

Agenda for the 11:00 a.m., Tuesday, May 12, 2015
Regular Meeting of the Oklahoma State Board of Health

Posted at www.health.ok.gov

Oklahoma State Department of Health
1000 N.E. 10th Street – Room 1102
Oklahoma City, OK 73117-1299

I. CALL TO ORDER AND OPENING REMARKS

II. REVIEW OF MINUTES

- a) Approval of Minutes for April 14, 2015 Regular Meeting

III. STRATEGIC PLAN UPDATE PRESENTATION

Julie Cox-Kain, M.P.A., Senior Deputy Commissioner

- b) Update

IV. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

Executive Committee – Dr. Woodson, Chair

Discussion and possible action on the following:

- c) Update

Finance Committee – Ms. Burger, Chair

Discussion and possible action on the following:

- d) Update

Accountability, Ethics, & Audit Committee – Dr. Alexopoulos, Chair

Discussion and possible action on the following:

- e) Update

Public Health Policy Committee – Dr. Gerard, Chair

Discussion and possible action on the following:

- f) Update

V. PRESIDENT'S REPORT

Related discussion and possible action on the following:

- g) Update

VI. COMMISSIONER'S REPORT

Discussion and possible action

VII. NEW BUSINESS

Not reasonably anticipated 24 hours in advance of meeting

VIII. PROPOSED EXECUTIVE SESSION

Proposed Executive Session pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation, investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would violate confidentiality requirements of state or federal law.

- OAS Investigation, Number 2014-032

Possible action taken as a result of Executive Session.

IX. ADJOURNMENT



Terry L Cline, PhD
Commissioner of Health
Secretary of Health
and Human Services

Ronald Woodson, MD
President
Jenny Alexopoulos, DO
Terry R Gerard, DO

Board of Health
Martha A Burger, MBA
Vice President
Charles W Grim, DDS, MHSA
R Murali Krishna, MD

Cris Hart-Wolfe, MBA
Secretary-Treasurer
Timothy E Starkey, MBA
Robert S Stewart, MD

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Oklahoma City, OK 73117-1299
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STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 N.E. 10th
Oklahoma City, Oklahoma 73117-1299

Tuesday, April 14, 2015 11:00 a.m.

Dr. Ronald Woodson, President of the Oklahoma State Board of Health, called the 398th regular meeting of the Oklahoma State Board of Health to order on Tuesday, April 14, 2015 at 11:04 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on April 13, 2015, and at 11:00 a.m. at the building entrance on April 13, 2015.

ROLL CALL

Members in Attendance: Ronald Woodson, M.D., President; Martha Burger, M.B.A., Vice-President; Cris Hart-Wolfe, Secretary-Treasurer; Jenny Alexopoulos, D.O.; Terry Gerard, D.O.; R. Murali Krishna, M.D.; Robert S. Stewart, M.D.

Absent: Charles W. Grim, D.D.S.; Timothy E. Starkey, M.B.A.;

Central Staff Present: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Mark Davis, Chief Financial Officer; Tony Sellars, Director of Office of Communications; Officer; VaLauna Grissom, Secretary to the State Board of Health; Janice Hiner, Sr. Advisor to the Commissioner of Health; Felesha Scanlan, Diane Hanley, Maria Souther, Commissioner’s Office.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

Dr. Woodson called the meeting to order. He welcomed special guests in attendance.

REVIEW OF MINUTES

Dr. Woodson directed attention to review of the minutes of the March 10, 2015 Regular Board meeting.

Ms. Burger moved Board approval of the minutes of the March 10, 2015, regular Board meeting, as presented. Second Dr. Stewart. Motion carried.

AYE: Alexopoulos, Burger, Gerard, Krishna, Stewart, Woodson

ABSTAIN: Wolfe

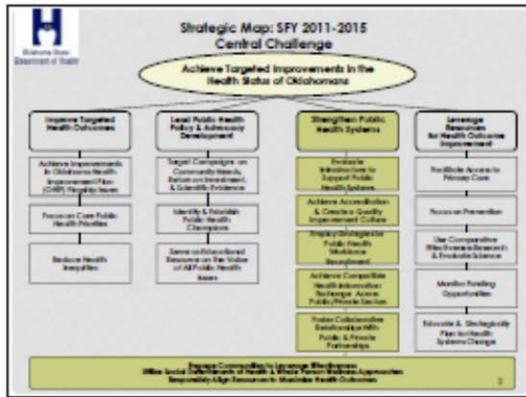
ABSENT: Grim, Starkey

STRATEGIC MAP UPDATE PRESENTATION

Toni Frioux, MS, APRN-CNP, Deputy Commissioner, Prevention and Preparedness Services; Henry F. Hartsell, Jr., Ph.D, Deputy Commissioner, Protective Health Services



1



ACCREDITATION AND QUALITY IMPROVEMENT CULTURE

2015 annual report to Public Health Accreditation Board

- Organization changes
- Phase two – quality component
- Core accreditation team

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UPDATE TOPICS

- Continuous Evaluation and Improvement
- Accreditation and Quality Improvement Culture
- Public Health Workforce
- Health Information Technology and Health Information Exchange
- Collaborative Public and Private Partnerships

ACCREDITATION AND QUALITY IMPROVEMENT CULTURE

- 141 GI projects since 2011
- Four nominations for Quality Oklahoma Team Day 2015
- Quarterly & annual strategic plan reviews
- External GI projects
 - Key health outcomes projects with OHCA, ODMHSAS
 - Ad Hoc committee on nurse aide abuse investigations
 - Health facility plan review team

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ACCREDITATION AND QUALITY IMPROVEMENT CULTURE

- College of American Pathologists (CAP) accreditation
 - Completed triennial inspection of laboratory by CAP team
 - Maintained CAP accreditation and CLIA certification
- County health department laboratory inspection improvements
 - Revised checklist and process for inspections by OSDH Public Health Laboratory personnel
 - Standardized and improved turnaround time for report
 - Changing oversight of Hemocue instrumentation quality control data and reporting process

HEALTH INFORMATION TECHNOLOGY AND HEALTH INFORMATION EXCHANGE

- All immunization systems interoperable by SFY 2016
 - Engage with CDC
 - Achieve meaningful use standards
- All electronic lab reports for reportable diseases in Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) by SFY 2016
 - New Laboratory Information Management System, estimated completion 4/20/15
 - Large labs use electronic reports – 25% complete

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PUBLIC HEALTH WORKFORCE

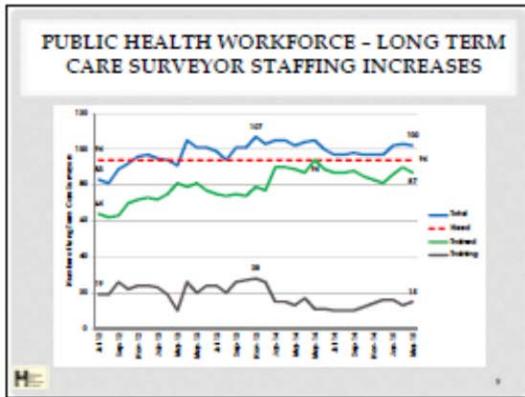
- Oklahoma Health Improvement Plan 2020 – coordinate, integrate state workforce with health workforce
- Electronic application system (JobAps)
- Employee exit surveys
- 2014 Climate Survey improvements
- Workforce Wellness Center
- Continuous recruitment and hiring

COLLABORATIVE PUBLIC AND PRIVATE PARTNERSHIPS

- Tribal Public Health Advisory Committee
- Choctaw Nation/Pittsburg CHD influenza vaccine partnership
- Oklahoma Caring Van Program
- Heartland OK (Million Hearts)
- Oklahoma Turning Point
- Oklahoma Partnership to Improve Dementia Care in Nursing Homes
- Citizen-Pottawatomie Nation/IHS/OSDH for tattoos
- Commercial tobacco dependence treatment partnership FITNESSGRAM
- Certified Healthy Oklahoma
- Okmulgee County Tai Chi classes

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FITNESSGRAM

PURPOSE:

- Provide parents with useful information on child fitness
- Assist with fitness data gap in OK
- Age focus: Grades: 3rd-8th

OVERVIEW:

- Track fitness & activity levels
- Schools get free training & software access

LAUNCH: FALL 2014

- 210+ Schools Voluntarily Participating

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COMMUNITY TAI CHI IN AN OKLAHOMA RESIDENTIAL CARE HOME TAUGHT BY HEALTH DEPARTMENT STAFF

For "Tai Chi: Moving for Better Balance" community classes see www.falls.health.ok.gov or contact your county health department through www.health.ok.gov

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STRENGTHEN PUBLIC HEALTH SYSTEMS

OKLAHOMA STATE DEPARTMENT OF HEALTH
APRIL 14, 2015

8

9

10 The presentation concluded.

11
12 Dr. Woodson asked what interventions are put in place for children, if they are identified as unfit under the
13 Fitnessgram program. Toni Frioux responded that parent report cards are made available to parents outlining
14 recommended interventions for dietary and physical fitness concerns.

