State Fiscal Year 2014

ANNUAL REPORT

SoonerCare Health Management Program Evaluation

Prepared for:

State of Oklahoma
Oklahoma Health Care Authority

August 2015

PHPG

SoonerCare
Oklahoma Health Care Authority

READER NOTE

The Pacific Health Policy Group (PHPG) has been retained to conduct a multi-year independent evaluation of the SoonerCare Health Management Program (HMP) and SoonerCare Chronic Care Unit (CCU). This report contains SFY 2014 evaluation findings for the SoonerCare HMP evaluation; CCU evaluation findings have been issued in a companion report.

PHPG wishes to acknowledge the cooperation of the Oklahoma Health Care Authority (OHCA) and Telligen in providing the information necessary for the evaluation.

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TABLE OF CONTENTS

Report Exhibits

EXECUTIVE SUMMARY

Introduction

Chronic diseases are the leading causes of death and disability in the United States. According to the Centers for Disease Control and Prevention, in 2012 about half of all adults—117 million people—had one or more chronic health conditions such as diabetes or heart disease. One in four adults had two or more chronic health conditions. Almost half of all adults struggle with a chronic health condition that affects performance of their daily activities.

The per capita impact of chronic disease is even greater in Oklahoma than for the nation as a whole. In 2013, 1,269 Oklahomans died due to complications from diabetes. This equated to a diabetes-related mortality rate of 29.9 persons per 100,000 residents, versus the national rate of 21.2. The mortality rate for other chronic conditions, such as heart disease and hypertension, is similarly higher in Oklahoma than in the nation overall.

Under the Oklahoma Medicaid Reform Act of 2006 (HB2842), the Legislature directed the Oklahoma Health Care Authority (OHCA) to develop and implement a management program for chronic diseases, including, but not limited to, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure and diabetes. The program would address the health needs of chronically ill SoonerCare members while reducing unnecessary medical expenditures at a time of significant fiscal constraints.

In response, the OHCA developed the SoonerCare Health Management Program (HMP), which offered nurse care management to qualifying members with one or more chronic conditions. The program also offered practice facilitation and education to primary care providers treating the chronically ill.

First Generation SoonerCare HMP

The OHCA contracted with a vendor through a competitive bid process to implement and operate the SoonerCare HMP. Telligen was selected to administer the SoonerCare HMP in accordance with the OHCA's specifications. Telligen is a national quality improvement and medical management firm specializing in care, quality and information management services. Telligen staff members provided nurse care management to SoonerCare HMP participants and practice facilitation to OHCA-designated primary care providers.

Medical Artificial Intelligence (MEDai) was already serving as a subcontractor to Hewlett Packard (HP), the OHCA's Medicaid fiscal agent, at the time of the SoonerCare HMP's development. The OHCA capitalized on this existing relationship by utilizing MEDai to assist in

identifying candidates for enrollment in the SoonerCare HMP based on historical and predicted service utilization, as well as their potential for improvement through care management[1].

The first generation model of the SoonerCare HMP operated from February 2008 through June 2013. PHPG conducted a five-year evaluation of the first generation program, focusing on the program's impact on member behavior (e.g., self-management of chronic conditions), quality of care, service utilization and cost. PHPG documented significant positive outcomes attributable to both program components.

Second Generation SoonerCare HMP

As the contractual period for the first generation SoonerCare HMP was nearing its end, the OHCA began the process of examining how the program could be enhanced for the benefit of both members and providers. To improve member identification and participation, as well as coordination with primary care providers, the OHCA elected to replace centralized nurse care management services with health coaches embedded at primary care practice sites.

The health coaches would work closely with practice staff and provide coaching services to participating members. Practice facilitation would continue in the second generation HMP but would become more diverse, encompassing both traditional full practice facilitation and more targeted services such as academic detailing focused on specific topics and preparing practices for health coaches. In order to participate in the second SoonerCare HMP at its outset, members would have to be receiving primary care from a practice with an embedded health coach.

Transition from First Generation HMP

At the time of the transition from the first to second generation HMP, participants in nurse care management receiving care in a qualifying practice were offered the opportunity to transition to a health coach. Participants not aligned with a qualifying practice were given the opportunity to work with a new telephonic Chronic Care Unit (CCU) operated directly by the OHCA.

Post-Transition HMP and CCU Enrollment

Post-transition, Telligen continues to identify HMP candidates from the SoonerCare Choice population through analysis of MEDai data. Providers also can refer patients to Telligen, for review and possible enrollment into the SoonerCare HMP.

SoonerCare Choice and SoonerCare Traditional members both are eligible for participation in the SoonerCare CCU. The SoonerCare CCU works with members who self refer or are referred by a provider or another area within the OHCA, such as care management, member services or

[1] MEDai calculates "chronic impact" scores that quantify the likelihood that a member's projected utilization/expenditures can be influenced through care management, based on his/her profile.

provider services.
The CCU also is responsible for:

- Members with hemophilia or sickle cell anemia, even if the member otherwise would be enrolled in the SoonerCare HMP.
- Members identified as high utilizers of the emergency department.
- Members undergoing bariatric surgery.
- Members with Hepatitis-C[2].
- Members identified through a Health Risk Assessment (HRA), which SoonerCare applicants are given the option of completing as part of the online enrollment process. Based on responses to the HRA, members can be referred to different programs for assistance or case management, including the SoonerCare CCU.

The OHCA sends weekly updates of newly-opened CCU cases to Telligen. This ensures that there is no duplication in enrollment.

Second Generation SoonerCare HMP

Implementation of the second generation program began with identification and recruitment of patient centered medical home (PCMH) providers (primary care providers). Every SoonerCare Choice member is aligned with one of the 800+ PCMH providers throughout the State. The OHCA analyzed the MEDai and chronic disease profiles of members at each PCMH site and provided the information to Telligen.

Telligen segmented the practices by size (large, medium and small) and location (urban and rural) and targeted the most promising within each category based on patient mix and ability to support a health coach. The purpose of the segmentation was to ensure diversity in the group ultimately selected.

Providers who previously had undergone practice facilitation were evaluated for the second generation HMP but were not automatically offered a health coach. Telligen trained and deployed 26 health coaches at the program's outset to work full time at participating practices; the number is now up to 30. Most are assigned to a single practice, although five health coaches divide their time across two or more smaller practices with insufficient caseloads to support a full time coach on their own.

Telligen also deployed eight practice facilitators, who work in collaboration with health coaches at the time a practice agrees to participate in the program. A total of 46 providers practicing at 38 sites have been recruited to-date, including 15 that previously underwent practice

[2] Added to the program in SFY 2015.

facilitation in the first generation program. Forty-one providers across 32 sites participated in the program for at least a portion of SFY 2014[3].

The health coach, practice facilitator and provider form the core team for the program. The team focuses first on assessing the practice's operations and determining how the health coach can best be integrated into the office's routine. The practice facilitator then addresses opportunities for enhancing process flows, while the health coach begins reviewing patient rosters to identify coaching candidates based on MEDai chronic impact scores and disease states.

Once established in a practice, a health coach on a typical day may see both existing SoonerCare HMP members scheduled for a medical appointment and potential new members identified by the coach as enrolled in SoonerCare and eligible for the program. Depending on the preference of the practice, health coaches meet with members either before or after the member's visit with the provider.

Health coaches also may schedule sessions with members outside of the medical appointment process. On such occasions, members come to the office specifically to meet with their coach. Health coaches apply motivational interviewing and other components of the coaching model throughout their workday.

Telligen also has two community resource specialists available to help members with non-clinical programs, such as obtaining food or housing assistance. Health coaches are able to make referrals to the specialists when needs are identified and help is desired.

Telligen receives monthly payments specific to its health coaching and practice facilitation field activities, as well as payments for "centralized operations" costs.

The OHCA oversees SoonerCare HMP activities through a dedicated unit whose medical director is an Oklahoma-licensed physician.

[3] Throughout the report, "practice" refers to the office hosting a practice facilitator/health coach, while "provider" refers to individual clinicians.

SoonerCare HMP Independent Evaluation

The OHCA has retained the Pacific Health Policy Group (PHPG) to conduct an independent evaluation of the SoonerCare HMP. PHPG is evaluating the program's impact on participants and the health care system as a whole with respect to:

1. Health coaching participant satisfaction and perceived health status;

2. Health coaching participant self-management of chronic conditions;

3. Impact of health coaching on quality of care, as measured by participant utilization of preventive and chronic care management services and adherence to national, evidence-based disease management practice guidelines;

4. Health coaching cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs;

5. Practice facilitation participant satisfaction;

6. Impact of practice facilitation on quality of care, as measured by patient adherence to national, evidence-based disease management practice guidelines; and

7. Practice facilitation cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs.

PHPG is presenting evaluation findings in a series of annual reports issued over a five-year period. This is the first Annual Evaluation report addressing progress toward achievement of program objectives. (PHPG also is evaluating the SoonerCare CCU; findings have been issued in a separate report[4].)

[4] See SoonerCare CCU SFY 2014 Evaluation Report, August 2015.

Evaluation Findings

Health Coaching Participant Satisfaction and Perceived Health Status

Member satisfaction is a key component of SoonerCare HMP performance. If members are satisfied with their experience and value its worth, they are likely to remain engaged and focused on improving their self-management skills and adopting a healthier lifestyle. Conversely, if members do not see a lasting value to the experience, they are likely to lose interest and lack the necessary motivation to follow coaching recommendations. PHPG completed 139 member satisfaction surveys from a randomly selected sample during a three-month period, from February through April 2015.

Health coaches are expected to help participants build their self-management skills and improve their health through a variety of activities. Respondents were read a list of activities and asked, for each, whether it had occurred and, if so, how satisfied they were with the interaction or help they received.

Nearly all of the respondents (98 percent) indicated that their health coach asked questions about health problems or concerns, and the great majority stated their coach also provided answers and instructions for taking care of their health problems or concerns (84 percent) and answered questions about their health (79 percent). A majority (59 percent) reported that their health coach reviewed and helped with management of medications and 45 percent stated that their coach helped them to talk to and work with their regular doctor and his/her staff.

Respondents were asked to rate their satisfaction with each "yes" activity. The overwhelming majority reported being very satisfied with the help they received, with the portion ranging from 85 to 96 percent, depending on the item. This attitude carried over to the members' overall satisfaction with their health coaches; 84 percent reported being very satisfied.

Health coaching employs motivational interviewing to identify lifestyle changes that members would like to make. Once identified, it is the health coach's responsibility to collaborate with the member in developing an action plan with goals to be pursued by the member with his/her coach's assistance.

Seventy-seven percent of survey respondents confirmed that their health coach asked them what change in their life would make the biggest difference in their health. Eighty-six percent of this subset (or 67 percent of total) stated that they actually selected an area to make a change.

The most common choice involved some combination of weight loss or gain, improved diet and exercise. This was followed by management of a chronic physical health condition, such as asthma, diabetes or hypertension; management of a mental health condition; and tobacco use/cessation.

Nearly all of the respondents (96 percent) who selected an area stated that they went on to develop an action plan with goals. Exactly 50 percent of this group reported achieving one or more goals in their action plan. Among the members who reported having a goal but not yet achieving it, 71 percent stated they were "very confident" they would ultimately accomplish it, while another 19 percent stated they were "somewhat confident".

In a related line of questioning, members also were asked whether their health coach had tried to help them improve their health by changing behaviors and, if so, whether they had in fact made a change. Respondents were asked whether their coach discussed behavior changes with respect to: smoking, exercise, diet, medication management, water intake, and alcohol/substance consumption. If yes, respondents were asked about the impact of the coach's intervention on their behavior (no change, temporary change or continuing change).

A majority of respondents reported discussing each of the activities with their health coach. A significant percentage also reported continuing to make changes with respect to exercise, diet, water intake and medication management. Smaller percentages reported working to reduce tobacco, alcohol or other substance use.

Thirty-six percent of the respondents stated they were aware of the resource specialists. Only a small portion – eight respondents in total – reported using a community resource specialist to help resolve a problem. The nature of the help included housing/rental assistance, food assistance and arranging transportation to medical appointments, all consistent with the specialists' defined mission.

Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as their point of contact with the program (82 percent very satisfied). Nearly all respondents (92 percent) said they would recommend the program to a friend with health care needs like theirs.

The ultimate objectives of the SoonerCare HMP are to assist members in adopting healthier lifestyles and improving their overall health. When asked to rate their current health status, the largest segment of respondents (47 percent) said "fair", while 31 percent said "good" and 19 percent said "poor".

When next asked if their health status had changed since enrolling in the SoonerCare HMP, 39 percent said it was "better" and 58 percent said it was "about the same"; only three percent said it was "worse". Among those members who reported a positive change, nearly all (96 percent) credited the SoonerCare HMP with contributing to their improved health.

Impact of Health Coaching on Quality of Care

SoonerCare HMP health coaches devote much of their time to improving the quality of care for program participants. This includes educating participants about adherence to clinical guidelines for preventive care and for treatment of chronic conditions.

PHPG evaluated the impact of SoonerCare HMP health coaching on quality of care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare HMP population. The evaluation included 19 diagnosis-specific measures and three population-wide preventive measures. For example, the quality of care for participants with asthma was analyzed with respect to their use of appropriate medications and their overall medication management.

PHPG determined the total number of participants in each measurement category, the number meeting the clinical standard and the resultant "percent compliant". The findings were evaluated against two comparison data sets. The first data set contained compliance rates for the general SoonerCare population. The second data set contained national compliance rates for Medicaid MCOs. The national rates were used when data for the general SoonerCare population was not available but a national rate was.

The health coaching participant compliance rate exceeded the comparison group rate on 11 of 18 measures for which there was a comparison group percentage. The difference was statistically significant for nine of the 11, suggesting that the program is having a positive effect on quality of care, although there is room for continued improvement.

The most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

Health Coaching Cost Effectiveness

Health coaching, if effective, should have an observable impact on participant service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits and hospitalizations, and lower acute care costs.

Most potential SoonerCare HMP participants are identified based on MEDai data, which includes a 12-month forecast of emergency department visits, hospitalizations and total expenditures . MEDai's advanced predictive modeling, as opposed to extrapolating historical trends, accounts for participants' risk factors and recent clinical experience.

Members also can be identified and referred to the program by providers with embedded health coaches at their sites. This includes members whose MEDai scores are relatively low, but are determined by the provider and health coach to be "at risk" based on the individual's total profile.

PHPG conducted the utilization and expenditure evaluation by comparing participants' actual claims experience to MEDai forecasts for the 12-month period following the start date of engagement. PHPG performed the analysis for selected chronic conditions[5] and for the participant population as a whole.

MEDai forecasted that health coaching participants as a group would incur 2,659 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,544, or 58 percent of forecast.

MEDai forecasted that health coaching participants as a group would incur 2,260 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,803, or 80 percent of forecast.

PHPG documented total per member per month (PMPM) medical expenditures for all health coaching participants as a group and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that the participant population would incur an average of $1,075 in PMPM expenditures in the first 12 months of engagement. The actual amount was $807, or 75 percent of forecast.

PHPG calculated an aggregate dollar impact for all health coaching participants by multiplying total months of engagement in SFY 2014 by average PMPM savings. The resultant medical savings were approximately $7.9 million.

PHPG then performed a net cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014, inclusive of the health coaching portion of SoonerCare HMP administrative expenses. SoonerCare HMP administrative expenses include Telligen invoiced amounts plus salary, benefit and overhead costs for persons working in the OHCA's SoonerCare HMP unit. SFY 2014 aggregate administrative expenses for the health coaching portion of the SoonerCare HMP were approximately $4.5 million.

The SoonerCare HMP health coaching component registered net savings of approximately $3.4 million. This was a noteworthy outcome given the relatively short enrollment tenure of many participants. It also is noteworthy given the inclusion in health coaching of "at risk" members referred by providers. These members have lower projected costs, and therefore lower documentable savings under the MEDai methodology, even though by intervening at an early stage, the health coach may help to avert significant future health costs.

[5] The conditions evaluated were asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes, heart failure and hypertension. Condition-specific findings are presented in chapter four.

Practice Facilitation Participant Satisfaction

Practice facilitation is integral to the performance of the SoonerCare HMP. PHPG conducts a survey of participating providers at practice facilitation sites that inquires about awareness of SoonerCare HMP objectives and components; interactions with Telligen health coaches and practice facilitators; and the program's impact with respect to patient management and outcomes. PHPG surveyed 12 providers for the SFY 2014 evaluation.

Providers who have completed the onsite portion of practice facilitation view the SoonerCare HMP favorably. The most common reason cited for participating was to improve care management of patients with chronic conditions. Eighty-three percent of the surveyed practices reported making changes in the management of their patients with chronic conditions as a result of participating in practice facilitation. Similarly, 91 percent of the providers credited the program with improving their management of patients with chronic conditions.

Overall, 75 percent of the providers described themselves as "very satisfied" with the experience and another 17 percent as "somewhat satisfied". All of those surveyed would recommend the program to a colleague.

Providers also were asked for their perceptions of the health coaching model. Respondents first were asked to rate the importance of the activities performed by the health coach assigned to their practice (e.g., learning about patients and their health needs; giving easy to understand instructions about taking care of health problems/concerns; helping patients to identify changes in their health; helping patients to talk to and work with the provider and his/her staff etc.). A majority rated each of the activities as "very important".

Respondents next were asked to rate their satisfaction with health coaching activities, in terms of assistance provided to their patients. The level of satisfaction was extremely high across all activities, with at least 11 out of 12 respondents describing themselves as "very satisfied" on each item. The providers' enthusiasm was further reflected in their overall satisfaction with having a health coach assigned to their practice (91 percent "very satisfied").

Impact of Practice Facilitation on Quality of Care

SoonerCare HMP practice facilitation is intended to improve quality of care by educating practices on effective treatment of patients with chronic conditions and adoption of clinical best practices.

PHPG evaluated the impact of SoonerCare HMP practice facilitation on quality of care through calculation of HEDIS measures applicable to the SoonerCare HMP population. The evaluation included the same 19 diagnosis-specific measures and three population-wide preventive measures examined to measure the impact of health coaching on quality of care.

The quality of care analysis targeted members aligned with practice facilitation providers who were not participating in health coaching. PHPG determined the total number of members in each measurement category, the number meeting the clinical standard and the resultant "percent compliant".

The results were evaluated against the same two comparison data sets as used in the health coaching evaluation. The first data set contained compliance rates for the general SoonerCare population. The second data set contained national compliance rates for Medicaid MCOs. The national rates were used when data for the general SoonerCare population was not available but a national rate was.

The practice facilitation population compliance rate exceeded the comparison group rate on eight of 18 measures for which there was a comparison group percentage. The difference was statistically significant for six of the eight.

However, the comparison group performed slightly better by achieving a higher rate on 10 of the 18 measures, including six for which the difference was statistically significant.

It is too early in the evaluation process to draw strong inferences from these results. The impact of practice facilitation on quality of care for members not participating in health coaching should become clearer as more data is collected.

Practice Facilitation Cost Effectiveness

Practice facilitation, like health coaching, should demonstrate its effectiveness through an observable impact on member service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits and hospitalizations, and lower acute care costs.

PHPG conducted the practice facilitation utilization and expenditure evaluation by comparing the actual claims experience of members aligned with PCMH practice facilitation providers to MEDai forecasts. The practice facilitation dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA.

To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the SoonerCare HMP were excluded from the analysis. This was done to avoid double counting the impact of the program.

MEDai projected that members aligned with PCMH practice facilitation providers as a group would incur 844 inpatient days per 1,000 participants over the 12-month forecast period. The actual rate was 619, or 73 percent of forecast.

MEDai projected that members aligned with PCMH practice facilitation providers as a group would incur 1,280 emergency department visits per 1,000 participants over the 12-month forecast period. The actual rate was 1,230, or 96 percent of forecast.

PHPG documented total per member per month (PMPM) medical expenditures for all members aligned with PCMH providers as a group and compared actual medical expenditures to forecast for the 12-month forecast period. MEDai projected that these members would incur an average of $598 in PMPM expenditures over the 12-month forecast period. The actual amount was $382, or 64 percent of forecast.

PHPG calculated an aggregate dollar impact for members in total by multiplying total months of enrollment in SFY 2014, following practice facilitation initiation and member interaction with a provider, by average PMPM savings. The resultant savings equaled approximately $15.8 million.

PHPG then performed a net cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014, inclusive of the practice facilitation portion of SoonerCare HMP administrative expenses. SoonerCare HMP administrative expenses include Telligen invoiced amounts plus salary, benefit and overhead costs for persons working in the OHCA's SoonerCare HMP unit. SFY 2014 aggregate administrative expenses for the practice facilitation portion of the SoonerCare HMP were approximately $3.2 million.

The SoonerCare HMP practice facilitation component registered net savings of approximately $12.5 million. As with health coaching, this was a noteworthy outcome given the relatively short participation window of many practices.

SoonerCare HMP Return on Investment

The value of the SoonerCare HMP is measurable on multiple axes, including participant satisfaction and change in behavior, quality of care, improvement in service utilization and overall impact on medical expenditures. The last criterion is arguably the most important, as progress in other areas should ultimately result in medical expenditures remaining below the level that would have occurred absent the program.

PHPG examined the program's return on investment (ROI) in SFY 2014, by comparing health coaching and practice facilitation administrative expenditures to medical savings. Both program components have achieved a positive ROI, with the program as a whole generating net savings of nearly $16 million and a return on investment of 206 percent. Put another way, in its first year, **the second generation SoonerCare HMP generated over two dollars in net medical savings for every dollar in administrative expenditures*.***

CHAPTER 1 – INTRODUCTION

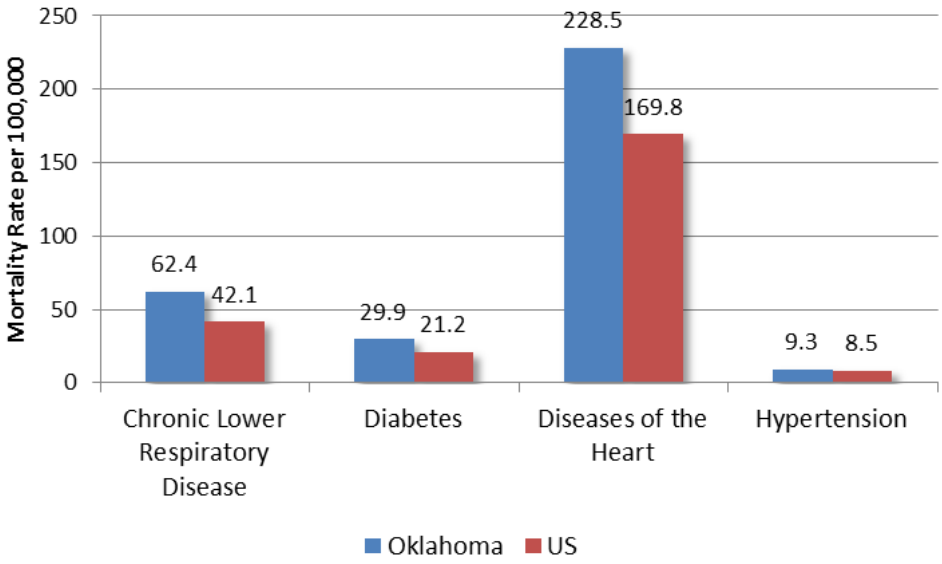
Chronic Disease Management

Chronic diseases are the leading causes of death and disability in the United States. According to the Centers for Disease Control and Prevention, in 2012 about half of all adults—117 million people—had one or more chronic health conditions such as diabetes or heart disease. One in four adults had two or more chronic health conditions.[6] Almost half of all adults struggle with a chronic health condition that affects performance of their daily activities.[7]

The per capita impact of chronic disease is even greater in Oklahoma than for the nation as a whole. In 2013, 1,269 Oklahomans died due to complications from diabetes. This equated to a diabetes-related mortality rate of 29.9 persons per 100,000 residents, versus the national rate of 21.2[8].

The mortality rate for other chronic conditions, such as heart disease and hypertension, is similarly higher in Oklahoma than in the nation overall (Exhibit 1-1).

Exhibit 1-1 **– Chronic Disease Mortality Rates, 2013 – OK and US (Selected Conditions)[9]**



[6] http://www.cdc.gov/chronicdisease/overview/

[7] Chronic Disease Overview from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

[8] http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf. Age adjusted rates.

[9] Ibid. Rate for chronic lower respiratory disease, also known as chronic obstructive pulmonary disease, includes asthma, chronic bronchitis and emphysema. Hypertension rate includes essential hypertension and hypertensive renal disease.

Chronic diseases are also among the most costly of all health problems. The 50 percent of the US population with one or more chronic conditions accounts for nearly 85 percent of health spending nationally[10]. Providing care to individuals with chronic diseases, many of whom meet the federal disability standard, has placed a significant burden on state Medicaid budgets.

In Oklahoma, the CDC estimates that total expenditures related to treating selected major chronic conditions will surpass $8.0 billion in 2015 and will reach nearly $10.5 billion in 2020. The estimated portion attributable to SoonerCare members will be just under $1.0 billion (state and federal) in 2015 and more than $1.2 billion in 2020[11] (Exhibit 1-2).

***Exhibit 1-2* – Estimated/Projected Chronic Disease Expenditures (Millions)**

Chronic Condition	OK All Payers		SoonerCare	
	2015	2020	2015	2020
Asthma	$433	$538	$146	$182
Cardiovascular Diseases (heart diseases, stroke and hypertension)	$5,516	$7,076	$592	$760
Diabetes	$2,247	$2,869	$250	$319
TOTAL FOR SELECTED CONDITIONS	**$8,196**	**$10,483**	**$988**	**$1,260**

The costs associated with chronic conditions are typically calculated by individual disease, as shown in the above exhibit. Traditional case and disease management programs similarly target single episodes of care or disease systems, but do not take into account the entire social, educational, behavioral and physical health needs of persons with chronic conditions. Research into holistic models has shown that sustained improvement requires the engagement of the member, provider, the member's support system and community resources to address total needs.

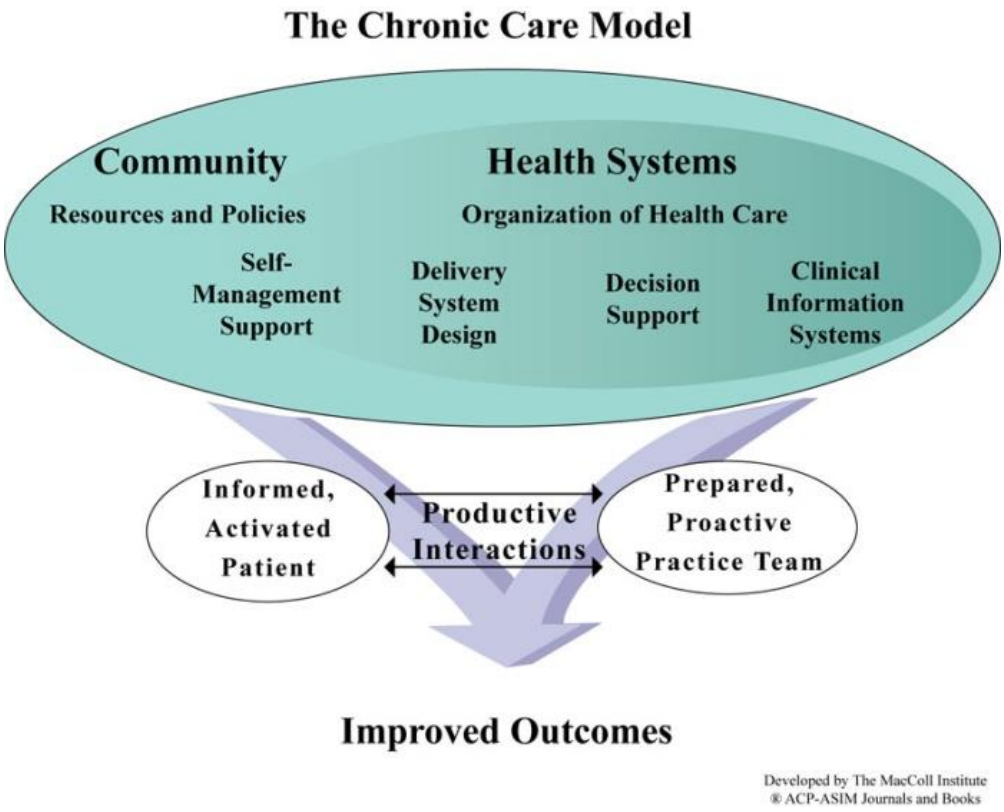
Holistic programs seek to address proactively the individual needs of patients through planned, ongoing follow-up, assessment and education.[12] Under the Chronic Care Model, as first developed by Dr. Edward H. Wagner, community providers collaborate to effect positive changes for health care recipients with chronic diseases.

[10] http://www.cdc.gov/chronicdisease/overview/
[11] Expenditure estimates developed using CDC Chronic Disease Cost Calculator
[12] Wagner, E.H., "Chronic Disease Management: What Will It Take to Improve Care for Chronic Illness?," *Effective Clinical Practice*, 1:2-4 (1998).

These interactions include systematic assessments, attention to treatment guidelines and support to empower patients to become self-managers of their own care. Continuous follow-up care and the establishment of clinical information systems to track patient care are also components vital to improving chronic illness management.

Exhibit 1-3 illustrates the basic components and interrelationships of the Chronic Care Model.

Exhibit 1-3 **– The Chronic Care Model**



Development of a Strategy for Holistic Chronic Care

Under the Oklahoma Medicaid Reform Act of 2006 (HB2842), the Oklahoma Legislature directed the Oklahoma Health Care Authority (OHCA) to develop and implement a management program for persons with chronic diseases, including, but not limited to, asthma, chronic obstructive pulmonary disease, congestive heart failure and diabetes. The program would address the health needs of chronically ill SoonerCare members while reducing unnecessary medical expenditures at a time of significant fiscal constraints.

In response, the OHCA developed the SoonerCare Health Management Program, with the stated goals of:

- Evaluating and managing participants with chronic conditions;
- Improving participants' health status and medical adherence;
- Increasing participant disease literacy and self-management skills;
- Coordinating and reducing unnecessary or inappropriate medication usage by participants;
- Reducing hospital admissions and emergency department use by participants;
- Improving primary care provider adherence to evidence-based guidelines and best practices measures;
- Coordinating participant care, including the establishment of coordination between providers, participants and community resources;
- Regularly reporting clinical performance and outcome measures;
- Regularly reporting SoonerCare health care expenditures of participants; and
- Measuring provider and participant satisfaction with the program.

"First Generation" SoonerCare HMP

The OHCA moved from concept to reality by creating a program that offered nurse care management to qualifying members with one or more chronic conditions. The program also offered practice facilitation and education to primary care providers treating the chronically ill.

The OHCA contracted with a vendor through a competitive bid process to implement and operate the SoonerCare HMP. Telligen[13] was selected to administer the SoonerCare HMP in accordance with the OHCA's specifications. Telligen is a national quality improvement and medical management firm specializing in care, quality and information management services. Telligen staff members provided nurse care management to SoonerCare HMP participants and practice facilitation to OHCA-designated primary care providers.

Medical Artificial Intelligence (MEDai), was already serving as a subcontractor to Hewlett Packard (HP), the OHCA's Medicaid fiscal agent, at the time of the SoonerCare HMP's development. The OHCA capitalized on this existing relationship by utilizing MEDai to assist in identifying candidates for enrollment in the SoonerCare HMP based on historical and predicted service utilization, as well as their potential for improvement through care management.

[13] Prior to August 2011, Telligen was known as the Iowa Foundation for Medical Care.

Nurse Care Management

Nurse care management targeted SoonerCare members with chronic conditions identified as being at high risk for both adverse outcomes and significant future medical costs. The members were stratified into two levels of care, with the highest-risk segment placed in "Tier 1" and the remainder in "Tier 2."

Prospective participants were contacted and "enrolled" in their appropriate tier. After enrollment, participants were "engaged" through initiation of care management activities.

Tier 1 participants received face-to-face nurse care management while Tier 2 participants received telephonic nurse care management. The OHCA sought to provide services at any given time to about 1,000 members in Tier 1 and about 4,000 members in Tier 2.

Practice Facilitation and Provider Education

Selected participating providers received practice facilitation through the SoonerCare HMP. Practice facilitators collaborated with providers and office staff to improve the quality of care through implementation of enhanced disease management and improved patient tracking and reporting systems.

The provider education component targeted primary care providers throughout the State who were treating patients with chronic illnesses. The program incorporated elements of the Chronic Care Model by inviting primary care practices to engage in collaboratives focused on health management and evidence-based guidelines.

Program Performance

The first generation model of the SoonerCare HMP operated from February 2008 through June 2013. PHPG conducted a five-year evaluation of the first generation program, focusing on the program's impact on member behavior (e.g., self-management of chronic conditions), quality of care, service utilization and cost. PHPG documented significant positive outcomes attributable to both program components.

In the final evaluation report issued in 2014, PHPG concluded that the program had achieved high levels of satisfaction among participants, both members and providers; had improved quality of care; reduced inpatient and emergency department utilization versus what would have occurred absent the program; and saved $182 million over five years, even after accounting for program administrative costs. PHPG also concluded that the, "the OHCA has laid a strong foundation for the program's second generation model, which is designed to further enhance care for members with complex/chronic conditions and to generate additional savings in the form of avoided hospital days, emergency department visits and other chronic care service costs."

"Second Generation" SoonerCare HMP & OHCA Chronic Care Unit (CCU)

As the contractual period for the first generation SoonerCare HMP was nearing its end, the OHCA began the process of examining how the program could be enhanced for the benefit of both members and providers. The OHCA and Telligen observed that a significant amount of the nurse care managers' time was being spent on outreach and scheduling activities, particularly for Tier 1 participants. The OHCA also observed that nurse care managers tended to work in isolation from primary care providers, although coordination did improve somewhat in the program's later years, as documented in provider survey results.

Health Coaching Model

To enhance member identification and participation, as well as coordination with primary care providers, the OHCA elected to replace centralized nurse care management services with registered nurse health coaches embedded at primary care practice sites. The health coaches would work closely with practice staff and provide coaching services to participating members. Health coaches could either be dedicated to a single practice with one or more providers or shared between multiple practice sites within a geographic area[14].

Health coaches would use evidence-based concepts such as motivational interviewing and member-driven action planning principles to impart changes in behaviors that impact chronic disease care. Health coaches would only be embedded at practices that had first undergone practice facilitation[15].

Practice facilitation would continue in the second generation HMP but would become more diverse, encompassing both traditional full practice facilitation and more targeted services such as academic detailing focused on specific topics and preparing practices for health coaches. In order to participate in the second SoonerCare HMP at its outset, members would have to be receiving primary care from a practice with an embedded health coach.

Transition from First Generation HMP

At the time of the transition from the first to second generation HMP, participants in nurse care management receiving care in a qualifying practice were offered the opportunity to transition to a health coach. Participants not aligned with a qualifying practice were given the opportunity to work with a new telephonic Chronic Care Unit (CCU) operated directly by the OHCA.

[14] The description of Health Coaching and second generation Practice Facilitation are taken from the OHCA's October 2012 RFP for a second generation Health Management Program contractor.

[15] The health coaching model has undergone some changes in recent months, including introduction of telephonic coaching for members in areas with insufficient caseloads to support practice-based coaching and a resumption of home visits for members found to be more receptive to coaching in their home environment. These modifications began in SFY 2015 and will be addressed in detail in next year's report.

Post-Transition HMP and CCU Enrollment

Post-transition, Telligen continues to identify HMP candidates from the SoonerCare Choice population through analysis of MEDai data. Providers also can refer patients to Telligen, for review and possible enrollment into the SoonerCare HMP.

SoonerCare Choice and SoonerCare Traditional members both are eligible for participation in the SoonerCare CCU. The SoonerCare CCU works with members who self-refer or are referred by a provider or another area within the OHCA, such as care management, member services, or provider services.

The CCU also is responsible for:

- Members with hemophilia or sickle cell anemia, even if the member otherwise would be enrolled in the SoonerCare HMP.
- Members identified as high utilizers of the emergency department.
- Members undergoing bariatric surgery.
- Members with Hepatitis-C[16].
- Members identified through a Health Risk Assessment (HRA), which SoonerCare applicants are given the option of completing as part of the online enrollment process. Based on responses to the HRA, members can be referred to different programs for assistance or case management, including the SoonerCare CCU.

The OHCA sends weekly updates of newly-opened CCU cases to Telligen. This ensures that there is no duplication in enrollment.

Telligen Implementation of Integrated Health Coaching/Practice Facilitation Model

The OHCA conducted a competitive procurement to select a vendor to administer the second generation HMP. Telligen was awarded the contract.

<u>Identification and Recruitment of Practices</u>

Implementation of the second generation program began with identification and recruitment of PCMH providers (primary care providers). Every SoonerCare Choice member is aligned with one of the 800+ PCMH providers throughout the State. The OHCA analyzed the MEDai and chronic disease profiles of members at each PCMH site and provided the information to Telligen.

Telligen segmented the practices by size (large, medium and small) and location (urban and rural) and targeted the most promising within each category based on patient mix and ability to

[16] As previously noted, added to the program in SFY 2015.

support a health coach. The purpose of the segmentation was to ensure diversity in the group ultimately selected.

Providers who previously had undergone practice facilitation were evaluated for the second generation HMP but were not automatically offered a health coach. Providers already participating in two other care management programs, Health Access Networks and the Comprehensive Primary Care Initiative (CPCI) were excluded from the process.

Telligen trained and deployed 26 health coaches at the program's outset to work full time at participating practices; the number is now up to 30. Most are assigned to a single practice, although five health coaches divide their time across two or more smaller practices with insufficient caseloads to support a full time coach on their own.

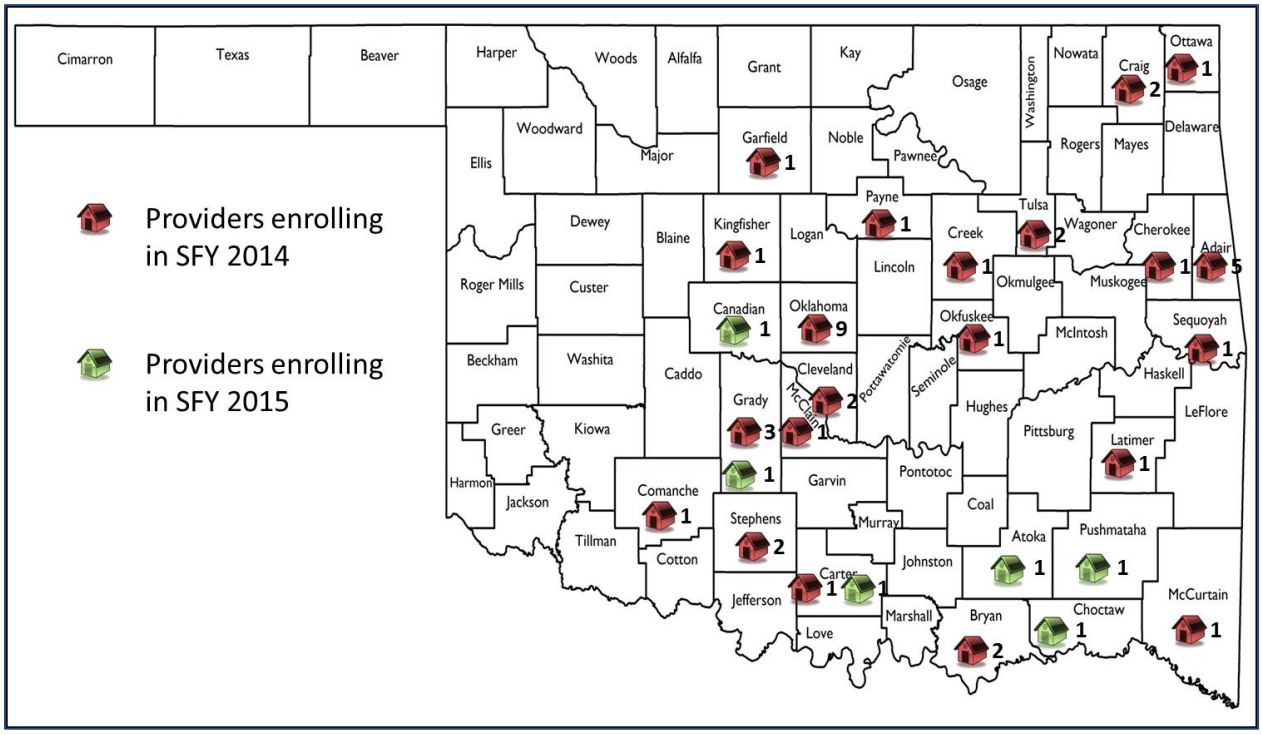
Telligen also deployed eight practice facilitators, who work in collaboration with health coaches at the time a practice agrees to participate in the program. A total of 46 providers practicing at 38 sites have been recruited as of June 2015, including 15 that previously underwent practice facilitation in the first generation program[17]. (The 15 practices underwent a new round of practice facilitation for the second generation program; for many of these practices, it had been several years since their previous experience.)

Forty-one providers across 32 sites participated in the program for at least a portion of SFY 2014; six additional providers across six sites joined in SFY 2015 (Exhibit 1-4 on the following page).

The SFY 2014 evaluation was limited to the original 41 providers, except for the survey component. The providers enrolling in SFY 2015 will be included in the SFY 2015 evaluation.

[17] A 47th provider agreed to participate but later withdrew from the program. Staffing data was provided by Telligen during an interview conducted on April 22, 2015.

Exhibit 1-4 – Practice Facilitation/Health Coach Sites



Health Coaching Model

The health coach, practice facilitator and provider form the core team for the program. The team focuses first on assessing the practice's operations and determining how the health coach can best be integrated into the office's routine. The practice facilitator then addresses opportunities for enhancing process flows, while the health coach begins reviewing patient rosters to identify coaching candidates based on MEDai chronic impact scores and disease states. (Providers also can refer members for health coaching. This includes members whose MEDai scores are relatively low, but are determined by the provider and health coach to be "at risk" based on the individual's total profile.)

Once established in a practice, a health coach on a typical day may see both existing SoonerCare HMP members scheduled for a medical appointment and potential new members identified by the coach as enrolled in SoonerCare and eligible for the program. Depending on the preference of the practice, health coaches meet with members either before or after the member's visit with the provider.

Some providers prefer that the health coach meet with a member before his or her medical appointment, to help prepare the member for the appointment, including identifying important information the member should share with the provider. Others prefer that the coach meet with the member after the appointment to review instructions the member may have received from the provider. Occasionally, a provider may ask a health coach to attend the medical

appointment; this tends to be limited to appointments with members who have difficulty understanding the provider's instructions.

Health coaches also may schedule sessions with members outside of the medical appointment process. On such occasions, members come to the office specifically to meet with their coach.

Health coaches apply motivational interviewing and other components of the coaching model throughout their workday. The narrative below in italics is excerpted from Telligen's training manual for health coaches and summarizes its health coaching model, as well as its approach to integration of health coaching and practice facilitation activities[18].

The Health Coach (HC) will utilize the principles and health coaching framework from the Miller and Rollnick model (2012). This is a SoonerCare Choice Member-centered, evidence-based approach that takes practice, feedback and time to master. An abbreviated summary of the Motivational Interview (MI) approach is provided below.

As presented by Miller & Rollnick (2012)[19], there are four major principles that form the 'spirit' of MI: Partnership, Acceptance, Compassion and Evocation.

