



Governor's Office of
Health Transformation

Better Health, Better Care, Cost Savings Through Improvement

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Ohio's Health System Performance

Health Outcomes – 42nd overall¹

- 42nd in infant mortality
- 37th in children who are overweight
- 44th in breast cancer deaths and 38th in colorectal cancer deaths

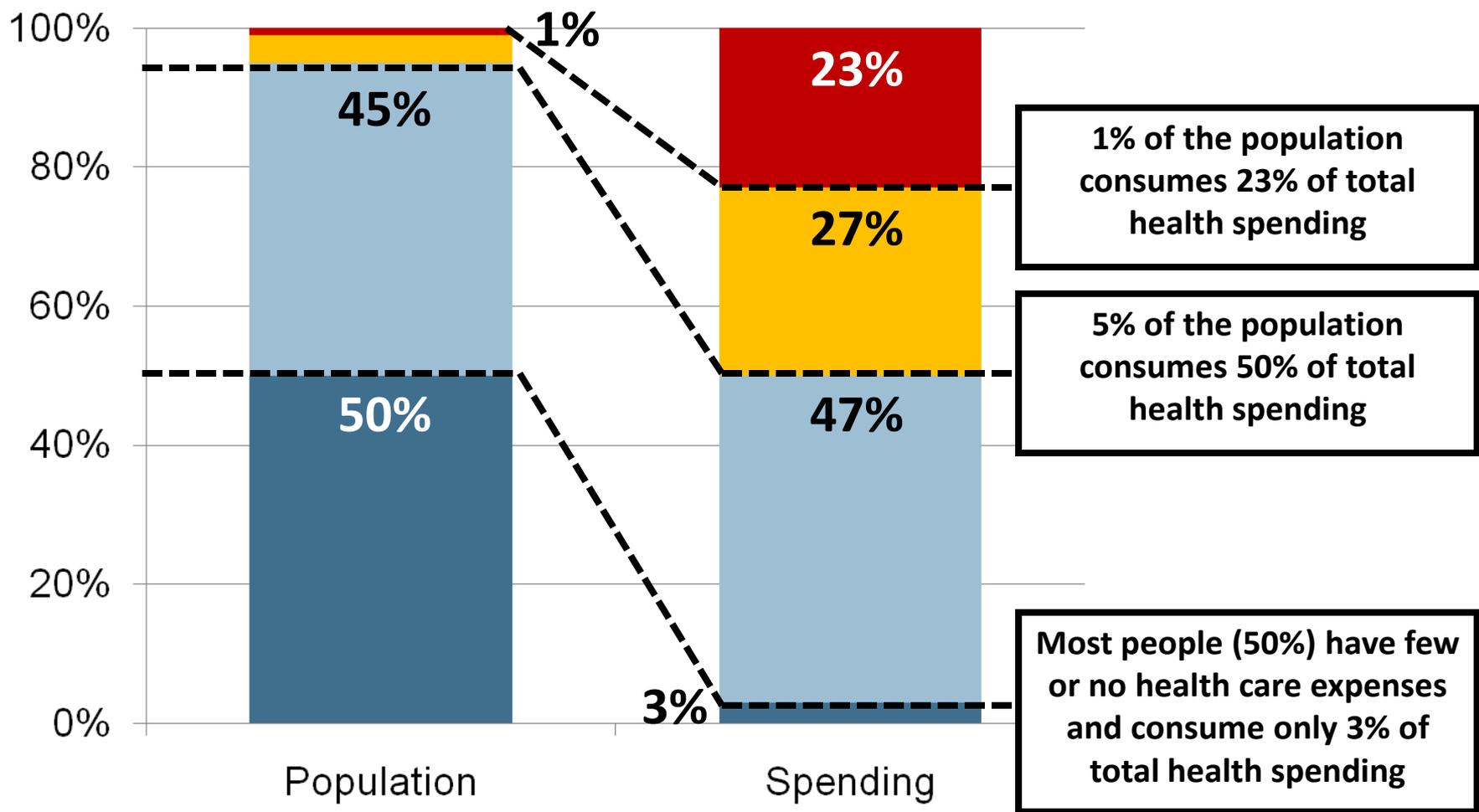
Prevention, Primary Care, and Care Coordination¹

