

Medicaid in Ohio

Ohio Medicaid Quality Strategy:

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Ohio

Department of
Job and Family Services

Quality Context

- New Governor
- New Office of Health Transformation
- New Budget addressing the \$8 Billion budget shortfall
- Health Care Reform
- HITECH / EHR / Meaningful Use
- CHIPRA Re-authorization
- MITS

Ohio's Health System Performance

Health Outcomes – 42nd overall¹

- 42nd in preventing infant mortality (only 8 states have higher mortality)
- 37th in preventing childhood obesity
- 44th in breast cancer deaths and 38th in colorectal cancer deaths

Prevention, Primary Care, and Care Coordination¹

- 37th in preventing avoidable deaths before age 75
- 44th in avoiding Medicare hospital admissions for preventable conditions
- 40th in avoiding 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

Fragmentation

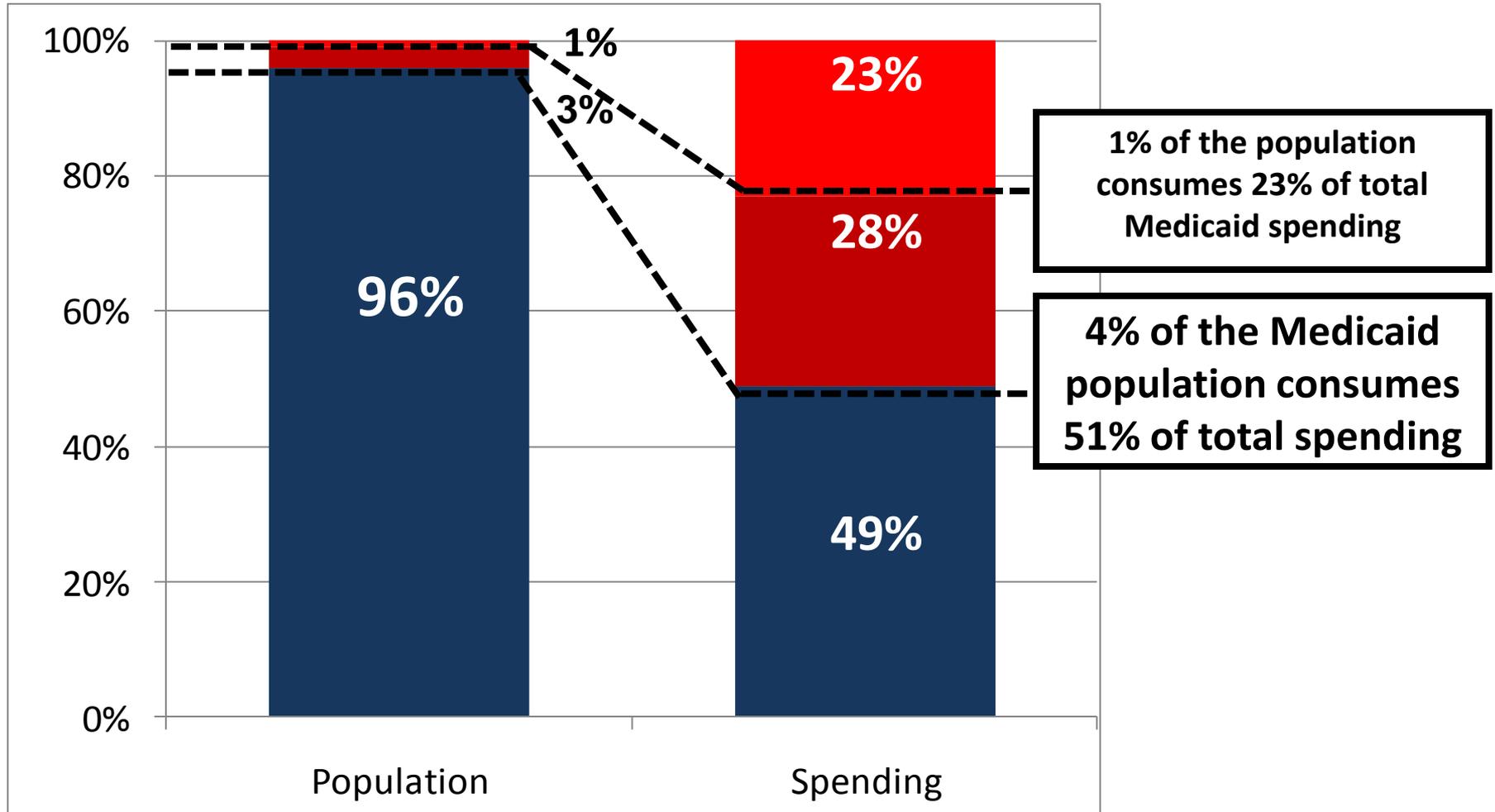
vs.

