
Health System Design and Performance Objectives
Value-Based Payment and Service Delivery Plan
Healthcare Delivery System Transformation Plan
Health Information Technology Plan
Workforce Development Strategy
Financial Analysis
Monitoring and Evaluation Plan
Operational And Sustainability Plan
State Healthcare Environment
Stakeholder Engagement Report
Population Health Improvement Plan
OKLAHOMA STATE HEALTH SYSTEM INNOVATION PLAN

E. Health System Design and Performance Objectives

INTRODUCTION

The State developed performance objectives and complementary strategies for the Oklahoma State Innovation Model (SIM) proposal to help achieve significant and measurable improvements within each element of the Triple Aim. Many system-level goals and objectives had been developed by the Oklahoma Health Improvement Planning (OHIP) Coalition prior to the Oklahoma SIM grant application. To align with those statewide goals and objectives, the Oklahoma SIM grant incorporated the goals of OHIP to establish its population health flagship issues and design healthcare value-based payment and delivery strategies that will aid in attaining those goals. The OHIP/Oklahoma SIM Workgroups, the Center for the Advancement of Wellness, and the Chronic Disease Unit at the State Department of Health were engaged to develop strategies to reach these goals. Those strategies were used in the model design process to align state goals that would enable a model capable of deploying the strategies and meet the system and population goals discussed here.

HEALTH SYSTEM GOALS

Health Expenditures

The Oklahoma Health Care Authority (OHCA) and Employees Group Insurance Division (EGID) together cover over a quarter of insured Oklahomans. State-purchased healthcare accounts for over 19 percent of Oklahoma's state budget. This represents a 5.6 percent increase since 2005.[3] Together, the healthcare coverage administered by these two payers provide ample ground for increased efficiencies in order to slow the growth rate of healthcare expenditures. Additionally, to help the State tie in 80 percent of all payments to value-based purchasing, multi-payer strategies were developed to align payment strategies across Oklahoma's healthcare market.

Goal: By 2020, limit annual state-purchased healthcare cost growth through both Medicaid and EGID to two percent less than the average annual percentage growth rate of the projected national health expenditures, as set by CMS.

Objective 1: Promote payment for value over volume.

Strategies:

1. Execute provider contracts that include alternative payment arrangements (APAs) that are value-based.
2. Require that 80 percent of all provider payments are value-based APAs by 2020.
3. Implement state-identified multi-payer episodes of care that reduce care and cost variances.

4. Implement pay-for-performance and other incentive-based programs. Establish a common set of quality measures across payers, with a focus on the Oklahoma SIM flagship issues (tobacco use, behavioral health, diabetes, obesity, and hypertension) and integrated care delivery.

5. Align multi-payer quality measures, with a focus on the Oklahoma SIM flagship issues (tobacco use, behavioral health, diabetes, obesity, and hypertension) and integrated care delivery.

6. Establish quality measure benchmarks related to all performance objectives that support the Oklahoma SIM objectives and the Triple Aim.

Objective 2: Increase monitoring and evaluation to ensure that the State is meeting cost benchmarks.

Strategies:

1. Utilize health information technology (HIT) to monitor and evaluate the performance outcomes of value-based purchasing models, clinical interventions, and targeted case management.

2. Create and utilize a value-based analytics tool to inform payment strategies improve overall population health and reduce the cost of care.

Quality of Care

Quality of care improvements will focus on reducing the number of potentially preventable hospitalizations and hospital emergency room visits. In Oklahoma, an estimated 45,000 hospital stays could have been avoided in 2013,[1] and emergency room (ER) utilization rates are higher than the national average.[4] These data points indicate considerable opportunities to improve the overall performance and quality of the current health system, including how well the current system addresses access to primary care and preventive service, care coordination, and patient education. Similar tactics can be used to achieve health system goals for reducing both preventable hospitalizations and ER utilization. Therefore, the objectives and strategies are cross-aimed at making improvements in both of those areas.

Goal 1: Reduce the rate of potentially preventable hospitalizations per 100,000 Oklahomans by 20 percent, from 1656 (2013) to 1324.8, by 2020.

Goal 2: Reduce the rate of hospital emergency room visits per 1,000 population by 20 percent, from 500 (2012) to 400 visits, by 2020.

