

The SoonerCare Health Management Program



**National Medicaid Congress
June 13, 2011
Washington, DC**

**Dr. Michael Herndon – Oklahoma Health Care Authority
Mike Speight – Iowa Foundation for Medical Care**

Why did Oklahoma develop the HMP?

- To improve the quality of healthcare for Oklahomans
 - Diabetes deaths* — ranked 48th
 - Stroke deaths* — ranked 48th
 - Heart disease deaths* — ranked 49th

*Number of deaths due to disease per 100,000

Medicaid Reform Act of 2006

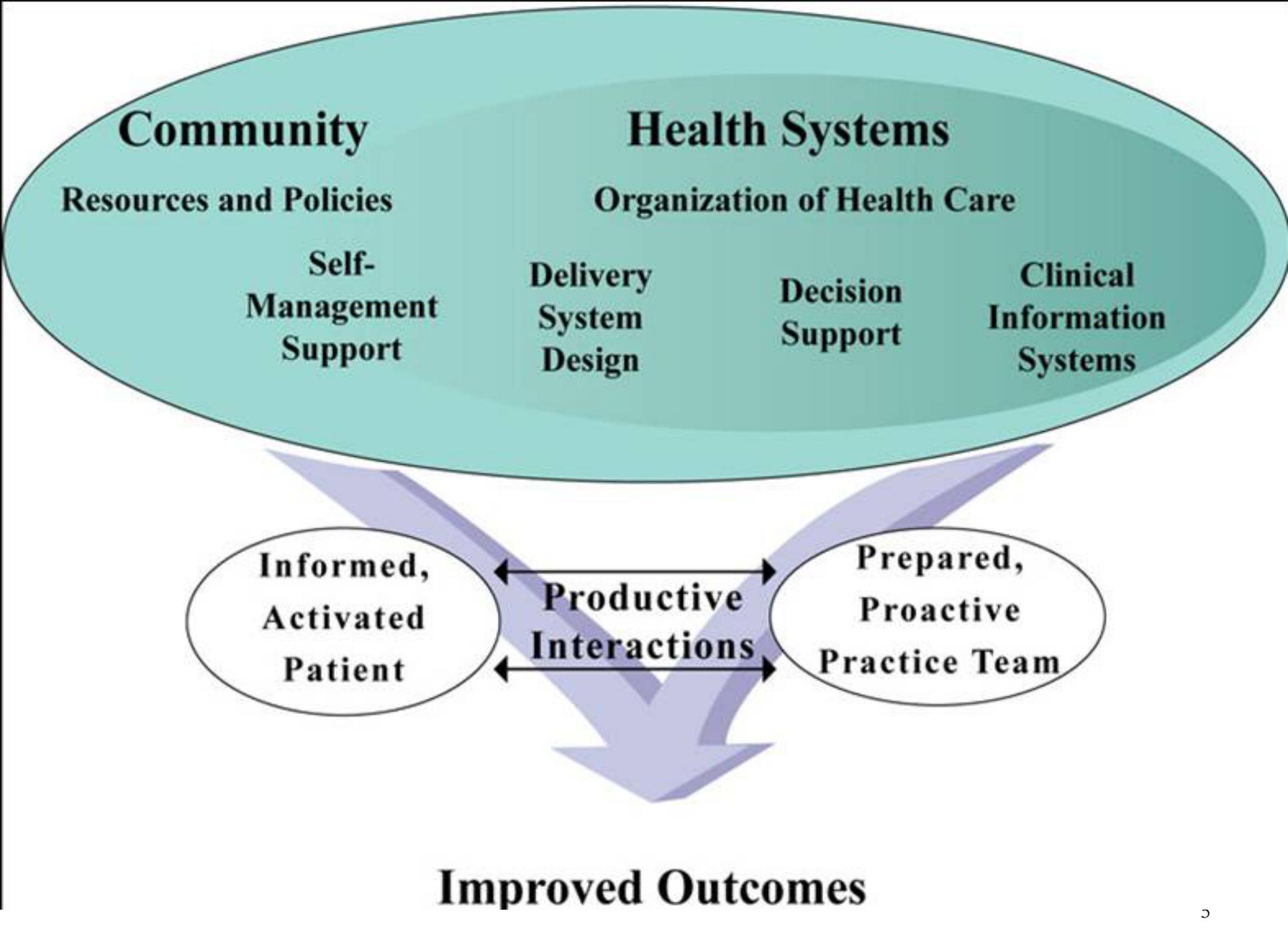
- Mandated by the Oklahoma Legislature in House Bill 2842 to improve quality of care and reduce the cost of care for those with chronic conditions.



SoonerCare

Health Management Program

- OHCA contracted out services for administering the HMP through a competitive bid process
- Iowa Foundation for Medical Care (IFMC) was selected
- Program launched Feb. 1, 2008



SoonerCare HMP

Dual Armed Approach

Arm 1

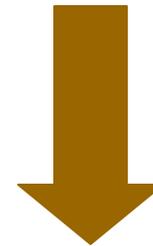
- Focuses on the high risk patients



Nurse Care
Management

Arm 2

- Focuses on assisting providers (physicians)



Practice Facilitation

Nurse Care Management

- Identification of target population – predictive modeling
- Member engagement
- Health Risk Assessment & screening
- Individualized care plans
- Involvement of PCP

Nurse Care Management

- Self Management support
 - education
 - community resources
 - coordination with other providers
 - involvement of PCP
- Tier 1 and Tier 2

Practice Facilitation: Objectives

- Improve the quality of care provided
- Make it easier to do quality care
- Improve office efficiency



7 Core Functions of Practice Facilitators

1. Develop a practice team with well defined roles
2. Assist provider in making their encounter with the patient productive and efficient
3. Empower team members with the utilization of standing orders and educational tools
4. Implement a user friendly and functional information system.
5. Create a new culture within the practice focused on quality, process redesign, and performance measurement
6. Implement appropriate incentives: financial and non-financial
7. Make the quality thing to do, the routine thing to do

Additional Practice Facilitator Roles

- Provide practical help
 - Help staff use Information Technology
 - Help improve delivery rates of preventive health services
 - Help improve practice processes and patient care outcomes
 - Help develop the role of other staff members
- Provide professional education to staff
- Facilitate system level improvements
- Teach about quality improvement (PDSA cycle)

SoonerCare HMP

Lessons Learned

Top Ten

SoonerCare HMP

Dual Armed Approach

Arm 1

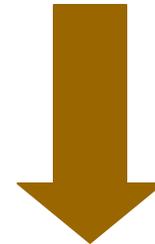
- Focuses on the high risk patients



Nurse Care
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Arm 2

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Practice Facilitation

Lesson 1

In the current standard care delivery model, it is next to impossible to “effectively” manage chronically ill patients and employ preventive healthcare strategies.

- Inadequate reimbursement
- Inadequate staff (FTE and Skill)
- Inadequate conceptualization

Lesson 2

Case Management and Care Management Strategies Should Ideally be “Practiced Based”

- Enhances Provider Involvement
- Insures Care Manager is Performing Job
- Eliminates Communication Barriers
- Enhances Patient Engagement

Lesson 3

Data Management is critical, yet underutilized for a variety of reasons.

- Time
- Capacity- No EMR or Registry availability
- Skill Set of Clinicians and Staff
- Knowledge
- Money

Lesson 4

Providers generally lack the skill set necessary to effectively manage all aspects of a medical practice

- Business Management
 - Human Resources
 - Customer Service
 - Quality Improvement Principles
 - Time Management
-

Lesson 5

Staff turnover is frequent and a major barrier to QI initiatives

- Reduces sustainability
- Requires retraining by facilitation
- Impacts patient trust
- Less continuity of care

Lesson 6

Provider “involvement” is important, but
Provider “leadership” is critical in quality
improvement strategies.

- Provider must “set the tone” for process and quality improvement strategies, and insure expectations are met.
- Providers need Leadership Training

Lesson 7

Practices largely view public payers as “Foe not Friend”

- We place requirements upon them (EMR, claims submission accuracy, Prior Approvals, etc.)
- We tell them what we will cover and what we won't cover
- We audit

Lesson 8

Collaboration is needed among payers, medical associations other public and private entities that influence provider care delivery

- Providers are often confused and frustrated by different standards, requirements, strategies, and initiatives.

Lesson 9

Providers are generally open and receptive to payer's assistance with QI and Process Improvement initiatives

- How providers are approached is important

Lesson 10

Provider Financial Incentives have a small impact on practice participation

SoonerCare Health Management Program

Results

Additional slides including bar graphs, pie charts, and tables are attached for review.

