Oklahoma State Department of Health

Oklahoma State Innovation Model (OSIM)

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

Chair, Becky Pasternik-Ikard
Project Manager, Valorie Owens

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, Project Manager
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

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 non-profit 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

OKLAHOMA www.ok.gov

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OSDH Home > Organization > Center for Health Innovation and Effectiveness > Oklahoma State Innovation Model (OSIM)

email | print

- Center for Health Innovation & Effectiveness
- Oklahoma State Innovation Model (OSIM)
- Health Efficiency & Effectiveness
- Health Finance
- Health Information Technology
- Health Workforce
- State Health System Innovation Plan

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Oklahoma State Innovation Model

Oklahoma State Innovation Model Application - PDF

The **State Innovation Model (SIM)** grant was awarded to Oklahoma in December 2014 and is to begin in February 2015. The goal of the Oklahoma SIM is to provide state-based solutions to Oklahoma's healthcare challenges. Oklahoma's plan aims to improve health, provide better care and reduce health expenditures for more than 1.2 million Oklahomans. Working through the **Oklahoma Health Improvement Plan (OHIP)** Coalition, a public-private partnership consisting of a broad spectrum of stakeholders across the state, the OSIM will design a comprehensive model that focuses on the improvement of statewide health outcomes through value-based payment and healthcare delivery system innovation and redesign, while integrating evidence-based population and clinical interventions.

The plan is divided into three phases of work; phase 1 seeks to achieve consensus among coalition stakeholders on the alignment of a socio-ecological model that includes clinical and population-based health measures for selected health topics: obesity, diabetes, hypertension and tobacco. In phase 2, stakeholders will assess and determine what multi-payer, value-based purchasing model realistically achieves common priorities and goals. Concurrently, in phase 3, stakeholders will identify strategies to increase adoption levels of Electronic Health Records (EHR) and attainment of Meaningful Use (MU) among providers; initiate planning for the development of a Value-Based Analytics Tool (VBA) for healthcare data analysis; determine benchmarks aimed at improving clinical

OSIM Website Updates

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

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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

Upcoming and previous meetings are available on this web page.

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

Feb 1
Grant start date

Feb - Mar
Procurement process/
CMS approval

CMS
Feb 28
Op Plan
Update

March 1
Start date of
Population Health
Needs Assessment

March 25
Contractor &
Subcommittee Mtg with
Health E&E Workgroup

CMS
Mar 30
Stakeholder
Engagement Plan

April 16
Contractor &
Subcommittee Mtg

May 28
HEE
Meeting

CMS
May 30
1st Qtr. Rep
Draft of Driver Diagram
Draft of PHP w/ initial assessment
of gaps in access to care
and health status disparities

June 11
OSIM Statewide
Webinar

July 15
AA Care
Delivery Models

July 17
Initial Draft of
Population Health
Needs Assessment

Jul 23
Health E&E
Workgroup Mtg

August 1
Final Draft of the
Population Health
Needs Assessment

Aug 24
AA High-Cost
Delivery Services

Aug 28
Joint Workgroup Mtg
w/ Health Finance

Date Pending
Share HEE Care Delivery
Models recommendations with
Health Finance Workgroup

CMS
Aug 30
2nd Qtr. Rep
Draft of Value-based HC
Delivery & Pymt Transformation Plan,
to incl. strategies for addressing
high priority areas and gaps

Sep 9,11
All Wkgrp Mtg
VBA Tool, OKC &
Tulsa

Oct 1
Initial Draft of the
in-state Evaluation
w/ Quality Metrics

Oct 15
HEE Meeting

Nov 1
Final Draft of the
in-state Evaluation
w/ Quality Metrics

Nov – Dec
SHSIP Public
Comment Period

Nov 12
HEE
Meeting

CMS
Nov 30
3rd Qtr. Rep
Health IT Draft
& Op & Sustainability
Plan Draft

By Jan 20, 2016
TA team
incorporates final feedback

CMS
Jan 31, 2016
Grant end date
SHSIP Submission

CMS
Apr 30 2016
Final report

Jul - Nov
Work with the TA team to answer
questions about deliverables

AA = Actuarial Analysis
HEE = Health Efficiency & Effectiveness Workgroup
Op = Operational
SHSIP = State Health System Innovation Plan
Subcommittee = OSIM Evaluation & Performance Reporting Subcommittee
TA = Technical Assistance

Updated July 21, 2015

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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:

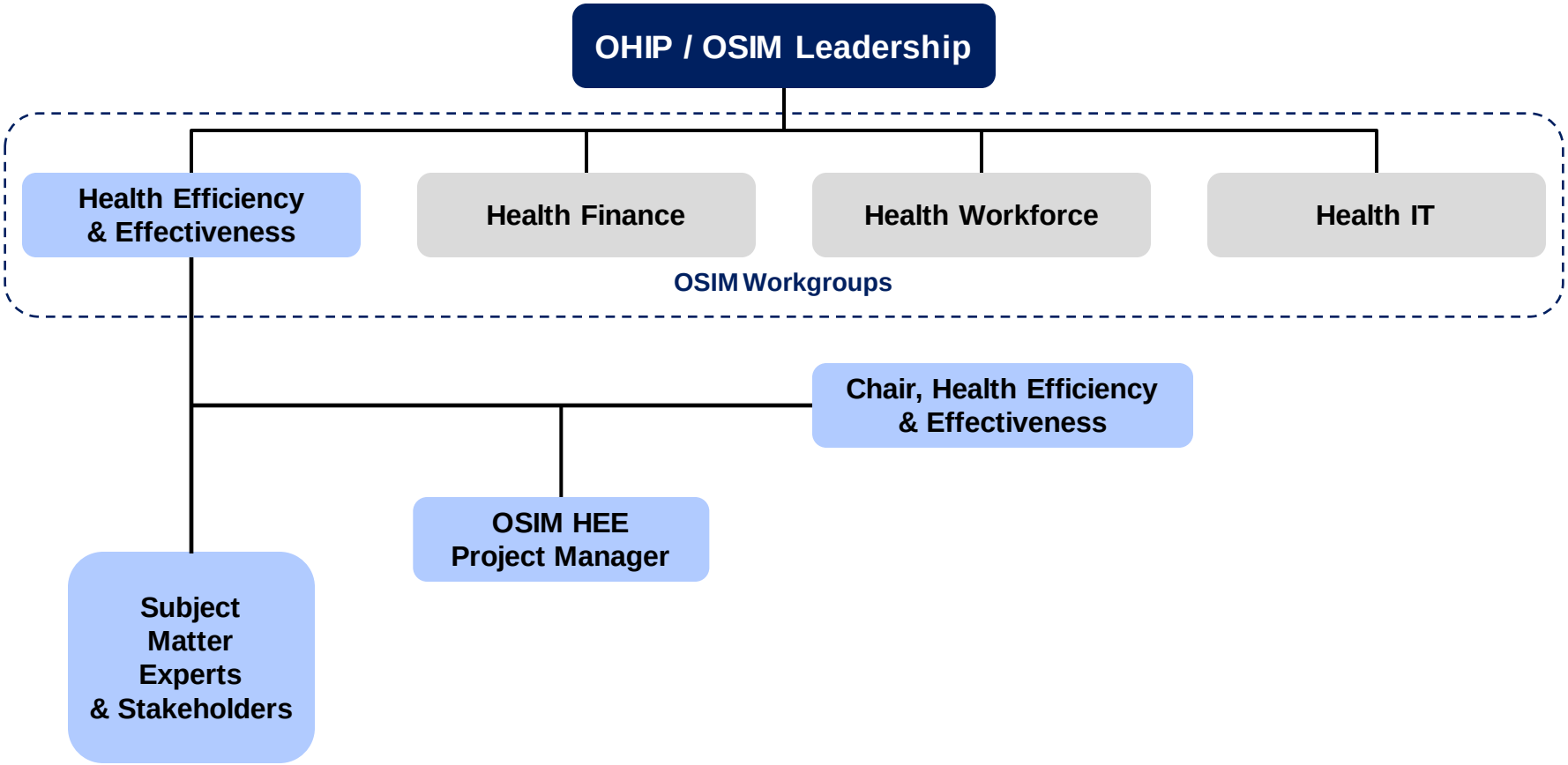
- Achieve the Triple Aim: improve care, improve population health, and decrease total per capita health spending
- Establish public and private collaboration with multi-payer and multi-stakeholder engagement
- Transform health care payment and delivery systems

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

Source: CMS SIM Round Two Funding Opportunity Announcement Webinar

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

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.	Workgroup Vice Chair: • Becky Pasternik-Ikard, OHCA Deputy State Medicaid Director OSIM Evaluation & Performance Reporting Subcommittee Chair • Malinda Douglas, Sr. Chronic Disease Epidemiologist Contractors: • OU E-TEAM (Educational Training, Evaluation, Assessment, and Measurement)	• Population Health Needs Assessment (Fri. 7/17) • Current Health Initiatives & Recommendations on Strategies and Interventions (Thurs. 7/23) • Oklahoma Healthcare Delivery Models Analysis, Key Findings* (Thurs. 7/23) • High-Cost Delivery Services* (Mon. 8/24) • Value Based Analytics Roadmap** (Tues. 8/25) • In-State Evaluation Plan with Quality Metrics Draft (Thurs. 10/1) • In-State Evaluation Plan with Quality Metrics Final (Fri. 10/30)	• **August 13th**, OSIM 2nd Quarter Statewide Webinar • **August 28th**, Joint meeting-Health Finance Workgroup • **September 9th**, OKC, Joint Workgroups Meeting on Value-Based Analytics Tool **OR** • **September 11th**, Tulsa • **September 17th**, Tulsa meeting • **October 15th** • **November 12th** **Initial vetting by Health Finance Workgroup, secondary review by HEE* ***Shared Deliverable among Workgroups*

For more information on workgroup meeting dates and locations, visit the following webpage: Click Here

HEE Workgroup Meeting Objectives

Health Efficiency & Effectiveness

Topic	Description	Section Objectives
Population Health Needs Assessment	■ Research conducted by the OSIM Evaluation & Performance Reporting Subcommittee ■ Identify and describe statewide health problems, gaps and strengths in services, and interventions to improve the health of Oklahoma	■ Review and discuss the gaps in access to care and health status disparities to be addressed in the delivery system transformation
Current Health Initiatives & Recommendations on Strategies and Interventions	■ Research conducted by OU E-TEAM ■ Summarize current health initiatives in the state as well as potential strategies on key health metrics	■ Discuss strategies for addressing high priority areas 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 ■ Identify the primary and secondary drivers associated with achieving the OHIP/OSIM goals for the core health metrics.	■ 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. ■ Discuss if the driver diagrams visually demonstrate how Oklahoma will transform its state's health care to achieve the "Triple Aim" goal.
Oklahoma Healthcare Delivery Models Analysis	■ Research conducted by Milliman ■ Identify existing delivery models in Oklahoma and new delivery models adopted in other states	■ Discuss the range of models, their goals, impacts, and advantages/disadvantages (e.g., ACOs, shared savings based on total cost of care, episodes of care, advanced primary care initiatives, health homes, etc.)

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Population Health Needs Assessment

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

Population Health Needs Assessment

- TOBACCO USE
- DIABETES
- OBESITY
- HYPERTENSION
- BEHAVIORAL HEALTH
- CHILDREN'S' HEALTH

POPULATION HEALTH **CLINICAL CARE** **HEALTH COSTS**

Population Health Needs Assessment

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

Population Health Needs Assessment

METRIC	OKLAHOMA	UNITED STATES	2020 STATE TARGET
Overall Health Ranking			
America's Health Ranking®	46	n.a.	
Health System Scorecard	49, 4th quartile	n.a.	3rd quartile
Tobacco Use			
Adult Smoking	23.7%	18.8%	18.0%
Youth Smoking	15.1% H.S. 4.8% M.S.	12.7% H.S. 2.9% M.S.	10.0% 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 Time Activity	33.0%	26.3%	20.8%
Adult Fruit Consumption	49.6% at least 1/day	60.8% at least 1/day	50.0% at least 1/day
Adult Vegetable Consumption	1.5/day	1.6/day	2.1 per day
Food Desert	21.1% of population	12.3% of population	

