP office is charged with coordinating “all state health care system reform initiatives among executive branch agencies, departments, bureaus and offices” and also coordinating the health care delivery system aspects of the designated state agencies listed in West Virginia Code §16-29H-2 to the extent of their respective or collective responsibilities for the “development, improvement and implementation” of such aspects of the health care system.

GOHELP closely follows health reform discussions at the federal level. Measures taken toward health reform at the federal level will impact the direction reform efforts take in West Virginia. GOHELP is monitoring activities in Washington with constituent state agencies. Various scenarios being considered by Congress have been discussed with the Advisory Council. To facilitate coordination of reform efforts, GOHELP has initiated a review of existing programs, expenditures and outcomes among state agencies so as to permit further analysis of the impact of federal reform on the state’s current health care delivery system.

The ongoing program review will facilitate the development of consistent baseline information to update the State Health Plan and to develop the five-year Strategic Plan for GOHELP as required by West Virginia Code §16-29H-6.

PRESCRIPTION DRUGS

SB 414 transferred the rule-making authority for monitoring pharmaceutical advertising costs from the Pharmaceutical Cost Management Council (PCMC) to GOHELP. When the PCMC was phased-out with the creation of GOHELP in August 2009, it was necessary for GOHELP to develop and file an emergency rule with the Secretary of State to assure direct advertising cost reporting continued in the absence of the PCMC.

Since the GOHELP statute did not become effective until after the filing date for 2010 legislative rule consideration, a legislative rule addressing the cost reporting issue has been filed with the Rule Making Committee. GOHELP has requested that the Rule Making Committee take up the rule in the 2010 session, notwithstanding the late filing. If the Legislature fails to take up the rule, there will be no binding authority in place to compel reporting of direct advertising costs once the emergency rule expires.

In addition, to continue the efforts of the prior Pharmaceutical Cost Management Council, the 2008 Advertising Expense Report by pharmaceutical companies is included as **Appendix C**.

The GOHELP has the authority to participate in regional and multistate purchasing alliances. The Pharmaceutical Cost Management Council previously joined the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP). GOHELP reviewed the contract and decided to renew the state's membership in MMCAP. MMCAP is a voluntary, no-cost group purchasing organization operated and managed by the State of Minnesota. MMCAP's mission is to provide the best value in pharmaceuticals and related products to governmental health care facilities. Participation by state purchasers is voluntary. MMCAP membership affords West Virginia state agencies another purchasing option to lower the cost of pharmaceuticals.

HEALTH INFORMATION TECHNOLOGY

Health Information Technology (HIT) will play an important role in the transformation of our health care delivery system. To help improve patient outcomes, HIT must be integrated into daily clinical practice at all levels and in all care settings. Coordinated care teams, using the medical home model, must use these tools effectively in order to provide optimal, lower cost health care for patients. Implementation of an interoperable HIT system can improve the efficiency and effectiveness of all health care services. HIT enhances: 1) self-management and involvement by patients, 2) reduces medical errors, 3) reduces errors and duplication of tests and procedures, 4) streamlines administrative processes, and 5) helps contain the future costs of health care.

The federal government is providing unprecedented incentives for the adoption and use of HIT through funding under the American Recovery and Reinvestment Act (ARRA). Approximately \$17 billion has been set aside nationally to provide these incentives under the Medicare and Medicaid programs to help hospitals and physicians, along with other designated health care providers, adopt and make "meaningful use" of HIT under defined standards. HIT adoption incentives range from \$44,000 per provider under the Medicare provisions to \$63,750 per provider through Medicaid. However, it is important to note that mere adoption of HIT is not sufficient to meet the incentive requirements.

Providers are expected to meet certain requirements for reporting patient outcomes and quality of care indicators, as well as exchanging information electronically with patients and other health care providers. Analysis of the incentive provisions and information from industry sources indicates West Virginia hospitals could qualify for over \$150 million in HIT incentives. Other providers in the state could qualify for more than \$350 million under these incentives provisions.

GOHELP's role in the HIT arena is to serve as a coordinator of these collective efforts. Coordinating the vast array of HIT activities taking place in WV requires: a continually evolving inventory of initiatives and activities; the creation of a virtual map of the HIT universe; and creation of a matrix of intersections of funding and needs. This inventory and mapping will allow policy makers to determine where additional resources and investments may be warranted while avoiding duplicative efforts. Coordinating the transition of nearly 1,000 health care facilities and over 10,000 health care providers away from disjointed paper records to an interconnected HIT system requires extensive coordination, collaboration and management of resources.

