

## Results Statements for the Department of Health

- ▶ Wyoming has affordable and accessible healthcare and insurance.
- ▶ Wyoming residents have a lifetime of good health (from conception to death).
- ▶ Wyoming families and individuals live in a stable, safe, supportive, nurturing, healthy environment.
- ▶ Wyoming’s healthcare system has a workforce sufficient in number, skill and cultural competencies.
- ▶ Wyoming children are born healthy and achieve their highest potential during their early childhood years.

	State Results		Dept of Health Results		
	Affordable and accessible healthcare and insurance	Stable, safe, supportive, nurturing, healthy environment	Lifetime of health	Sufficient healthcare workforce	Children born healthy, achieving potential
<p><b>Quality of Life Result</b> The Performance Measures of the Department of Health address all five of the Department’s Results.</p>					
% of WDH clients needing, requesting and being eligible for services, who receive them in a timely manner	✓		✓	✓	✓
% of contracts that are performance-based and deliverable -based contracts	✓	✓		✓	
# of qualified healthcare professionals in the state	✓	✓	✓	✓	✓
% of high risk pregnancies that receive intervention	✓	✓	✓		✓
% of population participating in intervention services relating to prevention	✓	✓	✓	✓	✓
% of customers who overuse drugs (prescription, controlled substances, alcohol, etc.)	✓	✓	✓		✓

## Contribution to Wyoming Quality of Life

The Department of Health contributes to the quality of life in Wyoming by offering Wyoming residents the opportunity to lead healthier, safer lives. The Department does this by providing treatment and preventive healthcare services and healthcare insurance to residents, by improving the healthcare delivery system in the state, and by helping residents prevent and manage infectious and chronic diseases.

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**Basic Facts**

	Department of Health	Mental Health Division	Substance Abuse Division	Preventive Health & Safety Division	Developmental Disabilities Division	Medicaid/Kidcare	Office of Rural Health	Community & Family Health Division	Aging Division	Institutions	Other Programs
Number of staff	1,521	10	24	108	7	73	7	173	9	1,058	52
Budget (FY 2006)											
General fund	307.7	19.0	8.9	4.7	13.4	1.89	0.3	9.6	5.3	53.4	3.4
Federal funds	351.1	2.8	15.7	16.5	6.0	285.3	7.4	7.6	8.2	0.3	1.3
Other	36.7	.03	13.9	1.9	0	4.3	1.5	6.8	0	7.6	0
Total	695.5	22.1	38.5	23.1	19.4	479.3	9.2	24.0	13.5	61.3	5.1
Number of Residents Served	595.3	2.2	4.4	150.0	2.9	70.4	133.2	167.4	12.7	1.8	50.3

Source: WDH Strategic Plan Report, Fiscal Office Spread Sheet

Note: Totals may not add due to rounding

Number of Residents Served: only reasonable estimates and includes duplicate counts of residents utilizing multiple programs.

**Five Main Functions**

1. Provide healthcare and quality of life services, either directly to customers or through intermediate providers;
2. Provide healthcare insurance (Medicaid, KidCare);
3. Provide prevention services in all areas of health (substance abuse, preventive healthcare, disaster preparedness and response, lifestyle, etc.);
4. Improve the healthcare delivery system in the state; and
5. Provide technical healthcare assistance to providers and customers.

