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**Oklahoma State Board of Health (OSBH)
Oklahoma City-County Board of Health (OCCBH)
Tulsa City-County Board of Health (TCCBH)**

Tuesday, October 6, 2015, 1:00 p.m.
Presbyterian Health Foundation Research Park
655 Research Parkway, Suite 100, Colloquium Room
Oklahoma City, Ok 73104

Tuesday, October 6, 2015 1:00 p.m.

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CALL TO ORDER

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Dr. Woodson, President of the Oklahoma State Board of Health and Dr. Stephen Cagle, Oklahoma City-County Board of Health, Chair called the Tri-Board meeting to order on Tuesday, October 6, 2014 at 1:09 p.m. The final agenda was posted on October 5, 2014 on respective Board websites as well the building entrance on October 5, 2015 at 1:00 p.m.

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OSBH Members in Attendance: Ronald Woodson, M.D., President; Cris Hart-Wolfe, Secretary-Treasurer; Charles W. Grim, D.D.S.; Timothy E. Starkey, M.B.A.; Jenny Alexopoulos, D.O.; Robert S. Stewart, M.D. Absent: Martha Burger, M.B.A., Vice-President; Terry Gerard, D.O.; R. Murali Krishna, M.D.

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OSDH Staff in Attendance: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner Protective Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony Sellars, Office of Communications; Deborah Nichols, Chief Operating Officer; VaLauna Grissom, Secretary to the State Board of Health.

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OCCBH Members in Attendance: Dr. Stephen Cagle, Dr. Courtney Gray, Dr. Timothy Hill, Mary Mélon, Dr. William Mills, Scott Mitchell and Dr. Lois Salmeron. Dr. Gary Raskob arrived at 1:13 p.m. and Dr. J. Don Harris arrived at 1:17 p.m.

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OCCHD Staff in Attendance: Gary Cox, Bob Jamison, Myron Coleman, Tony Miller, Alicia Meadows, Jackie Shawnee, Shannon Welch, Laura Holmes, Phil Maytubby, Dave Cox, and Patrick McGough.

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TCCBH Staff in Attendance: Dr. Bruce Dart, Karla Benford

Visitors in attendance: (see sign in sheet)

OPENING REMARKS, INTRODUCTIONS

Dr. Woodson welcomed all to the annual Tri-Board meeting thanking special guests for their attendance. Dr. Cagle thanked the Oklahoma State Health Department, on behalf of himself, the OCCHD Board, and Executive Director Gary Cox, for hosting the Tri-Board board meeting. Dr. Bruce Dart, Director for the Tulsa Health Department thanked the Oklahoma State Department of Health for hosting and passed along the regrets of the Tulsa Board of Health as they were unable to be in attendance.

REVIEW OF MINUTES – OSBH

Dr. Woodson asks for motion/discussion for approval of Minutes for July 14, 2015 and August 14-16, 2015. Dr. Alexopoulos moved Board approval of the July 14, 2015 meeting minutes as presented. Second Dr. Grim.

1
2 Dr. Stephen Cagle asked for a motion from the Oklahoma City County Board of Health to adopt the policy
3 agenda priorities as presented. Dr. Timothy Hill made the first motion and Mary Mélon seconded this
4 motions. Roll call: Dr. Stephen Cagle, Dr. Courtney Gray, Dr. Timothy Hill, Mary Mélon, Dr. William
5 Mills, Dr. Gary Raskob. Scott Mitchell nay, Dr. Lois Salmeron and Dr. J. Don Harris were absent for
6 vote. Motion Carried.

7
8 Dr. Bruce Dart indicated the Tulsa Board of Health would consider the adoption of the policy agenda
9 priorities as presented at the next Board meeting.

10
11 **CHAIRMAN'S REPORT – OCCBH**

12 Dr. Stephen Cagle stated that it is his pleasure to be there and represent the Board and thanked all who came.
13 He invited everyone to visit the NE Regional Health and Wellness Campus and utilize the sports fields and
14 walking trails. He informed every one of the future South campus similar to the model at the NE Regional
15 Campus. OCCHD will add a proposed date and time of October 4, 2016 1:00 p.m., to the December Board
16 of Health Agenda.

17
18 **PRESIDENT'S REPORT – OSBH**

19 Dr. Woodson provided a brief update of the State Board of Health retreat. The retreat was productive and the
20 product was a new 5 year strategic map to be implemented in January 2016. He thanked all who participated
21 and partnered in this process. Dr. Woodson reminded Board members to complete the post-retreat survey.
22 Dr. Woodson proposed a 2016 Board of Health Meeting schedule for review and approval by the Board.

23
24 Dr. Alexopulos moved Board approval to adopt the 2016 Board schedule as presented. Second Ms. Wolfe.
25 Motion Carried.

26 AYE: Alexopulos, Grim, Starkey, Stewart, Wolfe, Woodson
27 ABSENT: Burger, Gerard, Krishna
28 *See Attachment F for 2016 Board of Health Meeting Schedule.*

29
30 **NEW BUSINESS**

31 No new business.

32
33 **ADJOURNMENT**

34 Dr. Stewart moved board approval to adjourn. Second Dr. Grim. Motion Carried

35 AYE: Alexopulos, Grim, Starkey, Stewart, Wolfe, Woodson
36 ABSENT: Burger, Gerard, Krishna

37
38 Dr. Stephen Cagle asked for a motion to adjourn. Mary Mélon made the first motion to adjourn, Dr.
39 William Mills seconded this motion. Vote taken: Dr. Stephen Cagle, Dr. Courtney Gray, Dr. Timothy Hill,
40 Mary Mélon, Dr. William Mills, Scott Mitchell. Motion Carried.

41
42 The meeting adjourned by unanimous consent at 3:02 p.m.