15
16 Dr. Krishna asked if space requirements for the Public Health Lab were provided in writing as a result of the
17 space deficiencies presented by the College of American Pathologist (CAP) Laboratory inspection. Toni
18 Frioux responded that space requirements were not given only addressed by indicated space deficiencies
19 presented a safety issue.

20

21

22

1 Dr. Krishna commended Hank Hartsell and staff on the improvements presented. He referenced a recent
 2 study published by Rush University Medical Center suggesting a specific diet called the MIND diet, with
 3 dietary components such as blueberries, may reduce the incidence of brain disease and lower the risk of
 4 Alzheimer's by as much as 53%.

5 Dr. Gerard asked if there was an opportunity for the Department to show leadership around the issue of
 6 Health Information Exchange. There is a great need for technologies that communicate better with each
 7 other. For example, emergency medical record technology doesn't necessarily communicate well with other
 8 departments outside the emergency room in Dr. Gerard's own organization. Dr. Woodson added that
 9 interoperability for electronic health records is also a national problem as well.

10 Dr. Cline commented that within the Health and Human Services Cabinet, the OSDH is leading a Shared
 11 Interoperability Service Committee known as DISCUSS (Deliver Interoperable Solution Components
 12 Utilizing Shared Services) that is looking at data sharing with those Health and Human Service agencies. As
 13 a state department we have responsibility around meaningful use. We are in the early stages of this work and
 14 without many resources it is a heavy lift. Both Oklahoma City-County Department of Health and Tulsa
 15 Health Department are working on similar issues.

16 CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

17 **Executive Committee**

18 Dr. Woodson directed attention toward the following reminders discussed in Executive Committee:

- 19 ○ The Board self-assessment survey has been extended through April 17th to give everyone an
- 20 opportunity to respond. VaLauna will provide a reminder and a link.
- 21 ○ Following the May Board meeting is the Annual Employee of the Year Recognition Ceremony.
- 22 ○ The annual Board of Health retreat will be held August 14-16, at the Chickasaw Retreat Center.
- 23 ○ The Nominating Committee for the election of officers has been assigned. Following the committee's
- 24 report in June, the full Board will vote on the new Officers to become effective July 1st.
- 25
- 26

27 **Finance Committee**

28 Ms. Burger directed attention to the Financial Brief provided to each Board member and presented the
 29 following SFY 2015 Finance Report and Board Brief as of March 31, 2015:

30 Budget and Expenditure Forecast

- 31 ○ As of March 31, 2015, approximately \$423 million budgeted for state fiscal year 2015
- 32 ○ Forecasted expenditure rate of 98.06% through June 30, 2015
- 33 ○ "Green light" overall for the department and for each division within the department
- 34

35 The Financial Brief focused on Private Insurance Billing

- 36 ○ Billing private insurance is one step OSDH has taken to adapt to changing federal guidelines and
- 37 diversify revenue
- 38 ○ For some public health services, individuals with private insurance are now ineligible to receive
- 39 federal assistance.
- 40 ○ At the urging of some federal grantors, OSDH began billing private insurance for Immunization and
- 41 other clinical services provided in county health departments
- 42 ○ As of March 31, 2015, the OSDH has billed approximately \$2.6 million in claims and collected
- 43 approximately \$640,000.
- 44

45 **Accountability, Ethics, & Audit Committee**

46 The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Alexopoulos indicated there were
 47 no known significant audit issues to report at this time.

48 **Public Health Policy Committee**

49 The Policy Committee met on Tuesday, April 14, 2015. Dr. Gerard indicated the Committee discussed
 50 legislative agenda items, including discussion around the Senate Appropriations Budget Performance
 51 Hearing scheduled for tomorrow, April 15th. There are other important pieces of legislation moving forward
 52 such as HB 1685 which is the 24/7 tobacco free schools act. All Board members should be receiving a
 53 weekly legislative update report so please let Dr. Newman know if you are not receiving.
 54

1 The next meeting of the Policy Committee will be prior to the May Board Meeting.
2

3 **PRESIDENT’S REPORT**

4 Dr. Woodson thanked all who attended the OHIP Launch in March. It was well attended and speaks to the
5 support for Health Improvement across the state. Dr. Woodson invited all to join Gov. Mary Fallin in the
6 annual Walk for Wellness at the State Capitol Complex on May 13th. Additional location details will be
7 provided to Board members as they are available. Dr. Woodson closed his report by thanking Governor
8 Fallin for being a champion for health. He briefly highlighted a few of the initiatives Governor Fallin has
9 taken on to address Oklahoma’s high rates of obesity and smoking-related illness; Governor’s Ban on
10 tobacco use on all state property, Governor’s Get Fit Challenge, and her commitment to worksite wellness
11 (leading by example as a Certified Healthy Agency and closing of the Capitol smoking room to open a gym).
12 We are very fortunate to have Leadership that cares about a healthier Oklahoma.
13

14 **COMMISSIONER’S REPORT**

15 Dr. Cline also extended a thank you to Board members who attended the OHIP launch in March. He briefly
16 highlighted the addresses by Governor Anotubby, Governor of the Chickasaw Nation and the City Manager
17 and City Mayor for Noble, where the launch was held. It was incredible to hear how this community had
18 redefined themselves through their commitment to health.
19

20 Next, Dr. Cline thanked Dr. Krishna for his contribution at the recent Women Infant and Children’s
21 Conference. He spoke to several large audiences and of particular note was a session in which Dr. Krishna
22 led the group through a relaxation exercise. There was tremendous feedback and comments from the
23 attendees regarding the effectiveness of the exercise and how it was able to “clean” their minds in
24 preparation for the conference. Dr. Cline stated he was a skeptic one over.
25

26 Dr. Cline briefly highlighted the Senate Budget Hearing scheduled for April 15th, rescheduled from April 8th.
27 This will be a great opportunity to educate Legislators about everything the Health Department does. Dr.
28 Cline thanked Mark Newman and staff for all the hard work that goes into preparing for these hearings.
29

30 Next, Dr. Cline briefly mentioned the Open Forum for Quality Improvement for Public Health, a National
31 Forum, in which he was asked to speak as Oklahoma is a front leader in public health accreditation. One of
32 the major questions is how do you keep forward moving momentum. The answer, in part, is what you heard
33 today in the Strategic Plan Update through quality improvement initiatives. The goal is to grow into a
34 culture of continuous quality improvement and we do that through utilizing the tools available to outline
35 processes for improvement in the same way presented today for each of our programs.
36

37 Lastly, Dr. Cline discussed recent ASTHO Board meetings in which they were able to meet with members of
38 the Federal Administration. Approximately 57% of our budget for us comes from the federal government, so
39 this it’s important they understand the impact and importance of their decision through their funding. Also
40 noted was an opportunity to meet with the National Coordinator for Health Information Technology and to
41 discuss what State Health Departments can do to move this process along.
42

43 The report concluded.
44

45 Dr. Krishna and Dr. Woodson briefly discussed the recent Tri-Board Executive Committee meeting. This
46 meeting is an opportunity for the Executive Committees of the State Board of Health, Tulsa Board of Health
47 and Oklahoma City-County Board of Health to discuss common issues and desire to improve the health of
48 Oklahomans. The latest meeting was a preliminary discussion with no action taken. The committees will
49 meet on a semi regular basis to continue the discussion.
50

51 **NEW BUSINESS**

52 No new business.
53

54 **PROPOSED EXECUTIVE SESSION**

55 No Executive Session.

ADJOURNMENT

Ms. Wolfe moved Board approval to adjourn. Second Dr. Stewart. Motion carried.

