Oklahoma State Department of Health

Oklahoma State Innovation Model

Health Efficiency and Effectiveness Workgroup

March 28, 2016

Health Efficiency and Effectiveness Workgroup Meeting Agenda

March 28th, 2:30-4:30PM
Oklahoma Health Care Authority
Board Room

Section			Presenter
Welcome	**5 min**	**2:30**	**Becky Pasternick-Ikard / Valorie Owens**
State Health System Innovation Plan	**25 min**	**2:35**	**A. Miley**
Next Steps for SIM	**10 min**	**3:00**	**A. Miley**
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State Health System Innovation Plan

SHSIP Versions and Dates

Version	Release Date	SHSIP Sections
1	February 4, 2016	Included: • Description of State Healthcare Environment • Stakeholder Engagement Report • Health System Design and Performance Objectives • Value Based Payment and/or Service Delivery Model • Plan for Healthcare Delivery System Transformation • Plan for Improving Population Health • Health Information Technology (HIT) Plan • Workforce Development Strategy
2	February 19, 2016	Updated Released Sections
3	March 17, 2016	Added: • Monitoring and Evaluation Plan • Operational and Sustainability Plan

State Health System Innovation Plan – Status

SHSIP Section	Section Draft Status	Internal Review Status	Deloitte Review Status	CMS Review Status	Public Comment Status
1. Description of State Healthcare Environment	Complete	Complete	Complete	Complete	Out for Review
2. Stakeholder Engagement Report	Complete	Complete	Complete	Complete	Out for Review
3. Health System Design and Performance Objectives	Complete	Complete	Complete	Complete	Out for Review
4. Value Based Payment and/or Service Delivery Model	Complete	Complete	Complete	Complete	Out for Review
5. Plan for Healthcare Delivery System Transformation	Complete	Complete	Complete	Complete	Out for Review
6. Plan for Improving Population Health	Complete	Complete	Complete	Complete	Out for Review
7. Health Information Technology Plan	Complete	Complete	Complete	Complete	Out for Review
8. Workforce Development Strategy	Complete	Complete	Complete	Complete	Out for Review
9. Financial Analysis	Complete	In Progress	Not Started	Not Started	Not Started
10. Monitoring and Evaluation Plan	Complete	Complete	Complete	Complete	Out for Review
11. Operational and Sustainability Plan	Complete	Complete	Complete	Complete	Out for Review

Workgroup Feedback on the SHSIP

	Comments / Questions	Results
Model Tenets and Goals	• Acknowledge/preserve activities in the state that are meeting the triple aim. Ensure that we do not lose them in this transformation.	• Added: Acknowledge and work to sustain activities, practices, and/or processes that are showing that they meet the Triple Aim. • Preserve and successfully integrate health care delivery models that already exist and meet the Triple Aim in the state when they embark on health system transformation.
Governance	• Create space for commercial and self-insured on State Governing Body (SGB). • Add term limits and rotating seats for the SGB.	• Added private, public, and self-insured members of the SGB. • Added language to call for a SGB charter that would delineate these functions.
Other	• Acknowledge the need to standardize the data set for any quality metric. • Add a list of stakeholders as an appendix. • Add top 25 health professions as an appendix.	• Added within HIT and VBP sections language calling for standardized data sources for QMs. • Added the list of Stakeholders as an appendix. • Added the top 25 health professions as an appendix.

CMS and Technical Assistance Feedback on the SHSIP

Comments / Questions	Results
• Clarify how HCLAN payment continuum will be used.	• The HCLAN (Health Care Learning and Action Network) payment continuum will be a guide.
• Can providers enter into partial capitation with RCOs?	• Yes. This language was clarified.
• Is the Provider Advisory Committee statewide?	• Yes, the PAC (Provider Advisory Committee) is a statewide body. The RCO will have a BAP that is local.
• Can you say more about integrating the private market?	• Updated language is in the SHSIP.
• Should the community advisory board include actual members?	• Yes. Clarified language in the SHSIP to include members.
• Describe in more detail how this has the potential to meet 80% of payments statewide to be in a VBP model.	• By engaging commercial payers in the three model components.
• Please identify the current healthcare provider organizations in the state.	• Added to the SHSIP Environment section and Appendices.
• How will the plan be finalized?	• With advice and input from the OHIP and SIM Executive Steering Committee, the Grantee Project Director for SIM will authorize the submission of the Oklahoma SHSIP.
• How will you ensure per capita expenditures will decline over time?	• The per member per month (PMPM) growth rate will be capped.

