

Health Finance Workgroup Meeting Agenda



January 27th, 2-4PM
 Oklahoma Health Care Authority
 Gloss Mountain Conference Room

Section		Presenter	
Welcome & Meeting Objectives	5 min	2:00	J. Cox-Kain
State Health System Innovation Plan Update	5 min	2:05	A. Miley
Model Review	5 min	2:10	A. Miley
Governing Body Membership <ul style="list-style-type: none"> ▪ State Governing Body ▪ Quality Metrics Committee ▪ Episodes of Care Task Force 	30 min	2:15	A. Miley
CCO Certification Requirements	25 min	2:45	A. Miley
Practice Transformation Center	10 min	3:10	A. Miley
Timeline	10 min	3:20	A. Miley
HIT Plan	30 min	3:30	B. Moore
Wrap-Up & Next Steps		3:30	J. Cox-Kain



Meeting Objectives: Review of overall OSIM initiative status & Comment Period

- Progress to date – State Health System Innovation Plan
- Model Updates – Review and Collect Feedback
- HIT Plan Review – Review and Collect Feedback
- Next Steps



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OSIM State Health System Innovation Plan

Oklahoma will develop a State Health System Innovation Plan as the final deliverable for the OSIM project.



**Components of a
Successful Model
Design Plan**

State Health System Innovation Plan

Section	CMS Review Status	Deloitte Review Status	Stakeholder Review Timeline
1. Description of the Healthcare Environment	Yes	Yes	2/1/16
2. Report on Stakeholder Engagement	Yes	Yes	2/1/16
3. Health System Design and Performance Objectives	Yes	Yes	2/1/16
4. Value Based Payment and Service Delivery Model	No	Yes	2/1/16
5. Plan for Health Care Delivery System Transformation	Yes	Yes	2/1/16
6. Plan for Improving Population Health	Yes	Yes	2/1/16
7. Health Information Technology Plan	Yes	Yes	In Review
8. Workforce Development Strategy	Yes	Yes	In Review
9. Financial Analysis	No	No	2/15/16
10. Monitoring and Evaluation Plan	No	No	2/15/16
11. Operational Plan	Yes-Draft	Yes-Draft	2/15/16



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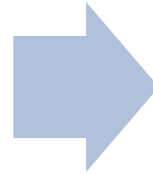


Model Review



SIM Model Goal

To move the purchasing of health care services from a fee-for-service system to a population-based payment structure that incents quality and value while emphasizing primary prevention strategies.



By moving to value-based care coordination model and focusing on the SIM flagship issues, we will improve population health, increase the quality of care, and contain costs.

Obesity

Diabetes

Tobacco Use

Hypertension

Behavioral Health



OSIM Model Proposals – Conceptual Design Tenets

Through this process the OSIM team identified several key tenets to build the OSIM model

Incorporate What Drives Health Outcomes

- Expand from an integrated clinical view of patients to include social determinants of health and associated health enabling elements
 - Address behavioral health needs
 - Develop stronger relationships with social services and community resources

Integrate The Delivery Of Care

- Ensure that various aspects of patient care are integrated and managed collectively, rather than in an isolated fashion
 - Leverage Care Coordination practices already in place
 - Enhance and expand use of health information technology
 - Fully integrate primary care and behavioral health

Drive Alignment To Reduce Provider Burden

- Engage with external stakeholders to align quality metrics from OSIM
 - Foster buy-in from private payers
 - Work with Medicare to synchronize evaluative metrics

Move Toward VBP With Realistic Goals

- Understand that value-based purchasing will need a transition period
- This is a large commitment that needs to be collaborative to allow for transformation to occur at the practice level



Communities of Care Organizations: Overview

What are Communities of Care Organizations?

- CCOs are local, risk-bearing care delivery entities that are accountable for the total cost of care for patients within a particular region of the state
- Governed by a partnership of health care providers, community members, and other stakeholders in the health systems to create shared responsibility for health
- CCOs focus on primary care and prevention strategies, using care coordination and the integration of social services and community resources into the delivery of care
- Utilize global, capitated payments with strict quality measure accountability to pay for outcomes and health
- Reimburse non-traditional health care workers and services, such as community health workers, peer wellness specialists, housing, et al
- Initially, this model is proposed for all state purchased health care, which comprises a quarter of the state's population



CCO Overview- Who could be a CCO?