GOHELP intends to use the West Virginia Health Information Technology Statewide Strategic Plan to guide and coordinate HIT activities. GOHELP has undertaken a number of efforts aimed at preparing West Virginia for these HIT initiatives. Some of these efforts are as follows:

- GOHELP has worked with the West Virginia Health Information Network, the Department of Health and Human Resources and several other interested parties on issues surrounding the health information exchange, including discussions on financial feasibility, assistance with the HIE grant application and other related activities;
- In November, GOHELP hosted a presentation by South Carolina officials concerning efforts in that state to build a data mart to facilitate health information exchange;
- GOHELP has worked with several partners to develop a matrix of federal grant opportunities supporting HIT efforts;
- GOHELP has worked with other state agencies, including the Department of Commerce, on expanding broadband and telehealth capabilities in the state; and
- GOHELP has been coordinating efforts with DHHR and the Insurance Commissioner in development of the WV Connect project that is supported by a HRSA grant. A portion of this grant will support expansion of access to care for the uninsured and the development of a health insurance exchange through a virtual network. The project also involves the creation of a clinical portal that will complement HIE efforts to provide for administrative simplification and speed up payment for services.

WELLNESS AND HEALTHY LIFESTYLES

GOHELP has conducted a number of meetings and coordinated planning sessions with involved stakeholders, including the WV Office of Healthy Lifestyles and the Department of Education. The Acting Director has been engaged with a number of

interested parties to plan future educational sessions and workshops targeting childhood obesity and effective weight management initiatives.

GOHELP has also coordinated efforts with PEIA and other agencies to encourage the incorporation of wellness and healthy lifestyle programs into medical home and other pilot programs under the purview of GOHELP. The inventory of existing wellness and healthy lifestyle programs was included within the survey conducted of state agencies and will be expanded upon in subsequent efforts to assure maximum effectiveness and leverage of funds available to support these wellness and lifestyle efforts and coordination with similar private-sector efforts.

HEALTH CARE PILOTS

GOHELP is directed to work with state agencies and interested parties on various health care pilots. A number of similar pilots to those listed below have been facilitated as part of the Medicaid transformation projects, including those facilitated by the West Virginia Health Improvement Institute and other initiatives such as those of PEIA and the WVMi Doctor's Office Quality initiative funded by CMS. GOHELP intends to leverage the experience gained from these prior efforts in the design and implementation of the following pilots:

Preventative Health Care/ Primary Care Medical Home Pilots: In accordance with West Virginia Code §16-29H-4, GOHELP is designated to work with the Health Care Authority to ensure that the preventative health care pilots are implementing a primary-care medical home model. The governing statute indicates that these pilots should reflect “a program that would allow health clinics and private medical practitioners to provide primary and preventative health services for a prepaid fee would enable more West Virginians to gain access to affordable health care and to establish a medical home for purposes of receiving primary and preventative healthcare services.”

The pilots referenced in the statute were authorized under 2006 legislation and in the third year of this program, the Health Care Authority reports that 802 people are enrolled in the Preventative and Primary Care Pilots at six sites throughout the state (**see Appendix D**). These sites cover various preventative services for a prepaid fee and work is underway to expand the pilots in accordance with the HRSA-funded expansion grant.

Chronic Care Model Pilots: This model is to focus on smaller physician practices. Primary care providers are to work with payers and providers to identify various disease states. Through the collaborative effort of the primary care provider and the payers and providers, programs will be developed to improve management of agreed upon conditions of the patient. These groups will be comprised of the medical directors of the major health care payers and the state payers along with medical providers and others.

Individual Medical Homes Pilots: These pilots will focus on larger physician practices that will seek certification from the National Committee on Quality Assurance (Level I certification).

Community-Centered Medical Home Pilots: This approach will link primary care practices with community health teams that could grow out of the current structure in place for federally qualified health centers. The community health teams are to include social and mental health workers, nurse practitioners, care coordinators and community health workers. These personnel are currently providing services in community hospitals, home health agencies and other settings. These pilots will facilitate the development of teams to collaborate with the primary care practices and will focus on primary prevention such as smoking cessation programs and wellness interventions as well as working with the primary care practices to manage patients with multiple chronic conditions.

