

# Oklahoma State Department of Health



Oklahoma State Innovation Model (OSIM)

OSIM Statewide Stakeholder Webinar  
August 13, 2015



# Agenda



Section			Presenter
<b>Introduction and Housekeeping</b>	<b>2 min</b>	<b>1:00</b>	<b>M. Hale</b>
<b>Oklahoma State Innovation Model: Status Update</b>	<b>8 min</b>	<b>1:02</b>	<b>A. Miley</b>
<b>Health Efficiency &amp; Effectiveness: Deliverable Review</b>	<b>10 min</b>	<b>1:10</b>	<b>V. Owens</b>
<b>Health Finance: Deliverable Review</b>	<b>10 min</b>	<b>1:20</b>	<b>I. Lutz</b>
<b>Health Information Technology: Deliverable Review</b>	<b>10 min</b>	<b>1:30</b>	<b>I. Lutz</b>
<b>Health Workforce: Deliverable Review</b>	<b>10 min</b>	<b>1:40</b>	<b>J. Castleberry</b>
<b>Next Steps &amp; Question and Answer</b>	<b>10 min</b>	<b>1:50</b>	<b>A. Miley</b>



# Introduction and Housekeeping

# Meeting Information

Topic	Information
<b>Lead Presenter</b>	C. Alex Miley, OSIM Project Director, OSDH Center for Health Innovation and Effectiveness
<b>Facilitator</b>	Michael Hale, Senior Videoconferencing Coordinator, Deloitte Lync Services
<b>Dial-In Information</b>	Phone Number: 1-855-799-7998 Conference ID: 92738039
<b>Webinar Link</b>	<a href="https://meet.deloitte.com/mhale/M1ST8GV4">https://meet.deloitte.com/mhale/M1ST8GV4</a> You will be prompted to download a plug-in to access the Lync Web App. It is recommended to download this plug-in prior to the meeting time. The recommended web browsers for the plug-in are Internet Explorer (PC) or Apple Safari (Mac). (Do not use Google Chrome.)
<b>Dial-In Assistance</b>	For assistance with dialing in to the conference call, you may call the Deloitte Lync Help Line at: 1-877-388-6623 (Select Option 3)
<b>Webinar Connection Assistance</b>	For assistance with viewing the webinar content, you may send a private IM to the meeting facilitator, Michael Hale, within your Lync Web App browser.
<b>Polling Questions</b>	To respond to a question, please wait for the presenters to show the question on the Lync Polling page and respond with a multiple choice selection (e.g., A, B, C, D, E). Responses will be anonymous and used for OSIM project development.
<b>Question and Answer</b>	All lines will be muted until the Q&A begins. To ask a question, please submit your question on the Lync Q&A page. The presenters will begin responding to questions once the Q&A period begins.



# OSIM Status Update

# OSIM Goals and Objectives

- **State Innovation Model (SIM):** The SIM Grant is awarded through the Centers for Medicare and Medicaid Services (CMS). The grant provides technical and financial support to states for the development of **state-led, multi-payer health care service delivery and payment models**. SIM is part of a growing portfolio of CMS projects that seek to achieve the goals of the Triple Aim.
- **Triple Aim:** This framework was developed by the Institute for Healthcare Improvement and describes an approach to **optimizing health system performance**.



- **Oklahoma SIM (OSIM) Project:** Oklahoma was awarded \$2,000,000 for a **SIM Model Design Grant**. The grant period runs from **February 2015 to January 2016**. By January 2016, the OSIM Project Team will use subject matter expertise and stakeholder input to develop a detailed proposal for state-wide health system transformation: **the State Health System Innovation Plan (SHSIP)**.



# OSIM Project Methodology Timeline

## Phase 2: “Develop Model Design and Select Quality Metrics”

Task	2015										2016
	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.
<b>Ongoing: Stakeholder Engagement</b>	Stakeholder Engagement										
<b>Phase 1: Define</b> <ul style="list-style-type: none"> <li>Finalize roles and responsibilities</li> <li>Identify goals and objectives</li> <li>Generate innovation ideas for payment and delivery reform</li> </ul>	█										
<b>Phase 2: Develop Model Design and Select Quality Metrics</b> <ul style="list-style-type: none"> <li>Identify components of redesigned system</li> <li>Leverage existing initiatives in support of Model Design</li> <li>Reach consensus on Model Design and aligned quality metrics</li> </ul>			█								
<b>Phase 3: Develop Health Information Technology Plan and Financial Model</b> <ul style="list-style-type: none"> <li>Design Value Based Analytics tool</li> <li>Develop financial savings estimate</li> <li>Identify regulatory requirements for supporting new model design</li> <li>Reach consensus on cost savings</li> </ul>							█				
<b>Phase 4: Finalize State Innovation Model</b> <ul style="list-style-type: none"> <li>Develop implementation strategy</li> <li>Finalize budget for testing</li> <li>Submit Model Design</li> </ul>											█



# OSIM Deliverable Roadmap

\***Bolded items indicate deliverables for CMS Review**

	<b>QUARTER 2</b> MAY – JULY	<b>QUARTER 3</b> AUGUST – OCTOBER	<b>QUARTER 4</b> NOVEMBER - JANUARY
<b>OSDH Program Staff</b>	<ul style="list-style-type: none"> <li>• CMS Quarterly Report 2 Final</li> <li>• CMS Value-Based Delivery and Payment Methodology Transformation Plan</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Quarterly Report 3 Final</li> <li>• CMS Operational &amp; Sustainability Plan</li> <li>• CMS Health Information Technology Plan: HIT Workgroup Review</li> <li>• <b>CMS Health Information Technology Plan</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>SHSIP Draft 2: Public Comment Period and CMS Optional Review</b></li> <li>• <b>Final SHSIP: CMS Review</b></li> </ul>
<b>Technical Assistance</b>	<ul style="list-style-type: none"> <li>• CMS Quarterly Report 2: OSDH Review</li> <li>• SHSIP Draft 1: OSDH Review</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Quarterly Report 3: OSDH Review</li> </ul>	<ul style="list-style-type: none"> <li>• Final SHSIP: OSDH Review</li> </ul>
<b>Stakeholder Engagement</b>	<ul style="list-style-type: none"> <li>• Statewide Stakeholder Meeting</li> <li>• Quarterly Stakeholder Engagement Report 2</li> <li>• <b>CMS Stakeholder Engagement Plan</b></li> </ul>	<ul style="list-style-type: none"> <li>• Statewide Stakeholder Meeting</li> <li>• Quarterly Stakeholder Engagement Report 3</li> <li>• Stakeholder Engagement Narrative</li> </ul>	<ul style="list-style-type: none"> <li>• Statewide Stakeholder Meeting</li> <li>• Quarterly Stakeholder Engagement Report 4</li> </ul>
<b>Health Efficiency and Effectiveness</b>	<ul style="list-style-type: none"> <li>• Population Health Needs Assessment</li> <li>• Inventory of Current State Efforts</li> </ul>	<ul style="list-style-type: none"> <li>• In-State Evaluation Plan with Quality Metrics</li> </ul>	
<b>Health Workforce</b>	<ul style="list-style-type: none"> <li>• Data Catalog (Completed April 2015)</li> <li>• Providers</li> <li>• Provider Organizations</li> <li>• Gap Analysis</li> <li>• Environmental Scan (Policy Levers)</li> </ul>	<ul style="list-style-type: none"> <li>• Emerging Trends</li> <li>• Policy Prospectus</li> <li>• Final Report</li> </ul>	
<b>Health Finance</b>	<ul style="list-style-type: none"> <li>• Oklahoma Insurance Market Analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Oklahoma Care Delivery Model Assessment</li> <li>• High-Cost Delivery Services</li> <li>• Financial Forecast of New Payment Models</li> </ul>	
<b>Health Information Technology</b>	<ul style="list-style-type: none"> <li>• EHR/HIE Survey &amp; Adoption Analysis</li> <li>• HIE Environmental Scan</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Health Information Technology Plan: OSDH Review</li> <li>• Value-Based Analytics Roadmap Tool</li> </ul>	

# OHIP/OSIM Workgroups

## Meeting Dates & Objectives (May – August)

Health Efficiency & Effectiveness	Health Workforce	Health Finance	Health Information Technology
<p><b><u>Workgroup Goal</u></b></p> <p>Provide guidance in the design of an evaluation plan that identifies quality metrics in coordination with health care delivery models with a focus on: (1) strengthening population health; (2) transforming the health care delivery system; and (3) decreasing per capita health care spending.</p>	<p><b><u>Workgroup Goal</u></b></p> <p>Develop a health workforce data catalog, identify data gaps, and assess state capacity for meeting current and future health care demands; provide a policy prospectus for health workforce redesign and training, recruitment, and retention.</p>	<p><b><u>Workgroup Goal</u></b></p> <p>Work with the actuarial contractor to integrate a new value based payment model based on pay-for-success and perform actuarial analysis of OSIM interventions and evaluations.</p>	<p><b><u>Workgroup Goal</u></b></p> <p>Increase adoption of Electronic Health Records (EHR) and attainment of meaningful use (MU), incentivize adoption among non-EHR providers and connect them to Health Information Exchanges (HIEs), foster interoperable health systems, and plan development of Value-Based Analytics (VBA) Roadmap tool.</p>
<b>May 28</b>	<b>July 15</b>	<b>July 17</b>	<b>July 15</b>
<p>Discussed project updates. Reviewed workgroup timeline and deliverable dates. Reviewed Population Health Needs Assessment protocol.</p>	<p>Reviewed Health Workforce assessments: Data Catalog, Provider Organization Analysis, Provider Analysis, Gap Analysis</p>	<p>Reviewed: Market Effects on Health Care Transformation Analysis, Care Delivery Model Analysis</p>	<p>Reviewed: HIE Environmental Scan Analysis, EHR/HIE Survey Report (draft). Discussed HIT Plan components.</p>
<b>July 23</b>	<b>August 5</b>	<b>August 6</b>	<b>July 29</b>
<p>Reviewed: Population Health Needs Assessment, Public Health Driver Diagrams, Current Health Transformation Initiatives, Care Delivery Model Analysis</p>	<p>Reviewed the 25 most critical health care jobs. Reviewed Health Workforce Gap Analysis.</p>	<p>Reviewed Market Effects on Health Care Transformation Analysis. Reviewed alternative care delivery and payment models.</p>	<p>Reviewed: HIE Environmental Scan Analysis, EHR/HIE Survey Report (final).</p>



# Stakeholder Meetings

The OSIM project team held 11 stakeholder meetings in June.

Date	Organization	Stakeholder Type	Location
June 1	Oklahoma Health Care Authority	State/Local Agency	Oklahoma City
June 2	Sooner Health Access Network	Health Association	Tulsa
June 2	Tulsa Regional Chamber	Business Association	Tulsa
June 3	CommunityCare of Oklahoma	Payer	Tulsa
June 4	TMF Health Quality Institute	Vendor, Health Association	Oklahoma City
June 4	Employees Group Insurance Division	Payer	Oklahoma City
June 9	University of Oklahoma Pharmacy Management Consultants	Public Health Coalition	Oklahoma City
June 11	Oklahoma Hospital Association	Health Association	Oklahoma City
June 17	Hospitality House	Community Organization	Virtual
June 18	Oklahoma Association of Family Physicians – Scientific Assembly of Primary Care	Health Association	Norman
June 18	Employees Group Insurance Division	Payer	Oklahoma City



# Stakeholder Meetings

The OSIM project team has held 17 additional stakeholder meetings since July, including an *All Payer Meeting* with the state's top five major health plans.

Date	Organization	Stakeholder Type	Location
July 7	QuikTrip	Business	Tulsa
July 7	GlobalHealth, Inc.	Payer	Tulsa
July 7	Dewberry Architects	Business	Tulsa
July 10	Oklahoma Hospital Association: Rural Hospital Coalition	Health Association	Oklahoma City
July 13	OSDH Turning Point Coalitions	Public Health Coalition	Oklahoma City
July 14	Northeastern Oklahoma Business Coalition (WellOK)	Business Association	Tulsa
July 14	National Committee for Quality Assurance	Health Association	Virtual
July 16	Oklahoma Health Care Authority	Payer	Oklahoma City
July 28	Employees Group Insurance Division	Payer	Oklahoma City
July 29	Oklahoma Association of Health Plans	Health Association	Edmond
July 29	Oklahoma Healthy Aging Initiative	Health Association	Oklahoma City
August 5	All Payer Meeting	Payers	Oklahoma City
August 10	Kingfisher Tuning Point Coalition	Public Health Coalition	Kingfisher
August 11	Cherokee County Turning Point Coalition	Public Health Coalition	Tahlequah
August 12	Jackson County Turning Point Coalition	Public Health Coalition	Altus
August 13	Muskogee County Turning Point Coalition	Public Health Coalition	Muskogee



# OSIM State Health System Innovation Plan

Components (Centered around a *Population Health Improvement Plan*)

## Health Care Delivery System Transformation Plan

Improve statewide health outcomes through multi-payer and health care delivery system innovation and redesign while integrating evidence-based population and clinical interventions.

## Financial Analysis

Estimate the total number of individuals that will be impacted by this new delivery system and payment transformation model and estimate projected reductions in the health care cost of these populations.



## Monitoring & Evaluation Plan

Perform an assessment of the state's regulatory environment and an inventory of quality measures. Consult best practices to monitor the key outcomes of strengthening population health, transforming the health care delivery system, and decreasing per capita health care spending.

## Quality Measure Alignment

Develop a statewide plan to align quality measures across all payers. Bridge population-based health outcomes with clinical quality measures.

Develop and select alternative multi-payer, outcomes-based health system delivery model(s) that fairly compensate providers for care, incentivize healthy behaviors, and reinforce quality, value, and evidence-based best practices.

Create a repository which would provide capacity for data analysis and enhance understanding of current workforce needs and strengths. Allow for strategic planning efforts as health professional shortage areas emerge or recede.

Design a Value Based Analytics tool to act as a common service quality and cost measure instrument used for monitoring and reporting across providers and payers and to strengthen adoption of EHR and MU.

Engage and solicit stakeholder participation. Incorporate the interests and concerns of a diverse spectrum of stakeholders.

