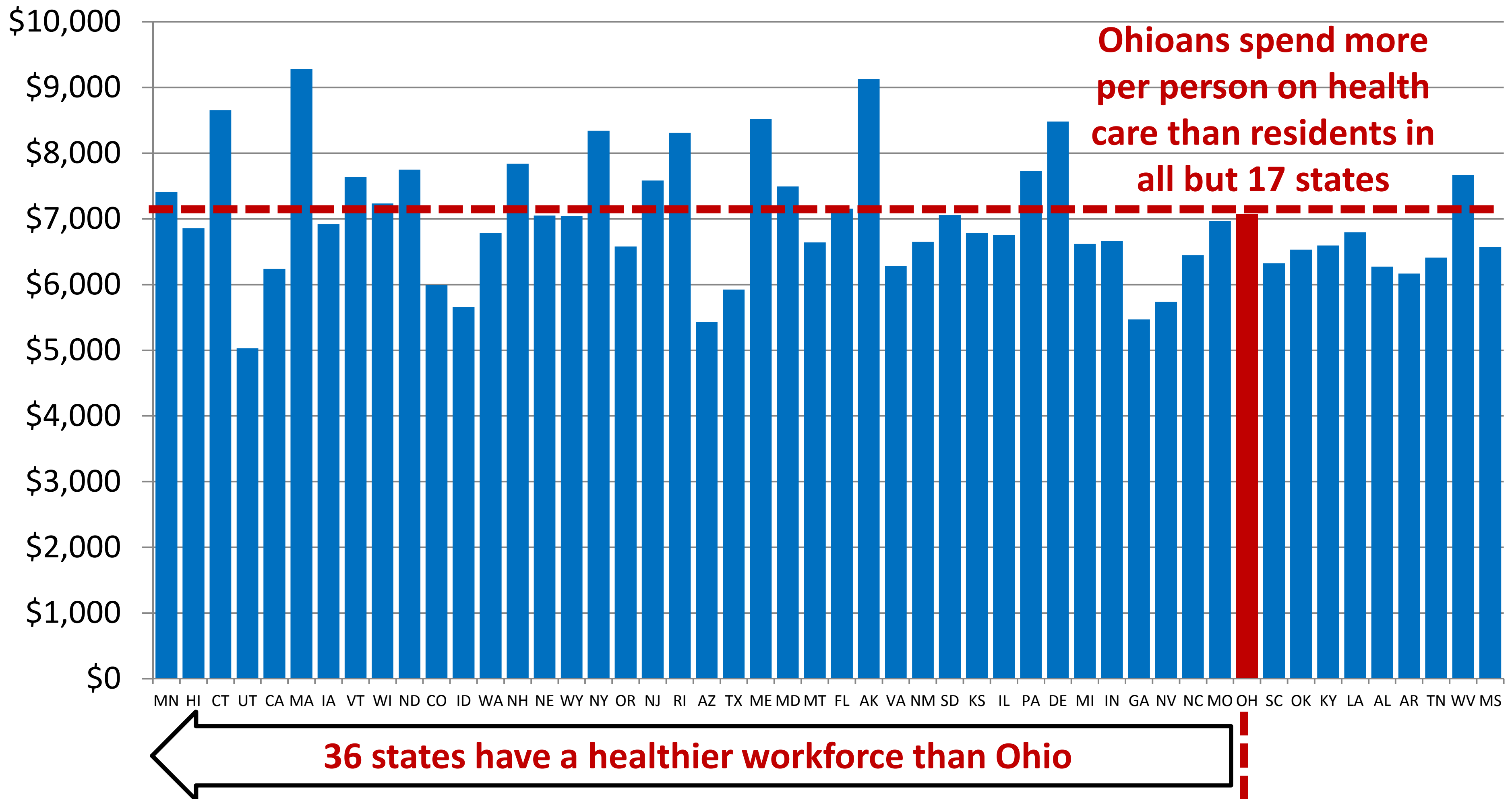
Ohio | Governor's Office of Health Transformation

Health Information Exchange Perspective

The 2015 Ohio HIT Day
February 11, 2015

Rex Plouck

A Case For Transformation



Sources: CMS *Health Expenditures by State of Residence* (2011); The Commonwealth Fund, *Aiming Higher: Results from a State Scorecard on Health System Performance* (October 2009).

