
Health System Design and Performance Objectives
Value-Based Payment and Service Delivery Plan
Healthcare Delivery System Transformation Plan
Health Information Technology Plan
Workforce Development Strategy
Financial Analysis
Monitoring and Evaluation Plan
Operational And Sustainability Plan
State Healthcare Environment
Stakeholder Engagement Report
Population Health Improvement Plan
OKLAHOMA STATE HEALTH SYSTEM INNOVATION PLAN

K. Monitoring and Evaluation Plan

INTRODUCTION

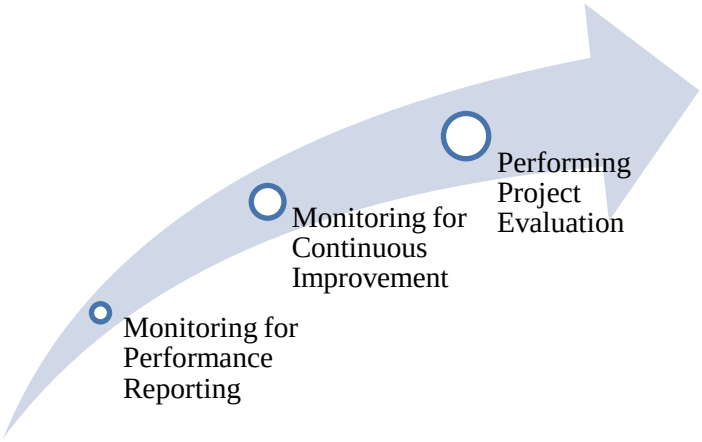
The adoption of multi-payer quality metrics and episodes of care (EOCs) and the move to Regional Care Organizations (RCOs) represent a transformational shift of Oklahoma's healthcare delivery system. This will impact almost one million Oklahomans covered by Medicaid, administered by the Oklahoma Health Care Authority (OHCA), and 176,709 Oklahomans covered by the public employees' health plan, administered by the Employees Group Insurance Division (EGID). This includes a sweeping redirection of the system toward prevention, the integration of disparate silos of care, the establishment of proactive and evidence-based management of chronic illness, and the increase of patient and community engagement. The multi-payer quality metrics, multi-payer EOCs, and alternative payment arrangements implemented within each RCO will support this redesign and result in improved health outcomes.

These changes are complex and require a robust plan for quality monitoring and improvement, as well as an evaluation strategy that can illuminate unique and combined effects of different innovations. Oklahoma's goals for performance reporting, continuous improvement, and evaluation support are to:

- Provide continuous feedback on performance to multiple audiences to allow timely assessment, corrections, and dissemination of best practices;
- Generate data necessary for testing the RCO model and its key elements; and
- Build evidence toward a broader evaluation of the RCO model and health system transformation.

The monitoring and evaluation plan described in this section of the State Health System Innovation Plan (SHSIP) is designed to assist health system transformation under the RCO model as well as determine if these changes are successfully implemented at the end of a five year period. Moreover, the monitoring and evaluation plan is designed to incorporate insight from internal and external stakeholders on an annual basis to determine if the Oklahoma Model, the proposed model for the state, needs to be modified to achieve its objectives. The plan is broken down into three sections: monitoring for performance reporting, monitoring for continuous improvement, and performing project evaluation. The sections on monitoring for performance reporting and monitoring for continuous improvement apply to the implementation of all aspects of the Oklahoma Model (i.e., multi-payer quality metrics, multi-payer EOCs, and RCOs). The section on project evaluation focuses on the RCOs to determine, on an ongoing basis, if the Oklahoma Model is resulting in improved health outcomes, lower costs, and increased patient satisfaction; or if 'course corrections' for the model are needed at the State Governing Body and RCO governance levels.

