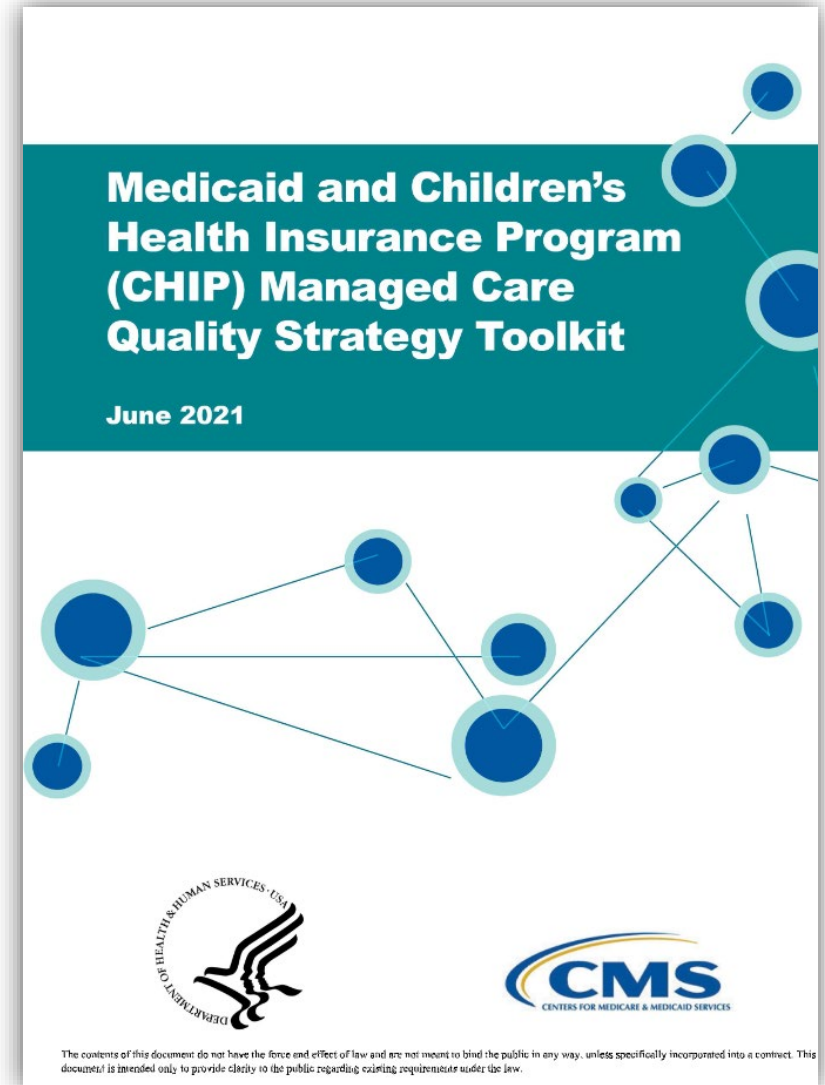


# Review of Draft Population Health and Quality Strategy

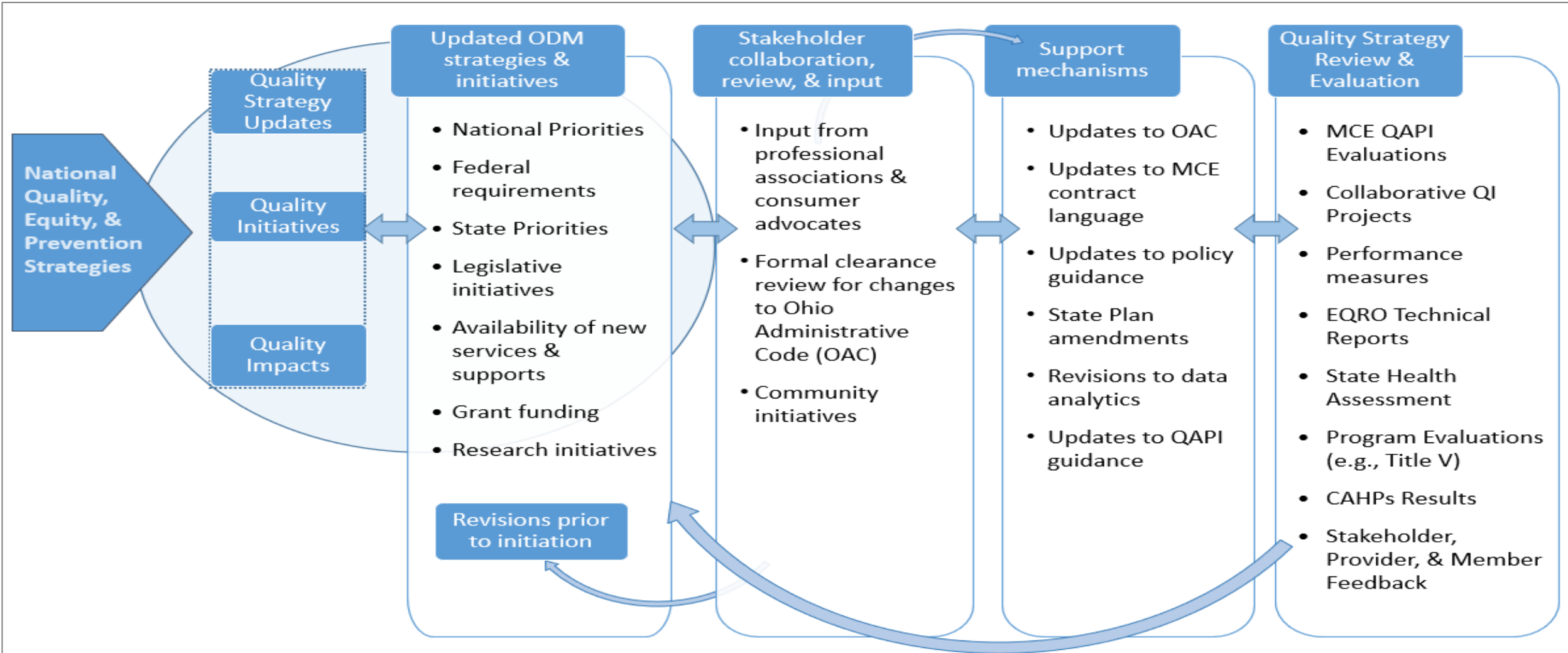


## QS Key Facts

- Updates are required:
  - » Every three years
  - AND
  - » When significant changes to state's Medicaid program
- Has required sections for each managed care entity (e.g., Network Adequacy, Intermediate Sanctions, Performance Measures)
- Must cover all required elements for MCOs (Medicaid and MyCare), PIHPs (OhioRISE) and PAHPs (SPBM)
- Can submit drafts for TA before final is submitted to obtain CMS feedback/conform with CMS requests (e.g., CICIP preprint)
- Must obtain stakeholder input before submitting FINAL draft to CMS for review