- *Partnership: Unlike the traditional medical model, where the practitioner is the expert, in the MI approach, the HC and the member will form a partnership. Together, they will identify the member's priorities, readiness to change and health goals. The practitioner will guide the member and help him/her to work through ambivalence to change by selectively reinforcing and evoking the member's motivation to change.*
- *Acceptance: In the MI model, the HC looks at the member through a SoonerCare Choice Member-centered and empathetic lens. Acceptance includes believing in the absolute worth of the member, affirming the member's strengths and efforts, supporting the member's autonomy or choice, and providing reflections that show accurate empathy.*
- *Compassion: Without a deep underlying compassion for members, their circumstances, and their challenges, it is nearly impossible to employ the important skill of empathic listening. And without empathic listening, it is difficult to establish rapport and engage the SoonerCare Choice Member in a discussion about behavior change.*
- *Evocation: Evocation is perhaps the most important principle because it sets the MI-based health coaching approach apart from all others and is linked to clinical outcome. By evoking change talk – desire, ability, reasons and need to change, commitment for change, activation towards change, and steps already take towards change – the HC creates the best case scenario in health coaching.*

Miller & Rollnick (2012) also present a health coaching framework. The sequence and length of time spent in each phase will vary depending on the member's readiness to change, the

[18] Telligen Health Coach Training Manual – OK HMP, June 2013. The manual was developed and training was conducted in partnership with HealthSciences Institute.
[19] Motivational Interviewing, Third Edition, W Miller & S Rollnick, 2012

complexity of chronic illness, their understanding of the disease and any behavioral or social limitations.

1) *Engaging the SoonerCare Choice Member sets the foundation for the health coaching encounter. The ability to consistently build and maintain rapport is a significant skill for a HC. This is especially important when working with SoonerCare Choice Members who are less motivated and less ready to make changes in their health. The HC should strive to explore with the member their motivations, priorities, self-management efforts and challenges they have faced with their health.*

2) *Focusing sets the agenda for the HC and member encounter. As there is limited time with these appointments, it is important to utilize your time effectively and efficiently with the member. By eliciting what is important to the SoonerCare Choice Member and using clinical judgment, the HC can selectively guide the SoonerCare Choice Member into a productive discussion about how he or she can improve their health or change an unhealthy habit. The treatment plan suggested by the PCP may be a starting place; however, the agenda should be SoonerCare Choice Member-centered.*

3) *Evoking draws out what is important to the SoonerCare Choice Member. The goal here is to evoke change talk from the SoonerCare Choice Member. This is the most important phase as it is linked to clinical outcomes, but is often skipped due to our need to want to diagnose and provide answers. After member is engaged, the HC should look for opportunities to evoke change talk throughout and during each session.*

4) *Planning helps develop next steps and/or health goals. If the other three phases have been done well, the member's goals most likely have already been shared with the HC. As the session closes, the HC can summarize these goals and then ask the member for a realistic plan or next step.*

The HC collaborates with the Practice Facilitator (PF) on the Four Phases of facilitation; Assess, Analyze, Implement and Evaluate. It is imperative that the HC works in partnership with the PF and Medical Home to improve the health and outcomes of the Oklahoma SoonerCare population. The four phases of facilitation are defined as follows:

1) *Assess the practice and SoonerCare Choice Member population. Conduct an assessment of current staff, practice flow and data collection systems. Assess population, culture and chronic disease of members (SoonerCare Choice Members). The Health Management Program Practice Facilitators will be instrumental in implementing a registry during the HC preparation phase but the use of the registry would likely be a shared responsibility between practice staff and the HC.*

2) *Analyze assessment findings. Work in collaboration with the practice in the management and maintenance of a registry. Organize direction, gather coaching tools and use meaningful feedback on trends and findings of medical record review. Contact member (SoonerCare Choice Member) and gather information using best practice guidelines.*

3) *Implement positive activities towards managing chronic illness. Partner with members to set short term and long term goals for self-management of chronic disease. Engage with member and family using the evidence-based health coaching approach of Motivational Interviewing (MI). Address barriers to following through on treatment plan and health*

goals. In addition to using the MI approach, as needed, use educational materials regarding specific health care conditions and assist with referrals.

4) *Evaluate progress and improvements with ongoing collaboration with member and family with follow up appointments. Collaborate with PCP for continuation of care. Support members with getting their needs met. Coordinate with PMCH staff to identify members overdue for visit, labs or referral and arrange follow-up services. Determine the ability of PMCH staff and clinicians to access reports, implement satisfaction evaluations and analyze the effectiveness of the data system in place. (Care Measures®).*

SoonerCare HMP Operations

Telligen receives monthly payments specific to its health coaching and practice facilitation field activities, as well as payments for "centralized operations" costs. Telligen also has two community resource specialists available to help members with non-clinical programs, such as obtaining food or housing assistance. Health coaches are able to make referrals to the specialists when needs are identified and help is desired.

The OHCA oversees SoonerCare HMP activities through a dedicated unit whose medical director is an Oklahoma-licensed physician.

Telligen payments and OHCA administrative costs are presented in greater detail in the SoonerCare HMP cost effectiveness sections of the report.

Characteristics of Health Coaching Participants

The OHCA's goal at the outset of the second generation SoonerCare HMP was to provide health coaching at any one time to as many as 7,500 members at participating practices. The current number is closer to 5,000.

During SFY 2014, a total of 6,806 members were enrolled in the SoonerCare HMP for at least part of one month. PHPG, in consultation with the OHCA, removed certain groups from the utilization, expenditure and quality of care portions of the evaluation, to improve the integrity of the results. Specifically:

- Members who were enrolled for fewer than three months in SFY 2014.
- Members who were enrolled for three months or longer, but who also were enrolled in the CCU for a portion of SFY 2014, if their CCU tenure exceeded their HMP tenure.
- Members receiving disease management through Oklahoma University's Harold Hamm Diabetes Center, to isolate the impact of the SoonerCare HMP from activities occurring at the center[20].
- Members enrolled in a Health Access Network for three months or longer, to isolate the impact of the SoonerCare HMP from HAN care management activities[21].

The revised evaluation dataset included 4,914 SoonerCare HMP members, with an average HMP tenure of six months. Demographic and health data for these members is presented starting on the next page.

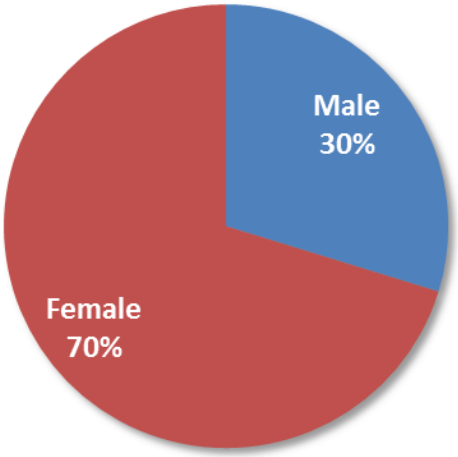
[20] There were 14 members who received services from the center and who also were enrolled in either the SoonerCare HMP or CCU.

[21] There were 301 members aligned with a HAN PCMH provider for three months or longer who also were enrolled in either the SoonerCare HMP or CCU at some point during the year. HAN members were more likely to reside in an urban area than either SoonerCare HMP or CCU participants (60 percent of HAN members lived in an urban county, versus 42 percent of HMP participants and 39 percent of CCU participants). HAN members were approximately 150 percent as costly as SoonerCare HMP participants on a PMPM basis but only 69 percent as costly as CCU participants. The HAN expenditure results should be interpreted with caution, given the small population size in the analysis. However, the variance in cost of HAN members from their HMP and CCU counterparts supports their exclusion from the evaluation, to avoid distortion of the findings.

Participants by Gender and Age

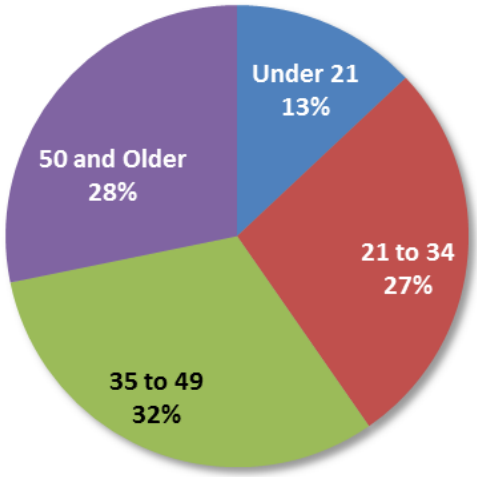
Most SoonerCare HMP participants are women, with females outnumbering males by more than two to one (Exhibit 1-5).

Exhibit 1-5 – Gender Mix for SoonerCare HMP Participants



Not surprisingly, SoonerCare HMP participants are older than the general Medicaid population. Only 13 percent of SoonerCare HMP participants are under the age of 21, compared to approximately 60 percent of the general SoonerCare population (Exhibit 1-6).[22]

Exhibit 1-6 – Age Distribution for SoonerCare HMP Participants



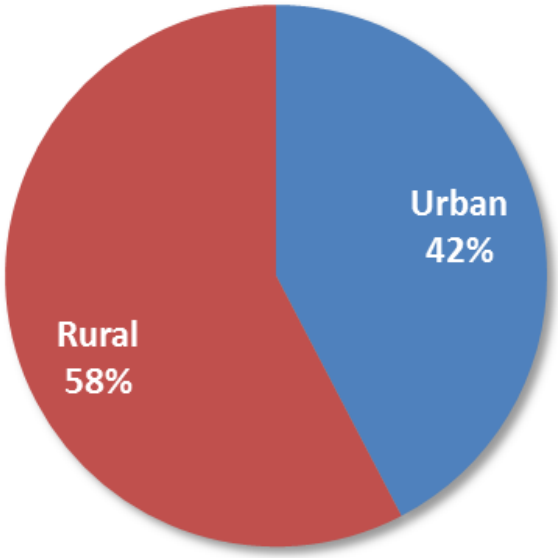
[22] Source for total SoonerCare percentage: OHCA SFY 2014 Annual Report.

Participants by Place of Residence

Fifty-eight percent of SoonerCare HMP participants live in rural Oklahoma. The remaining 42 percent live in urban counties comprising the greater Oklahoma City, Tulsa and Lawton metropolitan areas (Exhibit 1-7). In contrast, 40 percent of the general SoonerCare population resides in rural counties and 60 percent in urban counties[23].

The difference is attributable to the placement of SoonerCare HMP participating practices. At the OHCA's request, Telligen recruited practices throughout most of the State, including rural counties in northeast, southeast and southwest Oklahoma. This was done to ensure diversity among participants. Only the sparsely populated far western counties are unrepresented in the program.

Exhibit 1-7 – SoonerCare HMP Participants by Location: Urban/Rural Mix



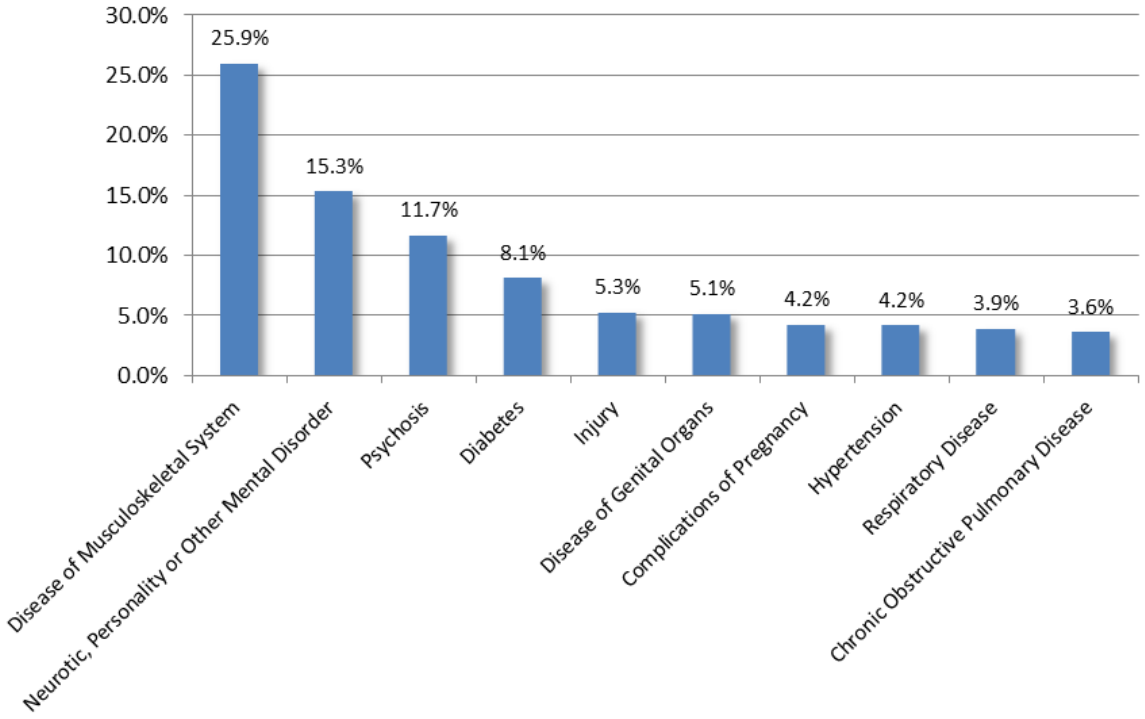
[23] Source: OHCA SoonerCare Total Enrollment Fast Facts.

Participants by Most Common Diagnostic Categories[24]

Program participants are treated for numerous chronic and acute physical conditions. The most common diagnostic category is disease of the musculoskeletal system , which includes osteoarthritis, other types of arthritis, backbone disease, rheumatism and other bone and cartilage diseases and deformities (Exhibit 1-8).

Two behavioral health categories are included among the top five, along with diabetes and injuries, while the remaining five categories include a mix of chronic and acute conditions. The top ten categories account for 87 percent of the SoonerCare HMP population.

Exhibit 1-8 – Most Common Diagnostic Categories for Health Coaching Participants[25]



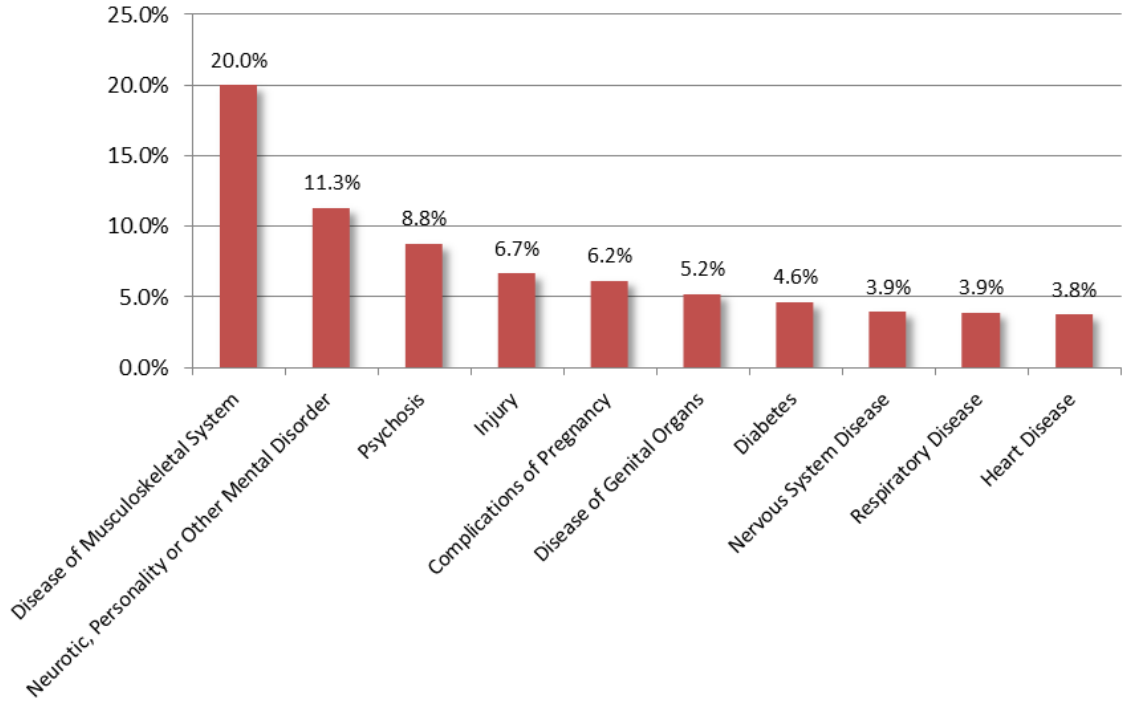
[24] Ranking of most common diagnoses calculated using primary diagnosis code from paid claims.

[25] It is the OHCA's policy not to enroll pregnant members in the SoonerCare HMP, and to disenroll those who become pregnant. The "complications of pregnancy" group may represent members not yet disenrolled, post partum members being treated for a complication and/or members who have had miscarriages.

Participants by Most Expensive Diagnostic Categories[26]

Disease of the musculoskeletal system also is the most expensive diagnostic category based on paid claim amounts, followed by seven of the same nine categories from the prior exhibit, although in slightly different order (Exhibit 1-9). The top ten most expensive disease categories account for 74 percent of the population.

Exhibit 1-9 – Most Expensive Diagnostic Categories for Health Coaching Participants



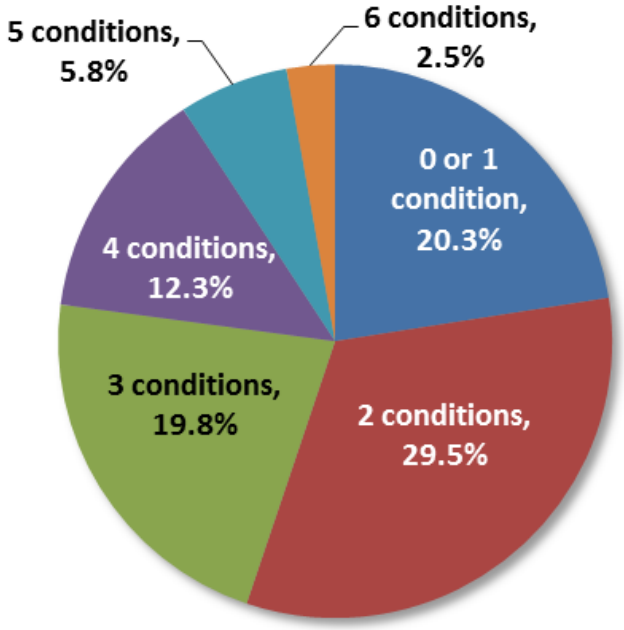
[26] Ranking of most costly diagnoses calculated using primary diagnosis code from paid claims.

Co-morbidities among Participants

The SoonerCare HMP's focus on holistic care rather than management of a single disease is appropriate given the prevalence of co-morbidities in the participating population.

PHPG examined the number of physical chronic conditions per participant and found that nearly 80 percent have at least two of six high priority chronic physical conditions[27] (asthma, COPD, coronary artery disease, diabetes, heart failure and hypertension) (Exhibit 1-10).

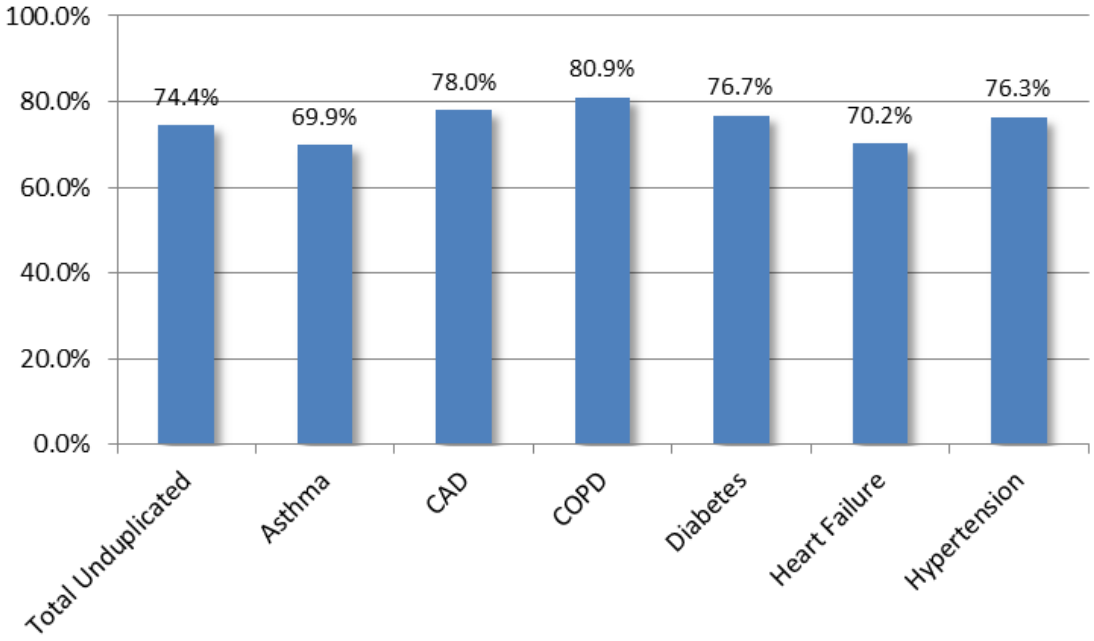
Exhibit 1-10 – Number of Physical Health Chronic Conditions



[27] These conditions are used by MEDai as part of its calculation of chronic impact scores.

Nearly 75 percent of the participant population also has both a physical and behavioral health condition. Among the six priority physical health conditions, the co-morbidity prevalence ranges from approximately 81 percent in the case of persons with COPD to 70 percent among persons with asthma (Exhibit 1-11).[28]

Exhibit 1-11 – Behavioral Health Co-morbidity Rate



Conclusion

Overall, health coaching participants demonstrate the characteristics expected of a population that could benefit from care management. Most have two or more chronic physical health conditions, often coupled with serious acute conditions. The population also has significant behavioral health needs that can complicate adherence to guidelines for self-management of physical health conditions and maintaining a healthy lifestyle.

[28] Behavioral health comorbidity defined as diagnosis codes 290-319 being one of the participant's top three most common or most expensive diagnosis, by claim count and paid amount, respectively.

SoonerCare HMP Independent Evaluation

The OHCA has retained the Pacific Health Policy Group (PHPG) to conduct an independent evaluation of the SoonerCare HMP. PHPG is evaluating the program's impact on participants and the health care system as a whole with respect to:

1. Health coaching participant satisfaction and perceived health status;

2. Health coaching participant self-management of chronic conditions;

3. Impact of health coaching on quality of care, as measured by participant utilization of preventive and chronic care management services and adherence to national, evidence-based disease management practice guidelines;

4. Health coaching cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs;

5. Practice facilitation participant satisfaction;

6. Impact of practice facilitation on quality of care, as measured by provider adherence to national, evidence-based disease management practice guidelines; and

7. Practice facilitation cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs.

PHPG is presenting evaluation findings in a series of annual reports to be issued over a five-year period. This is the first Annual Evaluation report addressing progress toward achievement of program objectives.

The specific methodologies employed and time periods addressed are described within each chapter of the evaluation. In general, utilization and expenditure findings are for year one of the program, covering July 2013 – June 2014 (State Fiscal Year 2014). Member and provider survey data is being collected on a continuous basis; findings in this report are for surveys conducted from February to April 2015.

CHAPTER 2 – HEALTH COACHING – PARTICIPANT SATISFACTION

Introduction

Participant satisfaction is a key component of SoonerCare HMP performance. If participants are satisfied with their experience and value its worth, they are likely to remain engaged and focused on improving their self-management skills and adopting a healthier lifestyle. Conversely, if participants do not see a lasting value to the experience, they are likely to lose interest and lack the necessary motivation to follow coaching recommendations.

PHPG received participant rosters and began conducting surveys in February 2015. The rosters included all participants back to the program's initiation in July 2013. The total number was 8,745.

PHPG mailed introductory letters to a sample of participants, informing them that they had been selected to participate in an evaluation of the SoonerCare HMP and would be contacted by telephone to complete a survey asking their opinions of the program. Surveyors made multiple call attempts at different times of the day and different days of the week before closing a case.

PHPG initially drew a random sample from the entire engaged population; the sample was later stratified by engagement date so that recent participants could be targeted. The latter group had fresher recollections about the care planning process.

The survey was written at a sixth-grade reading level and included questions designed to garner meaningful information on member perceptions and satisfaction. The areas explored include:

- Program awareness and engagement status
- Decision to enroll in the SoonerCare HMP
- Experience with health coaching and satisfaction with health coach
- Experience with community resource specialists and satisfaction (if applicable)
- Overall satisfaction with the SoonerCare HMP
- Health status and lifestyle
- Comparison to previous nurse care management model (if applicable)

Survey Population Size, Margin of Error and Confidence Levels

PHPG completed 139 surveys from a randomly selected sample during a three-month period, from February through April 2015. (Surveys conducted after April 2015 will be included in next year's report.)

The member survey results are based on a sample of the total SoonerCare HMP population and therefore contain a margin of error. The margin of error (or confidence interval), is usually expressed as a "plus or minus" percentage range (e.g., "+/- 10 percent"). The margin of error for any survey is a factor of the absolute sample size, its relationship to the total population and the desired confidence level for survey results.

The confidence level for the survey was set at 95 percent, the most commonly used standard. The confidence level represents the degree of certainty that a statistical prediction (i.e., survey result) is accurate. That is, it quantifies the probability that a confidence interval (margin of error) will include the true population value.

The 95 percent confidence level means that, if repeated 100 times, the survey results will fall within the margin of error 95 out of 100 times. The other five times the results will be outside of the range.

The margin of error for the total survey population was +/- 8.2 percent. The margin will diminish significantly in next year's report, which will include a full 12 months of survey data.

SoonerCare HMP Member Survey Findings

The survey respondents included 92 females and 47 males.

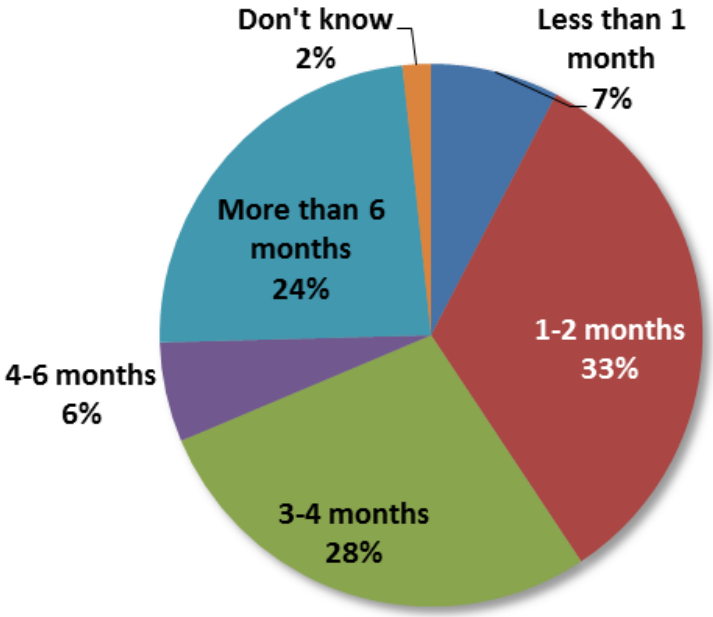
The majority of surveys (101 out of 139) were conducted with the actual SoonerCare HMP participant. The remaining surveys were conducted with a relative of the respondent, including parents/guardians of members under the age of 18, spouses, siblings and adult children of members.

Most of the questions were targeted to persons still engaged in the program at the time of the survey. The actively engaged subset included 118 of the 139 respondents.

Respondent tenure in the program ranged from less than one month to more than six months (Exhibit 2-1). Members will be resurveyed periodically to measure their attitudes over time; this year's data should be considered a baseline for tracking purposes.

Key findings for the member survey are discussed below. A copy of the survey instrument is included in Appendix A. The full set of responses is presented in Appendix B.

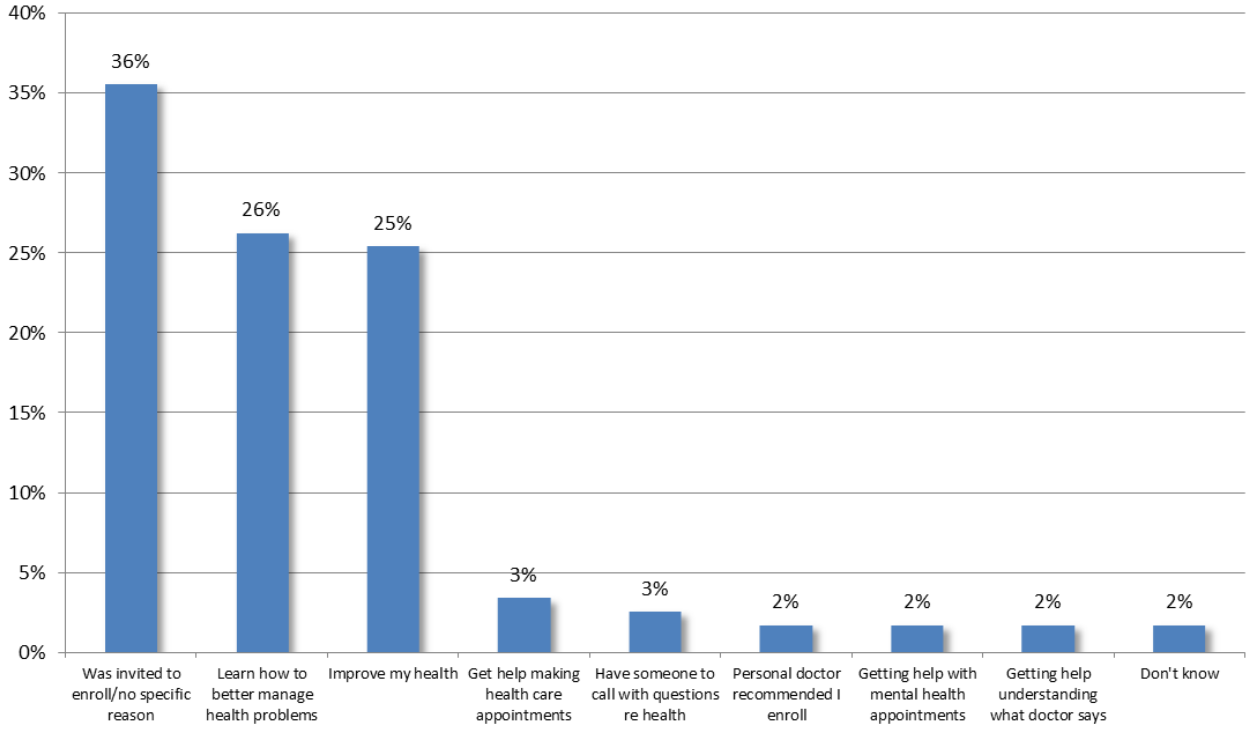
Exhibit 2-1 – Respondent Tenure in SoonerCare HMP



Reason for Enrolling

The SoonerCare HMP seeks to teach participants how to better manage their chronic conditions and improve their health. These were the primary reasons cited by participants who had a goal in mind when enrolling. However, the largest segment, at 36 percent, enrolled simply because they were asked (Exhibit 2-2).

Exhibit 2-2 – Primary Reason for Enrolling in SoonerCare HMP

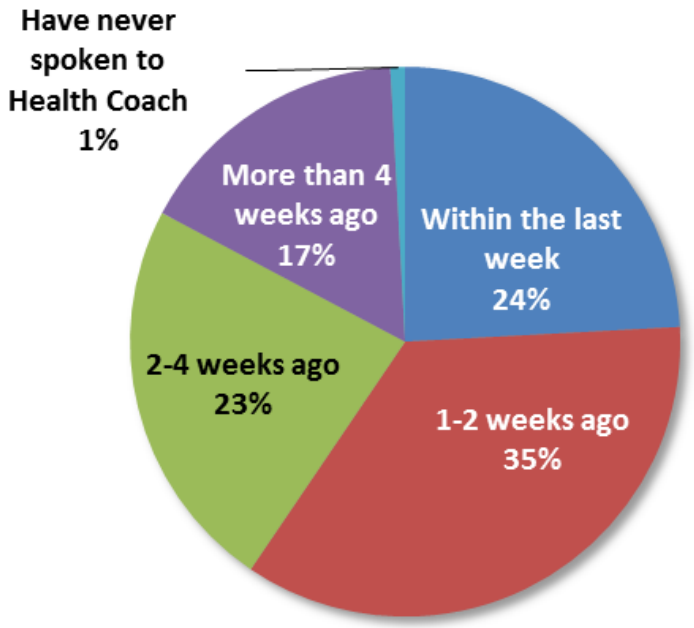


Health Coach Activities

The majority of respondents (56 percent) stated they met their health coach at time of enrollment at the provider's office. Most of the others (29 percent) stated they were contacted within one week of enrollment. (Since health coaches are responsible for enrollment, the portion stating they met their health coach after enrollment may have misunderstood the enrollment process. Starting in SFY 2015, PHPG will be asking a follow-up question of this group to explore their understanding of how enrollment occurred.)

The majority also reported speaking with their health coach sometime in the previous two weeks (Exhibit 2-3), with the type of contact split almost evenly between face-to-face (49 percent) and telephonic (51 percent). Despite the recent nature of the contacts, only 39 percent of respondents were able to provide the name of their health coach.

Exhibit 2-3 – Most Recent Contact with Health Coach



Health coaches are required to provide a contact telephone number to their members. Ninety-one percent of the respondents confirmed that they were given a number; most of the others could not recall.

Only 16 percent of the respondents stated they had ever tried to call their health coach. Among those who had, most (69 percent) called with a routine health question. Eighty-eight percent reached their coach immediately or heard back later the same day. All reported eventually getting a call back.

Health coaches are expected to help participants build their self-management skills and improve their health through a variety of activities. Respondents were read a list of activities and asked, for each, whether it had occurred and, if so, how satisfied they were with the interaction or help they received.

Nearly all of the respondents indicated that their health coach asked questions about health problems or concerns, and the great majority stated their health coach also provided answers and instructions for taking care of their health problems or concerns and answered questions about their health (Exhibit 2-4).

Exhibit 2-4 – Health Coach Activity Ratings[29]

Activity	Yes	Respondents answering "yes" to activity				
		Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Unsure
1. Asked questions about your health problems or concerns	***98%***	84%	14%	1%	1%	1%
2. Provided instructions about taking care of your health problems or concerns	***84%***	84%	11%	1%	1%	3%
3. Helped you to identify changes in your health that might be an early sign of a problem	***25%***	85%	12%	0%	0%	3%
4. Answered questions about your health	***79%***	89%	10%	0%	0%	1%
5. Helped you talk to and work with your regular doctor and your regular doctor's office staff	***45%***	96%	2%	0%	0%	2%
6. Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems	***27%***	88%	6%	0%	0%	6%
7. Helped you to make and keep health care appointments for mental health or substance abuse problems	***14%***	94%	6%	0%	0%	0%
8. Reviewed your medications with you and helped you to manage your medications	***59%***	85%	10%	0%	1%	4%

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

[29] Satisfaction percentages shown in Appendix B for this and later tables are for all survey respondents, rather than the subset answering "yes" to an activity. The two data sets therefore do not match for these questions.

A majority reported that their health coach reviewed and helped with management of medications and a near majority stated that their coach helped them to talk to and work with their regular doctor and his/her staff. Smaller percentages reported receiving help in identifying health changes or scheduling appointments with other providers.

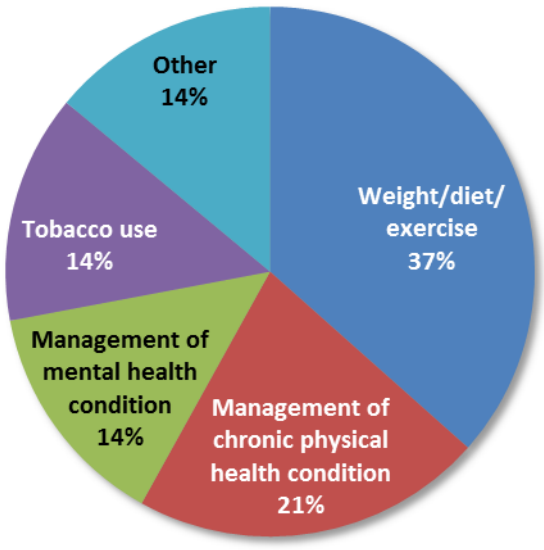
Respondents were asked to rate their satisfaction with each "yes" activity. The overwhelming majority reported being very satisfied with the help they received, with the portion ranging from 84 to 96 percent, depending on the item.

Health coaching employs motivational interviewing to identify lifestyle changes that members would like to make. Once identified, it is the health coach's responsibility to collaborate with the member in developing an action plan with goals to be pursued by the member with his/her coach's assistance.

Seventy-seven percent of survey respondents confirmed that their health coach asked them what change in their life would make the biggest difference in their health. Eighty-six percent of this subset (or 67 percent of total) stated that they actually selected an area to make a change.

The most common choice involved some combination of weight loss or gain, improved diet and exercise (Exhibit 2-5). This was followed by management of a chronic physical health condition, such as asthma, diabetes or hypertension; management of a mental health condition; and tobacco use/cessation. The "other" category included recovery from acute conditions, improved medication management, general health improvement and doing a better job of keeping doctor's appointments.

Exhibit 2-5 – Area Selected for Development of Action Plan



Nearly all of the respondents (96 percent) who selected an area stated that they went on to develop an action plan with goals. Exactly 50 percent[30] of this group reported achieving one or more goals in their action plan. Exhibit 2-6 provides examples of the goals members reported achieving.

Exhibit 2-6 – Examples of Achieved Goals

Action Plan Area	Goals Achieved
Weight/Diet/Exercise	• **Eating better and exercising more** • **Enrolling in an exercise class**
Management of chronic physical health condition	• **Better control of asthma with medications** • **Eating better to control blood sugar**
Management of mental health condition	• **Starting counseling** • **Adhering to medication to address condition**
Tobacco use	• **Cutting back on number of packs smoked per day** • **Converting to electronic cigarettes**

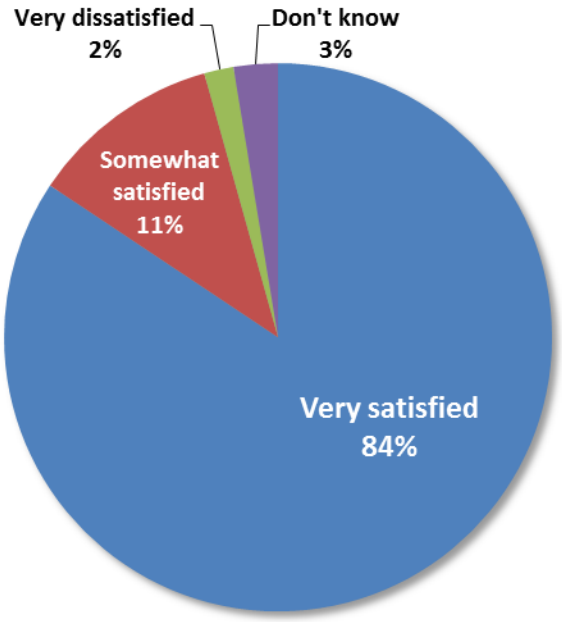
Among the members who reported having a goal but not yet achieving it, 71 percent stated they were "very confident" they would ultimately accomplish it, while another 19 percent stated they were "somewhat confident". The remaining ten percent reported they were "not very confident" of achieving the goal.

Regardless of their status, members were overwhelmingly positive about the role of the health coach, with 94 percent stating that their coach had been "very helpful" to them in achieving their goal and six percent stating that their coach had been "somewhat helpful".

This attitude carried over to the members' overall satisfaction with their health coaches, which was again very high (Exhibit 2-7 on the following page).

[30] The percentage was likely depressed by the short tenure of the respondent population, the majority of which had been enrolled less than six months at the time of the survey.

Exhibit 2-7 – Overall Satisfaction with Health Coach



Community Resource Specialists

Telligen has two community resource specialists available to help members with non-clinical programs, such as obtaining food or housing assistance. Health coaches are able to make referrals to the specialists when needs are identified and help is desired.

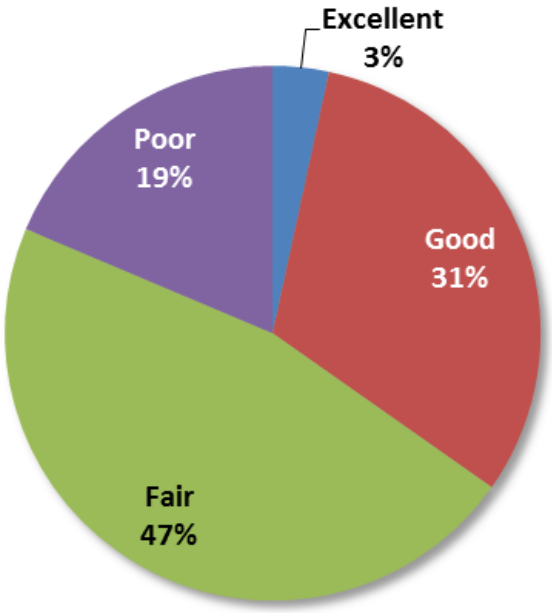
Thirty-six percent of the respondents stated they were aware of the resource specialists. Only a small portion – eight respondents in total – reported using the resource specialists to help resolve a problem. The nature of the help included housing/rental assistance, food assistance and arranging transportation to medical appointments, all consistent with the specialists' defined mission.

Six of the eight respondents stated that the community resource specialist was "very helpful" in resolving their problem. One reported that the specialist was "not at all helpful" but attributed the dissatisfaction to a poor phone connection. The last respondent credited the specialist with helping but could not recall the details of the interaction.

Health Status and Lifestyle

The ultimate objectives of health coaching are to assist members in adopting healthier lifestyles and improving their overall health. When asked to rate their current health status, the largest segment of respondents said "fair" (Exhibit 2-8).

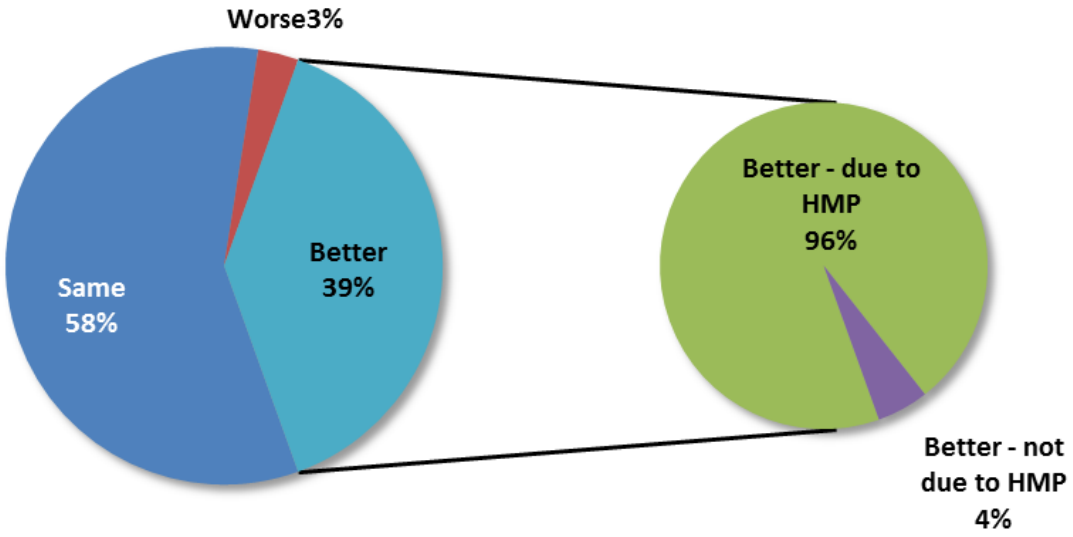
Exhibit 2-8 – Current Health Status



When next asked if their health status had changed since enrolling in the SoonerCare HMP, a majority (58 percent) said it was "about the same". However, a significant minority (39 percent) said their health was "better" and only three percent said it was "worse". Since a majority of the members had been enrolled less than six months at the time of their survey, these results are encouraging.

Among those members who reported a positive change, nearly all (96 percent) credited the SoonerCare HMP with contributing to their improved health (Exhibit 2-9).

