OKLAHOMA STATE BOARD OF HEALTH MINUTES                              October 6, 2015

Oklahoma State Board of Health (OSBH)
Oklahoma City-County Board of Health (OCCBH)
Tulsa City-County Board of Health (TCCBH)

Tuesday, October 6, 2015, 1:00 p.m.
Presbyterian Health Foundation Research Park
655 Research Parkway, Suite 100, Colloquium Room
Oklahoma City, Ok 73104

Tuesday, October 6, 2015 1:00 p.m.

CALL TO ORDER
Dr. Woodson, President of the Oklahoma State Board of Health and Dr. Stephen Cagle, Oklahoma City-
County Board of Health, Chair called the Tri-Board meeting to order on Tuesday, October 6, 2014 at 1:09
p.m. The final agenda was posted on October 5, 2014 on respective Board websites as well the building
entrance on October 5, 2015 at 1:00 p.m.

OSBH Members in Attendance: Ronald Woodson, M.D., President; Cris Hart-Wolfe, Secretary-Treasurer;
Charles W. Grim, D.D.S.; Timothy E. Starkey, M.B.A.; Jenny Alexopulos, D.O.; Robert S. Stewart, M.D.
Absent: Martha Burger, M.B.A., Vice-President; Terry Gerard, D.O.; R. Murali Krishna, M.D.

OSDH Staff in Attendance: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner Protective
Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman,
Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director
of Internal Audit and Office of Accountability Systems; Tony Sellars, Office of Communications; Deborah
Nichols, Chief Operating Officer; VaLauna Grissom, Secretary to the State Board of Health.

OCCBH Members in Attendance: Dr. Stephen Cagle, Dr. Courtney Gray, Dr. Timothy Hill, Mary Mélon,
Dr. William Mills, Scott Mitchell and Dr. Lois Salmeron. Dr. Gary Raskob arrived at 1:13 p.m. and Dr. J.
Don Harris arrived at 1:17 p.m.

OCCHD Staff in Attendance: Gary Cox, Bob Jamison, Myron Coleman, Tony Miller, Alicia Meadows,
Jackie Shawnee, Shannon Welch, Laura Holmes, Phil Maytubby, Dave Cox, and Patrick McGough.

TCCBH Staff in Attendance: Dr. Bruce Dart, Karla Benford

Visitors in attendance: (see sign in sheet)

OPENING REMARKS, INTRODUCTIONS
Dr. Woodson welcomed all to the annual Tri-Board meeting thanking specials guests for their attendance.
Dr. Cagle thanked the Oklahoma State Health Department, on behalf of himself, the OCCHD Board, and
Executive Director Gary Cox, for hosting the Tri-Board board meeting.
Dr. Bruce Dart, Director for the Tulsa Health Department thanked the Oklahoma State Department of
Health for hosting and passed along the regrets of the Tulsa Board of Health as they were unable to be in
attendance.

REVIEW OF MINUTES – OSBH
Dr. Woodson asks for motion/discussion for approval of Minutes for July 14, 2015 and August 14-16, 2015.
Dr. Alexopulos moved Board approval of the July 14, 2015 meeting minutes as presented. Second Dr. Grim.
Dr. Stephen Cagle asked for a motion from the Oklahoma City County Board of Health to adopt the policy agenda priorities as presented. Dr. Timothy Hill made the first motion and Mary Mélon seconded this motion. Roll call: Dr. Stephen Cagle, Dr. Courtney Gray, Dr. Timothy Hill, Mary Mélon, Dr. William Mills, Dr. Gary Raskob, Scott Mitchell nay, Dr. Lois Salmeron and Dr. J. Don Harris were absent for vote. Motion Carried.

Dr. Bruce Dart indicated the Tulsa Board of Health would consider the adoption of the policy agenda priorities as presented at the next Board meeting.

CHAIRMAN’S REPORT – OCCBH
Dr. Stephen Cagle stated that it is his pleasure to be there and represent the Board and thanked all who came. He invited everyone to visit the NE Regional Health and Wellness Campus and utilize the sports fields and walking trails. He informed everyone of the future South campus similar to the model at the NE Regional Campus. OCCCD will add a proposed date and time of October 4, 2016 1:00 p.m., to the December Board of Health Agenda.