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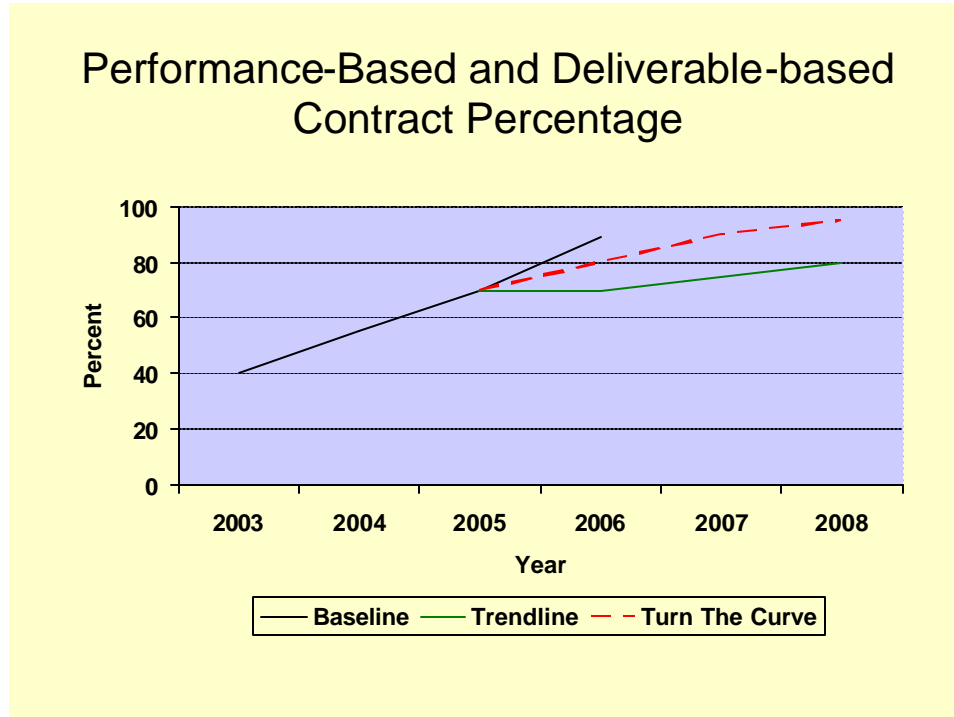
## Who are our customers?

The Department of Health serves a wide range of customers. Programs deliver services directly to residents of the State and to healthcare providers.

Division or Office	Customers	
	Direct	Indirect
Developmental Disabilities Division	▶ DD providers	▶ DD people in State programs
Mental Health Division	▶ Mental Health providers	▶ Mental Health customers receiving state funded services through providers
Substance Abuse Division	▶ Substance Abuse Treatment Providers ▶ Substance Abuse Prevention Providers	▶ Pregnant mothers ▶ Tobacco users wishing to stop using ▶ People in state funded substance abuse programs
Medicaid/KidCare	▶ Providers	▶ Families with children (KidCare)
Office of Rural Health	▶ Community hospitals ▶ Community healthcare coalitions ▶ Providers (loan repayment, recruitment)	
Aging Division	▶ Providers	▶ Residents over age of 60 receiving state funded services; ▶ People with disabilities receiving state funded services
Community and Family Health Division	▶ Providers ▶ Public Health Nurses	▶ Families and children with special healthcare needs ▶ Children (Immunization, Dental) ▶ Residents (Renal)
Preventive Health and Safety Division	▶ Healthcare providers	▶ Residents of Wyoming
WDH State Facilities		▶ Residents

## Performance Measure One

### Percentage of Contracts That Are Performance-based and Deliverable-based



#### Story Behind the Last Year of Performance (2006)

As reported last year, many of the Department of Health’s customers are providers. The Department provides services and funding to these providers, who in turn provide services to the residents of the state. Because these “middle-men” customers play an essential role in providing Department of Health services, this performance measure addresses how the Department can improve results when contracting services to providers.

The Department of Health (WDH) had many “draw down” contracts in which the Department paid a provider a set funding amount for an annual contract each month. The contracts were not routinely contract or performance-based with deliverables. Contracts with payments based on the number of services provided, and the outcome anticipated, give WDH a tool to manage costs and improve healthcare outcomes.

Performance-based and deliverable-based contracts require more effort to define, negotiate and monitor. The return on this increased effort is an improved ability to identify and promote better outcomes for the final recipient of services. Performance-based and deliverable-based contracts give the Department more leverage with the providers while focusing on outcomes, rather than just service delivery. It also gives policy and lawmakers valuable data to make informed decisions on how better to serve the citizens of Wyoming.

