

Oklahoma Health Care Authority

Here When It Counts

SoonerCare Health Management Program (HMP)

Summary of SoonerCare Health Management Program Evaluation
State Fiscal Year 2011 Annual Report by Pacific Health Policy Group

Board Retreat 2012

www.okhca.org



Health Management Program

A formal Disease Management Program, mandated by the Oklahoma Legislature in the Medicaid Reform Act of 2006

- Decrease cost for those with chronic conditions
- Increase quality of care

Implemented in February 2008. Now beginning our 5th year of the program

SoonerCare HMP Principles

- Focus is on the person – not the disease
- Teach the member how to self manage – rather than doing it for them
- Providers must be included
- Redesigning of practice based care is necessary for members with chronic illness

SoonerCare HMP Design

Arm 1

- Focuses on the high risk patients



Nurse Care
Management

Arm 2

- Focuses on assisting providers (physicians)



Practice Facilitation

Nurse Care Management

- Serves highest Risk members with Care Management focused on self-management supports
- Diabetes and Psychoses most common diagnosis
- Vast majority have at least 2 chronic conditions
- 40% have both physical and behavioral health conditions

What is Practice Facilitation?

- Serves SoonerCare Choice Patient-Centered Medical Homes with high chronic disease incidence on panel
- Core Functions of Practice Facilitators
 - Develop a practice team with well defined roles
 - Assist provider in making their encounter with the patient productive and efficient
 - Empower team members with the utilization of standing orders and educational tools
 - Implement a user friendly and functional information system (REGISTRY)
 - Create a “new culture” within the practice, focused on quality

HMP Evaluation

- Performed by external, independent evaluator
 - Pacific Health Policy Group (PHPG)
- 4 Outcomes examined
 - Quality of Care
 - Satisfaction
 - Utilization and Expenditure Trends
 - Cost effectiveness

Outcomes

- Quality of Care
 - Nurse care management and practice facilitation achieving improved scores in quality measures for chronic disease
- Satisfaction
 - Nurse care management and practice facilitation achieving high satisfaction rates with members and providers

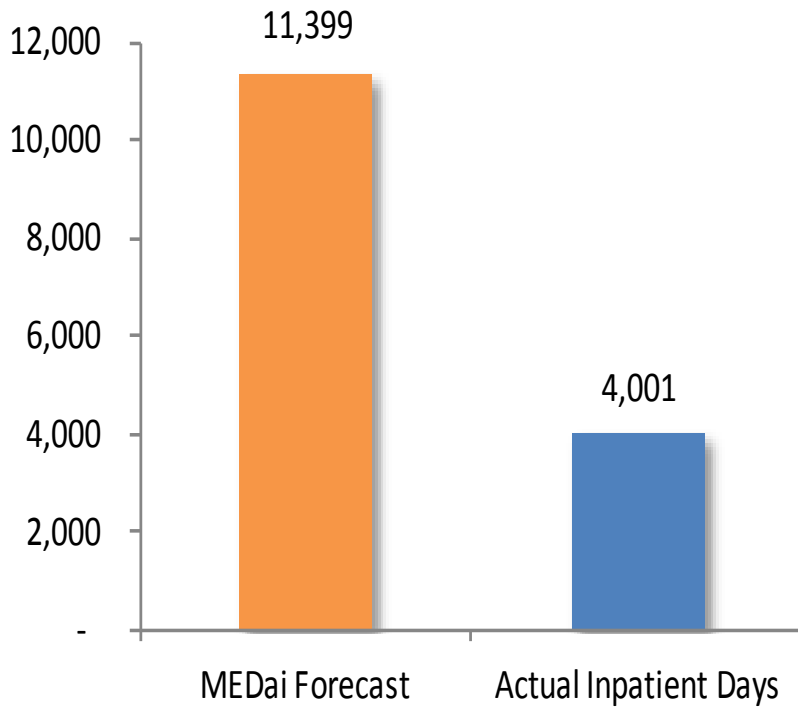
Outcomes

Utilization and Expenditure Trends

- Practice facilitation achieving reduction in expenditures for patients with chronic disease as well as for patients without chronic disease
- Nurse care management achieving reduction in services that signify lack of control of chronic condition (ER and Inpatient care)