Health Information Exchange

With a purpose and focused on outcomes

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Ohio Health and Human Services Innovation Plan

	MODERNIZE MEDICAID	STREAMLINE HEALTH AND HUMAN SERVICES	PAY FOR VALUE
Executive Order	Advance the Governor's Medicaid modernization and cost containment priorities	Recommend a permanent health and human services organizational structure and oversee transition to that structure	Engage private sector partners to set clear expectations for better health, better care, and lower costs through improvement
Problem	Our current health care system is fragmented in a way that leads to disrupted relationships, poor information flows, and misaligned incentives that combine to degrade quality and increase cost	Ohio HHS policy, spending and administration is split across multiple state and local government jurisdictions, and this inefficient structure impedes innovation and lacks a clear point of accountability	Ohioans spend more per person on health care than residents in all but 17 states, yet higher spending is not resulting in better health outcomes for Ohio citizens (Ohio ranks 37 in health outcomes)
Policy Priorities	• Improve care coordination • Integrate behavioral and physical health care • Rebalance long-term care	• Share services to increase efficiency • Right-size state and local service capacity • Streamline governance	• Pay for value instead of volume • Make health care price and quality information transparent • Get the right information in the right place at the right time
Initiatives 2011	**Phase I: Enact Medicaid Modernization Authority** • Enact common-sense Medicaid modernization and cost containment proposals		**Phase I: Leverage Medicaid Purchasing Power** • Reward best practices in health care delivery system reform (e.g., health homes, accountable care organizations)
2012	**Phase II: Implement Medicaid Modernization Initiatives** • Oversee program design, rules process, and implementation • Secure federal support to implement reforms	**Phase I: Streamline Health and Human Service Operations** • Restructure and consolidate HHS operations to be more efficient (e.g., integrated eligibility determination)	
2013		**Phase II: Streamline Health and Human Service Governance** • Reorganize state agencies to be more efficient	**Phase II: Align Public/Private Health System Priorities** • Engage private sector partners to improve health care quality and reduce health care costs by changing how we pay
2014	**Phase III: Evaluate Medicaid Modernization Initiatives** • Evaluate program improvements • Recommend additional innovation priorities	**Phase III: Coordinate HHS Priorities Across Agency Boundaries** • Transform education, workforce, health care, and job and family services to promote economic self sufficiency	**Phase III: Leverage Public/Private Purchasing Power** • Standardize and publicly report performance measures • Implement health care payment system innovations
Governance	**Medicaid Cabinet** AGE, MHAS, DD, ODH, Medicaid with connections to JFS	**Health and Human Services Cabinet** DAS, OBM, OHT (executive sponsors); JFS, RSC, AGE, MHAS, DD, ODH, Medicaid; with connections to ODE, DRC, DYS, DVS, ODI, TAX	**Payment Innovation Task Force** DAS, DEV, ODH, ODI, OHT, JobsOhio, Medicaid, DRC, TAX, BWC, DYS, PERS, BOR; Governor's External Advisory Council
Current Work Teams	• Extend Medicaid coverage to more low-income Ohioans • Eliminate fraud and abuse • Prioritize home and community based services • Enhance community developmental disabilities services • Integrate Medicare and Medicaid benefits • Rebuild community behavioral health system capacity • Create health homes for people with mental illness • Restructure behavioral health system financing • Improve Medicaid managed care plan performance	• Implement a new Medicaid claims payment system • Create a unified Medicaid budgeting and accounting system • Create a Department of Medicaid • Consolidate mental health and addiction services • Simplify and integrate eligibility determination • Refocus existing services to promote economic self sufficiency – Coordinate priorities across education, workforce, health care, and job and family services – Coordinate programs for children	• Participate in Catalyst for Payment Reform • Support regional payment reform initiatives • Pay for value instead of volume (State Innovation Model) – Provide access to medical homes for most Ohioans – Use episode-based payments for acute medical events – Coordinate health sector workforce and training programs – Coordinate health information technology infrastructure – Report and measure health system performance

