Annual Report

Fiscal Year 2016

July 1, 2015 to June 30, 2016

Table of Contents

Executive Summary

Mission

The Mission of the Sooner Health Access Network is to improve the health of SoonerCare Choice members through providing comprehensive, high-quality, evidence-based care management and quality improvement services, while leveraging health information technology to boost outcomes and broaden access to care.

Vision

The Vision of the Sooner Health Access Network is to advance the Triple Aim among both SoonerCare Choice members and their providers. We strive to promote better health care for the population, better experience of care for individuals, and lower costs through continuous improvement efforts.

Summary of Core Functions

The Sooner Health Access Network (Sooner HAN) ended Fiscal Year (FY) 2016 with an enrollment of 101,255 SoonerCare Choice members across 57 primary care practices. During FY 2016, 155,271 unique members were enrolled.

Care Management

The focus of FY 2016 was expansion of care management groups within the Sooner HAN. The Sooner HAN added a new target group, diabetes to the care managed populations. A total of 2,107 unique members received care management throughout FY 2016.

The primary areas of growth within care management resulted from a combination of the continued effort to use claims data to identify and intervene earlier with members who have uncontrolled asthma or high emergency room (ER) utilization and the addition of a diabetes targeted intervention. Care management of members with uncontrolled asthma as defined by evidence-based guidelines grew from 186 in FY 2015 to 265 in FY 2016, representing a 42% increase. Care management of members with high ER utilization decreased from 156 to 77 for Tier 1 (10+ visits in 6 months) and increased from 399 to 545 for Tier 2 (2-9 visits in 6 months), a decrease of 51% and an increase of 37%, respectively. The primary decrease in Tier 1 resulted from the better monitoring of the number of ER visits and adjusting Tier level throughout the year. Additionally, this correlates with the continuing decrease of ER use throughout the entire Sooner HAN population over the past six fiscal years.

The General HAN care management group was created in FY 2014 to address the needs of members who might benefit from care management services but did not fit into any of the existing care management groups. Many of the members in this group have been referred by Sooner HAN providers because they require a higher level of care management than the primary care clinics are able to provide. The General HAN category increased from 95 members served in FY 2015 to 161 members served in FY 2016, an increase of 69%.

The Sooner HAN participated with OU Internal Medicine in a Patient Centered Outcomes Research Institute (PCORI) grant, led by the National Committee of Quality Assurance (NCQA), assessing the impact of a patient centered approach on diabetes outcomes. In this project the Sooner HAN targeted SoonerCare Choice members eligible for the project. A result of this project was the creation of the care management

target group focused around diabetes. At the end of FY 2016 180 unique members had received care management services due to uncontrolled diabetes.

Referral Management

The Sooner HAN Doc2Doc team, in coordination with the Doc2Doc vendor, completed an interface between the Oklahoma Healthcare Authority (OHCA) and the Doc2Doc referral management tool in early 2016. The interface allows users to obtain required visit authorizations from the OHCA Secure Provider Portal in less than one minute to facilitate timely care transitions. Completion of this project allows referral coordinators to work more efficiently, eliminating the need for duplicate entry.

Utilization of the Doc2Doc referral tool by Sooner HAN clinics has increased as a result of the interface with OHCA, marketing efforts, and enhanced reporting capabilities. Increased Doc2Doc utilizations has optimized access to specialty care for up to 8,000+ SoonerCare Choice members.

Quality Management

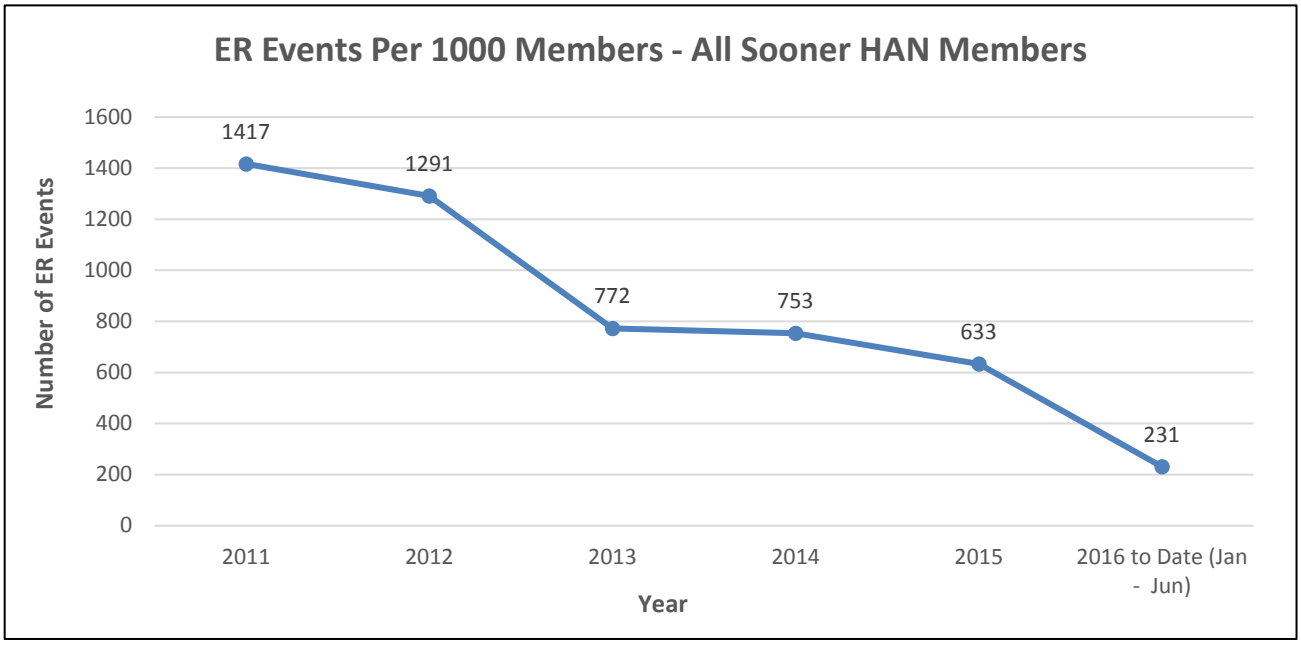
The Sooner HAN continues to provide quality improvement services to Sooner HAN provider practices. In FY 2016, the Sooner HAN assisted a large primary care practice group in Tulsa to redesign clinic workflow and processes to further streamline the patient centered medical home approach. In this same clinic, Sooner HAN staff also participated in implementing diabetes patient centered approaches into the current office visit workflow to evaluate its feasibility. Assistance on these projects will continue into FY 2017.

Sooner HAN staff set up meetings with numerous clinics during FY 2016 to build relationships with new staff, discuss the HAN services of quality improvement, care management, and referral management. In addition, Sooner HAN staff shared examples of reports that can be generated for each clinic for quality improvement monitoring, and discussed clinic issues brought forth by clinic staff. These meetings will continue in FY 2017.

Significant effort was devoted to developing reports for providers based on roster and claims data utilizing the Pentaho business analytics software upgraded in FY 2016. Specifically, numerous providers are currently utilizing the roster reports automatically generated each month that designate new members added to the roster. The roster report includes demographic data such as member address and phone numbers so clinics can conduct outreach activities including welcome phone calls and letters to encourage new members to establish care with the clinic. In addition, practices are using utilization reports showing emergency room visits and hospitalizations. These reports include diagnoses to assist in identifying patterns and trends. Based on provider preferences, reports can be customized to the desired timeframe and include items such as the number of ER and inpatient events, location of facility, day of week, ICD codes, provider specific detail, member specific detail, and care management status.

A significant trend over the past five years has been the decline in ER visits/1000 members. Although ER visits rose from 61,675 in 2011 to 96,031 during 2015, membership grew from 43,534 members served during 2011 to 151,692 members during 2015. Using the calculation of ER Events Per 1000 Members (PTM), ER utilization has decreased significantly from 2011 to 2015, from 1417 PTM to 633 PTM, a 55% decrease.

ER Events - All Sooner HAN Members	2011	2012	2013	2014	2015	2016 (Jan-Jun)
ER Events	61,675	91,300	103,423	105,973	96,031	32,214
Unique Members	43,534	70,698	133,884	140,710	151,692	139,596
ER Events Per 1000 Members	1417	1291	772	753	633	231



Regarding tier advancement, most providers have advanced to the tier level of their preference and are not interested in pursuing further tier advancement at this time. Other providers have been interested in tier advancement and had the internal resources to accomplish tier advancement without assistance from the Sooner HAN. In FY 2016, the Sooner HAN staff began assisting a small primary care clinic that failed an OHCA annual audit and was required to submit a plan of correction. This effort will continue into FY 2017 and is focusing on creating a solid infrastructure and creating policies, procedures, flow charts, and job aids to standardize and streamline key processes. The Sooner HAN quality staff will continue to offer assistance to providers eligible for tier advancement to increase the level of service provided to their members and maximize potential reimbursement.

In addition, a Sooner HAN quality committee was established in July of FY 2016. Members include the HAN Director, Community Analytics Director, Medical Director, Behavioral Health Medical Director, Faculty, Clinical Manager, Quality Manager, and Operations Manager. Additional members will be added as necessary in the future. Meetings are held at least quarterly to review performance measures and discuss opportunities for improvement. Some of the major goals for FY 2017 are highlighted below.

Goals for FY 2017

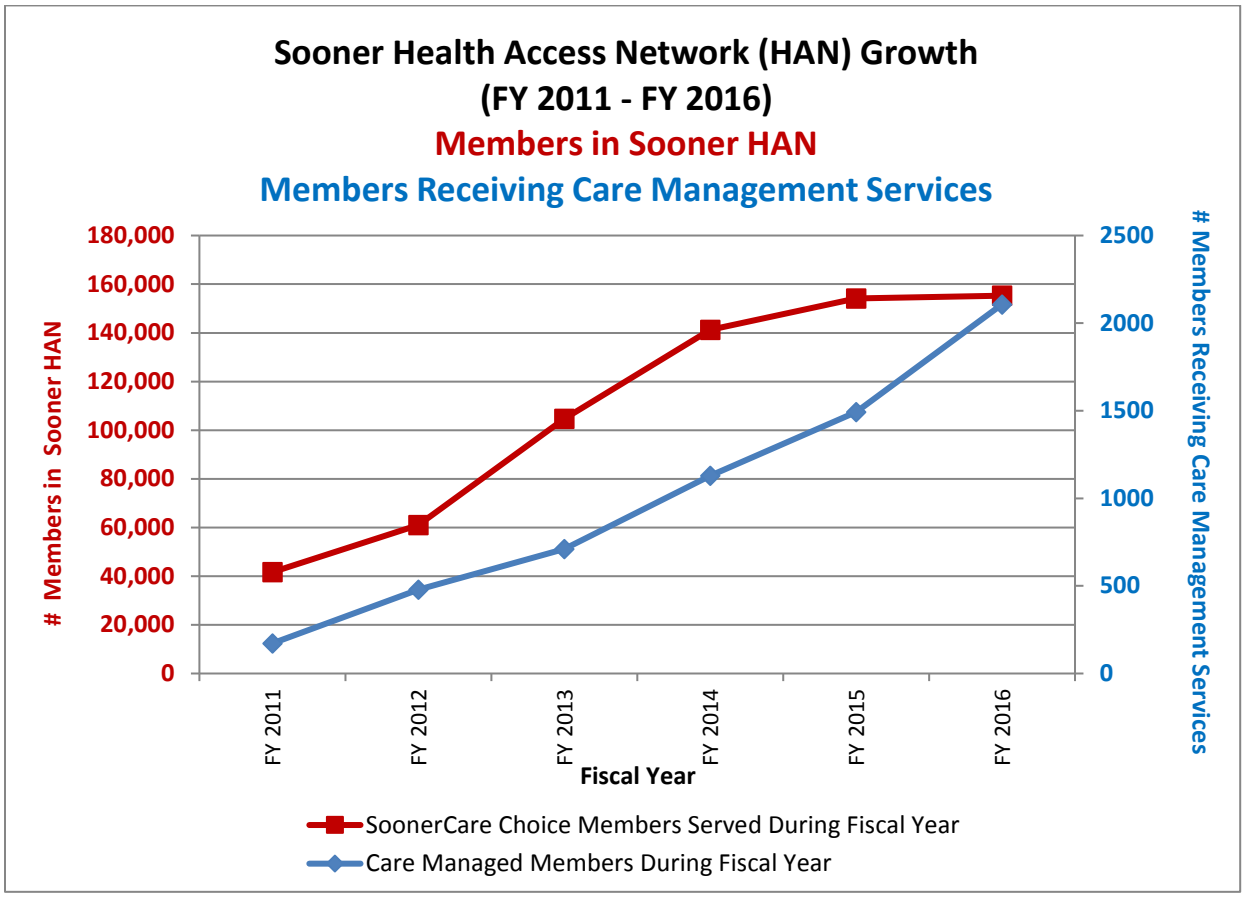
In addition to increasing outcome measurement, the Sooner HAN has identified the following goals for FY 2017.

1. Primary Care Provider (PCP) Recruitment – Increase PCP participation to 150,000 covered lives
2. Expansion of Care Management Services – Reach 2%-3% of covered lives in care management
3. Doc2Doc Utilization for Optimal Referral Loop Closure – Increase primary care participation in Doc2Doc by 25%
4. Quality Management Reporting for Clinics/Providers and Care Managers – Offer quality management reporting to 100% of providers/clinics

Sooner HAN Network

Summary of Sooner HAN Enrollment

	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015	Fiscal Year 2016
Primary Care Clinics	8	22	50	54	59	57
SoonerCare Choice Members at Fiscal Year End	28,085	43,554	73,516	101,879	114,717	101,255
SoonerCare Choice Members Served During Fiscal Year	41,651	61,063	104,690	141,223	154,111	155,271
Care Managed Members – Total	172	479	711	1,129	1,493	2,107



Affiliated Providers and Access to Care
(Articles 4.2 & 4.3)

At the close of FY 2016 there were 57 provider practice locations representing 101,255 Sooner Care Choice members. The total enrollment has increased significantly since the HAN's inception, however, membership has fluctuated over the past several years, dropping slightly from 114,722 at the close of FY 2015 to 101,255 at the close of FY 2016.

Primary Care Network

The Sooner HAN provides services to 57 provider practice locations, hundreds of primary care providers, and their respective SoonerCare Choice members across the state.

Provider	Clinic	SoonerCare Choice Tier Level	Members Served - June 2016	% of Total HAN Members Served
Access Solutions Medical Group	Access Solutions Medical Group - Catoosa	Tier 3 Child & Adult	915	1%
	Access Solutions Medical Group - Sand Springs	Tier 3 Child & Adult	1,086	1%
	Access Solutions Medical Group - Tulsa	Tier 3 Child & Adult	2,992	3%
Arkansas Verdigris	Arkansas Verdigris	Tier 1 FQHC/RHC	352	0.3%
Community Health Connection	Community Health Connection E 21st St - Tulsa	Tier 2 FQHC/RHC	1,902	2%
	Community Health Connections E 3rd St - Tulsa	Tier 2 FQHC/RHC	1,204	1%
Fairfax Clinics	Fairfax - Hominy	Tier 1 FQHC/RHC	626	1%
	Fairfax - Newkirk Family Health Center	Tier 1 FQHC/RHC	1,002	1%
	Fairfax - Robert Clark Family Health Center	Tier 1 FQHC/RHC	203	0.2%
Generations Clinics	Generations - Bartlesville	Tier 2 Child & Adult	934	1%
	Generations - Chelsea	Tier 1 Child & Adult	757	1%
	Generations - Claremore	Tier 3 Child & Adult	1,784	2%
	Generations - Owasso	Tier 2 Child & Adult	1,298	1%
Jahangir Khan, MD	Jahangir Khan, MD - Bixby	Tier 1 Child & Adult	220	0.2%
	Jahangir Khan, MD - Sand Springs	Tier 1 Child & Adult	658	1%
Jenks Family Physicians	Jenks Family Physicians	Tier 3 Child Only	1,502	1%
Morton	Morton	Tier 2 FQHC/RHC	2,757	3%
	Morton – East	Tier 2 FQHC/RHC	541	1%
	Morton - Nowata	Tier 2 FQHC/RHC	320	0.3%
OU-OKC	OU Adolescent Clinic	Tier 2 Child Only	176	0.2%
	OU Edmond (Family Practice)	Tier 2 Child & Adult	534	1%
	OU Family Medicine Center	Tier 3 Child & Adult	8,067	8%
	OU Latino Clinic	Tier 3 Child Only	2,475	2%
	OU Physicians South OKC Family Practice	Tier 2 Child & Adult	453	0.4%
	OU Sooner Pediatrics Clinic	Tier 3 Child Only	6,279	6%
OU-Tulsa	Community Health	Tier 3 Child & Adult	1,498	1%
	Family Medicine	Tier 3 Child & Adult	5,793	6%
	Internal Medicine	Tier 3 Child & Adult	1,621	2%
	Pediatrics	Tier 3 Child Only	13,004	13%
	Wayman Tisdale Clinic	Tier 3 Child & Adult	1,258	1%
Stigler Health and Wellness Center	Stigler Health & Wellness Ctr - Checotah	Tier 1 FQHC/RHC	690	1%
	Stigler Health & Wellness Ctr - Eufaula	Tier 1 FQHC/RHC	643	1%
	Stigler Health & Wellness Ctr - Poteau	Tier 1 FQHC/RHC	564	1%
	Stigler Health & Wellness Ctr - Stigler	Tier 1 FQHC/RHC	1,739	2%
	Stigler Health & Wellness Ctr Sequoyah - Sallisaw	Tier 1 FQHC/RHC	2,232	2%
Utica Park BA North	Chow MD, Christopher	Tier 3 Child & Adult	43	0.0%

Provider	Clinic	SoonerCare Choice Tier Level	Members Served - June 2016	% of Total HAN Members Served
Utica Park BA South	Crow DO, Tobin	Tier 3 Child & Adult	155	0.2%
	Silas MD, Geeta	Tier 3 Child & Adult	196	0.2%
Utica Park Bristow	Smith DO, Carl R.	Tier 3 Child & Adult	79	0.1%
	Remington DO, Jason D.	Tier 2 Child Only	208	0.2%
	Riffe DO, Jason	Tier 3 Child & Adult	178	0.2%
Utica Park Claremore	Hinkle DO, Brent	Tier 2 Child & Adult	171	0.2%
	Nodine MD, Seth	Tier 2 Child Only	85	0.1%
	Vardey MD, Sheela	Tier 3 Child & Adult	650	1%
	Williams DO, Jeffrey	Tier 2 Child & Adult	184	0.2%
Utica Park Cushing	Jenkins APRN-CNP, Bethany	Tier 3 Child & Adult	556	1%
	McCauley DO, Colm P	Tier 3 Child & Adult	555	1%
	Noe PA, Lisa	Tier 2 Child & Adult	321	0.3%
Utica Park Henryetta	Cain DO, Michael	Tier 1 Child & Adult	95	0.1%
Utica Park Jenks	Koljack MD, Kathleen S	Tier 2 Child & Adult	188	0.2%
	Pollak MD, Charity	Tier 1 Child & Adult	167	0.2%
Utica Park Okemah	Dixon APRN-CNP, Debra	Tier 2 Child & Adult	301	0.3%
Utica Park Owasso	Colpitt MD, Debra	Tier 2 Child Only	16	0.0%
	Horton MD, Theresa	Tier 3 Child & Adult	374	0.4%
	Blesch MD, Lauri	Tier 3 Child & Adult	410	0.4%
	Mickle MD, Laurie	Tier 3 Child & Adult	274	0.3%
	Patterson DO, Keith S.	Tier 3 Child & Adult	143	0.1%
	Galutia DO, Yancy	Tier 3 Child & Adult	159	0.2%
Utica Park Pryor	Battles DO, Paul	Tier 3 Child & Adult	104	0.1%
	Gietzen DO, Michael	Tier 3 Child & Adult	192	0.2%
	Ring DO, David	Tier 1 Child & Adult	118	0.1%
	Suhail MD, Shuaib	Tier 3 Child & Adult	817	1%
Utica Park South Lewis	Choplin PA, Ryan	Tier 2 Child & Adult	572	1%
	Griffin DO, Chelsey	Tier 2 Child & Adult	574	1%
	Hasenpflug DO, Tara Brook	Tier 3 Child & Adult	116	0.1%
	Gordon MD, Richard	Tier 3 Child & Adult	1,012	1%
Utica Park Cleveland	Shipman APRN, Shawna	Tier 2 Child & Adult	190	0.2%
Variety Care	Variety Care - Norman Family Practice	Tier 1 Child & Adult	1,329	1%
	Variety Care - Mid Del	Tier 1 FQHC/RHC	1,687	2%
	Variety Care - Norman Pediatrics	Tier 2 Child & Adult	718	1%
	Variety Care - Fort Cobb	Tier 1 FQHC/RHC	294	0.3%
	Variety Care - Grandfield	Tier 3 FQHC/RHC	178	0.2%
	Variety Care - Lafayette	Tier 1 FQHC/RHC	9,170	9%
	Variety Care - NW 10th Street OKC	Tier 3 FQHC/RHC	2,217	2%
	Variety Care - NW 56th Street OKC	Tier 2 FQHC/RHC	2,493	2%
	Variety Care - Straka	Tier 1 FQHC/RHC	5,877	6%
			101,255	**100%**

Provider Tier Levels

SoonerCare Choice is a managed care model in which each member is linked to a primary care provider who serves as the member's "medical home". Primary care providers manage the basic health care needs, including after hours care and specialty referral of the members on their panel. PCMH includes three tiers with escalating responsibilities and associated per member per month care coordination fees. Providers may serve members in the following panel categories: Child and Adult, Child Only, Adult Only, or Federally Qualified Health Center/Rural Health Center.

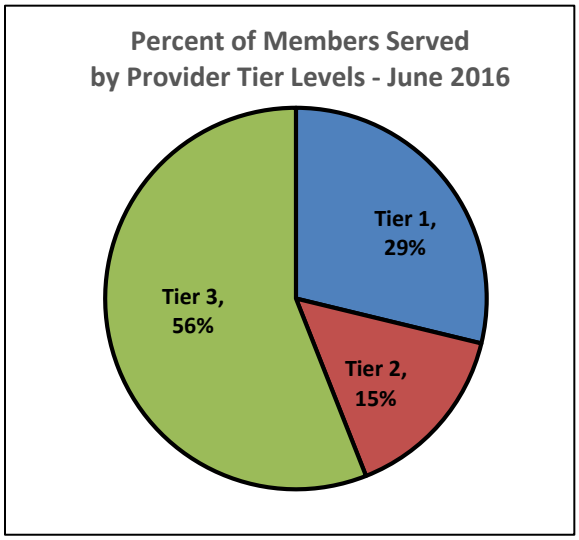
Tier I is considered "entry level" and provides the minimum requirements for OHCA PCMH status and the minimum reimbursement level for incorporating patient centered medical home approaches into the clinic or practice. Tier I has 13 requirements including coordinated primary care and patient education; 24/7 telephone coverage by medical professional; maintaining a system to track tests and referrals; and acceptance of electronic communication from OHCA.