## Payment and/or Service Delivery Model

## Workforce Development Strategy

## Health Information Technology (HIT) plan

## Stakeholder Engagement Plan

# OSIM First Stakeholder Survey (June 2015)

## Results

Organizational Affiliation	Percentage
Provider Organization	30.8%
State/Local Agency	23.1%
Academic/Research Institution	7.7%
Advisory Board/Group	7.7%
Commercial Payer	7.7%
Employer/Business Association	7.7%
Patient/Consumer Advocate	7.7%
Other (HIE)	7.7%

### Most Impactful Health Care Initiatives in Oklahoma

- Patient-Centered Medical Homes
- Bundled Payments for Care Improvement
- Comprehensive Primary Care Initiative
- Health Homes

### Stakeholder Engagement Activities Most Likely To Be Used

- Developing the OSIM plan components through the workgroups
- Participating in Statewide Stakeholder Webinars
- Meeting one-on-one with OSIM Project Leaders

### Statewide Stakeholder Webinar

	Avg. Rating
The meeting leaders effectively moderated the meeting.	4.0
The meeting content was useful for my organization's goals.	3.3
The meeting was the appropriate length of time.	4.1
The speakers were easily heard.	4.3
The presentation was easily seen.	3.8
I feel comfortable asking questions during a statewide meeting.	3.7

Strongly Agree	5
Agree	4
Neutral	3
Disagree	2
Strongly Disagree	1
Did Not Attend	N/A





# Polling Question #1

What role do you play in the health care industry?

# Polling Question #1 Responses

- Commercial Payer (17%)
- Provider/Health Care Association (17%)
- Public Health Association/Coalition (6%)
- Consumer Representative (0%)
- Employer/Business Association (6%)
- State/Local Agency (44%)
- Tribal Nation/Association (11%)

**Number of Respondents: 18**

**Note: Percentages do not reflect responses from all participants on the webinar but rather the percentage of participants who responded to the polling question.**



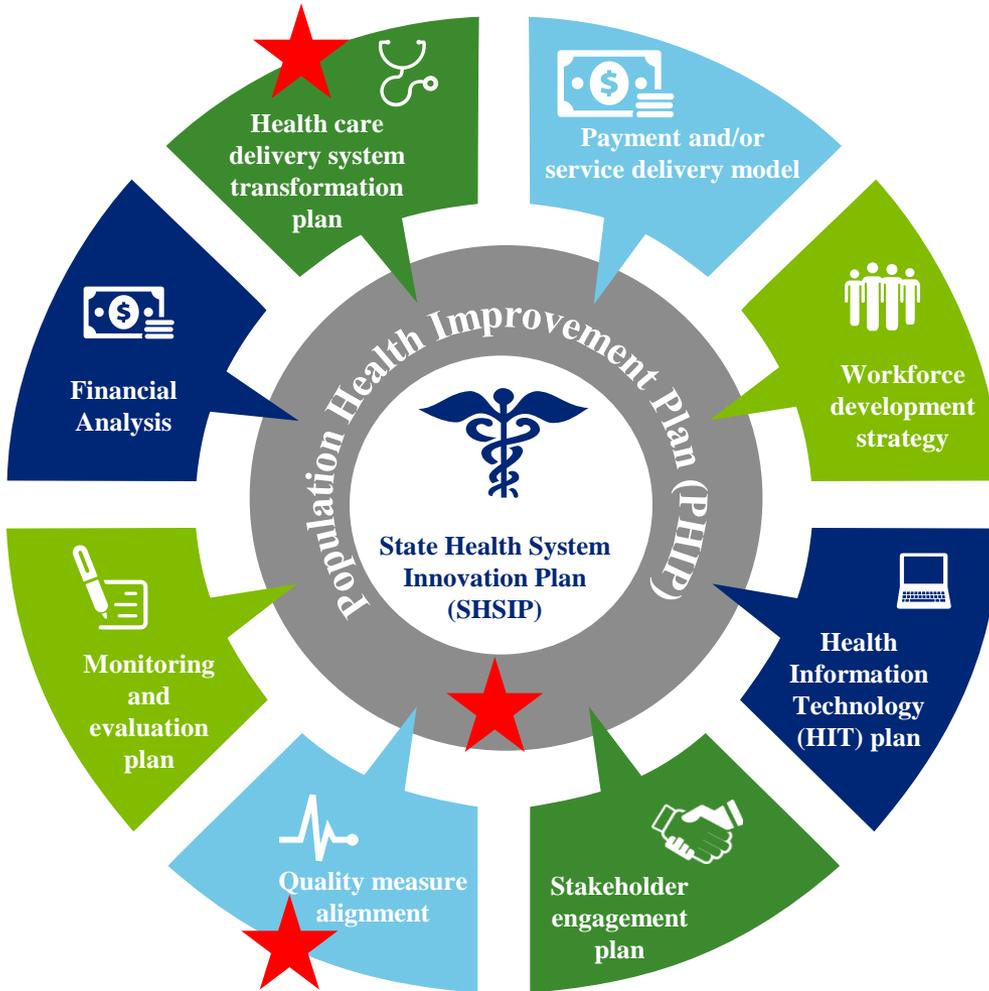
# Health Efficiency & Effectiveness

*Deliverable Review*

*Valorie Owens*

# OSIM State Health System Innovation Plan

The Health Efficiency and Effectiveness deliverables align to: *Population Health Improvement Plan*, *Health Care Delivery System Transformation Plan*, and *Quality Measure Alignment*



## Deliverables for Review

- Population Health Needs Assessment
- Current Health Care Transformation Initiatives

# Population Health Needs Assessment

Objective: Offer a meaningful understanding of the health needs of Oklahomans and to serve as the foundation for setting statewide health priorities to help with the development of the OSIM project

## Key Findings

1

All groups experience adverse health outcomes due to chronic disease and health risk behaviors.

2

Greater socio-economic need and health impacts are found among certain groups and places.

3

Limited care access results in greater health impacts.

4

Rates of preventable hospitalizations are indicators of population-level access to primary care or community care.

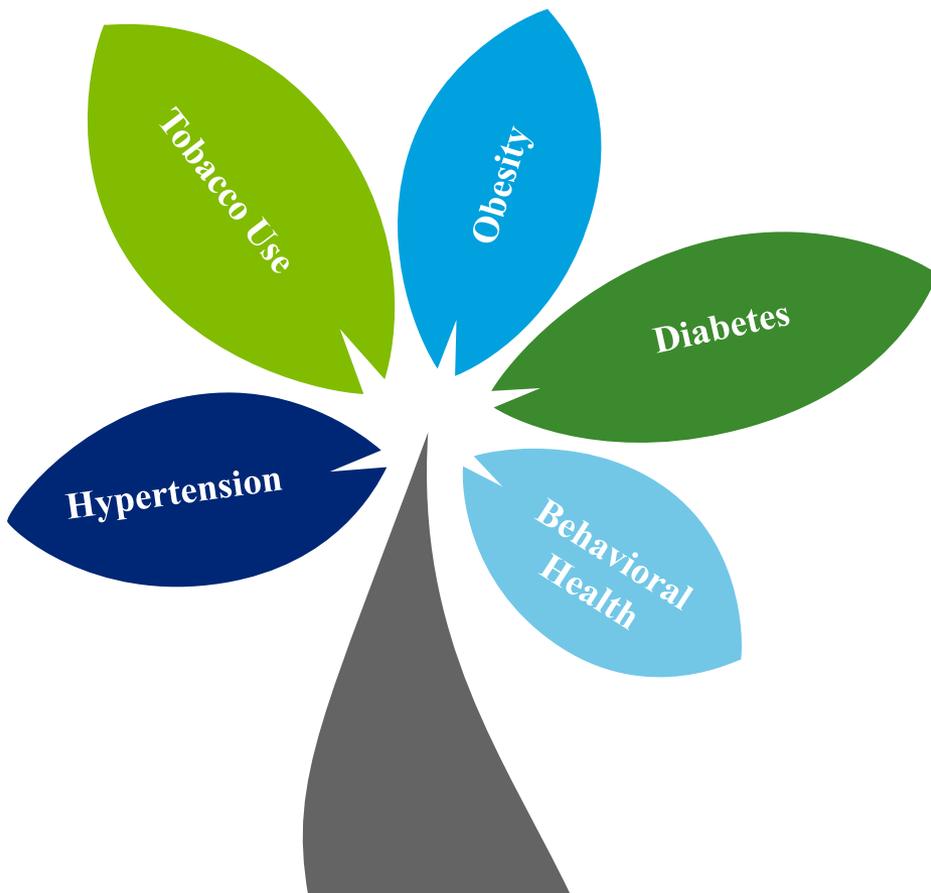
5

Diabetes, hypertension, obesity, physical activity and nutrition, and tobacco use are risk factors associated with heart disease and cancer, the leading causes of death in Oklahoma.



# Population Health Flagship Issues

The OSIM project focuses on 5 population health flagship issues, including the top focus areas discussed in the State's "Healthy Oklahoma 2020" Plan (OHIP 2020).



## Hypertension

- Oklahoma has the 9<sup>th</sup> highest rate of hypertension nationally.
- The adult hypertension rate in Oklahoma is 37.5% (2013).
- Uninsured adults were 3-4x less likely to receive routine preventative clinical services such as hypertension screening.

## Tobacco Use

- Smoking is Oklahoma's leading cause of preventable death.
- Smoking kills more Oklahomans than alcohol, auto accidents, AIDS, suicides, murders and illegal drugs combined.
- In 2012, approximately 1 in 4 Oklahoma adults smoked, compared to 1 in 5 nationally.

## Obesity

- Oklahoma is the 6<sup>th</sup> most obese state in the nation.
- Excess weight increases the risk of developing chronic disease, such as heart disease, stroke, and diabetes.
- In 2013, 12% of youth were obese and 15% were overweight.

## Diabetes

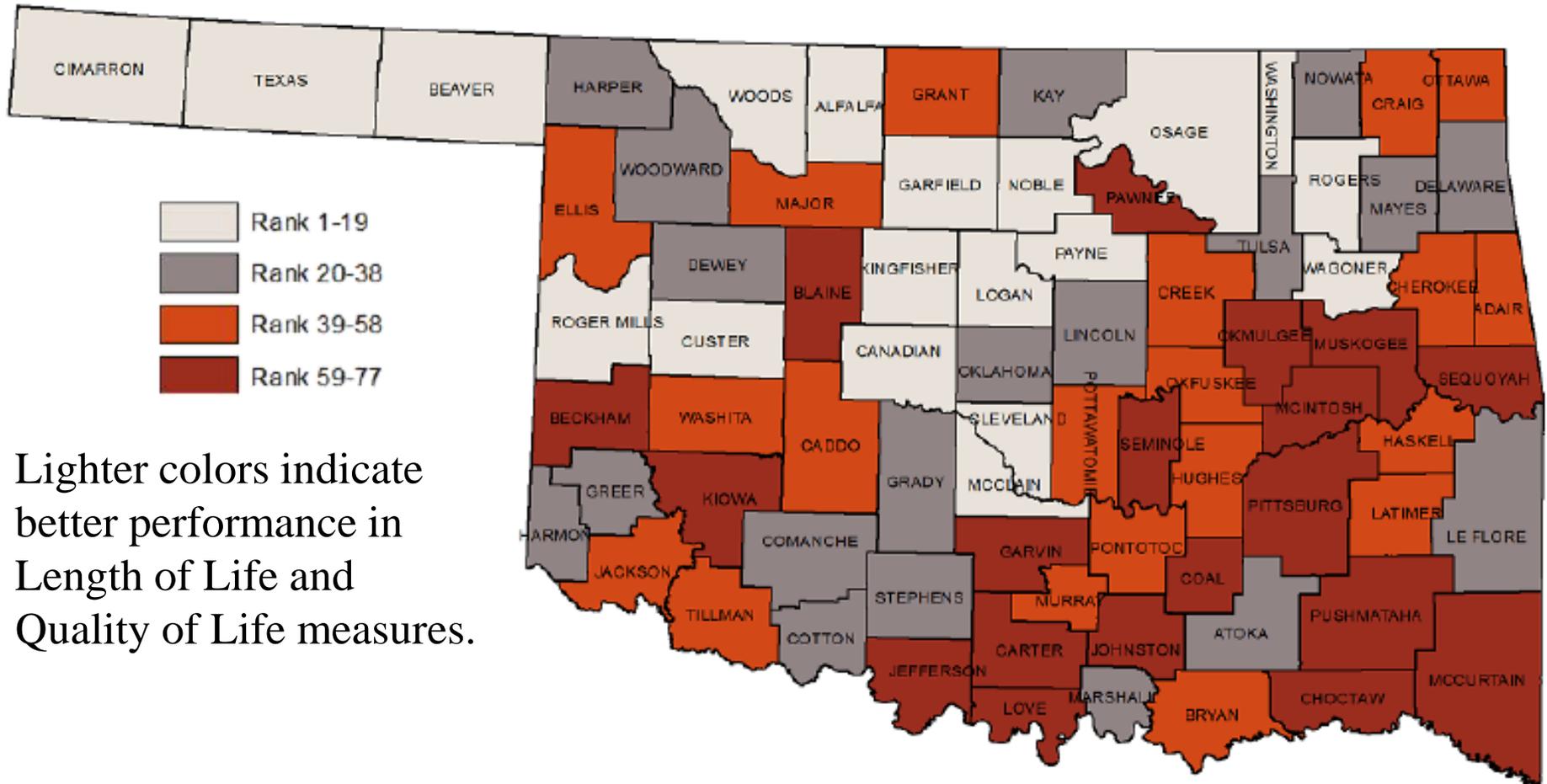
- Oklahoma has the 4<sup>th</sup> highest rate of death due to diabetes in the nation (2010).
- Type 2 diabetes accounts for the vast majority of all diabetes cases (90-95%) and can be prevented through healthy food choices, physical activity, and weight loss.

## Behavioral Health

- Oklahoma consistently ranks among the highest in the nation for rates of mental illness and addiction, as well as prescription drug abuse, underage drinking, and suicide.
- In 2014, 21.9% of adult Oklahomans reported having a mental health issue and 12% experienced a substance abuse issue.

# Population Health Needs Assessment

County Health Outcomes by Quartile Ranking, Oklahoma, 2015





# Current Health Care Transformation Initiatives

Objective: Offer a meaningful understanding of health care initiatives in Oklahoma and an overview of evidenced-based strategies that could be used to address high-priority health areas

## Key Findings

### 1: Ongoing Oklahoma Initiatives to Advance the Health of the State

- The percentages of ongoing initiatives to advance the health of the state that address the five high-priority health areas of Oklahoma are as follows: Tobacco use (31%, n=95), Obesity (12%, n=37), Diabetes (12%, n=37), Hypertension (9%, n=28), and Behavioral Health (53%, n=163).
- The most common initiatives found were concentrated on improving behavioral health (n = 115), utilizing multiple providers (n = 65), and receiving funding from the Centers for Disease Control and Prevention (n = 52) at a level between \$100K – \$200K (n = 33) for a period of 1 year (n = 77).
- The initiative characteristics highlighted in this report outline the challenges of widespread collaboration related to health care transformation. Many initiatives focus on specific and limited populations over short time periods, operate with relatively little funding, and do not focus on the five high-priority health areas. The landscape of health care initiatives in Oklahoma is dynamic, and if cross-collaboration is to succeed, there will likely need to be a process or infrastructure in place to help facilitate.