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

Population Health Needs Assessment

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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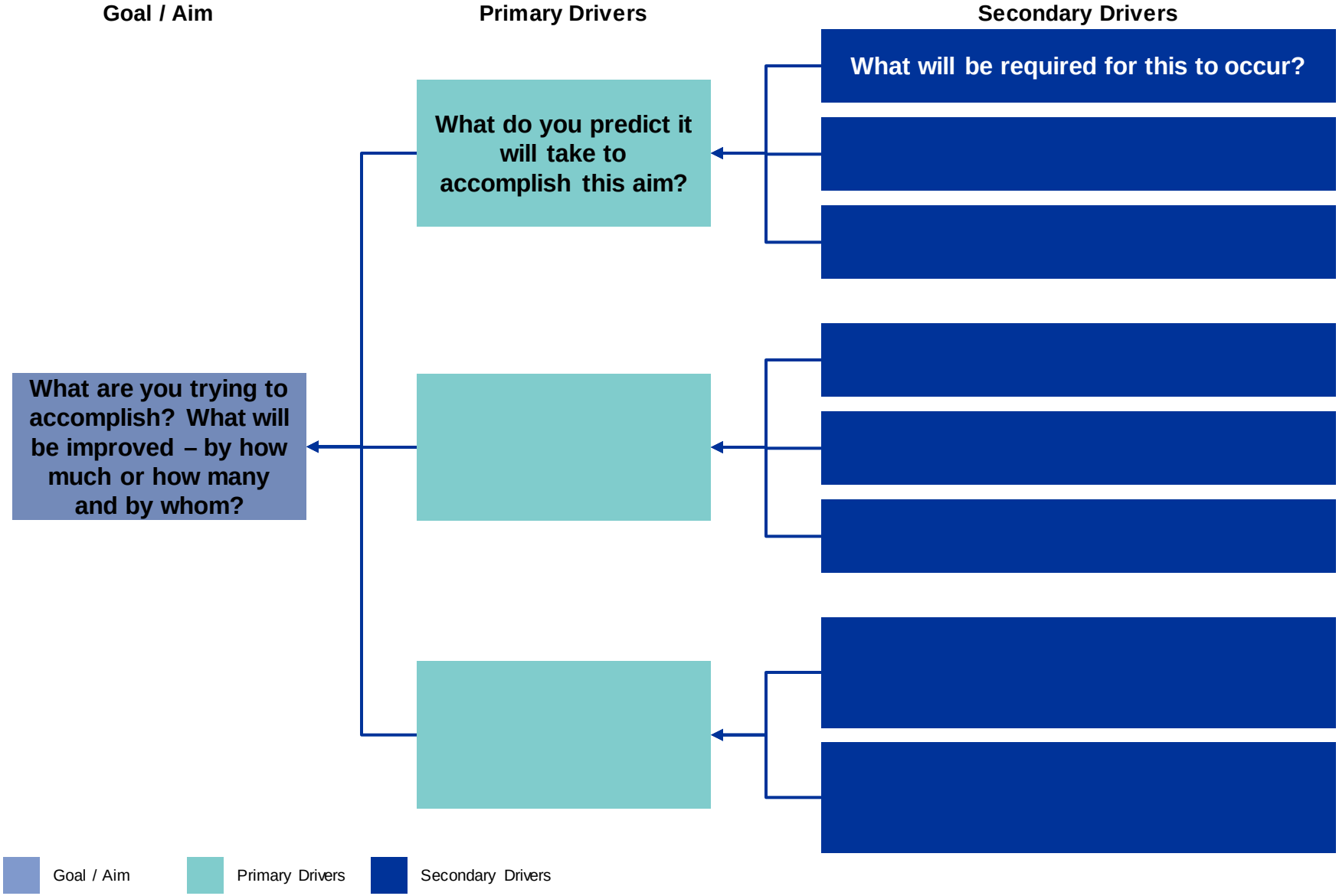
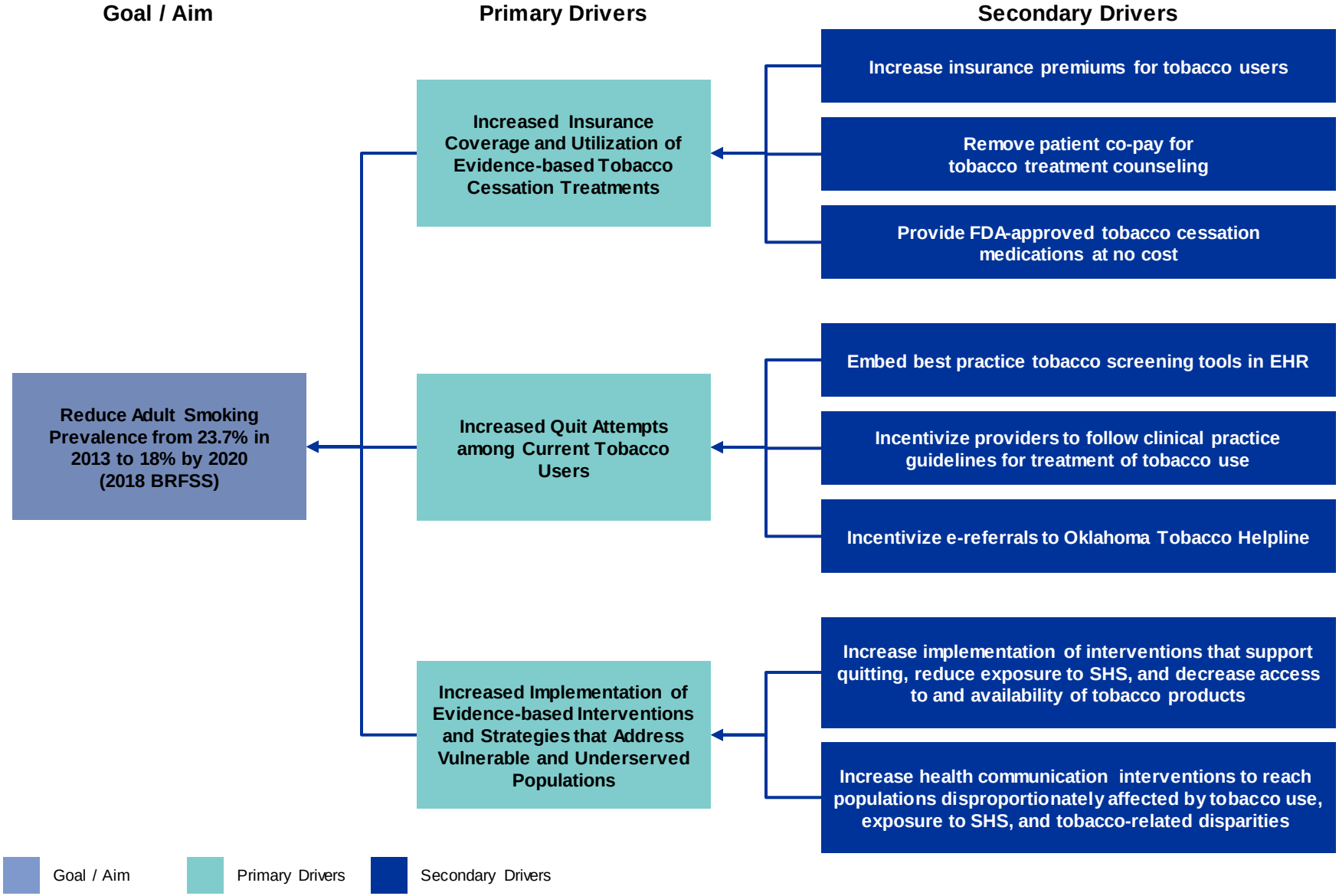
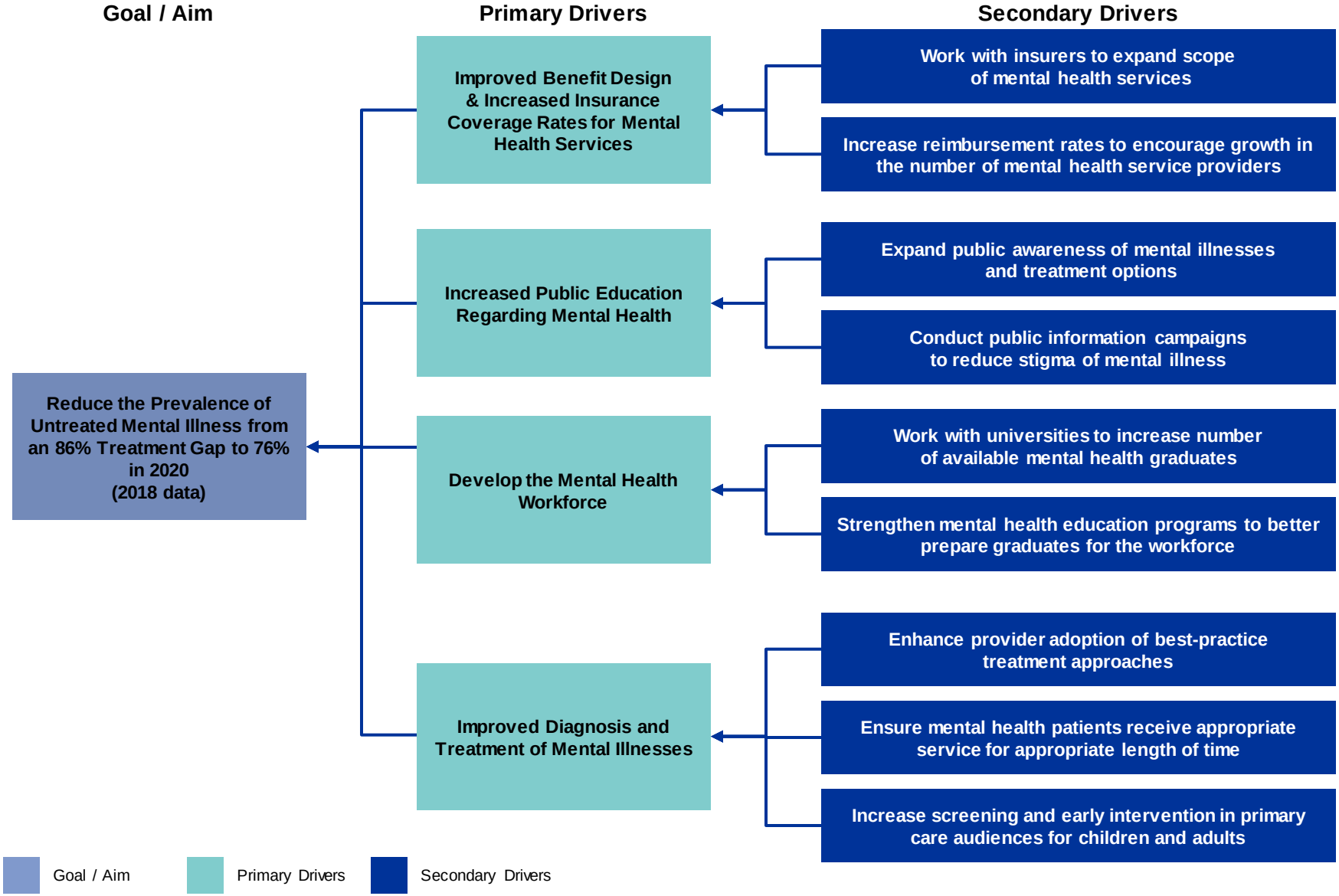
DEVELOPING A DRIVER DIAGRAM