## Ongoing Development, Review, and Refinement of the Managed Care Quality Strategy



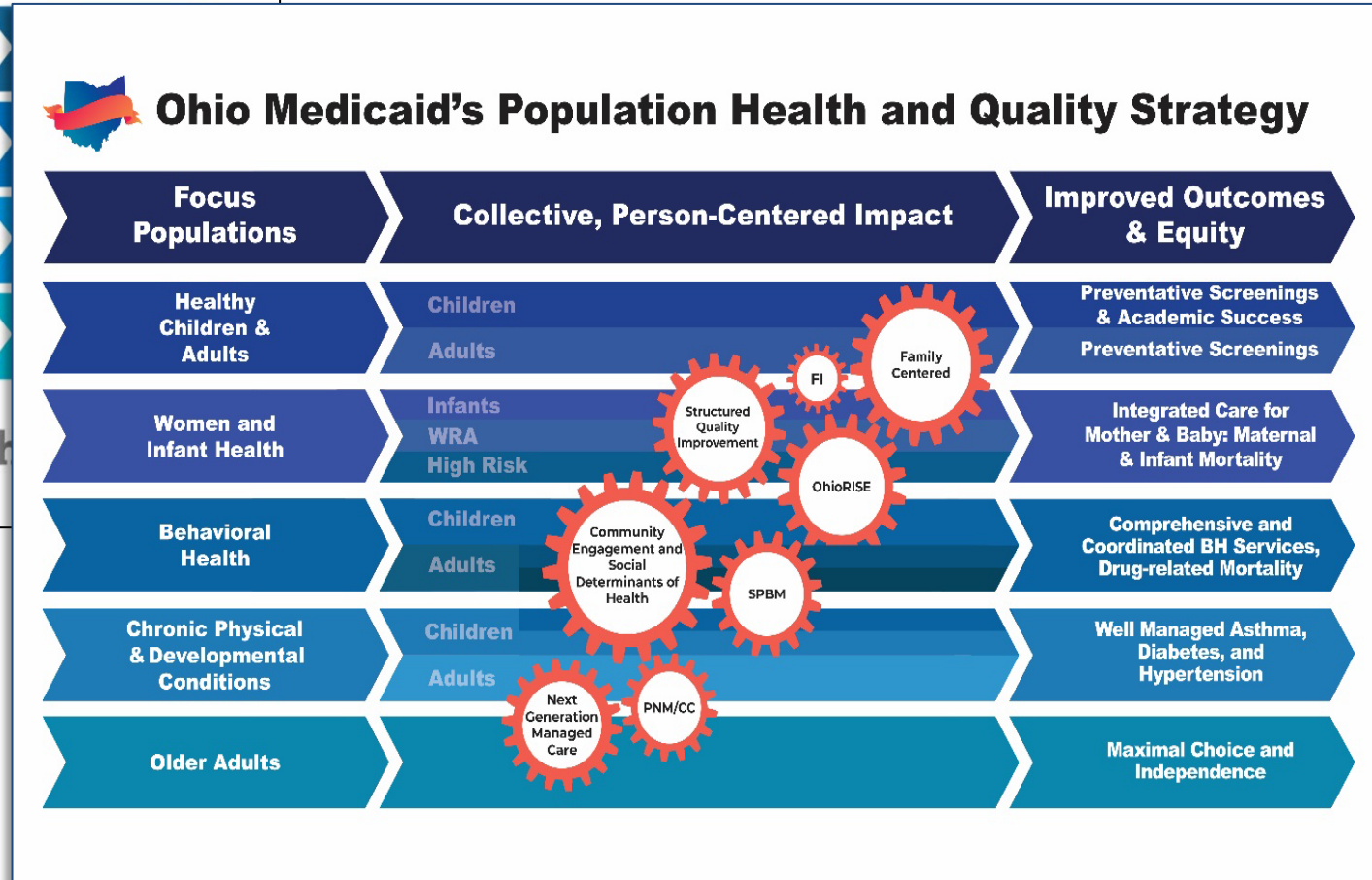
# Organization of the Population Health and Quality Strategy

- Introduction
  - » Brief History of Ohio's Managed Care Program
  - » Delivery System Reforms-Next Generation Managed Care
  - » Quality Strategy Development and Evaluation
  - » Quality Management Structure
  - » Managed Care Program Goals, Objectives, Quality Metrics, and Performance Targets
- ODM's Population Health Approach
  - » Framework for Population Health Management
  - » Supporting Components (i.e., infrastructure, population identification and segmentation, population health strategic approaches, value-oriented payments, community reinvestment)
- Monitoring and Evaluation (e.g., Network Adequacy, NCQA Accreditation, EQRO, PHMS-QAPI, Managed Care Report Cards)
- Summary, Opportunities, and Next Steps
  - » Designing for Collective Impact
  - » Cultivating Learning Organizations

