PROJECT ABSTRACT SUMMARY
Oklahoma State Innovation Model Abstract

The Oklahoma Health Improvement Plan (OHIP) Coalition is a public-private partnership, working together with a broad spectrum of stakeholders across the state to submit the Oklahoma State Innovation Model (OSIM) grant application on behalf of the State of Oklahoma. This comprehensive model design plan focuses on the improvement of statewide health outcomes through multi-payer and healthcare delivery system innovation and redesign, while integrating evidence-based population and clinical interventions. The goal of the OSIM is to provide state-based solutions to Oklahoma's healthcare challenges. Oklahoma's plan aims to improve health, provide better care and reduce health expenditures for more than 1.2 million Oklahomans.

The plan is divided into three phases of work; phase 1 seeks to achieve consensus among coalition stakeholders on the alignment of a socio-ecological model that includes clinical and population-based health measures for selected health topics: obesity, diabetes, hypertension and tobacco. In phase 2, stakeholders will assess and determine what multi-payer, value-based purchasing model realistically achieves common priorities and goals. Concurrently, in phase 3, stakeholders will identify strategies to increase adoption levels of Electronic Health Records (EHR) and attainment of Meaningful Use (MU) among providers; initiate planning for the development of a Value-Based Analytics Tool (VBA) for healthcare data analysis; determine benchmarks aimed at improving clinical and population health outcomes; and identify potential savings across multi-payer structures.

Oklahoma is pursuing $2,000,000 million in funding from the Round Two Model Design grant. The OSIM proposal complies with the inclusion of private and public payers, and seeks to be as inclusive as possible in the design of this statewide health system transformation plan. OSIM incorporates an initial group of 36 stakeholders, including private and public payers,

healthcare professional organizations, healthcare systems, state owned academic health centers, businesses, consumers, tribal nations, state agencies, and health information exchanges. If awarded, the Oklahoma State Department of Health (OSDH) will act as grant administrator and fiduciary agent. OSDH engaged Milliman actuaries to estimate potential savings in statewide healthcare expenditures. This estimate includes projected costs and savings for the state's four largest payers: Blue Cross Blue Shield of Oklahoma (BCBSOK); CommunityCare of Oklahoma; the Oklahoma Employees Group Insurance Division (EGID); and the state Medicaid agency, Oklahoma Health Care Authority (OHCA). Milliman estimated that implementation of the OSIM model in 2016-2018 would result in a 2% reduction in healthcare cost trends. Milliman also projected a return on investment (ROI) ranging from 198%-248% depending on the year and level of payer participation. The OHIP Coalition will utilize the grant funds to hire two full-time OSIM staff members and to contract with outside consultant(s) to coordinate and facilitate robust stakeholder participation to achieve all project goals. These goals are the refinement of a statewide health improvement action plan; alignment of performance measures with evidence-based improvement research; a statistical and longitudinal gap analysis of the state's healthcare capacity and utilization patterns; and to ensure compliance with applicable policies, laws and regulations.

PROJECT NARRATIVE

Population Health Plan: Oklahomans face serious health challenges. Unhealthy behaviors such as smoking, limited physical activity and minimal fruit and vegetable consumption contribute to conditions such as obesity and hypertension, which lead to premature death and excessive costs to the healthcare system, taxpayers and businesses. The state has a high rate of deaths due to heart disease, stroke, cancer and diabetes. Oklahoma ranked 49th on the Commonwealth Fund's Scorecard on State Health System Performance, 2014, in part due to high rates of hospitalization

for ambulatory care-sensitive conditions and limited access to healthcare, including a shortage or maldistribution of healthcare providers.

In spite of these statistics, Oklahoma has made positive strides due to statewide health improvement planning efforts such as the Oklahoma Health Improvement Plan (OHIP). Oklahoma has recently achieved significant improvements in adult smoking prevalence, a leveling of the rate of adult obesity, and a decrease in infant mortality rates. First published in 2010, the OHIP is now in its fifth year of implementation and was instrumental in Oklahoma becoming one of the first nationally accredited state health departments.

The OHIP Coalition is a successfully governed public-private partnership of stakeholders that convenes quarterly. The OHIP Coalition is chaired by Oklahoma's Cabinet Secretary of Health and Human Services and includes representation by healthcare providers, businesses, hospitals, long-term care, behavioral health, public health, private and public payers, and consumers. The OHIP Coalition oversees the state's progress toward improving strategic health outcomes (including the state's three flagship issues: children's health, obesity and tobacco use) and infrastructure goals (including healthcare workforce and access to care). The OHIP Coalition will act as the primary governing body for the OSIM project.

To ensure sustainability and integration into the state's broader healthcare system redesign efforts, the OSIM Population Health Plan (PHP) will be incorporated into the state's overall OHIP redesign process. As such, the PHP will be adopted by the OHIP Access to Services workgroup as an OSIM action plan with the goal of integrating state healthcare delivery systems with population-based primary prevention strategies, such as those found across the three flagship issues. The Deputy Secretary of Health and Human Services chairs the OHIP Access to Services workgroup, which will be referred to in this application as the OSIM Leadership Team (Leadership). Leadership includes the Deputy Medicaid Director, the Deputy Secretary of Workforce, the Chief Medical

Officer of BCBSOK, the Chair of the Department of Medical Informatics for the University of Oklahoma, and the Chief Operating Officer of a tribal hospital. The PHP will use a socio-ecological framework for the delivery of evidence-based interventions across influencing environments. A primary goal will be to restructure healthcare investments in the state from a tertiary prevention focus toward increased adoption of secondary and primary prevention to yield maximum ROI related to healthcare costs, disease burden and premature death.

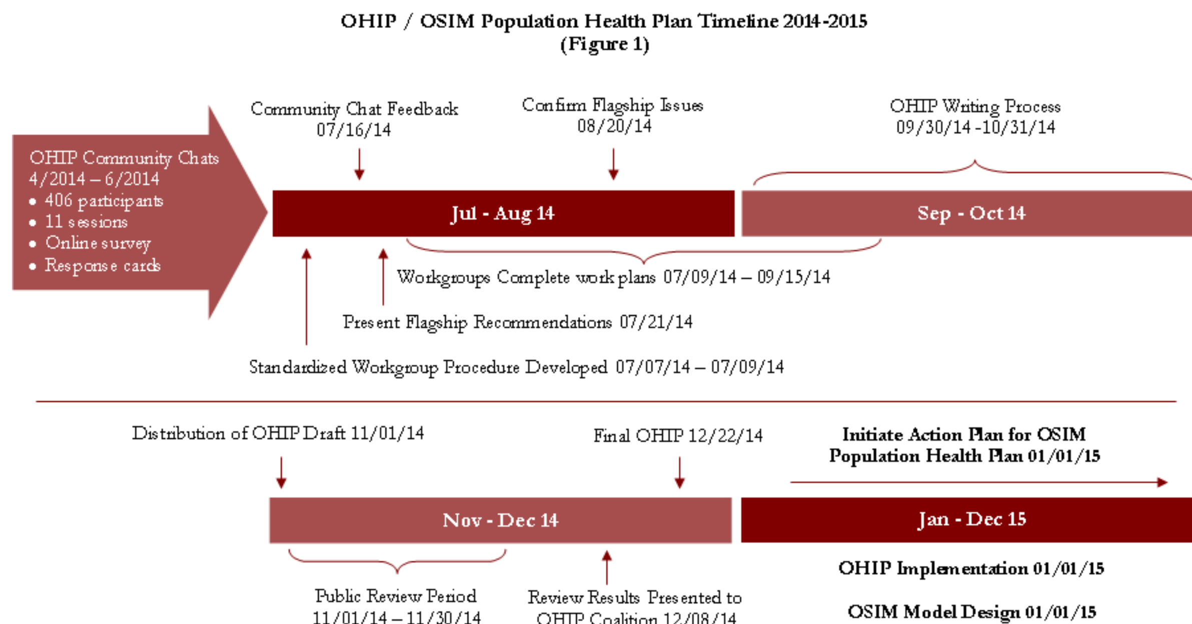
Development of the PHP within OSIM planning efforts will be the work of four existing OHIP Coalition workgroups that will, together with the OSIM Project Director, OSIM Planning Coordinator, and consultants engaged by OSDH, be tasked with accomplishing the bulk of the work of the OSIM project. These four stakeholder workgroups will be charged with identifying key strategies needed to formulate specific, measureable and time-bound objectives for the OSIM project. Objectives and strategies will be focused on reducing primary healthcare cost drivers, as well as reducing access to care barriers and other challenges to be identified through a gap analysis. The gap analysis will be accomplished by integrating data across a number of surveillance sets that include both quantitative and qualitative data. Relevant data sets and reports used for the gap analysis will include, but are not limited to, the 2014 Oklahoma State of the State's Health Report, hospital and county health assessments, OHIP community chats and tribal consultations, OHIP Business Survey information, workforce data, medical claims data and health information exchange (HIE) data. The analysis and presentation of data will be stratified to highlight health disparities and the impacts of social determinants on health status. OSIM planning efforts will be focused on a strategic set of core outcome measures as detailed below (Table 1).