### 2: Strategies and Interventions to Address High-Priority Health Improvement Areas in Oklahoma

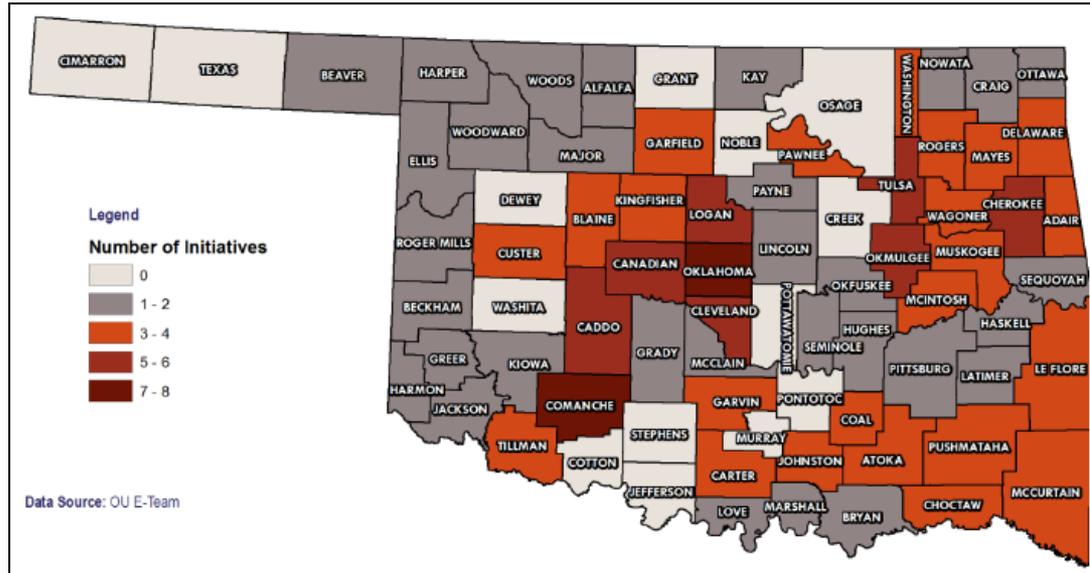
- Evidenced-based health improvement strategies are science-based strategies or interventions that integrate community preferences in order to improve the health of a population. These strategies come in several different types such as health care system-level interventions, clinical preventative services, community-focused efforts, and worksite programs.
- Evidence-based strategies and interventions are valuable because they save time and resources by using proven methods. However, success of evidence-based strategies and interventions is based on community ownership.
- While there is no panacea for improving health care systems, evidence-based strategies and interventions can help to increase awareness, access, and demand for health care services in communities, which in turn can greatly impact the health of individuals.



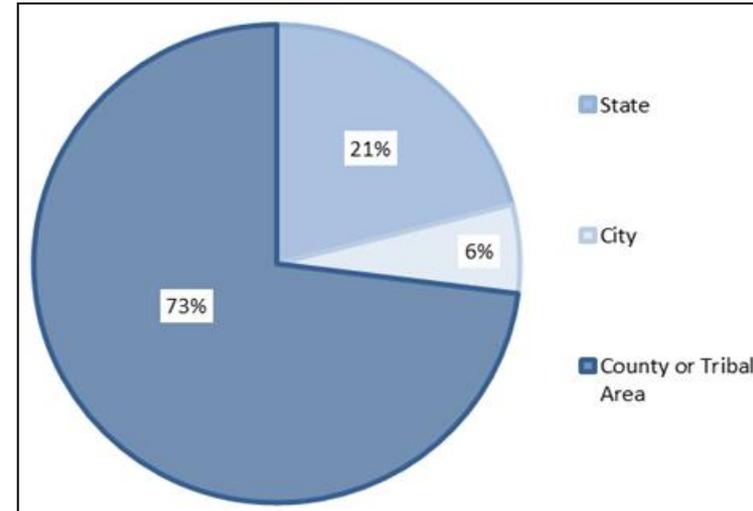
# Current Health Care Transformation Initiatives

## Ongoing Oklahoma Initiatives to Advance the Health of the State

Oklahoma Health Initiatives by County, 2015



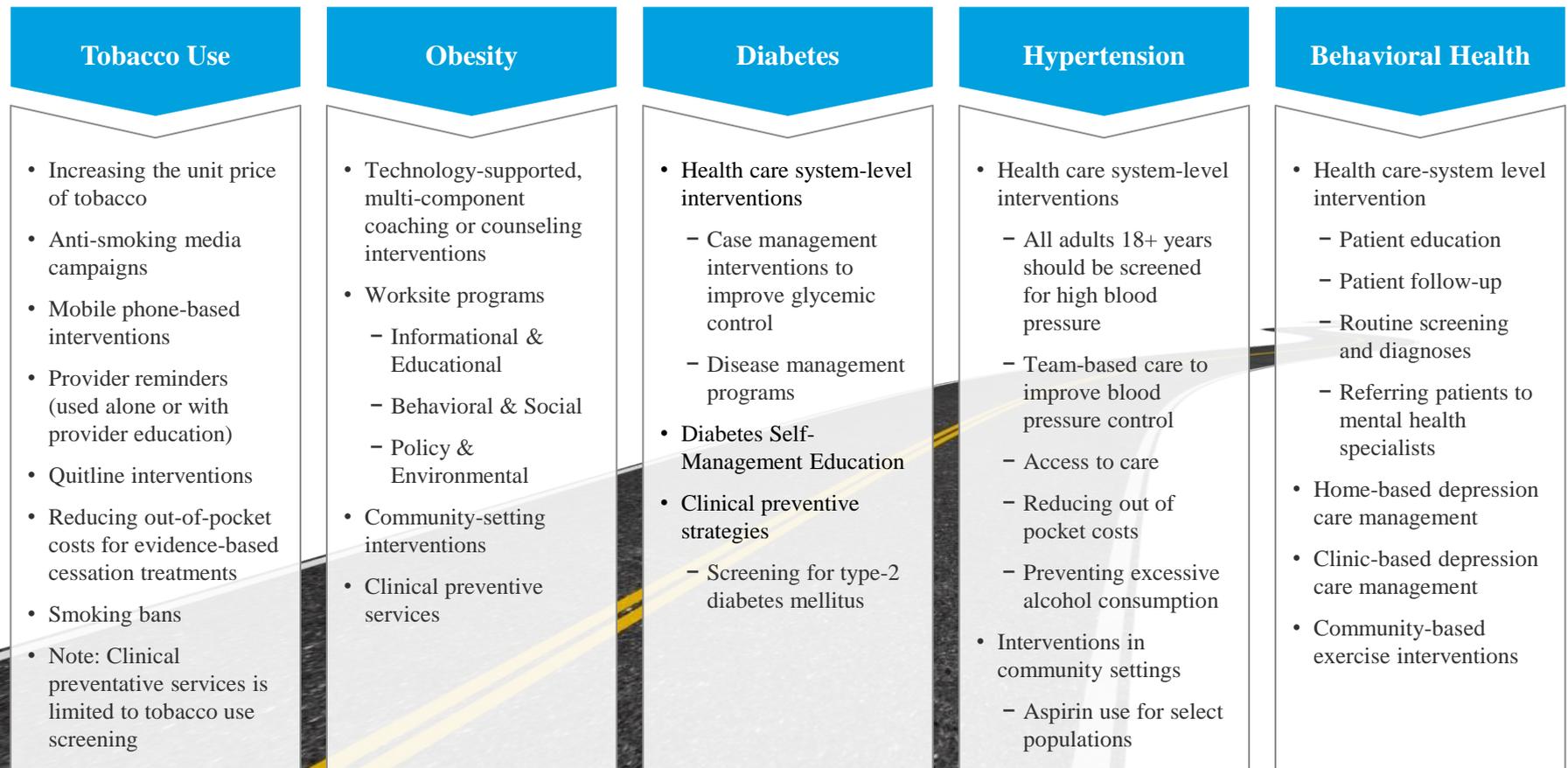
State, county, and city-level health care initiatives (%)



# Current Health Care Transformation Initiatives

## Strategies and Interventions to Address High-Priority Health Improvement Areas

Information related to the evidence-based health improvement strategies outlined below was obtained from The Community Guide, a website for the official collection of Community Preventative Service Task Force findings ([www.thecommunityguide.org](http://www.thecommunityguide.org)).





# Polling Question #2

Which of the following population health issues have you found the most difficult to tackle?

# Polling Question #2 Responses

- Behavioral Health (**56%**)
- Diabetes (**11%**)
- Hypertension (**0%**)
- Obesity (**22%**)
- Tobacco Use (**11%**)

**Number of Respondents: 18**

**Note: Percentages do not reflect responses from all participants on the webinar but rather the percentage of participants who responded to the polling question.**





# Polling Question #3

Why was this population health issue the most difficult to tackle?

# Polling Question #3 Responses

- Insufficient Resources (Financial, Personnel, Time) **(58%)**
- Lack of Leadership Support **(0%)**
- Lack of Patient Accountability **(0%)**
- Cultural Attitudes/Behaviors **(42%)**

**Number of Respondents: 19**

**Note: Percentages do not reflect responses from all participants on the webinar but rather the percentage of participants who responded to the polling question.**



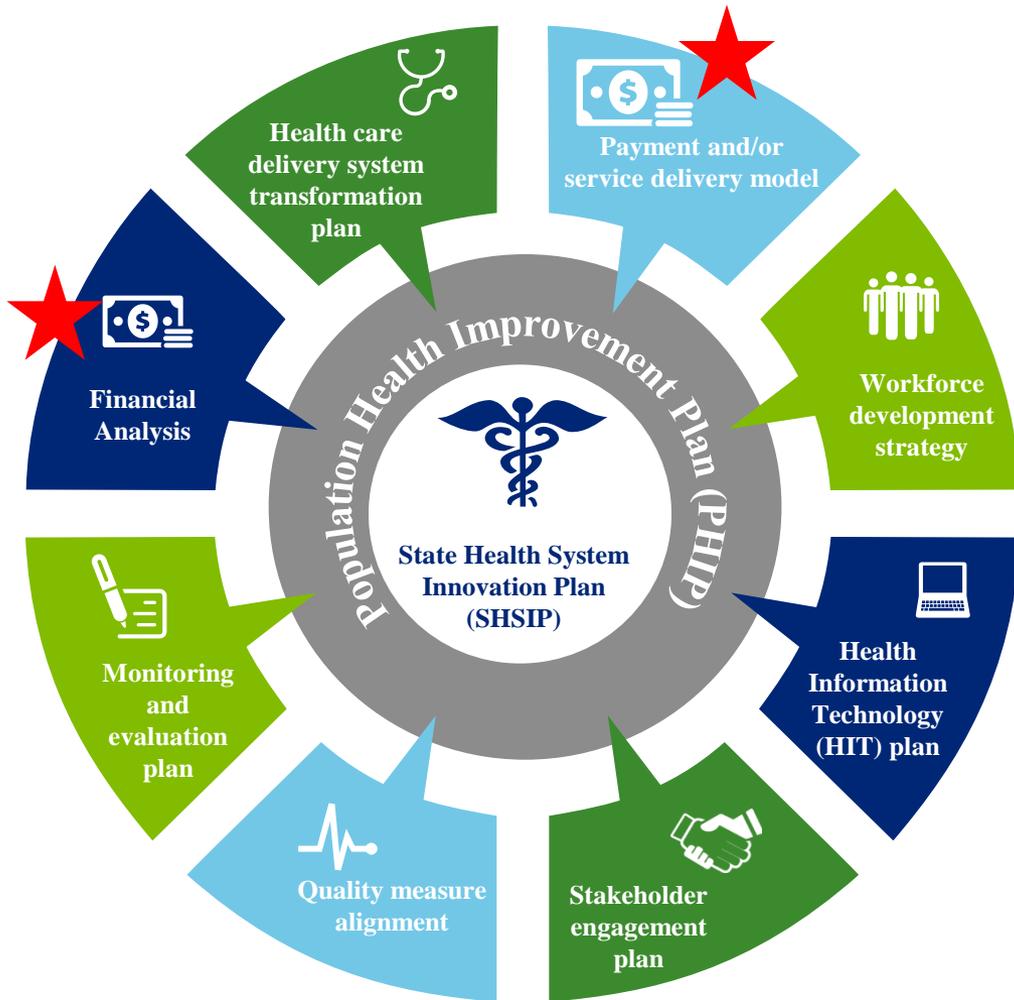
# Health Finance

*Deliverable Review*

*Isaac Lutz*

# OSIM State Health System Innovation Plan

The Health Finance deliverables align to: *Financial Analysis, Payment and/or Service Delivery Model*



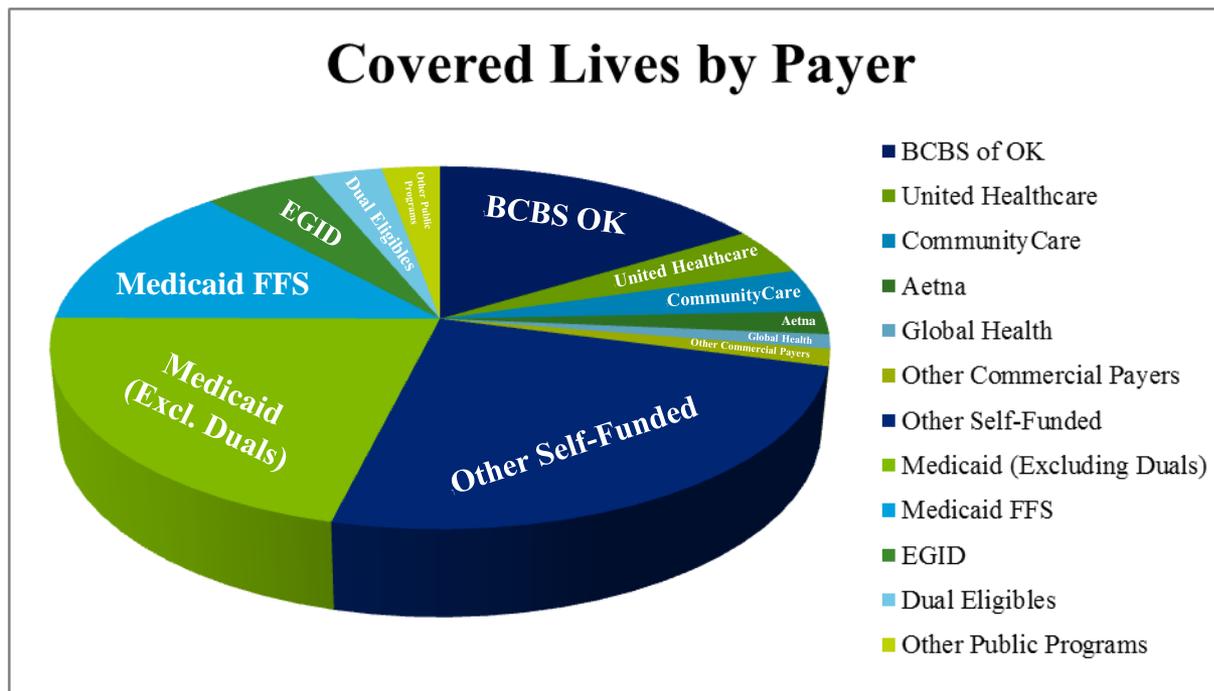
## Deliverable for Review

- Oklahoma Insurance Market Analysis

# Oklahoma Insurance Market Analysis

## Insurance Market Characteristics: 2014 Covered Lives by Payer

- The largest carrier in the state is Blue Cross Blue Shield of Oklahoma, followed by United Healthcare, CommunityCare, Aetna, and Global Health.
- Approximately 25% of covered lives in 2014 were insured through self-funded employer-sponsored health plans.