AYE: Alexopulos, Burger, Gerard, Krishna, Stewart, Wolfe, Woodson

ABSENT: Grim, Starkey

The meeting adjourned at 12:11 pm.

Approved

Ronald W. Woodson, M.D.
President, Oklahoma State Board of Health
May 12, 2015

LEVERAGING RESOURCES FOR HEALTH OUTCOME IMPROVEMENT



JULIE COX-KAIN, M.P.A.

Oklahoma State Department of Health Strategic Map: SFY 2011-2015

**Achieve Targeted Improvements in the
Health Status of Oklahomans**

**Improve Targeted
Health Outcomes**

**Achieve Improvements
In Oklahoma Health
Improvement Plan
(OHIP) Flagship Issues**

**Focus on Core Public
Health Priorities**

**Reduce Health
Inequities**

**Lead Public Health
Policy & Advocacy
Development**

**Target Campaigns on
Community Needs,
Return on Investment,
& Scientific Evidence**

**Identify & Establish
Public Health
Champions**

**Serve as Educational
Resource on the Value
of All Public Health
Issues**

**Strengthen Public
Health Systems**

**Evaluate
Infrastructure to
Support Public
Health Systems**

**Employ Strategies for
Public Health
Workforce
Recruitment**

**Achieve Accreditation
& Create a Quality
Improvement Culture**

**Achieve Compatible
Health Information
Exchange Across
Public/Private Sectors**

**Foster Collaborative
Relationships With
Public & Private
Partnerships**

**Leverage
Resources
for Health Outcome
Improvement**

**Facilitate Access to
Primary Care**

Focus on Prevention

**Use Comparative
Effectiveness Research
& Evaluate Science**

**Monitor Funding
Opportunities**

**Educate & Strategically
Plan for Health
Systems Change**

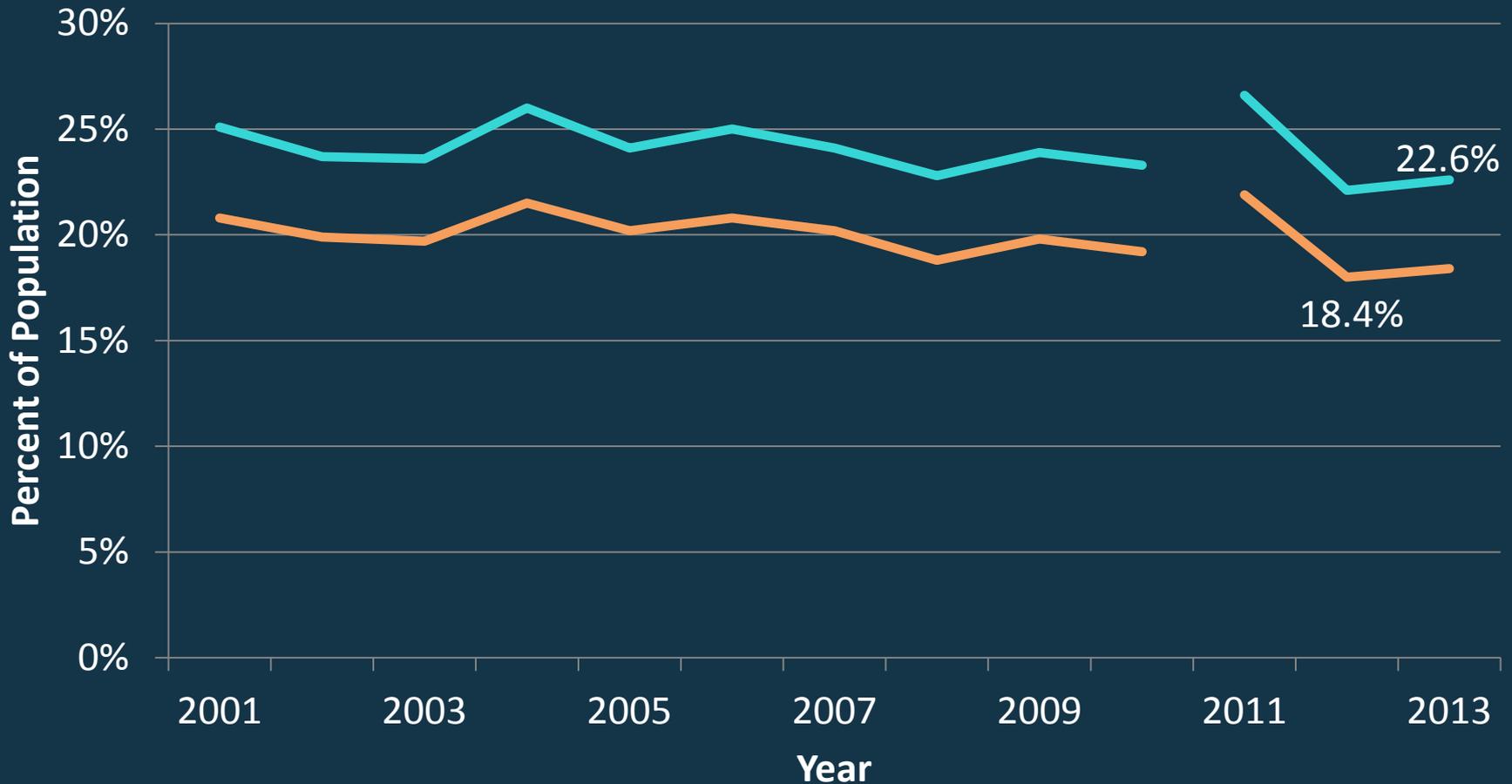
**Engage Communities to Leverage Effectiveness
Utilize Social Determinants of Health & Whole Person Wellness Approaches
Responsibly Align Resources to Maximize Health Outcomes**

Leverage Resources for Health Outcome Improvement

- **By 12/31/2017 decrease by 10% the rate of uninsured**
- **By 6/30/2017 award 90% of FQHC new start funding**
- **By 12/31/2018 reduce preventable hospitalization by 10%**
- **By 6/30/2015 influence one carrier and one health system to adopt preventive services**
- **By 6/30/2015 develop health plans to address specific populations**
- **By 6/30/2015 develop a waiver to pilot shared savings/performance based reimbursement models**
- **By 6/30/2014 pilot team based care initiative**

