



HB 2906- ER Utilization Study Abstract

The topic of non-emergent ER utilization has been, and continues to be, of interest to state elected officials especially as budget constraints are requiring additional pressure to reduce cost points. Passed during the 2014 session, House Bill 2906, authored by Representative David Derby and Senator Rob Standridge, directs the Oklahoma Health Care Authority to study and prepare a report dealing with non-emergent emergency room utilization among SoonerCare members.

As part of that directive the OHCA initially completed an internal exploration of the methods and approaches utilized by the OHCA to obtain an assessment of the current OHCA environment in regards to non-emergent ER utilization rates by SoonerCare members. In addition to the completion of the internal exploration of methods and approaches utilized by the OHCA, an external examination of OHCA stakeholder input was completed. As part of this external examination an internal steering committee was formed to provide a forum for sharing known non-emergent ER utilization topics, act as a sounding board, shape recommendations and to identify stakeholders that could provide beneficial input on non-emergent ER utilization topics.

Major challenges that were identified from meetings with external groups dealt with access to care, behavioral health, organizational issues and regulatory issues. Recommendations were given by these groups and the internal working group that fell into four major categories: technology; alternative payment models; member and provider education; and staffing. As shown through independent, external evaluations, Oklahoma's patient-centered medical home (PCMH) and care coordination models have a demonstrated positive impact on non-emergent ER use by SoonerCare members. In addition to evaluating and implementing recommendations included in this report, the OHCA will continue to invest resources into the PCMH and Health Access Network models. Specifically, the OHCA anticipates exploring the inclusion of additional SoonerCare population groups beyond the current SoonerCare Choice population and searching for opportunities to enhance health information sharing among providers.