#### What has been accomplished?

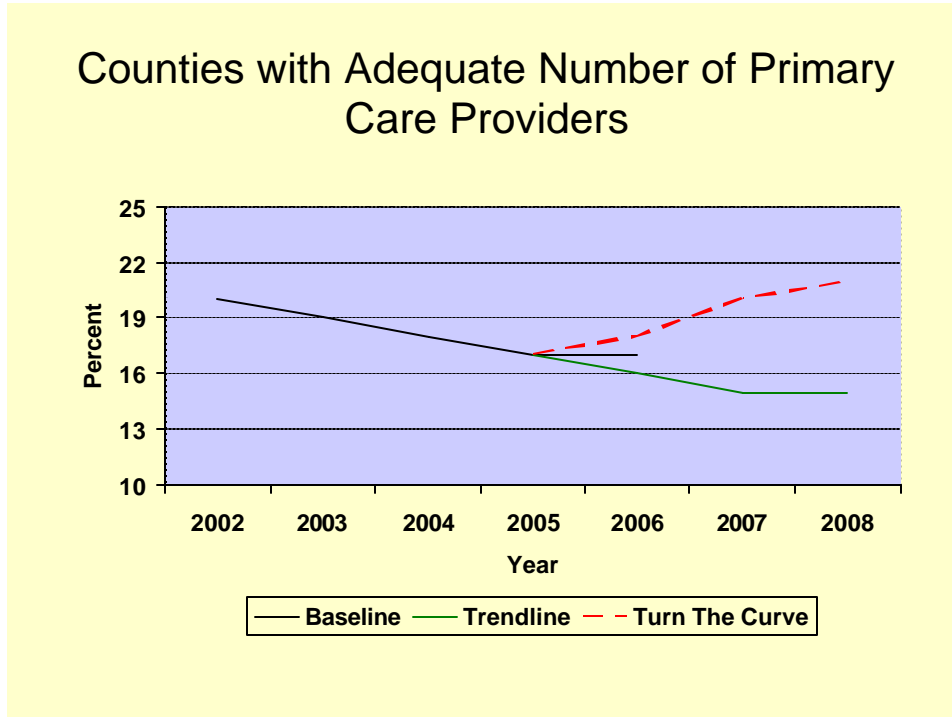
- ▶ In 2006, the percentage of contracts reported with performance-based deliverables increased eighteen percent (19%) from 2005. Of the 902 contracts reported, 806 are performance based.
- ▶ The Department is committed to contracting on a performance-based and deliverable-based platform. Payment will be made when a contractor provides services defined in the contract, and when those services provide suitable and agreed upon outcomes.

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- ▶ The Department has hired a full-time employee to monitor contracts to ensure they conform to policy and have performance-based deliverables written within.
- ▶ The Department is using Programs Manager meetings to educate employees on the importance of having deliverables in a contract, including what the Department expects in return for funding. In addition, senior management utilizes both the Management Council and Division Administrators meeting to reinforce this message. The format for a formal Department wide training is being discussed.
- ▶ Rural providers who have traditionally received funding to “keep the doors open” are being analyzed upon contract renewal to determine if funding continues to be warranted and at what level. If funding is distributed, the contracts will better outline the deliverables expected. Several contracts have already been denied, due to a lack of service to the communities.

**Performance Measure Two:**

**Percentage of Wyoming Counties With an Adequate Number of Primary Care Providers**



Data Source: “Adequate” Primary Care Physician levels: GMENAC study.

**Story Behind the Last Year of Performance (2006)**

Access to physicians has a direct effect on the cost of healthcare in the state. If a resident of Wyoming cannot obtain timely healthcare, early in a medical episode, the resident either goes to an Emergency Room (a high cost area in healthcare) or delays treatment until the condition worsens and requires more expensive treatment. Ready access to physicians has a direct effect on lowering the total cost of healthcare in the state and making residents healthier.

Wyoming suffers from a shortage of physicians. This performance measure looks at the number of counties in the state that have an adequate number of Primary Care Physicians (General Practitioners, Family Practitioners, Internists, Obstetricians/Gynecologists and Pediatricians). The measure of “adequate” comes from a comparison of the number of Primary Care Physicians (PCP) in each county with the desired number for that county. The desired number of PCPs is derived from the widely accepted physician ratio standards of the study conducted by the Graduate Medical Education National Advisory Committee (GMENAC). This study has been accepted by most governmental agencies, including the Centers for Medicare and Medicaid Services (CMS) as the standard for determining optimum physician-to-patient ratios. The actual number of Primary Care Physicians in Wyoming comes from the census conducted by the Wyoming Health Resources Network (WHRN) in 2004 and updated in 2005 and 2006. Historical data is estimated from statistical sources and expert estimates.

