

Oklahoma State Innovation Model (OSIM)

OSIM/OHIP Health Efficiency & Effectiveness Workgroup Meeting Thursday, July 23, 2015

> Chair, Becky Pasternik-Ikard Project Manager, Valorie Owens

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Section			Presenter —
Welcome & Introductions	10 min	1:00pm	Chair, Becky Pasternik-Ikard, OHCA Deputy State Medicaid Director
Updates on project activities: - HEE Pictorial Directory Update - OSIM Website Updates - Updated OSIM HEE Timeline	10 min	1:10pm	Valorie Owens, Project Manager
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Deliverable Review & Discussion: - Current Health Transformation Initiatives & Recommendations on Strategies & Interventions	25 min	2:05pm	Adam Gibson, OU E-TEAM Senior Research Associate & Project Lead
Deliverable Review & Discussion: - OK Healthcare Delivery Models Analysis	25 min	2:30pm	Isaac Lutz, Project Manager, OHIP/OSIM Health Finance Workgroup
Wrap-Up	5 min	2:55pm	Chair, Becky Pasternik-Ikard

## Welcome New Workgroup Members!



**Donna Dyer** has been the Chief Executive Officer of East Central Oklahoma Family Health Center, Inc. (ECOFHC) since 2008. ECOFHC is located in Wetumka and Henryetta, and serves a medically underserved population and service area in rural Oklahoma

Ms. Dyer received a bachelor degree in Human Services Counseling and a master's degree in Human Resources Administration from East Central University. She has 30+ years of experience in nonprofit organizations. Ms. Dyer serves on the Oklahoma Primary Care Association Board of Directors, Hughes County Board of Health, East Central Workforce Investment Board, Hughes County Turning Point, Medical Reserve Corp., Region VI Medical Emergency Response Center, Wes Watkins Technical Center Surgical Tech Advisory Committee, and the Bio-Medical Advisory Committee. Ms. Dyer is also a member of the American College of Healthcare Executives.



**Teresa Jackson** is employed as the Senior Executive Officer of Choctaw Health Services. She has worked for the tribe since 1999. Beginning as Comptroller of the Talihina Hospital, she later worked as business office director in 2001 and was then promoted to Hospital

Administrator in 2006.

Ms. Jackson is a graduate of Southeastern Oklahoma State University with a Bachelor's Degree in Accounting. She serves as the Vice Chair on the Oklahoma Board of Regents for Eastern Oklahoma State College, the Kiamichi Vo-Tech Talihina Campus Advisory Committee and the Texoma Medical Women's Advisory Committee. She sits on the Oklahoma City Area Inter-Tribal Health Board and is the Vice-Chair of the Inter-Tribal Council Health Board.

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## **OSIM** Website Updates

#### http://OSIM.health.ok.gov



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#### http://OSIM.health.ok.gov

Oklahoma State Innovation Model (OSIM)

> Health Efficiency & Effectiveness

> > Health Finance

Health Information Technology

Health Workforce

State Health System Innovation Plan



#### Health Efficiency & Effectiveness Workgroup

**Workgroup Goal:** Provide guidance in the design of an evaluation plan that identifies specific quality metrics in coordination with healthcare delivery models identified for Oklahoma with a focus on three key outcomes: (1) strengthening population health; (2) transforming the health care delivery system; and (3) decreasing per capita health care spending.

#### Workgroup Member List

#### Health Efficiency & Effectiveness Workgroup Chair

Rebecca Pasternik-Ikard Deputy State Medicaid Director Oklahoma Health Care Authority

#### **OSDH Project Manager**

Valorie Owens, MSW Manager of Statewide Access to Care Planning CHIE, Office of Primary Care & Rural Health Development 405-271-9444, ext. 56734 ValorieO@health.ok.gov

Health Efficiency & Effectiveness Workgroup Pictorial Directory

### OSIM Website Updates http://OSIM.health.ok.gov

#### Health Efficiency & Effectiveness Workgroup

Date	Agenda	Minutes	Supplemental Documents
January 22, 2015	Agenda	Minutes	
March 25, 2015	Agenda	Minutes	
May 28, 2015	Agenda	Minutes	Health E&E Timeline Population Health Needs Assessment Journal Record Article

#### Health IT Workgroup

#### **Workgroup Deliverables**

EHR Adoption Analysis, HIE Environmental Scan, and VBA Roadmap

#### EHR Survey

**Objective:** Perform a statewide EHR adoption survey to describe how Oklahoma health care providers use EHR to deliver better care, improve health outcomes, and reduce cost.

EHR Survey Key Findings

#### **HIE Environmental Scan**

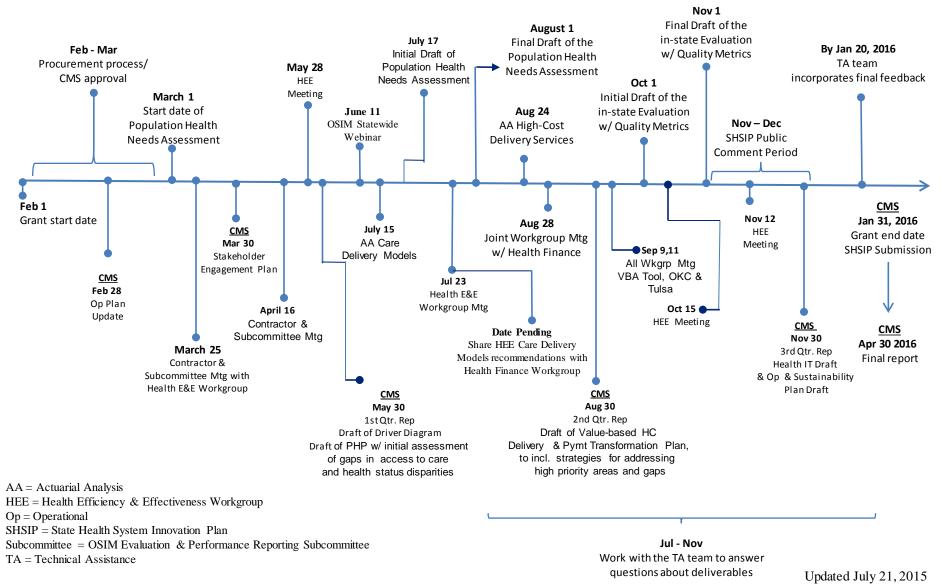
**Objective:** Perform a statewide environmental scan of existing HIEs through interviews and develop a proposal to leverage and implement a statewide interoperable health information network.