Exhibit 2-9 – Health Status as Compared to Pre-HMP Enrollment



Members also were asked whether their health coach had tried to help them improve their health by changing behaviors and, if so, whether they had in fact made a change[31]. Respondents were asked whether their health coach discussed behavior changes with respect to: smoking, exercise, diet, medication management, water intake and alcohol/substance consumption. If yes, respondents were asked about the impact of the health coach's intervention on their behavior (no change, temporary change or continuing change).

[31] The areas of inquiry overlap somewhat with the content of action plans adopted by members. However, the questions in this section were asked of all members, regardless of what they reported with respect to having an action plan.

A majority of respondents reported discussing each of the activities with their health coach. A significant percentage also reported continuing to make changes with respect to exercise, diet, water intake and medication management. Smaller percentages reported working to reduce tobacco, alcohol or other substance use (Exhibit 2-10).

Exhibit 2-10 – Changes in Behavior

Activity	Discussion and Change in Behavior					
	N/A – Not Discussed[32]	Discussed – No Change	Discussed – Temporary Change	Discussed – Continuing Change	Discussed – But Not Applicable	Unsure/ No Response
1. Smoking less or using other tobacco products less	24%	8%	3%	14%	50%	3%
2. Moving around more or getting more exercise	17%	10%	3%	42%	25%	4%
3. Changing your diet	16%	12%	2%	48%	19%	3%
4. Managing and taking your medications better	15%	15%	0%	36%	3%	31%
5. Making sure to drink enough water throughout the day	43%	6%	1%	36%	3%	12%
6. Drinking or using other substances less	28%	5%	0%	2%	63%	3%

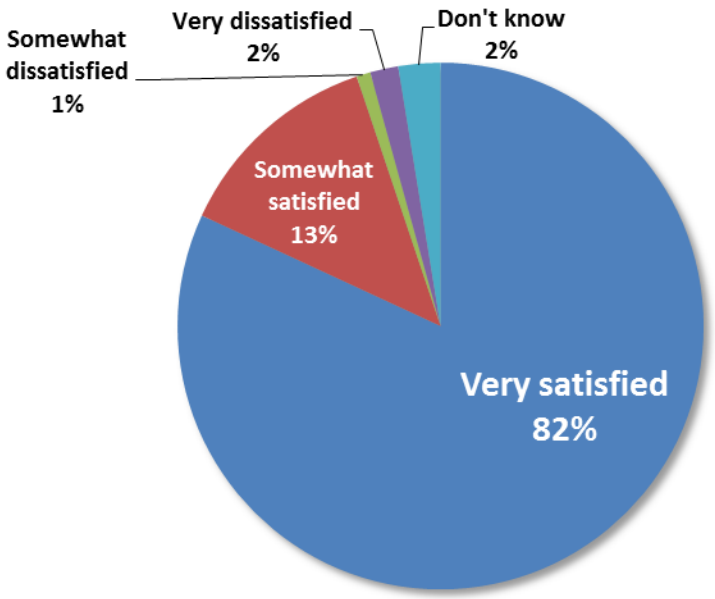
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

[32] "N/A – not discussed" includes members for whom no inquiry was made. "Discussed but not applicable" column refers to members for whom an inquiry was made but the category did not apply (e.g., non-tobacco users).

Overall Satisfaction

Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as the face of the program (Exhibit 2-11). Nearly all respondents (92 percent) said they would recommend the program to a friend with health care needs like theirs.

Exhibit 2-11 – Overall Satisfaction with SoonerCare HMP



(Note: PHPG asked members who were enrolled in the first generation HMP to compare the two programs; however, only two members reported having been enrolled previously, too few to analyze. PHPG also asked members who reported disenrolling from the program to discuss the reason for their decision; again, only two members reported having disenrolled, also too few to analyze. The transition question is being discontinued but the disenrollment question will continue to be asked.)

Summary of Key Findings

The initial round of survey responses indicate that members are satisfied with their experience in the SoonerCare HMP and value highly their relationship with the health coach. Even at this early stage, a significant percentage credits the program with improving their health.

CHAPTER 3 – HEALTH COACHING QUALITY OF CARE ANALYSIS

Introduction

SoonerCare HMP health coaches devote much of their time to improving the quality of care for program participants. This includes educating participants about adherence to clinical guidelines for preventive care and for treatment of chronic conditions.

PHPG evaluated the impact of SoonerCare HMP health coaching on quality of care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare HMP population. The evaluation included 19 diagnosis-specific measures and three population-wide preventive measures:

- Asthma measures
  - Use of appropriate medications for people with asthma
  - Medication management for people with asthma – 50 percent
  - Medication management for people with asthma – 75 percent

- Cardiovascular (CAD and heart failure) measures
  - Persistence of beta-blocker treatment after a heart attack
  - Cholesterol management for patients with cardiovascular conditions – LDL-C screening

- COPD measures
  - Use of spirometry testing in the assessment and diagnosis of COPD
  - Pharmacotherapy management of COPD exacerbation – 14 days
  - Pharmacotherapy management of COPD exacerbation – 30 days

- Diabetes measures
  - Percentage of members who had LDL-C test
  - Percentage of members who had retinal eye exam performed
  - Percentage of members who had Hemoglobin A1c (HbA1c) testing
  - Percentage of members who received medical attention for nephropathy
  - Percentage of members prescribed angiotensin converting enzyme inhibitors or angiotensin receptor blockers (ACE/ARB therapy)

- Hypertension measures
  - Percentage of members who had LDL-C test
  - Percentage of members prescribed ACE/ARB therapy
  - Percentage of members prescribed diuretics
  - Percentage of members prescribed ACE/ARB therapy or diuretics with annual medication monitoring

- Mental Health measures
  - Follow-up after hospitalization for mental illness – 7 days
  - Follow-up after hospitalization for mental illness – 30 days

- Preventive health measures
  - Adult access to preventive/ambulatory health services
  - Children and adolescents' access to PCPs
  - Adult body mass index (BMI) assessment

The specifications for each measure are presented in the applicable section.

Methodology

The quality of care analysis targeted SoonerCare HMP health coaching participants meeting the criteria outlined in chapter one. The analysis was performed in accordance with HEDIS specifications. PHPG used administrative (claims) data to develop findings for the measures.

PHPG determined the total number of members to be evaluated for each measure (denominator), the number meeting the clinical standard (numerator) and the resultant "percent compliant". The results were compared to compliance rates for the general SoonerCare population (SFY 2014 reporting year), where available, and to national Medicaid MCO benchmarks where SoonerCare data was not available. (SoonerCare rates are shown in black font; national rates, when used, are shown in blue font. In a few instances, neither source was available, as denoted by dash lines.)

Statistically significant differences between health coaching participants and the comparison group at a 95 percent confidence level are noted in the exhibits through bold face type of the value shown in the "% point difference" column. However, all results should be interpreted with caution given the small size of the health coaching population.

The number of cases will increase in future years, which will enhance the reliability of the findings. PHPG also will report compliance rate trends, starting with the SFY 2015 report.

Asthma

The quality of care for health coaching participants with asthma (ages 5 to 64) was evaluated through three clinical measures:

- *Use of Appropriate Medications for People with Asthma*: Percent with persistent asthma who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolun sodium, leukotriene modifiers or methylaxanthines.
- *Medication Management for People with Asthma – 50 Percent*: Percentage of members receiving at least one asthma medication who had an active prescription for an asthma controller medication for at least 50 percent (50 percent compliance rate) of the year, starting with the first date of receiving such a prescription.
- *Medication Management for People with Asthma – 75 Percent*: Percentage of members receiving at least one asthma medication who had an active prescription at least 75 percent (75 percent compliance rate) of the year, starting with the first date of receiving such a prescription.

The compliance rate for the health coaching population exceeded the comparison group rate on two of three measures (Exhibit 3-1[33]). The difference was statistically significant for one measure.

Exhibit 3-1– Asthma Clinical Measures - Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Use of Appropriate Medications for People with Asthma	43	41	95.3%	81.5%	**13.8%**
2. Medication Management for People with Asthma – 50 Percent	41	28	68.3%	62.4%	5.9%
3. Medication Management for People with Asthma – 75 Percent	41	11	26.8%	39.6%	(12.8%)

[33] In the interest of space, the population size for the comparison group is not presented in the tables. However, in all instances, it was many multiples of the health coaching population, as would be expected for a total program number. For example, the denominator for asthma measures was 14,496.

Cardiovascular Disease

The quality of care for health coaching participants with cardiovascular disease (coronary artery disease, heart failure) was evaluated through two clinical measures:

- *Persistence of Beta Blocker Treatment after Heart Attack*: Percentage of members 18 and older with prior MI prescribed beta-blocker therapy.
- *LDL-C Screening*: Percentage of members 18 to 75 who received at least one LDL-C screen.

The compliance rate for the comparison group exceeded the health coaching population rate on both measures (Exhibit 3-2). The difference was statistically significant for one measure, although this result should be viewed with caution given the small health coaching population.

Exhibit 3-2 – Cardiovascular Disease Clinical Measures – Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Persistence of Beta Blocker Treatment after Heart Attack	12	6	50.0%	84.2%	**(34.2%)**
2. LDL-C Screening	262	199	76.0%	81.1%	(5.1%)

COPD

The quality of care for health coaching participants with COPD (ages 40 and older) was evaluated through three clinical measures:

- *Use of Spirometry Testing in the Assessment/Diagnosis of COPD*: Percentage of members who received spirometry screening.
- *Pharmacotherapy Management of COPD Exacerbation – 14 Days*: Percentage of COPD exacerbations for members who had an acute inpatient discharge or ED visit and who were dispensed systemic corticosteroid within 14 days.
- *Pharmacotherapy Management of COPD Exacerbation – 30 Days*: Percentage of COPD exacerbations for members who had an acute inpatient discharge or ED visit and who were dispensed a bronchodilator within 30 days.

The compliance rate for the health coaching population exceeded the comparison group rate on one of three measures (Exhibit 3-3). The difference was statistically significant for one measure.

Exhibit 3-3– COPD Clinical Measures – Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	146	46	31.5%	31.0%	0.5%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	111	55	49.5%	65.8%	**(16.3%)**
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	111	82	73.9%	80.9%	(7.0%)

Diabetes

The quality of care for health coaching participants (ages 18 to 75) with diabetes was evaluated through five clinical measures:

- *LDL-C Test*: Percentage of members who received LDL-C in previous twelve months.
- *Retinal Eye Exam*: Percentage of members who received at least one dilated retinal eye exam in previous twelve months.
- *HbA1c Test*: Percentage of members who received at least one HbA1C test in previous twelve months.
- *Medical Attention for Nephropathy*: Percentage of members who received medical attention for nephropathy in previous twelve months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous twelve months.

The compliance rate for the health coaching population exceeded the comparison group rate on the four measures having a comparison group percentage (Exhibit 3-4). The difference was statistically significant for all four measures.

Exhibit 3-4 – Diabetes Clinical Measures – Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. LDL-C Test	777	598	77.0%	63.4%	**13.6%**
2. Retinal Eye Exam	777	294	37.8%	26.3%	**11.5%**
3. HbA1c Test	777	674	86.7%	71.9%	**14.8%**
4. Medical Attention for Nephropathy	777	599	77.1%	53.4%	**23.7%**
5. ACE/ARB Therapy	777	519	66.8%	---	---

Hypertension

The quality of care for health coaching participants with hypertension (ages 18 and older) was evaluated through four clinical measures:

- *LDL-C Test*: Percentage of members who received LDL-C in previous twelve months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous twelve months.
- *Diuretics*: Percentage of members who received diuretic in previous twelve months.
- *Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics*: Percentage of members prescribed ACE/ARB therapy or diuretic who received annual medication monitoring.

The compliance rate for the comparison group exceeded the health coaching population rate on the two measures having a comparison group percentage (Exhibit 3-5). The difference was statistically significant for both measures.

Exhibit 3-5 – Hypertension Clinical Measures – Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. LDL-C Test	1,709	1,151	67.3%	81.1%	**(13.8%)**
2. ACE/ARB Therapy	1,709	1,136	66.5%	---	---
3. Diuretics	1,709	771	45.1%	---	---
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics[34]	949	799	84.2%	87.9%	**(3.7%)**

[34] Denominator for measure 4 is smaller than numerator for measure 2 because numerator for measure 2 is defined as having at least one prescription active during the year. Denominator 4 is defined as having a prescription active for at least 180 days during the year.

Mental Health

The quality of care for health coaching participants with mental illness (ages six and older) was evaluated through two clinical measures:

- *Follow-up after Hospitalization for Mental Illness – Seven Days*: Percentage of members who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within seven days.
- *Follow-up after Hospitalization for Mental Illness – 30 Days*: Percentage of members who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within 30 days.

The compliance rate for the health coaching population exceeded the comparison group rate on both measures (Exhibit 3-6). The difference was statistically significant in both cases.

Exhibit 3-6 – Mental Health Measures – Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Follow-up after Hospitalization for Mental Illness – Seven Days	132	46	34.8%	23.3%	**11.5%**
2. Follow-up after Hospitalization for Mental Illness – 30 Days	132	89	67.4%	44.5%	**22.9%**

Prevention

The quality of preventive care for health coaching participants was evaluated through three clinical measures:

- *Adult Access to Preventive/Ambulatory Care*: Percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.
- *Child Access to PCP*: Percentage of children 12 months to 19 years old who visited a primary care practitioner (PCP) during the measurement year, or if seven years or older, in the measurement year or year prior.
- *Adult BMI*: Percentage of adults 18 to 75 years old who had an outpatient visit where his/her BMI was documented, either during the measurement year or year prior to the measurement year.

The compliance rate for the health coaching population exceeded the comparison group rate on the two measures having a comparison group percentage (Exhibit 3-7). The difference was statistically significant in both cases.

Exhibit 3-7 – Preventive Measures – Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Adult Access to Preventive/Ambulatory Care	3,757	3,617	96.3%	84.7%	**11.5%**
2. Child Access to PCP	571	562	98.4%	91.2%	**7.2%**
3. Adult BMI	2,831	406	14.3%	---	---

Summary of Key Findings

The health coaching participant compliance rate exceeded the comparison group rate on 11 of 18 measures for which there was a comparison group percentage. The difference was statistically significant for nine of the 11, suggesting that the program is having a positive effect on quality of care, although there is room for continued improvement.

The most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

CHAPTER 4 – HEALTH COACHING – UTILIZATION, EXPENDITURE & COST EFFECTIVENESS ANALYSIS

Introduction

Health coaching, if effective, should have an observable impact on participant service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits and hospitalizations, and lower acute care costs.

Most SoonerCare HMP participants are identified based on MEDai data, which includes a 12-month forecast of emergency department visits, hospitalizations and total expenditures . MEDai's advanced predictive modeling, as opposed to extrapolating historical trends, accounts for participants' risk factors and recent clinical experience[35].

The resulting forecasts serve as an accurate depiction of what participant utilization would have been like in the absence of health coaching. They serve as benchmarks against which each member's actual utilization and expenditures, post HMP enrollment, can be compared.

At the program level, the expenditure test also must take into account SoonerCare HMP administrative expenses. To be cost effective, actual expenditures must be sufficiently below forecast to cover administrative expenses and yield some level of net savings.

Methodology

PHPG conducted the utilization and expenditure evaluation by comparing participants' actual claims experience to MEDai forecasts for the 12-month period following the start date of engagement. (In future reports, additional years of post-engagement data will be added to the analysis.)

The evaluation examined participants in six priority diagnostic categories used by MEDai as part of its calculation of the chronic impact score for potential SoonerCare HMP participants: asthma, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), heart failure, diabetes mellitus and hypertension[36]. The evaluation also examined the SoonerCare HMP population as a whole.

Participants in each diagnostic category were included in the analysis only if it was their most expensive at the time of engagement. A member's most expensive diagnostic category at the time of engagement was defined as the diagnostic category associated with the greatest

[35] Providers also can refer members for health coaching. This includes members whose MEDai scores are relatively low, but are determined by the provider and health coach to be "at risk" based on the individual's total profile.
[36] MEDai examines diagnoses beyond the six listed, but these six are among the most common found among SoonerCare HMP and CCU participants and are significant contributors to member utilization and expenditures.

medical expenditures during the pre-engaged (1-12 months) and engaged periods. As participants have significant rates of physical co-morbidities, categorizing them in this manner allows for a targeted analysis of both the absolute and relative impact of health coaching on the various chronic impact conditions driving participant utilization.

PHPG developed utilization/expenditure rates using claims with dates of service from SFY 2013 through SFY 2014. (The SFY 2013 data was used for calculation of pre-engagement activity.) The OHCA and HP (the state's Medicaid fiscal agent) prepared a claims file employing the same extraction methodology used by the OHCA on a monthly basis to provide updated claims files to MEDai.

The initial file contained individual eligibility records and complete claims for Medicaid eligibles. PHPG created a dataset that identified each individual's eligibility and claims experience during the evaluation period.

Participants were included in the analysis only if they had three months or more of engagement experience as of June 30, 2014, and had MEDai forecast data available at the time of engagement.[37]

The following data is provided for each of the six diagnoses:

1. Number of participants having the diagnosis and portion for which the diagnosis is their most expensive condition;
2. Comorbidity rates with other targeted conditions
3. Inpatient days – forecast versus actual
4. Emergency department visits – forecast versus actual
5. PMPM medical expenditures – forecast versus actual
6. Medical expenditures by category of service – pre- and post-engagement
7. Aggregate medical expenditure impact of SoonerCare HMP participation

Items 3 through 7 also are presented for the SoonerCare HMP population as a whole. Appendix C contains detailed expenditure exhibits.

[37] See chapter one for information on other exclusions made prior to the utilization/expenditure analysis.

Asthma Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2014 included 1,235 health coaching participants with an asthma diagnosis[38]. Asthma was the most expensive diagnosis at the time of engagement for 56 percent of participants with this diagnosis (Exhibit 4-1).

Exhibit 4-1 – Participants with Asthma as Most Expensive Diagnosis

Participants w/Asthma	Number Most Expensive	Percent Most Expensive
1,235	690	56%

A significant portion of participants with asthma also were diagnosed with another chronic impact condition, the most common being hypertension and COPD (Exhibit 4-2).

Exhibit 4-2 – Participants with Asthma Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	---
Coronary Artery Disease	12%
COPD	42%
Diabetes	23%
Heart Failure	8%
Hypertension	48%

[38] All participation and expenditure data in the chapter is for the portion of the SoonerCare HMP population remaining after application of the exclusions described in chapter one.

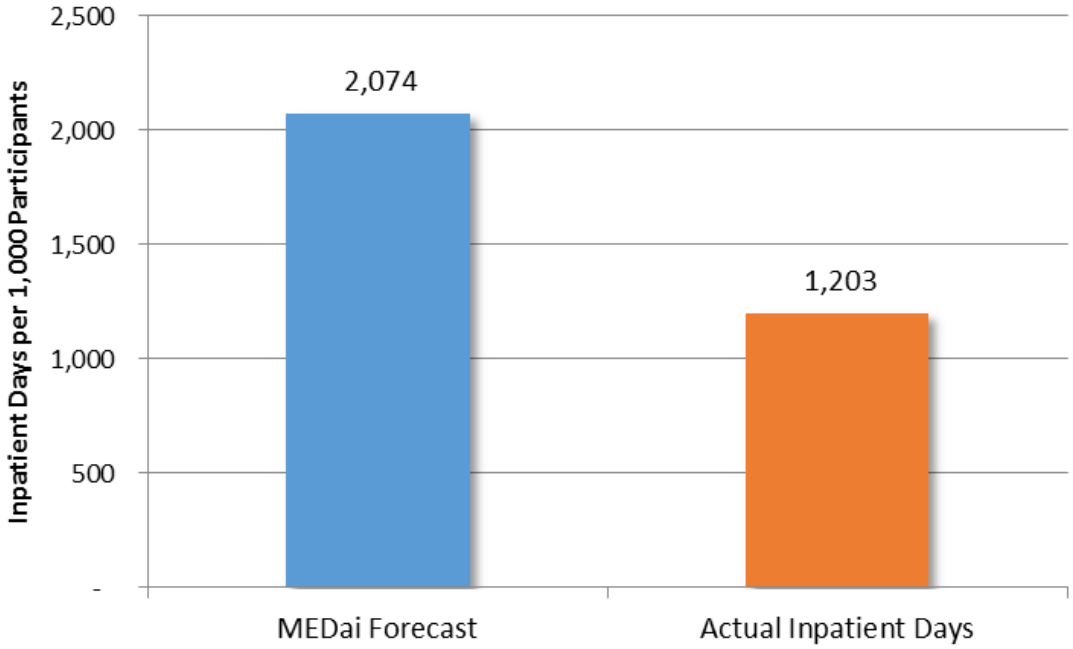
Utilization

PHPG analyzed inpatient hospital and emergency department utilization rates by comparing MEDai forecasts to actual utilization. Hospital utilization was measured by number of inpatient days and emergency department utilization by number of visits per 1,000 participants with asthma as their most expensive diagnosis at the time of engagement.

The purpose of this analysis was to determine if enrollment in the SoonerCare HMP had an impact on avoidable and expensive acute care episodes. All hospitalizations and emergency department visits for a participant were included in the calculations, regardless of the primary admitting/presenting diagnosis. The SoonerCare HMP is intended to be holistic and not limited in its impact to a member's particular chronic condition.

MEDai forecasted that participants with asthma would incur 2,074 inpatient days per 1,000 participants in the first 12 months of engagement[39]. The actual rate was 1,203, or 58 percent of forecast (Exhibit 4-3). (As a point of comparison, the rate for all Oklahomans in 2013, across all diagnoses, was 577 days per 1,000.[40])

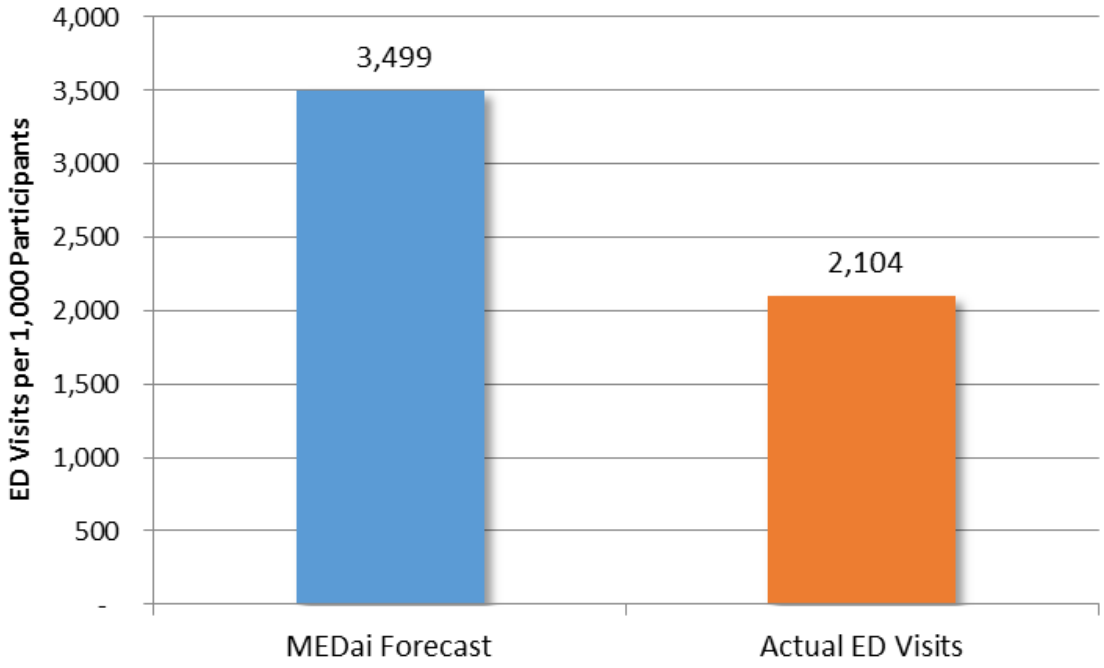
Exhibit 4-3 – Participants with Asthma as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



[39] All MEDai forecasts assume no intervention in terms of care management. Rate calculated for portion of year that each participant was engaged in program.
[40] Source: http://kff.org/other/state-indicator/inpatient-days-by-ownership/ 2013 is the most recent year available.

MEDai forecasted that participants with asthma would incur 3,499 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,104, or 60 percent of forecast (Exhibit 4-4). (As a point of comparison, the rate for all Oklahomans in 2013, across all diagnoses, was 486 visits per 1,000.[41])

Exhibit 4-4 – Participants with Asthma as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants

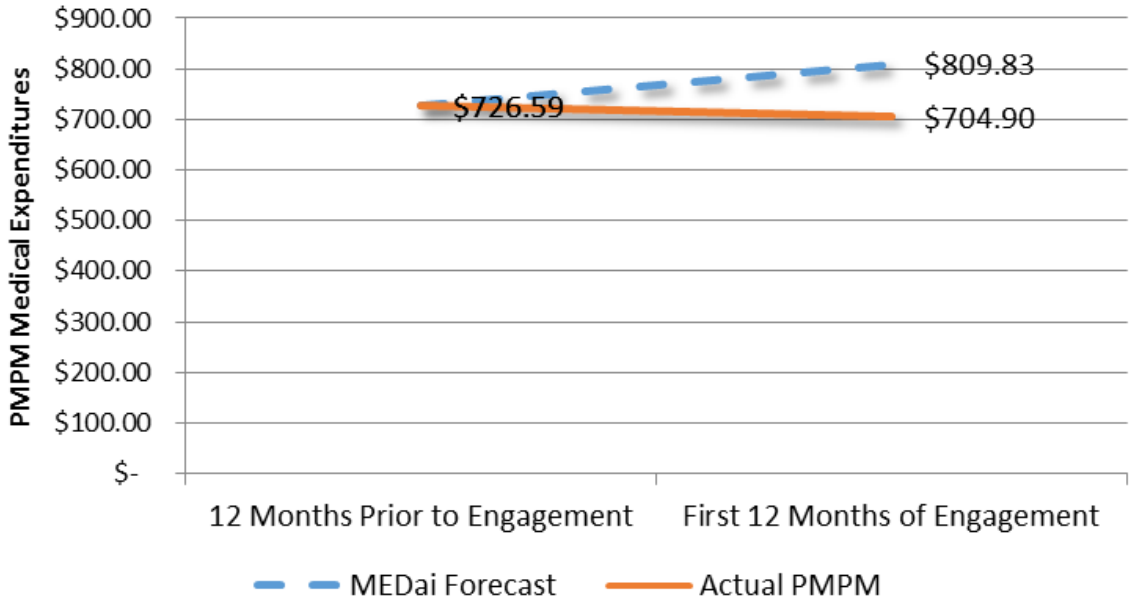


[41] Source: http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/ 2013 is the most recent year available.

Medical Expenditures – Total and by Category of Service

PHPG documented total per PMPM medical expenditures for participants with asthma during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement[42]. MEDai forecasted that participants with asthma would incur an average of $810 in PMPM expenditures in the first 12 months of engagement. The actual amount was $705, or 87 percent of forecast (Exhibit 4-5).

Exhibit 4-5 – Participants with Asthma as Most Expensive Diagnosis
Total PMPM Expenditures



[42] PMPM rate calculated for portion of year that each participant was engaged in program.

At the category-of-service level, the most significant declines occurred within hospital and behavioral health expenditures (Exhibit 4-6).

Exhibit 4-6 – Participants with Asthma as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$117.97	$107.11	($10.86)	(9%)
Outpatient Hospital	$118.35	$101.23	($17.12)	(14%)
Physician	$170.20	$176.34	$6.14	4%
Pharmacy	$139.86	$152.97	$13.11	9%
Behavioral Health	$91.14	$82.68	($8.46)	(9%)
All Other	$89.07	$84.58	($4.49)	(5%)
Total	$726.59	$704.90	($21.69)	(3%)

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with asthma as their most expensive diagnosis by multiplying total months of engagement in SFY 2014 by average PMPM savings. The resultant savings equaled approximately $395,000 (Exhibit 4-7).

Exhibit 4-7 – Participants with Asthma as Most Expensive Diagnosis
Aggregate SFY 2014 Savings

Participants	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
690	5.5	3,770	$104.93	$395,586

Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2014 included 550 health coaching participants with a coronary artery disease diagnosis (CAD) . Coronary artery disease was the most expensive diagnosis at the time of engagement for over 23 percent of participants with this diagnosis (Exhibit 4-8).

Exhibit 4-8 – Participants with CAD as Most Expensive Diagnosis

Participants w/CAD	Number Most Expensive	Percent Most Expensive
550	129	24%

The majority of participants with coronary artery disease also were diagnosed with another chronic impact condition, the most common being hypertension and COPD (Exhibit 4-9).

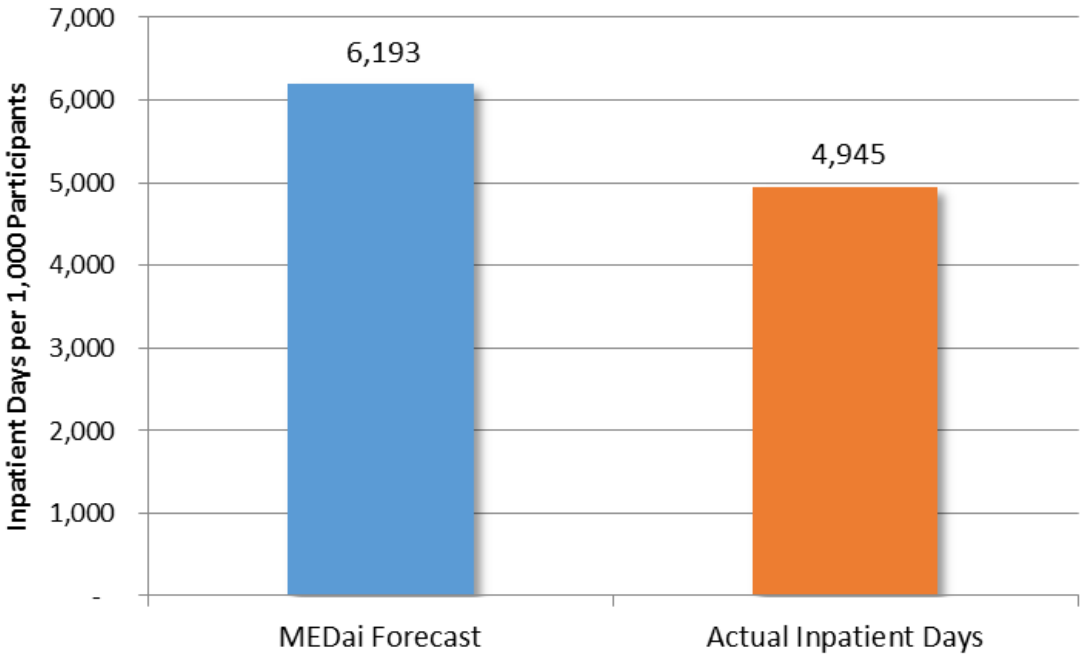
Exhibit 4-9 – Participants with CAD
Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	27%
Coronary Artery Disease	---
COPD	60%
Diabetes	48%
Heart Failure	32%
Hypertension	91%

Utilization

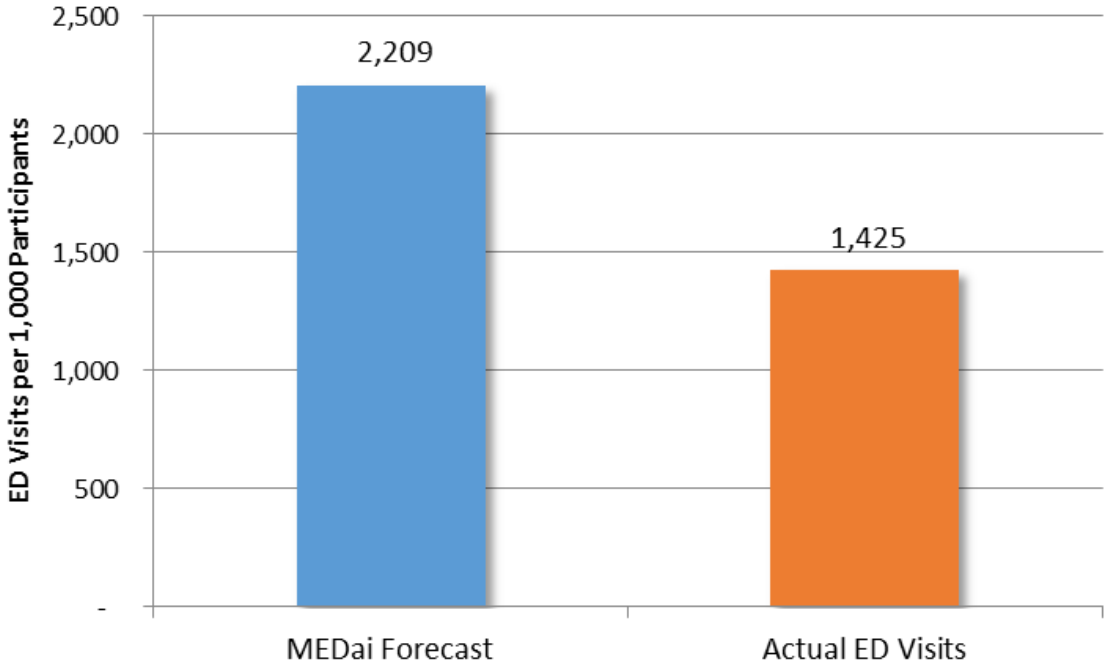
MEDai forecasted that participants with coronary artery disease would incur 6,193 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 4,945, or 80 percent of forecast (Exhibit 4-10).

Exhibit 4-10 – Participants with CAD as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with coronary artery disease would incur 2,209 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,425, or 65 percent of forecast (Exhibit 4-11).

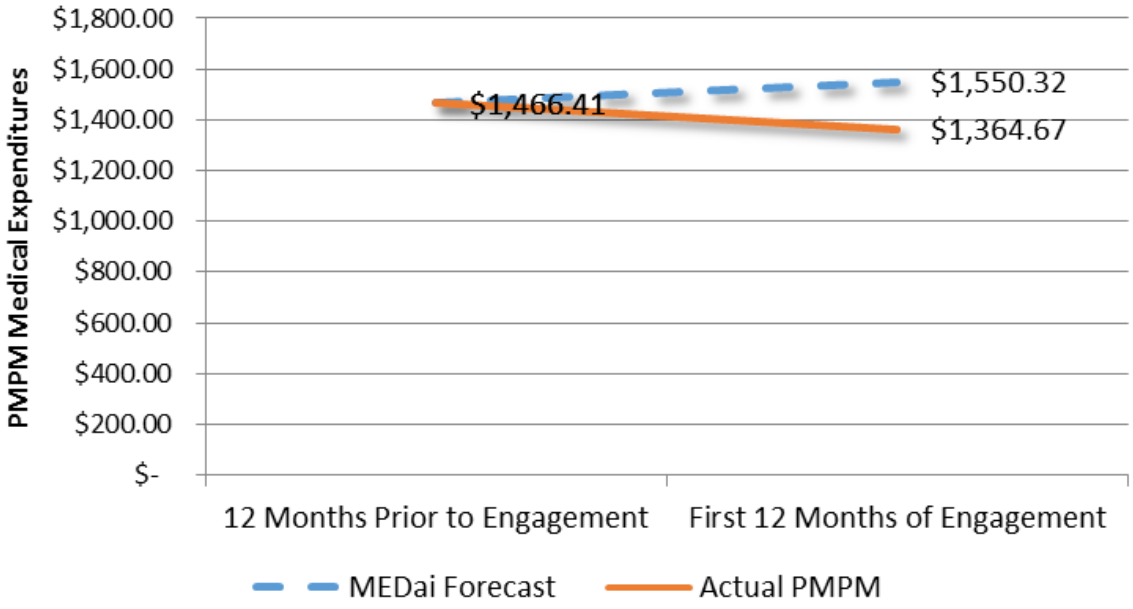
Exhibit 4-11 – Participants with CAD as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with coronary artery disease during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with coronary artery disease would incur an average of $1,550 in PMPM expenditures in the first 12 months of engagement. The actual amount was $1,365, or 88 percent of forecast (Exhibit 4-12).

Exhibit 4-12 – Participants with CAD as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level, the most significant declines occurred within hospital and physician expenditures (Exhibit 4-13).

Exhibit 4-13 – Participants with CAD as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$613.21	$563.22	($49.99)	(8%)
Outpatient Hospital	$178.76	$147.94	($30.81)	(17%)
Physician	$293.83	$261.30	($32.54)	(11%)
Pharmacy	$193.52	$199.83	$6.31	3%
Behavioral Health	$27.26	$28.51	$1.24	5%
All Other	$159.83	$163.87	$4.04	3%
Total	$1,466.41	$1,364.67	($101.74)	(7%)

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with coronary artery disease as their most expensive diagnosis by multiplying total months of engagement in SFY 2014 by average PMPM savings. The resultant savings equaled approximately $159,000 (Exhibit 4-14).

Exhibit 4-14 – Participants with CAD as Most Expensive Diagnosis
Aggregate SFY 2014 Savings

Participants	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
129	6.7	859	$185.65	$159,473

COPD Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2014 included 1,388 health coaching participants with a chronic obstructive pulmonary disease (COPD) diagnosis. COPD was the most expensive diagnosis at the time of engagement for 37 percent of participants with this diagnosis (Exhibit 4-15).

Exhibit 4-15 – Participants with COPD as Most Expensive Diagnosis

Participants w/COPD	Number Most Expensive	Percent Most Expensive
1,388	509	37%

The majority of participants with COPD also were diagnosed with another chronic impact condition, the most common being hypertension and asthma (Exhibit 4-16).

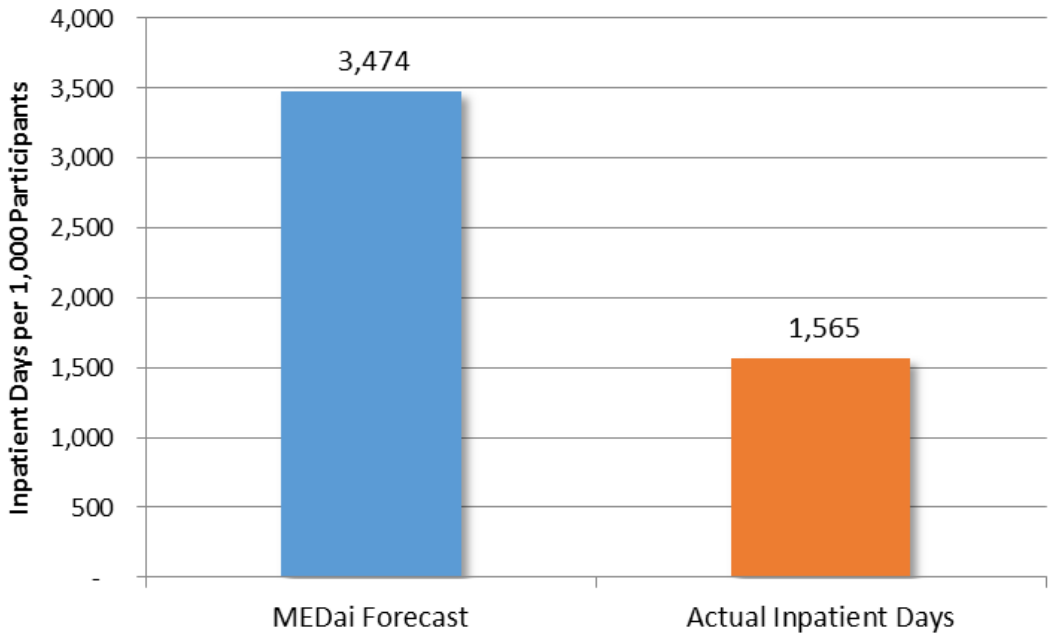
Exhibit 4-16 – Participants with COPD Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	37%
Coronary Artery Disease	24%
COPD	---
Diabetes	32%
Heart Failure	14%
Hypertension	70%

Utilization

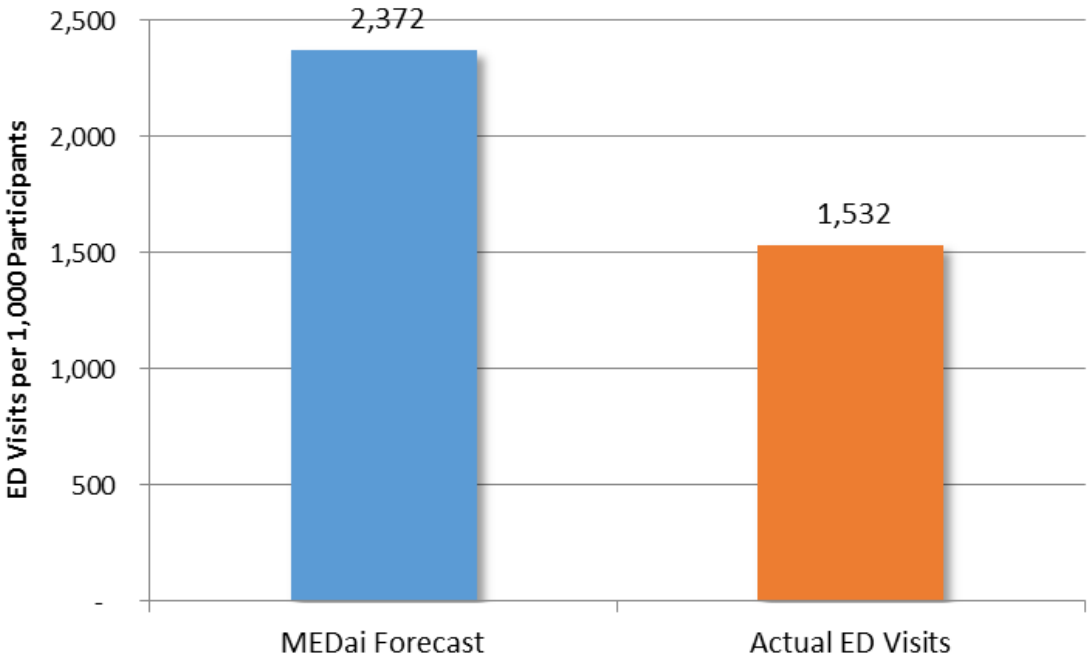
MEDai forecasted that participants with COPD would incur 3,474 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,565, or 45 percent of forecast (Exhibit 4-17).

Exhibit 4-17 – Participants with COPD as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with COPD would incur 2,372 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,532, or 65 percent of forecast (Exhibit 4-18).

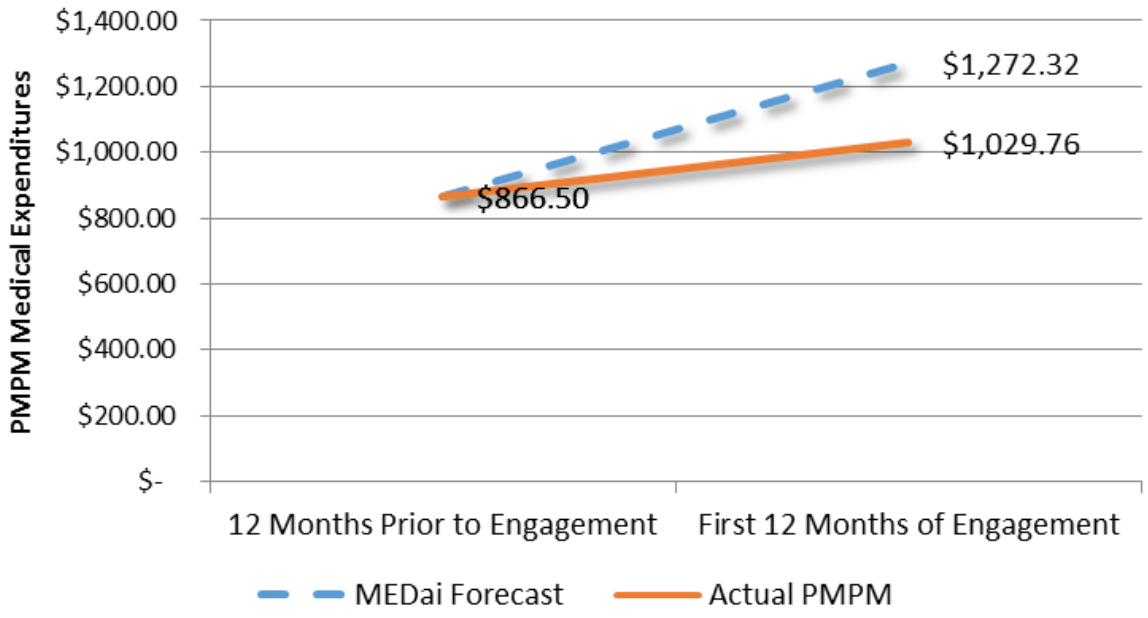
Exhibit 4-18 – Participants with COPD as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with COPD during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with COPD would incur an average of $1,272 in PMPM expenditures in the first 12 months of engagement. The actual amount was $1,030, or 81 percent of forecast (Exhibit 4-19).