43
44 Approved

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46 

47 Ronald Woodson,
48 President, Oklahoma State Board of Health
49 December 8, 2015



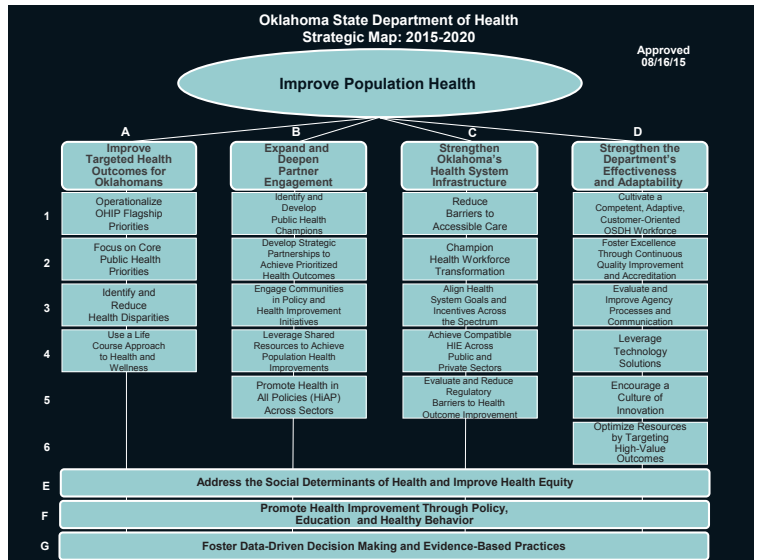
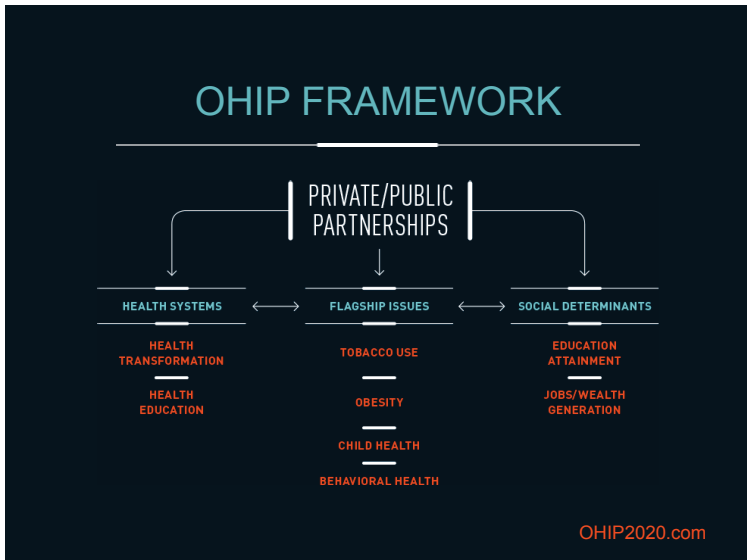
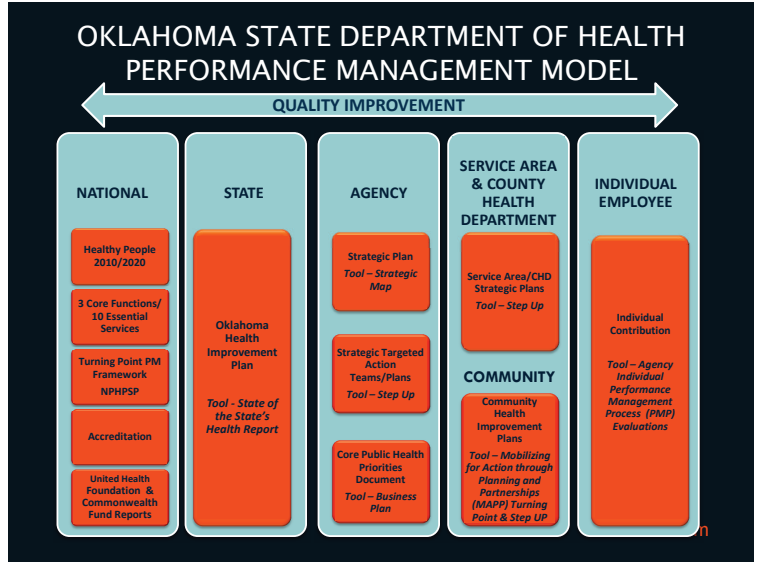
ORGANIZATIONAL UPDATE

- Launched Oklahoma Health Improvement Plan (OHIP) 2020 (March 2015)
- Finalized OSDH agency strategic plan (August 2015)
- Continue with the Collaborative Improvement and Innovation Networks (COIN) to reduce infant mortality
- Tobacco
 - 24/7 tobacco free schools
 - Adult smoking prevalence
- Obesity
 - Fitness Gram
 - Health In All Policies (HiAP)
- Health Transformation
 - NGA Workforce Policy Academy (October 2015)
 - Awarded and implementing SIM Model Design grant
- Ebola

OHIP2020.com

OHIP & STRATEGIC PLAN

OHIP2020.com



PREPARING FOR A LIFETIME & EVERY WEEK COUNTS

OHIP2020.com

PREPARING FOR A LIFETIME

Infant Mortality Collaborative Improvement and Innovation Networks (CollINs)

- Preconception/Interconception
- Prematurity
- Safe Sleep
- Social Determinants

ASTHO Multi-State Learning Community

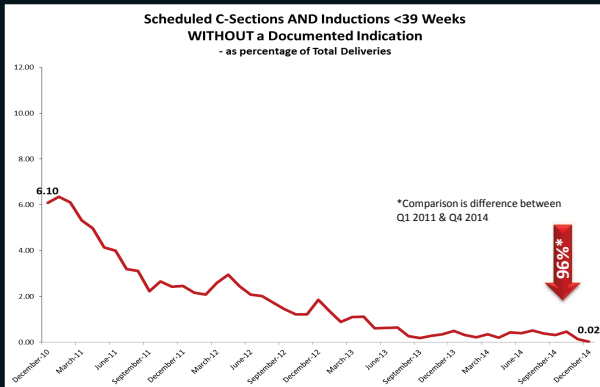
- Breastfeeding
- Long Acting Reversible Contraceptives (LARC)

AMCHP/RWJF Improving Infant Outcomes

- Racial and Ethnic Disparities

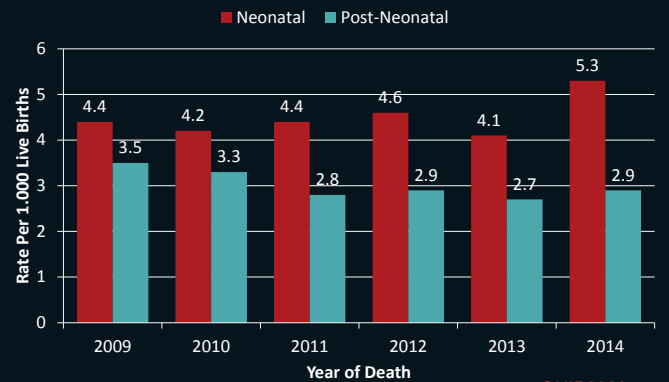
OHIP2020.com

SUCCESSES



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ONGOING CHALLENGES

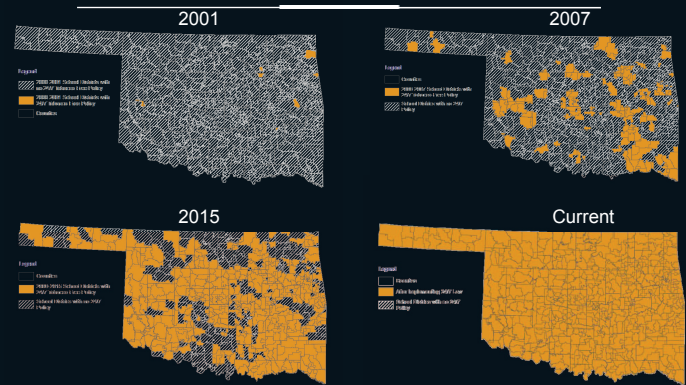


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TOBACCO

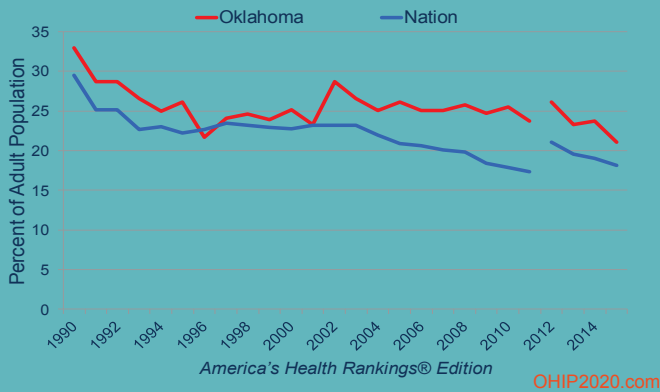
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OKLAHOMA PUBLIC SCHOOL DISTRICT ADOPTION 24/7 TOBACCO-FREE POLICIES



OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

UHF SMOKING MEASURE OKLAHOMA AND THE NATION



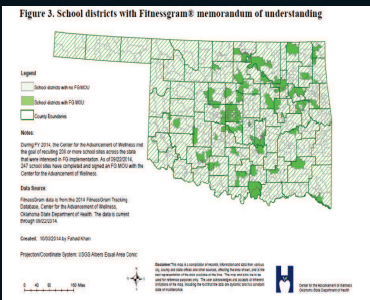
OBESITY

OHIP2020.com

FITNESS GRAM

Locations

Results



- Completed First Year of Program
- 247 School Site MOUs
- 192 Schools Trained
- 9,879 Individual students assessed
- Approx. 50% of students in BMI Healthy Fitness Zone *

BlueCross BlueShield of Oklahoma



OHIP2020.com

HEALTH IN ALL POLICIES

- Aspen Institute TeamWork Award
- Intersectoral, multi-disciplinary team
- Applying Health Impact or Health Lens Assessment
- Integrated with Oklahoma Works
 - Workforce
 - Education
 - Health

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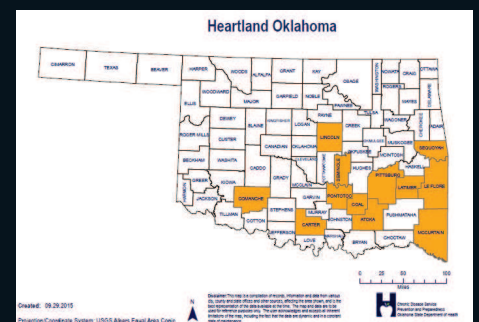
HEALTH TRANSFORMATION

HEARTLAND OKLAHOMA

Pilot Success

Heartland OK Expanded to 12 Counties

- Standardized BP protocol
- Community determined pay for performance
- Multi-disciplinary, organization team
- Use of Medicaid predictive analytics tools for provider notification
- Multi-payer participation



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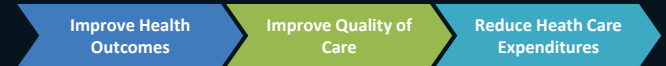
NGA POLICY WORKFORCE ACADEMY



- NGA Health Workforce Policy Academy
- Governor supported multi-disciplinary team
- Integrated into and governed through OHIP Health Workforce Team
- Key partnerships include economic development and workforce, academic and health technology

OKLAHOMA STATE INNOVATION MODEL (OSIM)

- Statewide collaborative grant process
- Multi-payer payment & delivery system reform initiative
- February 1, 2015 – January 31, 2016
- \$2 Million
- Links clinical population goals and community health goals
- Achieving the Triple Aim



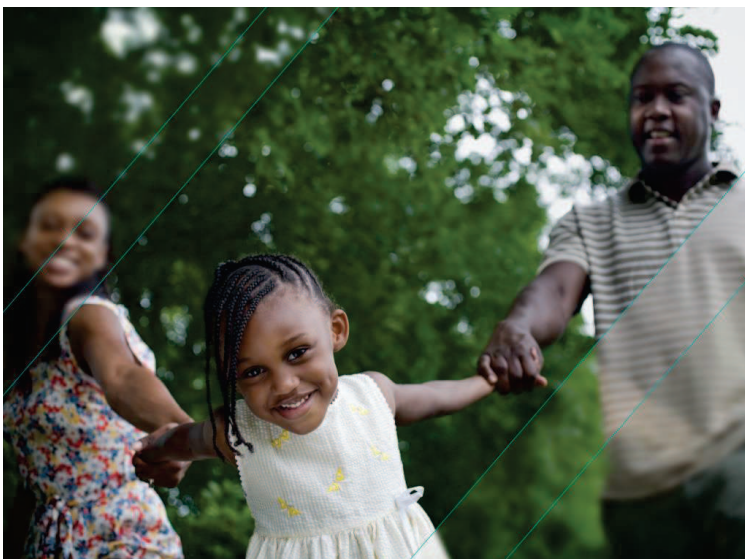
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EBOLA

- Traveler monitoring
 - Total of 90 travelers monitored statewide
- Public Health Emergency Preparedness Funding (\$1,874,584)
 - State and local health departments for on-going activities
- Hospital Preparedness Funding (\$1,170,175)
 - OU, EMSA, Assessment Hospitals
- OSDH Emerging Infectious Disease Response ICS is scheduled for demobilization effective October 6, 2015
 - Active traveler monitoring, laboratory biosafety and medical readiness will continue in accordance with protocols and guidance

OHIP2020.com

OHIP2020.com





ATTACHMENT B

OCCHD UPDATE TRI-BOARD 2015

Gary Cox, J.D.
Executive Director
Oklahoma City-County Health Department

occhd.org

LIVING FORWARD>>>



INNOVATION IN ACTION

- Regionalization
 - Bring preventive, primary and mental health services to the communities with most disparate health outcomes
- Developing a new evidence-base
 - My Heart – CVD Prevention project that connects under and uninsured clients with regular clinical visits and healthy lifestyle coaching
 - CHW Hospital Pilot – Integrating CHWs in local Emergency Departments to reduce inappropriate utilization of services

occhd.org

LIVING FORWARD>>>



occhd.org

LIVING FORWARD>>>



INNOVATION IN ACTION

- Using systematic evaluation to increase effectiveness of proven programs
 - Total Wellness – modified length and curricula in response to evaluation findings
 - Internal integration of clinical and community health services – Community Health Workers (CHWs) in all clinical locations
 - Health at School - team-based approach to provide the WCWSWC model in targeted under-served and at risk communities

occhd.org

LIVING FORWARD>>>



EXECUTIVE SUMMARY TOTAL WELLNESS

- The effectiveness of the 8-week course is equivalent to the 12-week course on the 5% body weight loss goal, after controlling for demographic information, food diary completion, and physical activity. The data collected demonstrates that the 8-week curriculum was as effective as the 12-week course when addressing change in graduate biometrics and development of healthy habits.
- The majority of graduates realized significant decreases in triglyceride levels, fasting blood sugar levels, total cholesterol levels and systolic blood pressure.
- 14.9% of graduates achieved the primary goal of at least 5% body weight loss. Logistic regression was conducted to determine the effectiveness of course length on the 5% body weight loss goal.