Practice Facilitation Results

- Cost Savings \$6.45 million
2/1/2008 (inception)-6/30/2010
- 95% of practices facilitated would recommend PF to another practice.

Nurse Care Management Results

- NCM is expensive to deliver
- Aggregate deficit of \$1.3 million
2/1/2008 (inception)-6/30/2010
- Savings is offset by administrative expense during
the intervention

Nurse Care Management Cont.

- After the NCM intervention is when savings are realized (impact of Self-Management)
- The intervention appears to promote sustained results
- The first year of patient engagement will not produce savings

Take Home Message

Our practice based quality of care initiative has been more “productive” than our traditional nurse care management initiative in the first two and a half years of program.

Methodology of Evaluation

- Difficult- No control groups

- Options
 - 1) Trend line Analysis

 - 2) Predictive Modeling

 - 3) Comparison Groups

Methodology Chosen

Predictive Modeling

- With an “open eye” to Trend Line Analysis

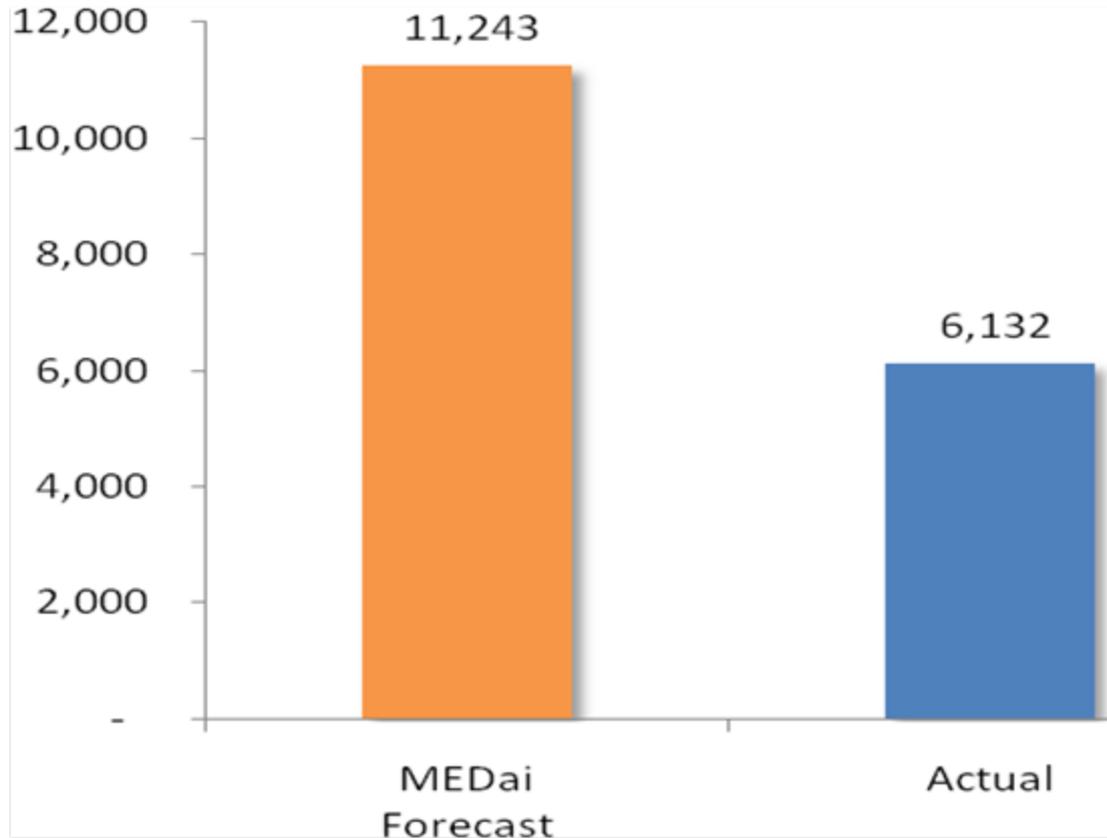
Editorial

Future Care Delivery Redesign Models should consider the increased expectations placed upon providers and include support to meet such expectations, including education, instruction and FTE. Paying providers more to redesign care delivery without showing them how will likely be ineffective.

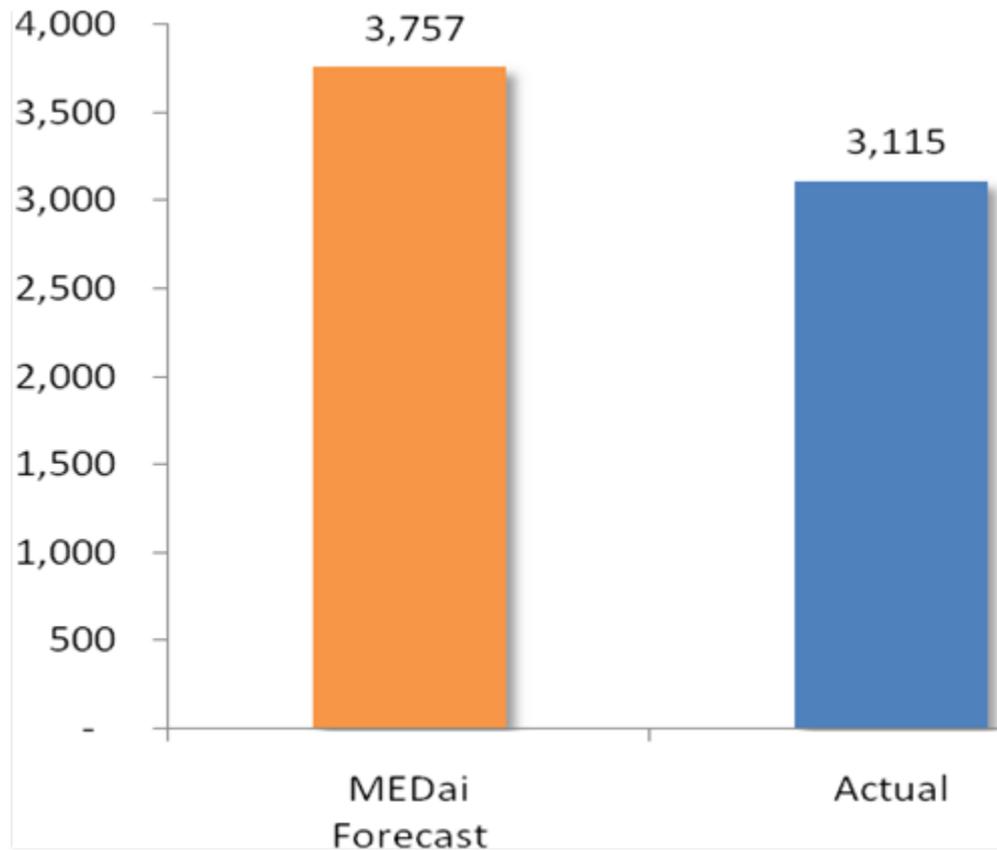
Thank You

Additional Slides for Review

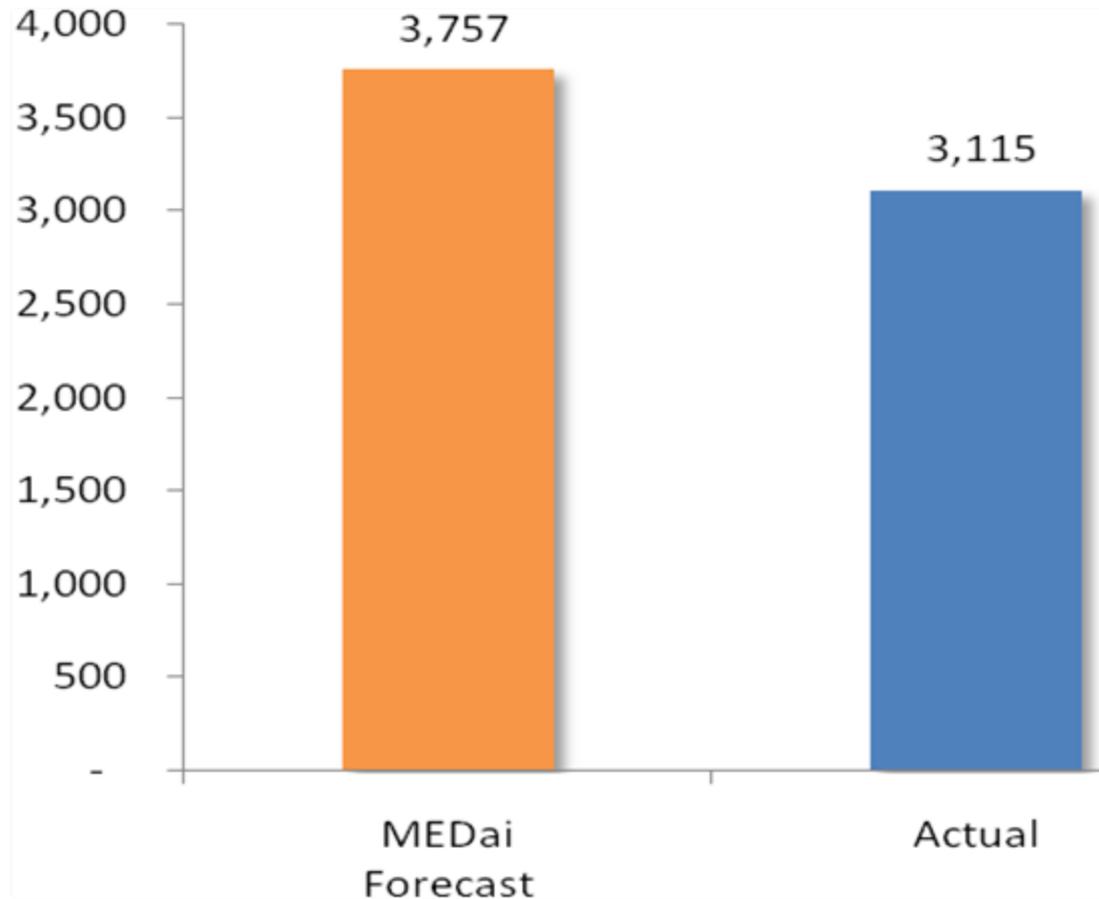
Inpatient Hospital Days per 1,000-Tier 1



