

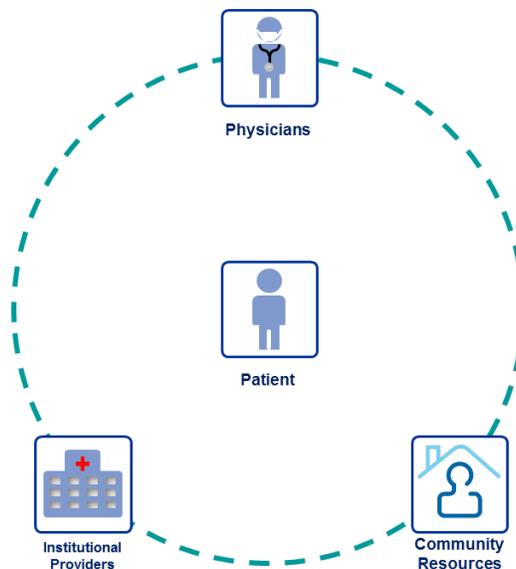
D. Plan for Healthcare Delivery System Transformation

INTRODUCTION

As mentioned in previous sections of the State Health System Innovation Plan (SHSIP), the goal of the Oklahoma State Innovation Model (SIM) project is to transform the state's healthcare payment and delivery system from a fee-for-service payment system to value-based payment system that emphasizes primary prevention strategies. Undergoing a carefully planned and executed transformation plan and successfully engaging patients, providers, and payers is essential to achieving this goal. The Oklahoma SIM project will use a phased implementation process that will enable patients, providers, and payers to have adequate time to adapt to each aspect of this health system transformation.

The Oklahoma SIM project targets three primary stakeholder groups: physicians, institutional providers, and community resources. Figure 31, below, demonstrates how these stakeholder groups will be interconnected for patient care delivery under the new Oklahoma Model.

Figure 31: Regional Care Organization Network



Within each phase of the transformation process, these stakeholder groups will be required to make a series of adaptations that incrementally move the state's healthcare system from the current fee-for-service model to a value-based model. As these changes represent a fundamental shift in delivering and paying for care, the Oklahoma SIM project is preparing to provide ample guidance and resources to ensure that stakeholders can meet the demands of this transformation. Many of the resources that the project will leverage are pre-existing entities within the state that have established capabilities and

relationships across the healthcare system. The Oklahoma SIM project will work with these entities to ensure that they are prepared to meet the needs of stakeholder groups during each phase of this transformation process. The project will also help coordinate and streamline the efforts of these entities.

For this fundamental shift to value-based purchasing to be successful, many primary and acute care facilities will have to undergo significant reporting, process, workflow, and quality improvement adaptations. These adaptations are sometimes referred to as “practice transformation”. Oklahoma has several practice transformation efforts already underway. This transformation plan will incorporate each of these efforts and propose a new entity to help drive healthcare system transformation across the state.

It will be imperative to have a multi-payer organizational structure to implement and maintain these transformation efforts. This multi-payer structure could look very similar to the current multi-payer field teams employed by the Comprehensive Primary Care (CPC) Initiative and the Healthcare Extension Cooperative employed by the Healthy Hearts for Oklahoma initiative, as described in Section B. Additionally, the Oklahoma SIM project can leverage the practice facilitators and practice transformation networks employed by the Oklahoma Healthcare Authority (OHCA). All of these entities, as well as the providers they have trained, are helping to build a well-prepared workforce aligned to the Oklahoma SIM objectives and strategies.

PHASED APPROACH TO HEALTHCARE SYSTEM TRANSFORMATION

Below is an overview of the phases of this transformation process:

1. Phase I: Establishing the Foundation for Value-Based Care

- a. All Payer Quality Measure Alignment
- b. Interoperable Health Information Technology (HIT)
- c. Practice Transformation Center

2. Phase II: Enhancing the Delivery System

- a. Episodes of Care

3. Phase III: Implementing Regional Care Organizations (RCOs)

- a. RCO Implementation
 - i. Behavioral Health Integration
 - ii. RCO Quality Metrics
 - iii. Board of Accountable Providers
 - iv. Community Advisory Board

Phase I: Establishing the Foundation for Value-Based Care

The initial phase of this transformation process includes system-wide changes that are needed to establish a strong foundation for value-based care delivery within the state. Due to the fundamental nature of these adaptations, they affect most system stakeholders in similar ways.

