Coming Together to Transform Health in Ohio

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Director
Ohio Department of Health
ODH Priorities and Cross-Cutting Strategies

VISION: Optimal health for all Ohioans

MISSION: Protect and improve the health of all Ohioans by preventing disease, promoting good health and ensuring access to quality care.

Expand Patient-Centered Medical Homes Across Ohio
- Strengthen relationships with external stakeholders
- Enrich work climate at ODH

Curb Tobacco Use

Decrease Infant Mortality

Reduce Obesity
2010 Infant Mortality in Ohio: The Facts

- #38 in the U.S. in white infant mortality.
- #47 in the U.S. in overall infant mortality.
- #49 in the U.S. in black infant mortality.

Source: 2010 National Center for Health Statistics (NCHS) data
From 2000-2010:
- Ohio’s overall IMR increased by 3%.
- U.S. overall IMR decreased by 11%.
- Gap or disparity between Ohio and the nation increases.

Sources: Ohio data is from Vital Statistics, Ohio Department of Health. U.S. data is from the National Center for Health Statistics.
Budget Supports New Infant Mortality Reduction Efforts

• Reduce low birth weight deliveries.

• Reduce sleep-related deaths.

• Prevent birth defects.
Reduce Low Birth Weight

OPQC 39 Week Project: Sept 2008 - March 2013

Success so far:

• 31,600 babies born at 39 weeks or later.
• 950 fewer NICU admissions.
• $19,000,000 in cost savings.
Reduce Low Birth Weight

Progesterone Prematurity Prevention Project

• Quality Improvement project.
• Reduce preterm births by as much as 15-20%.
• Reduce cost.
Reduce Low Birth Weight

Prenatal Smoking Cessation

• 5 A’s - Ask, Advise, Assess, Assist, Arrange.
• Expand 5A’s in primary care provider’s offices, WIC & Help Me Grow Home Visiting sites.
• Promote Use of Quit Line.

[Contact Information]
Reduce Low Birth Weight

Promote Health Before and Between Pregnancies

• PCMH – connect OB and primary care.
• Promote healthy weight and nutrition.
• Interpregnancy spacing.
• Social determinants.
Reduce sleep-related deaths

Safe Sleep Campaign: Alone, on her Back, in a Crib

• Targeted education for parents & caregivers.
• Expand health provider education programs.
• Partner with baby product retailers to promote safe sleep.
Prevent Birth Defects

- Newborn Screening for Critical Congenital Heart Disease (CCHD) & Severe Combined Immune Deficiency (SCID).
- Increase knowledge and use of multivitamins and folic acid supplements.
- Educate women on obesity as a risk factor during pregnancy.
Ohio Institute for Equity in Birth Outcomes

• 3-year project applying scientific focus to reducing inequities in birth outcomes.
• Local teams implement strategies to have population-based impact.
• Nine Ohio urban centers + Ohio Department of Health + CityMatCH.
Ohio Equity Institute Contacts

- **Butler County**, Jenny Bailer, (513) 887-5251
- **Canton/Stark County**, James Adams, (330) 489-3231
- **Cincinnati**, Kelli Kohake, (513) 357-7408
- **Columbus**, Nancie Bechtel, (614) 645-0803
- **Cuyahoga/Cleveland**, Angela Newman-White, (216) 201-2001
- **Mahoning/Youngstown**, Patricia Sweeney, (330) 270-2855
- **Montgomery/Dayton**, Yevetta Rainey, (937) 225-4477
- **Summit County**, Sherry Blair, (330) 926-5629
- **Toledo/Lucas County**, April Snelling, (419) 213-4095
Obesity Prevention in Ohio
Ohio ranks 38th worst in obesity prevalence among the 50 states and District of Columbia. 

In 2012, 33% of Ohio adults were overweight and 30% were obese.  

Sources: 1. CDC county-level estimates of obesity with data from 2009:  
2. BRFSS
Obesity’s Impact on Ohio Children

30% of high-school students were overweight or obese.¹

More than 25% of third-grade students were overweight or obese.²

More than 28% of low-income children ages 2 to 5 were overweight or obese.³

Prevalence of Select Chronic Diseases/Conditions among Ohio Adults, Normal Weight vs. Obese, 2012

<table>
<thead>
<tr>
<th>Condition</th>
<th>Normal Weight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>4.5%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>18.7%</td>
<td>48.8%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>29.0%</td>
<td>47.7%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>20.4%</td>
<td>41.9%</td>
</tr>
<tr>
<td>Depression</td>
<td>16.7%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

Source: 2012 Ohio Behavioral Risk Factor Surveillance System, Ohio Department of Health
What Happens in Ohio if We Don’t Act?