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- Outdated information technology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

Medical Hot Spot: Ohio Medicaid: A few high-cost cases account for most health spending

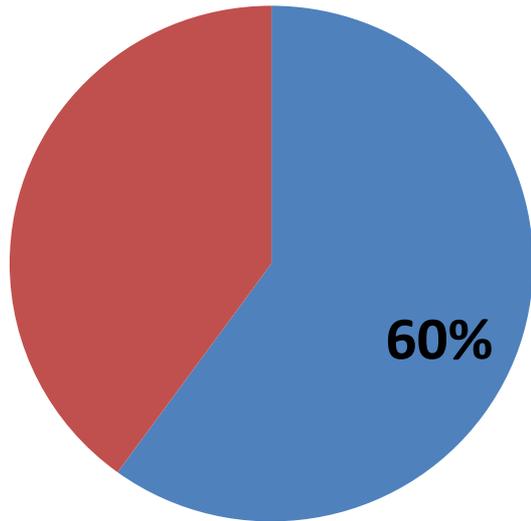


Medicaid: Child Hot Spots

- Top 5% most costly children (excluding institutional level of care population) account for 51% of total costs for Medicaid children

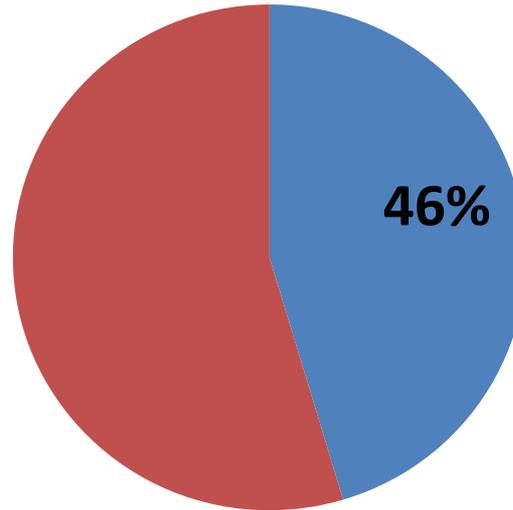
Child Hot Spot: High Prevalence of Behavioral Health Conditions in the Costliest Five Percent of Medicaid Children (excluding institutional level of care population)

ABD Children



■ With Behavioral Health Condition

CFC Children

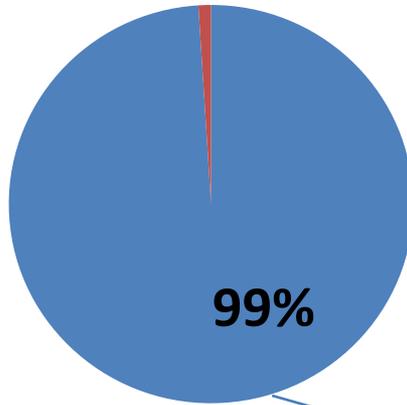


■ With Behavioral Health Condition

Child Hot Spot: High Prevalence of Manageable Conditions in the Costliest Five Percent of Medicaid Children

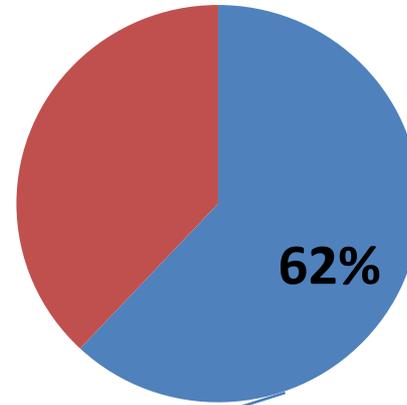
(excluding institutional level of care population)