Figure 46: Monitoring and Evaluation Plan



MONITORING FOR PERFORMANCE REPORTING

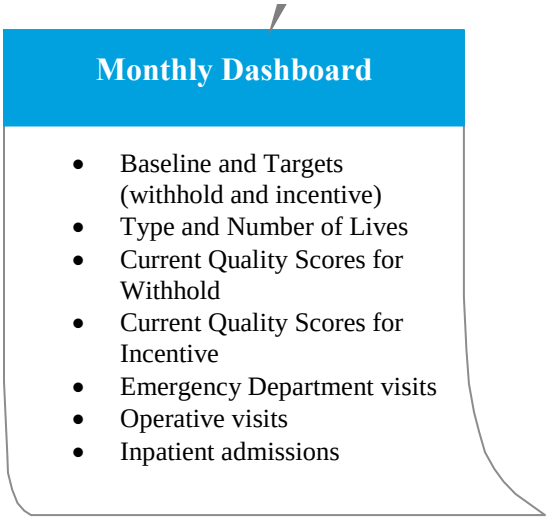
Quality data and timely performance reporting are essential to improving the targeting and delivery of services and driving change across the health system. Oklahoma will first commit to a robust measurement agenda that includes 11 multi-payer performance metrics focused on the five Oklahoma State Innovation Model (SIM) flagship issues. These 11 metrics will be collected and reported by providers to Medicaid, EGID, and other payers. The collection and reporting of these 11 metrics will establish a strong foundation for monitoring the implementation of the RCO model. The State Governing Body will oversee performance measurement for the transformation plan, including these multi-payer metrics and RCO-specific metrics that will focus on additional health issues outside of the five Oklahoma SIM flagship issues. The State Governing Body will perform rapid-cycle monitoring of RCOs as well as project evaluation.

One of the State Governing Body's first tasks will be to make recommendations for a robust RCO performance incentive system to drive the outcomes-based payments that will make up an increasing proportion of RCO revenue. Beyond incentive design, the State Governing Body will be responsible for recommending future performance metrics and establishing performance benchmarks for certified RCOs. As described in Section H, the HIT Plan, Oklahoma is creating a Value-Based Analytics (VBA) tool that will be leveraged for ongoing monitoring of trends, problem identification and characterization, testing, and evaluation. These other data sources include:

- Claims and utilization data;
- State population health status data (e.g. BRFSS, YBRFSS, Immunizations, birth and death registry);
- Enrollee surveys and experience of care data (e.g., CAHPS, the Consumer Assessment of Healthcare Providers and Systems); and
- Key operational data such as enrollee grievance and appeal logs, external quality review organization reviews, and provider capacity reports.

To collect this data, the State Governing Body will implement direct patient health and risk assessments at enrollment and re-enrollment (redetermination) for Medicaid and public employee health plan members. The State Governing Body will also conduct qualitative data collection such as interviews, focus groups, and observation with State Governing Body or RCO staff and providers to assess how model elements are being implemented. A committee of the State Governing Body, utilizing the value-based analytics tool, will act as the monitoring and evaluation body for performance reporting on the RCOs. Using the data sources described above, they will produce a variety of specialized reports targeted to different audiences and uses, including:

Figure 47: Monthly Dashboard



- Monthly monitoring reports and dashboards on RCO performance, trends, and emerging issues that will be shared with staff from the OHCA and EGID, practice transformation agents, and RCOs. The dashboard will include the core RCO performance metrics with comparisons to peers and benchmarks.

- Predictive modeling reports to help the RCOs and providers determine the risks that patients present for future utilization and costs as well as the gaps in care that could be filled to reduce those risks.

- An annual report to determine progress towards the goals set for the RCO model at the outset and identify any 'mid-course' corrections that the State Governing Body or the RCOs may need to consider. The annual report will include the following information:

    - Number of RCOs and geographic service areas;

    - Number, population type, age, gender, race, and ethnicity of patients covered by each RCO and by all RCOs combined;

    - Payment models being utilized, percentage of total payments, percentage withheld, and amount paid to incentive pool;

    - Emergency department visits in the current versus previous plan year;

    - Hospital admission rates for individuals with chronic diseases (e.g., chronic obstructive pulmonary disease, asthma, and diabetes) and ambulatory care sensitive conditions;

    - Periodic reports from enrollee experience surveys or other surveys or from qualitative data collection from State and RCO staff and providers;

    - Healthcare cost trend versus national and Oklahoma historical trend rates;

    - Increased use and improved performance on primary care use of behavioral health screening tools;

    - Grievances by type, covered population, ethnicity, and age;

- Grievance resolution;
- Measures and processes on how the RCO has addressed social determinants of attributed members;
- Access to care metrics (typically measured using data from managed care plans that list provider location, specialty areas, urgent care facilities, hospitals, clinics, and other provider organizations); and
- Progress made toward meeting Oklahoma Health Improvement Plan (OHIP) 2020 goals.