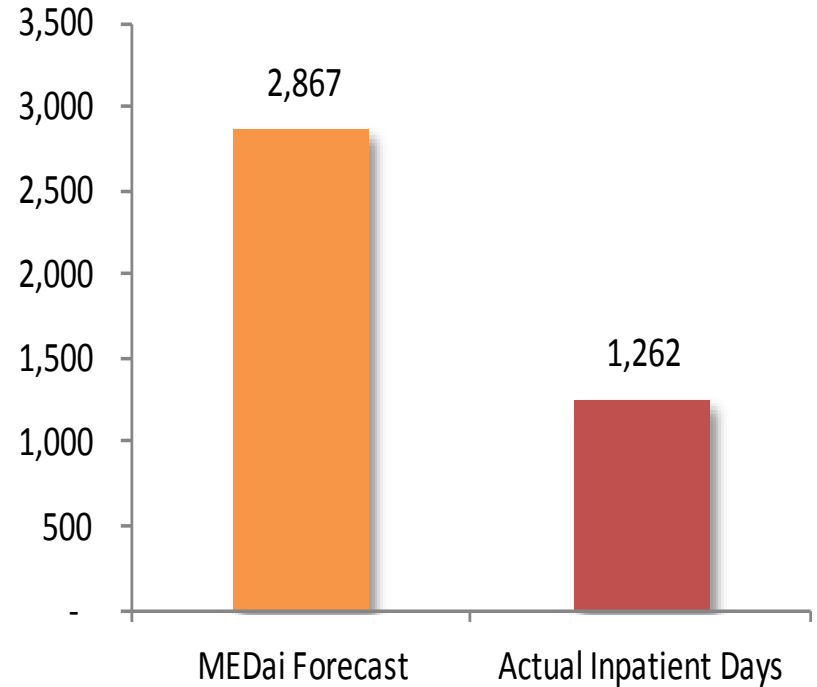
Inpatient Trends

Tier 1



65% Reduction

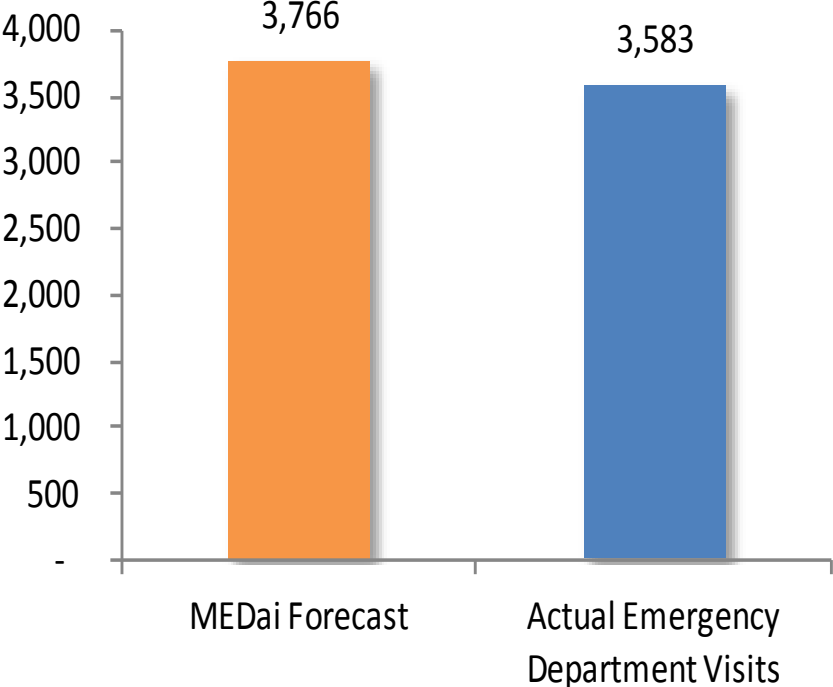
Tier 2



56% Reduction

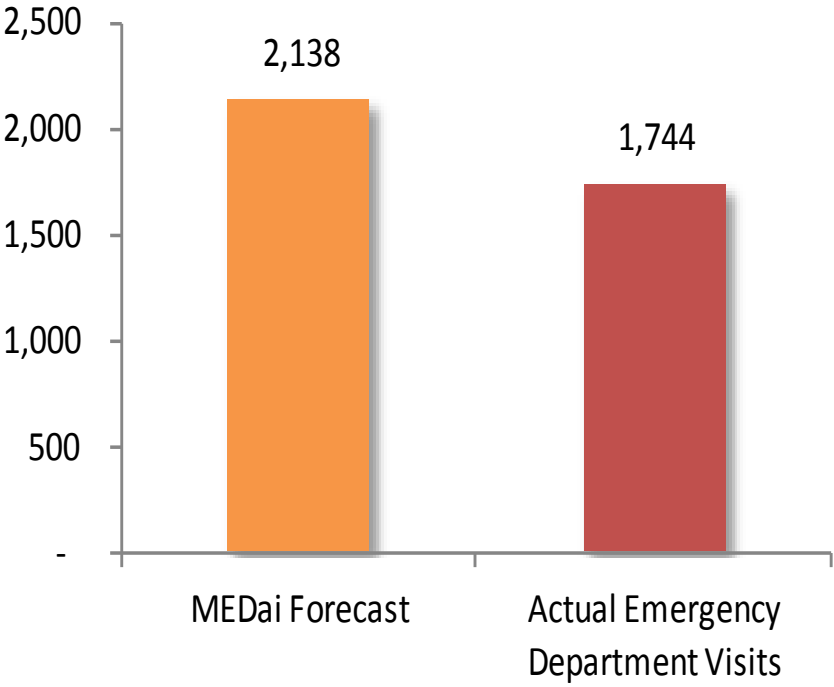
Emergency Room Trends

Tier 1



5% Reduction

Tier 2



18% Reduction

Cost Effectiveness

Component	Administrative Costs	Medical Savings	Net Savings	Return on Investment
NCM (All)	(\$13,307,630)	\$57,756,273	\$44,448,643	334%
<i>NCM Tier 1</i>	<i>(\$6,553,841)</i>	<i>\$18,649,641</i>	<i>\$12,095,800</i>	<i>185%</i>
<i>NCM Tier 2</i>	<i>(\$6,753,790)</i>	<i>\$39,106,633</i>	<i>\$32,352,843</i>	<i>479%</i>
Practice Facilitation	(\$7,406,342)	\$49,195,274	\$41,788,931	564%
TOTAL Program	(\$20,713,972)	\$106,951,547	\$86,237,575	416%

Note: ROI equals net savings divided by absolute value of administrative costs

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Thank You

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