HIE Environmental Scan Key Findings 👍

For each Workgroup, the Contractor Deliverables and reports will be uploaded to their respective web page.



#### **2015 OSIM HEALTH EFFICIENCY & EFFECTIVENESS TIMELINE**





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# Overview of the State Innovation Model project

The mission of the State Innovation Model (SIM) project aligns to the CMS Triple Aim Strategy to improve care, population health, and costs.

The SIM project, launched by the CMS Center for Medicare and Medicaid Innovation (CMMI), tests the ability of state governments to use regulatory and policy levers to **accelerate health transformation**.

CMMI is providing financial and technical support to states for developing and testing state-led, multi-payer health care payment and service delivery models that will impact all residents of the participating states.

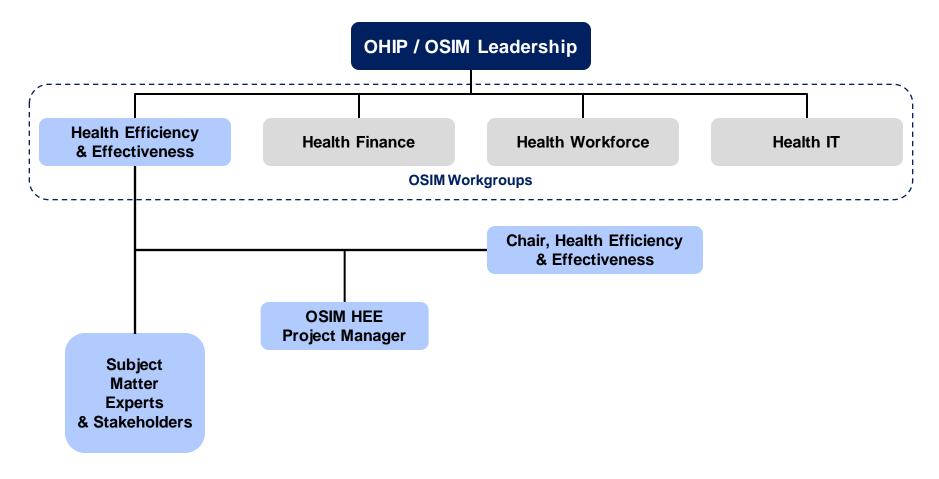
The overall goals of the SIM project are to:

- Achieve the Triple Aim: improve care, improve population health, and decrease total per capita health spending
- Establish public and private collaboration with multi-payer and multi-stakeholder engagement
- Transform health care payment and delivery systems

Current System	Future System
<ul> <li>Fee-for-service/encounter based</li> <li>Poor coordination and management for chronic diseases</li> <li>Lack of focus on the overall health of the population</li> <li>Unsustainable costs</li> <li>Fragmented delivery system with variable quality</li> </ul>	<ul> <li>Patient-centered (mental, emotional, and physical well-being)</li> <li>Focused on care management and chronic disease prevention</li> <li>New focus on population-based quality and cost performance</li> <li>Reduces costs by eliminating unnecessary or duplicative services</li> <li>Incentivizes quality performance on defined measures</li> </ul>

## **OSIM Governance Model**

The OHIP/OSIM initiative has four primary work streams, each with its own workgroup and expert advisors.



# **OSIM** Deliverable Roadmap

#### \*Bolded items indicate deliverables for CMS Review

	QUARTER 2 May – July	QUARTER 3 August – October	QUARTER 4 November - January
OSDH Program Staff	<ul> <li>CMS Quarterly Report 1 Final</li> <li>CMS Population Health Plan</li> <li>CMS Driver Diagrams</li> </ul>	<ul> <li>CMS Quarterly Report 2 Final</li> <li>CMS Value-Based Delivery and Payment Methodology Transformation Plan</li> <li>CMS Health Information Technology Plan : HIT Workgroup Review</li> </ul>	<ul> <li>CMS Quarterly Report 3 Final</li> <li>CMS Operational &amp; Sustainability Plan</li> <li>CMS Health Information Technology Plan</li> <li>Final SHSIP: CMS Review</li> </ul>
Technical Assistance	<ul><li>CMS Quarterly Report 1: OSDH Review</li><li>SHSIP Roadmap</li></ul>	<ul> <li>CMS Quarterly Report 2: OSDH Review</li> <li>SHSIP Draft 1: OSDH Review</li> </ul>	<ul> <li>CMS Quarterly Report 3: OSDH Review</li> <li>SHSIP Draft 2: Public Comment Period and CMS Optional Review</li> <li>Final SHSIP: OSDH Review</li> </ul>
Stakeholder Engagement	<ul> <li>Statewide Stakeholder Meeting</li> <li>Quarterly Stakeholder Engagement Report 1</li> <li>CMS Stakeholder Engagement Plan</li> </ul>	<ul> <li>Monthly Statewide Stakeholder Meeting</li> <li>Quarterly Stakeholder Engagement Report 2</li> <li>Stakeholder Engagement Narrative</li> </ul>	<ul> <li>Monthly Statewide Stakeholder Meetings</li> <li>Quarterly Stakeholder Engagement Report 3</li> </ul>
Health Efficiency and Effectiveness	<ul> <li>CMS Value-Based Delivery and Payment Methodology Transformation Plan: OSDH Review</li> <li>Population Health Needs Assessment</li> </ul>	<ul> <li>Evaluation Plan with Quality Metrics Draft</li> <li>Evaluation Plan with Quality Metrics Final</li> <li>Oklahoma Care Delivery Model Assessment*</li> <li>High Cost Delivery Services*</li> </ul>	*Initial vetting by Health Finance Workgroup, secondary review by HEE
Health Workforce	<ul> <li>Health Workforce Assessment: Landscape</li> <li>Health Workforce Assessment: Provider Organizations</li> <li>Health Workforce Assessment: Providers</li> <li>Health Workforce Assessment: Gap Analysis</li> <li>Health Workforce Assessment: Environmental Scan (Policy Levers)</li> </ul>	<ul> <li>Health Workforce Assessment: Emerging Trends</li> <li>Health Workforce Assessment: Policy Prospectus</li> <li>Health Workforce Assessment Final Report</li> </ul>	
Health Finance	<ul> <li>Market Effects on Health Care Transformation</li> <li>Oklahoma Care Delivery Model Assessment</li> </ul>	<ul> <li>High-Cost Delivery Services</li> <li>Financial Forecast of New Payment Delivery Models</li> </ul>	
Health Information Technology	<ul> <li>Electronic Health Records Survey Completion</li> <li>Electronic Health Records Adoption Analysis</li> <li>Health Information Exchange Environmental Scan (Policy Levers)</li> </ul>	<ul> <li>CMS Health Information Technology Plan : OSDH Review</li> <li>Value-Based Analytics Roadmap</li> </ul>	