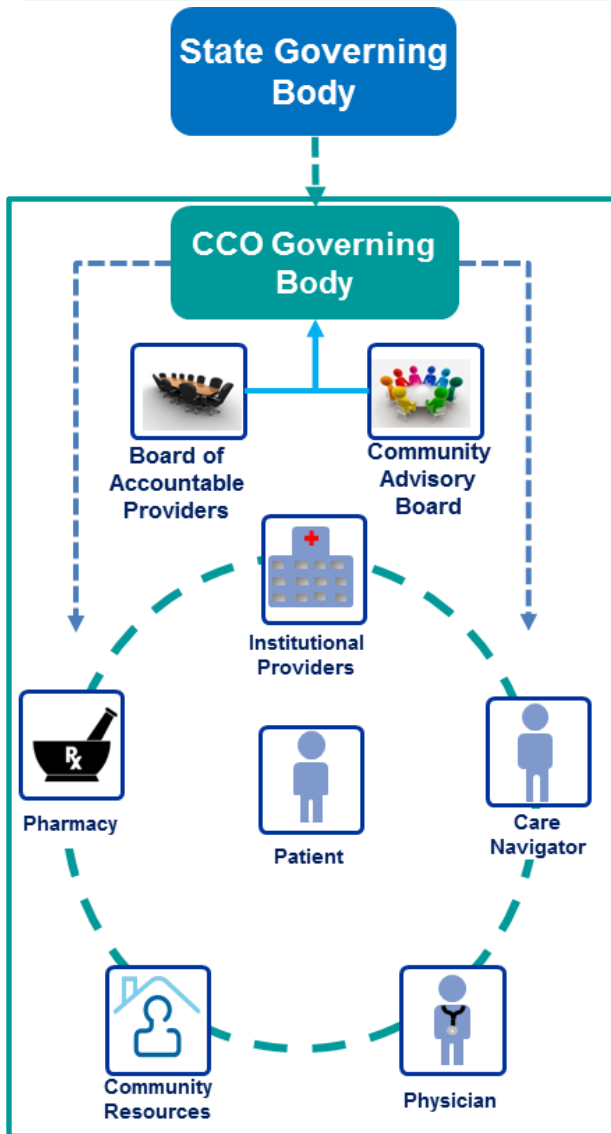
There are many different organizations already operating within the healthcare system that could be a CCO or join together to be a CCO.

Example CCOs:

- Integrated System partnership with Health Plan – Example is Hypothetical
 - Plan administered by system providers and health plan leadership
 - Ownership: Those within integrated system, key community partners, and health plan
- Provider and System Partnerships – Example: Eastern Oregon Care Organization
 - Plan administered by: Greater Oregon Behavioral Health, Inc. (GOBHI) and Moda Health
 - Ownership: GOBHI, Moda Health, Good Shepard Health Care System (NFP Hospital), Grand Ronde Hospital, Inc., Saint Alphonsus Health System Inc., St. Anthony Hospital, Pendleton IPA Inc., Yakima Valley Farm Workers Clinic (FQHC)
- Independent Physician Association – Example: AllCare CCO
 - Governance: AllCare is governed by a 21-member board composed of eleven practicing physicians and 10 stakeholders. Each person on the board has an equal vote.



Communities of Care Organization



- Risk adjusted PMPM, globally capitated rate to CCO
- 80% of payments made by CCO to providers will be in a selected APA by 2020
- Community Quality Incentive Pool pays bonuses for meeting quality benchmarks set by SGB
- Integrate the social determinants of health through CAB, flexible spending, human needs survey, quality measures, and resource guide
- CCO will articulate best delivery system for region to meet a high bar of quality care based on standards set by SGB
- CCOs will organize a governance structure that incorporates the providers and community they serve

