

OCPIM Medicaid Update

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Prescription for Population Health:

Working Together to Make A Difference



We

Align

Design

Develop

Implement a PLAN

Focused on a population

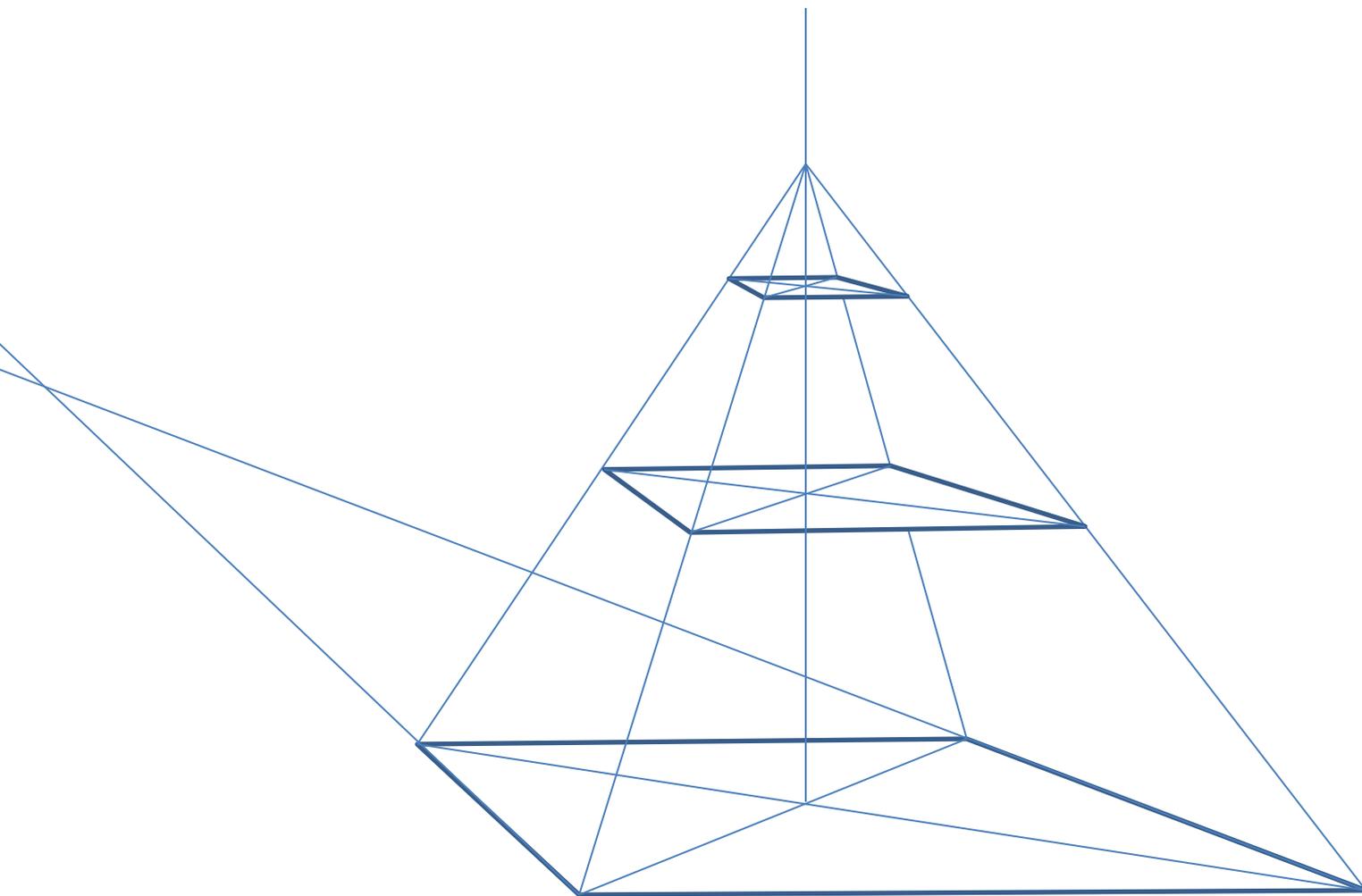
With specific measurement targets

Based on sound evidence of best clinical practice

In the context of public health and sociopolitical systems

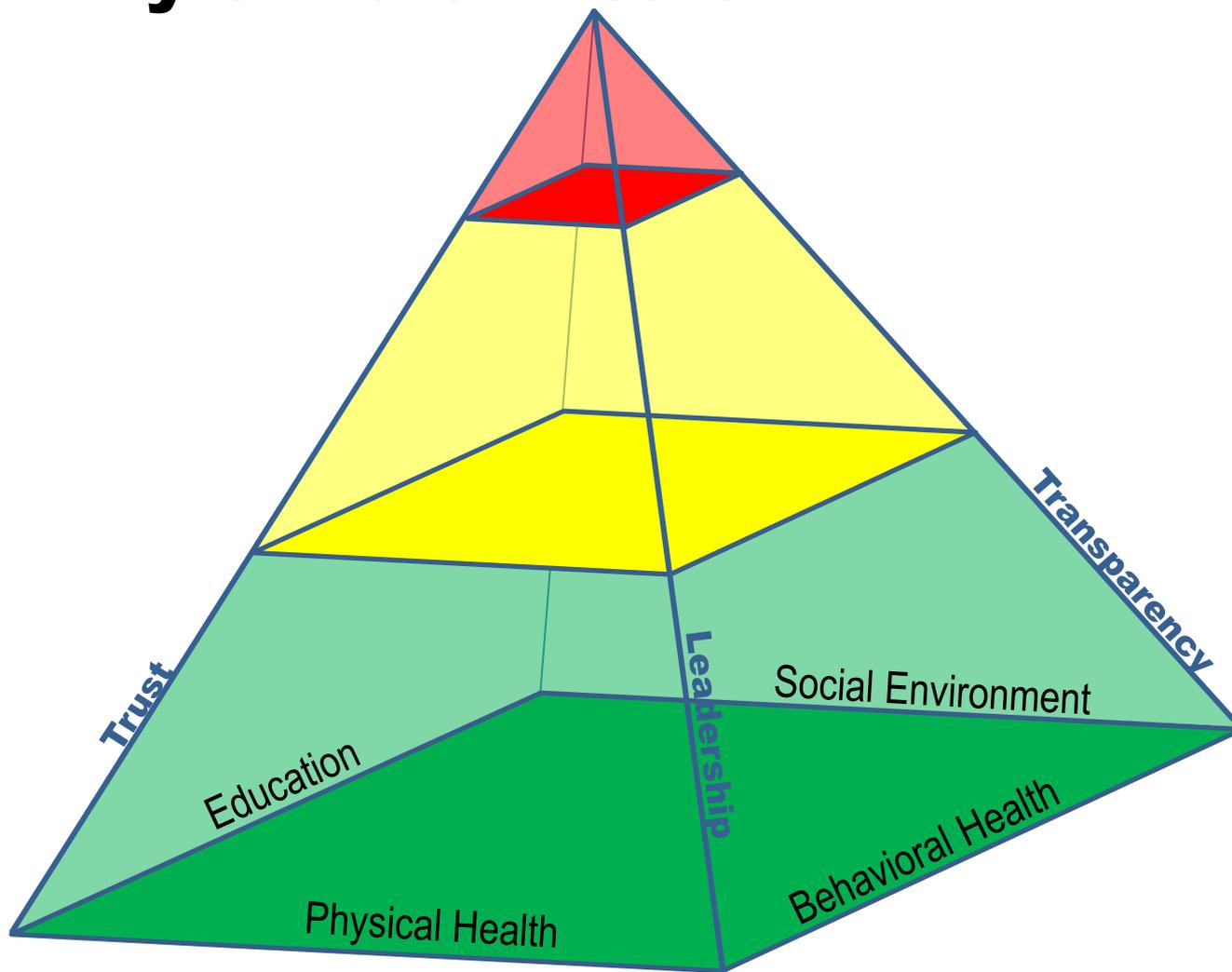