# OSIM – Health Efficiency & Effectiveness



\*Workgroup members may participate virtually or in person

OSIM Objective	Organization/Leadership	Upcoming Deliverables	Upcoming Meetings
Provide guidance in the design of an evaluation plan that identifies specific quality metrics in coordination with healthcare delivery models identified for Oklahoma with a focus on three key outcomes: (1) strengthening population health; (2) transforming the health care delivery system; and (3) decreasing per capita health care spending.	<ul> <li>Workgroup Vice Chair:</li> <li>Becky Pasternik-Ikard, OHCA Deputy State Medicaid Director</li> <li>OSIM Evaluation &amp; Performance Reporting Subcommittee Chair</li> <li>Malinda Douglas, Sr. Chronic Disease Epidemiologist</li> <li>OU E-TEAM (Educational Training, Evaluation, Assessment, and Measurement)</li> </ul>	<ul> <li>Population Health Needs Assessment (Fri. 7/17)</li> <li>Current Health Initiatives &amp; Recommendations on Strategies and Interventions (Thurs. 7/23)</li> <li>Oklahoma Healthcare Delivery Models Analysis, Key Findings* (Thurs. 7/23)</li> <li>High-Cost Delivery Services* (Mon. 8/24)</li> <li>Value Based Analytics Roadmap** (Tues. 8/25)</li> <li>In-State Evaluation Plan with Quality Metrics Draft (Thurs. 10/1)</li> <li>In-State Evaluation Plan with Quality Metrics Final (Fri. 10/30)</li> </ul>	<ul> <li>August 13th, OSIM 2nd Quarter Statewide Webinar</li> <li>August 28th, Joint meeting- Health Finance Workgroup</li> <li>September 9th, OKC, Joint Workgroups Meeting on Value-Based Analytics Tool OR</li> <li>September 11th, Tulsa</li> <li>September 17th, Tulsa meeting</li> <li>October 15<sup>th</sup></li> <li>November 12th</li> <li>*Initial vetting by Health Finance Workgroup, secondary review by HEE</li> <li>*Shared Deliverable among Workgroups</li> </ul>
For more information on workg	roup meeting dates and locations	s, visit the following webpage: <u>Cl</u>	ick Here

# HEE Workgroup Meeting Objectives



Торіс	Description	Section Objectives
	<ul> <li>Research conducted by the OSIM Evaluation &amp; Performance Reporting Subcommittee</li> </ul>	Review and discuss the gaps in access to care and
Population Health Needs Assessment	<ul> <li>Identify and describe statewide health problems, gaps and strengths in services, and interventions to improve the health of Oklahoma</li> </ul>	health status disparities to be addressed in the delivery system transformation
Current Health Initiatives &	Research conducted by OU E-TEAM	Discuss strategies for addressing high priority areas
Recommendations on Strategies and Interventions	<ul> <li>Summarize current health initiatives in the state as well as potential strategies on key health metrics</li> </ul>	and gaps as well as the integration of public health and health care delivery
Public Health Driver Diagrams	Research conducted by OSDH Chronic Disease Services, the Center for the Advancement of Wellness, and the Oklahoma Department of Mental Health and Substance Abuse Services	<ul> <li>Review and discuss if the public health driver diagram for each core metric provides an overarching representation of the actions and the primary drivers they influence.</li> </ul>
	<ul> <li>Identify the primary and secondary drivers associated with achieving the OHIP/OSIM goals for the core health metrics.</li> </ul>	<ul> <li>Discuss if the driver diagrams visually demonstrate how Oklahoma will transform its state's health care to achieve the "Triple Aim" goal.</li> </ul>
	Research conducted by Milliman	Discuss the range of models, their goals, impacts, and
Oklahoma Healthcare Delivery Models Analysis	<b>Dklahoma Healthcare Delivery</b> Identify existing delivery models in Oklahoma and advan	

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## **Methods**

- Archival method uses existing data from routinely maintained databases and records considered valid, specific, and comparable
- Additional qualitative and quantitative data augments the analysis



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## **Overall Health Examples of Content**

Population Health - includes distribution of community conditions that impact health

- Blend of rural and urban
- Food insecurity
- Oklahomans with disabilities
- Employment, income, and poverty
- Education