PRESIDENT’S REPORT – OSBH
Dr. Woodson provided a brief update of the State Board of Health retreat. The retreat was productive and the product was a new 5 year strategic map to be implemented in January 2016. He thanked all who participated and partnered in this process. Dr. Woodson reminded Board members to complete the post-retreat survey. Dr. Woodson proposed a 2016 Board of Health Meeting schedule for review and approval by the Board.

Dr. Alexopulos moved Board approval to adopt the 2016 Board schedule as presented. Second Ms. Wolfe. Motion Carried.

AYE: Alexopulos, Grim, Starkey, Stewart, Wolfe, Woodson
ABSENT: Burger, Gerard, Krishna
See Attachment F for 2016 Board of Health Meeting Schedule.

NEW BUSINESS
No new business.

ADJOURNMENT
Dr. Stewart moved board approval to adjourn. Second Dr. Grim. Motion Carried
AYE: Alexopulos, Grim, Starkey, Stewart, Wolfe, Woodson
ABSENT: Burger, Gerard, Krishna

Dr. Stephen Cagle asked for a motion to adjourn. Mary Mélon made the first motion to adjourn, Dr. William Mills seconded this motion. Vote taken: Dr. Stephen Cagle, Dr. Courtney Gray, Dr. Timothy Hill, Mary Mélon, Dr. William Mills, Scott Mitchell. Motion Carried.

The meeting adjourned by unanimous consent at 3:02 p.m.

Approved

Ronald Woodson,
President, Oklahoma State Board of Health
December 8, 2015
**ORGANIZATIONAL UPDATE**

- Launched Oklahoma Health Improvement Plan (OHIP) 2020 (March 2015)
- Finalized OSDH agency strategic plan (August 2015)
- Continue with the Collaborative Improvement and Innovation Networks (COIIN) to reduce infant mortality
- **Tobacco**
  - 24/7 tobacco free schools
  - Adult smoking prevalence
- **Obesity**
  - Fitness Gram
  - Health In All Policies (HiAP)
- **Health Transformation**
  - NGA Workforce Policy Academy (October 2015)
  - Awarded and implementing SIM Model Design grant
- **Ebola**

**OKLAHOMA STATE DEPARTMENT OF HEALTH PERFORMANCE MANAGEMENT MODEL**

**QUALITY IMPROVEMENT**

**NATIONAL**
- Healthy People 2020/2030
- A Model for Measuring and Improving Performance
- Turning Point Performance Management System
- Accreditation
- Social and Behavioral Health Accountability & Continuous Improvement Tool

**STATE**
- Oklahoma Health Improvement Plan
- Tools to State’s Health Report

**AGENCY**
- Strategic Plan: Total - Strategic Map
- Strategic Targeted Action Teams/Plans Tool - Step Up
- Core Public Health Priorities Document: Action Plan

**SERVICE AREA & COUNTY HEALTH DEPARTMENT**
- Community Quality Improvement
- Service Area/CHD Strategic Plans Tool – Step Up

**INDIVIDUAL EMPLOYEE**
- Individual Employee
- Individual Contribution Tool – Agency Individual Performance Management Process (PMP) Evaluations

**OHIP FRAMEWORK**

1. **Health Transformation**
   - Improve Targeted Health Outcomes for Oklahoma's Public
   - Identify and Reduce Health Disparities
   - Focus on Core Public Health Priorities
   - Use a Life Course Approach to Health and Wellness

2. **Health Education**
   - Promote Health Improvement Through Policy, Education, and Healthy Behaviors
   - Foster Data-Driven Decision Making and Evidence-Based Practices

3. **Health Systems**
   - Strengthen Oklahoma’s Health System Infrastructure
   - Strengthen the Department’s Effectiveness and Adaptability
   - Expand and Deepen Partnership Engagement

4. **Private/Public Partnerships**
   - Leverage Shared Resources to Achieve Population Health Improvements
   - Engage Communities in Policy and Health Improvement Initiatives

5. **Social Determinants**
   - Strengthening Our Health Workforce Transformation
   - Align Health System Goals and Incentives Across the Spectrum
   - Evaluate and Reduce Regulatory Barriers to Health Outcome Improvement

6. **Flagship Issues**
   - Identify and Develop Public Health Champions
   - Develop Strategic Partnerships to Achieve Prioritized Health Outcomes
   - Leverage Shared Resources to Achieve Population Health Improvements

