

Does Ohio Need an All Payer Claims Database?

Discussions regarding healthcare payment reform in Ohio are gaining momentum, with initiatives such as the State Innovation Model grant, Comprehensive Primary Care initiative, and local and payer initiatives. If Ohio will be successful with payment reform, a credible measure of value is needed. An All Payer Claims Database could serve as a tool for measuring value.

What is an APCD?

An All-Payer Claims Database (APCD) is a statewide database that is used to systematically collect and aggregate health care cost and quality data from all health care payers in order to promote cost containment and quality improvement efforts. Data could include medical claims, dental claims, pharmacy claims, patient eligibility files, and provider files. APCDs may be driven by state law or voluntary data collection efforts. APCDs combine data from all payers, providing statewide information to answer questions related to costs, quality, utilization patterns, and access to care. When the data are made publically available, consumers and purchasers have the tools they need to compare prices and quality, in order to make informed health care decisions.

According to the [All-Payer Claims Database Council](#), eleven states currently have mandated APCDs (i.e., Maine, New Hampshire, Vermont, Massachusetts, Maryland, Tennessee, Minnesota, Kansas, Colorado, Utah, and Oregon). An additional three states have voluntary APCDs in existence (i.e., Washington, California, and Wisconsin). Six states are in the process of implementing an APCD (i.e., Rhode Island, Connecticut, New York, Virginia, West Virginia, and Nebraska).

Why is an APCD a good idea for Ohio?

Numerous stakeholders in Ohio are working to achieve the Triple Aim of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of care for all Ohioans. In order to be truly successful with payment reform efforts, a tool such as an APCD could be crucial in providing a credible source of measuring value. An APCD could assist with these efforts in numerous ways, including:



The Ohio Patient-Centered Primary Care Collaborative (OPCPCC) is a coalition of primary care providers, health professionals from the medical neighborhood, insurers, employers, consumer advocates, government officials and public health professionals. They are joining together to create a more effective and efficient model of healthcare delivery in Ohio. That model of care is the Patient-Centered Medical Home (PCMH).

IN THIS ISSUE

Does Ohio Need an All Payer Claims Database?	1
Number of PCMHs in Ohio Exceeds 500	2
Creating Environments of Resiliency And Hope	3
What Primary Providers Should Know About MyCare Ohio	4
Epinephrine Autoinjectors in School	6
OPCPCC Membership	6
OPCPCC Conference	6
PCMH Education Pilot Project Update	7
NCQA Discount for OPCPCC Members	8
Announcements and Upcoming Events	8



COORDINATING COUNCIL

Co-Chairs

Jeff Biehl
Richard Shonk, MD, PhD

MEMBERS Representing Providers

Ken Bertka, MD
Richard Snow, DO, MPH

Representing Patients

Jeff Biehl
Cathy Levine

Representing Insurers

Barry Malinowski, MD
Craig Thiele, MD

Representing Employers

Craig Osterhues
Stephanie Loucka

Representing CPCI

Richard Shonk, MD, PHD

Payment Reform Chair

Randall Cebul, MD

Patient Engagement Chair

Angela C. Dawson

Metrics Chair

J. William Wulf, MD

HIT Chair

Dan Paoletti

Communications & Education Chair

Kate Mahler

Executive Director

Amy Bashforth

Continued on page 7

Number of PCMHs in Ohio Exceeds 500



Ohio continues to experience significant growth in the number of PCMH sites in Ohio. The number of Patient-Centered Medical Homes in Ohio has grown from 157 in June 2012 to 293 in June 2013 to 513 in August 2014. The 513 sites are comprised of 455 NCQA (National Committee for Quality Assurance)-recognized sites, 7 AAAHC (Accreditation Association for Ambulatory Health Care)-accredited sites, and 51 Joint Commission-accredited sites. An interactive map of PCMH practices in Ohio may be viewed on the [ODH PCMH web site](#).

Leaders from three large regional collaboratives commented on this major milestone:

"PCMHs are a good place for healthcare teams to start demonstrating better ways to manage population health, close care gaps, and reduce wasteful spending. Coupled with payment innovations that reward outcomes instead of volume, PCMHs provide critical building blocks towards value-based healthcare delivery."