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LIVING FORWARD>>>



INNOVATION IN ACTION

- Investing in public health information technology infrastructure
- Developing systematic methods for completing Community Health Needs Assessment
- Disseminating data to non-traditional partners

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LIVING FORWARD>>>



Home Admissions and Cashier Scheduling Family Planning Immunization My Heart Sexual Health FMR Consumer Protection Water Testing Reporting MyHealth

Susan Sarah Smith 2/21/2015 Schedule West James St. Clair - OCCHD Nurse

New Client

Does patient have limitations that make it difficult to plan or prepare meals? Yes No

Does patient have a working stove, oven, and refrigerator? Yes No

Food pantry assistance needed? Yes No

Concerned about weight? Yes No

Regular exercise? Yes No

Exercise frequency: ---

Has client been tested for tuberculosis? ---

Are all vaccinations current? ---

If client is over 65, have they received a Shingles vaccine? ---

Has client had a flu shot this year? ---

Safety

Is domestic violence currently an issue for the client? Yes No

Physical or sexual abuse? Yes No

Do you feel safe at home? Yes No

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LIVING FORWARD>>>



Home Admissions and Cashier Scheduling Family Planning Immunization My Heart Sexual Health FMR Consumer Protection Water Testing Reporting MyHealth

Susan Sarah Smith 2/21/2015 Schedule West James St. Clair - OCCHD Nurse

Home New Early Start Supply Problem Annual Emergency Contraceptive Pregnancy Test

Program Forms - All Forms -

Family Planning New Client History

Test Form	Name	VisitType	Start Time
Clinical Services BCD		FPIA	10:30:00

Completed Forms

occhd.org

LIVING FORWARD>>>



Home Admissions and Cashier Scheduling Family Planning Immunization My Heart Sexual Health FMR Consumer Protection Water Testing Reporting MyHealth

Susan Sarah Smith 2/21/2015 Schedule West James St. Clair - OCCHD Nurse

SSN: 111223333 Edit

Household Size: 4

Address: 1234 S Columbia Ave Tulsa 36 74112

Housing: Reg Start Reg Complete

Phone: 9185555555 Transport Time Check Out

Receives WIC: No Provider Documentation

E-mail: susan.smith@demo.net

Special Needs: No

Language: ---

Employment: ---

Race: Hispanic or Latino

Ethnicity: ---

Income: 24000

Education: ---

Last Modified By: Jason Roberts

Completed Forms

- Pregnancy Case Management
- Encounter Details
- Pregnancy Case Management
- Encounter Details
- Test Form
- Test Form
- Test Form

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LIVING FORWARD>>>



Home Admissions and Cashier Scheduling Family Planning Immunization My Heart Sexual Health FMR Consumer Protection Water Testing Reporting MyHealth

Susan Sarah Smith 2/21/2015 Schedule West James St. Clair - OCCHD Nurse

Home New Early Start Supply Problem Annual Emergency Contraceptive Pregnancy Test

Program Forms - All Forms -

Scheduled Appointments

First Name	Last Name	VisitType	Start Time
Susan	Smith	FPIA	11:00:00

Completed Forms

- Pregnancy Case Management
- Encounter Details
- Pregnancy Case Management
- Encounter Details
- Test Form
- Test Form
- Test Form
- Family Planning New Client History
- Family Planning New Client History
- Family Planning New Client History
- Family Planning New Client History
- Family Planning New Client History
- Family Planning New Client History

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LIVING FORWARD>>>



WELLNESS NOW

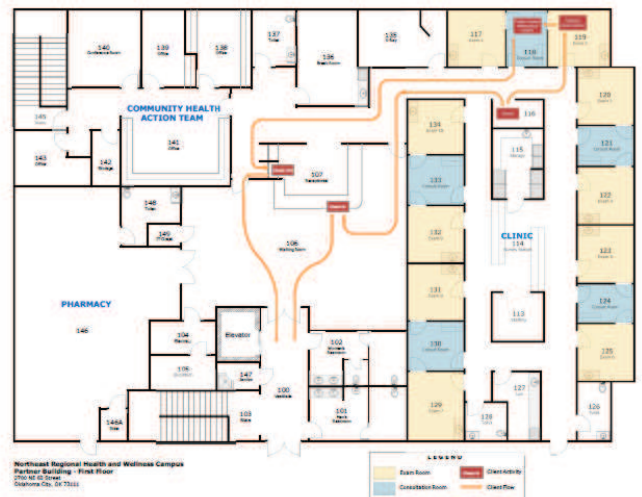
CREATING SYSTEMS OF CARE

- Integration of Health Services
 - Public Health
 - Mental Health
 - Pharmacy
 - Clinical Care
 - Dental
- CHW Hospital Pilot

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LIVING FORWARD>>>

INTEGRATED HEALTH SERVICES MODEL



ENGAGING NON-TRADITIONAL PARTNERSHIPS

Examples of Engagement

- CEO Forum
- Open Streets
- Family Fun Nights
- Community Gardening
- School Partnership
- Law Enforcement
- Faith Based Community



CEO FORUM



OPEN STREETS



CREATING A CULTURE OF QUALITY

- Using PHAB Standards to Drive Organizational Culture of Improvement and Transparency
 - Reducing staff through attrition, re-allocating duties and funds more effectively
 - Strategic Planning Process which is tracked and disseminated at all levels for input and feedback
 - Purposeful engagement of staff in developing and implementing Quality Improvement projects and initiatives
 - Ongoing efforts to develop and implement a staff-driven performance management system

CREATING RELATIONSHIPS

- Engage federal delegation
 - Invitations to all federal legislators to visit and tour regional campuses
 - Work with federal partners to develop mechanisms to support direct funding to locals as well as states
- Engage with National Association of County and City Health Officials and/or State Association of Health Officials to develop collective agendas
- Build relationships with appropriate federal agencies: CDC, HRSA, CMS, and others



WHEN IS CHANGE NECESSARY?

“Change across our nation’s diverse health departments **will occur at different times and at different paces, but beginning the process is necessary for departments of all sizes whether or not they have lost resources.** The demands of the future are unavoidable. Governmental public health must be ready to meet them.”

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LIVING FORWARD>>>



CHIEF HEALTH STRATEGIST

The Local Health Department as Chief Health Strategist:

- Investing in innovation and best practices
- Collaborating with traditional and non-traditional partners
- Emphasizing use of multi-level, upstream approaches to improving population health

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LIVING FORWARD>>>



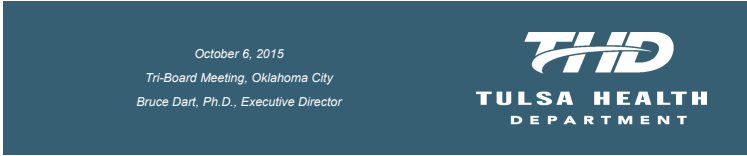
THOUGHT PROVOKERS

- How should public health departments reorganize themselves internally - no matter what size - to take advantage of opportunities, partnerships, networks, big data, and the Affordable Care Act?
- How can public health departments pay for this? What kind of flexible financing structures are needed?
- Who are, or could be, critical partners in advocating with public health and for health priorities?
- How can this become a priority of public health departments?

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LIVING FORWARD>>>

Tulsa Health Department Strategic Map Development



THD's Plan

- Need: Develop a Strategic Map for 2016-2020
- How: In-house facilitation
- Who: Policy & Health Analytics and QI/Service Excellence managers
- Why: Assurance that our goals align with our Mission/Vision & Core Values
- What: Present draft Strategic Map goals to BOH



AIM Statement

What is an AIM statement?:

This is a QI tool that is used to restrict the problem statement or task to a discrete issue. It directs team attention to the goal and specified parameters. The AIM statement focuses on a specific target that is time-bound, measurable, and outcome based.



Our AIM Statement Today

"To create the updated 2016-2020 THD Strategic Map to benefit the department and the community that it serves. This process will begin on August 1, 2015 and conclude by December 31, 2015, with an overall goal of creating consensus, communication and understanding of the steps used in the creation of the 2016 THD Strategic Map."



