Oklahoma HealthCare Authority

PERFORMANCE AND HEALTH IMPROVEMENT PLAN

March 25, 2019

OHCA Performance and Health Improvement Plan (PHIP)

Performance and Health Improvement Plan (PHIP) Development

OHCA has identified quality as part of its core mission since the agency's founding over two decades ago. The agency has long considered quality and performance improvement to be a responsibility of all departments.

In 2018, OHCA embarked upon a process to develop a comprehensive formal quality improvement plan for the agency. The creation of the SFY 2019 Quality Improvement Plan served as a baseline for OHCA quality improvement activities, development of future iterations of the plan and a means to prioritize, evaluate and measure performance.

The 2019 plan has undergone further development and was renamed the OHCA Performance and Health Improvement Plan (PHIP) in December 2018. Two initial committees were formed and began holding meetings in early 2019. The OHCA PHIP Committee and the OHCA Clinical Committee have started identifying areas in need of performance improvement, as outlined below.

These committees will continue this process on an ongoing basis to identify areas for intervention based on need and resource availability. As areas for intervention are identified by the committees, new workgroups will be formed to further define measures and develop interventions and evaluation processes.

Focus Areas for Performance and Health Improvement

OHCA monitors performance and health improvement at the agency level through quantitative measures selected for their relevance to agency and broader state goals. The PHIP uses these measures to identify priority areas for improvement, develop interventions and assess whether interventions are having the intended impact on performance. The PHIP uses the following areas to categorize efforts and initiatives to improve performance and health:

- Access to Care & Preventive Health Services
- Behavioral Health & Substance Use Disorder
- Care Management
- Long Term Care
- Administration & Cost Containment

Specified measures and targets for each focus area will be refined as the workgroups determine how further action steps should be evaluated.

Focus Area One

Access to Care & Preventive Health Services

Access to Care is a basic expectation for managed care programs and is fundamental to improving member health and outcomes. Members must have ready access to a Patient Centered Medical Home (PCMH) for primary care and referrals for other services.

The first responsibility of the PCMH is to ensure members receive appropriate preventive health services. This includes well-child visits and routine check-ups for adults, effective prenatal care for pregnant women and counseling or referrals to encourage avoidance of unhealthy lifestyle choices, such as tobacco or illicit drug use. Preventive care, when effective, forestalls the development of costly acute or chronic health conditions and more than pays for itself through avoided health care claims and improved patient quality of life.

- ***Adolescent Well-Care Visits***

  CMS Scorecard 2016 (2015 Data)
  - SoonerCare Rate 22.4 (bottom quartile)
  - National Median 45.1
  - Top Quartile 56.4

  Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents. Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood. Well-care visits provide an opportunity for health care providers to influence health and development. They are a critical opportunity for screening and counseling. Similar to other state Medicaid programs, OHCA has achieved higher adherence to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines for younger children than for adolescents and young adults. The SoonerCare rate for adolescents/young adults shows significant room for improvement. The rate for 2017 was 23.2% compared to the national rate of 53% in 2017.

  Increase the rate of adolescent well-care visits among SoonerCare members from 23.2% (CY2017) by at least one percentage point annually through CY2022.

2017	2018	2019	2020	2021	2022
23.2%	24.2%	25.2%	26.2%	27.2%	28.2%

A workgroup has been formed to develop multiple interventions, to be carried-out by the OHCA and its managed care partners (Health Access Networks and Patient Centered Medical Homes). The interventions will include identification and outreach/education of families with adolescents who are due (or overdue) for a well-care visit.

The OHCA also may introduce financial incentives for PCMH providers who meet or exceed adolescent preventive care performance targets. This would be part of the agency's redesign of the PCMH program and introduction of value-based purchasing.

