



IN WOODS & WATERS

This could be a big year for big bucks

Gun hunt season begins Monday 7D

IN SPORTS | Herd wins

Last-second field goal boosts Herd over Houston, 44-41 1D



IN VALLEY & STATE

Culloden native helps get Obama re-elected 1B

IN SPORTS

Mountaineers lose 49-50 to Sooners

WVGAZETTE.COM



Geno Smith

# Sunday Gazette-Mail

THE STATE'S LARGEST NEWSPAPER

wvgazette.com

GAZA STRIP CONFLICT

## Israel cripples Hamas lifeline

Prime minister headquarters, smuggling tunnels blasted

By Ian Deitch and Ibrahim Barzak The Associated Press

GAZA CITY, Gaza Strip — Israel destroyed the headquarters of Hamas' prime minister and blasted a sprawling network of smuggling tunnels in the southern

Gaza Strip on Saturday, broadening a blistering four-day-old offensive against the Islamic militant group even as diplomatic efforts to broker a cease-fire appeared to be gaining steam.

Hamas officials said a building used by Hamas for broadcasts was bombed and three

people were injured. The injured were from Al Quds TV, a Lebanon-based television channel. The building is also used by foreign news outlets including Germany's ARD, Kuwait TV and the Italian RAI and others.

SEE MIDEAST, 9A

W.VA. PUBLIC SCHOOLS

## BOE mulls response to Tomblin audit

President wants to add lawyer

By Mackenzie Mays Staff writer

As the West Virginia Board of Education finally readies to respond to a statewide audit of the public school system, some officials worry that the recent drama within the administration will put yet another bump in the road.

For months, the board went back and forth about how to respond to the governor's \$750,000 audit, which recommends a range of major educational changes, and board president Wade Linger has continued to delay an official response, saying the board needed time if it wanted to get it right.

A special meeting is scheduled this week to reveal a draft of the response.

Linger said there will be four primary areas of focus for the response, with the top

priority being increasing student achievement.

He said West Virginia students rank below the national average in many categories and received an "F" in the most recent report released by Education Week. The state's graduation rate is 78 percent, and one in four students does not graduate on time.

"These are statistics that must be turned around," he said.

Other main goals include revitalizing the connection with local school systems and "building mutual trust," moving forward with the audit response and committing to transparency, and communicating better with the Department of Education, the state Legislature and the Governor's Office.

SEE BOE, 9A

## 'ALL UNITS, STATION 26 IS OPEN AND IN SERVICE'



LAWRENCE PIERCE | Sunday Gazette-Mail

The Sissonville Volunteer Fire Department's new station is named after Thomas K. Johnson, its longtime chief, who worked at the station from 1961 through 2011. The old station burned down in 2010. On Saturday, Johnson, who retired last year, attended the official opening of the new facility.

## Sissonville dedicates new home for volunteer fire department

By Kate White Staff writer

TWO years ago, in the early morning hours, Sissonville volunteer firefighters watched their station burn to the ground.

"It brought some of our veteran firefighters almost to tears," said Tim Lilly,

the department's assistant fire chief.

"It did bring me to tears," said Tom Miller, who has been a Sissonville firefighter for three decades. "To watch 28 years of your life go up in flames is hard."

On Sunday morning, Miller and Lilly, along with about 100 other firefighters and community members, gathered outside the new Thomas K. Johnson Fire Station for

a ribbon-cutting ceremony. The station is named after the department's now-retired chief, who had been a firefighter from 1961 through 2011.

"All units be advised, Station 26 is open and in service," a 911 dispatcher announced over the scanner shortly after 10

SEE SVFD, 9A

## 108 VISITS IN 180 DAYS?: WHAT TO DO ABOUT EMERGENCY ROOM OVERUSE

# Medicaid director: 'There are dramatic savings to be had'



By Kate Long Staff writer

Here's a glimpse of the problem: In late 2011, Charleston Area Medical Center decided to find out how often people were using its three emergency rooms. They discovered that:



### THE SHAPE WE'RE IN

One patient had signed into Charleston Memorial's ER 108 times in 180 days, between December 2010 and May 2011. Medicare paid all 108 bills.

Another person, a Medicaid patient, visited Charleston General's emergency room 50 times in the same six months. Medicaid paid all those bills.

A third, another Medicaid patient, came to the Women and Children's ER 49 times.

INSIDE: Clinic keeps patients out of the hospital 1F In all, CAMC's 36 most frequent users visited its three ERs 978 times in six months, an average of 27 visits apiece. That's once a week.

The 978 visits cost more than \$500,000 in unpaid care, said CAMC Vice President Bob Whitley, who insti-

gated the computer search for the data. The ER is the health system's most expensive way to treat problems. One visit costs an average of \$756, Whitley said.

