



**Oklahoma Health Improvement Plan (OHIP) /  
Oklahoma State Innovation Model (OSIM)  
Health Information Technology Work Group Meeting  
December 11, 2015**



December, 15, 2015, 1:00 p.m. -3:00 p.m.  
Oklahoma Health Care Authority (OHCA)  
4345 N. Lincoln Blvd

Center for Health Innovation & Effectiveness (CHIE)  
OSIM Project Director: Alex Miley  
HIT Project Manager: Isaac Lutz

## Minutes

### 1. Welcome / Introductions

- OSIM staff: Alex Miley, Project Director; Isaac Lutz, Health Planning Manager;

#### Attendees

- Julie Cox-Kain (HHS)
- Joseph Fairbanks (OSDH)
- Bo Reese, Becki Moore, Patsy Leisering (OMES-IS)
- Becky Pasternik-Ikard, Chad Sickler, Lisa Gifford, Fred Oraene, Chad Sickler, Beverly Blake, Derek Leiser, Melody Anthony, Kevin Rupe, Adolph Maren(OHCA)
- Cynthia Scheideman-Miller (Telehealth Alliance of Oklahoma)
- Lindsey Wiley (OFMQ)
- Dr. David Kendrick (OU – Tulsa, MyHealth)
- Joe Walker (MyHealth),
- David Thompson (Global Health)
- Dr. Brian Yeaman, Dr. Rodolfo Alvarez del Castillo (Coordinated Care Oklahoma)
- Tracy Leeper (ODMHSAS)
- Cassidy Heit (OK Primary Care Association)

### 2. OSIM Progress Updates

- OSIM Workgroups will be having special meetings to review a proposed Coordinated Care Organization model.
- CHIE has developed the proposal over the past few months (2<sup>nd</sup>-4<sup>th</sup> Quarter of 2015).
- Concurrently, Becki Moore (OSDH and OMES) has been preparing the Health IT Plan, a component of the overall State Health System Innovation Plan.
- Model development will incorporate feedback, and continue into January 2016.
- CMS has approved a 2 month extension; final model submission: March 31<sup>st</sup> to CMS (instead of Jan. 31<sup>st</sup>, 2016)

### 3. OSIM Model Overview: Coordinated Care Organizations

- **Case for Change:** Health spending in Oklahoma is increasing at a rate greater than the national average; health system performance can be enhanced to achieve the Triple Aim.
- Fee for Service Systems often prioritize volume and do not incentivize investment in innovative delivery methods or systems.
- Improving the social determinants of health is critical to improving population



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- health and responding to the needs of stakeholders and patients.
- Value-Based Purchasing: OSIM Executive Committee ranked VBP models, deciding that the CCO model could best address social determinants and health system performance goals.
- Stakeholders have consistently reminded workgroups of the need to address social determinants of health.
- **OSIM Model Goals: To move payments to providers from a fee-for-service system to a payment structure based on value and integration of primary prevention strategies.**
- Integrate the Delivery of Care
- Incorporate What Drives Health Outcomes
- Drive Alignment to Reduce The Provider Burden
- Move Towards Value Based Purchasing with Realistic Goals

**4. Coordinated Care Organizations**

CCOs are local risk-bearing entities that are accountable for the total cost of care for patients. Payment is capitated, and initially the model would apply to Medicaid and Public Employees (Employees Group Insurance Division). CCO can consist of different types of organizations, depending on how they propose to meet requirements. For example, hospital systems and community resource organizations may organize together to apply for CCO approval.

CCOs are required to coordinate care for covered patients, with a focus on primary care, behavioral health and social or community services. In other states, such as Oregon, North Carolina and Alabama each individual CCO is responsible for a geographic region. CCOs must be governed by a representative board of accountable providers and a community advisory board. The exact nature of care teams and delivery models will be determined by the CCO, with a State Governing Body reviewing and monitoring each CCO to maintain standards.

Each CCO will create a network of providers and community services that will deliver care to the CCO's attributed members. Providers and health systems enter into value-based payment arrangements with the CCO in their region, and accountability for outcomes for attributed patients under the model.

Multiple value-based arrangements are possible under a CCO structure: practices may continue other payments arrangements with payers outside of the model (i.e. private insurers)

**5. Multi-Payer Measures**

Assessment of providers and health systems is accomplished by multi-payer measures. The goal of measurement of providers is to drive the system towards improvement for key population health goals:

- Obesity





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- Diabetes
- Tobacco Use
- Hypertension
- Behavioral Health

**11 Multipayer Metrics** and **40 CCO Metrics** have been proposed to date, after a review conducted by OSIM staff of nationally endorsed measures (including those used by NQF, NCQA, PQRS, etc.)

Group members reviewed common features of existing multi-payer metrics.

Proposed CCO Metrics could likely be satisfied by reporting processes already underway: Meaningful Use, Medicare, etc. were provided as examples.

Attendees discussed how narrowing the number of quality measurements (wherever possible) assists with provider “buy-in” and alignment of efforts. All multi-payer measurements in a final proposal will be submitted and reviewed by a committee.

**- HIT Plan**

***Key Features:***

- The HIT Plan is one part of the broader OSIM plan that will be made available in full in January for further public comment.
- The plan will still be able to stand alone, with many specific aspects unique to HIT.
- ONC and CMS have reviewed the current proposal, and have suggested that it will need to tie in closer to the original SIM proposal and the broader CCO model proposal.
- The HIT workgroup is open to one-on-one meetings with stakeholders to review any aspects of the proposed conceptual model.
- Tribal Public Health Advisory Committee (TPAC) meeting with tribal governments was conducted on December 4<sup>th</sup>.
- The OSIM steering committee plans to meet in early January to review the HIT plan, and modifications are planned to be complete and shared shortly afterwards.
- The Health Information Network (HIN) provides the ability to query patient records, across various sources of data and health systems described above. The concept model for the HIN incorporates information currently collected from MyHealth, CCO and Health-e Oklahoma, a state agency HIE that links records across state health department data sources and services.
- The intention of Health-e Oklahoma is to enable the exchange of data related to public health services with partners: family planning, immunizations, various county health department services are key examples.