- *Tobacco Cessation*

Tobacco (FY2018 SoonerCare member survey)

- SoonerCare Rate 26.4
- State Average 19.6
- National (BRFSS 2017) 17.1%

As indicated by the Centers for Disease Control and Prevention (CDC), smoking is the leading cause of preventable disease and death in the United States. The prevalence of cigarette smoking is especially high among certain groups of adults, particularly persons of lower socioeconomic status and persons with mental illness or substance use disorders. A FY18 SoonerCare member survey showed that prevalence rates for smoking among SoonerCare members (26.4%) continues to be higher than the state average (19.6%), with 30.3% of SoonerCare members reporting use of tobacco in any form.

Related agency interventions:

The OHCA SoonerQuit (SQ) program supports members and providers by providing tobacco cessation education and evidenced-based resources. A workgroup has been formed to further develop measures, interventions and evaluation to address this need. OHCA will undertake multiple, coordinated interventions, to improve use of tobacco cessation benefits and decrease the use of tobacco products by SoonerCare members:

- Outreach and Promotion
  - OHCA will provide education on and create awareness of SoonerCare benefits, resources and tools specific to tobacco cessation, nutrition and physical activity through a variety of outreach methods and communication strategies (e.g., radio, TV, newsletters, website, social media).
- OK Tobacco Helpline referral partner education and awareness
  - SQ staff will provide training and reference materials to OHCA units, SoonerCare providers, and community partners on processes for referring SoonerCare members to the Oklahoma Tobacco Helpline.
- Provider engagement and practice change
  - SoonerQuit will increase provider knowledge and application of tobacco cessation best practices in clinical settings. The SQ initiative offers on-site practice facilitation, using the CDC's evidence based guidelines known as the "5 A's". Provider participation is voluntary.
- Access to full Nicotine Replacement Therapy (NRT) benefits via the Helpline

- Currently, SoonerCare members who register through the Helpline receive two weeks of NRT and are required to see their provider for a prescription for the remaining 10-week supply. The OHCA will develop processes to ensure that members may receive their full NRT benefit upon registration with the Helpline.
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- ***Increase annual utilization of tobacco cessation benefits among SoonerCare members from 46,027 benefits (FY2018), by a minimum of an additional 2,000 benefits during each year through SFY2022.***

2018	2019	2020	2021	2022
46,027	48,027	50,027	52,027	54,027

Reduce smoking rates (and other forms of tobacco use) among SoonerCare members, by 1.5 percentage points during each year through SFY 2022.

2018	2019	2020	2021	2022
26.4%	25.0%	23.5%	22.0%	20.5%

- *Developmental Screening*

CMS Scorecard 2016 (2015 Data)

- SoonerCare Rate 15.7 (bottom quartile)
- National Median 36
- Top Quartile 50.5

The OHCA is collaborating with the University of Oklahoma (OU) College of Medicine, Department of Pediatrics to train pediatric and primary care practices to implement the Reach Out and Read (ROR) early literacy program and use standardized developmental screening tools during health visits with young children. The implementation of ROR into health care practices will improve both the quality of the child's preventive health visit and developmental screening processes. Providers will receive standardized developmental screening tools and training to incorporate them into their practices.

A workgroup has been formed to further develop measures, interventions and evaluation to address this need.

Increase the rate of developmental screening of children less than 3 years covered by SoonerCare from 17.1% (CY2018). (National median=40.3%.) Improve the rate by at least one percentage point annually during each year through 2022.

Note: The OHCA rate is based on paid claims data submitted by providers. It is very likely that the actual rate is higher than reported through claims. The OHCA may undertake a targeted review of provider medical records to establish a more accurate baseline.

2018	2019	2020	2021	2022
17.1%	18.1%	19.1%	20.1%	21.1%

- *Immunizations*

CMS Scorecard 2016 (2015 Data)

- **Adolescents Age 13 Immunizations**
  - SoonerCare Rate 22.2 (bottom quartile)
  - National Median 70.3
  - Top Quartile 79.4
- **HPV Immunizations**
  - SoonerCare Rate 11.8 (bottom quartile)
  - National Median 20.8
  - Top Quartile 23.6

The OHCA Clinical Committee established this area for intervention and a workgroup is being formed to develop outcome goals and interventions. The interventions likely will include outreach/education by the OHCA and its HAN and PCMH partners of families with children/adolescents who are due (or overdue) for an immunization. The OHCA also may introduce financial incentives for PCMH providers who meet or exceed immunization performance targets. In addition, the OHCA will take steps to maximize use of the federal Vaccines for Children program by eligible providers.