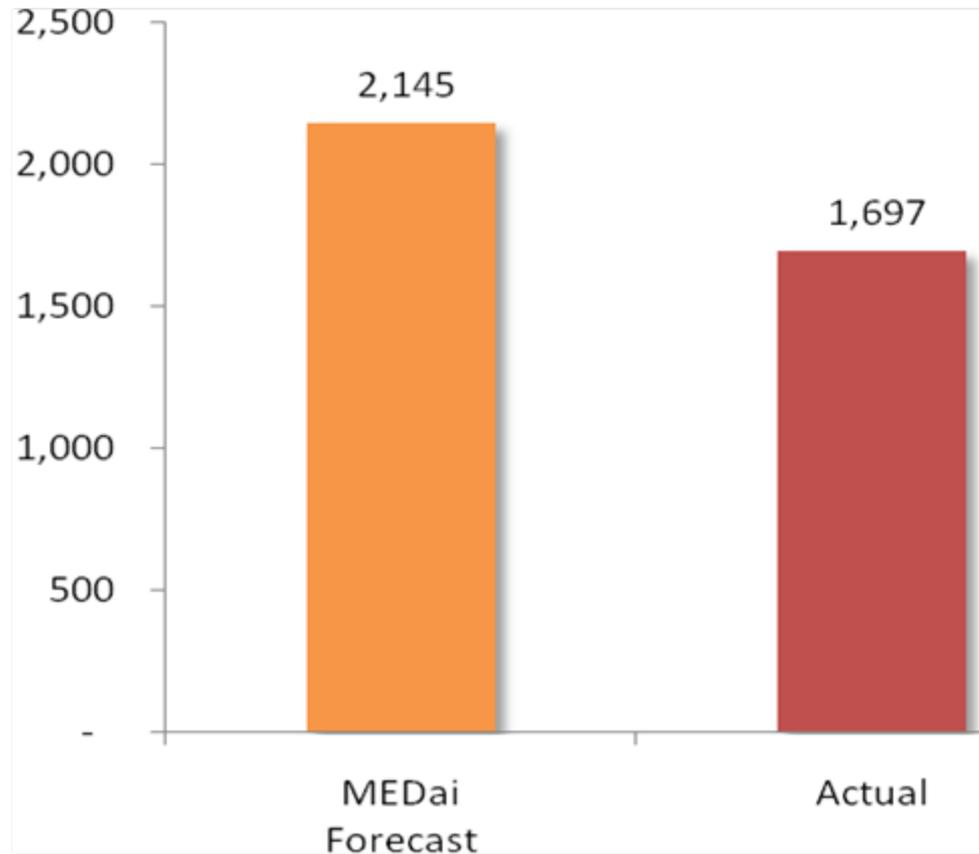
Emergency Department Visits per 1,000- Tier 1



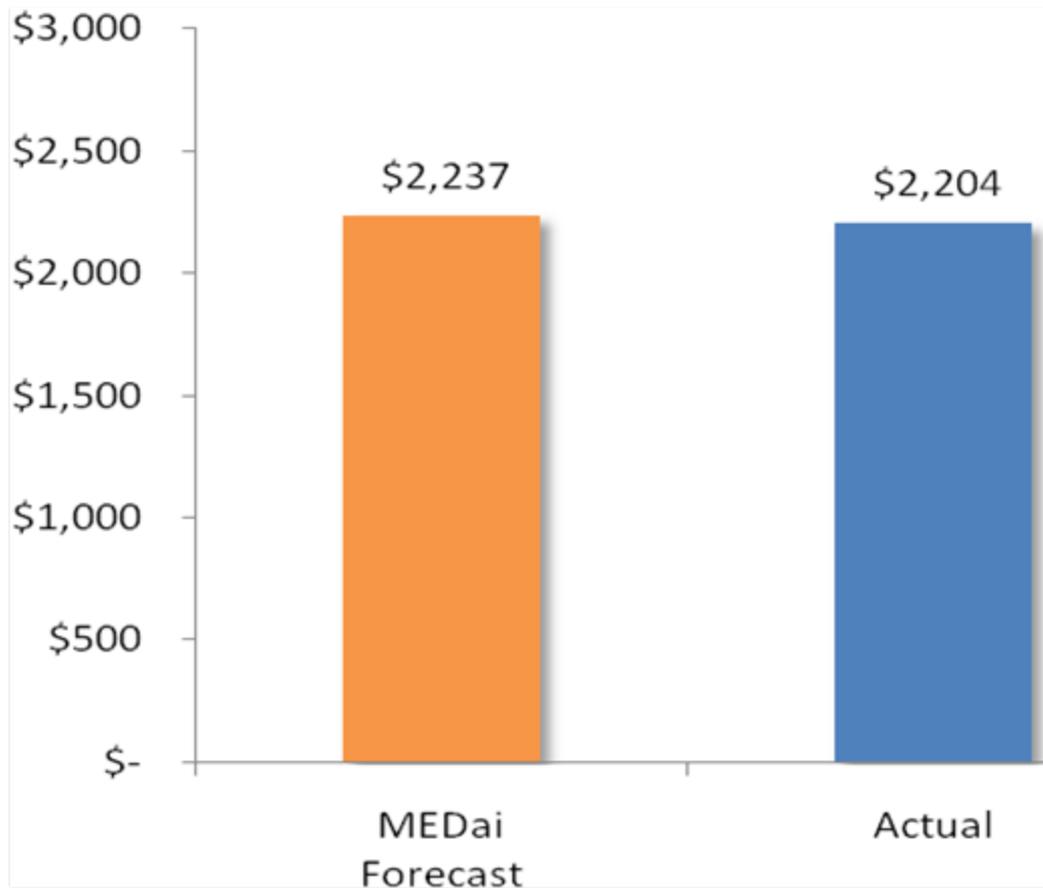
Inpatient Hospital Day per 1,000- Tier 1