## 2018 Quality Strategy

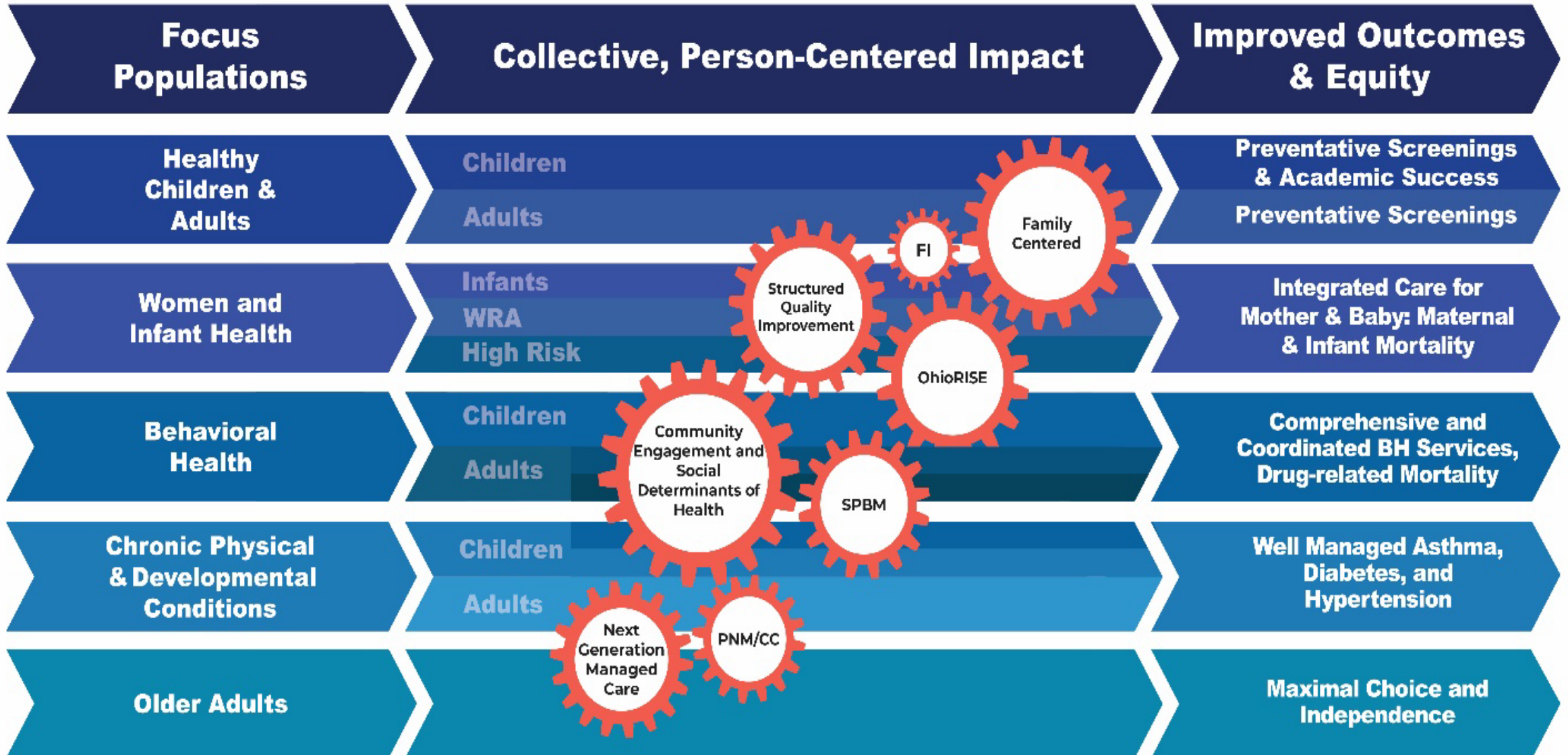


## Next Generation

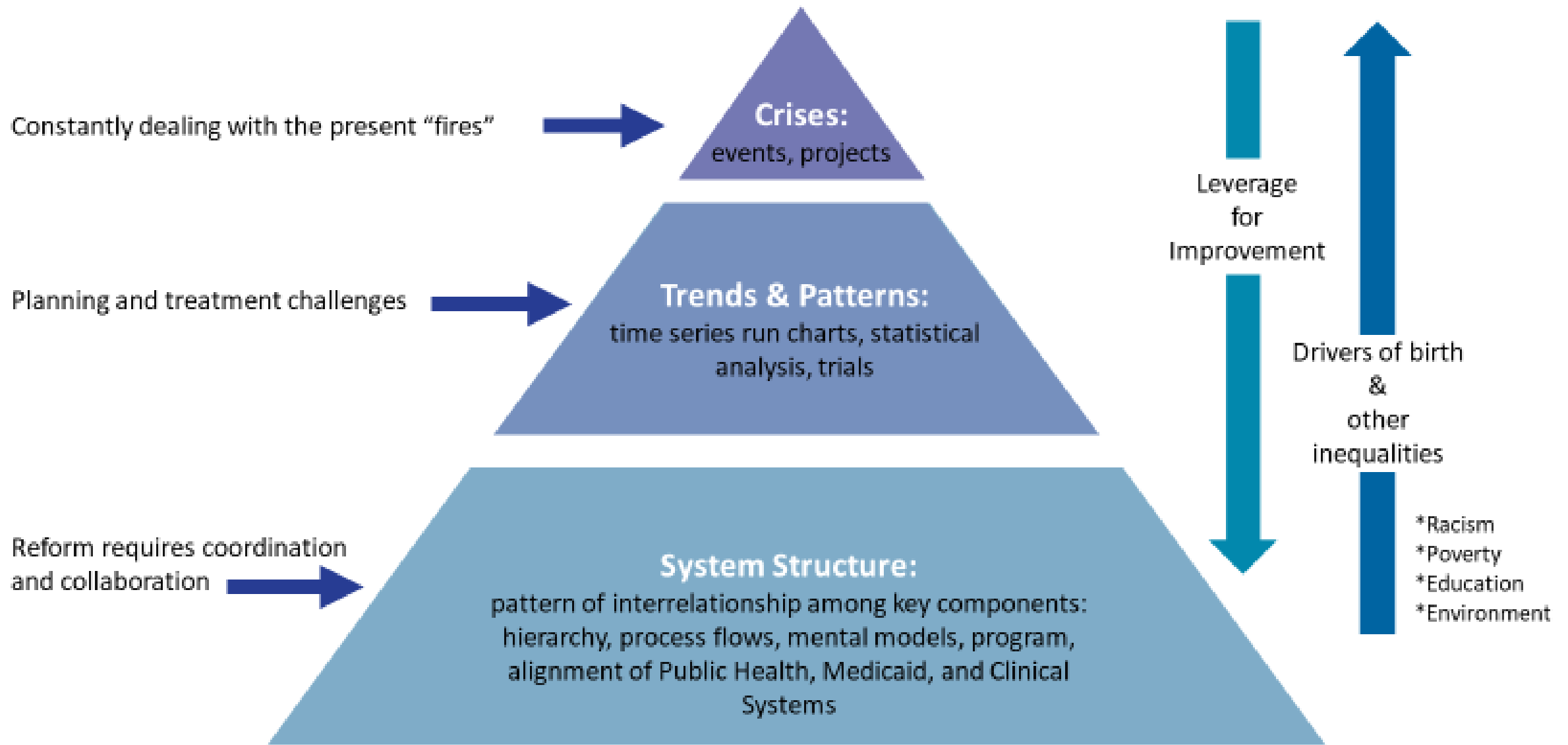




# Ohio Medicaid's Population Health and Quality Strategy



# Why is Improving Health Outcomes SO Difficult?

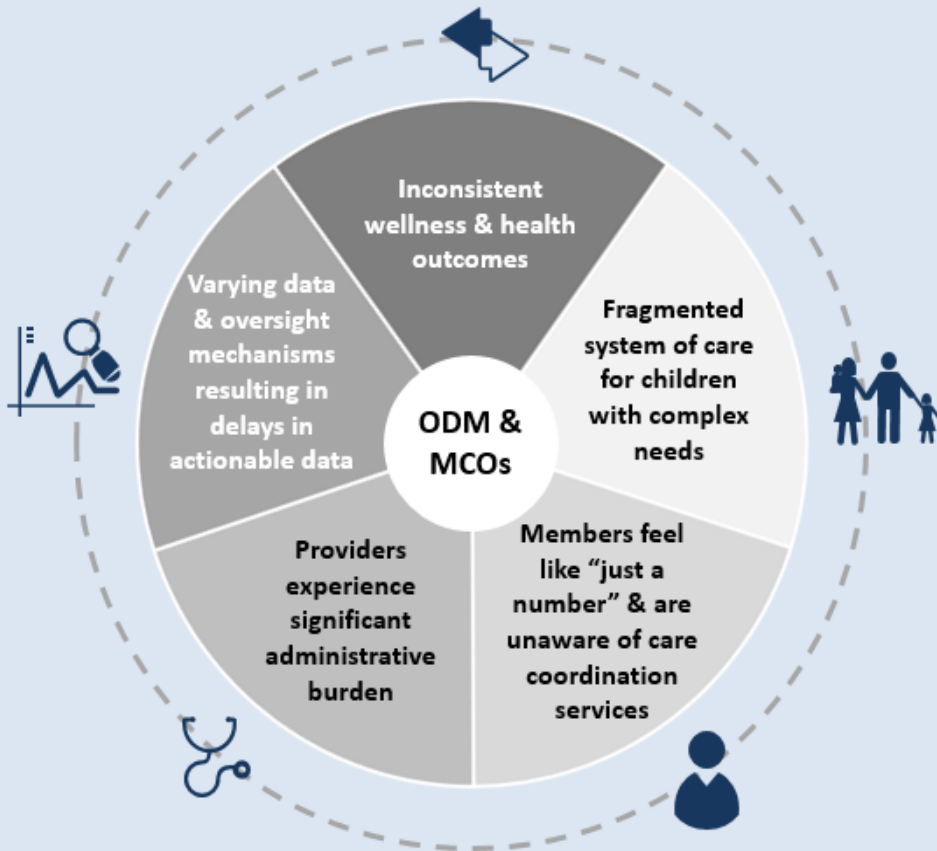


**CHANGE:** Organizations need structures, processes, & cultures that support desired outcomes

# NEXT GENERATION MANAGED CARE

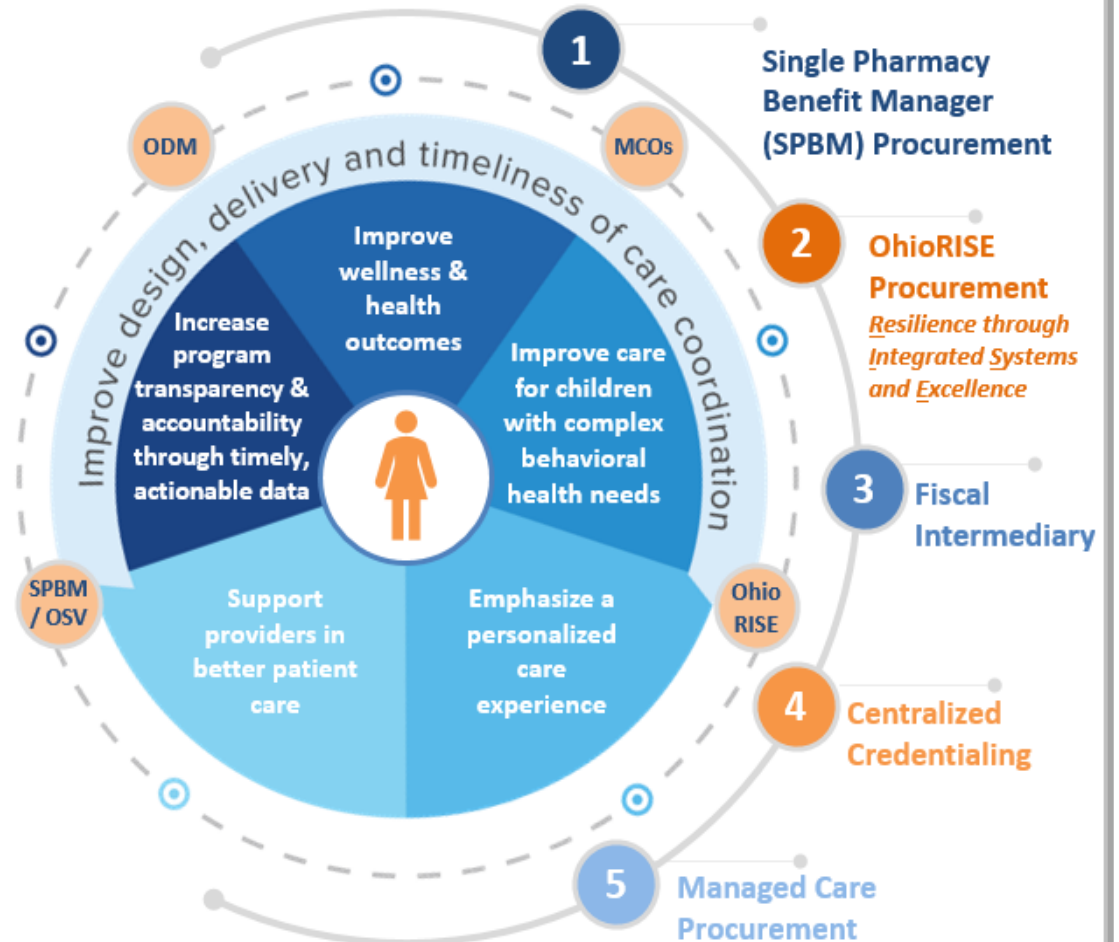
## Managed Care of Ohio Past

Members are impacted by business decisions that don't always take their needs or circumstances into consideration. Providers are not always treated as partners in patient care. We want to do better for the people we serve.