Exhibit 4-19 – Participants with COPD as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level, inpatient hospital expenditures declined slightly, while other service costs increased, with pharmacy costs experiencing the most significant growth (Exhibit 4-20).

Exhibit 4-20 – Participants with COPD as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$191.08	$189.02	($2.07)	(1%)
Outpatient Hospital	$99.06	$114.74	$15.68	16%
Physician	$171.97	$179.47	$7.50	4%
Pharmacy	$210.72	$329.49	$118.77	56%
Behavioral Health	$72.61	$77.34	$4.73	7%
All Other	$121.06	$139.70	$18.64	15%
Total	$866.50	$1,029.76	$163.26	19%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with COPD as their most expensive diagnosis by multiplying total months of engagement in SFY 2014 by average PMPM savings. The resultant savings equaled approximately $785,000 (Exhibit 4-21).

Exhibit 4-21 – Participants with COPD as Most Expensive Diagnosis
Aggregate SFY 2014 Savings

Participants	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
509	6.4	3,236	$242.56	$784,924

Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2014 included 1,117 health coaching participants with a diabetes diagnosis. Diabetes was the most expensive diagnosis at the time of engagement for 66 percent of participants with this diagnosis (Exhibit 4-22).

Exhibit 4-22 – Participants with Diabetes as Most Expensive Diagnosis

Participants w/Diabetes	Number Most Expensive	Percent Most Expensive
1,117	738	66%

The majority of participants with diabetes also were diagnosed with another chronic impact condition, the most common being hypertension and COPD (Exhibit 4-23).

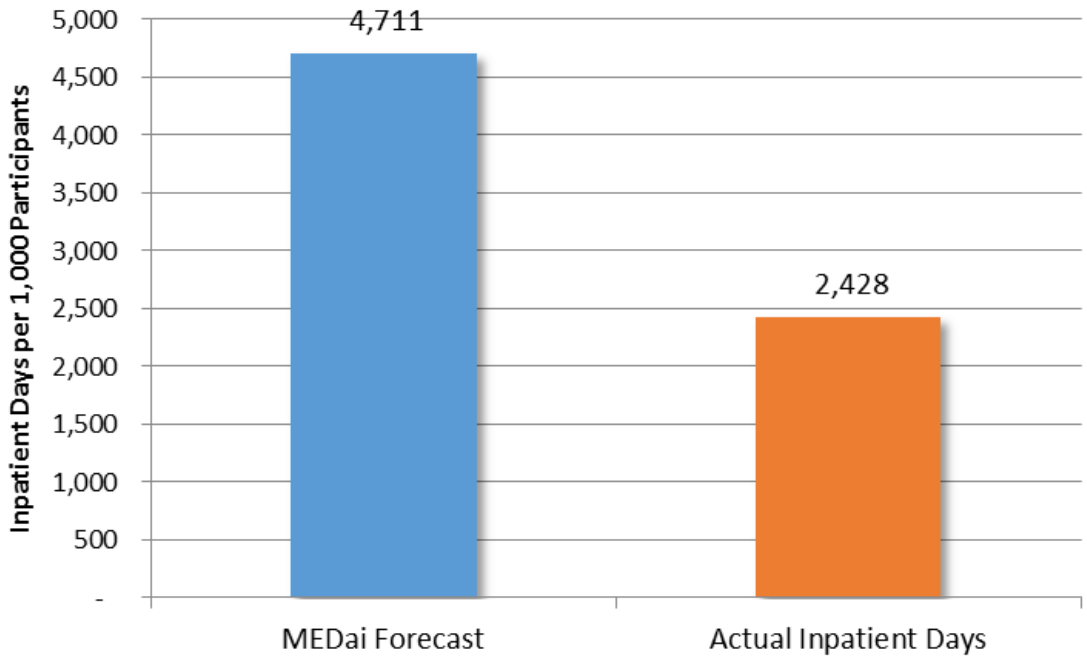
Exhibit 4-23 – Participants with Diabetes Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	25%
Coronary Artery Disease	23%
COPD	39%
Diabetes	---
Heart Failure	13%
Hypertension	81%

Utilization

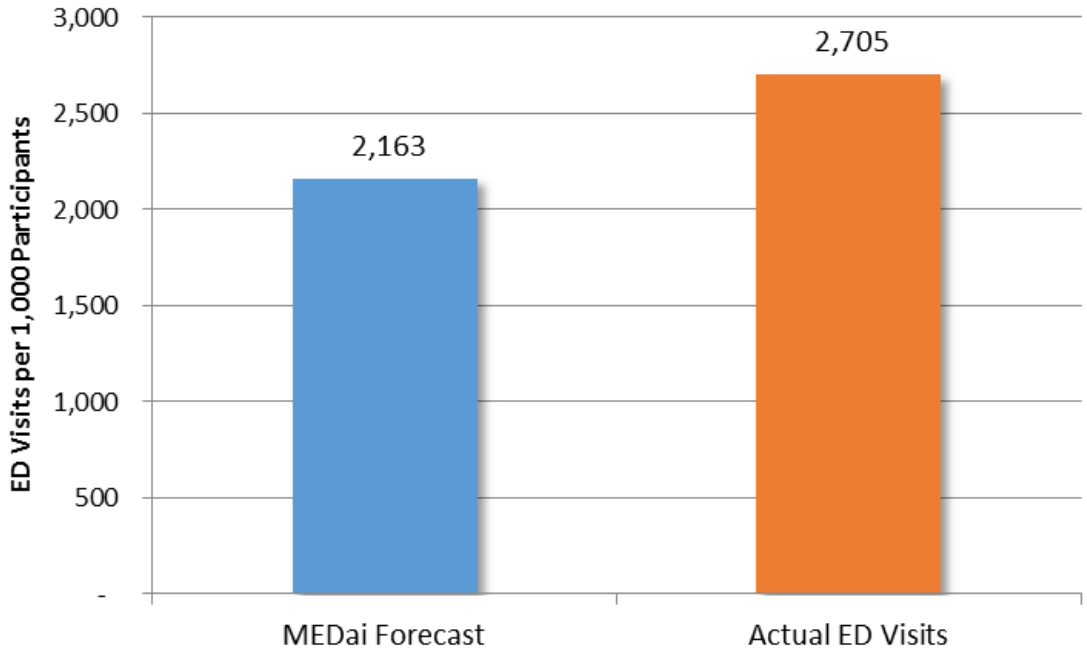
MEDai forecasted that participants with diabetes would incur 4,711 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 2,428, or 52 percent of forecast (Exhibit 4-24).

Exhibit 4-24 – Participants with Diabetes as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with diabetes would incur 2,163 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,705, or 125 percent of forecast (Exhibit 4-25).

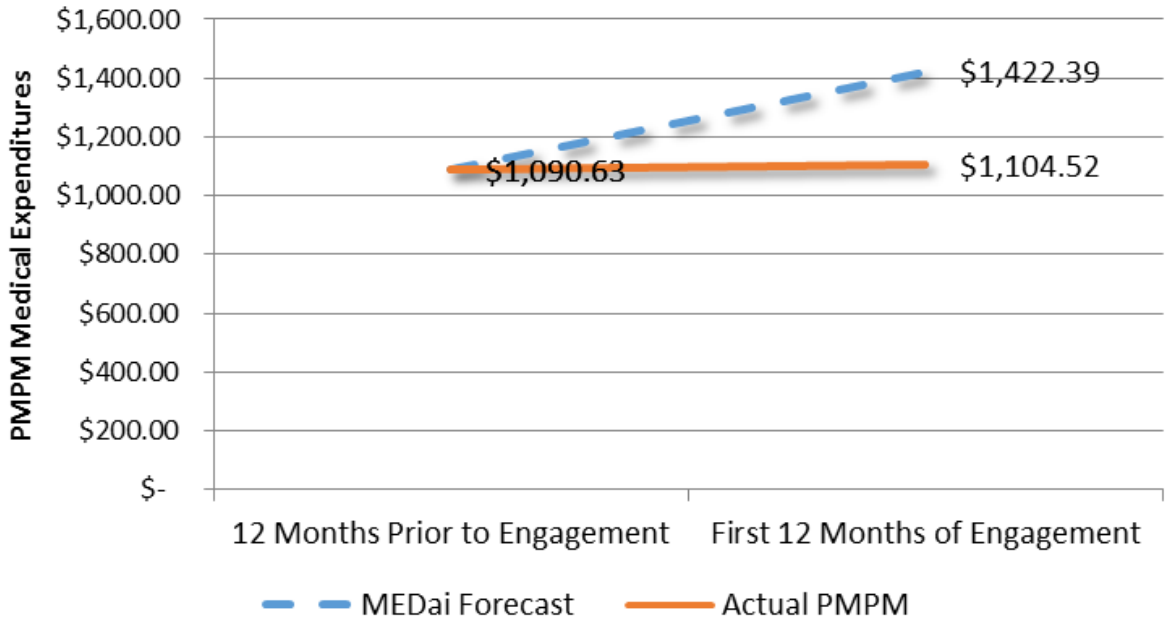
Exhibit 4-25 – Participants with Diabetes as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with diabetes during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with diabetes would incur an average of $1,422 in PMPM expenditures in the first 12 months of engagement. The actual amount was $1,104, or 78 percent of forecast (Exhibit 4-26).

Exhibit 4-26 – Participants with Diabetes as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level, inpatient hospital and physician service expenditures declined, nearly offsetting increases in other service categories (Exhibit 4-27).

Exhibit 4-27 – Participants with Diabetes as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$289.50	$263.45	($26.06)	(9%)
Outpatient Hospital	$122.59	$137.49	$14.90	12%
Physician	$213.85	$200.41	($13.44)	(6%)
Pharmacy	$270.90	$299.82	$28.92	11%
Behavioral Health	$56.68	$64.23	$7.54	13%
All Other	$137.11	$139.14	$2.03	1%
Total	$1,090.63	$1,104.52	$13.89	1%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with diabetes as their most expensive diagnosis by multiplying total months of engagement in SFY 2014 by average PMPM savings. The resultant savings equaled approximately $1.5 million (Exhibit 4-28).

Exhibit 4-28 – Participants with Diabetes as Most Expensive Diagnosis
Aggregate SFY 2014 Savings

Participants	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
738	6.6	4,854	$317.87	$1,542,941

Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2014 included 304 health coaching participants with a heart failure diagnosis. Heart failure was the most expensive diagnosis at the time of engagement for 16 percent of participants with this diagnosis (Exhibit 4-29).

Exhibit 4-29 – Participants with Heart Failure as Most Expensive Diagnosis

Participants w/Heart Failure	Number Most Expensive	Percent Most Expensive
304	50	16%

The majority of participants with heart failure also were diagnosed with another chronic impact condition, the most common being hypertension and COPD (Exhibit 4-30).

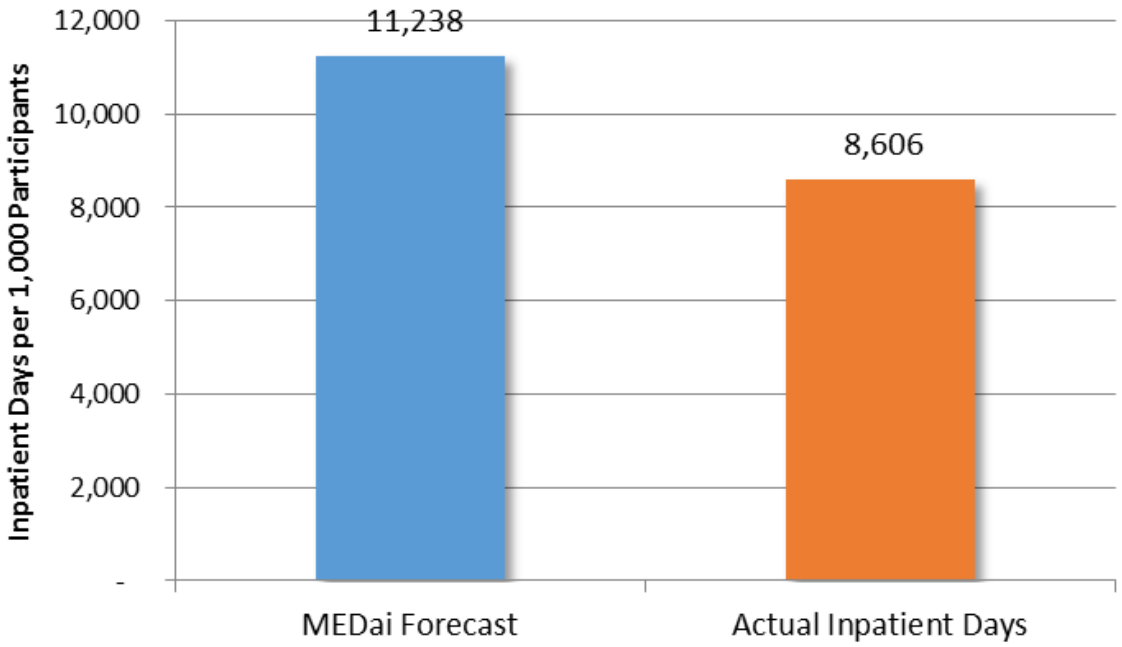
Exhibit 4-30 – Participants with Heart Failure Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	31%
Coronary Artery Disease	59%
COPD	63%
Diabetes	49%
Heart Failure	---
Hypertension	94%

Utilization

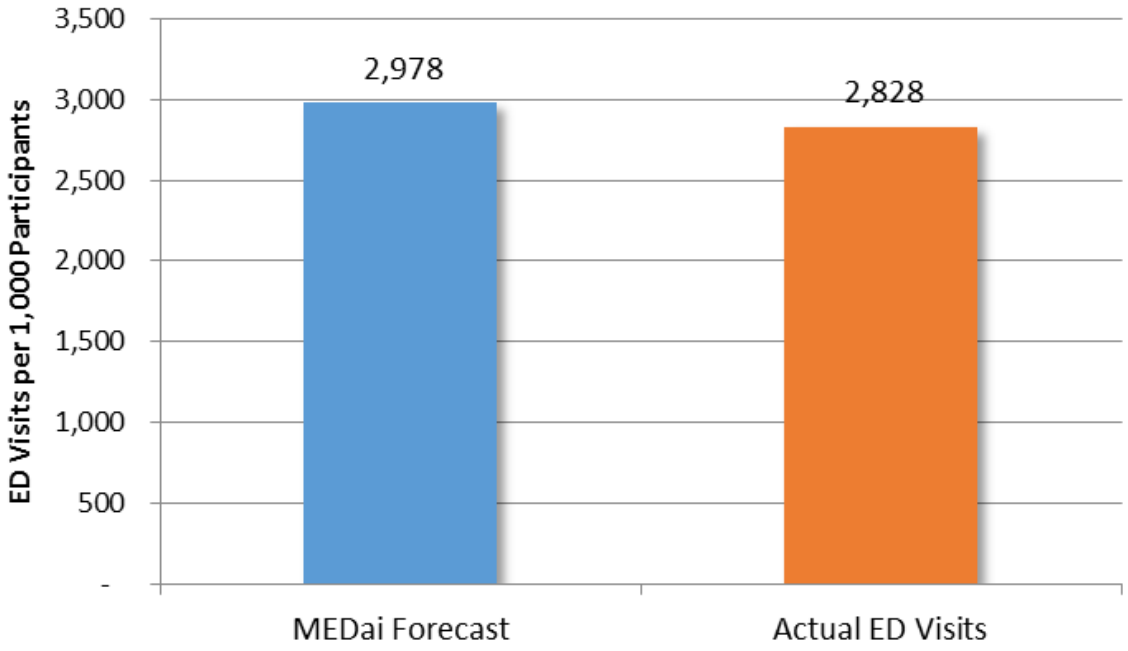
MEDai forecasted that participants with heart failure would incur 11,238 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 8,606, or 77 percent of forecast (Exhibit 4-31).

Exhibit 4-31 – Participants with Heart Failure as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with heart failure would incur 2,978 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,828, or 95 percent of forecast (Exhibit 4-32).

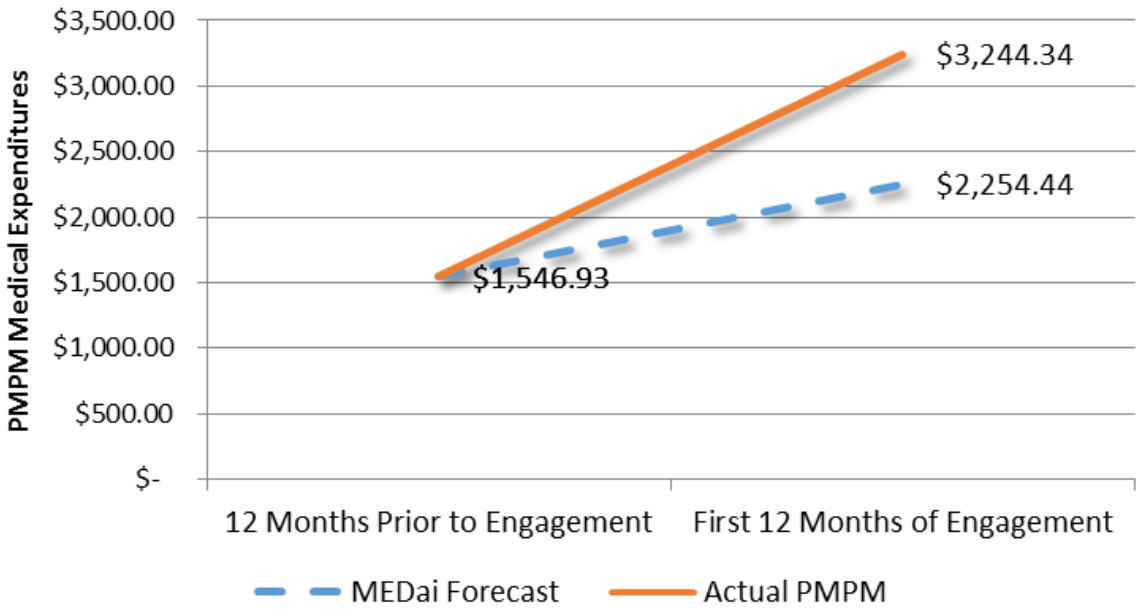
Exhibit 4-32 – Participants with Heart Failure as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with heart failure during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with heart failure would incur an average of $2,254 in PMPM expenditures in the first 12 months of engagement. The actual amount was $3,244, or 144 percent of forecast (Exhibit 4-33). As noted, results for this diagnosis should be interpreted with caution given the small size of the population.

Exhibit 4-33 – Participants with Heart Failure as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level, the most significant increases occurred within hospital and physician expenditures (Exhibit 4-34).

Exhibit 4-34 – Participants with Heart Failure as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$668.81	$2,073.67	$1,404.86	210%
Outpatient Hospital	$162.67	$252.07	$89.40	55%
Physician	$239.16	$396.12	$156.95	66%
Pharmacy	$208.29	$238.50	$30.21	15%
Behavioral Health	$50.84	$64.47	$13.63	27%
All Other	$217.16	$219.52	$2.36	1%
Total	$1,546.93	$3,244.34	$1,697.40	110%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with heart failure as their most expensive diagnosis by multiplying total months of engagement in SFY 2014 by average PMPM savings. The resultant deficit equaled ($294,000) (Exhibit 4-35).

Exhibit 4-35 – Participants with Heart Failure as Most Expensive Diagnosis
Aggregate SFY 2014 Savings

Participants	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
50	5.94	297	($989.90)	($294,000)

Hypertension Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2014 included 2,393 health coaching participants with a hypertension diagnosis. Hypertension was the most expensive diagnosis at the time of engagement for 55 percent of participants with this diagnosis (Exhibit 4-36).

Exhibit 4-36– Participants with Hypertension as Most Expensive Diagnosis

Participants w/Hypertension	Number Most Expensive	Percent Most Expensive
2,393	1,320	55%

A significant portion of participants with hypertension also were diagnosed with another chronic impact condition, although the comorbidity rate lagged that of the other diagnosis groups, which may have contributed to the relatively high percentage of hypertensive participants for whom hypertension was the most expensive condition (Exhibit 4-37).

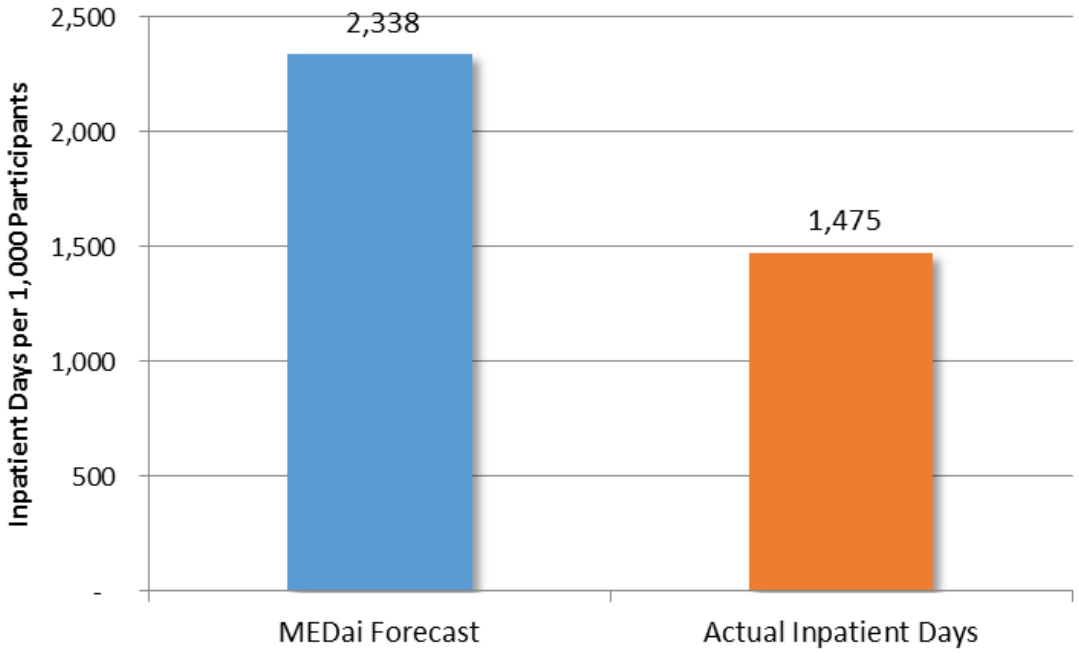
Exhibit 4-37 – Participants with Hypertension Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	25%
Coronary Artery Disease	21%
COPD	40%
Diabetes	38%
Heart Failure	12%
Hypertension	---

Utilization

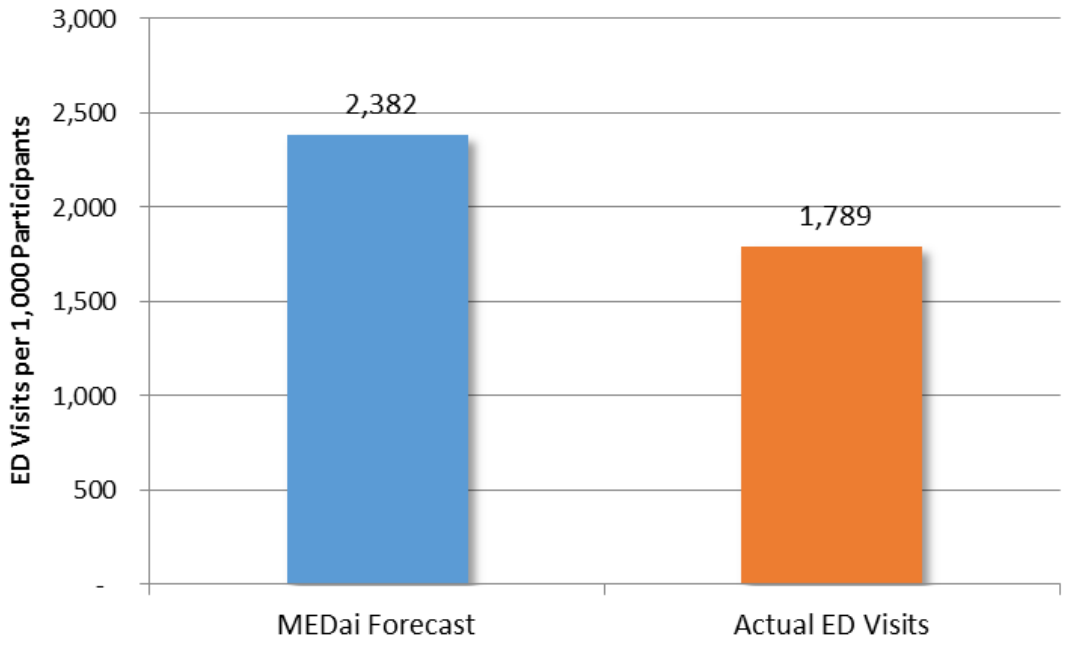
MEDai forecasted that participants with hypertension would incur 2,338 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,475, or 63 percent of forecast (Exhibit 4-38).

Exhibit 4-38 – Participants with Hypertension as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with hypertension would incur 2,382 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,789, or 75 percent of forecast (Exhibit 4-39).

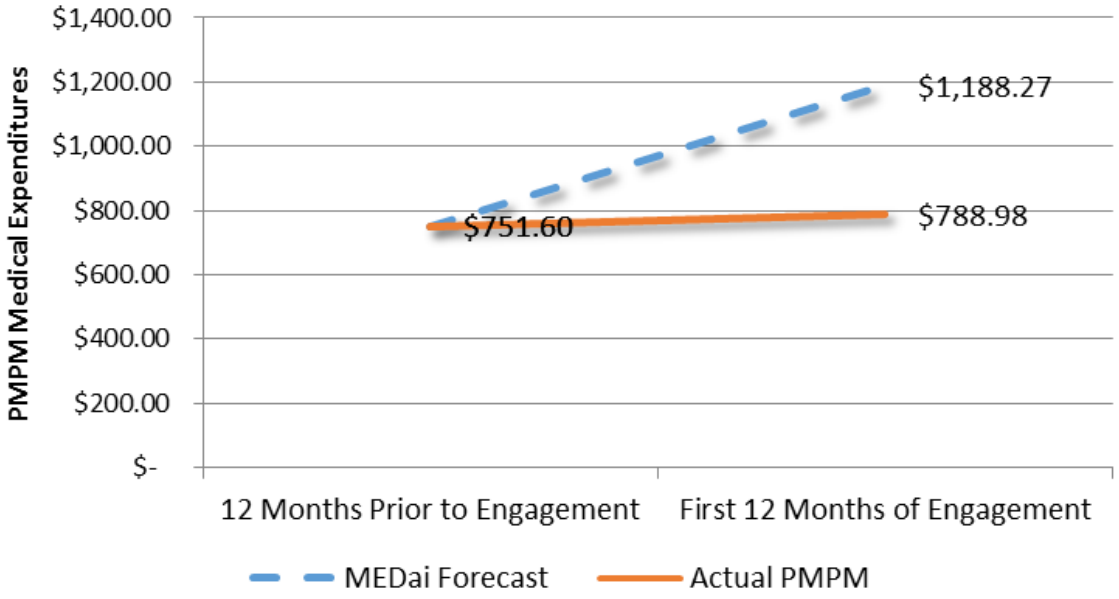
Exhibit 4-39 – Participants with Hypertension as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with hypertension during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with hypertension would incur an average of $1,188 in PMPM expenditures in the first 12 months of engagement. The actual amount was $789, or 66 percent of forecast (Exhibit 4-40).

Exhibit 4-40 – Participants with Hypertension as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level, inpatient hospital expenditures declined, while other service costs increased, with pharmacy costs experiencing the most significant growth (Exhibit 4-41).

Exhibit 4-41 – Participants with Hypertension as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$175.76	$126.27	($49.49)	(28%)
Outpatient Hospital	$107.50	$116.22	$8.72	8%
Physician	$171.68	$175.61	$3.93	2%
Pharmacy	$150.55	$219.81	$69.26	46%
Behavioral Health	$52.98	$53.41	$0.43	1%
All Other	$93.13	$97.66	$4.53	5%
Total	$751.60	$788.98	$37.38	5%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with hypertension as their most expensive diagnosis by multiplying total months of engagement in SFY 2014 by average PMPM savings. The resultant savings equaled approximately $3.4 million (Exhibit 4-42).

Exhibit 4-42 – Participants with Hypertension as Most Expensive Diagnosis
Aggregate SFY 2014 Savings

Participants	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
1,320	6.5	8,591	$399.29	$3,430,300

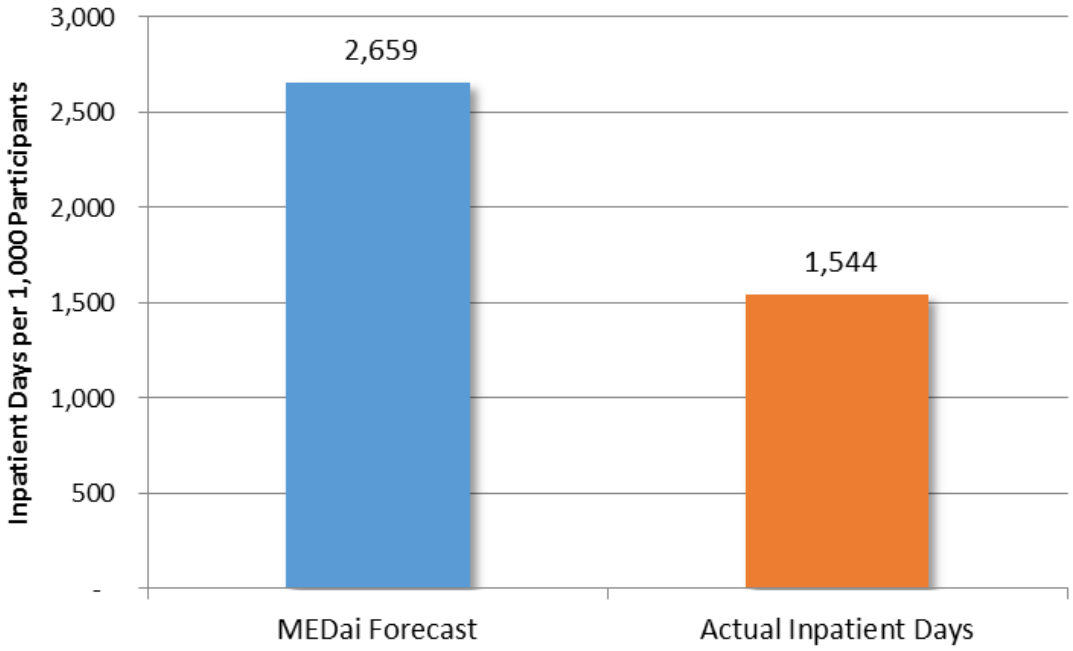
Utilization and Expenditure Evaluation – All Participants

This section presents consolidated trend data across all 4,914 SoonerCare HMP health coaching participants, regardless of diagnosis. For approximately 70 percent of participants, the most expensive diagnosis at the time of engagement was one of the six target chronic impact conditions.

Utilization

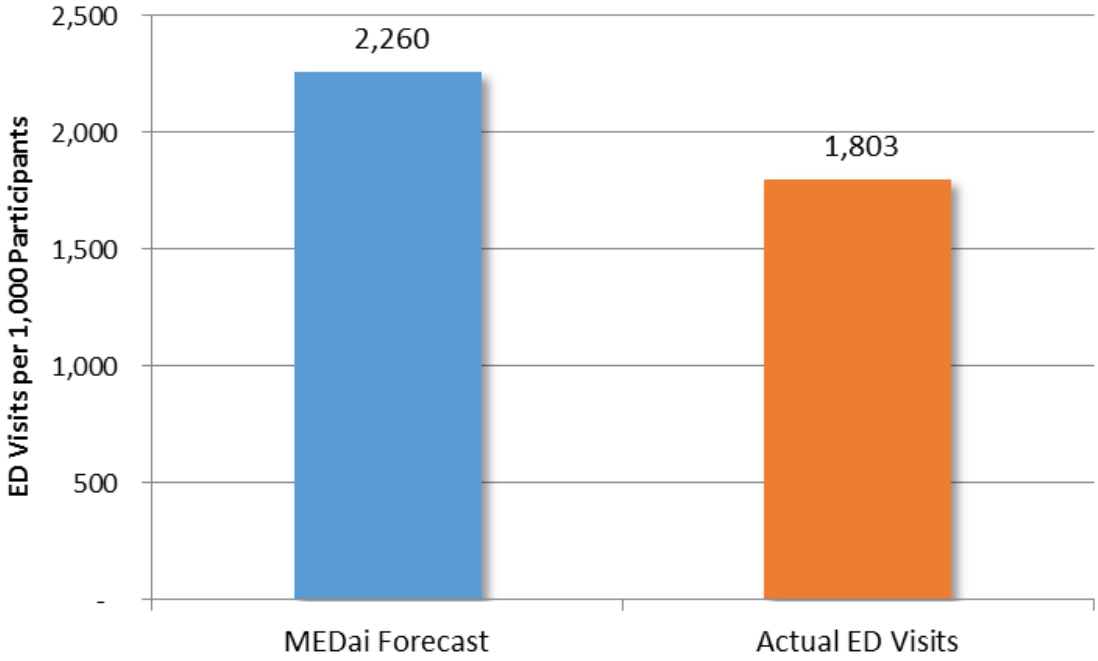
MEDai forecasted that SoonerCare HMP participants as a group would incur 2,659 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,544, or 58 percent of forecast (Exhibit 4-43).

Exhibit 4-43 – All SoonerCare HMP Health Coaching Participants
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that SoonerCare HMP participants as a group would incur 2,260 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,803, or 80 percent of forecast (Exhibit 4-44).

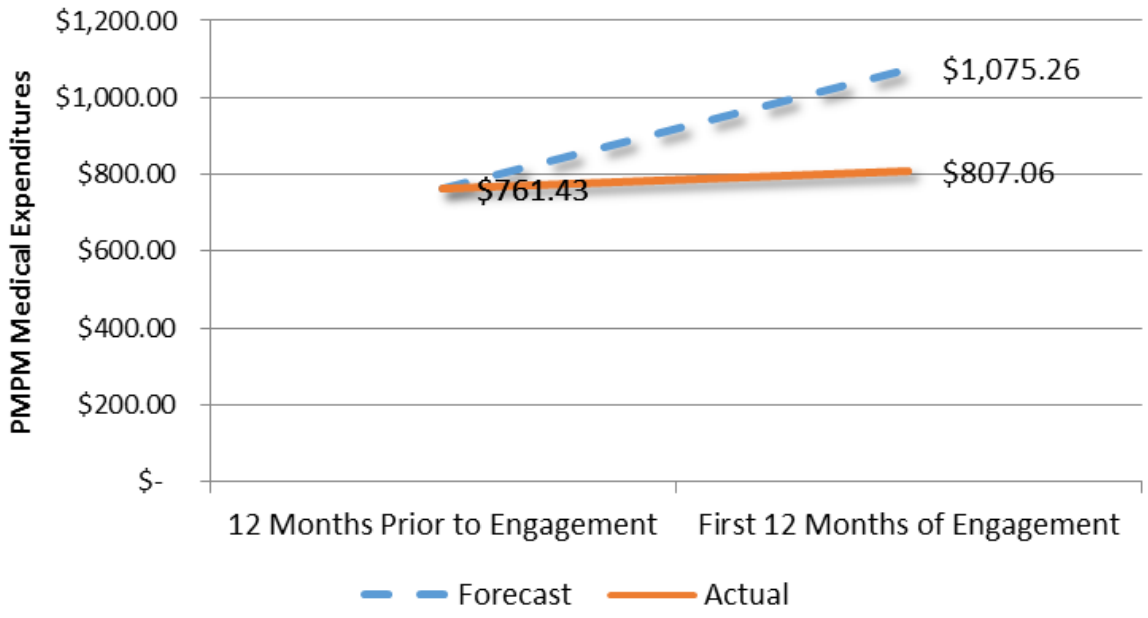
Exhibit 4-44 – All SoonerCare HMP Health Coaching Participants
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for all SoonerCare HMP participants as a group and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that the participant population would incur an average of $1,075 in PMPM expenditures in the first 12 months of engagement. The actual amount was $807, or 75 percent of forecast (Exhibit 4-45).

Exhibit 4-45 – All SoonerCare HMP Health Coaching Participants
Total PMPM Expenditures



At the category-of-service level, inpatient hospital and physician expenditures declined while other costs increased, with pharmacy experiencing the strongest growth (Exhibit 4-46).

Exhibit 4-46 – All SoonerCare HMP Health Coaching Participants
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$174.72	$164.05	($10.67)	(6%)
Outpatient Hospital	$103.73	$109.80	$6.07	6%
Physician	$169.75	$168.01	($1.74)	(1%)
Pharmacy	$157.00	$204.18	$47.18	30%
Behavioral Health	$59.63	$60.40	$0.77	1%
All Other	$96.60	$100.62	$4.02	4%
Total	$761.43	$807.06	$45.63	6%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for all SoonerCare HMP participants by multiplying total months of engagement in SFY 2014 by average PMPM savings. The resultant savings equaled nearly $8 million (Exhibit 4-47).

Exhibit 4-47 – All SoonerCare HMP Health Coaching Participants
Aggregate SFY 2014 Savings

Participants	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
4,914	6.0	29,515	$268.20	$7,915,923

This was a noteworthy outcome given the relatively short enrollment tenure of many participants. It also is noteworthy given the inclusion in health coaching of “at risk” members referred by providers. These members have lower projected costs, and therefore lower documentable savings under the MEDai methodology, even though by intervening at an early stage, the health coach may help to avert significant future health costs.

SoonerCare HMP Health Coaching Cost Effectiveness Analysis

Over time, the SoonerCare HMP should demonstrate its efficacy through a reduction in the relative PMPM and aggregate costs of engaged members versus what would have occurred absent health coaching. PHPG performed a cost effectiveness analysis by carrying forward and expanding the medical expenditure impact findings from the previous section and adding program administrative expenses to the analysis. To be cost effective, health coaching must demonstrate lower expenditures even after factoring-in the program's administrative component.[43]

Administrative Expenses

SoonerCare HMP administrative expenses include salary, benefit and overhead costs for persons working in the SoonerCare HMP unit, plus Telligen vendor payments. The OHCA provided PHPG with detailed information on administrative expenditures for use in performing the cost effectiveness test.

OHCA salary and benefit costs were included for staff assigned to the SoonerCare HMP unit. Costs were prorated for employees working less than full time on the SoonerCare HMP.

Overhead expenses (rent, travel, etc.) were allocated based on the unit's share of total OHCA salary/benefit expenses in SFY 2014 (0.6 percent)[44]. No specific allocation was made for MEDai activities, as these are occurring under a pre-existing contract.

OHCA HMP administrative expenses were divided equally between the health coaching and practice facilitation. (The practice facilitation portion is included in the practice facilitation cost effectiveness analysis presented in chapter seven.)

Telligen receives monthly payments for centralized operations, as well as payments specific to health coaching and practice facilitation activities. Health coach and practice facilitator payments are based on salary and benefit costs for the two departments.

Health coaching payments were combined with 50 percent of the payment amounts for centralized operations[45] to arrive at a total amount for this portion of the analysis. (The remaining dollars for centralized operations are included in the practice facilitation cost effectiveness analysis presented in chapter seven.)

[43] For the purposes of the cost effectiveness analysis only, PHPG altered MEDai forecasts for members whose cost for the year prior to engagement exceeded $144,000, as MEDai forecasts have an upper limit of $144,000. To ensure they would not skew the cost effectiveness test results, PHPG set the forecasts for these members equal to prior year costs, assuming no increase or decrease in medical costs.
[44] Portion of unit devoted to administration/oversight of health coaching activities.
[45] PHPG also included miscellaneous expenses, such as continuing medical education costs, in this line item.

SFY 2014 aggregate administrative expenses for health coaching were approximately $4.5 million (Exhibit 4-48). This equated to $152.84 on a PMPM basis. The PMPM calculation was performed using total member months (29,515) for health coaching participants meeting the criteria outlined in chapter one (e.g., enrolled for at least three months)[46].

Exhibit 4-48 – SoonerCare HMP Health Coaching Administrative Expense

Cost Component	SFY 2014 Aggregate Dollars	SFY 2014 PMPM
OHCA SoonerCare HMP unit salaries and benefits (50% allocation)	$218,706	$7.41
OHCA SoonerCare HMP overhead (50% allocation)	$24,202	$0.82
Telligen health coaches	$3,379,763	$114.51
Telligen Central Operations (50% allocation)	$888,402	$30.10
Total Administrative Expense	**$4,511,073**	**$152.84**

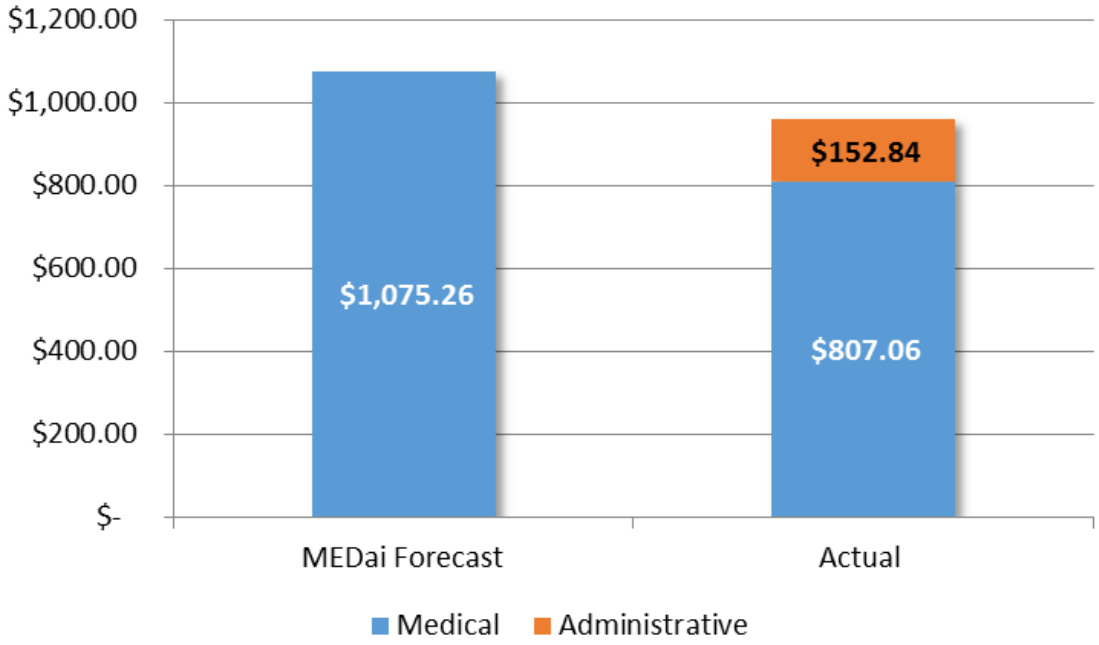
[46] This methodology overstates the PMPM amount, in that it excludes member months for participants who did not meet the analysis criteria. However, it is the appropriate for determining cost effectiveness, as it accounts for all administrative expenses.