Foremost among these fundamental aspects is multi-payer alignment on a core set of metrics for monitoring and evaluating care delivery within the state. Quality metrics alignment is critical to a value-based healthcare system because such a system must have a method to compare and evaluate performance across providers and payers. If different stakeholders track and evaluate success disparately, aggregate monitoring and evaluation are difficult, if not impossible. The Oklahoma SIM project team will convene a multi-stakeholder committee to drive consensus on a core set of quality metrics that are both applicable to Oklahoma and palatable to all parties, providers and payers expressly.

The following is the Oklahoma SIM resource allocation plan to support stakeholders through Phase I:

All Payer Quality Measurement Alignment

All Payer Quality Measure Alignment refers to aligning a core set of multi-payer quality metrics among participating payers to support improved health, better care, and lower costs.

Table 26: Phase I – All Payer Quality Measure Alignment

Target Group	Needs	Resources
Providers/Practices	<ul style="list-style-type: none"> • Education and training on new core set of quality metrics • Clear delineation between current state and new metrics (customized to practices) • Explanation of long-term evaluation process evolution (i.e., monitor and report, upside risk sharing, full risk) 	<p><u>Private/Public Payer Communication Channels</u></p> <ul style="list-style-type: none"> • As most payers will adopt the core metrics, they can leverage their current channels to communicate with providers to inform them of the metrics and their evaluation and incentives, as applicable <p><u>Practice Transformation Resources</u></p> <ul style="list-style-type: none"> • Practice transformation resources differ statewide but are available through many channels as described below. Some measures will align with the goals of the transformation initiative; this initiative can be leveraged to assist providers in meeting those metrics • Practice Transformation Center can provide resources to assist providers in achieving quality metrics <p><u>Quality Metrics Committee</u></p> <ul style="list-style-type: none"> • The committee will be a place where providers can participate in the selection of measures, receive education on the measures selected, and give feedback
Hospitals/Institutions	<ul style="list-style-type: none"> • Education and training on new core set of quality metrics • Clear delineation between current state and new metrics (customized to practices) • Explanation of long-term evaluation process evolution (i.e., monitor and report, upside risk sharing, full risk) 	<p><u>Private/Public Payer Communication Channels</u></p> <ul style="list-style-type: none"> • As most payers will adopt the core metrics, they can leverage their current channels to communicate with providers to inform them of the metrics and their evaluation and incentives, as applicable <p><u>Practice Transformation Resources</u></p> <ul style="list-style-type: none"> • Practice transformation resources differ statewide but are available through many channels as described below. Some measures will align with the goals of the transformation initiative; this initiative can be leveraged to assist providers in meeting those metrics • Practice Transformation Center <p><u>Quality Metrics Committee</u></p> <ul style="list-style-type: none"> • The committee will be a place where hospitals and institutions can participate in the selection of measures, receive education on the measures selected, and give feedback

Interoperable HIT

Interoperability HIT refers to creating a system of interoperability within the state that allows for providers and patients to have the most complete information with which to meet quality metrics with.

Table 27: Phase I – Interoperable HIT

Target Group	Needs	Resources
Providers/Practices	<ul style="list-style-type: none">• Information about how HIT interoperability can be used to improve patient health outcomes• HIT implementation and best practices use training (e.g. user interface, clinical process integration)	<p><u>Practice Transformation Resources</u></p> <ul style="list-style-type: none">• Many of the practice transformation resources provide information and training regarding HIT technology, interoperability, and functionality
Hospitals/Institutions	<ul style="list-style-type: none">• Information about how HIT interoperability can be used to improve patient health outcomes• Emphasis on institutional data timing (e.g. hospitals push data monthly)• HIT implementation and best practices use training (e.g. user interface, clinical process integration)	<p><u>Practice Transformation Resources</u></p> <ul style="list-style-type: none">• Many of the practice transformation resources provide information and training regarding HIT technology, interoperability, and functionality

Phase II: Enhancing the Delivery System

Phase II of the transformation process will focus on moving providers along the continuum of value-based purchasing and supporting them through initial programs in which they begin to share risk. The first step along the continuum will be to pursue episodes of care (EOC). The following section describes how providers will be supported in this transformation phase.

Episodes of Care

The five EOCs being proposed are for asthma, perinatal care, total joint replacement, chronic obstructive pulmonary disease, and congestive heart failure. These episodes are described in detail in Section F, Value-Based Payment and/or Service Delivery Model.

