2011 Annual Report

West Virginia Governor's Office of Health Enhancement and Lifestyle Planning

Pursuant to West Virginia Code §16-29H-4(d), this annual report is submitted to Governor Earl Ray Tomblin and the Legislative Oversight Commission on Health and Human Resources Accountability on behalf of the Governor's Office of Health Enhancement and Lifestyle Planning (GOHELP) for the 12-month period from January 1, 2011, to December 31, 2011, to provide a review of the condition, operation, function and activities of GOHELP.

EXECUTIVE SUMMARY

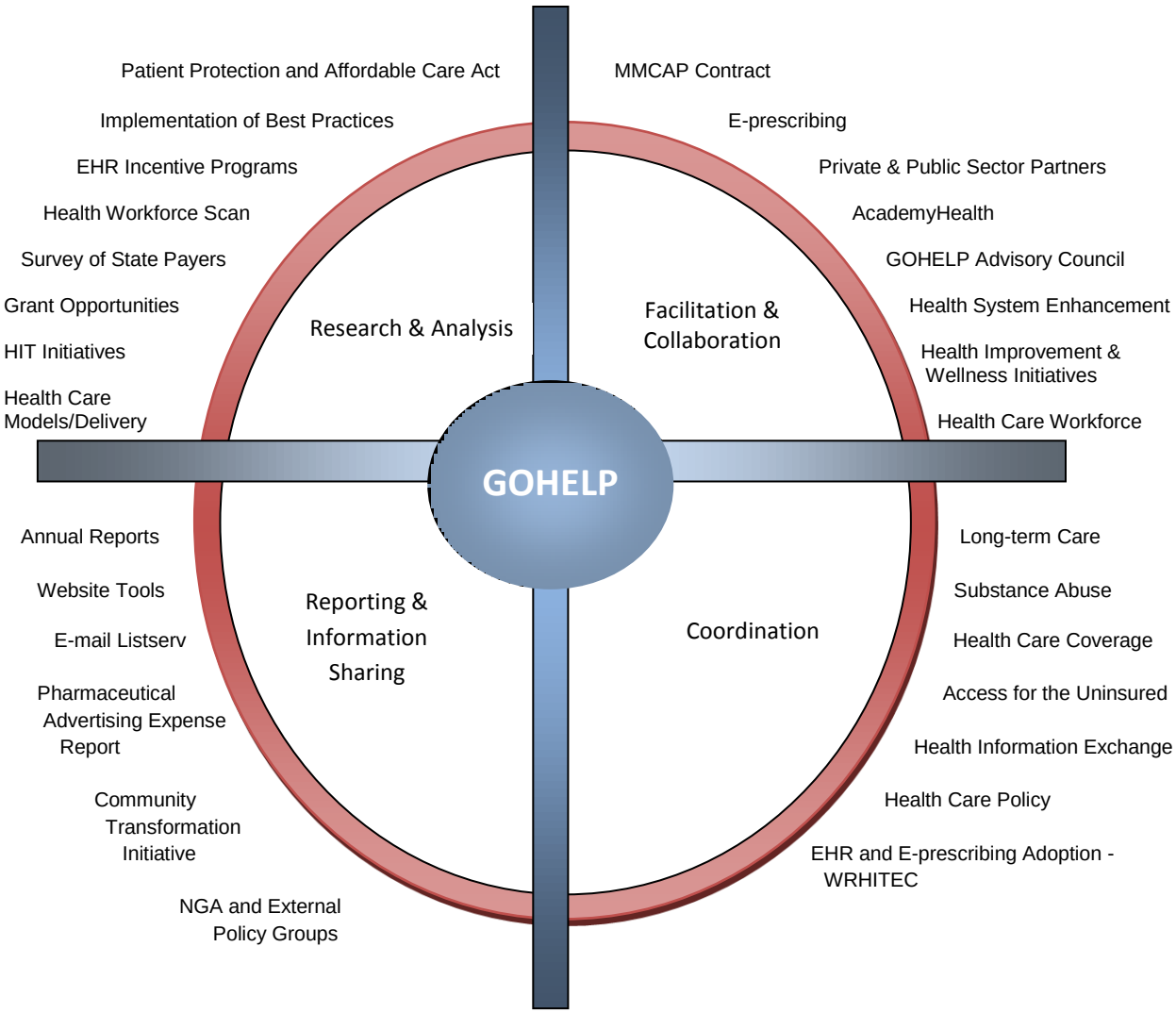
GOHELP was created by Senate Bill 414 in 2009, and the office began formal operations on September 1, 2009. The mission of GOHELP is to coordinate and facilitate state health system and policy initiatives by collaborating with state agencies and health stakeholders. All state agencies with duties regarding the development, improvement and implementation of any aspect of West Virginia's health care system are required to cooperate with GOHELP. In SFY2011, GOHELP received a $501,663.00 appropriation. This funding covered all of GOHELP's operational costs, including staffing (i.e., salary and benefits and any contractual costs), technology and communication services, administration (i.e., leased offices and facilities, supplies and other operational costs) and travel expenses.

