

Oklahoma State Department of Health



Oklahoma State Innovation Model

Health Workforce Workgroup

March 30, 2016



Health Finance Meeting Agenda



March 30th, 1:30-3:00PM
Oklahoma State Department of Health
Room 307

Section		Presenter	
Welcome	5 min	1:30	J. Castleberry
State Health System Innovation Plan	30 min	1:35	A. Miley
Health Workforce Update / OHIP 2020 Goals	20 min	2:05	J. Castleberry
Next Steps	15 min	2:45	A. Miley / J. Castleberry



State Health System Innovation Plan

SHSIP Versions and Dates

Version	Release Date	SHSIP Sections
1	February 4, 2016	Included: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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	In Progress	Not Started	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	<ul style="list-style-type: none"> Acknowledge/preserve activities in the state that are meeting the triple aim. Ensure that we do not lose them in this transformation. 	<ul style="list-style-type: none"> 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 this health system transformation.
Governance	<ul style="list-style-type: none"> Create space for commercial and self insured on State Governing Body (SGB). Add term limits and rotating seats for the SGB. Add representatives from nursing profession 	<ul style="list-style-type: none"> Added private public and self insured members of the SGB. Added language to call for a SGB charter that would delineate these functions.
Other	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Added within HIT and VBP sections language calling for standardized data sources for QMs Added: a list of Stakeholders in the appendix Added: top 25 health professions as appendix



CMS and Technical Assistance Feedback on the SHSIP

Comments/Questions	Results
<ul style="list-style-type: none">• Clarify how HCLAN payment continuum will be used.	<ul style="list-style-type: none">• The HCLAN (Health Care Learning and Action Network) payment continuum will be a guide.
<ul style="list-style-type: none">• Can providers enter into partial capitation with RCOs?	<ul style="list-style-type: none">• Yes. This language was clarified.
<ul style="list-style-type: none">• Is the Provider Advisory Committee statewide?	<ul style="list-style-type: none">• Yes, the PAC (Provider Advisory Committee) is a statewide body. The RCO will have a BAP that is local.
<ul style="list-style-type: none">• Can you say more about integrating the private market?	<ul style="list-style-type: none">• Updated language in the SHSIP
<ul style="list-style-type: none">• Should the community advisory board include actual members?	<ul style="list-style-type: none">• Yes. Clarified language in the SHSIP to include members.
<ul style="list-style-type: none">• Describe in more detail how this has the potential to meet 80% of payments statewide to be in a VBP model.	<ul style="list-style-type: none">• By engaging commercial payers in the three model components
<ul style="list-style-type: none">• Please identify the current healthcare provider organizations in the state.	<ul style="list-style-type: none">• Added to the SHSIP Environment section and Appendices
<ul style="list-style-type: none">• How will the plan be finalized?	<ul style="list-style-type: none">• 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.
<ul style="list-style-type: none">• How will you ensure per capita expenditures will decline over time?	<ul style="list-style-type: none">• The per member per month (PMPM) growth rate will be capped.



External Stakeholder Feedback on the SHSIP

	Comments/Questions	Results
Tribal Consultation	<ul style="list-style-type: none"> How does this affect tribal sovereignty? 	<ul style="list-style-type: none"> It does not affect sovereignty.
	<ul style="list-style-type: none"> The capitated rate goes against the Federal Trust Requirement 	<ul style="list-style-type: none"> Tribal members would maintain an option to be a FFS beneficiary or a FFS RCO beneficiary.
	<ul style="list-style-type: none"> How does this affect the OMB rate? 	<ul style="list-style-type: none"> the OMB rate will remain unchanged.
	<ul style="list-style-type: none"> Is this required of tribal members to participate? 	<ul style="list-style-type: none"> No. They may choose to receive services either in a FFS Medicaid population or FFS through the RCO as a pass through.
	<ul style="list-style-type: none"> Can a tribe be an RCO? 	<ul style="list-style-type: none"> Potentially, as explained in new SIM, Tribal Health, and Native Americans section in the SHSIP.
Individual Stakeholder Meetings	<ul style="list-style-type: none"> Ensure that it is understood that this model means something different for commercial populations. 	<ul style="list-style-type: none"> Included language in the new commercial integration section of the SHSIP.
	<ul style="list-style-type: none"> Managed care alone will not work, unless you can do something similar to Oregon where providers are involved. 	<ul style="list-style-type: none"> The model is similar to Oregon. We are looking for provider participation both statewide and locally.
	<ul style="list-style-type: none"> Care coordination will work but not managed care, which is very harmful to the frail and elderly. 	<ul style="list-style-type: none"> 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.
	<ul style="list-style-type: none"> 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 of this plan. 	<ul style="list-style-type: none"> SIM held over 150 meetings and engaged over 100 organizations in the year. The next steps of SIM include more stakeholder engagement and governance discussions that will 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's 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 states 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