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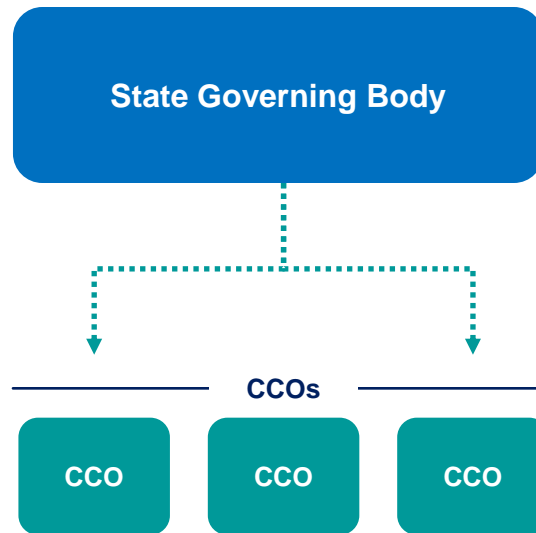
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Structure and Function of the State Governing Body

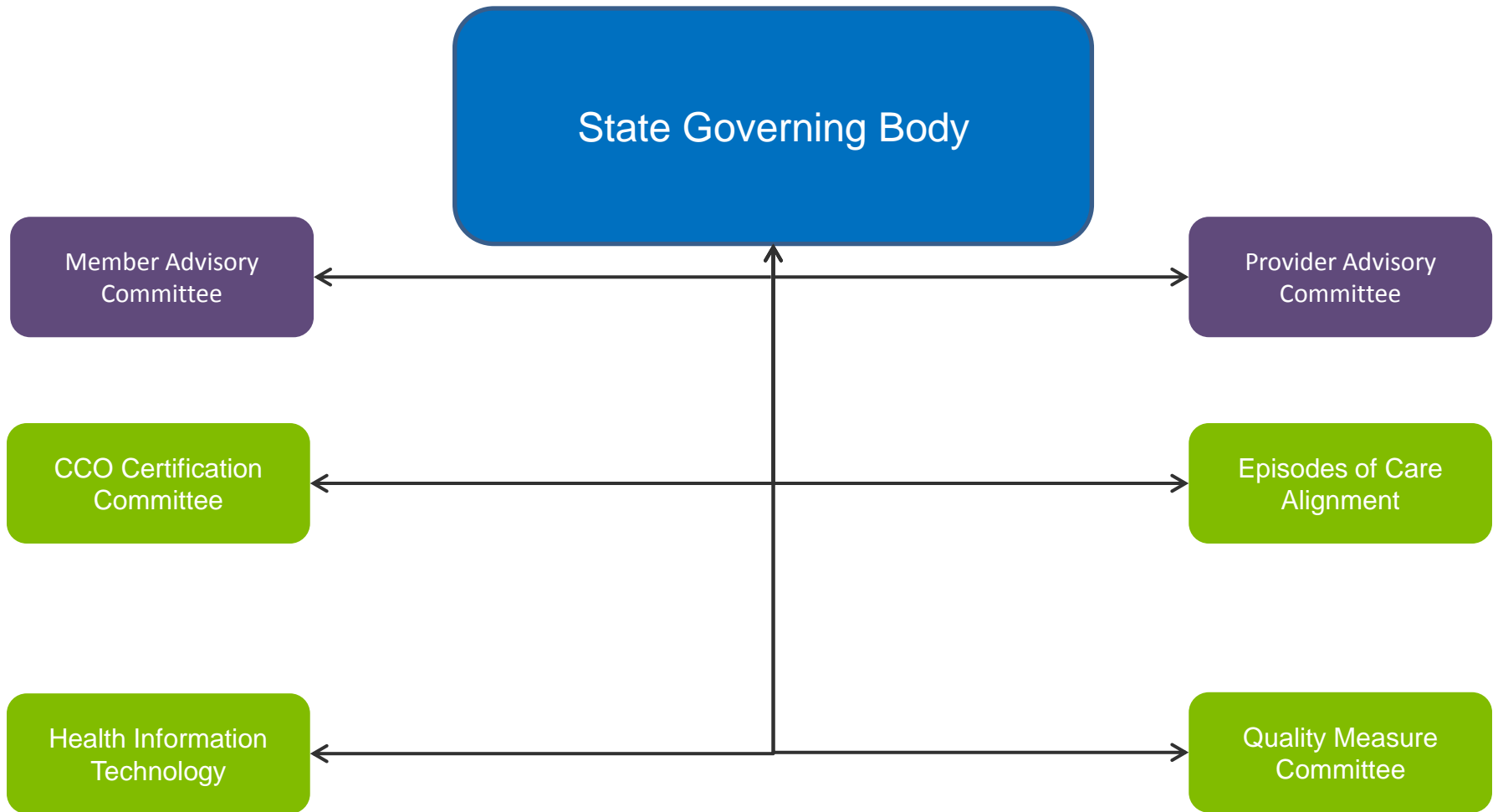
The State Governing Body will serve as the payer for state purchased health care and be responsible for providing oversight of the CCOs through certification and a continuous quality monitoring process.