The quality of data related to statewide reporting of immunizations needs further examination. As with developmental screens, the OHCA rates are based on paid claims data submitted by providers. It is very likely that the actual rates are higher than reported through claims. The OHCA may undertake a targeted review of provider medical records to establish a more accurate baseline.

Potential measures for intervention in this area:

Increase the rate of SoonerCare adolescents up-to-date on age 13 immunizations (Tdap/Td, combination 1) from 22.5% (CY2017). (National median=72.7% for latest available data CY2015). Improve the rate by at least one percentage point annually during each year through 2022.

2018	2019	2020	2021	2022
22.5%	23.5%	24.5%	25.5%	26.5%

Increase the rate of HPV immunizations among SoonerCare members from 12.6% (CY2018). (National median=14.5%.) Improve the rate by at least 0.5 percentage point annually during each year through 2022.

2018	2019	2020	2021	2022
12.6%	13.1%	13.6%	14.1%	14.6%

- *BMI Screening in Children and Adolescents*

CMS Scorecard 2016 (2015 Data)

- SoonerCare Rate 3.0 (bottom quartile)
- National Median 61.2
- Top Quartile 69.4

The OHCA Clinical Committee established this area for intervention and a workgroup is being formed to develop outcome goals and interventions. The interventions likely will include outreach/education by the OHCA and its HAN and PCMH partners of families with children/adolescents who are due (or overdue) for a well-care visit, one component of which would be a BMI screening and follow-up (as appropriate). The OHCA also may introduce financial incentives for PCMH providers who meet or exceed screening performance targets.

The quality of data related to statewide reporting of BMI screens needs further examination. As with developmental screens and immunizations, the OHCA rates are based on paid claims data submitted by providers. It is very likely that the actual rates are higher than reported through claims. The OHCA may undertake a targeted review of provider medical records to establish a more accurate baseline. Potential measure for intervention in this area:

Increase the rate of BMI screening among SoonerCare members ages 3-17 from 4.6% (CY2018) (National median=5.7%.) Improve the rate by at least 0.5 percentage point annually during each year through 2022.

2018	2019	2020	2021	2022
4.6%	5.1%	5.6%	6.1%	6.6%

Focus Area Two

Behavioral Health and Substance Use Disorder

Mental health conditions and substance use disorder (SUD) both are prevalent in the SoonerCare population, particularly among adults who qualify for SoonerCare on the basis of a disability. Mental health needs extend from episodic crises to serious mental illnesses such as schizophrenia, bipolar disorder and major depression. SUD includes alcohol and illicit drug dependency, as well as dependency on prescribed opioids to treat chronic pain.

SUD, particularly opioid dependency, is a growing problem, not just for Oklahoma's SoonerCare population but for the entire state and nation. Many SoonerCare members with mental health conditions and/or SUD also have chronic physical health conditions. Treating the member's mental health/SUD condition often is a prerequisite for enabling the member to manage effectively his or her physical health needs.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has responsibility for a significant portion of the SoonerCare mental health benefit and funding. The OHCA works with ODMHSAS to address member mental health and SUD treatment needs.