MONITORING FOR CONTINUOUS IMPROVEMENT

Oklahoma has chosen the strategy of fostering RCOs and their member providers to become "Rapid Learning Health Systems," whereby a system assesses and applies evidence in real-time and facilitates bi-directional learning between evidence and practice.[149] This model has been tested in large and complex health systems and has demonstrated success in rapid implementation of new models of care, improved population outcomes, high patient satisfaction, and enhanced morale of healthcare teams.[150]

The elements of the Rapid Learning Health System include:

- Data and information collection;
- Design of the intervention or change;
- Implementation;
- Evaluation with feedback from all parties,
- Adjustments and refinements in the intervention; and
- Dissemination of findings to reinforce the learning culture.

The Practice Transformation Center (Center) will be the main vehicle for rapid cycle learning in Oklahoma. Building on the performance reporting mechanisms described above, the Center will support continuous improvement through multiple methods including learning collaboratives, technical assistance, and coaching, as well as practice transformation agents from both the center and other practice transformation entities, to disseminate innovations. The Center will involve clinicians, staff from the RCOs and health systems, and other parties to understand the new processes and new innovations that are being implemented. Healthcare practices that have been successful in one setting will be collected and shared by the Center with other RCOs, as well as with external health systems and payers. In addition, the Center will provide data and research on external innovations by gathering expertise and input from around Oklahoma, regionally, and nationally on the best evidence-based practices and innovations in quality and payment that will facilitate improvement on problems that have been identified. The State Governing Body will use expertise and research from staff to provide support for evaluation activities.

PERFORMING PROJECT EVALUATION

The monitoring and evaluation team will employ a mixture of analytic approaches, using both qualitative and quantitative methods, to ascertain the ultimate impact of the project on the healthcare delivery system and patient outcomes. The team will also ascertain the possible reasons for achieving (or not achieving) the project goals. To the extent possible, the evaluation will focus on determining the causal effects of the project in the context of any simultaneous policy and programmatic interventions occurring in Oklahoma.

The project evaluation will focus on the progress that Oklahoma has made in attaining the goals and objectives set forth in Section E, Health System Design and Performance Objectives.

The monitoring and evaluation team will complete both qualitative and quantitative analysis of the objectives, assess stakeholder perceptions of implementation processes, and assess opportunities for improvement. Stakeholder groups such as payers, providers, health service delivery organizations, consumers and consumer advocates, state agencies, policymakers, community-based social service organizations, and health researchers each have an important perspective on the project and will be utilized in the evaluation.

The monitoring and evaluation team will use national surveys as another benchmark to test the sensitivity of the evaluation results. Combining analyses of data from the Current Population Survey (U.S. Census Bureau), and Current Employment Statistics (Bureau of Labor Statistics) against behavioral analyses from the Behavioral Risk Factor Surveillance System (Centers for Disease Control and Prevention) will also help allow the monitoring and evaluation team to determine the cost savings to the State as well as to individuals.

Quantitative Analysis

The goal of the quantitative portion of the project evaluation will be to determine the extent to which the initiatives developed through the Oklahoma SIM project contribute to achieving the Triple Aim: improved health, improved care, and decreased costs. This quantitative analysis of the monitoring and evaluation plan is structured around the major goals outlined in the SHSIP:

1. Alignment with health system design and performance objectives;
2. Statewide impact; and
3. Cost savings.

All efforts to measure and evaluate the impact of the strategies designed to achieve each of these goals will align with the efforts of the State Governing Body's Quality Metrics Committee to understand the patient and provider impact, appropriateness and design features of implemented strategies, and financial impact of each. The HIN is a key resource for this evaluation, providing data to examine the impacts of the reform initiatives outlined in the SHSIP. As described in Section H, the HIN will combine a number of data sources, linking them together to enhance the ability to track health outcomes and provide the capability to examine quality and value within the healthcare system. Using this data, the monitoring and evaluation team will determine how well the project has progressed in the areas described below.

<u>Alignment with Health System Design and Performance Objectives</u>

The health system design and performance objectives form the foundation for the overall SHSIP. Each payment and service delivery transformation is designed to drive Oklahoma's population closer to reaching these established goals. The monitoring and evaluation plan will link closely to efforts to track progress against the objectives identified in Section E. As the final evaluation methodology is developed, the monitoring and evaluation team will work with the State Governing Body to map each SHSIP strategy to specific population health outcomes.