Members of the State Governing Body will include: the Oklahoma Health Care Authority, the Employee Group Insurance Division, the Oklahoma State Department of Health, the Department of Mental Health and Substance Abuse Services, and the Oklahoma Insurance Department, a Representative from the Member Advisory Committee and Provider Advisory Committee



State Governing Body – Example Advisory Boards and Committees



Quality Measures Committee

The Quality Measures Committee will set CCO quality measure benchmarks and reporting requirements. A proposed committee will be composed of 12 members, including:

- 6 providers from different practice settings and populations served
 - MD, DO, Pharm.D., Nurse, PA, Behavioral Health Specialist
- 2 quality measure specialists, consultants, or experts
- 1 HIT/data reporting specialist
- 1 public health specialist
- 1 patient advocate
- 1 practice transformation consultant



Episodes of Care Committee

The Episodes of Care Committee will propose episodes of care and episode framework, including needed, identified alterations to existing episodes of care. Proposed membership of this committee include:

- A representative from each participating payer
- Provider representatives relevant to each episode of care (PAP)
- A data reporting specialist
- A patient advocate
- Oklahoma Insurance Department



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Proposed CCO Certification Requirements

The State Governing Body will certify CCOs, indicating they have the capacity and plans for meeting the goals and requirements of SIM. The criteria by which the Governing Body certifies CCOs will include:

- Measures of financial capacity
- Determination of network adequacy
- Ability to implement alternative payment arrangements
- Health equity and member protection policies and procedures
- Community and provider engagement
- HIT capability
- Governance structure makeup



Please Refer to Handout



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Creating a Practice Transformation Center

Throughout stakeholder engagement a key theme was provider education, transformation, and support systems for the new model

Currently Oklahoma has several initiatives to address some of these issues:

The Oklahoma Clinical & Translational Science Institute

Healthy Hearts for Oklahoma Grant

Practice Transformation Networks Grant (Telligen)

Oklahoma State University, Center for Healthcare Innovation

Oklahoma Foundation for Medical Quality

CPCI Field Team

To leverage, promote, and sustain these efforts, OSIM would like to propose a multi-payer effort to create a Practice Transformation Center.

The Center would:

Link existing initiatives to ensure coordinated practice transformation, education and awareness

Connect providers to support services to succeed in new payment models from all payers



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Oklahoma HIT Plan

The Oklahoma HIT plan creates a vision for interoperable technology infrastructure across the state. It has three primary sections for discussion