- 37th in deaths before age 75 that were preventable with appropriate care
- 44th in Medicare hospital admissions for preventable conditions
- 40th in Medicare hospital readmissions

Affordability of Health Services²

- 37th most affordable (Ohio spends more per person than all but 13 states)
- 45th most affordable for hospital care and 47th for nursing homes
- 46th most affordable Medicaid for seniors

A few high-cost, medically complicated cases account for most health care spending



Targeting Medical “Hot Spots”

Can we lower medical costs by giving the neediest patients better care?

“The critical flaw in our health care system ... is that it was never designed for the kind of patients who incur the highest costs. Medicine’s primary mechanism of service is the doctor visit and the emergency room visit. It’s like arriving at a major construction project with nothing but a screwdriver and a crane.”

Fragmentation

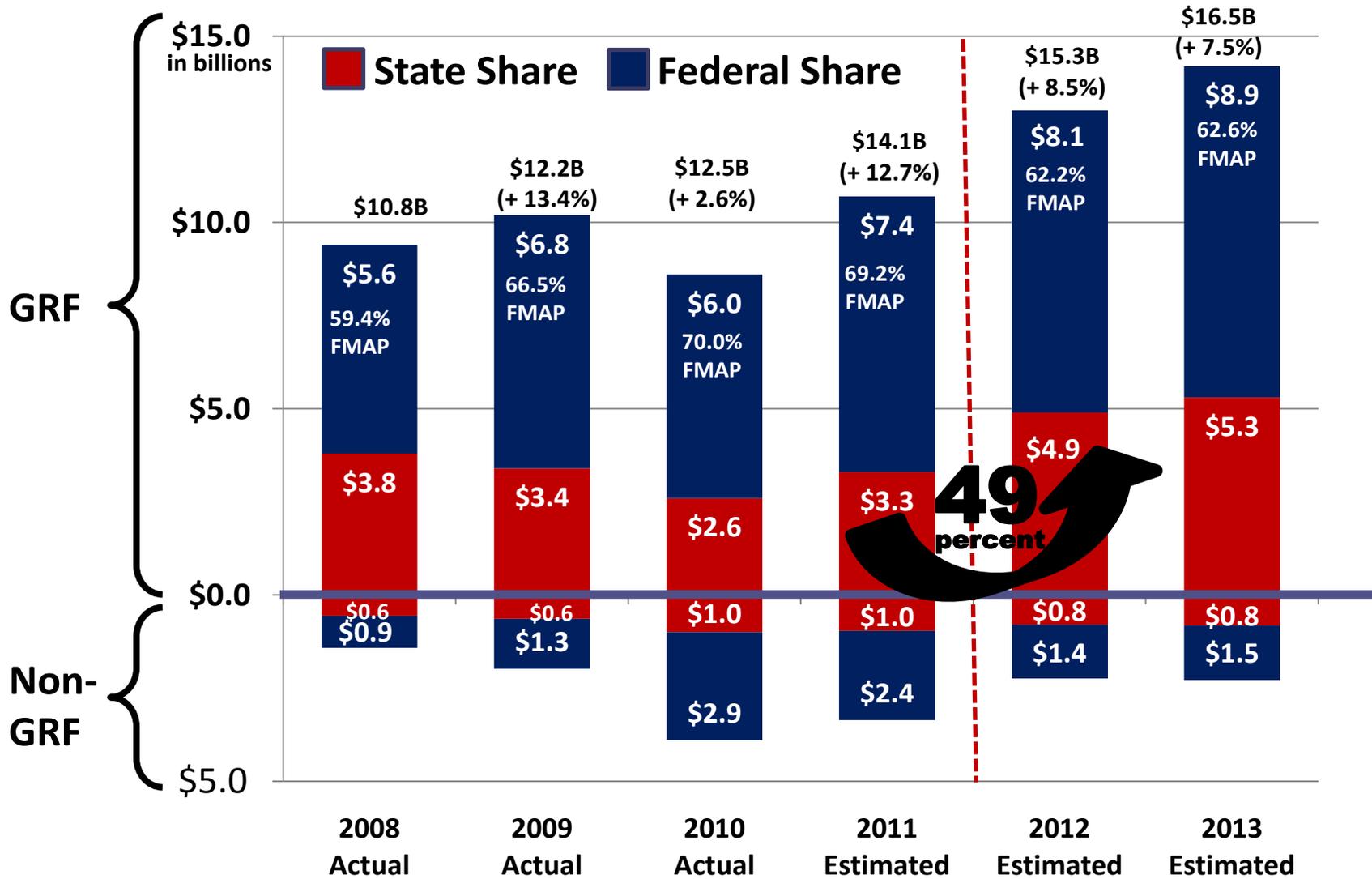
vs.