ABD Children



■ With a Manageable Condition

CFC Children



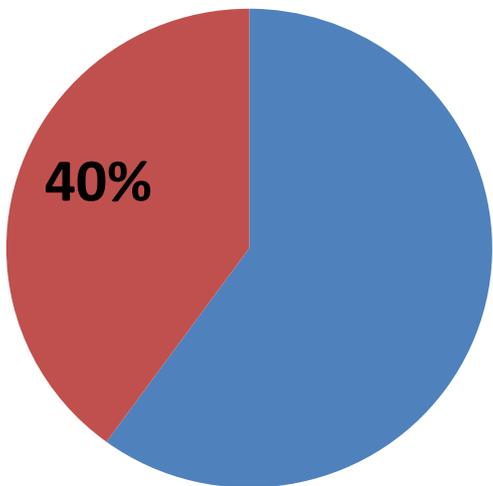
■ With a Manageable Condition

Manageable Conditions

- Behavioral health
- Asthma
- COPD
- Migraine
- Diabetes
- Hypertension
- CHF
- HIV
- CAD
- Obesity

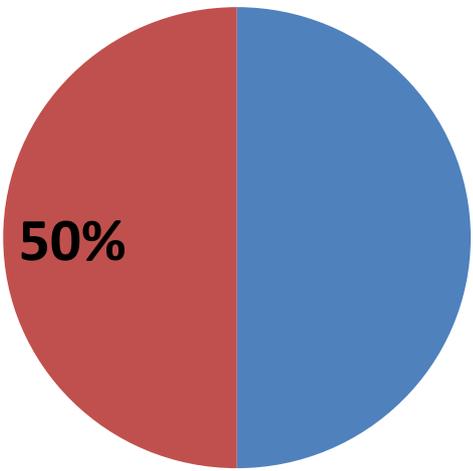
Child Hot Spot: High Prevalence of Children Receiving Primarily Hospital-Based Care in the Costliest Five Percent of Medicaid Children (excluding institutional level of care population)