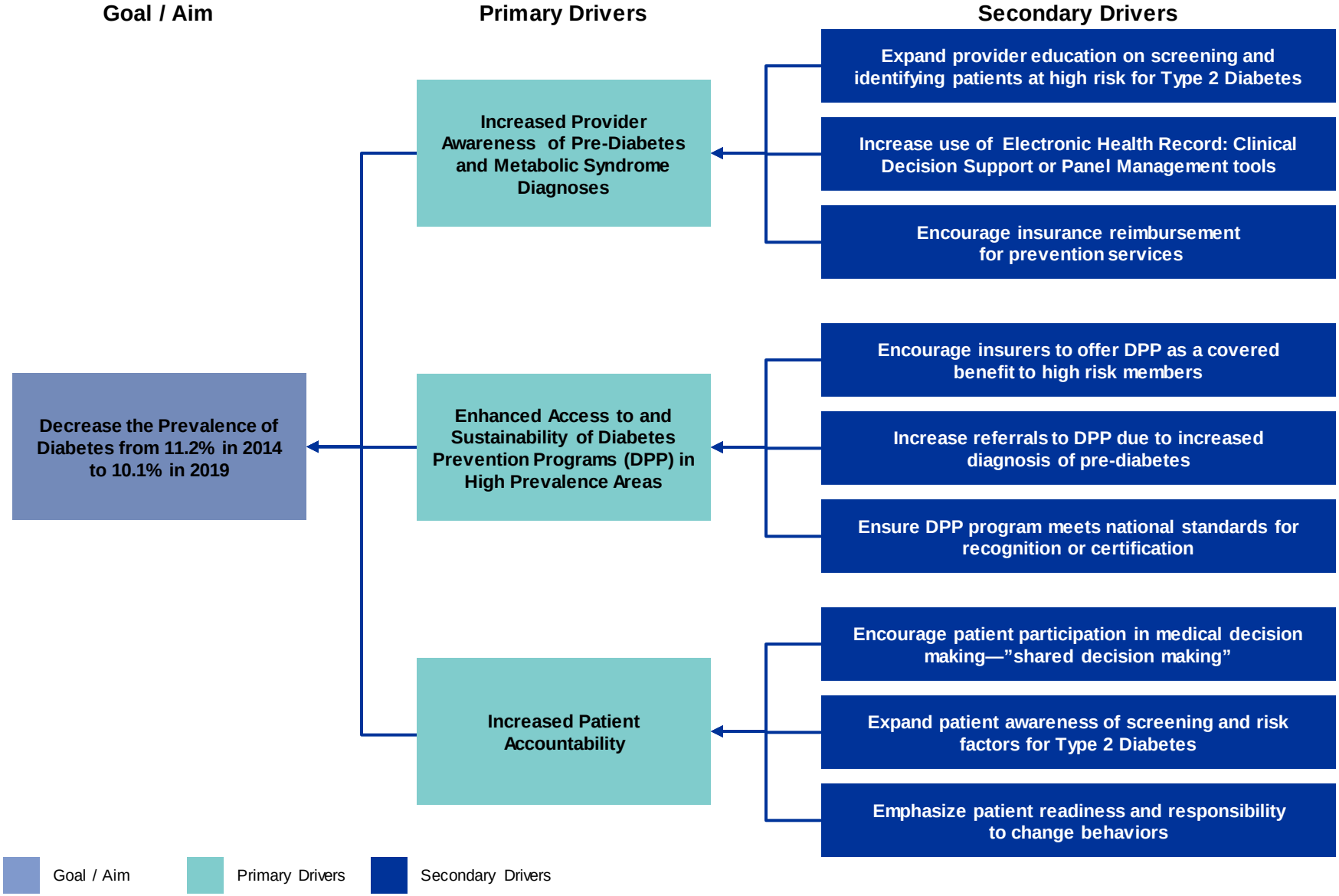
OSIM Goal Achievement Map – Tobacco



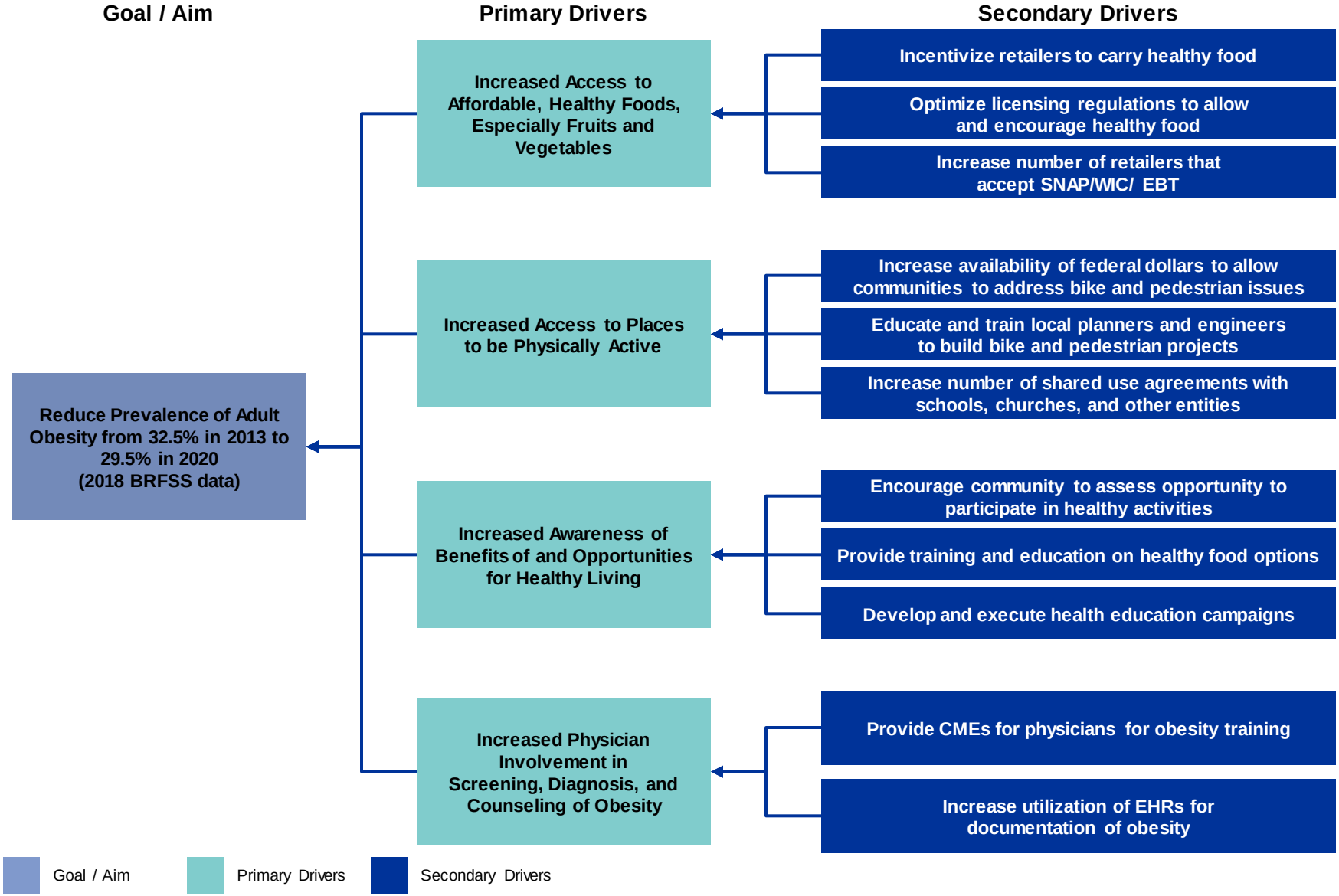
OSIM Goal Achievement Map – Behavioral Health



