

# Overview of the Joint Commission on Health Care

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Introduction to Public Health  
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Executive Director

## Background

The Joint Commission on Health Care (JCHC) was created by the 1992 session of the General Assembly to continue the work of the Commission on Health Care for all Virginians, established in 1990.

“The purpose of the Joint Commission on Health Care is to study, report, and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services.”

JCHC seeks to ensure that the greatest number of Virginians receives quality cost-effective health care and long-term care services.

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## Mission of the JCHC

- JCHC focuses on five main policy areas:
  - health insurance and access to care for the uninsured
  - health care cost and quality
  - health workforce issues
  - behavioral health care and
  - long-term care.

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## Membership of the JCHC

- Ten members of the House of Delegates, appointed by the Speaker of the House.
- Eight members of the Virginia Senate, appointed by the Senate Committee on Rules.
- The Secretary of Health and Human Resources is an *ex officio* member.

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## Current JCHC Members

Del. Phillip A. Hamilton Chair  
Sen. Stephen H. Martin, Vice-Chair

Del. Clifford L. Athey, Jr.  
Del. Benjamin L. Cline  
Del. Kenneth R. Melvin  
Del. David A. Nutter  
Del. John J. Welch, III

Del. Robert H. Brink  
Del. Franklin P. Hall  
Del. Harvey B. Morgan  
Del. John M. O'Bannon, III

Sen. Harry B. Blevins  
Sen. R. Edward Houck  
Sen. Linda T. Puller  
Sen. William C. Wampler, Jr.

Sen. J. Brandon Bell, II  
Sen. Benjamin J. Lambert, III  
Sen. Nick Rerras

The Honorable Marilyn B. Tavenner  
Secretary of Health and Human Resources

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## Role of JCHC Staff

- JCHC has a full-time staff of five: an executive director, 2 senior staff attorneys, 1 health policy analysts and a health policy research assistant
  - Provide impartial, apolitical analysis of issues involving health care, behavioral health care, and long-term care
  - Identify a range of policy options for consideration by the Joint Commission
  - Assist in supporting legislation and budget amendments that the members introduce on behalf of JCHC.

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### Study Process

- Staff research and present Studies (May-October)
  - Public comments received (after issue brief)
  - Public comments summarized (next meeting after issue brief)
- Subcommittee meetings conducted (May-October)
- JCHC consideration of decision matrix (November)
- JCHC vote on legislative package (November)
- General Assembly session

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### Joint Commission on Health Care 2007 Decision Matrix

1. Presentation on Amyotrophic Lateral Sclerosis (ALS)
2. Sickle Cell Disease: An Overview of Current Services and Emerging Needs in the Commonwealth
3. AARP Report on Improving the Quality and Safety of Health Care for Virginians. Comments by the Medical Society of Virginia (MSV)
4. Mental Retardation Services System and Waiver Waiting List Procedures
5. Staff Report: Impact of Barrier Crime Laws on Social Service and Health Care Employers
6. Staff Report: Background Checks for Medical Practitioners

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### Joint Commission on Health Care 2007 Decision Matrix

7. Staff Report: Minority Access to Mental Health Services
8. Reports on Cervical Cancer and HPV Vaccination
9. Staff Report: Virginia Stroke Systems
10. Staff Report: Preterm Infants: Follow-Up Care and Tracking
11. Staff Report: Increasing the Availability of Health Insurance Providers in Rural Areas
12. Staff Report: Health Care Costs

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### Behavioral Health Care Subcommittee 2007 Decision Matrix

1. Integrated Policy and Plan to Provide and Improve Access to Mental Health and Mental Retardation and Substance Abuse Services for Children, Adolescents and their Families
2. Staff Report: Autism Work Group Activities and Recommendations
3. Staff Report: Treatment Needs of Individuals Found Not Guilty by Reason of Insanity
4. Staff Report: Reentry Assistance for Offenders with BHC Needs
5. Transition Services for Adolescent Offenders Establishing the Need for Forensic Mental Health Services
6. Staff Report: Discussion of Mental Health Recommendations Related to the Virginia Tech Tragedy

### Example of Staff Report: Minority Access to Mental Health Services

#### Review of Findings

SJR 25, 2004 (Patron: Senator Henry Marsh)

Race/Ethnic Mental Health Disparities

- Minimal "true" epidemiological differences in incidence & prevalence by race and ethnicity
- Key Disparities:
  - Access to quality services
  - Help seeking and help utilization
  - Negative experiences within the system
  - Pervasiveness of stigma
  - Language and cultural competence
  - Lack of inclusion in research and clinical trials
- Many of these disparities can be alleviated by increasing our efforts in the areas of cultural competence and workforce shortages.

