



## Joint Commission on Health Care Committee

October 5, 2016 @ 10:00 AM

Senate Room A- General Assembly Building

### Members Present

Delegate David L. Bulova

Delegate Benjamin Cline

Delegate T. Scott Garrett

Delegate Patrick A. Hope

Delegate Riley E. Ingram

Delegate John M. O'Bannon

Delegate Roslyn C. Tyler

Senator George L. Barker

Senator Charles W. Carrico, Sr.

Senator Rosalyn R. Dance

Senator Siobhan S. Dunnavant

Senator Glen H. Sturtevant, Jr.

Senator David R. Suetterlein

Secretary William A. Hazel, Jr.

### Members Absent

Delegate Kaye Kory

Delegate Christopher P. Stolle

Delegate Christopher Peace

Senator L. Louise Lucas

Senator John S. Edwards

### Staff Present

Michele L. Chesser

Paula Margolis

Andrew Mitchell

Stephen Weiss

Agnes Dymora

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### CALL TO ORDER

Senator Dance called the meeting to order and instructed all members to introduce themselves. Dr. Michele Chesser presented the summary of public comments on the Development of Life-Sustaining Treatment Guidelines study. Thirteen comments were received in total. Three supported option 1, two supported options 2a and 2b, one supported options 2c and 2d, two supported options 2e and two supported option 3. She also presented the Brain Injury, PTSD and dementia study public comments. A total of 5 were received. No one supported option 1, all five supported options 2 and 3, four supported option 4 and finally all supported option 8. Please go to <http://jchc.virginia.gov/3.%20Development%20of%20Life%20Sustaining%20Treatment%20Guidelines%20CLR.pdf> and <http://jchc.virginia.gov/4.%20%20Brain%20Injury%20Services%20and%20Access%20to%20Care%20for%20Individuals%20with%20Aggression%20CLR.pdf> for listings of policy options.

### PRESENTATIONS

#### VHI Annual Report

Dr. Ibe Mbanu introduced himself and gave a brief overview of the purpose of VHI. Mr Lundberg then further explained what VHI accomplished this year. He mentioned the VHI website and what it contains such as a HMO comparison tool, hospital financial information, quality measures and finally the ability to check psychiatric bed availability. He spoke about an all payer claims database and how it contains information on paid health insurance claims, a baseline of pharmacy uses across the state and pricing transparency. He also mentioned the choosing wisely tool which can help physicians and patients make better decisions about appropriate medical procedures. The presentation invoked discussion on how much claims data are available on APCD.

#### Rural Health Workgroup

Ms. Christy Morton stated the mission of the rural health workgroup. She also mentioned some of the members of the workgroup and what meetings have taken place. She then presented the workgroup findings on economic development, technology, education, workforce and healthcare. She concluded by presenting recommendations for broadband,

telemedicine, education and workforce. There was discussion on workforce, healthcare access in rural areas and tele-psychiatry plans.

#### Palliative care

Mr. Weiss' presentation provided state and federal definitions of what palliative care is and information on how the purpose of the program and services have changed. When palliative care began as a service it was considered comfort care provided for the terminally ill. Today palliative care is considered comfort care for anyone with a long term or short term illness as well as for those who are terminally ill. The program and services are delivered through a team approach and the purpose is to help the patient, family and providers make decisions about how to manage a serious or chronic illness. The presentation discussed the need for the development and adoption of a state palliative care council and website to provide accurate information to the general public and providers as well as directories of local providers who can become part of a palliative care team. Discussion of the necessity of understanding palliative care by patients and doctors arose. A request was made by one of the JCHC members to add another policy option to create a website but not develop a council on palliative care.

#### Medical Care in Prisons

This presentation provided a broad overview of the health care system currently operated by the Virginia Department of Corrections within the state prisons. The presentation discussed the cost-drivers of the prison health care delivery system by showing the growing elderly and mental health incarcerated populations within the state prison system. Health care claims analysis and analysis of prescription drugs distributed to incarcerated offenders confirmed and illustrated how the demographics of the offender population are driving health care costs. The presentation discussed the need for the department to become more knowledgeable about the health care services being delivered in the system, recommended the use of an actuary to review claims and help establish benchmark pricing for the purchase of health care, the exploration of expanding disease management programs using peer-to-peer programs, and a review of the way the department purchases pharmacy products.

#### Virginia Foundation for Healthy Youth

Andrew Mitchell presented a study on the benefits and costs of expanding the mission of the Virginia Foundation for Healthy Youth (VFHY) to include a focus on other health issues such as behavioral health, violence, hunger, and diabetes. After reviewing the VFHY model (programs, marketing, research; support to surveillance), a summary of the epidemiology of youth tobacco use/obesity was presented, along with a description of the results of VFHY prevention activities. To assess appropriateness of mission expansion, Andrew first described the epidemiology in Virginia and nationally of behavioral health issues (substance use, bullying/violence, suicide/depression) and physical health issues (food insecurity, diabetes). Second, he summarized the literature's evidence on effectiveness of program-/community-based prevention strategies and mass media/marketing. Finally, he outlined the involvement of other stakeholders in Virginia on the health issues under consideration. Based on four Recommendations, JCHC members were presented with five Policy Options, including four to expand the VFHY's mission into other health issues. An additional Policy Option to eliminate youth obesity prevention from the VFHY's mandate was added per the request of a JCHC member during the study presentation.

Prepared by: Agnes Dymora