**What Has Been Accomplished?**

- ▶ The State Health Care Provider Loan Repayment Program, authorized and funded by the 2004 State Legislature and 2006 State Legislature, has provided state loan repayment benefits to seven physicians, four dentists and 12 allied healthcare professionals who are mandated to practice in underserved areas of Wyoming for three years.

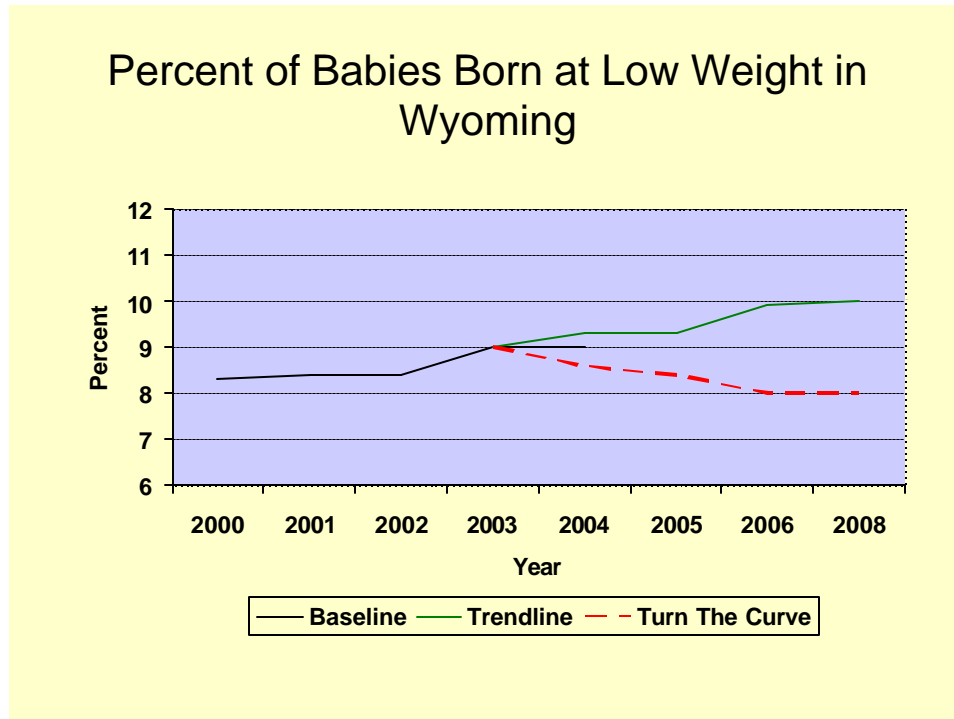
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The state loan repayment program anticipates making similar awards to physicians, dentists, and allied healthcare professionals to practice in underserved areas over the next five years.

- ▶ The WDH participates in the National Health Service Corp. (NHSC) loan repayment program that provides loan repayment to healthcare professionals practicing for three years in designated Health Professional Shortage Areas (HPSAs) in Wyoming. The program has been very successful in the past and currently has ten PCP's, one nurse practitioner, four physician assistants and 37 mental healthcare professionals practicing in underserved areas of Wyoming.
- ▶ All Wyoming physicians that practice in Health Professional Shortage Areas (HPSAs) or in Physician Scarcity Areas and provide healthcare services to Medicare patients receive an additional 15% in reimbursement for providing healthcare to these populations.
- ▶ The WDH has been working closely with the University of Wyoming, Health Sciences Department and the Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) program to increase the number of students, from Wyoming, who are currently in training to become Family Practice physicians and return to practice in Wyoming. The University of Wyoming currently has 30 Wyoming students in the training pipeline to become Family Practice physicians at this time.

## **Performance Measure Three:**

### **Percentage of Babies Born at Low Birth Weights in Wyoming**



### **Story Behind the Last Year of Performance (2006)**

Low birth weight (LBW) (<2,500 g.) and very low birth weight (VLBW) (<1,500 g) babies are at significantly greater risk of long-term disabilities such as cerebral palsy, autism, mental retardation, vision and hearing impairments and other disabilities. LBW babies can require increased hospital and provider resources, including time in a neonatal intensive care unit (NICU) at a cost ranging from \$1,000 to \$2,500 per day.

Extremely low birth weights (less than 3 lbs) can easily encounter medical costs of \$100,000 in the first year of their life. Studies also show that low birth weight babies have increased medical costs throughout their lives. Developmental problems, healthcare, education and child care for the 3.5 to 4 million infants and children from birth to 15 years born LBW cost between \$5.5 and \$6 billion more than children born of normal weight.