Coordination

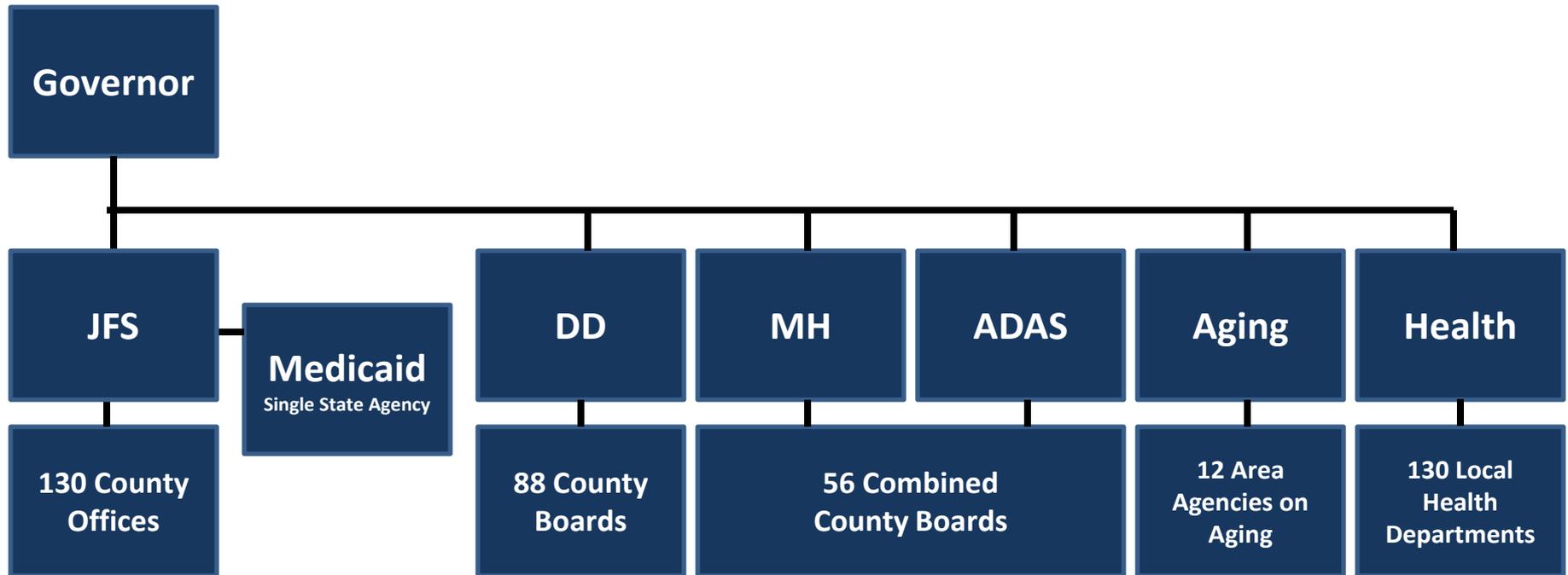
- Multiple separate providers
- Provider-centered care
- Reimbursement rewards volume
- Lack of comparison data
- Outdated information technology
- No accountability
- Institutional bias
- Separate government systems
- Complicated categorical eligibility
- Rapid cost growth