—Jeff Biehl, President, Healthcare Collaborative of Greater Columbus

"The accomplishment of this milestone is a tribute to: 1.) the many primary care offices across the state who did the difficult work in transformation of their practices; 2.) Dr. Wymyslo and the vision he brought to the state in legislation

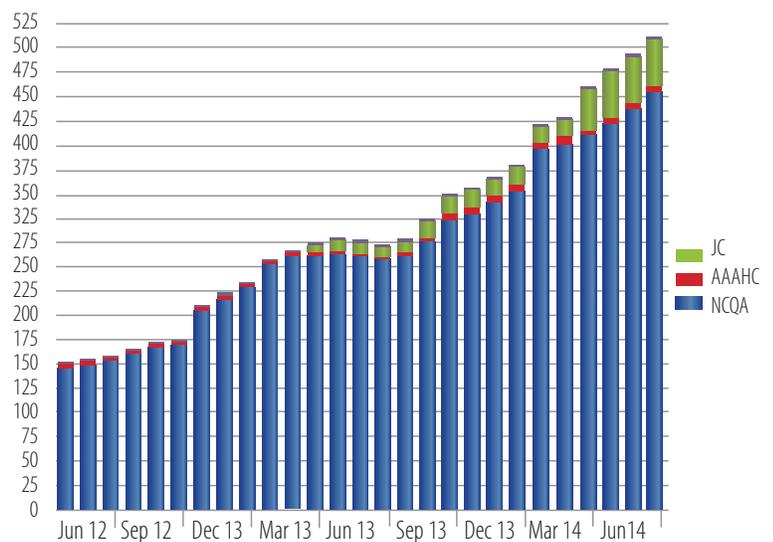
and his foresight in creating OPCPCC to give life to it; 3.) the Governor's Office of Health Transformation which gave credence to the approach and brought the critical mass of payers to the table in the State's Innovation Model and 4.) the Collaboratives in Cleveland, Columbus and Cincinnati for their leadership and support; It is amazing and gratifying to see how this approach to providing true coordination of care for people has struck a chord to bring so many together."

—Richard Shonk, MD, PhD, Chief Medical Officer, the Health Collaborative and Greater Cincinnati Health Council

"The acceleration in growth of patient-centered primary care in Ohio over the past three years has been truly amazing. We owe this in no small way to the governor's Office of Health Transformation and the Ohio Department of Health, whose leaders are spearheading transformational change in health care delivery and approaches to payment. Better Health Greater Cleveland is proud to be part of these transformative changes in northeast Ohio."

—Randall D. Cebul, MD, President, Better Health Greater Cleveland

Ohio PCMH Site Growth



Creating Environments of Resiliency and Hope

By Kim Kehl, Ohio Department of Mental Health and Addiction Services



If one could wave a magic wand and reduce the number of tobacco smokers by more than 10 percent, the percentage of adult alcoholics by 12 percent, and the percentage of those suffering from chronic depression by more than half, most people would do so. There is a growing awareness nationally and in Ohio that paying attention to and understanding a person's life experience(s) can have a significant impact on their overall health and functioning. The research is clear. The number of "adverse childhood experiences" (ACEs) a person has growing up correlates directly and significantly with health and social issues that occur later in life. Ohio's Patient Centered Medical Homes can have a major impact on responding to adverse childhood experiences thereby promoting social, emotional and physical healthcare outcomes.

ACEs include: verbal, emotional, physical and sexual abuse, the separation or divorce of one's parents, domestic violence in the home and having family members who suffered from mental illness, were drug abusers or alcoholics or were incarcerated. The result of growing up in such an environment is both unsurprising and concerning. The more ACEs a person has, the more likely they are to smoke tobacco, be alcoholics or drug addicts or suffer from anxiety, depression, asthma, cancer and other health concerns. The Centers for Disease Control and Prevention says on its website: "The ACE findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States."

People with more ACEs are more likely to be unable to work, unable to own a home and worry more about paying

the rent or buying nutritious food. With five or more ACEs, the chances of being in fair or poor health are doubled. The research is showing that being exposed to ACEs at a very young age actually changes brain chemistry. Children develop ways to cope with the trauma in their lives that often lead to poor health, a poorer quality of life and a shortened life span.

The Ohio Departments of Mental Health and Addiction Services and Developmental Disabilities recently launched a statewide Trauma-Informed Care Initiative (TIC). The Initiative will expand opportunities for Ohioans to receive trauma-informed interventions by enhancing efforts for practitioners, facilities and agencies to become competent in trauma informed practices. TIC is an approach that explicitly acknowledges the role trauma plays in people's lives. TIC means that every part of an organization or program understands the impact of trauma on the individuals they serve and promotes cultural and organization change in responding to the consumers/clients served.