ABD Children



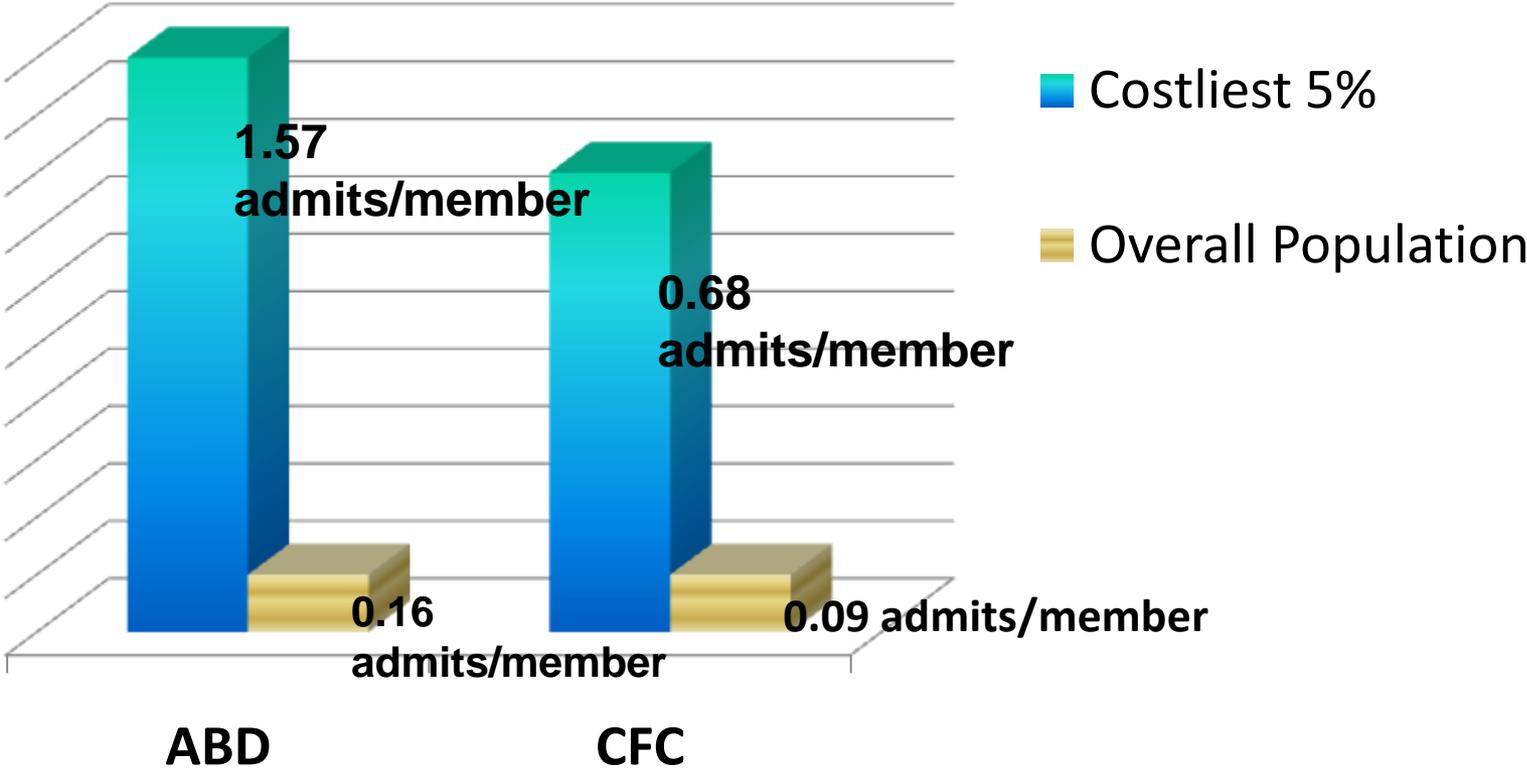
■ Primarily Hospital-Based Care

CFC Children

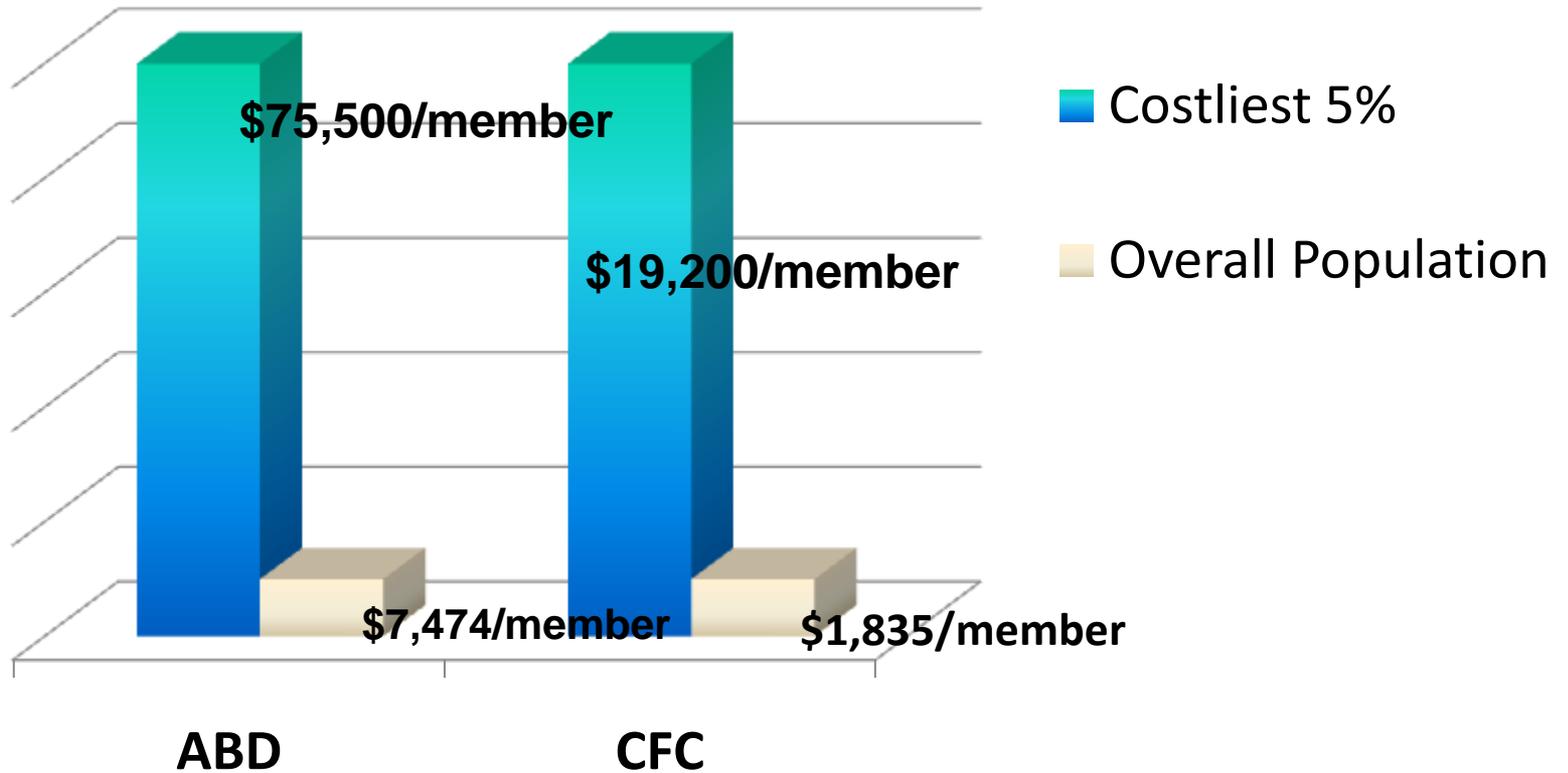


■ Primarily Hospital-Based Care

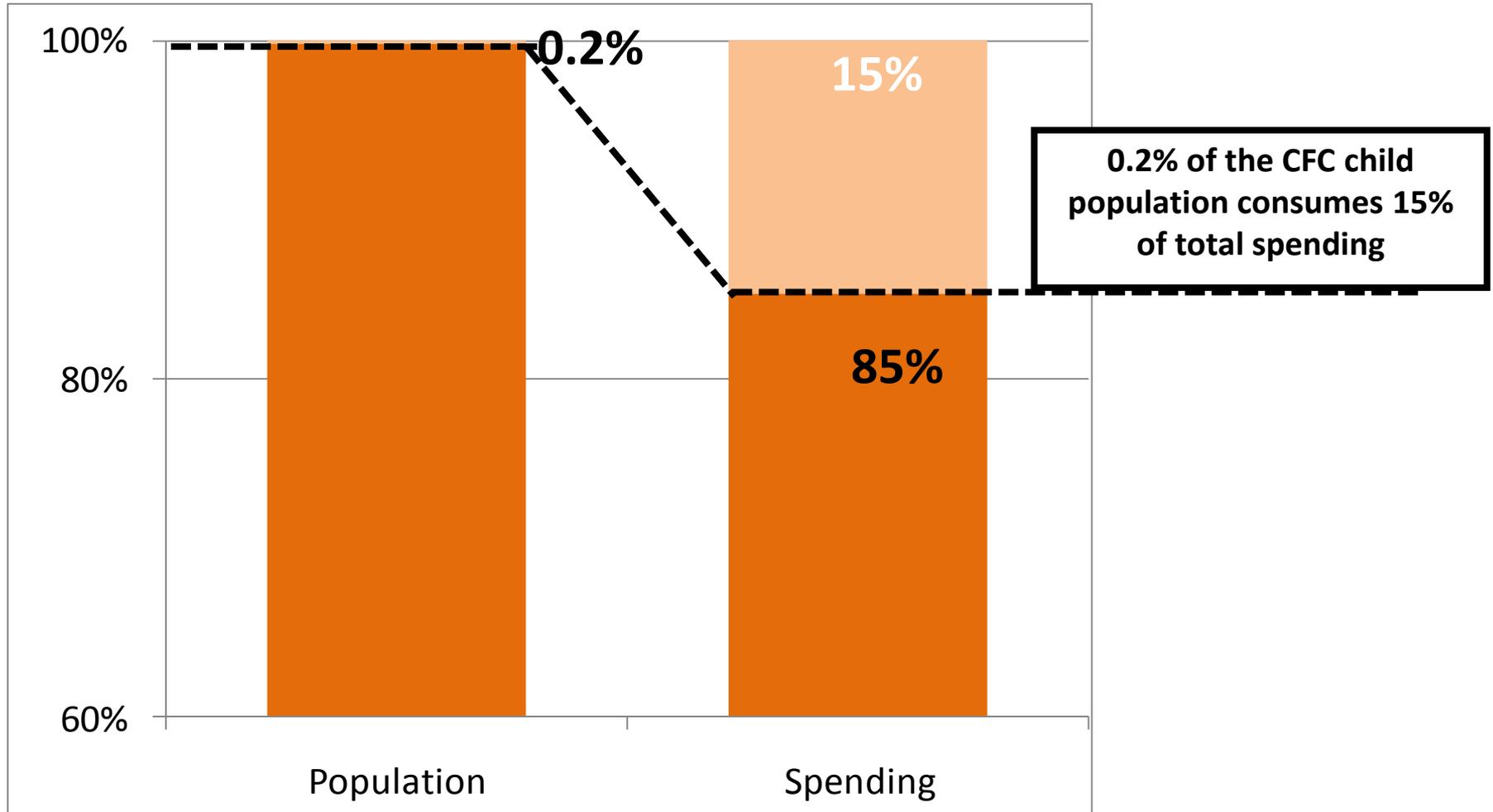
Child Hot Spot: High Inpatient Utilization Rates in the Costliest Five Percent of Medicaid Children (excluding institutional level of care population)



Child Hot Spot: Average Medical Cost in the Costliest Five Percent of Medicaid Children (excluding institutional level of care population)



Medical Hot Spot: CFC Children: Costs of Infants Receiving NICU Care



Source: Ohio Department of Job and Family Services; SFY 2010 for CFC managed care eligible children.