Buzzword: ROI

- BOH strongly encouraged developing a process to measure program effectiveness in alignment with traditional business practices of:
 - **Cost benefit analysis**
 - **Return on Investment**



Buzzword: ROI

- Evaluate effectiveness of programs
- Evaluate current investment & capacity vs. needed capacity
- Recommend where to invest/divest



Divisions of THD

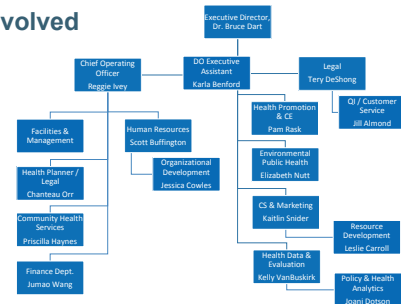
Four THD divisions that support core public services (Foundational Areas):

- Community Health Services
- Health Promotion & Community Engagement
- Environmental Public Health
- Health Data & Evaluation

Four THD divisions that support THD:

- Creative Services and Marketing
- Finance
- Human Resources
- Legal

Who's Involved



Strategic Map Retreat

- Historical success
- Upcoming opportunities and challenges
- Agency and division specific goals
- Activities & skills THD must maintain or grow
- How finances will be used to measure



Mission & Vision Principles

- Healthy Environment
- Healthy People
- Community Empowerment & Respect
- Health Equity

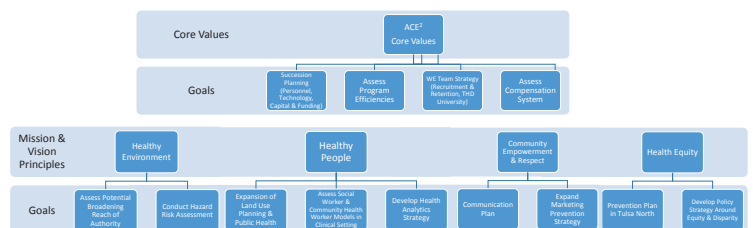
Core Values

We carry out our mission by upholding our core values:

- Accountability
- Collaboration
- Effective
- Empower

ACE²

Strategic Map: the New (working draft)



Next Steps

Working with Division Chiefs on Prioritization and Control/Influence (QI tools)

- Not forgetting the AIM Statement!

Communicating and ensuring understanding with Managers

Program development of prioritized objectives

Connect it all into financial measurement tool

Present the final map to BOH in December

Implement January 2016

Questions/comments?

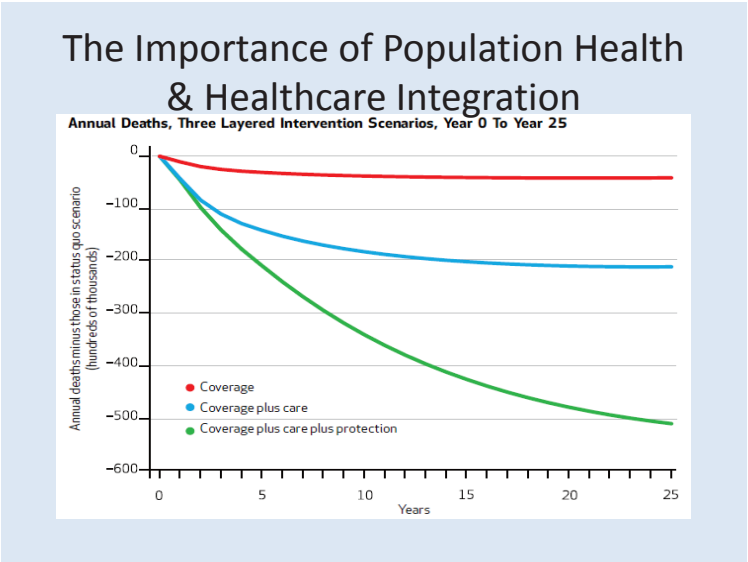
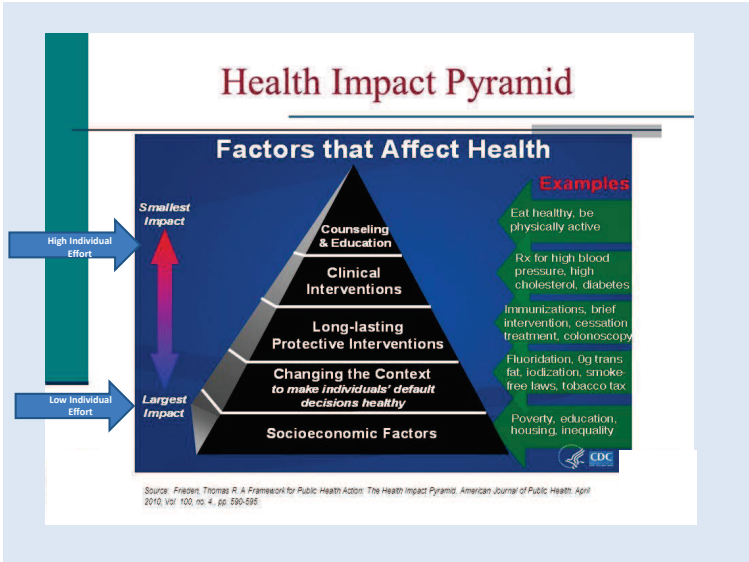
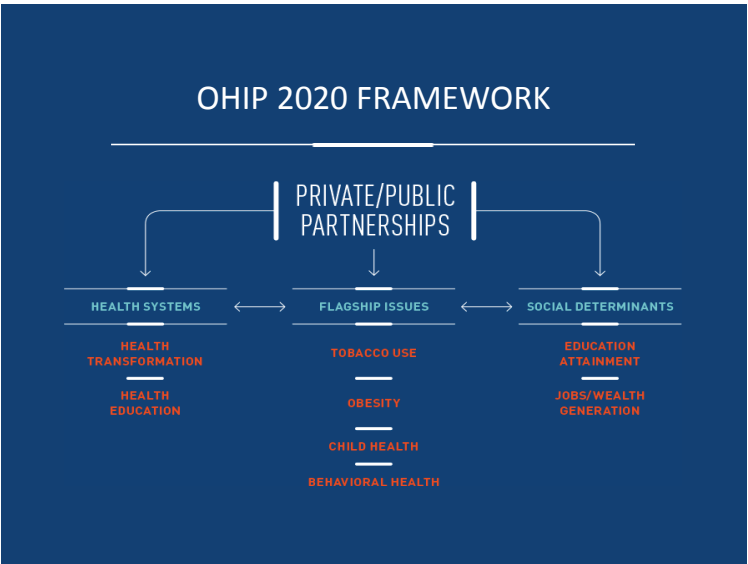
THANK YOU!

ATTACHMENT D

Oklahoma State Department of Health

Oklahoma State Innovation Model (OSIM) Update

Tri-Board Meeting
October 6, 2015

OVERVIEW OF THE STATE INNOVATION MODEL PROJECT


The Oklahoma State Innovation Model (OSIM) is a multi-payer initiative aligned to the Triple Aim Strategy to improve care, population health, and costs.