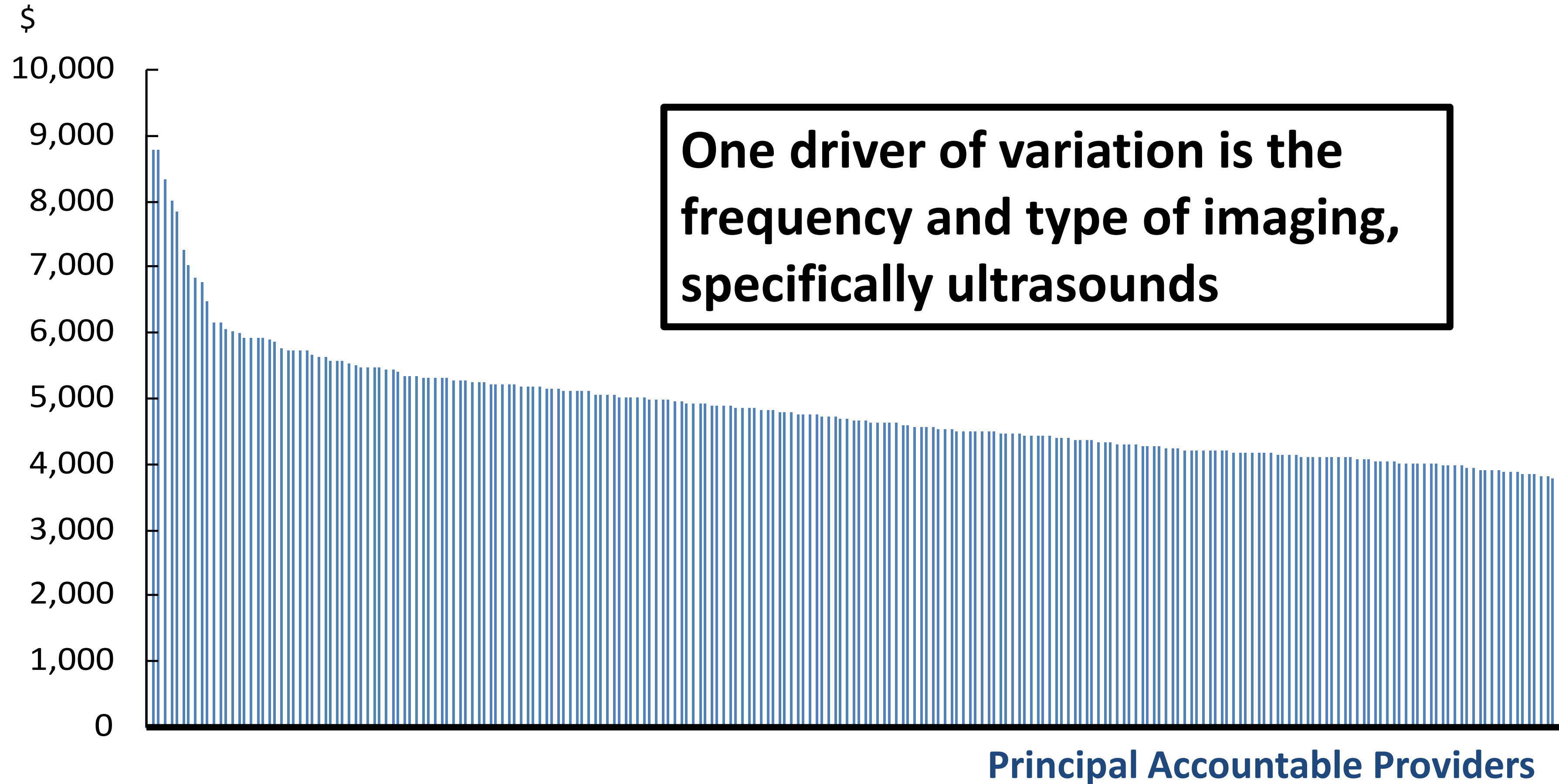
Updated January 2014

Payment Innovation

Episode-based Payments

- All major commercial carriers committed to State Innovation Model Grant
- 80% of Ohioans will be covered
- Goal: 50 episodes accounting for over 70% of cost

Variation across the perinatal episode



NOTES: Average episode spend distribution for PAPs with five or more episodes; each vertical bar represents the average spend for one PAP.
SOURCE: Analysis of Ohio Medicaid claims data, 2013-14.

Ohio's Health Care Payment Innovation Partners

Payment Innovation
Health Information Exchange

- HIE is a core enabler
- Enables provider to provider sharing
- Enables payer to provider sharing
- Ohio is prepared to launch a focused work stream by the end of February
- Ohio's strategy combines: Leadership, Collaboration and Partnerships
- State Innovation Model and Ohio Practice Transformation Network

Outcomes: Ohio's Highlights

- Lower the growth curve of Medicaid without drastic service reductions
- Met the 50% spending target for home and community based services 1 year early
- Integrate Medicaid and Medicare benefits
- Rebuild community behavioral health system capacity
- Awarded a State Innovation Model Design grant to implement episode based payments and implement PCMHs statewide
- Expanded Medicaid
- Implemented a new integrated eligibility system
- Implemented an enterprise data warehouse and business intelligence capability
- Expanding county shared services