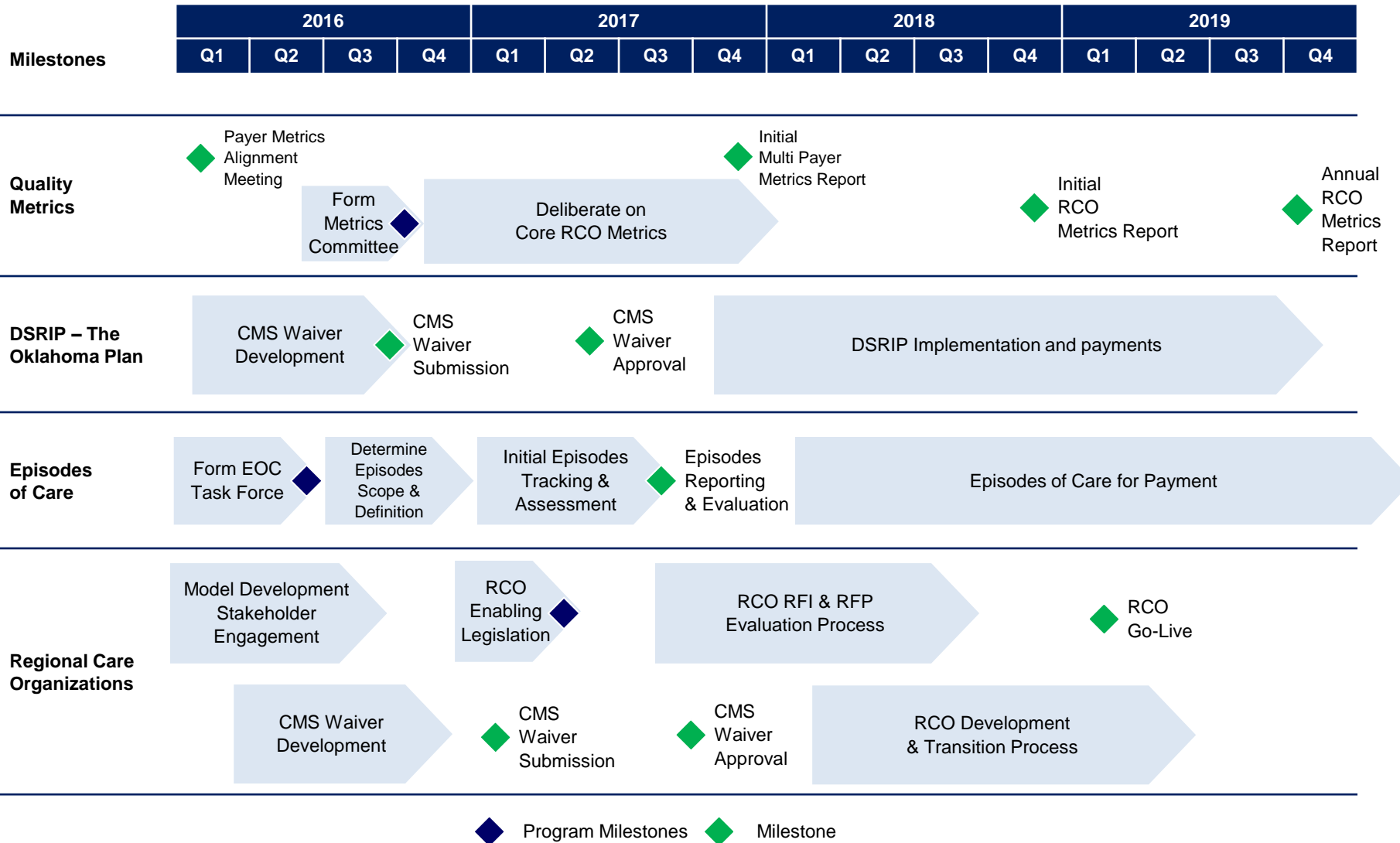
- Seek funding for infrastructure improvements to support vision.
 - DSRIP (Delivery System Reform Incentive Payment)
 - HIT
 - CDC

Authorization

- Begin work toward State and Federal Authorization.