7. **Tobacco Use**
   - Promote Health in All Policies (HiAP) Actions
   - Reduce Tobacco Use
   - Implement the Smoke Free School Act

8. **Oversight**
   - Enhance Performance Management Practices and Reporting
   - Address the Social Determinants of Health and Improve Health Equity

- OHIP & STRATEGIC PLAN
- OKLAHOMA HEALTH IMPROVEMENT PLAN
- OHIP2020.com
PREPARING FOR A LIFETIME
& EVERY WEEK COUNTS

PREPARING FOR A LIFETIME
Infant Mortality Collaborative Improvement and Innovation Networks (CoINs)
- Preconception/Interconception
- Prematurity
- Safe Sleep
- Social Determinants
ASTHO Multi-State Learning Community
- Breastfeeding
- Long Acting Reversible Contraceptives (LARC)
AMCHP/RWJF Improving Infant Outcomes
- Racial and Ethnic Disparities

SUCCESES

ONGOING CHALLENGES

TOBACCO

OKLAHOMA PUBLIC SCHOOL DISTRICT
ADOPTION
24/7 TOBACCO-FREE POLICIES

OKLAHOMA DEPARTMENT OF HEALTH: CREATING A STATE OF HEALTH. WWW.HEALTH.OK.GOV
**UHF SMOKING MEASURE**

**OKLAHOMA AND THE NATION**

![Graph showing smoking rates in Oklahoma compared to the nation.](image)

**America's Health Rankings® Edition**

**OBESITY**

**FITNESS GRAM**

**Locations**

- Completed First Year of Program
- 247 School Site MOUs
- 192 Schools Trained
- 9,879 Individual students assessed
- Approx. 50% of students in BMI Healthy Fitness Zone *

*Not a representative sample

**HEALTH IN ALL POLICIES**

- Aspen Institute TeamWork Award
- Intersectoral, multi-disciplinary team
- Applying Health Impact or Health Lens Assessment
- Integrated with Oklahoma Works
  - Workforce
  - Education
  - Health

**HEARTLAND OKLAHOMA**

**Pilot Success**

- Standardized BP protocol
- Community determined pay for performance
- Multi-disciplinary, organization team
- Use of Medicaid predictive analytics tools for provider notification
- Multi-payer participation

**Heartland OK Expanded to 12 Counties**

![Map showing Heartland OK expansion](image)
NGA POLICY WORKFORCE ACADEMY

- NGA Health Workforce Policy Academy
- Governor supported multi-disciplinary team
- Integrated into and governed through OHIP Health Workforce Team
- Key partnerships include economic development and workforce, academic and health technology

OKLAHOMA STATE INNOVATION MODEL (OSIM)

- Statewide collaborative grant process
- Multi-payer payment & delivery system reform initiative
- $2 Million
- Links clinical population goals and community health goals
- Achieving the Triple Aim

EBOLA

- Traveler monitoring
  - Total of 90 travelers monitored statewide
- Public Health Emergency Preparedness Funding ($1,874,584)
  - State and local health departments for on-going activities
- Hospital Preparedness Funding ($1,170,175)
  - OU, EMSA, Assessment Hospitals
- OSDH Emerging Infectious Disease Response ICS is scheduled for demobilization effective October 6, 2015
  - Active traveler monitoring, laboratory biosafety and medical readiness will continue in accordance with protocols and guidance
OCCHD UPDATE
TRI-BOARD
2015

Gary Cox, J.D.
Executive Director
Oklahoma City-County Health Department

INNOVATION IN ACTION

• Regionalization
  • Bring preventive, primary and mental health services to the communities with most disparate health outcomes
  • Developing a new evidence-base
    • My Heart – CVD Prevention project that connects under and uninsured clients with regular clinical visits and healthy lifestyle coaching
    • CHW Hospital Pilot – Integrating CHWs in local Emergency Departments to reduce inappropriate utilization of services

EXECUTIVE SUMMARY

TOTAL WELLNESS

• The effectiveness of the 8-week course is equivalent to the 12-week course on the 5% body weight loss goal, after controlling for demographic information, food diary completion, and physical activity. The data collected demonstrates that the 8-week curriculum was as effective as the 12-week course when addressing change in graduate biometrics and development of healthy habits.
  • The majority of graduates realized significant decreases in triglyceride levels, fasting blood sugar levels, total cholesterol levels and systolic blood pressure.
  • 14.9% of graduates achieved the primary goal of at least 5% body weight loss. Logistic regression was conducted to determine the effectives of course length on the 5% body weight loss goal.

