

Health Access Networks, Accountable Care Organizations, Primary Care Extension, and Turning Point Organizations: An Opportunity for Oklahoma to Shape the Future of Primary Care

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Madrid III ~ 2:30pm - 3:30pm

Jim Mold, MD
900 NE 10th St.
Oklahoma City, OK 73104
Tel: (405) 271-2370
Fax: (405) 271-4366
Email: james-mold@ouhsc.edu

Objectives

- Discuss the purpose and functions of OK Medicaid's Health Access Networks
- Compare and contrast Health Access Networks and Cooperative Extension in Agriculture
- Explain what a Turning Point organization is and does
- Discuss the idea of a primary care extension program and ways that such an infrastructure might be a way to save small community practices.

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**Primary Care Extension,
Turning Point, Accountable
Care Organizations, and
Health Access Networks**

Jim Mold (OUHSC), Brandie O'Connor (Turning Point), Val Schott (Office of Rural Health), and Melody Anthony (OkHCA)

**Primary Care Extension and Health
Improvement Organizations**

Jim Mold, MD, MPH

Effective Implementation of Innovations In Primary Care

Performance Feedback

Literature Review and Exemplar Methods

Academic Detailing

Facilitation

IT Support

Practice Enhancement Assistant

Local Learning Collaboratives

It Requires Infrastructure

Performance assessment and feedback, identification and spread of exemplar practices, academic detailing, facilitation, IT support, local learning collaboratives

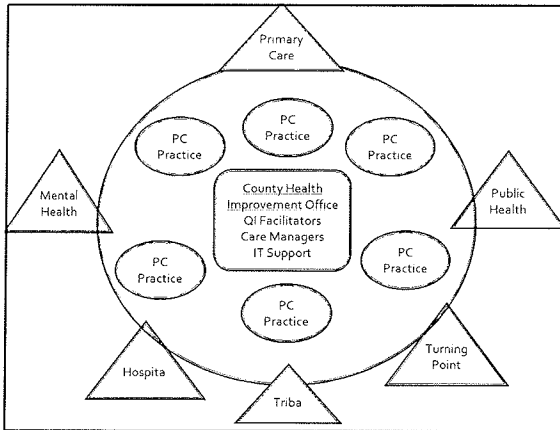
- Longitudinal relationships
- Knowledge of local factors
- Travel time/cost
- Cross-practice collaboration

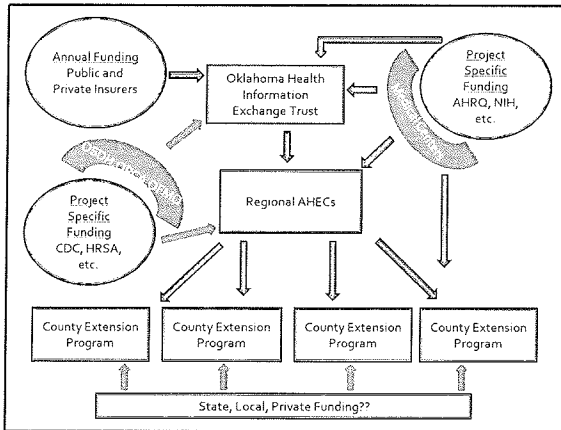
Small Independent Primary Care Practices will Need Shared Resources

- Care management
- Registry functions
- HIT support
- Patient educators/coaches
- ??Mental health
- ??Pharmacy consultation

It Takes a Community



- Primary care can no longer be practiced in isolation from public health, mental health, hospitals, and community organizations
- Obesity, lack of exercise, smoking, and abuse of alcohol account for 37% of all premature deaths. These are public and behavioral health issues, but primary care has an important role to play.
- Newer payment options (e.g. ACOs) will require closer collaboration between clinicians and hospitals.





Building Healthy Communities
in Oklahoma through
Partnerships

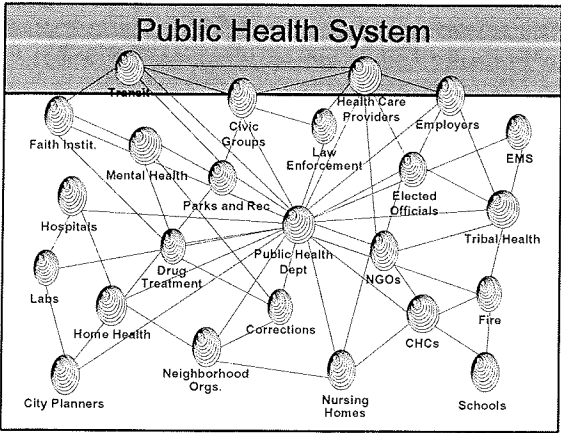
Brandie O'Connor, MPH
Director
Turning Point
Oklahoma State Department of Health



Oklahoma
POINT

Goal:
 To strengthen Oklahoma's public health infrastructure through community-based action

To work at the community level to improve the public's health.