GOHELP's activities are categorized in four key areas: 1. Facilitation & Collaboration of Health Initiatives; 2. Reporting & Information Sharing; 3. Coordination of Health Care Improvement Efforts; and 4. Research & Analysis. Specifically, GOHELP's operations include:

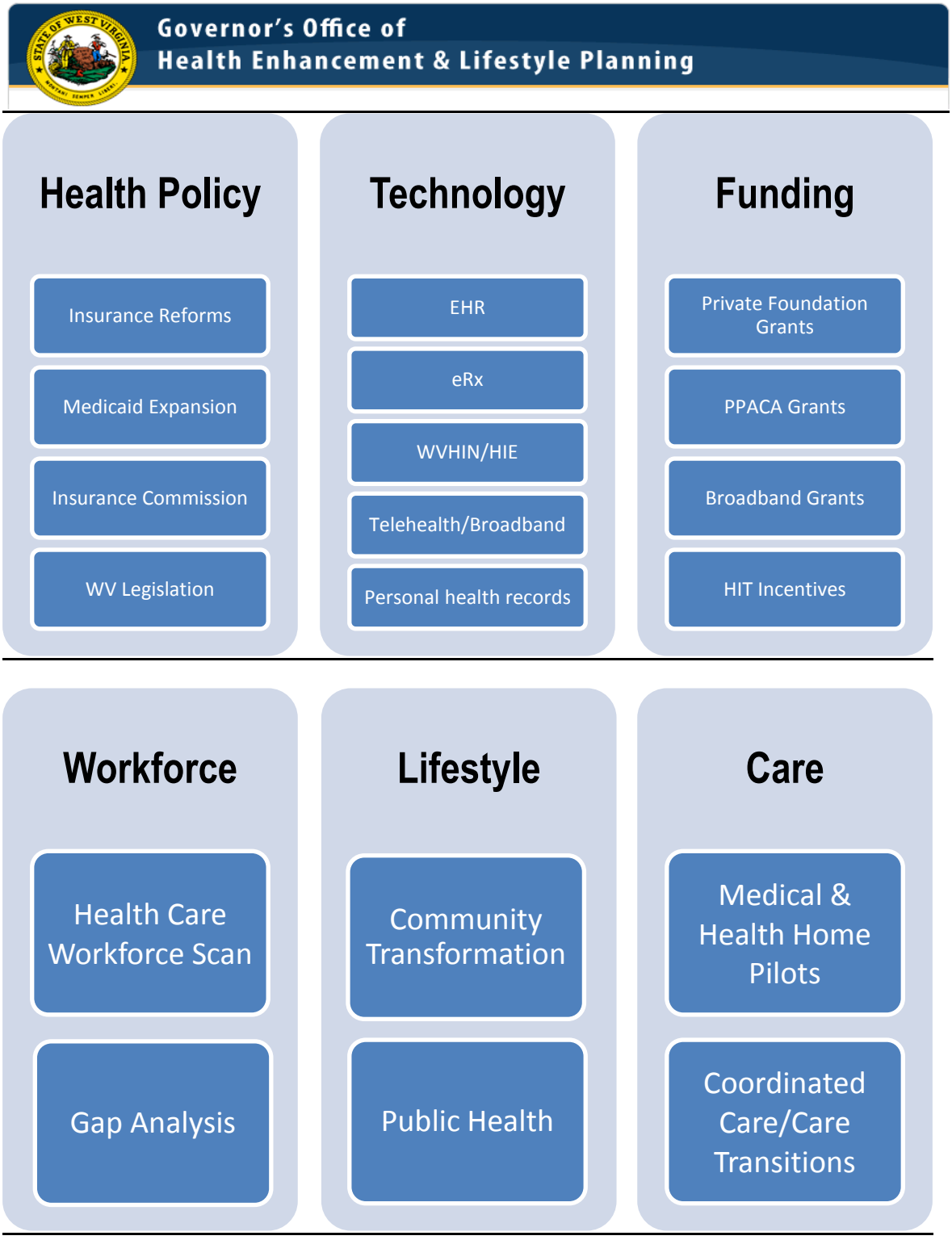
- Serving as a resource to coordinate and facilitate evaluation of health policy activities and initiatives and assist with the coordination of implementation of federal, State and local health initiatives
- Promoting sharing and dissemination of effective strategies and programs that improve health outcomes
- Providing advice and recommendations on emerging health issues through the GOHELP Advisory Council and by convening stakeholder meetings
- Supporting the objectives and initiatives of the Governor's Office related to health care delivery and health care service
- Supporting and informing the work of GOHELP's constituent state and local agencies
- Convening meetings of health stakeholders and the GOHELP Advisory Council to develop recommendations about health system improvements and health policies
- Offering recommendations to the Governor and state agencies regarding strategies that could make the state's health system more effective, timely, patient-centered and sustainable
- Collecting advertising expenditure information from pharmaceutical labelers and manufacturers