With almost half the births of Wyoming paid by Medicaid, every potential low birth weight baby born at a normal birth weight has the potential to save the state funds significantly over the child's life, particularly in the first few years of life.

#### **What Has Been Accomplished?**

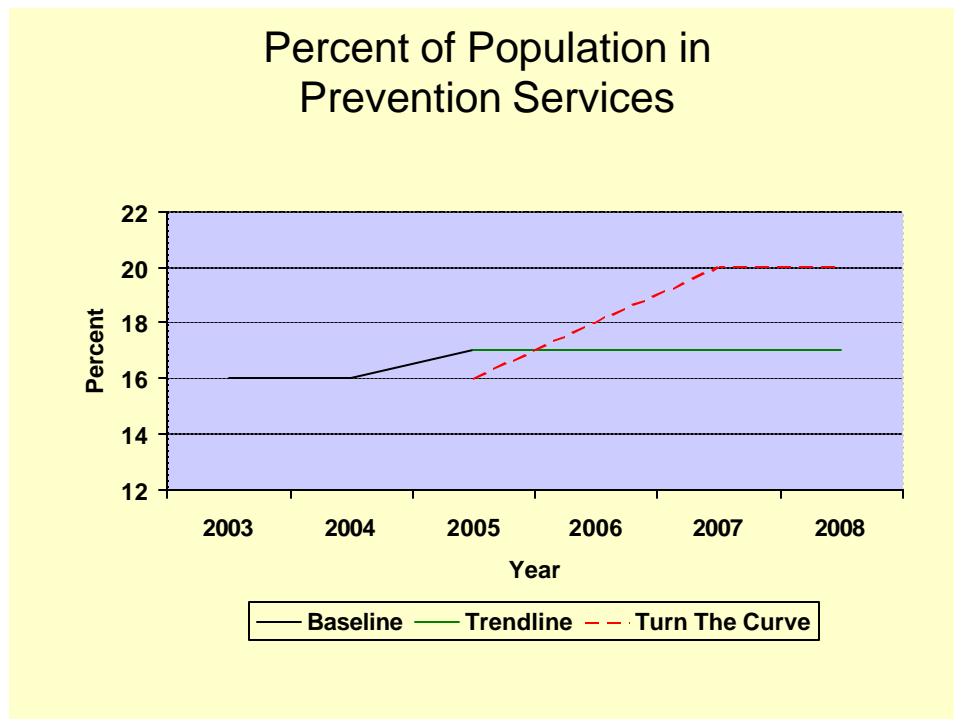
- ▶ There continues to be inadequate staffing to intervene with every high-risk pregnancy within the state. Even when a high-risk pregnancy (with a high likelihood of resulting in a low birth-weight baby) is identified, there are not necessarily enough providers available to offer essential and timely prenatal care.
- ▶ It is difficult in a frontier state, such as Wyoming, to identify all high-risk pregnancies. Programs aimed at contacting and assessing newly-pregnant mothers, particularly when they are TANF-eligible, historically have

not been a high priority. The Nurse Family Partnership (NFP) state program has worked diligently with the National Office and State Legislature to redesign the NFP Program in Wyoming to become a growing rural model.

- ▶ Some high-risk pregnant women refuse support offered through the Department.
- ▶ Peer pressure and social norms accept substance use and abuse during pregnancy. These behaviors lead to or increase the chance that a pregnancy will result in a low birth weight baby.
- ▶ Local providers and community hospitals don't necessarily have the ability to treat high-risk pregnancies. Therefore, it is imperative that high-risk pregnancies be treated at tertiary care facilities outside of the state as there are no tertiary care facilities within the state for high-risk pregnant women and infants.
- ▶ The Program was awarded a PRAMS grant (Pregnancy Risk Assessment Monitoring System) through CDC. This will provide a clearer picture of behaviors prevalent in pregnant women (including preconception and postpartum). We can then use that data to evaluate current Perinatal programs and revise those programs to improve the health of the maternal and child health population in Wyoming (including LBW).