Decrease Uninsured No Health Insurance; Oklahoma BRFSS, 2001-2013, 2014*

— 18-64 years of age — 18+ years of age

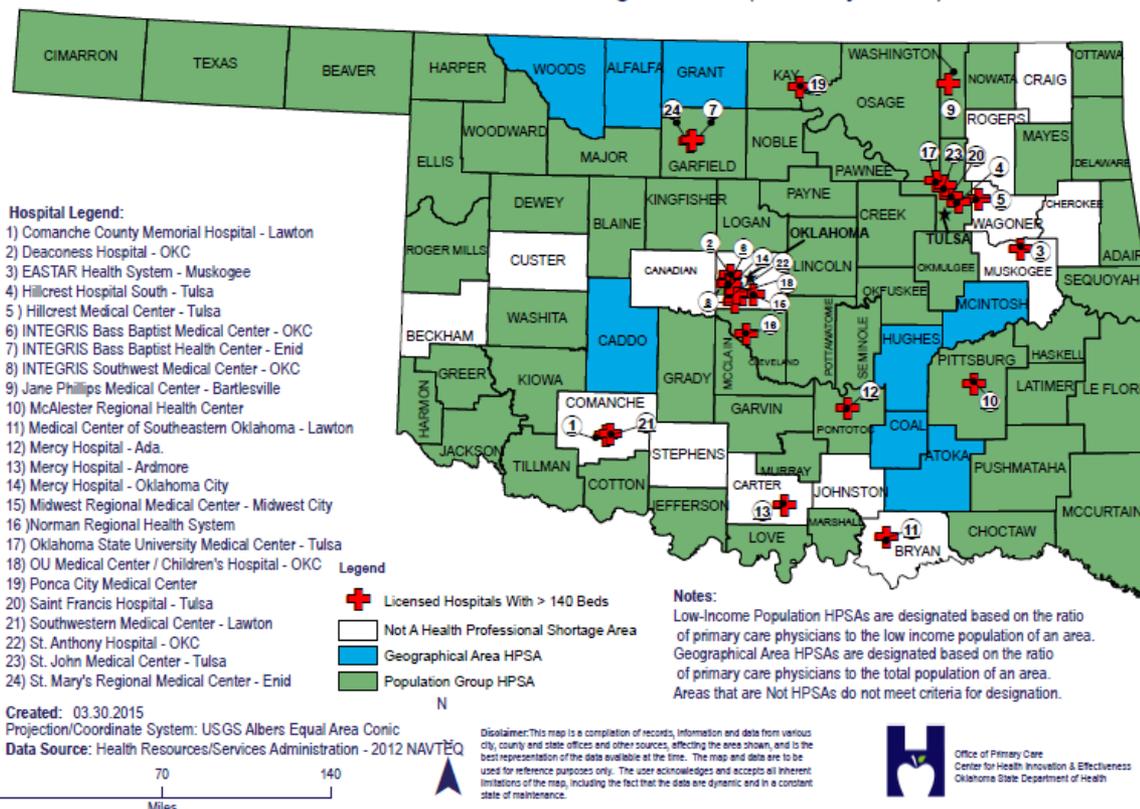


Decrease Uninsured 2015 Federally Facilitated Marketplace (FFM) Enrollment

- 2015 Enrollment
 - 124,838
- 2015 Subsidies
 - 98,622 (79%) of those who selected a plan
- Average premium
 - \$302 per month
- Average tax credit of
 - \$208 per month
- 2014 Enrollment
 - 69,221
- 2014 Subsidies
 - 54,795 (79%) of those who selected a plan
- Average premium
 - \$277 per month
- Average tax credit of
 - \$202 per month

Facilitate Access to Primary Care

Licensed Hospitals with 140 Beds or More & Health Professional Shortage Areas (Primary Care)



- 100% of new start FQHC funding committed and 88% expended in SFY 2015
- Geographic HPSA – 9 Physicians Needed
- Low Income HPSA – 90 Physicians Needed Accepting Medicaid and/or sliding fee
- Data gaps include health professionals in Tribal/IHS facilities and other federal facilities

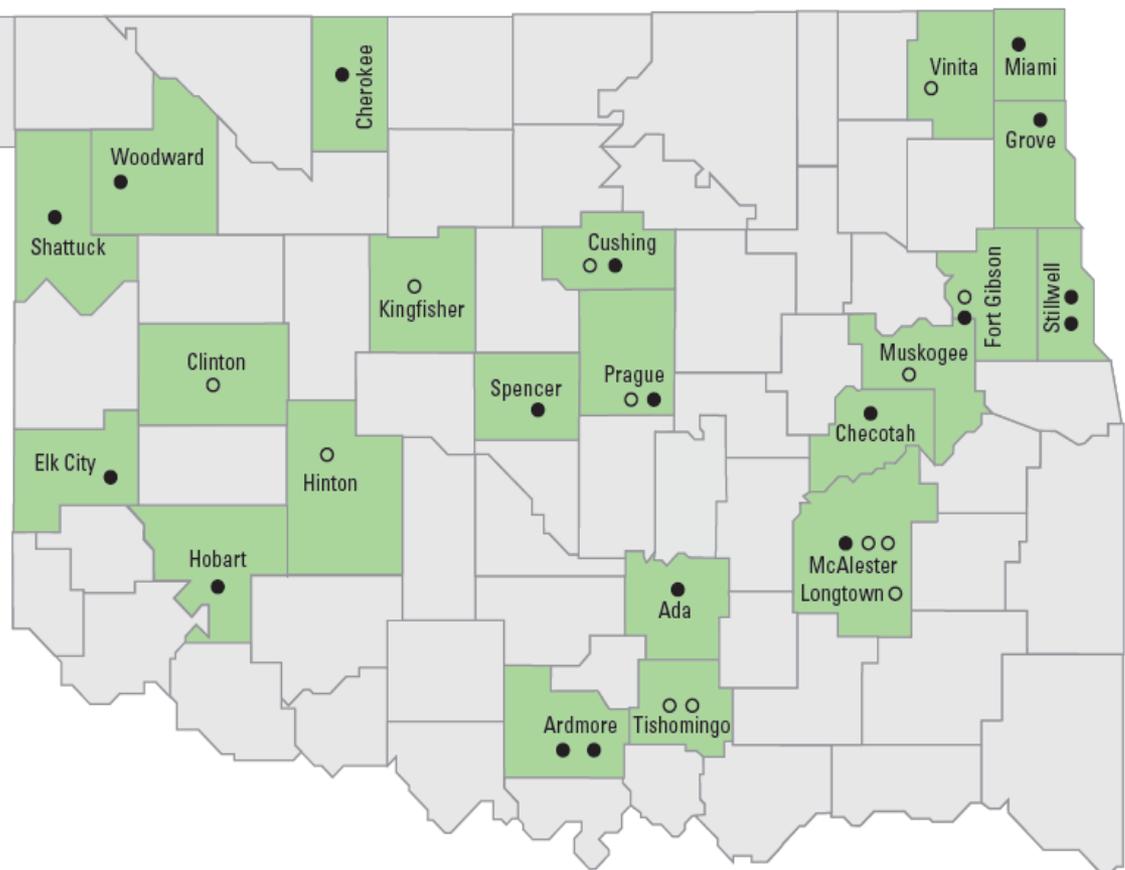
Facilitate Access to Primary Care TSET/Physician Manpower Training Commission Loan Repayment

Oklahoma Medical Loan Repayment Program



The Oklahoma Medical Loan Repayment Program is a partnership between TSET and the Physician Manpower Training Commission to recruit primary care physicians to medically underserved areas. Practicing physicians receive assistance repaying their medical school loans, if they practice medicine in these underserved areas. Physicians can receive up to \$160,000 if they complete four years of service in the program. Physicians must agree to serve a minimum of two years. Financial assistance is based on length of service.