# Oklahoma Insurance Market Analysis

Objective: Report on analysis related to the market effects of the health care transformation on the State's insurance markets and citizens

## Key Findings

### 1: Reduction to Number of Uninsured Oklahomans Beginning in 2014

A significant number of low-income Oklahomans purchased insurance in 2014 and 2015, some using available premium assistance. Oklahoma's individual health insurance market has grown by an estimated 101,400 lives (2013-2015). Conversely, the number of uninsured Oklahomans decreased by 113,400 in this time period, with an estimated 543,800 remaining uninsured in 2015.

### 2: Concerns Related to 2016 Insurer Competition and Premium Rates

- While Blue Cross Blue Shield of Oklahoma (BCBS) insured the majority of lives in the commercial market prior to 2014, its 2015 market share has likely exceeded 90%. While many states have seen additional insurers enter the market through the insurance marketplace, Oklahoma has seen several insurers exit. BCBS may face increased competition as UnitedHealth enters the market.
- BCBS is requesting preliminary 2016 rate increases in excess of 20% for its individual market business as a result of poor financial experience in 2014. While Oklahoma had premium rates in the market that were below average in 2014 and 2015, premium rates in 2016 may be closer to national averages. Higher premium rates are most likely to impact households that do not qualify for premium assistance.

### 3: Opportunities to Reduce the Uninsured Rate

- An estimated 22% of non-elderly Oklahomans is estimated to remain uninsured. The percentage of Oklahomans potentially eligible for premium assistance that purchased coverage was only 27% in 2015, relative to 39% in other states. Greater education and outreach efforts may encourage a greater proportion of qualifying households to purchase coverage through premium assistance.
- An insurance gap exists in the population, particularly for those under 100% of the FPL. Oklahoma may close this insurance gap by implementing the State Innovation Waiver (available beginning January 1, 2017).



# Oklahoma Insurance Market Analysis

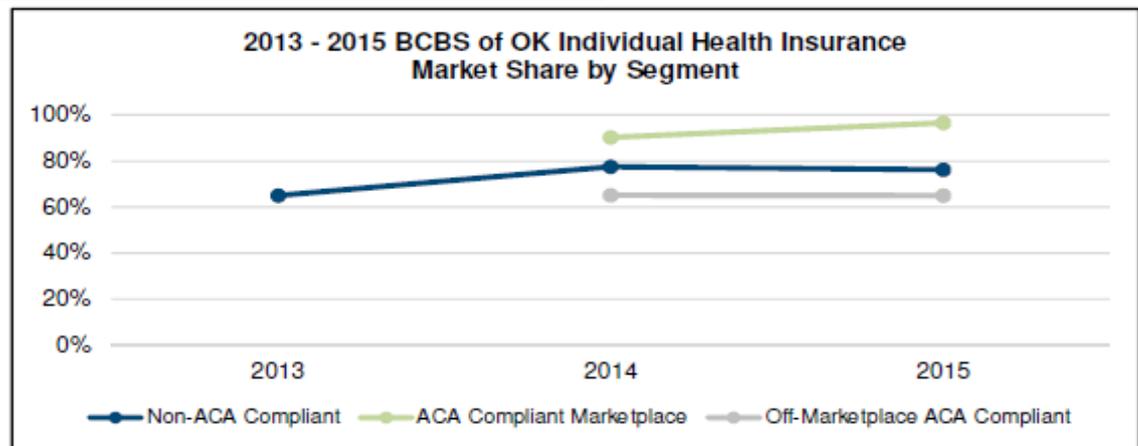
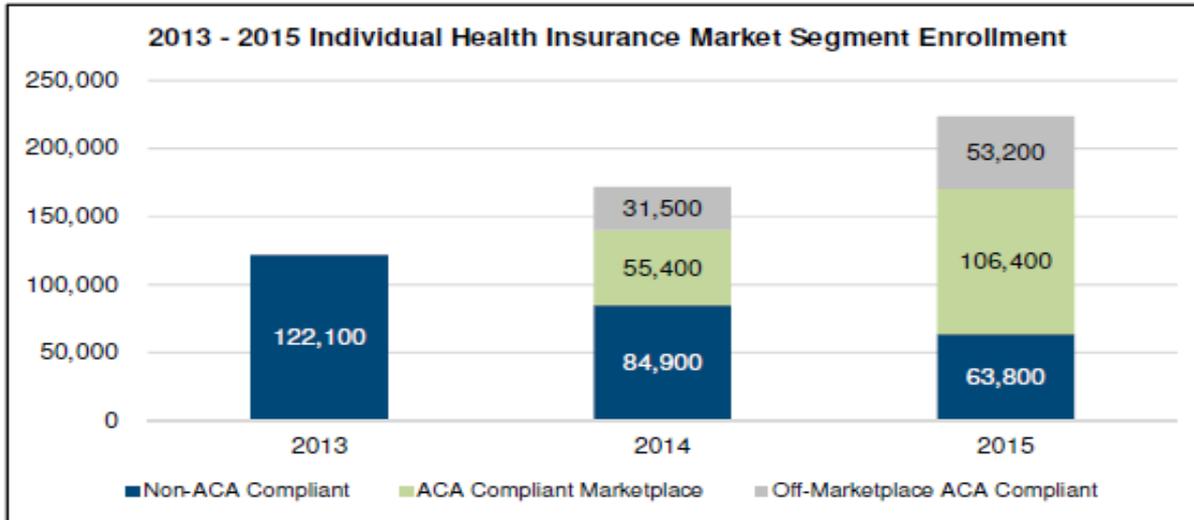
Estimated Health Insurance Coverage Sources 2013 through 2015

State of Oklahoma			
Estimated Enrollment by Insurance Source			
Calendar Years 2013 through 2015			
Insurance Source	2013	2014	2015
Uninsured	657,200	607,100	543,800
Individual	122,100	171,800	223,500
Small Group	189,000	182,800	183,900
Large Group	488,800	491,300	494,200
Self-Funded	793,100	806,800	812,700
EGID	179,300	179,400	179,400
Medicaid/CHIP (Including Duals)	792,500	805,800	826,700
Medicare (Excluding Duals)	537,100	540,300	543,500
Other Public Programs	91,400	91,900	92,500
<b>Total</b>	<b>3,850,500</b>	<b>3,877,100</b>	<b>3,900,100</b>



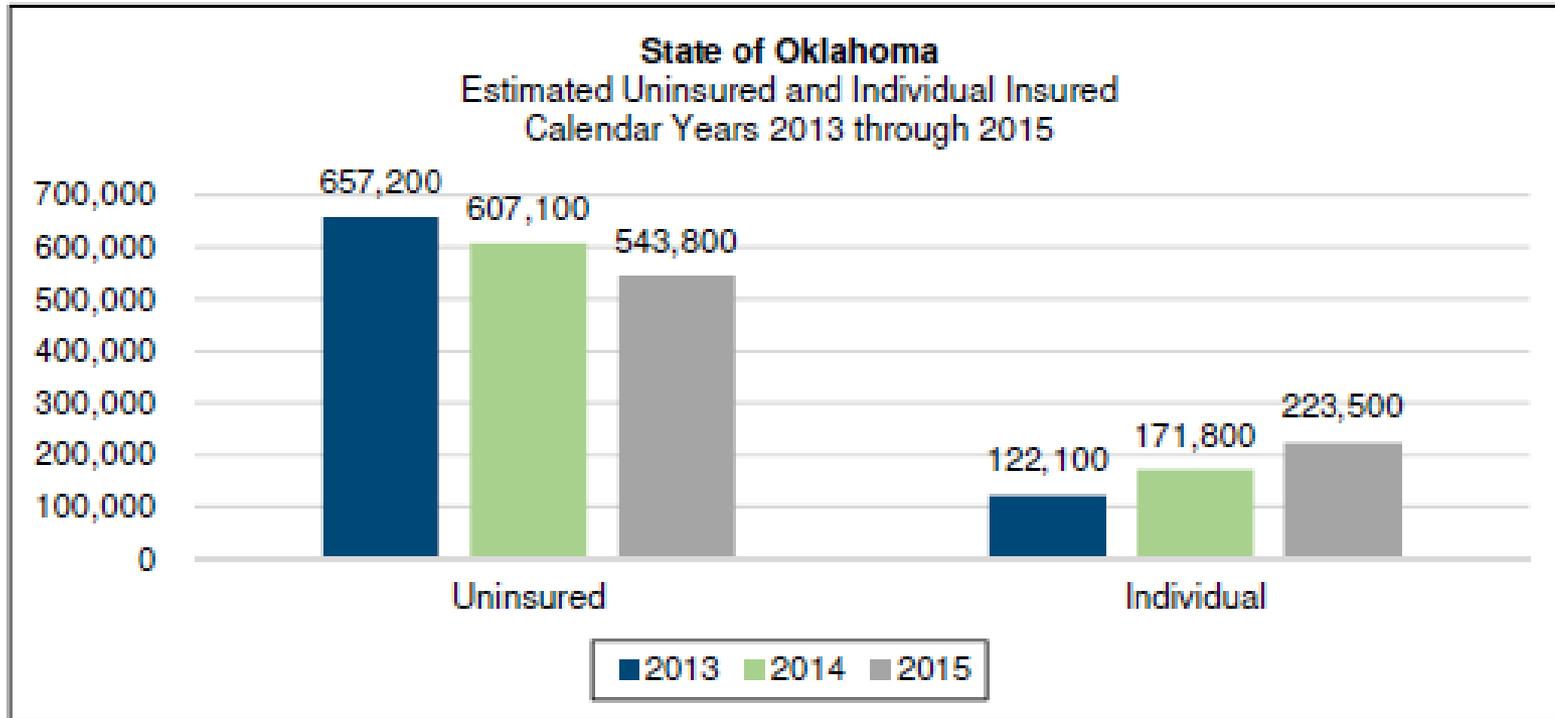
# Oklahoma Insurance Market Analysis

## Individual Health Insurance Market



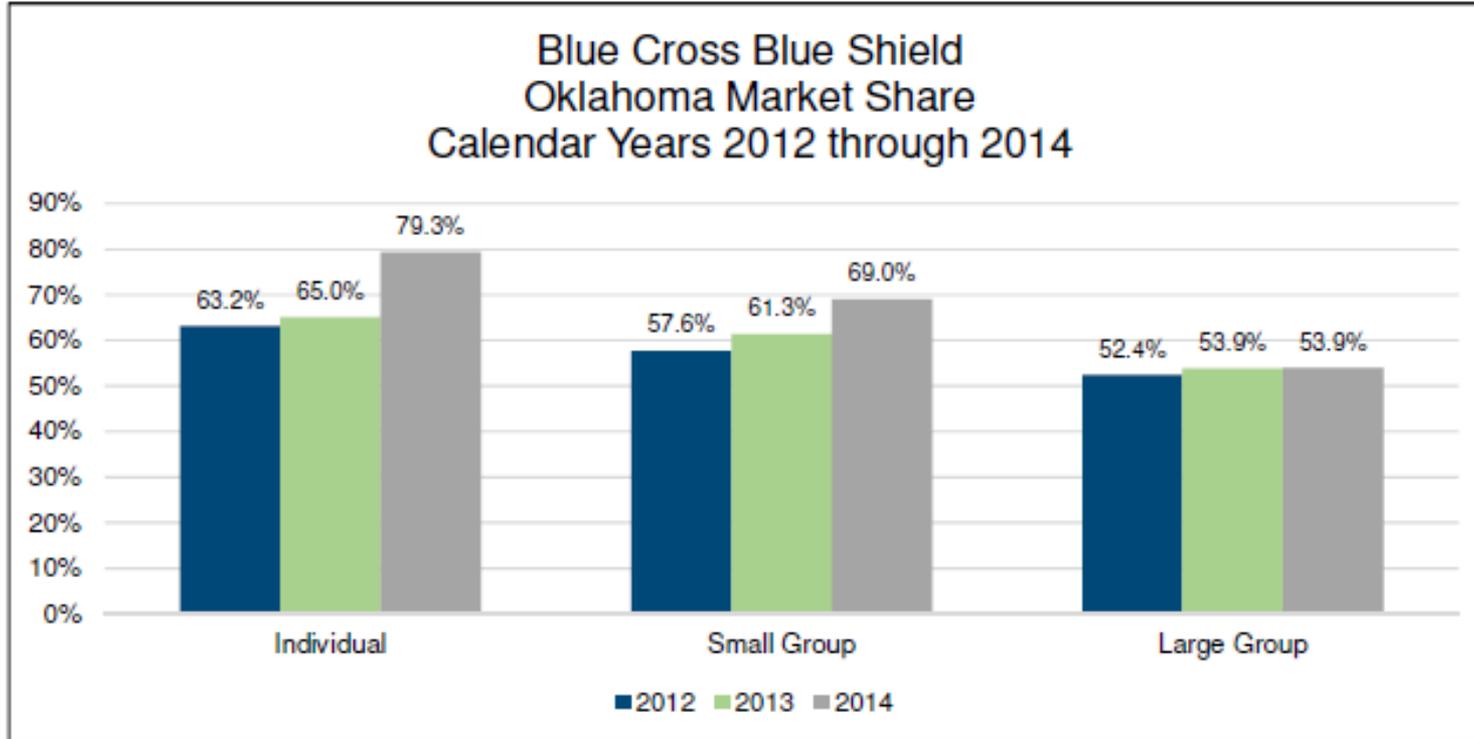
# Oklahoma Insurance Market Analysis

Changes to Insurance Landscape: No. of Uninsured Oklahomans 2013 - 2015



# Oklahoma Insurance Market Analysis

## Blue Cross Blue Shield of Oklahoma Market Share



# Oklahoma Insurance Market Analysis

## Insurance Market Characteristics: Medicare and Medicaid

<b>State of Oklahoma Medicaid Enrollment by Population Type Calendar Years 2013 through 2015</b>			
<b>Population</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
SoonerCare - Children	417,800	414,500	427,500
SoonerCare - Adults	148,000	144,800	146,600
SoonerCare - Non-Dual Disabled	43,700	43,600	42,400
CHIP	73,800	92,400	99,200
Dual Eligibles	109,200	110,500	110,900
<b>Total</b>	<b>792,500</b>	<b>805,800</b>	<b>826,700</b>

<b>State of Oklahoma Medicare Enrollment Calendar Years 2013 through 2015</b>			
<b>Population</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Medicare Advantage	103,800	107,700	112,700
Medicare FFS	433,300	432,600	430,800
<b>Total</b>	<b>537,100</b>	<b>540,300</b>	<b>543,500</b>



# Oklahoma Insurance Market Analysis

## Recommendations

- OSDH can engage 80% of the insured market by including the top six carriers, Medicaid, Medicare, EGID, and public programs in the OSIM.
- With 25% of the covered lives insured through other self-funded employer sponsored health plans, it will also be imperative to engage these businesses to achieve the goal of engaging 80% of the insured market.
- The State Innovation Waiver can offer Oklahoma greater flexibility in certain areas such as establishing Qualified Health Plans, modifying the benefit designs and consumer choice, and adjusting the structure of premium tax credits and cost sharing reductions.





