

**PUBLIC POLICY COMMITTEE MINUTES
EASTERN STATE HOSPITAL
WILLIAMSBURG
NOVEMBER 13, 1998**

The meeting was called to order by the Chairman, Dr. Louis Rossiter, at 10:05 A.M. Dr. Rossiter welcomed everyone and introduced Catherine Hammond and 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: Catherine Hammond, *Chairman of Hammond Commission*; Charline Davidson, *Director of Planning and Regulations, DMHMRSAS*; and Fran Sadler, *Administrative Staff, Hammond Commission*.

Dr. Rossiter introduced **John Favret**, *Director of Eastern State Hospital*, who welcomed everyone. He announced that ESH had celebrated its 225th anniversary this fall, making it the oldest and best facility in Virginia.

Old Business:

The Minutes of the October 22 and November 2 meetings were approved.

Dr. Rossiter gave a summary of the work of the Committee from the first two meetings.

New Business:

Presentation: Values-Based Decision-Making, Improved Quality of Life

By Catherine Hammond

(A copy of Ms Hammond's presentation is attached to these minutes)

Ms Hammond read Executive Order 29 authorizing the Commission to advise the Governor "as to how Virginia can best build a responsive, quality, mental health, mental retardation, and substance abuse services system for the next century."

The Commission is to:

- Understand perspectives on reform
- Coordinate / advance reform efforts
- Build on existing recommendations
- Analyze Executive Branch management and efficiency issues
- Develop consensus on public priorities
- Make recommendations

Ms Hammond discussed value-based principles and how they can change the way people perceive the individuals and issues involved. People are to be understood rather than just fixing their problems; there are healing environments instead of buildings; and caregivers instead of providers. The Commonwealth's Mission Statement reflects some of these ideas.

The success of the recommended reforms depends upon bipartisan leadership, community participation, a commitment to change, and a focus on service.

ACTION ITEM

The following **Guiding Principles** were presented, discussed, and adopted by the Committee.

1. PURPOSE

The purpose of our services system is to improve the health and quality of life of our fellow citizens, whose special needs or disabilities make them eligible for publicly funded care.

2. ACCOUNTABILITY

All who serve in Virginia's services system should be personally accountable for delivering quality care with compassion, respect for human dignity and autonomy, and for effective management of resources.

3. COLLABORATION

The continued development of a successful services system, characterized by a common vision for the future, coordinated care and treatment, and cost effectiveness, depends upon meaningful collaboration among the people served, their families and advocates, care providers, payers, and federal, state, and local governments.

4. COMMUNITY SUPPORT

Virginians should strive to improve the possibilities for people with mental disabilities to lead independent lives in a community.

5. PUBLIC / PRIVATE

Government policies and practices should be open and fair, should promote public – private partnerships, and should incorporate market-based solutions to problems of care financing and care delivery.

6. ALIGNING VALUES AND ECONOMICS

In order to improve the health and quality of life for people eligible for services, financing methods and economic incentives should be aligned, as much as possible, with values that guide our services system.

7. PERSONAL AND ORGANIZATIONAL GROWTH

Continuing education, innovation and creativity should be encouraged so that scientific advances, improvements in care and treatment options, and our commitment to excellence will flourish.

8. INFORMATION IS GOOD

Accurate information on care and treatment practices, outcomes / results, costs, satisfaction of the people and families served, and other quality indicators should be publicly maintained and used to improve the quality of services.

These Principles will be presented to the Full Commission on November 18. In the report Ms Hammond wants to organize each Guiding Principle with corresponding System Strengths and Reform Recommendations. She thanked the Committee for their help in developing them.

Suggested goals were discussed for each of the principles. The Committee included additional housing under the goals discussed for community support.

The Committee believes that there should be economic incentives in place to keep the consumer in the community for treatment.

The number of uninsured people is also a concern, and the Committee felt that it should be addressed by the state.

Dr. Clary, President of the Psychiatric Society of Virginia, said that he felt it was difficult to provide quality psychiatric care within the CSB system. A problem appears to exist with communication and coordination with the hospitals making it hard to plan for care, and admissions for TDOs are difficult and cumbersome.