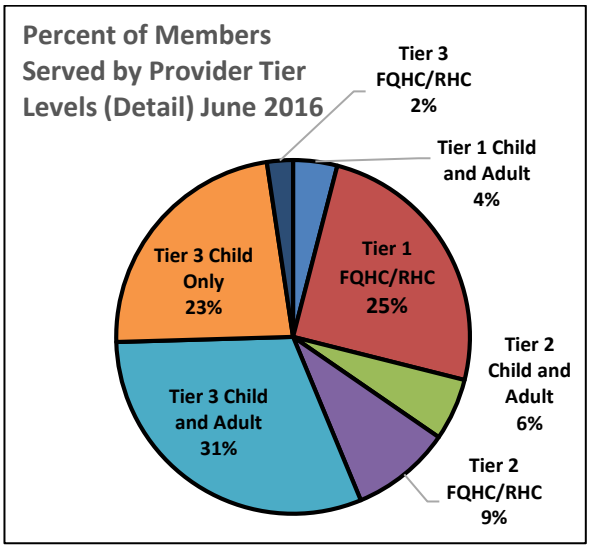
Tier II represents "advanced" medical home approaches and provides a higher reimbursement for the additional requirements. Tier II has 20 requirements, including all Tier I criteria plus full-time practice w/enhanced access/after-hours; inpatient tracking & hospital follow up; and three of five enhanced services - practice healthcare team, after visit follow-up, adoption of evidence-based practice guidelines, and medication reconciliation.

Tier III is the "optimal" level and incorporates additional requirements and additional reimbursement. Tier III has 21 requirements, including all Tier I and Tier II requirements using health assessments tools to characterize patient needs and risks.

As shown in the table below, providers in the Sooner HAN at the highest PCMH Tier Level III served 56,684 members, or 56% of the total member population in June 2016. Providers at PCMH Tier Level II served 15,422 members (15%) and providers at Tier Level 1 served 29,141 members (29%).

Patient Centered Medical Home (PCMH) Tier Levels	Number of Members Served by Tier Level Detail	% of Total Sooner HAN Members Served
Tier 1 – Entry Level		
Tier 1 Child and Adult	4,062	4%
Tier 1 Child Only	0	0%
Tier 1 Adult Only	0	0%
Tier 1 FQHC/RHC	25,079	25%
Tier 1 Total	**29,141**	**29%**
Tier 2 – Advanced		
Tier 2 Child and Adult	5,720	6%
Tier 2 Child Only	485	0%
Tier 2 Adult Only	0	0%
Tier 2 FQHC/RHC	9,217	9%
Tier 2 Total	**15,422**	**15%**
Tier 3 – Optimal		
Tier 3 Child and Adult	31,029	31%
Tier 3 Child Only	23,260	23%
Tier 3 Adult Only	0	0%
Tier 3 FQHC/RHC	2,395	2%
Tier 3 Total	**56,684**	**56%**
Sooner HAN Members Served – June 2016	**101,255**	**100%**

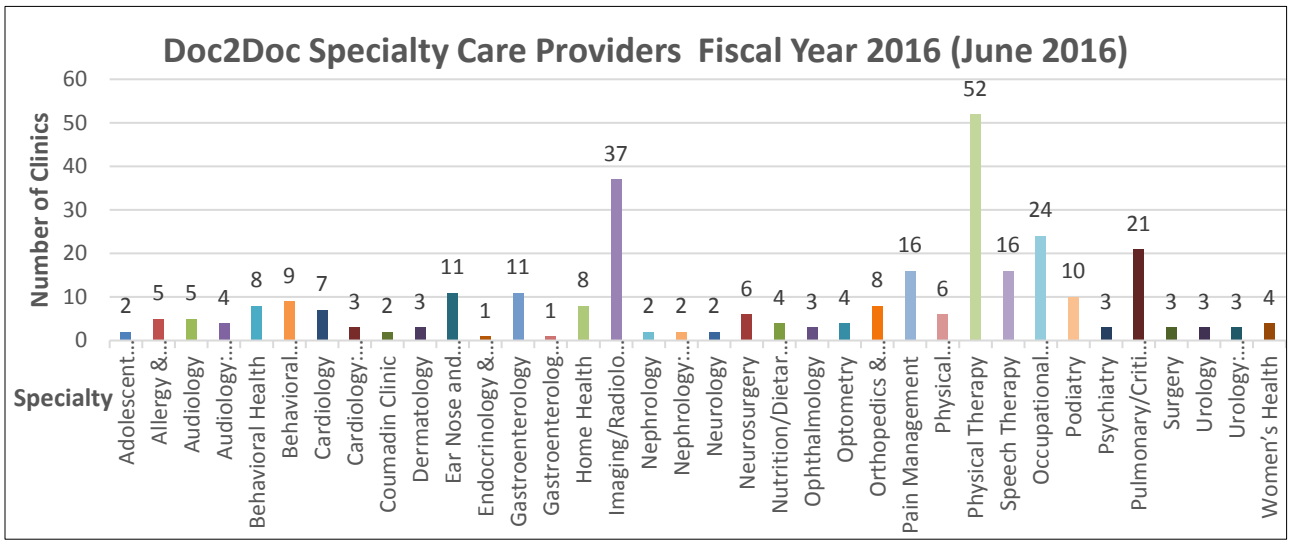




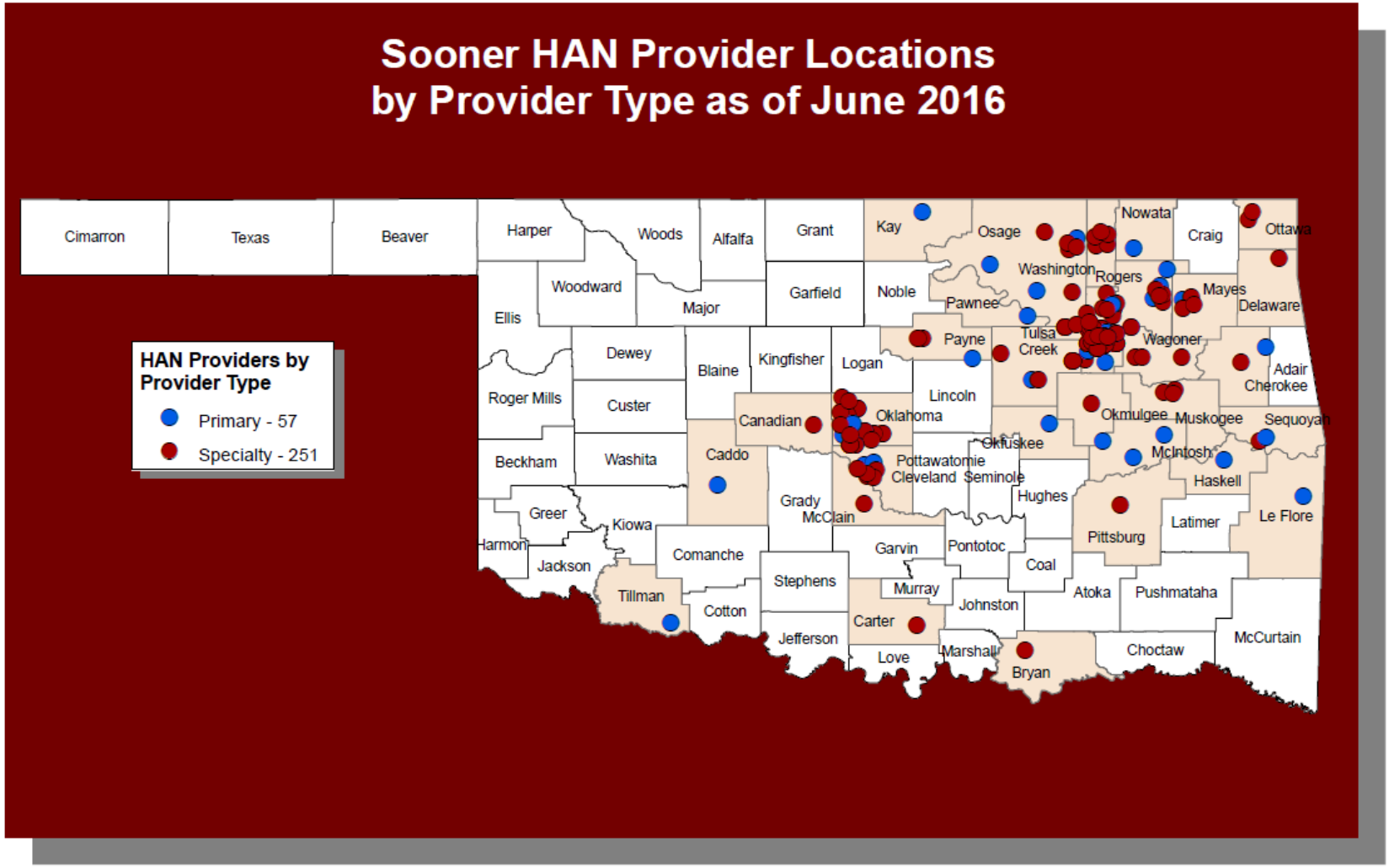
Specialty Care Network

The Sooner HAN continues to focus on the recruitment of specialty providers for enrollment into the Sooner HAN. Targeted recruitment in the Oklahoma City and Tulsa areas will continue throughout FY 2017. As of June 2016, the Sooner HAN had 251 clinics actively enrolled and using the Sooner HAN's electronic care transitions system, Doc2Doc. This use of Doc2Doc provides Sooner HAN members' access to the following 309 specialty types.

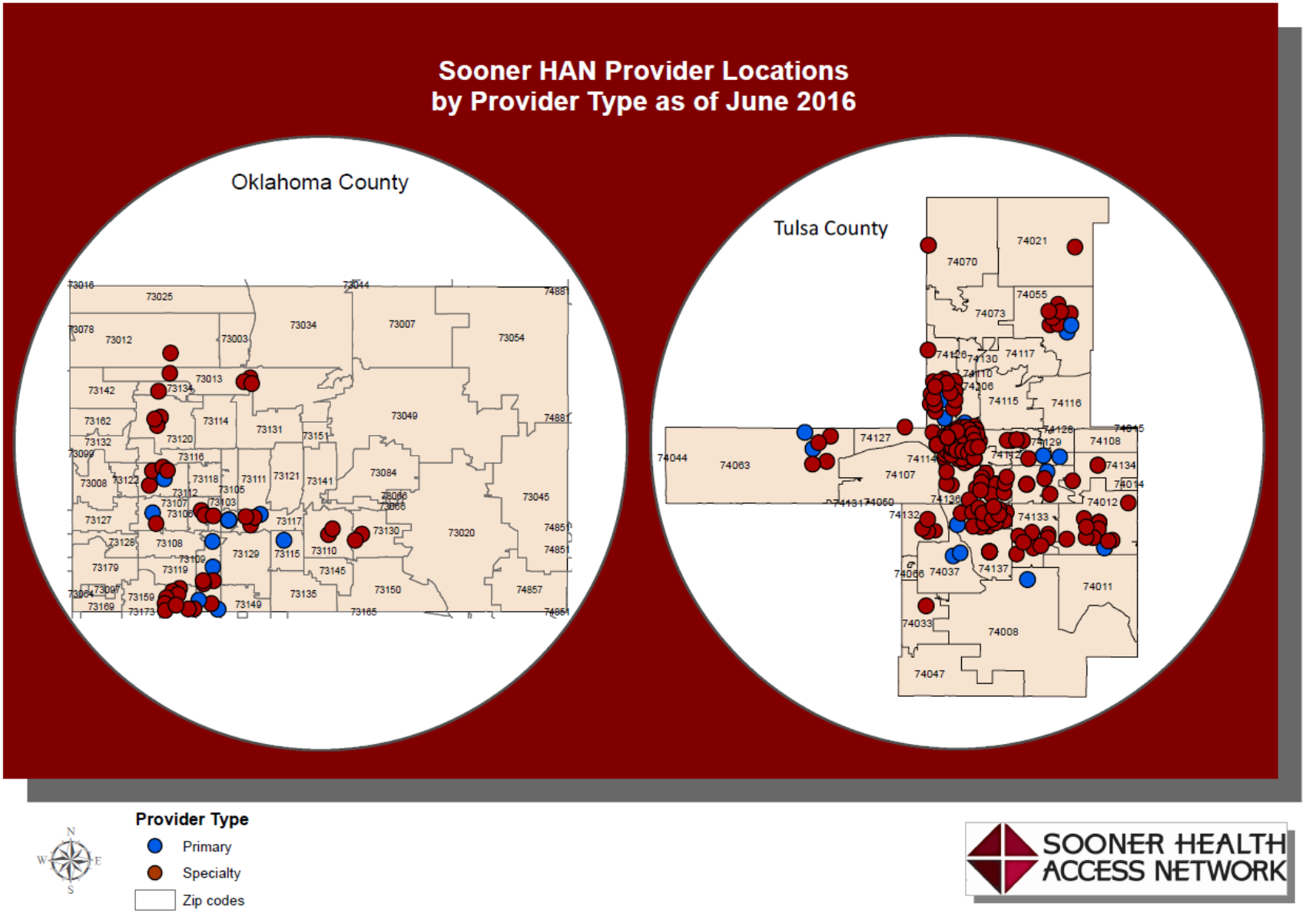
Sooner HAN Specialty Network: Number of Clinics per Specialty			
Specialty	***# Clinics***	***Specialty***	***# Clinics***
Adolescent Medicine: Pediatrics	2	Neurology	2
Allergy & Immunology	5	Neurosurgery	6
Audiology	5	Nutrition/Dietary Counseling	4
Audiology: Pediatrics	4	Ophthalmology	3
Behavioral Health	8	Optometry	4
Behavioral Health: Pediatrics	9	Orthopedics & Sports Medicine	8
Cardiology	7	Pain Management	16
Cardiology: Pediatrics	3	Physical Medicine Rehabilitation	6
Coumadin Clinic	2	Physical Therapy	52
Dermatology	3	Speech Therapy	16
Ear Nose and Throat	11	Occupational Therapy	24
Endocrinology & Diabetes	1	Podiatry	10
Gastroenterology	11	Psychiatry	3
Gastroenterology: Pediatrics	1	Pulmonary/Critical Care/Sleep	21
Home Health	8	Surgery	3
Imaging/Radiology Centers	37	Urology	3
Nephrology	2	Urology: Pediatrics	3
Nephrology: Pediatrics	2	Women's Health	4
		TOTAL	**309**



The maps on the next two pages indicate the locations of the Sooner HAN participating providers. The map highlights each primary and specialty care clinic location.



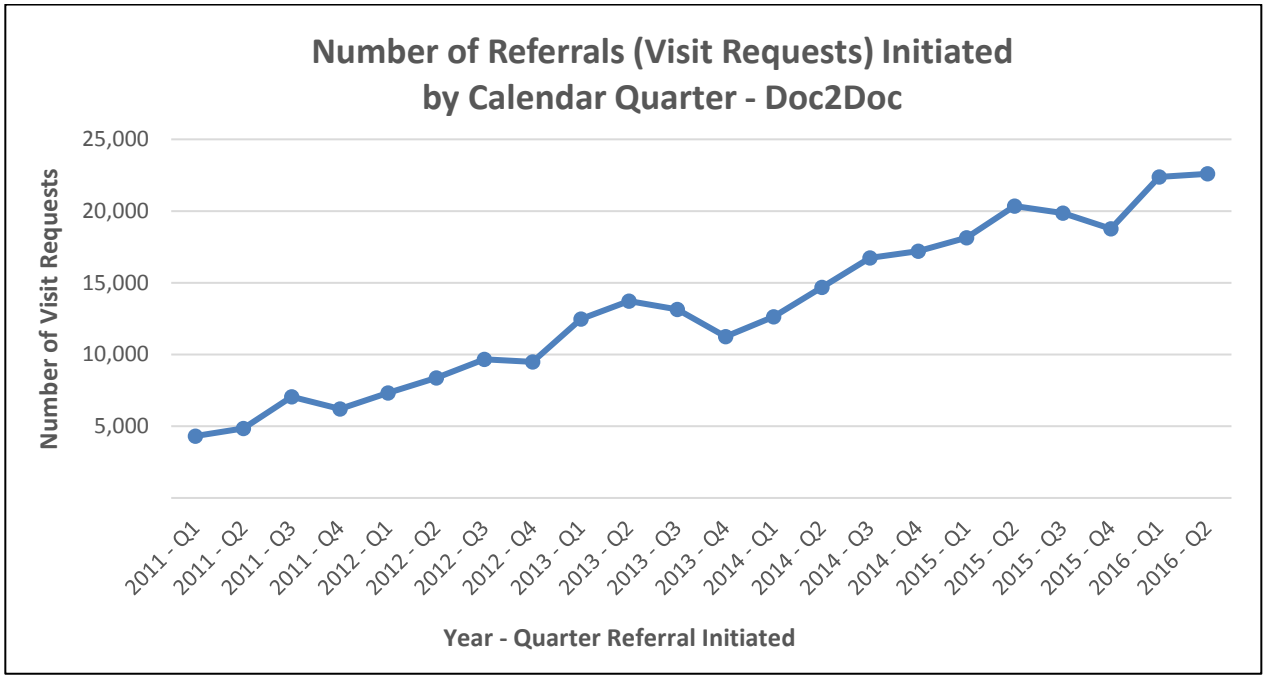
SOONER HEALTH ACCESS NETWORK


Sooner HAN Provider Locations
by Provider Type as of June 2016
Oklahoma County
Tulsa County
Provider Type
Primary
Specialty
Zip codes
SOONER HEALTH ACCESS NETWORK

Transitions of Care and Referral Management

The adoption of the electronic referral management tool, Doc2Doc, continued to grow over FY 2016. In particular, interest has heightened in the Oklahoma City area, as well as southeast Oklahoma. Currently, the Doc2Doc team is especially focused on increasing access to specialty care in Oklahoma's rural areas through the use of Doc2Doc. The interface between Doc2Doc and the OHCA secure portal has generated additional interest in the use of the Doc2Doc tool. The Sooner HAN is currently working with the Doc2Doc vendor to be able to produce reports that will fulfill Meaningful Use Stage 2 requirements regarding transitions of care documents. The Sooner HAN continues to coordinate with MyHealth, a Health Information Exchange in Oklahoma, regarding expanded offerings of the Doc2Doc tool to attract new participating providers.

The following chart shows the number of referrals (visit requests) initiated by calendar quarter since 2011. There continues to be a steady increase in the number of referrals. In the first quarter of 2011, 4.317 referrals were initiated. In comparison, during the second quarter of 2016, 22,595 referrals were initiated in the Doc2Doc system. This represents an increase of 423% over 5 years.



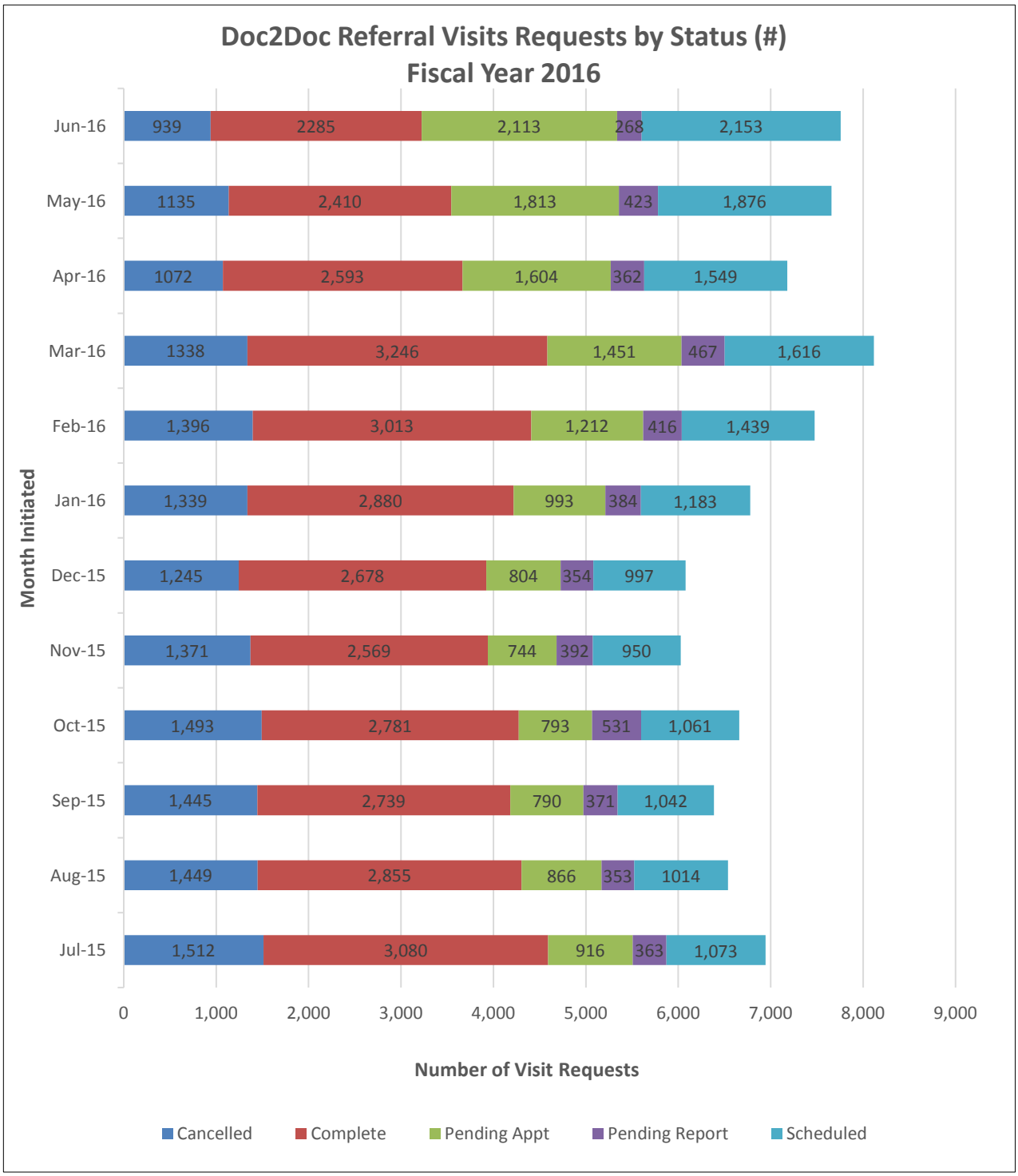
The Sooner HAN Doc2Doc collaborated with OHCA, MyHealth, and MedUnison (Doc2Doc parent company) in the development of an interface between the Doc2Doc tool and the OHCA Provider Portal to integrate the OHCA prior authorization process directly into the Doc2Doc. The interface became operational in March 2016 and was fully implemented in May 2016. The feedback from referral staff using Doc2Doc has generally been positive toward the interface, specifically in the area of increased efficiency in their individual workflows and more timely patient appointments.

The table below outlines the total number of visit requests in Doc2Doc and a breakdown of the statuses of these requests at the conclusion of June 2016.