GOHELP continually investigates the latest health care initiatives and opportunities that will increase West Virginia's stature as a health care delivery and technology leader. Provided on the following three pages are graphics representing the core activities that GOHELP performs, its initiative areas and an office organizational chart.

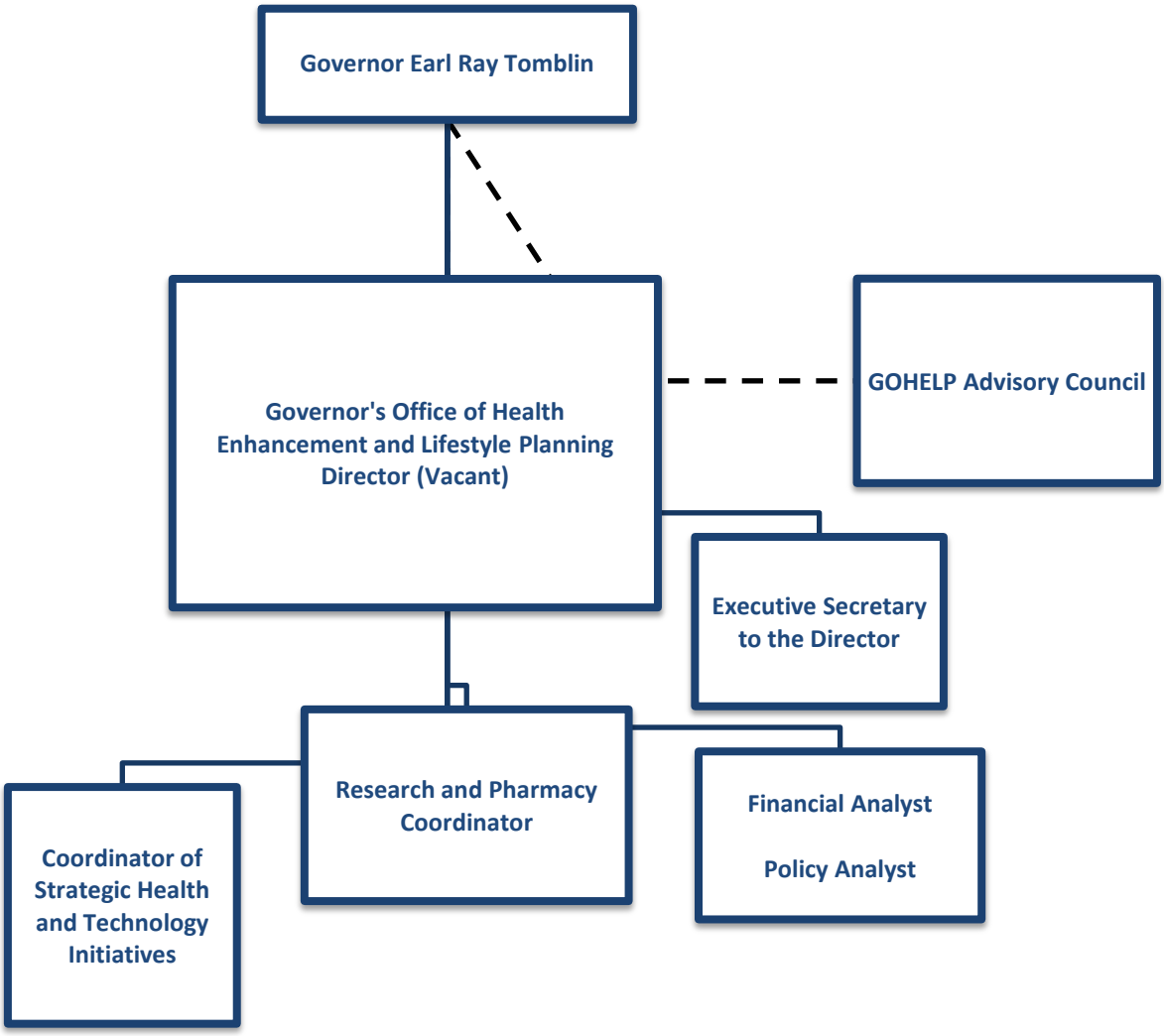
GOHELP'S CORE ACTIVITIES



GOHELP'S INITIATIVE AREAS



GOHELP ORGANIZATIONAL CHART



OVERVIEW

GOHELP's Advisory Council consists of representatives designated in West Virginia Code §16-29H-5 and appointed by the Governor. The Advisory Council met twice in calendar year 2011. The Advisory Council provides input and feedback to assist GOHELP in coordinating health care initiatives and disseminating information to interested parties.

GOHELP closely monitors health care reform discussions at the federal level collaboratively with constituent State agencies. The Patient Protection and Affordable Care Act's (PPACA) passage created numerous opportunities and challenges for the State. GOHELP is monitoring the release of federal regulations and timelines, coordinating analysis with agencies and stakeholders on the impact of the Act and providing constituent State agencies and interested parties with the tools necessary to track and assess the impact of the legislation. GOHELP continues to coordinate initiatives and efforts, including available grant opportunities, to facilitate improvements in West Virginia's health care system. Moreover, GOHELP works with other states and stakeholders to identify and promote projects by which health of the citizens and care delivery can be improved.

PRESCRIPTION DRUGS

Senate Bill 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 by GOHELP's start up in September 2009, GOHELP developed and filed an emergency rule with the West Virginia Secretary of State to guarantee that direct advertising cost reporting continued in the absence of the PCMC. The legislative rule was passed during the 2010 Session. Title 210, Series 1 of the Code of State Rules governs the reporting of pharmaceutical advertising expenses. The *2010 Pharmaceutical Advertising Expense Report*—expenses reported from January 1, 2010, to December 31, 2010—is included in **Appendix A**.

GOHELP has the authority to participate in regional and multistate purchasing alliances. PCMC previously joined the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP). After reviewing this agreement, GOHELP renewed West Virginia'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 for governmental health care facilities. MMCAP membership affords West Virginia state agencies another purchasing option to lower the cost of pharmaceuticals.