Presentation: Patient Level Data Collection

By **Dave Burhop**, *Director of Management Information Systems, DMHMRSAS*

Mr. Burhop gave the background on the information systems in the Department. In order to determine the accountability and cost effectiveness that the whole system is striving for, information needs to be collected and shared among the facilities, community, and private sector.

Currently, the Department collects state facility patient and resident information through PRAIS (Patient / Resident Automated Information System). This enables individual patients and residents to be tracked across the state between facilities. The PRAIS system has not been fully implemented however, specifically in the areas of individual treatment planning.

Mr. Burhop feels that a statewide integrated data information system needs to be established linking the Department, facilities, CSBs, and private sector. There are systems on the market now that can do this.

Presentation: Using Performance-Based Service Contracting in the Peer Review Organization (PRO) Program

By **Henry Koehler**, *Office of Clinical Standards, Health Care Financing Administration*
(A copy of Mr. Koehler's presentation is attached to these minutes)

Dr. Koehler explained that PROs are organizations that the Medicare Program contracts with to promote quality health care services for Medicare beneficiaries and to determine if Medicare services rendered are medically necessary, appropriate, and meet professionally recognized standards of care. HCFA contracts with the PROs on a cost reimbursement basis with a fixed fee. Successful PROs are given noncompetitive contract renewals. Unsuccessful PROs could lose their contracts, although the process is complicated.

Dr. Koehler said that HCFA is focusing PRO efforts on a set of national health improvement and payment error prevention priorities. They will use performance-based service contracting to hold PROs accountable for performance results. This entails using result-oriented statements of work, measurable performance standards and quality assurance plans, incentives to encourage superior performance, and dis-incentives for poor performance.

HCFA will develop a starting point or baseline for each state PRO and negotiate goals or targets for outcome improvements. Records are monitored, looking for trends, but results may be long term. There needs to be a method for measuring outcomes and obtaining the necessary data for evaluating performance and determining incentives.

ACTION ITEM

The Committee discussed and on a motion by Mr. Burmester **recommends that DMHMRSAS:**

- **Begin immediate collection of state mental hospital patient-level data and submit it to VHI;**
- **Begin an implementation phase to begin to collect state mental hospital efficiency and productivity data at the organization level in 2000 and submit it to VHI;**
- **Begin a pilot study of the implementation issues and costs of collecting outpatient community service board data.**

Further information is attached to these minutes.

The Committee received a recommendation from the National Association of Psychiatric Health Systems that the Hammond Commission encourage the state to take advantage of available opportunities in Medicaid through the managed care waiver process to permit access to treatment in Institutions for Mental Diseases for adult beneficiaries..

The Committee also received information from David Ziegler, Executive Director of Northwestern CSB, concerning the need for increased state and Medicaid funding of Atypical Antipsychotic medications to ensure access for those who need them.

Liz Woodard, CEO of Cumberland Hospital for Children and Adolescents, asked that the Committee consider ways to improve Medicaid reimbursement mechanisms.

A copy of these letters and information is attached to these minutes.

The meeting was adjourned at 1:00 P.M.

PUBLIC POLICY COMMITTEE ATTENDEES
NOVEMBER 13, 1998
WILLIAMSBURG

Susan Massart	House Appropriations Committee
Dave Burhop	Director of Management Information Systems, DMHMRSAS
John Favret	Director of Eastern State Hospital
David Ziegler	Executive Director of Northwestern CSB
Dr. Charles Davis	Medical Director of Eastern State Hospital
Dr. Benjamin Carey	President of Psychiatric Society of Virginia
Jessica Burmester	
Lisa Ownby	ARC of Virginia
Candace Waller	Executive Director of Chesapeake CSB
Gayle Vergara	HJR 225 Subcommittee Staff
Liz Woodard	CEO of Cumberland Hospital for Children and Adolescents
Rita Woltz	Office of Attorney General
John Dool	Eastern State Hospital