OSIM Operational Roadmap: Healthcare System Initiatives



Waivers

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 a 1115 Waiver that enables the state to transition to value-based purchasing and accelerate improvement in Oklahoma’s system performance and health outcomes



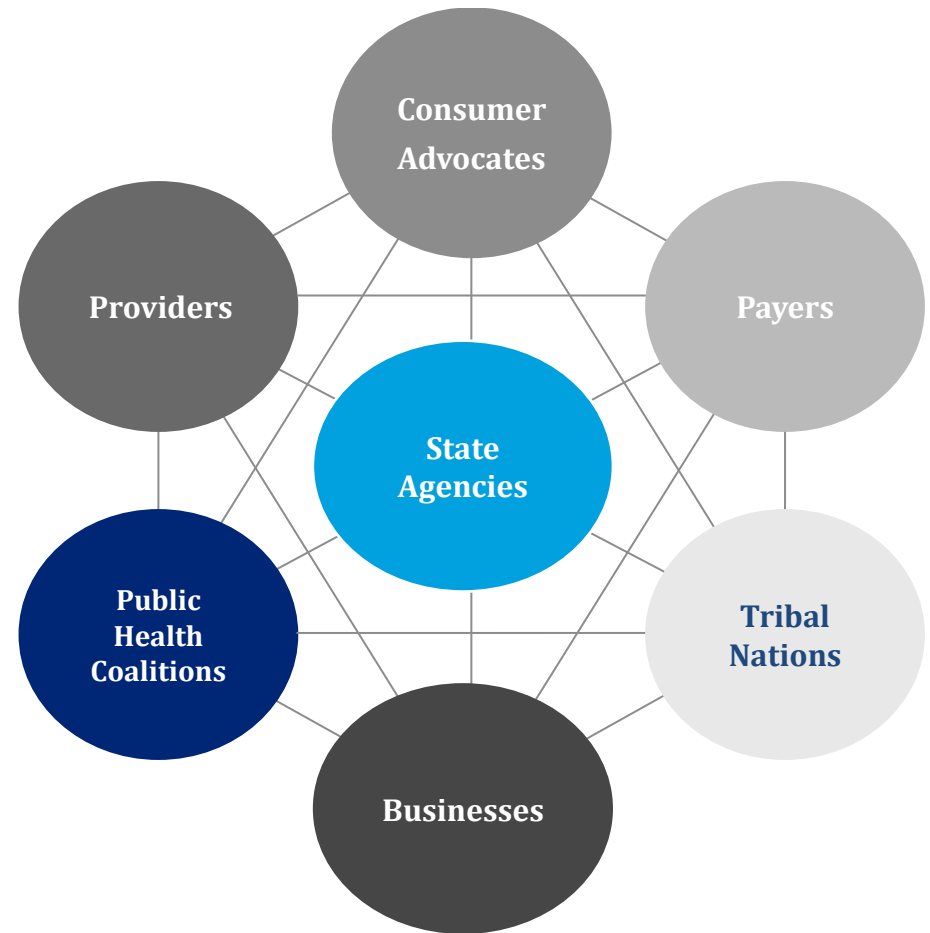
OHIP 2020: 1332 Waiver

- These renewable five-year waivers may propose minor modifications to the ACA, or they can 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