Housing

- Health literacy
- Community concerns

Clinical Care - includes health system access and services data

- Lack of health insurance
- Health provider access
- Health system performance

Health Costs - includes preventable hospitalization costs

METRIC	OKLAHOMA	UNITED	2020 STATE
		STATES	TARGET
<b>Overall Health Ran</b>	nking		
America's Health	46	n.a.	
Ranking <sup>®</sup>			
Health System	<b>49, 4</b> <sup>th</sup>	n.a.	3 <sup>rd</sup> quartile
Scorecard	quartile		
Tobacco Use			
Adult Smoking	23.7%	18.8%	18.0%
Vouth Smoking	15.1% H.S.	12.7% H.S.	10.0%
Youth Smoking	4.8% M.S.	2.9% M.S.	2.0%
Obesity			
Adult Obesity	32.5%	29.4%	29.5%
Youth Obesity	11.8% H.S.	13.7% H.S.	10.6%
Adult No Leisure	33.0%	26.3%	20.8%
Time Activity			
Adult Fruit	49.6% at	60.8% at	50.0% at
Consumption	least 1/day	least 1/day	least 1/day
Adult Vegetable	1.5/day	1.6/day	2.1 per day
Consumption			
Food Desert	21.1% of	12.3% of	
Food Desen	population	population	

METRIC	OKLAHOMA	UNITED STATES	2020 STATE TARGET
Diabetes			
Adult	11.0%	8.7%	9%
Diabetes	(2013)	(2010)	
Hypertension			
Adult	37.5%	31.4%	36%
Hypertension			
Behavioral Hea	alth		
Untreated	86% treatment	n.a.	76% treatment
Mental Illness	gap		gap
Addiction	8.81%	8.66%	7.8%
Disorders			
Adult Suicide	22.0 per	16.5 per	19.4 per
Deaths	100,000	100,000	100,000
Children's Hea	llth		
Infant	6.8 per 1,000	6.0 per	6.4 per 1,000
Mortality		1000	live births
Maternal	29.9 per	17.8 per	26.2 per
Mortality	100,000 (2013)	100,000	100,000 live
wortanty		(2011)	births
Injury Deaths	14.4 per	7.4 per	13.9 per
Among 0-17	100,000	100,000	100,000

## Key Findings

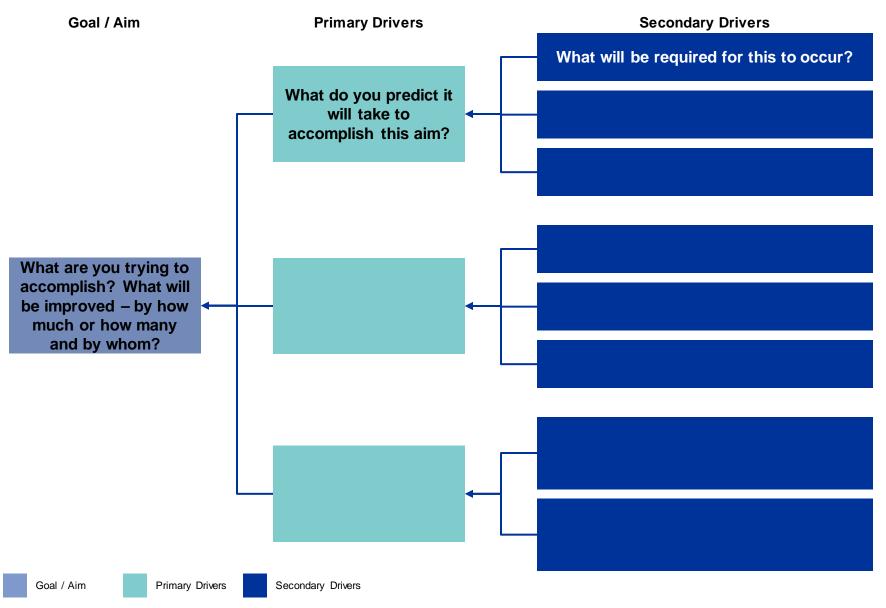
- All groups experience adverse health outcomes due to chronic disease and health risk behaviors
- Greater socio-economic need and health impacts are found among certain groups and places in Oklahoma
- Limited access to care results in greater health impacts
- Rates of preventable hospitalizations are indicators of population-level access to primary care or community care

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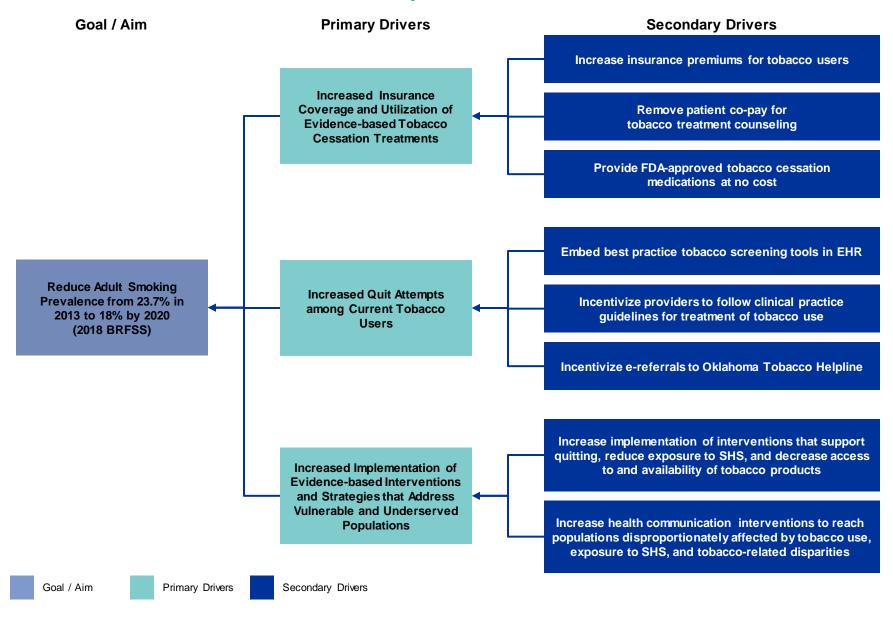