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### Example of Staff Report: Minority Access to Mental Health Services

#### Cultural Competence

In the mental health care setting, culture impacts how people label and communicate distress, explain the causes of mental health problems, perceive mental health providers, and utilize/respond to mental health treatment.

Research shows that providing competent cultural and language services can improve health outcomes, increase patient compliance, be more cost effective, increase patient satisfaction, and increase access to health care.

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### **Example of Staff Report: Minority Access to Mental Health Services**

#### **Goal of Cultural Competence Involves:**

- Recognizing that culturally appropriate, community-driven programs are critical
- Promoting cultural awareness
- Encouraging cultural competence inclusion in medical school and health careers curriculum
- Advocating for the needs of the patients by providing translators, culturally competent information and instructions in simple language
- Encouraging recruitment, admission and retention of persons of color into the health professions
- Fostering mentorships for young people to help them remain in school and work towards a goal
- Supporting other physicians and health workers of color in attaining their goals

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### **Example of Staff Report: Minority Access to Mental Health Services**

#### **Current Efforts to Increase Cultural Competence**

- DMHMRSAS: Workforce & Cultural Competency Conference. October 24 & 25, 2007. Newport News, VA
- Office of Minority Health & Public Health Policy: CLAS Act Initiative
  - www.CLASActVirginia.org is a resource guide to assist health care providers. Resources include training, reports, and other documents on:
    - Cultural competence
    - Overcoming language barriers
    - Translation
    - Interpretation

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### **Example of Staff Report: Minority Access to Mental Health Services**

#### **CLAS Act Initiative (Continued)**

Resources are specific to Virginia with regionally appropriate information on:

- Language service programs
- Multicultural health and human service programs
- Virginia studies and reports
- Regional conferences and training

Translated resources through the site include

- Links to thousands of translated documents
- Commonly used clinical phrases in Spanish and Korean with accompanying audio and visual flip charts

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### **Example of Staff Report: Minority Access to Mental Health Services**

#### **Workforce Shortages**

Current Scholarship and Loan Repayment Programs to Increase Health Professionals in Underserved Areas

- Virginia Department of Health Loan Repayment Programs
  - VLRP (State funded program) & SLRP (State/federal matched funds)
    - Purpose is to recruit and retain primary care professionals in health professional shortage areas (HPSAs) and medically underserved areas (MUAs)
    - Intended for post-residency
    - \$50,000 for 2 year commitment
    - \$35,000 for 1-2 additional year(s)
    - Minimum loan defaults due to flexibility of program
      - I.e. VDH can approve a recipient to change their practice site without going into default.

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### **Example of Staff Report: Minority Access to Mental Health Services**

#### **Workforce Shortages (Continued)**

Virginia's Nurse Practitioner/Nurse Midwife Scholarship Program

- \$5000 per year for maximum of 2 years
- Funds appropriated by the VA General Assembly (\$25,000)
- One year of service in medically underserved area required for each year that scholarship was received

J1 Visa Waiver

- For foreign medical students to complete residency in the U.S.
- Required to work in medically underserved area for 3 years
- Virginia fills approximately 14 of 30 available slots

State funding of \$493,000 was appropriated for FY2008 for 8 fellowship/internship positions in medically underserved areas for individuals specializing in child psychiatry at a Virginia institution of higher education.

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### **Example of Staff Report: Minority Access to Mental Health Services**

#### **Options**

**Option 1:** Take no action

**Option 2:** Request by letter from JCHC Chairman for the Virginia Department of Health Professions (or The Board of Medicine and The Board of Psychology) to examine and report on the issue of requiring cultural competence training for licensure of health practitioners or as a mandatory continuing education unit.

**Option 3:** Request by letter from JCHC Chairman for the State Council of Higher Education for Virginia (SCHEV) to examine the issue of requiring cultural competence training as part of college curriculum for health profession majors.

#### **Public Comments:**

- No public comments were received on any of the policy options.

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## **Joint Commission on Health Care**

### **JCHC Internet website:**

<http://jhc.state.va.us/>

Includes meeting schedules, studies, reports, and legislation.

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#### JCHC Staff

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