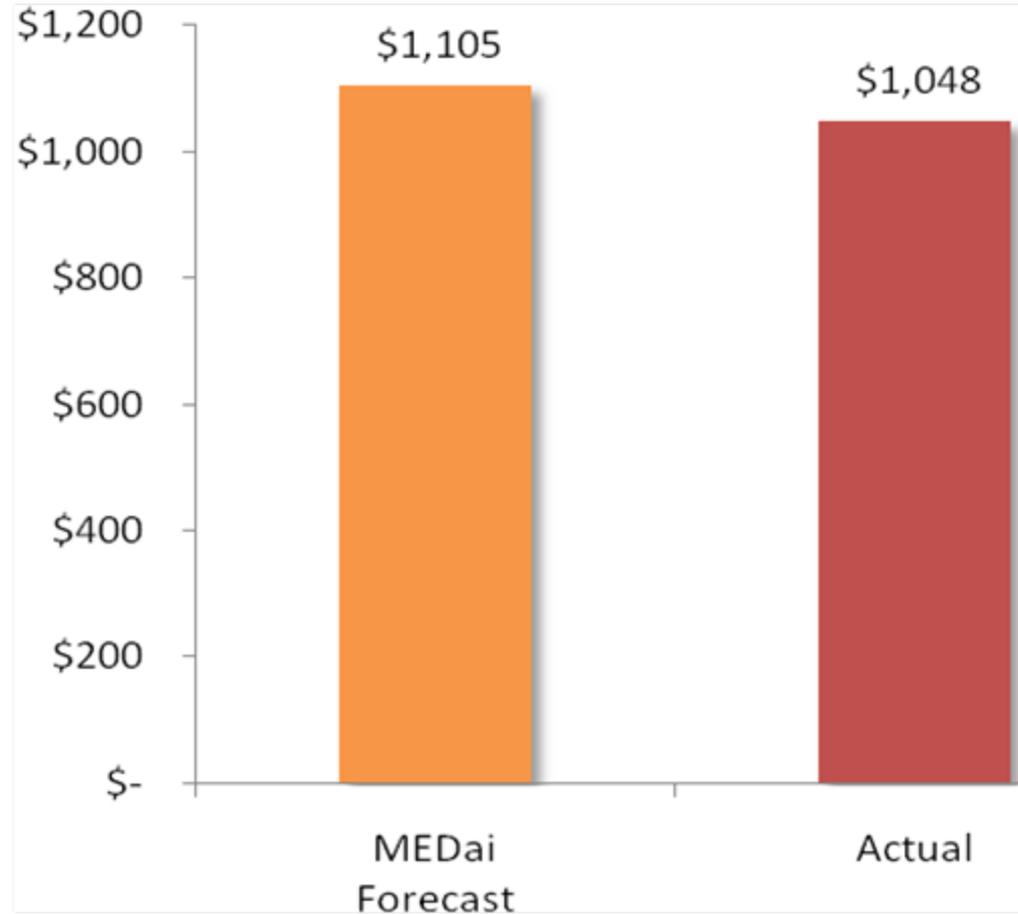
Emergency Department Visits per 1,000- Tier 2



Total PMPM Expenditures- Tier 1



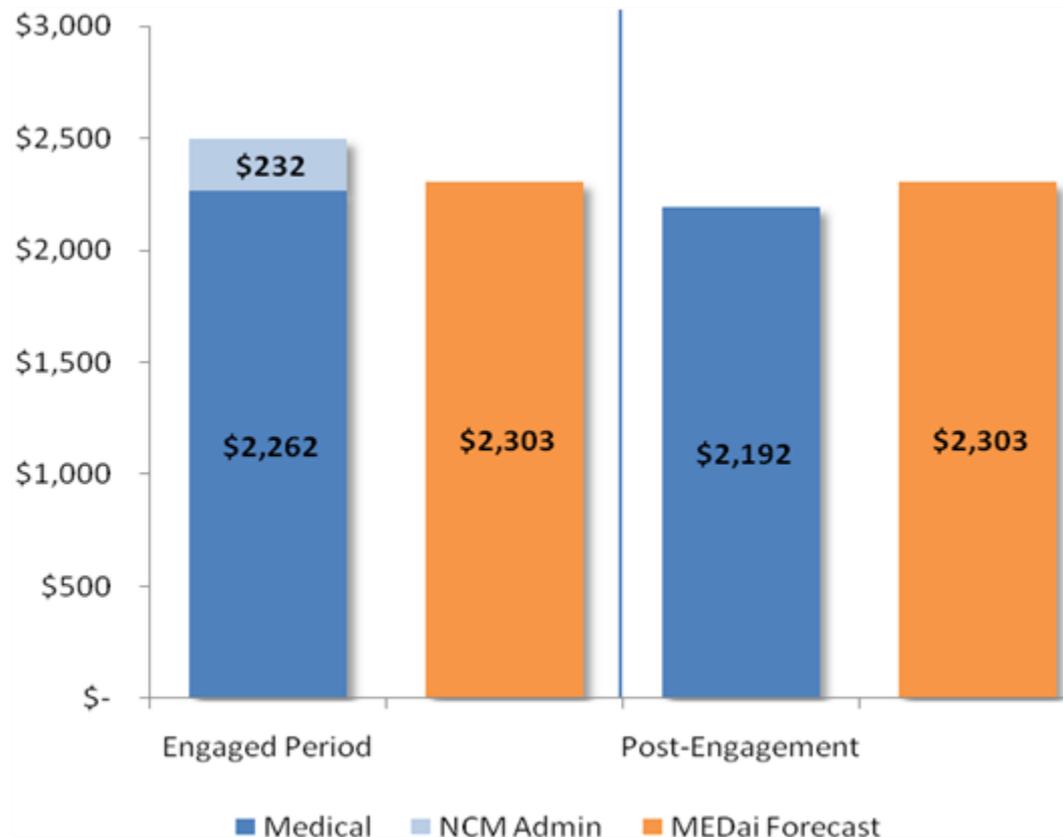
Total PMPM Expenditures



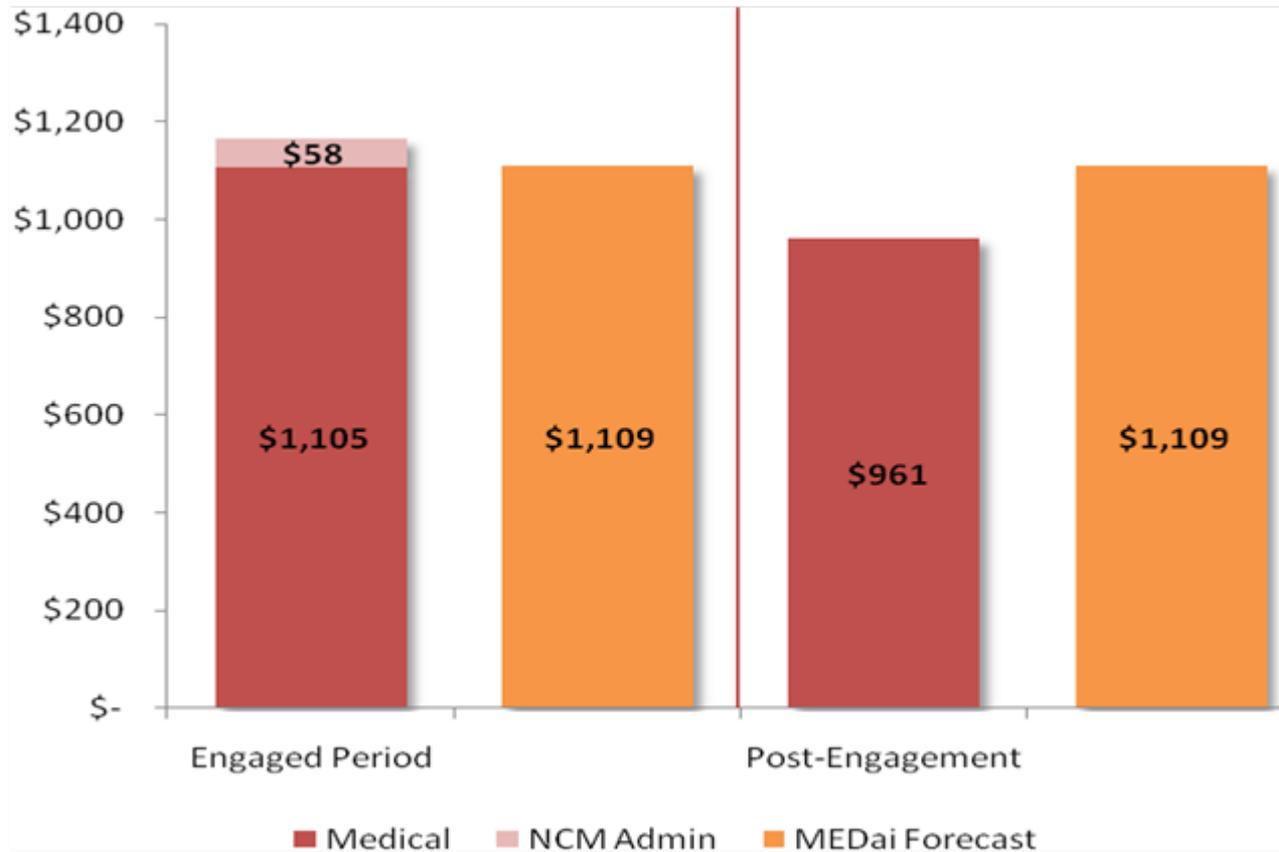
Nurse Care Management PMPM Administrative Cost

Tier Group	PMPM Indirect Admin	PMPM IFMC FEE	Total PMPM Admin
Tier 1	\$ 52.42	\$179.15	\$231.57
Tier 2	\$13.07	\$45.14	\$58.21