# Polling Question #4

What is your greatest challenge related to the current state of Oklahoma's health insurance market?

# Health Information Technology

*Deliverable Review*

*Isaac Lutz*

# OSIM State Health System Innovation Plan

The Health Information Technology deliverables align to: *Health Information Technology Plan*



## Deliverables for Review

- Electronic Health Records (EHR)/ Health Information Exchange (HIE) Survey Report
- Health Information Exchange (HIE) Environmental Scan

# EHR/HIE Survey Report

Objective: Present findings from a survey that assessed the EHR adoption rate in Oklahoma. Provide a gap analysis based on findings. Present advice on strengthening and expanding the use of HIT and HIE to support population health, health care delivery, and new value-based payment models.

## Scope

The scope of this project included:

1. Compiling various contact lists to create one refined list
2. Developing the survey instrument
3. Delivering the survey via two methods (electronic and telephone based survey)
4. Performing analysis of survey data
5. Developing a report of findings and recommendations

## Methodology

A survey of 36 questions was delivered to hospitals, Physician Office/Ambulatory Clinics, Behavioral/Mental Health facilities and Long-Term and Post-Acute Care (LTPAC)/Nursing Home) facilities throughout the state of Oklahoma for which contact information was able to be determined.

The survey was administered via two methods:

1. Electronic survey sent with SoGo Survey™
2. Telephonic survey

## Limitations

Findings from this survey are not widely generalizable:

- Responses likely varied based on specific facility characteristics, e.g., facilities without an EHR in place were possibly less likely to respond to the survey
- Response inconsistencies were observed during analysis
- Respondents were not required to complete every survey item in order to complete the survey



# EHR/HIE Survey Report

## Surveys Distributed and Completed by Practice Point Type

Practice Point Type	No. Surveys Sent (Master List)	Completed Surveys			Overall Survey Total # (%)
		Electronic # (%)	Telephonic # (%)	Response Total # (%)	
Physician Office/Ambulatory Clinic	4406	154 (3.5%)	752 (17.1%)	906 (20.6%)	906 (60.9%)
Behavioral/Mental Health	652	41 (6.3%)	202 (31.0%)	243 (37.3%)	243 (16.3%)
Hospital	217	28 (12.9%)	62 (28.6%)	90 (41.5%)	90 (6%)
Long-Term Care	567	23 (4.1%)	224 (39.5%)	247 (43.6%)	247 (16.6%)
(Unidentified)	--	--	2 (0.2%)	2 (0.1%)	2 (0.1%)
<b>Total Responses</b>	<b>5842</b>	<b>246 (4.2%)</b>	<b>1242 (21.3%)</b>	<b>1488 (25.5%)</b>	<b>1488 (100%)</b>



# EHR/HIE Survey Report

## Respondents

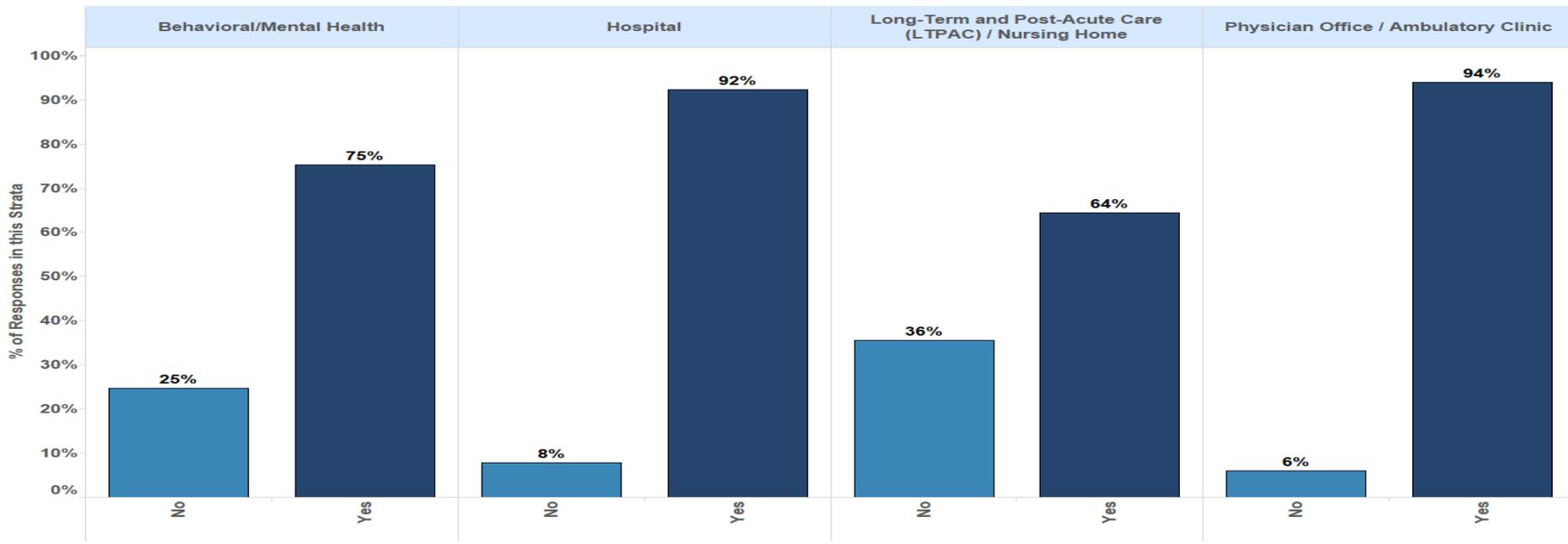
- Greater than 30% response rate for hospitals, long-term care, and behavioral health
- 21% response rate for physician offices
  - Accounted for 61% of total survey responses
  - Roughly equal distribution of primary care and specialty clinics
- Difficult to identify and reach small independent practices
- Q5: Most respondents were either part of a larger health care system or did not answer



# EHR/HIE Survey Report

## EHR Adoption

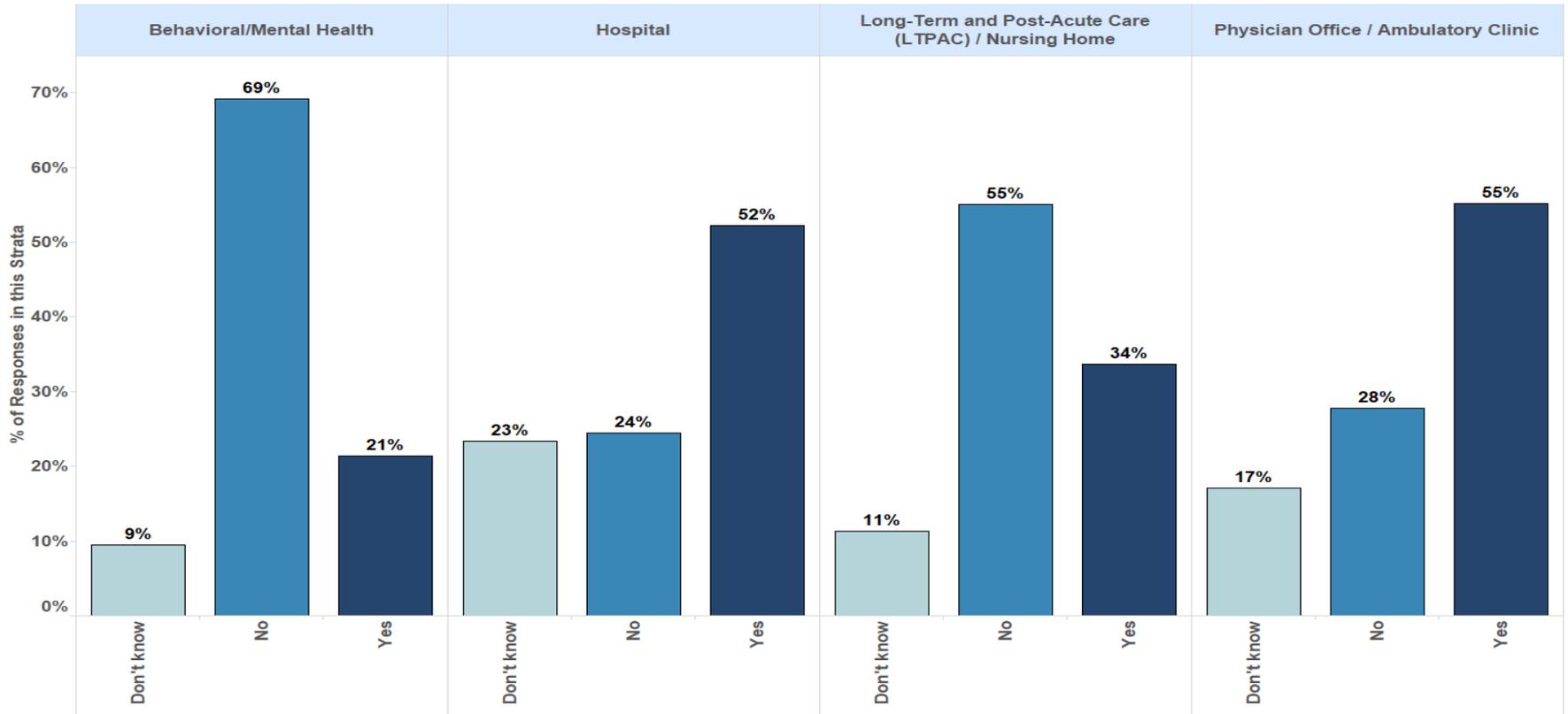
- Overall EHR adoption rate of 86%
- Most respondents had attested for Meaningful Use
- Of those respondents without an EHR, more than half plan to “Never” (27%) implement one or implement one “in more than 24 months” (35%)



# EHR/HIE Survey Report

## HIE Participation

- 46% of respondents “participate” in an HIE
- Participation varied by facility type

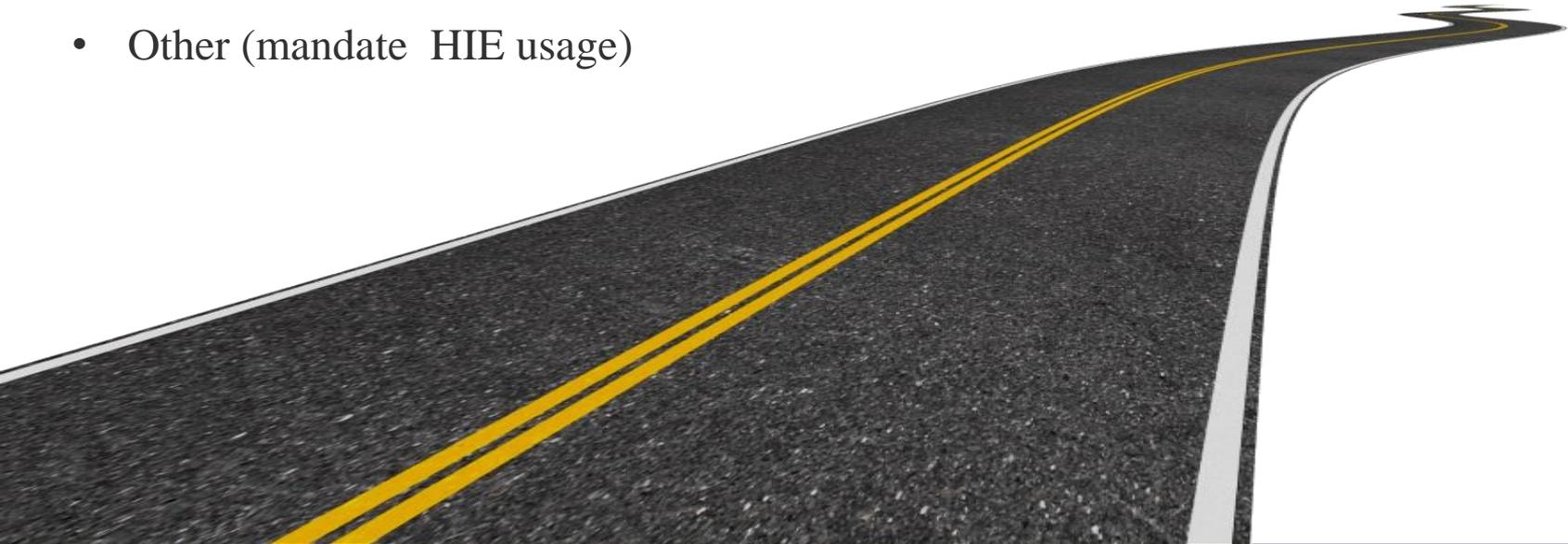


# EHR/HIE Survey Report

## Recommendations for Increasing EHR and HIE Adoption Rate in Oklahoma

Recommendations based on identified barriers to adoption and implementation:

- Decrease knowledge deficits (education, training)
- Address workforce or workflow issues (best practices in staffing/workforce utilization)
- Decrease financial constraints (incentives, waivers)
- Decrease infrastructure deficits (incentives, vouchers)
- Other (mandate HIE usage)



# HIE Environmental Scan

Objective: Present findings identified during interviews that documented existing HIE capabilities and solicited stakeholder input on possible future directions of Oklahoma's HIE efforts

## Observations and Findings

### 1: Active Oklahoma Data Sharing Efforts

Competition has spurred considerable innovation and technology development within the state. While EHR vendors work to build out the technology that will enable cross-platform interoperability, two competing HIEs have emerged. OSDH is also working on a shared-service state agency HIE. These efforts have the potential to create building blocks for a more connected, more efficient, and more effective health care system that will improve the lives and health of the population.

