OKLAHOMA STATE STRATEGIES

Terry Cline, Ph.D.
Commissioner of Health
Oklahoma Secretary of Health and Human Services
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OKLAHOMA STATE DEPARTMENT OF HEALTH · 2015

OHIP 2020 FRAMEWORK

PRIVATE/PUBLIC PARTNERSHIPS

HEALTH SYSTEMS
- HEALTH TRANSFORMATION
- HEALTH EDUCATION

FLAGSHIP ISSUES
- TOBACCO USE
- OBESITY
- CHILD HEALTH
- BEHAVIORAL HEALTH

SOCIAL DETERMINANTS
- EDUCATION ATTAINMENT
- JOBS/WEALTH GENERATION
**OHIP Flagship Issues**

**Tobacco Use**
- Reduce smoking prevalence to 18% by 2020.
- Reduce adolescent smoking prevalence from 15.1% in 2013 to 10% in 2020.

**Obesity**
- Reduce adult obesity prevalence from 32.5% in 2013 to 29.5% in 2020.
- Reduce adolescent obesity prevalence from 11.8% in 2013 to 10.6% in 2020.

**Child Health**
- Reduce infant mortality from 6.8 per 1,000 live births in 2013 to 6.4 per 1,000 live births by 2020.
- Reduce maternal mortality from 29.1 per 100,000 live births to 26.2 per 100,000 live births by 2020.

**Behavioral Health**
- Reduce the prevalence of untreated mental illness from an 86% treatment gap to 76% in 2020.
- Reduce the prevalence of addiction disorders from 8.8% to 7.8% by 2020.
- Reduce suicide deaths 22.8 per 100,000 to 19.4 per 100,000 by 2020.

**Health Transformation/OSIM Flagship Issues**

- **Tobacco Use**
- **Obesity**
- **Diabetes**
- **Hypertension**
- **Behavioral Health**
- **Child Health**
THE “TRIPLE AIM”

The Oklahoma Health Improvement Plan (OHIP), Health Transformation effort utilizes the “Triple Aim” framework.

- **Improve Health Outcomes**
  - OK State STAT/ OHIP 2020
  - Reduce Heart Disease Deaths by 11% by 2020

- **Improve Quality of Care**
  - OK State STAT/ OHIP 2020 Measure
  - Reduce by 20% the rate, per 100,000 Oklahomans, or potentially preventable hospitalizations from 1656 in 2013 to 1324.8 by 2020

- **Reduce Health Care Expenditures**
  - OK State STAT/ OHIP 2020 Measure
  - By 2020, limit annual state-purchased healthcare cost growth, through Medicaid and EGID, to 2% less than the projected national health expenditures average annual growth rate

OSIM STATE HEALTH SYSTEM INNOVATION PLAN

Oklahoma is integrating system-wide data to create a new model for health care delivery and value-based payments.
CURRENT SIM HEALTH INSURANCE CARRIERS

Primary Carrier Group

• Medicaid
• Employee Group Insurance Division
• Blue Cross/Blue Shield
• Community Care

CHILD HEALTH

Every Week Counts

• Multi Organization Quality Improvement Initiative
  o Oklahoma Hospital Association
  o Oklahoma State Department of Health
  o Oklahoma University Office of Perinatal Quality
  o Oklahoma Chapter of March of Dimes
• 52 Oklahoma Birthing Hospitals
• Medicaid supported by introducing payment differential for non-medically indicated C-Sections
PREPARING FOR A LIFETIME EVERY WEEK COUNTS COLLABORATIVE

Scheduled C-Sections AND Inductions <39 Weeks WITHOUT a Documented Indication
as percentage of Total Deliveries

*Comparison is difference between Q1 2011 & Q4 2014

Patient with controlled High Blood Pressure

Care Coordinators

Disease Management

Pharmacists

Prescriptions

Blood Pressure Meds

Follow-Up

場合には、Controlled Blood Pressure が含まれています。

Clinician

Return On Investment Analysis

Outcomes

Value Based Allocation

Heartland OK Care Coordination Model

Achieved Mg/lb Measurement

primary Care/ Public Health Integration

Primary Care/ Public Health Integration

Care Coordination Policy

Blood Pressure Measurement Policy

HEARTLAND OK CARE COORDINATION MODEL
MILLION HEARTS

Successes

- Standardized BP protocol
- Community determined pay for performance
- Multi-disciplinary, organization team
- Use of Medicaid predictive analytics tools for provider notification
- Multi-payer participation