INNOVATION IN ACTION

• Using systematic evaluation to increase effectiveness of proven programs
  • Total Wellness – modified length and curricula in response to evaluation findings
  • Internal integration of clinical and community health services – Community Health Workers (CHWs) in all clinical locations
  • Health at School - team-based approach to provide the WCWSWC model in targeted under-served and at risk communities

• Investing in public health information technology infrastructure
• Developing systematic methods for completing Community Health Needs Assessment
• Disseminating data to non-traditional partners
CREATING SYSTEMS OF CARE

- Integration of Health Services
  - Public Health
  - Mental Health
  - Pharmacy
  - Clinical Care
  - Dental
- CHW Hospital Pilot
ENGAGING NON-TRADITIONAL PARTNERSHIPS

Examples of Engagement
• CEO Forum
• Open Streets
• Family Fun Nights
• Community Gardening
• School Partnership
• Law Enforcement
• Faith Based Community

CEO FORUM

OPEN STREETS

CREATING A CULTURE OF QUALITY
• Using PHAB Standards to Drive Organizational Culture of Improvement and Transparency
  • Reducing staff through attrition, re-allocating duties and funds more effectively
  • Strategic Planning Process which is tracked and disseminated at all levels for input and feedback
  • Purposeful engagement of staff in developing and implementing Quality Improvement projects and initiatives
  • Ongoing efforts to develop and implement a staff-driven performance management system

CREATING RELATIONSHIPS
• Engage federal delegation
  • Invitations to all federal legislators to visit and tour regional campuses
  • Work with federal partners to develop mechanisms to support direct funding to locals as well as states
• Engage with National Association of County and City Health Officials and/or State Association of Health Officials to develop collective agendas
• Build relationships with appropriate federal agencies: CDC, HRSA, CMS, and others
**WHEN IS CHANGE NECESSARY?**

“Change across our nation’s diverse health departments will occur at different times and at different paces, but beginning the process is necessary for departments of all sizes whether or not they have lost resources. The demands of the future are unavoidable. Governmental public health must be ready to meet them.”

**CHIEF HEALTH STRATEGIST**

The Local Health Department as Chief Health Strategist:
- Investing in innovation and best practices
- Collaborating with traditional and non-traditional partners
- Emphasizing use of multi-level, upstream approaches to improving population health

**THOUGHT PROVOKERS**

- How should public health departments reorganize themselves internally - no matter what size - to take advantage of opportunities, partnerships, networks, big data, and the Affordable Care Act?
- How can public health departments pay for this? What kind of flexible financing structures are needed?
- Who are, or could be, critical partners in advocating with public health and for health priorities?
- How can this become a priority of public health departments?
THD’s Plan

• Need: Develop a Strategic Map for 2016-2020
• How: In-house facilitation
• Who: Policy & Health Analytics and QI/Service Excellence managers
• Why: Assurance that our goals align with our Mission/Vision & Core Values
• What: Present draft Strategic Map goals to BOH

AIM Statement

What is an AIM statement?:
This is a QI tool that is used to restrict the problem statement or task to a discrete issue. It directs team attention to the goal and specified parameters. The AIM statement focuses on a specific target that is time-bound, measureable, and outcome based.

Our AIM Statement Today

“To create the updated 2016-2020 THD Strategic Map to benefit the department and the community that it serves. This process will begin on August 1, 2015 and conclude by December 31, 2015, with an overall goal of creating consensus, communication and understanding of the steps used in the creation of the 2016 THD Strategic Map.”

