

Governor's Health Reform Commission

Presentation to
Joint Commission on Health Care
June 13, 2007

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Governor Kaine's Health Reform Commission

● **August 2006**

- Health Reform Commission created by Governor Kaine through Executive Order 31
- Charged with improving access to competent, affordable healthcare for all Virginians
- Diverse membership including state legislators, business leaders, local government, health care leaders and consumers
- Final Report due to Governor Kaine September 2007

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Governor Kaine's Health Reform Commission

- **Four Workgroups examined:**

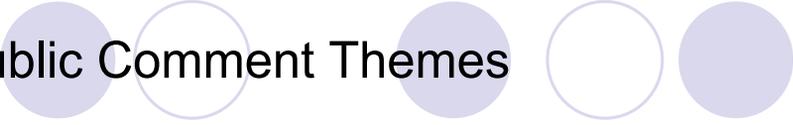
- Access to care
- Expanding the health care workforce
- Long-term care
- Prevention
- Increasing use of technology and providing quality information to the public and health care providers

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Meetings and Public Hearings

- The Health Reform Commission held meetings and public hearings across the state between March and June 2007
 - March 12—Abingdon
 - March 19—Chesapeake
 - March 27—South Boston
 - May 1—Fairfax
 - May 24—Richmond
 - June 12—Harrisonburg

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Public Comment Themes

- Access to Care
 - Uninsured
 - Affordability
 - Dental
- Workforce
 - Women's health, mental health, and primary care providers
 - Increasing wages and health benefits for personal care attendants and other direct support professionals
- Prevention
 - Funding for school breakfast
 - Working with the community to combat obesity
- Long Term Care
 - Community-based services
 - Services for people with mental illness
 - Housing

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Workgroup Recommendations

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Access to Care

- Annual study of Virginia's uninsured population
- Annual Medicaid Access Survey
- Additional new safety funding for health centers, free clinics, and Virginia Health Care Foundation
 - Includes funding for dental services
- Incremental expansion of Medicaid to include more adults, pregnant women and dental care
- Private health insurance reform

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Health Care Workforce

- Improve data collection and measurement
- Increase educational capacity
- Recruit and retain physicians in Virginia
- Increase physician productivity
- Recruit and retain nurse faculty
- Study using reimbursement methodologies to improve nurse staffing levels (i.e. Pay-for-Performance)
- Assign WIBs to include direct support professionals as a focus area
 - Tap into untapped labor pools, such as TANF, people with disabilities, etc.
- Develop a positive marketing campaign around direct support professionals

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Quality, Transparency, and Prevention

- **Quality: P4P for nursing homes**
 - Meaningful metrics linked to quality improvements
 - Financial and non-financial incentives
 - Funding should come from new monies
 - Annual report to assess effectiveness of program
 - Scores should be transparent to consumers
- **Transparency**
 - One portal to include quality and pricing information
 - Pricing should show reasonable range of amounts paid by the payor for specific procedures by geographic areas
 - Health literacy
 - Marketing plan
 - Accessibility

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Quality, Transparency, and Prevention

- **Obesity**
 - Increase school participation in the Governor's Nutrition and Physical Activity Scorecard
 - Establish state performance benchmarks/goals for physical fitness
 - Fund the CHAMPION program
 - Encourage improved nutrition and physical activity in state agencies, communities, and schools
- **Tobacco Cessation**
 - Enhance State employee health plan and Medicaid tobacco cessation services
 - Amend the Virginia Clean Indoor Air Act to prohibit smoking in indoor spaces
 - Promote tobacco free lifestyle in all educational facilities

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Quality, Transparency, and Prevention

- Infant Mortality

- Expand local health district services to expectant mothers
- Encourage the use of proven effective approaches such as community-based home visiting programs
- Educate parents and providers regarding SIDS and safe sleep environment
- Expand Medicaid FAMIS program and services

- Overall Prevention

- Establish a non-profit foundation with the goal to create a healthier community in the Commonwealth by leveraging public-private funds
- QuitLine

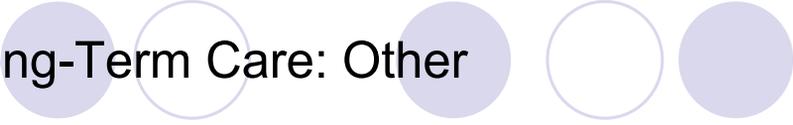
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Long-Term Care: Medicaid

- Support integration of acute and long-term care into managed care models
 - E.g. PACE and regional managed care models
- Support consumer choice through full implementation of the Medicaid Systems Transformation Grant and Money Follows the Person Grant
- Add assisted living to the Medicaid EDCD* waiver
- Add case management to Medicaid EDCD waiver
- Provide case management as a Medicaid service to persons age 60+ with 2 or more ADLs

*Elderly and Disabled Consumer Direction Home and Community-Based Services 1915(c) waiver

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Long-Term Care: Other

- Improve the quality and performance of the Auxiliary Grant program
- Support the creation of a housing partnership revolving loan fund
 - Housing and supportive services for frail elderly and persons with disabilities
- Expand No Wrong Door statewide by 2010
- Develop an ongoing marketing campaign to promote LTC planning and the LTC Partnership
- Provide additional funding to Area Agencies on Aging for transportation and to support family caregivers
- Establish coordinating and advisory councils to advise the Secretary
- Require and enforce local long-term care council planning with long-term care services agencies, housing, transportation, and other relevant agencies

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Next Steps

- **Summer 2007**
 - Draft Commission Report
 - Review public comments
 - Develop cost estimates
- **August 2007**
 - Release draft Commission Report to Commission for review
 - Release draft Commission Report to public for comment
- **September 2007**
 - Final Commission meeting
 - Identify priority options for Governor's biennial budget

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Additional Information

- To submit comments in writing and to learn more about the Governor's Health Reform Commission, please visit our website at: www.hhr.virginia.gov

- Or mail your comments to:

*The Secretary of Health & Human Resources
ATTN: Health Reform Commission
1111 East Broad Street, 4th Floor
Richmond, VA 23219*

Comment period closes on June 29, 2007

- Commission Staff Contact Information:
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