Health Topic Focus Areas	Table 1. Population Health Measures	Clinical Measures
A) Tobacco Use Assessment B) Tobacco Cessation Intervention	Behavioral Risk Factor Surveillance System (BRFSS) (Annual): A) Four level smoking status B) Percent of smokers with quit attempt in the past year	*NQF 28
Adult Obesity	BRFSS (Annual): Weight classification by BMI	NQF 421
Youth Obesity	Youth Risk Behavior Surveillance System (Biennial): Students who were ≥ 95th percentile for BMI	NQF 24
Adult Diabetes	BRFSS (Optional Module): Percentage of Adults with Diabetes having two or more A1c tests in the last year	NQF 729
Adult Hypertension	BRFSS (Annual): Taking medicine for high blood pressure control among adults age ≥ 18 years	NQF 18
Adult Physical Activity	BRFSS (Annual): Aerobic and muscle strengthening exercises to meet guidelines	To be identified
Adult Fruit and Vegetable Consumption	BRFSS (Annual): Median intake of fruits and vegetables (per day)	To be identified
Food Desert/Food Availability	Percentage of the population living in census tracts designated as food deserts	To be identified

**NQF = National Quality Forum*

In addition to targeted population and clinical outcome objectives, the PHP will include infrastructure objectives to ensure necessary capacity to accomplish goals, such as the distribution of healthcare providers, EHR adoption and achievement of MU. The timeframe for development will coincide with the publication of the revised OHIP (Figure 1). Stakeholders will be convened to identify high-level goals, objectives and strategies for the public comment period in November 2014 and final publication in January 2015. Continued OHIP stakeholder engagement throughout 2015 to analyze data, establish priorities, develop benchmark objectives and create a more specific action plan, as required for the PHP, will further strengthen the OSIM project.

OHIP / OSIM Population Health Plan Timeline 2014-2015
(Figure 1)

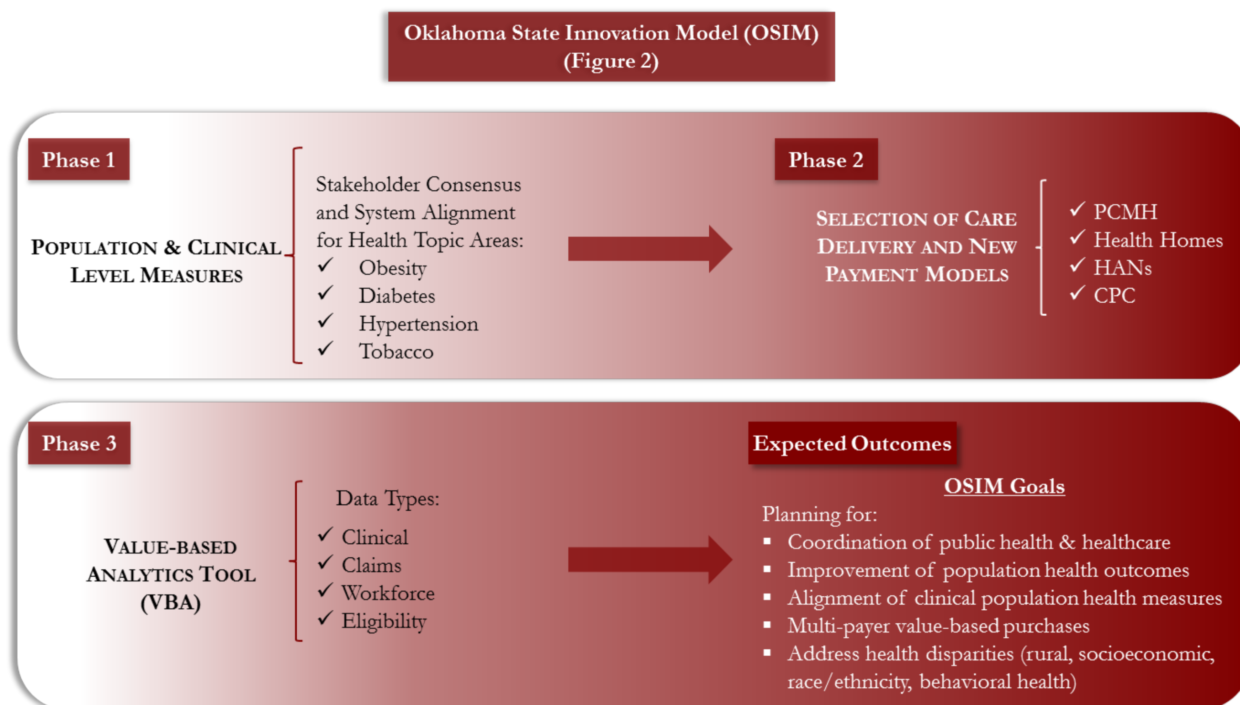


Healthcare Delivery System Transformation Plan: If awarded, the Oklahoma State Department of Health (OSDH) intends to utilize funding, guidance and technical assistance provided by CMS to finalize a State Health Care Innovation Plan (SHIP) that is fully incorporated into the current State Health Improvement Plan (SHIP) required of public health accreditation. These model design efforts will focus on the development of a State Health System Innovation plan and will not involve implantation, piloting or implementation of specific elements of the plan.

Oklahoma has a clear vision and is eager to pursue healthcare system transformation and payment reform that relies on forward-thinking and solutions-oriented market-based strategies. Current OHIP redesign efforts focus on solutions that emphasize personal responsibility, reward quality of care through payment incentives, align data-driven quality measures across payers, and seek to transform primary and preventive care from a reactive to a proactive system to maintain and improve the health of Oklahomans. Currently, health plans operating within Oklahoma's system often pursue disparate payment and delivery systems that create mixed incentives for providers and less than optimal outcomes for patients.

Goals of the OSIM design (Figure 2) include convening vested stakeholders, including public and private payers, to reach the level of consensus needed to plan for a set of standardized performance measures; the selection of value-based healthcare delivery and payment models; increased adoption of EHR and MU; and identifying strategies needed to develop a Value-Based Analytics Tool (VBA) for healthcare data analysis. Collectively, the following three phases of work will be completed by stakeholder workgroups, the OSIM staff, and consultants engaged by OSDH.

Oklahoma State Innovation Model (OSIM)
(Figure 2)



The three work phases will comprise a common platform and overarching strategic approach in preparation of Oklahoma's subsequent test model. Consultants and the OSIM staff will convene multiple stakeholder groups, providing technical assistance and expertise in planning and consensus building for the following three phases:

Phase 1 – Stakeholder consensus and alignment of quality measures:

The OSIM project will strategically align population-based health outcomes with clinical quality measures using National Quality Forum (NQF) Measures and Clinical Quality Measures (CQM) for the targeted areas of tobacco, obesity, diabetes, hypertension and other health topic focus areas as

defined by stakeholders and data analysis. The OSIM design will integrate healthcare and public health, with an emphasis on chronic and co-morbid conditions, and the reduction of preventable hospitalizations, avoidable readmissions and inappropriate emergency department utilization.