Nurse Care Management PMPM Cost Effectiveness Test- Tier 1



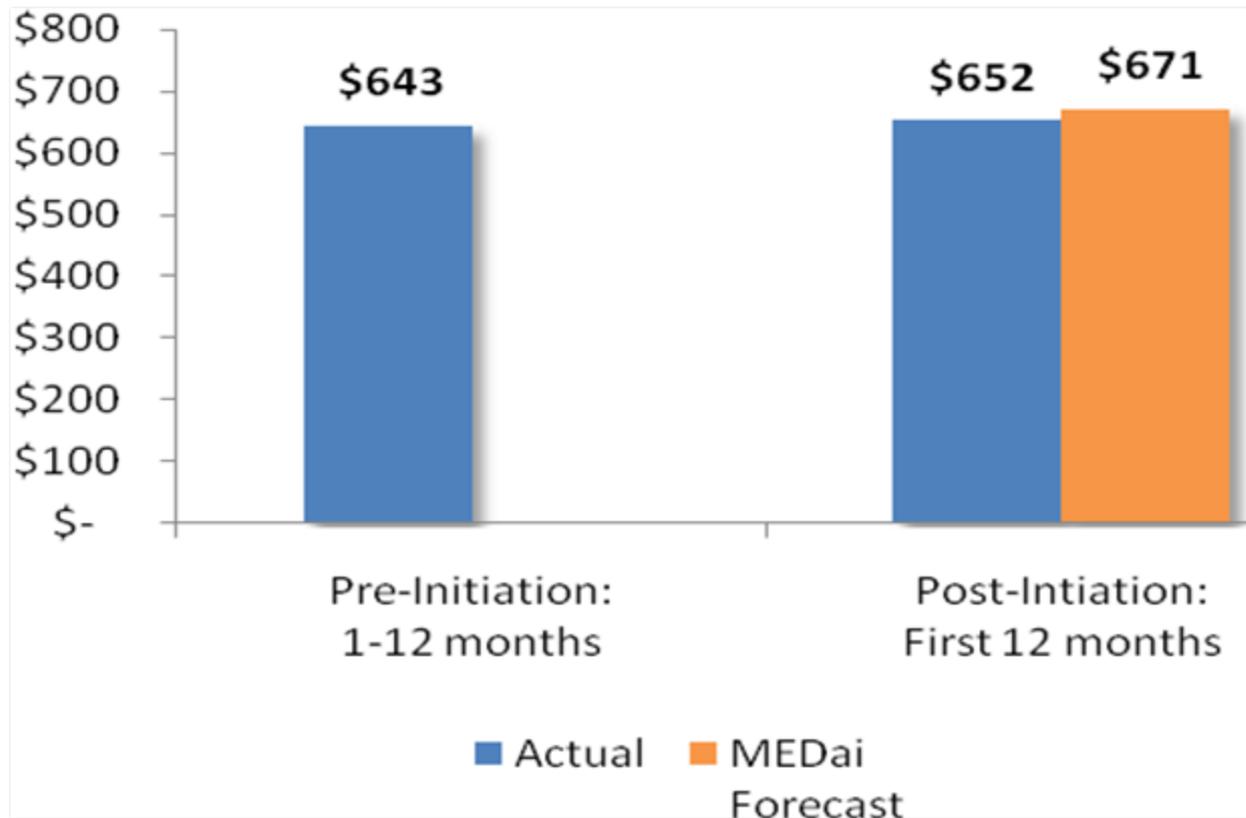
Nurse Care Management PMPM Cost Effectiveness Test- Tier 2



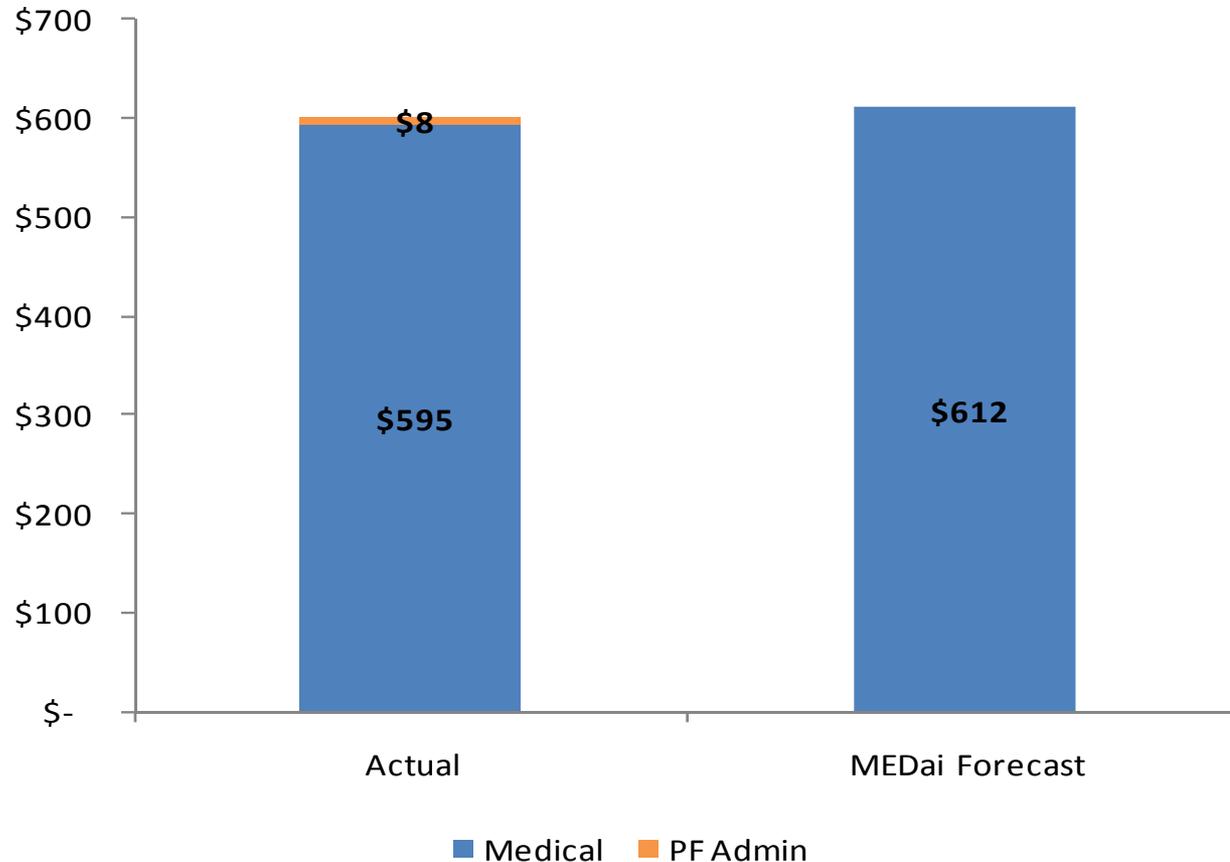
Aggregate Cost Effectiveness Test

Tier Group	Engaged Period			Post-Engagement			Total Aggregate Savings/(Deficit)
	Member Months	PMM Savings/(Deficit)	Aggregate Savings/(Deficit)	Member Months	PMM Savings/(Deficit)	Aggregate Savings/(Deficit)	
Tier 1	18,594	(\$190)	(\$3,530,202)	9,172	\$111	\$1,019,034	(\$2,511,167)
Tier 2	7,607	(\$55)	(\$4,079,948)	35,835	\$147	\$5,282,770	\$1,202,822
Total	93,201	(\$82)	(\$7,610,150)	45,007	\$140	\$6,301,804	(\$1,308,346)