Objective 1: Increase care coordination efforts to drive at-risk patients to preventive care and community-based services and resources.

Strategies:

1. Implement multi-payer episodes of care across major payers that incent providers to better coordinate care for patients with specific conditions.

2. Provide care coordination and targeted case management to assist at-risk beneficiaries to access preventive services and community-based resources.

3. Develop Community Health Improvement Plans (CHIPs) and Community Health Needs Assessments.

4. Identify options to pay for non-clinical services to promote whole-person care and address social determinants of health.

5. Allow for the reimbursement of telemedicine by OHCA and EGID, especially as it relates to integrating behavioral health services in rural areas.

6. Encourage primary care providers to have 24-hour call access.

Objective 2: Improve the monitoring of at-risk patients to ensure that patients have access to preventive care and community-based services and resources.

Strategies:

1. Establish a common set of multi-payer quality measures that address improving care coordination, access to preventive services, and better disease management.

2. Utilize EHR so that providers and care coordinators can better monitor inpatient stays, ER visits, and preventive visits.

3. Connect in-network providers to interoperable HIEs to ensure that providers and care coordinators have access to a more complete clinical view of the patient.

4. Monitor the number and expenditures related to potentially preventable hospitalizations (admissions and readmissions) and non-emergent use of ERs.

5. Encourage and facilitate the use of predictive modeling to assess baseline costs, risk stratify, and design interventions for their at-risk beneficiaries.

6. Monitor Ambulatory Care Sensitive Conditions (ACSC) through the use of standardized quality measures adapted from the Prevention Quality Indicators (PQIs).

7. Monitor hospital admissions, readmissions, ER utilization, and follow-up care through the use of standardized quality measures that measure patient access and post-discharge planning and care.

Objective 4: Increase patient education efforts.

Strategies:

1. Provide on-going, targeted outreach efforts to at-risk beneficiaries, such as frequent ER utilizers or beneficiaries with chronic conditions.

2. Provide informational materials to all individuals related to the appropriate use of the ER and urgent care facilities.

3. Ensure that all at-risk beneficiaries are linked to a care coordinator.

Objective 3: Encourage patient disease self-management.

Strategies:

1. Provide home visits by licensed professionals or community health workers to educate members and reduce home triggers that exacerbate disease.

2. Demonstrate the use of evidence-based disease self-management programs.

3. Encourage the adoption of patient portals to help patients monitor disease progression, track appointments, and access electronic records.

4. Enhance screening tools and referrals to disease treatment programs

POPULATION HEALTH GOALS

Essential to any healthcare transformation effort is a reduction in chronic disease and high-cost conditions. Goals for the Oklahoma SIM flagship issues of tobacco use, behavioral health, diabetes, obesity, and hypertension have been developed to address the primary challenges of population health in Oklahoma. Achievement of these goals will lead to reductions in key risk factors contributing to negative health outcomes and a reduction in chronic disease, and in turn, improve health, reduce costs, and improve patient satisfaction with care. It is acknowledged that no condition occurs in a silo and many of the flagship issues can happen in conjunction with another compounding health costs and disease burden.

Each Oklahoma SIM flagship issue goal is described below. Heart disease goals encompass those of hypertension; therefore hypertension is not outlined separately.

Tobacco Use

With tobacco use a significant driver of healthcare costs, tobacco use reduction is an essential part of population health improvement. Smoking, Oklahoma's leading cause of preventable death, accounted for a total of $1.16 billion a year[2] in healthcare costs. As tobacco use contributes to the prevalence of high-cost conditions such as cancer, hypertension and diabetes,[1] tobacco use reduction strategies will also help achieve targets in other Oklahoma SIM improvement areas. To achieve a reduction in the adult smoking prevalence rate, Oklahoma SIM will utilize a multi-pronged approach that will pursue the following objectives:

Goal: Reduce the adult smoking prevalence from 23.7 percent to 18.0 percent by 2020.

Objective 1: Increase insurance coverage and utilization of evidence-based tobacco cessation treatments.