Sooner HAN Doc2Doc Visit Requests by Status (Number)												
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Cancelled	1,512	1,449	1,445	1,493	1,371	1,245	1,339	1,396	1338	1072	1135	939
%	22%	22%	23%	22%	23%	20%	20%	19%	16%	15%	15%	12%
Complete	3,080	2,855	2,739	2,781	2,569	2,678	2,880	3,013	3,246	2,593	2,410	2285
%	44%	44%	43%	42%	43%	44%	42%	40%	40%	36%	31%	29%
Pending Appointment	916	866	790	793	744	804	993	1,212	1,451	1,604	1,813	2,113
%	13%	13%	12%	12%	12%	13%	15%	16%	18%	22%	24%	27%
Pending Report	363	353	371	531	392	354	384	416	467	362	423	268
%	5%	5%	6%	8%	7%	6%	6%	6%	6%	5%	6%	3%
Scheduled	1,073	1014	1,042	1,061	950	997	1,183	1,439	1,616	1,549	1,876	2,153
%	15%	16%	16%	16%	16%	16%	17%	19%	20%	22%	25%	28%
Grand Total	6,944	6,537	6,387	6,659	6,026	6,078	6,779	7,476	8,118	7,180	7,657	7,758

In FY 2016, enhanced Doc2Doc training aimed at helping clinics improve referral loop closure included interpreting automated weekly and monthly reports to referral managers, understanding current and upcoming meaningful use requirements, and one-on-one coordinator training to increase workflow efficiency. Efforts were targeted to both primary and specialty care offices to achieve optimal results. As of the submission of this report (9/2016), 85% of referrals initiated in FY 2016 were cancelled, scheduled, or completed, with daily efforts continuing to complete any referrals with which the referral loop has not been completed.

The following graph shows the status of visit requests over time. Ideally, the goal is to see referrals initiated in the past moving to red, i.e., complete. The dark blue represent referrals that have been cancelled. Referrals are cancelled for various reasons including, but not limited to, member requested cancellation or duplicate referral in the system. A reason for cancellation is required to be entered by the referral clerk.



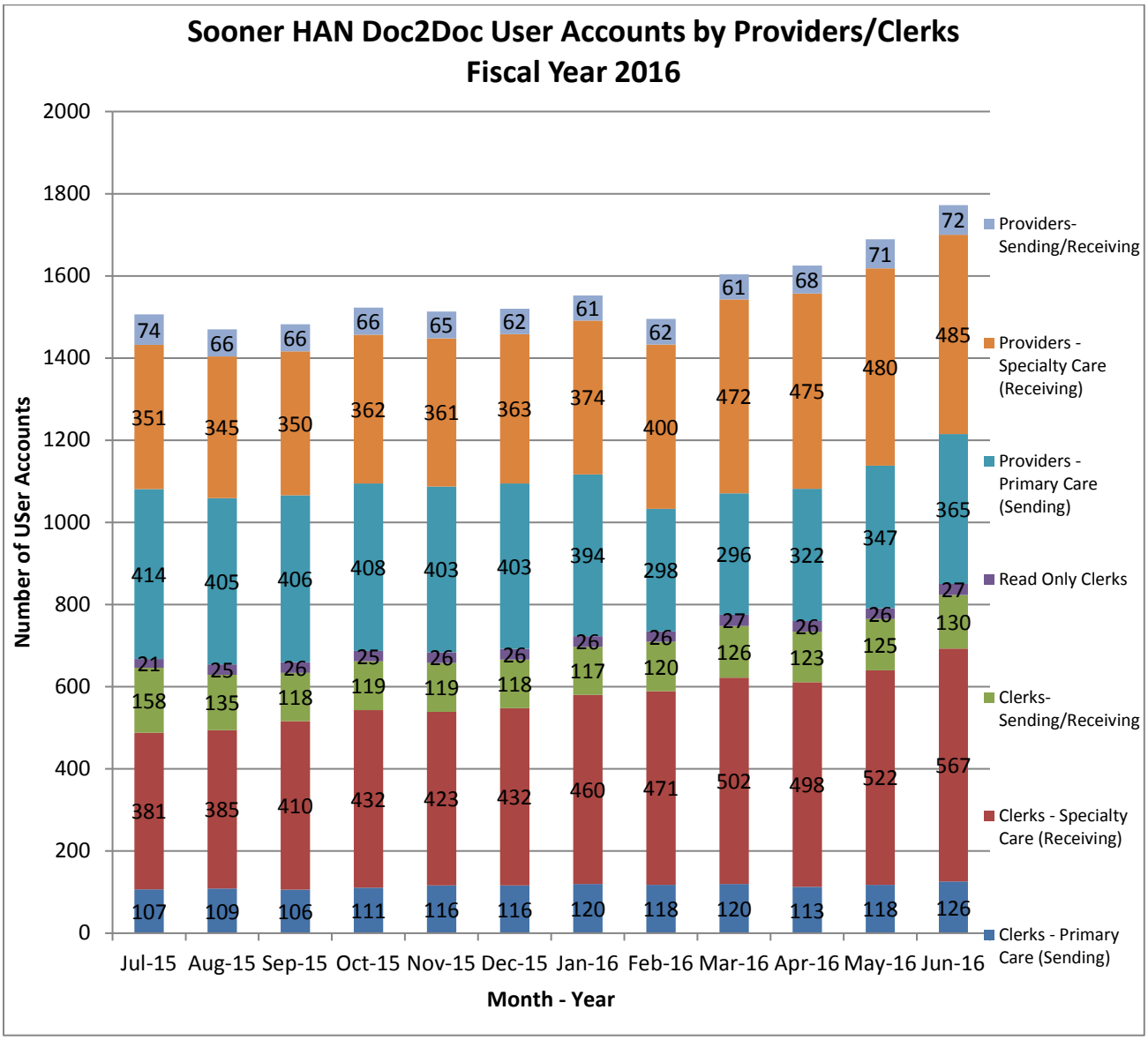
Transitions of Care and Referral Management User Accounts

In FY 2016, the Doc2Doc team observed growth in the number of specialty practices adopting the technology to enhance patient access to care. As a result, over 100 new specialty care providers began using Doc2Doc in FY 2016. Additionally, specialty practices explored new workflows that would allow them to better serve the member, as well as improve their own internal processes. Specialty Clerks were added to the system for the purpose of updating the referral status throughout the process, as well as to perform tasks such as order retrieval that would reduce the number of rescheduled appointments.

Also, three primary care practices implemented the use of Doc2Doc into their clinic workflows in FY 2016, with a total of 7 locations now utilizing the referral management tool. Their onboarding decision was the result of the availability of the OHCA interface and enhancements made to the system to allow for optimal workflows. The Doc2Doc team also performed a database clean up during FY 2016, reconciling and updating inactive accounts. This resulted in a drop in primary care providers midway in the fiscal year, most of whom were residents/students who had graduated. With the recruitment of primary care practices and incoming residents/students, the count of active providers is trending upward.

The following table and graph shows the number of Doc2Doc user accounts by Provider/Clerk Accounts.

Sooner HAN Doc2Doc User Accounts Fiscal Year 2016												
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Clerks - Primary Care (Sending)	107	109	106	111	116	116	120	118	120	113	118	126
Clerks - Specialty Care (Receiving)	381	385	410	432	423	432	460	471	502	498	522	567
Clerks-Sending/Receiving	158	135	118	119	119	118	117	120	126	123	125	130
Read Only Clerks	21	25	26	25	26	26	26	26	27	26	26	27
Providers - Primary Care (Sending)	414	405	406	408	403	403	394	298	296	322	347	365
Providers - Specialty Care (Receiving)	351	345	350	362	361	363	374	400	472	475	480	485
Providers- Sending/Receiving	74	66	66	66	65	62	61	62	61	68	71	72
Total System Users	**1506**	**1470**	**1482**	**1523**	**1513**	**1520**	**1552**	**1495**	**1604**	**1625**	**1689**	**1772**

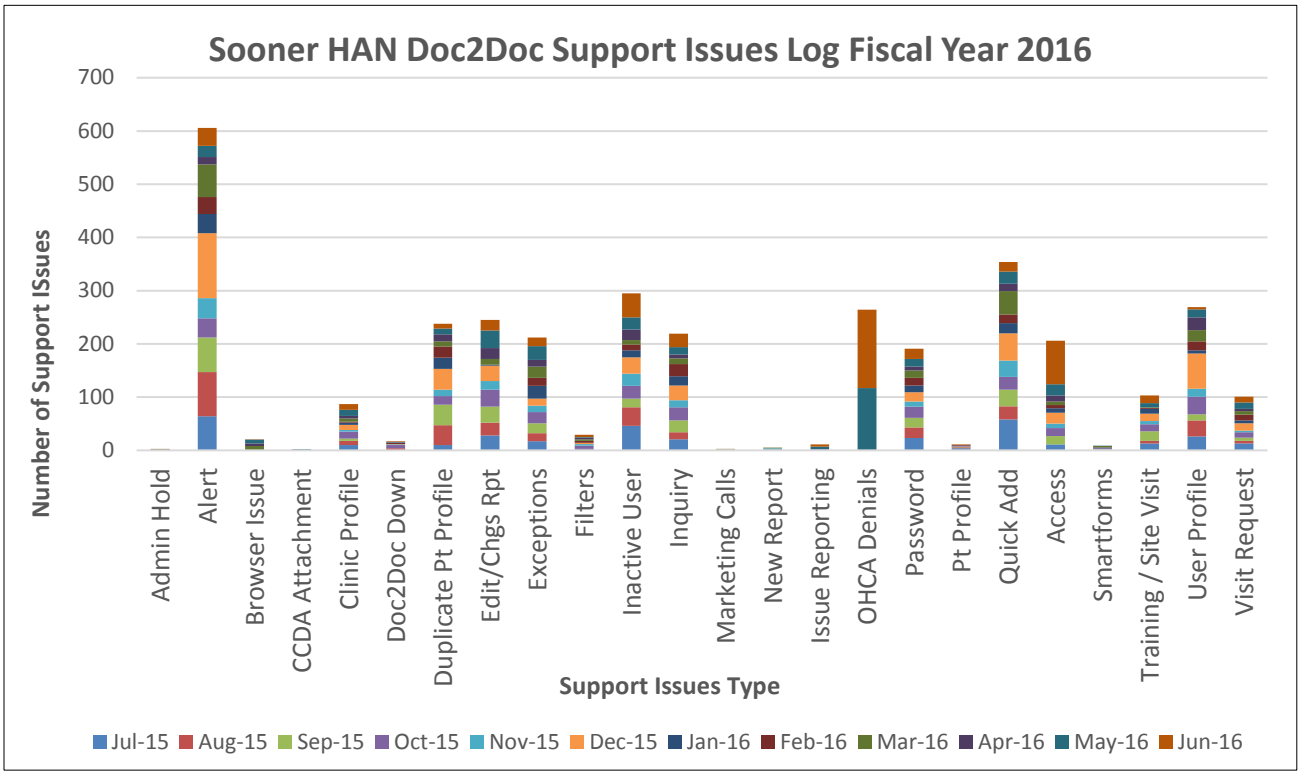

Sooner HAN Doc2Doc User Accounts by Providers/Clerks
Fiscal Year 2016
Number of USer Accounts
2000
1800
1600
1400
1200
1000
800
600
400
200
0
Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16
Month - Year
74 66 66 66 65 62 61 62 61 68 71 72
351 345 350 362 361 363 374 400 472 475 480 485
414 405 406 408 403 403 394 298 296 322 347 365
21 25 26 25 26 26 26 26 27 26 26 27
158 135 118 119 119 118 117 120 126 123 125 130
381 385 410 432 423 432 460 471 502 498 522 567
107 109 106 111 116 116 120 118 120 113 118 126
Providers- Sending/Receiving
Providers - Specialty Care (Receiving)
Providers - Primary Care (Sending)
Read Only Clerks
Clerks- Sending/Receiving
Clerks - Specialty Care (Receiving)
Clerks - Primary Care (Sending)

Transitions of Care and Referral Management User Support Issues

The Sooner HAN provides user support for the Doc2Doc referral management tool via telephonic support, email support, and remote online support. Additionally, the team provides interface support for EMR and OHCA interfaces. Support is available Monday-Friday 7 am to 7 pm.

The following table and graph shows the number of Doc2Doc user support issues logged by month in Fiscal Year 2016.

Sooner HAN Doc2Doc Support Issues Log Fiscal Year 2016													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	TOTAL
Admin Hold	0	0	0	0	0	1	0	1	1	0	0	0	3
Alert	64	83	65	36	38	122	36	32	61	14	21	34	606
Browser Issue	0	0	0	0	0	0	0	0	8	5	7	1	21
CCDA Attachment	0	0	0	0	0	0	0	0	0	0	2	0	2
Clinic Profile	10	8	4	13	3	10	4	2	6	5	11	11	87
Doc2Doc Down	0	4	0	6	1	1	0	2	0	1	1	1	17
Duplicate Pt Profile	10	37	39	16	12	39	21	21	10	13	11	9	238
Edit/Changes Report	28	24	30	32	16	29	2	0	11	20	33	20	245
Exceptions	17	15	19	21	12	13	24	15	21	13	26	16	212
Filters	2	1	0	6	3	2	0	4	3	3	1	4	29
Inactive User	46	35	16	24	23	31	13	11	8	20	23	45	295
Inquiry	21	13	22	25	13	28	17	23	11	7	14	25	219
Marketing Calls	0	1	1	0	0	0	0	1	0	0	0	0	3
New Report	2	0	1	0	1	0	0	0	1	0	0	0	5
Issue Reporting	0	0	0	2	0	0	0	0	0	0	5	4	11
OHCA Denials	0	0	0	0	0	0	0	0	0	0	117	147	264
Password	23	20	18	21	10	17	13	14	14	7	15	19	191
Pt Profile	4	2	1	1	0	0	1	1	0	0	0	1	11
Quick Add	58	25	31	24	31	51	19	16	44	14	23	18	354
Access	11	0	16	15	8	21	8	6	7	11	21	82	206
Smartforms	1	0	1	2	0	0	1	1	2	0	1	0	9
Training / Site Visit	13	5	18	13	6	14	9	2	1	0	8	14	103
User Profile	26	30	12	33	15	66	6	17	21	24	15	4	269
Visit Request	13	5	6	10	3	14	5	11	7	4	12	11	101
Total Number of Issues	349	308	300	300	195	459	179	180	237	161	367	466	3501

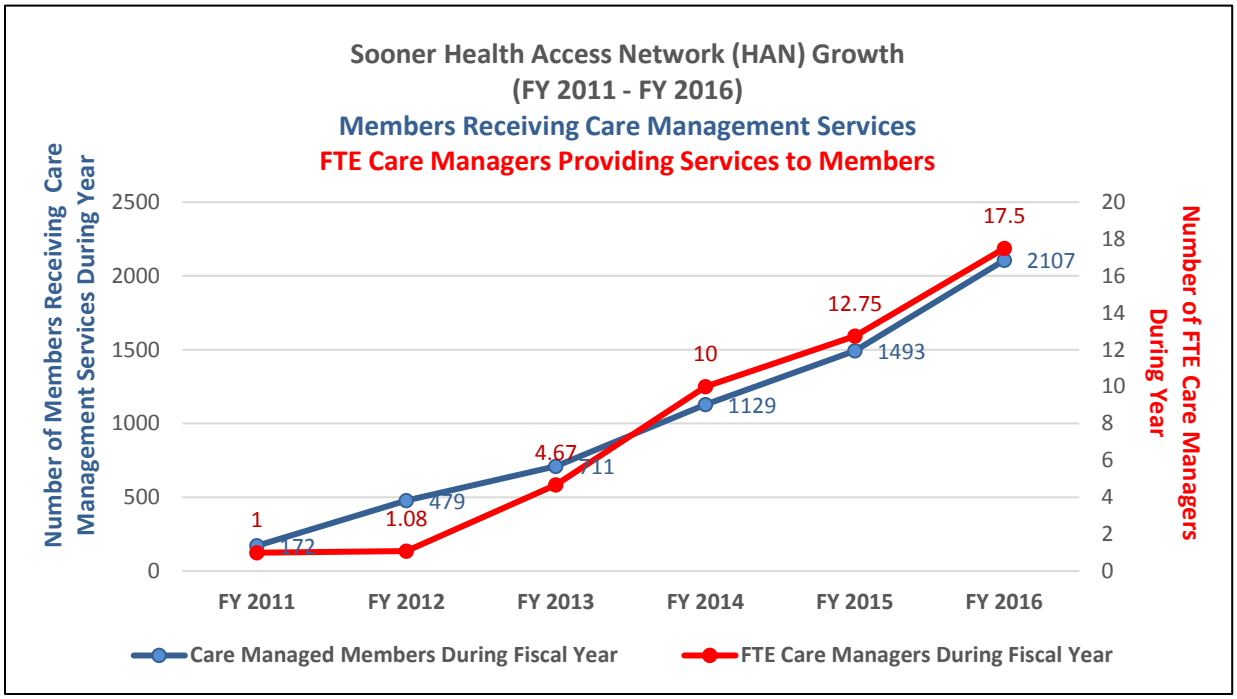


Additionally, the Doc2Doc support team is providing assistance to the Sooner HAN primary care practices by offering assistance in following up on referrals in a pending status. This includes reviewing the EMR record for consultation reports, contacting specialty practices to obtain reports, and updating the referral status to indicate closure. The team communicates with the practice regarding any referrals that require additional processing via Doc2Doc communication tools. This effort has resulted in completing closure of an additional 3317 referrals during the final three months of FY 2016. This project will continue to complete closure on an additional 6100 referrals in FY 2017.

Care Management

Each fiscal year, the Sooner HAN has continued to expand its care management services to SoonerCare Choice members. The number of unique members served has grown from 479 in FY 2012 to 2107 in FY 2016, representing a 340% increase over 5 years. From FY 2015 to FY 2016, members receiving care management services increased from 1493 to 2107, a 41% increase. Likewise, additional care managers were hired in FY 2016 to support the growth in care managed members as shown in the two graphs below.

Each fiscal year the Sooner HAN has continued to expand its care management services to SoonerCare Choice members. The number of unique members served has grown from 479 in FY 2012 to 2107 in FY 2016, representing a 340% increase over 5 years. From FY 2015 to FY 2016, members receiving care management services increased from 1493 to 2107, a 41% increase. To support the growth in membership, additional care managers were hired as needed. During FY 2011, one care manager (1 FTE) served 172 care managed members and in FY 2016, a total of 17.5 FTE care managers served 2107 members.



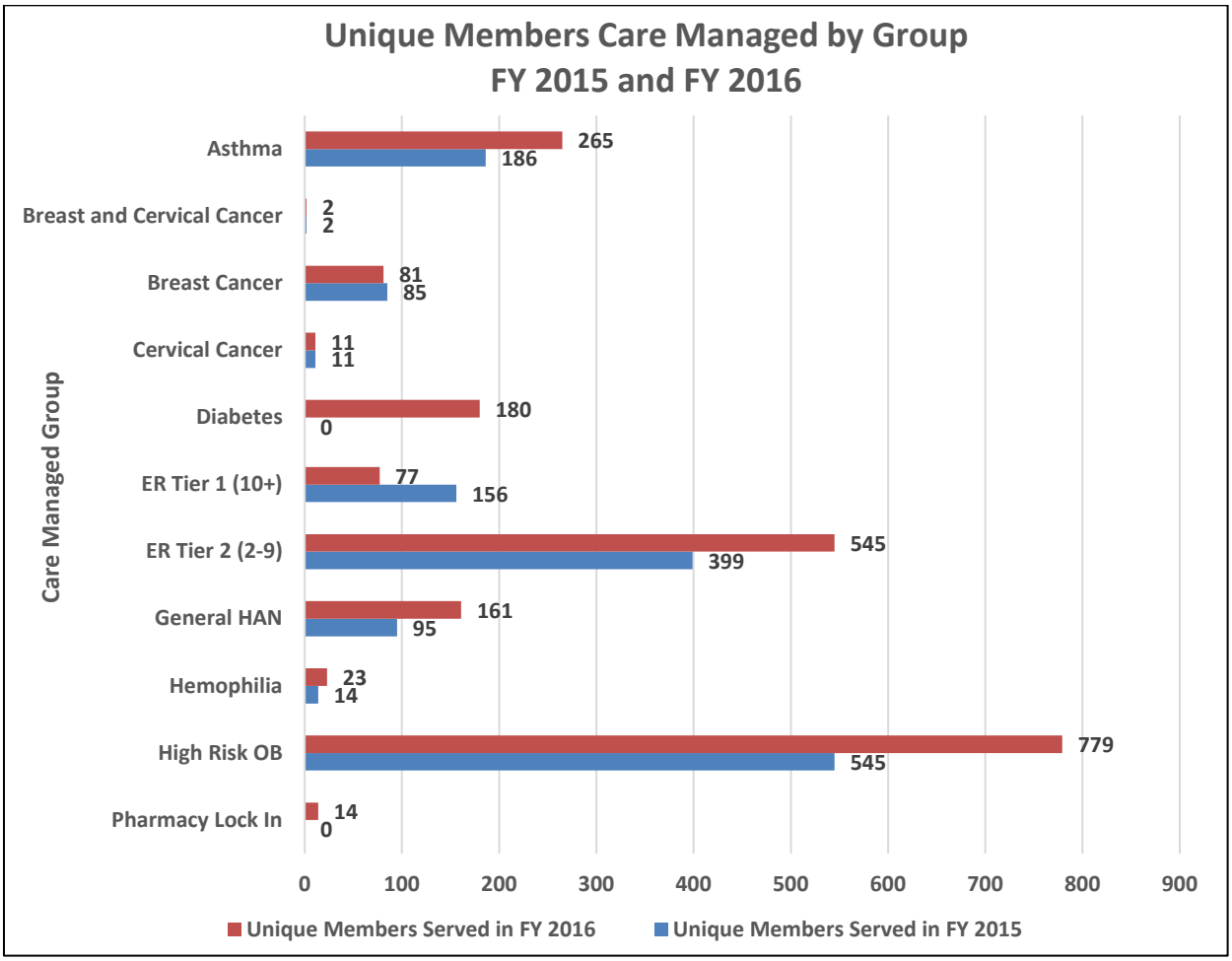
Expanding the reach of care management services to SoonerCare Choice members continues to be a primary focus within the Sooner HAN. At the end of FY 2016 the Sooner HAN had 14 registered nurse care managers, and 5 master's prepared licensed clinical social workers (one of whom is bilingual in Spanish and English). One of the registered nurse care managers is bilingual (in Spanish and English) and is a certified diabetes educator. Engagement of members continues to be one of the main care management challenges—both related to initial contact and ongoing activities.

As a result of recognizing the impact and importance of behavioral health for members with complex medical and social needs, in FY 2016, the Sooner HAN increased screening for depression beyond the Edinburgh Postnatal Depression Scale screenings that were associated with the targeted HROB group. The Sooner HAN chose to use the PHQ9 screening for all members in the HROB and Diabetes care groups as well as for members in other care groups that may benefit from depression screening.

Last year, the Sooner HAN added robust educational opportunities for providers and care managers around behavioral health. This year, the focus was specifically on introducing trauma informed approach to care managers. The results of the Adverse Childhood Events study clearly identified the impact of traumatic events in childhood on a person's health in adulthood. It also identified the need for the health care community to provide services in a different way to people who have experienced trauma. Service providers who are not trauma informed often misinterpret signs and symptoms, have unrealistic behavioral expectations, and thereby inadvertently re-traumatize individuals they serve with labels like "difficult" and "non-compliant". The Sooner HAN created a learning module to provide care managers with the knowledge they would need to provide services with a trauma informed approach. The care managers now have a general understanding of the body's response to stress, how to recognize common traumatic events, the impact of trauma on a person's health and well-being, and the principles of a trauma informed approach.

The table and graph below show a summary of the number of unique members served by care managed category for FY 2015 compared to FY 2016.