I. Drivers for HIT

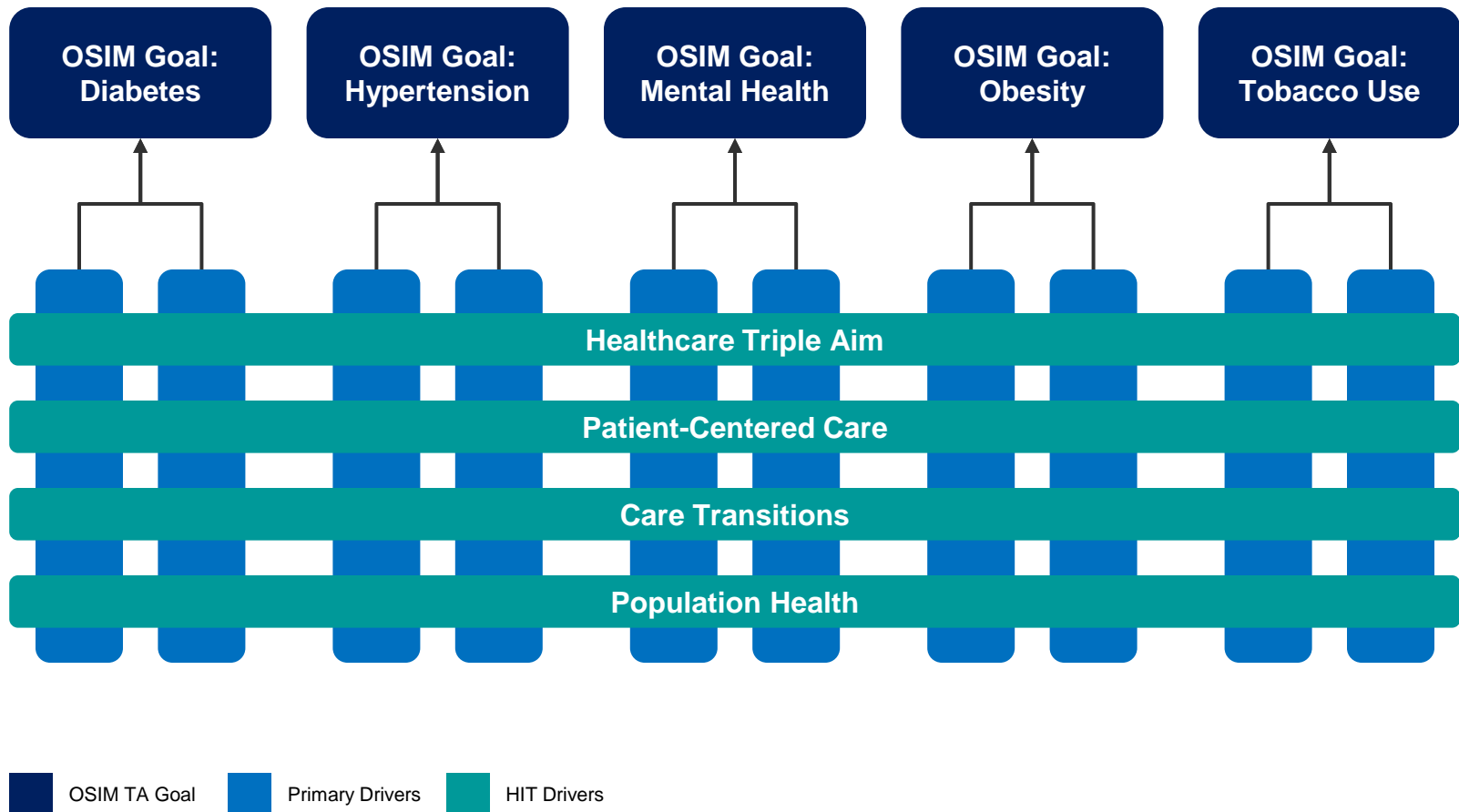
II. HIT Support for Drivers

III. Critical Success Factors



HIT Drivers Support Overall OSIM Objectives

The HIT drivers matrix against the initiatives that support the overall OSIM objectives



HIT Critical Success Factors

The HIT plan has identified three primary aspects that will be crucial to ensure its successful implementation and adoption within the state