As part of the TIC Initiative, six Regional TIC Collaboratives are being formed. The Regional Collaboratives will identify strengths, champions and areas of excellence as resources in TIC implementation; identify gaps, weaknesses and barriers for implementation of TIC; develop a repository of expertise, knowledge, and shared resources which will assist in dissemination of information and support the implementation of TIC throughout state, assuring that TIC opportunities are available everywhere; train individuals to serve as local/regional/state faculty to assist in the dissemination of TIC; and, develop implementation strategies specific to specialty groups as indicated such as DD, children, older adults, AoD.

To find out more about Ohio's Trauma-Informed Care Initiative, visit the OhioMHAS website at: <http://mha.ohio.gov/Default.aspx?tabid=104>. To find out more about the Regional Collaboratives contact:

Kim Kehl
Trauma Informed Care Project Coordinator
Ohio Department of Mental Health and Addiction Services
30 East Broad Street, 36th Floor
Columbus, OH 43215
614-644-8442
Kim.kehl@mha.ohio.gov

What Primary Care Providers Should Know about MyCare Ohio

By Gregg Warshaw, M.D.

I first learned, in late 2012, that Ohio was applying to the Center for Medicare and Medicaid to initiate a Financial Alignment Demonstration for adults with both Medicare and Medicaid. Until then, I had not paid much attention to aspects of the Affordable Care Act that were directed towards lowering costs and improving quality of care for adults with both Medicare and Medicaid. I wanted to learn more, since many of my patients were likely to be participants in this demonstration. Throughout my career, I've found that providing good care, particularly for frail older adults, is an uphill battle in our current health care system. So any change, even one this complicated and fraught with potential risk for older adults and providers, seemed worth learning about.

Approximately 182,000 Ohioans are covered by both Medicare (because they are over age 65 or disabled) and Medicaid (because they have low income). Medicaid and Medicare are designed and managed with almost no connection to each other, and the long-term care services, behavioral health services, and physical health services that are provided to individuals who are eligible for both programs are poorly coordinated. The result is a diminished quality of care, which is reflected in high costs to the Medicare and Medicaid system and to taxpayers.

Primary Care Providers (PCPs) know the value of care coordination for their patients—particularly patients with multiple chronic conditions or those who need additional supports to remain living in their home and community. If successfully implemented, MyCare Ohio can lead to new ways to integrate services and coordinate care and enhance our ability to care for our most vulnerable patients.

As PCPs adopt the PCMH model of care, MyCare Ohio represents a potential resource for enhancing office-based resources for some of the most complex patients. For example, if you are struggling to keep a patient out of the ER or hospital because of inadequate community based home support, integrated financing will increase the likelihood that the care plan will be willing to invest in more home-based support. There is also a possibility for conflict between office-based care management and the care plans; and it will take engagement from PCPs with the health plans and the State to make the two movements, PCMH and integrated financing work together effectively.

Coordinated Medicare/Medicaid Care

During May – July, 2014, MyCare Ohio launched in 29 Ohio [counties](#), divided into seven regions. The program, which is a three year demonstration, is expected to serve more than 115,000 Ohio residents by 2017. Ohio selected five health plans to manage Medicare and Medicaid benefits for people enrolled in MyCare Ohio. Each plan serves three of the seven regions. Each region is served by two health plans, except Northeast Ohio (including Cuyahoga), which has three plans. Enrollees may choose from the plans available in their region.

Eligibility

This summer, anyone eligible for both Medicaid and Medicare was required to choose a coordinated care plan for their Medicaid coverage. Until January 2015, individuals must opt-in to receive their Medicare coverage through MyCare as well. After, January 1, 2015, dual-eligible beneficiaries will be assigned to a Medicare-Medicaid plan with the same insurance company, unless they opt-out of the Medicare portion of MyCare Ohio. Your patients may be among those eligible to participate. For those who choose to enroll in the program, their new MyCare Ohio plan card will replace previous insurance cards.

A Team Approach to Care Coordination

MyCare Ohio focuses on individuals to effectively coordinate their care based on their specific needs. An individual's care team includes: the primary care provider, the individual, family/caregiver, the MyCare Ohio plan care manager, specialists, and other providers as applicable.