Strategies:

1. Remove patient copay for tobacco treatment counseling.
2. Provide FDA-approved tobacco cessation medications at no cost.
3. Incent providers to follow clinical practice guidelines for treatment of tobacco use.

Objective 2: Increase quit attempts among current tobacco users.

Strategies:

1. Embed best practice tobacco screening tools in electronic health records.
2. Incentivize e-referrals to the Oklahoma Tobacco Helpline.
3. Increase the price point of tobacco products.
1. Increase the use of 24/7 tobacco free policies, such as schools, playgrounds, and athletic facilities.

Objective 3: Increase the implementation of evidence-based interventions and strategies that address vulnerable and underserved populations.

Strategies:

2. Increase the implementation of interventions that support quitting, reduce exposure to second-hand smoke, and decrease access to and availability of tobacco products.

3. Increase health communication interventions to reach populations disproportionately affected by tobacco use, exposure to second-hand smoke, and tobacco-related disparities.

4. Increase the price point of tobacco products.

5. Increase the use of 24/7 tobacco-free policies at public facilities, such as schools, playgrounds, and athletic facilities.

Behavioral Health

Oklahoma faces significant challenges in treating mental illness, as demonstrated by a treatment gap of 86 percent and nearly 22 percent of adults reporting a mental health issue.[1] Untreated mental illness contributes to and exacerbates negative health outcomes. As such, healthcare transformation efforts will need to include strategies to improve the rates at which mental illness is treated. By including strategies related to insurance coverage, public education, workforce, and treatment, Oklahoma SIM will work to reduce the treatment gap in a comprehensive manner.

Goal: Reduce the prevalence of untreated mental illness from 86 percent to 76 percent by 2020.

Objective 1: Improve healthcare benefit design (referring the way health in which benefits are structured and utilized by employees) and increase insurance coverage rates for mental health services.

Strategies:

1. Work with insurers to expand scope of covered mental health services.

2. Increase reimbursement rates to encourage growth in the number of mental health services provided.

Objective 2: Increase public education regarding mental health.

Strategies:

1. Expand public awareness of mental health illnesses and treatment options.

2. Conduct public information campaigns to reduce the stigma of mental illness.

Objective 3: Develop the mental health workforce in both capacity and relevant competencies.

Strategies:

1. Work with universities to increase the number of available mental health professional graduates.

2. Strengthen mental health education programs to better equip health professionals in addressing behavioral health.

3. Enhance and expand the use of telehealth for behavioral health treatment.

Objective 4: Improve diagnosis and treatment of mental illness.

Strategies:

1. Enhance provider adoption of best-practice treatment approaches.
2. Ensure mental health patients receive appropriate service for appropriate length of time, including during transitions of care.
3. Increase screening and early intervention in primary care audiences for children and adults.

Diabetes

Diabetes can cause a wide range of short- and long-term complications, leading to hospitalization and life-threatening conditions such as cardiovascular disease. In Oklahoma, diabetes was the sixth leading cause of death in 2013.[1] By increasing access, accountability, and awareness, the Oklahoma SIM will strive to reduce the prevalence of diabetes. Additionally, positive behaviors related to nutrition, physical activity, and weight loss that can prevent diabetes are addressed within the obesity objectives and strategies.

Goal: Decrease the prevalence of diabetes from 11.2 percent (2014) to 10.1 percent by 2019.

Objective 1: Increase provider awareness of pre-diabetes and metabolic syndrome diagnoses.

Strategies:

1. Expand provider education on screening and identifying patients at high-risk for type 2 diabetes.
2. Increase the use of EHRs for clinical decision support or panel management tools.
3. Encourage insurance reimbursement for pre-diabetes and diabetes prevention services.

Objective 2: Enhance access to and sustainability of diabetes prevention programs (DPP) in high prevalence areas.

Strategies:

1. Encourage insurers to offer DPP as a covered benefit to high-risk members.
2. Increase referrals to DPP due to increased diagnosis of pre-diabetes.
3. Ensure DPP program meets national standards for recognition or certification.

Objective 3: Increase patient accountability associated with diabetes prevention.

Strategies:

1. Educate providers to enable patient participation in medical decision making (i.e. "shared decision making") by including the use of motivational interview approaches.
2. Increase patient awareness of screening and risk factors for type 2 diabetes.
3. Emphasize patient readiness and responsibility to change behaviors.