In addition to pharmaceutical advertising cost reporting and efforts to reduce prescription drug costs, GOHELP convened a Pharmacy Issues Workgroup to discuss policies and developments impacting the delivery of prescription drugs in the state. The group is a valuable resource for identifying emerging issues in E-prescribing, prescription drug monitoring programs, electronic health records and pharmacy scope of practice issues. GOHELP invited representatives of Surescripts to provide information to the workgroup on how evolving laws and regulations will impact utilization of E-prescribing (including electronic prescribing and tracking of controlled substances). The workgroup includes pharmacists, pharmacy technicians, various health care professionals/providers, industry representatives and other interested parties. GOHELP also participates in the four-state joint effort among Governor Tomblin and the Governors of Kentucky, Ohio and Tennessee to combat the prescription drug abuse problem plaguing the region.

GRANTS

The coordination and monitoring of health care grants is crucial if West Virginia is to successfully transition its health care system into the 21st century. GOHELP has collaborated with several partners to develop a matrix of federal grant opportunities supporting health care reform and health information technology efforts. Available grant opportunities are distributed to likely applicants via the GOHELP listserv. GOHELP provides support to applicants by providing background research materials and planning/coordination guidance among grant applicants.

GOHELP developed a Healthy Communities Alliance to serve as a resource for grant development. The Alliance is composed of health care professionals, faculty from West Virginia University, Marshall University and the School of Osteopathic Medicine, public health professionals, professional organizations and associations, industry representatives, members of the West Virginia Legislature, and community advocates. The Alliance was central to the development of the CDC Community Transformation Grant. GOHELP intends to maintain the Alliance so that any agency in need of expertise when developing grant applications or policy will have experienced contacts readily available. The Alliance is assisting the Bureau for Medical Services in designing a State Plan Amendment, which should be submitted to the Centers for Medicare and Medicaid Services (CMS) in late spring 2012, under Section 2703 of PPACA: Health Homes for Medicaid Enrollees with Chronic Conditions. Furthermore, a prominent health care consultant was contracted by GOHELP, the West Virginia Senate and House, and the WV Health Care Authority to assist in the drafting of Section 2703 State Plan Amendment and the subsequent development of the community health team concept prevalent in the States of Missouri, North Carolina and Vermont.

In 2011, GOHELP worked with many State partners to coordinate efforts aimed at improving West Virginia's health care delivery system by pursuing grant opportunities and pilot projects, including but not limited to:

- The CDC Community Transformation Grant, in which the West Virginia Department of Health and Human Resources (DHHR) Bureau for Public Health received $1.8 million a year for five years;
- The CDC Childhood Obesity Grant;
- The CMS Comprehensive Primary Care Initiative;
- The Robert Wood Johnson (RWJ) High Value Health Reform Grant; and
- The U.S. Department of Health and Human Services Health Care Innovation Challenge.

HEALTH INFORMATION TECHNOLOGY (HIT)

HIT is an important toolset being used for the transformation of West Virginia's health care delivery system. It is used to:

- Measure health care outcomes to promote quality improvement,
- Support improved communication and coordination for health care providers,
- Streamline the use of best practices,
- Reduce administrative costs,
- Reduce medication errors,
- Avoid unnecessary testing,
- Identify opportunities to assure that consumers receive needed preventive or diagnostic studies at the right time and
- Monitor community health.

The toolset includes:

- Electronic Health Records (EHRs);
- Electronic Prescribing of Medications (E-prescribing);
- Personal Health Records (PHRs);
- Health Information Exchange and the West Virginia Health Information Network (WVHIN);
- Telehealth;
- Workforce development to support the technology, such as the HIT training program at WV Northern Community College Program;
- Incentive payment programs in Medicare and Medicaid to encourage adoption of EHRs by providers;
- Outreach for these programs provided by the West Virginia Regional Health Information Technology Extension Center (RHITEC);
- Grants to public and private institutions to promote or implement the technology;
- Increasing access to health care through telehealth and high speed broadband network expansion; and
- Improving the availability of health care data to measure costs and quality and to improve public health in our communities.

These tools will be used to help consumers stay healthy, improve lifestyles, provide coordinated care for people when they are sick and help them effectively manage chronic illnesses better and at lower costs. These objectives will achieve the goal of high quality healthcare at a reasonable cost.

