



**Oklahoma Health Improvement Plan (OHIP) /
Oklahoma State Innovation Model (OSIM)
Health Information Technology Work Group Meeting
January 28, 2016**



January 28th, 2016 3-5pm
Oklahoma Health Care Authority
4345 N. Lincoln Blvd OKC, OK

Center for Health Innovation & Effectiveness (CHIE)
OSIM Project Director: Alex Miley
HIT Chair: Bo Reese
HIT Co-Chair: Becki Moore

Minutes

- 1. Welcome / Introductions - Rebecca Moore (OMES, Co-Chair of the HIT Workgroup)**
 - **Members:** Lindsey Wiley (OFMQ), David Kendrick (OU), Brian Yeaman (Coordinated Care Oklahoma), Keianna Dixon (Deloitte), Tracy Leeper (ODMHSAS), Chad Sickler (OHCA), Adolph Maren (OHCA), Brandon Hope (Oklahoma City County Health Department); Jeffrey Carlisle (OMES), Cynthia Scheiderman-Miller (OU), David Wharton (Choctaw), Patsy Leisering (OMES); Kelly Hobbart; Ross Green, Choctaw Nation
 - **Support Staff:** Joe Fairbanks (OSDH); Alex Miley (State Innovation Model Project Director); Isaac Lutz (OSDH); Jana Castleberry (OSDH)

- 2. Key Outcomes**
 - Questions centered on the following topics: administrative costs associated with the new model for the state, adequate representation of stakeholders on the governance, the ability of providers to remain competitive under the new model, and practice transformation support for providers

- 3. HIT Plan Updates**
 - Drafted HIT Plan and placed on SharePoint site
 - Presented plan to workgroups, Executive Committee, and Tribal Public Health Advisory Council
 - Received feedback from stakeholders regarding membership and advisory board on governance
 - Next steps:
 - Meet with each HIE
 - Continue to refine the concept diagram to show how the HIN supports the CCO model
 - Create a one pager that explains HIT Plan architecture and concept

Discussion

 - *Comment:* A representative from MyHealth expressed concern about the conceptual diagram’s ability to address issues regarding data use and strong governance. A representative from Coordinated Care Oklahoma responded and expressed confidence in the model’s ability.
 - *Response:* The governance model is to support the procurement and management of technology. The data within the model can be addressed through the VBA governance and should be included as a priority for the SIM State Governing Body identified in the SHSIP. The SIM team will look at



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incorporating the HIT Advisory Board with the State Governing Body to show the connection between the two.

4. Review of OHIP 2020 Goals

Presentation

- Reviewed five-year vision for the HIT Workgroup as spelled out by OHIP 2020
- Reviewed Objective 1 and 2 of OHIP 2020 HIT Objectives
- By 2020, ensure that each Oklahoman's safety, quality, and convenience of care is improved by ensuring that providers access a multi-sourced comprehensive medical record on 30% of patients they treat.
- By 2020, a majority of Oklahomans will experience improved health and reduced costs of care by ensuring that population-level, multi-sourced, comprehensive health data is used to support the public health, quality improvement, and value-based payment models.
- Will have to align the work of the workgroup to these goals besides fulfilling the goals of SIM

Discussion

- (There was no discussion.)

5. SHSIP Update

- Have submitted 9 sections to CMS and Deloitte for review
- Have created a consolidated, draft document and addressed areas of overlap between the sections
- Will place the consolidated draft on the OSIM website in early February 2016
- Will leave the HIT Plan intact so that it can be a standalone section
- Are completing the Financial Analysis, Monitoring and Evaluation Plan, and Operational Plan

Discussion

- Question: What are current funding options?
- Response: They are trying to pursue CMS funding as well as other options.



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6. Model Review

- Reviewed SIM Model Goal:
- To move the purchasing of health care services from a fee-for-services (FFS) system to a population-based payment structure that incentivizes quality and value while emphasizing primary prevention strategies; by moving to a value-based care coordination model and focusing on the SIM flagship issues, we will improve population health, increase the quality of care, and decrease cost (the Triple Aim)
- Target issues: tobacco use, behavioral health, diabetes, obesity, hypertension
- Reviewed the conceptual design tenets
- Incorporate the drivers of health outcomes
- Integrate the delivery of care
- Drive alignment to reduce provider burden
- Move toward value-based purchasing with realistic goals
- Reviewed the Communities of Care Organizations (CCO)
- Local, risk-bearing care delivery entities that are accountable for the total cost of care for patients within a particular region of the state
- Many different organizations already operating within the health care system could become a CCO or come together to form a CCO

Discussion

- *Question:* Will they consider a name change to “CCOs” so that it would not be confused with Coordinated Care Oklahoma (one of the state’s two health information exchanges)?
- *Response:* They do not want to change the name right before they submit the SHSIP, to avoid confusion, but they may take this into consideration.
- *Comment:* A stakeholder expressed concern regarding administrative costs involved in the CCO governance structure observing the Oregon model and their administrative costs.
- *Response:* It is important to differentiate overhead versus administration costs. It is possible that organizations can spend more on administrative costs and have much better health outcomes than organizations that spend less on administrative costs.
- *Comment:* Another stakeholder commented that it generally takes a lot of costs to set up the infrastructure for these new models, but this is for overall long-term improved health and savings.