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## Minutes

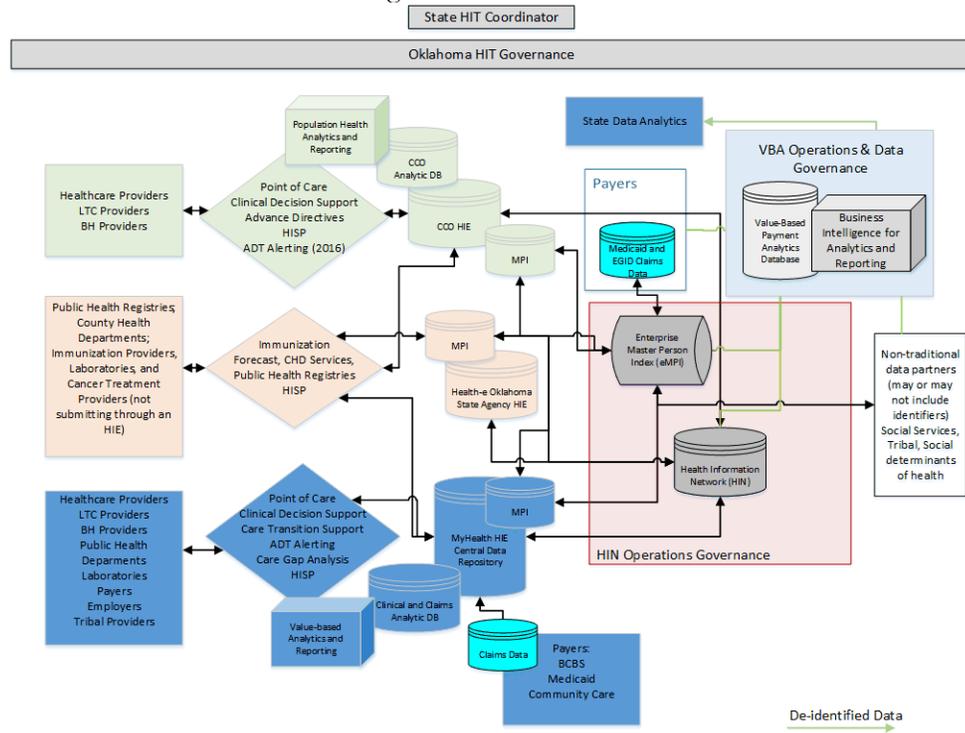
- State-level metrics can be accomplished by bringing in multiple sources of de-identified data.
- Data from the various HIEs is proposed to flow into the Value Based Analytics tool, and then the HIN, where it is de-identified.
- Goal: protect information as much as possible, while still allowing for an overall statewide picture of population health.
- From the state-level perspective, the state HIT coordinator guides procurement and grant decisions, and the structure of the conceptual model allows them to appropriately make relevant decisions.

### Drivers for Health IT

- Healthcare Triple Aim
- Patient Centered Care
- Care Transitions

### Critical Success Factors

- **Governance**
- The diagram presented below gives an overview of the proposed operations of statewide HIT efforts. Attendees discussed governance features and infrastructure.



**Color Coding for Diagram:**





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- **Green:** Coordinated Care Oklahoma
- **Light Orange:** Health-e Oklahoma State Agency HIE
- **Blue:** MyHealth
- **Grey:** Health Information Network and Value Based Analytics Operations, with shared functionalities available for all participants.
- Specific governance options are under consideration, including the composition of governing bodies and the best method of ensuring that the Health IT governing body appropriately works with the separate CCO / Value Based Purchasing governing bodies.
- State HIT Advisory Board, consisting of a balanced group of payers, providers and community members is intended to avoid biases.
- Within the governance model it will be important to ensure consideration for tribal partners, safety-net providers, and providers in post-acute care environments (rehab, nursing homes, etc.) Attendees discussed how patients in these populations may have substantial differences compared to other populations.

**Infrastructure**

Funding – key components include sustainability and cost estimates.

Technology – what are solutions to the issues that may arise?

Technical Assistance – an important consideration to ensure privacy and security.

Staff Resources – includes compliance teams, risk mitigation teams to support activities.

**Policy**

Policy is intended to align with other state and private initiatives. Various initiatives familiar to attendees can provide opportunities for policy alignment, to reduce provider burden. (Meaningful Use, PCMH)

Multi-payer strategies – from a CMS perspective, there is a requirement for multi-payer support to receive HIE funding to support initiatives.

An overall goal of issuing RFPs through OMES was described as an important step in the implementation of the proposed model. The importance of the HIT workgroup participation towards this goal was also reiterated.

Visit the OHCA Sharepoint Site: <http://portal.okhca.org>

Contacts: Adolph Maren ([Adolph.Maren@okhca.org](mailto:Adolph.Maren@okhca.org) OHCA), Isaac Lutz ([IsaacL@health.ok.gov](mailto:IsaacL@health.ok.gov)) (OSDH)

The Health IT Plan is still undergoing revisions, which can best be viewed by visiting Sharepoint: contact Adolph or Isaac if you require log-on credentials.



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<b>Action Items</b>		
<b>Action Item Description</b>	<b>Responsible Party</b>	<b>Due Date</b>
1. Upload most recent Health IT Plan on Sharepoint.	OHCA / OSDH	December 11