Medical Homes for the Uninsured Pilots: These pilots will focus on medical homes to serve the uninsured. They will include various means of providing care to the uninsured with primary and preventative care. Through this mechanism, a variety of pilots may be developed that include screening, treatment of chronic disease and other aspects of primary care and prevention services.

WORKFORCE DEVELOPMENT

GOHELP will be conducting, in early 2010, a series of meetings with representatives of the Community and Technical College System and Higher Education to identify training and development needs to support the health system reform efforts and the HIT deployment and use objectives of the State.

GOHELP intends to continue to refine these workforce needs through surveys and assessments and to work with educational systems and training resources to identify gaps in the skills and talents required to meet the health care needs of a rapidly changing marketplace, particularly those required to support accelerated adoption and use of HIT and health improvement care teams.

FEDERAL FUNDING

GOHELP serves as a coordinating resource for information and initiatives aimed at maximizing the value of federal funding opportunities in support of HIT and health reform initiatives. Consistent with the provisions of West Virginia Code §16-29H-6(12)(vii), GOHELP works with constituent state agencies and private sector stakeholders to identify “federal funding to ensure the most efficient and cost-effective means of meeting the state’s health information technology objectives”.

GOHELP maintains a matrix of these funding opportunities and the programmatic linkage to strategic state health improvement and HIT efforts. GOHELP also convenes periodic meetings of these stakeholders to assure coordination of efforts, acting as a clearinghouse of these opportunities and coordinator to assist parties in identifying the stakeholders that can best meet the objectives of the funding announcements.

APPENDIX A

West Virginia Code §16-29H-5 provides for the creation of the Health Enhancement and Lifestyle Planning Advisory Council as follows:

(a) The Health Enhancement and Lifestyle Planning Advisory Council is hereby created. The advisory council is an independent, self-sustaining council that has the powers and duties specified in this article. (b) The advisory council is a part-time council whose members perform such duties as specified in this article. The ministerial duties of the advisory council shall be administered and carried out by the Governor's Office of Health Enhancement and Lifestyle Planning. (c) Each member of the advisory council shall devote the time necessary to carry out the duties and obligations of the office. Those members appointed by the Governor may pursue and engage in another business or occupation or gainful employment that is not in conflict with the duties of the advisory council. (d) The advisory council is self-sustaining and independent, however, it, its members, the director and employees of the Governor's Office of Health Enhancement and Lifestyle Planning are subject to article nine-a, chapter six of this code and chapters six-b, twenty-nine-a and twenty-nine-b of this code. (e) The advisory council is comprised of the following governmental officials: The Secretary of the Department of Health and Human Resources, or his or her designee, the Director of the Public Employees Insurance Agency, or his or her designee, the Commissioner of the Office of the Insurance Commissioner, or his or her designee, the Chair of the West Virginia Health Care Authority, or his or her designee and the director of the West Virginia Children's Health Insurance Program or his or her designee. The council shall also consist of the following public members: One public member shall represent an organization of senior citizens with at least ten thousand members within the state, one public member shall represent the West Virginia Academy of Family Physicians, one public member shall represent the West Virginia Chamber of Commerce, one public member shall represent the largest education employee organization in the state, one public member shall represent the largest labor organization in the state, one public interest organization that represents the interests of consumers, one public member shall represent West Virginia Hospital Association, one public member shall represent the West Virginia Medical Association, one public member shall represent the West Virginia Nurse's Association and two ex-officio nonvoting members shall be the Speaker of the House, or his or her designee, and the President of the Senate, or his or her designee. (f) Public members shall be appointed by the Governor with advice and consent of the Senate. Each public member shall serve for a term of four years. Of the public members of the advisory council first appointed, one shall be appointed for a term ending June 30, 2010, and two each for terms of three and four years. The remainder shall be appointed for the full four year terms as provided in this section. Each public member serves until his or her successor is appointed and

has qualified. The Director of the Governor's Office of Health Enhancement and Lifestyle Planning shall serve as chairperson of the advisory council.