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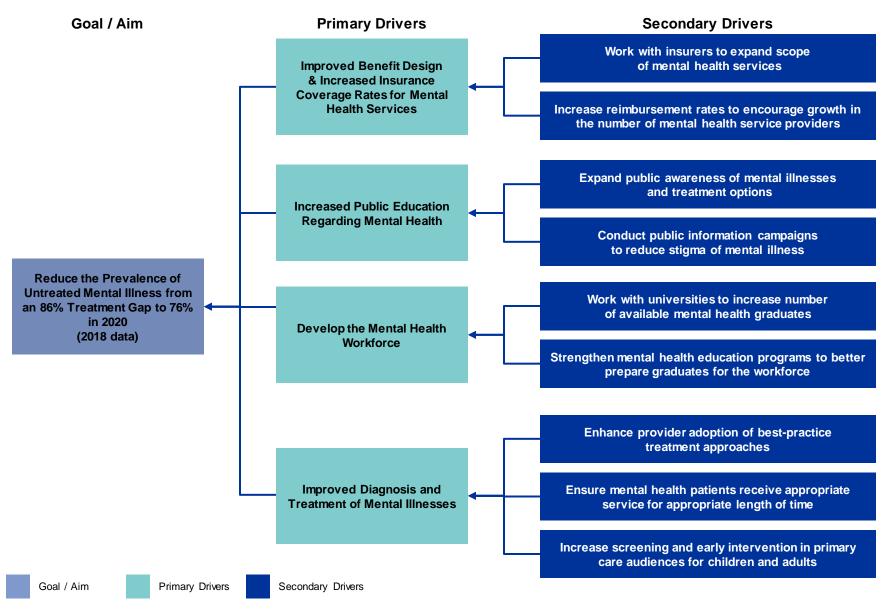
## **DEVELOPING A DRIVER DIAGRAM**



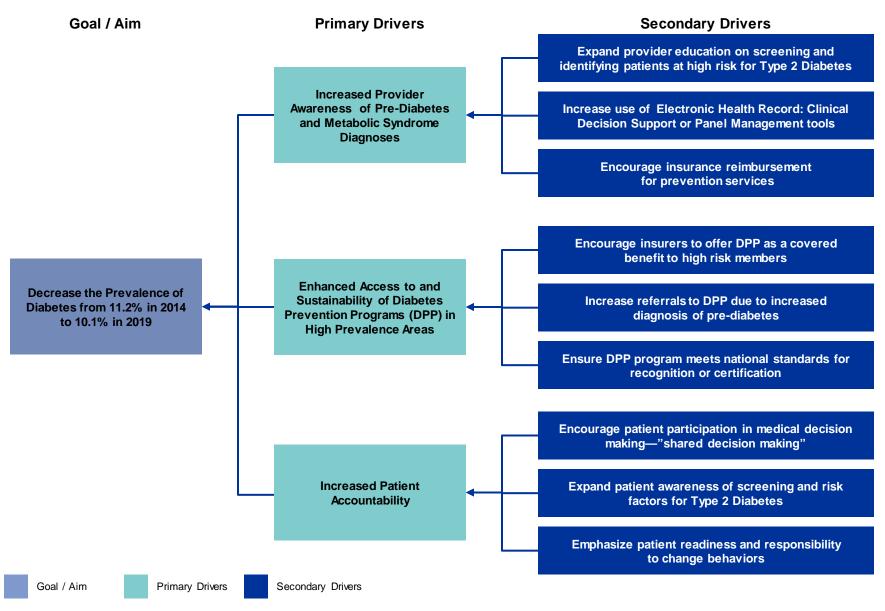
### **OSIM Goal Achievement Map – Tobacco**



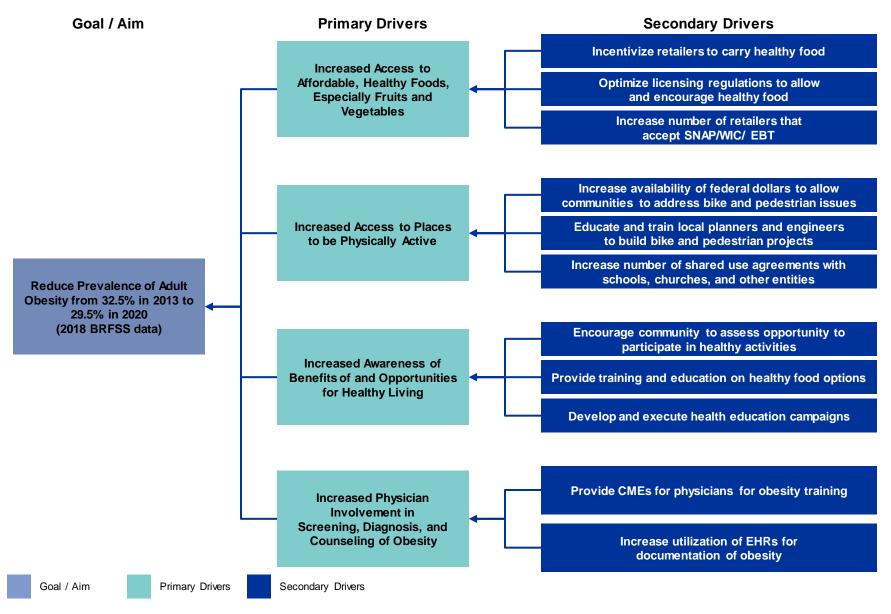
## **OSIM** Goal Achievement Map – Behavioral Health