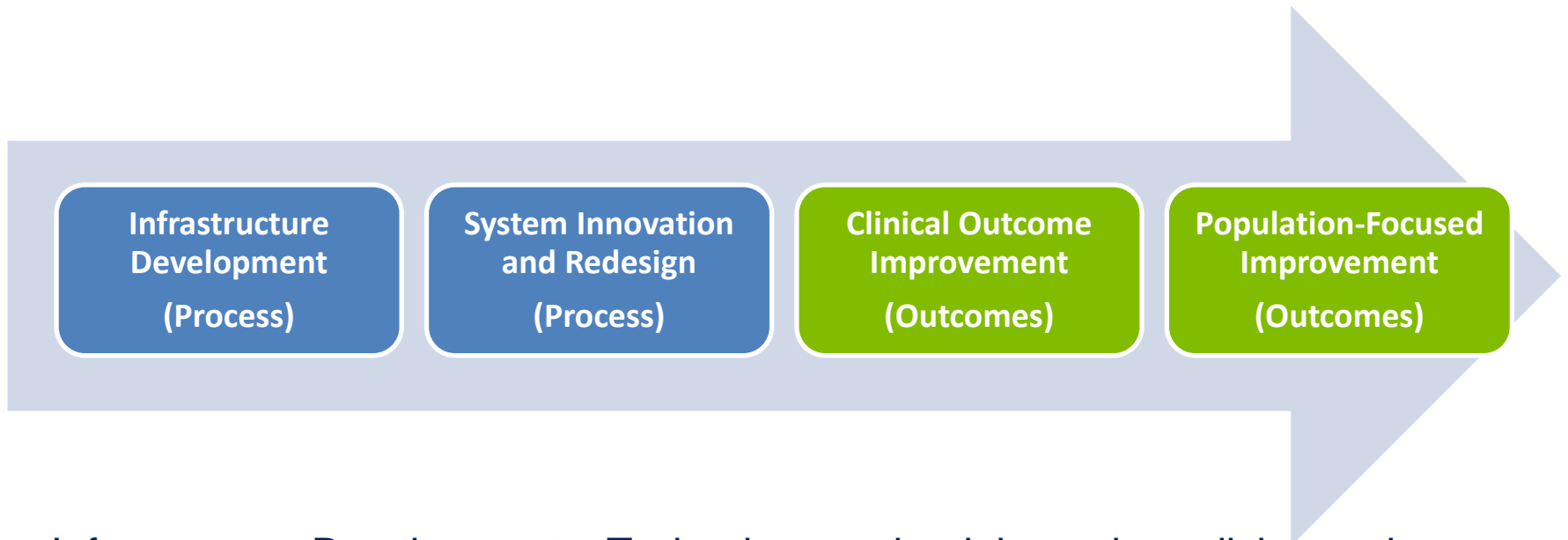


OHIP 2020: DSRIP Waiver

- 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

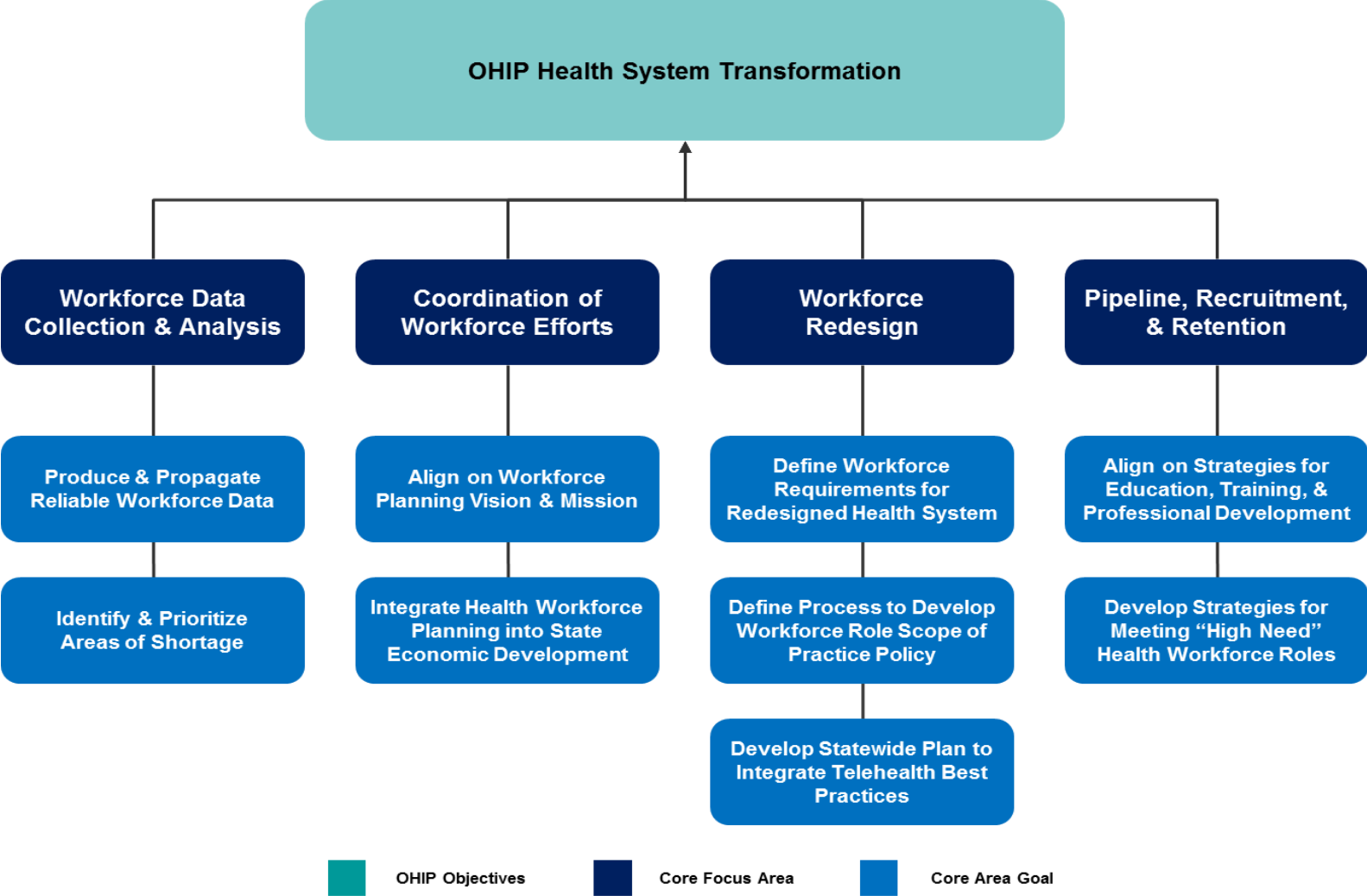
Discussion Questions

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

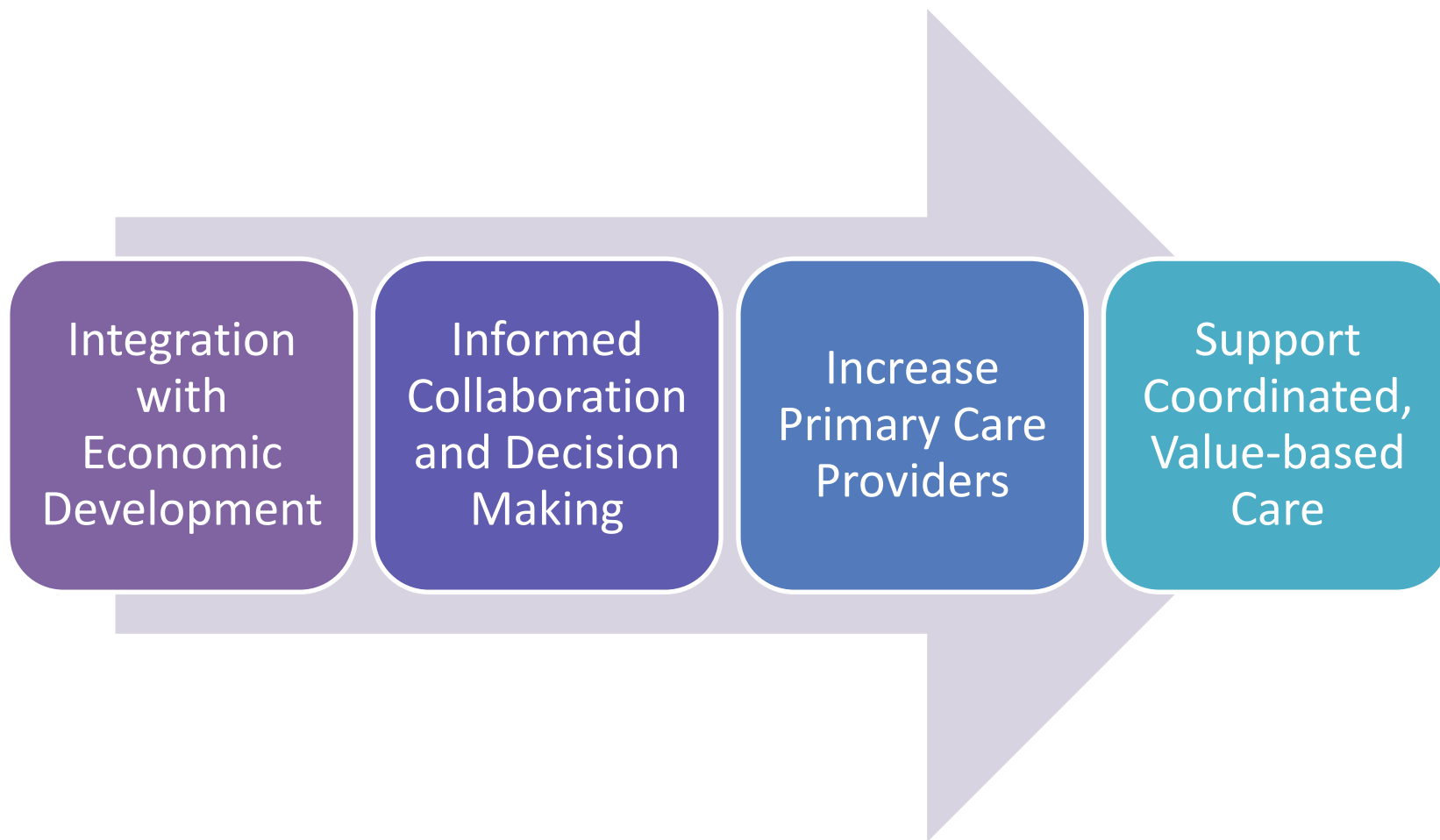


Health Workforce OHIP 2020 Goals

Overview of State Health Workforce Action Plan



State Plan Priorities



Goal 1: Coordination of Efforts (Health Workforce Subcommittee)

Subcommittee

- Governor's Council on Workforce and Economic Development will meet late April and will name committee members
- OSDH Office of Primary Care will provide staff support

OHIP Workgroup

- Form OHIP subcommittees (Providers, Data, Occupations, Recruitment/Retention, Training, others as needs are identified)
- Develop research questions
- Contribute, review and approve information, issue briefs, research, and white papers

Office of Primary Care

- Serve as centralized data and information center
- Will further develop detailed MOAs with partners



Goal 2: Identify labor demand and supply for critical occupations

Strategies	Indicators of Success
<ol style="list-style-type: none"><li data-bbox="156 411 915 682">1. Engage partners for research, data collection and analysis as needs are identified, i.e. work with licensing boards to adopt minimum data sets to be used in statewide data analysis<li data-bbox="156 722 915 993">2. Explore “best practices” in health workforce data collection and develop prioritized health workforce research agenda based on Oklahoma’s specific needs<li data-bbox="156 1033 915 1133">3. Develop detailed MOAs for data collection and