Pursuant to the foregoing, the Governor has appointed the following to serve on the GOHELP Council subject to the terms and provisions of the governing statute:

Martha Y. Walker, Acting Director of GOHELP, Chairperson of Council
Patsy Hardy, Secretary, WV Department of Health and Human Resources
Ted Cheatham, Director, Public Employees Insurance Agency
Jane Cline, Commissioner, WV Insurance Commission
Sonia Chambers, Chairperson, WV Health Care Authority
Sharon Carte, Director, WV Children's Health Insurance Program
Amanda Pasdon, representing WV Chamber of Commerce
Gary Johnson, representing a federally qualified health center
Angela Vance, representing an organization of senior citizens
Denise Campbell, representing the WV Nurses' Association
Dr. David Avery, representing the WV Academy of Family Physicians
Karen Bowling, representing the WV Hospital Association
Dr. Steven Sebert, representing the WV Medical Association
Brandon Tinney, representing the largest labor organization in the state
Ryan Ferns, representing the interest of consumers

Ex-officio non-voting members: Senator Roman Prezioso, Chairman, Senate Health and Human Resources Committee and Chairman, Legislative Oversight Commission on Health and Human Resources Accountability, by designation of Senate President Earl Ray Tomblin

Delegate Don Perdue, Chairman, House Committee on Health and Human Resources and Chairman, Legislative Oversight Commission on Health and Human Resources Accountability, by designation of House Speaker Richard Thompson

APPENDIX B

Governor's Office of Health Enhancement and Lifestyle Planning (GOHELP)
Advisory Council Meeting Summary
October 21, 2009

Members Present: Martha Walker, Chair; Dave Avery; Karen Bowling; Denise Campbell; Sharon Carte; Sonia Chambers; Ted Cheatham; Ryan Ferns; Patsy Hardy; Gary Johnson; Jeff Johnson (representing Senator Prezioso); Bill Kenney (representing Jane Cline); Amanda Pasdon; Delegate Don Perdue; Steve Sebert; Brandon Tinney; Angela Vance

(Members participated in person or by conference call)

Staff Present: Shannon Landrum, Jeremiah Samples

Interested Others Nancy Tyler, Hallie Mason, Victor Mullins, James Fealy, Philip Reale, Thom Stevens, Phil Kabler, Keri Kennedy, Tom Sims, Cathy McGeehan, Perry Bryant, Nancy Malecek, Tom Sims, Jeff Johnson, Tim Murphy, Andy Corsig

Acting Director, Martha Yeager Walker introduced GOHELP staff and discussed staffing plans for the immediate future. Walker stated the statutory purpose of the GOHELP office is to collaborate, facilitate and coordinate. GOHELP will work to ensure we are not duplicating efforts with services or HIT.

Walker called for Council members to introduce themselves and reiterated her hopes that everyone will be full participants. Committees will be organized in the future and members of the public will be asked to participate also.

Jeremiah Samples explained travel reimbursement and directed members to the form in their folders.

Nancy Malecek, Office of the Insurance Commissioner, discussed current health care reform efforts in Congress. Nancy said this is a subject that is constantly changing; we are all very interested in the outcomes.

Director Walker informed the Council that provisions of Senate Bill 414, some of the responsibilities of the Pharmaceutical Cost Management Council were transferred to GOHELP with the dissolution of the Council. Shannon Landrum, GOHELP staff,

explained the Emergency Rule on advertising cost reporting which was filed in September. Landrum then briefed the Council on the GOHELP decision to stay with MMCAP and the original designated vendor.

Governor Joe Manchin III arrived and thanked all for participating in this process. Governor Manchin wants to know everything about the provision of health care in the state. He has directed GOHELP to find where the efficiencies and duplications are and to realize those cost savings so that it becomes feasible to expand coverage to uninsured populations.

Walker informed the Council that we are currently engaging in a survey on all health related services from a state expenditure perspective.

Walker stated that HCA will be spearheading work on the five-year strategic plan for health care. The last health plan was in 1999 and we will take the mandates stipulated in SB414 and overlay the two to see what might not be currently covered. This will be further worked out moving forward.

Governor Manchin advised that he is not afraid of looking at everything, as we have to find ways to provide coverage to those with none while at the same time not letting our most vulnerable citizens fall through the cracks.

Walker asked if the remaining agenda items could wait until the next meeting. The Council concurred that the remaining items were not urgent and could wait until December.