Phase 2 – Healthcare delivery system transformation:

The scope of work for the outside consultants will encompass research and analysis for the development and selection of alternative multi-payer, outcomes-based health system delivery model(s) that fairly compensate providers for care, incentivize healthy behaviors, and reinforce quality, value and evidence-based best practices. Health Access Networks (HANs), Coordinated Care Organizations (CCOs), Health Homes, Patient-Centered Medical Homes (PCMHs), Comprehensive Primary Care (CPC) initiatives, and others will be assessed with a focus on the defined health topics. The OSIM staff and consultants will convene payers, healthcare providers, and other stakeholders to discuss potential contracts and memorandums of understanding (MOUs), and define appropriate health outcome measures and population health metrics to compile baseline data and determine appropriate performance benchmarks.

Phase 3 – Enhance data and value-based analytics:

The OSIM will engage and strategize with private businesses and public and private payers to develop a health system transformation plan that targets value-based insurance design. Consultants and the OSIM staff will mobilize key stakeholders to determine the benefits, feasibility, and sustainability of developing a VBA to increase health systems data transparency by providing statewide population-based information on patient demographics, diagnoses, procedures and use of hospital services, as well as enhancing the collection of medical school, continuing education, and health workforce data. The VBA will provide opportunities to measure population and public health, social determinants of health, and provide analytics for the development of more targeted

culturally and linguistically appropriate care. The VBA will also enable a shift from responding to episodes of care to emphasizing whole-person, population-based care with a focus on wellness.

These three phases of work are critical to transforming Oklahoma's current healthcare delivery and payment system into a multi-payer system that utilizes value-based purchasing, achieves higher quality and better outcomes for patients and improves the patient experience while rewarding value rather than volume. The OSIM is well-timed to strengthening Oklahoma's ongoing efforts and to further the state's planning efforts. The state's four largest payers have already committed their full support and participation in developing the OSIM design. OHCA, EGID, BCBSOK and CommunityCare provide coverage for approximately 70% of the insured in the state. Achieving an 80% participation rate in this population in 2016 would result in 1.2 million Oklahomans participating in the OSIM design.

Payment and Service Delivery Models: Healthcare payment and service delivery reform in Oklahoma presents unique challenges. A large rural population, the diversity of the state's residents, and the lack of coordination among payers and providers have contributed to an inefficient healthcare delivery system rife with inconsistent approaches to preventive care and treatment options to improve health outcomes. Access to healthcare can be a challenge regardless of one's source of coverage, as many vulnerable residents in rural counties encounter a shortage of healthcare and specialty providers, or cannot access services due to lack of transportation. Rural providers often contract with multiple payers, each having different care requirements and payment methodologies. These differences force providers to tailor their service delivery to their largest source of revenue, which may further reduce a patient's access to valuable best practices and opportunities for improved health and wellness. Despite these and other challenges, healthcare in Oklahoma has recently witnessed exciting changes and initiatives aimed at improving the health of our citizens, such as the introduction of OHCA's statewide SoonerCare PCMH, the SoonerCare

Health Management Program (HMP), the establishment of three regionally-based HANs, and the success of a public-private collaboration with the Comprehensive Primary Care (CPC) initiative. While these efforts have achieved measureable success, each operates within certain geographic areas and is limited in scope.

Due to the diversity of current initiatives in the state, Leadership will use funding from the SIM design award to engage subject-matter experts to examine enhancements to existing and alternative payment and delivery models. The OSIM consultants will work with stakeholders to explore the expansion of team-based models, such as a team-based PCMH concept across payers. PCMHs have the advantage of being an established and proven model of care, and served as the impetus for the CPC initiative in northeast Oklahoma, which is testing practice redesign supported by payment redesign to substantially strengthen primary care. The PCMH team-based care coordination infrastructure is critical to this initiative and to providing new value-based resources to primary care providers. While a recent evaluation has revealed positive trends for the PCMH program, rural providers may find it difficult to achieve the requirements for the higher tiers. HANs operating in Oklahoma expand on the PCMH model by creating community-based, integrated networks intended to increase access to healthcare services, enhance quality and coordination of care, and reduce healthcare costs. The rapid membership growth of the current HANs is a positive trend, as it reflects expanding participation by PCMH providers in the networks. Consultants and the OSIM staff will work with stakeholders to explore these models, including Health Homes for individuals with chronic conditions, CCOs, and other health system delivery models. Leadership will work closely with stakeholders and consultants to evaluate the strengths and weaknesses of each model and garner consensus on an Oklahoma-specific plan for payment and delivery transformation.

Leveraging Regulatory Authority: The OSIM design process and development will be under the policy guidance and direction of the Governor's office, the Secretary of Health and Human Services

and the OHIP Coalition. Leadership, supported by the OSDH, is committed to facilitating this governor-led initiative.

Oklahoma expects that the design process will incorporate activities to assess the current regulatory landscape, as well as existing contractual and policy levers within both the public and private sectors. However, it is not anticipated that implementation of the OSIM design grant will rely on the adoption of any statutory, regulatory, contracting, or state Medicaid waiver changes, with the exception of shared agreements or MOUs between stakeholders.

Health Information Technology: In order to achieve statewide health transformation, the OSIM will focus its efforts on two Health Information Technology (HIT) areas: leverage public and private partners to design a VBA to act as a common service quality and cost measure instrument used for monitoring and reporting across providers and payers; and to strengthen acceleration and adoption of EHR and MU to create a robust, interoperable health IT-oriented environment.

Based on the Medicaid and Medicare EHR Incentive Program, 36% of Eligible Professionals (EP) and 88% of Eligible Hospitals (EH) have adopted and implemented EHR technology. Of those adopters, 19% of EP and 72% of EH currently meet the definition of MU. Increasing adoption and participation levels in these areas would enable reliable data analytics to support goal-setting around population and clinical measures with the aims of improving population health and aiding payers in identifying value-based payment structures. However, state health officials acknowledge that given the state's socioeconomic and geographic composition, practitioners in rural areas are less likely to participate in EHR initiatives. This funding opportunity would advance Leadership's commitment to explore sustainable alternatives, extend resources, and encourage providers to acquire EHR infrastructure and thus connect them to a sustainable HIE in the state. Oklahoma's two largest HIEs, notably MyHealth and Coordinated Care Oklahoma, have the capacity to deliver health

analytics for risk stratification, population identification, and health improvement benchmarking. Both of these organizations are critical partners and are committed to the OSIM design process.

One of the OHIP health transformation goals is to collect, host and analyze standard workforce data on healthcare professionals. This initiative seeks to create a repository accessible by all involved partners, which would provide capacity for data analysis and enhance the understanding of current workforce needs and strengths. A workforce repository could be provided by the VBA and would enable the identification of opportunities and allow for strategic planning efforts as health professional shortage areas emerge or recede. The implementation of this OSIM healthcare workforce project will receive added support in its alignment with the healthcare workforce goals and objectives identified by the Oklahoma National Governors Association Policy Academy (NGA). The NGA project (awarded to Oklahoma in May 2014), builds on the premise that public and private stakeholders collaborate to identify and develop healthcare workforce goals and strategies for the state. This existing alignment between the OSIM and NGA demonstrates Oklahoma's experience and commitment to ongoing healthcare system redesign efforts in the state.

In 2010, the OHCA launched the first real-time eligibility determination system in the U.S., titled, "No Wrong Door – Online Enrollment (OE)." This cutting-edge technology, supported by the Oklahoma Medicaid Management Information System (MMIS), is fully operational and capable of providing eligibility and claims data for analytics. Recently, Medicaid data analytics were used to deploy five Quality Improvement multi-agency workgroups charged with the implementation of rapid cycle improvement strategies around chronic diseases, immunizations and prescription drug use among Medicaid patients. These joint initiatives further demonstrate Oklahoma's extensive experience in developing the type of data analytic systems necessary to transform healthcare delivery systems in the state. Interoperable IT tools capable of exchanging information will enhance the

delivery of public and private health services and enable the monitoring and reporting of clinical, population and quality measures across providers, payers, employers and patients.