Perspective





Pyramid of Health



HIGHEST:
Individual effort,
Complexity,
Cost

LOWEST:
Impact



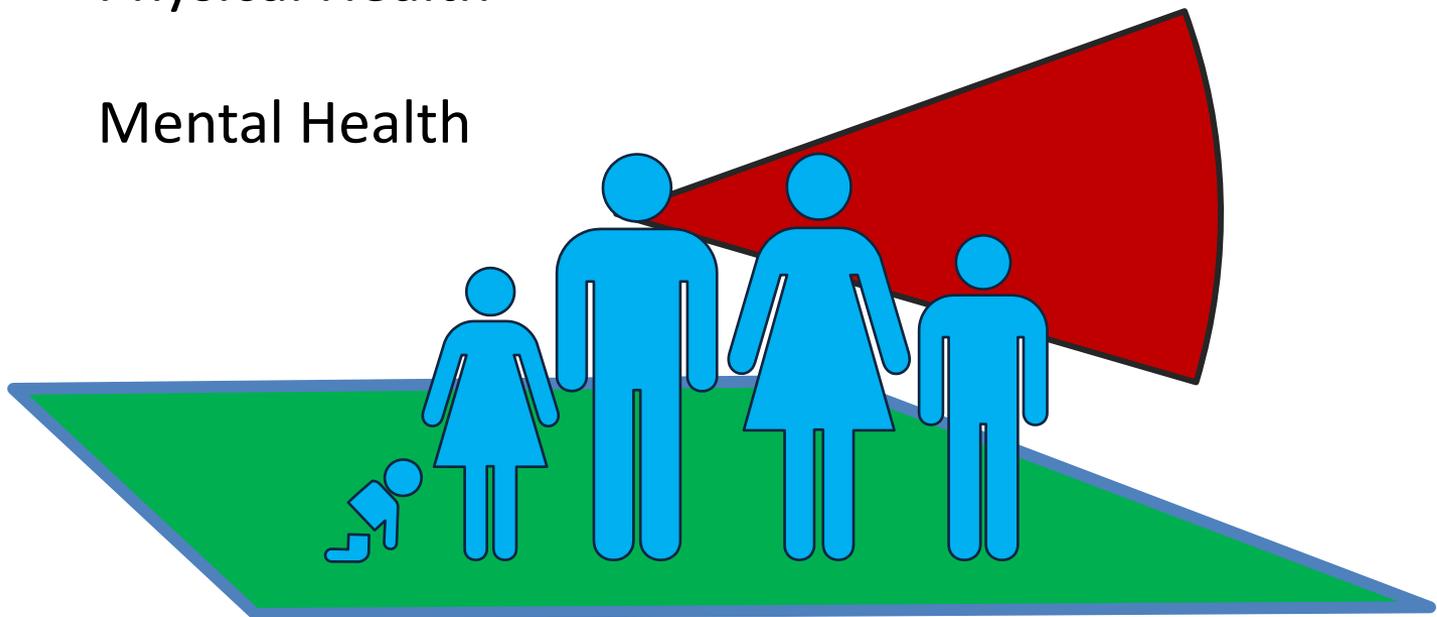
Building the Foundations

Social Stability

Education and Health Literacy