Cost Effectiveness Calculation[47]

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014, inclusive of SoonerCare HMP health coaching administrative expenses.

SoonerCare HMP health coaching participants as a group were forecasted to incur average medical costs of $1,075.26. Their actual average PMPM medical costs were $807.06. With the addition of $152.84 in average PMPM administrative expenses, total actual costs were $959.90. Medical expenses accounted for 84 percent of the total and administrative expenses for the other 16 percent. Overall, net SoonerCare HMP health coaching participant PMPM expenses were $115.36, or 89.3 percent of forecast (Exhibit 4-4).

Exhibit 4-49 – SoonerCare HMP Health Coaching PMPM Savings



On an aggregate basis, the health coaching portion of the SoonerCare HMP achieved net savings of $3.4 million (Exhibit 4-50 on the following page). While these net savings are relatively modest in aggregate, the medical savings component was significant on a PMPM basis before factoring-in administrative expenses. Administrative expenses were higher on a PMPM basis than will be the case in future years, as the number of member months across which these expenses (many of which are fixed) can be allocated continue to increase.

These 12-month results are comparable to the first 17 months of the previous SoonerCare HMP model (February 2008 implementation through June 2009), which ended with net savings of approximately $5.5 million[48]. If the previous program's trends are repeated, savings should

[47] PMPM and aggregate values differ slightly due to rounding.
[48] SoonerCare HMP Comprehensive Evaluation Report, May 2014, page 92.

increase significantly in future years as the long term impact of health coaching on participants' health is realized and as PMPM administrative expenses decline. The SFY 2015 modifications to the health coaching model described in chapter one also may further improve outcomes.

Exhibit 4-50 – All SoonerCare HMP Health Coaching Participants
Aggregate SFY 2014 Savings – Net of Administrative Expenses

Participants	Average Tenure (Months)	Member Months	Net PMPM Savings (Forecast – Actual)	Net Aggregate Savings
4,914	6.0	29,515	$115.36	$3,404,850

CHAPTER 5 – PRACTICE FACILITATION – PROVIDER SATISFACTION

Introduction

Providers are an integral component of the SoonerCare HMP and the practice-based health coaching model. Prior to the initiation of health coaching within a practice, the provider and his or her staff participate in practice facilitation, to document existing process flows and devise a plan for enhancing care management of patients with chronic conditions.

PHPG attempts to survey all provider offices that participate in practice facilitation to gather information on provider perceptions and satisfaction with the experience. The OHCA provides to PHPG the names of primary care practices and providers who have completed the initial onsite portion of practice facilitation.

PHPG sends introductory letters informing providers they will be contacted by telephone to complete a survey. Providers also are given the option of completing and returning a paper version of the survey by mail, fax or email.

The survey instrument consists of 19 questions in four areas:

- Decision to participate in the SoonerCare HMP
- Practice facilitation activities
- Practice facilitation outcomes
- Health coaching activities

Survey responses can be furnished by providers and/or members of the practice staff. Only practice staff members with direct experience and knowledge of the program are permitted to respond to the survey in lieu of the provider. PHPG screens non-physician respondents to verify their involvement with the program before conducting the survey. A copy of the survey instrument is included in Appendix D.

Survey Population Size

PHPG conducted surveys during a three-month period, from February through April 2015. PHPG obtained completed surveys from 12 of the 47 practices that had undergone some phase of practice facilitation prior to April 2015.

Readers should exercise caution when reviewing survey results, given the small sample size. Findings for this year should be treated as qualitative, offering a general sense of the attitudes of the provider population.

Practice Facilitation Survey Findings

Decision to Participate in the SoonerCare HMP

Six of the 12 surveys were completed by the individual in the practice who actually made the decision to participate. All six gave as their primary reason "improving care management of patients with chronic conditions/improving outcomes".

Secondary reasons cited by one or more respondents included:

- Gaining access to practice facilitator and/or embedded health coach
- Receiving assistance in redesigning practice workflows
- Increasing income
- Continuing education

Practice Facilitation Activities

Respondents were asked to rate the importance of the specific activities typically performed by practice facilitators. Respondents were asked to rate their importance regardless of the practice's actual experience.

Each of the activities was rated "very important" by a majority of the respondents (Exhibit 5-1). The two highest rated items were "receiving information on the prevalence of chronic diseases among your patients" and "receiving focused training in evidence-based practice guidelines for chronic conditions".

Exhibit 5-1 **– Importance of Practice Facilitation Components**

Practice Facilitation Component	Level of Importance			
	Very Important	Somewhat Important	Not too Important	Not at all Important/ N/A
1. Receiving information on the prevalence of chronic diseases among your patients	83%	17%	0%	0%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	75%	25%	0%	0%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	83%	17%	0%	0%
4. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	67%	33%	0%	0%

Practice Facilitation Component	Level of Importance			
	Very Important	Somewhat Important	Not too Important	Not at all Important/ N/A
5. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	58%	42%	0%	0%
6. Having a Practice Facilitator on-site to work with you and your staff	58%	25%	8%	8%
7. Receiving quarterly reports on your progress with respect to identified performance measures	58%	42%	0%	0%
8. Receiving ongoing education and assistance after conclusion of the initial on-site activities	75%	25%	0%	0%

Helpfulness of Program Components

Respondents next were asked to rate the helpfulness of the same practice facilitation components in terms of improving their management of patients with chronic conditions. The overall level of satisfaction was high, with the majority of practices reporting each of the activities, except one, to be "very helpful" (Exhibit 5-2). The sole exception was "receiving quarterly reports on your progress with respect to identified performance measures", which was rated "somewhat helpful" by a majority of respondents.

Exhibit 5-2 – Helpfulness of Practice Facilitation Components

Practice Facilitation Component	Level of Helpfulness				
	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	Activity did not Occur
1. Receiving information on the prevalence of chronic diseases among your patients	67%	33%	0%	0%	0%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	75%	25%	0%	0%	0%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	75%	25%	0%	0%	0%
4. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	50%	42%	8%	0%	0%
5. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	50%	50%	0%	0%	0%

Practice Facilitation Component	Level of Helpfulness				
	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	Activity did not Occur
6. Having a practice facilitator on-site to work with you and your staff	58%	25%	8%	8%	0%
7. Receiving quarterly reports on your progress with respect to identified performance measures	42%	58%	0%	0%	0%
8. Receiving ongoing education and assistance after conclusion of the initial on-site activities	58%	33%	0%	0%	8%

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

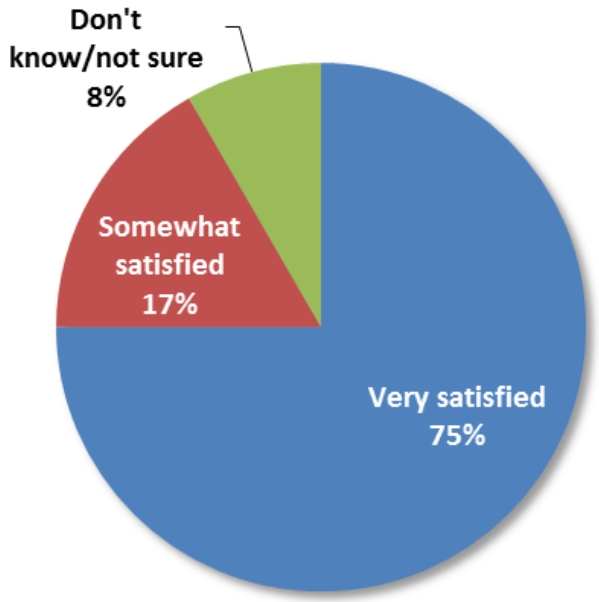
Practice Facilitation Outcomes

Eighty-three percent of the surveyed practices reported making changes in the management of their patients with chronic conditions as a result of participating in practice facilitation. The types of changes made included:

- Identifying tests/exams to manage chronic conditions
- Increasing attention and diligence/use of alerts in patient records
- More frequent foot/eye exams and/or HbA1c testing of diabetic patients
- Better documentation and use of flow sheets/forms provided by the practice facilitator or created through CareMeasures
- Better education of patients with chronic conditions, including provision of educational materials
- Increased staff involvement in chronic care workups
- Better office organization overall

Eleven of the 12 providers surveyed stated that their practice had become more effective in managing patients with chronic conditions as a result of their participation in practice facilitation. This translated into a high level of satisfaction with the overall practice facilitation experience (Exhibit 5-3 on the following page).

Exhibit 5-3 – Overall Satisfaction with Practice Facilitation Experience



Consistent with this result, 75 percent of respondents said they would recommend the practice facilitation program to other physicians caring for patients with chronic conditions. The other 25 percent did not know/were not sure.

Health Coach Activities

Respondents also were asked to rate the importance of the activities performed by the health coach assigned to their practice. A majority rated each of the activities as "very important" (Exhibit 5-4).

Exhibit 5-4 **– Importance of Health Coaching Activities**

Health Coaching Activity	Level of Importance			
	Very Important	Somewhat Important	Not Very Important	Not at all Important
1. Learning about your patients and their health care needs	100%	0%	0%	0%
2. Giving easy to understand instructions about taking care of health problems or concerns	100%	0%	0%	0%
3. Helping patients to identify changes in their health that might be an early sign of a problem	100%	0%	0%	0%
4. Answering patient questions about their health	100%	0%	0%	0%
5. Helping patients to talk to and work with you and practice staff	91%	9%	0%	0%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	82%	18%	0%	0%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	64%	36%	0%	0%
8. Reviewing patient medications and helping patients to manage their medications	82%	18%	0%	0%

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Respondents next were asked to rate their satisfaction with health coaching activities, in terms of assistance provided to their patients. The level of satisfaction was extremely high across all activities (Exhibit 5-5).

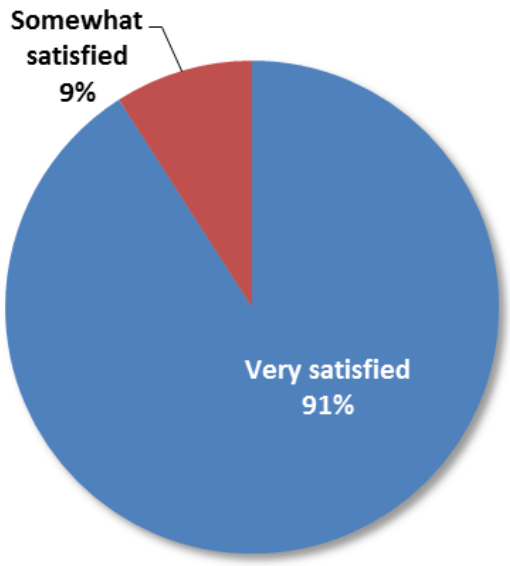
***Exhibit 5-5* – Satisfaction with Health Coaching Activities**

Health Coaching Activity	Level of Satisfaction			
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
1. Learning about your patients and their health care needs	100%	0%	0%	0%
2. Giving easy to understand instructions about taking care of health problems or concerns	100%	0%	0%	0%
3. Helping patients to identify changes in their health that might be an early sign of a problem	100%	0%	0%	0%
4. Answering patient questions about their health	100%	0%	0%	0%
5. Helping patients to talk to and work with you and practice staff	100%	0%	0%	0%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	91%	9%	0%	0%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	91%	9%	0%	0%
8. Reviewing patient medications and helping patients to manage their medications	91%	9%	0%	0%

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

The providers' enthusiasm was further reflected in their overall satisfaction with having a health coach assigned to their practice (Exhibit 5-6).

***Exhibit 5-6* – Overall Satisfaction with Health Coach**



It also carried over to the types of comments made when asked to suggest ways to improve the program:

- "Doing a great job!"
- "Clone Diane" (health coach)
- "Don't limit the scope of who the health coach can and can't see"

One provider's office did comment that having the health coach in the office tied-up an exam room, thereby putting the doctor behind schedule. This respondent suggested resuming visits to members' homes. As discussed in chapter one, Telligen is reinstating home visits for some members, although not because of office workflow issues.

Summary of Key Findings

Providers who have completed the onsite portion of practice facilitation view the SoonerCare HMP very favorably. The most common reason cited for participating was to improve care management of patients with chronic conditions. Ninety-one percent of respondents (11 out of 12) credited the program with helping them to achieve this objective.

Overall, 91 percent of providers described themselves as very or somewhat satisfied with their practice facilitation experience. One hundred percent described themselves as very or somewhat satisfied with having a health coach assigned to their practice.

CHAPTER 6 – PRACTICE FACILITATION – QUALITY OF CARE ANALYSIS

Introduction

SoonerCare HMP practice facilitation is intended to improve quality of care by educating practices on effective treatment of patients with chronic conditions and adoption of clinical best practices.

PHPG evaluated the impact of SoonerCare HMP practice facilitation on quality of care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare HMP population. The evaluation included the same 19 diagnosis-specific measures and three population-wide preventive measures presented in chapter three:

- Asthma measures
  - Use of appropriate medications for people with asthma
  - Medication management for people with asthma – 50 percent
  - Medication management for people with asthma – 75 percent

- Cardiovascular (CAD and heart failure) measures
  - Persistence of beta-blocker treatment after a heart attack
  - Cholesterol management for patients with cardiovascular conditions – LDL-C screening

- COPD measures
  - Use of spirometry testing in the assessment and diagnosis of COPD
  - Pharmacotherapy management of COPD exacerbation – 14 days
  - Pharmacotherapy management of COPD exacerbation – 30 days

- Diabetes measures
  - Percentage of members who had LDL-C test
  - Percentage of members who had retinal eye exam performed
  - Percentage of members who had Hemoglobin A1c (HbA1c) testing
  - Percentage of members who received medical attention for nephropathy
  - Percentage of members prescribed angiotensin converting enzyme inhibitors or angiotensin receptor blockers (ACE/ARB therapy)

- Hypertension measures
  - Percentage of members who had LDL-C test
  - Percentage of members prescribed ACE/ARB therapy
  - Percentage of members prescribed diuretics
  - Percentage of members prescribed ACE/ARB therapy or diuretics with annual medication monitoring

- Mental Health measures
  - Follow-up after hospitalization for mental illness – 7 days
  - Follow-up after hospitalization for mental illness – 30 days

- Preventive health measures
  - Adult access to preventive/ambulatory health services
  - Children and adolescents' access to PCPs
  - Adult body mass index (BMI) assessment

The specifications for each measure are presented in the applicable section.

Methodology

The quality of care analysis dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA.

To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the SoonerCare HMP were excluded from the analysis. This was done to avoid double counting the impact of the program.

PHPG determined the total number of members to be evaluated for each measure (denominator), the number meeting the clinical standard (numerator) and the resultant "percent compliant". As in chapter three, the results were compared to compliance rates for the general SoonerCare population (SFY 2014 reporting year), where available, and to national Medicaid MCO benchmarks where SoonerCare data was not available. (SoonerCare rates are shown in black font; national rates, when used, are shown in blue font. In a few instances, neither source was available, as denoted by dash lines.)

Statistically significant differences between members aligned with practice facilitation providers and the comparison group at a 95 percent confidence level are noted in the exhibits through bold face type of the value shown in the "% point difference" column. However, all results should be interpreted with caution given the small size of the practice facilitation member population.

The number of cases will increase in future years, which will enhance the reliability of the findings. PHPG also will report compliance rate trends, starting with the SFY 2015 report.

Asthma

The quality of care for members with asthma (ages 5 to 64) was evaluated through three clinical measures:

- *Use of Appropriate Medications for People with Asthma*: Percent with persistent asthma who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolun sodium, leukotriene modifiers or methylaxanthines.
- *Medication Management for People with Asthma – 50 Percent*: Percentage of members receiving at least one asthma medication who had an active prescription for an asthma controller medication for at least 50 percent (50 percent compliance rate) of the year, starting with the first date of receiving such a prescription.
- *Medication Management for People with Asthma – 75 Percent*: Percentage of members receiving at least one asthma medication who had an active prescription at least 75 percent (75 percent compliance rate) of the year, starting with the first date of receiving such a prescription.

The compliance rate for the practice facilitation population exceeded the comparison group rate on one of three measures (Exhibit 6-1). The difference was statistically significant for two measures.

Exhibit 6-1– Asthma Clinical Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Use of Appropriate Medications for People with Asthma	37	34	91.9%	81.5%	**10.4%**
2. Medication Management for People with Asthma – 50 Percent	34	19	55.9%	62.4%	(6.5%)
3. Medication Management for People with Asthma – 75 Percent	34	8	23.5%	39.6%	**(16.1%)**

Cardiovascular Disease

The quality of care for members with cardiovascular disease (coronary artery disease, heart failure) was evaluated through two clinical measures:

- *Persistence of Beta Blocker Treatment after Heart Attack*: Percentage of members 18 and older with prior MI prescribed beta-blocker therapy.
- *LDL-C Screening*: Percentage of members 18 to 75 who received at least one LDL-C screen.

The compliance rate for the comparison group exceeded the practice facilitation population rate on both measures (Exhibit 6-2). The difference was statistically significant for one measure, although this result should be viewed with caution given the small practice facilitation population.

Exhibit 6-2 – Cardiovascular Disease Clinical Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Persistence of Beta Blocker Treatment after Heart Attack	5	1	20.0%	84.2%	**(64.2%)**
2. LDL-C Screening	47	35	74.5%	81.1%	(6.6%)

COPD

The quality of care for members with COPD (ages 40 and older) was evaluated through three clinical measures:

- *Use of Spirometry Testing in the Assessment/Diagnosis of COPD*: Percentage of members who received spirometry screening.
- *Pharmacotherapy Management of COPD Exacerbation – 14 Days*: Percentage of COPD exacerbations for members who had an acute inpatient discharge or ED visit and who were dispensed systemic corticosteroid within 14 days.
- *Pharmacotherapy Management of COPD Exacerbation – 30 Days*: Percentage of COPD exacerbations for members who had an acute inpatient discharge or ED visit and who were dispensed a bronchodilator within 30 days.

The compliance rate for the comparison group exceeded the practice facilitation population rate on all three measures (Exhibit 6-3). The difference was statistically significant for two measures.

Exhibit 6-3 – COPD Clinical Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	81	8	9.9%	31.0%	**(21.1%)**
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	36	11	30.6%	65.8%	**(35.2%)**
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	36	25	69.4%	80.9%	(11.5%)

Diabetes

The quality of care for members (ages 18 to 75) with diabetes was evaluated through five clinical measures:

- *LDL-C Test*: Percentage of members who received LDL-C in previous twelve months.
- *Retinal Eye Exam*: Percentage of members who received at least one dilated retinal eye exam in previous twelve months.
- *HbA1c Test*: Percentage of members who received at least one HbA1C test in previous twelve months.
- *Medical Attention for Nephropathy*: Percentage of members who received medical attention for nephropathy in previous twelve months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous twelve months.

The compliance rate for the practice facilitation population exceeded the comparison group rate on three of the four measures having a comparison group percentage (Exhibit 6-4). The difference was statistically significant for one measure.

Exhibit 6-4 – Diabetes Clinical Measures – Practice Facilitation Members vs Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. LDL-C Test	230	149	64.8%	63.4%	1.3%
2. Retinal Eye Exam	230	58	25.2%	26.3%	(1.1%)
3. HbA1c Test	230	166	72.2%	71.9%	0.3%
4. Medical Attention for Nephropathy	230	166	72.2[49]%	53.4%	**18.8%**
5. ACE/ARB Therapy	230	132	57.4%	---	---

[49] HbA1c and Nephropathy rates were found to be identical, as shown in the exhibit.

Hypertension

The quality of care for members with hypertension (ages 18 and older) was evaluated through four clinical measures:

- *LDL-C Test*: Percentage of members who received LDL-C in previous twelve months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous twelve months.
- *Diuretics*: Percentage of members who received diuretic in previous twelve months.
- *Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics*: Percentage of members prescribed ACE/ARB therapy or diuretic who received annual medication monitoring.

The compliance rate for the comparison group exceeded the practice facilitation population rate on the two measures having a comparison group percentage (Exhibit 6-5). The difference was statistically significant for both measures.

Exhibit 6-5 – Hypertension Clinical Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. LDL-C Test	537	306	57.0%	81.1%	**(24.1%)**
2. ACE/ARB Therapy	537	325	60.5%	---	---
3. Diuretics	537	222	41.3%	---	---
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics[50]	234	187	79.9%	87.9%	**(8.0%)**

[50] Denominator for measure 4 is smaller than numerator for measure 2 because numerator for measure 2 is defined as having at least one prescription active during the year. Denominator 4 is defined as having a prescription active for at least 180 days during the year.

Mental Health

The quality of care for members with mental illness (ages six and older) was evaluated through two clinical measures:

- *Follow-up after Hospitalization for Mental Illness – Seven Days*: Percentage of members who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within either seven days.
- *Follow-up after Hospitalization for Mental Illness – 30 Days*: Percentage of members who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within either seven days.

The compliance rate for the practice facilitation population exceeded the comparison group rate on both measures (Exhibit 6-6). The difference was statistically significant in both cases.

Exhibit 6-6 – Mental Health Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Follow-up after Hospitalization for Mental Illness – Seven Days	159	67	42.1%	23.3%	**18.8%**
2. Follow-up after Hospitalization for Mental Illness – 30 Days	159	114	71.7%	44.5%	**27.2%**

Prevention

The quality of preventive care for members aligned with a practice facilitation provider was evaluated through three clinical measures:

- *Adult Access to Preventive/Ambulatory Care*: Percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.
- *Child Access to PCP*: Percentage of children 12 months to 19 years old who visited a primary care practitioner (PCP) during the measurement year, or if seven years or older, in the measurement year or year prior.
- *Adult BMI*: Percentage of adults 18 to 75 years old who had an outpatient visit where his/her BMI was documented, either during the measurement year or year prior to the measurement year.

The compliance rate for the practice facilitation population exceeded the comparison group rate on the two measures having a comparison group percentage (Exhibit 6-7). The difference was statistically significant in both cases.

Exhibit 6-7 – Preventive Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Adult Access to Preventive/Ambulatory Care	1,854	1,790	96.5%	84.7%	**11.8%**
2. Child Access to PCP	5,558	5,497	98.9%	91.2%	**7.7%**
3. Adult BMI	1,424	131	9.2%	---	---

Summary of Key Findings

The practice facilitation population compliance rate exceeded the comparison group rate on eight of 18 measures for which there was a comparison group percentage. The difference was statistically significant for six of the eight.

However, the comparison group performed slightly better by achieving a higher rate on 10 of the 18 measures, including six for which the difference was statistically significant.

It is too early in the evaluation process to draw strong inferences from these results. The impact of practice facilitation on quality of care for members not participating in health coaching should become clearer as more data is collected.

CHAPTER 7 – PRACTICE FACILITATION – EXPENDITURE & COST EFFECTIVENESS ANALYSIS

Introduction

Practice facilitation, if effective, should have an observable impact on service utilization and expenditures for patients with chronic conditions. Improvement in the quality of care should yield better outcomes in the form of lower acute care costs.

This section presents information for members with chronic conditions treated at practice facilitation sites. The analysis includes detailed findings for the same six chronic impact conditions evaluated in the health coaching expenditure evaluation: asthma, coronary artery disease, COPD, diabetes, heart failure and hypertension. It also includes findings for other members aligned with practice facilitation providers (i.e., outside of the chronic impact group) and for members aligned with practice facilitation providers in total.

Similar to the method used for the health coaching evaluation, PHPG calculated aggregate and PMPM medical expenditures for members treated during the evaluation period. PHPG then compared actual expenditures to MEDai forecasts.

Methodology for Creation of Expenditure Dataset

The practice facilitation dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA.

To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the SoonerCare HMP were excluded from the analysis. This was done to avoid double counting the impact of the program.

Members with more than one diagnosis were included in their diagnostic category with the greatest expenditures during the post-initiation period.

Findings are presented starting on the following page in similar format to the health coaching data presented in chapter four. Actual hospital days, ED visits and PMPM expenditures are compared to MEDai forecasts. Appendix E contains detailed expenditure exhibits.

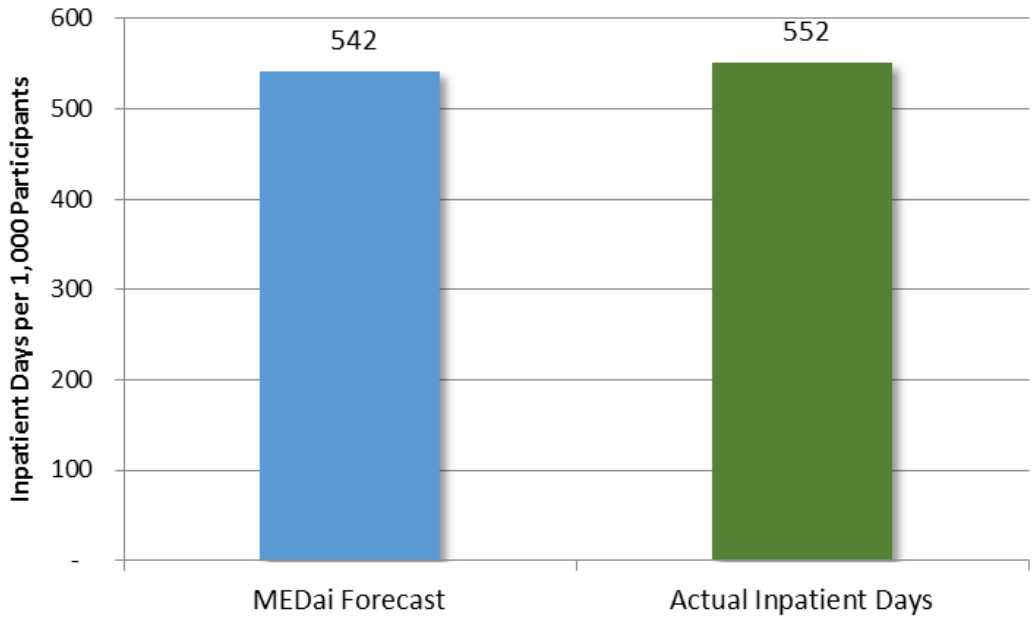
Asthma Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2014 included 1,366 members who were not participating in health coaching and for whom asthma was the most expensive diagnosis.

Utilization

MEDai projected that members with asthma would incur 542 inpatient days per 1,000 over the 12 month forecast period[51]. The actual rate was 552, or 102 percent of forecast (Exhibit 7-1). (As noted in chapter four, the rate for all Oklahomans in 2013 was 577 days per 1,000.)

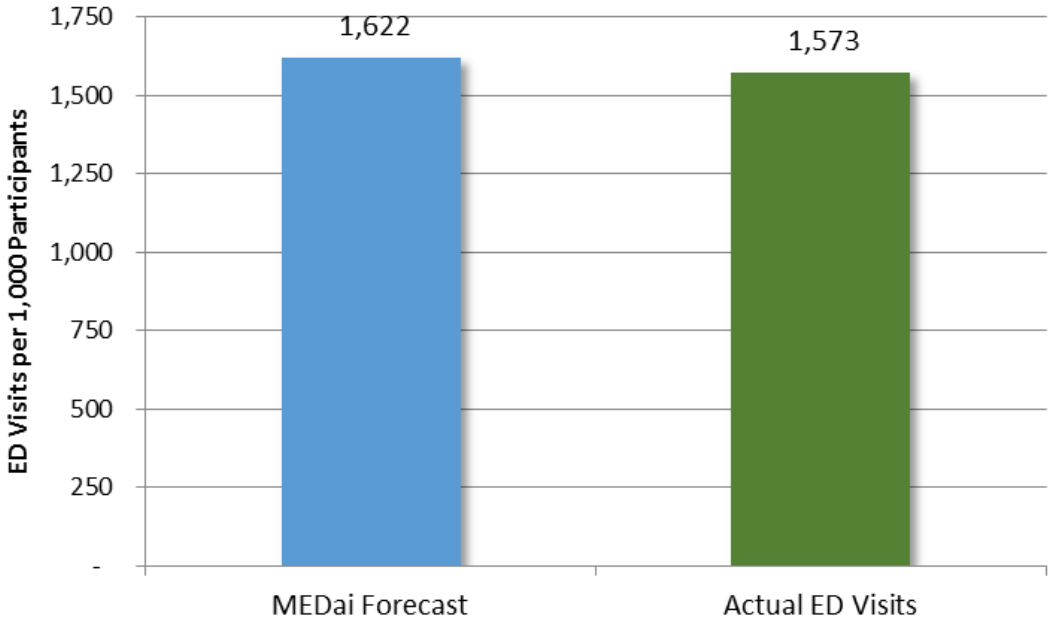
Exhibit 7-1 – Members with Asthma as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants



[51] As with the health coaching analysis, all MEDai forecasts assume no intervention in terms of care management. PMPM rate calculated for portion of year that each participant was engaged in program.

MEDai projected that members with asthma would incur 1,622 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,573, or 97 percent of forecast (Exhibit 7-2). (As noted in chapter four, the rate for all Oklahomans in 2013 was 486 visits per 1,000.)

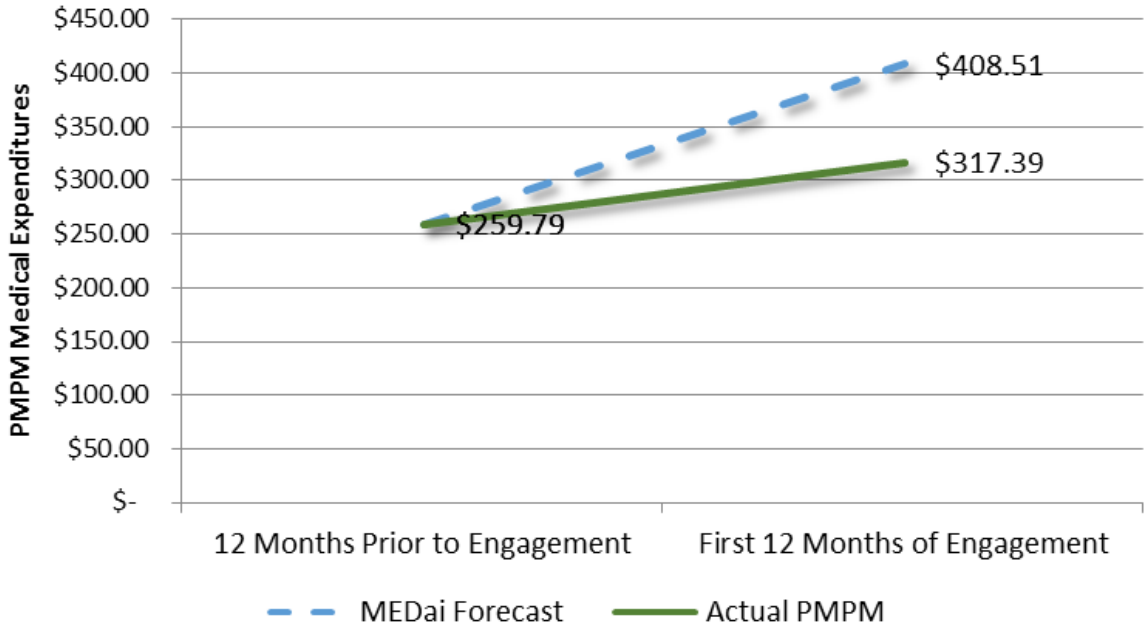
Exhibit 7-2 – Members with Asthma as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

MEDai projected that members with asthma would incur an average of $409 in PMPM expenditures over the 12-month forecast period. The actual amount was $317, or 78 percent of forecast (Exhibit 7-3).

Exhibit 7-3 – Members with Asthma as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level, expenditures increased for nearly all services (Exhibit 7-4).

Exhibit 7-4 – Members with Asthma as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$40.57	$49.21	$8.64	21%
Outpatient Hospital	$40.61	$56.27	$15.67	39%
Physician	$88.53	$106.85	$18.32	21%
Pharmacy	$47.24	$64.03	$16.79	36%
Behavioral Health	$1.22	$1.72	$0.50	41%
All Other	$41.62	$39.31	($2.31)	(6%)
Total	$259.79	$317.39	$57.61	22%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with asthma by multiplying total months of enrollment in SFY 2014, following practice facilitation initiation and member interaction with a provider, by average PMPM savings. The resultant savings equaled approximately $628,000 (Exhibit 7-5).

Exhibit 7-5 – Members with Asthma as Most Expensive Diagnosis
Aggregate SFY 2014 Savings

Members	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
1,366	5.0	6,897	$91.12	$628,455

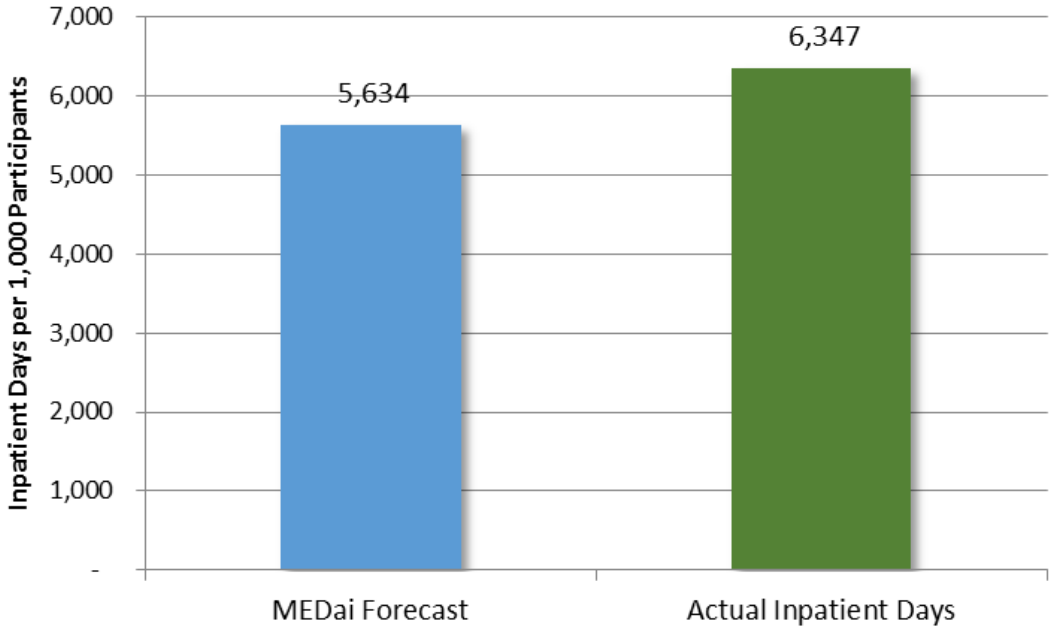
Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2014 included 34 members who were not participating in health coaching and for whom coronary artery disease (CAD) was the most expensive diagnosis. Results for this diagnosis should be interpreted with caution given the small size of the population.

Utilization

MEDai projected that members with coronary artery disease would incur 5,634 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 6,347, or 113 percent of forecast (Exhibit 7-6).

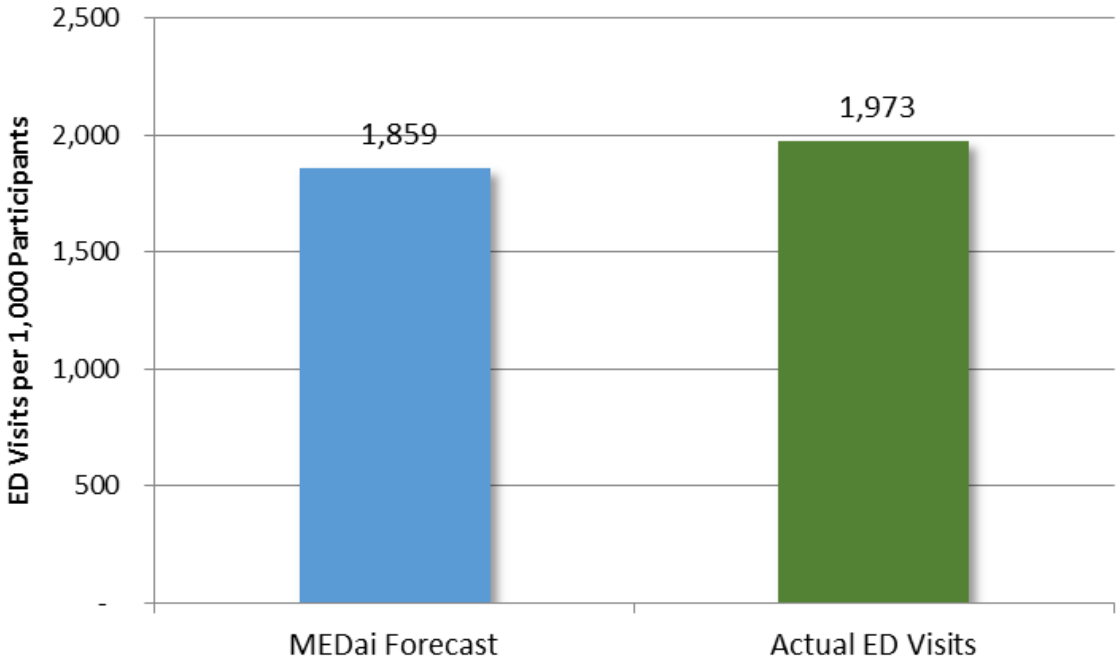
Exhibit 7-6 – Members with CAD as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants



Results for this diagnosis should be interpreted with caution given the small size of the population.

MEDai projected that members with coronary artery disease would incur 1,859 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,973, or 106 percent of forecast (Exhibit 7-7).

Exhibit 7-7 – Members with CAD as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants

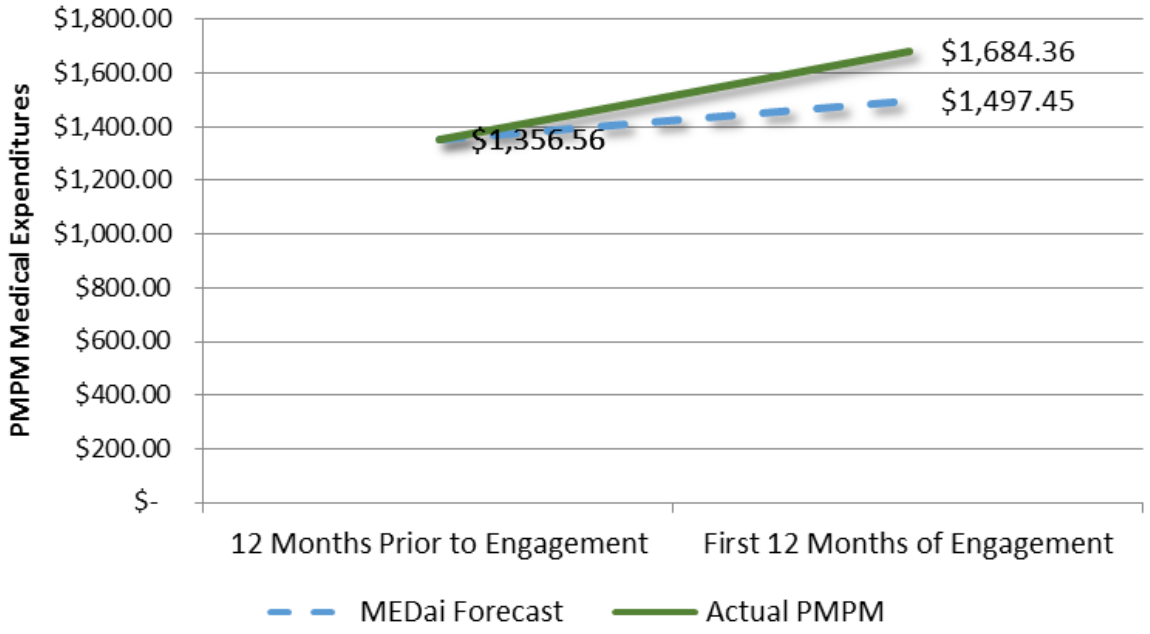


Results for this diagnosis should be interpreted with caution given the small size of the population.

Medical Expenditures – Total and by Category of Service

MEDai projected that members with coronary artery disease would incur an average of $1,498 in PMPM expenditures over the 12-month forecast period. The actual amount was $1,684, or 112 percent of forecast (Exhibit 7-8).

Exhibit 7-8 – Members with CAD as Most Expensive Diagnosis
Total PMPM Expenditures



Results for this diagnosis should be interpreted with caution given the small size of the population.

At the category-of-service level, expenditures increased for all services, although inpatient hospital costs were nearly unchanged (Exhibit 7-9).

Exhibit 7-9 – Members with CAD as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$747.49	$748.64	$1.15	0%
Outpatient Hospital	$82.86	$282.36	$199.49	241%
Physician	$213.21	$273.98	$60.77	29%
Pharmacy	$218.30	$224.29	$5.99	3%
Behavioral Health	$0.21	$0.54	$0.34	163%
All Other	$94.49	$154.55	$60.06	64%
Total	$1,356.56	$1,684.36	$327.81	24%

Results for this diagnosis should be interpreted with caution given the small size of the population.

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with coronary artery disease by multiplying total months of enrollment in SFY 2014, following practice facilitation initiation and member interaction with a provider, by average PMPM savings. The resultant deficit equaled approximately ($42,000) (Exhibit 7-10).

Exhibit 7-10 – Members with CAD as Most Expensive Diagnosis
Aggregate SFY 2014 Deficit

Members	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
34	6.6	225	($186.92)	($42,057)

Results for this diagnosis should be interpreted with caution given the small size of the population.

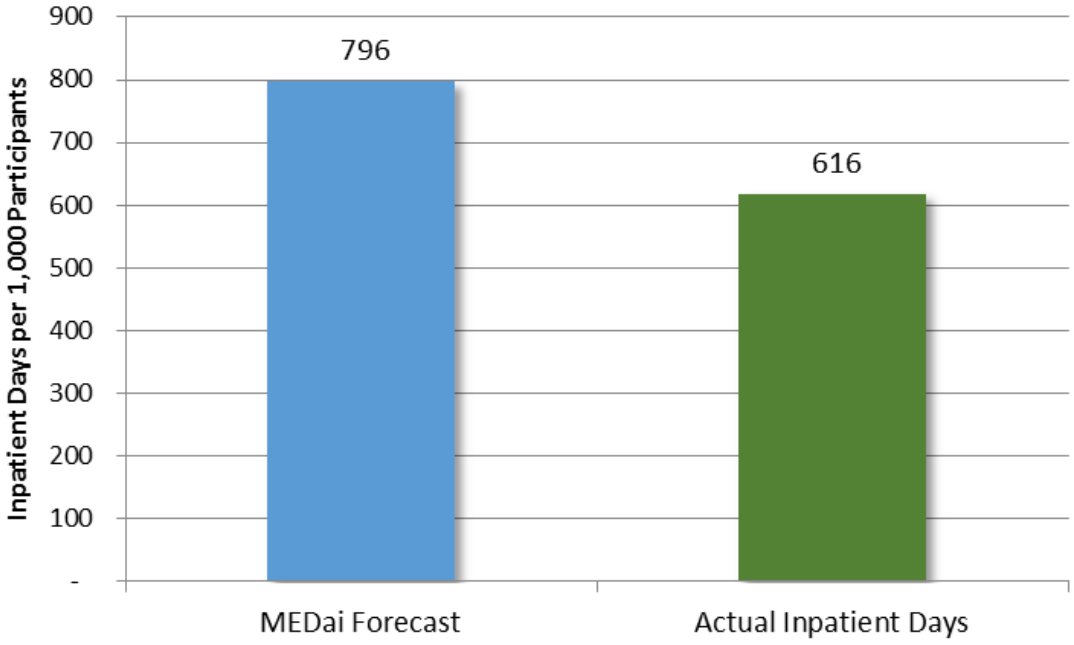
COPD Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2014 included 676 members who were not participating in health coaching and for whom COPD was the most expensive diagnosis.