analysis	<ol style="list-style-type: none"><li data-bbox="975 411 1760 596">1. One core set of health workforce data elements needed to assess supply and demand are identified and a process to collect and analyze is established<li data-bbox="975 636 1760 872">2. Health workforce research agenda is established so that health workforce decisions are informed by data and analysis, i.e. community health and economic indicators, labor force considerations<li data-bbox="975 912 1760 1048">3. Organizational roles and responsibilities are defined and information sharing agreements are in place



Goal 3: Implement strategies to reduce identified supply gaps

Strategies	Indicators of Success
<ol style="list-style-type: none">1. Assess and evaluate current recruitment and incentive programs to make data-driven recommendations2. Research evidence-based retention strategies with specific focus on development of assets to support health care workforce3. Identify and recommend new strategies to train, recruit and retain traditional and emerging health professionals, including pre-baccalaureate health professionals i.e. community health workers, medical assistants4. Strengthen and expand existing health workforce training programs, including health care administrators, practice facilitators5. Increase opportunities for professional development for health professionals on health system transformation, i.e. telemedicine, EHR and population health, team-based, and patient-centered care	<ol style="list-style-type: none">1. Data-driven, evidence-based recommendations are made to “recruit, train and retain” health care professionals2. Recommendations for statewide retention efforts are developed3. Job descriptions and new competencies have been developed for traditional and emerging health professions4. Training institutions and organizations are developing and/or adopting curriculum and programs based on recommended strategies5. Training and professional development is being delivered in high-priorities areas of the state



Goal 4: Support and Retain an Optimized Health Workforce

Strategies	Indicators of Success
<ol style="list-style-type: none">1. Assess current barriers to health workforce flexibility and optimization, including those that prevent health care providers from practicing at “top of license”2. Conduct stakeholder engagement process to determine appropriate, feasible models of health care for a range of Oklahoma communities3. Explore evidence-based policies and programs for the support of medical homes and patient-centered care4. Explore strategies to provide biopsychosocial support to health care professionals	<ol style="list-style-type: none">1. Recommendations for solutions to identified barriers are developed2. A community engagement process has informed the development of proposed models for a redesigned health workforce3. Recommended reimbursement policies and mechanisms that encourage and support medical homes and patient-centered care have been piloted and/or adopted4. Evaluations of new support programs show that health care professionals are more satisfied in their positions



Next Steps



Form Subcommittees
and Project Teams

Revise Goals and
Strategies

Create Research
Agenda

Develop Project Plans
and Revised Timelines