External Stakeholder Feedback on the SHSIP

	Comments / Questions	Results
Tribal Consultation	• How does this affect tribal sovereignty?	• It does not affect sovereignty.
	• The capitated rate goes against the Federal Trust Requirement.	• Tribal members would maintain an option to be a FFS beneficiary or a FFS RCO beneficiary.
	• How does this affect the OMB rate?	• The OMB rate will remain unchanged.
	• Are tribal members required to participate?	• No. They may choose to receive services either in a FFS Medicaid population or FFS through the RCO as a pass through.
	• Can a tribe be an RCO?	• Potentially, as explained in the new SIM, Tribal Health, and Native Americans section in the SHSIP.
Individual Stakeholder Meetings	• Ensure that it is understood that this model means something different for commercial populations.	• Included language in the new commercial integration section of the SHSIP.
	• Managed care alone will not work, unless you can do something similar to Oregon where providers are involved.	• The model is similar to Oregon. We are looking for provider participation both statewide and locally.
	• Care coordination will work but not managed care, which is very harmful to the frail and elderly.	• Care coordination is the centerpiece of this model. We will definitely want to protect the medically fragile and elderly in this process and look forward to more discussion on how to do so.
	• Take more time with the governance structure. Many people in the state heard of this initiative by word of mouth so give more time to the stakeholder engagement process of this plan.	• SIM held over 150 meetings and engaged over 100 organizations in the last year. Next steps of SIM include more stakeholder engagement and governance discussions to reach more stakeholders to contribute.

Overall Stakeholder Feedback on Strengths of the SHSIP

OSIM/OHIP Workgroups

- Stakeholders expressed agreement on SIM model goals and tenets.

Center for Medicare and Medicaid Innovation (CMMI) Project Officer

- Oklahoma has accomplished a lot through the SIM planning grant and it is evident in the SHSIP.

Center for Health Care Strategies (CHCS)

- SHSIP is a thorough report, addressing at a high level how to move to value-based care. It is clear there is needed governance to operationalize the plan and begin to drive more discrete decisions to fulfill this vision.

State Health Access Data Center (SHADAC)

- Clearly lays out core tenets that will drive the value-based approach.

Office of the National Coordinator for HIT (ONC)

- The (HIT) plan leverages solutions already in place and has been very responsible in taking the state's needs into consideration.

Centers for Disease Control and Prevention (CDC)

- The (PHIP) plan is a very good plan. The model takes into account the social determinants of health and shows where public health's role is in this solution.

Next Steps for SIM

Submit the State Health System Innovation Plan

Step 1

Submission

- The plan will be submitted to CMS on March 31st.
  - After submission the CMS will give their final feedback.
  - The grant period will close 90 days after submission.
- Note: The submission of the SHSIP is NOT:
  - A test grant application
  - A waiver submission
  - The final discussion of plan components

Continue Stakeholder Engagement

Step 2

Workgroups

- All workgroups will continue to meet.
  - Workgroup meetings will begin to address specific work areas and plans for OHIP.
  - Workgroups will be engaged in operationalizing SIM as it relates to their OHIP work.

Operationalize the SHSIP

Step 3

Committees

- Establish committee structures to start meeting around the SIM vision.
  - State Governing Body
  - Quality Metrics Committee
  - Episodes of Care Task Force
  - Administrative Burden Task Force

