OSIM Stakeholder Meeting

STAKEHOLDER NAME

Second OSIM Executive Steering Committee Meeting

DATE & TIME	Wednesday, September 16, 2015; 2-4PM
LOCATION	Oklahoma State Department of Health 1000 NE 10th Street, Room 307 Oklahoma City, OK
OSDH ATTENDEES	Julie Cox-Kain, Rebecca Moore, Joe Fairbanks, Alex Miley, Isaac Lutz, Jennifer Kellbach, David Bodimer, etc.
DELOITTE ATTENDEES	Jim Jones, Keianna Dixon
STAKEHOLDER ATTENDEES	Rebecca Pasternik-Ikard, David Hadley, Bo Reese, David Kendrick, Mitch Thornbrugh, Joe Cunningham, Debbie Hampton
STAKEHOLDER SESSION TYPE	Discussion
STAKEHOLDER TYPE	Multiple
STAKEHOLDER DESCRIPTION	N/A

KEY OUTCOMES

- The committee members had a general consensus to move forward with the CCO Model, and directed the OSIM team to begin drafting this proposal.

ACTION ITEMS

- Revisit Value-Based Analytics infrastructure and governance model
- Discuss alternative payment models at the next Executive Steering Committee Meeting
- Reach out to each committee member individually to discuss next steps

AGENDA

1. Welcome & Session Overview
2. OSIM Initiative Progress Update
3. Health IT Plan
4. Care Delivery Models
5. Care Delivery Model Feedback
6. Conclusion & Next Steps

DISCUSSION NOTES

Section: OSIM Initiative Progress Update

25 Critical Health Care Professions

- Recommended to add an "informatician" as a necessary member of the health care team – someone who understands and can handle quality and performance measures.
- Recommended to add a "medical scribe" to the list of professions, based on physician input
- May want to expand the list of professions to 30 in light of the emerging health care professions

Section: HIT Plan

Value-Based Analytics Tool Roadmap

- Recommended to have a process in place in which the HIT model is passed through a committee before it is presented to the public.
- Recommended to investigate how much this HIT model would impact the current landscape of HIEs. Some stakeholders believe that it will be a duplication of efforts and will negatively impact and even destroy the business model and relevance of HIEs.
- Recommended to determine the governance model of the HIT model before designing the infrastructure for the model. Even if the exact governance model is not determined, should determine what entities would be involved in a multi-stakeholder governance model.
- Recommended to develop use cases to determine the exact functionalities that the model needs.
- Believed that all payers would need to centralize their data in this model.

- OSDH Response: The VBA Roadmap is meant to be a conceptual model presenting key points for the system and not an actual infrastructure for the system. They have already begun to consider these points about the governance model and believe that the infrastructure needs to be designed before they can determine the governance model. They welcome stakeholder input and will revisit the model design and governance structure to consider these points.

Section: Care Delivery Models

Accountable Care Organizations

- Believed that Oklahoma is not ready today for a fully-capitated model. Only a few entities in the state can even begin thinking about 100 percent risk and even these entities are on shaky financial ground. Providers must have a very strong balance sheet in order to take on high risk.
- Believed that if providers and payers fail, patients will also fail.

- OSDH Response: They acknowledge that in this ACO model, there is 100 percent risk. This was intentional to receive stakeholder input. They actually received a lot of feedback from stakeholders and experts outside of Oklahoma that an ACO model will be very hard to implement in rural areas. They want to have a model that can be implemented state-wide in some fashion.

Patient Centered Medical Home

- Felt this was part of the plan but not encompassing enough to drive cost reduction if hospitals and other more costly elements were not involved in the model.
- Commented that this could be easier given some forms of PCMH already exist in the state and has been a concept longer than other models that in some instances had shown great returns.
- Did not feel that primary care providers could take on more risk.
- OSDH Response: Agreed in principle with comments and will work to take best practices to be a part of the model. Also, OSDH commented on how this could be a stepping stone to move into other models that more fully integrate the delivery system.

Coordinated Care Organizations

- Commented that the CCO model is similar to the HAN model in its care delivery but goes beyond care delivery to include a payment model. In this way, a CCO can be compared to a Medicaid agency, though as opposed to a Medicaid agency, it can be private and/or public.
- Concerned that in this model, it appears that the care coordination is exported and not close to where care delivery is happening.
- Had a general consensus to design a CCO-like model, and directed the SIM team to begin drafting a proposal.

- OSDH Response: They agree that care coordination should be as close as possible to care delivery and would incorporate that into a model.

Overall Feedback

- Recommended to have a table that, instead of comparing these identified criteria for the model, compares each model based on risk, risk adjustment methods, and upfront start-up costs.
- Desired to see more work on the front-end to determine how to have multi-payer involvement.
- Believed that having a multi-payer model will open up many doors to innovation.

- OSDH Response: They believe that it is best to build a score card that fits the unique needs of Oklahoma (as opposed to one that is built for a non-Oklahoma specific context). They will discuss payment models during the next executive steering committee meeting.