### 2: Health Information Exchanges

The two HIEs currently operating in Oklahoma are Coordinated Care Oklahoma (Coordinated Care) and MyHealth Access Network (MyHealth). The HIEs began as regional initiatives; Coordinated Care in Norman and Oklahoma City, and MyHealth in Tulsa, and each organization is currently in the process of expanding its reach across the state.

### 3: Oklahoma State Department of Health

The Oklahoma Health and Human Services (HHS) cabinet created a group called "DISCUSS," designed to collaboratively share resources among the Oklahoma HHS agencies for the development and implementation of shared information technology products, services, and technology frameworks. In 2015, DISCUSS members agreed to create a shared-services state agency HIE that would facilitate the sharing of the state's data across agencies and would link the disparate systems. Orion Health was recently selected as the technology vendor to support this effort and the implementation effort is expected to take approximately two years.

### 4: Other Oklahoma Data Sharing Initiatives

Two other forces will begin to influence the market and shape Oklahoma's HIT landscape: 1) EHR technology development, and 2) a growing initiative to connect existing HIEs.



# HIE Environmental Scan

## Current Oklahoma HIE Features

Feature	Coordinated Care Oklahoma	MyHealth Access Network
Organization Structure	Not-for-profit	Not-for-profit
Major Grants Awarded	None	Beacon Community Grant
Revenue Model	Fee and subscription	Fee and subscription
Board Composition	Community-and member-based	Community-and member-based
Patient Lives (est.)	4,700,000	4,000,000
Provider Locations	455	800
Data Model	Federated hybrid	Centralized hybrid
CCD	Yes	Yes
Population Management Tools	Yes (Pentaho)	Yes (Pentaho)
Analytics	Yes (LightBeam)	Yes (IndiGo)
Patient Participation Model	Opt-out	Opt-out
ONC Certifications	Advanced directives	Patient portal
Training Model	Train the trainer	Train the trainer
Demographic Data	Yes	Yes
Clinical Data	Yes	Yes
Claims Data	Not at tis time	Yes (selected payers)



# HIE Environmental Scan

Objective: Present findings identified during interviews that documented existing HIE capabilities and solicited stakeholder input on possible future directions of Oklahoma's HIE efforts

## Current Environment

### 1: Reasons to Share Data

Interview participants expressed a variety of motivations for exchanging health care information, including: developing a more complete patient record, reducing duplicative testing, measuring clinical outcomes in pay for performance measurement, and an increased ability

### 2: Data Sharing Concerns

While stakeholders supported the value of sharing data, their concerns related to the cost to connect to an HIE and the ongoing subscription fees. EHR vendors can charge to enable the technology that integrates single sign-on capabilities or to provide extracts to an HIE, if the provider group's EHR is hosted by the vendor. The combination of these charges was reported to have the potential to double the initial connection costs of joining an HIE.

### 3: Provider Environment

**General:** Oklahoma City and Tulsa both have well established, mature health care delivery organizations that invest in HIT. Due to the size and complexity of these organizations, many are making internal investments in population health management analytics tools. **Rural Hospitals:** Many providers and critical access hospitals in rural Oklahoma are choosing to affiliate with, or being acquired by, larger care delivery organizations. This aggregation can help these rural providers afford HIE connections and other HIT that might otherwise be beyond their reach. **Tribal Nations:** The Indian Health Services of the U.S. Department of Health and Human Services has begun a data warehousing project that will enable some data sharing across health services organizations. However, the warehouse is not yet distributing any information to the tribes.

### 4: Payer Environment

Interviewees reported that managed care arrangements that utilize incentive payments to providers for performance based on agreed-to quality measures are becoming more prevalent in Oklahoma. Blue Cross and Blue Shield of Oklahoma has signed a participation agreement with MyHealth to send regular extracts of claims data to the HIE for the purposes of measuring pay-for-performance outcomes in its provider network.



# HIE Environmental Scan

Database Design and Data Model: Use Case Technical Requirements

## Claims/Clinical Analytics Support

### Clinical Decision Support

#### Point of Care Support

*Federated or  
Centralized  
Database*

*Demographic  
Data*

*Clinical Data*

*Centralized  
Database*

*Reporting  
Tools*

*Centralized  
Database*

*Reporting  
Tools*

*Claims Data*

*Cost Data*

# HIE Environmental Scan

## Recommendations: Health Information Network Options

### Option 1 “Network of Exchanges”

#### Description

A federated “Network of Exchanges”, through eHealth Exchange, would support the sharing of core clinical and demographic data for point-of-care use. As participation is voluntary, this approach will not unduly disrupt business processes within the state and integration can be done gradually.

However, data passed through eHealth Exchange could not easily be used for analytics, population management, or value-based purchasing decisions.

#### Features

- Least robust statewide capability
- Moderate response to market needs; maximum stakeholder input
- Moderate time to market

### Option 2 Select an Existing HIE

#### Description

With this option, a number of the drawbacks with the “Network of Exchanges” approach would likely be ameliorated. If the selected HIE meets Oklahoma’s desired use case(s), the state would benefit from a pre-built, tested, and functional set of system features.

However, rural and small independent providers may require a subsidy to afford the costs of even a single HIE. Further, this would disrupt the business environment by creating a potential “winner” through direct state action.

#### Features

- Adoption of existing capability
- Responsive to market needs; moderate stakeholder input
- Shortest time to market

### Option 3: Create a State-Sponsored HIE

#### Description

Oklahoma could expand the anticipated shared-services state agency HIE or construct an HIE. State sponsorship would let the state provide a uniform experience and functionality suite that exactly matches the desired system capabilities. Discretion around the funding and fee structure could enable rural and small provider groups to afford any fees for connections.

However, this option would be a long, challenging process that could delay information access across the state.

#### Features

- Ability to customize statewide capability
- Slower response to market needs
- Longest time to market





# Polling Question #5

To achieve interoperability, which of the three recommended Health Information Network options is the best choice for Oklahoma?

# Polling Question #5 Responses

- Establish a “Network of Exchanges” (25%)
- Select an Existing HIE (25%)
- Create a State-Sponsored HIE (25%)
- None of the Above (0%)
- I Don’t Know (25%)

**Number of Respondents: 20**

**Note: Percentages do not reflect responses from all participants on the webinar but rather the percentage of participants who responded to the polling question.**



# Health Workforce

*Deliverable Review*

*Jana Castleberry*

# OSIM State Health System Innovation Plan

The Health Workforce deliverables align to: *Workforce Development Strategy*



## Deliverables for Review

- Health Workforce Data Catalog
- Health Workforce Environmental Scan
- Health Workforce Gap Analysis
- Health Workforce Landscape – Providers
- Health Workforce Landscape – Provider Organizations

# Health Workforce Data Catalog

Objective: Organize the most useful sources of health workforce data for Oklahoma, divided into two sections, Supply Data and Demand Data. The catalogue will be used to include an assessment of the state's capacity to collect and analyze health workforce data in the overall health workforce assessment.

## Key Findings

### 1: Supply side data sources include

- Area Health Resources Files (AHRF)
- Medicare Physician Compare
- Health Professional Licensure Boards (Multiple)
- National Provider Identifier
- Oklahoma Health Care Authority
- Oklahoma State Department of Health

### 2: Demand side data sources include

- O\*Net Online
- Physician Manpower Training Commission
- Oklahoma Department of Commerce: Economic Systems Profile
- Oklahoma Hospital Association
- Oklahoma Employment Security Commission
- Oklahoma Regents for Higher Education



# Health Workforce Landscape – Providers

Objective: Examine the geographic distribution of five common types of providers in Oklahoma in order to provide insight regarding workforce adequacy and distribution

## Key Findings

### 1: Physicians

Oklahoma is home to 7,839 active physicians (or 20.4 physicians/10,000 people). An additional 446 physicians are currently completing their graduate medical education (or residency training) in the state. Oklahoma has one of the lowest primary care physician to population ratios in the country. The United Health Foundation ranked Oklahoma 48th in access the primary care physicians in their 2015 edition of America's Health Rankings

### 2: Nurses

The nursing workforce in Oklahoma is divided into three distinct licensed groups: registered nurses (RN); licensed practical nurses (LPN); and advanced practice registered nurses (APRN) (a/k/a nurse practitioners). The licensed nursing workforce in Oklahoma totals 47,167.

### 3: Physician Assistants

Physician assistants (PAs) fill an important role in the delivery of team-based health care. Working under the supervision of a licensed physician, PAs can specialize in a variety of different medical practice areas, including primary care. Oklahoma is home to 1,193 active PAs. As with most other health care professions, PA practices are concentrated in Oklahoma County (431) and Tulsa County (223).

### 4: Dentists

Dentists practice in all but four counties (Cimarron, Cotton, Grant, and Harmon) in Oklahoma. The workforce totals 1,756 licensed dentists. Close to 1,000 dentists practice in Oklahoma County (543), Tulsa County (338), and Cleveland County (118). The remainder are scattered around the state with most located in the larger rural communities. As a whole, 552 dentists practice in rural Oklahoma (3.6 dentists per 10,000 people), compared to 5.2 per 10,000 people in urban Oklahoma.

### 5: Psychologists

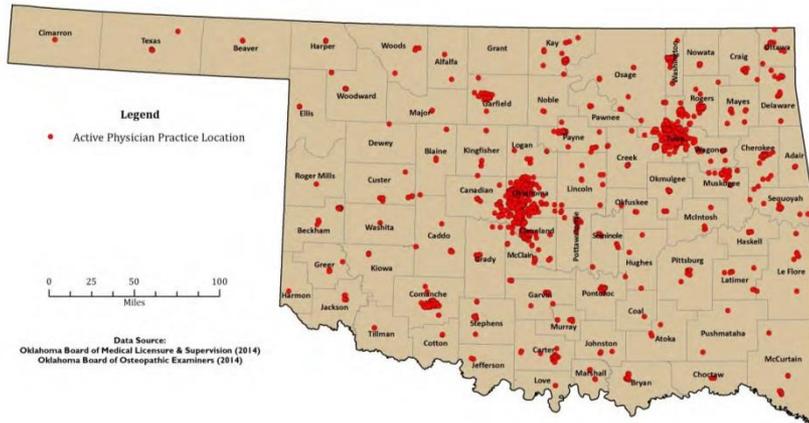
Oklahoma is experiencing a behavioral health care crises in terms of workforce capacity. Oklahoma is home to 571 licensed psychologists. Over 56% of licensed psychologists practice in Oklahoma County (185) or Tulsa County (136). Licensed psychologists practice in 31 of the state's 77 counties.



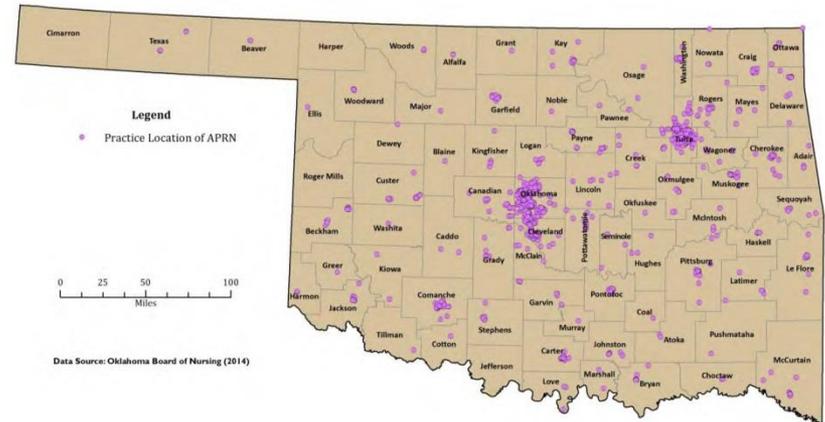
# Health Workforce Landscape – Providers

These figures represent the distribution of providers across the state of Oklahoma.

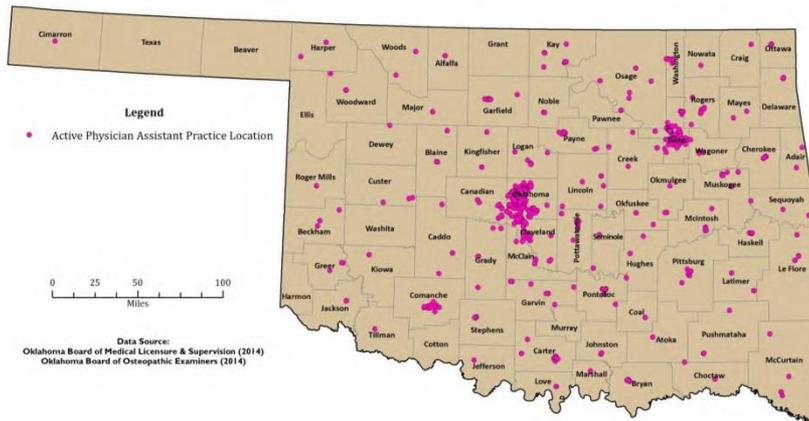
Active Physician (MD & DO) Practice Locations in Oklahoma, 2014



Active APRN Practice Locations in Oklahoma, 2014



Active PA Practice Locations in Oklahoma, 2014



# Health Workforce Landscape – Provider Organizations

Objective: Examine six common types of provider organizations in Oklahoma and how they are distributed, geographically, across the state: hospitals, ambulatory and independent/group practices, long-term care, home and community based services, health care informatics, and other organizations.

## Provider Organization Types Reviewed

### 1: Hospitals

Organizations that provide inpatient medical care and other related services for surgery, acute medical conditions or injuries.

### 2: Ambulatory & Independent/Group Practices

Organizations that provide outpatient services

### 3: Long-Term Care (LTC)

Organizations that provide long-term care, post-acute care and rehabilitative services.

### 4: Home & Community Based Services (HCBS)

Organizations that provide opportunities for individuals to receive health care services in their own home or community

### 5: Health Care Informatics

Organizations that use health information technology to improve care, provide data, resources, devices, and methods required to optimize the acquisition, storage retrieval, and use of information in health and biomedicine

### 6: Other Organizational Providers

Entities that do not necessarily fit in one of the above categories, but are important provider organizations



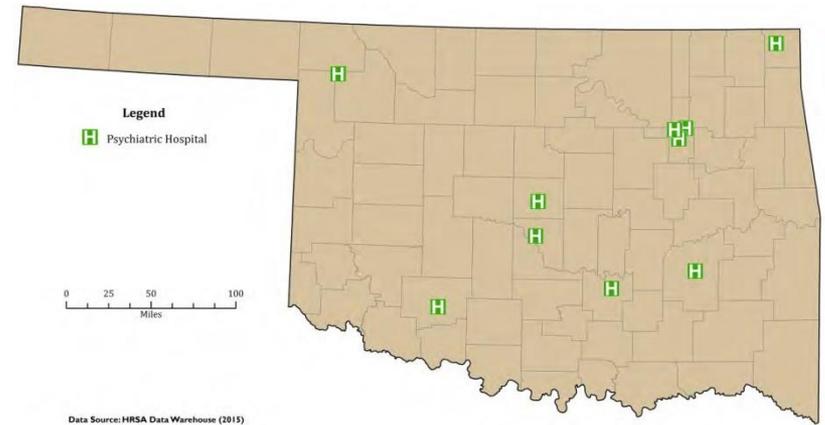
# Health Workforce Landscape – Provider Organizations

These figures represent the distribution of hospitals across the state.