### **Performance Measure Four:**

### **Percentage of Population Participating in Intervention Services Relating to Prevention**



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### Story Behind the Last Year of Performance (2006)

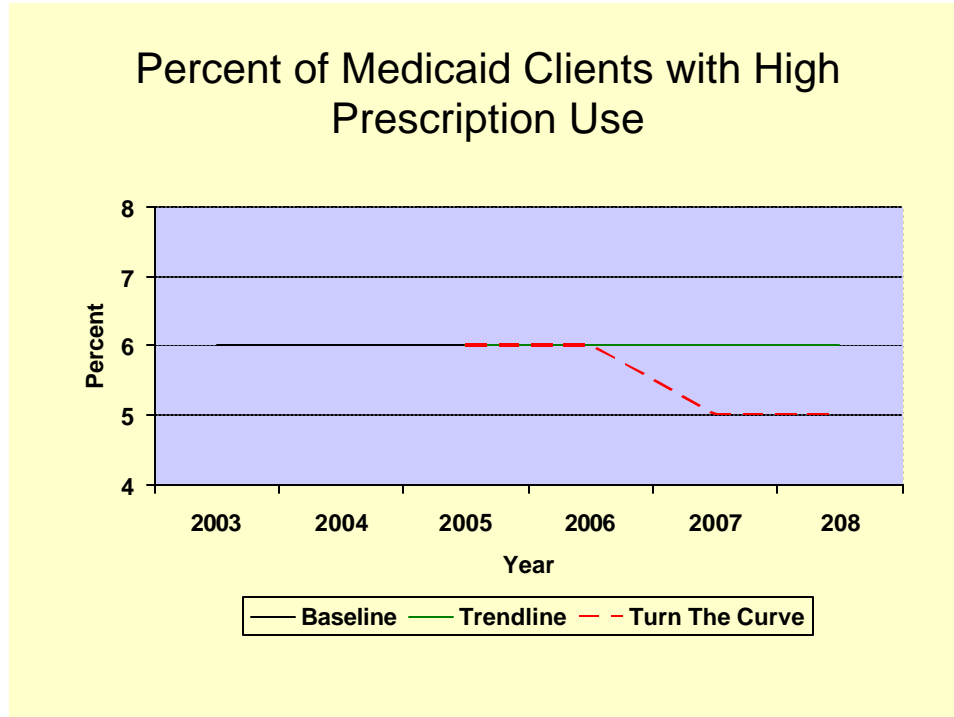
- ▶ Prevention programs can provide performance measurement difficulties: prevention programs frequently provide benefits to broad populations, which are difficult to measure. Prevention programs may take years to show the benefits they provide. The Department of Health has a number of important prevention programs and chooses to identify a performance measure that will reveal the success of the Department in this area.
- ▶ Primarily, there are three divisions who report data for this performance measure. The Aging Division focus is on the prevention of abuse, neglect and exploitation of Senior citizens through intervention and referral. The Preventive Health and Safety Division utilizes immunizations and vaccination programs along with various educational programs to contribute to this performance measure. The Substance Abuse Division mission is to counter aggressively the debilitating effects of alcohol, tobacco, and other drugs in Wyoming by building partnerships with citizens, communities, agencies, service providers and other professionals.

### What Has Been Accomplished?

- ▶ Intervention to prevent elder abuse, neglect and exploitation: The Aging Division, in partnership with the Department of Family Services, Adult Protective Services, has developed an Adult Protection packet to be used by case managers to instruct their clients on how to identify and reporting adult abuse, neglect, exploitation, and abandonment. The packet includes a booklet defining adult protection issues and is designed to be used as a tool to encourage conversation about a difficult subject in a non-threatening manner. Also included is a magnet with space for the Case Manager to write pertinent local numbers the client may need to access. The Case Managers are provided with an adult protection information guide that includes the local reporting phone numbers. The Aging Division is providing training and packets to all of the Case Managers for their community-based programs, the LTC/HCBS and Assisted Living Facility Waivers, the Community Based In-Home Services program and the National Family Caregiver Program.
- ▶ There were 5,000 packets produced originally and a reprint is planned. Considering that there are approximately 85,000 people over the age of 60 in Wyoming, this represents about a 6% impact of the targeted population.
- ▶ Total number of individual consumers being served by health promotion and disease prevention activities is approximately 13,000, which is 15.3% of the state's population over age 60.
- ▶ The Preventive Health and Safety Division, Statewide Community Planning Group identified five community-based interventions appropriate to the priority population. Interventions are funded in higher incidence areas and areas with high-risk behavior. Two new counseling and testing sites targeting high-risk clients were added in Casper and Cheyenne. Program evaluation training sessions were conducted with colleagues in Montana. The program is working toward implementing the Program Evaluation Monitoring System (PEMS) for HIV counseling and testing services.