- CURRENTLY PRACTICING
- PROJECTED PLACEMENTS BY 2016



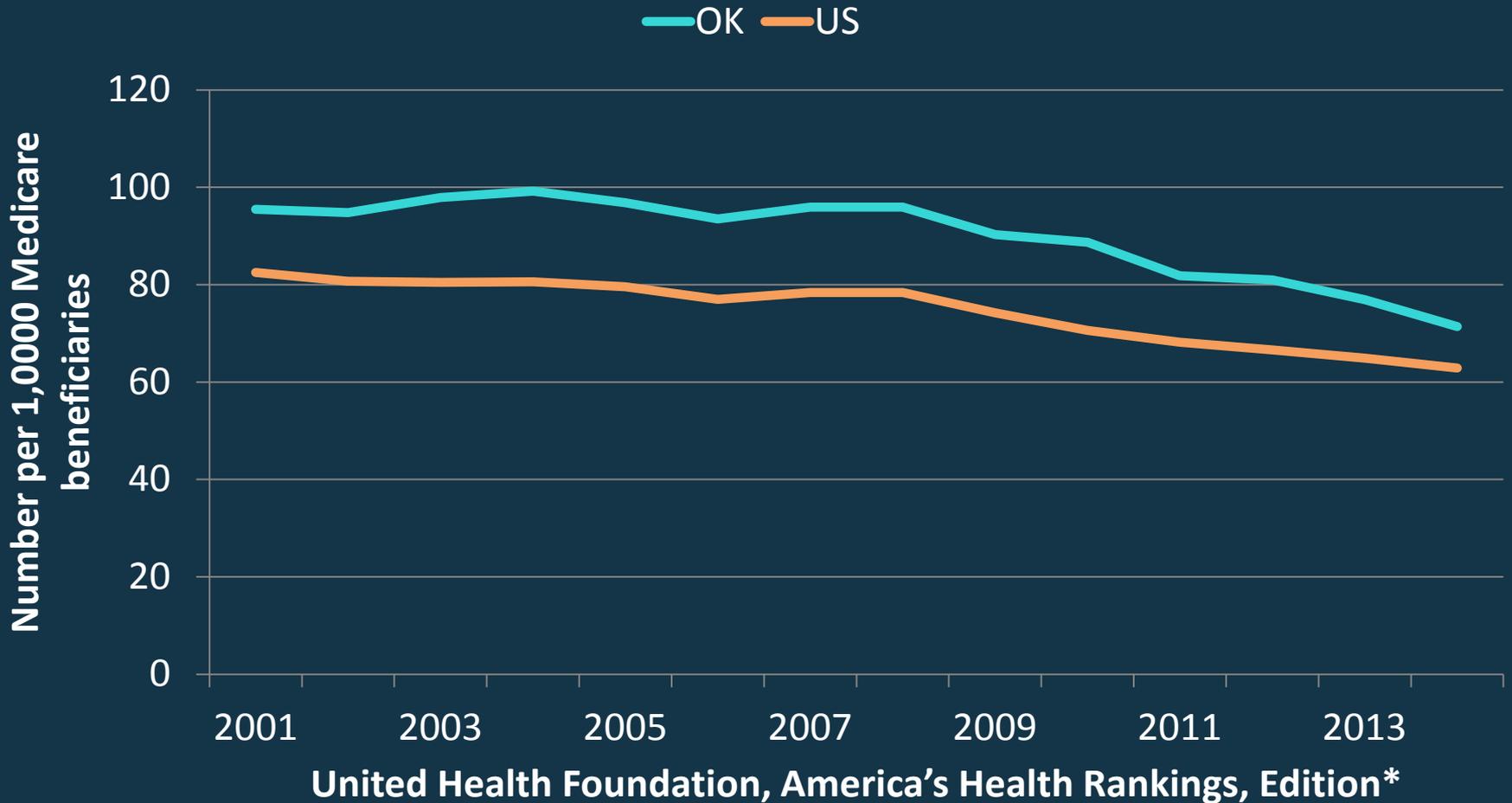
Facilitate Access to Primary Care

NGA Health Workforce Policy Academy

Primary Goals

- Coordination of Workforce Efforts
 - Connect to economic development
- Workforce Data Collection and Analysis
 - Multi-sourced longitudinal data collection
- Workforce Redesign
 - Plan for future of healthcare
- Pipeline, Recruitment and Retention
 - Address provider mal-distribution & HPSAs

Preventable Hospitalizations Among Medicare Population



*Data for the 2014 edition are based on 2012 data from The Dartmouth Atlas of Health Care

Preventive Services

Medicaid Quality Improvement

- **OSDH/OHCA joint Quality Improvement groups aimed at studying and implementing interventions on five health issues affecting the state:**
 - **Tobacco**
 - **Obesity**
 - **Hypertension/Diabetes (separate groups last year)**
 - **Immunization**
 - **Prescription Drug Abuse (Includes DMHSAS)**
- **SFY 2016 – Include Employee Group Insurance Division (EGID)**

Preventive Services

Medicaid Tobacco Policy Progress

- OSDH/OHCA joint aim: improve access to tobacco cessation services by identifying barriers to treatment and removing them.
- Barriers identified: **copayments** on counseling and medications and **prior authorization** on cessation medication.
- Copayments eliminated and prior authorization removed effective Sept. 1, 2014

Preventive Services

E-Referrals to Helpline

- Through utilization of health system EMRs – automatic referrals increase access to evidence based tobacco cessation services
- OSDH is currently partnering with several organizations to provide technical assistance and training on referrals to the OTH (electronic, e-fax and paper fax)
- OSDH is also offering subcontracts to encourage this opportunity to disparately impacted populations:
 - Oklahoma Primary Care Authority (*in development*)
 - Indian Health Service (Lawton Pilot Location)
 - County Health Departments
 - Oklahoma Department of Mental Health And Substance Abuse Services
 - Oklahoma Dental Association (*in development*)
 - American Indian Health Clinic (*non-IHS, out for bid soon*)

Pilot – Insure Oklahoma Sponsor’s Choice Performance Based Pay & Specific Populations

- New category of Insure Oklahoma organizational sponsorship for the purchase of private insurance
- Health outcome measures correspond with SIM:
 - National Quality Forum 28 – Tobacco
 - National Quality Forum 421 & 24 - Obesity
 - National Quality Forum 729 - Diabetes
 - National Quality Forum 18 - Hypertension
- Data will be provided through the commercial insurers and their health information exchange partners
- Targeted to disparate populations

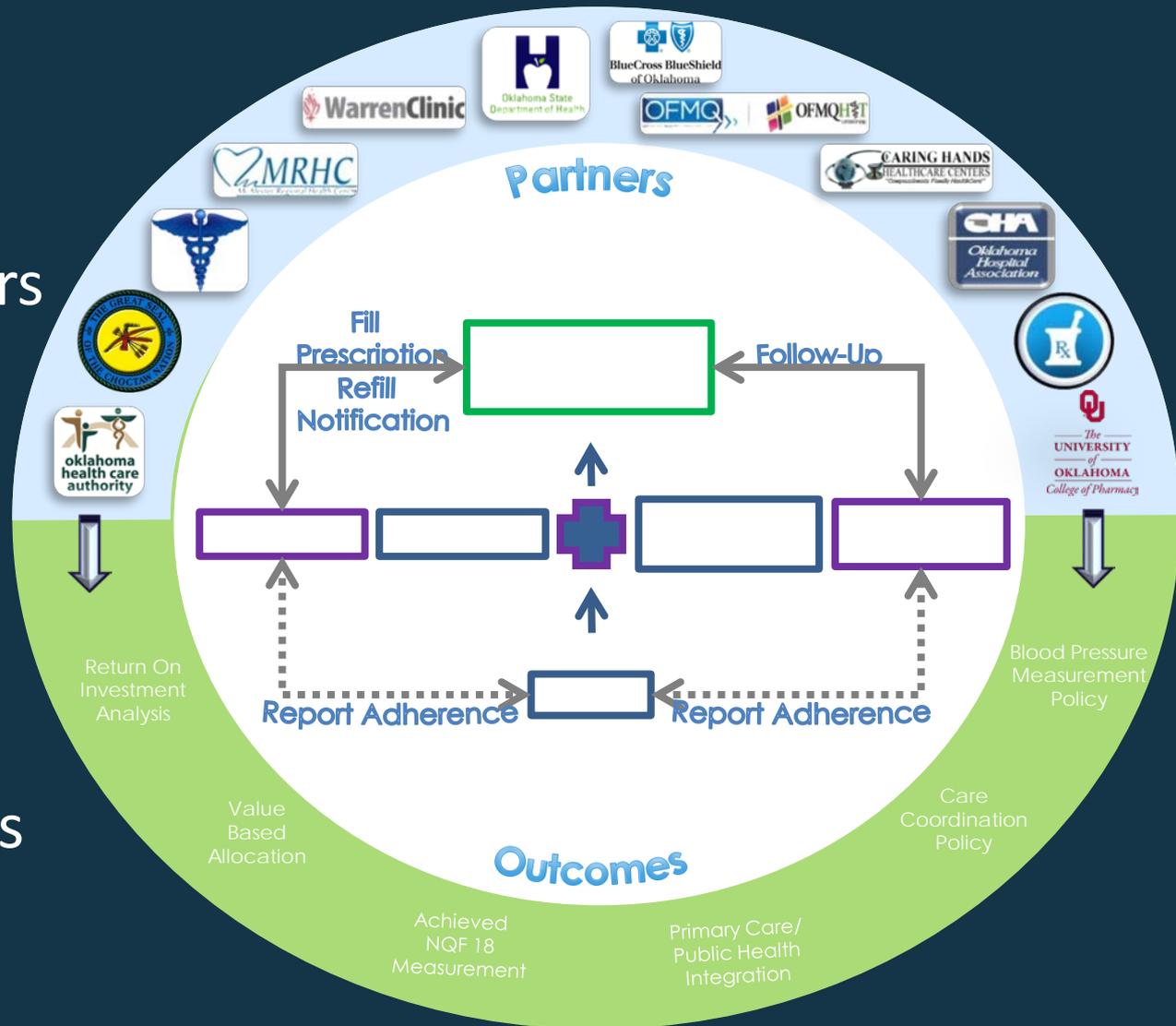
Pilot Team Based Care - Heartland OK

- **Goal** Reduce the number of CVD events
- **Target** 5 counties (113, 237 population)
- **Method** Care coordination team
- **Evidence Based Strategy**
 - Nurse and Pharmacist Assessments protocol driven
 - Care Coordinator at County Health Department (facilitated adherence, enhanced communication)
- **Design**
 - Clinician ordered treatment
 - Monitor medication adherence and blood pressure between scheduled visits
 - Integrate into practice workflow with minimal interruptions