Current System	Future System
<ul style="list-style-type: none"> • Fee-for-service/encounter based • Poor coordination and management for chronic diseases • Lack of focus on the overall health of the population • Unsustainable costs • Fragmented delivery system with variable quality 	<ul style="list-style-type: none"> • Patient-centered (mental, emotional, and physical well-being) • Focused on care management and chronic disease prevention • New focus on population-based outcomes • Reduces costs by eliminating unnecessary or duplicative services • Incentivizes quality performance on defined measures

Source: CMS SIM Round Two Funding Opportunity Announcement Webinar

OSIM DELIVERABLES

The SHSIP is the primary deliverable from the OSIM initiative

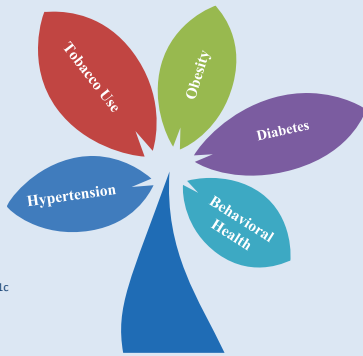


OSIM MEASURE ALIGNMENT

OSIM Population Health Goals

OSIM Clinical Population Health Goals

- Tobacco Use**
 - Four level smoking status
 - Percent with a quit attempt in the last year
- Obesity**
 - Adult BMI
 - Youth BMI
 - Physical Activity Guidelines
 - Adult Fruit and Vegetable Consumption
 - Food Desert/Food Availability
- Adult Hypertension**
 - Taking medicine for high blood pressure control among adults age ≥ 18 years
- Adult Diabetes**
 - Percentage of Adults with Diabetes having two or more A1c tests in the last year
- Behavioral Health**
 - TBD



OSIM WORKGROUP UPDATE: HEALTH EFFICIENCY & EFFECTIVENESS

Health Efficiency & Effectiveness



Deliverable / Milestone	Status	Date
Population Health Needs Assessment	Completed	8/17
Initiatives Inventory	Completed	7/20
Care Delivery Models	Reviewed. Undergoing revisions for final version	8/17
High Cost Services	Reviewed. Undergoing revisions for final version	8/24

Key Findings

Population Health Needs Assessment

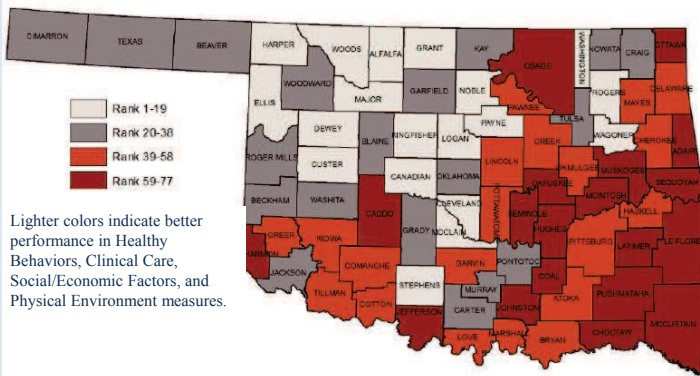
- Chronic disease affects all populations within the state, albeit at somewhat varying degrees
- 37.5% of adults in Oklahoma have hypertension, the 9th highest rate nationally
- Oklahoma is the 6th most obese state in the nation
- Diabetes, hypertension, obesity, physical activity and nutrition, and tobacco use are risk factors associated with heart disease and cancer—the leading causes of death in Oklahoma

Initiative Inventory

- The most common initiatives found in Oklahoma are concentrated on improving behavioral health
- 90% of initiatives have a project length of that is less than 5 years, 45% of the those initiatives are 1 year

POPULATION HEALTH NEEDS ASSESSMENT

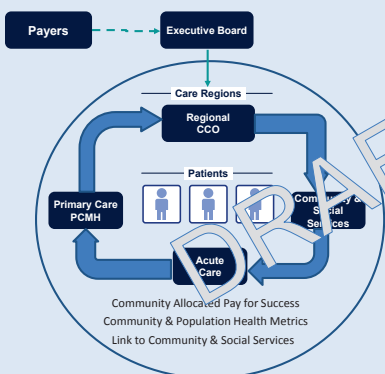
County Health Factors by Quartile Ranking, Oklahoma, 2015



COMMUNITY COORDINATION ORGANIZATION (CCO MODEL)

Function	Issues Addressed	Supporting Infrastructure	Flexibility
<ul style="list-style-type: none"> For Patients: <ul style="list-style-type: none"> Social/Environmental Care Coordination Support Transitions of Care Patient Navigator For Providers: <ul style="list-style-type: none"> Surrounding/Supporting the Practice Practice Facilitation Health IT Resource Care Coordination Co-op Quality Measure Reporting Co-op 	<ul style="list-style-type: none"> Social Determinants of Health Care Coordination Supports Provider and Reduces Provider Burden Responds to barriers to compliance 	<ul style="list-style-type: none"> Community health and social services providers Community health coalitions Public Health 	<ul style="list-style-type: none"> Scalable allowing for different providers to perform different functions based on community Able to wrap around existing models Able to include other delivery system & payment tools (e.g., PCMH)

CARE COORDINATION ORGANIZATION



Executive Board

- Support Regional CCO's from multi-payer pool
- HIT Infrastructure / resource
- Unify public/private governance

CCO

- Transitions of care
- Reports data/analytics to providers
- Social resource hub/ patient navigation
- Link to primary care and hospitals through reporting and support services
- Provide practice enhancement
- Provide care coordination
- Organization is responsive to all patients

OSIM WORKGROUP UPDATE: HEALTH WORKFORCE

Health Workforce



Deliverable / Milestone	Status	Date
Provider Organizations	Completed	8/05
Gap Analysis	Completed	8/05
Emerging Trends	Reviewed. Undergoing revisions for final version	9/01
Policy Prospectus	Awaiting deliverable completion	10/01

Key Findings

Provider Organizations and Provider Landscapes

- Major landscape overview inventoried the number various provider types in Oklahoma
 - Physicians: 7,839, Nurses: 47,167, Physician Assistants: 1,193, Dentists: 1,756, Psychologists: 571
- Significant urban vs rural disparities in provider to population ratios for dentists and psychologists
 - Urban: 57% Dentists, Psychologists: 56%

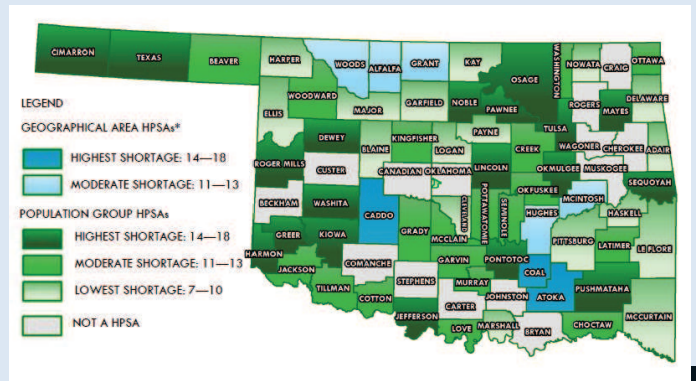
Workforce Gap Analysis

- Although precision of measurement is lacking, it is evident that there is a severe shortage of primary care providers
- Workforce data must be improved to accurately depict the shortage and need