Utilization

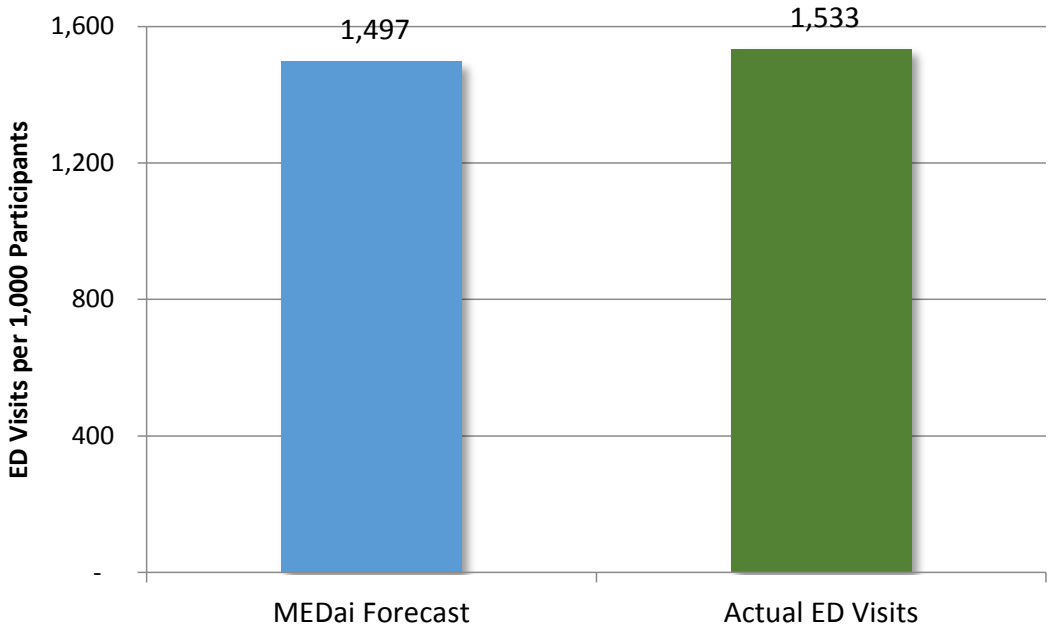
MEDai projected that members with COPD would incur 796 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 616, or 77 percent of forecast (Exhibit 7-11).

Exhibit 7-11 – Members with COPD as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants



MEDai projected that members with COPD would incur 1,497 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,533, or 102 percent of forecast (Exhibit 7-12).

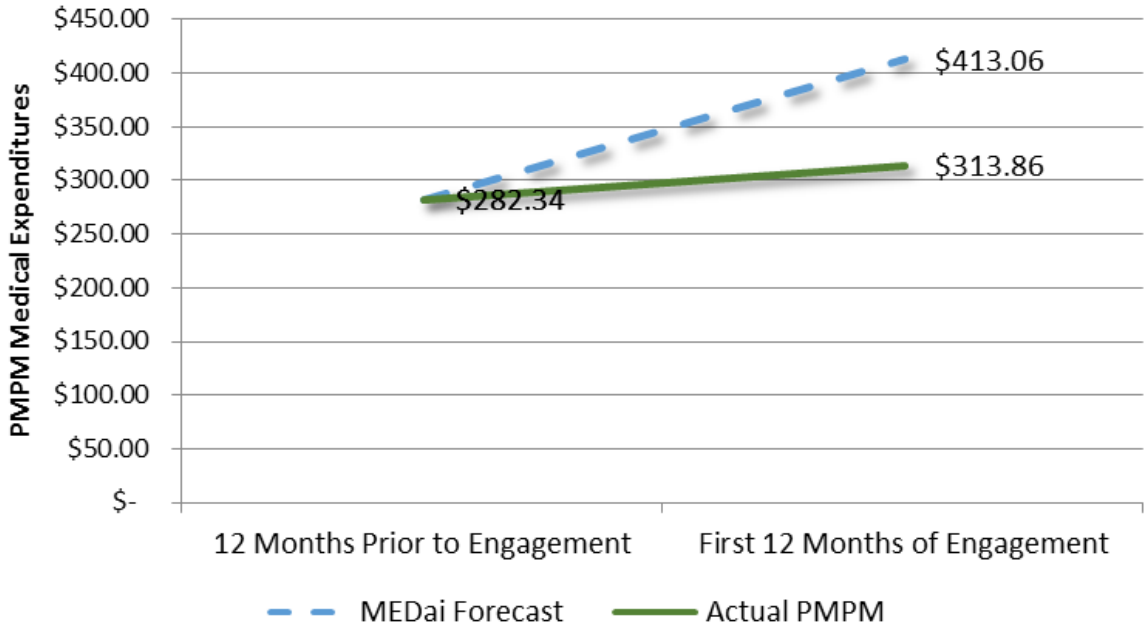
Exhibit 7-12 – Members with COPD as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

MEDai projected that members with COPD would incur an average of $413 in PMPM expenditures over the 12-month forecast period. The actual amount was $313, or 76 percent of forecast (Exhibit 7-13).

Exhibit 7-13 – Members with COPD as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level, expenditures increased for nearly all services, although physician costs declined slightly (Exhibit 7-14).

Exhibit 7-14 – Members with CAD as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$51.17	$55.35	$4.18	8%
Outpatient Hospital	$38.66	$54.51	$15.86	41%
Physician	$99.72	$99.07	($0.64)	(1%)
Pharmacy	$52.90	$59.43	$6.52	12%
Behavioral Health	$0.39	$0.60	$0.21	54%
All Other	$39.50	$44.89	$5.39	14%
Total	$282.34	$313.86	$31.52	11%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with COPD by multiplying total months of enrollment in SFY 2014, following practice facilitation initiation and member interaction with a provider, by average PMPM savings. The resultant savings equaled approximately $363,000 (Exhibit 7-15).

Exhibit 7-15 – Members with COPD as Most Expensive Diagnosis
Aggregate SFY 2014 Savings

Members	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
676	5.4	3,663	$99.21	$363,406

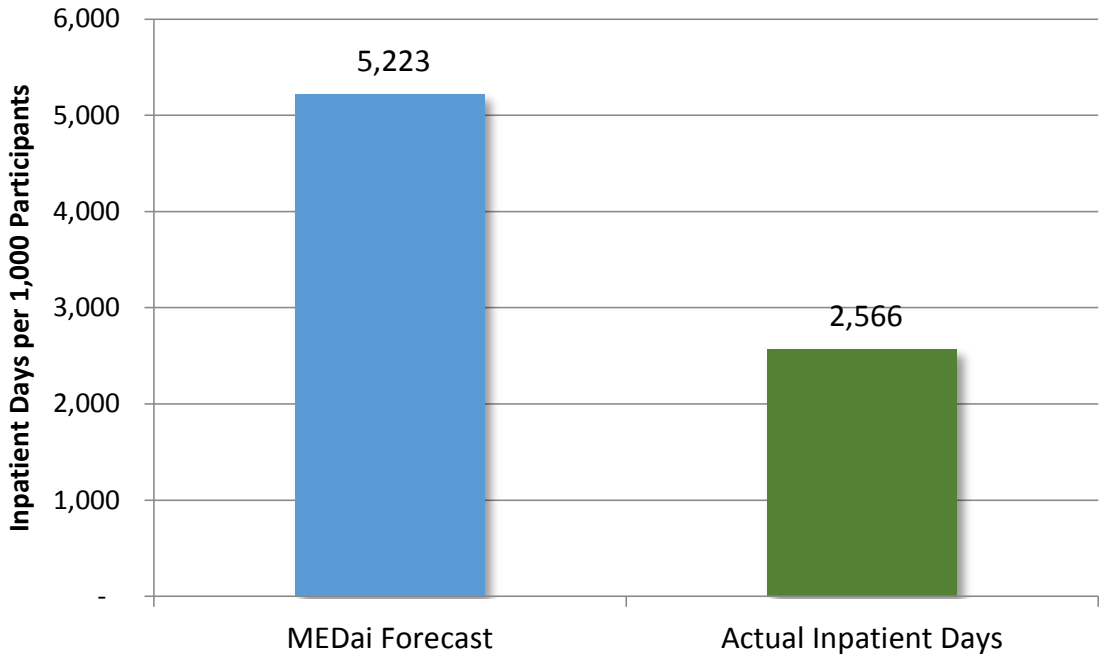
Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2014 included 281 members who were not participating in health coaching and for whom diabetes was the most expensive diagnosis.

Utilization

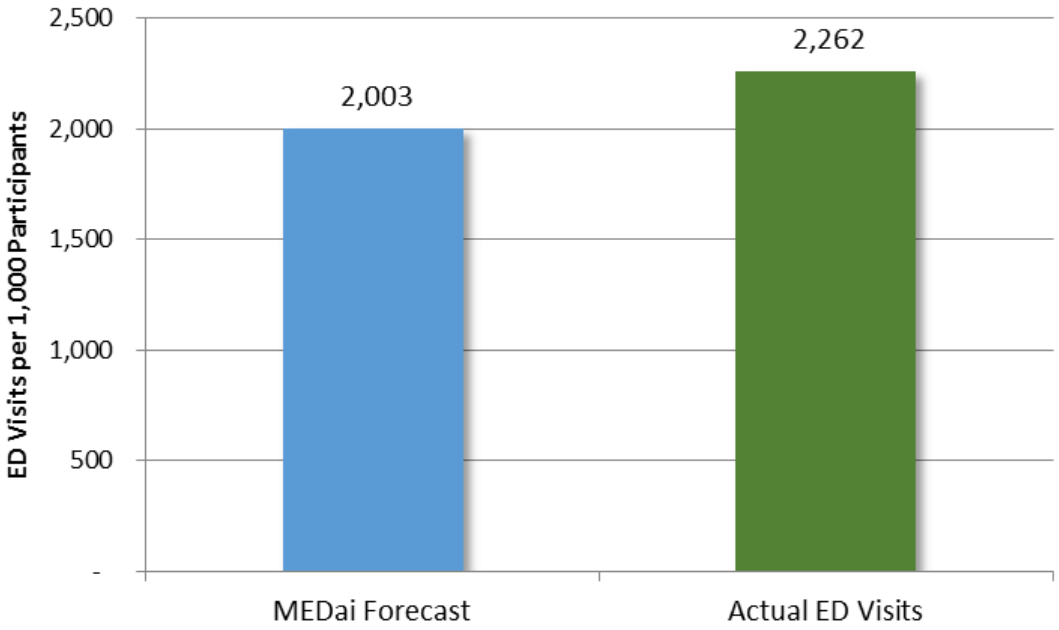
MEDai projected that members with diabetes would incur 5,223 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 2,566, or 49 percent of forecast (Exhibit 7-16).

Exhibit 7-16 – Members with Diabetes as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants



MEDai projected that members with diabetes would incur 2,003 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 2,262, or 113 percent of forecast (Exhibit 7-17).

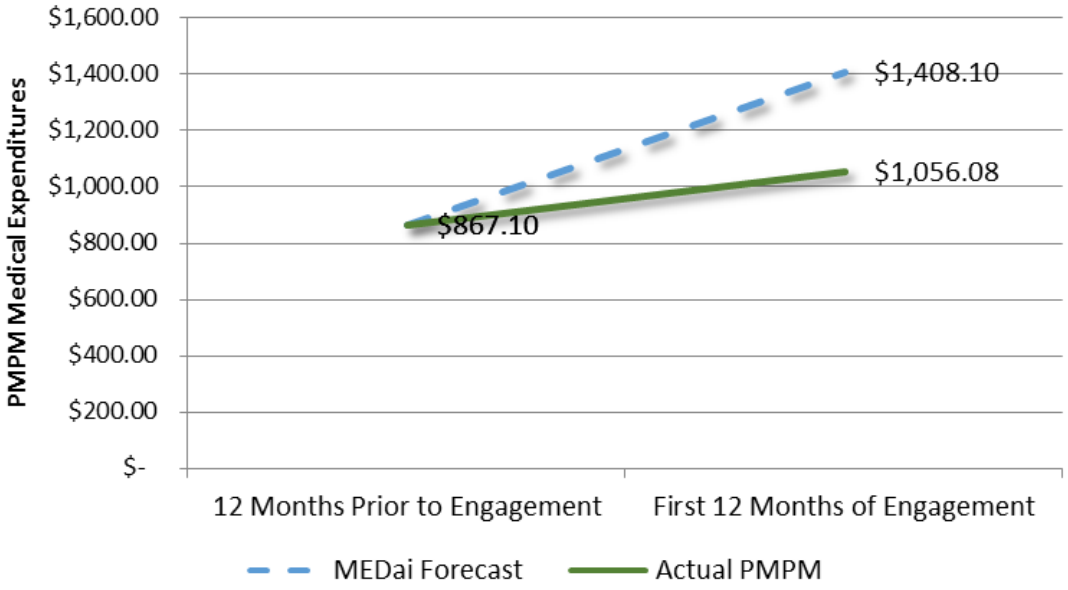
Exhibit 7-17 – Members with Diabetes as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

MEDai projected that members with diabetes would incur an average of $1,408 in PMPM expenditures over the 12-month forecast period. The actual amount was $1,056, or 75 percent of forecast (Exhibit 7-18).

Exhibit 7-18 – Members with Diabetes as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level, expenditures increased for nearly all services (Exhibit 7-19).

Exhibit 7-19 – Members with Diabetes as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$193.04	$289.07	$96.03	50%
Outpatient Hospital	$143.71	$146.24	$2.53	2%
Physician	$190.80	$218.33	$27.53	14%
Pharmacy	$198.44	$235.15	$36.71	19%
Behavioral Health	$13.83	$4.96	($8.87)	(64%)
All Other	$127.29	$162.33	$35.05	28%
Total	$867.10	$1,056.08	$188.98	22%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with diabetes by multiplying total months of enrollment in SFY 2014, following practice facilitation initiation and member interaction with a provider, by average PMPM savings. The resultant savings equaled approximately $513,000 (Exhibit 7-20).

Exhibit 7-20 – Members with Diabetes as Most Expensive Diagnosis
Aggregate SFY 2014 Savings

Members	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
281	5.2	1,459	$352.02	$513,597

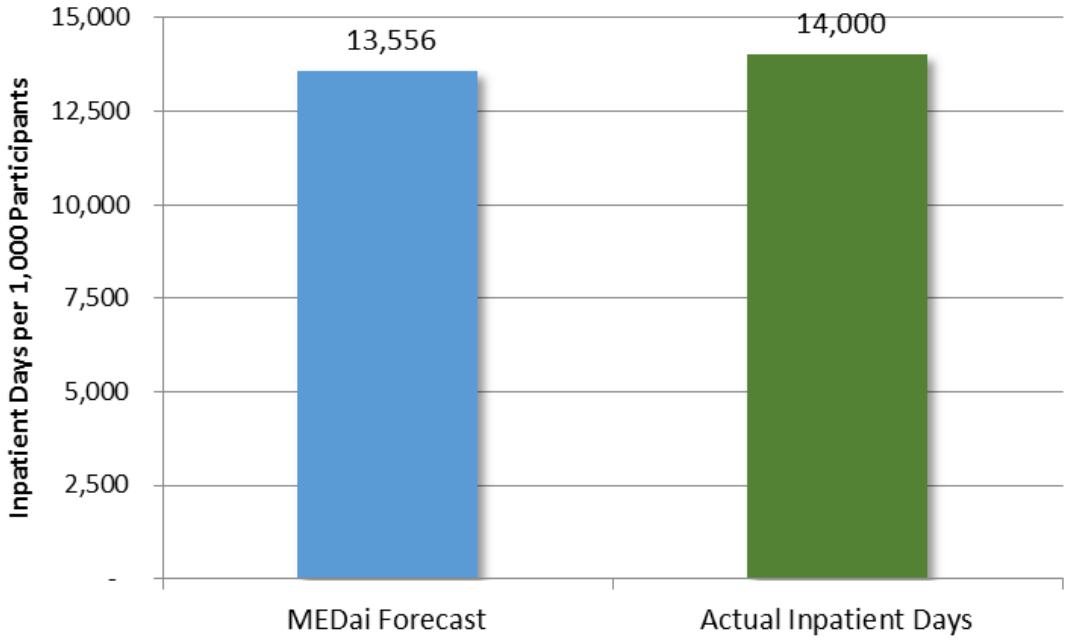
Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2014 included 21 members who were not participating in health coaching and for whom heart failure was the most expensive diagnosis. Results for this diagnosis should be interpreted with caution given the small size of the population.

Utilization

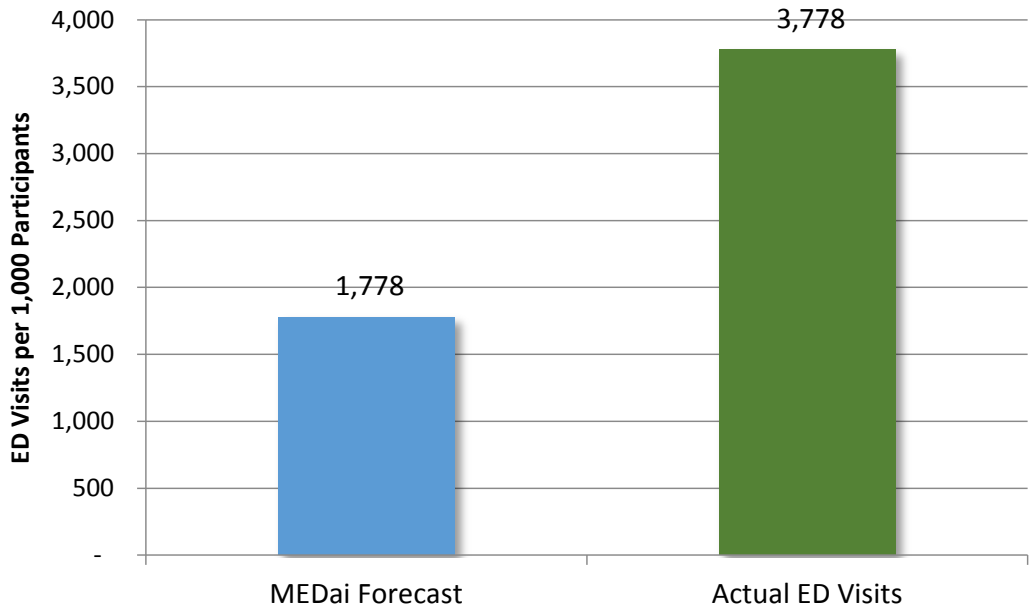
MEDai projected that members with heart failure would incur 13,556 inpatient days per 1,000 over the 12 month forecast period. The actual rate was exactly 14,000, or 103 percent of forecast (Exhibit 7-21).

Exhibit 7-21 – Members with Heart Failure as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants



MEDai projected that members with heart failure would incur 1,778 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 3,778, or 213 percent of forecast (Exhibit 7-22).

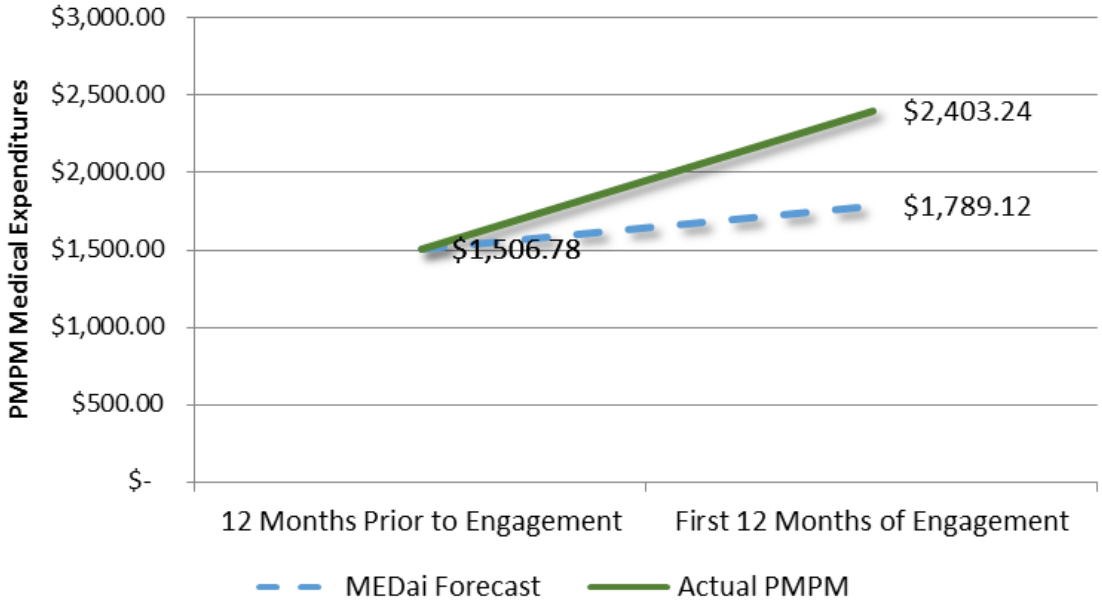
Exhibit 7-22 – Members with Heart Failure as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

MEDai projected that members with heart failure would incur an average of $1,789 in PMPM expenditures over the 12-month forecast period. The actual amount was $2,403, or 134 percent of forecast (Exhibit 7-23).

Exhibit 7-23 – Members with Heart Failure as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level, expenditures increased for nearly all services (Exhibit 7-24).

Exhibit 7-24 – Members with Heart Failure as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$653.00	$1,257.33	$604.32	93%
Outpatient Hospital	$321.23	$466.41	$145.18	45%
Physician	$248.87	$403.65	$154.77	62%
Pharmacy	$117.91	$87.56	($30.35)	(26%)
Behavioral Health	$0.00	$0.00	$0.00	--
All Other	$165.76	$188.29	$22.53	14%
Total	$1,506.78	$2,403.24	$896.46	59%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with heart failure by multiplying total months of enrollment in SFY 2014, following practice facilitation initiation and member interaction with a provider, by average PMPM savings. The resultant deficit equaled approximately ($66,000) (Exhibit 7-25).

Exhibit 7-25 – Members with Heart Failure as Most Expensive Diagnosis
Aggregate SFY 2014 Deficit

Members	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
21	5.1	108	($614.12)	($66,325)

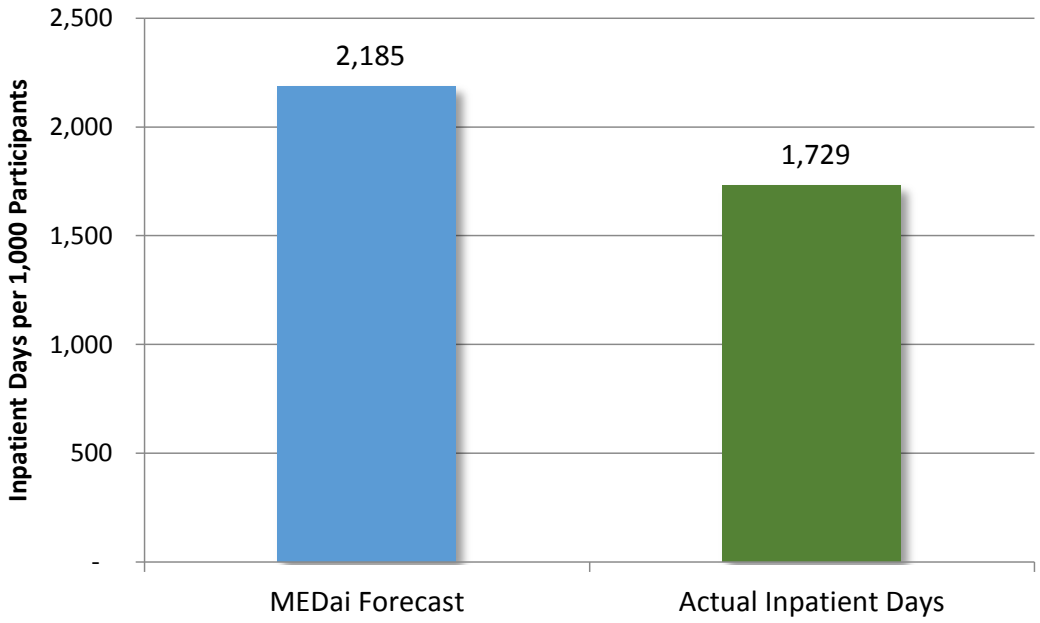
Hypertension Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2014 included 641 members who were not participating in health coaching and for whom hypertension was the most expensive diagnosis.

Utilization

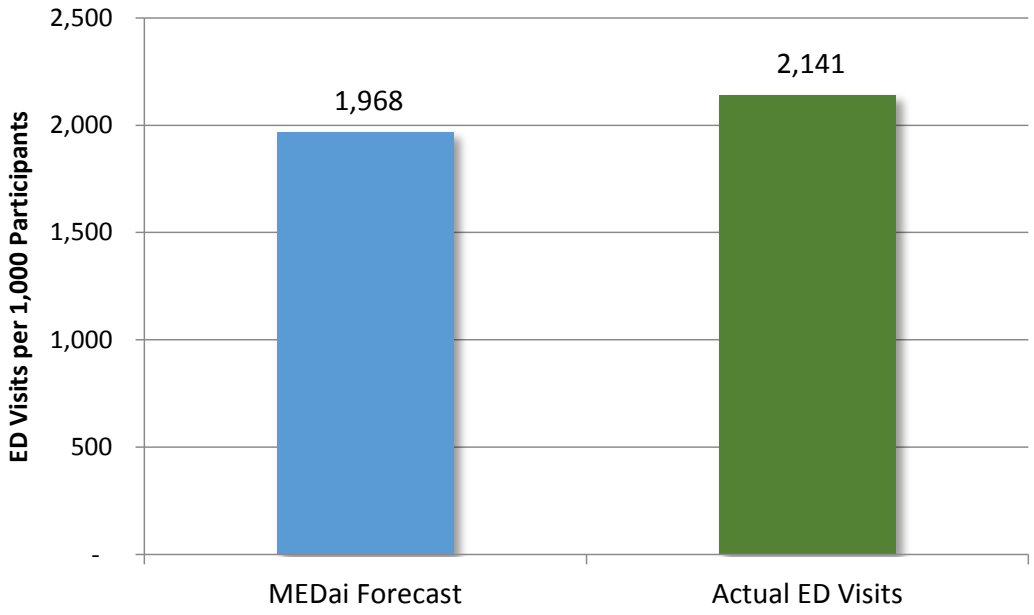
MEDai projected that members with hypertension would incur 2,185 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 1,729, or 79 percent of forecast (Exhibit 7-26).

Exhibit 7-26 – Members with Hypertension as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants



MEDai projected that members with hypertension would incur 1,968 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 2,141, or 109 percent of forecast (Exhibit 7-27).

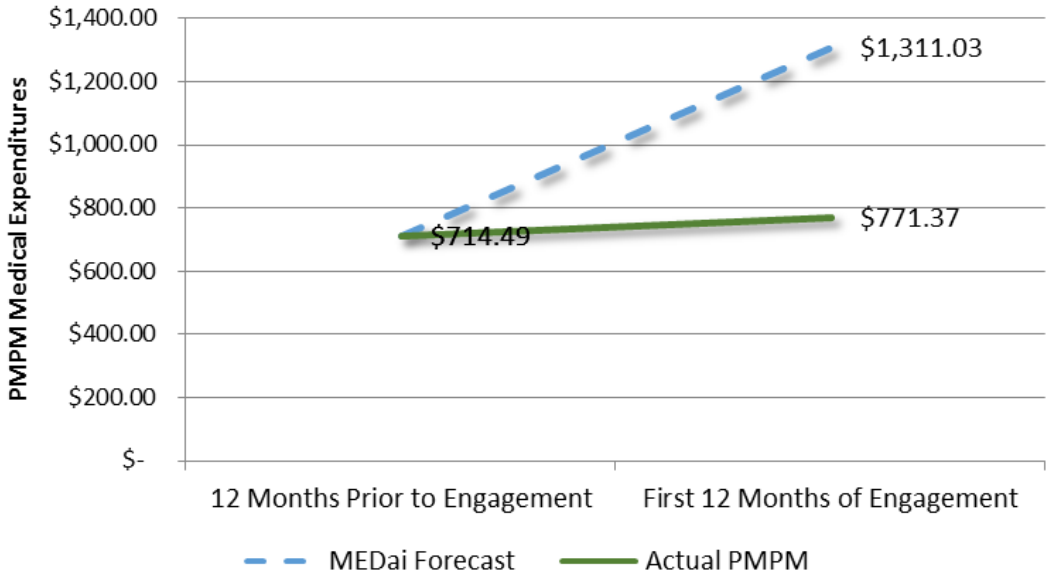
Exhibit 7-27 – Members with Hypertension as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

MEDai projected that members with hypertension would incur an average of $1,311 in PMPM expenditures over the 12-month forecast period. The actual amount was $771, or 59 percent of forecast (Exhibit 7-28).

Exhibit 7-28 – Members with Hypertension as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level, expenditures decreased for several services, with physician costs declining by the greatest amount (Exhibit 7-29).

Exhibit 7-29 – Members with Hypertension as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$233.20	$225.52	($7.68)	(3%)
Outpatient Hospital	$104.35	$116.37	$12.02	12%
Physician	$190.08	$169.59	($20.49)	(11%)
Pharmacy	$112.12	$170.99	$58.87	53%
Behavioral Health	$4.25	$3.61	($0.65)	(15%)
All Other	$70.50	$85.30	$14.81	21%
Total	$714.49	$771.37	$56.88	8%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with hypertension by multiplying total months of enrollment in SFY 2014, following practice facilitation initiation and member interaction with a provider, by average PMPM savings. The resultant savings equaled approximately $1.4 million (Exhibit 7-30).

Exhibit 7-30 – Members with Hypertension as Most Expensive Diagnosis
Aggregate SFY 2014 Savings

Members	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
641	4.2	2,713	$539.65	$1,464,070

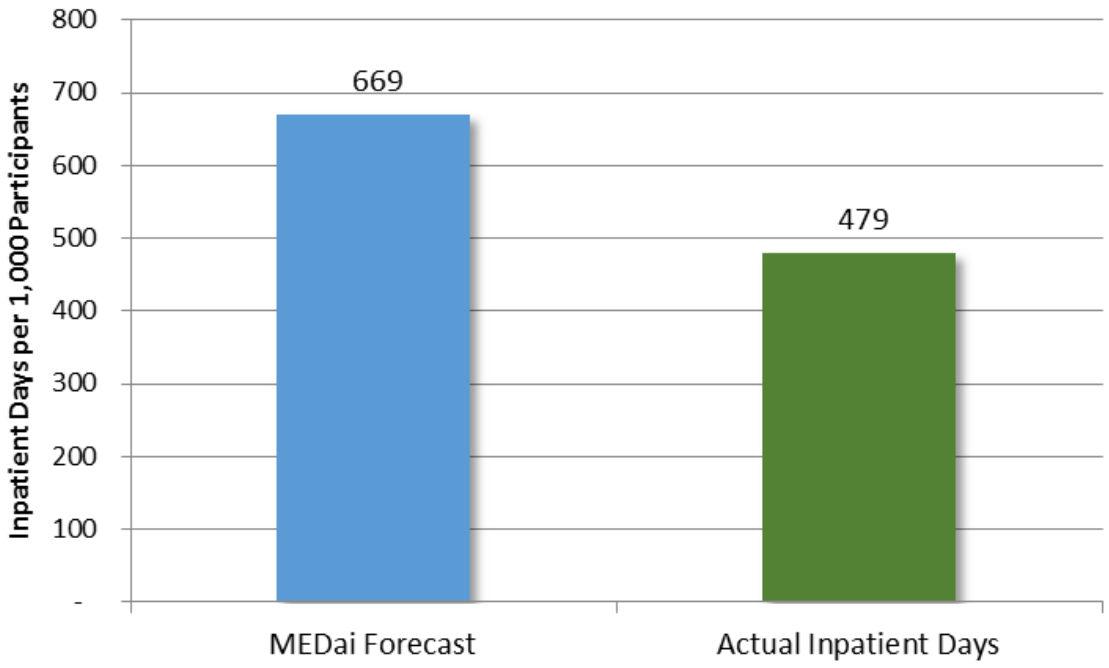
Utilization and Expenditure Evaluation – All Others

The SoonerCare HMP practice facilitation sites in SFY 2014 included 6,510 members who did not fall into one of the six priority diagnostic categories and who were not participating in health coaching. Although these members fell outside the universe of the six conditions, the holistic nature of the SoonerCare HMP suggests they also should have benefited from practice improvements undertaken at the participating sites.

Utilization

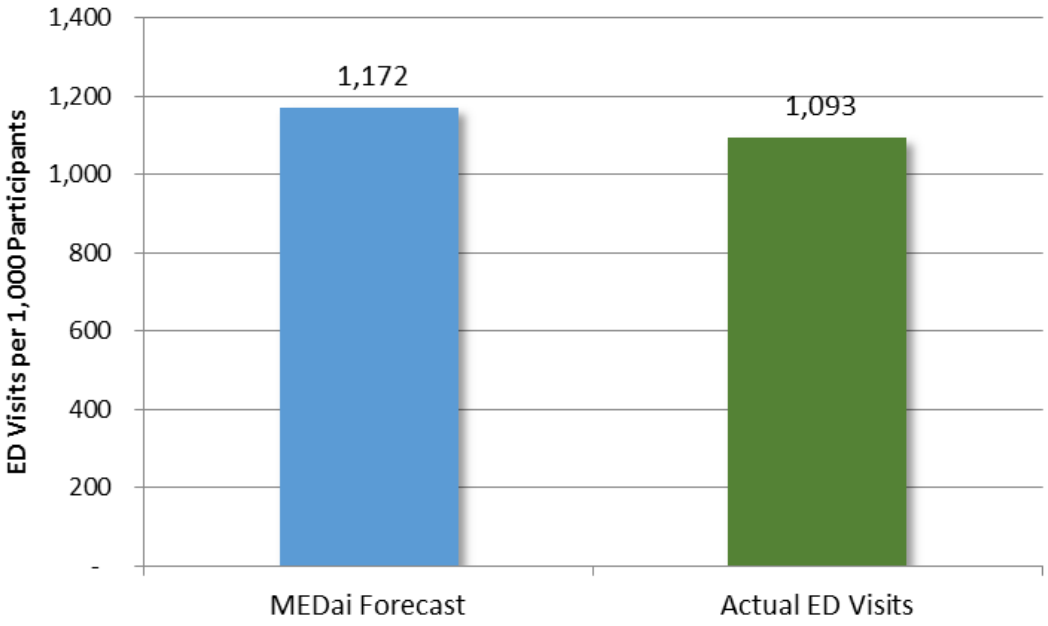
MEDai projected members in the "all others" group would incur 669 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 479, or 72 percent of forecast (Exhibit 7-31).

Exhibit 7-31 – All Other Members
Inpatient Utilization – 12-Month Projection, per 1,000 Participants



MEDai projected members in the "all others" group would incur 1,172 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,093, or 93 percent of forecast (Exhibit 7-32).

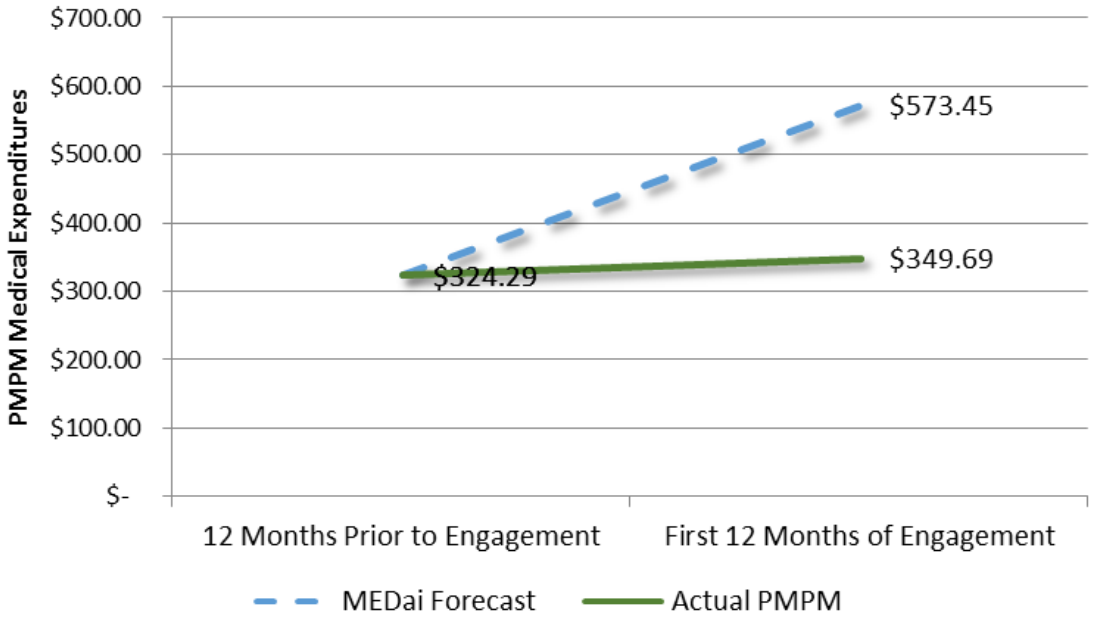
Exhibit 7-32 – All Other Members
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

MEDai projected that members in the "all others" group would incur an average of $573 in PMPM expenditures over the 12-month forecast period. The actual amount was $350, or 61 percent of forecast (Exhibit 7-33).

Exhibit 7-33 – All Other Members
Total PMPM Expenditures



At the category-of-service level, expenditures increased for most services, although the overall rate of increase was in single digits (Exhibit 7-34).

Exhibit 7-34 – All Other Members
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$36.69	$41.69	$5.00	14%
Outpatient Hospital	$36.08	$41.99	$5.91	16%
Physician	$72.64	$81.48	$8.83	12%
Pharmacy	$52.22	$60.22	$8.01	15%
Behavioral Health	$77.43	$75.27	($2.16)	(3%)
All Other	$49.24	$49.04	($0.20)	(0%)
Total	$324.29	$349.69	$25.39	8%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members in the "all others" group by multiplying total months of enrollment in SFY 2014, following practice facilitation initiation and member interaction with a provider, by average PMPM savings. The resultant savings equaled approximately $12.9 million (Exhibit 7-35).

Exhibit 7-35 – All Other Members
Aggregate SFY 2014 Savings

Members	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
6,510	8.9	57,796	$223.76	$12,932,433

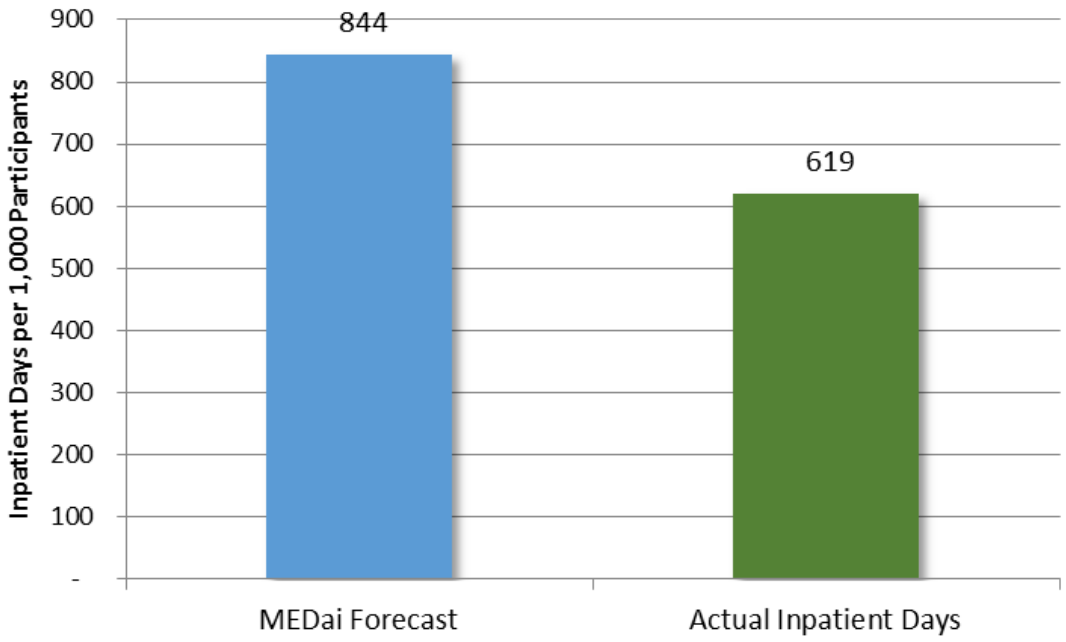
Utilization and Expenditure Evaluation – All Members

This section presents consolidated trend data across all 9,529 members aligned with a practice facilitation provider who did not participate in health coaching but met the other criteria for inclusion in the analysis.

Utilization

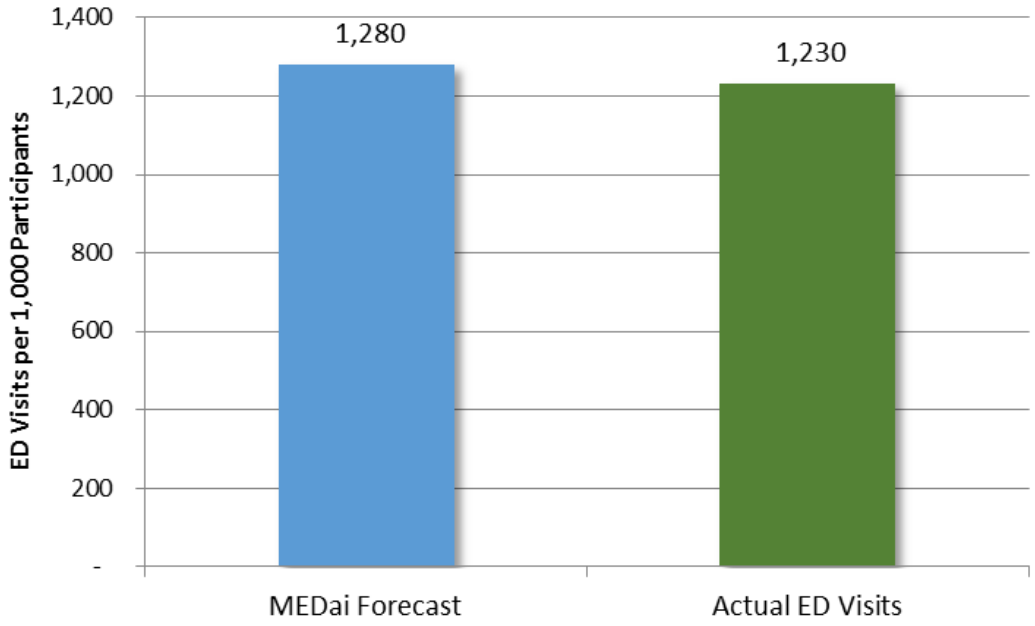
MEDai projected members in total would incur 844 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 619, or 73 percent of forecast (Exhibit 7-36).

Exhibit 7-36 – All Members
Inpatient Utilization – 12-Month Projection, per 1,000 Participants



MEDai projected members in total would incur 1,280 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,230, or 96 percent of forecast (Exhibit 7-37).

