# 2006 Pennsylvania Injury Symposia General Report and Action Plan: Developing Partnerships Between the Violence and Injury Prevention Program and Managed Care Organizations

August 23, 2006

# **Executive Summary**

Pennsylvania Department of Health's (DOH) Violence and Injury Prevention Program (VIPP) is in a strategic planning process to develop into a larger, stronger, more effective agent for reducing the burden of injury on Pennsylvanians. The VIPP received a Centers for Disease Control and Prevention (CDC) grant to help facilitate this strategic planning process. A multi-agency group of injury stakeholders from around the state have been meeting over the past several months as the Injury Community Planning Group (ICPG). One of the main goals of the VIPP is to develop strong partnerships with a broad range of injury stakeholders; to this end, it will hold annual symposia around the state with representatives from a given stakeholder group chosen for that year. The ICPG chose Managed Care Organizations<sup>1</sup> (MCOs) as the first stakeholder to target in these annual symposia. Over the summer of 2006, four symposia were held across Pennsylvania with representatives of MCOs. This report presents the activities and results of those four symposia, including a composite action plan developed from the decisions made at each meeting.

# Symposia Goals

- 1. Share MCO activities and programs directed at injury prevention.
- 2. Share the history, structure, and vision of the VIPP.
- 3. Identify MCO and VIPP needs in furthering their injury prevention objectives.
- 4. Identify opportunities for partnering and sharing of resources that can address the respective injury prevention needs.
- 5. Identify initial action steps in developing a strong partnership between the VIPP and MCOs.

# **Participants**

# Managed Care Organizations Represented at the Symposia

- Highmark
- Gateway
- Cigna
- University of Pittsburgh Medical Center Health Plan
- Keystone Mercy Health Plan
- AmeriChoice United Health Group
- Health Partners
- AmeriHealth Mercy Plan
- Health America
- Capital Blue Cross
- Geisinger

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<sup>&</sup>lt;sup>1</sup> The Department of Health refers to these organizations as Managed Care Organizations. Some of the agencies that participated in the symposia identify themselves as health insurers rather than as MCOs. Throughout this report we will use MCO to refer to the agencies that attended the symposia, both Managed Care Organizations and health insurers.

# Other Organizations Represented at the Symposia

- Pennsylvania Department of Health
- University of Pittsburgh School of Public Health
- University of Pittsburgh Center for Injury Research and Control
- American Trauma Society, Pennsylvania Division
- Allegheny County Health Department
- Bucks County Health Department
- Chester County Health Department
- York County Bureau of Health
- Penn State Children's Hospital Milton S Hershey Medical Center
- Pennsylvania Department of Education

# Symposium Agenda:

<u>9:30-9:45</u>	Welcome
9:45-10:45	Session 1: Participants'/MCOs' Experience of Injury and Injury Prevention
10:45-11:00	Break
11:00-11:45	Session 2: State of Injury and Injury Prevention in Pennsylvania
11:45-1:00	Session 3: Partnering to work Towards Reducing the Burden of Injury on Pennsylvanians
1:00-2:00	Lunch

In the welcome, a brief video statement by Calvin B. Johnson, M.D., M.P.H., Pennsylvania Secretary of Health, was shown in which he expressed his support for injury and violence prevention in general and his thanks for the participation of MCOs in the symposia.

In order to ensure that there was a common understanding of the terms and vocabulary being used throughout each symposium, the first session included a review of what injury and violence are and the ways in which public health categorizes them by mechanism and intentionality. Then, the MCO representatives were asked to share what prevention activities their organizations were already undertaking to address injury and violence. Finally, needs and barriers to furthering their organizations' injury and violence prevention activities were discussed.

The second session summarized the burden of injury and violence in Pennsylvania as well as the history and structure of Pennsylvania's Violence and Injury Prevention Program. The presentation also included a summary of the core components of a statewide injury and violence prevention program related to the current status of the VIPP and the efforts of the ICPG. The core components are infrastructure, data, interventions, training and technical assistance, and public policy.

The third session of each symposium brought together the information generated in the first two sessions. The needs of the MCOs were placed side-by-side with the needs of the VIPP, and avenues for cooperating on addressing the needs of each group were discussed. Specific action steps for furthering the partnership were listed at the end of each symposium.

### **Needs Identified** VIPP MCO Needs identified at all four symposia Funding for fiscal stability. Support with the identification and/or development New partnerships. of effective educational materials (perhaps co-• Develop awareness of the value of branded between VIPP and MCO). data for making informed Information on *how* to effectively deliver decisions. information and programs (e.g. how do you • Expand access to relevant data; get information to your target population at analyze data. the right time so they actually pay attention Produce reports on priority injury to it). topics for the public, media, etc. Identify evidence-based injury prevention Expand relationships with programs, resources, and partners. legislature injury champions. Specifically mentioned were effective injury • Focus attention on injury via press screening programs and effective employee releases and news stories. incentive programs on injury prevention. • Identify non-governmental Support with evaluation and identifying partners and support them with outcome measures to determine the data and education. effectiveness of current programs. o Connect with community partners who deliver effective injury prevention programs. Needs identified at two of the four symposia Access to current injury statistics and data from the state, regional and especially the local levels (an office level, standardized registry and an emergency department surveillance system were each mentioned). Funding for prevention programs that is topic-and population-specific and uncapped (right now all prevention work is part of discretionary spending which is the first to get cut). Other needs identified Support for access to care initiatives. Provider education in injury prevention that offers continuing education credits. Provider reimbursement for health education (on injury and other topics). Increasing participation on the part of both the public and providers in prevention efforts. Facilitating interagency cooperation. Specifically one MCO would like support in finding ways to catalyze a statewide, functioning insurance association that could address the common interests of insurers (i.e. their areas of noncompetition)

# Resources

The following are financial, information/data, and connection/relationship resources that were identified by the MCO's and the VIPP for moving forward together with violence and injury prevention goals and action steps.