Buzzword: ROI

• BOH strongly encouraged developing a process to measure program effectiveness in alignment with traditional business practices of:
  • Cost benefit analysis
  • Return on Investment
• Evaluate effectiveness of programs
• Evaluate current investment & capacity vs. needed capacity
• Recommend where to invest/divest
Divisions of THD

Four THD divisions that support core public services (Foundational Areas):
- Community Health Services
- Health Promotion & Community Engagement
- Environmental Public Health
- Health Data & Evaluation

Four THD divisions that support THD:
- Creative Services and Marketing
- Finance
- Human Resources
- Legal

Who’s Involved

Executive Director, Dr. Bruce Dart
Health Promotion & CE, Pam Rask
Environmental Public Health, Elizabeth Nutt
Creative Services & Marketing, Kaitlin Snider
Resource Development, Leslie Carroll
Health Data & Evaluation, Kelly VanBuskirk
Policy & Health Analytics, Joani Dotson
Chief Operating Officer, Reggie Ivey
Facilities & Management, Chanteau Orr
Community Health Services, Priscilla Haynes
Finance Dept., Jumao Wang
Human Resources, Scott Buffington
Organizational Development, Jessica Cowles
Legal, Tery DeShong
QI / Customer Service, Jill Almond
DO Executive Assistant, Karla Benford

Strategic Map Retreat

- Historical success
- Upcoming opportunities and challenges
- Agency and division specific goals
- Activities & skills THD must maintain or grow
- How finances will be used to measure

Mission & Vision Principles

- Healthy Environment
- Healthy People
- Community Empowerment & Respect
- Health Equity

Core Values

We carry out our mission by upholding our core values:
- Accountability
- Collaboration
- Effective
- Empower

Strategic Map: the New (working draft)
Next Steps

Working with Division Chiefs on Prioritization and Control/Influence (QI tools)

**Not forgetting the AIM Statement!**

Communicating and ensuring understanding with Managers

Program development of prioritized objectives

Connect it all into financial measurement tool

Present the final map to BOH in December

Implement January 2016

Questions/comments?

THANK YOU!
Oklahoma State Department of Health

Oklahoma State Innovation Model (OSIM) Update

Tri-Board Meeting
October 6, 2015

ATTACHMENT D

OHIP 2020 FRAMEWORK

PRIVATE/PUBLIC PARTNERSHIPS

HEALTH SYSTEMS

HEALTH TRANSFORMATION

HEALTH EDUCATION

FLAGSHIP ISSUES

TOBACCO USE

OBESITY

CHILD HEALTH

BEHAVIORAL HEALTH

SOCIAL DETERMINANTS

EDUCATION & LTA INSIGHT

HIGH HEALTH GENERATION

The Importance of Population Health & Healthcare Integration

Current System

Future System

• Fee-for-service/encounter based
• Poor coordination and management for chronic diseases
• Lack of focus on the overall health of the population
• Unsustainable costs
• Fragmented delivery system with variable quality

• Patient-centered (mental, emotional, and physical well-being)
• Focused on care management and chronic disease prevention
• New focus on population-based outcomes
• Reduces costs by eliminating unnecessary or duplicative services
• Incentivizes quality performance on defined measures

Source: CMS SIM Round Two Funding Opportunity Announcement Webinar

OVERVIEW OF THE STATE INNOVATION MODEL PROJECT

The Oklahoma State Innovation Model (OSIM) is a multi-payer initiative aligned to the Triple Aim Strategy to improve care, population health, and costs.

OSIM DELIVERABLES

The SHSIP is the primary deliverable from the OSIM initiative
OSIM MEASURE ALIGNMENT

OSIM Population Health Goals

- Tobacco Use
  - Four level smoking status
  - Percent with a quit attempt in the last year
- Obesity
  - Adult BMI
  - Youth BMI
  - Physical Activity Guidelines
  - Adult Fruit and Vegetable Consumption
  - Food Deserts/Food Availability
- Adult Hypertension
  - Taking medicine for high blood pressure control among adults age ≥ 18 years
- Adult Diabetes
  - Percentage of Adults with Diabetes having two or more A1c tests in the last year
- Behavioral Health
  - TBI

OSIM Clinical Population Health Goals

- Never smoker
- Second hand smoke
- Total cholesterol
- Blood pressure
- Diabetes
- BMI

POPPATION HEALTH NEEDS ASSESSMENT

County Health Factors by Quartile Ranking, Oklahoma, 2015

Lighter colors indicate better performance in Healthy Behaviors, Clinical Care, Social/Economic Factors, and Physical Environment measures.