- **1.5 million** more people will have diabetes.
- **440,000** more people will have cancer.
- **3 million** more people will have cardiovascular disease.

Source: Trust for America's Health’s F as in Fat 2012 report for Ohio, [http://healthyamericans.org/reports/obesity2012/?stateid=OH](http://healthyamericans.org/reports/obesity2012/?stateid=OH)
But, if Ohioans reduce their body mass index (BMI) by just 5%, in 2030 we will have...

• Prevented 342,000 cases of diabetes, saving $10M

• Prevented 293,011 cases of heart disease and stroke, saving $12M

• Prevented 23,000 cases of cancer, saving $1Billion

Source: Trust for America's Health’s F as in Fat 2012 report for Ohio, http://healthyamericans.org/reports/obesity2012/?stateid=OH
Early Childhood Obesity Prevention

• Improve physical activity and nutrition messaging in multiple settings through *Ounce of Prevention*.

• Ensure early learning centers have healthy menus and time for physical activity.

• Focus on improving healthy habits now to ensure kindergarten readiness.
The CHC Program currently serves high-need communities in 16 counties, for a collective population of 5,797,335.
Making the Healthy Choice, the Easy Choice...

Columbus Public Health, Marion County Health Department and Mansfield/Ontario/Richland County Health Department

Healthy Eating

• Franklin/Marion/Richland: Worksite Wellness, Community Gardens
• Franklin/Marion: Healthy Food Pantries
• Marion: Healthy Corner Store, Healthy School Fundraising Guidelines, Faith-Based Wellness

Active Living

• Franklin/Marion: Safe Routes to School
• Marion: Physical Activity in/after Schools
• Richland: Complete Streets, Bike/Walk Infrastructure

Tobacco-Free Living

• Franklin: Smoke-Free Multi-Unit Housing
• Marion: Tobacco-Free Universities & Schools
• Richland: Tobacco-Free Worksite Campus
What is the Impact of Tobacco in Ohio?

Ohio is....

- 7th highest in adult smoking rate.¹
- 11th in deaths attributable to smoking (18,593).²
- 5th highest in youth smoking rate.³

Sources: 1. 2011 BRFSS 2. 2009 MMWR 3. 2009 YRBS
Tobacco – The Nation’s Leading Killer

Cancers
- Head or Neck
- Lung
- Leukemia
- Stomach
- Kidney
- Pancreas
- Colon
- Bladder
- Cervix

Chronic Diseases
- Stroke
- Blindness
- Gum infection
- Aortic rupture
- Heart disease
- Pneumonia
- Hardening of the arteries
- Chronic lung disease & asthma
- Reduced fertility
- Hip fracture

Source: CDC Website
Tobacco Costs in Ohio

$4.7 billion – Health Care Costs ($1.4 billion covered by Medicaid)

$4.85 billion – Productivity Loss due to Smoking

Source: CDC data as represented by Tobacco-Free Kids
ODH Priorities for Tobacco

- Help People Quit
- Help Prevent People from Starting
- Protect People from Secondhand Smoke
Help People Quit

- Increase the number of Ohioans who have access to cessation services at no cost
  - Sustain the Ohio Quit Line (1-800-Quit-Now)
  - Assist Ohio Health Plans in complying with ACA requirements
  - Help build capacity in local communities
  - Increase awareness of cessation services
Help People Quit

Assist providers in efforts to encourage people to quit.

• Ask
• Advise
• Assess
• Assist
• Arrange

Provide resources to healthcare providers.

www.healthyohioprogram.org
Help Prevent People from Starting

Youth-Focused Programs:

- Increase the number of tobacco-free schools
- Youth focus in local grants
- Revive “stand” groups in local communities
- Activities to reach at-risk youth
Protect People from Secondhand Smoke

Secondhand Smoke is toxic

Cancer Causing Chemicals
- All are cancer causing.
- Formaldehyde: Used to preserve dead bodies
- Benzene: Poisonous solvent
- Vinyl Chloride: Used to make paper
- Carbon Monoxide: Found in car exhaust
- Hydrogen Cyanide: Used in chemical weapons
- Ammonia: Used in industrial cleaners
- Butane: Used in lighters
- Methanol: Poisonous liquid

Toxic Metals
- Can cause cancer
- Chromium: Used to make steel
- Arsenic: Used as pesticides
- Lead: Used in paint
- Cadmium: Used in making batteries

Secondhand smoke has more than 4,000 chemicals.
Many of these chemicals are toxic and cause cancer.
You breathe in these chemicals when you are around someone who is smoking.