Sooner HAN Care Management				
Care Managed Category	**Unique Members Served FY 2015**	**Unique Members Served FY 2016**	**# Increase/ Decrease**	**% Change**
Asthma	186	265	79	42%
Breast Cancer	85	81	-4	-5%
Breast and Cervical Cancer	2	2	0	0
Cervical Cancer	11	11	0	0
Diabetes	0	180	180	
ER Tier 1 (10+)	156	77	-79	-51%
ER Tier 2 (2-9)	399	545	146	37%
General HAN	95	161	66	69%
Hemophilia	14	23	9	64%
High Risk OB	545	779	234	43%
Pharmacy Lock In	0	14	14	
Total	**1,493**	**2,107**	614	41%


Unique Members Care Managed by Group
FY 2015 and FY 2016
Care Managed Group
Asthma
Breast and Cervical Cancer
Breast Cancer
Cervical Cancer
Diabetes
ER Tier 1 (10+)
ER Tier 2 (2-9)
General HAN
Hemophilia
High Risk OB
Pharmacy Lock In
265
186
2
2
81
85
11
11
180
0
77
156
545
399
161
95
23
14
779
545
14
0
0
100
200
300
400
500
600
700
800
900
Unique Members Served in FY 2016
Unique Members Served in FY 2015

Contact History

In FY 2016, the Sooner HAN documented 39,050 contacts with members or on behalf of members enrolled in care management. Successful contacts with member accounted for 21% of all contacts. Twenty eight percent (28%) of attempted contacts with members were unsuccessful due to inability to make contact with the member. Contacts with others involved in the members care included specialists, primary care providers, family members, case workers, pharmacies, clinics, hospitals, nurses, DHS, OHCA, and others, representing 51% percent of contact attempts. The distribution of contact attempts are highlighted below.

Sooner HAN Care Management					
Successful Contacts with Members		**Unsuccessful Contacts with Members**		**Contacts with Others Regarding Member's Care**	
Telephone	6,983	Call Disconnected	106	Telephone	4,736
In Person	966	In Person – No Show	163	In Person	306
Other: Fax, Email, Page	315	Left Message w Person	131	Call Disconnected	89
TOTAL	**8,264**	Left Voice Message	6,238	In Person – No Show	7
		None – No Answer	1,286	Left Message w Person	317
		None – Not Accepting Calls	734	Left Voice Message	1,807
		None – Not in Service	1,267	None – No Answer	323
		None – Wrong Number	156	None – Not Accepting Calls	179
		Posted Mail	751	None – Not in Service	161
		TOTAL	**10,832**	None – Wrong Number	112
				Posted Mail	105
				Case Staffing	260
				Chart Review	8,962
				Team Collaboration	209
				Other: Fax, Email, Page	2,381
				TOTAL	**19,954**
				TOTAL CONTACTS (WITH OR ON BEHALF OF MEMBERS)	**39,050**

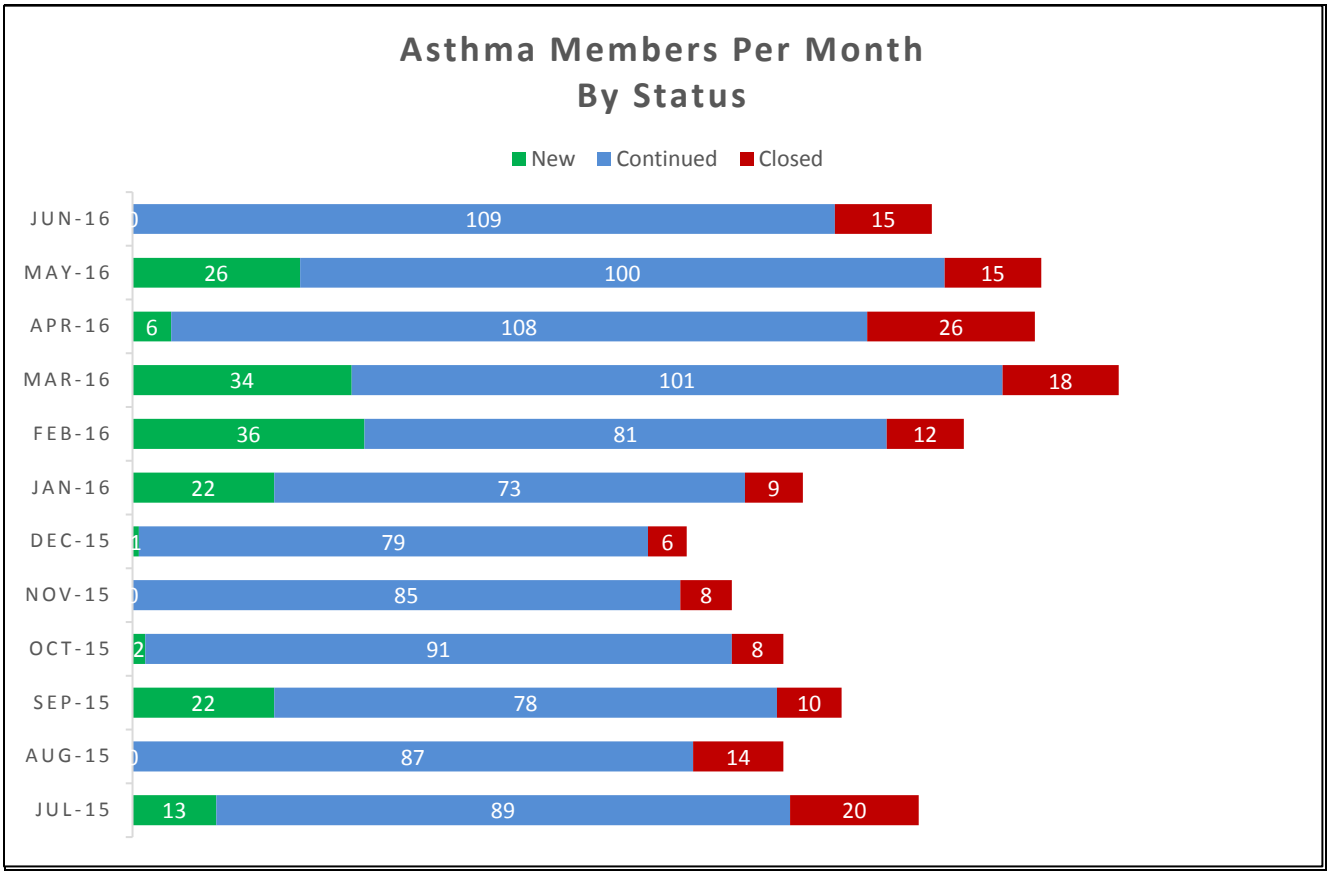
Care Management Targeted Populations

Asthma

The Sooner HAN initiated an asthma specific care management protocol in FY 2014 to assist members who have uncontrolled asthma, as defined by evidence based guidelines, move to controlled status. Members were identified based on having one or more asthma related ER visits or inpatient stays. In FY 2016, 265 members were care managed.

Total Members in Care Management

Summary - Asthma Care Managed - Member Status												
Month - Year	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
New	13	0	22	2	0	1	22	36	34	6	26	0
Continued	89	87	78	91	85	79	73	81	101	108	100	109
Closed	20	14	10	8	8	6	9	12	18	26	15	15
New/Closed (in same month)	1	0	1	0	0	0	2	0	2	1	2	0
TOTAL	**121**	**101**	**109**	**101**	**93**	**86**	**102**	**129**	**151**	**139**	**138**	**124**



Closure Reasons and Length of Time in Care Management

Asthma Care Managed Members Continued		
Element	**Total**	
Unique members served throughout the year	265	
Total New Cases	162	
Total Closed Cases	161	
Reasons for Closure	# of Cases	% of Total Cases Closed
Closed in Error	1	1%
Death	1	1%
Health Home	1	1%
Managed by HMP	2	1%
Meets Asthma Closure Criteria	2	1%
Opened in Error	4	2%
Program Ineligibility - Financial	2	1%
Program Ineligibility - Medicare	1	1%
Program Ineligibility - Moved out of state	5	3%
Program Ineligibility - Non HAN PCP	13	8%
Program Ineligibility - Unknown	34	21%
Reopening as General HAN	1	1%
Unable to Contact	70	43%
Voluntary Withdrawal	24	15%
TOTAL	**161**	**100%**

Length of time in Care Management				
	Closed	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*
0 to 5 weeks	28	17%	0	0%
6 to 10 weeks	34	21%	18	17%
11 to 15 weeks	21	13%	25	23%
16 to 20 weeks	11	7%	19	17%
21 to 25 weeks	11	7%	5	5%
26 plus weeks	56	35%	42	39%
TOTAL	**161**	**100%**	**109**	**100%**

Treatment Summary

Asthma					
Controlled or Uncontrolled Asthma			***Asthma Action Plan***		
Controlled	80	49%	Yes	99	60%
Uncontrolled	70	43%	No	51	31%
Unknown	14	8%	Unknown	14	9
Medication Management – Long Term Chronic			***Medication Management – Short Term Exacerbation***		
Yes	154	94%	Yes	91	56%
No	3	2%	No	62	38%
Unknown	7	4%	Unknown	11	6%

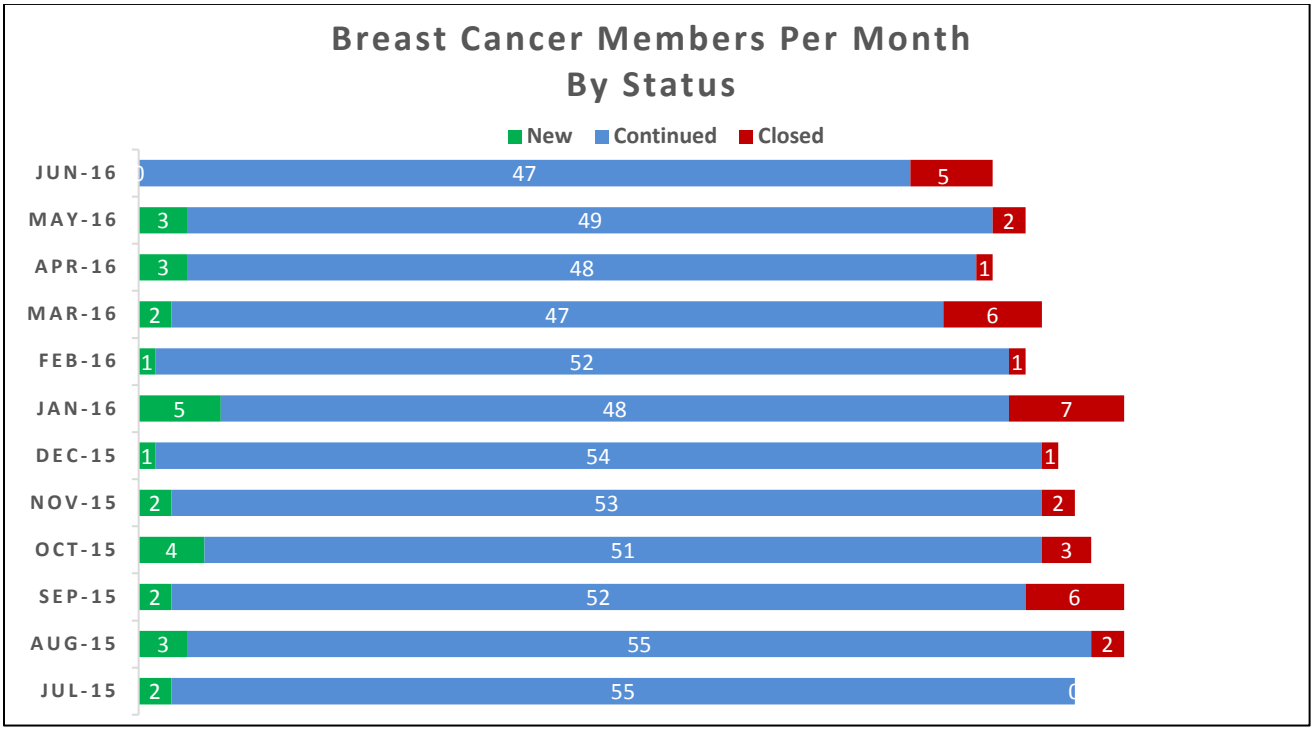
Breast and Cervical Cancer (BCC)

During FY 2016 the Sooner HAN provided care management to 94 women who had either breast cancer, cervical cancer, or both. By group: 86% of the women had breast cancer, 12% had cervical cancer, and 2% had both. The following tables provide details for this care management population.

BCC Members by Category		
Care Group		
Breast Cancer	81	86%
Cervical Cancer	11	12%
Breast and Cervical Cancer	2	2%
Total	98	100%

Total Members in Care Management – Breast Cancer

Summary – Breast Cancer Care Managed - Member Status												
Month - Year	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
New	2	3	2	4	2	1	5	1	2	3	3	0
Continued	55	55	52	51	53	54	48	52	47	48	49	47
Closed	0	2	6	3	2	1	7	1	6	1	2	5
New/Closed (in same month)	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	**57**	**60**	**60**	**58**	**57**	**56**	**60**	**54**	**55**	**52**	**54**	**52**



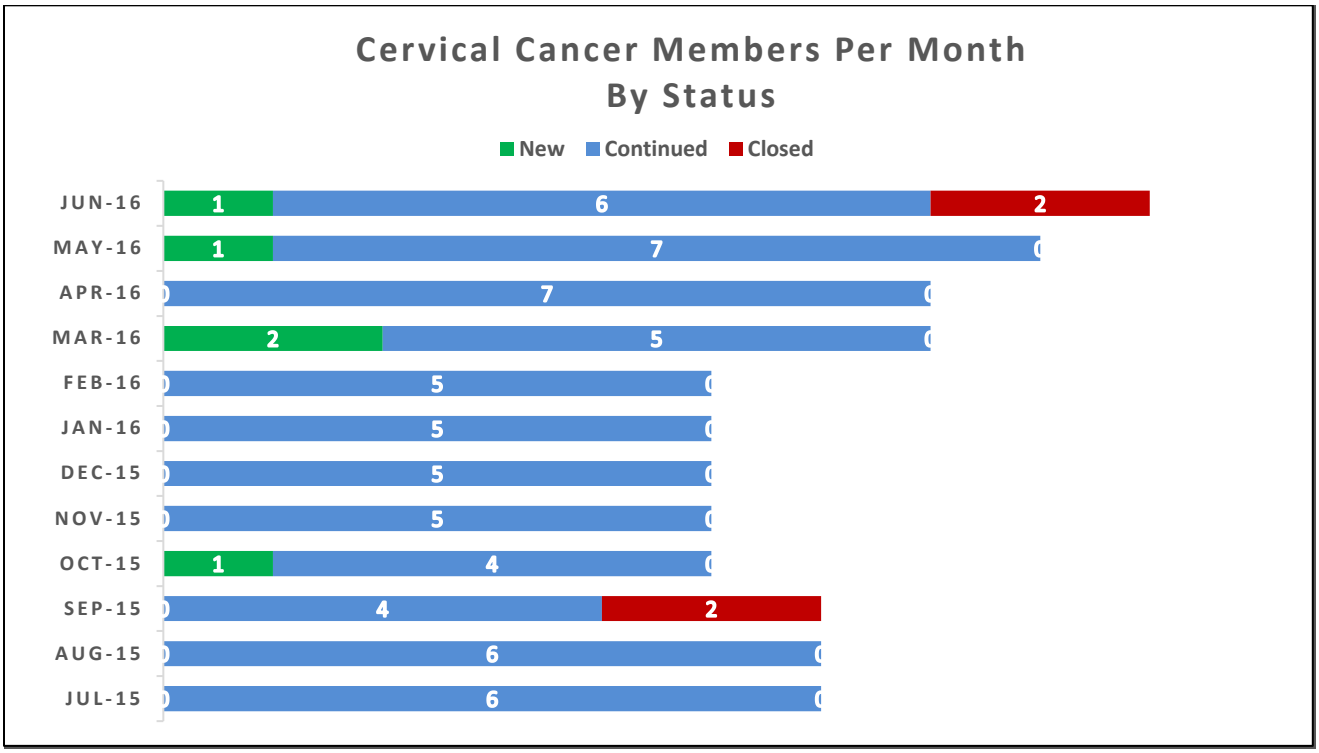
Closure Reasons and Length of Time in Care Management

The chart below highlights breast cancer members by category and case status. The reasons for case closure and length of stay on the care management program are also outlined.

Breast Cancer Care Managed Members				
Element			**Total**	
Unique members served throughout the year			81	
Total New Cases			28	
Total Closed Cases			36	
Reasons for Closure			# of Cases	% of Total Cases Closed
Death			3	8%
Health Home			1	3%
Meets ER Closure Criteria			1	3%
Opened in Error			1	3%
Program Ineligibility - Financial			1	3%
Program Ineligibility - Medicare			3	8%
Program Ineligibility - Non HAN PCP			6	17%
Program Ineligibility - Unknown			19	53%
Treatment Ended			1	3%
TOTAL			**36**	**100%**
Length of time in Care Management				
	Closed	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*
12 months or less	19	53%	17	36%
13 to 18 months	7	19%	12	26%
19 to 24 months	5	14%	5	11%
25 to 30 months	2	6%	0	0%
31 plus months	3	8%	13	28%
TOTAL	**36**	**100%**	**47**	**100%**

Total Members in Care Management – Cervical Cancer

Summary – Cervical Cancer Care Managed - Member Status												
Month - Year	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
New	0	0	0	1	0	0	0	0	2	0	1	1
Continued	6	6	4	4	5	5	5	5	5	7	7	6
Closed	0	0	2	0	0	0	0	0	0	0	0	2
New/Closed (in same month)	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	**6**	**6**	**6**	**5**	**5**	**5**	**5**	**5**	**7**	**7**	**8**	**9**



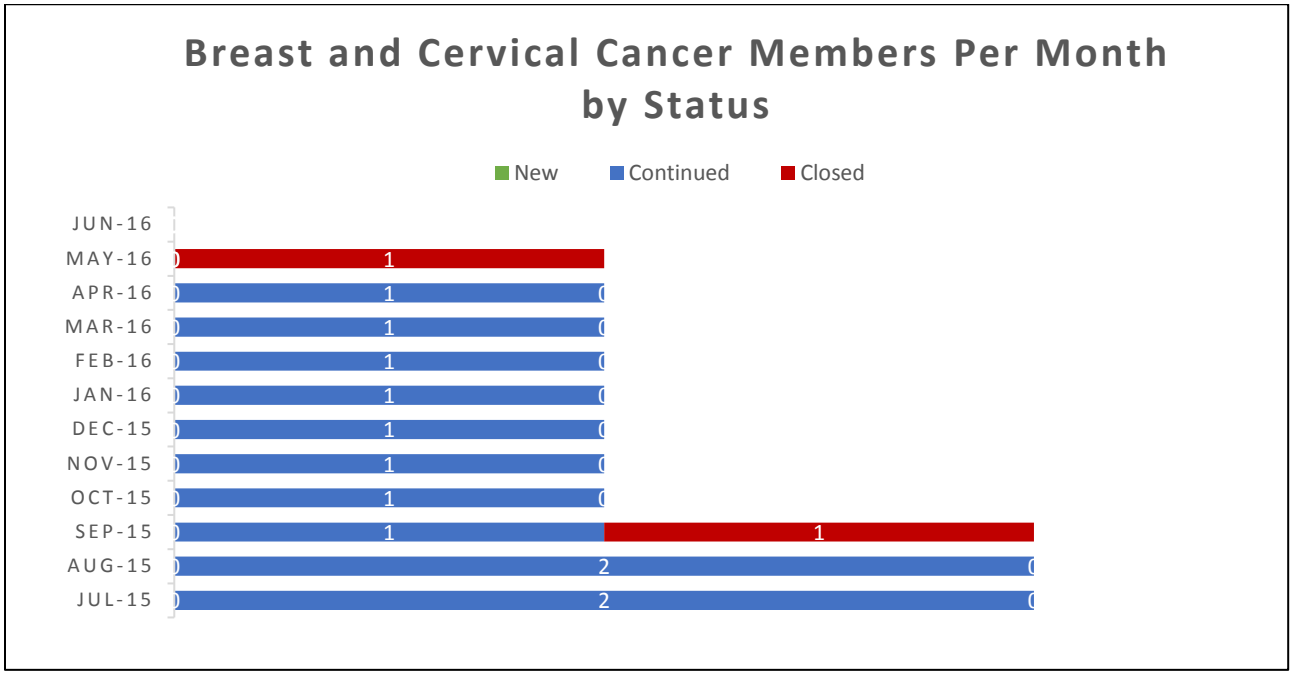
Closure Reasons and Length of Time in Care Management

The chart below highlights cervical cancer members by category and case status. The reasons for case closure and length of stay in the care management program are also outlined.

Cervical Cancer Care Managed Members				
Element			**Total**	
Unique members served throughout the year			11	
Total New Cases			5	
Total Closed Cases			4	
Reasons for Closure			# of Cases	% of Total Cases Closed
Program Ineligibility - Medicare			1	25%
Program Ineligibility - Unknown			2	50%
Treatment Ended			1	25%
TOTAL			**4**	**100%**
Length of time in Care Management				
	Closed	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*
12 months or less	3	75%	4	57%
12 to 18 months	0	0%	2	29%
19 to 24 months	0	0%	1	14%
25 to 30 months	1	25%	0	0%
31 plus months	0	0%	0	0%
TOTAL	**4**	**100%**	**7**	**100%**

Total Members in Care Management – Both Breast Cancer and Cervical Cancer

Summary – Breast Cancer and Cervical Cancer Care Managed - Member Status												
Month - Year	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
New	0	0	0	0	0	0	0	0	0	0	0	0
Continued	2	2	1	1	1	1	1	1	1	1	0	0
Closed	0	0	1	0	0	0	0	0	0	0	1	0
New/Closed (in same month)	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**



Closure Reasons and Length of Time in Care Management

Both Breast and Cervical Cancer Care Managed Members		
Element	**Total**	
Unique members served throughout the year	2	
Total New Cases	0	
Total Closed Cases	2	
Reasons for Closure	# of Cases	% of Total Cases Closed
Program Ineligibility - Personal Insurance	1	50%
Program Ineligibility - Unknown	1	50%
TOTAL	**2**	**100%**

Length of time in Care Management				
	Closed	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*
12 months or less	0	0%	0	

12 to 18 months	0	0%	0	
19 to 24 months	1	50%	0	
25 to 30 months	0	0%	0	
31 plus months	1	50%	0	
TOTAL	**2**	**100%**	**0**	

Treatment Summary

This section outlines the treatment status of the BCC members during their receipt of care management services. Forty members (53%) had mastectomies and 28 (37%) members had lumpectomies as part of their treatment protocol.