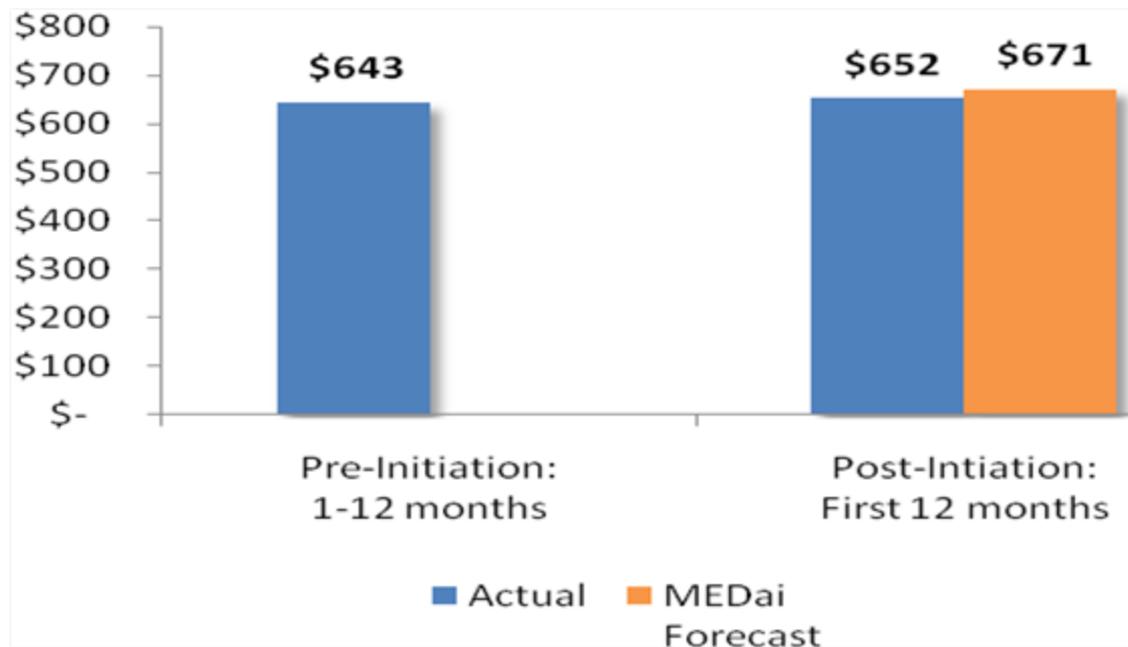
Forecast versus Actual PMPM Expenditures: All Patients



Practice Facilitation PMPM Cost Effectiveness Test



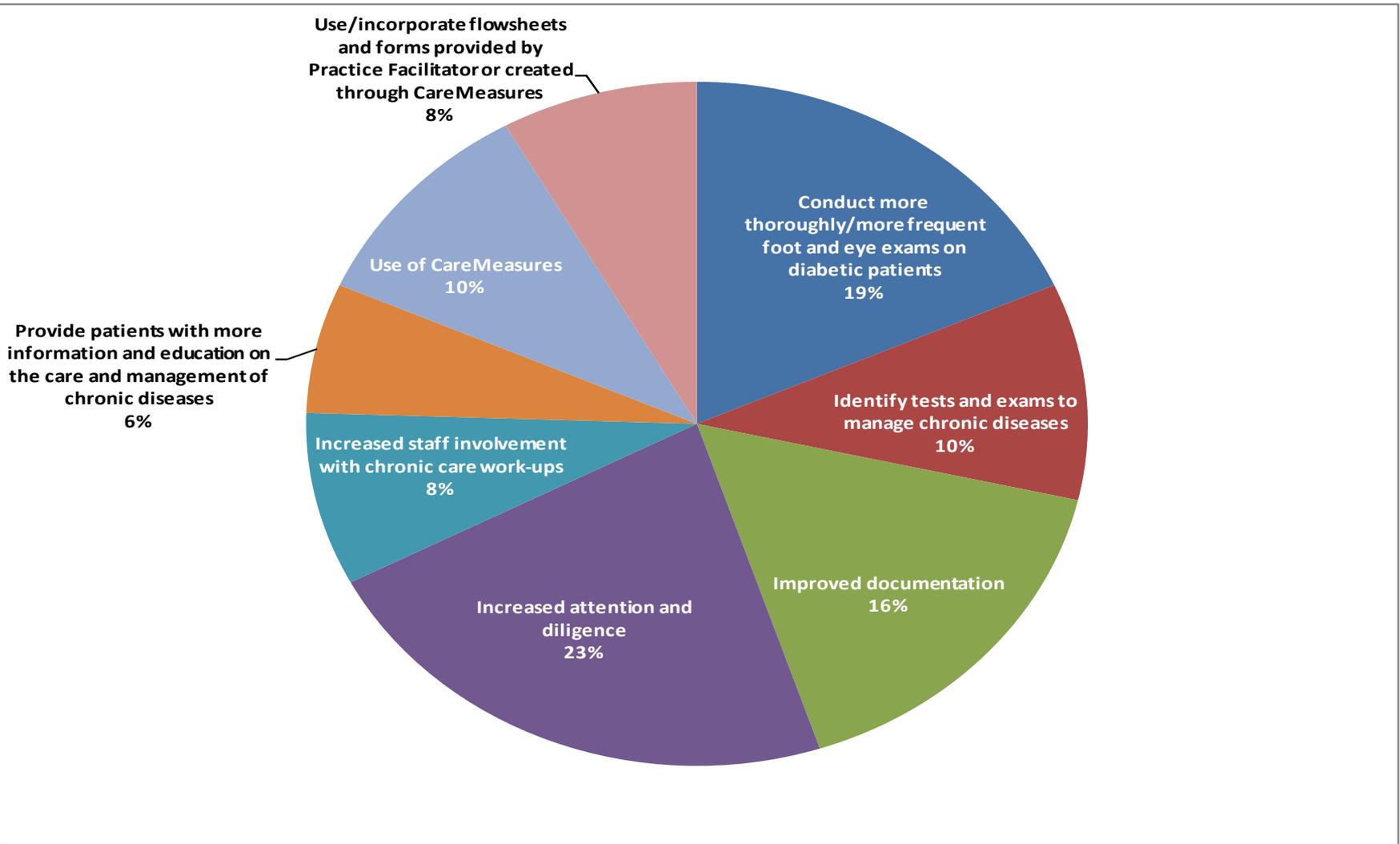
Forecast versus Actual PMPM Medical Expenditures: Expenditures by fiscal year of Provider Initiation, All Member Months Post-Initiation



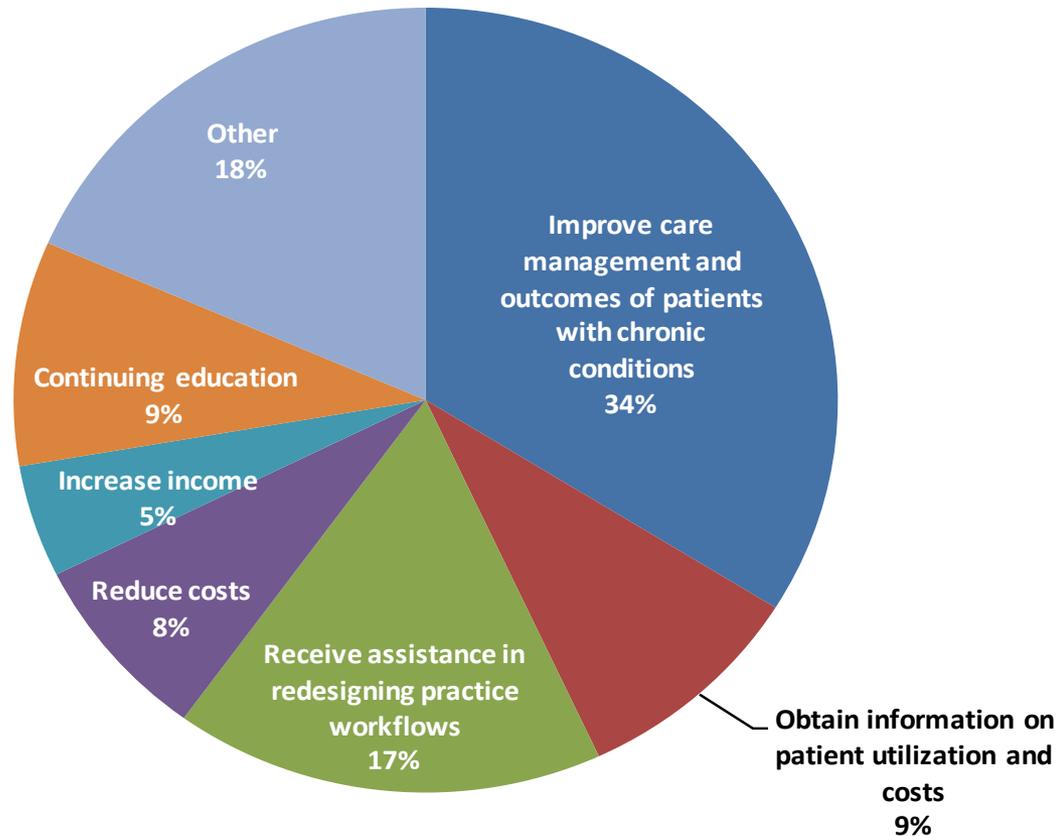
Members Selected for Potential Engagement

Enrollment Group	Clients Selected	Clients Engaged	Percent Engaged
Tier 1	6,385	2,125	33%
Tier 2	28,243	8,556	30%
Tiers 1&2	34,628	10,681	30%