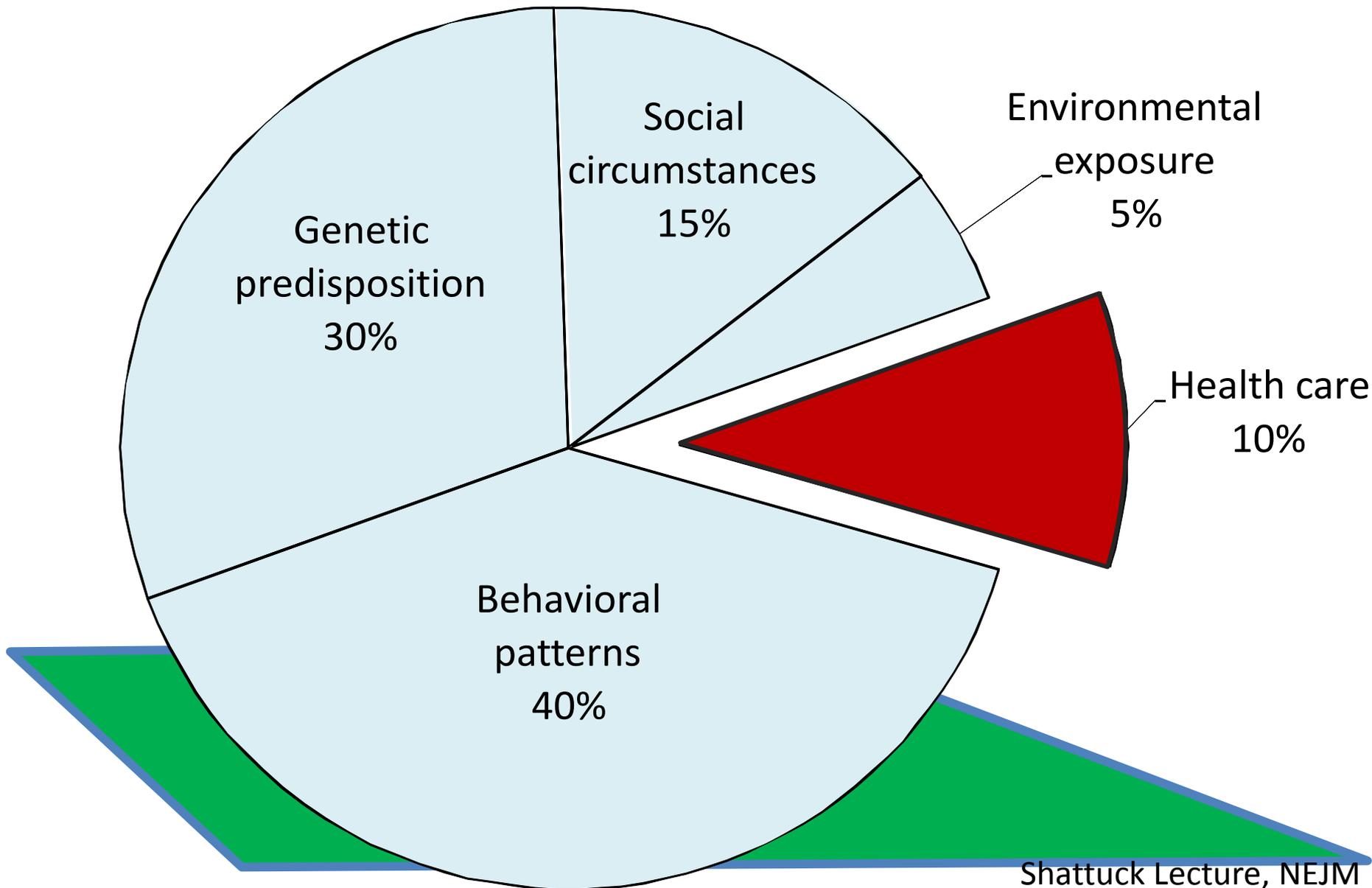
Physical Health

Mental Health



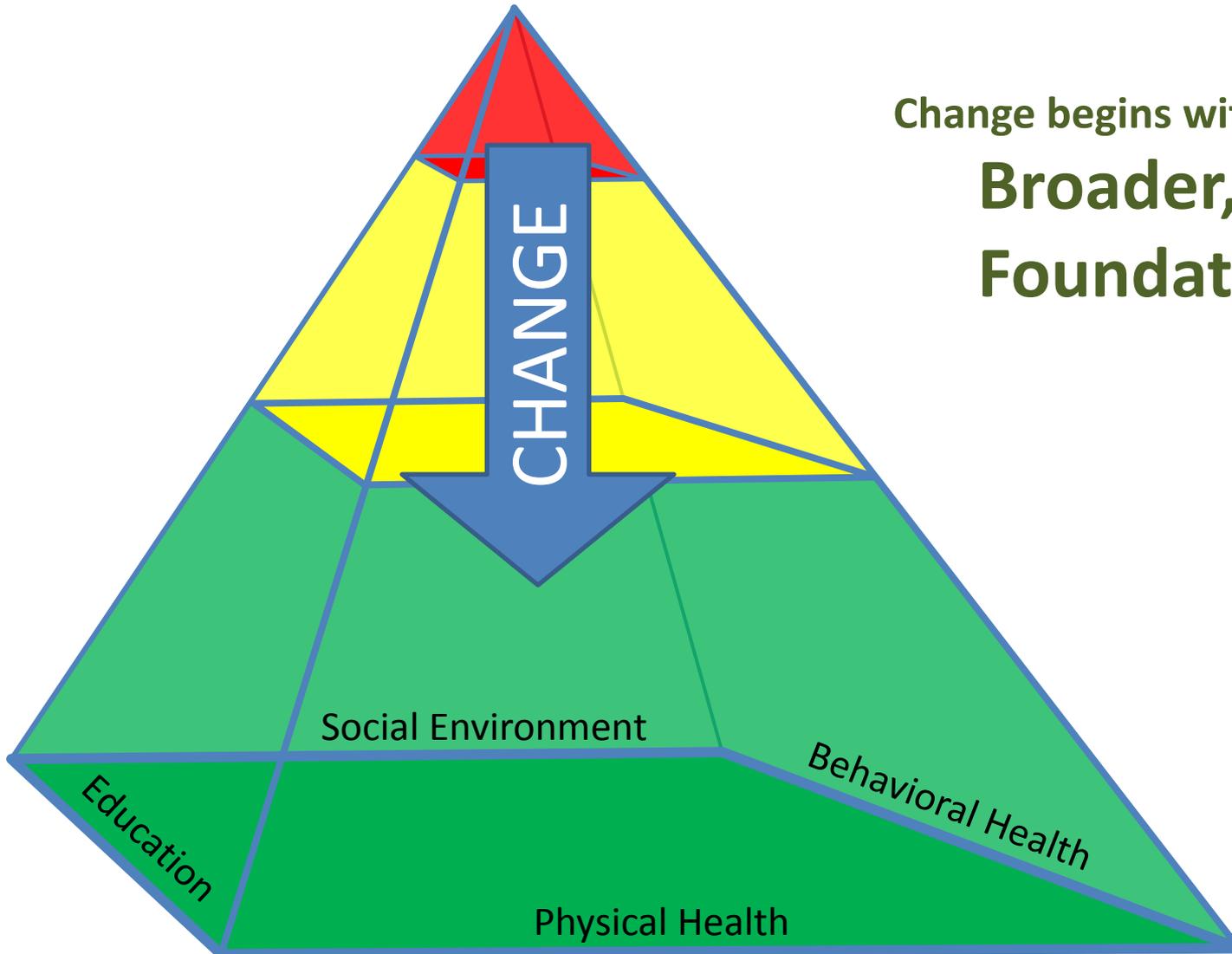


What It Takes To Be Healthy





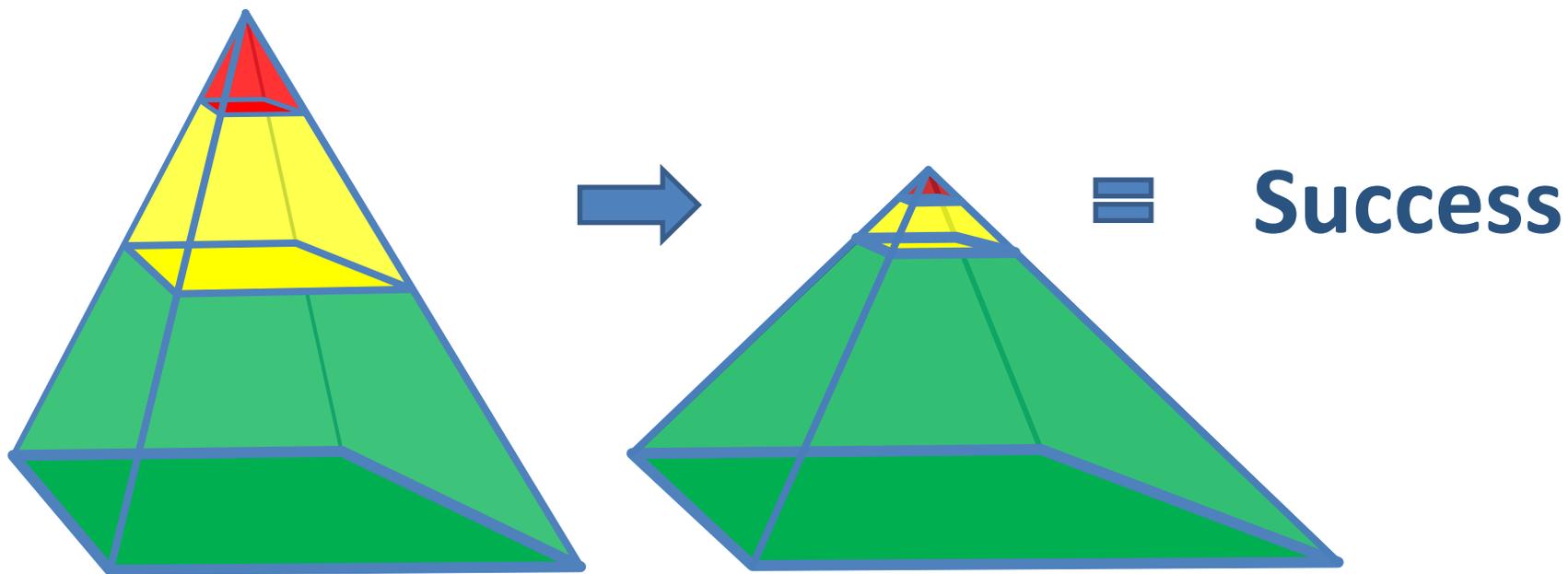
Driving Change: Improved Well-being