To be effective, HIT must be integrated into daily clinical practice at all levels of patient care and in all health care settings. Coordinated health care teams, including those based on the medical home model,[1] must utilize HIT to provide high value care for consumers. High value health care means providing high quality at an acceptable price. Implementation of HIT systems in different care settings, including physician offices, clinics, nursing homes and pharmacies, can improve the efficiency and effectiveness of all health care services. To do this, the systems need to be interoperable, they need to be able to "talk to each other" in a standard way. This allows communication and coordination of care from all providers and puts the needed information in the hands of providers when they need it the most.

HIT Benefits

HIT enables consumers to participate in managing their health by reducing medical errors, especially those involving medications and transfers between care settings. It also streamlines administrative processes such as obtaining prior authorization for procedures, providing lab results to physicians, quickly sending information to other physicians. Finally, HIT helps contain future health care costs by providing reminders for preventive services such as vaccina-

[1] The Medical Home model is an approach to providing primary care that emphasizes involving patients and their families (when appropriate) in health care delivery. Essentially, medical or health homes are envisioned as a one-stop-shop for health care, whereby patients can have most of their basic needs met in a single place. The impetus behind this approach is that it can help reduce unnecessary medical costs, such as unneeded hospitalizations or emergency room visits, and improve health outcomes for the patient.

tions, accessing best practices and new treatment information and providing warnings of potential errors before they occur.

The federal government is providing $17 billion in incentive payments to eligible health care providers during the next five to eight years for the use of EHRs. As of October 31, 2011, more than $15 million in incentive payments has been paid to more than a 1,000 West Virginia providers (see table below). Other federal incentive payments have been made to providers to encourage prescribing medications electronically as well as reporting on the quality of care. The EHR incentives are paid through both the Medicare and Medicaid programs. Payments began in 2011 and will continue over the next few years as more physicians, hospitals and other providers implement HIT in patient care.

Provider Registrations for the EHR Incentive Plans (October 31, 2012)

Medicare	Medicaid	Medicare/Medicaid (Hospitals)	Total
616	426	25	1,067

Program	Medicare			Medicaid				Total	
	Provider Type	Paid Count	Payment Amount	Program	Provider Type	Paid Count	Payment Amount	Paid Count	Payment Amount
Medicare	EP[2]	14	$252,000	Medicaid	EP	195	$4,072,920	209	$4,324,920
Medicare/Medicaid	Hospital	1	$2,527,695	Medicaid/Medicaid	Hospital	8	$8,219,891	9	$10,747,586
TOTAL PAYMENTS		**15**	**$2,779,695**			**203**	**$12,292,811**	**218**	**$15,072,506**

Table 1 EHR Incentive payments as of October 31, 2011

https://www.cms.gov/EHRIncentivePrograms/Downloads/Payments_by_state_by_program_by_provider.pdf

HIT adoption incentives range from $44,000 under Medicare to as much as $63,750 per provider through Medicaid. Eligible hospitals are likely to receive several million dollars from these incentive programs based on the numbers of Medicare and Medicaid patients that they serve. It is important to note that providers must meet certain obligations for reporting patient outcomes and quality of care indicators in addition to exchanging information electronically with both patients and other health care providers.

GOHELP's role in the HIT arena is to serve as a coordinator of these collective efforts. Managing the transition of health care facilities and providers in the State from paper records to an interconnected HIT system requires extensive teamwork and managerial resources. Moreover, coordinating the vast array of HIT activities taking place in West Virginia requires the management and coordination of a growing inventory of projects and initiatives. This role has included matching HIT goals to funding sources and convening potential project partners. A project portfolio, background research and updated health care roadmaps allow policymakers to

[2] Eligible Provider (EP)

determine where additional resources and investments may be warranted while avoiding duplicative efforts.

The *West Virginia Health Information Technology Statewide Strategic Plan* provides a guide for coordinated HIT activities. GOHELP is fulfilling its role by promoting collaboration on coordinated efforts to implement West Virginia's HIT goals.