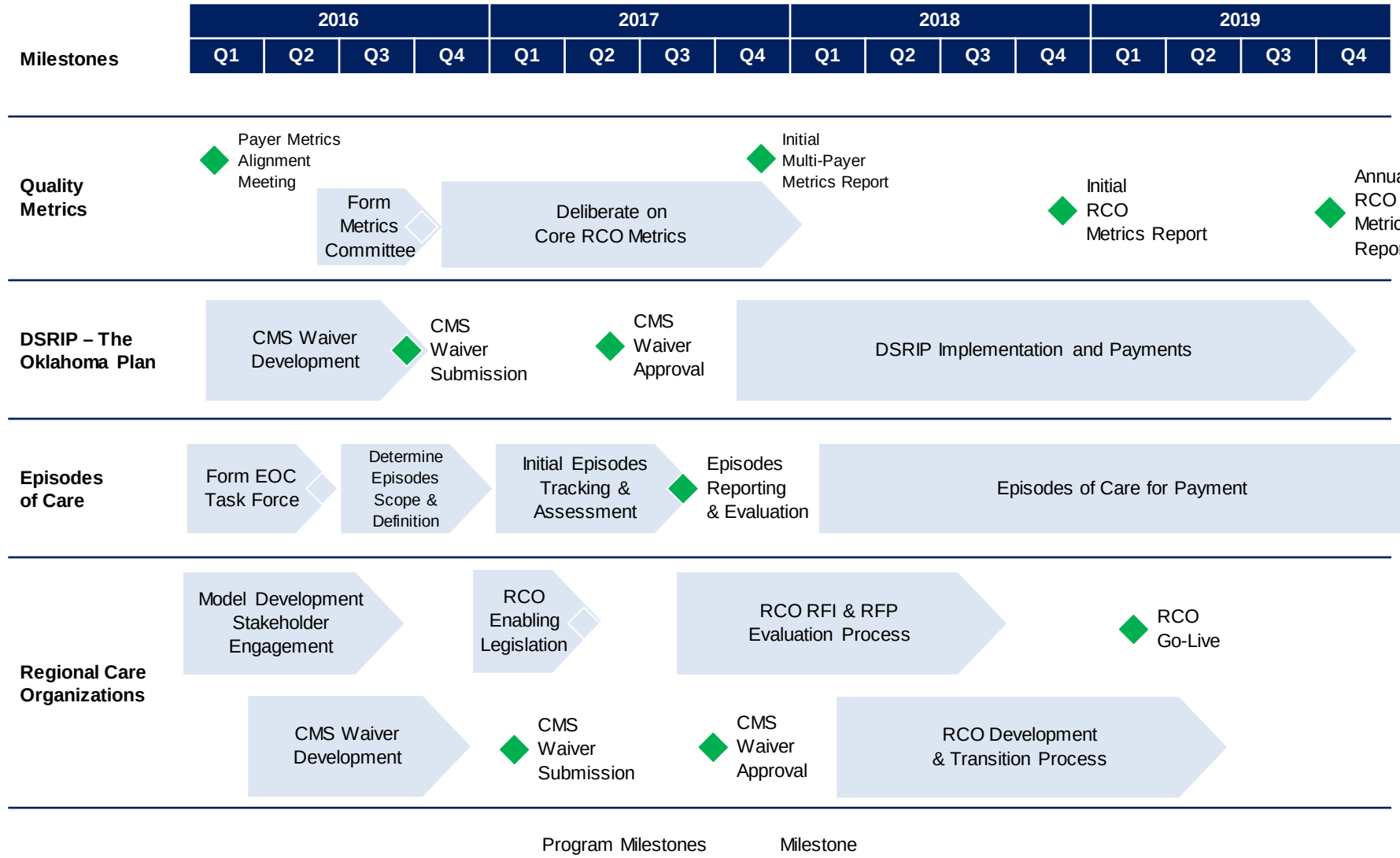
Funding

- Seek funding for infrastructure improvements to support vision.
  - DSRIP (Delivery System Reform Incentive Payment)
  - HIT
  - CDC

Authorization

- Begin work toward State and Federal Authorization.

OSIM Operational Roadmap: Healthcare System Initiatives



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Health Efficiency and Effectiveness Workgroup
OHIP 2020 Goals

Health Efficiency and Effectiveness OHIP 2020 Goal and Objectives

Goal

- Create a system of outcome-driven healthcare that supports patients and healthcare providers in making decisions that promote health by emphasizing preventive and primary care and the appropriate use of acute care facilities.

  - Objective 1: Reduce by 20% the rate, per 100,000 Oklahomans, of potentially preventable hospitalizations from 1656 in 2013 to 1324.8 by 2020.

  - Objective 2: Reduce by 20% the rate, per 1,000 population, of Hospital Emergency Room Visits from 500 in 2012 to 400 Visits by 2020.

**** SIM Health System Goals on Quality of Care Improvements adopted these Health Efficiency and Effectiveness Objectives.***

Health Efficiency and Effectiveness OHIP 2020 Objectives and Strategies

- Objective 1: Reduce by 20% the rate, per 100,000 Oklahomans, of potentially preventable hospitalizations from 1656 in 2013 to 1324.8 by 2020.
  - Strategy 1: Improve the quality and availability of healthcare via care coordination, especially for individuals with chronic, behavioral health, or specific co-morbid conditions.
  - Strategy 2: Prioritize outcome-driven care.

Health Efficiency and Effectiveness 2020 Objectives and Strategies

- Objective 2: Reduce by 20% the rate, per 1,000 population, of Hospital Emergency Room Visits from 500 in 2012 to 400 Visits by 2020.
  - Strategy 1: Use of Clinical Preventive Services (CPS) to reduce the need for emergency care.
  - Strategy 2: Use of Patient-Centered Medical Homes to improve health outcomes.
  - Strategy 3: Support practice facilitation in order to train providers to achieve National Quality Forum (NQF) Goals.
  - Strategy 4: Promote the exchange of electronic health records across the care continuum.