## **Performance Measure Five:**

### **Percentage of Customers Who Overuse Prescription Drugs**



#### Story Behind the Last Year of Performance (2006)

- ▶ Drug overuse has high short term and long term costs to the State, whether the overuse is of prescription drugs, controlled substances, alcohol or tobacco. In the short-term, drug overuse in the form of too many different drugs taken can result in high costs of unexpected drug interactions. In the long-term, drug interaction or the effects of too high a drug dosage may bring about deterioration, rather than improvement, in a person's health. Again, this results in high long-term costs to the state.
- ▶ The costs of non-prescription (over-the-counter) can be as high, as those of prescription drugs. Tracking this usage can be difficult. In this area, educational efforts regarding the potential harm of over using non-prescription drugs can reduce healthcare costs. The costs of use and overuse of controlled substances, alcohol and tobacco have been well documented.
- ▶ Helping Wyoming residents to reduce their drug usage, whether prescription or non-prescription, legal or illegal, can have dramatic effects on the short and long term health condition of clients, while reducing the costs of maintaining their health.

#### What has been Accomplished?

- ▶ This performance measure is based on the percentage of Medicaid clients in Laramie and Albany County who use more than 12 prescription drugs. These counties are part of an inter-departmental pilot project through the Wyoming Health Information Network (WHIN). Prescription drug usage will be identified through large, statistically representative samples of the State. In 2005, 805 Medicaid clients, out of a total Medicaid client base of 13,709 residents, were in two or more programs and using 12 or more drugs: a percentage of 6.1%.

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- ▶ Participation in a pilot project that focuses on Poly-pharmacy efforts. Working with Hank Gardner of Human Capital Management Services, Inc. (HCMS, Inc.), and the departments of Family Services, Corrections, Employment and Workforce Services, create a pilot program that will:
- ▶ Identify those who utilize two or more state services, and who are taking 12 or more drugs. Intervention will be performed with the goal of improving health outcomes, decreasing the number of medications and reducing health costs. This was later reduced to ten or more to allow for more possible participants. Through intervention, promotion of preventive services, and encouragement of informed consumer choice and progress towards self-sufficiency.
- ▶ High Program Acceptability: 71% of those referred to HealthAssist have enrolled in pilot.
- ▶ Retention: 100% remain enrolled after the first three months.

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Estimated Supplemental Budget Request

(In priority order)

	<b>EORG</b>	<b>Program</b>	<b>GF</b>	<b>Total</b>
1.	2050	Wyoming State Hospital	\$3,800,000	\$3,800,000
		Reason - funding for Senate File 56 as mandated.		
2.	5060	Wyoming Retirement Center	\$9,915,833	\$9,915,833
		Reason - replace current funding source with general fund.		
3.	0101	Directors Office	\$2,400,000	\$2,400,000
		Reason - estimation to implement IT plan for department, pending on CIO approval.		
4.	1503	Cancer Surveillance	\$495,000	\$495,000
		Reason - marketing campaign, implement pilot program in five counties.		
5.	4050	DME & Therapies	\$450,000	\$450,000
		Reason – cost will be billed to Medicaid and fully reimbursed to General Fund.		
	0431	MMA Clawback	(\$4, 500,000)	\$(4,500,000)
		Reason – reduction in Clawback liability.		

The following are general funds for the Medicaid request and are to come from the Medicaid reserve account created by section 302(a) Chapter 35, 2006 Wyoming Session Law.

<b>Budget Reserve:</b>	<b>Program</b>	<b>GF</b>	<b>FF</b>	<b>Total</b>
0400	HCF	20,000,000	22,301,184	42,301,184
0480	Adult DD Waiver	7,221,768	7,921,382	15,143,150
0481	Child Wavier	962,265	1,055,486	2,017,751
0482	ABI Wavier	614,898	674,467	1,289,365
		28,798,931	31,952,519	60,751,450