The OSIM staff and consultants will facilitate workgroup discussions and gather stakeholder input regarding governance and policy for HIT and data analytics, identify and assess existing data registry capacity and barriers in the state, and identify data registries in need of administrative, legal or technological improvements. They will also facilitate opportunities in which stakeholders can discuss strategies and mechanisms of collaboration to prevent potential conflicts, such as data security and privacy, data ownership, data transparency and coordination across the care continuum during and beyond the design period.

Stakeholder Engagement: Health system transformation in Oklahoma is an ambitious goal, and buy-in from stakeholders is critical to the successful adoption of payment and delivery model reforms. Oklahoma's readiness to adopt an innovation model is reflected in its experience and ongoing redesign initiatives and planning efforts. To achieve further health system transformation, stakeholders must be persuaded of the value of reforms and support its implementation. The OSIM staff and consultants will help to guide and successfully develop the stakeholder engagement and consensus process. The OSIM design process is structured to engage and solicit stakeholder participation and input, incorporating the interests and concerns of a diverse spectrum of stakeholders. Early engagement of stakeholders to develop a shared understanding and vision of payment and health system delivery reforms will foster inclusive and consensus-driven workgroup outcomes. Stakeholder participation provides a critical lever to the successful implementation of broader system change.

A multi-pronged engagement strategy will be employed to ensure the OSIM design incorporates specific strategies from 1) payers, 2) providers, 3) business communities, (4) consumers and 5) a comprehensive range of other health system stakeholders. Additionally, Leadership will engage tribal

nations, who will provide invaluable expertise and a distinct perspective that is critical to the health system transformation design process. The OSIM staff and consultants will work together with workgroups and tribes to establish a permanent Tribal Health Advisory Committee, to serve both OSIM efforts, and current and future OHIP public health initiatives. The OSIM design project has secured the commitment of four of the largest tribal nations in the state. Efforts will be ongoing throughout the OSIM project to increase tribal participation in all aspects of project work.

Leadership has received 36 letters of endorsement demonstrating stakeholder commitment to the development of an OSIM design. Public and private payers will largely drive the design of a value-based approach to health systems redesign. This group includes Oklahoma's two largest public health plans, EGID and the OHCA, and the two largest private plans, BCBSOK and CommunityCare. This group will work with other stakeholders, including state health associations and the health plan association, to share experiences and expand participation. To assure input from providers, OSIM has secured commitments from major physician groups, provider groups, the nursing association, and other health associations. The OHIP Coalition will continue outreach to physician and hospital groups, mental health centers, private and nonprofit health providers, community health centers, rural health clinics, local public health providers and health professional associations.

A business stakeholder strategy will be led by the Oklahoma Department of Commerce, the State Chamber of Commerce, and the Oklahoma Employment Security Commission (OESC) to ensure input and integration of the business community. The OSIM planning efforts will utilize and build on prior successful OHIP stakeholder collaborations and will leverage partnerships established over the last five-year OHIP planning period. Leadership will incorporate information from the OHIP community chat sessions, formal tribal consultations, hospital and county health assessments and input from community health coalitions into OSIM planning efforts. Leadership will work together

with technical assistance consultants and the OSIM staff in the facilitation of the OSIM stakeholder workgroups. Leadership will convene at least monthly to discuss strategies, incorporate input from workgroups, and develop and monitor progress toward OSIM goals and objectives. Leadership will also facilitate regional focus groups and subcommittees. Content analysis and recommendations from these groups will be submitted to appropriate workgroups. Key stakeholders will be asked to review and comment on overarching goals and objectives developed and draft plans. Leadership will solicit input through public forums allowing participants to submit comments and suggestions either in person or in writing. OSIM will also hold a public comment period on the final design proposal.

Quality Measure Alignment: The OSIM design includes efforts to develop a statewide plan to align quality measures across all payers. The adoption of a quality measure alignment will demonstrate the payers' commitment to reducing administrative and/or non-clinical burden to providers in the state. The OSIM has already identified a key element of new service delivery model development, and VBA will be the use of a common set of quality metrics by multiple payers to measure and incentivize high-quality effective care delivered across the healthcare continuum. The OSIM design will employ industry standards and evidence-based metrics; establish uniform quality-of care metrics; and promote development, utilization and support of the VBA across private and public payers. The VBA will provide valuable insights to payers and healthcare providers relating to quality outcomes achieved, the allocation of resources, interventions and policies needed to improve the system and provide payers and healthcare providers an in-depth look at the makeup of their patient populations. The OSIM design will seek to bridge population-based health outcomes with clinical quality measures (Table 1). The OSIM design activities will leverage and connect these many initiatives, integrate all efforts and ensure alignment of models, metrics and quality standards with evidence-based practices gleaned from these and other programs.

Monitoring and Evaluation Plan: A critical component of the OSIM planning efforts is robust ongoing data collection and evaluation strategies needed to benchmark Oklahoma's current healthcare status and develop a methodology to project and measure the progress and effectiveness of the chosen model designs. The OSDH will leverage the results of the statewide health and wellness business survey project launched in June 2014 seeking employers' perspectives on cost, quality, and access to care strategies. Additionally, Leadership will reference CMMI's *Priority Measures for Monitoring and Evaluation*, published in April of 2014, when soliciting a Request for Proposal (RFP) from academic research groups to provide in-state evaluation expertise. The evaluation contractor will perform an assessment of the state's regulatory environment, and will provide guidance and aid in the inventory of quality measures and consult on best practices to monitor the key outcomes of strengthening population health, transforming the healthcare delivery system, and decreasing per capita healthcare spending.

Alignment with State and Federal Innovation: The OSIM will closely align with multiple state and federal innovations. One of the major goals of the state's design and planning efforts is to leverage and align major health system initiatives throughout the state to maximize and amplify impact and reach. This approach also ensures that OSIM is not operating in a silo, but instead is working across multiple stakeholders and sectors to accomplish the health system triple aim of better health, better care, and lower costs across Oklahoma populations, including populations that lack access to care and are most impacted by socioeconomic inequities and disparities. The OSIM activities will be aligned with the state's Healthy People 2020 health improvement plan (OHIP). The OHIP Coalition, working together with the OSDH, is the ideal public-private partnership to globally align health system efforts across the state and provide sustainability. This level of expertise and collaboration will ensure that OSIM is successful and has an impact statewide.

In addition to aligning the OSIM with OHIP, the state will align planning efforts for health system transformation and innovation to the 18-month NGA Healthcare Workforce Policy Academy. The state will be concurrently working to design an Oklahoma Healthcare Workforce Action Plan, to be finalized in October 2015. Further, OSIM will have the unique ability to leverage ongoing efforts in the business community. The OHIP Coalition, in partnership with the Governor's Office, the State Chamber of Oklahoma, Oklahoma Department of Commerce, OESC, and the OSDH, is working to launch a health and wellness survey to Oklahoma employers and businesses. This survey will include a triangulation of data based on electronic online surveys, telephone polling, and employer and business interviews and focus groups. Survey data should be available in September 2014, and will be available to inform OSIM design and planning efforts.

Finally, the OHIP Coalition is committed to working with the nearly 100 participants already implementing CMMI innovations in the state. The OHIP Coalition will also align and leverage existing innovative payer efforts that are ongoing. For example, the OSIM plans to leverage and align efforts with the CPC, which includes BCBSOK, CommunityCare of Oklahoma, and the OHCA, as well as OHCA's HANs and PCMH initiatives. As community-based and integrated networks intended to increase access to care, enhance quality and care coordination, and reduce costs, HANs are excellent examples of how the OSIM will leverage health systems and networks of healthcare providers at a community level to impact population health and ultimately begin to drive down the cost of care. A comprehensive and statewide planning effort ensures the state will leverage existing health transformation projects without duplicating efforts.

By leveraging existing federal and state innovation efforts, aligning under a single state health improvement plan and unifying goals in the updated population health improvement plan (OHIP) with that of a healthcare innovation plan, the OHIP and OSDH believes we can have a very successful SIM model design grant period. The OSDH looks forward to continuing the momentum

gained during the rewrite of the OHIP plan with a SIM model design grant and working in partnership with interested stakeholders and relevant experts, including CMS, during this process.