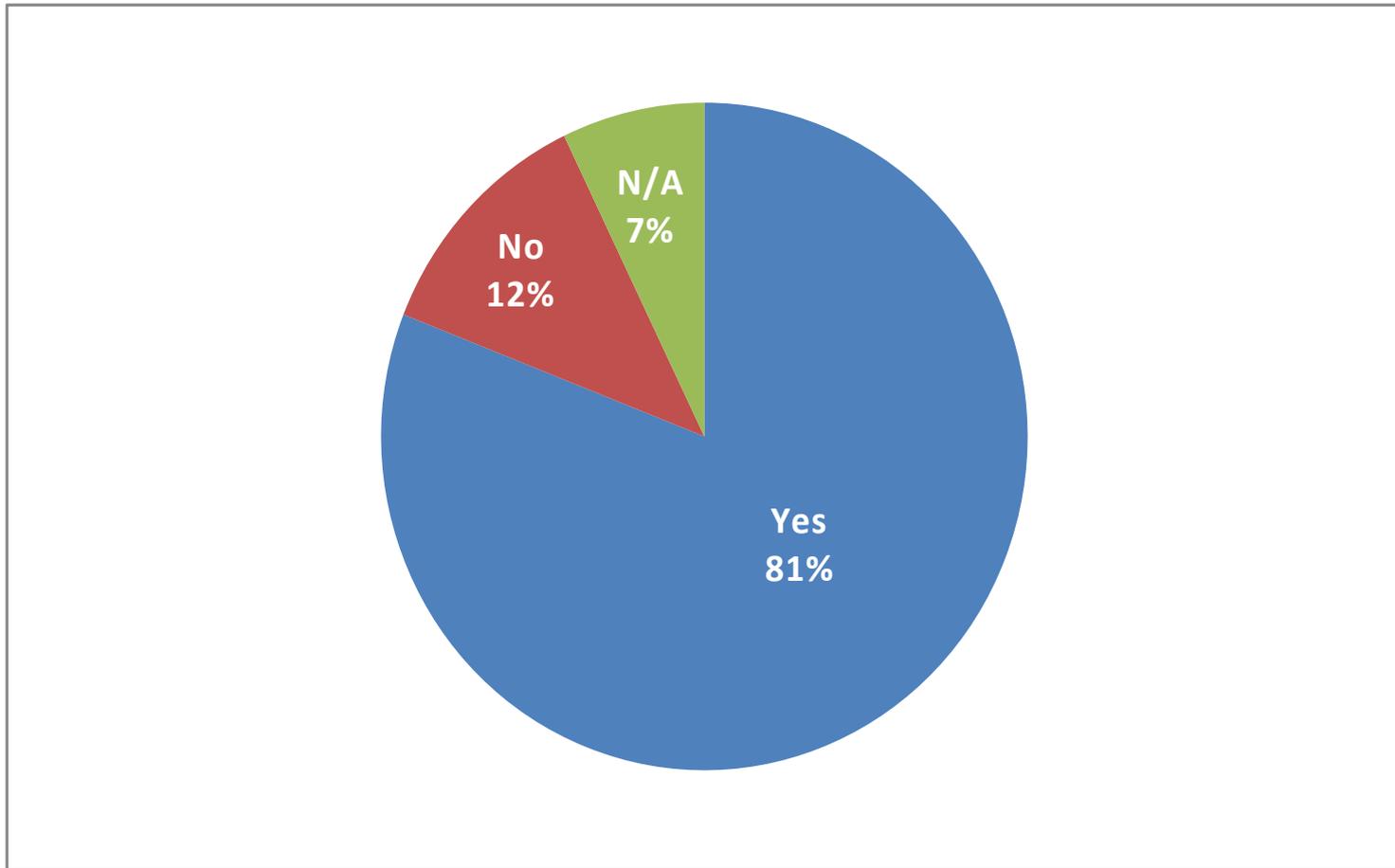
Most Important Change Made by Practice



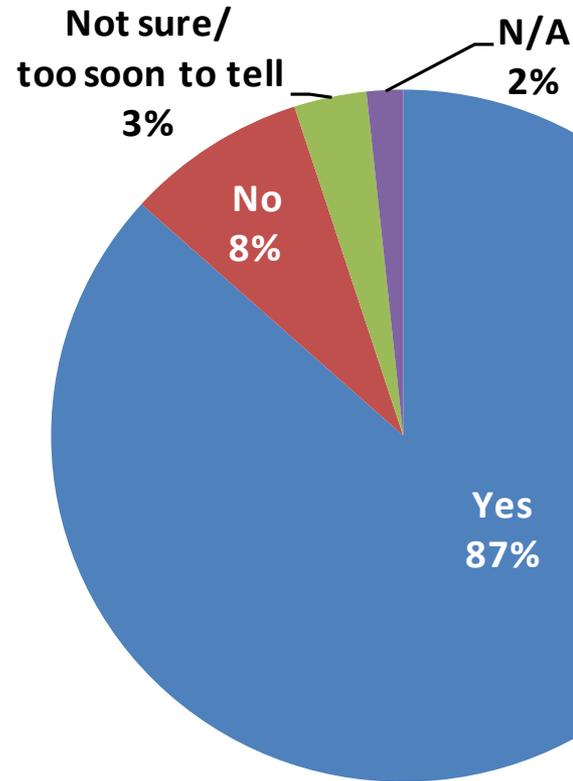
Reasons for Participating in Practice Facilitation



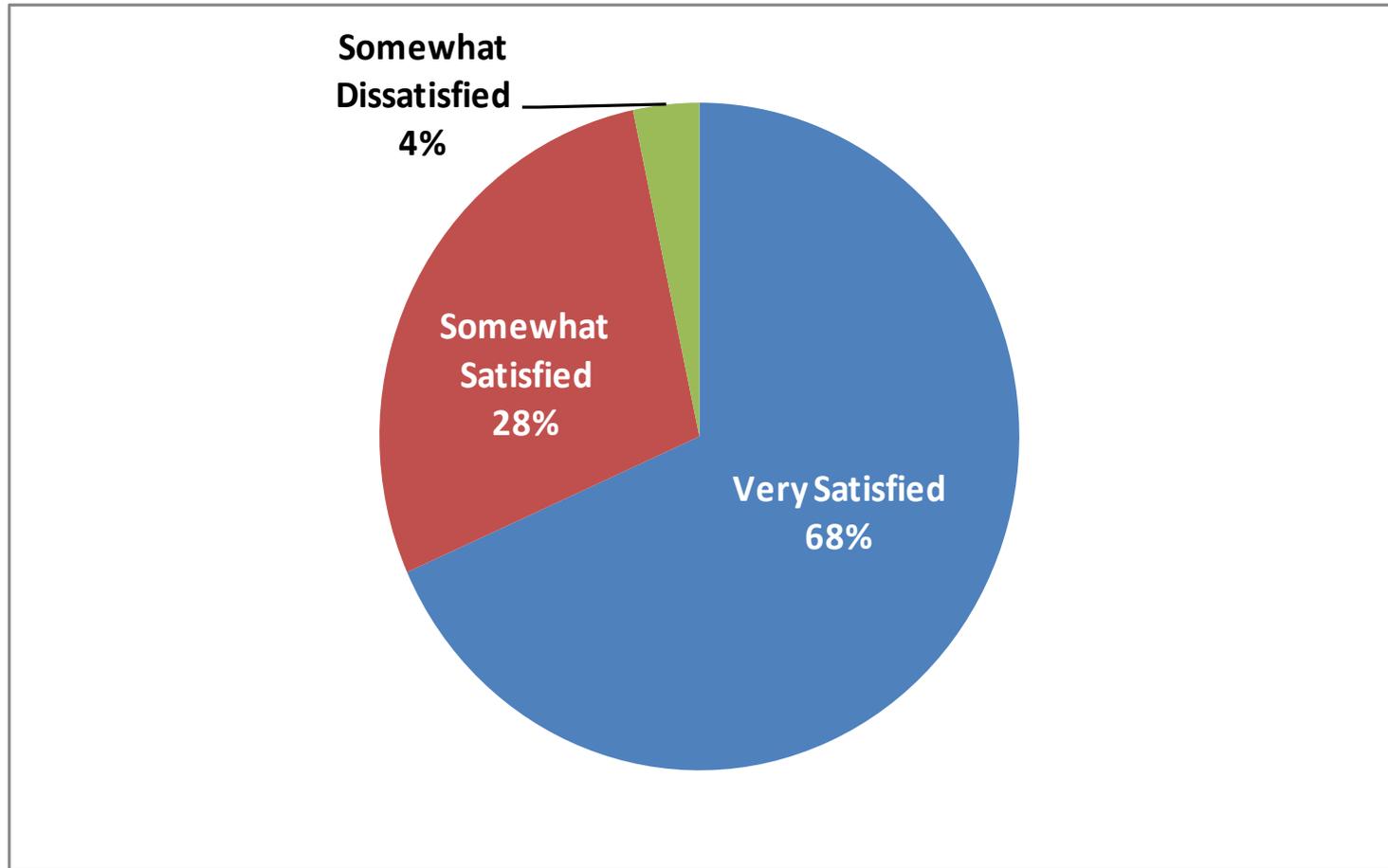
Percentage of Practices That Found CareMeasures to be a Useful Tool