COMMUNITY COORDINATION ORGANIZATION (CCO MODEL)

Function

- For Providers:
  - Surrounding/Supporting the Practice
  - Practice Facilitation
  - Health IT Resource
  - Care Coordination Co-op
  - Quality Measure Reporting Co-op

Issues Addressed

- Social Determinants of Health
- Care Coordination
- Supports Provider and reduces Provider Burden
- Responds to barriers to compliance

Supporting Infrastructure

- Community health and social services providers
- Community health coalitions
- Public health

Flexibility

- Scalable allowing for different providers to perform different functions based on community
- Able to wrap around existing models
- Able to include other delivery system & payment tools (e.g., PCMH)

CARE COORDINATION ORGANIZATION

Executive Board

- Support Regional CCO’s from multi-payer pool
- HIT Infrastructure / resource
- Link to public/private governance

CCO

- Types of care
- Reports data/analytics to providers
- Social resource hubs/patient navigation
- Link to primary care and hospitals through reporting and support services
- Provide practice enhancement
- Provider care coordination
- Organization is responsive to all patients

OSIM WORKGROUP UPDATE: HEALTH EFFICIENCY & EFFECTIVENESS

Health Efficiency & Effectiveness

Deliverable / Milestone | Status | Date
--- | --- | ---
Population Health Needs Assessment | Completed | 8/17
Initiatives Inventory | Completed | 7/20
Core Delivery Models | Reviewed, Undergoing revisions for final version | 8/17
High Cost Services | Reviewed, Undergoing revisions for final version | 8/24

Key Findings

- Chronic disease affects all populations within the state, albeit at somewhat varying degrees
- 23.5% of adults in Oklahoma have hypertension, the 9th highest rate nationally
- Oklahoma is the 6th most obese state in the nation
- Diabetes, hypertension, eating, physical activity and nutrition, and tobacco use are risk factors associated with heart disease and cancer—the leading causes of death in Oklahoma
- The most common initiatives found in Oklahoma are concentrated on improving behavioral health
- 86% of initiatives have a project length of that is less than 5 years, 46% of the those initiatives are 1 year

OSIM WORKGROUP UPDATE: HEALTH WORKFORCE

Health Workforce

Deliverable / Milestone | Status | Date
--- | --- | ---
Provider Organizations | Completed | 8/05
Gap Analysis | Completed | 8/05
Emerging Trends | Reviewed, Undergoing revisions for final version | 9/01
Policy Prospectus | Avoiding deliverable completion | 10/91

Key Findings

- Major landscape overview invented the number various provider types in Oklahoma
- Significant number of disparate provider to population ratios for dentists and psychologists
- Significant number of disparate provider to population ratios for dentists and psychologists
- Although precision of measurement is lacking, it is evident that there is a severe shortage of primary care providers
- Workforce data must be improved to accurately depict the shortage and need
NATIONAL GOVERNOR’S ASSOCIATION: A PLAN FOR HEALTH WORKFORCE TRANSFORMATION

High Quality Data
- Determined minimum data set, integrating into licensure renewal
- Centralizing and aggregating data
  - OSDH

Expanded health workforce surveys - OSDH

NEXT STEP
- Linking to education (including GME)
- Linking to economic data
- Rational care delivery areas

Healthcare Professionals Needed by 2025

- Magnetic Resonance Imaging Technologists
- Nurse Anesthetists
- Pediatricians, General
- Psychiatrists
- Anesthesiologists
- Internists, General
- Respiratory Therapists
- Diagnostic Medical Sonographers
- Optometrists
- Phlebotomists
- Nurse Practitioners
- Radiologic Technologists
- Medical and Clinical Laboratory Technologists
- Mental Health Counselors
- Medical and Clinical Laboratory Technicians
- Physical Therapists
- Medical Records and Health Information Technicians
- Pharmacists
- Physicians and Surgeons, All Other
- Medical and Health Services Managers
- Licensed Practical and Licensed Vocational Nurses
- Registered Nurses
- Physical Therapists

Enrollment by Insurance Source

Health Finance

Key Findings
- Reduction in the number of uninsured Oklahomans in 2014
- Rise in premium amounts expected for 2016, could impact uptake
- OSDH can engage 80% of the insured market by including the top six carriers
  - Medicaid, Medicare, EGID, and public programs
  - With 25% of the covered lives insured through other self-funded employer sponsored health plans, it will also be imperative to engage these businesses to achieve the goal of engaging 80% of the insured market.
**State of Oklahoma: Federally Facilitated Marketplace (FFM) Average Premium and Cost Sharing by Metal Level**