NATIONAL GOVERNOR'S ASSOCIATION: A PLAN FOR HEALTH WORKFORCE TRANSFORMATION

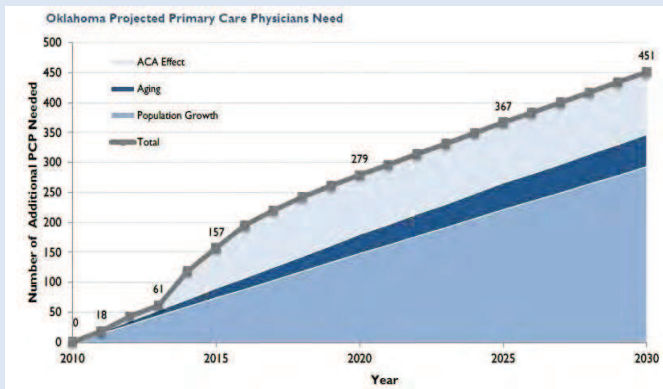
High Quality Data	<ul style="list-style-type: none"> •Determined minimum data set, integrating into licensure renewal •Centralizing and aggregating data – OSDH •Expanded health workforce surveys - OSDH •NEXT STEP – Linking to education (including GME) •NEXT STEP – Linking to economic data •NEXT STEP – Rational care delivery areas
Coordination of Efforts	<ul style="list-style-type: none"> •Determined sustainable and inclusive mechanism for coordinating health workforce efforts •Integrated health workforce coordination into economic development work and established health workforce subcommittee in statute •NEXT STEP – Building comprehensive plan and recommendations for consideration of health workforce subcommittee and approval of the Governor's Council on Workforce and Economic Development •NEXT STEP – Inclusion of health workforce planning locally in Oklahoma Works
Workforce Redesign to Meet Transformed Health System	<ul style="list-style-type: none"> •Determined 25 most needed health professions in the next 5 – 10 years based on economic analysis •Determined to 5 – 6 emerging professions based on assessment of evidence and stakeholder feedback •NEXT STEP – Develop recommendations for training, retraining, academic detailing, and practice facilitation •NEXT STEP – Linking to other existing efforts H2O
Pipeline, Recruitment and Retention	<ul style="list-style-type: none"> •GME Subcommittee working on statewide data aggregation – graduates, residents, GME funding, availability and type •NEXT STEP – Building a longitudinal data system for better evaluation and analysis •NEXT STEP – Integration and coordination of recruitment and retention programs PMTC, NMSC, J-1 Visa Waivers, etc.

PRIMARY CARE SHORTAGE AREAS



HEALTH WORKFORCE GAP ANALYSIS

Oklahoma Project Primary Care Physicians Need



HEALTHCARE PROFESSIONS NEEDED BY 2025

Economic Projections

- Magnetic Resonance Imaging Technologists
- Nurse Anesthetists
- Pediatricians, General
- Psychiatrists
- Anesthesiologists
- Internists, General
- Surgeons
- Respiratory Therapists
- Diagnostic Medical Sonographers
- Optometrists
- Phlebotomists
- Nurse Practitioners
- Radiologic Technologists
- Medical and Clinical Laboratory Technologists
- Mental Health Counselors
- Medical and Clinical Laboratory Technicians
- Dentists, General
- Physical Therapists
- Family and General Practitioners
- Medical Records and Health Information Technicians
- Pharmacists
- Physicians and Surgeons, All Other
- Medical and Health Services Managers
- Licensed Practical and Licensed Vocational Nurses
- Registered Nurses

Emerging Professions

- Community Health Workers
- Community Paramedics
- Informaticians
- Patient Navigator
- Medical Scribes

OSIM WORKGROUP UPDATE: HEALTH FINANCE

Health Finance

June July Aug Sept Oct Nov

08/29 10/28

Deliverable / Milestone	Status	Date
Insurance Market Analysis	Completed	8/13
High Cost Delivery Services	Reviewed. Undergoing revisions for final version	8/24
Care Delivery Models	Reviewed. Undergoing revisions for final version	8/17
Financial Forecast of New Delivery Models	Awaiting deliverable completion	10/26

Key Findings

Oklahoma Insurance Market Analysis

- Reduction in the number of uninsured Oklahomans in 2014
- Rise in premium amounts expected for 2016, could impact uptake
- OSDH can engage 80% of the insured market by including the top six carriers
 - Medicaid, Medicare, EGID, and public programs
 - 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

Enrollment by Insurance Source

Figure III-1
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	177,300
Large Group	488,800	491,300	493,200
Self-Funded	840,400	849,400	854,500
EGID ¹⁰	169,800	175,200	184,500
Medicaid/CHIP (with Duals)	792,500	805,800	826,700
Medicare (without Duals)	499,300	501,900	504,200
Other Public Programs	91,400	91,900	92,500
Total	3,850,500	3,877,200	3,900,200

Notes:

1. Individual includes both FFM and non-FFM enrollment for 2014 and 2015.
2. Values have been rounded.

State of Oklahoma: Federally Facilitated Marketplace (FFM) Average Premium and Cost Sharing by Metal Level

Metal Level	Average Premium 2014	Average Premium 2015	Average Deductible (Single/Family) 2015	Average OOP Max (Single/ Family) 2015
Bronze	\$163.28	\$173.64	\$5,200/ \$11,400	\$6,400/ \$12,900
Silver	\$212.58	\$222.56	\$4,200/ \$9,300	\$6,000/ \$12,200
Gold	\$259.16	\$280.07	\$1,600/ \$4,400	\$3,800/ \$9,600
Platinum	\$343.75	\$396.95	Not Available	Not Available
Catastrophic	\$134.30	\$135.38	Not Available	Not Available

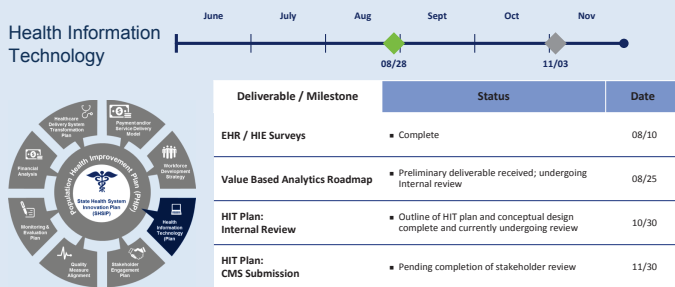
Source: Oklahoma State Innovation Model Insurance Market Analysis prepared by Milliman

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RELATIVE COSTS FOR CHRONIC DISEASE FOR OKLAHOMA COMMERCIAL CARRIERS

State of Oklahoma High-Cost Condition Relative Cost	
	Commercial
Obesity	3.42
Diabetes	3.80
Hypertension	2.91
Tobacco Usage	3.60
Entire Population	1.00

OSIM WORKGROUP UPDATE: HEALTH INFORMATION TECHNOLOGY



Key Findings

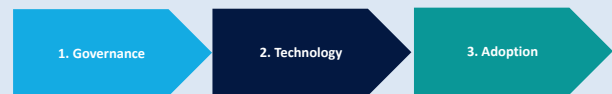
Electronic Health Record / Health Information Exchange Surveys

- Electronic health record (EHR) penetration is fairly strong in urban Oklahoma, but weaker in rural areas
- Financial limitation is still the number one reason for not adopting HIT technology
- Two predominant health information exchanges (HIE) have similar coverage and structures
- 3 different paths to interoperability within the state are suggested
 - Network of exchanges, select an existing HIE, state sponsored HIE

VBA CONCEPTUAL DESIGN PROPOSAL DISCUSSION

Value-Based Analytic Roadmap

- Three process phases:



Design that Supports the Following:

- Develops trust among providers through proper governance
- Supportive of current competitive HIE environment
- Capable of complementing existing data streams and systems
- Capable of allowing participation from entities not otherwise participating with private HIEs