Change begins with
**Broader, Stronger
Foundations**



Population Perspective





Collaboration, Cooperation & Coordination

Events: crises, anecdotes, problems, projects

Trends & Patterns: run charts, statistical analyses, trials

System Structure: pattern of interrelationship among key components:
hierarchy, process flows, mental models, programs

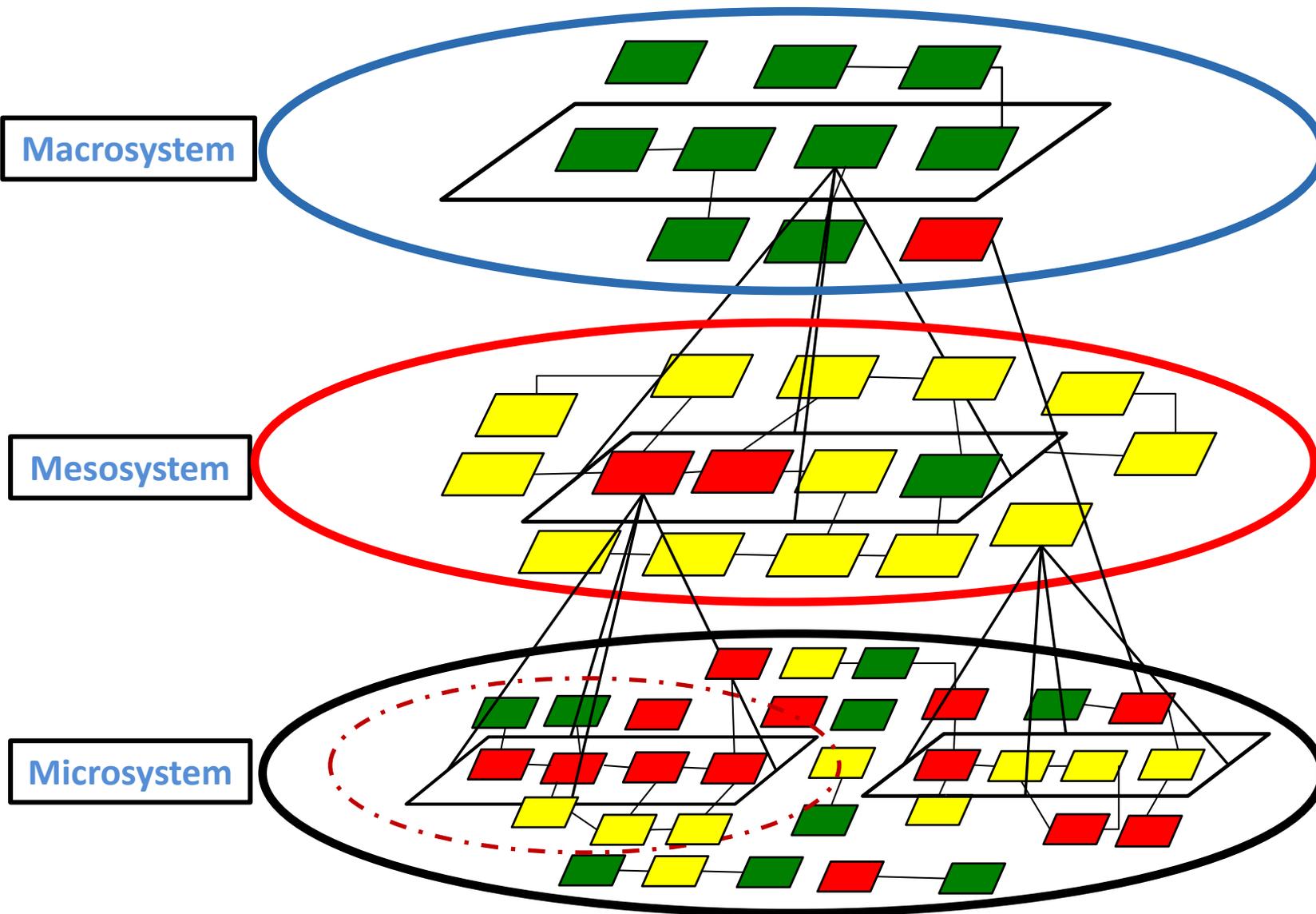
Including alignment of Public Health, Medicaid & Clinical systems...