"We expected that most our frequent fliers would be uninsured people" with little ability to pay, Whitley said.

To his amazement, 32 of 36 had insurance. Twenty nine — 80 percent — were insured by Medicaid.

State Medicaid Commissioner Nancy

SEE OVERUSE, 8A

CAMC's most-frequent emergency room visitors came an average of 27 times in six months (once a week) in 2011. Eighty percent were Medicaid patients. The beleaguered Medicaid program plans to try to reduce ER and hospital visits by improving care. KATE LONG | Sunday Gazette-Mail

INDEX | 2A





"If the hospital loses money because people come to the ER unnecessarily, that means higher prices for all patients. A lot of those visits are preventable if we can get people into regular primary care."

**BOB WHITLER**  
Vice president,  
Charleston Area Medical Center



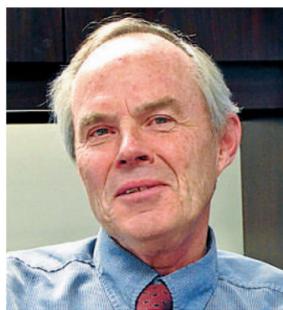
"We have 22,000 low-income, uninsured patients, but we have a low rate of ER and hospital usage. They get regular care from us and don't need to go to the ER as much. We help them get things like diabetes under control, and that also keeps ER usage low."

**PAT WHITE**  
Director, West Virginia Health Right



"Half of our Medicaid population has no care management at all, period. We're trying very hard to do something about that. We're looking to preventative models that improve health outcomes and save money."

**NANCY ATKINS**  
Commissioner  
West Virginia Medicaid



"We've shown that good care management reduces people's ER and hospital usage and improves their health. Part of it is, we teach people better ways to care for themselves. That's the direction we need to go in."

**CRAIG ROBINSON**  
CEO  
Cabin Creek Health System



"If West Virginia can find a way to give high-risk patients intensive care management, we'll save a lot of money. The savings could be used to provide prevention for all West Virginians."

**PERRY BRYANT**  
Director  
West Virginians  
for Affordable Health Care



"One in four of our fifth-graders now has high blood pressure and cholesterol. Those children need care management as much as adults do. We have to talk about what care management means for children — creating ways they can be more active, for instance."

**DR. WILLIAM NEAL**  
Director, WVU CARDIAC program

## OVERUSE

FROM PAGE 1A

Atkins was not surprised.

"Half of our Medicaid population has no care management at all, period," she said. "We're trying hard to do something about that."

"No care management" means nobody monitors the care of about 200,000 Medicaid recipients. Many have no regular doctor. If they come to the ER 50 times in six months, nobody follows up to see what the problem is. They're on their own, but Medicaid pays the bills.

"We've got to do things differently," Atkins said. "We've got to move toward prevention."

About 61 percent of CAMC's 978 ER visits were not emergencies, Whittler said. The top user at Women and Children's, for instance, was a young mother who brought her baby to the ER when the baby had a problem of any magnitude.

That mom needed help with parenting, Medicaid medical director Jim Becker said. A good care manager would hook her up with a home visiting program or a nurse on-call line.

"If people have good care management and learn how to take better care of themselves, they don't need to go to the ER much," said Pat White, director of Charleston's free clinic, West Virginia Health Right. Only one of her clinic's 22,000 uninsured patients was among CAMC's top 36.

Some frequent users need intensive care management an ER can't provide, Whittler said. The Medicare patient who came to the ER 108 times, for instance, has a painful pancreas condition.

That patient might have come to get pain pills, Becker said. Drug seekers, legitimate or not, are part of the mix, too, he said.

After the managers of Prester's drug rehab program heard about CAMC's survey, they assigned a care manager to frequent-flier patients. Their ER usage dropped.

"High-quality care management just makes sense," said Perry Bryant, director of West Virginians for Affordable Health Care. It saves money, slows the growth of diabetes and obesity and reduces ER usage.

Medicaid and Medicare pay less than the care costs, Whittler said. Hospitals shift part of that cost to private-pay patients, "so this affects all patients."

In fiscal 2012, Medicaid paid \$165 million in hospital bills statewide.

### 'We've got to do things differently'

Whittler likes to point to the way Camden, N.J., hospitals, doctors and clinics cooperate on this problem.

All Camden hospitals feed ER data into a central database at the Camden Coalition of Health-care Providers. The coalition sends a social worker/nurse practitioner team to frequent users' homes. Sometimes they can identify the problems easily: incorrect use of asthma inhaler or undiagnosed migraines, for instance. Sometimes they hook patients up with regular care.

The team saves more than it costs.

