

**PUBLIC POLICY COMMITTEE MINUTES
NORTHERN VIRGINIA TRAINING CENTER
FAIRFAX
NOVEMBER 4, 1998**

The meeting was called to order by the Chairman, Dr. Louis Rossiter, at 10:00 A.M. Dr. Rossiter welcomed everyone and introduced the Committee members.

Members present were: Dr. Rossiter, *Virginia Commonwealth University*; Raymond Burmester, *Coalition for Mentally Disabled Citizens of Virginia*; Virginia Pomata, *Board of Directors of Northern Virginia Alzheimer's Assoc.*; and Angela Gregory, *volunteer*.

Also attending were: Dr. Jeff Geller, *University of Massachusetts Medical School*; Marian Greenfield, *Policy Analyst, DMHMRSAS*; Fran Sadler, *Administrative Staff, Hammond Commission*; Lynne Fleming, *Office of the Attorney General*; and Jim Stewart, *Chairman, Management and Operations Committee, Hammond Commission*.

A list of others who attended is attached to these minutes.

Dr. Rossiter said that the Committee needs to develop a set of **Guiding Principles for Mental Health, Mental Retardation, and Substance Abuse Services in the Commonwealth of Virginia**. The Commission has received a large number of guiding principles from agencies and groups, such as the DMHMRSAS, CSBs, and advocacy groups, that have and will aid in the Committee's work.

Dr. Rossiter distributed copies of a *Guiding Principles Draft* that he developed as a result of the discussion from the last meeting and a draft from the Department explaining how each principle relates to HD 77. These will be used to guide the discussion. (*Copies are attached to these minutes.*) Dr. Rossiter introduced Dr. Jeffrey L. Geller who has been retained as a consultant to the Hammond Commission. Dr. Geller has provided expert consultation to DMHMRSAS based on his observations of the mental health facilities' operations and treatment programs.

Dr. Geller suggested that the principles be ordered according to: Who is to be served? What services should be provided? How should they be provided? How to monitor them? After much discussion and editing, the following Guiding Principles were developed:

1. The overriding goal of Virginia's system for delivering timely mental health, mental retardation, and substance abuse services is to meet the needs of the citizens of the Commonwealth of Virginia by providing appropriate services to those in need who are eligible for publicly funded services;
2. A set of required services with measurable outcomes must be provided by all community services boards and shall be defined by the Commonwealth. A set of required services with measurable outcomes must be provided by all state facilities and shall be defined by the Commonwealth;
3. The continued development of a successful services system, characterized by a common vision for the future, well coordinated quality care and treatment, and cost effectiveness depends upon meaningful collaboration among the people served, providers, payers, and federal, state, and local governments;

4. Participation by the local government in planning, coordination, administration, and oversight of the service system is essential to meeting the needs of local communities;
5. Accurate information on care and treatment practices, outcomes, costs, satisfaction of the people and families served, and other quality indicators shall be maintained by the state, available to the public, and used to improve the quality of services;
6. All who serve in Virginia's service system shall be personally accountable for delivering effectively managed care and treatment with compassion, respect for human dignity and autonomy, and responsive to individually determined needs;
7. Government policies and practices shall encourage greater participation of the private sector as a public partner;
8. The system should optimize the application of consolidated federal, state, local, and private funds to reduce the need for unnecessary institutional care and improve the possibilities for an independent life in a community;
9. Innovation and creativity shall be encouraged so that scientific advances, new financing methods, and improved care and treatment options will flourish.

There was some discussion about the other draft principles on Dr. Rossiter's handout including promoting education and training, but further consideration was tabled until the next meeting. These guiding principles will be typed and sent to the Committee members for review. At the next meeting in Williamsburg the Committee will approve a set of guiding principles to present to the full Commission on November 18.

After a lunch break the Committee heard from two presenters:

- **Debbie Brockwell, Program Director, Virginia Health Information (VHI)**

Ms Brockwell briefly described Virginia Health Information and the work it does. It was formed under the Department of Health in 1993 as a central collection agency to electronically collect administrative data from Virginia hospitals, nursing facilities, and ambulatory surgery centers licensed by the state. VHI uses the data to identify, analyze, and compare patient demographics, financial indicators, and types of services.

Ms Brockwell said that VHI would like to collect inpatient information from the state hospitals and military hospitals to include in their database. This would provide benchmark information, compare public and private facilities, and identify patterns in the continuity of care. Having access to this information would allow for the development of expected outcomes and help in making choices about services.

VHI also collects outpatient data from state employees and Medicaid patients. A pilot study on this information is underway involving twenty million records. VHI would like to include and link outpatient data from CSBs.

In order to transfer data to VHI, state facilities and CSBs would need to standardize their data collection systems to conform to VHI's electronic capture methods (UB-92 forms, EPICS, and HCFA 1500 bills) or hire a vendor.

Ms Brockwell informed the Committee that VHI markets the reports they develop and is collecting and preparing guides for consumers on such topics as financial comparisons of hospitals, obstetrical services, and psychiatric facilities. *A copy of the information on VHI is attached to these minutes.*

- **Will Ferriss, *Office of Research and Evaluation, DMHMRSAS***

Mr. Ferriss explained the Virginia Performance and Outcome Measurement System (POMS) being developed and utilized by the DMHMRSAS. POMS has two main purposes: to improve the quality of services provided; and to develop outcome based accountability. Implementation of the system will require standardized data collection protocols, instruments, and software, as well as additional staff time and training. Pilot projects have begun in some areas, but full implementation will take several years.

POMS will collect data concerning the following areas:

- Access to care
- Quality of care
- Consumer outcomes
- Human rights
- Inter-system performance
- Consumer and family member participation

A copy of the information on POMS is attached to these minutes.

Dr. Rossiter opened the meeting for Public Comment and ten individuals spoke to the Committee. A summary of their comments is included in these minutes.

The next meeting will be held on Friday, November 13, 1998 in Williamsburg.
The meeting was adjourned at 4:00 P.M.