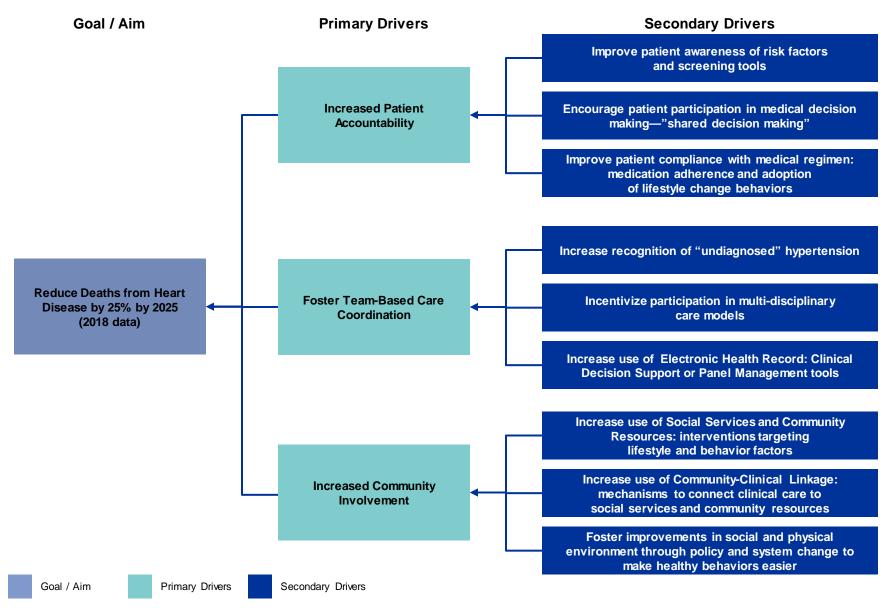
### **OSIM Goal Achievement Map – Diabetes**



## **OSIM Goal Achievement Map – Obesity**



## **OSIM** Goal Achievement Map – Heart Disease



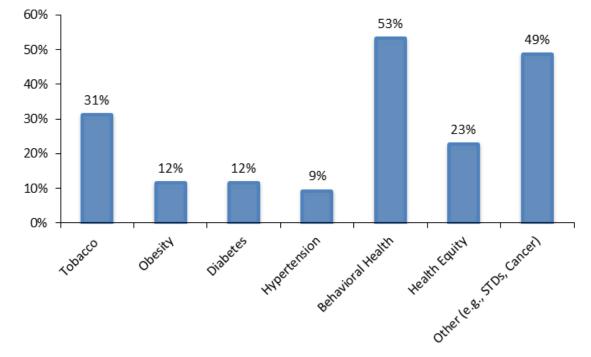
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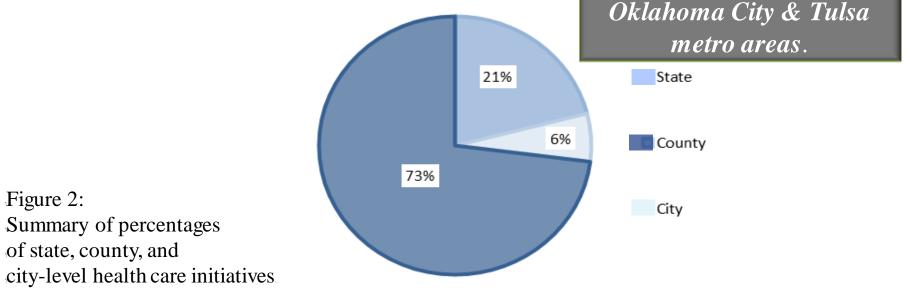
#### E-TEAM researchers identified <u>307</u> current healthcare initiatives in Oklahoma.

Figure 1: Summary of the foci of health initiatives in Oklahoma based on the high-priority health areas.









#### **Oklahoma State Innovation Model**

Current Health Transformation Initiatives and Recommendations on Strategies and Interventions

July 22, 2015



10

Strategies and Interventions to Address High-Priority Health Improvement Areas

#### **TOBACCO USE**

Increasing the unit price of tobacco

Smoking bans

Mobile phone-based interventions

Anti-smoking media campaigns Quitline interventions

Provider reminders (when used alone or with provider education)

Reducing out-of-pocket costs for evidence-based tobacco cessation treatments

Evidence-based strategies and *interventions for* addressing smoking consist of communityfocused efforts towards smoking cessation and clinical preventative services.



#### **Oklahoma State Innovation Model**

Current Health Transformation Initiatives and Recommendations on Strategies and Interventions

July 22, 2015

Strategies and Interventions to Address High-Priority Health Improvement Areas

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OBESITY				
Technology-supported, multi-component coaching or counseling interventions	Worksite programs			
Community-setting interventions	Clinical preventative services			



#### **Oklahoma State Innovation Model**

Current Health Transformation Initiatives and Recommendations on Strategies and Interventions

July 22, 2015

Strategies and Interventions to Address High-Priority Health Improvement Areas

10

#### DIABETES

Healthcare system-level interventions

Diabetes self-management education (DSME)

Clinical preventive strategies



10

#### **Oklahoma State Innovation Model**

Current Health Transformation Initiatives and Recommendations on Strategies and Interventions

luly 22, 2015

## Strategies and Interventions to Address High-Priority Health Improvement Areas



#### **HYPERTENSION**

Healthcare system-level interventions

Interventions in community settings



### **Oklahoma State Innovation Model**

Current Health Transformation Initiatives and Recommendations on Strategies and Interventions

July 22, 2015



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## Strategies and Interventions to Address High-Priority Health Improvement Areas

#### **BEHAVIORAL HEALTH**

Healthcare system-level intervention

Home-based depression care management

Clinic-based depression care management

Community-based exercise interventions

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## Oklahoma State Innovative Model Healthcare Delivery Models DRAFT

**Presenters:** 

Timothy F. Harris, FSA, MAAA Principal

Jared Rogers Actuarial Assistant





#### **PURPOSE AND SCOPE OF THIS STUDY**

For the purposes of planning and establishing a value-based payment system that encourages outcome-driven healthcare by supporting patients and healthcare providers in making decisions that promote health by encouraging preventive and primary care and the appropriate use of acute care facilities, Milliman was contracted by the Oklahoma State Department of Health (OSDH) to analyze the current insurance market in Oklahoma using information provided by OSDH and other public sources of data.