## “Next Generation” of Managed Care in Ohio

The focus is on the individual with strong coordination and partnership among MCOs, vendors & ODM to support specialization in addressing critical needs.





# Goal Alignment

## ODM Population Health & Quality Strategy Goals

Improve wellness and health outcomes

Emphasize a personalized care experience

Support providers in better patient care

Improve care for children and adults with complex needs

Increase program transparency and accountability

## CMS Quality Strategy Goals

Make care safer by reducing harm caused while care is delivered

- Improve support for a cultural of safety
- Reduce inappropriate and unnecessary care
- Prevent or minimize harm in all settings

Work with communities to help people live healthily

Help patients and their families be involved as partners in their care

Promote effective communication and coordination of care

Promote effective prevention and treatment of chronic disease

Make care affordable

## HHS Strategic Goals

Safeguard and improve national and global health conditions and outcomes

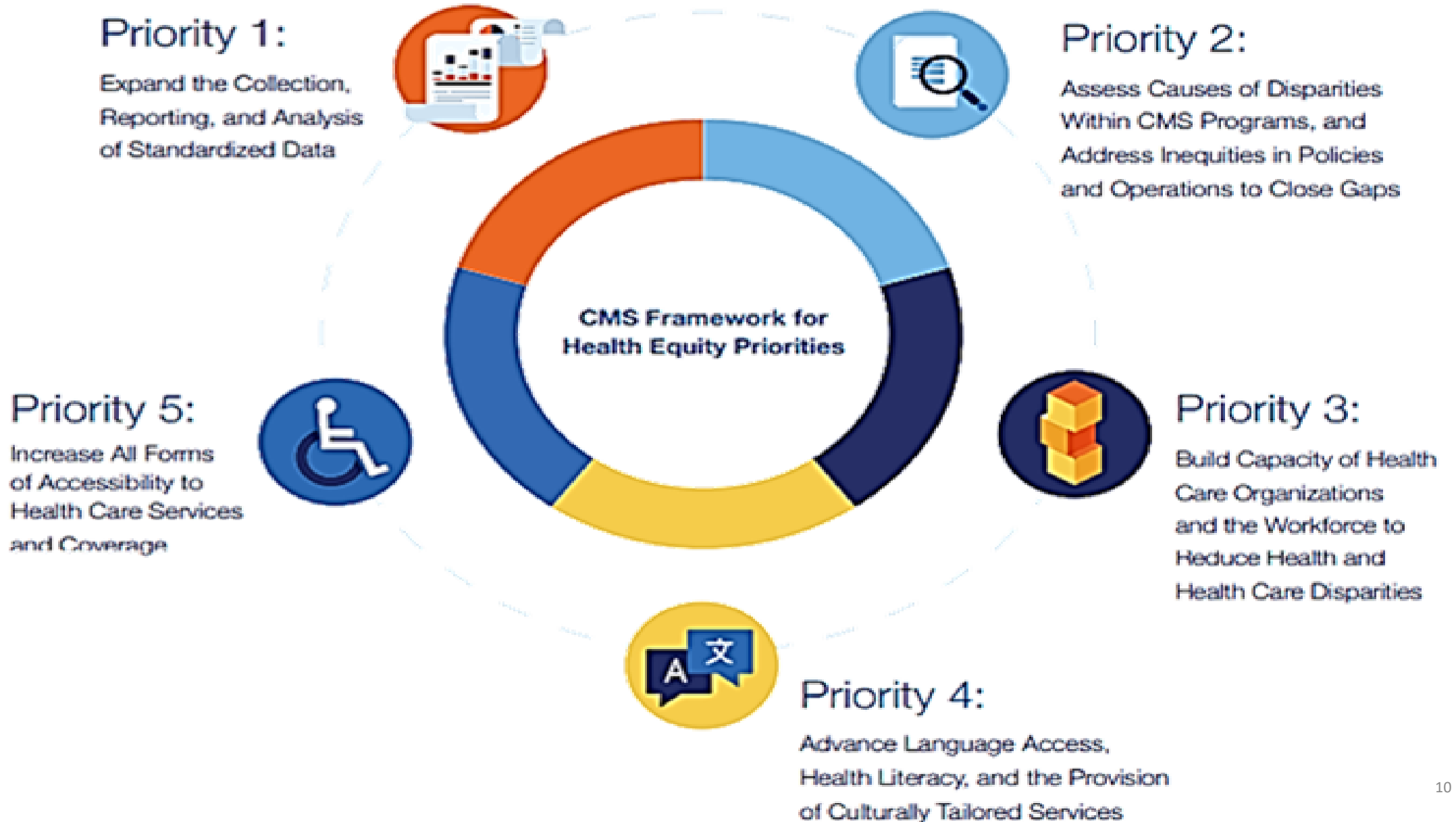
Strengthen social well-being, equity and economic resilience

Restore trust and accelerate advancements in science and research for all

Protect and strengthen equitable access to high quality and affordable healthcare

Advance strategic management to build trust, transparency and accountability.