### Financial

- Highmark will be initiating a five-year major initiative to improve health in the 6-18 year-old age group that will include \$100 million in grants in the following five areas:
  - o Physical activity
  - o Nutrition
  - o Grieving
  - o Self-esteem
  - o Bullying
- Cigna has ongoing injury prevention grants with information available at www.cigna.com.
- Some of these MCOs are all publicly funded and struggling with their own financial stability with continued funding cuts.
- Some MCOs do not have financial resources applicable to or available for the VIPP.

# Information/Data

- The VIPP will be developing an inventory of community-based programs doing injury prevention programs and will be assessing injury training needs statewide.
- MCO claims have information that could be helpful in giving a better context to the picture of the burden of injury in the state. Whereas data on injury mortality and hospital discharge data are readily available and of relatively high quality, the outpatient and cost data that are available in insurance claims could also be very helpful. However, there is concern about the quality of the data from these claims; it depends greatly on the person entering the claim and the resources of the provider.
- Through the ICPG and the network of injury stakeholders statewide, the VIPP has access to many free resources, information, and trainings on injury prevention.

# Connections/Relationships

- MCOs are connected to the broader network of employers, who are the people who really bear the financial cost burden of injury because they are primarily the ones that pay for health insurance and lose productivity from employee (and employee family) injury. Since the worksite is an untapped resource for implementing injury prevention initiatives, this is a valuable relationship to develop for the VIPP.
- These MCOs work with Community Advisory Committees that are a potential resource for getting community feedback on newly developed injury materials from the VIPP.
- MCOs already partner with many community-based organizations in providing prevention programs.
- MCOs are involved in community and statewide coalitions-- specifically mentioned were the Pennsylvania Medical Society Taskforce on Domestic Violence and various childhood obesity coalitions.

# **Action Steps**

(These action steps combine and summarize the action steps discussed in each symposium. Not every activity was discussed at every symposium.)

# Violence and Injury Prevention Program

## Infrastructure

- 1. Maintain regular contact with MCO, via the participants at the symposia or via another representative, as identified by the MCO participant.
- 2. Inform MCOs of any local or regional violence and injury coalitions that are formed.

### Data

- 3. Make sure MCOs are aware of injury data and data sources currently available through the VIPP and the DOH.
- 4. Work toward a standardized way to extract injury data from insurance claim data.
  - a. Work with statisticians at both the VIPP and insurance companies to develop standard specifications for how all insurers should pull out injury claim data (what codes to use and how, etc.).
  - b. Identify other models within Pennsylvania or in other states where insurance claim data is being successfully used to provide injury statistics.
  - c. Develop a formal request to the MCOs for collaboration in sharing aggregate data on injury claims. The request must identify the VIPP's priority injury topics to target in the claims.
- 5. Investigate the possibility of getting claim data from the Department of Public Welfare (DPW) (where it is already sent as part of the funding agreement with publicly-funded insurers). If that is not possible, contact the MCOs to determine steps necessary to request that the data be sent to DOH simultaneously to being sent to DPW.
- 6. Work with Pennsylvania Health Care Cost Containment Council (PHC4) to see if the insurance claim data they already have could be further used for injury data extraction.

## **Intervention and Training**

- 7. Develop inventory of evidence-based injury prevention programs around the state and nation-wide. Make that inventory available to MCOs.
- 8. Keep MCOs informed of injury prevention resources, initiatives, and trainings (especially provider trainings with continuing medical education credit) statewide as well as the latest intervention research currently available through the VIPP and the DOH.
- 9. Provide avenues to publicize MCO injury initiatives through VIPP network.

## **Public Policy**

- 10. Keep MCOs informed of the process of advocating for a statewide emergency department injury surveillance system and indicate opportunities for the MCOs to voice their support for this initiative.
- 11. Look into the possibility of getting more injury prevention criteria onto the National Committee for Quality Assurance list of activities done by publicly-funded MCOs in order to be accredited.
- 12. Look into the role that the DOH could play in facilitating a process to bring all Pennsylvania insurers to the table together to address areas of common interest. (Suggestion that the insurers compete on delivery and execution of services and cooperate on issues of public health and welfare, like violence and injury prevention).

# Managed Care Organizations

# Infrastructure

- 1. Help the VIPP in identifying the correct person within the MCO to contact for various initiatives or needs (or being that person, if appropriate). Specifically, identify the worksite wellness program representative for the VIPP to contact about the possibility of incorporating injury prevention into the basic concept of wellness.
- 2. Let the VIPP know of any local and regional coalitions that are or could be concerned with violence and injury issues.
- 3. Potentially provide funding if and when the VIPP has a structure that is, or includes a part that is, separate from the DOH.

### Data

- 4. Review and support development, as needed, of a formal request for data sharing of injury claim information. Identify the person to which a formal request for data sharing could be directed.
- 5. Work with the VIPP in developing standards for insurance claim data use.
- 6. One MCO is willing to pilot a new claim data process when that would be helpful.

# **Interventions and Training**

- 7. Facilitate getting community feedback on new VIPP injury materials through the Community Advisory Committees, as needed.
- 8. Disseminate information from the VIPP about resources, initiatives, and trainings, as appropriate.
- 9. Work with trauma centers to support their violence and injury prevention campaigns and efforts.

# **Public Policy**

- 10. Advocate for an emergency department injury surveillance system when possible.
- 11. Support the VIPP in legislative priorities (share information about specific legislators who may be injury prevention champions, contact legislators about supporting injury prevention legislation, as needed).