Budget Narrative

Budget Narrative: Project will not supplant existing funding; no cost sharing is required.

A. (Personnel) Salaries and Wages

Personnel Total $130,000 *SIM Cooperative Agreement $130,000*
Funding other than SIM Cooperative Agreement $0 *Sources of Funding NA*

Position Title and Name	Annual	Time	Months	Amount Requested
1 x Project Director (Vacant)	*$75,000*	*100%*	*12 months*	*$75,000*
1 x Planning Coordinator (Vacant)	*$55,000*	*100%*	*12 months*	*$55,000*

Job Description: The hiring process will begin upon notice of the OSIM grant award; it will allow newly hired staff to be engaged in OSIM activities effective January 1, 2015. One Project Director and one Planning Coordinator will be employed and supervised by OSDH to oversee and direct the work of this initiative. The Project Director will direct the overall operation of project goals, activities, timelines, and implementation strategies for the design grant. Both the Project Director and the Planning Coordinator (OSIM staff) will coordinate and communicate information and events with the OSIM Leadership and key stakeholders, and will identify and engage other organizations as project partners. The OSIM staff will facilitate discussions with stakeholders on operational, program or administrative needs associated with the planning process. They will oversee statistical analysis and other work to be performed by outside contractors, consultants, IT staff, and key stakeholders to monitor measure and evaluate public and private systems, and disseminate information for consideration in consensus-building efforts. They will participate in the gathering, development, analysis, and interpretation of complex public health data and statistics required for public health and healthcare planning purposes, and provide presentations of data in various settings as needed. In addition, the Project Direct will implement a process to capture the learnings and

values generated by the participation of contractors. By capturing and managing these learnings, OSDH will expand its intellectual capital to ensure that its staff has the necessary capabilities to achieve goals efficiently and effectively, as well as be able to explicate this knowledge in order to transform it into information accessible to a wider audience.

B. Fringe Benefits

Fringe Benefits Total *$65,000* — *SIM Cooperative Agreement* *$65,000*

Funding other than SIM Cooperative Agreement *$0* — *Sources of Funding* *NA*

The state employee fringe benefit rate is 50 % of total salary including the following:

FICA – 7.65%
State Retirement – 16.50%
Health Insurance/Benefit Allowance – 25.50%
Workers Compensation – 0.35%

C. Travel

Travel (in-State and out-of-State) Total *$43,368* — *SIM Cooperative Agreement* *$43,368*

Funding other than SIM Cooperative Agreement *$0* — *Sources of Funding* *NA*

In-State Travel Budget:

2 FTEs x 2000 miles per month x .56/mile	=	$26,880
2 FTEs x 2 days per month x per diem $46/day	=	$2,208
2 FTEs x 2 nights lodging per month x $83/night	=	$3,984
Total Requested:		**$33,072**

This in-state travel budget supports expenses associated with attendance of the two OSIM staff at stakeholder meetings and roundtable discussions. This budget also includes the state-approved per diem and lodging rates of reimbursement for meetings that, due to the large geographic area of the state and the distance from OSDH headquarters, will require overnight travel prior to the meetings. The Oklahoma State Travel Reimbursement Act is aligned with the GSA rate. The travel line item has been detailed by per diem and lodging and reflects the current standard rate for Oklahoma. Per Diem and lodging rates will not exceed rates set by GSA for the area.

Many OSIM stakeholders reside in rural areas and may have limited ability to travel to Oklahoma City. Stakeholder meetings will be held statewide in both urban and rural settings to maximize

stakeholder participation and involvement in the development of a plan to transform the state's health system. The OSIM staff will assist in hosting and facilitating the stakeholder roundtable discussions, tribal consultation and listening sessions, and key informant interviews to identify current healthcare barriers and to build consensus on health system transformation. For these meetings, a contract with a meeting facilitation group will enable record keeping and report generation of group discussions.

Out-of-State Travel Budget:

4 trips x 2 FTEs x $900 r/t airfare	=	$7,200
4 trips x 3 days per diem per trip x $46/day x 2 FTEs	=	$1,104
4 trips x 3 night's lodging per trip x $83/night x 2 FTEs	=	$1,992
Total Requested:		**$10,296**

The OSIM staff will attend SIM Conference(s), as outlined in the FOA. They may also attend CMS approved or endorsed conferences relevant to the SIM planning process.

The Oklahoma State Travel Reimbursement Act is aligned with the GSA rate. Reimbursements for out-of-state travel will be made in accordance with the GSA rate for the area associated with the meeting. The rate used to calculate the out of state travel budget is the current standard rate for Oklahoma. Per Diem and lodging rates will not exceed rates set by GSA for the area.

D. Equipment (not applicable)

E. Supplies

Supplies Total $10,576 *SIM Cooperative Agreement $10,576*
Funding other than SIM Cooperative Agreement $0 *Sources of Funding NA*

Laptop Computer and Docking Stations ($3,000 x 2 FTEs)	= $6,000
Projector and Case ($788 x 2 FTEs)	= $1,576
General office supplies (pens, pencils, paper, etc.) $125/month x 12 months x 2 FTEs	= $3,000
Total Supplies Costs	**= $10,576**

Laptop computers, docking stations, and projectors will provide the necessary tools to coordinate with stakeholders and will be used 100% to support the SIM planning project. Office supplies will help OSIM staff perform onsite and offsite daily activities. These include paper, clips, pens, markers, notepads, file folders, binders, post-it notes, flags, etc.

F. Consultant/Contractual Costs <u>$1,667,860</u>

<u>All costs in this section are subject to be re-directed as needed contingent on RFP results.</u>

The OSDH will work with the Central Purchasing Division of the Office of Management and Enterprise Services (OMES), Oklahoma's procurement state agency, to issue an RFP, or other authorized and appropriate procurement process to solicit contractors and consultants to perform the necessary work for the OSIM. The bid process will be conducted in accordance with federal and state procurement laws. An independent RFP review panel will formulate recommendations that will be based on "best value." The recommendations will be forwarded to the Deputy Secretary for Health and Human Services with a final award selection approved by OMES. All reporting requirements will be established in the grant guidance. Contractual reporting to CMS will include the name of the contractor or consultant, total amount of the award, salary information and amount of indirect costs. Further, contractual reporting will contain clearly stated tasks, deliverable and expected rate of compensation. Contractors and consultants will be recruited for the services below based on their subject-matter and group facilitation expertise:

$250,000 Stakeholder Engagement and Facilitation: The contractor will provide engagement expertise and outreach resources to maximize rapid-cycle recruitment efforts; coordinate, organize, and lead stakeholder meetings, roundtable discussions and public forums to solicit input; and prepare educational materials, analyze findings, and provide briefs to OSIM stakeholders.

$250,000 Technical Assistance (TA): The Contractor will provide TA and project management expertise to support the OSIM Leadership in evaluating models for inclusion and consideration by key stakeholders. The Contractor will work in collaboration with the Coordinators to provide support for all meetings, as well as prepare outreach materials, briefings and reports. Guided by the OSIM Leadership, the Contractor will draft the Innovation Plan and the Model Testing proposal.

$400,000 Actuarial Analysis, Financial Analysis and Return on Investment: The Contractor

will provide actuarial and financial expertise and simulation on model proposals; serve as a consultant on health economics; develop comparative instruments to explain payment and care delivery models; and perform a review of market effects of health reform initiatives in other states.

$350,000 Health Care Data Research: The Contractor will evaluate Oklahoma's current practices regarding electronic health records; perform gap analysis and advise on strengthening and expanding the use of HIT and HIE to support payment and health system delivery models; and serve as an information technology and data utilization consultant to the OSIM Leadership.

$225,000 Health Workforce Assessment: The Contractor will conduct an assessment of and catalog health workforce data, to include: a description of various issues and influences affecting the health workforce, including the state's legislative and regulatory history and its current programs, financing and policies affecting health professions, education, service placement and reimbursement, planning and monitoring, and licensure/regulation. The Contractor will also perform an assessment of the state's internal capacity and existing strategies for addressing the above workforce issues and influences, and will provide a policy analysis on the implications of the current workforce data, issues, capacity and strategies.