Poison Gases
- Can cause death
- Can affect heart and respiratory functions
- Can burn your throat, lungs, and eyes
- Can cause unconsciousness

Secondhand smoke
It hurts you. It doesn’t take much. It doesn’t take long.
Exposed to secondhand smoke within past 7 days

<table>
<thead>
<tr>
<th>Where Exposed</th>
<th>Adults</th>
<th>Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Work</td>
<td>8.2</td>
<td></td>
</tr>
<tr>
<td>In Auto</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>At Home</td>
<td>19.3</td>
<td></td>
</tr>
<tr>
<td>Anywhere</td>
<td></td>
<td>46.6</td>
</tr>
</tbody>
</table>

Sources: Adults – ATS, BRFSS, 2012; Youth – YTS, 2011
Protect People from Secondhand Smoke

Continue enforcement of the Ohio Smoke Free Workplace Law


Source: Ohio Smoke Free Workplace Database, 2013
Protect People from Secondhand Smoke

75% of Ohioans either strongly approve or approve of the smoke-free law.

Level of Approval for the Smoke-free Law, Ohio, 2012

Source: 2012 Ohio BRFSS/ATS
Protect People from Secondhand Smoke

Evidence of culture shift:

• Tobacco-Free College Campuses
  o Policy directive from Board of Regents.
  o Many Colleges on their way.

• Smoke-Free Multi-Unit Housing
  o Local grants to focus on housing policy.
  o Already a number of Ohio counties where people can choose to live smoke-free.
Tobacco Prevention in Franklin County

Adult Cigarette Smoking Rate in 2012=20.6%\(^1\),(Ohio rate was 23.3% in 2012).\(^2\)

Tobacco-free Academic Institutions
- Central Ohio Technical College
- Mount Carmel School of Nursing
- Mount Vernon Nazarene University
- Ohio Dominican University
- The OSU Wexner Medical Center

The Ohio State University plans to be tobacco-free by 2014.

35 (60%) of T & R Properties, Inc.'s buildings are smoke-free.

Sources: 1. & 2. 2012 BRFSS
Tobacco Prevention in Central Ohio Region

Tobacco-Free Areas in Central Ohio

- Genoa Township: all parks
- Liberty Township: athletic fields and playgrounds
- Powell City: shelters, restrooms and playgrounds
- Preservation Parks of Delaware County: playgrounds
- Village of Sunbury: all parks
- Orange Township: all
- Ohio Christian University: entire campus
Ensuring every Ohioan has an established relationship with a personal healthcare provider, in a system focused on making health decisions that promote wellness and achieve high value.
<table>
<thead>
<tr>
<th>Fragmentation</th>
<th>vs.</th>
<th>Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple separate providers</td>
<td>Accountable medical home</td>
<td>Patient-centered care</td>
</tr>
<tr>
<td>Provider-centered care</td>
<td></td>
<td>Reimbursement rewards value</td>
</tr>
<tr>
<td>Reimbursement rewards volume</td>
<td></td>
<td>Price and quality transparency</td>
</tr>
<tr>
<td>Lack of comparison data</td>
<td></td>
<td>Electronic information exchange</td>
</tr>
<tr>
<td>Outdated information technology</td>
<td></td>
<td>Performance measures</td>
</tr>
<tr>
<td>No accountability</td>
<td></td>
<td>Continuum of care</td>
</tr>
<tr>
<td>Institutional bias</td>
<td></td>
<td>Medicare/Medicaid/Exchanges</td>
</tr>
<tr>
<td>Separate government systems</td>
<td></td>
<td>Streamlined income eligibility</td>
</tr>
<tr>
<td>Complicated categorical eligibility</td>
<td></td>
<td>Sustainable growth over time</td>
</tr>
<tr>
<td>Rapid cost growth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SOURCE: Adapted from Melanie Bella, State Innovative Programs for Dual Eligibles, NASMD (November 2009)
Low Income Ohioans Face a Coverage Gap in 2014

- Private Insurance
  - Federal Health Insurance Exchange
  - Ohio Medicaid
  - Coverage Gap
    - below $15,415 (138% Poverty)

SOURCE: Ohio Medicaid; Medicaid eligibility as of February 2013; Federal Health Insurance Exchange eligibility as of January 2014; 2012 poverty level is $11,170 for an individual and $23,050 for a family of 4; over age 65 coverage is through Medicare, not the exchange.
What is a Patient-Centered Medical Home (PCMH)?

