



Governor's Office of
Health Transformation

Health Transformation in Ohio: Harnessing Data Analytics for Population Health

Greg Moody, Director
Office of Health Transformation

National Association of State Health Policy
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www.HealthTransformation.Ohio.gov



- 1. Reset market incentives to reward better health outcomes and appropriate data sharing (State Innovation Model)**
- 2. Align statewide population health priorities to send clear signals to the market (Population Health Plan)**
- 3. Facilitate the data sharing that is necessary to improve population health outcomes (Health IT Strategy)**



- Governor Kasich created the Office of Health Transformation to improve overall health system performance
- Pay for health care value instead of volume across Medicaid, state employee, and commercial populations
 - Launch episode based payments in Q1 2015
 - Take Comprehensive Primary Care to scale in 2015
- Partners include Anthem, Aetna, Medical Mutual, United and five Medicaid managed care plans covering ten million Ohioans
- Build on momentum from extending Medicaid coverage, Medicare-Medicaid Enrollee project, etc.
- Active stakeholder participation: 200+ stakeholder experts, 50+ organizations, 60+ workshops, 22 months and counting ...
- Comprehensive, complementary statewide strategies for health information technology and population health planning



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Better Planning for Better Health in Ohio

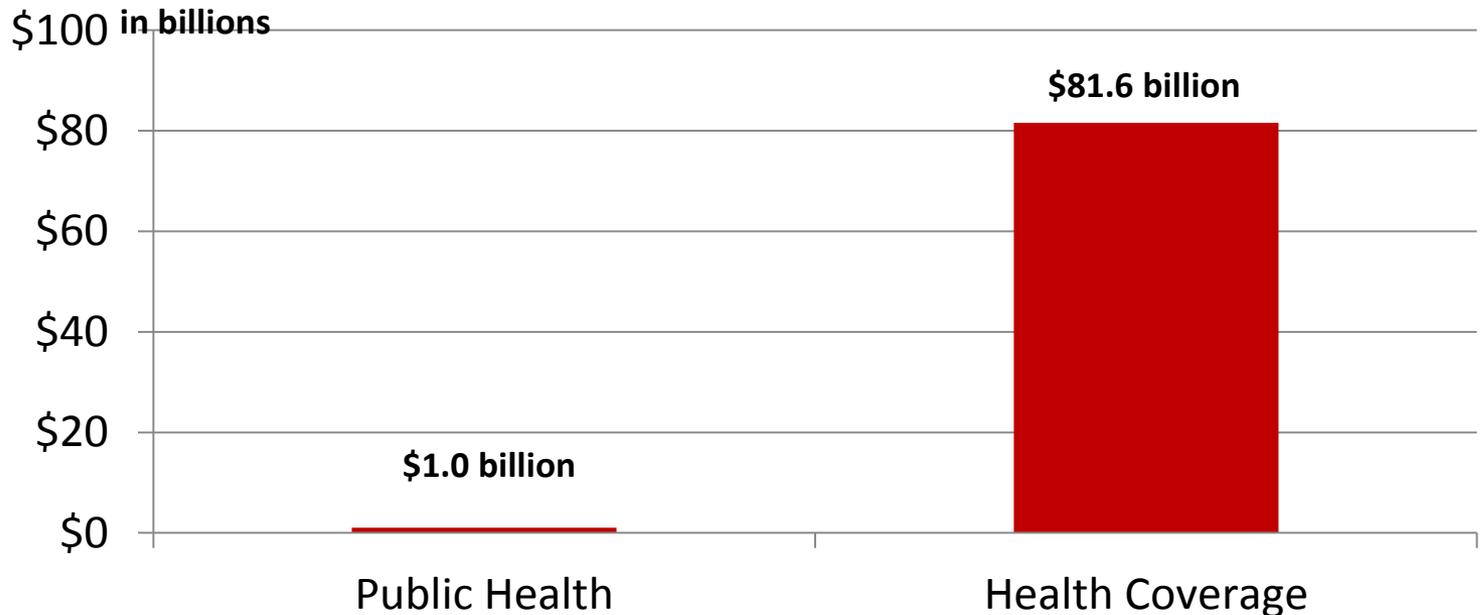
Public Health

Health Coverage

State

State Health Improvement Plan

State Innovation Model Population Health Plan



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Reduce Infant Mortality

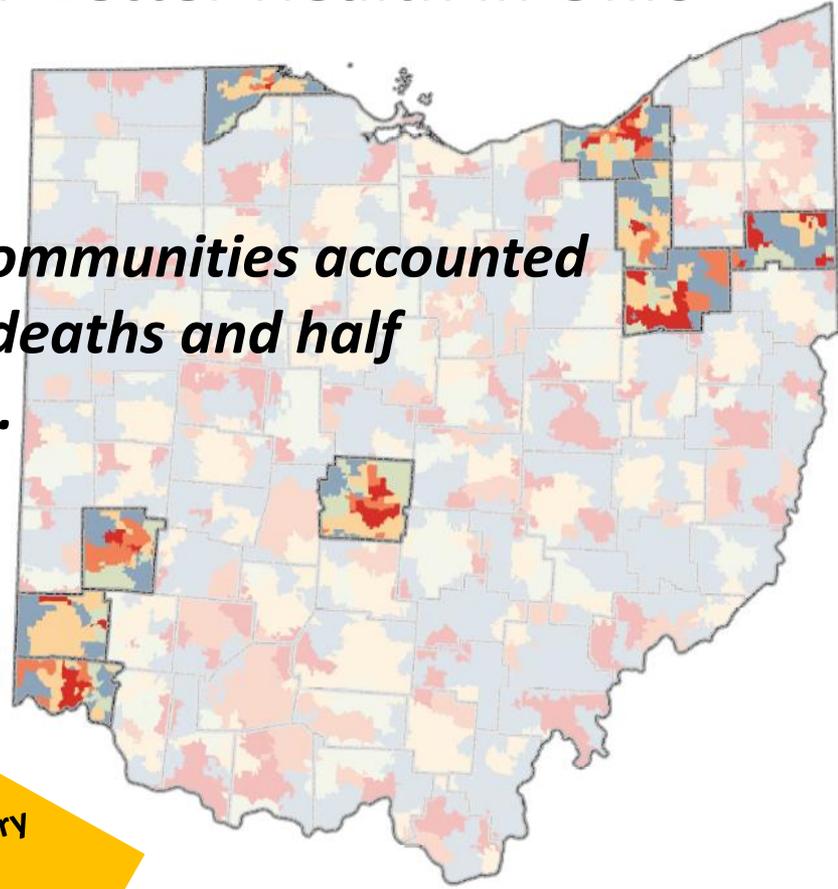
Use vital statistics to identify at-risk women
Align maternal and child health programs
Promote safe sleep, folic acid, etc.
Discourage smoking, etc.

Require enhanced care management
Extend Medicaid to cover more women
Financially reward improved infant health
Reduce scheduled deliveries prior to 39 wks

- Identify at-risk neighborhoods
- Enhance care management for every woman in those neighborhoods
- Plans directly engage leaders in at-risk communities
- Surge resources to greatest need

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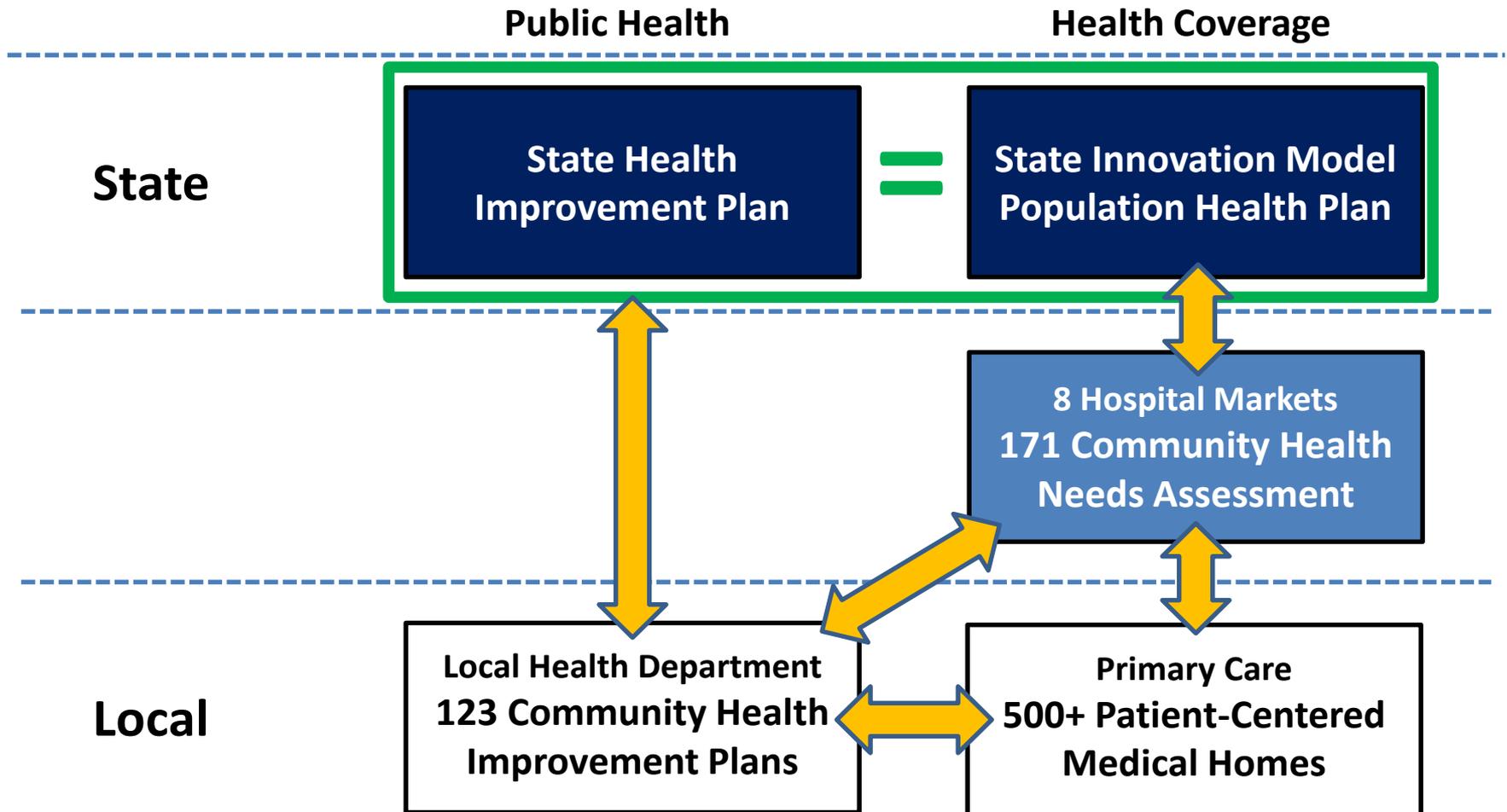
Neighborhoods in nine Ohio communities accounted for 95 percent of black infant deaths and half of white infant deaths in 2013.