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Average Premium 2014</th>
<th>Average Premium 2015</th>
<th>Average Deductible (Single/Family) 2015</th>
<th>Average OOP Max (Single/Family) 2015</th>
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<tbody>
<tr>
<td>Bronze</td>
<td>$163.28</td>
<td>$173.64</td>
<td>$5,200/ $11,400</td>
<td>$6,400/ $12,900</td>
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<tr>
<td>Silver</td>
<td>$212.58</td>
<td>$222.56</td>
<td>$4,200/ $9,300</td>
<td>$6,000/ $12,200</td>
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<tr>
<td>Gold</td>
<td>$259.16</td>
<td>$280.07</td>
<td>$1,600/ $4,400</td>
<td>$3,800/ $9,600</td>
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<tr>
<td>Platinum</td>
<td>$343.75</td>
<td>$396.95</td>
<td>Not Available</td>
<td>Not Available</td>
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<tr>
<td>Catastrophic</td>
<td>$134.30</td>
<td>$135.38</td>
<td>Not Available</td>
<td>Not Available</td>
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Source: Oklahoma State Innovation Model Insurance Market Analysis prepared by Milliman

**RELATIVE COSTS FOR CHRONIC DISEASE FOR OKLAHOMA COMMERCIAL CARRIERS**

<table>
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<tr>
<th>Condition</th>
<th>Relative Cost</th>
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<tbody>
<tr>
<td>Obesity</td>
<td>3.42</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3.80</td>
</tr>
<tr>
<td>Hypertension</td>
<td>2.91</td>
</tr>
<tr>
<td>Tobacco Usage</td>
<td>3.60</td>
</tr>
<tr>
<td>Entire Population</td>
<td>1.00</td>
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**OSIM WORKGROUP UPDATE: HEALTH INFORMATION TECHNOLOGY**

**Health Information Technology**

<table>
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<tr>
<th>Deliverable / Milestone</th>
<th>Status</th>
<th>Date</th>
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<tbody>
<tr>
<td>EHR / HIE Surveys</td>
<td>Complete</td>
<td>08/10</td>
</tr>
<tr>
<td>Value Based Analytics Roadmap</td>
<td>Preliminary deliverable received, undergoing internal review</td>
<td>08/10</td>
</tr>
<tr>
<td>HIT Plan: Internal Review</td>
<td>Outline of HIT plan and conceptual design complete and currently undergoing review</td>
<td>09/10</td>
</tr>
<tr>
<td>HIT Plan: CMS submission</td>
<td>Pending completion of stakeholder review</td>
<td>11/10</td>
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**Key Findings**

- Electronic Health Record / Health Information Exchange Surveys:  EHRI penetration is fairly strong in urban Oklahoma, but weaker in rural areas
- Financial limitation is still the number one reason for not adopting HIT technology
- Two predominant health information exchanges (HIE) have similar coverage and structures
- 3 different paths to interoperability within the state are suggested
  - Network of exchanges, select an existing HIE, state sponsored HIE

**VBA CONCEPTUAL DESIGN PROPOSAL DISCUSSION**

**Value-Based Analytic Roadmap**

- Three process phases:
  1. Governance
  2. Technology
  3. Adoption

**Design that Supports the Following:**

- Develops trust among providers through proper governance
- Supportive of current competitive HIE environment
- Capable of complementing existing data streams and systems
- Capable of allowing participation from entities not otherwise participating with private HIEs

**OSIM: Stakeholder Engagement**

<table>
<thead>
<tr>
<th># of Stakeholder Meetings</th>
<th>March/April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
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<td></td>
<td>10</td>
<td>13</td>
<td>13</td>
<td>16</td>
<td>13</td>
<td>9 (as of 9/18)</td>
<td>74</td>
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**Business**

- State Chamber of Commerce
- Tulsa Chamber of Commerce
- Oklahoma City Chamber of Commerce
- Yukon Chamber of Commerce
- Oklahoma Restaurant Association

**Insurance & Health Systems**

- Global Health HMO
- Blue Cross/Blue Shield
- St. John Health System
- St. Anthony ACO
- Variety Care LLC

**Advocacy Groups**

- Oklahoma Hospital Association
- Oklahoma Primary Care Association
- The Rural Health Conference of Oklahoma
- Oklahoma Healthy Aging Initiative
- Oklahoma City Health Underwriters Association

**QUESTIONS**
Economic Research Confirms That Cigarette Tax Increases Reduce Smoking

• Cigarette tax or price increases reduce both adult and underage smoking.