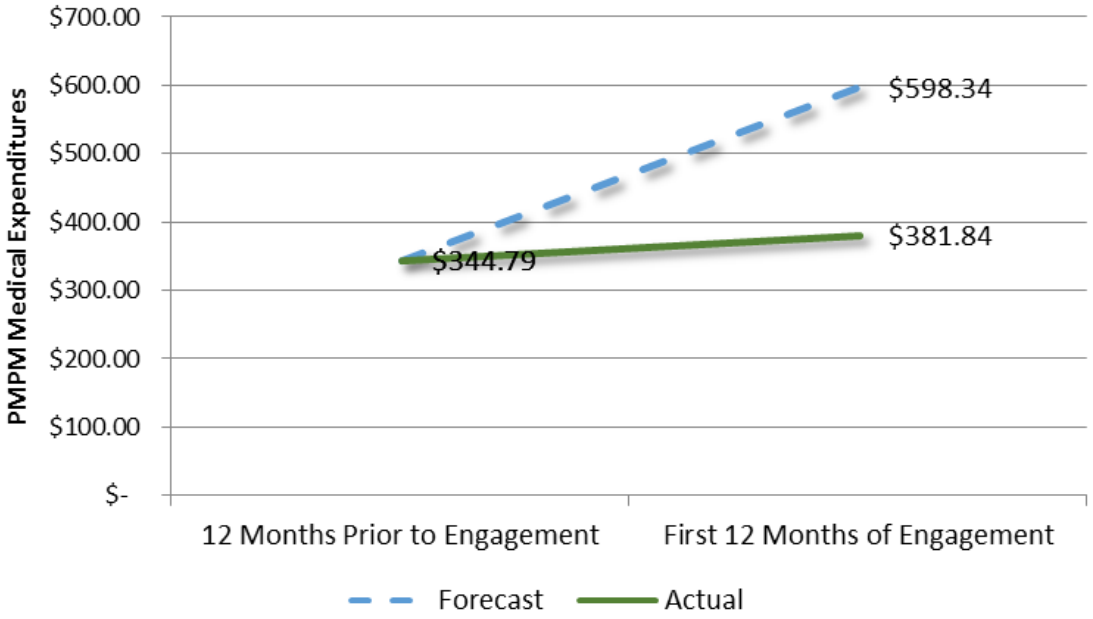
Exhibit 7-37 – All Members
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

MEDai projected that members in total would incur an average of $598 in PMPM expenditures over the 12-month forecast period. The actual amount was $382, or 64 percent of forecast (Exhibit 7-38).

Exhibit 7-38 – All Members
Total PMPM Expenditure



At the category-of-service level, expenditures increased for all services except behavioral health (Exhibit 7-39).

Exhibit 7-39 – All Members
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$50.67	$58.87	$8.20	16%
Outpatient Hospital	$41.70	$50.20	$8.50	20%
Physician	$82.60	$91.86	$9.26	11%
Pharmacy	$57.23	$68.72	$11.49	20%
Behavioral Health	$62.03	$60.13	($1.90)	(3%)
All Other	$50.56	$52.06	$1.49	3%
Total	$344.79	$381.84	$37.05	11%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for all members included in the analysis by multiplying total months of enrollment in SFY 2014, following practice facilitation initiation and member interaction with a provider, by average PMPM savings. The resultant savings equaled nearly $15.8 million (Exhibit 7-40).

Exhibit 7-40 – All Members
Aggregate SFY 2014 Savings

Members[52]	Average Tenure (Months)	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
9,529	7.9	72,861	$216.50	$15,774,407

[52] As previously noted, the total members number excludes members engaged in health coaching, to avoid double counting savings.

Practice Facilitation Cost Effectiveness Analysis

PHPG conducted a formal cost effectiveness analysis of practice facilitation by adding SoonerCare HMP administrative expenses to the medical expenditure data presented in the summary portion of the previous section. The combined medical and administrative expenses represent the appropriate values for measuring the overall cost effectiveness of the practice facilitation program.

Administrative Expenses

SoonerCare HMP administrative expenses were calculated using the same methodology as described in chapter four for health coaching. SFY 2014 aggregate administrative expenses for practice facilitation were approximately $3.2 million (Exhibit 7-41). This equated to $44.35 on a PMPM basis. The PMPM calculation was performed using total member months (72,861) for members included in the expenditure analysis.

Exhibit 7-41 – SoonerCare HMP - Practice Facilitation Administrative Expense

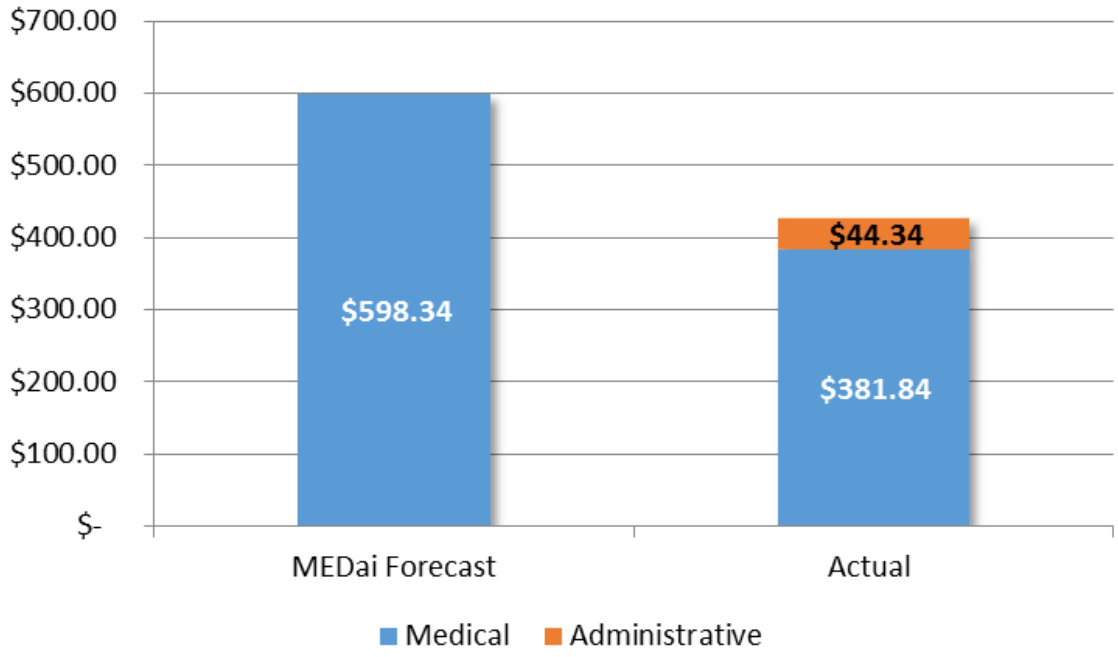
Cost Component	SFY 2014 Aggregate Dollars	SFY 2014 PMPM
OHCA SoonerCare HMP unit salaries and benefits (50% allocation)	$218,583	$3.00
OHCA SoonerCare HMP overhead (50% allocation)	$24,044	$0.33
Telligen practice facilitators	$2,099,854	$28.82
Telligen Central Operations (50% allocation)	$888,176	$12.19
Total Administrative Expense	**$3,230,657**	**$44.34**

Cost Effectiveness Calculation[53]

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014, inclusive of SoonerCare HMP practice facilitation administrative expenses.

SoonerCare HMP members aligned with a practice facilitation provider and included in the expenditure analysis were forecasted to incur average medical costs of $598.34. Their actual average PMPM medical costs were $381.84. With the addition of $44.34 in average PMPM administrative expenses, total actual costs were $426.19. Medical expenses accounted for 90 percent of the total and administrative expenses for the other 10 percent. Overall, net SoonerCare HMP practice facilitation-related PMPM expenses were $172.16 (28.7 percent) below forecast (Exhibit 7-42).

Exhibit 7-42 – SoonerCare HMP - Practice Facilitation PMPM Savings



On an aggregate basis, the practice facilitation portion of the SoonerCare HMP achieved net savings in excess of $12.5 million (Exhibit 7-43 on the following page). These net savings are on a par with what was observed in the first generation SoonerCare HMP and are particularly significant given the limited enrollment period for many providers and members. Savings are likely to increase in future years as the long term impact of the program is felt.

[53] PMPM and aggregate values differ slightly due to rounding.

Exhibit 7-43 – SoonerCare HMP - Practice Facilitation
Aggregate SFY 2014 Savings – Net of Administrative Expenses

Participants	Average Tenure (Months)	Member Months	Net PMPM Savings (Forecast – Actual)	Net Aggregate Savings
9,529	7.9	72,861	$172.16	$12,543,750

CHAPTER 8 – SOONERCARE HMP RETURN ON INVESTMENT

Introduction

The value of the SoonerCare HMP is measurable on multiple axes, including participant satisfaction and change in behavior, quality of care, improvement in service utilization and overall impact on medical expenditures. The last criterion is arguably the most important, as progress in other areas should ultimately result in medical expenditures remaining below the level that would have occurred absent the program.

ROI Results

PHPG examined the program's return on investment (ROI) in SFY 2014, by comparing health coaching and practice facilitation administrative expenditures to medical savings. The results are presented in Exhibit 8-1 below.

As the exhibit illustrates, both program components have achieved a positive ROI, with the program as a whole generating a return on investment of 206 percent. Put another way, in its first year, the second generation ***SoonerCare HMP generated over two dollars in net medical savings for every dollar in administrative expenditures.***

Exhibit 8-1 – SoonerCare HMP ROI (State and Federal Dollars)

Component	Medical Savings	Administrative Costs	Net Savings	Return on Investment
Health Coaching	$7,915,923	($4,511,073)	$3,404,850	75.5%
Practice Facilitation	$15,774,407	($3,230,657)	$12,543,750	388.3%
TOTAL	**$23,690,330**	**($7,741,729)**	**$15,948,601**	**206.0%**

APPENDIX A – HEALTH COACHING PARTICIPANT SURVEY INSTRUMENT

Appendix A includes the advance letter sent to SoonerCare HMP participants and survey instrument. The instrument also includes questions specific to persons who indicate they either have dropped out or opted out of the SoonerCare HMP.

JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA

OKLAHOMA HEALTH CARE AUTHORITY

<First> <Last>
<Street Address 1>
<Street Address 2>
<City>, <State> <Zip>

The Oklahoma Health Care Authority is conducting a survey of SoonerCare members. You were selected for the survey because you may have received help from the SoonerCare Health Management Program. We are interested in learning about your experience and how we can make these services better.

The survey will be over the phone and should take about 15 minutes of your time. In the next few days, someone will be calling you to conduct the survey.

THE SURVEY IS VOLUNTARY. If you decide not to complete the survey, it will NOT affect your SoonerCare enrollment or the enrollment of anyone else in your family.

However, we want to hear from you and hope you will agree to help. The survey will be conducted by the Pacific Health Policy Group (PHPG), an outside company. All of your answers will be kept confidential.

If you have any questions about the survey, you can reach PHPG toll-free at 1-888-941-9358. If you would like to take the survey right away, you may call the same number any time between the hours of 9 a.m. and 4 p.m. If you have any questions for the Oklahoma Health Care Authority, please call the toll-free number 1-877-252-6002.

We look forward to speaking with you soon.

SoonerCare
Oklahoma Health Care Authority

SOONERCARE HMP MEMBER SURVEY

INTRODUCTION & CONSENT

Hello, my name is _____ and I am calling on behalf of the Oklahoma SoonerCare program. May I please speak to {RESPONDENT NAME}?

INTRO1. We are conducting a short survey to find out about where SoonerCare members get their health care and about their participation in the health management program. The survey takes about 10 minutes.

[ANSWER ANY QUESTIONS AND PROCEED TO QUESTION 1]

INTRO2. [If need to leave a message] We are conducting a short survey to find out about where SoonerCare members get their health care and about their participation in the health management program. We can be reached toll-free at 1-888-941-9358.

1. The SoonerCare program is a health insurance program offered by the state. Are you currently participating in SoonerCare?[54]
    a. Yes
    b. No → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]
    c. Don't Know/Not Sure → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]

2. Some SoonerCare members with health needs receive help through a special program known as the SoonerCare Health Management Program. Have you heard of it? [IF RESPONDENT SAYS 'NO' OR 'NOT SURE'] The program includes Health Coaches in doctors' offices who help members with their care. Does that sound familiar?
    a. Yes
    b. No
    c. Don't Know/Not Sure

3. Were you contacted and offered a chance to participate in the SoonerCare Health Management Program?
    a. Yes
    b. No → [END CALL]
    c. Don't Know/Not Sure → [END CALL]

4. Did you decide to participate?
    a. Yes
    b. No → [GO TO Q50]
    c. Not yet, but still considering → [INFORM THAT WE MAY CALL BACK AT A LATER DATE AND END CALL]
    d. Don't Know/Not Sure → [END CALL]

[54] All questions include a "don't know/not sure" or similar option which is unprompted by the surveyor; this response is listed on the instrument to allow surveyors to document such a response. Questions are reworded for parents/guardians completing the survey on behalf of program participants.

5. Are you still participating today in the SoonerCare Health Management Program?
    a. Yes
    b. No → [GO TO Q48]
    c. Don't Know/Not Sure → [END CALL]

6. How long have you been participating in the SoonerCare Health Management Program?
    a. Less than 1 month
    b. One to two months
    c. Three to four months
    d. Four to six months
    e. More than six months
    f. Don't Know/Not Sure

Now I want to ask about your decision to enroll in the SoonerCare Health Management Program.

7. How did you learn about the SoonerCare Health Management Program?
    a. Received information in the mail
    b. Received a call from my Health Coach
    c. Received a call from someone else SPECIFY _____
    d. Doctor referred me while I was in his/her office
    e. Other. SPECIFY: _____
    f. Don't Know/Not Sure

8. What were your reasons for deciding to participate in the SoonerCare Health Management Program? [CHECK ALL THAT APPLY]
    a. Learn how to better manage health problems
    b. Learn how to identify changes in health
    c. Have someone to call with questions about health
    d. Get help making health care appointments
    e. Personal doctor recommended I enroll
    f. Improve my health
    g. Was invited to enroll/no specific reason
    h. Other. SPECIFY: _____
    i. Don't Know/Not Sure

9. Among the reasons you gave, what was your most important reason for deciding to participate?
    a. Learn how to better manage health problems
    b. Learn how to identify changes in health
    c. Have someone to call with questions about health
    d. Get help making health care appointments
    e. Personal doctor recommended I enroll
    f. Improve my health
    g. Was invited to enroll/no specific reason
    h. Other. SPECIFY: _____
    i. Don't Know/Not Sure

Now I'm going to ask you a few questions about your experience in the SoonerCare Health Management Program, starting with your Health Coach.

HEALTH COACH

10. How soon after you started participating in the SoonerCare Health Management Program were you contacted by your Health Coach?
    a. Contacted at time of enrollment in the doctor's office
    b. Less than one week
    c. One to two weeks
    d. More than two weeks
    e. Have not been contacted – enrolled two weeks ago or less
    f. Have not been contacted – enrolled two to four weeks ago
    g. Have not been contacted – enrolled more than four weeks ago
    h. Don't Know/Not Sure

11. Can you tell me the name of your Health Coach?
    a. Yes. RECORD: _____
    b. No

12. About when was the last time you spoke to your Health Coach?
    a. Within the last week
    b. One to two weeks ago
    c. Two to four weeks ago
    d. More than four weeks ago
    e. Have never spoken to Health Coach → [GO TO Q14]
    f. Don't know/Not Sure → [GO TO Q14]

13. Did you speak to your Health Coach over the telephone or in person at your doctor's office?
    a. Telephone
    b. In-person
    c. Don't Know/Not Sure

14. Did your Health Coach give you a telephone number to call if you needed help with your care?
    a. Yes
    b. No → [GO TO Q18]
    c. Don't Know/Not Sure → [GO TO Q18]

15. Have you tried to call your Health Coach at the number you were given?
    a. Yes
    b. No → [GO TO Q18]
    c. Don't Know/Not Sure → [GO TO Q18]

16. Thinking about the last time you called your Health Coach, what was the reason for your call?
    a. Routine health question
    b. Urgent health problem
    c. Seeking assistance in scheduling appointment
    d. Returning call from Health Coach
    e. Other. SPECIFY: _____
    f. Don't Know/Not Sure

17. Did you reach your Health Coach immediately? [IF NO] How quickly did you get a call back?
    a. Reached immediately (at time of call)
    b. Called back within one hour
    c. Called back in more than one hour but same day
    d. Called back the next day
    e. Called back two or more days later
    f. Never called back
    g. Other. SPECIFY: _____
    h. Don't Know/Not Sure

18. [ASK QUESTION EVEN IF RESPONDENT STATES S/HE HAS NOT SPOKEN TO THE HEALTH COACH. IF RESPONDENT REPEATS S/HE IS UNABLE TO ANSWER DUE TO LACK OF CONTACT, GO TO Q32 (RESOURCE CENTER)] I am going to mention some things your Health Coach may have done for you. Has your Health Coach:

	Yes	No	DK
a. Asked questions about your health problems or concerns			
b. Provided instructions about taking care of your health problems or concerns			
c. Helped you to identify changes in your health that might be an early sign of a problem			
d. Answered questions about your health			
e. Helped you talk to and work with your regular doctor and your regular doctor's office staff			
f. Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems			
g. Helped you to make and keep health care appointments for mental health or substance abuse problems			
h. Reviewed your medications with you and helped you to manage your medications			

19. [ASK FOR EACH "YES" ACTIVITY IN Q18] Thinking about what your Health Coach has done for you, please tell me how satisfied you are with the help you received. Tell me if you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied.

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	DK	N/A
a. Learning about you and your health care needs						
b. Getting easy to understand instructions about taking care of health problems or concerns						
c. Getting help identifying changes in your health that might be an early sign of a problem						
d. Answering questions about your health						
e. Helping you to talk to and work with your regular doctor and your regular doctor's staff						
f. Helping you make and keep health care appointments with other doctors, such as specialists, for medical problems						
g. Helping you make and keep health care appointments for mental health or substance abuse problems						
h. Reviewing your medications and helping you to manage your medications						

[IF ANSWERED YES TO Q18a, ASK QUESTION 20. IF ANSWERED 'NO' OR 'DK', GO TO Q31.]

20. You said a moment ago that your Health Coach asked questions about your health problems and concerns. Did your Health Coach ask your thoughts on what change in your life would make the biggest difference to your health?
    a. Yes
    b. No → [GO TO Q31]
    c. Don't Know/Not Sure → [GO TO Q31]

21. Did you select an area where you would like to make a change?
    a. Yes
    b. No → [GO TO Q31]
    c. Don't Know/Not Sure → [GO TO Q31]

22. What did you select?
    a. Management of chronic condition. SPECIFY: _____
    b. Weight
    c. Diet
    d. Tobacco use
    e. Medications
    f. Alcohol or drug use
    g. Social support
    h. Other. SPECIFY: _____
    i. Don't Know/Not Sure

23. Did you and your Health Coach develop an Action Plan with Goals?
    a. Yes
    b. No → [GO TO Q31]
    c. Don't Know/Not Sure → [GO TO Q31]

24. Have you achieved one or more Goals in your Action Plan?
    a. Yes
    b. No → [GO TO Q31]
    c. Don't Know/Not Sure → [GO TO Q31]

25. What was the Goal you achieved?
    a. RECORD RESPONSE. _____
    b. Don't Know/Not Sure

26. Do you have a Goal you are currently trying to achieve?
    a. Yes
    b. No → [GO TO Q29]
    c. Don't Know/Not Sure → [GO TO Q29]

27. What is the Goal you're trying to achieve?
    a. RECORD RESPONSE _____
    b. Don't Know/Not Sure → [GO TO Q29]

28. How confident are you that you will be able to achieve this Goal? Would you say you are very confident, somewhat confident, not very confident or not at all confident?
    a. Very confident
    b. Somewhat confident
    c. Not very confident
    d. Not at all confident
    e. Don't Know/Not Sure

29. How helpful has your Health Coach been in helping you to achieve your Goals? Would you say your Health Coach has been very helpful, somewhat helpful, not very helpful or not at all helpful?
    a. Very helpful
    b. Somewhat helpful
    c. Not very helpful
    d. Not at all helpful
    e. Don't Know/Not Sure

30. Do you have any suggestions for how your Health Coach could be more helpful to you in achieving your Goals? RECORD.

    _____

    _____

    _____

31. Overall, how satisfied are you with your Health Coach? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't Know/Not Sure

RESOURCE CENTER(COMMUNITY RESOURCE SPECIALISTS)

32. Did you know that the SoonerCare Health Management Program has a Resource Center to help members deal with non-medical problems? For example, help with eligibility issues or community resources like food, help with lights, etc.
    a. Yes
    b. No → [GO TO Q37]
    c. Don't Know/Not Sure → [GO TO Q37]

33. Have you or your Health Coach used the Resource Center to help you with a problem?
    a. Yes
    b. No → [GO TO Q37]
    c. Don't Know/Note Sure → [GO TO Q37]

34. Thinking about the last time you used the Resource Center, what problem did you or your Health Coach ask for help in resolving?
    a. Housing/rent
    b. Food
    c. Child care
    d. Transportation. SPECIFY DESTINATION:_____
    e. Don't Know/Not Sure
    f. Other. SPECIFY: _____

35. How helpful was the Resource Center in resolving the problem? Would you say it was very helpful, somewhat helpful, not very helpful or not at all helpful?
    a. Very helpful
    b. Somewhat helpful
    c. Not very helpful
    d. Not at all helpful
    e. Don't Know/Not Sure

36. What did the Resource Center do?
    a. RECORD: _____
    b. Don't Know/Not Sure

OVERALL SATISFACTION

37. Overall, how satisfied are you with your whole experience in the Health Management Program?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't Know/Not Sure

38. Would you recommend the SoonerCare Health Management Program to a friend who has health care needs like yours?
    a. Yes
    b. No
    c. Don't Know/Not Sure

39. Do you have any suggestions for improving the SoonerCare Health Management Program?

    _____

    _____

    _____

HEALTH STATUS & LIFESTYLE

40. Overall, how would you rate your health today? Would you say it is excellent, good, fair or poor?
    a. Excellent
    b. Good
    c. Fair
    d. Poor
    e. Don't Know/Not Sure

41. Compared to before you participated in the SoonerCare Health Management Program, how has your health changed? Would you say your health is better, worse or about the same?
    a. Better
    b. Worse → [GO TO Q43]
    c. About the same → [GO TO Q43]

42. Do you think the SoonerCare Health Management Program has contributed to your improvement in health?
    a. Yes
    b. No
    c. Don't Know/Not Sure

43. I am going to mention a few areas where Health Coaches sometimes try to help members to improve their health by changing behaviors. For each, please tell me if your Health Coach spoke to you, and if so, whether you changed your behavior as a result. [IF BEHAVIOR WAS CHANGED, ASK IF CHANGE WAS TEMPORARY OR IS CONTINUING]

	N/A – Not Discussed	Discussed – No Change	Discussed – Temporary Change	Discussed – Continuing Change	DK	Not Applicable
a. Smoking less or using other tobacco products less						
b. Moving around more or getting more exercise						
c. Changing your diet						
d. Managing and taking your medications better						
e. Making sure to drink enough water throughout the day						
f. Drinking or using other substances less						

COMPARISON TO TELLIGEN NURSE CARE MANAGEMENT

44. [IF RESPONDENT'S RECORD SHOWS ENROLLMENT DATE PRIOR TO JULY 2013, ASK THIS QUESTION] We're almost done. Before July 2013, the SoonerCare Health Management Program included Nurse Care Managers who visited members in their homes or called them each month on the phone. Did you have a Nurse Care Manager under the previous program? [IF YES, ASK WHETHER NCM VISITED THEIR HOME OR CALLED ON PHONE. IF RESPONDENT SAYS "BOTH", RECORD AS VISITED IN THEIR HOME.]
    a. Yes, visited in home
    b. Yes, called on phone
    c. No → [GO TO Q52]
    d. Don't Know/Not Sure → [GO TO Q52]

45. I am going to ask about different kinds of help that you may have received from your Nurse Care Manager in the previous program and that you may be receiving today from your Health Coach. For each, please tell me who was more helpful, your Nurse Care Manager you had before July 2013 under the previous program or your current Health Coach [REVERSE ORDER FROM PREVIOUS SURVEY]. [RECORD "SAME" IF VOLUNTEERED BY RESPONDENT; DO NOT OFFER AS OPTION.]

	NCM More Helpful	HC More Helpful	About the Same Help	N/A	Don't Know/Not Sure
a. Providing instructions about taking care of your health problems or concerns					
b. Helping you to identify changes in your health that might be an early sign of a problem					
c. Answering questions about your health					
d. Helping you talk to and work with your regular doctor and your regular doctor's office staff					
e. Helping you to make and keep health care appointments with other doctors, such as specialists, for medical problems					
f. Helping you to make and keep health care appointments for mental health or substance abuse problems					
g. Helping you manage your medications					

46. Overall, what do you prefer – the program as it was before July 2013 with a Nurse Care Manager or the program as it is today, with a Health Coach in the doctor's office? [REVERSE ORDER FROM PREVIOUS SURVEY.] [RECORD "NO PREFERENCE/SAME" IF VOLUNTEERED BY RESPONDENT; DO NOT OFFER AS OPTION.]

    a. Program before, with Nurse Care Manager
    b. Program today, with Health Coach
    c. No preference/programs are about the same → [GO TO Q52]
    d. Don't Know/Not Sure → [GO TO Q52]

47. Why do you prefer [MEMBER'S CHOICE]? [RECORD ANSWER AND GO TO Q52]

    _____

    _____

    _____

Follow-up Questions: Members Claiming No Longer Participating ("Dropout")

48. [IF RESPONDENT ANSWERED "NO" TO Q5] About when did you decide to no longer participate?
    a. Month/Year [SPECIFY] _____
    b. Don't Know/Not Sure

49. Why did you decide to no longer participate in the program [RECORD ANSWER & SKIP TO Q52]?
    a. Not aware of program/did not know was enrolled
    b. Did not understand purpose of the program
    c. Satisfied with doctor/current health care access without program
    d. Doctor recommended I not participate
    e. Do not wish to self-manage care/receive health education/receive health coaching
    f. Do not want to be evaluated by Nurse Care Manager/Health Coach
    g. Dislike Nurse Care Manager/Health Coach
    h. Have no health needs at this time
    i. Nurse Care Manager/Health Coach stopped calling or visiting
    j. Did not like change from Nurse Care Management to Health Coaching
    k. Other. SPECIFY: _____
    l. Don't Know/Not Sure

Follow-up Questions: Members Claiming Elected To Not Participate ("Opt Out")

50. [IF RESPONDENT ANSWERED "NO" TO Q4] About when did you decide to not participate?
    a. Month/Year [SPECIFY] _____
    b. Don't Know/Not Sure

51. Why did you decide not to participate in the program?
    a. Not aware of program/did not know was enrolled
    b. Did not understand purpose of the program
    c. Satisfied with doctor/current health care access without program
    d. Doctor recommended I not participate
    e. Do not wish to self-manage care/receive health education/receive health coaching
    f. Do not want to be evaluated by Nurse Care Manager/Health Coach
    g. Dislike Nurse Care Manager/Health Coach
    h. Have no health needs at this time
    i. Nurse Care Manager/Health Coach stopped calling or visiting
    j. Did not like change from Nurse Care Management to Health Coaching
    k. Other. SPECIFY: _____
    l. Don't Know/Not Sure

DEMOGRAPHICS

52. I'm now going to ask about your race. I will read you a list of choices. You may choose 1 or more. This question is being used for demographic purposes only and you may also choose not to respond.

    a. White or Caucasian
    b. Black or African-American
    c. Asian
    d. Native Hawaiian or other Pacific Islander
    e. American Indian
    f. Hispanic or Latino
    g. Other. SPECIFY: _____

Those are all the questions I have today. We may contact you again in the future to follow-up and learn if anything about your health care has changed. Thank you for your help.

APPENDIX B – DETAILED HEALTH COACHING PARTICIPANT SURVEY RESULTS

Appendix B includes active participant responses to all survey questions. Due to the small sample size, results are presented only for the survey population in its entirety. In future reports, the data will be cross-tabulated by age, gender and place of residence (urban or rural).

Survey Questions	Responses
1) Are you currently enrolled in SoonerCare?	
A. Yes	**138** *99.3%*
B. No	**1** *0.7%*
2) Have you heard of the Health Management Program (HMP)?	
A. Yes	**121** *87.7%*
B. No	**16** *11.6%*
C. Don't know/not sure	**1** *0.7%*
3) Were you contacted and offered a chance to enroll in the HMP?	
A. Yes	**122** *89.7%*
B. No	**7** *5.1%*
C. Don't know/not sure	**9** *6.6%*
4) Did you decide to participate?	
A. Yes	**120** *95.2%*
B. No	**6** *4.8%*
5) Are you still participating today in the SoonerCare HMP?	
A. Yes	**118** *98.3%*
B. No	**2** *1.7%*
6) How long have you been participating in the SoonerCare HMP?	
A. Less than 1 month	**9** *7.6%*
B. 1 to 2 months	**39** *33.1%*
C. 3 to 4 months	**33** *28.0%*

Survey Questions	Responses
D. 5 to 6 months	**7** *5.9%*
E. More than 6 months	**28** *23.7%*
F. Don't know/not sure	**2** *1.7%*
7) How did you learn about the SoonerCare HMP?	
A. Received information in the mail	**10** *8.5%*
B. Received a call from my Health Coach	**37** *31.4%*
C. Received a call from someone else	**67** *56.8%*
D. Doctor referred me while I was in his/her office	**0** *0.0%*
E. Other	**0** *0.0%*
F. Don't know/not sure	**4** *3.4%*
8) What were your reasons for deciding to participate in the SoonerCare HMP?	
A. Learn how to better manage health problems	**30** *25.4%*
B. Learn how to identify changes in health	**0** *0.0%*
C. Have someone to call with questions about health	**3** *2.5%*
D. Get help making health care appointments	**4** *3.4%*
E. Personal doctor recommended I enroll	**2** *1.7%*
F. Improve my health	**28** *23.7%*
G. Was invited to enroll/no specific reason	**43** *36.4%*
H. Other	**5** *4.2%*
I. Don't know/not sure	**3** *2.5%*

Survey Questions	Responses
9) Among the reasons you gave, what was your most important reason for deciding to participate?	
A. Learn how to better manage health problems	**31** *26.3%*
B. Learn how to identify changes in health	**0** *0.0%*
C. Have someone to call with questions about health	**3** *2.5%*
D. Get help making health care appointments	**4** *3.4%*
E. Personal doctor recommended I enroll	**2** *1.7%*
F. Improve my health	**28** *23.7%*
G. Was invited to enroll/no specific reason	**42** *35.6%*
H. Other	**5** *4.2%*
I. Don't know/not sure	**3** *2.5%*
10) How soon after you started participating in the SoonerCare HMP were you contacted by your Health Coach?	
A. Contacted at time of enrollment in the doctor's office	**67** *56.8%*
B. Less than 1 week	**34** *28.8%*
C. 1 to 2 weeks	**2** *1.7%*
D. More than 2 weeks	**0** *0.0%*
E. Have not been contacted - enrolled 2 weeks ago or less	**0** *0.0%*
F. Have not been contacted - enrolled 2 to 4 weeks ago	**0** *0.0%*
G. Have not been contacted - enrolled more than 4 weeks ago	**1** *0.8%*
H. Don't know/not sure	**14** *11.9%*

Survey Questions	Responses
11) Can you tell me the name of your Health Coach?	
A. Yes	**46** *39.3%*
B. No	**71** *60.7%*
12) About when was the last time you spoke to your Health Coach?	
A. Within last week	**28** *24.1%*
B. 1 to 2 weeks ago	**41** *35.3%*
C. 2 to 4 weeks ago	**27** *23.3%*
D. More than 4 weeks ago	**19** *16.4%*
E. Have never spoken to Health Coach	**1** *0.9%*
F. Don't know/not sure	**0** *0.0%*
13) Did you speak to your Health Coach over the telephone or in person at your doctor's office?	
A. Telephone	**59** *50.9%*
B. In person	**57** *49.1%*
C. Don't know/not sure	**0** *0.0%*
14) Did your Health Coach give you a telephone number to call if you needed help with your care?	
A. Yes	**106** *90.6%*
B. No	**5** *4.3%*
C. Don't know/not sure	**6** *5.1%*
15) Have you tried to call your Health Coach at the number you were given?	
A. Yes	**17** *16.0%*

Survey Questions	Responses
B. No	**89** *84.0%*
C. Don't know/not sure	**0** *0.0%*
16) Thinking about the last time you called your Health Coach, what was the reason for your call?	
A. Routine health question	**11** *64.7%*
B. Urgent health problem	**0** *0.0%*
C. Seeking assistance in scheduling an appointment	**2** *11.8%*
D. Returning call from Health Coach	**0** *0.0%*
E. Other	**4** *23.5%*
F. Don't know/not sure	**0** *0.0%*
17) Did you reach your Health Coach immediately? If no, how quickly did you get a call back?	
A. Reached immediately (at time of call)	**8** *47.1%*
B. Called back within 1 hour	**4** *23.5%*
C. Called back in more than 1 hour but same day	**3** *17.6%*
D. Called back the next day	**1** *5.9%*
E. Called back 2 or more days later	**1** *5.9%*
F. Never called back	**0** *0.0%*
G. Other	**0** *0.0%*
H. Don't know/not sure	**0** *0.0%*

Survey Questions	Responses
18) I'm going to mention some things your Health Coach may have done for you. Has your Health Coach:	
(a) Asked questions about your health problems or concerns	
A. Yes	**116** *98.3%*
B. No	**2** *1.7%*
C. Don't know/not sure	**0** *0.0%*
(b) Provided instructions about taking care of your health problems or concerns	
A. Yes	**99** *83.9%*
B. No	**18** *15.3%*
C. Don't know/not sure	**1** *0.8%*
(c) Helped you to identify changes in your health that might be an early sign of a problem	
A. Yes	**29** *24.6%*
B. No	**89** *75.4%*
C. Don't know/not sure	**0** *0.0%*
(d) Answered questions about your health	
A. Yes	**93** *78.8%*
B. No	**23** *19.5%*
C. Don't know/not sure	**1** *0.8%*
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff	
A. Yes	**53** *44.9%*
B. No	**64** *54.2%*
C. Don't know/not sure	**1** *0.8%*

Survey Questions	Responses
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?	
A. Yes	**32** *27.1%*
B. No	**86** *72.9%*
C. Don't know/not sure	**0** *0.0%*
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems	
A. Yes	**17** *14.4%*
B. No	**101** *85.6%*
C. Don't know/not sure	**0** *0.0%*
(h) Reviewed your medications with you and helped you to manage your medications	
A. Yes	**70** *59.3%*
B. No	**46** *39.0%*
C. Don't know/not sure	**2** *1.7%*
19) (For each activity performed) How satisfied are you with the help you received?	
(a) Asked questions about your health problems or concerns	
A. Very satisfied	**97** *82.2%*
B. Somewhat satisfied	**16** *13.6%*
C. Somewhat dissatisfied	**1** *0.8%*
D. Very dissatisfied	**1** *0.8%*
E. Don't know/Not Applicable	**3** *2.5%*
(b) Provided instructions about taking care of your health problems or concerns	
A. Very satisfied	**85** *72.0%*

Survey Questions	Responses
B. Somewhat satisfied	**11** *9.3%*
C. Somewhat dissatisfied	**1** *0.8%*
D. Very dissatisfied	**1** *0.8%*
E. Don't know/Not Applicable	**20** *16.9%*
(c) Helped you to identify changes in your health that might be an early sign of a problem	
A. Very satisfied	**29** *24.6%*
B. Somewhat satisfied	**4** *3.4%*
C. Somewhat dissatisfied	**0** *0.0%*
D. Very dissatisfied	**0** *0.0%*
E. Don't know/Not Applicable	**85** *72.0%*
(d) Answered questions about your health	
A. Very satisfied	**84** *71.2%*
B. Somewhat satisfied	**9** *7.6%*
C. Somewhat dissatisfied	**0** *0.0%*
D. Very dissatisfied	**0** *0.0%*
E. Don't know/Not Applicable	**25** *21.2%*
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff	
A. Very satisfied	**52** *44.1%*
B. Somewhat satisfied	**1** *0.8%*
C. Somewhat dissatisfied	**0** *0.0%*
D. Very dissatisfied	**0** *0.0%*

Survey Questions	Responses
E. Don't know/Not Applicable	**65** *55.1%*
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?	
A. Very satisfied	**30** *25.4%*
B. Somewhat satisfied	**2** *1.7%*
C. Somewhat dissatisfied	**0** *0.0%*
D. Very dissatisfied	**0** *0.0%*
E. Don't know/Not Applicable	**86** *72.9%*
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems	
A. Very satisfied	**15** *12.7%*
B. Somewhat satisfied	**1** *0.8%*
C. Somewhat dissatisfied	**0** *0.0%*
D. Very dissatisfied	**0** *0.0%*
E. Don't know/Not Applicable	**102** *86.4%*
(h) Reviewed your medications with you and helped you to manage your medications	
A. Very satisfied	**61** *51.7%*
B. Somewhat satisfied	**7** *5.9%*
C. Somewhat dissatisfied	**0** *0.0%*
D. Very dissatisfied	**1** *0.8%*
E. Don't know/Not Applicable	**46** *39.0%*

Survey Questions	Responses
20) Did your Health Coach ask your thoughts on what change in your life would make the biggest difference to your health?	
A. Yes	**91** *77.1%*
B. No	**24** *20.3%*
C. Don't know/not sure	**3** *2.5%*
21) Did you select an area where you would like to make a change?	
A. Yes	**79** *86.8%*
B. No	**11** *12.1%*
C. Don't know/not sure	**1** *1.1%*
22) What did you select? (Multiple categories allowed.)	
A. Management of chronic condition	**20** *21.5%*
B. Weight	**23** *24.7%*
C. Diet	**11** *11.8%*
D. Tobacco use	**13** *14.0%*
E. Medications	**0** *0.0%*
F. Alcohol or drug use	**0** *0.0%*
G. Social support	**0** *0.0%*
H. Other - management of mental health condition	**13** *14.0%*
I. Other - multiple	**13** *14.0%*
23) Did you and your Health Coach develop an Action Plan with goals?	
A. Yes	**76** *96.2%*

Survey Questions	Responses
B. No	**3** *3.8%*
C. Don't know/not sure	**0** *0.0%*
24) Have you achieved one or more goals in your Action Plan?	
A. Yes	**38** *50.0%*
B. No	**38** *50.0%*
C. Don't know/not sure	**0** *0.0%*
25) What was the goal you achieved?	*(Member-specific data)*
26) Do you have a goal you are currently trying to achieve?	
A. Yes	**22** *56.4%*
B. No	**17** *43.6%*
C. Don't know/not sure	**0** *0.0%*
27) What is the goal you're trying to achieve?	*(Member-specific data)*
28) How confident are you that you will be able to achieve this goal?	
A. Very confident	**15** *71.4%*
B. Somewhat confident	**4** *19.0%*
C. Not very confident	**2** *9.5%*
D. Not at all confident	**0** *0.0%*
E. Don't know/not sure	**0** *0.0%*
29) How helpful has your Health Coach been in helping you to achieve your goals?	
A. Very helpful	**33** *94.3%*
B. Somewhat helpful	**2** *5.7%*
C. Not very helpful	**0** *0.0%*

Survey Questions	Responses
D. Not at all helpful	**0** *0.0%*
E. Don't know/not sure	**0** *0.0%*
30) Do you have any suggestions for how your Health Coach could be more helpful to you in achieving your goals?	*(N/A - none offered)*
31) Overall, how satisfied are you with your Health Coach?	
A. Very satisfied	**97** *84.3%*
B. Somewhat satisfied	**13** *11.3%*
C. Somewhat dissatisfied	**0** *0.0%*
D. Very dissatisfied	**2** *1.7%*
E. Don't know/not sure	**3** *2.6%*
32) Did you know that the SoonerCare HMP has a Resource Center to help members deal with non-medical problems?	
A. Yes	**42** *35.9%*
B. No	**74** *63.2%*
C. Don't know/not sure	**1** *0.9%*
33) Have you or your Health Coach used the Resource Center to help you with a problem?	
A. Yes	**8** *19.0%*
B. No	**34** *81.0%*
C. Don't know/not sure	**0** *0.0%*
34) Thinking about the last time you used the Resource Center, what problem did you or your Health Coach ask for help in resolving?	
A. Housing/rent	**2** *25.0%*
B. Food	**2** *25.0%*

Survey Questions	Responses
C. Child care	**0** *0.0%*
D. Transportation	**3** *37.5%*
E. Don't know/not sure	**1** *12.5%*
F. Other	**0** *0.0%*
35) How helpful was the Resource Center in resolving the problem?	
A. Very helpful	**6** *75.0%*
B. Somewhat helpful	**0** *0.0%*
C. Not very helpful	**0** *0.0%*
D. Not at all helpful	**1** *12.5%*
E. Don't know/not sure	**1** *12.5%*
36) What did the Resource Center do?	*(Member-specific data)*
37) Overall, how satisfied are you with your whole experience in the HMP?	
A. Very satisfied	**95** *81.9%*
B. Somewhat satisfied	**15** *12.9%*
C. Somewhat dissatisfied	**1** *0.9%*
D. Very dissatisfied	**2** *1.7%*
E. Don't know/not sure	**3** *2.6%*
38) Would you recommend the SoonerCare HMP to a friend who has health care needs like yours?	
A. Yes	**106** *91.4%*
B. No	**2** *1.7%*

Survey Questions	Responses
C. Don't know/not sure	**8** *6.9%*
39) Do you have any suggestions for improving the SoonerCare HMP?	
A. Yes *(member-specific responses documented)*	**12** *10.3%*
B. No	**104** *89.7%*
40) Overall, how would you rate your health today?	
A. Excellent	**4** *3.4%*
B. Good	**37** *31.4%*
C. Fair	**55** *46.6%*
D. Poor	**22** *18.6%*
E. Don't know/not sure	**0** *0.0%*
41) Compared to before you enrolled in the SoonerCare HMP, how has your health changed?	
A. Better	**46** *39.0%*
B. Worse	**4** *3.4%*
C. About the same	**68** *57.6%*
42) (If better) Do you think the SoonerCare HMP has contributed to your improvement in health?	
A. Yes	**44** *95.7%*
B. No	**2** *4.3%*
C. Don't know/not sure	**0** *0.0%*

Survey Questions	Responses
43) I'm going to mention a few areas where Health Coaches sometimes try to help members improve their health by changing behaviors. For each, tell me if your Health Coach spoke to you, and if so, whether you changed your behavior as a result.	
(a) Smoking less or using other tobacco products less	
A. N/A - not discussed	**28** *23.7%*
B. Discussed - no change	**9** *7.6%*
C. Discussed - temporary change	**3** *2.5%*
D. Discussed - continuing change	**16** *13.6%*
E. Don't know/not sure	**3** *2.5%*
F. Not applicable	**59** *50.0%*
(b) Moving around more or getting more exercise	
A. N/A - not discussed	**20** *16.9%*
B. Discussed - no change	**12** *10.2%*
C. Discussed - temporary change	**4** *3.4%*
D. Discussed - continuing change	**49** *41.5%*
E. Don't know/not sure	**4** *3.4%*
F. Not applicable	**29** *24.6%*
(c) Changing your diet	
A. N/A - not discussed	**19** *16.1%*
B. Discussed - no change	**15** *12.7%*
C. Discussed - temporary change	**2** *1.7%*
D. Discussed - continuing change	**57** *48.3%*

Survey Questions	Responses
E. Don't know/not sure	**3** *2.5%*
F. Not applicable	**22** *18.6%*
(d) Managing and taking your medications better	
A. N/A - not discussed	**18** *15.3%*
B. Discussed - no change	**18** *15.3%*
C. Discussed - temporary change	**0** *0.0%*
D. Discussed - continuing change	**42** *35.6%*
E. Don't know/not sure	**3** *2.5%*
F. Not applicable	**37** *31.4%*
(e) Making sure to drink enough water throughout the day	
A. N/A - not discussed	**51** *43.2%*
B. Discussed - no change	**7** *5.9%*
C. Discussed - temporary change	**1** *0.8%*
D. Discussed - continuing change	**42** *35.6%*
E. Don't know/not sure	**3** *2.5%*
F. Not applicable	**14** *11.9%*
(f) Drinking or using other substances less	
A. N/A - not discussed	**33** *28.0%*
B. Discussed - no change	**6** *5.1%*
C. Discussed - temporary change	**0** *0.0%*
D. Discussed - continuing change	**2** *1.7%*
E. Don't know/not sure	**3** *2.5%*

Survey Questions	Responses
F. Not applicable	**74** *62.7%*
44 - 47) Comparison to NCM program	*(Insufficient data to report)*
48 - 49) Dropouts	*(Insufficient data to report)*
50 - 51) Opt outs	*(Insufficient data to report)*
52) Race (multiple categories allowed)	
A. White or Caucasian	**77** *61.6%*
B. Black or African American	**18** *14.4%*
C. Asian	**1** *0.8%*
D. Native Hawaiian or other Pacific Islander	**0** *0.0%*
E. American Indian	**10** *8.0%*
F. Hispanic or Latino	**15** *12.0%*
G. Other (Asian Indian)	**4** *3.2%*

APPENDIX C – DETAILED HEALTH COACHING PARTICIPANT EXPENDITURE DATA

Appendix C includes detailed expenditure data for SoonerCare HMP health coaching participants. The exhibits are listed below.