- Personal Primary Care Provider
- Primary Care Provider-Directed Medical Practice
- Whole Person Orientation
- Coordinated and Integrated Care
- Care is Safe and High-Quality
- Enhanced Access
- Payment Reform
The Medical Neighborhood

- Son’s House
- School
- Urgent Care
- Patient’s House
- Nursing Home
- Pharmacy
- Subspecialist
- Hospice
- Laboratory
- Local Businesses
- PCMH
- Local Health Department
- Dietitian
- Dentist Office
- Counseling Center
- Hospital
Electronic Health Records

Makes it easy to share accurate, comprehensive medical information & test results.

• Avoid duplication of services.
• Reduce medical errors.
• Registry—quality monitoring.
• Patient portal.
## Electronic Patient Records

<table>
<thead>
<tr>
<th></th>
<th>% of Physicians</th>
<th>% of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>50</td>
<td>80</td>
</tr>
<tr>
<td>Ohio</td>
<td>61</td>
<td>94</td>
</tr>
</tbody>
</table>

CMMI CPCI, PCMH and HB 198 Sites in Ohio

Encourages testing of service delivery and payment reform models in order to achieve the IHI triple aim:

1. Improving the patient experience of care.
2. Improving the health of populations.
3. Reducing the per capita cost of health care.

The best care for the whole population at the lowest cost.
Two Grants

- **First Phase: Design**
  - Ohio receiving $3 million to design model for service delivery and payment reform in the state.
  - Runs for six months.

- **Second Phase: Testing**
  - Design award recipients will be encouraged to apply for support to test the model they have designed.
  - Up to $60 million for three years.
Governor Kasich’s Advisory Council on Health Care Payment Innovation

**Purpose:**

- Convene key groups to prioritize and coordinate multi-payer health care payment innovation activities statewide.

- Identify and assign experts to interact with the OHT to develop strategies that leverage payment reform to improve overall health system performance.
Responsibilities:

• Coordinates communication among existing Ohio PCMH practices
• Facilitates statewide learning in collaborative PCMH practices in Ohio
• Facilitates new PCMH practice startup in Ohio
• Shapes policy in Ohio for statewide PCMH adoption

Facilitated by the Ohio Department of Health

www.odh.ohio.gov/landing/medicalhomes/opcpcc.aspx
Membership is free. Sign up at www.odh.ohio.gov
OPCPCC members get 20% discount on NCQA Fees.
For more information, contact Amy Rae Bashforth at PCMH@odh.ohio.gov
OPCPCC Collaborative News

Cincinnati-Dayton Comprehensive Primary Care Initiative (CPCI)

A new opportunity in Ohio for involvement in a Patient-Centered Medical Home (PCMH) initiative is the Centers For Medicare and Medicaid Innovations (CMMI) Comprehensive Primary Care Initiative (CPCI). CPCI is a multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care. Medicare will work with commercial and state health insurance plans and offer bonus payments to primary care physicians who better coordinate care for their patients. Participating primary care practices will be given resources to better coordinate primary care for their Medicare patients.

On April 11, 2012, CMMI announced that the Cincinnati-Dayton region was one of seven regions in the U.S. selected for CPCI.

This month, CMMI will release the application for primary care practices to participate in this four year CPCI initiative. Up to 75 practices will be selected by CMMI in the Cincinnati-Dayton region, which is comprised of the following 14 counties: Adams, Butler, Brown, Champaign, Clark, Clermont, Clinton, Greene, Hamilton, Highland, Miami, Montgomery, Preble and Warren.

CMMI has indicated the following eligibility criteria for applications:

- Geographically located in a selected CPCI market
- Willingness to transform to meet five key elements of comprehensive primary care
- Submits claims using the CMS 1500 form
- Does not participate in another Medicare shared savings program
- Serves a minimum of 150 Medicare fee-for-service beneficiaries

Additionally, use of an electronic health records system, any primary care medical home recognition, having at least 60 percent of revenue generated by participating payers, and any participation in practice transformation activities in the past three years will be heavily favored in the selection process. It is anticipated that CMMI will announce the selected practices in August for a start date of September 1, 2012.

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PCMH at ODH 6
Announcements and Upcoming Events 6

Health plans have been selected and have signed memoranda of understanding to solidify their participation. Aetna, Affiliated, Anthem Blue Cross Blue Shield of Ohio, Humana, United Healthcare, CareSource, HealthCore, Medical Mutual, Centerior Corp. and Ohio Medicaid are the payers that signed agreements for the Cincinnati-Dayton region. (Continued on page 2)
Contact Information

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www.odh.ohio.gov