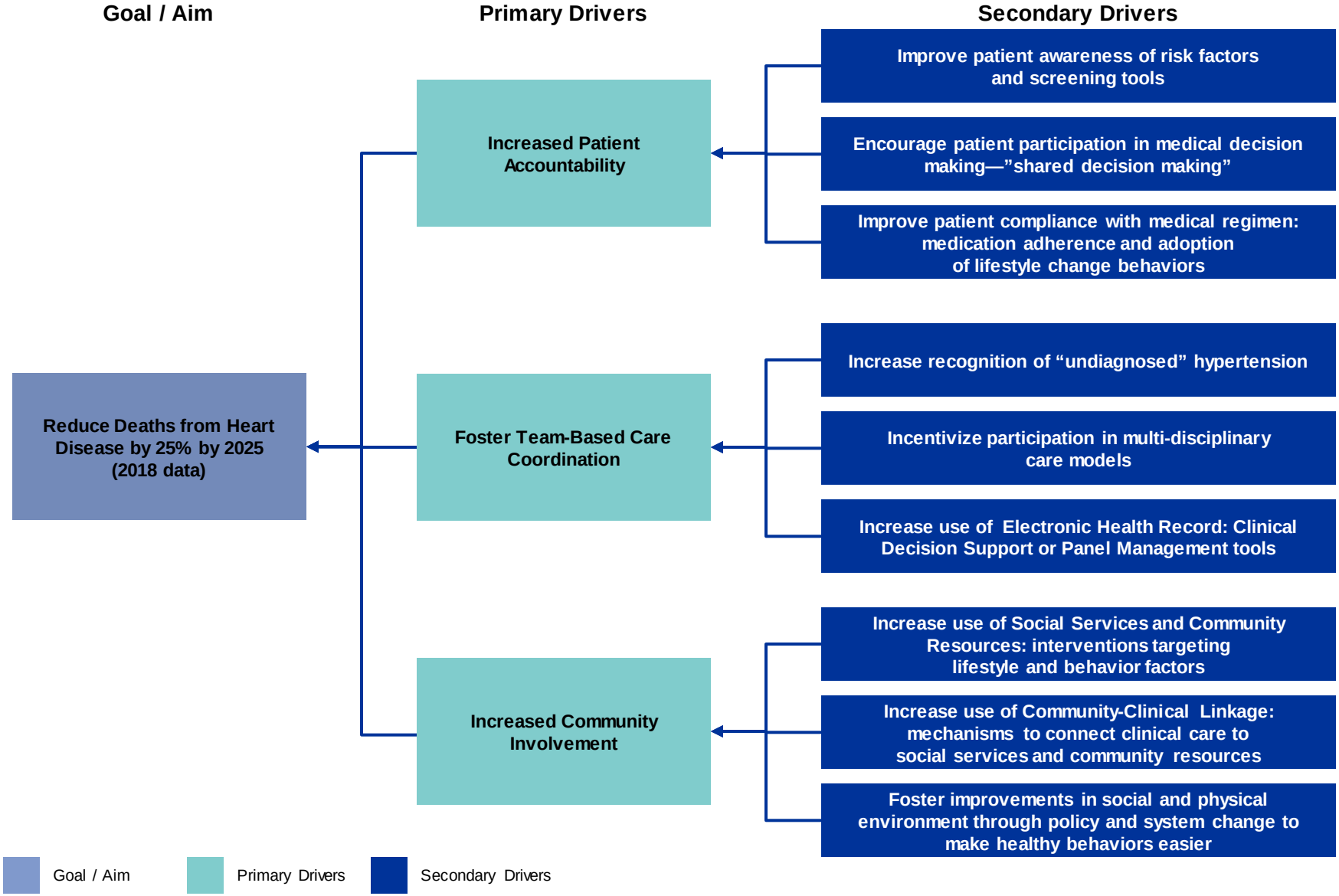
OSIM Goal Achievement Map – Diabetes



OSIM Goal Achievement Map – Obesity



OSIM Goal Achievement Map – Heart Disease



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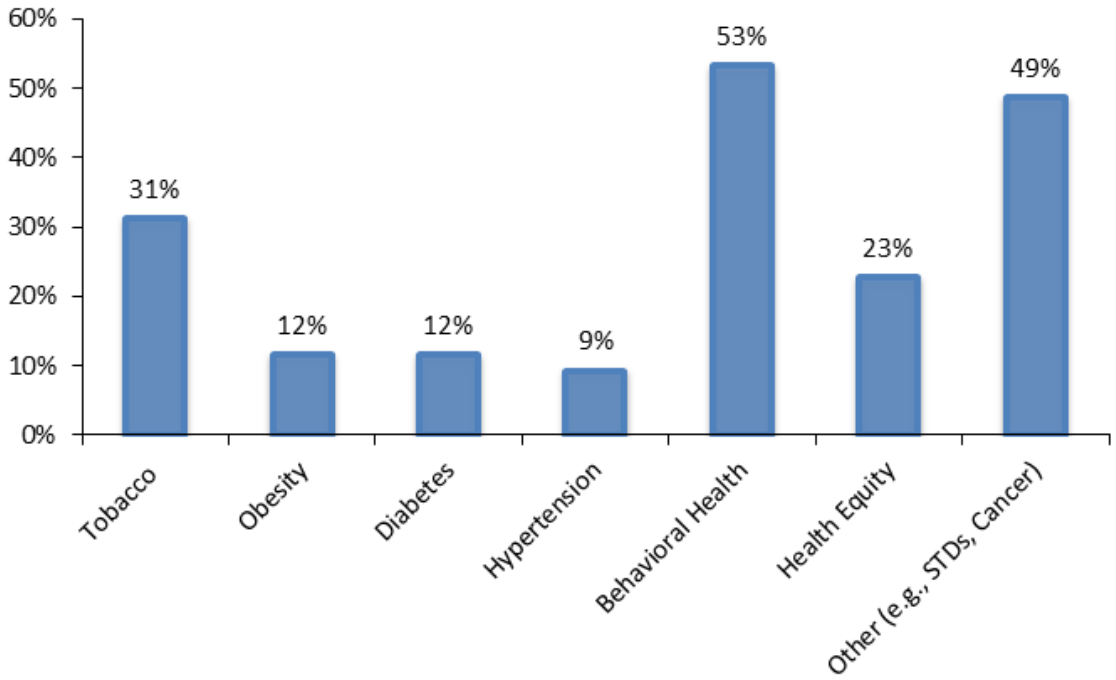
E-TEAM researchers identified 307 current healthcare initiatives in Oklahoma.