OHIP 2020: Newly Proposed Initiatives

- SB1386 would create state legislation to explore the potential development of new Innovation Waivers for the purpose of creating Oklahoma health insurance products that improve health and healthcare quality while controlling costs.

  - 1332 State Innovation Waivers (1332 Waiver)

    - Create a **1332 Task Force** to explore whether a 1332 Waiver could potentially be used to create a regulatory environment that provides affordable, high quality healthcare options in Oklahoma's commercial insurance market

  - Delivery System Reform Incentive Payment (DSRIP)

    - Work with the OHCA to potentially develop an 1115 Waiver that enables the state to transition to value-based purchasing and accelerate improvement in Oklahoma's system performance and health outcomes.

OHIP 2020: 1332 Waiver

- These renewable five-year waivers may propose minor modifications to the ACA or propose sweeping changes that could alter the way tax credits or subsidies are delivered in a state.

  - **Benefits and Subsidies:** States can modify rules related to covered benefits and subsidies.

  - **Exchanges and Qualified Health Plans:** States can modify or eliminate insurance exchanges and qualified health plans as the means for determining subsidy eligibility and insurance enrollment.

  - **Individual Mandate**: States can modify or eliminate tax penalties for individuals.

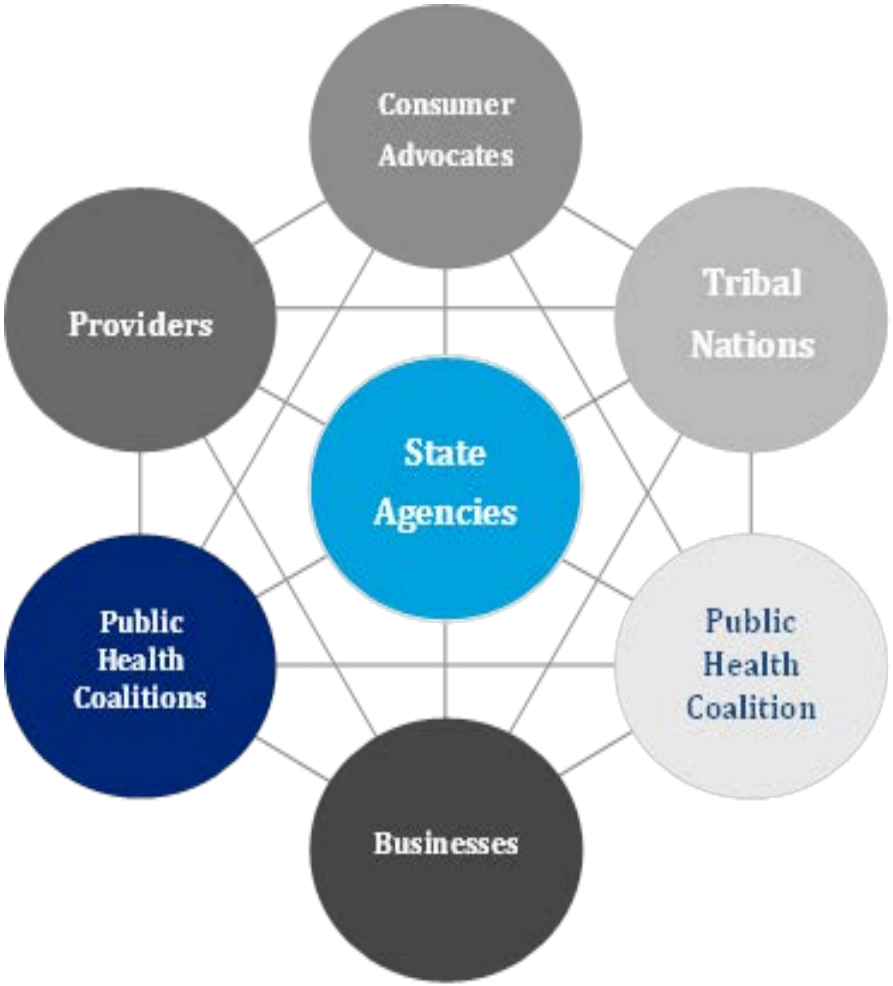
  - **Employer Mandate:** States can modify or eliminate penalties for large employers.