# CMS Framework for Health Equity



# Simplified “Stairstep” Framework for Population Health Management

**Develop System**



**Get/Keep Individuals in the System**



**Identify Higher Risk (sub) Populations**



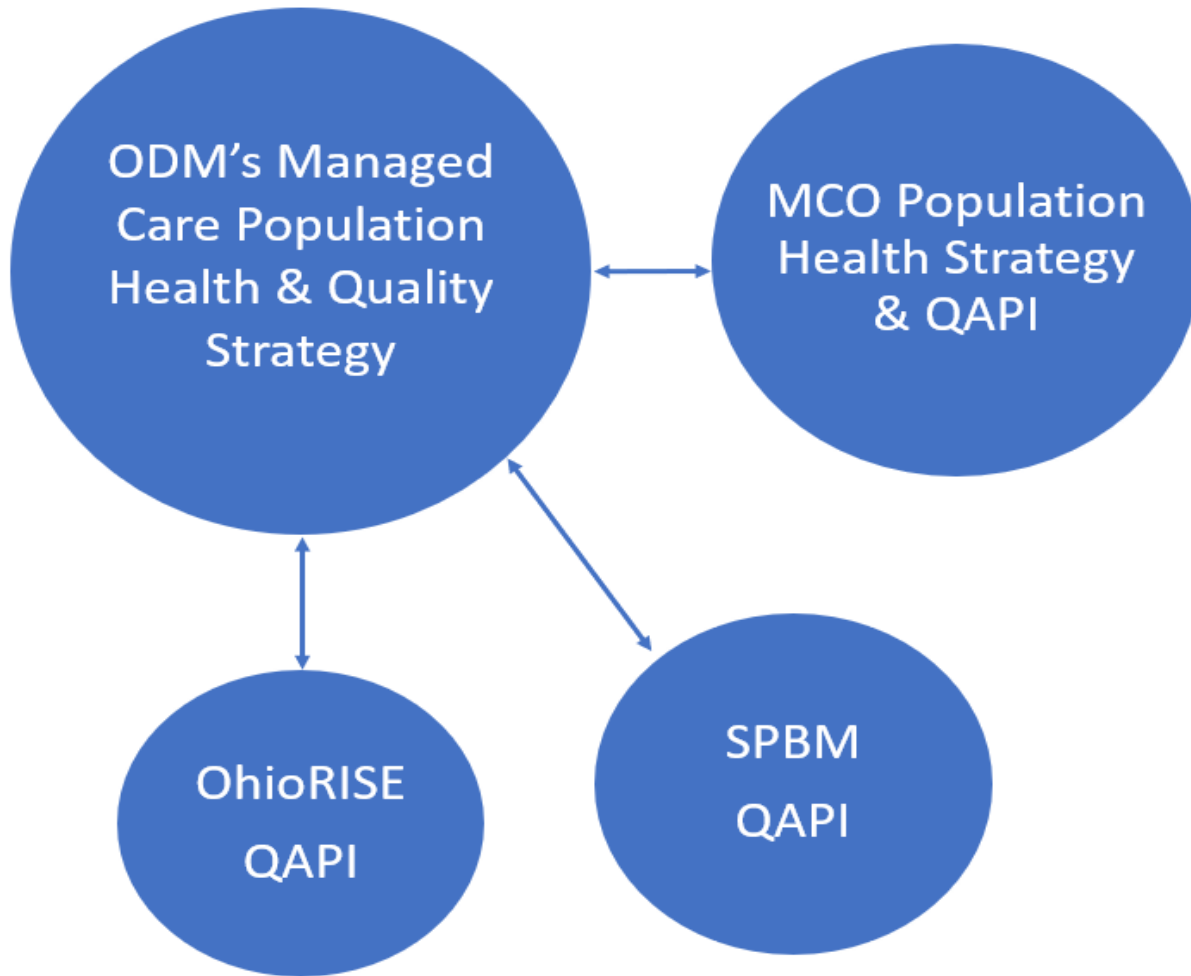
**Provide Best-evidenced Care and Enhanced Services**



**Maintain and Support Lifecourse Continuity**



## Working in Concert to Improve Population Health



### **Population Health Management Components**

#### Population health infrastructure

- Leadership, resources, and information systems that support population health management

#### Population identification and segmentation

#### Population health strategies to meet the needs of identified populations

- Care coordination, optimal care delivery (i.e., best practices), supportive payment structures, quality improvement, other innovations

Cross-system coordination with other entities that impact population health

#### Ongoing monitoring and evaluation

# CMS Quality Strategy & Equity Framework

## ODM Population Health & Quality Strategy (PHQS)

MMC (MCOs)

MyCare (MCOs)

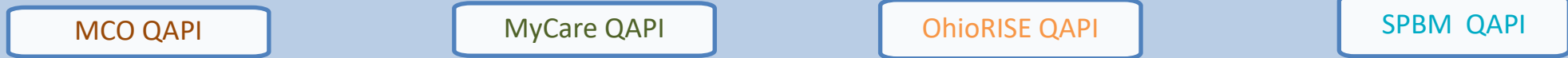
OhioRISE (PIHP)

SPBM (PAHP)