Leverage for improvement





Microsystems are the **building blocks** that come together to form **Macro-organizations**



Illustrative Reliability Mapping Mock-up

Reliability Defect Rate	Level Estimat
10^3 1 in 1000	Three
10^2 1 in 100	Two
10^1 1 in 10	One



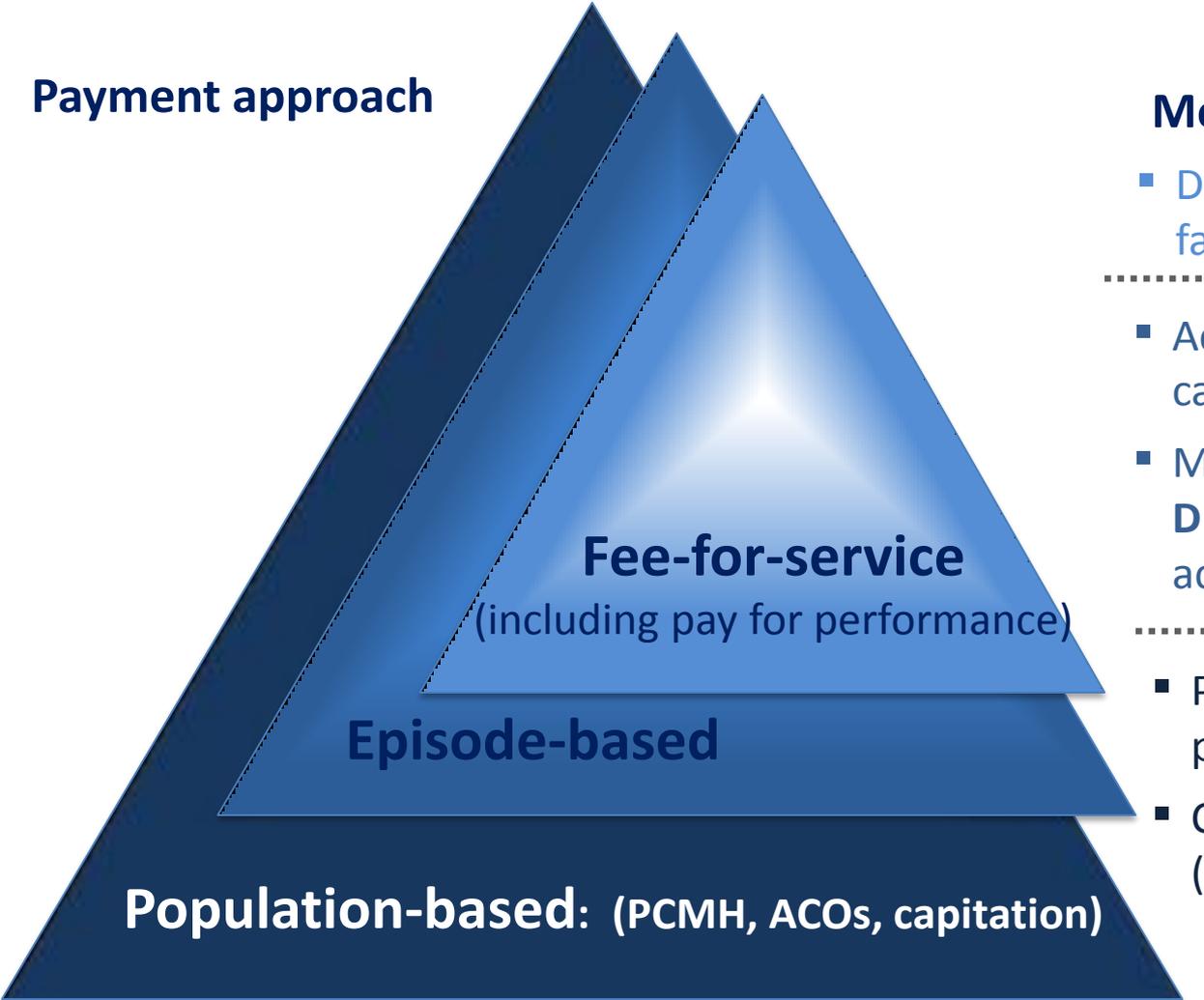
Prescription for Population Health: **Working Together** to Make A Difference