Areas of Focus in Oklahoma Communities

•Tobacco Use Prevention	•Violence Prevention
•Obesity Reduction	•Suicide Prevention
•Children's Health	•Policy and Legislation
•Immunizations	•Public Health Finance
•Infant Mortality	•Workforce Development
•Preconception Health	•Social Determinants of Health
•Teen Pregnancy Prevention	•Health Equity
•STI Prevention	•Access to Health Care
•Substance Abuse Prevention	
•Transitional Services	

Accountable Care Organizations

Val Schott, OSU-COM Office of Rural Health

Accountable Care Organizations - ACO

- ACO is a New Type of Payment and Delivery Model that Attempts to Tie Provider Reimbursements to Both Quality Metric and Cost Reductions
- Authorized by Section 220 of the Patient Protection and Affordable Care Act
- Minimum 'Agreement' with CMS for at Least Three Years
- Requires a Minimum of 5,000 Beneficiaries to Participate as an ACO
- Leadership & Management Structure Includes Clinical and Administrative Systems

Accountable Care Organization - ACO

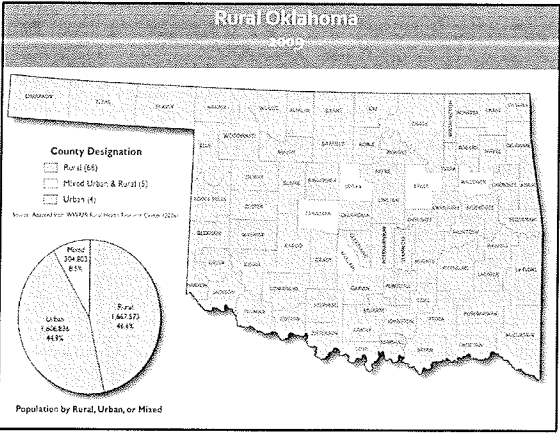
- ACO should be able to demonstrate processes that:
 - Promote Evidenced-based medicine
 - Patient Engagement
 - Quality (Outcome) Improvement & Cost Control
 - Coordinated Care
- ACO should be:
 - Provider Led with Strong Primary Care Base
 - Payments Should be Linked to Improved Quality and Decreased Costs
 - Increasingly Sophisticated Performance Measures to Support Improvements in Care and Outcomes

Sources:
"Medicare" Accountable Care Organizations" Shared Savings Program - New Section 1899 of Title XVII, Preliminary Questions & Answers"
McClellan M, McKethan AN, Lewis JL, Roski J, Fisher ES (2010) *A National Strategy to Put Accountable Care Into Practice.*

Accountable Care Organization (ACO)

- Costs
 - Start Up Costs On-Going Costs (Annual)
 - \$5,315,000 \$6,300,000
- This is the estimate for a 200 bed, one hospital system with 80 primary care providers and 150 specialists

Source:
 "The Work Ahead: Activities and Costs to Develop An Accountable Care Organization," April 2011, American Hospital Association, Keith D. Moore, Dean C. Coddington, MdManis Consulting.




Selected Socioeconomic & Demographic Comparison of Rural and Urban Oklahoma

	Rural	Urban	Mixed	Oklahoma
White	76%	71%	82%	74%
Black	4%	12%	3%	7%
Native American	11%	4%	6%	8%
Hispanic	4%	7%	3%	5%
Other	5%	6%	6%	6%
% of Population 65+ Years Old	15%	11%	11%	13%
Average Median Age (years)	38.2	32.7	36.3	37.8
% of Population Living in Poverty	17%	13%	10%	15%
Average Median Household Income	\$28,856	\$37,247	\$38,882	\$29,943
% of Population without a High School Diploma or G.E.D.	23%	16%	18%	19%

Data Source: U.S. Census Bureau (2000)


**SoonerCare Choice
Health Access Networks**

Melody Anthony, MS
OKHCA Director Provider Services




SoonerCare Health Access Network Model

- Reduce costs associated with the provision of health care services to SoonerCare, uninsured and underinsured individuals;
- Improve access to, and the availability of, health care services provided to individuals served by the health access network;
- Enhance the quality and coordination of health care services provided to such individuals through mutually defined quality improvement initiatives;
- Improve the health status of communities served by the health access network;
- Reduce health disparities in such communities




HAN Responsibilities

- Care management/Care coordination,
- Assist in implementation of electronic health records
- Improve access to specialty care,
- Enhance the capabilities of PCPs, not only with high volume practices, but those with limited access to resources due to location in rural Oklahoma
- Time, human and technology resources and knowledge of social and community supports are usually not available in small PCP offices.
- As other networks become operational, health and care management initiatives will be designed and implemented providing targeted or individualized education and care coordination, implementation of best practice guidelines and evaluation and monitoring of results.



Care Management in the HAN

- Community based CM services coordinated through the HAN utilizing telephonic, face to face interaction and telemedicine as appropriate
- HAN CM services will establish a formalized bridge for improved care and reduction of information gaps between OHCA and the HAN PCP medical homes and local community resources for identified members with an evaluation component to identify effective strategies.
- The HAN provides a compelling opportunity for the OHCA's enhanced PCMH to further improve the coordination of care of these complex individuals
- It is anticipated that this improved coordination and usage of data can ultimately result in cost savings due to the elimination of unnecessary care coupled with an increase in preventive services.
- Populations currently under care management
 - High Risk OB, Hemophilia, members with frequent ER utilization, members enrolled with Oklahoma Cares (Breast and Cervical Can Program), pharmacy Lock-in, co-management of members enrolled in our Health Management Program



Questions and Comments