# of Mastectomies		
40	53%	
Mastectomy Details		
Left	11	28%
Right	10	25%
Bilateral	16	40%
Unknown	4	8%

# of Lumpectomies		
28	37%	
Lumpectomy Details		
Left	17	63%
Right	9	33%
Bilateral	0	0%
Unknown	1	4%

Diabetes

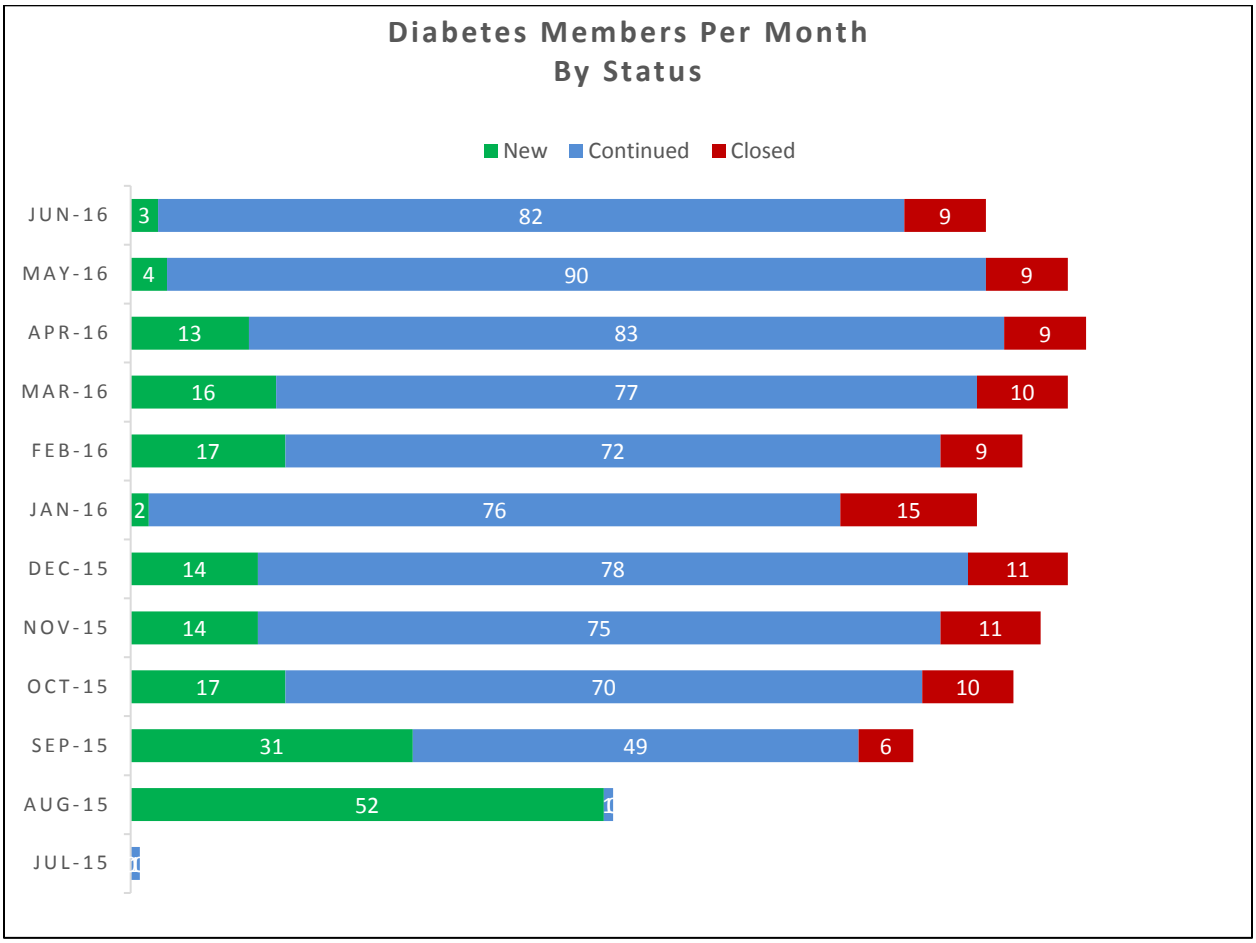
In FY 2016, the Sooner HAN was asked to participate in a project to evaluate the feasibility of implementing patient centered outcome measures (PROMs) into the current office visit workflow. The project was funded by the Patient Centered Outcomes Research Institute (PCORI), led by the National Committee of Quality Assurance (NCQA), and implemented in the OU Physician-Tulsa Internal Medicine Clinic. The Sooner HAN identified care managers to participate in the project to focus on members with diabetes who were interested in completing patient centered outcomes measures (specifically the PROMIS 29), health literacy assessment, goal setting, and diabetes self-efficacy assessment.

Patient centered outcomes approaches were implemented with 95 Sooner HAN SoonerCare Choice members with diabetes. This patient-centered approach with members and integration with the primary care providers was so successful that the Sooner HAN adopted some of the best practices and implemented in its Diabetes Management protocol for all SoonerCare Choice members receiving care management services. This project will continue in FY 2017 with completion expected by 12/31/2016. HAN care managers will continue to provide HAN care management services to these members after the NCQA PCORI project ends.

The Sooner HAN initiated a diabetes specific care management protocol in FY 2016 to assist members who have poorly managed diabetes to move to a controlled status. Members were identified based on having elevated A1C levels, emergency room visits, and hospitalizations related to diabetes and its complications. In FY 2017, members who could benefit from a diabetes specific intervention will be identified based on utilization through claims review as well as through clinical data from MyHealth, a regional Health Information Exchange. In FY 2016, 180 members were care managed.

Total Members in Care Management

Summary – Diabetes Care Managed - Member Status												
Month - Year	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
New	0	52	31	17	14	14	2	17	16	13	4	3
Continued	1	1	49	70	75	78	76	72	77	83	90	82
Closed	0	0	6	10	11	11	15	9	10	9	9	9
New/Closed (in same month)	0	0	2	2	1	1	0	3	1	0	3	0
TOTAL	**1**	**53**	**84**	**95**	**99**	**102**	**93**	**95**	**102**	**105**	**100**	**94**



Closure Reasons and Length of Time in Care Management

Diabetes Care Managed Members Continued		
Element	**Total**	
Unique members served throughout the year	180	
Total New Cases	183	
Total Closed Cases	99	
Reasons for Closure	# of Cases	% of Total Cases Closed
Death	1	1%
Managed by HMP	1	1%
Meets Closure Criteria	1	1%
Program Ineligibility - Financial	2	2%
Program Ineligibility - Medicare	7	7%
Program Ineligibility - Non HAN PCP	2	2%
Program Ineligibility - Nursing Facility	1	1%
Program Ineligibility - Unknown	16	16%
Unable to Contact	30	30%
Voluntary Withdrawal	38	38%

TOTAL			99	100%
Length of time in Care Management				
	Closed	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*
0 to 5 weeks	20	20%	3	4%
6 to 10 weeks	24	24%	7	8%
11 to 15 weeks	16	16%	16	19%
16 to 20 weeks	14	14%	7	8%
21 to 25 weeks	6	6%	6	7%
26 plus weeks	19	19%	46	54%
TOTAL	**99**	**100%**	**85**	**100%**

Depression Screens

The chart below highlights the administration and results of the depression screenings administered by Sooner HAN care management for members care managed for Diabetes. The Sooner HAN began administering the PHQ9 health questionnaire to members with diabetes in FY 2016.

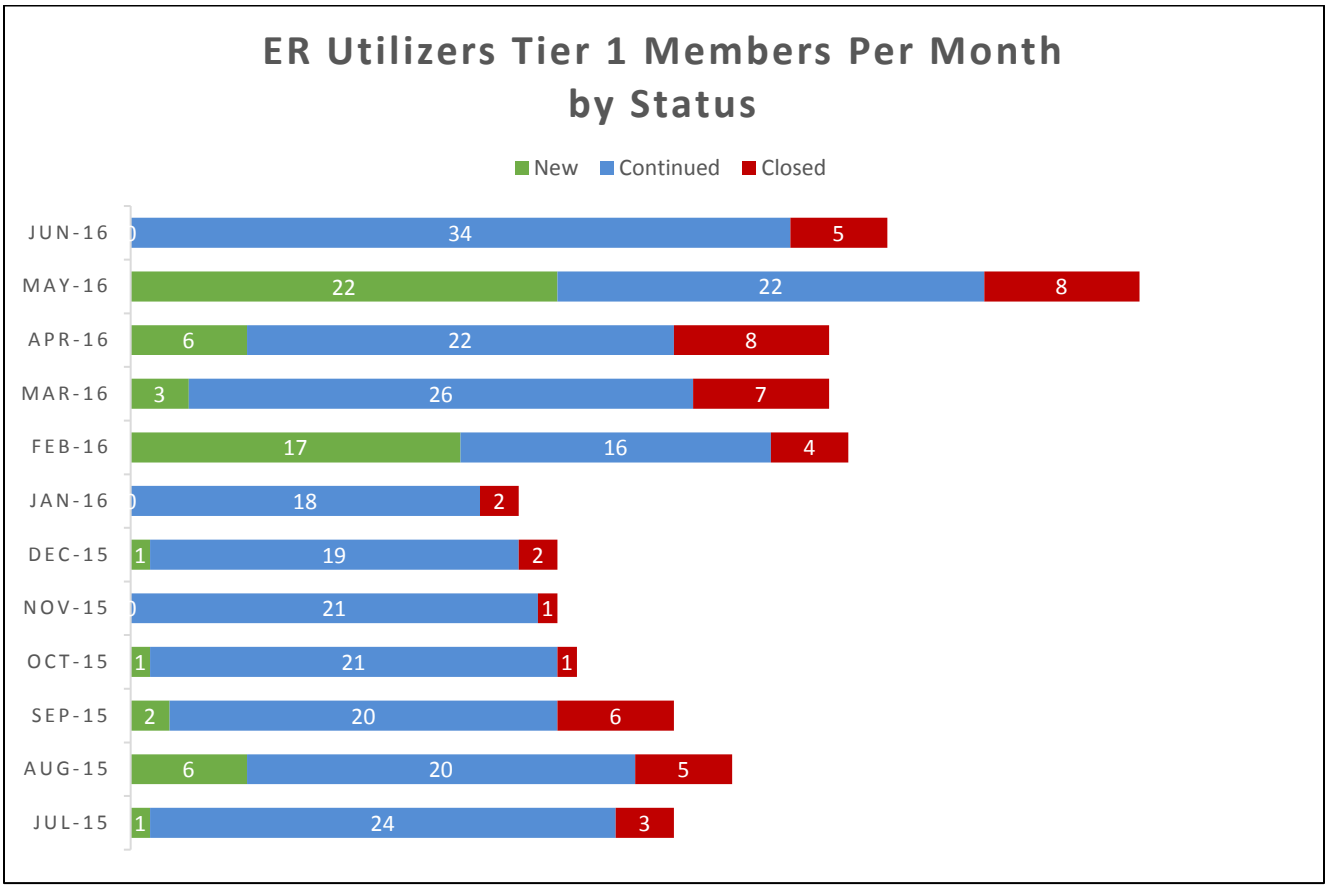
Diabetes - Depression Screens		
Depression Screens		
96%	46	Screened
5%	2	Not Screened
Reason Not Screened		
50%	1	Member does not feel depressed
50%	1	Other
Screening Results		
11%	5	Screenings requiring referral
100%	5	Members accepting BH referral
100%	5	Members keeping BH appointment

ER Tier 1 (10+ visits in 6 months)

During FY 2016, the Sooner HAN provided care management to 77 high ER Tier 1 members. These members are placed immediately into the High Touch Care Management group and receive a higher level of intervention, including home visits and more frequent care management contact than members in the Tier 2 category. The addition of the Behavioral Health Medical Director, the behavioral health case staffings, and the behavioral health lunch and learn sessions have provided a better knowledge base to the care managers to help address the complex behavioral health issues that are often seen in members with high ER utilization.

Total Members in Care Management

Summary – ER Tier 1 (10+ Visits) Care Managed - Member Status												
Month - Year	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
New	1	6	2	1	0	1	0	17	3	6	22	0
Continued	24	20	20	21	21	19	18	16	26	22	22	34
Closed	3	5	6	1	1	2	2	4	7	8	8	5
New/Closed (in same month)	0	0	0	0	0	0	0	2	2	3	5	0
TOTAL	**28**	**31**	**28**	**23**	**22**	**22**	**20**	**35**	**34**	**33**	**47**	**39**



Closure Reasons and Length of Time in Care Management

The chart below highlights high ER use by members by case status and length of time in care management.

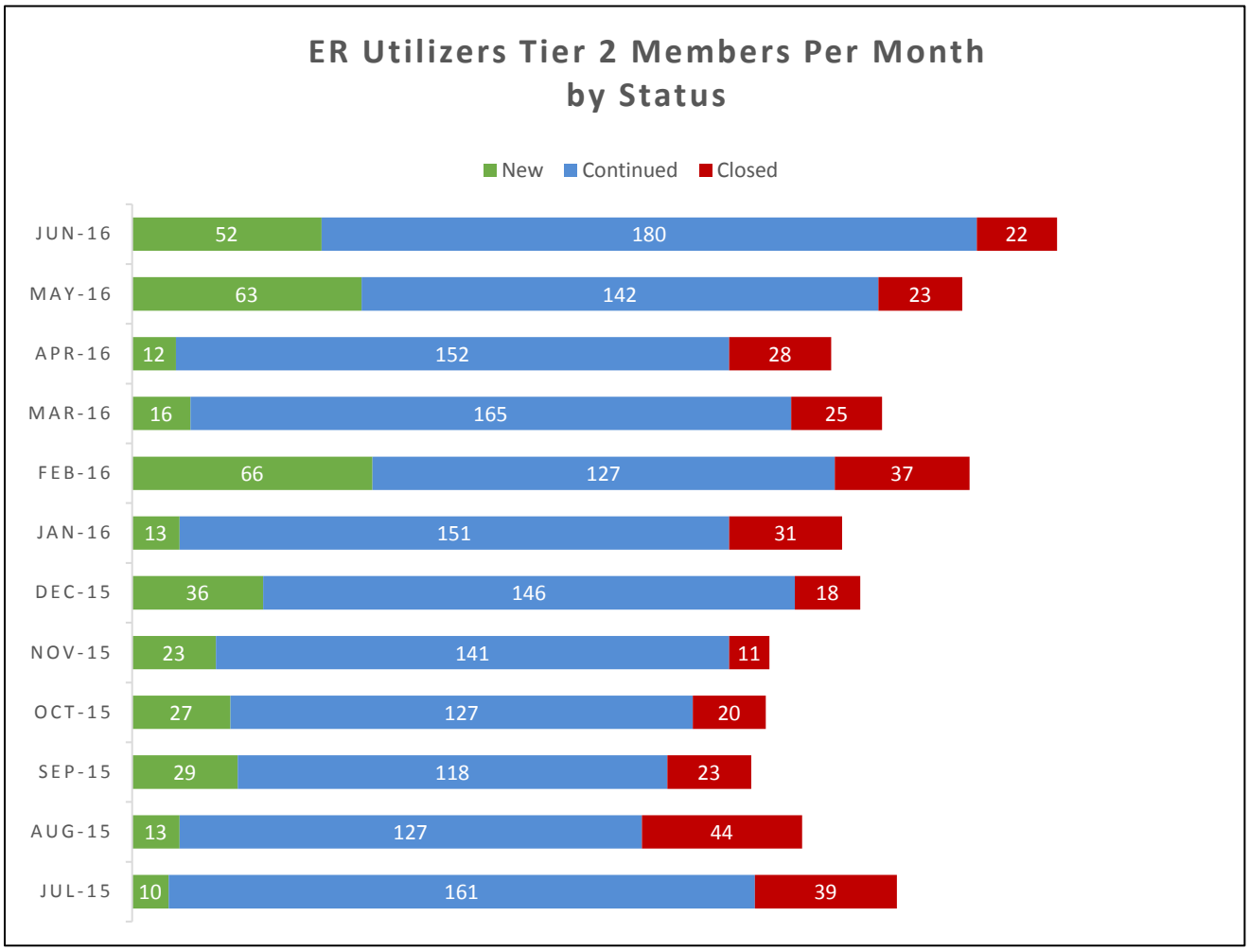
ER Tier 1 Care Managed Members Continued				
Element			**Total**	
Unique members served throughout the year			77	
Total New Cases			59	
Total Closed Cases			52	
Reasons for Closure			# of Cases	% of Total Cases Closed
Closed in Error			7	13%
Death			2	4%
Health Home			1	2%
Meets ER Closure Criteria			4	8%
Opened in Error			2	4%
Program Ineligibility - Financial			2	4%
Program Ineligibility - Moved out of state			1	2%
Program Ineligibility - Non HAN PCP			5	10%
Program Ineligibility - Unknown			3	6%
Unable to Contact			20	38%
Voluntary Withdrawal			5	10%
TOTAL			**52**	**100%**
Length of time in Care Management				
	Closed	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*
Less than 3 months	24	46%	17	50%
4 to 6 months	7	13%	7	21%
7 to 9 months	5	10%	1	3%
0 to 12 months	5	10%	2	6%
Over 13 months	11	21%	7	21%
TOTAL	**52**	**100%**	**34**	**100%**

ER Tier 2 (2-9 visits in 6 months)

The Sooner HAN provided care management services to 545 ER Tier 2 members (2-9 ER visits in a six month period) in FY 2016. This has been a challenging care management group. Many members who have received notification that care management is available to them either do not call or tend to call outside of traditional office hours. Care managers end up spending multiple hours playing phone tag with members.

Total Members in Care Management

Summary – ER Tier 2 (2-9 Visits) Care Managed - Member Status												
Month - Year	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
New	10	13	29	27	23	36	13	66	16	12	63	52
Continued	160	126	118	127	141	146	151	127	165	152	142	180
Closed	39	43	22	23	11	18	31	40	26	27	27	23
New/Closed (in same month)	1	0	1	4	1	1	1	4	2	0	5	2
TOTAL	208	182	168	173	174	199	194	229	205	191	227	253



Closure Reasons and Length of Time in Care Management

The chart below highlights the ER Tier 2 members by status and length of stay in care management.

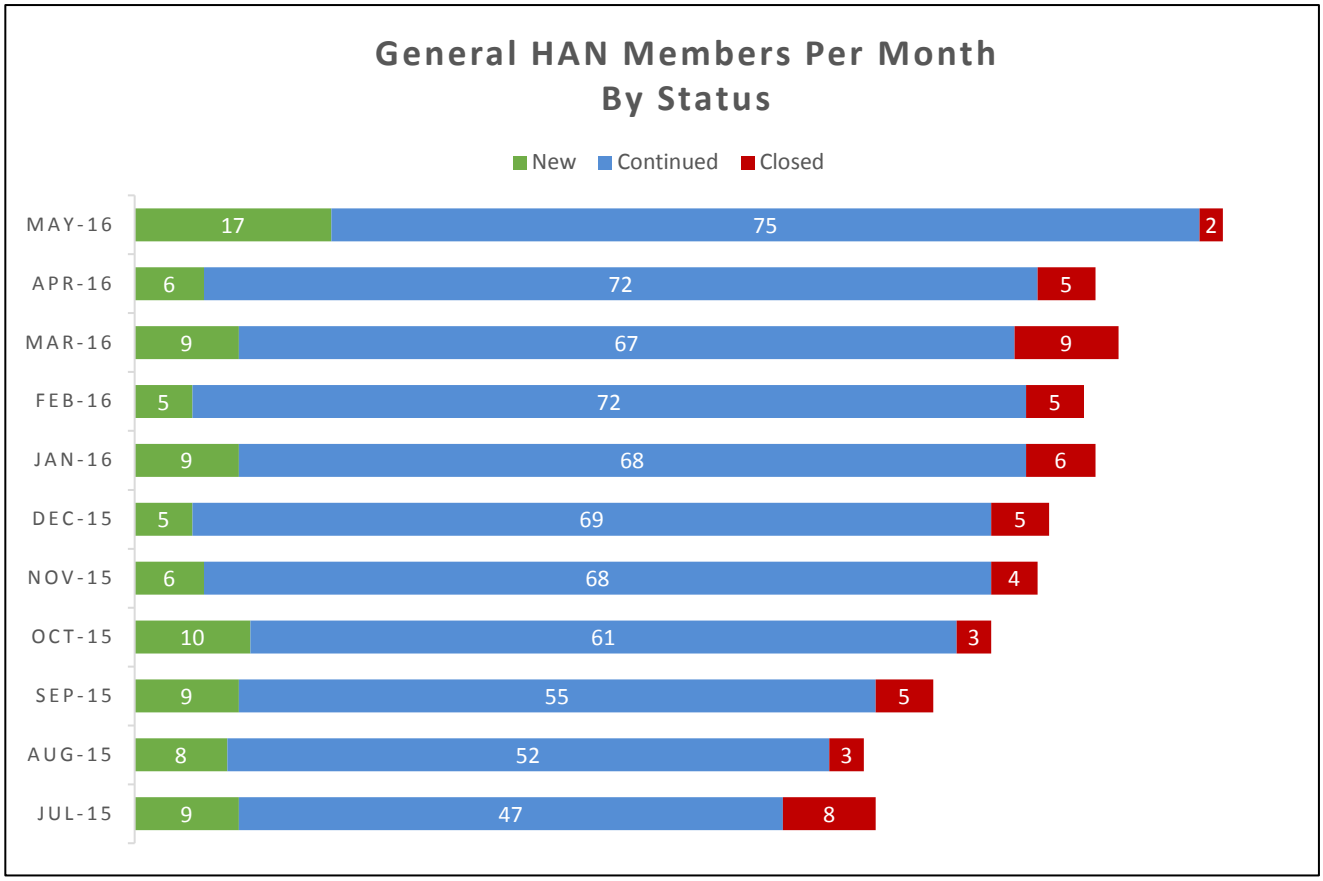
ER Tier 2 Care Managed Members Continued				
Element			**Total**	
Unique members served throughout the year			545	
Total New Cases			360	
Total Closed Cases			330	
Reasons for Closure			# of Cases	% of Total Cases Closed
ADvantage			2	1%
Closed in Error			0	0%
Death			8	2%
Health Home			7	2%
Managed by HMP			3	1%
Meets ER Closure Criteria			31	9%
Opened in Error			3	1%
Program Ineligibility - Medicare			5	2%
Program Ineligibility - Moved out of state			7	2%
Program Ineligibility - Non HAN PCP			23	7%
Program Ineligibility - Personal Insurance			2	1%
Program Ineligibility - Unknown			57	17%
Reopening as Asthma			3	1%
Reopening as Diabetes			2	1%
Reopening as General HAN			1	0%
Unable to Contact			132	40%
Voluntary Withdrawal			44	13%
TOTAL			**330**	**100%**
Length of time on Care Management				
	Closed	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*
Less than 3 months	120	36%	111	48%
4 to 6 months	78	24%	51	22%
7 to 9 months	60	18%	24	10%
10 to 12 months	22	7%	10	4%
Over 13 months	50	15%	34	15%
TOTAL	**330**	**100%**	**230**	**100%**

General HAN

The General HAN category was created in FY 2014 and continues to grow, mainly from an increased number of referrals from primary care providers. In FY 2016, 161 members were care managed.