The information presented in this report is to be used in the development of later deliverables to OSDH.

#### **Accountable Care Organizations**

Accountable Care Organizations (ACOs) have seen explosive growth since their entry into the healthcare industry. Initially introduced by the Affordable Care Act (ACA) and first established in January 2012, ACOs have grown to have a significant presence across the nation. In 2015, there are now 458 different ACOs established across the United States.

#### **Oklahoma ACOs**

Oklahoma contains three primary ACOs with varying numbers of participating providers and covered lives. Each of the three is considered a standard Medicare Shared Savings Program ACO. All three of Oklahoma's ACOs were created within the last two years, and none have reported a savings or loss.

## Mercy ACO

Mercy ACO has participating providers in a Missouri, Oklahoma, Arkansas, and Kansas. In Oklahoma, the concentration of participating providers is centralized around Oklahoma City. Mercy ACO was established January 1, 2015 and is licensed by CMS to run through to December 31, 2017. Savings data will not be available until 2016.

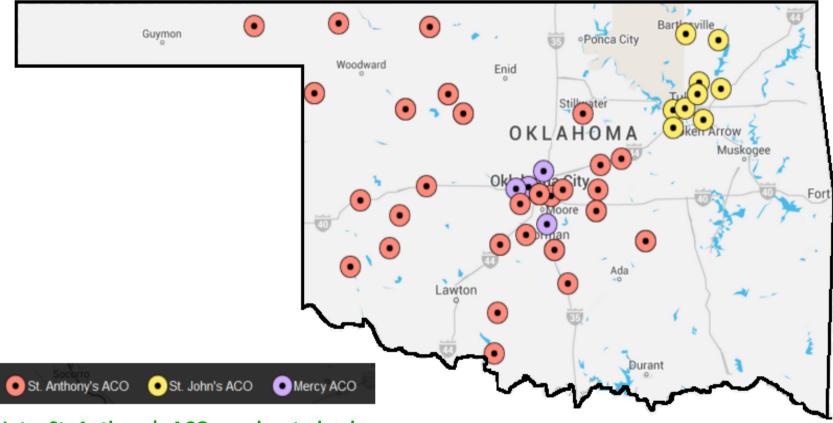
## St. Anthony ACO (SSMOK ACO)

St. Anthony ACO, also known as SSMOK ACO, is an Oklahoma specific ACO and it boasts the most provider participation in Oklahoma. St. Anthony ACO was established January 1, 2015 and is licensed by CMS to run through to December 31, 2017. Savings data will not be available until 2016.

## St. John ACO (SJFI LLC)

St. John ACO, also known as SJFI LLC, is an Oklahoma specific ACO and its participating providers are centralized around Tulsa, Oklahoma. St. John ACO was established January 1, 2014 and is licensed by CMS to run through to December 31, 2016. 2014 Savings data has not yet been made public as of the writing of this report.

#### **ACO HealthCare Provider and Physician Participation**



# Note: St. Anthony's ACOs are located only in the Oklahoma City metro area.

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### **Medicare Delivery Models**

Fee For Service (FFS)

Medicare Advantage

Medicare Innovation Models

### Medicare FFS

Medicare FFS Population 2013					
	Medicare Enrollees	Expenditures (\$)	Average Cost Per Capita (\$)		
Oklahoma	521,064	4,595,467,031	8,819.39		
National	34,303,998	322,962,604,938	9,414.72		
Alabama	680,056	5,691,887,874	8,369.73		
Kansas	389,016	3,300,372,352	8,483.90		
Lousiana	518,879	5,288,656,945	10,192.47		
Mississippi	452,589	4,206,511,866	9,294.33		
Missouri	773,618	6,701,745,553	8,662.86		
Nebraska	250,116	2,101,356,958	8,401.53		
Tennessee	772,006	6,627,580,132	8,584.88		
Texas	2,259,900	23,474,972,252	10,387.62		
Utah	190,815	1,491,561,921	7,816.80		
Wyoming	82,886	632,219,033	7,627.57		

Source: Centers for Medicare & Medicaid Services (CMS) New Data on Geographic Variation.

http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-

Variation/GV\_PUF.html

Note: Medicare Part A & B Fee-for-service members only.

#### Medicare Advantage in Oklahoma

Medicare Advantage plans are a type of Medicare health plan offered by private insurance companies that contracts with Medicare to provide all Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans.

#### Medicare Advantage in Oklahoma

% of Medicare Population Enrolled				
in Medicare Advantage (MA Plans)				
Oklahoma	17.0%			
United States	31.0%			
Alabama	25.0%			
Kansas	13.0%			
Louisiana	30.0%			
Mississippi	14.0%			
Missouri	28.0%			
Nebraska	13.0%			
Tennessee	34.0%			
Texas	31.0%			
Utah	35.0%			
Wyoming	3.0%			

Includes local HMO, local PPO, PPO Demonstration (relevant through 2005), PFFS, Regional PPO, MSA, Cost, and other demonstration contracts. As of 2010, the penetration rate includes HCPP, PACE, Employer-only, and SNP-only plans. Penetration is the number of enrollees in Medicare Advantage divided by the number of Medicare beneficiaries.

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#### **Medicare Initiatives in Oklahoma**

# BPCI Model 2: Retrospective Acute & Post Acute Care Episode BPCI Model 3: Retrospective Post Acute Care Only

#### **BPCI Model 2: Retrospective Acute & Post Acute Care Episode**

The Bundled Payments for Care Improvement initiative is comprised of four broadly defined models of care, which link payments for multiple services beneficiaries receive during an episode of care. Under the initiative, organizations enter into payment arrangements that include financial and performance accountability for episodes of care. These models may lead to higher quality and more coordinated care at a lower cost to Medicare.