Governance

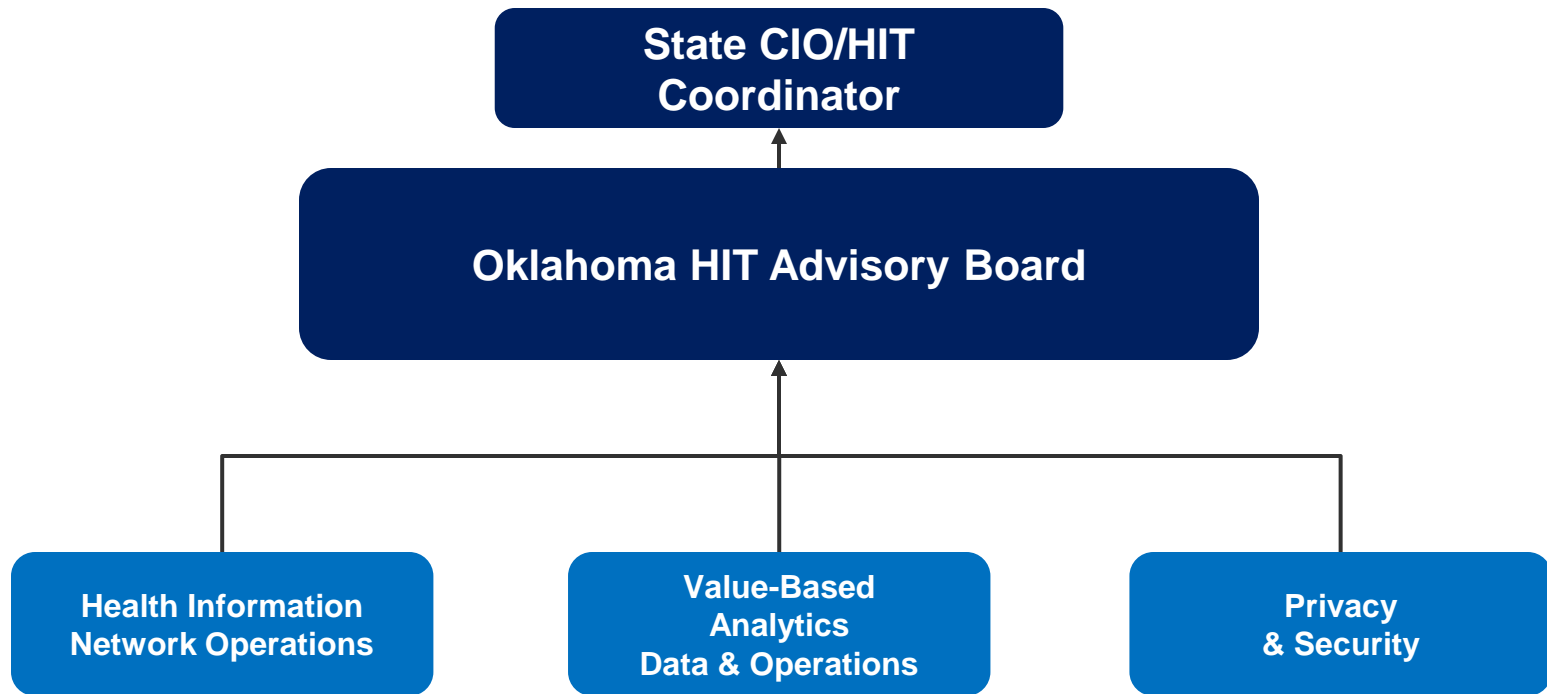
Infrastructure

Policy



HIT Governance

The Oklahoma HIT plan proposes the creation of four governing bodies that will each manage distinct components



HIT Advisory Board

Provide guidance to State HIT Coordinator

Advisory Topics

1. Privacy and Security
2. Standards
3. Evaluation and selection of technology to support statewide interoperability and value-based analytics
4. Internal procedures for adoption of policies that assure compliance with federal and state regulations
5. Planning and monitoring investments to maintain sustainability of HIT systems
6. Quality Improvement