Total Members in Care Management

Summary – General HAN Care Managed - Member Status												
Month - Year	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
New	9	8	9	10	6	5	9	5	9	6	17	17
Continued	47	52	55	61	68	69	68	72	67	72	75	86
Closed	8	3	5	3	4	5	6	5	9	5	2	7
New/Closed (in same month)	1	0	0	0	1	1	1	1	0	1	0	1
TOTAL	**63**	**63**	**69**	**74**	**77**	**78**	**82**	**81**	**85**	**82**	**94**	**109**



Closure Reasons and Length of Time in Care Management

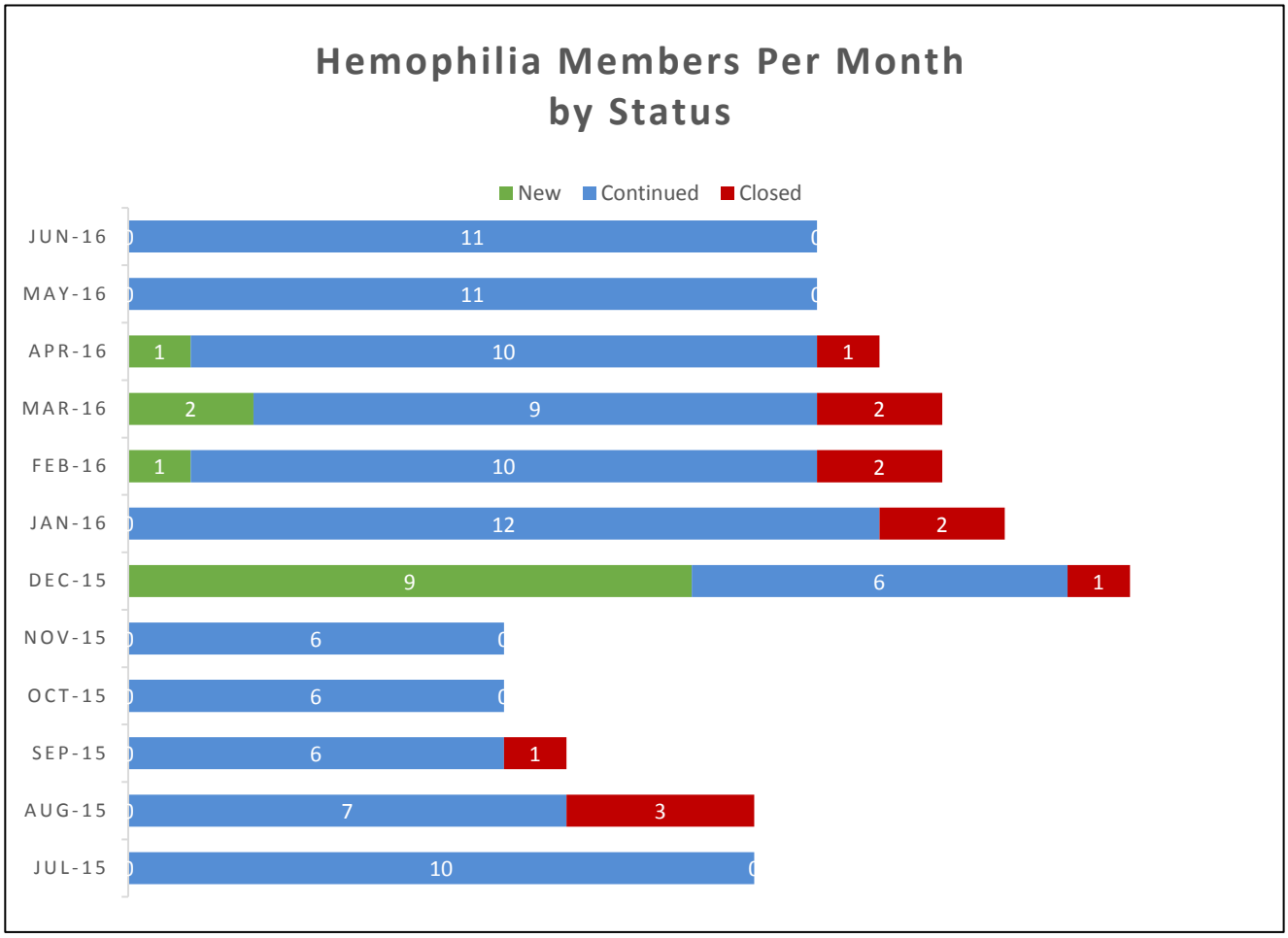
General HAN Care Managed Members Continued				
Element			**Total**	
Unique members served throughout the year			161	
Total New Cases			110	
Total Closed Cases			62	
Reasons for Closure			# of Cases	% of Total Cases Closed
ADvantage			1	2%
Death			2	3%
DHS Custody			1	2%
Health Home			1	2%
Meets Closure Criteria			3	5%
Opened in Error			2	3%
Program Ineligibility - Moved out of state			1	2%
Program Ineligibility - Non HAN PCP			6	10%
Program Ineligibility - Unknown			12	19%
Reopening as Asthma			1	2%
Reopening as Diabetes			3	5%
Unable to Contact			22	35%
Voluntary Withdrawal			7	11%
TOTAL			**62**	**100%**
Length of time on Care Management				
	Closed	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*
Less than 3 months	23	37%	35	34%
4 to 6 months	10	16%	15	15%
7 to 9 months	8	13%	11	11%
10 to 12 months	4	6%	14	14%
Over 13 months	17	27%	27	26%
TOTAL	**62**	**100%**	**102**	**100%**

Hemophilia

The Sooner HAN has provided care management to 23 members with hemophilia throughout FY 2016.

Total Members in Care Management

Summary – Hemophilia Care Managed - Member Status												
Month - Year	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
New	0	0	0	0	0	9	0	1	2	1	0	0
Continued	10	7	6	6	6	6	12	10	9	10	11	11
Closed	0	3	1	0	0	1	2	2	2	1	0	0
New/Closed (in same month)	0	0	0	0	0	1	0	0	0	0	0	0
TOTAL	**10**	**10**	**7**	**6**	**6**	**14**	**14**	**13**	**13**	**12**	**11**	**11**



Closure Reasons and Length of Time in Care Management

Hemophilia Managed Members				
Element			**Total**	
Unique members served throughout the year			23	
Total New Cases			13	
Total Closed Cases			12	
Reasons for Closure			# of Cases	% of Total Cases Closed
Managed by HMP			1	8%
No Hemophilia Diagnosis			1	8%
Program Ineligibility - Non HAN PCP			2	17%
Program Ineligibility - Personal Insurance			1	8%
Program Ineligibility - Unknown			2	17%
Unable to Contact			5	42%
TOTAL			**12**	**100%**
Length of time on Care Management				
	Closed	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*
Less than 9 months	7	58%	6	55%
9 to 12 months	1	8%	2	18%
13 to 24 months	2	17%	0	0%
25 months plus	2	17%	3	27%
TOTAL	**12**	**100%**	**11**	**100%**

High Risk Obstetrics (HROB)

In FY 2016, the Sooner HAN provided care management services to 779 SoonerCare cases identified as a high risk pregnancy (HROB). This is up 43% from FY 2015. A significant challenge in previous fiscal years has been the late identification of HROB members. OHCA also recognized this as an important issue in need of improvement. During FY 2016, the OHCA began sending new HROB cases as soon as the case was identified in the state system. This resulted in cases being received on a weekly, if not daily basis—a significant improvement from the previous monthly bundle of case notifications. Additionally, at the end of FY 2015 the Sooner HAN embedded a RN Care Manager in the OU Women's Clinic. The collaboration with OU Women's Clinic has led to even more HROB cases being identified early. As a result of the collaboration with the OU Women's Clinic, the Sooner HAN is part of the orientation for new OBGYN residents and has provided just in time learning sessions to faculty and staff.

Length of Time in Care Management

As mentioned earlier, in FY 2016, the Sooner HAN provided services to more high risk OB members and for a longer period of time than in previous fiscal years. By receiving cases earlier in the members' pregnancy, care managers have more of an opportunity to provide services and support to the members prior to birth. It has been the desire of the Sooner HAN to identify and intervene with members as early in the pregnancy as possible to promote the best possible outcome for mother and baby.

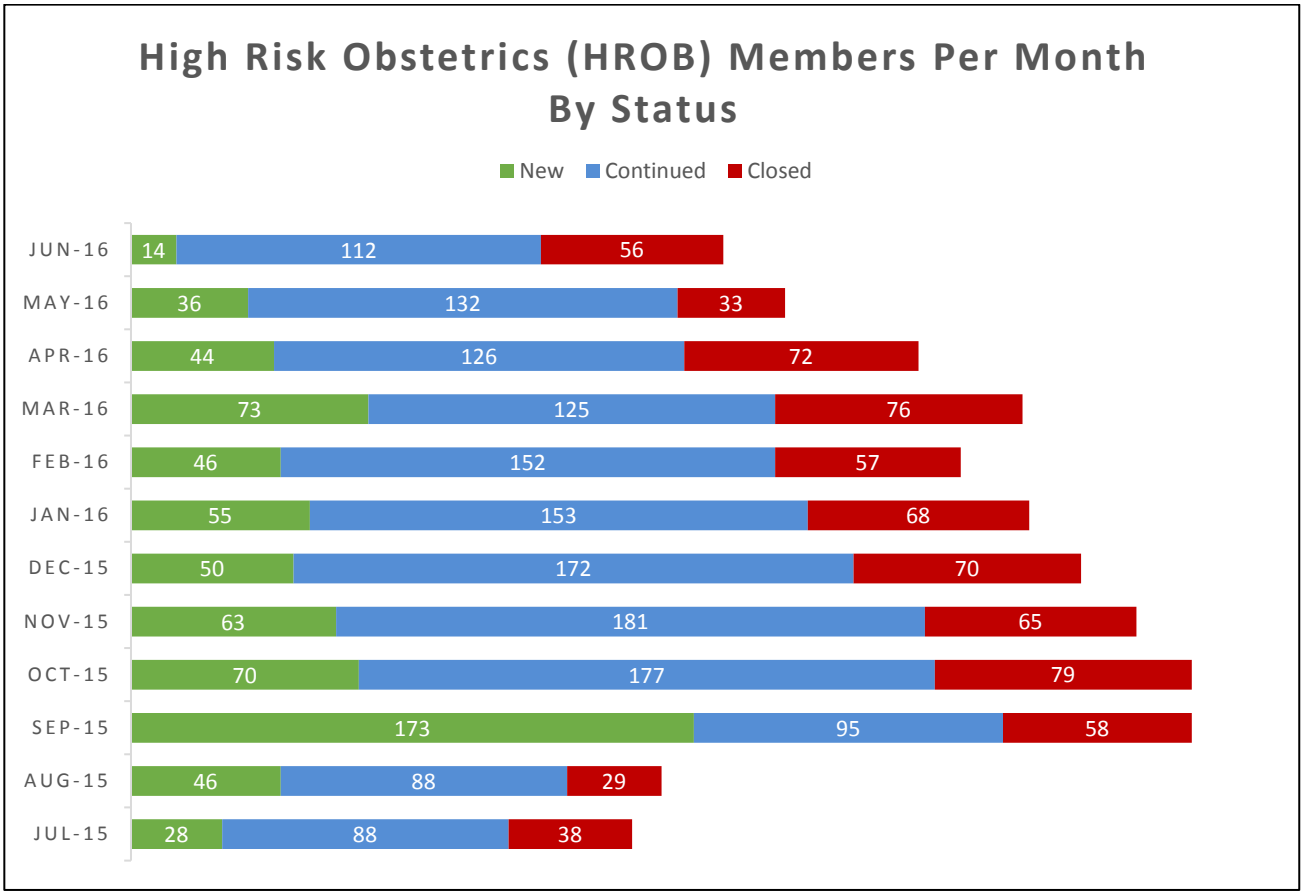
Fiscal Year Comparisons

HROB	**FY 2015**				**FY 2016**			
Length of Time in Care Management	*Closed*	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*	*Closed*	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*
0 to 4 weeks	51	12%	66	78%	119	17%	15	12%
5 to 8 weeks	112	26%	9	11%	136	19%	25	20%
9 to 12 weeks	89	20%	5	6%	143	20%	25	20%
13 to 16 weeks	95	22%	1	1%	103	15%	23	18%
17 to 19 weeks	27	6%	2	2%	65	9%	16	13%
20 to 24 weeks	43	10%	1	1%	68	10%	12	10%
25 to 29 weeks	15	3%	0	-	40	6%	3	2%
30 weeks plus	4	1%	1	1%	27	4%	6	5%
	436	**100%**	**85**	**100%**	**701**	**100%**	**125**	**100%**

The following charts provide detail around the care management activities.

Total Members in Care Management

Summary – HROB Care Managed - Member Status												
Month - Year	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
New	28	46	173	70	63	50	55	46	73	44	36	14
Continued	88	88	95	177	181	172	153	152	125	126	132	112
Closed	38	29	58	79	65	70	68	57	76	72	33	56
New/Closed (in same month)	1	2	21	7	5	3	2	3	6	6	1	1
Total	153	161	305	319	304	289	274	252	268	236	200	181



Closure Reasons and Length of Time in Care Management

The following chart highlights the number of HROB care managed members, reason for closure, and length of time receiving care management services.

HROB Care Managed Members				
Element			**Total**	
Unique members served throughout the year			779	
Total New Cases			698	
Total Closed Cases			701	
Reasons for Closure			# of Cases	% of Total Cases Closed
Closed in Error			9	1%
Death			1	0%
Death of Infant			0	0%
End of Pregnancy			284	41%
End of Pregnancy - Fetal Demise			2	0%
Opened in Error			19	3%
Program Ineligibility - Financial			2	0%
Program Ineligibility - Moved out of state			6	1%
Program Ineligibility - Non HAN PCP			18	3%
Program Ineligibility - Personal Insurance			2	0%
Program Ineligibility - Unknown			82	12%
Unable to Contact			174	25%
Voluntary Withdrawal			102	15%
TOTAL			**701**	**100%**
Length of time in Care Management				
	Closed	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*
0 to 4 weeks	119	17%	15	12%
5 to 8 weeks	136	19%	25	20%
9 to 12 weeks	143	20%	25	20%
13 to 16 weeks	103	15%	23	18%
17 to 19 weeks	65	9%	16	13%
20 to 24 weeks	68	10%	12	10%
25 to 29 weeks	40	6%	3	2%
30 weeks plus	27	4%	6	5%
TOTAL	**701**	**100%**	**125**	**100%**

Delivery Data

The chart below highlights delivery data for women who received care management services for HROB. The Sooner HAN had 361 deliveries resulting in 369 viable births. The average weight for the HROB babies was 6.4 lbs. and the average length of hospital stay was 4 days.

HROB - Delivery Data		
Pregnancy Results		
#	%	Category
361	100%	Deliveries/Moms
369	97%	Viable Births
9	2%	Demise
1	<1%	Unknown
379	100%	Total Births
341	94%	Single Births
20	6%	Sets of twins
Birth Type		
#	%	Category
222	61%	Vaginal
139	39%	C Section

Average (Mean)Weight
6.4 lbs.
Median Weight
6.6 lbs.

Average (Mean) Length of Hospital Stay
4 days (mother)
Median Length of Stay
3 days (mother)
Mode Length of Stay
2 days (mother)

Note: Only births that occurred during FY 2016 were counted. Since member cases remain open for approximately 6 weeks after delivery, some members may have still been enrolled in FY 2016, but delivered in the previous fiscal year.

Discharge Data

The chart below highlights information on the status of babies upon hospital discharge. A few babies required oxygen therapy at home or supportive devices or medications. Fewer than 14% of babies required surgery and almost 94% of babies passed their hearing screens.

HROB – Discharge Data					
Sent Home on Oxygen			**Required Surgery**		
>1%	1	Yes	10%	38	Yes
>99%	368	No	0%	0	No
0%	0	Unknown	0%	0	Unknown
Discharged with Supportive Devices or Medications			**Completed Newborn Hearing Screen**		
1%	5	Phototherapy	74%	273	Pass (Left Ear)
5%	20	Medications	2%	8	Fail (Left Ear)
2%	6	Monitor	24%	89	Unknown (Left Ear)
73%	270	None	74%	273	Pass (Right Ear)
18%	67	Unknown	2%	8	Fail (Right Ear)
			24%	89	Unknown (Right Ear)

NICU Information

The chart below highlights information for babies that had a NICU stay. The average NICU stay was 10 days with 27% of the babies having had a NICU stay. The average weight for babies with a NICU stay was 5.6 lbs. In FY 2016, fewer babies required NICU stays and the length of time in the NICU was less than in FY 2015. Likewise, premature births as indicated by the average number of days delivered before the due date dropped significantly, form 24 days in FY 2016 to 13 days in FY 2016, a 46% decrease.

HROB - NICU Information				
Average (Mean) NICU Stay	***Average (Mean) NICU Weight***	***NICU Stays***		
10 days	5.6 lbs.	27%	98	Infants with NICU Stay
Median NICU Stay	***Median NICU Weight***	4%	16	Twins with NICU Stay
5 days	5.8 lbs.	29%	106	Mothers with a baby that had a NICU stay
		20%	20	NICU stays ongoing at time of closure

Prematurity of Babies with NICU Stay	
Average (Mean) - # of days/weeks born before due date	***Average (Mean) - # of days/weeks prior to due date when HROB case was received***
13 days prior	48 days prior
Care Management case received for Babies with NICU stay	
Median - # of days/weeks born before due date	***Median - # of days/weeks prior to due date when HROB case was received***
9 days prior	43 days prior

Twins Data

The chart below highlights data on twins. There were 20 sets of twins born during FY 2016.

HROB - Twins Data		
Average (Mean) Weight	***Average (Mean) - # of weeks prior to due date case was received***	***Average (Mean)- # of days delivered prior to due date***
4.6 lbs.	56 days before	27 days prior
Median Weight	***Median - # of weeks prior to due date case was received***	***Median - # of days delivered prior to due date***
5.0 lbs.	51 days before	27 days prior
Note:	Denominators were adjusted based on ability to gather data from member or medical record	

Depression Screens

The chart below highlights the administration and results of the pre- and post-depression screenings administered by Sooner HAN care management staff. The Sooner HAN administers the PHQ9 health questionnaire.

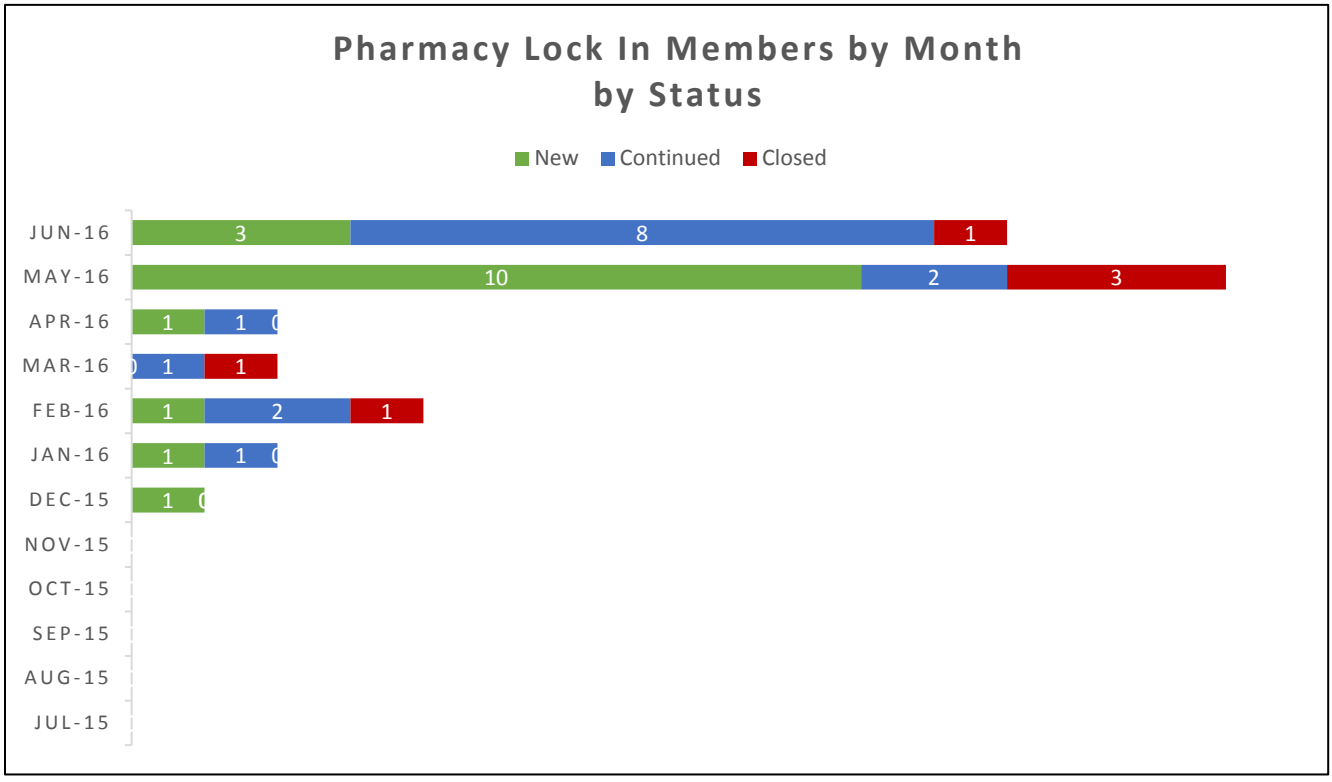
HROB - Depression Screens						
Pre-Depression Screens				**Post-Depression Screens**		
88%	229	Screened		84%	169	Screened
12%	30	Not Screened		16%	32	Not Screened
Reason Not Pre-Screened				**Reason Not Post-Screened**		
37%	11	Recently completed screen		9%	3	Recently completed screen
63%	18	Member does not feel depressed		66%	21	Member does not feel depressed
<1%	1	Other		<1%	2	Currently in treatment for depression
				19%	6	Unknown
Screening Results						
9%	35	Pre/Post screenings requiring referral		34%	12	Women accepting BH referral
				75%	9	Women keeping BH appointment
Additional Recommended Screenings (Not Pre/Post Screens)						
N/A	21	Recommended screenings		100%	4	Women accepting BH referral
19%	4	Recommended screenings requiring referral		75%	3	Women keeping BH appointment

Pharmacy Lock In

In FY 2016 the Sooner HAN began to receive Pharmacy Lock In cases again after a short hiatus, while OHCA modified the program. This group is often challenging for care management as behavioral health and addiction issues require a very specific intervention. In FY 2016, 14 members were care managed.

Total Members in Care Management

Summary – Pharmacy Lock In Care Managed - Member Status												
Month - Year	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
New	0	0	0	0	0	1	1	1	0	1	10	3
Continued	0	0	0	0	0	0	1	2	1	1	2	8
Closed	0	0	0	0	0	0	0	1	1	0	3	1
New/Closed (in same month)	0	0	0	0	0	0	0	1	0	0	3	0
Total	0	0	0	0	0	1	2	3	2	2	12	12



Closure Reasons and Length of Time in Care Management

Pharmacy Lock In Care Managed Members Continued				
Element			**Total**	
Unique members served throughout the year			14	
Total New Cases			17	
Total Closed Cases			6	
Reasons for Closure			# of Cases	% of Total Cases Closed
Closed in Error			3	50%
Unable to Contact			1	17%
Voluntary Withdrawal			2	33%
TOTAL			**6**	**100%**
Length of time on Care Management				
	Closed	*% of Total Cases Closed*	*Still Open*	*% of Total Cases Still Open*
Less than 3 months	6	100%	10	91%
4 to 6 months	0	0%	0	0%
7 to 9 months	0	0%	1	9%
10 to 12 months	0	0%	0	0%
Over 13 months	0	0%	0	0%
TOTAL	**6**	**100%**	**11**	**100%**

Care Management Success Stories

The success stories highlighted below are being told from the care managers' perspectives and in their own words. The members' names have been changed to ensure their privacy and confidentiality. While there were many successes throughout the year, these fourteen stories serve as a reminder of the significant role a care manager plays in each member's life, the value of the providing additional support beyond the primary care office, and the strength of building respectful relationships.