Table 28: Phase II – Episodes of Care

Target Group	Needs	Resources
Providers/Practices	<ul style="list-style-type: none"> • Understanding the components of the episodes of care (period, diagnosis, procedures, provider types) • Training on reporting, billing, and reimbursement • Training on best practices including utilization of data analytics • Ready new and existing practice transformation resources to be able to educate on episodes of care. This could be multi-payer effort to support practice transformation around selected episodes. 	<p><u>Commercial Payer Support</u></p> <ul style="list-style-type: none"> • Payer-specific field support <p><u>OHCA/EGID Support</u></p> <ul style="list-style-type: none"> • SoonerCare Practice Facilitators • EGID Practice Facilitators • Payer communication channels to direct education <p><u>EOC Committee</u></p> <ul style="list-style-type: none"> • Committee workgroups for each episode will be established. This will be a resource for providers to engage in the selection and criteria of the episodes and find education resources
Hospitals/Institutions	<ul style="list-style-type: none"> • Communication plan for rollout and timing of episode based payments to appropriate institutions • Explanation of long-term evaluation process evolution (i.e. monitor and report, upside risk sharing, full risk) • Ready new and existing practice transformation resources to be able to educate on episodes of care. This could be multi-payer effort to support practice transformation around selected episodes. 	<p><u>Commercial Payer Support</u></p> <ul style="list-style-type: none"> • Payer-specific field support <p><u>OHCA/EGID Support</u></p> <ul style="list-style-type: none"> • SoonerCare Practice Facilitators • EGID Practice Facilitators <p><u>EOC Committee</u></p> <ul style="list-style-type: none"> • Committee workgroups for each episode will be established. This will be a resource for hospitals and institutions to engage in the selection and criteria of the episodes and find education resources

Phase III: Integrating RCOs

Phase III of the transformation process will focus on moving healthcare delivery into the RCOs. This will be a longer transition process with sustained provider resources to ensure a smooth and continuous transformation.

RCO Implementation

The RCOs will be implemented over a six-year process, as described in Section L, Operational and Sustainability Plan.

Table 29: Phase III – RCO Implementation

Target Group	Needs	Resources
Providers/Practices	<ul style="list-style-type: none"> • Education on roles and responsibilities within the RCO and how those differ from current practice 	<p><u>Board of Accountable Providers</u></p> <ul style="list-style-type: none"> • Provide an outlet for providers to voice input to shape RCO and implementation process within region <p><u>Regional RCO</u></p> <ul style="list-style-type: none"> • Education and support for network of providers <p><u>Practice Transformation Center</u></p> <ul style="list-style-type: none"> • Disseminate best practices and provide technical assistance to providers
Hospitals/Institutions	<ul style="list-style-type: none"> • Education on the roles and responsibilities of the hospitals and institution within the RCO 	<p><u>Board of Accountable Providers</u></p> <ul style="list-style-type: none"> • Provide an outlet for providers to voice input to shape RCO and implementation process within region <p><u>Regional RCO</u></p> <ul style="list-style-type: none"> • Education and support for network of providers <p><u>Practice Transformation Center</u></p> <ul style="list-style-type: none"> • Disseminate best practices and provide technical assistance to providers
Community Organizations	<ul style="list-style-type: none"> • Education on role and responsibility within the RCO 	<p><u>Community Advisory Board</u></p> <ul style="list-style-type: none"> • Provide an outlet for the community to voice input to shape the RCO and implementation process <p><u>Regional RCO</u></p> <ul style="list-style-type: none"> • Will establish relationships as well as processes for integrating community resources into the RCO model specific to the region • Distill and share best practices among community <p><u>Turning Point/CHIOs</u></p> <ul style="list-style-type: none"> • Provide ongoing support regarding interventions at the community level and engage community partners on a more local level

OKLAHOMA SIM TRANSFORMATION RESOURCE INVENTORY

To ensure the successful coordination of practice transformation efforts, the Oklahoma SIM project team has created an inventory of all major system stakeholder resources. The project team will ultimately align these resources to support different stakeholders at appropriate times during the process, depending on stakeholder needs during each phase and resource availability. Below is a description of the categories used in the inventory, available in Appendix D.

- Description: A brief summary of the mission, aim, and scope of the initiative / program
- Geography: A determination of whether the resource is regionally bound or has state-wide reach
- Stakeholder Reach: An assessment of which system stakeholders the resource can support
- Financial Affiliation: A determination of the source of funding for the resource
- Timing / Duration: An assessment of whether the resource is time bound

The Oklahoma SIM project team has identified resources that will facilitate the transformation of the delivery system. This list is not exhaustive and may continue to grow as additional resources and needs are identified. Currently, these resources are providing practice transformation resources across system stakeholders at varying levels. The Oklahoma SIM leadership will need to assess whether these resources or others are necessary to provide adequate resources when examined at a more granular level. Additionally, it is incumbent upon the Oklahoma SIM project team to maintain this resource inventory and to re-evaluate whether resources are under- or overleveraged and aligned correctly as the SHSIP Operational and Sustainability Plan (see Section L) evolves and unfolds.