- Accountable medical home
- Patient-centered care
- Reimbursement rewards value
- Price and quality transparency
- Electronic information exchange
- Performance measures
- Continuum of care
- Medicare/Medicaid/Exchanges
- Streamlined income eligibility
- Sustainable growth over time

If we do nothing: JFS Medicaid Baseline

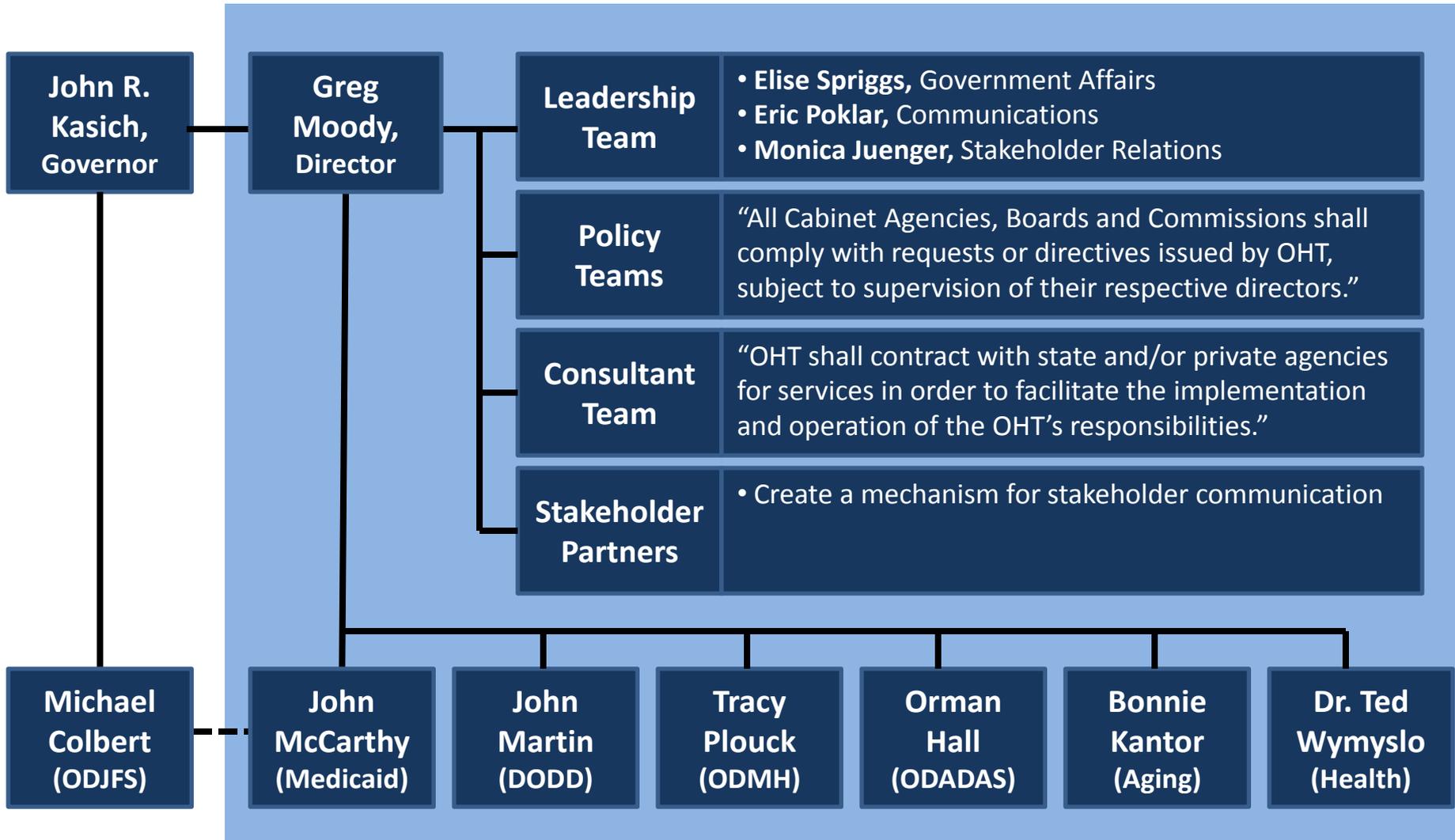


The current Ohio HHS Medicaid organization



Medicaid as a % of Agency Budget	JFS Medicaid 73%	Dev Disabilities 91%	Mental Health 61%	Alcohol and Drug 28%	Aging 83%	Health 3%
Agency Medicaid as a % of Total Ohio Medicaid	84% (\$13.3 billion)	8% (\$1.3 billion)	4% (\$590 million)	0.3% (\$63 million)	3% (\$534 million)	0.1% (\$17 million)





Our purpose is to plan for the long-term efficient administration of the Ohio Medicaid Program, act to improve overall health system performance, and in the next six months:

1. Advance the Administration's Medicaid modernization and cost-containment priorities in the operating budget;
2. Initiate and guide insurance market exchange planning;
3. Engage private sector partners to set clear expectations for overall health system performance; and
4. Recommend a permanent HHS organizational structure and oversee transition to that permanent structure.



Immediate Policy Priorities

Medicaid Modernization	OHP	DD	MH	ADAS	Aging	ODH	ODI
Rebalance Long-Term Care	X	X	X	X	X	X	X
Integrate Behavioral/Physical Health	X	X	X	X	X	X	X
Improve Care Coordination	X	X	X	X	X	X	
Evaluate Provider Rates	X	X	X	X	X		
Public/Private Partnerships	OHP	DD	MH	ADAS	Aging	ODH	ODI
Health Benefit Exchange Planning	X	X	X	X	X	X	X
Ohio Health Information Partnership	X	X	X	X	X	X	X



Stakeholder Advisory Groups

Policy Priority	Advisory Group	Next Meeting
Rebalance Long Term Care	<ul style="list-style-type: none">• Unified Long Term Care Systems Workgroup	2/10
Integrate Behavioral Health	<ul style="list-style-type: none">• Transitions Workgroup	2/2