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7. Governing Body Membership

- Review proposed state governing body for new model
- State governing body will serve as the payer for state-purchased health care and be responsible for providing oversight of the CCOs through certification and a continuous minoring process
- Membership: Oklahoma Health Care Authority, Employees Group Insurance Division, Oklahoma State Department of Health, Department of Mental Health and Substance Abuse Services, Oklahoma Insurance Division, Representative from Member Advisory Committee, Representative from Provider Advisory Committee
- Advisory Committees: Member Advisory Committee, Provider Advisory Committee, CCO Certification Committee, Episodes of Care (EOC) Alignment Committee, Health Information Technology Committee, Quality Measures Committee
- Quality Measures Committee: Will set CCO quality measures benchmarks and reporting requirements. Proposed committee will be composed of 12 members.
- EOC Committee: Will propose EOCs and episode framework, including the needed, identified alternations to existing EOCs
- HIT Governance: Will be aligned to the State Governing Body but will not be sitting on the governing body

Discussion

- Comment: A stakeholder expressed a comment regarding adequate membership of stakeholders on the state governing body.
- Response: They want to have all stakeholders represented but also want to keep the number of representatives down to a manageable number and avoid conflicts of interest among members who could potentially be on both sides of contracts
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- Question: A stakeholder asked a question about the exact mechanisms of how payers would collaborative with the CCOs and State Governing Body to participate in this new model.
- Response: They are not trying to create a one-size-fits-all approach to how each CCO region will function. It will be up to the CCO how they want to contract with payers
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- Question: A stakeholder expressed concern about the ability of payers to remain competitive in the new CCO environment.
- Response: This model would not stifle business for the payers.
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- Comment: Another stakeholder commented to share his hospital's experience with developing a model similar to a CCO, a clinically integrated group, recognized as one body but operating separating. He believes that that same



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infrastructure can facilitate a Medicaid CCO or a multi-payer CCO. The patient benefits the most by getting the most effective care at the lowest cost. He compared this to the airline industry in which additional competition is introduced and it only helps the consumer to get lowest costs. He believes that CCOs absolutely promotes the multi-payer model across the state. He believes that this is what they have all been working towards.

- Response: They will be sure that they include representation on the State Governing Body who understands these needs of the CCO and members.

8. CCO Certification Requirements

Presentation

- Reviewed the State Governing Body's role in CCO certification requirements: It will certify CCOs and indicate that they have the capacity of plans for meeting goals and requirements
- Reviewed the 10 criteria for CCO certification
- Reviewed the governance model of the CCO
- Reviewed the representation of the CCO Community Advisory Board

Discussion

- Comment: A stakeholder expressed that he likes this model and the idea of eHealth Exchange under the CCO certification requirements regarding statewide interoperability. Another member requested that the national option be generic and not specific to eHealth Exchange.
- Response: The identification of eHealth Exchange was due to the border states already participating, but the plan can be adjusted to be generic to a federal exchange so long as the two HIEs are interoperable. That will continue to be a requirement regardless which system is used to achieve interoperability.

9. Practice Transformation Center

Presentation

- Have received a lot of stakeholder feedback about the education and support that providers will need for this new model
- Want to be sure that they have a center to help disperse best practices and give providers resources and aid in this transformation process
- Practice transformation center would link existing initiatives and connect providers to resources



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- Invite ideas about the best approaches for practice transformation
- Plan to first introduce the quality measures for the initiative and then determine how to best bring together practice transformation resources

Discussion

- Comment: A stakeholder shared more detail about the best practices in practice transformation that were employed by the CPC Initiative to aid in the success of the initiative
- Comment: A stakeholder shared that there will need to be relationship-building and hand-holding of providers so that they understand the basic concepts of this new model, such as value-based purchasing, which many do not. The stakeholder also commented that the pre-existing initiatives in which people have face time with providers, as opposed to being solely virtual, have been the most effective. As much education as possible will be good for the providers. The stakeholder agreed with the overall direction of the proposed practice transformation center,
- Response: Regarding a stakeholder comment about the detail involved in the practice transformation center, they responded that they want to have a center that supports all the needs of providers but do not want to be so granular as each CCO decides what alternative payment arrangement they will use, so they will have a lot of variation.

10. Timeline

- Reviewed OSIM Operational Roadmap (2016-2019)
 - Quality Metrics
 - Payers
 - Alignment Meeting
 - Form Metrics Committee
 - Initial Multi-Payer Metrics Report
 - Initial CCO Metrics Report
 - Episodes of Care (EOC)
 - Form EOC Task Force
 - Episodes Reporting & Evaluation
 - Communities of Care Organizations
 - CMS Waiver Submission
 - CCO Enabling Legislation
 - CMS Waiver Approval



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- CCO Go-Live (2019)

Discussion

(There was no discussion.)

Action Items

Action Item Description

- SIM Next Steps:
 - Hold individual payer meetings
 - Perform financial analysis of SIM model
 - Complete State Health System Innovation Plan (SHSIP)
 - Send the OHIP 2020 Goals with the minutes
 - Put ONC feedback on the SharePoint site
- HIT Workgroup Next Steps:
 - Hold February 2016 meeting
 - Discuss quality measures, episodes of care, financial forecast
 - Hold March 2016 meeting
 - Discuss the SHSIP submission and operationalizing SIM
 - Review SHSIP sections