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



Prepared By:
eteam
University of Oklahoma OUTREACH

The chart below reflects the geographic location to the area of influence with respect to initiatives.

All efforts focused on in cities were located in the Oklahoma City & Tulsa metro areas.

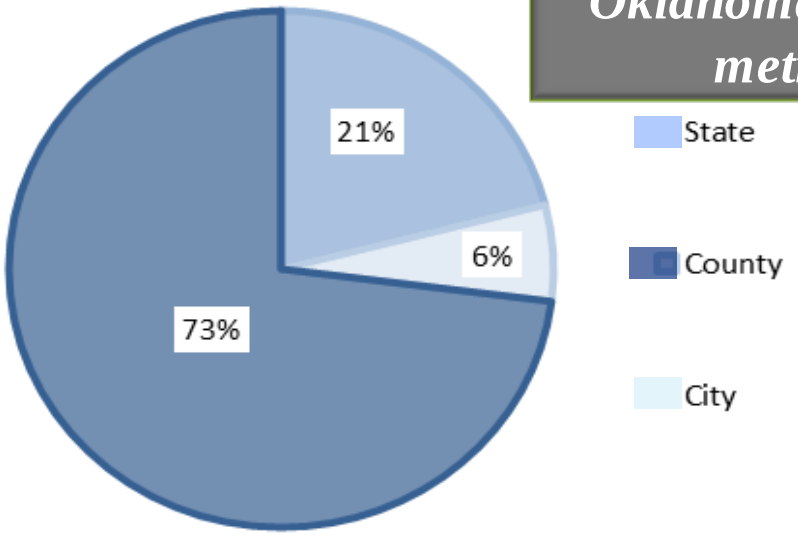


Figure 2:
Summary of percentages of state, county, and city-level health care initiatives

Strategies and Interventions to Address High-Priority Health Improvement Areas

TOBACCO USE	
Increasing the unit price of tobacco	Anti-smoking media campaigns
Smoking bans	Quitline interventions
Mobile phone-based 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 community-focused efforts towards smoking cessation and clinical preventative services.

Strategies and Interventions to Address High-Priority Health Improvement Areas

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

Strategies and Interventions to Address High-Priority Health Improvement Areas

DIABETES
Healthcare system-level interventions
Diabetes self-management education (DSME)
Clinical preventive strategies

Strategies and Interventions to Address High-Priority Health Improvement Areas

HYPERTENSION
Healthcare system-level interventions
Interventions in community settings

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

Milliman

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.

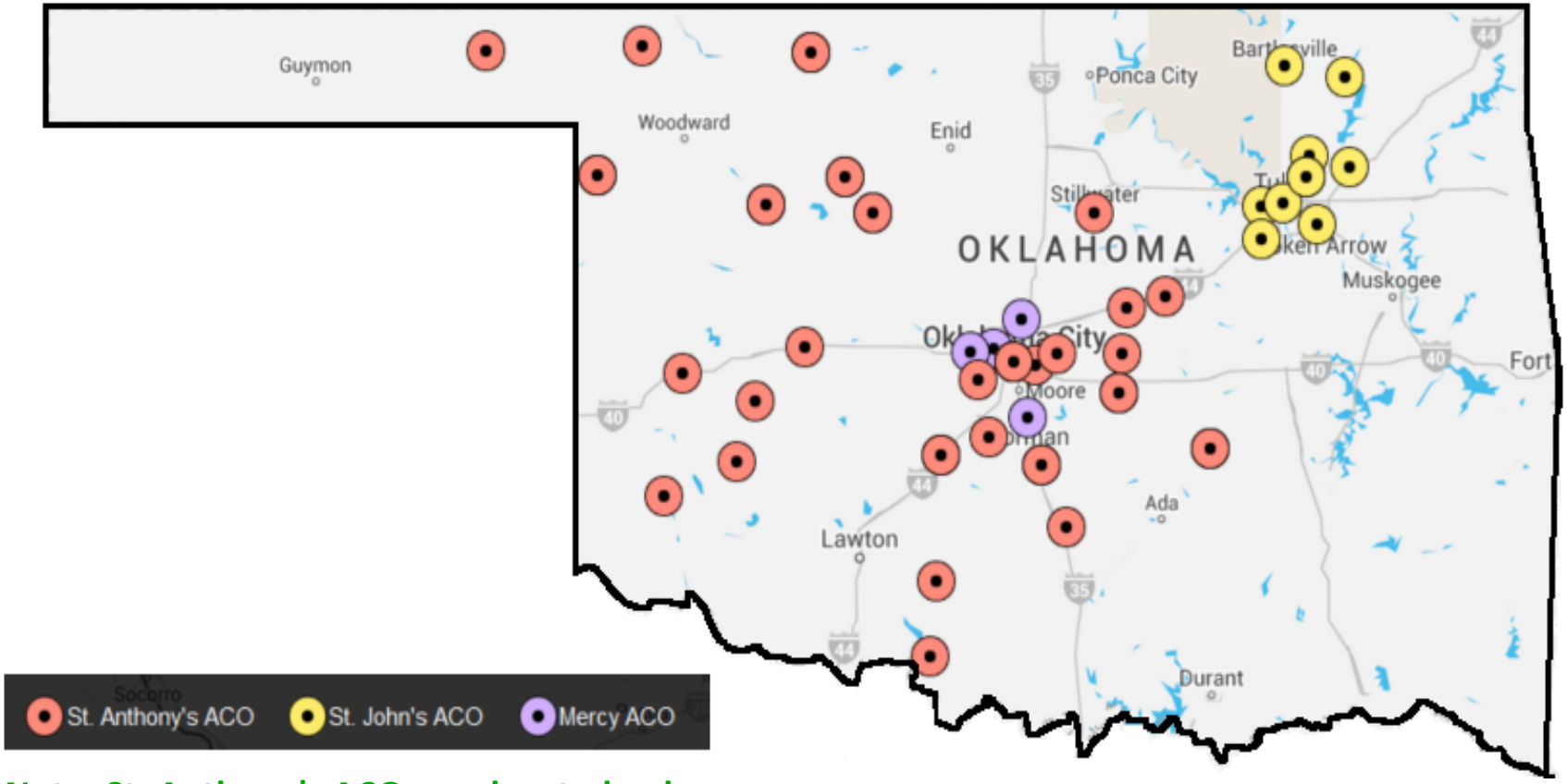
St. Anthony ACO (SSMOK ACO)