Role of Care Manager

Each plan is required to designate a care manager for every beneficiary. The care manager will serve as the lead for the interprofessional care team organized to ensure integration of medical, behavioral health, substance use, long-term services and supports and social needs. This person can ease the challenges that providers face when handling a number of patients with complex needs. The care manager is responsible for directing and delegating care management duties, such as facilitating assessment needs and developing, implementing and monitoring care plans. MyCare Ohio PCPs will have access to the names and contact information for their patients' care managers.

Consumer Benefits

My Care Ohio has the potential to fulfill these promises to beneficiaries:

- Single Point of Contact
- Single ID Card for all Medicare and Medicaid Services
- Nurse Advice Live-line—24 hours a day, 7 days a week
- Comprehensive assessment of needs
- Patient-Centered Planning and Care
- Home visits
- Wellness and prevention services
- Centralized records
- Management of transitions from one care setting to another

PCP Provider Enrollment

Participate in MyCare Ohio and help your patients take advantage of more integrated and effective care. This is a new way of delivering care and the transition phase can be at times disruptive, but with PCP and consumer advocates on the ground working to make sure problems are fixed, we can realize the vision of better care and lower costs. The demonstration has a *Continuity of Care Guarantee* in the first year: In the first year, the provider can continue seeing their My Care Ohio patient without joining the health plan panel, through a single-case agreement, if the provider chooses to do so. Therefore, you should be able to continue seeing your patients for the first year of the demonstration, even if you do not wish to open your practice to more MyCare Ohio beneficiaries.

Help for Your Patients or for More Information

Ohio Medicaid's My Care Ohio webpages:

[Providers](#)

[Consumers](#)

Ohio Medicaid Consumer Hotline: 1-800 324-8680 or

<http://www.ohiomh.com/MyCareOhio.aspx>

Universal Health Care Action Network of Ohio:

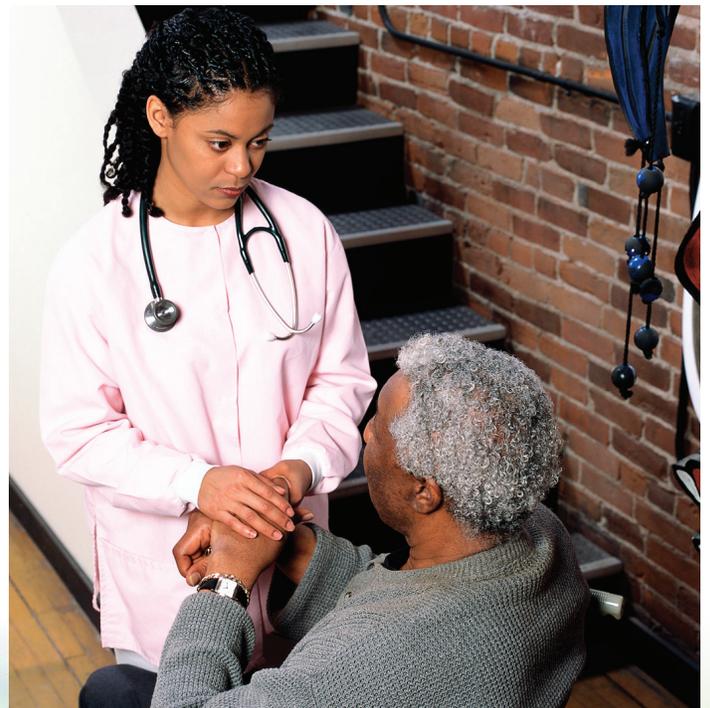
Ohio Consumer Voice for Integrated Care: 1-614-456-0060 x. 233; www.uhcanohio.org/ocvic

Ohio Association of Area Agencies on Aging: (614) 481-3511

Health Plans Participating in *My Care Ohio*:

- Aetna - 1-855-364-0974 or <http://www.aetnabetterhealth.com/ohio/members/resources/>
- Buckeye - 1-866-549-8289 or <http://mmp.bchpohio.com/>
- CareSource- 1-855-475-3163 or <https://www.caresource.com/MyCare/>
- Molina – 1 855-665-4623 or <http://www.molinahealthcare.com/members/oh/en-US/hp/mycare/duals/Pages/duals.aspx>
- UnitedHealthcare - 1-877-542-9236 or <http://www.uhccommunityplan.com/oh/medicaid/connected.html>

Dr. Warshaw is a family physician-geriatrician in the Department of Community and Family Medicine at the University of Cincinnati. His clinical practice includes older adults living in the community, assisted living, or nursing homes. Dr. Warshaw is the associate medical director of the Maple Knoll Village retirement community in S.W. Ohio and he is a past-president of the American Geriatrics Society.