## Short-term Care Hospitals in Oklahoma, 2015



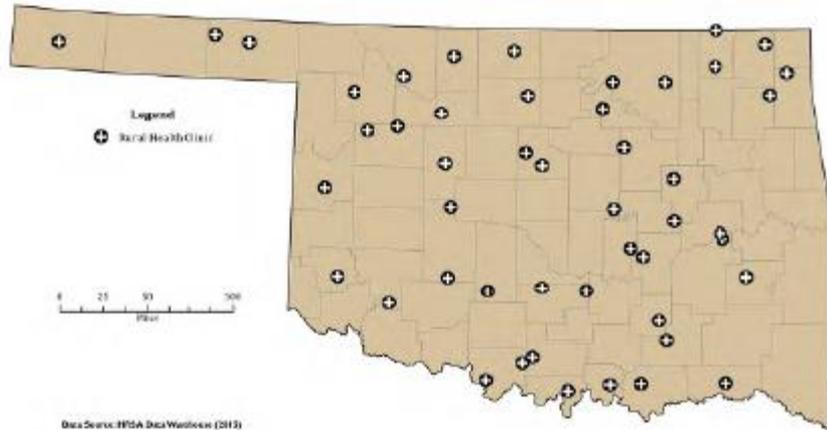
## Psychiatric Hospitals in Oklahoma 2015



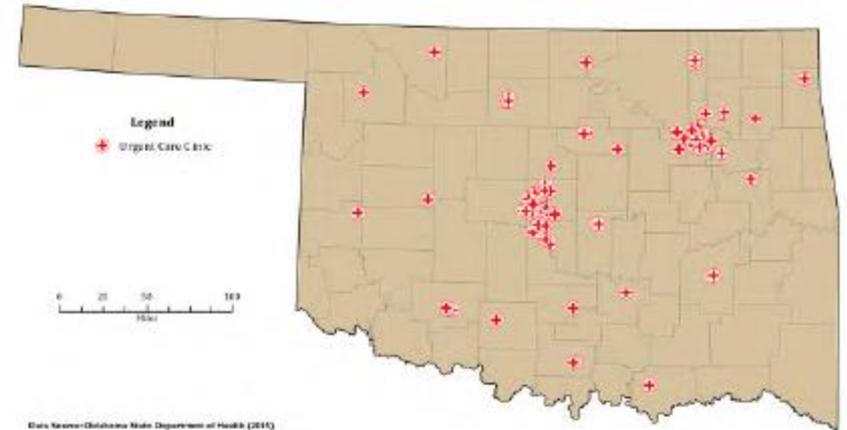
# Health Workforce Landscape – Provider Organizations

These figures represent the distribution of ambulatory and independent/group practices across the state.

Rural Health Clinics in Oklahoma, 2015



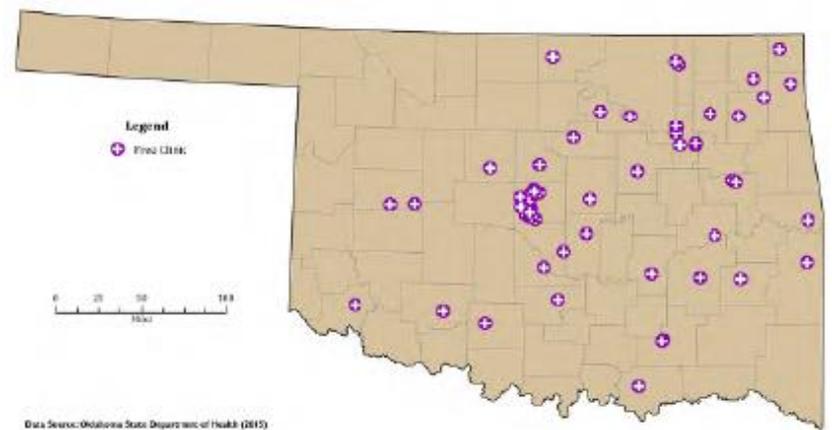
Urgent Care Clinics in Oklahoma, 2015



Federally Qualified Health Centers in Oklahoma, 2015



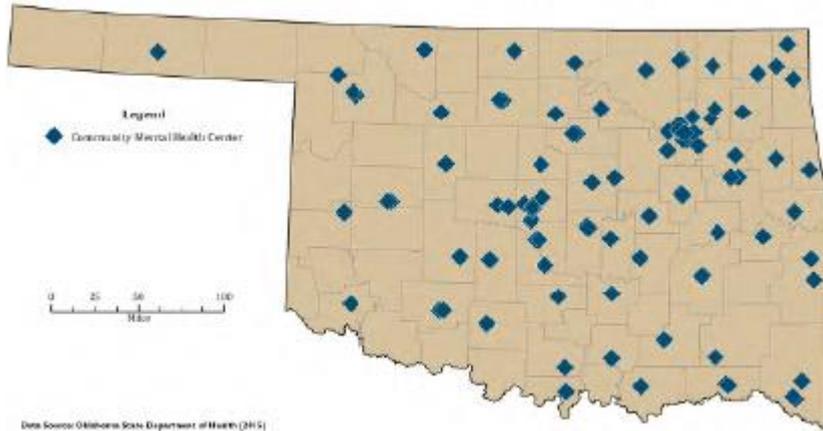
Free Clinics in Oklahoma, 2015



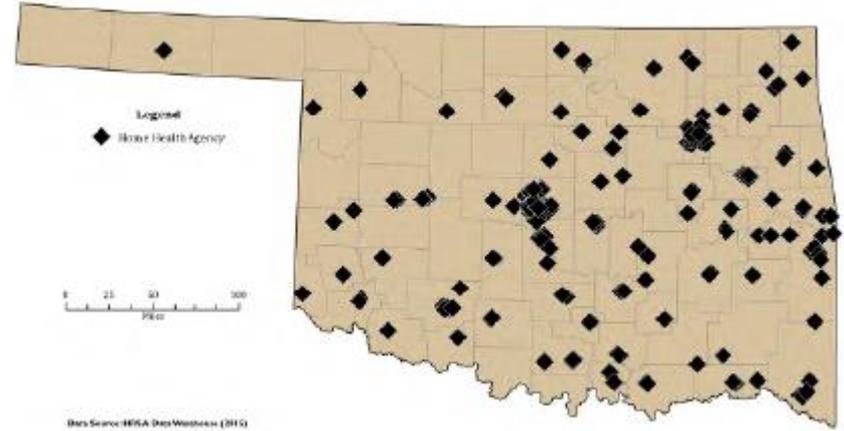
# Health Workforce Landscape – Provider Organizations

These figures represent the distribution of LTC and HCBS facilities across the state.

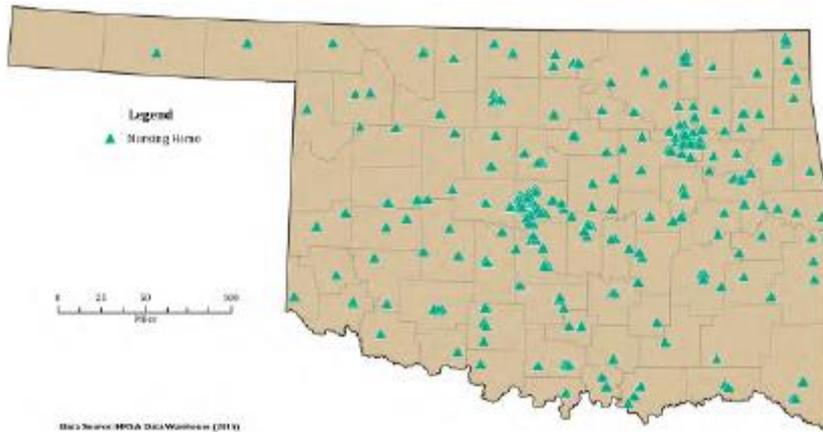
### Community Mental Health Facilities



### Home Health Agencies in Oklahoma, 2015



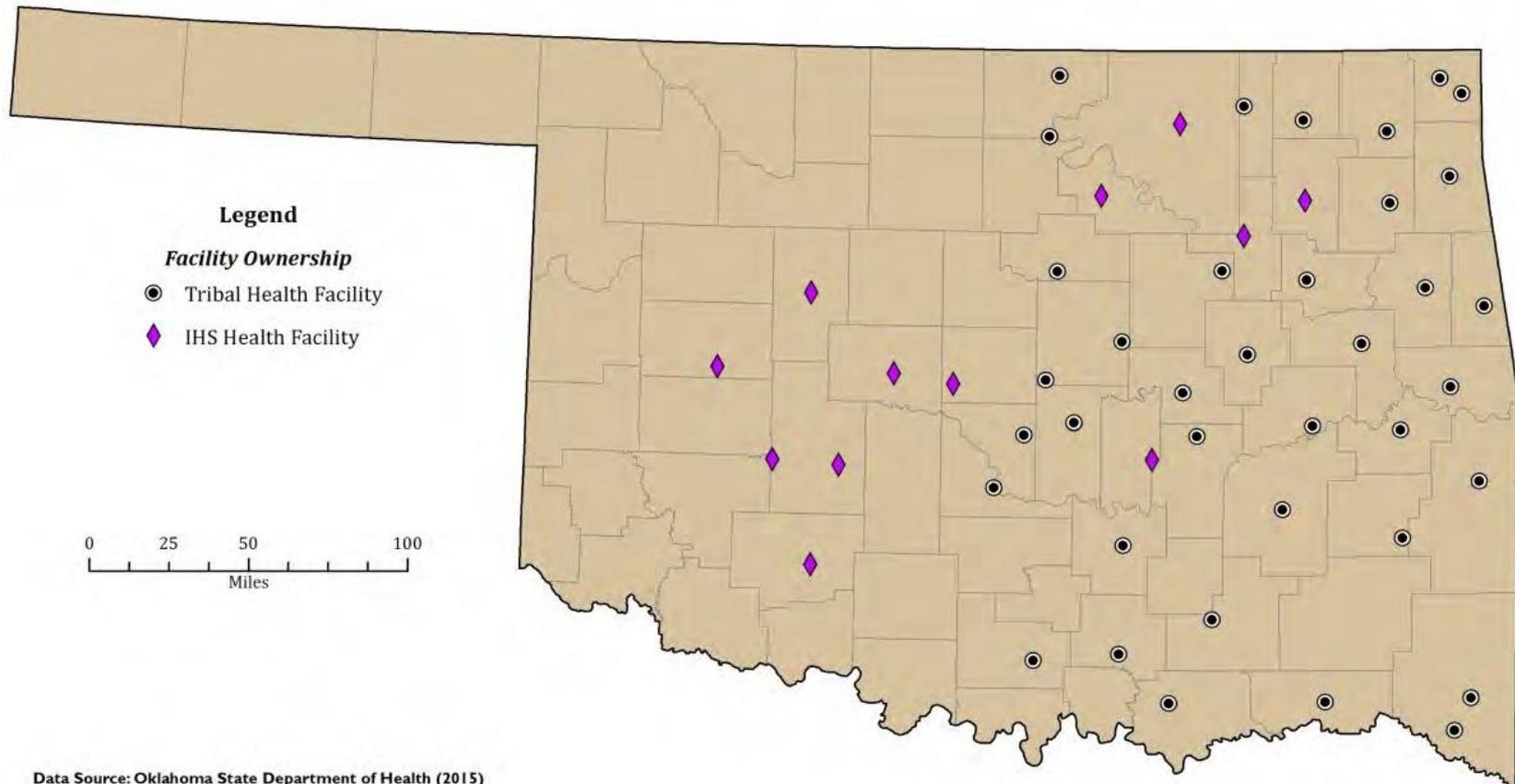
### Nursing Homes in Oklahoma, 2015



# Health Workforce Landscape – Provider Organizations

These figures represent the distribution of Indian Health Services facilities across the state.

## Native American Health Care Facilities in Oklahoma, 2015



Data Source: Oklahoma State Department of Health (2015)

# Health Workforce Gap Analysis

Objective: Identify missing linkages between Oklahoma's current workforce capacity and compare that to the health workforce needed to transform health care delivery system into a value-based model

## Key Findings

### 1: Primary Care Provider Supply

Oklahoma faces an acute shortage of primary care physicians (PCP). The lack of PCPs is limiting access to care which, in turn, is causing Oklahomans to die younger and at a faster rate than national averages. The Health Resources Services Administration (HRSA) designates all but 14 counties in the state as complete or partial primary care health professional shortage areas (HPSA). Over 59% of the state's population lives in a designated primary care HPSA – close to double the national rate of 32%.

### 2: Primary Care Provider Demand

The Robert Graham Center recently published a study that provided state level estimates of primary care physician demand through 2030. This study illustrates many of the issues and inconsistencies in supply/demand analyses. The report projects that Oklahoma will have a shortage of 451 primary care physicians by 2030.

### 3: Conclusions

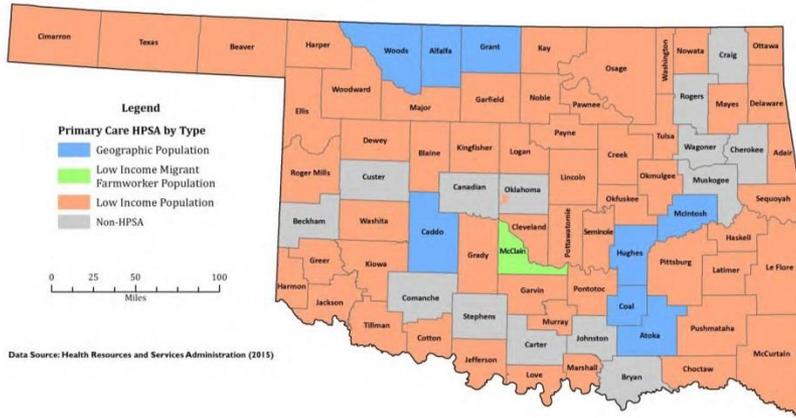
- Oklahoma ranks 43rd nationally in the number of active physicians providing primary care services and almost 1/3 are age 60 or older. Oklahoma's rural counties have more severe physician shortages and an older physician workforce compared to the state's urban areas.
- Additionally, current workforce data and targeted objectives are ill defined. Future research questions: What are the ideal ratios of providers and mix of providers? What do these ratios look like in different delivery models?
- There is also little standardization in terms of data collected and/or reported across professions. The Health Resources and Services Administration (HRSA) Minimum Data Sets are a possible solution.