- ***Psychotropic Medications in Children***

  CMS Scorecard 2016 (2015 Data)
  - SoonerCare Rate 4.0 (3rd quartile)
  - National Median 3.0
  - Top Quartile 1.7

The OHCA Clinical Committee established this area for intervention and a workgroup is being formed to develop outcome goals and interventions. Potential measure for intervention in this area:

> ***Reduce the rate of child and adolescent SoonerCare members who are treated and prescribed multiple concurrent antipsychotics from 3.6% (CY2018). (National median=2.7%.) Improve the rate by at least 0.3 percentage points annually during each year through 2022.***

2018	2019	2020	2021	2022
3.6%	3.3%	3.0%	2.7%	2.4%

Related agency interventions:

Improving Prescribing Practices for ADHD and Antipsychotic Medication for Youth
The overuse of Attention Deficit Hyperactivity Disorder (ADHD) medications and atypical antipsychotic medications in children and adolescents is a growing quality of care concern nationally. The OHCA is implementing an Academic Detailing initiative to improve evidence-based prescribing among SoonerCare providers. A specially trained pharmacist will make an appointment with the selected provider to go over the guidelines for appropriate prescribing within the targeted therapeutic category and provide resources as needed to support best practice. The project is expected to improve prescribing according to existing evidence, lower costs and decrease the number of prior authorizations submitted to the OHCA. Over the long term, it is expected that improved prescribing will result in improved health outcome for SoonerCare members.

OHCA/OK Department of Human Services (OKDHS) Foster Care Partnership
OHCA and OKDHS are partnering on an informed and coordinated approach to ensuring quality of care for children in the foster care system who are prescribed psychotropic medications. This initiative will include improvements to the OHCA's health portal; the creation of an advisory committee of community experts to identify best practices; identification of barriers and improving current data matching; and the development of training and outreach for foster parents, health care providers, and child welfare workers in order to improve services to all children in the foster care system under the age of 19.

- ***Opioid Misuse and Abuse***

Opioids High Dose (CY2018 SoonerCare Quality Measure)
- SoonerCare Rate 26.0 per 1,000 enrollees
- National Median: no data

Reduce the rate of adult SoonerCare members using opioids at a high dose (rate per 1,000 Medicaid enrollees age 18 and older without cancer who received prescriptions for opioids with a daily dosage greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer) from 26.0 (CY2018). (No national benchmark.) Improve the rate by at least one point annually during each year through 2022.

2018	2019	2020	2021	2022
26.0 (members)	25.0 (members)	24.0 (members)	23.0 (members)	22.0 (members)

Related agency interventions:

The Substance Use Stewardship Initiative – Pharmacy Services
Opioid pain relievers play an important role in pain management, however, abuse and misuse has become a growing public health issue in Oklahoma and nationwide. Oklahoma leads the nation in non-medical use of prescription painkillers, with more than eight percent of the population ages 12 and older abusing/misusing painkillers. It is also one of the leading states in prescription painkiller sales per capita.

Both behaviors have resulted in a large number of hospitalizations and overdose deaths among Oklahomans. The OHCA's Substance Use Stewardship (SUS) initiative includes several projects designed to provide quality pain management to SoonerCare members while making sure that any diversion or overuse is being reviewed for efficacy. The specific initiatives include the Morphine Milligram Equivalent (MME) and Medication Assistance Treatment (MAT) programs and a Substance Use Stewardship (SUS) Dashboard to track results.