[redacted]

When dealing with a person on a weekly basis you get to know their temperament, what they like, how they communicate, their stressors, and who they believe is part of their support system. I have been working with an ER utilizer for more than a year and it has taken almost that entire year to build a relationship with this member. He was a hit and miss member; I would talk to him for several weeks straight and then he would fall off for several months. He always told me just enough information and never too much for me to figure out his situation. The member has been diagnosed with Hepatitis C, chronic pain and cirrhosis of the liver. he member's ER visits consisted of him having fevers, uncontrollable pain in his body, toxins from his liver, heart palpitations and black stools. The member would go to the ER at least 3 times a month, even if he went to his PCP appointment. As his Care Manager, I continued to just listen to him and let him steer the conversations, whether it was talking about his family that he could not depend on, lack of several medications, lack of treatment for Hepatitis C, to wanting to give up at times due to his diseases. The continued conversations and communication with PCPs about possible treatment options for the member, opened the door to the member, allowing me to assist in many ways. The member mentioned that he has never had anyone to care about his health in the manner that I do, as his Care Manager. Fast forward to almost a year later - this member has had only 3 ER visits in the last 5 months. He has met with the transplant provider again even though his last experience was terrible and he was open and interested in available hospice options. He has made more PCP appointments since care management has been involved and open and accepting to community resources to help with daily needs. Currently, I have talked with the member about the possibility of the ADvantage Program, being one appointment closer to a possible transplant option, his submission to obtain Hepatitis C treatment and how his mental health has improved due to knowing that he is able to manage his diseases with assistance from his PCP team and Sooner HAN Care Manager.

[redacted]

During one of our conversations with the PCP, the member explained her living situation with family members and how this meant she did not have control over her food options because she didn't get to choose her food. Also, food was being purchased for several people so once it was gone, there were even fewer choices. The doctor stated this was really good information because it was something he would not have thought to be a problem. The member said that she felt like, for the first time in a really long time, the doctor actually listened to her and addressed her needs. Action steps included reviewing medications, providing information on other food resources, and referral to pain management clinic.

[redacted]

The member was initially upset when I called her about participating in the (PCORI) project because she didn't think she had ever been diagnosed with diabetes. A diagnosis was in her chart but her blood sugar levels had reduced to a pre-diabetes level; her current lab results showed she had crossed the threshold again for Type II diabetes. Since then, the member has completed the patient reported outcome

measure survey tool (PROM) and identified healthy eating as a goal. I worked with her to create a plan based on modifying old recipes and trying new ones. Her weight has dropped below 300 lbs. for the first time in a year. The member's PCP told her he was "impressed" with her dietary changes and encouraged her to continue. She stated she is very happy with her care at this clinic. The member told the care manager, "It sounds funny, but in a way I'm glad I was diagnosed with diabetes because I've been able to make changes to be healthier."

[redacted]
The member is a single mom with two children who is unemployed, living in homelessness and has a felony on her legal record. She had missed several appointments. I called a few times and the member seemed guarded and mistrustful. I learned that the member's focus was getting a job and finding a place to live so she could regain custody of her youngest child. I started helping her with these concerns and the member said "You really do want to help me, don't you?" Since then, the member has begun asking her questions about diabetes, certain foods, checking her blood sugar and how stress and lack of sleep affect blood sugar levels.

[redacted]
This member has gestational diabetes mellitus (GDM) and speaks Zomi, a dialect of Burmese. I made initial contact with the member and her spouse at the HROB clinic and a Zomi interpreter was used via the language line. Despite increasing meal time insulin doses, respectively, blood sugars remain elevated after her lunch and dinner in the 200s. I reviewed blood sugar log fasting levels that range 60-80s and post one hour breakfast range 65-90mg/dl. Post one hour lunch and dinner range 140-209mg/dl. Upon arrival to clinic her blood sugar level was 44mg/dl. The member was given 15gm CHO (apple juice) and is asymptomatic. In talking to member she is not taking medications as directed. After complete assessments we were able to identify that she is taking both insulins incorrectly, at the wrong time and the wrong dose. This would explain her hypoglycemia episode of upon arrival to the HROB clinic. I also believe the language barrier is a contributing factor to her hypo/hyperglycemia episodes. I discussed the member with the resident. The resident stated that the attending physician would like to admit the member to the hospital for further DM education and glucose control. I staffed the member's case with both resident and attending provider present. We discussed my findings of the language barrier. I am able to provide some DM education via the language line in HROB Clinic. Per attending their recommendation is for the following: Hold on admitting for today, DM education in HROB Clinic, follow up appointment 7/28/2016 for re-evaluation. If hyperglycemia continues will admit to the hospital for glucose control. Recommend a medication change before lunch and dinner. 7/28/2016- Follow up visit in HROB Clinic. Reports she is on NPH 7U/5U after breakfast AND QHS; Novalog 36U / 36U with lunch and dinner (only eats 2 main meals/day). Blood sugar levels have significantly improved. Blood sugar levels after lunch and dinner range 117-149 with one reading 189mg/dl. Per physician no changes at this time she is to continue with the same doses and follow up next week. After staffing the case with both the attending and the resident the member did not need to be admitted for further diabetes education. We were able to identify the barriers and diabetes education could be done in clinic and avoid hospitalization. They both agreed.

[redacted]
I have been in contact with a member to facilitate completion of the PCORI process and to provide care management services. When I made initial telephonic contact with him, prior to his initial clinic visit per the PCORI process, the member agreed to complete the PROMIS-29 survey over the phone and did not consent for me to attend his initial clinic visit; and he agreed for me to follow up via telephone in one

month. While completing this follow-up telephonic encounter, the member said "You're a great sounding wall. I can hear myself talk about things and that helps. I like talking to you." To me, this interaction represents a success, not only because it is apparent how Motivational Interviewing positively affects interactions (and ultimately outcomes) but also because he agreed to meet with me in person at the clinic; and I know this meeting will allow me to build greater rapport with him and allow me to determine ways in which I may provide assistance to the member, to help him meet his health goals.

[redacted]
The member has utilized emergency medical care eighteen times in less than 4 months, for reasons that include back pain, sunburn, and knee pain. At his most recent appointment with his PCP, I facilitated discussion about these ER visits including his stated goal of going to the ER once per month and reasons for his recently increased medical usage. A "success" occurred in the member's case when he verbalized insight that he has been seeking medical care, including through ER and from specialists, in order to obtain emotional support. During our next telephone call following this PCP appointment, he and I were able to further discuss his insight regarding his medical usage: the Member expressed thoughts that because one medical procedure was recently indicated, follow up for an unrelated physical concern was also indicated. This is part of what makes this case challenging. The member and I continue to periodically discuss healthy relationships and coping strategies; and I continue to encourage him to establish and keep short-and long-term goals, including those beyond his physical health that include continued participation with a community volunteer group based at a local community college.

[redacted]
This young man was referred to the Sooner HAN in the Fall of 2015 by a pediatric pulmonologist. He is 9 years old with a history of moderate persistent asthma, recurrent pneumonia and hypoxia, multiple hospitalizations, underweight, and a chromosomal abnormality that affects his neurodevelopment. During the initial telephone call, his mother expressed significant frustration that his breathing problem was not getting better and that it was interfering with his education. His mother and I met face- to-face and discussed his health history, home and family support, challenges and barriers she has encountered and what she hoped to accomplish. The most important thing to her was that his breathing get better. She stated she "is sometimes afraid for his life". Secondly, she wanted to see his attendance in school increase so that he could be there to learn along with the other children. She stated "he cannot learn if he is not there". To accomplish this, she wanted to learn more about asthma and how to respond to early signs of breathing problems. He openly admitted she did not understand asthma very well and felt "lost" in regards to symptoms and steps to take when a problem appeared. She also expressed her lack of confidence in supporting his educational needs due to absences and delayed neurodevelopment. The mother was very open to our meetings; we met by phone, at his appointments, and at my office once a month on one of her days off. We discussed what asthma does to the lungs, possible triggers, his prescribed medications, symptoms, and best response at early sign of flare up. She kept me informed on the outcome of pulmonology appointments, his response to medication changes and called me at the first sign of symptoms to determine whether he needed to be seen. Medication assessment revealed she was using the allergy medication incorrectly and only giving it to him when symptoms appeared. She corrected this and she also has become more alert to coughing/wheezing at night and responded by starting nebulizer treatments promptly. In January she reported he was doing "a little better" and that he was using the rescue inhaler less frequently. Instead of 3-4 times a week she only had to give it to him 2 times in the prior week and once during the week before that. In February she reported he was still doing well and she was able to see a difference in his breathing. In March she happily reported he was doing very well and had had zero ER or urgent care visits since December. In May she was absolutely

thrilled that he had had less sick days and was attending school more regularly. As she begins to express a more positive outlook and less anxiety about his breathing, I am looking for signs that she is ready to move on to the topic of learning more about the educational system and how we can support him. I have gathered some information to get us started, consulted with Sooner Success, and have discussed the steps to get an EIP in place with the school counselor. Now that she has experienced this success with his asthma I am hoping she can build on this for confidence to tackle the next challenge!

[redacted]

The member is identified as having a high risk pregnancy. She is thirty years old and in the final trimester of her sixth pregnancy. She and her husband also have a set of one year old twins, a three year old, a four year old, and one school-aged child. As I talked with the member about her pregnancy; she shared that she had taken an antidepressant in the past, but quit taking that medication during this pregnancy. The Member had discussed her feelings of depression with her OB doctor and was told that she could not take the antidepressant during pregnancy; that counseling was her only option. She receives no mental health services at this time. I asked the member if she was willing to participate in a screening to describe for me, how she had been feeling over the past two weeks. The member agreed and expressed feelings of hopelessness, feeling tired with little energy and as I asked her to describe whether or not she had bad feelings – if she felt she was a failure or had let herself or her family down- she interrupted me. "No one has ever asked me questions like these before. I can't even keep the floors of my house clean, with one year old twins! I get up every day and feel so bad because I cannot look after my house, kids or husband like I want to. I try and try, but there are always messes and I can't keep up". I completed the PHQ-9 screening and the member's score indicated the need for a behavioral health referral, which was discussed with the member and she accepted. The member told me she has no close friends or family in the area to provide support, help in the home, or help with child care. Her husband works long hours every day. I discussed with the member that her husband was probably aware of how she was feeling and he might not know how to help her, since he had to work such long hours. I continued to gather information as we talked and asked if I could call every other week to check in with her and she agreed. On the next scheduled contact, when I asked how she was doing, the member replied, "I am doing so much better! Guess what I did! I told my husband about you calling and asking how I had been feeling and I told him what I told you; how hopeless and frustrated I was- trying to take care of the kids, house and everything". Well, he shared this with a coworker and they arranged for the coworker's wife, who lives just one block over; to take care of my two kids- the three & four year old every day- Monday through Friday from 3:00 PM (when the coworker's wife gets home from work) until 8:00 PM; and then my husband will pick them up and bring them home!" The member then said, "The coworker's wife said she will also come one day a week and help me clean my house and do some of the laundry; and it won't cost us anything! She will just expect my husband to help her husband when he needs another man to help with chores around their house!" The member said she called the Behavioral Health helpline, but thinks this is a better solution for her right now. It sounded like I was talking with another person that day. There was such elation and energy in the member's voice! Then I had another thought. "How might I start a discussion and explore her feelings about her reproductive life plan…?" Another conversation for another day, in the life of a care manager.

[redacted]

The member is a 16 month old, Hispanic male with complex health needs. He was referred to the Sooner HAN because of his frequent emergency room visits. The member was seen in the ER for respiratory issues and he was hospitalized for repeated infections. I was assigned to the member in February while he was hospitalized for RSV. I visited with the member's mother 1-2 times a week in his hospital room

for support until he was discharged. Subsequently, after three weeks, I had established a relationship with his mother and she was accepting of home visits. As his care manager, I coordinated services with the hospital social worker, physicians, and home infusion and I made weekly home visits in conjunction with the infusion nurse. The caregiver was referred to the appropriate resources. I accompanied the member's mother to his PCP and specialty appointments and continue to do so. The member was last hospitalized in April upon the recommendation of his PCP during a clinic visit. He has not been to the ER since being referred to Sooner HAN for care management services.

[redacted]

The member is a two year old, African American male. He was referred to the Sooner HAN in March because of his uncontrolled asthma. He has been hospitalized twice within the last year for asthma exacerbation. He is the second youngest of four children who reside with their single mother. He has had several "cancellations and no shows" with his PCP and is at risk of being discharged from services. I contacted the member's mother and introduced myself and the Sooner HAN Care Management services. She was having transportation problems and was unable to use Sooner Ride because they are only able to transport children with medical appointments. It was the practice of this particular clinic provider to only see two siblings at one time during a visit. I initiated a call to the clinic's Social Worker who in turn spoke with the office manager and providers. The clinic made an exception and all four children were scheduled together. The member's respiratory status was properly assessed and medication changes were made. His mother was given a printed Asthma Action Plan and he has not had any further "no shows and/or cancellations". I continue to contact his caregiver no less than monthly and the member's asthma is well managed. I met the member and his mother at the last clinic appointment and he is thriving.

[redacted]

I was assigned a member with asthma and when I made my first call to the member, she was coughing and wheezing. I asked about her asthma control and she stated that she doesn't do very well with her medications and she doesn't have any refills on her inhalers. I asked her if she uses a nebulizer and she stated that she would if she had one, but she hasn't had one in several years. I asked what her goals would be at this time and she stated she would like to breathe better and live in a better environment. I felt it was necessary to do a home visit to accurately assess her current situation. When I arrived at her home, all of the furniture was covered with plastic. I asked why it was and the member stated that the roaches were so bad that she didn't want her furniture to be soiled with roach droppings. I saw the roaches crawling on the walls and counter tops. The member even kept her purse in a plastic bag as to not carry the roaches to the nursing home when she would visit her mother. We sat and talked about her current situation and what she would like to work on first. She stated that she needed to get into her doctor so that she could get her medications and she needed to get back into pain management. She had been fired for testing positive for other drugs. As I left her apartment, I stated that I would work to help her with her doctor appointments, both for asthma and for pain, and to help with her living arrangements. When I returned to the office, I checked the EMR for her PCP visit information. I called the member and gave her the information and phone number to make an appointment. I stated that if she would make her appointment and attend the visit to get her asthma medications filled, I would try to find a donated nebulizer. I called the Community Medicine department and found that they have a loaner program and printed a contract that the member would have to sign for the nebulizer. The member made and kept her appointment and I delivered the nebulizer. The member and I worked together and found a pain management specialist that she started to see. And then we worked for several weeks on housing, and 3 months later, the member moved into a new apartment that was bug

free. At the current time the member has well controlled asthma and has all her medications under control. She lives in a nice clean apartment and sees her pain management specialist and her PCP on a regular basis. When called, the member rarely has any needs.

[redacted]

I was assigned a member as a HAN referral. Mom is on her own with the member who has multiple diagnosis. These diagnoses include autism, cerebral pseudo tumor, sleep disorders, metabolic disorders and close to 33 others. Mom is overwhelmed with doctor appointments, feeding issues, behavior issues and her own exhaustion. I asked mom what the most important thing that I could help with is at this time. Mom stated that the school has been sending truancy letters and threatening to turn her in to the officials that deal with truancy. Mom is scared that they could do that to her. The member misses school a lot due to vomiting issues and migraines. The member has not missed any assignments, has turned everything in, and has legitimate reasons for missing school. The mom asked for help with the school, therefore the PCP wrote a letter to the school explaining the situation and I would act as an advocate for the member to the school. I called and spoke with the patient facilitator to explain why the member has been missing so much school. This person stated that the PCP's letter was not conclusive enough and that there was no proof that the member's disorders were chronic conditions. She requested more information on the disorders and wanted further explanations as to why he has the problems that he does. As the advocate for the member, the next thing I did was to ask the mothers permission to speak to the principal of the school and the mother stated she would be glad for me to do that. I contacted the principal and explained what was happening with the member and also described what the facilitator had requested. The principal was surprised that the patient facilitator had requested that information and said that he would take it from there. He explained that the member would no longer receive any letters and he could take as much time off that he needs as long as his work was done. The principal then called the member's mother and explained that she did not need to worry anymore about the school and any threats she received about truancy. The next day the mother called me crying with joy that I helped with the school. She was so excited that she would not have to worry anymore about the school and could now concentrate on her son and his medical needs. She could not express her appreciation enough for the effort I made. She didn't expect that a care manager could help with school issues and learned that we can help all other matters in addition to medical needs. With the pressure from the school off of the mother, the member will now have one less thing to keep him from possibly improving.

[redacted]

This morning I assisted one of my HROB members with an appointment. She had her baby 7 weeks ago so today I told her that today would be our last encounter and that she can contact me if she has any questions. Member stated "thank you so much. I don't know what I would have done without all of your help. I really appreciate you and all you did for me." It was an emotional moment for me.

Additional Activities

Educational Opportunities for Providers and Care Managers

Care Management Training

A three day care management training, Fundamentals of Care Management, was held twice in FY 2016. The August 2015 training had 11 participants and the March 2016 training had 12 participants. Both times both Sooner HAN care managers as well as care managers from Sooner HAN participating providers were in attendance. In addition, three care managers from the OSU HAN attended the care management training.

The Fundamentals of Care Management is an intensive training in delivering comprehensive care management services to individuals with complex health and social service concerns. It includes approximately 4 hours of online prerequisite work and 3 days in the classroom. The course is continually updated to reflect current NCQA Care Management standards, industry knowledge, and best practices based on peer-reviewed studies from medical and social service literature. The training emphasizes a multidisciplinary team approach, partnering with providers, community agencies, family members and other stakeholders to co-manage a diverse population of people with high-risk conditions.

This 3 day course incorporates both online e-learning and in-class presentations and activities. The small group sessions generate interactive learning and discussion. Many of the teaching modules are case-based and discuss actual scenarios that Care Managers commonly encounter. Supplemental materials and templates are provided electronically in the online learning system.

Day 1 – Tuesday 8:30 AM to 4:30 PM			
Time	***Topic***	***Description***	***Facilitator(s)***
8:30 – 9:15 *45 Min*	Welcome, Introductions and Icebreaker		ALL
9:25 to 10:55 *1 Hour 30 Min*	Healthcare in Oklahoma	This module describes the health of Oklahomans using a variety of data sources. Emphasis is placed on describing how individual factors, social and community networks, and environmental conditions impact health.	Juell Homco
11:05 to 4:15 *4 Hours 10 Min*	The Nuts and Bolts of Care Management	Nuts and Bolts of Care Management guides care managers through the National Committee for Quality Assurance (NCQA) standards for care management programs. It includes the practical application of core functions of care management with evidenced based guidelines, protocols, and tools that care managers can use in their everyday work life. It also provides care managers with basic knowledge about measurement and quality improvement, patient rights and responsibilities, and patient privacy, security and confidentiality.	Glenda Armstrong / Paula Smith
4:15 – 4:30 *15 Min*	Wrap up and end for the day		Rachel

Day 2 – Wednesday 8:30 AM to 4:30 PM			
Time	***Topic***	***Description***	***Facilitator(s)***
8:30 – 8:45 *15 Min*	Welcome, Review Agenda, and Icebreaker		Glenda Armstrong / Rebeka McRad
8:45 – 10:15 *1 Hour 30 Min*	Introduction to Behavioral Health	All About Behavioral Health introduces care managers to the development of a unique skillset primed to work in emerging models that integrate primary and behavioral health care. It provides a background to the process of basic mental health evaluation, and equips care managers to engage people with behavioral health in a systematic way that results in improved overall health outcomes.	Dr. Erik Vanderlip
10:25 – 12:10 *1 Hour 45 Min*	Motivational Interviewing	Motivational Interviewing teaches basic skills involved in strengthening a person's own desire and ability to make positive behavior changes. Emphasis is on both preventing and managing chronic illness. Participants practice motivational techniques with their peers, while identifying methods that encourage provider alignment and positive reinforcement.	Glenda Armstrong / Dr. Jeffrey Alderman / Rebeka McRad
12:40 – 2:10 *1 Hour 30 Min*	Suicide Prevention	Suicide Prevention teaches participants how to recognize patterns that may suggest suicidal ideation, and introduces basic crisis management skills. Emphasis is on ways to access intervention and treatment if suicidality is suspected.	Rebeka McRad / Brian Timms / Elizabeth Fry
2:20 – 4:15 *1 Hour 45 Min*	Cultural Competency	Cultural Competency challenges health care providers to reflect upon their own values and beliefs, understand the concepts of cultural competency, and develop skills to respond appropriately to culturally diverse populations.	Glenda Armstrong / Dr. Jeffrey Alderman /
4:15 – 4:30 *15 Min*	Wrap up and end for the day		Glenda Armstrong / Dr. Jeffrey Alderman /

Day 3 – Thursday 8:30 AM to 4:30 PM			
Time	***Topic***	***Description***	***Facilitator(s)***
8:30 – 8:45 *15 Min*	Welcome, Review Agenda, and Icebreaker		Glenda
8:45 – 10:15 *1 Hour 30 Min*	Disease Management: Asthma and COPD	Several modules in Disease Management highlight the management of chronic illness including Asthma, COPD, and Diabetes. These courses illustrate ways Care Managers can assist individuals in co-managing their illnesses using self-care techniques. In Disease Management: Asthma and COPD, emphasis is placed on writing Action Plans for those diagnosed with Asthma. The goal is to help build relationships among individuals, caregivers, primary providers, and Care Managers, who will orchestrate care together as a team, tending for an increasingly complex number and variety of illnesses.	Glenda Armstrong / Dr. Jeffrey Alderman
10:25 – 11:55 *1 Hour 30 Min*	Disease Management: Diabetes	Disease Management: Diabetes highlights the management of the chronic illness Diabetes, and illustrates ways Care Managers can assist individuals in co-managing their illness using self-care techniques. Emphasis is placed on Blood Sugar management among people with Diabetes. The goal is to help build relationships among individuals, caregivers, primary providers, and Care Managers, who will orchestrate care together as a team, tending for an increasingly complex number and variety of illnesses.	Glenda Armstrong / Dr. Jeffrey Alderman / Blanca Charles
12:25 – 1:55 *1 Hour 30 Min*	Trauma Informed Approach	Trauma is a prevalent health problem that affects all of us. Introduction to Trauma Informed Approach provides an overview of how traumatic experiences can alter both behavior and physical health. Participants learn to recognize trauma related symptoms, resist re-traumatization, and integrate responses that promote recovery and resilience.	Glenda Armstrong / Alicia Williams
2:05 – 3:05 *1 Hour*	Risk with Dignity	Risk With Dignity explores the dilemma health care providers often face when reconciling a person's risky lifestyle choices with his or her right to choose. Participants learn what truly increases and lowers risk, as well as the importance of self-determination and shared decision making to arrive at common goals.	Glenda Armstrong / Dr. Jeffrey Alderman
3:15 - 3:45 *30 Min*	Community Resources	Know Your Community Resources provides an interactive learning activity where experienced care managers not only share their knowledge of local resources, but also identify how to access services, and explain how to make appropriate referrals.	Rachel Mix / Kristin Steuck
3:45 – 4:15 *30 Min*	Wrap Up and end for the day		ALL

Lunch and Learn Series

Lunch and Learn sessions were held regularly in FY 2016 and focused on areas affecting care managers serving SoonerCare Choice members with complex health and social concerns. Topics covered and the number of attendees are listed below:

DATE	TOPIC	PRESENTERS	ATTENDEES
July 24, 2015	Alcohol Use Disorders	Erik Vanderlip, MD, MPH, FAPA	30
August 28, 2015	Anger and Irritability	Erik Vanderlip, MD, MPH, FAPA	29
September 25, 2015	Smoking Cessation	Erik Vanderlip, MD, MPH, FAPA	30
October 8, 2015	Bridges Out of Poverty	Colleen Ayres Griffin, LPC, LADC	31
December 9, 2015	Sooner Success	Tonda Ames, MS, APR and Erin Strayhorn	16
January 8, 2016	Trauma Informed Approach	Glenda Armstrong, RN and Alicia Williams, MSW	33
February 1, 2016	Post-Traumatic Stress Disorder (PTSD)	Erik Vanderlip, MD, MPH, FAPA	43
March 11, 2016	Personality Disorders	Bryan Touchet, MD	49
April 8, 2016	Recognizing Child Abuse and Neglect	Sarah Passmore, DO	38
May 13, 2016	Cycle of Violence	Norman Simon, MD, FACG	42
June 10, 2016	Substance Use	Erik Vanderlip, MD, MPH, FAPA	56
June 14, 2016	Opioid Use in Oklahoma	Burl Beasley, Pharmacist	36
June 28, 2016	Pain Management Toolkit	Jaclyn Mullen, RN, BSN and Stacy Smith, RN, MSN	41
			354

The response and evaluations from the various lunch and learn sessions throughout FY 2016 has been very positive. The Lunch and Learn sessions will continue in FY 2017 and beyond with topics added to reflect current trends and interests expressed by care managers and providers serving SoonerCare Choice members.