The coalition sorted high users by ZIP code and found that senior citizens from one high-rise apartment building were coming to the ER in droves. A physician's assistant started holding a weekly clinic at their building. ER visits dropped substantially.

CAMC is paying attention, Whittler said. "We're trying some things in our own ERs."

CAMC staff will not visit frequent fliers at home, he said. "Our lawyers saw some problems with that." Phone calls don't work well either. "We connected

a few [of the 36] with community health centers," he said, but most conversations "were not productive. Maybe they thought we were calling to collect bills."

"Face-to-face works much better," he said. So now CAMC has set up an alarm system to alert the ER staff when a patient arrives for the sixth time in a year. A social worker will talk with the person while they are in the ER to try to help.

If the patient wants regular care, three health centers with sliding scales have agreed to enroll them on a fast track, he said. "Our social workers are excited about it," Whittler said. "We don't know yet how well it will work, but we're trying."

"The hospital can't do it alone," he said. CAMC hopes to work out referral agreements with drug treatment centers, too, and maybe home health, for elderly people who come often for anxiety and problems a home visitor could solve.

ER staffers are not used to referring patients, Whittler said. Traditionally, ERs treat people and get them out, Medicaid Commissioner Atkins said. "You're not thinking about keeping track of them or referring them to someone who might manage their care, but that's got to change," she said. "It's a paradigm shift."

Jeffrey Brenner, the director of the Camden Coalition of Health-care Providers, agrees. To deal effectively with systemic problems like high users and rampant diabetes, normally competitive agencies have to cooperate, he said. "Entirely new models of how we deliver care are going to have to be designed."

### 'We've got to move toward prevention'

West Virginia Medicaid administrators want to slow obesity and diabetes while they lower ER use.

In 2009, they paid three community health centers — Cabin Creek, New River and Family-Care — to see if they could reduce the ER and hospital usage of 1,200 Medicaid patients by giving them extra face-to-face care in the community.

"We know we can't sustain Medicaid the way it is," Atkins said. "So we're looking for preventative models that improve health outcomes and save money."

It was a pilot project. The centers cut ER and hospital use in half. "CAMC data verified it," Whittler said.

"We didn't do anything magic," said Amber Crist, program development director at Cabin Creek Health Systems. "We gave the patients good care management and more frequent contact, and — this is important — we taught them ways to improve their own health from day to day."

In 18 months, the patients' ER visits were reduced by 60 percent and hospital visits by 49 percent, according to CAMC records.

"We showed it can be done here," Crist said.

The 1,200 patients had tough problems: diabetes, obesity, poverty, heart disease, arthritis, and depression. "Many also deal with things that push health care way down the priority list," Crist said. "The truck breaks down, there's nobody to watch the kids, they don't have the rent, their mother moved in because she can't pay her rent."

How did they get those results? They:

- Worked as a team. Nurses and aides showed patients how to do things at home that kept their blood pressure and sugar down, for instance
- Helped the patient set doable, concrete goals for exercise, eating and medical maintenance
- Called periodically between

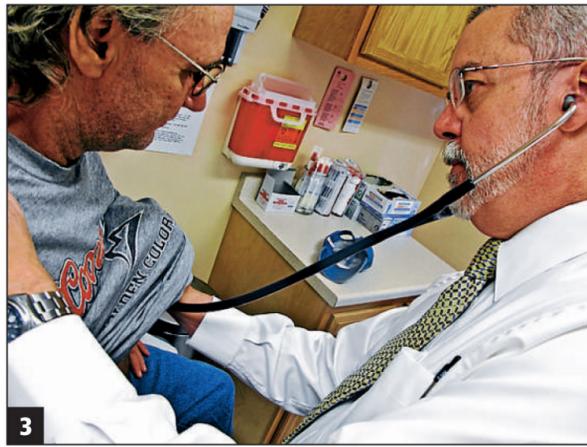
## MORE CARE MANAGEMENT = FEWER HOSPITAL VISITS



1



2



3



4

**1:** Every week, Cabin Creek clinic staffers "huddle" to pool ideas on ways they can, as a team, help their most complex patients.

**2:** Cabin Creek health coach Karen Glazier calls elderly patients between doctor visits to check in and encourage them to do what they need for self-care: check blood pressure or sugar, take walks or "whatever they need."

**3:** The care manager makes sure necessary medical steps occur. Here, Dr. Mitch Jacques checks Cabin Creek Health Center patient Louis Burgess.

**4:** "The partnership between the practitioner and the patient makes care management work," says nurse practitioner Michele Selanik, with West Virginia Health Right patient Eric Duesenberry.

### What can West Virginia do?

Here are three facts:

■ Seven out of 10 of West Virginia's health-care dollars are spent on obesity-related diseases, including diabetes and heart disease.

