

Governor's Health Care Summit Recommendations

August 21-22, 2007

RECOMMENDATIONS	BARRIERS	SOLUTIONS
WORKFORCE		
<p>1. Increase the number of graduate medical education training programs in Idaho to help increase the physician workforce in our State. We recommend expansion of residency programs in family medicine, internal medicine, obstetrics/gynecology, pediatrics, psychiatry and general surgery throughout the State.</p> <ul style="list-style-type: none"> • Increase the total number of family medicine residents to at least sixty, which will allow expanded rural family medicine training in our State. • Increase the Internal Medicine Primary Care Track residents to at least twenty and the Psychiatry Advanced Clinician Track residents to at least twelve. We recommend striving to have at least twelve pediatric residents, sixteen obstetrics/gynecology residents and twenty general surgery residents. 	<p>Funding</p> <p>Attitude within the health care community toward participating in residency education</p> <p>Having a champion in each residency location to lead the program</p>	<p>Potential funding sources for these programs are:</p> <ul style="list-style-type: none"> • Federal government/Medicare • All hospitals in the State; • Clinical revenue from each residency program; • Medicaid/Upper Payment Limit funds • Grants/contracts • State funding
<p>2. Expand Access to Medical School Education: Short term solutions:</p> <ul style="list-style-type: none"> • Expand the number of seats with the current programs with WWAMI and University of Utah. • Explore the possibility of additional first year sites within the State through the existing WWAMI program. • Explore options of buying seats at other medical schools such as Oregon or Nevada. • Explore options with the newly created osteopathic medical school in Yakima or other osteopathic medical schools. 	<p>Funding</p> <p>Infrastructure</p>	<p>Long term options include creating a 4-year medical school program through expansion of current in-state medical education programs or the development of an independent state medical school. The timeline for the development of a 4-year medical school program or independent State medical school is 5-15 years.</p>
<p>3. Expand Nursing Education opportunities to meet Idaho's future workforce needs.</p> <ul style="list-style-type: none"> • Double the number of nursing student seats at Idaho's colleges and universities in order to produce the 5,000 additional nurses the by the year 2020. • Nursing faculty salaries must be raised to be competitive with hospital wages. To create adequate numbers of nurses qualified to teach, we further recommend an increase in the number of masters and doctoral nursing programs delivered through distance education technology. 	<p>Lack of nursing faculty willing to work for lower salaries</p>	

<ul style="list-style-type: none"> • Due to the immediate need for BSN prepared nurses in the state, as evidenced by the open nursing positions at Idaho's hospitals, we recommend tripling the number of fast-track nursing seats at ISU • We also recommend increasing nursing scholarship and loan forgiveness programs to encourage out of state nurses to move to Idaho. 		
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COMPREHENSIVE PUBLIC/PRIVATE HEALTH CARE COVERAGE

<p>4. Make available to all Idahoans a defined-benefit insurance product that includes at least first-dollar coverage for preventive and primary care and catastrophic care, that is individually purchased and administered through a public/private entity, and which is funded by a combination of federal, state, employee and employer contributions, and is actuarially priced based on pooled risk .</p> <p>Incentives should be provided to small employers & employees who participate through contributions.</p> <p>Benefits:</p> <ul style="list-style-type: none"> • More affordable & portable for all • Reduce cost shifting • End the need for subsidized catastrophic care • Reduce serious illness • \$ savings down the road • Reimbursement is competitive <p>[NOTE: Recommendation #4 may be paired with Recommendation #5 to offer a standard limited-benefit insurance product on the market funded through public/private partnerships, and require individuals to carry health insurance with sliding-scale subsidies. For purposes of this document they are separated for consideration of each idea on its merits.]</p>	<p>The State's ability to match federal contributions</p> <p>Stakeholder acceptance of a mandate solution will require; good marketing, grassroots advocacy & education, and continual mindfulness of stakeholder needs & concerns.</p> <p>Initially this may not be budget neutral</p> <p>Administrative challenges to manage</p> <p>Outreach to the public will be needed</p> <p>This requires a shift to a new way of doing insurance - individual vs. employer</p> <p>Provider reimbursement fears</p>	<p>Good public outreach & education</p> <p>Be mindful of stakeholder needs & concerns</p> <p>Explore funding through sales or cigarette tax increase</p> <p>Tax credits could motivate participation</p> <p>In order to provide a comprehensive public/private health care coverage program, funding should take full advantage of all federal matching opportunities (e.g. Medicaid, SCHIP, etc.) and be implemented immediately in accordance with federal guidelines.</p>
<p>5. Idaho should take full advantage of public/private partnerships to design and implement a requirement that individuals carry health care coverage (individual mandate). Subsidies should be provided on a sliding scale basis to those individuals who have difficulty purchasing coverage.</p>	<p>Some of same barriers as #4</p>	<p>Some of same solutions as #4</p>