In Model 2, the episode of care includes the inpatient stay in the acute care hospital and all related services during the episode. The episode ends either 30, 60, or 90 days after hospital discharge. Participants select up to 48 different clinical condition episodes.

Oklahoma has 18 facilities participating in BPCI Model 2 Initiative.

#### **BPCI Model 3: Retrospective Post Acute Care Only**

In Model 3, the episode of care is triggered by an acute care hospital stay and begins at initiation of post-acute care services with a participating skilled nursing facility, inpatient rehabilitation facility, long-term care hospital or home health agency. The post-acute care services included in the episode must begin within 30 days of discharge from the inpatient stay and end 30, 60, or 90 days after the initiation of the episode. Participants can select up to 48 different clinical condition episodes.

Oklahoma has 21 facilities participating in BPCI Model 3 Initiative.

#### **Commercial Healthcare Delivery Models**

Fee For Service - Preferred Provider Organization - Health Maintenance Organization

HMO Enrollment Reported in July 2013							
	Number of HMOs	HMO Enrollees	% of Population				
			Enrolled in HMO				
Oklahoma	31(number under review)	259,860	6.8%				
<b>United States</b>	538	74,697,310	23.5%				
Alabama	30	244,490	5.1%				
Kansas	29	460,418	16.0%				
Louisiana	33	763,350	16.6%				
Mississippi	23	218,348	7.3%				
Missouri	37	759,267	12.6%				
Nebraska	24	218,880	11.8%				
Tennessee	37	1,604,925	24.9%				
Texas	70	4,787,127	18.4%				
Utah	30	709,216	24.8%				
Wyoming	16	4,261	0.7%				

#### **Oklahoma HMOs**

Enrollment data included for akll licensed HMOs in state that provided either Commercial, Medicaid-only or Medicare-only benefits in that state. For more detailed HMO or PPO information for a specific state, MSA, or county. Kaiser Family Foundation. http://kff.org/other/state-indicator/ total-hmo-enrollment/

#### **Medicaid Delivery Models**

Fee For Service

Health Maintenance Organizations

Accountable Care Organizations Patient Centered Medical Homes

#### **Oklahoma Medicaid Patient Centered Medical Home**

Medical Homes SFY 2014					
SoonerCare Choice Medical Home	Member Months	Care Coordination Payments (\$)			
Medical Home - Open to All Ages	3,799,160	20,243,886			
Medical Home - Open to Children Only	1,338,373	6,219,586			
Medical Home - Open to Adults Only	35,236	194,873			

Source: SoonerCare In Motion: Annual Report 2014.

### **Multi-Payer Healthcare Delivery Initiative**

#### **Oklahoma Comprehensive Primary Care Initiative- Tulsa Region**

The Tulsa area is one of seven regions selected for the Comprehensive Primary Care Initiative (CPC), which is an effort by CMS to improve primary care in the country.

The Comprehensive Primary Care (CPC) initiative is a multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care.

Medicare will work with commercial and State health insurance plans and offer bonus payments to primary care doctors who better coordinate care for their patients.

Primary care practices that participate in this initiative will be given resources to better coordinate primary care for their Medicare patients.

Three Oklahoma payers are involved in this initiative: Blue Cross Blue Shield of Oklahoma, CommunityCare, and Oklahoma Health Care Authority (OHCA).

MyHealth Access Network, an extensive coalition of health care organizations throughout Oklahoma, is serving as the convener of the CPC initiative by supporting implementation and data management for the primary care practices selected to participate.

#### **Future Analysis**

#### Questions and Comments

Sources of Data

Other Healthcare Delivery Models

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# Agenda



Section —		Presenter		
Welcome & Introductions	10 min	1:00pm	Chair, Becky Pasternik-Ikard, OHCA Deputy State Medicaid Director	
Updates on project activities: - HEE Pictorial Directory Update - OSIM Website Updates - Updated OSIM HEE Timeline	10 min	1:10pm	Valorie Owens	
OSIM Update	10 min	1:20pm	Alex Miley, OSIM Project Director	
Deliverable Review & Discussion: - Population Health Needs Assessment	20 min	1:30pm	Malinda Douglas, Chair, OSIM Evaluation & Performance Reporting Subcommittee	
Deliverable Review & Discussion: - Public Health Driver Diagrams	15 min	1:50pm	Alex Miley, OSIM Project Director	
Deliverable Review & Discussion: - Current Health Transformation Initiatives & Recommendations on Strategies & Interventions	25 min	2:05pm	Adam Gibson, OU E-TEAM Senior Research Associate & Project Lead	
Deliverable Review & Discussion: - OK Healthcare Delivery Models Analysis	25 min	2:30pm	Isaac Lutz, Project Manager, OHIP/OSIM Health Finance Workgroup	
Wrap-Up	5 min	2:55pm	Chair, Becky Pasternik-Ikard	



# Health Workforce Redesign

## **Governor's Health Workforce Action Plan Strategy Session**

September 2<sup>nd</sup>, 9:00am-3:00pm

- Action Plan contains high level goals and strategies to ensure Oklahoma's health workforce is able to support the transition **Outcomes**: to value-based care
- Session will be facilitated by National Governor's Association Consultants
- Attendees from each workgroup will be invited
- Outcomes will be included in an issue brief that will inform the newly created "Health Workforce Subcommittee" of the Governor's Council for Workforce and Economic Development

For more information, please contact Jana Castleberry at JanaC@health.ok.gov or at 405-271-9444 ext. 56520.

Input on the development of a health workforce plan which incorporates a care coordination model, encourages patient-centered care, and supports the needs of a value-based system

YOU!

We

need

- Recommendations for descriptions and core competencies for "emerging health professions" in Oklahoma
- Recommendations that support "Team-Based Care for a Transformed System of Care" in Oklahoma

# **OHIP/OSIM Workgroup Meeting Timeline**

