

# Oklahoma State Department of Health



Oklahoma State Innovation Model (OSIM)

OSIM Health Finance and Health E&E  
8/28/2015 Workgroup Meeting



# Agenda

Section		Presenter	
Introductions	9:00	Becky P. I.	
OSIM Overview & Triple Aim	5 min 9:05	Alex M.	
Deliverable Review & Discussion: High Cost Delivery Services	60 min 9:10	Milliman	
Deliverable Review & Discussion: Care Delivery Models in OK	45 min 10:10	Milliman	
Additional Discussion Items and Future Meetings	5 min 10:55	Isaac L. and Valorie O.	



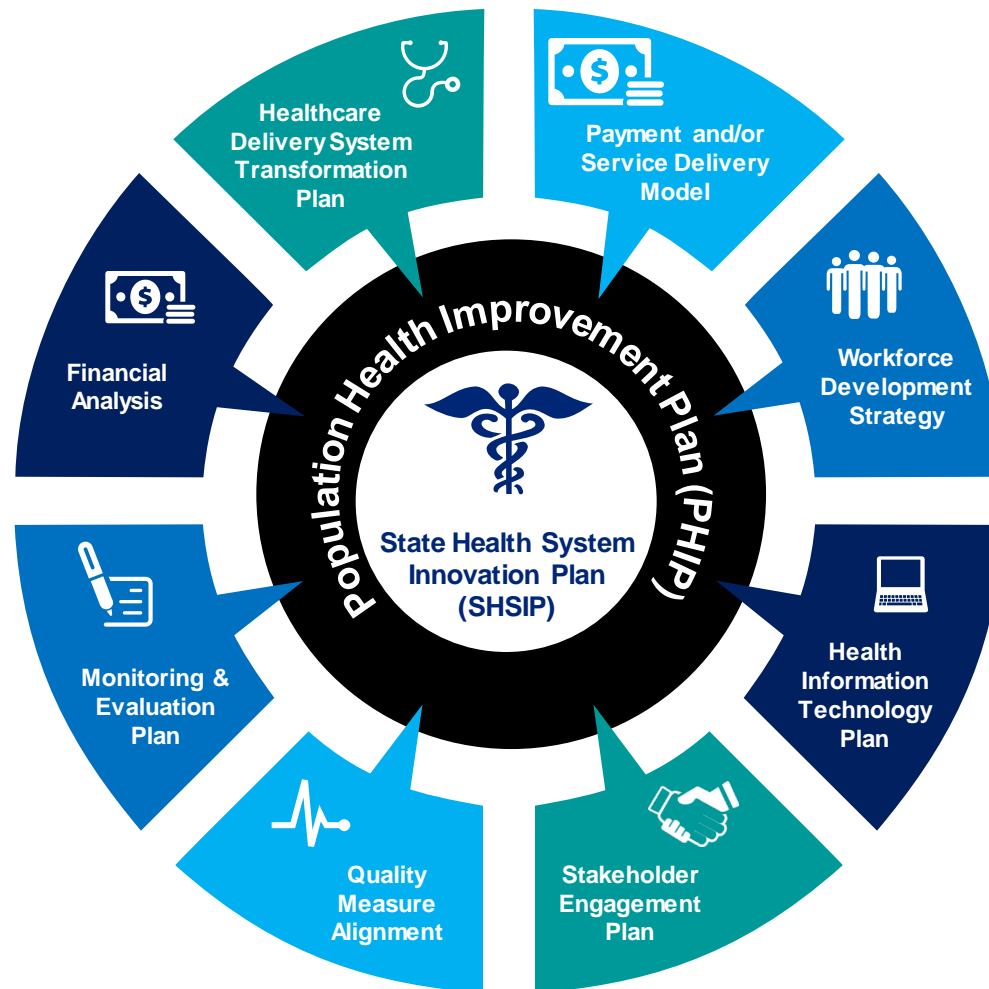
# Overall OSIM Timeline

Activity	2015										2016
	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.
<b>Ongoing: Stakeholder Engagement</b>	Stakeholder Engagement										
<b>Phase 1: Define</b> <ul style="list-style-type: none"> <li>Finalize roles and responsibilities</li> <li>Identify goals and objectives</li> <li>Generate innovation ideas for payment and delivery reform</li> </ul>	█										
<b>Phase 2: Develop Model Design and Select Quality Metrics</b> <ul style="list-style-type: none"> <li>Identify components of redesigned system</li> <li>Leverage existing initiatives in support of Model Design</li> <li>Reach consensus on Model Design and aligned quality metrics</li> </ul>			█								
<b>Phase 3: Develop Health Information Technology Plan and Financial Model</b> <ul style="list-style-type: none"> <li>Design Value Based Analytics tool</li> <li>Develop financial savings estimate</li> <li>Identify regulatory requirements for supporting new model design</li> <li>Reach consensus on cost savings</li> </ul>							█				
<b>Phase 4: Finalize State Innovation Model</b> <ul style="list-style-type: none"> <li>Develop implementation strategy</li> <li>Finalize budget for testing</li> <li>Submit Model Design</li> </ul>											█