Director Walker asked Council if quarterly meetings were acceptable with the ability to call special meetings if circumstances dictate; this was met with agreement from the council.

Walker asked members to think about which committee(s) they would like to serve upon. The Council will focus on: medical home pilots, education, health issues, wellness, HIT, higher education, and pharmacy. She instructed members to contact her via email at GOHELP@wv.gov if they had anything to discuss before the next meeting.

Meeting adjourned.

Governor's Office of Health Enhancement and
Lifestyle Planning (GOHELP)
Advisory Council Meeting Summary
December 16, 2009

Members Present: Martha Walker, Chair; Karen Bowling; Denise Campbell; Brandon Tinney; Steve Sebert; Angela Vance; Sonia Chambers; Sharon Carte; Ryan Ferns; Tanya Cyrus (representing Ted Cheatham, PEIA); Marsha Dadisman (representing Secretary Hardy, DHHR); Amanda Pasdon; Gary Johnson; Martha White (representing Delegate Don Perdue for a portion of the meeting); Delegate Don Perdue; Sallie Daugherty (representing Senator Prezioso); Nancy Malecek and Bill Kenney (representing Jane Cline for a portion of the meeting); Jane Cline

Staff Present: Debbie Waller

Interested Others: Rick Simon; Sarah Chouinard; Linda West; Tim Murphy; Victor Mullins; Raymona Kinneberg; Jill McDaniel; Cindy Snyder; Kristy Blower; Keri Kennedy; Tom Sims; Melinda Nugent; Helen Snyder; Emily Proctor; Perry Bryant; Thom Stevens; Philip Reale

Martha Walker, Chair, welcomed everyone and self-introductions were made. She directed members to the packet of information and the meeting notes from the October 21, 2009 Advisory Council meeting. If members see any changes that need to be made to the notes, they can email Debbie Waller.

Walker then gave a brief overview of a document that was send to all Council members, "Towards a Healthy WV: A Strategic Vision and Action Plan". This piece was produced in 2007 by Public Works LLC by a request from Governor Manchin. Pieces of this document will be used as the beginning of the Five Year Strategic Plan.

Walker introduced Rick Simon, CEO, Tri-County Health Center and Sarah Chouinard, MD, Chief Medical Advisor of the Community Health Network and Medical Director for Primary Care Systems, Inc. Rick and Sarah reported on Electronic Medical Records and Patient Centered Medical Homes. The presentation was viewed in a very positive manner with great expectations for the state of WV. A question and answer period followed.

Walker thanked Rick and Sarah for their presentation and asked them to return to the Council and give a demonstration of the Personal Health Record which is a part of the Electronic Medical Record.

Sonia Chambers, Chair of the WV Health Care Authority discussed with the members the State Health Plan. The Health Care Authority produced a State Health Plan in 1999. As part of Senate Bill 414 a strategic health plan is required by the GOHELP office. Sonia reported that it is very difficult to begin this plan because it covers so much. The Health Care Authority has hired a staff person to begin work on the health plan. Sonia can then bring back to the Advisory Council members information as to what's out there, what other states are doing, etc. Several members of the advisory council are interested in working on the state health plan. Delegate Perdue had several questions regarding the plan. Sonia and Martha will set up a meeting to discuss further with Delegate Perdue.

Keri Kennedy, Manager of WV Office of Healthy Lifestyles shared with the group activities that the Office of Healthy Lifestyles are doing. WV is one of 25 states that receive funding from the Center for Disease Control to address the problems of obesity and other chronic diseases through statewide efforts coordinated with multiple partners. A question and answer period followed.

Martha Walker informed the Advisory Council members that the GOHELP office is working on an annual report which is due to the Legislature December 31, 2009. A copy will be sent to them via email. She also shared with the group that the GOHELP office is in the process of creating a website. Staff worked with WV Interactive to create the shell of the site and staff will be responsible for maintaining the site. We will share the site with members as soon as possible. Members are urged to send any ideas/suggestions they have to gohelp@wv.gov.

The next meeting will be after the legislative session. Debbie will work with members to secure a date after March 13th. The members are in favor of the meetings being held on Wednesdays at 2:00 p.m.

The meeting was adjourned.