Pilot Team Based Care - Heartland OK

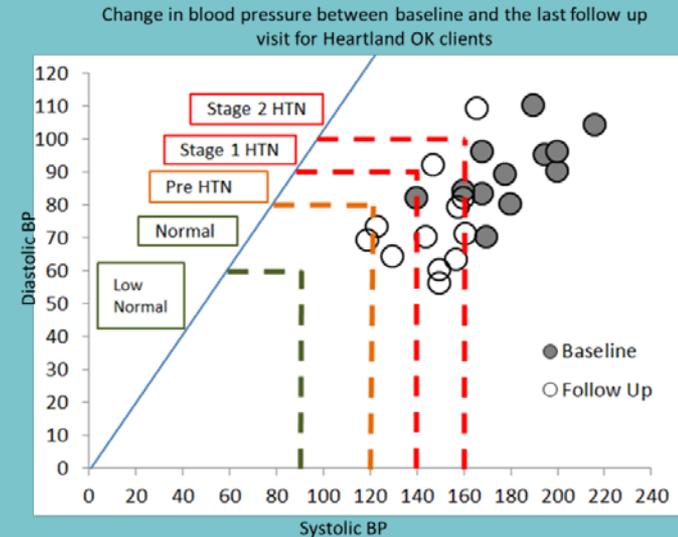
- Partners



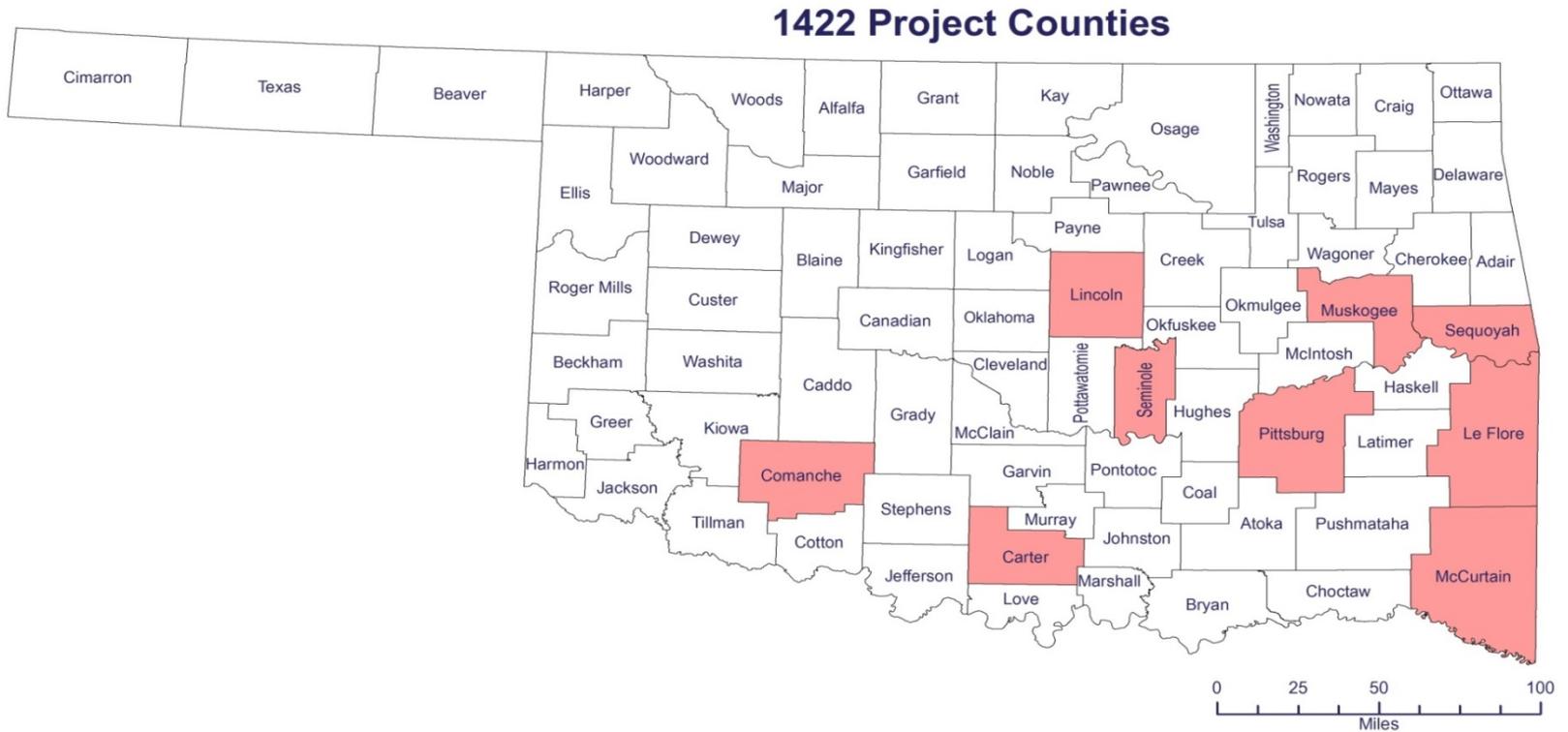
- Products

Heartland OK Success

- 25% of Heartland OK patients met NQF 18 within 90 days of enrollment
- 50% increase in number of clinics able to run an NQF 18 report
- Standardized Blood Pressure Measurement Policy
- Open dialogue and goal alignment between private and public payers
- Utilized SoonerCare (state Medicaid program) patient data for provider reverse notification
- Utilizing calculated ROI to make a business case to payers on investments in care coordination models (\$167.00 : \$1 for an estimated 45% reduction in hospital discharges for CVD events)



Heartland OK Program Expansion



Created: 01.27.2015

Projection/Coordinate System: USGS Albers Equal Area Conic



Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.



Chronic Disease Service
Prevention and Preparedness Service
Oklahoma State Department of Health

State Innovation Model Design Update

- Statewide health transformation planning grant thru 1/31/16
- Scope of research & redesign broad, incorporating total health care ecosystem:
 - primary care
 - acute care
 - mental health
 - public health
- Broad set of stakeholders engaged
- Goal is to develop payment redesign for a broad set of healthcare practitioners and organizations
- Payments transitioning from fee for service and care coordination Per Member Per Month to value based design including multiple risk sharing payment initiatives

Collaborative Improvement Efforts

Population Health Measures

Comprehensive Primary Care Pilot

Blood Pressure

Breast Cancer

Cholesterol

Colorectal Cancer

Depression

Diabetes

Falls Screening

Heart Failure

Influenza Immunization

Tobacco

State Innovation Model

Blood Pressure

Diabetes

Obesity

Tobacco

Practice Transformation (DIPCOR)

Aspirin

Blood Pressure

Cholesterol

Smoking

ONC Interoperability Grant (submitted)

Connecting eligible and non-eligible providers (behavioral health and long term care)

QUESTIONS

OKLAHOMA HEALTH IMPROVEMENT PLAN

**Oklahoma State Department of Health
Board of Health Finance Committee Brief
May 2015**

**OKLAHOMA STATE DEPARTMENT OF HEALTH
SFY 2015 BUDGET AND EXPENDITURE FORECAST: AS OF 4/24/2015**

SUMMARY

<u>Division</u>	<u>Current Budget</u>	<u>Expenditures</u>	<u>Encumbrances</u>	<u>Forecasted Expenditures</u>	<u>Surplus/(Deficit)</u>	<u>Performance Rate</u>
Public Health Infrastructure	\$24,678,550	\$12,637,042	\$3,950,486	\$6,249,532	\$1,841,490	92.54%
Protective Health Services	\$59,231,255	\$41,465,888	\$5,116,564	\$12,515,850	\$132,953	99.78%
Prevention & Preparedness Services	\$61,495,216	\$32,399,546	\$19,815,841	\$7,678,849	\$1,600,979	97.40%
Information Technology	\$7,292,390	\$2,620,655	\$4,520,261	\$0	\$151,474	97.92%
Health Improvement Services	\$21,257,654	\$11,605,431	\$3,194,294	\$4,451,321	\$2,006,607	90.56%
Community & Family Health Services	\$249,655,772	\$151,710,607	\$20,949,112	\$73,215,904	\$3,780,149	98.49%
Totals:	\$423,610,837	\$252,439,170	\$57,546,559	\$104,111,456	\$9,513,652	97.75%