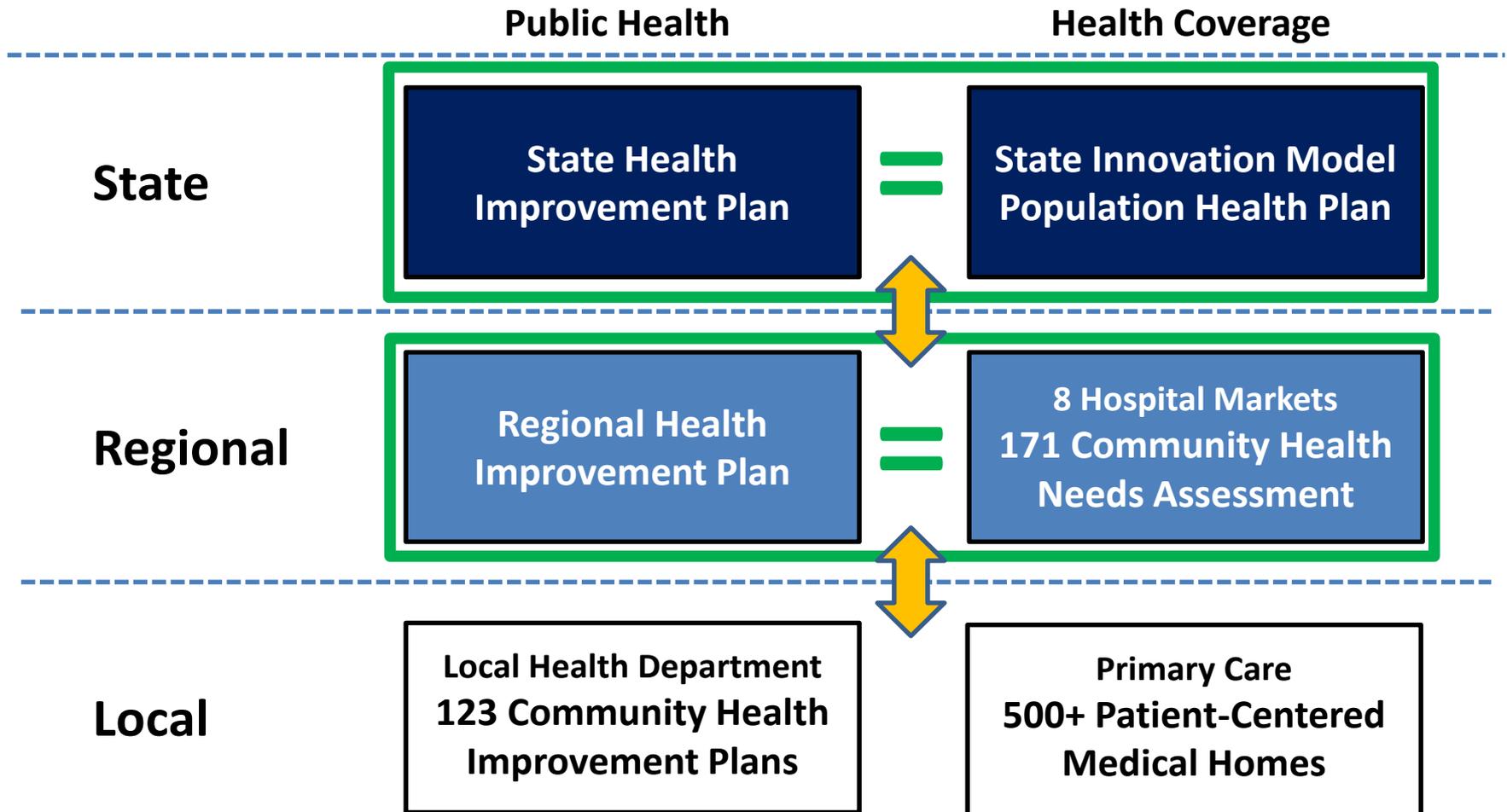
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SOURCE: 2013 Ohio Infant Mortality Data: General Findings, page 16.

