

Celebrating West Virginia's hidden health heroes

This past weekend was a warm, wonderful trip down memory lane. I watched and listened as doctors, nurses, administrators and others from West Virginia's major population hubs and remote villages demonstrated and described how they were improving health delivery for the populations they serve. They came from private medical practices, community health centers and former free clinics. Some received additional reimbursements or grants to assist their efforts; some did not.

Overcoming barriers and limitations in technology and resources, they used a variety of strategies and techniques to improve population and patient care management to a level that resulted in national recognition and designation by the National Committee for Quality Assurance (NCQA) as a "patient centered medical home".

The warm, sunny weather at the Glade Springs conference took me back forty years to the Arizona desert where I would participate in 2-3 week Indian Health Service training courses. These exercises would bring together physicians, nurses, tribal leaders, community health workers, social workers, pharmacists, sanitarians, administrators and others, with greatly more limited technologies and communication modalities, but the same objectives. We would review, focus and apply the time honored basic tools and techniques of population and patient management in a local community to illustrate how each unique community and practice can be empowered to improve health service delivery.

It also took me back to when I presented at a health policy conference on "national health insurance" held about the same time at Grand Island, N Y. I was tasked to describe what impact the various health insurance proposals of the time would have upon Native American populations. I concluded the assigned theme of my presentation in a few seconds, declaring "not much". I then went on to describe how improvements come from below through efforts such as those shared by the participants at Glade Springs – West Virginia's true health heroes.

These health warriors are more challenged than those in other parts of the country. Despite the expenditure of millions of dollars over the last decade, West Virginia is far behind in broadband access and a high functioning health data network, tools that could greatly assist their efforts. Nevertheless, recognized national leaders in population and patient management from such pioneers as the Geisinger Health System validated their efforts and provided encouragement and additional techniques and strategies.

The panoply of approaches, techniques and tools described to adapt to the different demographics, economics, cultures, capacities and technology/communication realities of each setting was astounding. Topics included population risk stratification, automated action alerts, building effective and efficient patient management teams, adherence and referral tracking, resource and referral networking, and patient self- management. I was impressed by many presentations but especially awed by a young AmeriCorps Vista volunteer, with no formal health training and from one of the State's most remote locations, describe (and share) flow sheets, tracking forms and processes to identify the practice population's highest risk patients and optimally manage their care.

Recently West Virginia has celebrated its laudable achievement in reducing its uninsured populations. The billions spent nationally to achieve this end should help a lot of West Virginians sleep better knowing they are better protected from financial loss associated with disease and injury. Impact of these dollars upon assisting West Virginians stay healthy and avoid the preventable consequences and costs of acute and chronic disease and injury is “not much”. Celebrate the achievements of those hidden health heroes who can make that happen and direct a few dollars to their efforts now and then.

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