• A cigarette tax increase that raises prices by ten percent will reduce smoking among pregnant women by seven percent, preventing thousands of spontaneous abortions and still-born births, and saving tens of thousands of newborns from suffering from smoking-affected births and related health consequences.

Source: Campaign for Tobacco-Free Kids

Economic Research Confirms That Cigarette Tax Increases Reduce Smoking Continued

• Cigarette price and tax increases work even more effectively to reduce smoking among males, Blacks, Hispanics, and lower-income smokers.

• By reducing smoking levels, cigarette tax increases reduce secondhand smoke exposure among nonsmokers, especially children and pregnant women.

• Cigarette smoking is the number one cause of preventable disease and death worldwide.

Source: Campaign for Tobacco-Free Kids

Recent State Experiences

• In every single state that has significantly raised its cigarette tax rate, pack sales have gone down sharply.

• Some of the decline in pack sales comes from interstate smuggling and from smokers going to other lower-tax states to buy their cigarettes.

• However, reduced consumption from smokers quitting and cutting back plays a more powerful role.

Source: Campaign for Tobacco-Free Kids

Increasing U.S. Cigarette Prices and Declining Consumption
Per Capita Cigarette Sales
Oklahoma and United States

* A voter-approved increase in Oklahoma’s cigarette tax took effect on January 1, 2005, midway through fiscal year 2005.


Projected New Annual Revenue from Increasing the Cigarette Tax Rate:

<table>
<thead>
<tr>
<th>$1.50</th>
<th>$1.00</th>
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<tbody>
<tr>
<td>$181.99 million</td>
<td>$140.84 million</td>
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</table>

New Annual Revenue is the amount of additional new revenue over the first full year after the effective date. The state will collect less new revenue if it fails to apply the rate increase to all cigarettes and other tobacco products held in wholesaler and retailer inventories on the effect date.

Source: Campaign for Tobacco-Free Kids and Cancer Action Network

Projected Public Health Benefits for Oklahoma from the Cigarette Tax Rate Increase:

<table>
<thead>
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<table>
<thead>
<tr>
<th>Benefit</th>
<th>$1.50 Cost Savings</th>
<th>$1.00 Cost Savings</th>
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</thead>
<tbody>
<tr>
<td>Percent decrease in youth smoking:</td>
<td>18.2%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Youth under age 18 kept from becoming adult smokers:</td>
<td>35,300</td>
<td>23,500</td>
</tr>
<tr>
<td>5-Year health care cost savings from fewer smoking-related pregnancies &amp; births:</td>
<td>$15.60 million</td>
<td>$10.39 million</td>
</tr>
<tr>
<td>5-Year health care cost savings from fewer smoking-related heart attacks &amp; strokes:</td>
<td>$13.02 million</td>
<td>$8.68 million</td>
</tr>
<tr>
<td>5-Year Medicaid program savings for the state:</td>
<td>$3.33 million</td>
<td>$2.22 million</td>
</tr>
<tr>
<td>Long-term health care cost savings from adult &amp; youth smoking declines:</td>
<td>$1.40 billion</td>
<td>$938.67 million</td>
</tr>
</tbody>
</table>

Source: Campaign for Tobacco-Free Kids and Cancer Action Network

For More Information

Mark Newman, Ph.D., Director, Office of State and Federal Policy
(405) 271-4200
MarkSN@health.ok.gov

QUESTIONS
OKLAHOMA STATE BOARD OF HEALTH MEETINGS
1000 N.E. 10th Street, Room 1102
Oklahoma City, OK 73117
(405) 271-8097

PROPOSED DATES

First Quarter
January 12, 2016 (11:00 a.m.)
February 9, 2016 (11:00 a.m.)
March 8, 2016 (11:00 a.m.) Pottawatomie CHD

Second Quarter
April 12, 2016 (11:00 a.m.)
May 10, 2016 (11:00 a.m.)
June 14, 2016 (11:00 a.m.) Choctaw CHD

Third Quarter
July 12, 2016 (11:00 a.m.)
August 12-13, 2016 (Chickasaw Retreat & Conference Center)

Fourth Quarter
October 4, 2016 (1:00 p.m. Oklahoma County)
December 13, 2016 (11:00 a.m.)