Epinephrine Autoinjectors in School

By Ann Connelly, RN, Ohio Department of Health

Ohio Substitute House Bill 296 was passed by the Ohio legislature and signed into law by Governor Kasich this spring. This law made changes in a number of laws that deal with medication administration, storage (including pharmacy license requirements), training and reporting requirements, liability and other issues related to undesignated epinephrine autoinjectors belonging to the school.

This may be of interest to primary care providers because schools may approach providers to write a prescription for them to procure these “stock” epinephrine autoinjectors. If providers choose to do this for one or more school districts, the law requires these providers to work with the school administration to develop a policy/protocol for the maintenance and use of the school’s epinephrine autoinjector(s) as well as the definitive order for the dosage.

Schools that opt to have these epinephrine autoinjectors are required to provide training to school staff on how to identify anaphylaxis and administer the epinephrine autoinjector. The training must be taught by a licensed health professional. The Ohio Department (ODH) of Health School Nursing program has developed a train-the-trainer program for School Nurses and other licensed health professionals to use to deliver this training to school staff. There is no requirement to use the ODH resource, but it has everything needed to conduct a training. This train-the-trainer is available through OhioTRAIN (<https://oh.train.org>), course #1051726.

As a reminder, this new law allows schools to maintain non-individual specific epinephrine autoinjectors. It does not change the prescribing requirements for students who have epinephrine autoinjectors stored in the school health clinic or self-carry them.

For more information, look for training information and templates on the [School Nursing Program website](#).

OPCPCC Membership

The Ohio Patient-Centered Primary Care Collaborative (OPCPCC) invites you to formalize your membership in OPCPCC. Check out the [OPCPCC website](#) to see the strong list of supporters. **Membership in OPCPCC is free** and benefits include:

- Conferences and networking opportunities
- Quarterly Newsletters
- Ohio PCMH Weekly updates
- Discount code for 20% discount on NCQA application fees

Please complete the [on-line membership form](#), to ensure that you will receive updates about OPCPCC and PCMH activities in Ohio. Please call 614-644-9756 with any questions regarding membership in OPCPCC.

OPCPCC Conference

The third annual Ohio Patient-Centered Primary Care Collaborative conference will be held on Friday, November 7, 2014 at 9:30 AM – 3:30 PM at COSI in Columbus. The theme of this year’s conference is *PCMH as a Path to Population Health*. The keynote speaker will be Peter Anderson, MD, who developed the *Family Team Care Model™* and authored *The Familiar Physician*. Other conference topics will include challenges of PCMH transformation in a rural setting, NCQA standard updates, primary care and behavioral health integration, and an update on Ohio’s State Innovation Model (SIM) plan.

Conference participation is limited to the first 350 who register and there is a \$35 fee to cover the cost of coffee, lunch, and parking. A limited number of scholarships are available, based on need. 4.75 Social Work CEUs will be available, provided by the National Association of Social Workers- Ohio Chapter (#333350—110714). Application for continuing medical education (CME) credit has been filed with the American Academy of Family Physicians. Determination of credit is pending. Nurses can request a CME certificate to submit for credit.

In order to incorporate audience participation into the event, conference planners are asking that participants bring a smart device (e.g., smart phone, tablet) to the conference.

A detailed draft agenda is now available on the [OPCPCC web site](#). Please [register in advance](#) by October 20, so that OPCPCC can plan for adequate conference materials and food.

Continued from page 1

- Serve as a tool for health equity work
- Serve as a tool for patient safety work
- Aid in payment reform work, including enabling strategies to pay for value (e.g., shared savings)
- Enable price transparency for health care consumers
- Answer important questions about cost and quality of care
- Enable data-driven policymaking (e.g., population health) and legislative efforts
- Enable measurement of impacts of treatments and policy interventions
- Encourage consumer engagement and informed decision-making

Who may benefit from an APCD?

Many stakeholders in Ohio would benefit from an APCD, including consumers, employers, insurers, health professionals, health care facilities, researchers, and government (e.g., Medicaid, public health). Consumers, for example, could benefit if an APCD is used to improve patient safety, address health disparities, and increase price transparency. Healthcare providers may be interested in an APCD for the purposes of quality improvement and payment reform efforts. Employers may benefit by obtaining information about employee utilization of preventative health services, quality of care, and cost of care.