Statewide Impact

The State's vision is to implement comprehensive payment reform mechanisms that align economic incentives with population health goals, ideally impacting at least 80 percent of the covered population. Oklahoma has formulated a framework for payment transformation based on the principles of moving payers and providers toward value-based purchasing, setting evidence-based benchmarks for care, and capturing and using data in a consistent and actionable manner.

In collaboration with the Quality Metrics Committee, the monitoring and evaluation team will identify appropriate participation, utilization, quality, and patient and provider satisfaction metrics for evaluating the RCO and EOC models. Participation will be measured through assessment of the number of providers adopting, payers covering, and consumers receiving care under the RCO and EOC models. Utilization data related to inpatient and outpatient hospital services, physician services, prescription drugs, as well as quality data from both the provider and patient perspective are essential for measuring value-based care.

As health information technology (HIT) is a key component of this effort, the monitoring and evaluation team will also work with the State Governing Body's HIT Committee to incorporate metrics of HIT implementation and utilization across the state. Metrics may include those related to HIT implementation at an organizational level, progress on developing and implementing statewide databases, submission of provider and payer data into state databases, use of data systems to report back to providers, and the extent to which those HIT systems are integrated across communities, including EHR utilization.

Finally, the evaluation team will determine the extent to which the payment and delivery system reforms implemented have impacted that attainment of the SIM health system design and performance objectives.

Cost Savings

"Cost savings" refers to the dollar value of the amount of cost avoidance that can be attributed to a reduction in the growth of healthcare costs as a result of implementing the initiatives described in this plan. While a demonstration of cost savings is a required component of the SIM project, the Oklahoma SIM project team believes savings will ultimately result from the improvement of population health outcomes.

Evaluation efforts under this goal will link strategies employed to metrics of cost and value, including the total cost of care per person, as well as overall utilization and quality metrics. Where possible, health outcomes will be ascertained from clinical data using the HIN. Additionally, organization-level financial data may be queried using available claim data. Cost savings will be aggregated to the state-level to measure success in achieving a reduction in healthcare costs trends over the implementation period.

Evaluation data will be analyzed using qualitative research methods described by Miles, Huberman, and Saldaña.[151] The methods describe in the study provide a structured approach to managing and coding qualitative data and synthesizing results. All data under the outcome evaluation will be analyzed longitudinally, where possible, to identify trends, examine the impact on sub-groups (e.g., stratify analyses by race, ethnicity, gender, disability status, among other individual attributes), and determine the differential effects of the strategies over time. While a true experimental design is not feasible, quasi-experimental methods for assessing change over time will provide data and information to monitor

outcomes of the program and provide evidence for future expansions or innovations. The monitoring and evaluation team will monitor trends of average and median out-of-pocket medical expenditures of Oklahomans compared against trends in neighboring states. Group analyses will also help to determine if there are specific groups and service regions in the state that recognized a greater share of cost savings. By monitoring cost savings alongside population health improvements, the value of RCO efforts will be assessed.

Qualitative Analysis

The qualitative evaluation will address the following six research questions, which would be investigated by the external evaluator for this Monitoring and Evaluation Plan:

- To what extent have the Oklahoma SIM strategies been implemented?
- What are the barriers to and facilitators of implementation?
- What modifications were undertaken and in response to what?
- What opportunities exist for improving implementation of identified strategies?
- What are the lessons learned relative to increasing access to care, increasing integration and coordinated care, improving systemic efficiency and effectiveness, expanding the HIT infrastructure, and improving population health?
- To what extent do stakeholders perceive that the program goals were achieved? Why do stakeholders perceive that the program goals were or were not achieved?

Data will be routinely collected via semi-structured interviews of key informants. Document reviews of publicly available information will also be performed. As necessary, different interview modules will be designed and used to target particular respondent types and perspectives. Stakeholder perspectives identified through the process evaluation will be reported back to the Quality Metrics Committee for use in ongoing quality improvement and strengthening of the RCO model.

CONCLUSION

Per federal and state requirements, the Oklahoma Model must be adequately monitored and evaluated. Furthermore, the model will fulfill the SIM health system design and performance objectives, the foundation of the SHSIP. This monitoring and evaluation plan of the SHSIP serves as a roadmap for the successful implementation of these monitoring and evaluation activities for the Oklahoma Model. As detailed in this plan, the State will monitor for performance reporting, monitor for continuous improvement, and perform a project evaluation. Successfully implementing these monitoring and evaluation activities will enable the Oklahoma Model to make meaningful progress in improving the health and lives of Oklahomans.