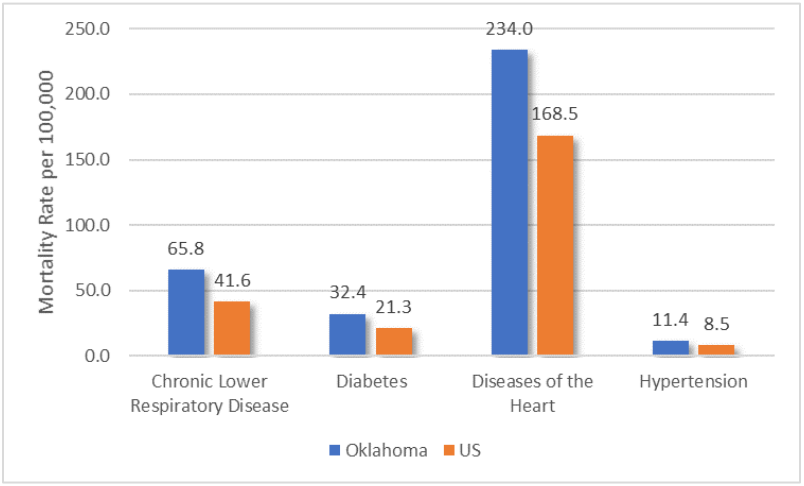
- The SUS dashboard presents 12 months of data at a glance, to allow Pharmacy staff and pharmacists to see results, recognize trends and target specific areas with for focused intervention.
- Morphine Milligram Equivalent (MME): MME refers to the equivalent dose of morphine associated with any opioid and is a means of evaluating the level of pain medication an individual is receiving, regardless of his or her specific drug. The Centers for Disease Control suggest doses higher than 90 MME per day should be reviewed and closely monitored. OHCA has implemented a monitoring program that targets members who require opioid therapy for pain management (acute and chronic). Members who have an active, current cancer diagnosis, hemophilia or sickle cell anemia are excluded, as are those on specific medications used to treat substance use disorders. The program currently includes a prior authorization requirement for any MME utilization over 240; the OHCA will be lowering the prior authorization threshold over time. OHCA Pharmacy staff provide education to providers who are heavy prescribers and set targets for reduction in MME utilization, while ensuring the lower limits are consistent with good patient care.
- Medication Assistance Treatment (MAT): While implementing stricter prior authorization requirements for opioids, the OHCA is removing the need for prior authorization of substance abuse deterrent products like Suboxone.

Focus Area Three

Chronic Care Management

Chronic diseases are among the costliest of all health problems. The 50 percent of the US population with one or more chronic conditions accounts for nearly 85 percent of health spending nationally[1]. Providing care to individuals with chronic diseases, many of whom meet the federal disability standard, has placed a significant burden on state Medicaid budgets. Oklahoma's chronic disease rate exceeds the national average. The gap is particularly wide with respect to respiratory diseases (including asthma), diabetes, heart disease and hypertension.

[1] http://www.cdc.gov/chronicdisease/overview/



The federal Centers for Disease Control estimates that total expenditures related to treating selected major chronic conditions, through a managed care model that adheres to the same federal requirements and best practices as states that contract with Medicaid HMOs. Oklahoma's program differs from the HMO model in that the OHCA has both built internal capacity and contracted with private sector partners and physicians to target the high-risk groups in need of intervention. The advantage of the Oklahoma model is that it operates with a much lower administrative cost than programs in states with HMO contracts, freeing-up more dollars for direct patient care. The Oklahoma model is particularly well-suited for non-expansion states, which have fewer lives to offer HMOs in return for competitive payment rates.

The foundation for Oklahoma's managed care model is primary care. Every SoonerCare Choice member is given the opportunity to select a patient centered medical home (PCMH) for primary/preventive services and specialist referrals.

The OHCA has built on the PCMH foundation with three managed care initiatives: Health Access Networks, SoonerCare Health Management Program and the OHCA Chronic Care Unit.

The OHCA contracts with three **Health Access Networks (HANs)** to support affiliated PCMH providers and offer care management to patients who are at high-risk for poor health outcomes and avoidable hospitalizations and emergency room visits. Oklahoma University and Oklahoma State University each operate a HAN; the third HAN is a grassroots organization of providers based in Canadian County. The three HANs and their affiliated providers serve approximately 120,000 SoonerCare Choice members, out of 530,000 total enrollees.

The OHCA also uses a combination of data analytics and doctor referrals to identify high-risk SoonerCare Choice members not served by a HAN. The OHCA contracts with a private **"Health Management Program" (HMP)** vendor to provide health coaching to high-risk members whose PCMH has agreed to embed a health coach in his or her practice (at no cost to the doctor). The health coaches assist members to better manage chronic health conditions and make lifestyle changes (diet, exercise etc.) to improve overall health.