OHIP 2020: 1332 Waiver Task Force

- The 1332 Task Force will be a coalition of private and public stakeholders that will conduct a series of public meetings to discuss possibilities for Oklahoma's 1332 Waiver proposal

- The meetings will be open to the public, and any interested stakeholder may participate in the Task Force and provide comment and feedback for the 1332 Waiver

- The waiver proposal will be presented to the Legislature with the public comments received throughout the process



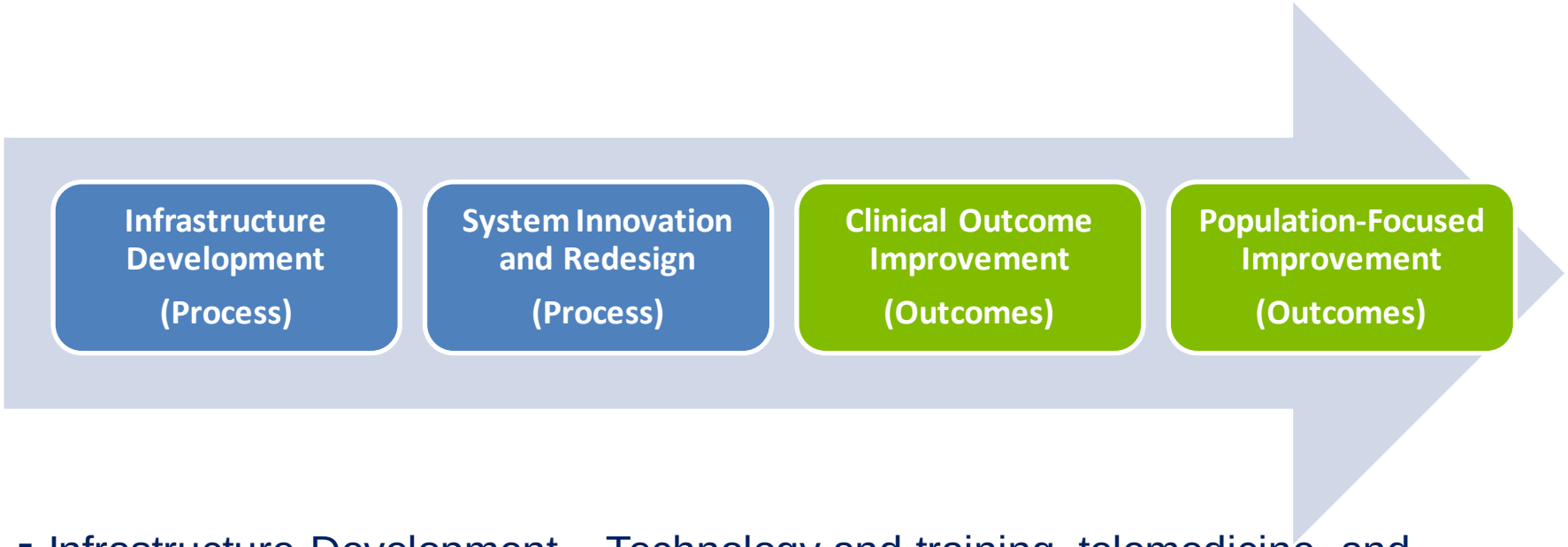
OHIP 2020: DSRIP Waiver

- DSRIP waivers create a separate supplemental incentive pool(s) for providers to help with the transition into new value-based insurance programs.

- They can be implemented alongside any payment delivery system but are meant to assist providers during the transition from fee-for-service to new or innovative payment models.

- In DSRIP waivers, Medicaid creates a separate funding pool to encourage healthcare providers to invest in the tools and infrastructure necessary to be successful under new value-based payment models and helps buffer the financial impacts of making the transition to population or outcome-based healthcare models.

OHIP 2020: DSRIP Waiver



- Infrastructure Development – Technology and training, telemedicine, and disease registries
- System Innovation and Redesign – Patient navigation, chronic care, and medication management
- Clinical Outcome Improvement – Payment for hypertension or diabetes control among patients
- Population-Focused Improvement – Community-wide efforts to reduce chronic disease (e.g., obesity and tobacco prevention and cessation initiatives)

RCO Supporting Technology: Feedback and comment

Considerations

- The proposed waivers Oklahoma is considering could rapidly transform Oklahoma's healthcare system while maintaining its current capacity and access.
- Once the Oklahoma SIM grant period ends, the workgroups will need to evolve and refocus its efforts on achieving the goals and objectives of OHIP by pursuing multiple strategic initiatives within their collective domain of interest and expertise.

Discussion Questions

- What other initiatives should the Health Efficiency and Effectiveness Workgroup pursue to help accomplish its goals and objectives?
- How should we use the Health Efficiency and Effectiveness Workgroup to accomplish these goals (e.g. meeting frequency, formal role of the workgroup)?

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Health Efficiency and Effectiveness Workgroup Discussion on Next Steps