Shift to population- and episode-based payment for 80-90% of population in 5 years (Episode- & PCMH-based)

Payment approach



Most applicable for

- Discrete services correlated with favorable outcomes or lower cost

- Acute procedures or outpatient care (CABG, TJR, stent, fractures)
- Most inpatient (**NEWBORN DELIVERY**) stays including post-acute care, readmissions

- Primary prevention for healthy population
- Care for chronically ill (e.g., managing obesity, CHF)

Ohio: Delivering the BEST BABY BUNDLE

that includes the Post Partum Visit:

Develop System

- Affordable Care Act & Insurance Coverage

Get everyone in the system

- Enrollment
- Outreach

Identify risk

- Timely identification of pregnancy
- Non-pregnant high risk
- (Pre- & Inter-conception populations)

Provide Enhanced Services

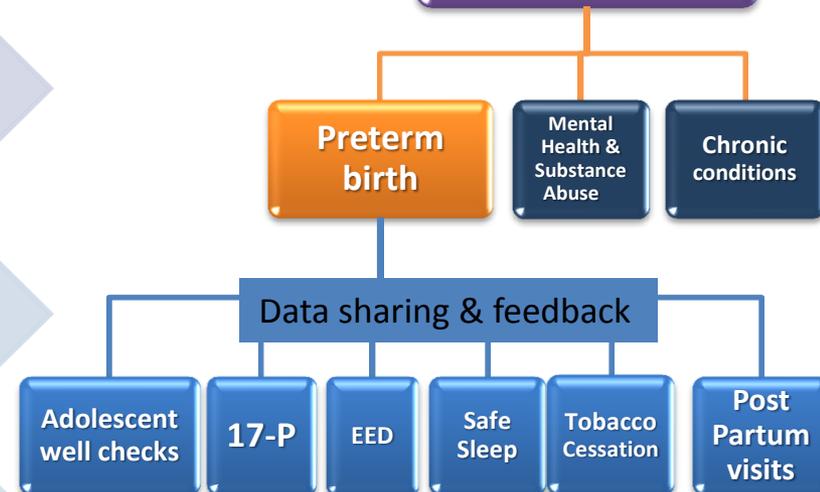
- Pregnant
- Non-pregnant (Pre- & Inter-conception populations)

Maintain & Support lifecycle

- Community Health Workers
- Centering, Integrated care models
- Policy & value-based purchasing



Vital Statistics



Summary

- Medicaid is moving from simply paying a claim to leveraging the program to improve health outcomes (
 - Population health!- in conjunction with our public health colleagues and private payers through SIM value-based purchasing efforts)
- Medicaid is changing the way we are doing performance measurement, using a rolling calendar year of eligibility so that quarterly reports can be generated, possibly be geographic or systems regions of interest
- Our pharmacists have taken on a population perspective of removing barriers to receiving evidence-based prescriptions
- We are working with our Managed Care Plans in a new, QI-focused way to drive improvements that can be measured at a population level, bringing together clinicians and the plans on behalf of the patients/consumers and families.
- Moms and babies are priority populations; We can do better – together with you!
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