The OHCA's **Chronic Care Unit** provides telephonic care management directly to high-risk members who do not have access to the HAN or HMP, as well as special needs populations, including members with Hepatitis-C and members with Hemophilia.

At any point-in-time, the three programs (HAN, HMP, CCU) together provide care management to approximately 6,500 of the highest-risk SoonerCare Choice members in the State. A large percentage of these members also are part of the Aged, Blind & Disabled eligibility group, which accounts for a disproportionate share of Medicaid expenditures.

The OHCA's managed care strategy is not static. The OHCA is expanding the scope of the managed care program in 2019 through the following initiatives:

- PCMH Redesign: The OHCA also is redesigning and updating the PCMH model by raising performance standards and moving toward a value-based purchasing model that rewards providers who contribute to improved health outcomes for their patients.
- HAN: The OHCA is collaborating with the HANs to expand their geographic footprint further into rural Oklahoma and to require more extensive assessments of new members for early identification of persons at high risk for poor health outcomes.
- HMP: The OHCA is completing a competitive procurement to award a new five-year contract. Under the contract, the selected vendor will be required to offer a mix of office-based, in-home and telephonic health coaching, based on member needs. The vendor must offer services in all 77 counties.
- CCU: The OHCA is budgeting the necessary resources to ensure the CCU can provide care management to any member unable to access the HAN or HMP programs.

The OHCA Clinical Committee is continuing review of measures related to chronic care needs to establish areas for intervention. This will include a focus on improving management and outcomes related to chronic conditions prevalent in the SoonerCare population, such as asthma, diabetes, heart failure and hypertension. As priorities are identified, the OHCA will collaborate with PCMH, HAN and HMP partners to identify appropriate performance measures and to undertake coordinated interventions to improve outcomes for members with chronic conditions.

Focus Area Four

Long Term Care

The OHCA is responsible for reimbursement of nursing facility services as well as the management and reimbursement of the Medically Fragile home and community-based services (HCBS) waiver. Nursing facility expenditures are the fourth largest Medicaid service category and represent more than ten percent of the OHCA's budget. The Oklahoma Department of Human Services is responsible for administering the ADvantage HCBS waiver, which is the largest long-term care waiver serving individuals who quality for nursing facility level of care. The OHCA and the Oklahoma Department of Human Services (OKDHS) collaborate to promote the effective and efficient administration of HCBS waivers. Individuals who require long term care and reside in certain areas of the state have the option to

participate in the Program for All Inclusive Care for the Elderly (PACE). PACE offers an alternative to nursing facility care and enables PACE participants to access the full array of services (including physical health, behavioral health and long-term care) within a single delivery system. PACE providers are paid a monthly capitation rate for each program participant and are at risk for the providing and managing the care of PACE participants. The PACE program is administered and overseen by the OHCA.

Selected measures and interventions will be established in conjunction with OHCA long term care staff and the OHCA Clinical Care Committee. Possible measures for consideration:

Improving rates related to Focus on Excellence quality measures, e.g., staffing, member/employee satisfaction, employee retention

Improving rates of individuals served through HCBS/PACE versus Nursing Facilities

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Focus Area Five

Administration and Cost Containment

The OHCA's overarching goal for the SoonerCare program is to address the health care needs of Oklahomans through provision of high quality, accessible and cost-effective care. Approximately 95 percent of program expenditures are for direct program services on behalf of SoonerCare members. Medicaid administrative costs include: OHCA administrative activities; support for the administration of eligibility and HCBS services within the Department of Human Services; provider incentive payments for the adoption of electronic health records; and administrative support for Medicaid operations in the Department of Mental Health and Substance Abuse Services, Department of Health and Office of Juvenile Affairs.

Achieve targets set for average SoonerCare program expenditures per member enrolled per year

FY2017	FY2018	FY2019	FY2020	FY2021	FY2022
$4,370	$4,407	$4,451	$4,496	$4,541	$4,586