



**Oklahoma Health Improvement Plan (OHIP) /
Oklahoma State Innovation Model (OSIM)
Health Finance Work Group Meeting
August 6, 2015**



August 6, 2015, 2:00-4:00 p.m., Room 314
Oklahoma State Department of Health (OSDH)
1000 NE 10th Street, Oklahoma City OK 73117

Center for Health Innovation & Effectiveness (CHIE)
OSIM Project Director: Alex Miley
HIT Project Manager: Isaac Lutz

Agenda Item

I. Introductions and OSIM Overview

- a. In attendance: K. Mings (Choctaw Nation), J. Daniel (Choctaw Nation), P. Smoot (Choctaw Nation), J. Palmer (Milliman), P. Hanchens (Milliman), I. Lutz (OSDH), A. Harris (OSDH), J. Fairbanks (OSDH), F. Lawler (OMES-EGID), J. Clarkson (Milliman), P. Cross-Cupit (Health Alliance for the Uninsured), R. Snyder (OK Hospital Assoc.), J. Kellbach (OSDH), B. Willborn (OKPCA), M. Doescher (OUHSC), K. King (OSMA).
- b. Via Webinar: K. Dixon (Deloitte), M. Gower (Chickasaw Nation), D. Thompson (Global), V. Owens (OSDH), J. Silva (Morton Health).

II. Deliverable Review: Market Effects on Health Care Transformation

- a. Slide 6: EGID includes some members that also are covered by Medicare or retired – information will be shared with Milliman to update this slide’s information. Dr. Lawler will provide this information to Milliman
- b. Slide 17: These numbers are compared to BCBS Choice providers available in the specified county. For example, if BCBS Choice has 100 providers in OK Co. accepting new patients, Global’s network has 27 Primary Care Physicians accepting new patients. This slide does not include data for specialists available in a specific county.

III. Executive Summary of Delivery and Payment Model presentation

- a. ACO – how is shared risk determined? One sided – based on performance only; two sided – based on performance and provider is responsible for paying overage. This model is ideal when both types of risk are involved.
- b. Episodes of Care – claims data is used to make an evaluation of episode outcomes; gain sharing is also related to meeting quality metrics.
- c. BPCI – hospitals determine how the payments are split between acute and post-acute care.
- d. Q&A and comments:
 - Question: Why do we seem to be focusing on these models? What about MCO, fully insured, capitated models used in commercial plans?
 - Response: the SIM project assumes that no one model will solve all of the health care issues in the state. These models have been



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presented because they are being implemented in other SIM states and we are forming a knowledge base for what is going on across the nation and what has or has not been successful. We want the SIM groups to suggest other models that they know are being implemented that can be researched and considered for the SIM plan. We also need to consider how to frame the decisions. It is difficult to determine if the care model, the payment model, or quality measures should be decided first. The decision will likely need to jointly consider all of those elements together. It will be most helpful to look at models that are currently being implemented that have some data on effectiveness. We also need to look internally and see what is working in Oklahoma at the community level. Right now there is not hard evaluation data for specific models, and most models differ in the payers involved and populations served. Most are happening in Medicaid and Medicare, but the SIM Project wants to include private insurance as well in order to reach a value-based system that covers 80% of the population of Oklahoma.

- Comment: The group had consensus on the need to evaluate any payment or delivery model for sustainability. Most CMS projects are demonstration only and do not evaluate for the long-term. We know that SIM is a time-bound grant, and the work groups will need to plan for how to continue implementation of care models and how to fund them well beyond the end of the SIM grant time.
- Comment: Quality Benchmarks – most of the care and payment models will require a high level of reporting related to cost, claims, and clinical information in order to determine value and incentive payments (where implemented). Any model that is implemented needs to take this reporting and the IT infrastructure needed into consideration as well. Will the measures be strictly clinical, or will there be more subjective measures (patient satisfaction) included as well?

IV. Additional Discussion Items and Future OSIM Meetings

- a. Statewide OSIM Webinar: August 13
- b. Next work group meeting: August 28 at OK Health Care Authority (this will be with the Health Efficiency and Effectiveness Group)
- c. Value Based Analytics Meetings: September 9 in OKC and September 11 in Tulsa
- d. Information on all meetings available at osim.health.ok.gov



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V. Adjourn

OSIM Website: osim.health.ok.gov

Workgroup and OSIM meeting information and deliverables will be posted to this site.