APPENDIX C

The West Virginia Pharmaceutical Cost Management Council 2008 Prescription Drug Advertising Expense Report Data Summary

On April 14, 2008, the Prescription Drug Advertising Expense Reporting Rule, WV CSR 206-1, became a permanent rule following passage by the Legislature during the regular 2008 Legislative Session, signature by the Governor and final filing by the agency.

Contextual facts to understand the data:

- The reporting period covers calendar year **2008**.
- **126** pharmaceutical manufacturers and labelers filed reports, several on behalf of a larger corporate group, as permitted in the Legislative Rule.
- The West Virginia Board of Medicine reports that there are **3,830** medical doctors and podiatrists licensed and practicing in West Virginia. The West Virginia Board of Osteopathy reports that there are **745** osteopathic doctors practicing in West Virginia. The West Virginia Board of Nursing reports that there are **577** nurse practitioners with prescribing authority in West Virginia.
- Under both the statute (W.Va. Code 5A-3C-13) and Legislative Rule (CSR 201-1), only aggregated data may be disclosed to the public.
- Last year, the reporting period covered six months, from July – December 2007.

Aggregated data:

- **126** manufacturers and labelers filed reports under the Legislative Rule with **94** reports indicating spending activities in West Virginia. Last year, **111** companies reported.
- Companies reported making **15,956** gifts, grants, or payments to West Virginia prescribers from January – December 2008. Companies reported a cumulative gift, grant and payment amount for the annual period so a prescriber may have received several payments from the individual company that result in the amount reported. Prescribers may also have received payments from multiple companies. Payments, as discussed in this summary, mean the total amount of money from an individual company

to a prescriber during the reporting period. Last year, companies reported making payments to **14,933** prescribers in the over the six month reporting period of 2007.

- There are **4,575** doctors and **577** nurse practitioners with prescribing authority and **15,380** payments were made; therefore some prescribers received payments from multiple companies and some prescribers may have not received any payments. **The average number of reportable payments for each prescriber is nearly 3.**
- The highest amount paid to an individual prescriber by a single company in the annual reporting period fell in the **\$125,001 - \$127,500** payment category. One prescriber received this level of payment. **A total of 4 West Virginia prescribers received more than \$100,000 from single companies in 2008.** Since the reports do not identify the prescriber, the actual highest amount received by a West Virginia prescriber from reporting companies is unknown. It is possible that some of these prescribers received funds from multiple companies, which would make these totals larger.
- **45** payments of **more than \$20,000** were made to prescribers from individual companies.
- **598** payments of **\$2,500 or more** were made to prescribers from individual companies.
- **15,358** payments were made from individual companies to prescribers in the lowest payment category of **\$100 - \$2,500.**
- Total reported payments to pharmacies: **\$99,798.** In 2007, \$13,469.10 was reported in the six month reporting period.
- Total reported payments to patient advocacy groups operating in West Virginia: **\$11,500** (payment from 1 company to 1 group). In 2007, \$31,675 was reported in the six month reporting period.
- Total reported direct-to-consumer (DTC) advertising and reportable expenses targeting West Virginians: **\$33,254,788.** Last year, total DTC and reportable expenses totaled \$16,019,154 in the six month reporting period. DTC spending in West Virginia appears to be continuing at a rate similar to 2007.
- DTC advertising was highly concentrated in a small number of drugs, with **about 20 drugs receiving the vast majority of DTC expenditures.**

Notes on reporting issues:

- Most companies made good faith efforts to report the data; a very small number of companies (less than 5) made less than complete reports and were asked to supplement. A few companies took excessively narrow reporting positions on certain

categories, which might require additional guidance to ensure fair and accurate reporting.

- Large drug companies are now tracking all payments in excess of \$100 under the PhRMA Code.
- Many companies did not report indirect payments to prescribers, often channeled through medical education or market research companies. These amounts appear to be significant in some cases.

APPENDIX D



Preventive and Primary Care Pilot Program

Created by HB 4021 (2006 Legislative Regular Session)

Developed and Implemented by:

WV Health Care Authority and WV Insurance Commissioner

Provider	Number of Enrollees
Monroe Health Center	13
PrimaryCareOne	336
New River Health Association	434 *9 employers
Valley Health	16
WomenCare, d/b/a FamilyCare	0
Manchin Clinic	3
TOTAL	802

*Revised as of December 2009