- GOHELP is promoting increased collaboration among the WVHIN, Medicaid, RHITEC, PEIA and other organizations.

- GOHELP works with WVHIN, DHHR and several other state agencies involved in Health Information Exchanges to pursue financially sustainable business models as well as privacy policies.

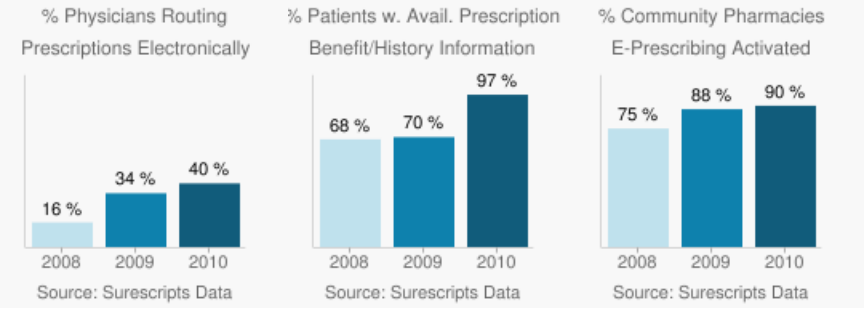
- GOHELP is an integral member of the Medicaid planning team which is implementing a State Medicaid Health Information Technology Plan. The Medicaid plan will be a chapter of the overall state plan. Medicaid is responsible for implementing and auditing EHR incentive payments to eligible providers.

- GOHELP provides guidance and assistance with grant applications by monitoring grant funding opportunities and directing them to potential applicants.

Other HIT Initiatives

GOHELP's Pharmacy Issues Workgroup also plays a key role in HIT initiatives, especially in moving the state toward adopting greater use of E-prescribing. Below (in Figures 1 and 2) is an overview of West Virginia's E-prescribing volume in calendar year 2010, for which the most recent year data is available.

Figure 1: E-prescribing activity has increased dramatically since 2008



West Virginia ePrescribing Statistics	2008	2009	2010
Prescription Benefit Requests	371,271	1,219,781	3,252,778
Rate of Response to Benefit Requests at Year End	70.09%	89.46%	112.63%
Total Prescriptions Routed Electronically	460,914	1,055,556	1,618,580
% of Total Prescriptions Represented by Renewal Response	4.98%	6.64%	9.95%
Total Estimated Responses to Medication History Requests		398,073	1,487,729
Physicians Routing ePrescriptions at Year End	433	947	1,302
Community Pharmacies Activated for EPrescribing at Year End	377	436	470
% of Physicians routing prescriptions electronically	16	34	40
% of patients w/prescription benefit/history information available	68	70	97
% Community Pharmacies ePrescribing activated	75	88	90

Figure 1 Data from *Surescripts 2010 State Profile Report*

- In 2011, GOHELP participated in interstate workgroups to address the problems of prescription drug abuse. This involves the use of technology to monitor prescription drug data and integrating the availability of prescription medication history records into the daily workflow of providers. GOHELP provides coordination assistance to DHHR, the Board of Pharmacy and the WVHIN to develop integrated data systems for the multi-state prescription drug monitoring programs.

- GOHELP also serves as a coordinator and provides guidance on projects related to technology systems for health insurance under the Offices of the Insurance Commissioner, including collaboration for the development of an All-Payer Claims Database to measure health care outcomes.

- GOHELP promotes the implementation of demonstration projects and HIT development environments for multiple state and private organizations. A planned HIT "sandbox" will allow healthcare providers, researchers and students in the medical field to try new, open source software platforms to exchange test data among EHR systems.

- GOHELP supports the planning for the adoption of new EHR systems for the free clinics in West Virginia.

- GOHELP promotes online webinars and educational opportunities for HIT.

Through these efforts, GOHELP has promoted the adoption of HIT in West Virginia. Going forward, GOHELP will continue to provide coordination of HIT efforts in the State, promote collaboration and communication among project participants, funding sources and providers.