■ West Virginia spends about \$11 billion a year on health care. That will grow to \$22 billion by 2018, as obesity and diabetes spread, unless action is taken.

■ Half of all health-care dollars pay for the care of the most expensive 5 percent of patients.

Those facts were supplied by health-care economist Ken Thorpe who was hired by the Legislature to advise the state on ways to save money while improving health. He recommends that West Virginia do three things:

■ Get children active every day.

■ Create statewide diabetes-prevention classes.

■ Get expensive patients into intensive care management to improve their health and reduce their time in ERs and hospitals.

visits for a friendly how's-it-going chat. "Patients take your advice more willingly if they know you care," Crist said.

■ Made sure patients used equipment like asthma inhalers correctly.

■ Checked medicines to make sure they were up-to-date, not conflicting and being taken correctly. "That was a biggie," Crist said.

■ Provided dietitians, depression counselors or drug counselors if needed.

■ Got help for practical problems like transportation or child care or a ramp for their home.

■ Exchanged medical records by computer with hospitals when necessary.

■ Followed up immediately when a patient left a hospital.

Most importantly, Medicaid gave each center money to hire a care manager. "That was the key," Crist said. "That's the part we usually can't afford." After the care team and patient agree on a health plan, the manager tracks it.

Medicaid wants to do the same thing statewide for com-

plex patients. "We think there are dramatic savings to be had in this model," Becker said. "Considerable national research says it works." North Carolina saved \$1.6 billion in the first five years of a similar program.

"I want to be paying for improved health outcomes, not just for services," Atkins said. "That means paying for prevention. As it is now, people just bill us, and we pay."

### Spreading prevention statewide?

Now, under health-care reform, Medicaid can routinely pay West Virginia doctors and clinics to provide care management.

"That will make a huge difference," Cabin Creek's Crist said.

"That's been the problem right there," she said. "Insurance would pay us to fix problems, but not to prevent them."

Medicaid has to submit its plan to Washington for approval.

It wants to care-manage obesity, diabetes and drug problems, medical director Becker said. "If we could get a grip on

### How will health-care reform interact with all this?

■ At least 200,000 more West Virginians could get health insurance in 2014 under health-care reform. About 125,000 could become eligible for Medicaid insurance.

■ In 2014, West Virginia will face an estimated \$900 million in uncompensated care (unpaid or underpaid medical bills), according to state figures. That number will go down as more people get health insurance.

■ Gov. Tomblin has not yet decided how much or even if West Virginia will expand Medicaid.

■ If Medicaid is expanded, "There will be an even greater need for health homes," says Perry Bryant, director of West Virginians for Affordable Health Care. "Whatever happens, it's good they're getting them in place."

those problems, we could make a huge impact," he said. It should improve health and lower ER use, he said.

Leaders will start small. In early 2013, they plan to ask for permission to start with 7,300 bipolar patients (high drug and ER-users) in five counties. The feds advised them "to get our system running with a small group before we take on a lot of people," Atkins said.

By the end of 2013, they hope to submit a second, much larger request to give obese patients with diabetes and depression care management. That could be as many as 100,000 patients, Becker said.

"We have a real chance to make an impact with obesity and diabetes," he said, "so we want to be ready to hit the ground running. We want to take full advantage of two years at 90 percent."

The feds will pay 90 percent of the cost for two years, then the normal 72 percent.

Until now, half of West Virginia Medicaid's population — including all mothers and children — has been monitored by three national health-maintenance companies. "The problem is, they often don't seem to keep up with individual patients," advocate Bryant said. The mother who brought her child to the ER

49 times is assigned to one of the three companies, he noted.

Eight of CAMC's top 36 ER users are assigned to the three companies. "They're supposed to catch inappropriate cost, but they don't notice a patient is going to the ER once or twice a week," Bryant said. "In the care-management model, the providers know what the patients are doing."

To be certified as a health home, West Virginia clinics or doctors' offices will have to go before a Medicaid panel and prove they can supply required services. An online link to draft requirements is at the top of this story at [www.wvgazette.com](http://www.wvgazette.com).

In North Carolina, when doctors' offices can't supply all services, they contract for them. "We expect to do that here," Becker said. New jobs will be created in the process.

Medicaid plans health homes for other groups, he said: foster children with specialized problems, people in long-term care, Alzheimer's patients, and mentally ill people with lung disease.

"It's the right direction," CAMC's Whittler said. CAMC's Family Medicine Center is applying for certification as a medical home, he said, "so we'll be ready"

Reach Kate Long  
at [katelong@wvgazette.com](mailto:katelong@wvgazette.com)  
or 304-348-1798.