Private Payer Communication Channels

As a required part of their business model, private payers have established communication channels and relationships with providers within Oklahoma required for ongoing business relationships. As the Oklahoma Model is a multi-payer initiative, many payers will be participating in its various aspects. As multiple payers often have relationships with the same provider, some level of coordination will be required to minimize confusion and the burden on providers during the transition processes.

SoonerCare Practice Facilitators

As described in Section B, the OHCA currently employs practice facilitators that are available to any SoonerCare provider. These facilitators are available to assist with any quality improvement initiative that the practice may desire to implement. The Health Management Program at OHCA is currently using Telligen within the practices to help create chronic disease registries and report quality metrics. The Oklahoma SIM project will incorporate these practice facilitators to achieve transformation across the state.

Practice Transformation Networks

As described in Section B, CMS recently announced the Transforming Clinical Practice Initiative award to 29 participants that will serve as Practice Transformation Networks (PTNs). PTNs are peer-based learning networks designed to coach, mentor, and assist clinicians in developing core competencies specific to practice transformation. The Iowa Healthcare Collaborative received an award to implement a six-state PTN in Iowa, Nebraska, South Dakota, Oklahoma, Kansas, and Georgia. Telligen, an Iowa-

based organization, will partner with the Iowa Healthcare Collaborative to serve as the centralized data vendor. Telligen will provide consulting support for program management, data analysis, and measures and serve as quality improvement advisers providing direct technical assistance to practices in all aspects, including HIT. Oklahoma will leverage its participation in the PTN as part of the Oklahoma SIM practice transformation effort. The Oklahoma SIM project team has already had a call with senior leadership on this project. Telligen and their partners will enable Oklahoma practice transformation across the state.

Turning Point

As described in Section B, Turning Point works as an independent statewide consortium focused on policy issues aimed at improving Oklahoma's health⁶ and has partnered with communities all across Oklahoma to work on local innovations to transform public health in Oklahoma. Under the Oklahoma Model, the State Governing Body and the RCO will need to build upon and potentially expand this effort in order to make the strides in practice transformation that will support the new RCO model.

Healthy Hearts for Oklahoma (H2O)

As described in Section B, H2O is a grant from the Agency for Healthcare Research and Quality that aims to determine if a healthcare extension cooperative can spread the use of evidence-based primary care. The grant runs from 2015 to 2019 and will work with hundreds of practices with 10 providers or less. These practices will receive one-on-one quality improvement help from a practice facilitator related to attaining and maximizing electronic health records (EHRs), practice workflow, and assisting with the transition to value-based payments.

The Oklahoma SIM project team and H2O team have set up biweekly meetings to coordinate their efforts and share information. The Oklahoma Model will leverage the H2O initiative with practice transformation across the state to help enable smooth transitions to value-based purchasing. To this end, the Oklahoma SIM project team is looking to align quality measures across payers with the measures that H2O has identified. The Oklahoma SIM project team will work with H2O to implement processes that support the RCO design.

The CPC Initiative Field Team

As described in Section B, the CPC Initiative is a four-year demonstration project that aims to provide comprehensive primary care for Medicare beneficiaries. In Oklahoma, the initiative operates in the greater Tulsa area with participation from Blue Cross Blue Shield of Oklahoma, CommunityCare, OHCA, Medicare, and Medicaid. The program runs through December 2016. Through the initiative it became evident that, in addition to an enhanced per member per month payment (PMPM), the participating practices also needed transformation assistance. The payers convened a "field team" that would visit practices and assist with reporting and creating new processes that would enable success within the CPC Initiative. Each payer contributed full-time employees to the team. When working with providers, the field team members represented the initiative, not their individual payer organizations. The Oklahoma SIM project is looking to capitalize on these efforts by incorporating best practices of the initiative into the SIM transformation plan, utilizing the lessons learned about effectively working with the payers to sustain this effort within the RCO model.

The Oklahoma Foundation for Medical Quality (OFMQ)

OFMQ has been the Regional Extension Center in Oklahoma and is an independent not for profit organization. OFMQ's mission is to be an expert consultant in quality improvement within the community to advance and improve healthcare in Oklahoma. OFMQ offers many services, including: analytics, case review, health information technology, quality improvement, national quality measures, and provider education.