# OSIM State Health System Innovation Plan (SHSIP) Overview

The SHSIP is the primary deliverable from the OSIM initiative



# OSIM Workgroup Update: Health Efficiency & Effectiveness

## Health Efficiency & Effectiveness



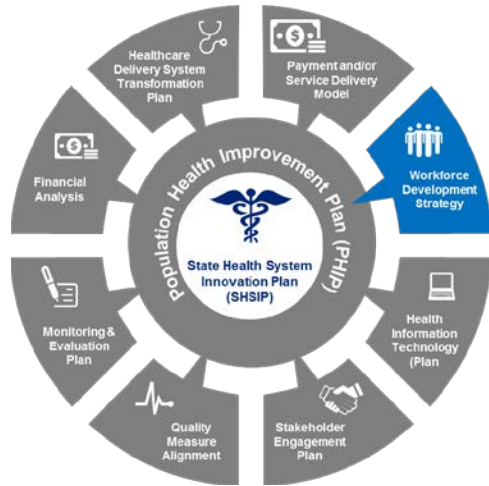
Deliverable / Milestone	Status	Date
Population Health Needs Assessment	■ Completed	7/17
Initiatives Inventory	■ Completed	7/22
Care Delivery Models	■ Received for review	8/17
High Cost Services	■ Received for review	8/24

### Key Findings

#### Population Health Needs Assessment

- Chronic disease affects all populations within the state, albeit at somewhat varying degrees
- 37.5% of adults in Oklahoma have hypertension, the 9<sup>th</sup> highest rate nationally
- Oklahoma is the 6<sup>th</sup> most obese state in the nation
- Diabetes, hypertension, obesity, physical activity and nutrition, and tobacco use are risk factors associated with heart disease and cancer—the leading causes of death in Oklahoma
- The most common initiatives found in Oklahoma are concentrated on improving behavioral health

# OSIM Workgroup Update: Health Workforce



Deliverable / Milestone	Status	Date
Provider Organizations	▪ Preliminary deliverable received; undergoing stakeholder review	8/05
Gap Analysis	▪ Preliminary deliverable received; undergoing stakeholder review	8/05
Emerging Trends	▪ Awaiting vendor delivery	9/01
Policy Prospectus	▪ Awaiting vendor delivery	10/01

## Key Findings

### Provider Organizations and Provider Landscapes

- Major landscape overview inventoried the number various provider types in Oklahoma
  - Physicians: 7,839, Nurses: 47,167, Physician Assistants: 1,193, Dentists: 1,756, Psychologists: 571
- Significant urban vs rural disparities in provider to population ratios for Dentists and Psychologists
  - Urban: 57% Dentists, Psychologists: 56%

### Workforce Gap Analysis

- Although precision of measurement is lacking, it is evident that there is a severe shortage of primary care providers
- Workforce data must be improved to accurately depict the shortage and need

# OSIM Workgroup Update: Health Finance

## Health Finance



Deliverable / Milestone	Status	Date
<b>Insurance Market Analysis</b>	<ul style="list-style-type: none"> <li>▪ Preliminary deliverable received; undergoing stakeholder review</li> </ul>	8/13
<b>High Cost Delivery Services</b>	<ul style="list-style-type: none"> <li>▪ Received for review</li> </ul>	8/24
<b>Care Delivery Models</b>	<ul style="list-style-type: none"> <li>▪ Received for review</li> </ul>	8/17
<b>Financial Forecast of New Delivery Models</b>	<ul style="list-style-type: none"> <li>▪ Not yet started; pending executive committee alignment on OSIM model</li> </ul>	10/26

## Key Findings

### Oklahoma Insurance Market Analysis

- Reduction in the number of uninsured Oklahomans in 2014
- Rise in premium amounts expected for 2016, could impact uptake
- OSDH can engage 80% of the insured market by including the top six carriers
  - Medicaid, Medicare, EGID, and public programs
  - With 25% of the covered lives insured through other self-funded employer sponsored health plans, it will also be imperative to engage these businesses to achieve the goal of engaging 80% of the insured market