WELLNESS AND HEALTHY LIFESTYLES

GOHELP has conducted a number of meetings and coordinated planning sessions with involved stakeholders, including the West Virginia Office of Healthy Lifestyles, PEIA and the Department of Education to encourage the adoption of wellness and healthy lifestyle programs in schools, medical/health homes and other entities. GOHELP will continue to work with the Coalition to assure consistency of the public health and private sector approach to addressing chronic disease prevention and wellness. GOHELP has participated in a number of planning and coordinating sessions addressing lifestyle and wellness initiatives, including development of the State Physical Activity Plan.

WORKFORCE DEVELOPMENT

In 2011, GOHELP convened a workgroup consisting of Advisory Council members and interested parties to address health care workforce issues. GOHELP then initiated a series of meetings with representatives from the West Virginia Community and Technology College System (CTCS) and the Higher Education Policy Commission (HEPC) to identify training/development needs to support health system reform efforts and HIT deployment and use objectives of the State. From CTCS's partnership with GOHELP, a report entitled *Health Care Results for West Virginia Council for Community and Technical Education*, an environmental scan of the health care workforce and training needs in West Virginia, was released in March 2011.

The report identified trends for health care employers that will assist the CTCS in developing training programs relevant to the changing health care system. Particular attention will be

paid to those skills required to support accelerated adoption and use of HIT and coordinated health care teams. GOHELP continues to work with CTCS, HEPC and other partners to seize opportunities for workforce development in West Virginia.

FEDERAL FUNDING

GOHELP serves as a resource for information and initiatives aimed at maximizing the value of federal funding opportunities in support of HIT and health policy 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 ensure coordination of efforts by acting as a clearinghouse and assisting parties in identifying the stakeholders that can best meet the objectives of the funding announcements. GOHELP has identified the need for a comprehensive system of tracking and review of all health care related grants operating in the State. Increased information sharing would foster more collaborative work among the numerous state and private sector partners.

APPENDIX A

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

2010 Prescription Drug Advertising Expense Report

SB 414 transferred the rulemaking authority for monitoring pharmaceutical drug advertising expenses from the Pharmaceutical Cost Management Council (PCMC) to GOHELP. When the PCMC was terminated with the creation of GOHELP in August 2009, it was necessary for GOHELP to develop and file emergency and legislative rules with the Secretary of State to assure direct advertising cost reporting continued in the absence of the PCMC. The legislature approved the legislative rule during the 2010 regular session. Pharmaceutical advertising cost reporting is now governed by Title 210, Series 1 of the Code of State Rules. The following reporting requirements were eliminated by the GOHELP legislation:

- the amount spent promoting specific drugs;
- the amount of financial support provided to advocacy groups in excess of $10,000; and
- the amount of financial support provided to individual pharmacies.

The GOHELP rule requires reporting entities to provide:

- the total amount spent for advertising and direct promotion in the state; and
- the total number of state prescribers to whom the entity provided financial
- support of any kind in excess of $100.

Under both the statute (§16-29H-8) and the Legislative Rule (CSR 210-1), only aggregated data may be disclosed to the public.

APPENDIX A CONTINUED

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

2010 Prescription Drug Advertising Expense Report

One hundred thirty-eight (138) manufacturers and labelers filed reports under the legislative rule in 2010. This is three more manufacturers/labelers than 2009 and an increase from 2007 and 2008 when 111 and 126 companies, respectively, reported to the PCMC.

Companies reported a total amount spent for advertising and direct promotion of prescription drugs to consumers, prescribers, pharmacies and advocacy groups for the 2010 reporting period of $35,298,700, an increase of $6,636,743 from the 2009 reporting year. The 2010 total for direct-to-consumer advertising was $18,315,037, while $16,983,663 was spent on direct promotion to customers, prescribers, pharmacies and patient support or advocacy groups.

Drug manufacturers and labelers are required to report their expenses, by prescriber, to whom they provided directly or indirectly, gifts, grants or payments of any kind in excess of one hundred ($100) for the purpose of advertising prescription drugs. In 2010, there were 8,217 prescribers who received gifts in excess of $100. Approximately 94% of these gifts/payments were between $100 and $2,500.