Better Care Coordination & Payment Reform	<ul style="list-style-type: none">• Medical Home Initiative(s)• Payment Reform Task Force	1/28, 2/22 TBD
Cross-Cutting Issues	<ul style="list-style-type: none">• BEACON Council• Medical Care Advisory Committee	2/8 2/24

Share your ideas to modernize Medicaid

Better health, better care, and cost savings through improvement

- Specific budget recommendations
- Specific high-risk, high-cost medical “hot spots”
- Best practices to rebalance long-term care, integrate behavioral and physical health care, and/or improve care coordination
- Common sense regulatory changes
- Federal health care reform options Ohio should act on
- Current initiatives that should continue, or that have run their course and should be cut loose
- Problems in the system today that create barriers to better health, better care, and cost savings through improvement

Ohio Health System Performance Priorities

Patient-Centered Payment Reform	Price and Quality Transparency	Medicaid Modernization	Sustainable Coverage
<ul style="list-style-type: none">• Leverage public/private purchasing power• Focus on high-value delivery system reforms• Align State purchasing priorities	<ul style="list-style-type: none">• Measure and report health care quality and prices• Compare health plan and provider performance• Accelerate the meaningful use of HIT/HIE	<ul style="list-style-type: none">• Stabilize spending in the short-term• Strategically out-source Medicaid functions• Coordinate care for high-cost beneficiaries• Rebalance Long-Term Care• Streamline governance and administration	<ul style="list-style-type: none">• Create a Health Benefit Exchange• Implement insurance market reforms• Pilot delivery system reforms• Support regional health system improvement
Employer Leadership	Provider Leadership	State Leadership	Federal Requirements





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