## MCO Population Health Management Strategy (PHMS) & Evaluation



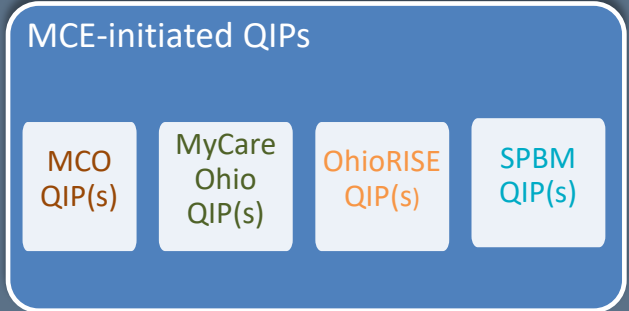
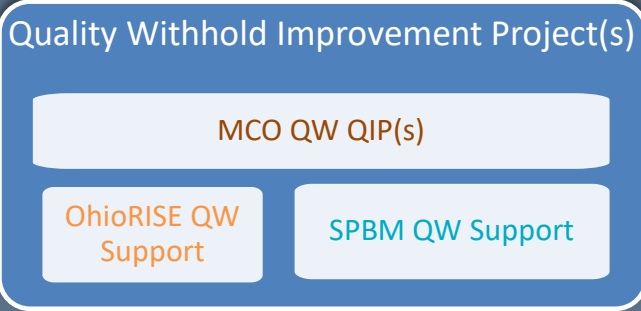
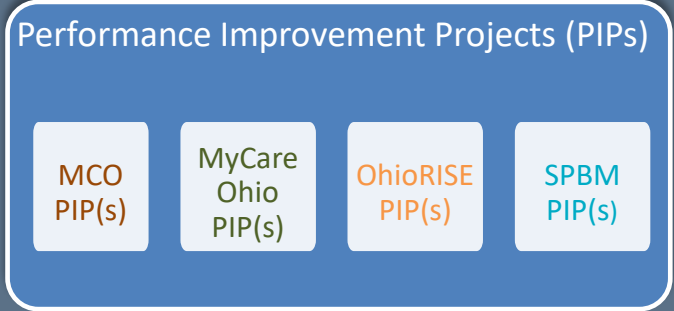
## MCE Quality Assessment & Performance Improvement Programs (QAPIs)