$192,860 Program Evaluation Design and Quality Measurement: The Contractor will educate and inform the OSIM Leadership and key stakeholders in the selection of quality and performance metrics to measure the cost and quality impact of selected proposals; evaluate different model implementations; and provide risk assessments to the OSIM stakeholders.

Successful contractor(s) and/or consultant(s) will have to demonstrate their ability and expertise managing rapid-cycle projects under severe time constraints. Appropriate funding to contract out and successfully perform the required OSIM activities has been carefully estimated. The OSIM staff will be responsible for contractor oversight and financial monitoring to ensure adherence and

compliance with pertinent guidelines, laws, policy, and agency needs and objectives. They will coordinate with CMS throughout the process and ensure all project deliverables are completed.

G. Construction (not applicable)

H. Other

Other Total <u>*$33,900*</u> *SIM Cooperative Agreement* <u>*$33,900*</u>
Funding other than SIM Cooperative Agreement <u>*$0*</u> *Sources of Funding* <u>*NA*</u>

Project Management Software and Licensing Fees ($8,400 x 2 FTEs)	= $16,800
Hot Spot ($50 per month x 12 months x 2 FTEs)	= $1,200
State Motor Pool Costs (10 trips x 6 people x 250 miles avg. r/t x .56/mile)	= $8,400
Printing/Collateral Materials ($.30 per page x 25,000 documents)	= <u>$7,500</u>
Total Other Costs	**= $33,900**

Project management software will provide the necessary tools to coordinate with the OSIM Leadership, stakeholders, and contractors, and will be used 100% to support the SIM planning project. The OSIM staff will require reliable Wi-Fi connectivity when they visit areas that lack broadband services. State motor pool vehicle reimbursement is necessary for OSIM leadership to travel throughout the state to support OSIM activities such as roundtables, consultations, meetings and presentations. Costs are allocated per mile traveled using a state, rental or OSDH motor pool vehicle. This travel is necessary for proper oversight, management and governance of the OSIM model development phase and will assist with stakeholder participation and buy-in. Collateral materials and printing costs are needed for the large volume of document preparation, including reports of findings, briefings and recommendations expected to be generated over the course of the performance period.

A. Personnel	= $130,000
B. Fringe	= $65,000
C. Travel	= $43,368
D. Equipment	= $0
E. Supplies	= $10,576
F. Contractual	= $1,667,860
G. Construction	= $0
H. Other	= <u>$33,900</u>
I. Total Direct Costs	**= $1,950,704**

J. Indirect Costs <u>$49,296</u>

Indirect cost rate = 37.92% x $130,000 of Personnel Salaries and Wages. Attached is a copy of the most recent federally approved indirect cost rate agreement.

K. TOTAL FUNDS REQUESTED: **$2,000,000** **NOTE:** If awarded, funds will not supplant funding from other sources. Funds will be used for the purposes outlined in the budget narrative.

Overhead and administrative costs are limited to 10% of direct costs.

In-Kind Support for Project Period: OSDH and the OHIP Coalition will receive in-kind support from stakeholders and state agencies in the form of data sharing, consultation, services and time.

Financial Analysis

SIM Financial Analysis: This analysis was prepared by Milliman, Inc. as requested by the OSDH. In the development of the financial impact estimates, we relied on a previously developed actuarial model that projected eligibility and expenditures both with and without a program comparable to the combination Value-Based Healthcare Programs and Value-Based Analytic Tool (VBA) approach considered in this application. The patient centered focus of the program will reduce avoidable hospital admissions, unnecessary readmissions, improve chronic condition management, allow for better coordination of care between specialists, ensure care is received in the most appropriate setting (such as ER diversion), and lead to better outcomes. These changes will not only result in a reduction of cost for the state, for the federal government, and private payers, but will improve the overall health status of the participating populations.

An additional model was developed for this analysis to estimate the total number of individuals that could be covered by the VBA and to apply previously projected reductions in trend to the healthcare cost of these populations. The following health insurance provider groups and their estimated per-member per-month (PMPM), represent the four largest payers in the state. The estimated number of lives for each payer represents the number of individuals that could reasonably be expected to participate in the VBA, starting in 2016:

- Medicaid – (estimated 831,000 lives)
- EGID and some other public groups – (estimated 165,000 lives, enrollment includes retired Medicare recipients)
- BCBSOK and CommunityCare HMO individual insurance – (estimated 188,000 lives)
- Several Large Employer Groups – (estimated 329,000 lives)

Table 2: Costs by PMPM and Enrollment by Scenario

	PMPM		
	2016	2017	2018
Medicaid Adult	$857.73	$913.49	$972.86
Medicaid Children	$335.00	$356.77	$379.96
EGID	$482.76	$514.14	$547.56
Individual FFM	$648.35	$690.49	$735.38
Individual Non-FFM	$437.64	$466.09	$496.38
ESI(BCBS+CC)	$420.96	$448.33	$477.47
Weighted Average	**$498.37**	**$530.76**	**$565.26**
Enrollment			
Scenario 1	604,974	604,974	604,974
Scenario 2	907,462	907,462	907,462
Scenario 3	1,209,949	1,209,949	1,209,949

To arrive at the figures in Table 2, our assumptions included: Scenarios 1, 2, and 3 assumed participation of 40%, 60%, and 80% respectively, in the VBA; a premium trend rate of 6.5% was used to project the PMPM to 2018; and no population growth was assumed.

Anticipated Cost, Savings and ROI for CY 2016 – CY 2018

Table 3 below shows the estimated costs, savings, and percentage ROI projected to 2018. An adjustment was made to reflect expected trend reductions from an increased Degree of Healthcare Management (DOHM). DOHM is a concept used by Milliman to quantify the expected utilization and average charges of a population based on the extent to which its care is being managed. Effects of these initiatives would, in addition to trend reductions, be expected to result in healthcare system efficiencies and improved health outcomes.

Table 3: Estimated Total Costs, Savings, and ROI				
Total Costs	2016	2017	2018	Total
Scenario 1	$3,618,010,709	$3,853,152,003	$4,103,611,239	$11,574,773,950
Scenario 2	$5,427,022,043	$5,779,734,373	$6,155,423,641	$17,362,180,058
Scenario 3	$7,236,027,398	$7,706,310,375	$8,207,229,261	$23,149,567,033
Total Savings	2016	2017	2018	Total
Scenario 1	$72,360,214	$77,063,040	$82,072,225	$231,495,479
Scenario 2	$108,540,441	$115,594,687	$123,108,473	$347,243,601
Scenario 3	$144,720,548	$154,126,207	$164,144,585	$462,991,341
ROI	2016	2017	2018	Investment*
Scenario 1	219.3%	233.5%	248.7%	$33,000,000
Scenario 2	204.8%	218.1%	232.3%	$53,000,000
Scenario 3	198.2%	211.1%	224.9%	$73,000,000

**Investment equals $3 million planning grant plus $30, $50, or $70 million testing grant*

Considering the improvement in DOHM from the VBA, we assumed a 2% savings from a reduction in the 6.5% healthcare cost trend. The payers can expect anywhere from a 198.2% to 248.7% ROI depending on the year and the scenario. The results of this analysis rely upon information provided by the State, internal data and models developed by Milliman, and publicly available information on similar healthcare management efforts.

In these calculations, three scenarios were modeled. The scenarios vary by the amount of funding provided. Larger testing grants are projected to result in increased enrollment in the VBA and increased savings from reduced trend.

- Scenario 1 assumed that a $30 million grant (plus $3 million for planning) would result in a participation rate of 40% from the four major payers described earlier.
- Scenario 2 assumed a $50 million grant would result in a 60% participation rate, and
- Scenario 3 assumed a $70 million grant would result in 80% participation.