Exhibit	***Description***
C-1	All Participants
C-2	Participants with Asthma as most Expensive Diagnosis
C-3	Participants with CAD as most Expensive Diagnosis
C-4	Participants with COPD as most Expensive Diagnosis
C-5	Participants with Diabetes as most Expensive Diagnosis
C-6	Participants with Heart Failure as most Expensive Diagnosis
C-7	Participants with Hypertension as most Expensive Diagnosis

Exhibit C-1 – Detailed Expenditure Data – All SoonerCare HMP Participants

	HMP Detail - All Health Coaching Participants				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	52,764	29,515			
Aggregate Expenditures					
Inpatient Services	$ 9,218,751	$ 4,841,858			
Outpatient Services	$ 5,473,044	$ 3,240,773			
Physician Services	$ 8,956,739	$ 4,958,701			
Prescribed Drugs	$ 8,284,111	$ 6,026,432			
Psychiatric Services	$ 3,146,329	$ 1,782,754			
Dental Services	$ 633,715	$ 262,731			
Lab and X-Ray	$ 1,897,564	$ 1,334,645			
Medical Supplies and Orthotics	$ 674,378	$ 364,528			
Home Health and Home Care	$ 482,238	$ 286,451			
Nursing Facility	$ 62,438	$ 42,938			
Targeted Case Management	$ 37,245	$ 32,253			
Transportation	$ 760,707	$ 394,802			
Other Practitioner	$ 218,402	$ 122,351			
Other Institutional	$ 1,299	$ 4,373			
Other	$ 329,264	$ 124,863			
Total	**$ 40,176,223**	**$ 23,820,455**			
PMPM Expenditures					
Inpatient Services	$ 174.72	$ 164.05	-6.1%		
Outpatient Services	$ 103.73	$ 109.80	5.9%		
Physician Services	$ 169.75	$ 168.01	-1.0%		
Prescribed Drugs	$ 157.00	$ 204.18	30.0%		
Psychiatric Services	$ 59.63	$ 60.40	1.3%		
Dental Services	$ 12.01	$ 8.90	-25.9%		
Lab and X-Ray	$ 35.96	$ 45.22	25.7%		
Medical Supplies and Orthotics	$ 12.78	$ 12.35	-3.4%		
Home Health and Home Care	$ 9.14	$ 9.71	6.2%		
Nursing Facility	$ 1.18	$ 1.45	22.9%		
Targeted Case Management	$ 0.71	$ 1.09	54.8%		
Transportation	$ 14.42	$ 13.38	-7.2%		
Other Practitioner	$ 4.14	$ 4.15	0.1%		
Other Institutional	$ 0.02	$ 0.15	501.9%		
Other	$ 6.24	$ 4.23	-32.2%		
Total	**$ 761.43**	**$ 807.06**	**6.0%**	**$ 1,075.26**	**75.1%**

Exhibit C-2 – Detailed Expenditure Data – Participants w/Asthma as Most Expensive Diagnosis

	HMP Health Coaching Detail - Asthma				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	7,547	3,770			
Aggregate Expenditures					
Inpatient Services	$ 890,326	$ 403,812			
Outpatient Services	$ 893,177	$ 381,621			
Physician Services	$ 1,284,469	$ 664,795			
Prescribed Drugs	$ 1,055,516	$ 576,681			
Psychiatric Services	$ 687,864	$ 311,712			
Dental Services	$ 156,232	$ 53,063			
Lab and X-Ray	$ 243,211	$ 150,052			
Medical Supplies and Orthotics	$ 47,063	$ 18,995			
Home Health and Home Care	$ 17,662	$ 11,544			
Nursing Facility	$ -	$ -			
Targeted Case Management	$ 4,492	$ 5,956			
Transportation	$ 86,692	$ 33,948			
Other Practitioner	$ 59,564	$ 23,785			
Other Institutional	$ -	$ 467			
Other	$ 57,310	$ 21,059			
Total	**$ 5,483,577**	**$ 2,657,489**			
PMPM Expenditures					
Inpatient Services	$ 117.97	$ 107.11	-9.2%		
Outpatient Services	$ 118.35	$ 101.23	-14.5%		
Physician Services	$ 170.20	$ 176.34	3.6%		
Prescribed Drugs	$ 139.86	$ 152.97	9.4%		
Psychiatric Services	$ 91.14	$ 82.68	-9.3%		
Dental Services	$ 20.70	$ 14.07	-32.0%		
Lab and X-Ray	$ 32.23	$ 39.80	23.5%		
Medical Supplies and Orthotics	$ 6.24	$ 5.04	-19.2%		
Home Health and Home Care	$ 2.34	$ 3.06	30.8%		
Nursing Facility	$ -	$ -	n/a		
Targeted Case Management	$ 0.60	$ 1.58	165.4%		
Transportation	$ 11.49	$ 9.00	-21.6%		
Other Practitioner	$ 7.89	$ 6.31	-20.1%		
Other Institutional	$ -	$ 0.12	n/a		
Other	$ 7.59	$ 5.59	-26.4%		
Total	**$ 726.59**	**$ 704.90**	**-3.0%**	**$ 809.83**	**87.0%**

Exhibit C-3 – Detailed Expenditure Data – Participants w/CAD as Most Expensive Diagnosis

	HMP Health Coaching Detail - CAD				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	1,461	859			
Aggregate Expenditures					
Inpatient Services	$ 895,894	$ 483,806			
Outpatient Services	$ 261,163	$ 127,082			
Physician Services	$ 429,291	$ 224,454			
Prescribed Drugs	$ 282,730	$ 171,650			
Psychiatric Services	$ 39,833	$ 24,489			
Dental Services	$ 11,246	$ 2,861			
Lab and X-Ray	$ 60,529	$ 44,068			
Medical Supplies and Orthotics	$ 27,501	$ 9,596			
Home Health and Home Care	$ 33,213	$ 26,512			
Nursing Facility	$ -	$ -			
Targeted Case Management	$ 1,994	$ 1,204			
Transportation	$ 62,414	$ 35,493			
Other Practitioner	$ 3,269	$ 2,058			
Other Institutional	$ 100	$ -			
Other	$ 33,246	$ 18,976			
Total	**$ 2,142,424**	**$ 1,172,249**			
PMPM Expenditures					
Inpatient Services	$ 613.21	$ 563.22	-8.2%		
Outpatient Services	$ 178.76	$ 147.94	-17.2%		
Physician Services	$ 293.83	$ 261.30	-11.1%		
Prescribed Drugs	$ 193.52	$ 199.83	3.3%		
Psychiatric Services	$ 27.26	$ 28.51	4.6%		
Dental Services	$ 7.70	$ 3.33	-56.7%		
Lab and X-Ray	$ 41.43	$ 51.30	23.8%		
Medical Supplies and Orthotics	$ 18.82	$ 11.17	-40.7%		
Home Health and Home Care	$ 22.73	$ 30.86	35.8%		
Nursing Facility	$ -	$ -	n/a		
Targeted Case Management	$ 1.36	$ 1.40	2.7%		
Transportation	$ 42.72	$ 41.32	-3.3%		
Other Practitioner	$ 2.24	$ 2.40	7.1%		
Other Institutional	$ 0.07	$ -	-100.0%		
Other	$ 22.76	$ 22.09	-2.9%		
Total	**$ 1,466.41**	**$ 1,364.67**	**-6.9%**	**$ 1,550.32**	**88.0%**

Exhibit C-4 – Detailed Expenditure Data – Participants w/COPD as Most Expensive Diagnosis

	HMP Health Coaching Detail - COPD				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	5,792	3,236			
Aggregate Expenditures					
Inpatient Services	$ 1,106,746	$ 611,655			
Outpatient Services	$ 573,755	$ 371,295			
Physician Services	$ 996,040	$ 580,763			
Prescribed Drugs	$ 1,220,499	$ 1,066,234			
Psychiatric Services	$ 420,546	$ 250,279			
Dental Services	$ 44,043	$ 32,153			
Lab and X-Ray	$ 248,258	$ 187,807			
Medical Supplies and Orthotics	$ 166,072	$ 97,800			
Home Health and Home Care	$ 86,586	$ 62,726			
Nursing Facility	$ 5,722	$ 6,211			
Targeted Case Management	$ 5,365	$ 4,046			
Transportation	$ 104,127	$ 44,230			
Other Practitioner	$ 19,132	$ 8,380			
Other Institutional	$ -	$ 238			
Other	$ 21,869	$ 8,479			
Total	**$ 5,018,762**	**$ 3,332,294**			
PMPM Expenditures					
Inpatient Services	$ 191.08	$ 189.02	-1.1%		
Outpatient Services	$ 99.06	$ 114.74	15.8%		
Physician Services	$ 171.97	$ 179.47	4.4%		
Prescribed Drugs	$ 210.72	$ 329.49	56.4%		
Psychiatric Services	$ 72.61	$ 77.34	6.5%		
Dental Services	$ 7.60	$ 9.94	30.7%		
Lab and X-Ray	$ 42.86	$ 58.04	35.4%		
Medical Supplies and Orthotics	$ 28.67	$ 30.22	5.4%		
Home Health and Home Care	$ 14.95	$ 19.38	29.7%		
Nursing Facility	$ 0.99	$ 1.92	94.3%		
Targeted Case Management	$ 0.93	$ 1.25	35.0%		
Transportation	$ 17.98	$ 13.67	-24.0%		
Other Practitioner	$ 3.30	$ 2.59	-21.6%		
Other Institutional	$ -	$ 0.07	n/a		
Other	$ 3.78	$ 2.62	-30.6%		
Total	**$ 866.50**	**$ 1,029.76**	**18.8%**	**$ 1,272.32**	**80.9%**

Exhibit C-5 – Detailed Expenditure Data – Participants w/Diabetes as Most Expensive Diagnosis

	HMP Health Coaching Detail - Diabetes				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	7,997	4,854			
Aggregate Expenditures					
Inpatient Services	$ 2,315,144	$ 1,278,767			
Outpatient Services	$ 980,329	$ 667,366			
Physician Services	$ 1,710,151	$ 972,768			
Prescribed Drugs	$ 2,166,399	$ 1,455,340			
Psychiatric Services	$ 453,293	$ 311,756			
Dental Services	$ 62,472	$ 27,312			
Lab and X-Ray	$ 314,133	$ 239,072			
Medical Supplies and Orthotics	$ 261,619	$ 153,698			
Home Health and Home Care	$ 146,679	$ 86,489			
Nursing Facility	$ -	$ 11,490			
Targeted Case Management	$ 10,022	$ 5,358			
Transportation	$ 164,246	$ 95,574			
Other Practitioner	$ 46,327	$ 31,118			
Other Institutional	$ 1,199	$ 383			
Other	$ 89,752	$ 24,869			
Total	**$ 8,721,764**	**$ 5,361,361**			
PMPM Expenditures					
Inpatient Services	$ 289.50	$ 263.45	-9.0%		
Outpatient Services	$ 122.59	$ 137.49	12.2%		
Physician Services	$ 213.85	$ 200.41	-6.3%		
Prescribed Drugs	$ 270.90	$ 299.82	10.7%		
Psychiatric Services	$ 56.68	$ 64.23	13.3%		
Dental Services	$ 7.81	$ 5.63	-28.0%		
Lab and X-Ray	$ 39.28	$ 49.25	25.4%		
Medical Supplies and Orthotics	$ 32.71	$ 31.66	-3.2%		
Home Health and Home Care	$ 18.34	$ 17.82	-2.9%		
Nursing Facility	$ -	$ 2.37	n/a		
Targeted Case Management	$ 1.25	$ 1.10	-11.9%		
Transportation	$ 20.54	$ 19.69	-4.1%		
Other Practitioner	$ 5.79	$ 6.41	10.7%		
Other Institutional	$ 0.15	$ 0.08	-47.3%		
Other	$ 11.22	$ 5.12	-54.4%		
Total	**$ 1,090.63**	**$ 1,104.52**	**1.3%**	**$ 1,422.39**	**77.7%**

Exhibit C-6 – Detailed Expenditure Data – Participants w/Heart Failure as Most Expensive Diagnosis

	HMP Health Coaching Detail - Heart Failure				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	561	297			
Aggregate Expenditures					
Inpatient Services	$ 375,204	$ 615,880			
Outpatient Services	$ 91,259	$ 74,865			
Physician Services	$ 134,171	$ 117,647			
Prescribed Drugs	$ 116,852	$ 70,834			
Psychiatric Services	$ 28,519	$ 19,147			
Dental Services	$ 14,400	$ 1,103			
Lab and X-Ray	$ 16,615	$ 15,222			
Medical Supplies and Orthotics	$ 30,703	$ 10,144			
Home Health and Home Care	$ 28,164	$ 17,290			
Nursing Facility	$ -	$ 4,622			
Targeted Case Management	$ 4,526	$ 2,042			
Transportation	$ 19,718	$ 9,216			
Other Practitioner	$ 2,501	$ 1,743			
Other Institutional	$ -	$ 3,285			
Other	$ 5,199	$ 530			
Total	**$ 867,830**	**$ 963,569**			
PMPM Expenditures					
Inpatient Services	$ 668.81	$ 2,073.67	210.1%		
Outpatient Services	$ 162.67	$ 252.07	55.0%		
Physician Services	$ 239.16	$ 396.12	65.6%		
Prescribed Drugs	$ 208.29	$ 238.50	14.5%		
Psychiatric Services	$ 50.84	$ 64.47	26.8%		
Dental Services	$ 25.67	$ 3.71	-85.5%		
Lab and X-Ray	$ 29.62	$ 51.25	73.1%		
Medical Supplies and Orthotics	$ 54.73	$ 34.15	-37.6%		
Home Health and Home Care	$ 50.20	$ 58.22	16.0%		
Nursing Facility	$ -	$ 15.56	n/a		
Targeted Case Management	$ 8.07	$ 6.87	-14.8%		
Transportation	$ 35.15	$ 31.03	-11.7%		
Other Practitioner	$ 4.46	$ 5.87	31.6%		
Other Institutional	$ -	$ 11.06	n/a		
Other	$ 9.27	$ 1.78	-80.7%		
Total	**$ 1,546.93**	**$ 3,244.34**	**109.7%**	**$ 2,254.44**	**143.9%**

Exhibit C-7 – Detailed Expenditure Data – Participants w/Hypertension as Most Expensive Diagnosis

	HMP Detail - Hypertension				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	14,831	8,591			
Aggregate Expenditures					
Inpatient Services	$ 2,606,714	$ 1,084,821			
Outpatient Services	$ 1,594,326	$ 998,437			
Physician Services	$ 2,546,184	$ 1,508,676			
Prescribed Drugs	$ 2,232,844	$ 1,888,382			
Psychiatric Services	$ 785,735	$ 458,832			
Dental Services	$ 122,536	$ 67,181			
Lab and X-Ray	$ 585,473	$ 408,331			
Medical Supplies and Orthotics	$ 122,595	$ 59,840			
Home Health and Home Care	$ 138,765	$ 70,347			
Nursing Facility	$ 56,716	$ 20,615			
Targeted Case Management	$ 10,043	$ 13,049			
Transportation	$ 227,415	$ 146,790			
Other Practitioner	$ 38,747	$ 28,141			
Other Institutional	$ -	$ -			
Other	$ 78,887	$ 24,711			
Total	**$ 11,146,978**	**$ 6,778,154**			
PMPM Expenditures					
Inpatient Services	$ 175.76	$ 126.27	-28.2%		
Outpatient Services	$ 107.50	$ 116.22	8.1%		
Physician Services	$ 171.68	$ 175.61	2.3%		
Prescribed Drugs	$ 150.55	$ 219.81	46.0%		
Psychiatric Services	$ 52.98	$ 53.41	0.8%		
Dental Services	$ 8.26	$ 7.82	-5.4%		
Lab and X-Ray	$ 39.48	$ 47.53	20.4%		
Medical Supplies and Orthotics	$ 8.27	$ 6.97	-15.7%		
Home Health and Home Care	$ 9.36	$ 8.19	-12.5%		
Nursing Facility	$ 3.82	$ 2.40	-37.3%		
Targeted Case Management	$ 0.68	$ 1.52	124.3%		
Transportation	$ 15.33	$ 17.09	11.4%		
Other Practitioner	$ 2.61	$ 3.28	25.4%		
Other Institutional	$ -	$ -	n/a		
Other	$ 5.32	$ 2.88	-45.9%		
Total	**$ 751.60**	**$ 788.98**	**5.0%**	**$ 1,188.27**	**66.4%**

APPENDIX D – PRACTICE FACILITATION SITE SURVEY MATERIALS

Appendix D includes the advance letter sent to practice facilitation sites and practice facilitation survey instrument (mail version).

JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

<Title> <First> <Last>
<Practice Name>
<Street Address 1>
<Street Address 2>
<City>, <State> <Zip>

Dear Provider,

The Oklahoma Health Care Authority would like to hear about your experiences with the Practice Facilitation initiative being carried out by Telligen. These services support providers caring for SoonerCare members. Pacific Health Policy Group (PHPG), an outside company, has been contracted by the Oklahoma Health Care Authority to survey providers and practices that have participated in this initiative.

The purpose of the survey is to gather information on the initiative's value and how it can be improved from a provider's perspective. The survey will be over the phone and should take about 15 minutes of your time.

In the next few days, someone will be calling you to conduct the survey. We look forward to your input and hope you will agree to help.

The survey is voluntary, and all of your answers will be kept confidential. Your answers will be combined with those of other providers being surveyed and will not be reported individually to the Oklahoma Health Care Authority.

If you have any questions about the survey, you can reach PHPG toll-free at 1-888-941-9358. If you would like to take the survey right away, you may call the same number any time between the hours of 9 a.m. and 4 p.m. If you have any questions for the Oklahoma Health Care Authority, please call the toll-free number 1-877-252-6002.

Thank you for your time.

SoonerCare
Oklahoma Health Care Authority

HEALTH MANAGEMENT PROGRAM PROVIDER SURVEY

The Oklahoma Health Care Authority would like to hear about your experiences with the Health Management Program being carried out by Telligen. These services support providers caring for SoonerCare members. Pacific Health Policy Group (PHPG), an outside company, has been contracted by the Oklahoma Health Care Authority to survey providers and practices that have participated in the program's Practice Facilitation and/or Health Coaching programs. The purpose of the survey is to gather information on the program's value and how it can be improved from a provider's perspective.

Decision to Participate in the Health Management Program

1. Were you the person who made the decision to participate in the Health Management Program?
    a. Yes
    b. No. If your answer is "no," please proceed to Question 4.
2. What were your reasons for deciding to participate?
    a. Improve care management of patients with chronic conditions/improve outcomes
    b. Gain access to Practice Facilitator and/or embedded Health Coach
    c. Obtain information on patient utilization and costs
    d. Receive assistance in redesigning practice workflows
    e. Reduce costs
    f. Increase income
    g. Continuing education
    h. Other. Please specify: _____
    i. Don't know/not sure
3. Among the reasons you cited, what was the most important reason for deciding to participate?
    a. Improve care management of patients with chronic conditions/improve outcomes
    b. Gain access to Practice Facilitator and/or embedded Health Coach
    c. Obtain information on patient utilization and costs
    d. Receive assistance in redesigning practice workflows
    e. Reduce costs
    f. Increase income
    g. Continuing education
    h. Other. Please specify: _____

Practice Facilitation Activities

A practice facilitator initially asses the practice and acts as a practice management consultant by assisting the practice with quality improvement initiatives that enhance quality of care; enhance proactive, preventive disease management; and enhance efficiencies in the office.

4. The following are a list of activities that typically are part of Practice Facilitation. Regardless of your actual experience, **please rate how important you think** each one is in preparing a practice to better manage patients with chronic medical conditions.

	Very Important	Somewhat Important	Not Too Important	Not At All Important	Not Sure
a. Receiving information on the prevalence of chronic diseases among your patients					
b. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases					
c. Receiving focused training in evidence-based practice guidelines for chronic conditions					
d. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases					
e. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases					
f. Having a Practice Facilitator on-site to work with you and practice staff					
g. Receiving quarterly reports on your progress with respect to identified performance measures					
h. Receiving ongoing education and assistance after conclusion of the initial onsite activities					

5. The following are a list of activities that typically are part of Practice Facilitation. For each one, **please rate how helpful it was to you** in improving your management of patients with chronic medical conditions.

	Very Helpful	Somewhat Helpful	Not Too Helpful	Not At All Helpful	Not Sure
a. Receiving information on the prevalence of chronic diseases among your patients					
b. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases					
c. Receiving focused training in evidence-based practice guidelines for chronic conditions					
d. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases					
e. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases					
f. Having a Practice Facilitator on-site to work with you and practice staff					
g. Receiving quarterly reports on your progress with respect to identified performance measures					
h. Receiving ongoing education and assistance after conclusion of the initial onsite activities					

Practice Facilitation Outcomes

6. Have you made changes in the management of your patients with chronic conditions as the result of participating in Practice Facilitation?
    a. Yes
    b. No. If your answer is "no," please proceed to Question 9.
    c. Don't know/not sure. (Please proceed to Question 9.)

7. What are the changes you made?
    a. Identification of tests/exams to manage chronic conditions
    b. Increased attention and diligence/use of alerts
    c. More frequent foot/eye exams and/or HbA1c testing of diabetic patients
    d. Use of flow sheets/forms provided by Practice Facilitator or created through CareMeasures
    e. Improved documentation
    f. Better education of patients with chronic conditions, including provision of materials
    g. Increased staff involvement in chronic care workups
    h. Other. Please specify: _____
    i. Don't know/not sure

8. What is the most important change you made?

    _____

    _____

    _____

9. Has your practice become more effective in managing patients with chronic conditions as a result of your participation in Practice Facilitation?
    a. Yes
    b. No
    c. Don't know/not sure

10. Overall, how satisfied are you with your experience in Practice Facilitation? Would you say you are Very Satisfied, Somewhat Satisfied, Somewhat Dissatisfied or Very Dissatisfied?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't know/not sure

11. Would you recommend Practice Facilitation to other providers and practices caring for patients with chronic conditions?
    a. Yes
    b. No
    c. Don't know/not sure

12. Do you have any suggestions for improving Practice Facilitation?

_____

_____

_____

Health Coach Activities

SoonerCare Choice members with or at risk for developing chronic disease(s) will be targeted for care management through the SoonerCare Health Management Program (HMP). Once enrolled, HMP members receive intervention from an assigned Health Coach. Health Coaches are embedded in providers' practices.

13. Do you have a Health Coach assigned to your practice?
    a. Yes
    b. No. If your answer is "no," please proceed to Question 19.
    c. Don't know/not sure. (Please proceed to Question 19.)

14. What is the name of the Health Coach currently assigned to your practice?
    a. If known, please provide name: _____
    b. Don't know/not sure

15. The following is a list of activities that Health Coaches can perform to assist patients. Regardless of your actual experience, **please rate how important you think** it is that the Health Coach in your practice provides this assistance to your patients.

	Very Important	Somewhat Important	Not Very Important	Not at all Important	Not Appropriate	Not Sure
a. Learning about your patients and their health care needs						
b. Giving easy to understand instructions about taking care of health problems or concerns						
c. Helping patients to identify changes in their health that might be an early sign of a problem						
d. Answering patient questions about their health						
e. Helping patients to talk to and work with you and practice staff						
f. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems						
g. Helping patients make and keep health care appointments for mental health or substance abuse problems						
h. Reviewing patient medications and helping patients to manage their medications						

16. The following is a list of activities that Health Coaches can perform to assist patients. Thinking about the current Health Coach assigned to your practice, **please rate me how satisfied you** are with the assistance she provides to your patients.

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Sure/ NA
a. Learning about your patients and their health care needs					
b. Giving easy to understand instructions about taking care of health problems or concerns					
c. Helping patients to identify changes in their health that might be an early sign of a problem					
d. Answering patient questions about their health					
e. Helping patients to talk to and work with you and practice staff					
f. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems					
g. Helping patients make and keep health care appointments for mental health or substance abuse problems					
h. Reviewing patient medications and helping patients to manage their medications					

17. Overall, how satisfied are you with your experience having a Telligen Health Coach assigned to your practice?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't know/not sure

18. Do you have any suggestions for improving the Health Coaching position?

_____

_____

_____

19. Do you have any other comments or suggestions you would like to share today?

_____

_____

_____

Your survey answers will remain confidential and will be combined with those of other providers being surveyed.

Please list the name and position of the individual completing the Provider Survey:

_____

Please list the name of the practice and address:

_____

Please return your completed survey to:

OHCA Practice Facilitation Survey
1725 North McGovern Street
Suite 201
Highland Park, Illinois 60035
FAX: (847) 433-1461

If you have any questions, you can reach us toll-free at 1-888-941-9358.

Thank you for your help.

APPENDIX E – DETAILED PRACTICE FACILITATION EXPENDITURE DATA

Appendix E includes detailed expenditure data for SoonerCare HMP members aligned with PCMH practice facilitation providers. The exhibits are listed below.

Exhibit	***Description***
E-1	All Members
E-2	Members with Asthma as most Expensive Diagnosis
E-3	Members with CAD as most Expensive Diagnosis
E-4	Members with COPD as most Expensive Diagnosis
E-5	Members with Diabetes as most Expensive Diagnosis
E-6	Members with Heart Failure as most Expensive Diagnosis
E-7	Members with Hypertension as most Expensive Diagnosis
E-8	All Other Members

Exhibit E-1 – Detailed Expenditure Data – All Members

	HMP Practice Facilitation Detail - All Members				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	83,787	72,861			
Aggregate Expenditures					
Inpatient Services	$ 4,245,327	$ 4,289,379			
Outpatient Services	$ 3,493,824	$ 3,657,786			
Physician Services	$ 6,920,795	$ 6,692,747			
Prescribed Drugs	$ 4,795,301	$ 5,006,946			
Psychiatric Services	$ 5,197,480	$ 4,381,357			
Dental Services	$ 1,606,209	$ 1,247,639			
Lab and X-Ray	$ 829,663	$ 1,024,658			
Medical Supplies and Orthotics	$ 250,288	$ 228,216			
Home Health and Home Care	$ 128,533	$ 128,611			
Nursing Facility	$ -	$ 8,839			
Targeted Case Management	$ 42,012	$ 39,379			
Transportation	$ 443,960	$ 416,060			
Other Practitioner	$ 556,507	$ 420,859			
Other Institutional	$ 9,002	$ 22,015			
Other	$ 370,428	$ 256,763			
Total	**$ 28,889,328**	**$ 27,821,254**			
PMPM Expenditures					
Inpatient Services	$ 50.67	$ 58.87	16.2%		
Outpatient Services	$ 41.70	$ 50.20	20.4%		
Physician Services	$ 82.60	$ 91.86	11.2%		
Prescribed Drugs	$ 57.23	$ 68.72	20.1%		
Psychiatric Services	$ 62.03	$ 60.13	-3.1%		
Dental Services	$ 19.17	$ 17.12	-10.7%		
Lab and X-Ray	$ 9.90	$ 14.06	42.0%		
Medical Supplies and Orthotics	$ 2.99	$ 3.13	4.9%		
Home Health and Home Care	$ 1.53	$ 1.77	15.1%		
Nursing Facility	$ -	$ 0.12	n/a		
Targeted Case Management	$ 0.50	$ 0.54	7.8%		
Transportation	$ 5.30	$ 5.71	7.8%		
Other Practitioner	$ 6.64	$ 5.78	-13.0%		
Other Institutional	$ 0.11	$ 0.30	181.2%		
Other	$ 4.42	$ 3.52	-20.3%		
Total	**$ 344.79**	**$ 381.84**	**10.7%**	**$ 598.34**	**63.8%**

Exhibit E-2 – Detailed Expenditure Data – Members w/Asthma as Most Expensive Diagnosis

	HMP Practice Facilitation Detail - Asthma				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	8,203	6,897			
Aggregate Expenditures					
Inpatient Services	$ 332,808	$ 339,412			
Outpatient Services	$ 333,096	$ 388,106			
Physician Services	$ 726,189	$ 736,955			
Prescribed Drugs	$ 387,505	$ 441,635			
Psychiatric Services	$ 10,016	$ 11,845			
Dental Services	$ 177,696	$ 111,711			
Lab and X-Ray	$ 55,068	$ 67,873			
Medical Supplies and Orthotics	$ 24,567	$ 19,103			
Home Health and Home Care	$ 1,405	$ 1,591			
Nursing Facility	$ -	$ -			
Targeted Case Management	$ 342	$ 787			
Transportation	$ 33,517	$ 27,384			
Other Practitioner	$ 45,952	$ 41,236			
Other Institutional	$ 100	$ -			
Other	$ 2,764	$ 1,416			
Total	**$ 2,131,025**	**$ 2,189,054**			
PMPM Expenditures					
Inpatient Services	$ 40.57	$ 49.21	21.3%		
Outpatient Services	$ 40.61	$ 56.27	38.6%		
Physician Services	$ 88.53	$ 106.85	20.7%		
Prescribed Drugs	$ 47.24	$ 64.03	35.5%		
Psychiatric Services	$ 1.22	$ 1.72	40.7%		
Dental Services	$ 21.66	$ 16.20	-25.2%		
Lab and X-Ray	$ 6.71	$ 9.84	46.6%		
Medical Supplies and Orthotics	$ 2.99	$ 2.77	-7.5%		
Home Health and Home Care	$ 0.17	$ 0.23	34.6%		
Nursing Facility	$ -	$ -	n/a		
Targeted Case Management	$ 0.04	$ 0.11	173.8%		
Transportation	$ 4.09	$ 3.97	-2.8%		
Other Practitioner	$ 5.60	$ 5.98	6.7%		
Other Institutional	$ 0.01	$ -	-100.0%		
Other	$ 0.34	$ 0.21	-39.0%		
Total	**$ 259.79**	**$ 317.39**	**22.2%**	**$ 408.51**	**77.7%**

Exhibit E-3 – Detailed Expenditure Data – Members w/CAD as Most Expensive Diagnosis

	HMP Practice Facilitation Detail - CAD				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	234	225			
Aggregate Expenditures					
Inpatient Services	$ 174,913	$ 168,445			
Outpatient Services	$ 19,390	$ 63,530			
Physician Services	$ 49,891	$ 61,646			
Prescribed Drugs	$ 51,082	$ 50,465			
Psychiatric Services	$ 49	$ 123			
Dental Services	$ 699	$ 32			
Lab and X-Ray	$ 5,693	$ 6,768			
Medical Supplies and Orthotics	$ 3,112	$ 7,775			
Home Health and Home Care	$ 817	$ 737			
Nursing Facility	$ -	$ -			
Targeted Case Management	$ -	$ -			
Transportation	$ 10,899	$ 17,711			
Other Practitioner	$ 890	$ 1,749			
Other Institutional	$ -	$ -			
Other	$ -	$ 2			
Total	**$ 317,434**	**$ 378,982**			
PMPM Expenditures					
Inpatient Services	$ 747.49	$ 748.64	0.2%		
Outpatient Services	$ 82.86	$ 282.36	240.8%		
Physician Services	$ 213.21	$ 273.98	28.5%		
Prescribed Drugs	$ 218.30	$ 224.29	2.7%		
Psychiatric Services	$ 0.21	$ 0.54	162.5%		
Dental Services	$ 2.99	$ 0.14	-95.3%		
Lab and X-Ray	$ 24.33	$ 30.08	23.6%		
Medical Supplies and Orthotics	$ 13.30	$ 34.56	159.9%		
Home Health and Home Care	$ 3.49	$ 3.28	-6.2%		
Nursing Facility	$ -	$ -	n/a		
Targeted Case Management	$ -	$ -	n/a		
Transportation	$ 46.58	$ 78.72	69.0%		
Other Practitioner	$ 3.80	$ 7.77	104.5%		
Other Institutional	$ -	$ -	n/a		
Other	$ -	$ 0.01	n/a		
Total	**$ 1,356.56**	**$ 1,684.36**	**24.2%**	**$ 1,497.45**	**112.5%**

Exhibit E-4 – Detailed Expenditure Data – Members w/COPD as Most Expensive Diagnosis

	HMP Practice Facilitation Detail - COPD				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	4,138	3,663			
Aggregate Expenditures					
Inpatient Services	$ 211,738	$ 202,743			
Outpatient Services	$ 159,956	$ 199,682			
Physician Services	$ 412,629	$ 362,906			
Prescribed Drugs	$ 218,917	$ 217,680			
Psychiatric Services	$ 1,614	$ 2,206			
Dental Services	$ 50,743	$ 46,505			
Lab and X-Ray	$ 44,811	$ 44,367			
Medical Supplies and Orthotics	$ 19,336	$ 19,501			
Home Health and Home Care	$ 15,148	$ 24,842			
Nursing Facility	$ -	$ -			
Targeted Case Management	$ -	$ 1,409			
Transportation	$ 18,454	$ 16,280			
Other Practitioner	$ 13,185	$ 11,230			
Other Institutional	$ -	$ -			
Other	$ 1,789	$ 303			
Total	**$ 1,168,319**	**$ 1,149,654**			
PMPM Expenditures					
Inpatient Services	$ 51.17	$ 55.35	8.2%		
Outpatient Services	$ 38.66	$ 54.51	41.0%		
Physician Services	$ 99.72	$ 99.07	-0.6%		
Prescribed Drugs	$ 52.90	$ 59.43	12.3%		
Psychiatric Services	$ 0.39	$ 0.60	54.4%		
Dental Services	$ 12.26	$ 12.70	3.5%		
Lab and X-Ray	$ 10.83	$ 12.11	11.8%		
Medical Supplies and Orthotics	$ 4.67	$ 5.32	13.9%		
Home Health and Home Care	$ 3.66	$ 6.78	85.3%		
Nursing Facility	$ -	$ -	n/a		
Targeted Case Management	$ -	$ 0.38	n/a		
Transportation	$ 4.46	$ 4.44	-0.3%		
Other Practitioner	$ 3.19	$ 3.07	-3.8%		
Other Institutional	$ -	$ -	n/a		
Other	$ 0.43	$ 0.08	-80.9%		
Total	**$ 282.34**	**$ 313.86**	**11.2%**	**$ 413.06**	**76.0%**

Exhibit E-5 – Detailed Expenditure Data – Members w/Diabetes as Most Expensive Diagnosis

	HMP Practice Facilitation Detail - Diabetes				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	1,599	1,459			
Aggregate Expenditures					
Inpatient Services	$ 308,666	$ 421,753			
Outpatient Services	$ 229,789	$ 213,357			
Physician Services	$ 305,082	$ 318,542			
Prescribed Drugs	$ 317,303	$ 343,084			
Psychiatric Services	$ 22,118	$ 7,238			
Dental Services	$ 15,903	$ 11,699			
Lab and X-Ray	$ 57,252	$ 73,613			
Medical Supplies and Orthotics	$ 41,692	$ 40,648			
Home Health and Home Care	$ 10,320	$ 18,522			
Nursing Facility	$ -	$ -			
Targeted Case Management	$ -	$ -			
Transportation	$ 26,765	$ 32,506			
Other Practitioner	$ 11,356	$ 13,585			
Other Institutional	$ 357	$ 386			
Other	$ 39,891	$ 45,887			
Total	**$ 1,386,494**	**$ 1,540,821**			
PMPM Expenditures					
Inpatient Services	$ 193.04	$ 289.07	49.7%		
Outpatient Services	$ 143.71	$ 146.24	1.8%		
Physician Services	$ 190.80	$ 218.33	14.4%		
Prescribed Drugs	$ 198.44	$ 235.15	18.5%		
Psychiatric Services	$ 13.83	$ 4.96	-64.1%		
Dental Services	$ 9.95	$ 8.02	-19.4%		
Lab and X-Ray	$ 35.80	$ 50.45	40.9%		
Medical Supplies and Orthotics	$ 26.07	$ 27.86	6.9%		
Home Health and Home Care	$ 6.45	$ 12.70	96.7%		
Nursing Facility	$ -	$ -	n/a		
Targeted Case Management	$ -	$ -	n/a		
Transportation	$ 16.74	$ 22.28	33.1%		
Other Practitioner	$ 7.10	$ 9.31	31.1%		
Other Institutional	$ 0.22	$ 0.26	18.5%		
Other	$ 24.95	$ 31.45	26.1%		
Total	**$ 867.10**	**$ 1,056.08**	**21.8%**	**$ 1,408.10**	**75.0%**

Exhibit E-6 – Detailed Expenditure Data – Members w/Heart Failure as Most Expensive Diagnosis

	HMP Practice Facilitation Detail - Heart Failure				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	136	108			
Aggregate Expenditures					
Inpatient Services	$ 88,809	$ 135,791			
Outpatient Services	$ 43,687	$ 50,373			
Physician Services	$ 33,847	$ 43,594			
Prescribed Drugs	$ 16,036	$ 9,457			
Psychiatric Services	$ -	$ -			
Dental Services	$ 2,114	$ 167			
Lab and X-Ray	$ 6,460	$ 8,049			
Medical Supplies and Orthotics	$ 7,865	$ 2,856			
Home Health and Home Care	$ 2,463	$ 2,649			
Nursing Facility	$ -	$ -			
Targeted Case Management	$ -	$ 399			
Transportation	$ 2,968	$ 5,968			
Other Practitioner	$ 674	$ 247			
Other Institutional	$ -	$ -			
Other	$ -	$ -			
Total	**$ 204,922**	**$ 259,550**			
PMPM Expenditures					
Inpatient Services	$ 653.00	$ 1,257.33	92.5%		
Outpatient Services	$ 321.23	$ 466.41	45.2%		
Physician Services	$ 248.87	$ 403.65	62.2%		
Prescribed Drugs	$ 117.91	$ 87.56	-25.7%		
Psychiatric Services	$ -	$ -	n/a		
Dental Services	$ 15.54	$ 1.55	-90.1%		
Lab and X-Ray	$ 47.50	$ 74.53	56.9%		
Medical Supplies and Orthotics	$ 57.83	$ 26.44	-54.3%		
Home Health and Home Care	$ 18.11	$ 24.52	35.4%		
Nursing Facility	$ -	$ -	n/a		
Targeted Case Management	$ -	$ 3.69	n/a		
Transportation	$ 21.82	$ 55.26	153.2%		
Other Practitioner	$ 4.95	$ 2.29	-53.7%		
Other Institutional	$ -	$ -	n/a		
Other	$ -	$ -	n/a		
Total	**$ 1,506.78**	**$ 2,403.24**	**59.5%**	**$ 1,789.12**	**134.3%**

Exhibit E-7 – Detailed Expenditure Data – Participants w/Hypertension as Most Expensive Diagnosis

	HMP Practice Facilitation Detail - Hypertension				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	2,948	2,713			
Aggregate Expenditures					
Inpatient Services	$ 687,474	$ 611,823			
Outpatient Services	$ 307,620	$ 315,711			
Physician Services	$ 560,343	$ 460,098			
Prescribed Drugs	$ 330,522	$ 463,896			
Psychiatric Services	$ 12,541	$ 9,783			
Dental Services	$ 32,676	$ 25,976			
Lab and X-Ray	$ 85,326	$ 106,620			
Medical Supplies and Orthotics	$ 17,080	$ 11,317			
Home Health and Home Care	$ 10,572	$ 18,017			
Nursing Facility	$ -	$ -			
Targeted Case Management	$ -	$ 1,819			
Transportation	$ 40,706	$ 43,761			
Other Practitioner	$ 17,922	$ 15,962			
Other Institutional	$ -	$ 186			
Other	$ 3,542	$ 7,768			
Total	**$ 2,106,322**	**$ 2,092,736**			
PMPM Expenditures					
Inpatient Services	$ 233.20	$ 225.52	-3.3%		
Outpatient Services	$ 104.35	$ 116.37	11.5%		
Physician Services	$ 190.08	$ 169.59	-10.8%		
Prescribed Drugs	$ 112.12	$ 170.99	52.5%		
Psychiatric Services	$ 4.25	$ 3.61	-15.2%		
Dental Services	$ 11.08	$ 9.57	-13.6%		
Lab and X-Ray	$ 28.94	$ 39.30	35.8%		
Medical Supplies and Orthotics	$ 5.79	$ 4.17	-28.0%		
Home Health and Home Care	$ 3.59	$ 6.64	85.2%		
Nursing Facility	$ -	$ -	n/a		
Targeted Case Management	$ -	$ 0.67	n/a		
Transportation	$ 13.81	$ 16.13	16.8%		
Other Practitioner	$ 6.08	$ 5.88	-3.2%		
Other Institutional	$ -	$ 0.07	n/a		
Other	$ 1.20	$ 2.86	138.3%		
Total	**$ 714.49**	**$ 771.37**	**8.0%**	**$ 1,311.03**	**58.8%**

Exhibit E-8 – Detailed Expenditure Data – All Other Members

	HMP Practice Facilitation Detail - All Others				
Category of Service	Pre-Engagement: 1 to 12 Months	Engaged Period	Percent Change	Forecasted (FC) Costs	Actual % of FC
Member Months	66,529	57,796			
Aggregate Expenditures					
Inpatient Services	$ 2,440,919	$ 2,409,412			
Outpatient Services	$ 2,400,286	$ 2,427,028			
Physician Services	$ 4,832,815	$ 4,709,005			
Prescribed Drugs	$ 3,473,936	$ 3,480,728			
Psychiatric Services	$ 5,151,143	$ 4,350,163			
Dental Services	$ 1,326,377	$ 1,051,549			
Lab and X-Ray	$ 575,053	$ 717,368			
Medical Supplies and Orthotics	$ 136,638	$ 127,017			
Home Health and Home Care	$ 87,807	$ 62,253			
Nursing Facility	$ -	$ 8,839			
Targeted Case Management	$ 41,670	$ 34,964			
Transportation	$ 310,652	$ 272,450			
Other Practitioner	$ 466,529	$ 336,849			
Other Institutional	$ 8,545	$ 21,443			
Other	$ 322,443	$ 201,387			
Total	**$ 21,574,812**	**$ 20,210,456**			
PMPM Expenditures					
Inpatient Services	$ 36.69	$ 41.69	13.6%		
Outpatient Services	$ 36.08	$ 41.99	16.4%		
Physician Services	$ 72.64	$ 81.48	12.2%		
Prescribed Drugs	$ 52.22	$ 60.22	15.3%		
Psychiatric Services	$ 77.43	$ 75.27	-2.8%		
Dental Services	$ 19.94	$ 18.19	-8.7%		
Lab and X-Ray	$ 8.64	$ 12.41	43.6%		
Medical Supplies and Orthotics	$ 2.05	$ 2.20	7.0%		
Home Health and Home Care	$ 1.32	$ 1.08	-18.4%		
Nursing Facility	$ -	$ 0.15	n/a		
Targeted Case Management	$ 0.63	$ 0.60	-3.4%		
Transportation	$ 4.67	$ 4.71	1.0%		
Other Practitioner	$ 7.01	$ 5.83	-16.9%		
Other Institutional	$ 0.13	$ 0.37	188.9%		
Other	$ 4.85	$ 3.48	-28.1%		
Total	**$ 324.29**	**$ 349.69**	**7.8%**	**$ 573.45**	**61.0%**