< 90%	90% - 95%	95% - 102.5%	102.5% - 105%	>105%
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Expenditure Forecast Assumptions

- Payroll forecasted through June 30, 2015
- Encumbrances shown as actual as of the report date
- Expenditure forecasts limited to realistic amounts expected to spend out during the current budget period
- Surplus/(Deficit) is projected as of June 30, 2015

Explanation of Change

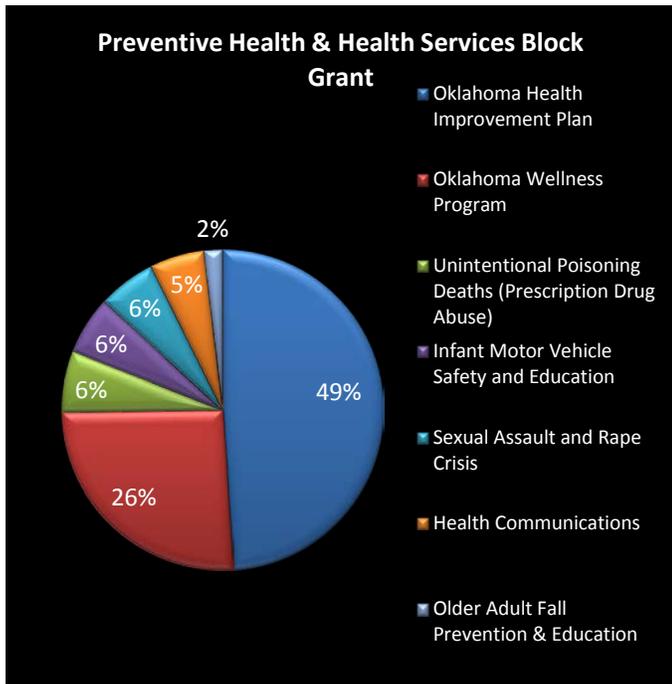
- The prior month's report showed all divisions in a "green light" status.
- This month, Public Health Infrastructure and Health Improvement Services are in a "yellow light" status.
- All other divisions are in a "green light" status.
- The change in status for Public Health Infrastructure and Health Improvement Services is due to the adjustment of forecasted expenditures.
- This report is a tool used for the iterative budget management process. As the end of year approaches, anticipated expenditures become more definitive. So, changes such as those seen this month are typical towards the end of the year.
- Overall the Department is forecasted to spend 97.75% of its budget, which is a reduction of .31% from the previous month.
- Projected unexpended balances are federal or revolving and will be budgeted in SFY '16 to complete the federal grant period or support projects implemented next fiscal year.
- All expenditures will be monitored closely and adjustments in spending will be made as needed to ensure optimal budget performance for the Department.

**Oklahoma State Department of Health
Board of Health Finance Committee Brief
May 2015**

PREVENTIVE BLOCK GRANT: LEVERAGING FINANCIAL RESOURCES FOR HEALTH OUTCOME IMPROVEMENT

Most of the funding received by the Oklahoma State Department of Health (OSDH) is restricted in nature. This means allowable uses of the funds are limited, which can result in operational silos. With this financial structure, finding resources for agency-wide planning and strategic initiatives with limited funding can be difficult. To address this need, the OSDH utilizes the Centers for Disease Control’s Preventive Health and Health Services Block Grant (PBG). As a block grant, the PBG is generally less restrictive, with the major provision governing the use of funds being limited to Healthy People 2020 goals and a specific set aside for sexual assault and rape prevention. Currently, the OSDH primarily utilizes the PBG to fund agency-wide (and Public Health system-wide) planning initiatives to coordinate and leverage its diverse funding sources towards infrastructure and strategic goals.

During SFY ’15 the OSDH used the PBG for seven activities that span planning and programmatic initiatives. About half of the funds have been used to support the development of OHIP, strategic planning and agency-wide quality improvement initiatives in Partnerships for Health Promotion, Office of Performance Management. PBG has been important source of revenue to support performance management infrastructure after the loss of federal National Public Health Improvement Initiative cooperative agreement.



Now that agency OHIP planning is complete, the OSDH has developed a new competitive process for awarding PBG funds. Public health programs are encouraged to submit proposals for consideration for the upcoming award. The proposals are scored using criteria that has been established and weighted toward OHIP and agency strategic priorities.

OSDH has received 21 requests for the upcoming funding cycle. The PBG congressionally mandated advisory committee that will score the proposals and make notifications of funding prior to July 01, 2015.

The PBG also mandates funding for activities related to the prevention of Sexual Assault and Rape Crisis interventions. Funds support contracts to provide education and training for youth 10-18 years of age. OSDH leverages these funds with the Rape Prevention and Education Grant for a more robust statewide program.

Annually, the PBG is recommended for elimination on the President’s budget but has continued to be funded by Congress and received a recent restoration of funds. The restored amount is expected to be reduced in 2015.

PBG Historical Award Amounts

- FY 2013: \$682,133
- FY 2014: \$1,444,677
- FY 2015: \$1,420,453 (Anticipated)

<i>FY15 Awarded Activities</i>	<i>Amount</i>
Oklahoma Health Improvement Plan	\$707,497
Oklahoma Wellness	\$372,587
Unintentional Poisoning Deaths (Prescription Drug Abuse)	\$89,654
Infant Motor Vehicle Safety and Education	\$84,810
Sexual Assault and Rape Crisis (Required for PBG Recipients)	\$83,877
Health Communications	\$79,565
Older Adult Fall Prevention and Education	\$26,687
Total	\$1,444,677

Oklahoma State Board of Health Dashboard

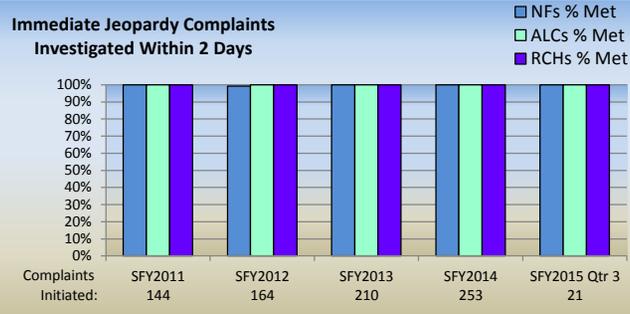
Public Health Imperative- Regulatory Measures

Average Interval Between Inspections for Assisted Living Centers (ALCs) and Nursing Facilities (NFs) is ≤ 12.9 months

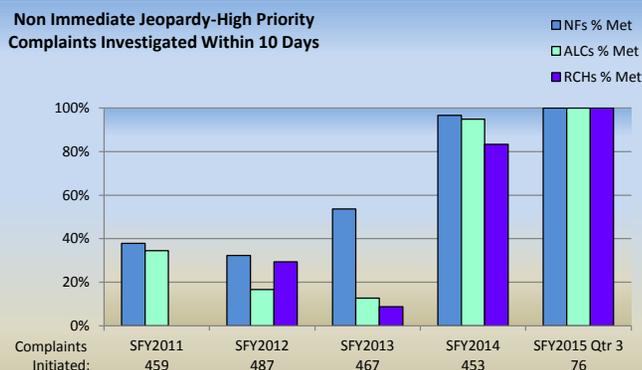
Number of Licensed Assisted Living Centers: 160
 Number of Licensed Nursing Facilities: 302



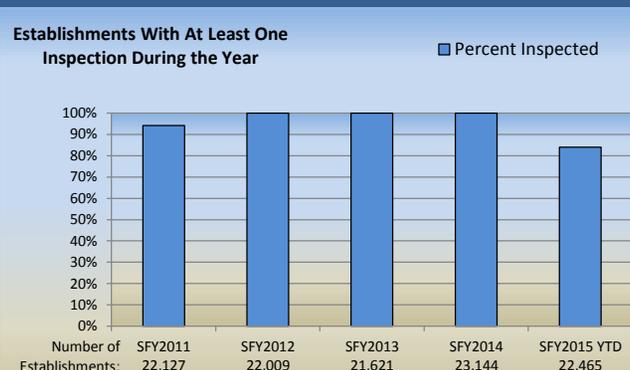
Percent of Immediate Jeopardy Complaints for Nursing Facilities (NFs), Assisted Living Centers (ALCs) & Residential Care Homes (RCHs) Investigated Within 2 Days



Percent of Non Immediate Jeopardy-High Priority Complaints for Nursing Facilities (NFs), Assisted Living Centers (ALCs) & Residential Care Homes (RCHs) Investigated Within 10 Days



Food Service Establishments Shall be Inspected At Least Once Per Fiscal Year



Explanation of Dashboard - April 2015

- State Fiscal Year (SFY) begins July 1st and ends June 30th. SFY 2015 is from July 1, 2014 to June 30, 2015.