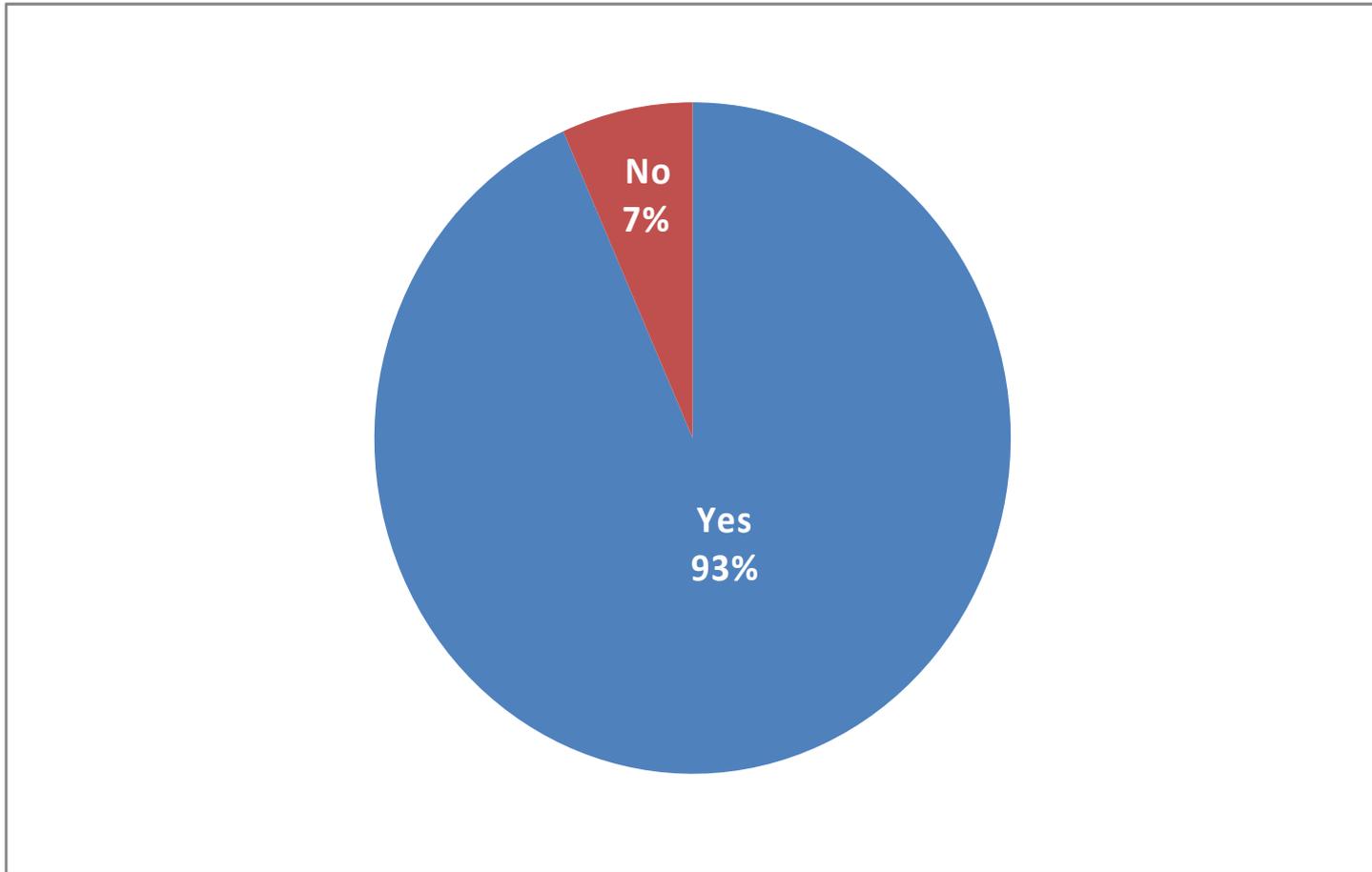
Practice More Effective in Managing Patients with Chronic Condition



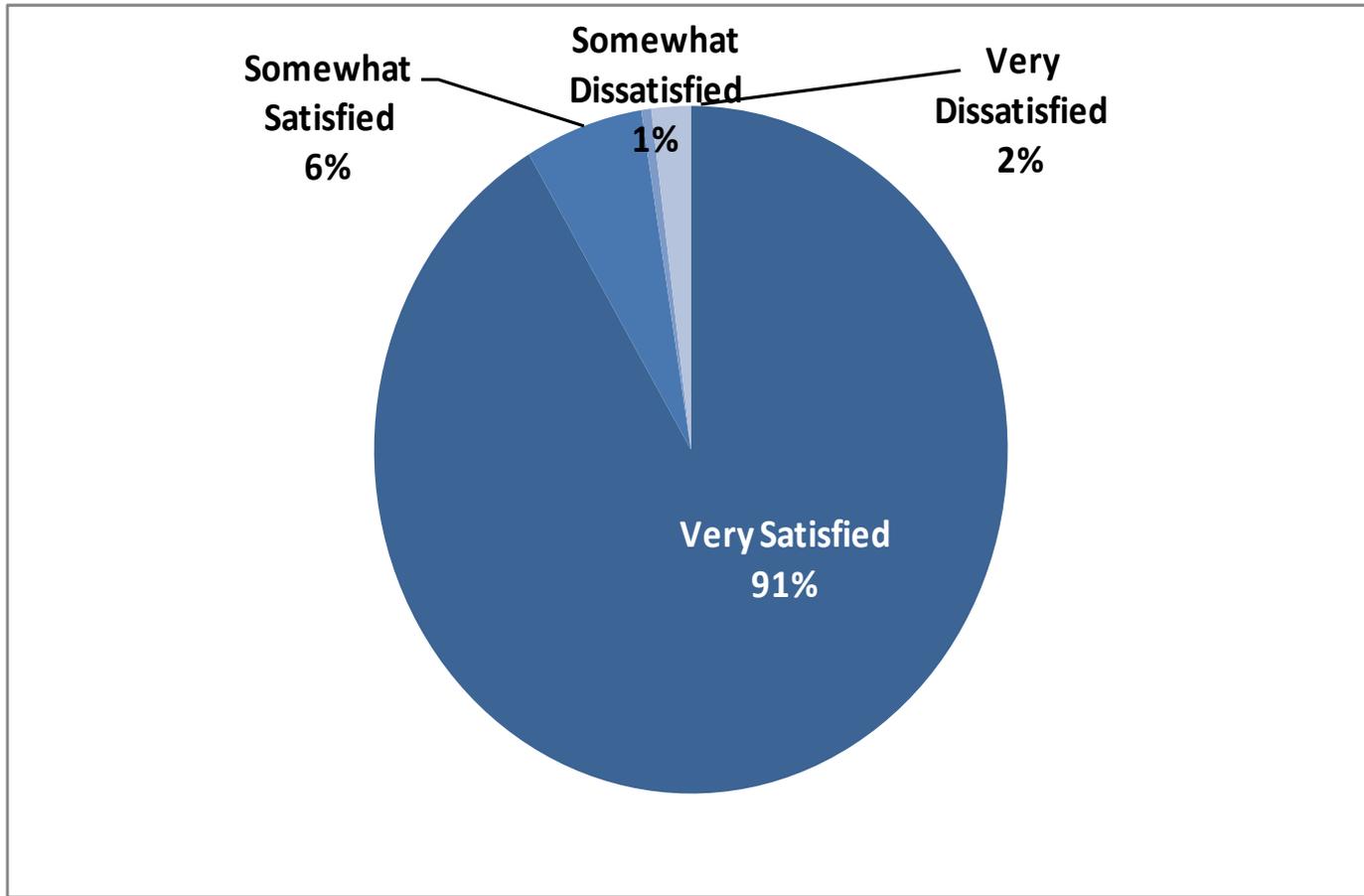
Satisfaction with Practice Facilitation Experience



Would Recommend Practice Facilitation to Other Physicians



Follow-Up Survey: Overall Satisfaction with Nurse Care Manager



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