Infrastructure

Guided by governance to ensure transparency and inclusion

Infrastructure Domains

1. Funding
2. Technology
3. Technical Assistance
4. Staff Resources



Policy

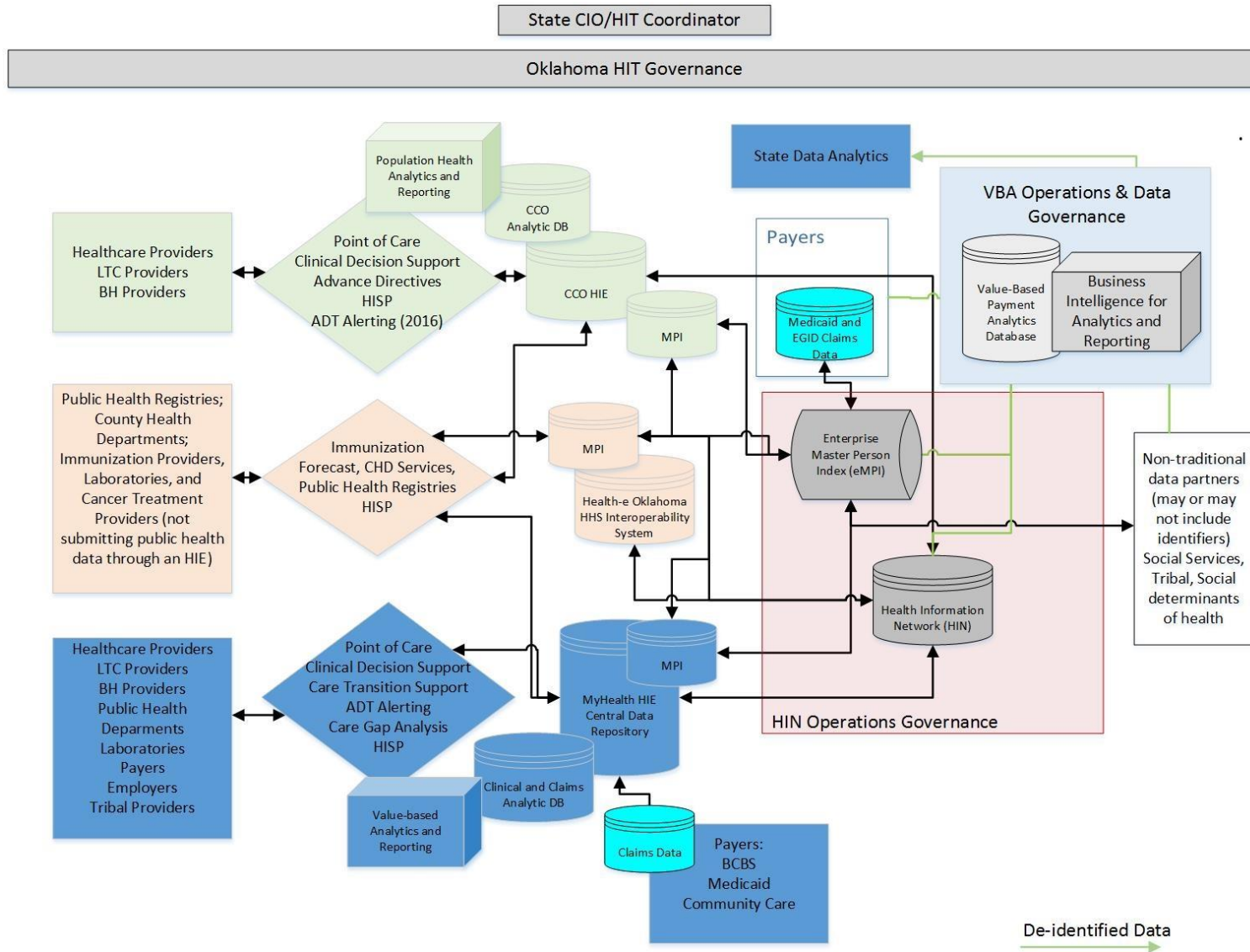
Guided by governance to ensure transparency and inclusion

Policy Topics

1. Alignment with existing HIT efforts
2. Transparency and balance across providers and payers
3. Patient engagement and shared-decision making
4. Multi-payer strategies



Oklahoma HIT Conceptual Governance and Operations Model



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Wrap Up and Next Steps

OSIM

- Payer Meetings
- Financial Analysis
- Finish SHSIP Sections – Release for feedback

Health Finance Workgroup

- Meeting Next Month – February 2016
 - Quality Measures Discussion
 - Episodes of Care Discussion
 - Financial Forecast Discussion
- SHSIP Section Review
- Meeting – March 2016
 - SHSIP Submission
 - Operationalizing SIM