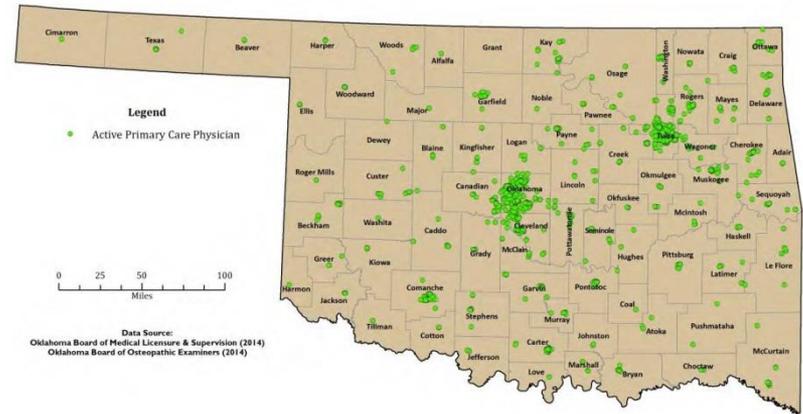
# Health Workforce Gap Analysis

These figures represent practice locations and shortages of providers in the state.

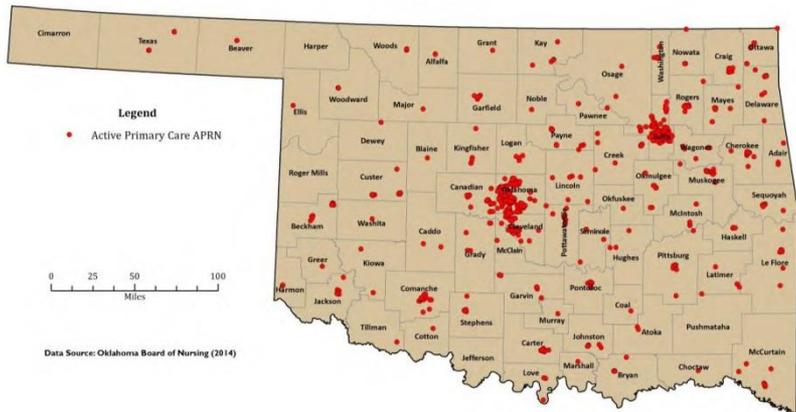
Primary Care Health Professional Shortage Areas in Oklahoma, June 2015



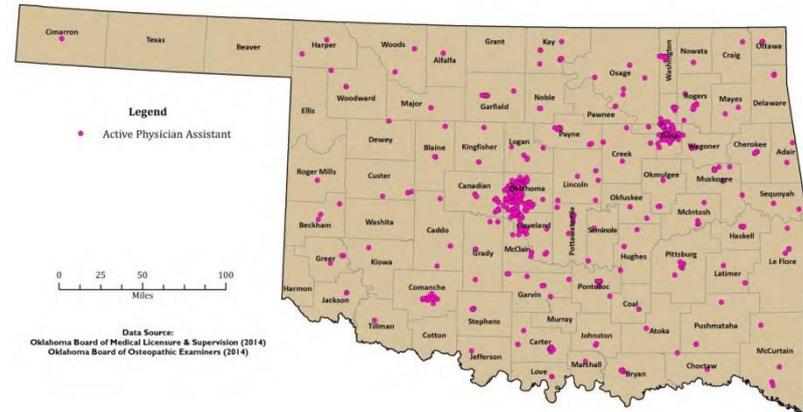
Practice Locations of Active Primary Care Physicians in Oklahoma, 2014



Practice Location of Primary Care NPs in Oklahoma, 2014

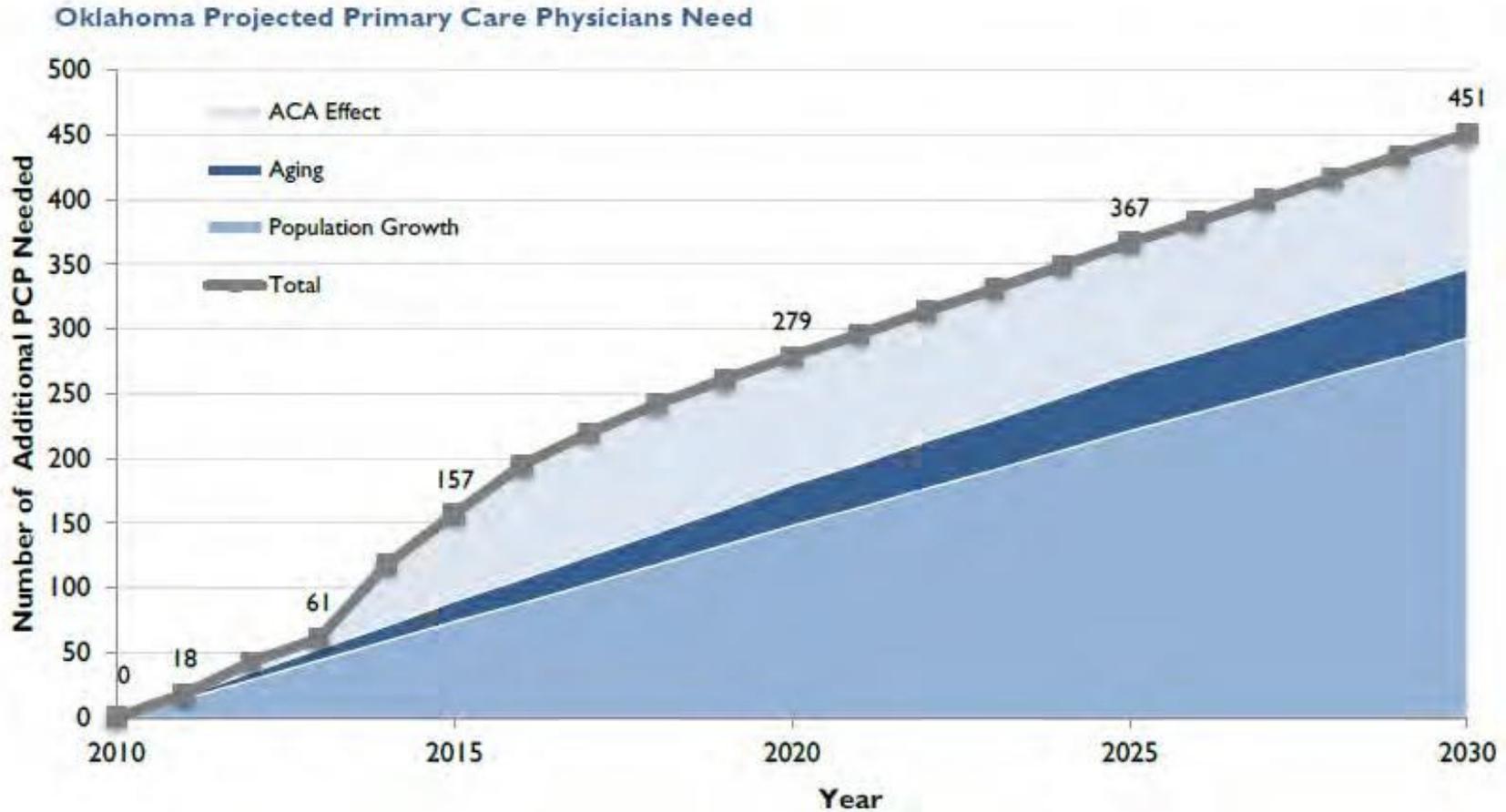


Practice Locations of Active PAs in Oklahoma, 2014



# Health Workforce Gap Analysis

## Oklahoma Projected Primary Care Physicians Need



# Health Workforce Environmental Scan

Objective: Describe the various issues, influences, and socioecological factors affecting the current health workforce. The environmental scan will identify and provide a description of the state regulatory environment and existing policy levers available and any federal waiver or state plan amendment requirements for workforce capacity relevant to health care transformation.

## Key Findings

### 1: Challenges with Scope-of-Practice

Scope-of-practice “turf battles” disrupt rather than facilitate optimal team-based care.

### 2: Professional vs. Legal Scope-of-Practice

A disconnect exists between professional scope-of-practice and legal scope-of-practice.

### 3: Scope-of-Practice Changes

Scope-of-practice changes can be supported through demonstration projects and information sharing from other states.

### 4: Recommendations

Oklahoma not only has a severe physician shortage, but more importantly a severe health care workforce mal-distribution resulting in many underserved rural and urban areas. Practice incentive programs, including scholarships and loan repayment, can be utilized to strategically improve health care workforce distribution. Another important incentive to ensure Oklahoma’s underserved populations continue to have access to care is continued support for relatively high reimbursement rates for Medicaid.





# Polling Question #6

Which of the following is the greatest barrier to ensuring a well-trained health workforce that will meet the needs of an outcome driven system of care?

# Polling Question #6 Responses

- Difficulty with recruitment and retention of new providers (60%)
- Insufficient funds to acquire necessary staff (7%)
- Insufficient training/educational opportunities and resources (13%)
- Lack of new professionals within critical health care professions (7%)
- Difficulty assessing long-term sustainability of new workforce (13%)

**Number of Respondents: 15**

**Note: Percentages do not reflect responses from all participants on the webinar but rather the percentage of participants who responded to the polling question.**



# OSIM Next Steps

# OSIM State Health System Innovation Plan

## High-Level Process Components

\*Items in red indicate immediate next priorities

	Align Population Health Priorities	Select New Payment and Delivery Models And Determine Necessary Data	Build Infrastructure to Support System
<b>Necessary Decisions</b>	<ul style="list-style-type: none"> <li>Consensus on population issues</li> </ul>	<ul style="list-style-type: none"> <li>Identify where data elements of measures are held</li> <li>Identify necessary infrastructure to measure</li> <li>Identify reporting and accessibility requirements</li> <li><b>Create payment and delivery system model(s) to achieve population health goals</b></li> <li><b>Consensus on quality measures</b></li> <li>Identify new and existing infrastructure necessary for system transformation</li> </ul>	<ul style="list-style-type: none"> <li>HIT System Upgrades</li> <li>Value Based Program Education</li> <li>Necessary Workforce</li> </ul>
<b>Continuous Activities</b>	<ul style="list-style-type: none"> <li>Identify Funding Opportunities</li> <li>Stakeholder Engagement and Input</li> </ul>		
<b>Component of SHSIP</b>	<ul style="list-style-type: none"> <li>Population Health Plan</li> <li>Driver Diagrams</li> </ul>	<ul style="list-style-type: none"> <li>Health Information Technology Plan</li> <li><b>Value Based Health Care Delivery and Payment Methodology Transformation Plan</b></li> </ul>	<ul style="list-style-type: none"> <li>Operational and Sustainability Plan</li> </ul>
<b>Contracted Work</b>	<ul style="list-style-type: none"> <li>Evaluation Plan</li> <li>Market Effects of Transformation</li> <li>Population Health Plan</li> </ul>	<ul style="list-style-type: none"> <li>HIE Scan</li> <li>EHR Survey</li> <li><b>VBA Roadmap</b></li> <li>Inventory of Current Efforts</li> <li>High Cost Delivery Services</li> <li>Forecast of Model</li> </ul>	<ul style="list-style-type: none"> <li>Workforce Assessment</li> <li>Care Delivery Models</li> </ul>

**Mission:** To create an agile and responsive health system in Oklahoma that rewards quality care and value to achieve the **Triple Aim** and promote the health and well-being of all Oklahomans



# Next Steps for OSIM Plan Development

## OSIM Project Leadership

- The first draft of the Oklahoma State Health System Innovation Plan is due **Friday, October 30**.
- As we approach that date, we must secure consensus on one or more *health care delivery and payment models* as well as a set of specific, defined *quality measures* for Oklahoma.
- We are calling for all stakeholders to participate in the next series of stakeholder meetings so that we can make a decision that is best for all Oklahomans.

### Upcoming Series of Stakeholder Meetings

Date & Time	Meeting	Location
Wednesday, September 9 2:00-5:00 p.m.	Statewide Stakeholder Meeting: Discuss Value-Based Analytics (VBA) Roadmap Tool	SAMIS Center, OU Health Sciences Center 1200 Children's Avenue, Oklahoma City, OK
Friday, September 11 1:00-3:00 p.m.	Statewide Stakeholder Meeting: Discuss Value-Based Analytics (VBA) Roadmap Tool	Tulsa Chamber of Commerce 1 W 3rd Street, Tulsa, OK



# Next Steps for Stakeholders

## Workgroup Engagement

Workgroup	Health Efficiency and Effectiveness	Health Workforce	Health Finance	Health Information Technology
Upcoming Meetings	August 28	October 15	August 28 October 28 November 3	August 27
Upcoming Deliverables	<ul style="list-style-type: none"> <li>• High Cost Delivery Services (Fri 8/28)</li> <li>• Care Delivery Models in Oklahoma (Fri 8/28)</li> </ul>	<ul style="list-style-type: none"> <li>• Health Workforce Assessment Reports:</li> <li>• Emerging Trends (Tues. 9/1)</li> <li>• Policy Prospectus (Thurs. 10/1)</li> <li>• Health Workforce Assessment Final Report (Fri. 10/30)</li> </ul>	<ul style="list-style-type: none"> <li>• Oklahoma Care Delivery Model Analysis (Mon. 8/17)</li> <li>• High-Cost Delivery Services (Mon. 8/24)</li> <li>• Financial Forecast of New Payment Delivery Models (Mon. 10/26)</li> </ul>	<ul style="list-style-type: none"> <li>• Value-Based Analytics Roadmap (Tues. 8/25)</li> <li>• Health Information Technology Plan: OSDH Review (Fri. 10/30)</li> <li>• Health Information Technology Plan: CMS Review (Fri. 11/30)</li> </ul>
Website	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>



# Next Steps for Stakeholders

## Webinar Follow-Up Activities

Stakeholders can follow these next steps to stay engaged in the OSIM Plan development.

### Next Steps

1. Complete the [Second Stakeholder Survey](#). (Look out for an email with the survey link.)
2. Submit [online feedback on deliverables](#) via the OSIM Workgroup Public Comment Boxes. ([osim.health.ok.gov](http://osim.health.ok.gov))
3. Join a [workgroup](#) to help develop the components of the *OSIM Plan*. Participation can be virtual or in person.
4. Attend the next [OSIM Statewide Stakeholder Meeting](#) to review the *OSIM Value-Based Analytics Roadmap*:
  - Wednesday, September 9 – Oklahoma City
  - Friday, September 11 – Tulsa

For additional questions and comments regarding the OSIM project, contact the OSIM Project Director.

Name	Position	Email
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# Question and Answer