Obesity

Ranked the sixth most obese state in the nation[1] Oklahoma needs to reduce habits associated with unhealthy weight and body mass index. These habits include increasing vegetable consumption, fruit consumption, and physical activity, all areas in which Oklahoma is ranked poorly. Strategies to support improved eating habits, increased physical activity, and increased awareness among both providers and individuals are a part of the Oklahoma SIM's goals for population health improvement. While these strategies are targeted to reduce the prevalence of obesity, they are particularly important because they help address obesity-related complications, including early mortality, heart disease, stroke, diabetes, and some cancers.[2]

Goal: Reduce the prevalence of obesity from 32.5 percent (2013) to 29.5 percent by 2020.

Objective 1: Increase access to affordable, healthy foods, especially fruits and vegetables.

Strategies:

1. Increase utilization of summer food programs.
2. Incentivize retailers to carry healthy food.
3. Optimize licensing regulations to allow and encourage healthy food.
4. Increase number of retailers that accept Supplemental Nutrition Assistance Program (SNAP) benefits, Women, Infants, and Children (WIC) benefits, and Electronic Benefit Transfer (EBT) cards

Objective 2: Increase access to places for physical fitness activities.

Strategies:

1. Pursue federal funds that would allow communities to develop infrastructures that encourage bike and pedestrian travel.
2. Educate and train local community development planners and engineers to plan and build bike and pedestrian projects.
3. Increase the number of shared-use agreements with schools, churches, tribes, and other entities to allow community members to access existing facilities for physical fitness.

Objective 3: Increase the awareness of benefits and opportunities for healthy living.

Strategies:

1. Encourage communities to assess and develop opportunities to participate in healthy activities.
2. Provide training and education regarding healthy eating and healthy food options.
3. Develop and execute health education campaigns.

Objective 4: Increase provider involvement in screening, diagnosis, and counseling of obesity.

Strategies:

1. Provide Continuing Medical Education (CME) credits for providers for obesity training.

2. Increase utilization of EHRs for documentation of obesity.

3. Foster mechanisms that encourage providers to screen for, diagnosis and develop plans to reduce obesity.

Hypertension

The leading cause of death in Oklahoma[2] is heart disease, representing an area in which significant improvements are needed. To align with the OHIP 2020 goal to reduce deaths from heart disease by 13 percent by 2020, the Oklahoma SIM project adopted hypertension as one of its flagship issues for overall system transformation. Since hypertension is one of the leading indicators and causes of heart disease, early identification and effective management of hypertension are focus areas for providers to decrease heart disease deaths. The strategies outlined below also take into account the importance integrating community and social supports to improve patient accountability and choice to reduce hypertension and heart disease.

Goal: Reduce deaths from heart disease by 13 percent from 9703 in 2013 to 8441 in 2020.

Objective 1: Increase patient accountability.

Strategies:

1. Improve patient awareness of risk factors and screening tools.

2. Encourage patient participation in medical decision making (shared decision making) and the use of motivational interviewing.

3. Improve patient compliance with medical regimen: medication adherence and adoption of lifestyle change behaviors.

Objective 2: Foster team-based care coordination.

Strategies:

1. Increase recognition of "undiagnosed" hypertension.

2. Incent participation in multi-disciplinary care models, which address a range of professionals and commonly include medical, nursing and allied health professionals; and has been demonstrated to improve outcomes especially for patients with chronic illnesses.

3. Increase the use of EHR clinical decision support or panel management tools.

Objective 3: Increase community involvement.

Strategies:

1. Encourage payers to coordinate and direct use of social services and community resources and interventions targeting lifestyle, navigational assistance, and behavior factors.

2. Encourage payers to use mechanisms to connect clinical care to social services and community resources.

3. Foster improvements in social and physical environment through policy and system change to make healthy behaviors easier.

CONCLUSION

Oklahoma has a set health system and population health performance objectives through OHIP were incorporated into the SIM model design initiative. These goals are utilized throughout the SIM model design to create a concerted effort towards impacting the health of all Oklahomans and designing a health delivery and payment system that enables the strategies to actualize these goals.