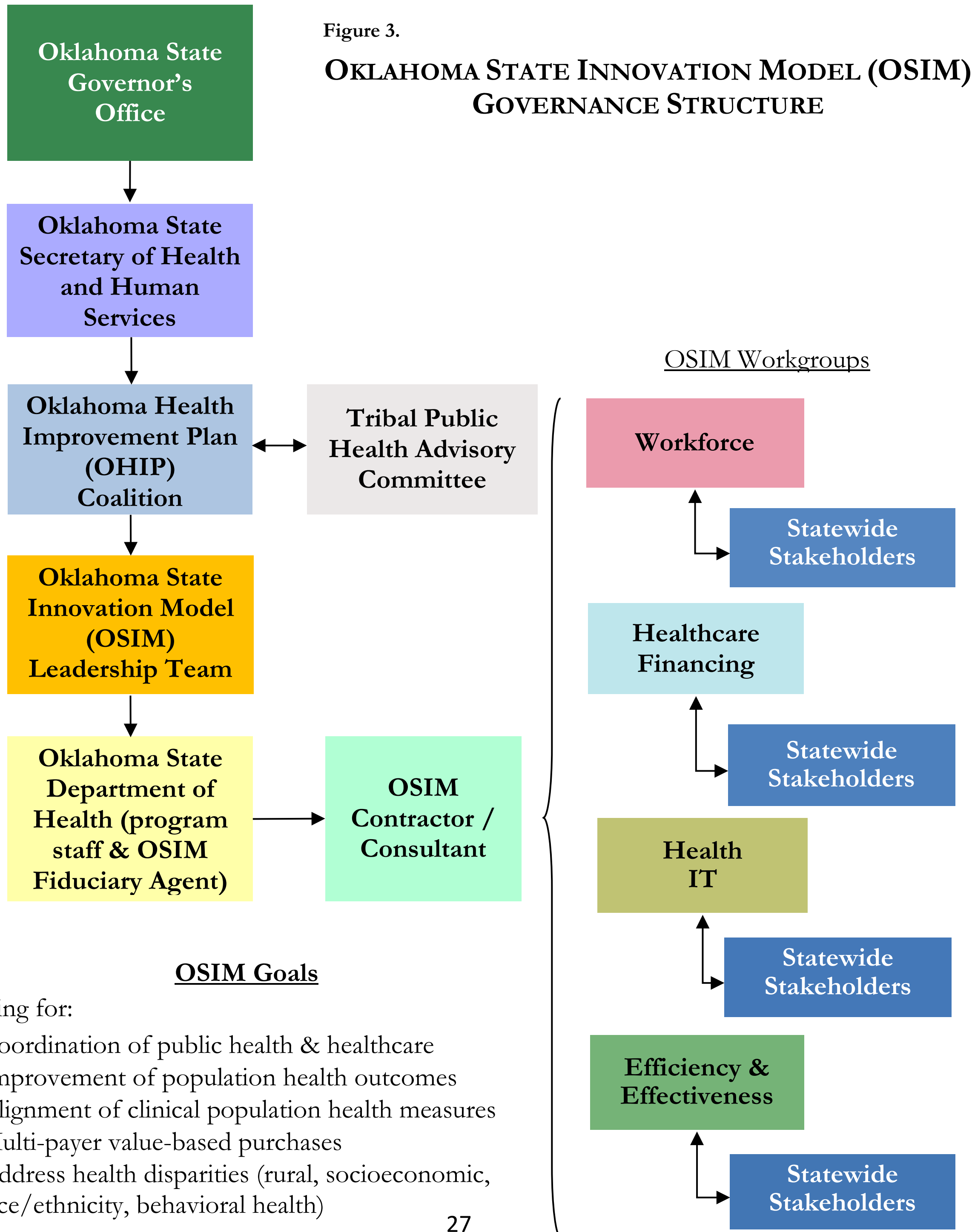
The ROI calculation assumes an investment equal to the $3 million planning grant plus the assumed testing grant for the respective scenario. The savings results from a 2% reduction in trend and represents the sum of state, federal, and private reductions in healthcare cost increases.

Operational Plan

Operational Plan: Within the existing governance structure of the OHIP Coalition are four workgroups that will be harnessed to accomplish the work of the OSIM project. These workgroups are: Workforce; Healthcare Financing; Health Information Technology; and Efficiency and Effectiveness. The goals of these already active workgroups will be broadened to achieve the OSIM benchmarks and goals identified in this grant application. Workgroups, assisted by Coordinators and contracted consultants, will convene stakeholders and work together to accomplish the redesign of the state's health improvement plan to transform the state's health system.

Figure 3.

OKLAHOMA STATE INNOVATION MODEL (OSIM) GOVERNANCE STRUCTURE



The governance structure (Figure 3) for the model reflects the role accepted by Oklahoma's Governor and the state's commitment to the successful completion of all OSIM goals and objectives. The governance structure also represents the role of the state's Secretary of Health and Human Services in leveraging partnerships from across the state to best utilize available resources in accomplishing the OSIM initiatives. With assistance from the Tribal Public Health Advisory Committee and the OSDH, Leadership will direct and oversee all aspects and work of the grant. The OSDH will assist by providing fiduciary oversight and will administer the grant. The OSDH will also hire, oversee and direct the day-to-day work of the two Coordinators and all contractors engaged to assist the four workgroups in achieving all the OSIM goals and objectives. Areas of work for each of the OSIM workgroups will include convening stakeholders and working with the Coordinators and contractors to accomplish the following workgroup goals and objectives:

- **Workforce Workgroup** – will address issues related to the development of the VBA and workforce assessment, collection of healthcare workforce data, meeting current and future healthcare demands, workforce redesign, recruitment and retention, and scope of practice;
- **Healthcare Financing Workgroup** – will work with the actuarial contractor to integrate state-purchased insurance into a new value-based payment model and pay-for-success, and perform actuarial analysis of OSIM interventions and ROI evaluations;
- **Health Information Technology Workgroup** – will work to increase adoption of EHR and attainment of MU, incentivize adoption among non-EHR participating providers and connect them to existing Health Information Exchanges, foster interoperable health systems, and plan the development of a VBA; and
- **Efficiency & Effectiveness Workgroup** – will coordinate efforts to identify and contract with an independent evaluator to assess the proposed action plan, activities and risk mitigation strategies to be implemented during the Test Model period.

Upon Notice of Award (NoA) of a SIM design grant, Leadership and the OSDH will develop an RFP during the final quarter of 2014 for the initiation of contracts, in preparation of the planning process to begin on January 1, 2015. Eligible contractors must demonstrate relevant experience in healthcare payment reform and the value-based purchasing decision process. They must also demonstrate knowledge of existing and readily-available EHR products and system design. Contractors will work together with Coordinators, advising and engaging payers, providers, consumer groups and other stakeholders in all aspects of work. Required deliverables will include:

1. Establish clinical and population-health benchmarks to improve health indicators in the identified Health Topic Areas.
2. Develop gap analysis to identify primary healthcare cost drivers, access to care barriers and other challenges; collect and integrate data across a number of surveillance sets that include quantitative and qualitative data.
3. Identify and issue recommendations of available EHR options to assist non-participating providers in funding, acquiring, implementing and effectively utilizing EHR technology and to increase EHR adoption in the state, focusing primarily in low adoption and rural areas.
4. Develop strategies to gain consensus among stakeholders on the adoption of new payment methodologies that incentivize provider accountability for patient health outcomes.
5. Design and establish criteria to develop a VBA to provide a central repository for multiple payer medical claims, eligibility data and workforce data analytics to support clinical and population goal-setting, the development of value-based care delivery systems, pay-for-performance measures and healthcare workforce redesign and development.

6. Utilize acquired information and feedback to draft the OSIM Test Model implementation developed in the design phase.
7. Provide analytical, statistical evaluation and research focusing on healthcare systems, healthcare quality evaluation and health outcomes.
8. Perform actuaries, health systems performance evaluations and ROIs.

Oklahoma State Innovation Model Timeline: OSIM action steps and dates shown in Table 4 (below) are approximate pending completion of the RFP and contract negotiations process.