Provider Engagement

Site Visits

The Sooner HAN provided additional support to engage providers who were enrolled in the Sooner HAN. During FY 2016, Sooner HAN staff travelled to the providers' location and met with leadership to build relationships with new staff, discuss the HAN quality improvement services, care management and referral management services, and offer HAN assistance to clinics in these areas. In addition, HAN staff shared examples of reports that can be generated for each clinic for quality improvement monitoring, and discussed clinic issues brought forth by clinic staff. These meetings were beneficial and will continue into FY 2017.

Combined with the site visits and educational offerings, specific investments were made with HAN

providers to increase participation with the Sooner HAN. A few examples include:

Clinic Activities

Utica Park Clinics

The Sooner HAN had designated an RN care manager in the Utica Park main clinic to serve as a resource to clinic providers for SoonerCare Choice members. The care manager worked 2-3 days a week at the clinic, participated in team meetings, and collaborated with clinic providers and staff. In order to better serve Utica Park providers at their twelve locations throughout the region, both an RN care manager and a MSW social work care manager travel to all clinics as needed. The care managers are able to attend members' appointments as needed and collaborate more fully with the care team.

OU Tulsa Internal Medicine

The Sooner HAN began working with this clinic to identify those SoonerCare Choice members who need to be referred for care management through the Sooner HAN. Clinic staff send weekly referrals and also work to identify those who have been admitted to the hospital so that care managers can discharge plan with the member prior to being released home. This has allowed the Sooner HAN and the clinic to meet the needs of members with more complex issues more quickly.

OU Women's Clinic

The Sooner HAN piloted a diabetes education project for HROB SoonerCare Choice members. One of our bilingual care managers who is also a certified diabetes educator attends the OU Women's HROB diabetes clinic on Monday and Thursday mornings. Borrowing from adult learning principles, health literacy concepts, health coaching, and motivational interviewing, the care manager provides ten to fifteen minutes of individualized and focused one-on-one interaction with each member every week.

The pilot began in July of 2015 and data was collected for the entire fiscal year. Baseline data on fasting blood sugar was documented for each member participating in the pilot prior to receiving diabetes education. Additional fasting blood sugar levels were documented throughout the members' pregnancies. Based on the results of 23 members who participated, 16 had improved their fasting blood sugar results (70%) to within normal limits while 7 members were unable to improve to within normal limits (30%).

Another measure widely used for diabetes management is the A1c test because it reflects the average blood sugar level for the past three months. However, not all the pregnant women in this SoonerCare Choice pilot were enrolled in the program long enough to have both a baseline A1c and a follow up A1c test. Despite those challenges, the Sooner HAN was able to collect A1c results both before and after diabetes education for twelve members. Of these twelve members, all showed a decrease in A1c levels, averaging a 2.6% decrease. Because of the success of this pilot, the Sooner HAN will continue the diabetes education project for HROB in FY 2017.

The OU Women's clinic has agreed to engage in this effort and will obtain comparative data from non-SoonerCare Choice members. OU Women's Clinic will provide diabetes education to non-SoonerCare Choice members and collect baseline and follow up A1c levels on this different population. OU Women's will share its results with the Sooner HAN in a de-identified manner so comparisons can be made. This extension phase of the pilot will begin in FY 2017.

Quality Management Activities

Quality Consultation to HAN Providers

OU Physicians-Tulsa Internal Medicine Clinic

Participated on team of NCQA, PCORI and OU Physician-Tulsa Internal medicine staff to evaluate the feasibility of implementing patient centered outcomes approaches into the current office visit workflow. The focus was on members with diabetes who were interested in participating in a project related to health assessment, health literacy, goal setting, and health outcomes. Sooner HAN staff supported quality improvement activities including workflow analysis and PDSA cycles of change while selected care management staff were involved with incorporating patient centered outcomes approaches into the care management of 95 Sooner HAN SoonerCare Choice members with diabetes. This project will continue in FY 2017 with completion expected by 12/31/2016. Sooner HAN care managers will continue to provide HAN care management services after the NCQA PCORI project ends.

OU Physicians-Tulsa Internal Medicine Clinic – Workflow Redesign

Participated on team focused on redesigning OU Physicians-Tulsa clinic workflow and processes to further streamline the patient centered medical home approach. HAN staff assisted with evaluating and documenting the workflow of activities related to a member's clinic visit, from pre-planning activities, the office visit, to after visit activities. Each PCMH team member's role was documented, including the member's interaction. This project will continue in FY 2017 with next steps planned including creation of a value stream map to identify cycle time for an office visit and highlighting value-added and non-value-added steps and time involved. Opportunities for improvement will identified and addressed

Member Experience with Care Management Survey

The Sooner HAN developed a member satisfaction survey tool for members receiving care management services and received approval to proceed from the OU IRB in quarter 2. The surveys are conducted by a master's level student completing a social work or public health practicum. A sample of 150 members in all care groups were identified for the baseline survey. 29 members were contacted during quarter 2, with 14 being unreachable, 7 refusing, 2 deceased, and 6 members who participated and completed the survey. Some of the challenges experienced were: inability to reach members due to incorrect phone numbers or not answering the phone, and members not being able to fully recall events or differentiate who provided services for members. In FY 2017, members will be contacted to participate in the care management satisfaction survey and survey results will be tabulated and reported when the sample size increases. At that time, the Sooner HAN will consult with OHCA regarding feasibility of continuing the survey and next steps.

Sooner HAN Quality Committee

The Sooner HAN formally established a Quality Committee at the beginning of FY 2016. Meetings are held at least quarterly to review performance measures and discuss opportunities for improvement. Quality activities in the planning stage for FY 2017 include the following: 1) determining how the Sooner HAN can assist its providers to improve antibiotic stewardship among Sooner HAN providers related to Upper Respiratory Infections, and 2) evaluating asthma medication adherence and its impact on hospital admissions and readmission rates

HAN Clinic/Provider Reporting

Sooner HAN staff set up meetings with numerous clinics during FY 2016 to build relationships with new staff, discuss the HAN services of quality improvement, care management, and referral management, and offer HAN assistance to clinics in these areas. Onsite meetings were held with the following clinics: Morton Comprehensive Health Services, Stigler Health and Wellness Center, Variety Care, Utica Park and Access Solutions Medical Group. The HAN Director, Quality Manager, and Care Manager attended these meetings with leadership, quality management, and care management staff from the clinic. HAN staff shared examples of reports that can be generated for each clinic for quality improvement monitoring, and discussed clinic issues brought forth by clinic staff.

During FY 2016, the HAN was able to upgrade to a newer version of the Pentaho business analytics software that is used report on roster information and claims data. Providers are utilizing the roster reports that designate new members added to the roster each month. The report includes demographic data that assists clinic staff in conducting outreach activities to new members. Other reports generate for clinics include utilization of emergency rooms and hospitals, including designating members with asthma related ICD codes, to identify patterns and trends. Based on the providers' preferences, reports can be customized to the desired timeframe and include number of ER and Inpatient events, location of facility, day of week, ICD codes, provider specific detail, member specific detail, and care management status.

PCMH Tier Advancement/Corrective Action Plans

Access Solutions Medical Group failed an OHCA PMCH audit and was required to submit a plan of correction. During the 4 quarter of FY 2016, Sooner HAN met with clinic leadership to determine where HAN staff could be of assistance. Efforts related to quality were focused on creating a solid infrastructure and creating policies, procedures, flow charts, and job aids to shore up key processes. Care management staff were engaged to assist with care management of complex members. Doc2Doc staff were involved to help close the referral loop for a backlog of cases. These efforts will continue into FY 2017

Hypothesis 8 and Pro Forma Quality Measures

The Sooner HAN has worked in collaboration with the OHCA and two other Health Access Networks to develop standard measures around Asthma ER use and readmission rates, as well as general ER use by Sooner HAN members. Additional quality measures were added in FY 2016 with the introduction of Pro Forma reporting. These include completion of the PHQ9 behavioral health assessment for new members in the HROB and Diabetes care management groups. Another measure focuses on asthma, evaluating members with persistent asthma who remained on an asthma controller medication during their treatment period. A summary of these measures highlighted below:

Quality Measures (Hypothesis 8 & Pro Forma)		FY 2016 - Sooner HAN			
#	Performance Measure	Qtr 1 %	Qtr 2 %	Qtr 3 %	Qtr 4 %
1	% ER Visits - Asthma Diagnosis	8.8%	9.3%	8.1%	8.2%
2	ER Visits - All Cause Per Roster Member (RATIO)	0.15	0.15	0.16	0.12
3	% Inpatient Admissions-Asthma Diagnosis	6.2%	7.1%	5.8%	4.8%
4	% of Inpatient Admissions (Asthma diagnosis) with 90 Day Readmission (Asthma diagnosis)	14.6%	14.2%	11.8%	3.6%
5	% of new HROB CM members (able to contact) screened for depression using the PHQ9	n/a	n/a	51.9%	45.0%
6	% of new Diabetes CM members (able to contact) screened for depression at least once using the PHQ9	n/a	n/a	0%	55.6%
7	% of patients who remained on an asthma controller medication for at least 50% of their treatment period	n/a	n/a	45.4%	45.0%
8	% of patients who remained on an asthma controller medication for at least 75% of their treatment period	n/a	n/a	21.9%	21.0%

Beginning in the 3rd quarter of FY 2016, the Sooner HAN began reporting on additional quality measures as part of the Pro Forma quarterly reporting to OHCA, numbers 5, 6, 7 and 8. These additional measures were related to depression screening of HROB and Diabetes care managed members and asthma control medication maintenance.

On measure number 6, Diabetes Care Management Depression Screening, the Sooner HAN care managers completed PHQ9 screens for existing members first and then focused on new member screening. Therefore, depression screens for new members were delayed as indicated by 0%. Care Managers were able to catch up and begin focusing on new member screening in the 4th quarter as indicated by rate of 55.6%. Care Managers will continue offer depression screens for all new members in HROB and Diabetes care groups although reaching members due to incorrect phone numbers or unanswered phone calls continues to be a challenge.

Emergency Room Utilization

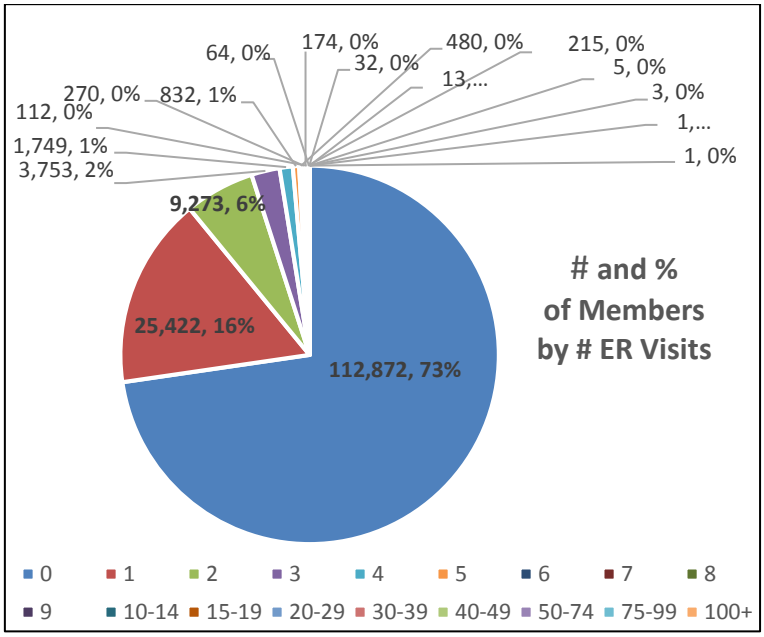
The Sooner HAN has actively monitored ER use over the past several fiscal years. Highlights of FY 2016 data are summarized below:

HAN ER Events per 1000 Members Per Month ranged from a high of 76 ER Events per 1000 members to a low of 61 ER Events per 1000 Members Per Month.

Of the 155,271 unique members served in FY 2016, 112,872 members had no ER visits, representing 73%

of all members. 25,422 members visited the ER on one occasion during the fiscal year which accounts for 16% of unique members' ER visits. 9,273 members visited the ER on two occasions during the fiscal year, representing 6% of unique members' ER visits. However, in total, the percentage of Sooner HAN membership accessing the ER per month was relatively stable, ranging between 6% and 8% each month.

FY 2016 ER Visits		
# ER Events	# Unique Members	% of Total ER Visits
0	112,872	73%
1	25,422	16%
2	9,273	6%
3	3,753	2%
4	1,749	1%
5	832	1%
6	480	0.309%
7	270	0.174%
8	174	0.112%
9	112	0.072%
10-14	215	0.138%
15-19	64	0.041%
0-29	32	0.021%
30-39	13	0.008%
40-49	5	0.003%
50-74	3	0.002%
75-99	1	0.001%
100+	1	0.001%
Total	155,271	100%



The table below show the rate of ER utilization for FY 2016 for Sooner HAN members. Over the course of the fiscal year, variances in ER use are inherent although no significant patterns or trends were noted. Due to the nature of the lag in receipt of claims, data for the most recent months are not complete.

	2015-07	2015-08	2015-09	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	TOTAL
HAN Unique Mbrs	111,300	108,398	105,553	102,075	103,871	103,478	98,426	98,365	98,453	98,481	98,899	101,255	155,271
ER Events	7,150	7,544	7,631	7,748	7,282	6,728	7,093	7,067	6,499	6,400	5,956	1,199	78,297
ER Events % of HAN Mbrship	6%	7%	7%	8%	7%	7%	7%	7%	7%	6%	6%	1%	
ER Events/ 1000 Mbrs	64	70	72	76	70	65	73	72	67	65	61	12	

The top three primary diagnoses for ER visits during the fiscal year were acute upper respiratory infections, viral infections and otitis media.

ER Events by Top 10 ICD Codes	**2015-07**	**2015-08**	**2015-09**	**2015-10**	**2015-11**	**2015-12**	**2016-01**	**2016-02**	**2016-03**	**2016-04**	**2016-05**	**2016-06**	**Total**	**% of Top 10 Total**
	ICD 9 Codes			ICD 10 Codes										
465.9 - Acute Uri Nos	169	287	362	-	-	-	-	-	-	-	-	-	**818**	**6%**
B34.9 - Viral infection, unspecified	-	-	-	146	158	183	149	156	179	113	108	18	**1,210**	**9%**
H66.91 - Otitis media, unspecified, right ear	-	-	-	68	93	112	109	114	97	77	64	10	**744**	**6%**
J02.9 - Acute pharyngitis, unspecified	-	-	-	151	190	191	182	162	138	158	119	21	**1,312**	**10%**
J06.9 - Acute upper respiratory infection, unspecified	-	-	-	473	577	527	510	511	355	312	250	29	**3,544**	**27%**
J45.901 - Unspecified asthma with (acute) exacerbation	-	-	1	159	128	76	98	81	86	103	87	11	**830**	**6%**
N39.0 - Urinary tract infection, site not specified	-	-	-	170	125	105	112	93	131	94	92	19	**941**	**7%**
R10.9 - Unspecified abdominal pain	-	-	-	113	97	95	100	88	101	115	70	14	**793**	**6%**
R50.9 - Fever, unspecified	-	-	1	145	148	139	142	183	140	155	150	31	**1,234**	**9%**
Z72.0 - Tobacco use	-	-	1	650	496	444	154	-	-	-	-	-	**1,745**	**13%**
Grand Total	**169**	**287**	**365**	**2,075**	**2,012**	**1,872**	**1,556**	**1,388**	**1,227**	**1,127**	**940**	**153**	**13,171**	**100%**

The age groups with the most frequent visits to the ER include the 19-44 year age group (28% of total ER visits), followed by the 1-5 age group (27% of total ER visits), and third by the 6-12 age group (19% of total ER visits).

ER Events by Age Group	2015-07	2015-08	2015-09	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	Total	% of Total
<1	1	48	116	186	239	336	427	478	481	406	433	99	**3,250**	**4%**
1-5	1,884	1,968	2,011	2,246	2,057	2,047	2,141	2,039	1,651	1,564	1,412	277	**21,297**	**27%**
6-12	1,348	1,474	1,618	1,467	1,424	1,154	1,187	1,341	1,181	1,291	1,216	237	**14,938**	**19%**
13-18	858	988	1,052	1,033	1,022	806	909	915	828	878	785	155	**10,229**	**13%**
19-44	2,396	2,376	2,115	2,140	1,948	1,810	1,845	1,690	1,750	1,692	1,548	326	**21,636**	**28%**
45-64	626	638	670	619	549	548	552	571	582	539	519	100	**6,513**	**8%**
65+	9	14	10	12	6	9	6	3	5	1	1	0	**76**	**0%**
Grand Total	**7,150**	**7,544**	**7,631**	**7,748**	**7,282**	**6,728**	**7,093**	**7,067**	**6,499**	**6,400**	**5,956**	**1,199**	**78,297**	**100%**

The location of ER visits was highest at OU Medical Center Hospitals, followed by Saint Francis Hospital and Integris Southwest Medical Hospital.

ER Event Facility Name	2015-07	2015-08	2015-09	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	Total	% of Top 10 Total
MEDICAL CENTER HOSPITALS	1,253	1,354	1,357	1,410	1,321	1,325	1,444	1,372	1,195	1,197	1,178	251	**14,657**	**27%**
SAINT FRANCIS HOSPITAL	775	792	841	884	848	775	837	869	846	717	700	156	**9,040**	**17%**
INTEGRIS SW MEDICAL CTR	755	779	762	814	727	672	744	782	692	754	683	1	**8,165**	**15%**
OSU MEDICAL CENTER	458	513	542	473	437	393	425	408	394	389	365	89	**4,886**	**9%**
HILLCREST MEDICAL CTR	408	448	474	437	450	424	397	415	417	419	388	75	**4,752**	**9%**
ST ANTHONY HOSPITAL	358	428	383	413	388	328	352	324	299	303	284	67	**3,927**	**7%**
NORMAN REGIONAL HOSPITAL	216	220	256	272	257	200	234	219	195	189	164	37	**2,459**	**5%**
ST JOHN MED CTR	245	222	240	250	225	195	207	195	226	183	186	37	**2,411**	**4%**
CLAREMORE REG. HOSPITAL	159	178	208	189	176	151	163	149	116	148	139	51	**1,827**	**3%**
INTEGRIS BAPTIST MEDICAL CTR	149	139	142	146	146	146	133	165	136	165	131	4	**1,602**	**3%**
Grand Total	**4,776**	**5,073**	**5,205**	**5,288**	**4,975**	**4,609**	**4,936**	**4,898**	**4,516**	**4,464**	**4,218**	**768**	**53,726**	**100%**

ER visits are distributed fairly equally throughout the week; however, more ER visits occur on Monday than any other day, followed by Sunday and Tuesday. A factor that that may contribute to the higher use on Mondays is that some members may experience symptoms over the weekend but wait until Monday morning to call the PCP office to schedule an urgent care appointment. If members are not able to be seen the same day, they may seek care at the ER.

ER Events by Day of Week	2015 -07	2015 -08	2015 -09	2015 -10	2015 -11	2015-12	2016 -01	2016 -02	2016 -03	2016 -04	2016 -05	2016 -06	Total	% of Total
Monday	962	1,310	1,155	1,140	1,392	904	943	1,344	902	999	1,046	118	**12,215**	**16%**
Sunday	1,028	1,245	1,052	1,026	1,285	893	1,173	1,026	807	867	939	151	**11,492**	**15%**
Tuesday	960	1,002	1,314	1,050	1,020	1,147	898	1,016	1,123	836	952	106	**11,424**	**15%**
Wednesday	1,181	958	1,231	1,052	940	1,134	901	943	1,109	855	816	265	**11,385**	**14%**
Thursday	1,144	991	1,032	1,245	960	986	969	931	1,037	940	806	232	**11,273**	**14%**
Friday	1,058	962	958	1,126	865	806	1,132	933	795	1,034	741	173	**10,583**	**13%**
Saturday	881	1,138	936	1,158	870	910	1,132	908	779	907	703	162	**10,484**	**13%**
Grand Total	**7,150**	**7,544**	**7,631**	**7,748**	**7,282**	**6,728**	**7,148**	**7,101**	**6,552**	**6,438**	**6,003**	**1,207**	**78,532**	**100%**

The Sooner HAN plans to continue its focus on reducing ER usage throughout FY 2017 with more targeted interventions in care management. Also, the Sooner HAN will conduct further analysis to determine the degree to which care management services help to decrease overall ER utilization by members receiving care management as well as in the entire Sooner HAN population.

The table below shows the numbers of ER events by members who are currently being care managed, although the members may have begun receiving care management services at any time during the past 5+years. Thus, the data shows the number of ER events that occurred for SoonerCare Choice members each year from 2011 to date regardless of when the member began receiving care management services.

ER Events - Current Care Managed Members							
HAN Care Group / Year	2011	2012	2013	2014	2015	2016 to Date (Jan-Jun)	**Grand Total**
Asthma	100	217	248	389	531	279	**1,764**
BCC - Breast	0	4	11	18	37	13	**83**
BCC - Cervical	-	-	1	4	0	2	**7**
Diabetes	51	98	121	137	151	68	**626**
ER	522	782	1,180	1,483	2,372	1,376	**7,715**
General HAN	83	102	166	137	247	135	**870**
HEMO	2	5	10	6	12	12	**47**
HROB	27	44	97	131	148	114	**561**
Lock In	2	5	13	43	51	13	**127**
Grand Total	**787**	**1,257**	**1,847**	**2,348**	**3,549**	**2,012**	**11,800**

ER events for Sooner HAN members have risen from 61,675 in 2011 to 105,973 in 2014, with a decrease to 96,031 ER events in 2015. Likewise, membership has grown from 43,534 members served during 2011 to 151,692 members during 2015. Using the calculation of ER Events Per 1000 Members (PTM), ER utilization has decreased significantly from 2011 to 2015, from 1417 PTM to 633 PTM, a 55% decrease.

ER Events - All Sooner HAN Members / Year	2011	2012	2013	2014	2015	2016 to Date (Jan-Jun)
ER Events	61,675	91,300	103,423	105,973	96,031	32,214
Unique Members	43,534	70,698	133,884	140,710	151,692	139,596
ER Events Per 1000 Members	1417	1291	772	753	633	231