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.

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.

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

Oklahoma HMOs

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%
United States	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%

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

Agenda

Section			Presenter
Welcome & Introductions	10 min	1:00pm	Chair, Becky Pasternik-Ikard, OHCA Deputy State Medicaid Director
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Health Workforce Redesign

Governor's Health Workforce Action Plan Strategy Session

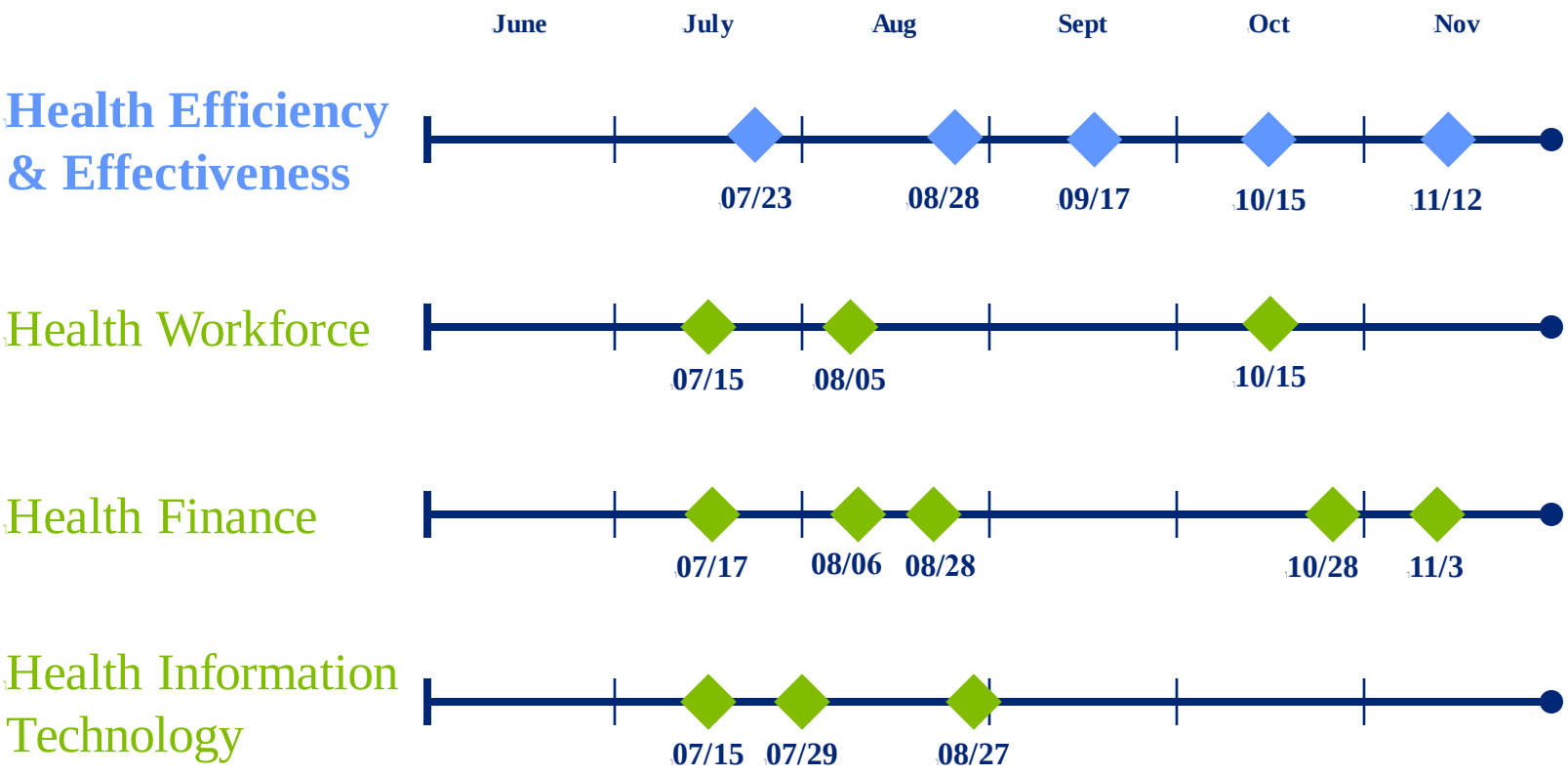
September 2nd, 9:00am-3:00pm

- 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

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

- **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

OHIP/OSIM Workgroup Meeting Timeline



NOTE: All Workgroups Meeting to Review the Value-based Analytics Tool

Available meeting dates and times:

- **September 9, 2015, 2:00-5:00pm, Samis Education Center, OKC**
- **September 11, 2015, 1:00-3:00pm, Tulsa Chamber of Commerce, Tulsa**