- Protective Health Services has a "green light" for four of four performance measures by meeting the benchmarks for (a) average interval between inspections for ALCs and NFs, (b) percent of immediate jeopardy complaints for NFs, ALCs, and RCHs, (c) percent of non immediate jeopardy-high priority (NIJH) complaints for NFs, ALCs, and RCHs, and (d) food service establishment inspections.

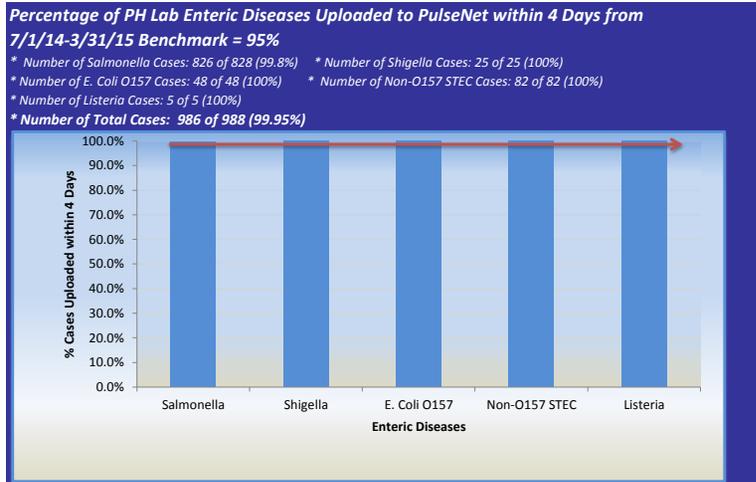
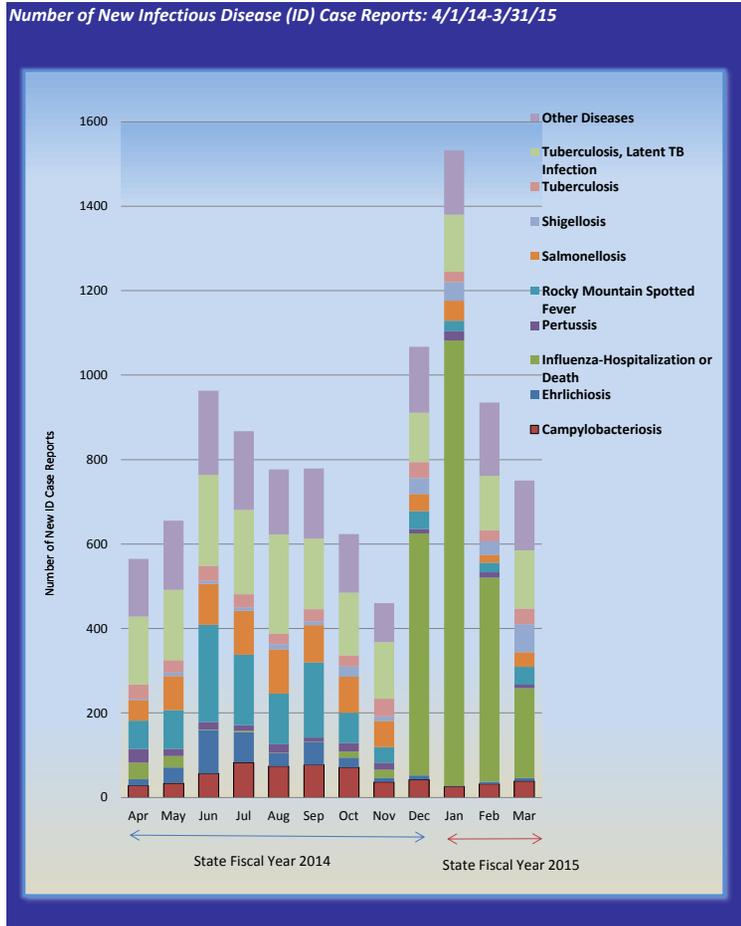
● **Measure is Satisfactory**

● **Two Quarters Not Met in Last Year**

● **Shortfall Has Occurred Three Consecutive Quarters**

Oklahoma State Board of Health Dashboard

Public Health Imperative - Infectious Disease Measures



Number of New Infectious Disease Case Reports and Estimated Investigation Time (Hrs): 1/1/14 - 3/31/15

Month	# of Rep	Est. Hrs	Month	# of Rep	Est. Hrs
Jan '14	1239	886	Sep '14	779	1088
Feb '14	663	740	Oct '14	625	957
Mar '14	583	957	Nov '14	459	1037
Apr '14	565	957	Dec '14	1069	1415
May '14	655	1037	Mar'15	750	988
June '14	964	1411			
July '14	867	1263			
Aug '14	777	1231	Total	9,995	13,967

Total Number of Lab Specimens: 1/1/14 - 3/31/15

SFY-Qtr	# Specimens
2014-3	43,757
2014-4	44,195
2015-1	48,212
2015-2	41,885
2015-3	42,115
Total	220,164

"Number of New Infectious Disease (ID) Case Reports" shows the new cases of infectious disease received by the Acute Disease Service by month. "Other Diseases" includes all other reportable (but not specifically listed) non-STDs of lower incidence.

"Number of New Infectious Disease Case Reports and Estimated Investigation Time (Hrs.);" shows the number of hours spent in disease investigation by month and includes both County Health Department Communicable Disease Nurse and Acute Disease Service Epidemiologist person-time.

"Percentage of PH Lab Disease Uploaded to PulseNet within 4 Days" indicates that the benchmark of 95% has been met and exceeded for all factored enteric diseases. The overall rate is 99.95% for the uploading of PulseNet within 4 days for SFY 2015.

"Total Number of Lab Specimens" shows the volume of specimens received for January 2014 through March 2015. The number of lab specimens depicts the work performed by PHL quarterly and gives a clear account of the interaction between divisions collaborating effectively to create a state of health.

OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT
Terry Cline, Ph.D., Commissioner
May 12, 2015

PUBLIC RELATIONS/COMMUNICATIONS

ASTHO Million Hearts Interview
Oklahoma Department of Human Services Video for State Conference on Aging
Dr. Krishna & Oklahoma City National Memorial & Museum Reception & Tour
Oklahoma Primary Care Association Legislative Breakfast

STATE/FEDERAL AGENCIES/OFFICIAL

Dr. Paul Darden Jr., OU Children's Physicians, Chair, Immunization Advisory Committee
OU College of Public Health Grand Rounds
Dr. Harrison Spencer, President & CEO, Association of Schools and Programs of Public Health
State Senate Budget Hearing
College of Public Health Accreditation Site Visit
Dr. Kayse Shrum, President & Provost, OSU Center for Health Sciences
Ed Lake, Director, OKDHS
Terri White, Commissioner, ODMHSAS
Children's Conference, sponsored by ODMHSAS
Oklahoma Senate Pro Temp Bingman and Dr. Woodson

OTHERS:

Tulsa Health Department Board Meeting
Reforming States Group Executive Committee
Joint Tri-Board Executive Committees Meeting
Accreditation Council for Graduate Medical Education, CLER
CDC/ASTHO Preventive Health & Health Services Block Grant Think Tank