Table 4 Oklahoma State Innovation Model Timeline

Task & Action Steps	Start/End Dates	Responsible Entity	Anticipated Results
Task 1: Recruit Coordinators/Consultants and Complete Administrative Startup Tasks			
Action Step 1.1 Develop and issue RFPs to recruit consultants; complete RFP process and initiate contracts	Start: NoA Complete: JAN. 1, 2015	Leadership & OSDH	Engage consultants specialized in healthcare coverage, IT, statistical and analytical research, actuarial services and evaluation.
Action Step 1.2 Hire Coordinators	Start: NoA Complete: JAN. 1, 2015	OSDH	Qualified staff will be hired to fulfill grant objectives.
Action Step 1.3 Complete implementation of Governance Structure	Start: NoA Complete: JAN. 1, 2015	Governor & Leadership	Mobilize engaged, fully committed governance partners.
Task 2: Complete Project Review and Initiate Gap Analysis			
Action Step 2.1 Identify design development process needs; identify risks and mitigation strategies	Start: NoA Complete: MAR 2015	Coordinators, Consultants and Leadership	Design development process defined; risks and mitigation strategies identified and technology agreed to by group.
Action Step 2.2 Establish scope of work	Start: NoA Complete: MAR 2015	Coordinators, Consultants and Leadership	Describe the purpose, goals, and scope of the OSIM project.
Action Step 2.3 Research current public & private payment and care delivery plan models and EHR adoption plans	Start: MAR 2015 Complete: JUN 2015	Coordinators, Contractors & Consultants	Complete environmental scan of plans and delivery models; assess EHR adoption options by non-participating providers.
Task 3: Collect, Analyze and Report Data Regarding Current Methods and Delivery Systems			
Action Step 3.1 Engage a broad statewide spectrum of key stakeholders	Start: MAR 2015 Complete: NOV 2015	Coordinators, Consultants and OSIM stakeholders	Stakeholder meetings and focus groups; conduct surveys and analyze results.
Action Step 3.2 Research VBA options; develop recommendations	Start: APR 2015 Complete: JUN 2015	Contractors & Consultants	Issue recommendations for adoption/purchase or customized VBA.
Action Step 3.3	Start:	Contractors &	Collect qualitative and

Perform gap analysis to identify cost drivers, challenges and barriers	APR 2015 Complete: JUN 2015	Consultants	quantitative data across a number of surveillance sets.
Task 4: Develop Options, Strategies and Models to Realize Health System Transformation			
Action Step 4.1 Develop strategies & models to provide coordinated care & health reform	Start: JUN 2015 Complete: NOV 2015	Coordinators, Consultants and Leadership	Create strategies & models that would, if implemented, provide coordinated healthcare & utilize pay for performance.
Action Step 4.2 Gather and incorporate input on model development strategies from stakeholders	Start: AUG 2015 Complete: NOV 2015	Coordinators, Consultants and Leadership	Develop Test Model phase with input from stakeholders.
Action Step 4.3 Stakeholders and governing entities approve payment and delivery model	Start: NOV 2015 Complete: DEC 2015	Coordinators, Consultants and Leadership	Initiate development of Model Test plan.
Action Step 4.4 Data use and sharing agreements for integration of healthcare analytics and development of payment model(s)	Start: NOV 2015 Complete: DEC 2015	Coordinators, Consultants and Leadership	Develop criteria to establish data use and sharing agreements.
Task 5: Finalize and Submit State Health Innovation Plan and State Population Health Plan			
Action Step 5.1 Submit Oklahoma State Innovation Model Plan	DEC 31, 2015	Coordinators, Consultants and Leadership	Submit Oklahoma State Innovation Model Plan, secure approval by CMMI.

Governor's Participation and Involvement

Governor Fallin is committed to the transformation and improvement of the healthcare system in Oklahoma. Recently, Governor Fallin endorsed an application by OHIP to obtain technical assistance from the National Governor's Association Policy Academy (NGA) on Healthcare Workforce Development and Redesign. The implementation of goals set at the Policy Academy is being conducted by the OHIP Workforce Workgroup. Oklahoma stakeholders, including Governor Fallin as a key supporter of this initiative, have already pledged their participation and investment in the healthcare system transformation.

Katie Altshuler serves as Advisor and Policy Director to Governor Fallin. Her time and energy is focused on high priority policy issues including workforce investment and health improvement in Oklahoma. She will serve as Leadership's liaison to the Office of the Governor and will provide expertise needed to pursue realistic and balanced Oklahoma-focused policy initiatives.

OSIM Leadership

The following Oklahoma leaders and entities were identified and selected by Governor Fallin as best able to leverage the state's significant knowledge, experience and resources in healthcare and workforce development.

Julie Cox-Kain, MPA, Deputy Secretary of Health and Human Services

Ms. Cox-Kain will serve as the Leadership Chair providing extensive expertise on public health and healthcare policy and administration. Ms. Cox-Kain provides in-depth knowledge and experience in organizational and contractual negotiations, as well as strong interpersonal and relationship building skills. Ms. Cox-Kain will also contribute health analytics and other resources to the OSIM project, as she directly oversees the state's Center for Health Statistics, Center for the Advancement of Wellness, Center for Health Innovation and Effectiveness, and Partnerships for Health Improvement.

Rebecca Pasternik-Ikard, JD, RN, MS, Deputy State Medicaid Director

Ms. Pasternik-Ikard will serve as Vice-Chair of the Efficiency and Effectiveness Workgroup, and will contribute her extensive expertise related to Medicaid administration and healthcare policy implementation. Ms. Pasternik-Ikard is able to provide insightful knowledge and context to current and previous Medicaid-related initiatives and programs in the state.

Joseph Cunningham, MD, Chief Medical Officer, VP, Blue Cross Blue Shield of Oklahoma

Dr. Cunningham will serve as Vice-Chair of the Healthcare Financing Workgroup, and will offer his considerable expertise related to value-based purchasing. Dr. Cunningham also currently provides his expertise and advice to the operations of the state's Comprehensive Primary Care initiative.

David Kendrick, MD, MPH, Chair of Medical Informatics, OU College of Medicine

Dr. Kendrick will serve as the Vice-Chair of the Health Information Technology Workgroup. Dr. Kendrick will contribute his substantial clinical medical knowledge and training, particularly in the area of Health IT. As the CEO of the MyHealth Access Network, which is designated a Beacon Community, Dr. Kendrick has hands-on experience and a unique understanding of value-based programs as both a clinician and practice facilitator. Dr. Kendrick also serves on the NCQA Board.

Deidre D. Myers, MA, Deputy Secretary of Commerce

Ms. Myers will serve as Vice-Chair of the Workforce Workgroup. Ms. Myers will apply her business acumen to guide economic policy and healthcare workforce recruitment efforts. Ms. Myers brings an extensive knowledge and understanding of Oklahoma business, and currently advises and supports the Governor's Council for Workforce and Economic Development.

Mitchell Thornbrugh, Chief Operating Officer of Cherokee Nation W.W. Hastings Hospital

Mr. Thornbrugh is a member of the Cherokee Nation, and will contribute his considerable knowledge of tribal health services and integration efforts of an electronic health records system. He is a Member of the Cherokee County Health Services Council, and serves as the Chair of the Oklahoma Health Information Exchange Advisory Board.

Tribal Public Health Advisory Committee

The OHIP Coalition and Leadership recognize that tribal consultation will provide invaluable expertise and a distinct perspective critical to the planning and implementation of the health system transformation design process. Leadership will work with tribal leadership to establish a Tribal Health Advisory Committee with the purpose of including their feedback and recommendations while building an inclusive environment for tribes. The OSIM application includes four initial tribal nations; however, efforts to participate with additional tribal partners will be ongoing.

Risks and Risk Mitigation Strategy

The OSIM proposal was designed with a built-in risk mitigation strategy that delimits the scope of work to specific health topic areas through which stakeholders will seek to achieve consensus on the integration of clinical and population health measures with innovative payment models. One of the major challenges for data sharing and health analytics is the interoperability of EHRs and HIEs statewide. Anticipating a strategy for the mitigation of this risk, Leadership successfully recruited two of the largest HIEs in the state to serve as active stakeholders in the OSIM design process. Risks to the project will be reported by the Coordinators on a bi-weekly basis to Leadership to ensure early

detection/discussion and to identify the need for escalation through the Governance model. A risk log will be used for this purpose. Each risk will be identified, assessed and scored to provide guidance as to the level of risk expected and how it may negatively affect successful achievement of the OSIM work plan.