[The APCD Showcase](#) provides examples from existing state all-payer claims databases (APCDs) that have been organized in order to provide stakeholders with tangible examples of APCD reports and websites. The examples have been organized by intended audience and topic: consumers, employers, providers, researchers, population health, insurance department, Medicaid, and health reform.

How can I learn more?

OPCPCC encourages you to explore the [APCD Council](#) website and the [APCD Showcase](#) to learn more about existing APCDs and the possibilities for an APCD in Ohio. Additionally, some information about APCDs is available on the [Health Policy Institute of Ohio](#) website.

PCMH Education Pilot Project Pilot update

The two-year Ohio PCMH Education Pilot Project practice transformation officially ended on June 30, 2014, with 42 pilot sites completing the project. TransforMED is now offering limited assistance to practices who are completing their applications for PCMH recognition. To date, 16 sites have achieved PCMH recognition, two have submitted applications, nine are working with TransforMED to complete applications, and seven additional indicated they will submit their applications by the end of the year. Some pilot sites are working to submit for recognition through a corporate application with other practices in their health systems. A detailed [list of pilot sites](#) is available on the Ohio Department of Health (ODH) website.

The curriculum reform and scholarship components of the project continue. The upcoming 2014-15 academic year will be the third year for the Choose Ohio First primary care scholarships for medical and graduate nursing students. A June 4 interprofessional curriculum meeting was attended by 80 participants including physicians, nurses, physician assistants, social workers, pharmacists, psychologists, physical therapists, audiologists, dietitians, sports medicine professionals, radiologic technologists, occupational therapists, special education professional, public health professionals, and practice coaches. The interprofessional PCMH curriculum that was developed by the PCMH Education Advisory Group is available on the [Education Advisory Group page](#) of the ODH website.

For more information regarding the PCMH Education Pilot Project, please visit the [PCMH Education Pilot Project website](#).

NCQA Discount for OPCPCC Members

As part of the purchase of monthly data feeds from the National Committee for Quality Assurance (NCQA), which are used to populate the PCMH provider map, the Ohio Department of Health (ODH) has received a sponsor discount code for NCQA fees. Members of the Ohio Patient-Centered Primary Care Collaborative (OPCPCC) can use this discount code to receive a 20 % discount on NCQA application fees. The code can be used by OPCPCC members who are not already eligible for other discounts, such as the 50 % NCQA multi-site discount given to practices that have three or more sites that share the same EMR. To use the ODH sponsor discount code, please first complete the free on-line membership form for OPCPCC and then call Amy Bashforth at 614-644-9756 to receive the code.

Announcements and Upcoming Events

The Ohio Adolescent Health Partnership is pleased to announce their upcoming Symposium on September 15 at the Hyatt in downtown Columbus. Registration is free and seating is limited, so don't delay! The second annual Adolescent Health Symposium will bring together multidisciplinary experts in adolescent medicine and health to address issues that impact the ability of adolescent to live healthy, safe and productive lives. The Partnership will also introduce newly developed strategies that support the implementation of the Ohio Adolescent Health Strategic Plan. Please download the attachment to view the agenda. To learn more about the Partnership, review their Strategic Plan and register for the Symposium please visit <http://tinyurl.com/OAHP2020>. To go directly to registration, please [click](#) here.

The 2014 Ohio Rural Health Conference and Flex Annual Meeting is planned for November 20-21 in central Ohio. The first day of the conference will coincide with National Rural Health Day. More information will be shared soon and will be posted at www.odh.ohio.gov/RuralHealthConference.

Tue., Sept. 9 at 6:00 PM	Consumer website focus group meeting
Tue., Sept. 23 at 11:00 AM	Patient Engagement Learning Center conference call
Thur., Sept. 25 at 9:00 AM	Adolescent Health Symposium
Tue., Sept. 28 at 11:00 AM	Patient Engagement Learning Center conference call
Oct. 6 – 10, 2014	National Primary Care Week
Thur., Oct. 9	Corps Community Day (National Health Service Corps)
Wed., Oct. 29 at 10:00 AM	PCMH Education Advisory Group meeting
Fri., Nov. 7 at 9:30 AM	OPCPCC annual fall conference
Thur., Nov. 20	National Rural Health Day
Thur., Nov. 20 and Fri, Nov 21	Statewide Rural Health Conference and Flex meeting
Tue., Nov. 35 at 11:00 AM	Patient Engagement Learning Center conference call

If you have ideas or would like to contribute an article for an upcoming newsletter, please send your ideas PCMH@odh.ohio.gov or call Amy Bashforth at (614) 644-9756.