Better Planning for Better Health in Ohio



Better Planning for Better Health in Ohio





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Ohio's Preliminary HIT Strategy

Landscape of Themes and Desired Outcomes

Rewarding Value	Performance Transparency	Care Coordination	Operational Efficiency	Non-Clinical Decisions	Clinical Decisions	Patient Engagement
Needed payer infrastructure, tools and data	Stakeholder alignment on metrics	Data formats enable sharing	Digitalization	Integration, curation of internal data	Researchers can access needed data	Infrastructure, tools, data to monitor patients
Channels to share data	Useable data captured	Needed data captured	Workflow automation	Access to external data	Researchers capable of analyzing data	Channels for patient/provider communication
Providers can accept payments	Providers have data to self-evaluate	Infrastructure to communicate	Automation of manual activities	Analytic infrastructure	Clinicians can access needed data	Consumers have control over medical record
Common use of capabilities across payers where needed	Payers have data to evaluate providers	Channels to access data	Technology spend optimized	Analytic tools and talent	Channels, tools to support clinical decisions	Consumers have access to health information to make decisions
	Consumers have data to evaluate providers	Data owners provide data	Intermediation cost reduced	Analytics for program assessment	Clinicians equipped to use tools, data	
	Sufficient analytic capacity	Providers use data				
	Channels to access data	Bi-directional communications				
		Transitions of care enabled				

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State = Actor: actions that improve state run programs

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State = Catalyst: lead health care change for all Ohioans

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Priorities for State Action

Ohio's Preliminary HIT Strategy

Four Priorities for State Action

State Action	Description
1. Share useful payer data to help providers improve	<ul style="list-style-type: none">Design and deliver multi-payer (Medicaid, Medicare, commercial) data/reports to primary accountable providers (PAPs), Patient-Centered Medical Homes (PCMHs), and key participating providers, including actionable performance data and data about other providers that interact with patients; add commercial payer data as interested
2. Reinforce and accelerate care coordination	<ul style="list-style-type: none">Encourage/require PAPs and/or PCMH to develop stronger clinical (e.g., admission, discharge, transfer notifications) and administrative (e.g., appointment scheduling) linkages with other providers
3. Improve usability and access to data	<ul style="list-style-type: none">Continue/accelerate efforts to integrate data sets (e.g., Medicaid FFS, Medicaid encounter), expand access to data to internal and external stakeholders (e.g., researchers, providers, etc.) , and create potential for other parties (e.g., private health plans) to add data over time
4. Use Big Data to improve programs and policy	<ul style="list-style-type: none">Create (or repurpose) a public-private partnership to apply Big Data and Advanced Analytics to the state's most pressing policy issues



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CURRENT INITIATIVES

BUDGETS

NEWSROOM

CONTACT

VIDEO



Ohio's Innovation Model Test

- Population Health Plan
- Delivery System Plan
- PCMH and Episode Payment Models
- Workforce Plan
- HIT Plan
- Stakeholder Engagement
- Quality Measurement

Current Initiatives

Modernize Medicaid

Extend Medicaid coverage to more low-income Ohioans
 Reform nursing facility reimbursement
 Integrate Medicare and Medicaid benefits
 Prioritize home and community based services
 Create health homes for people with mental illness
 Rebuild community behavioral health system capacity
 Enhance community developmental disabilities services
 Improve Medicaid managed care plan performance

Streamline Health and Human Services

Implement a new Medicaid claims payment system
 Create a cabinet-level Medicaid department
 Consolidate mental health and addiction services
 Simplify and integrate eligibility determination
 Coordinate programs for children
 Share services across local jurisdictions

Pay for Value

Engage partners to align payment innovation
 Provide access to patient-centered medical homes
 Implement episode-based payments
 Coordinate health information technology infrastructure
 Coordinate health sector workforce programs
 Support regional payment reform initiatives
 Federal Health Insurance Exchange