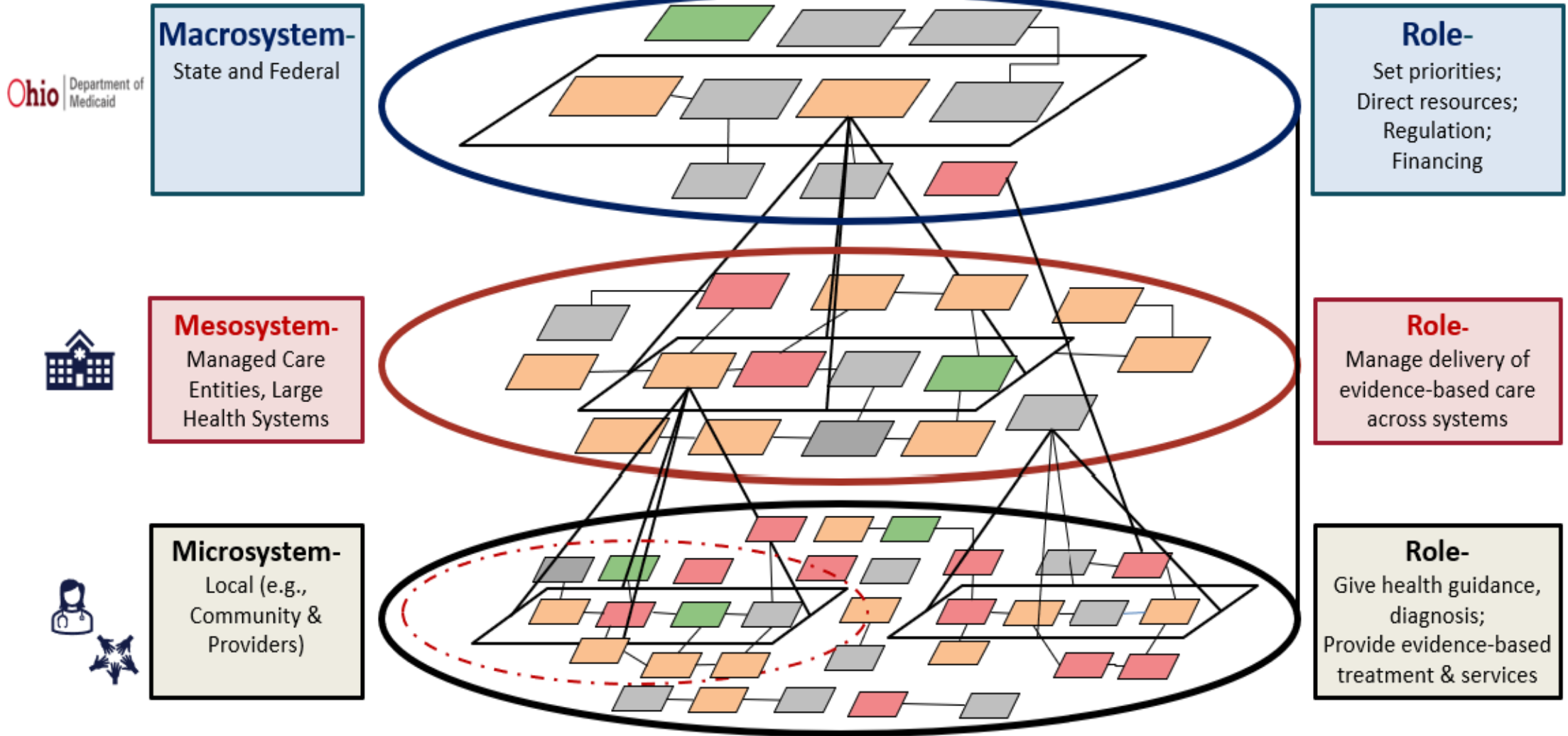
## MCE Quality Strategy & Evaluation



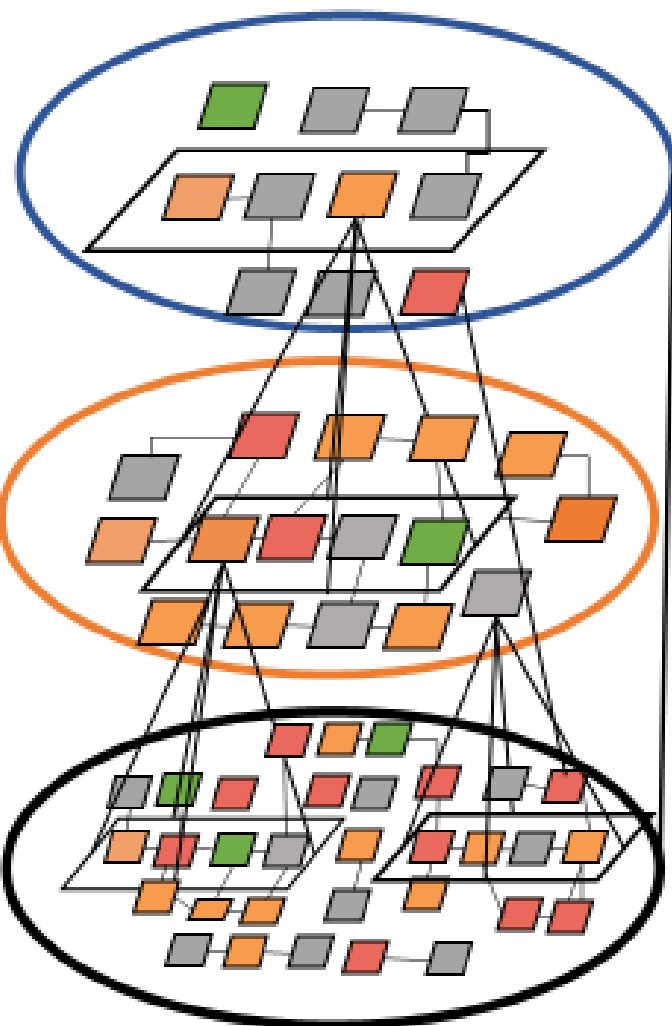
## MCE Quality Improvement Projects (QIPs)



# Alignment Framework to Improve Population Outcomes



# Alignment Framework to Improve Population Health Outcomes



## Measures

### Macrosystem

- Infant Mortality Rate
- Preterm Birth Rate
- Low Birth Rate
- Adolescent well care

### Mesosystem

- Timely prenatal Care
- Postpartum Care
- C-section
- Connect Women to PCP After Delivery

### Microsystem

- Timely Prenatal Care; ACOG: STI, IPV, DM, tobacco screens-not tracked
- Post Partum Care: PCPI specs not tracked
- C-section, Early Elective Delivery
- Contraceptive Care
- Progesterone
- Initiation/Engagement SUD Treatment

## Roles

### Macrosystem

- Organization at state level
- Regulations & Resources
- Federal compliance
- Eligibility system
- Data supports
- Cross-agency collaboration

### Mesosystem

- Adequate Provider network
- Member communications
- Community Re-investment
- SDOH efforts, Access
- Care management and Care Guide supports
- Responsiveness to needs
- Removal of admin burden
- Cross system access
- Data supports (HIE; sharing)
- Pop health/QI infrastructure

### Microsystem

- Evidence based practices
- Continuity of care
- Coordination of care
- Cultural humility
- Community connectivity
- Data-sharing, QI

# Population Health Management Supports the Quality Strategy



Proactive Data



Cross-system Collaboration



Best Practice



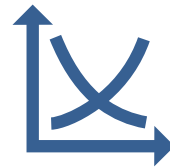
Health Equity



Quality Improvement



Care Coordination



Utilization Management



Community Reinvestment

A - PROGRESS	B - PROGRESS	C - PROGRESS	D - PROGRESS
<p><b>PROGRESS</b></p> <p>1. <b>PROGRESS</b></p> <p>2. <b>PROGRESS</b></p> <p>3. <b>PROGRESS</b></p> <p>4. <b>PROGRESS</b></p> <p>5. <b>PROGRESS</b></p> <p>6. <b>PROGRESS</b></p> <p>7. <b>PROGRESS</b></p> <p>8. <b>PROGRESS</b></p> <p>9. <b>PROGRESS</b></p> <p>10. <b>PROGRESS</b></p>	<p><b>PROGRESS</b></p> <p>1. <b>PROGRESS</b></p> <p>2. <b>PROGRESS</b></p> <p>3. <b>PROGRESS</b></p> <p>4. <b>PROGRESS</b></p> <p>5. <b>PROGRESS</b></p> <p>6. <b>PROGRESS</b></p> <p>7. <b>PROGRESS</b></p> <p>8. <b>PROGRESS</b></p> <p>9. <b>PROGRESS</b></p> <p>10. <b>PROGRESS</b></p>	<p><b>PROGRESS</b></p> <p>1. <b>PROGRESS</b></p> <p>2. <b>PROGRESS</b></p> <p>3. <b>PROGRESS</b></p> <p>4. <b>PROGRESS</b></p> <p>5. <b>PROGRESS</b></p> <p>6. <b>PROGRESS</b></p> <p>7. <b>PROGRESS</b></p> <p>8. <b>PROGRESS</b></p> <p>9. <b>PROGRESS</b></p> <p>10. <b>PROGRESS</b></p>	<p><b>PROGRESS</b></p> <p>1. <b>PROGRESS</b></p> <p>2. <b>PROGRESS</b></p> <p>3. <b>PROGRESS</b></p> <p>4. <b>PROGRESS</b></p> <p>5. <b>PROGRESS</b></p> <p>6. <b>PROGRESS</b></p> <p>7. <b>PROGRESS</b></p> <p>8. <b>PROGRESS</b></p> <p>9. <b>PROGRESS</b></p> <p>10. <b>PROGRESS</b></p>

APMs