# OSIM Workgroup Update: Health Information Technology

## Health Information Technology



Deliverable / Milestone	Status	Date
EHR / HIE Surveys	Complete	08/10
Value Based Analytics Roadmap	High level draft received and currently undergoing stakeholder review	08/25
HIT Plan: Internal Review	Outline of HIT plan and conceptual design complete and currently undergoing review	10/30
HIT Plan: CMS Submission	Pending completion of stakeholder review	11/30

### Key Findings

#### Electronic Health Record / Health Information Exchange Surveys

- Electronic health record (EHR) penetration is fairly strong in urban Oklahoma, but weaker in rural areas
  - Those providers who do not have or are not currently adopting EHRs are unlikely to do so under current circumstances
- Financial limitation is still the number one reason for not adopting HIT technology
- Two predominant health information exchanges (HIE) have similar coverage and structures
- 3 different paths to interoperability within the state are suggested
  - Network of exchanges, select an existing HIE, state sponsored HIE



# Next Steps for Stakeholders

Stakeholders can follow these next steps to stay engaged in the OSIM Plan development.

## Next Steps

1. Complete the [Second Stakeholder Survey](#). (Look out for an email with the survey link.)
2. Submit [online feedback on deliverables](#) via the OSIM Workgroup Public Comment Boxes. ([osim.health.ok.gov](http://osim.health.ok.gov))
3. Join a [workgroup](#) to help develop the components of the *OSIM Plan*. Participation can be virtual or in person.
4. Attend the next [OSIM Statewide Stakeholder Meeting](#) to review the *OSIM Value-Based Analytics Roadmap*:
  - Wednesday, September 9 – Oklahoma City
  - Friday, September 11 – Tulsa

For additional questions and comments regarding the OSIM project, contact the OSIM Project Director.

Name	Position	Email
C. Alex Miley	OSIM Project Director	CatherineAM@health.ok.gov



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# High Cost Delivery Services

## Analysis on Delivery of High-Cost Services

Prepared for Oklahoma State Department of Health

*August 28, 2015*

Presented by:

Jeremy D. Palmer, FSA, MAAA  
Principal and Consulting Actuary

Chris T. Pettit, FSA, MAAA  
Principal and Consulting Actuary



# High Cost Considerations & Discussion Questions

## Considerations

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- Medicaid population can be difficult to assess high costs due to limited condition reporting.
  - Are there ways to improve diagnosis code utilization and reporting?
- Population differences between payers allow for only loose comparisons in costs due to population variances.

## Discussion Questions

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- What could be included in health care management to make it a more well-managed system to reduce costs?
- What should be the first area of focus for reducing high costs for individual payers or across the insurance markets?



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# Oklahoma Care Delivery Models

## State of Oklahoma Care Delivery Model Assessment

Prepared for:

Oklahoma State Department of Health

Prepared by:

Maureen Tressel Lewis, MBA  
Andrew Naugle, MBA  
Susan Philip, MPP



# Care Delivery Considerations & Discussion Questions

## Considerations

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- Care delivery transformation is currently happening in pockets across the state
- Health IT barriers to interoperability will be a factor in fully implementing any coordinated care model in Oklahoma
- Most care delivery initiatives do not include a multi-payer approach

## Discussion Questions

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- How and where should behavioral health be integrated into a care delivery model for Oklahoma?
- How do the state's current access to care issues affect the implementation of future care delivery models?
  - Rural vs. Urban populations



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# Next Meetings

- **Value-Based Analytics and Model Design Workshops**

- September 9 in Oklahoma City
  - SAMIS Center, OU Health Sciences Center: 2:30-4:30pm
- September 11 in Tulsa
  - Tulsa Chamber of Commerce: 1:00-3:00pm

*Members from all OHIP/OSIM Workgroups are invited*

- **Health E&E Meeting following Zarrow Symposium**

- September 17 in Tulsa
  - Cox Business Center: 5:30-6:30pm

- Meeting and other SIM Information: [osim.health.ok.gov](http://osim.health.ok.gov)



# Health Workforce Redesign

## Governor's Health Workforce Action Plan Strategy Session

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

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- Action Plan contains high level goals and strategies to ensure Oklahoma's health workforce is able to support the transition 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

**Contact Jana Castleberry at**  
**[JanaC@health.ok.gov](mailto:JanaC@health.ok.gov) or at**  
**405-271-9444 ext. 56520.**



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### ■ Outcomes:

- 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
- 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