OSIM: Stakeholder Engagement

	March/April	May	June	July	August	September	Total
# of Stakeholder Meetings	10	13	13	16	13	9 (as of 9/18)	74

Business	Insurance & Health Systems	Advocacy Groups
State Chamber of Commerce	Global Health HMO	Oklahoma Hospital Association
Tulsa Chamber of Commerce	Blue Cross/Blue Shield	Oklahoma Primary Care Association
Oklahoma City Chamber of Commerce	St. John Health System	The Rural Health Conference of Oklahoma
Yukon Chamber of Commerce	St. Anthony ACO	Oklahoma Healthy Aging Initiative
Oklahoma Restaurant Association	Variety Care LLC	Oklahoma City Health Underwriters Association

QUESTIONS

ATTACHMENT E

2016 LEGISLATIVE PRIORITY

Oklahoma Tri-Boards of Health

OCTOBER 2015



Tammie Kilpatrick - OCCHD
 Scott Adkins - THD
 Mark Newman - OSDH

PROPOSED LEGISLATIVE PRIORITY

Economic Research Confirms That Cigarette Tax Increases Reduce Smoking

- Cigarette tax or price increases reduce both adult and underage smoking.
- A cigarette tax increase that raises prices by ten percent will reduce smoking among pregnant women by seven percent, preventing thousands of spontaneous abortions and still-born births, and saving tens of thousands of newborns from suffering from smoking-affected births and related health consequences.

Source: Campaign for Tobacco-Free Kids

Economic Research Confirms That Cigarette Tax Increases Reduce Smoking Continued

- Cigarette price and tax increases work even more effectively to reduce smoking among males, Blacks, Hispanics, and lower-income smokers.
- By reducing smoking levels, cigarette tax increases reduce secondhand smoke exposure among nonsmokers, especially children and pregnant women.
- Cigarette smoking is the number one cause of preventable disease and death worldwide.

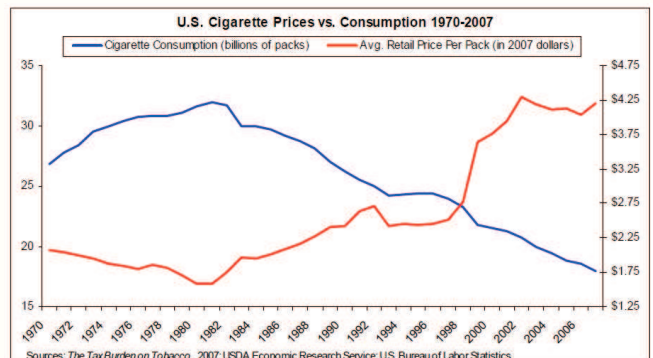
Source: Campaign for Tobacco-Free Kids

Recent State Experiences

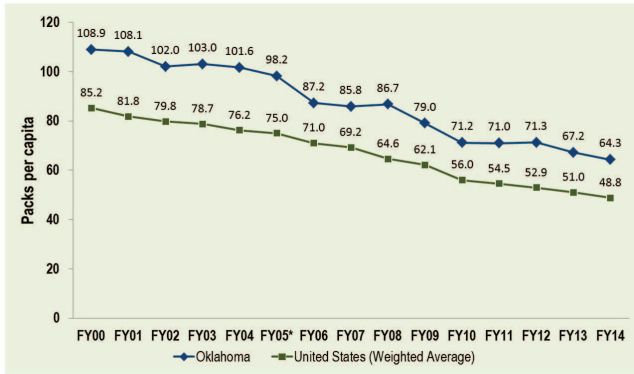
- In every single state that has significantly raised it's cigarette tax rate, pack sales have gone down sharply.
- Some of the decline in pack sales comes from interstate smuggling and from smokers going to other lower-tax states to buy their cigarettes.
- However, reduced consumption from smokers quitting and cutting back plays a more powerful role.

Source: Campaign for Tobacco-Free Kids

Increasing U.S. Cigarette Prices and Declining Consumption



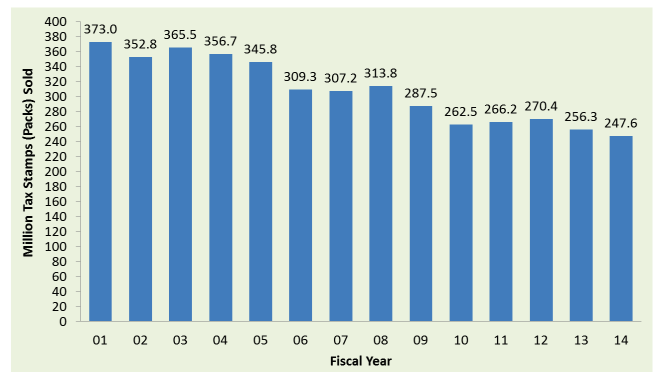
Per Capita Cigarette Sales Oklahoma and United States



* A voter-approved increase in Oklahoma's cigarette tax took effect on January 1, 2005, midway through fiscal year 2005

Source: Orzechowski and Walker, 2014. *The Tax Burden of Tobacco - Historical Compilation, Volume 49.*

Total Oklahoma Cigarette Sales Tribal & Non-Tribal Combined



Tax stamp sales provided by Oklahoma Tax Commission

Projected New Annual Revenue from Increasing the Cigarette Tax Rate:

Rate	Projected New Annual Revenue
\$1.50	\$181.99 million
\$1.00	\$140.84 million

New Annual Revenue is the amount of additional new revenue over the first full year after the effective date. The state will collect less new revenue if it fails to apply the rate increase to all cigarettes and other tobacco products held in wholesaler and retailer inventories on the effect date.

Source: Campaign for Tobacco-Free Kids and Cancer Action Network

Projected Public Health Benefits for Oklahoma from the Cigarette Tax Rate Increase

	\$1.50	\$1.00
Percent decrease in youth smoking:	18.2%	12.1%
Youth under age 18 kept from becoming adult smokers:	35,300	23,500
5-Year health care cost savings from fewer smoking-affected pregnancies & births:	\$15.60 million	\$10.39 million
5-Year health care cost savings from fewer smoking-caused heart attacks & strokes:	\$13.02 million	\$8.68 million
5-Year Medicaid program savings for the state:	\$3.33 million	\$2.22 million
Long-term health care cost savings from adult & youth smoking declines:	\$1.40 billion	\$938.67 million

Source: Campaign for Tobacco-Free Kids and Cancer Action Network

For More Information

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(405) 271-4200

MarkSN@health.ok.gov

QUESTIONS

OKLAHOMA STATE BOARD OF HEALTH MEETINGS
1000 N.E. 10th Street, Room 1102
Oklahoma City, OK 73117
(405) 271-8097

PROPOSED DATES

First Quarter

January 12, 2016 (11:00 a.m.)
February 9, 2016 (11:00 a.m.)
March 8, 2016 (11:00 a.m.) Pottawatomie CHD

Second Quarter

April 12, 2016 (11:00 a.m.)
May 10, 2016 (11:00 a.m.)
June 14, 2016 (11:00 a.m.) Choctaw CHD

Third Quarter

July 12, 2016 (11:00 a.m.)
August 12-13, 2016 (Chickasaw Retreat & Conference Center)

Fourth Quarter

October 4, 2016 (1:00 p.m. Oklahoma County)
December 13, 2016 (11:00 a.m.)

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