PREVENTION AND PERSONAL RESPONSIBILITY

<p>6. Reduce instances of chronic disease & obesity in Idaho through prevention and personal responsibility.</p> <ul style="list-style-type: none"> • Utilize school programs/policies to: <ul style="list-style-type: none"> ○ Provide educational materials on healthy lifestyles and wellness activities (short term solution) ○ Publish best practices through school organizations (short term solution) ○ Replace all candy and pop vending machines with health snacks (short term solution) ○ Support schools providing healthy foods (short term solution) ○ Require additional physical activity as part of the curriculum and/or through extra curricular activities (long term solution) ○ Set performance measures for determining the level of healthy lifestyles and wellness activities at the school level (long term solution) • Utilize existing community programs to: <ul style="list-style-type: none"> ○ Share their existing wellness programs and curriculum with smaller towns and schools who do not have the resources to develop materials (short term solution) ○ Publish community best practices such as recreation districts, local college programs etc. (short term solution) ○ Encourage community planning around making environment pedestrian friendly (bike lanes, walking paths, community parks etc.) (long term solution) 	<p>Adding physical activities and wellness curriculum is a challenge due to the length of school day and the existing educational requirements</p> <p>Local school boards control school agendas</p> <p>Lost school revenue (vending machines)</p> <p>Lack of planning coordination for pedestrian and environmental friendly infrastructure</p> <p>Local jurisdictions/turf issues between community programs</p>	<p>Sharing ideas and programs will reduce costs and increase likelihood of success</p> <p>Providing healthily food and teaching children at a young age to have healthy behaviors decreases the chances of obesity</p> <p>Community planning around health lifestyle increases the chances of long term success</p>
<p>7. Provide incentives for wellness behaviors and penalties for unhealthy behaviors</p> <p>Benefits:</p> <ul style="list-style-type: none"> • Motivation to change behaviors • Health care providers are the paid the same for preventative care resulting in increased wellness services 	<p>There would be a cost to pay incentives and administration of the program</p> <p>Unsure how to target the population that would have the best outcomes.</p> <p>Unsure how to enforce penalties or provide incentives</p> <p>How do you reward those who are already healthy?</p>	<p>Short term: Private/public insurers/provide information on the benefits of wellness behaviors & activities to consumers</p> <p>Long Term: Provide rebates or a reduction in premium costs to employers whose employees reduce their medical costs and/or participate and succeed in wellness programs such as</p>

	<p>Large corporation & government regulations could inhibit implementation</p> <p>Society's resistance to consequences</p> <p>Little evidence that incentives and/or penalties really work</p>	<p>smoking cessation, weight loss etc.</p> <p>Public/private insurers provide rebates or a reduction in premiums to individuals who reduce their medical costs and/or participate and succeed in wellness programs such as smoking cessation, weight loss etc.</p> <p>Increase reimbursement to health care providers for prevention related counseling</p>
8. Implement cost/quality transparency to increase consumer choice and control of care	<p>Stakeholder resistance to share information</p> <p>Definition of quality indicators that providers must report (or need for clear definition of what is reported so comparisons are "apples to apples")</p>	<p>Long Term: Require system-wide participation from all players</p> <p>Create a neutral entity to be the data source for consumers</p>
INNOVATIVE SERVICE DELIVERY MODELS		
9. Measures should be taken to ensure that all Idaho citizens have a primary care "medical home" – a primary health care setting where individuals and families receive appropriate preventive and primary care services and avoid costly crisis care in hospital emergency rooms. The medical home provider(s) would manage the patient's health throughout the life cycle and refer them to other medical and non-medical services as appropriate.	<p>Idaho first must have an adequate primary care provider workforce before everyone could be required to have a primary care medical home</p> <p>County commissioners resistant to using indigent funds in a different model (this was explored in the past couple years)</p>	<p>Focus efforts on expanding pipeline of primary care physicians into Idaho</p> <p>Community Health Centers can help to provide a medical home for low income Idahoans</p> <p>Utilize county indigent funds differently to provide preventive/primary care (leveraging federal match)</p> <p>Expand Healthy Connections to all Medicaid eligible participants</p>
10. The Governor should support and/or expedite the pending pilot project through the Health Quality Planning Commission (authorized by the Legislature).	<p>Funding: Some physicians, particularly primary care, have difficulty implementing electronic health</p>	<p>Incentives and information technology support could be offered to physicians to assist them in implementing electronic health</p>

<p>Data collection and analysis are critical to improving quality processes – a statewide health database on quality indicators should be implemented to ensure high quality health care and to enable statewide health planning. There should be a long-term goal of providing coordinated, high-quality care between hospitals and providers on a common electronic platform (requires interoperability of systems).</p>	<p>records in their offices due to the high cost</p> <p>Funding may be necessary for statewide infrastructure to administer a health database</p> <p>Proprietary information that providers may be hesitant to share</p> <p>No work has yet been done on use of data for health planning</p> <p>Who will manage/administer data</p>	<p>records</p> <p>Explore innovative funding sources (sin taxes, Rental car tax)</p> <p>Process already underway; Governor's support may help expedite process</p>
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BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE)

<p>11. In addressing health coverage expansion, Behavioral Health (including mental health and substance abuse) benefits should be included in benefit plan design.</p> <p>Additional focus should be placed on education, early identification and intervention.</p>	<p>Lack of quality providers/ Current supply of providers insufficient</p> <p>System support to expand capacity</p> <p>Limited health resource people in K-12 system</p>	<p>Role of primary care "medical home" in coordinating behavioral health care (referral to resources, follow-up, etc.) should be explored</p> <p>Increase opportunities for specialized provider education about behavioral health issues</p> <p>Investigate treatment capacity options (secure mental health facility vs. other options, etc.)</p> <p>Extend teen counselor program for at-risk children to elementary school level</p>
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