MEDICAID/PUBLIC HEALTH PARTNERSHIP MODEL

Strategic Level

- Joint strategic initiatives built around QI Teams:
  - Tobacco
  - Rx Drug
  - Hypertension/Diabetes
  - Immunizations for Children
  - Childhood Obesity

- Surveillance & Data Collection:
  - Standard data sharing agreement
  - Standardization of surveillance tools
  - Tracking health outcome data for the Medicaid population (ex: State of the State’s Health)
**MEDICAID/PUBLIC HEALTH PARTNERSHIP**

- **Tobacco**
  - Eliminated co-pays for tobacco cessation medication
  - Removed prior authorization for tobacco cessation medication
  - NEXT STEP – Removal of additional copays for counseling

- **Immunization**
  - Enforcing provider recall/reminder in pilot county
  - NEXT STEP – Expanding provider recall/reminder enforcement

- **Rx drug**
  - Pharmacy/Provider lock-in policies
  - Data analysis and monitoring

- **Childhood Obesity**
  - Technical assistance grant awarded to OHCA/OSDH

**HEALTH WORKFORCE**

- NGA Health Workforce Policy Academy
- Governor supported multi-disciplinary team
- Integrated into and governed through OHIP Health Workforce Team
- Key partnerships include economic development and workforce, academic and health technology
PRIMARY CARE SHORTAGE AREAS

HEALTH WORKFORCE

- High Quality Data
  - Determined minimum data set, integrating into licensure renewal
  - Centralizing and aggregating data – OCAH
  - Expanded health workforce surveys – OCAH
  - NEXT STEP – Linking to education (including GME)
  - NEXT STEP – Linking to economic data
  - NEXT STEP – Rational care delivery areas

- Coordination of Efforts
  - Determined sustainable and inclusive mechanism for coordinating health workforce efforts
  - Integrated health workforce coordination into economic development work and established health workforce subcommittee in statute
  - NEXT STEP – Building comprehensive plans and recommendations for consideration of health workforce subcommittee and approval of the Governor’s Council on Workforce and Economic Development
  - NEXT STEP – Inclusion of health workforce planning locally in Oklahoma Works

- Workforce Redesign to Meet Transformed Health System
  - Determined 25 most needed health professions in the next 5 – 10 years based on economic analysis
  - Determined to 5 – 10 emerging professions based on assessment of evidence and stakeholder feedback
  - NEXT STEP – Develop recommendations for training, retraining, academic detailing, and practice facilitation
  - NEXT STEP – Linking to other existing efforts/GO

- Pipeline, Recruitment and Retention
  - GME Subcommittee working on statewide data aggregation – graduates, residents, GME funding availability and types
  - NEXT STEP – Building a longitudinal data system for better evaluation and analysis
  - NEXT STEP – Integration and coordination of recruitment and retention programs PMTC, NWAC, J 3 Idea Makers, etc.
HEALTH HOMES

• Person-centered system of care that aims for improved outcomes and better services and value

• Oklahoma Department of Mental Health and Substance Abuse Services has partnered with the Oklahoma Health Care Authority to create Behavioral Health Health Homes

• Integrates public health with health care

• Provides individual and family support services at point of care

• Links patient to community and social support services

• Utilizes health information to link various services

DELIVER INTEROPERABLE SOLUTION COMPONENTS UTILIZING SHARED SERVICES (DISCUSS)

• HHS Governance Committee comprised of Deputy Secretary of HHS (Chair) and representatives from the five largest HHS cabinet agencies including the following:
  o Oklahoma Health Care Authority (Medicaid Agency)
  o Oklahoma Department of Human Services
  o Oklahoma State Department of Health
  o Oklahoma Department of Mental Health and Substance Abuse Services
  o Oklahoma Department of Rehabilitation Services

• Staff support provided by Office of Management and Enterprise Services and HHS shared services staff
  o Project Coordinator, Project Manager and Business Analyst
**DISCUSS**

**Shared Services**

- Reduce total cost of ownership
- Increase integration and interoperability
- Reduce management and support overhead
- Create depth of expertise

**Successes**

- Formalized and meeting monthly for two years
- Shared staff with cost shared among all agencies
- Current shared services/framework include:
  - eMPI & interoperability
  - electronic personnel
  - eDiscovery
  - security framework approved
  - architecture framework

**DISCUSS SHARED ARCHITECTURE**

[Diagram of shared services architecture]

- Red background or font indicate current potential shared services
- Green dotted box indicates future potential shared services
QUESTIONS