OU Health Sciences Center, Oklahoma Shared Clinical and Translational Resources Center

The University of Oklahoma Health Sciences Center, a partner of the Oklahoma SIM initiative, provides resources to support healthcare delivery system research, education, and community engagement. Of particular relevance to Oklahoma SIM practice transformation efforts are their community outreach efforts. The Oklahoma Health Sciences Center houses the Oklahoma Shared Clinical and Translational Resources Center (OSCTR), which leads community outreach efforts. OSCTR divides its community outreach efforts into two programs: the Oklahoma Primary Healthcare Extension program and Practice-Based Research Networks. Each program emphasizes the value and benefits of provider practice-based research for the participants and the healthcare system overall.

The Oklahoma Primary Healthcare Extension Program aims to improve the quality of primary healthcare available to Oklahomans, reduce the cost of care and health insurance premiums, and improve the health of the population through greater visibility and alignment of local health improvement initiatives. The program has a state hub, extension center, and county health improvement organization, which work together to connect the community to resources that improve the delivery and quality of care.

The Practice-Based Research Networks aim to improve the quality of healthcare services available to Oklahomans by developing and sharing resources and by conducting relevant practice-based research. There are three networks under the auspices of the OSCTR which focus separately on physicians, pharmacists, and child health.

OSU Center for Health Systems Innovation

The vision of the Center for Health Systems Innovation at Oklahoma State University (OSU) is to discover and implement market-based solutions for the transformation of health and health systems through creativity, innovation and entrepreneurship. This center has shown special attention to the rural health providers and is located in Tulsa. The center has been made possible by Cerner Chief Executive Officer and OSU alum Neal Patterson.

PLANNED RESOURCES

Practice Transformation Center

The Oklahoma SIM will establish a Practice Transformation Center (PTC) to support provider education and ongoing transformation efforts.

The major responsibilities of the PTC will include:

- Consolidating and endorsing best practices in healthcare transformation in Oklahoma
- Coordinating practice transformation initiatives across stakeholder groups to ensure consistency in education and awareness
- Developing and maintaining an inventory of support services and resources that providers can access to facilitate their successful execution of new payment models

The PTC could grow out of existing resources should one organization be willing to take on these tasks or start as a new initiative in the state. It is envisioned the practice transformation would be a multi-payer effort that supports all payers to move to value-based purchasing as well as the multi-payer quality

metrics. It will then serve as a hub for disseminating this information to providers in Oklahoma and will help to advance all transformation phases lined out above. The PTC may also provide grant and on-site training and support for eligible practices to enhance their delivery of services. One of the primary aspects for initial consideration is whether this center should facilitate or oversee a licensure process for transformation activities, which is a question that its initial membership can address upon inception. Deliberations on the practice transformation center are ongoing and will be a part of the Oklahoma SIM 2016 agenda.

RCO PRACTICE TRANSFORMATION INITIATIVES

A critical aspect of the SHSIP is the integration of community resources into care delivery. As detailed in previous sections, the RCOs will operate independently and will be regionally-bound entities that assume responsibility for the total costs of care and outcomes for their patients. Due to the geographic and socio-economic differences between regions in Oklahoma, the RCOs will need to have discretion as it relates to the design and operation of their specific systems and incentives for quality care delivery and care coordination.

Regional variations mean that each RCO will have slightly different practice transformation goals, and as such, may require slightly different methods to foster these transformations. The Oklahoma SIM project team has determined that it is best to leave these decisions in the hands of the RCO organizations. The RCO RFP process will require that successful application submissions include a detailed description of their practice transformation goals and concrete plans to achieve them. Prospective RCO applicants will have access to the Oklahoma SIM resource inventory in order to gain a better understanding of the prospective channels that they could leverage to achieve their transformation goals. Negotiating the use of these channels, and any appropriate compensation for their use, will be the responsibility of the RCO. The implementation of RCOs in Oklahoma occupies the majority of Phase III. Practice transformation will play a significant role in RCOs. This places significant emphasis on the Oklahoma SIM RCO selection committee to engage with prospective applicants to ensure that their transformation goals and plans are thorough and achievable.

CONCLUSION

The efforts to support payment and delivery system transformation will be an ongoing, evolving process. The Oklahoma SIM project team will continue to update the resource inventory and revise their allocation to ensure that all healthcare system stakeholders receive sufficient support to make the transition towards value-based healthcare. The project team will also ensure that health transformation efforts continue to receive the attention and funding required to engender their success. It will be imperative that providers are supported through the initial transformation process, as well as for the future iterations that will be necessary to sustain a high functioning healthcare system.