Most Costly and Prevalent Conditions in Costliest 5% of Medicaid Children

(excluding institutional level of care population)

CFC Children

- Behavioral health
- Congenital
- Minor infections
- Neurologic
- Gastrointestinal
- Severe infections
- Cancer
- Minor injuries
- Asthma

ABD Children

- Congenital
- Behavioral health
- Neurologic
- Minor infections
- Iatrogenic
- Severe infections
- Gastrointestinal
- Asthma
- Cardiovascular disease

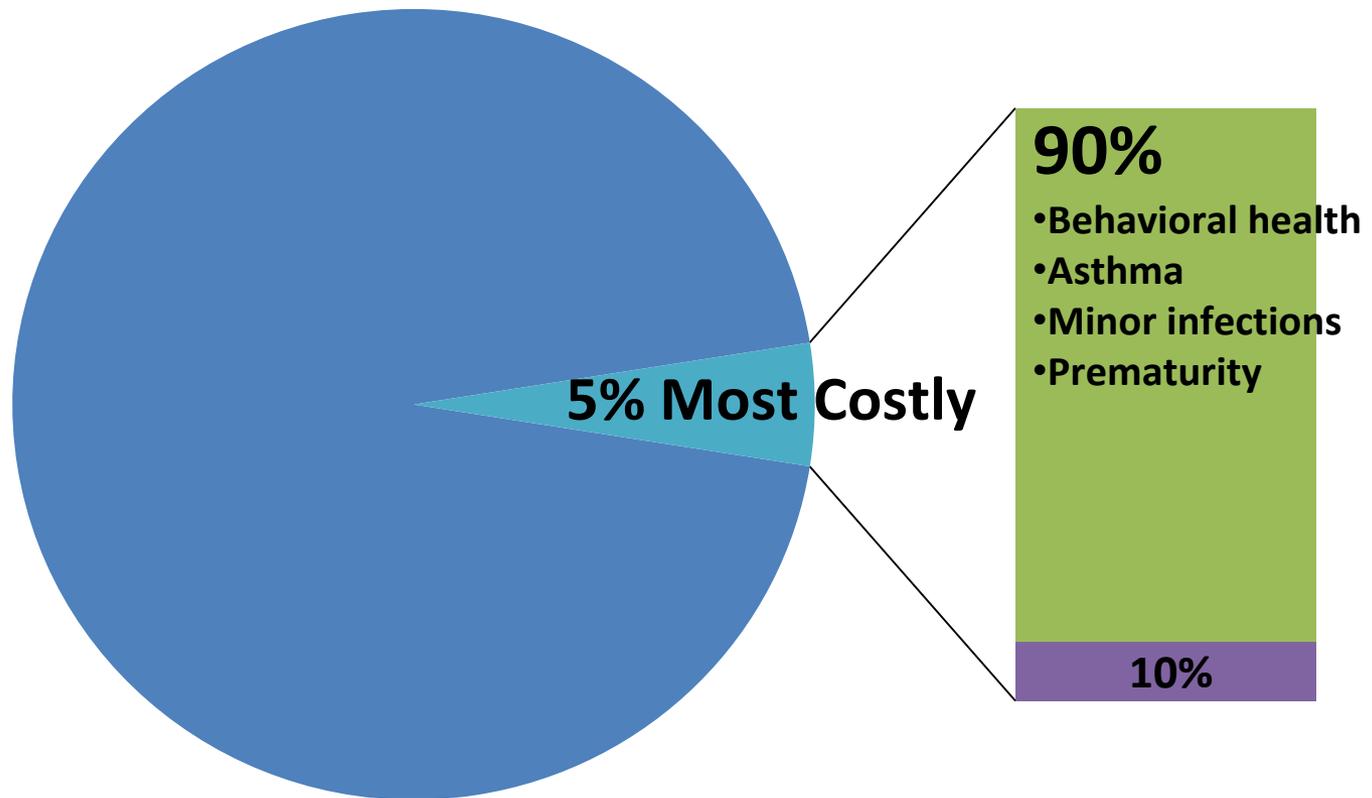
OHP's Clinical Focus Areas

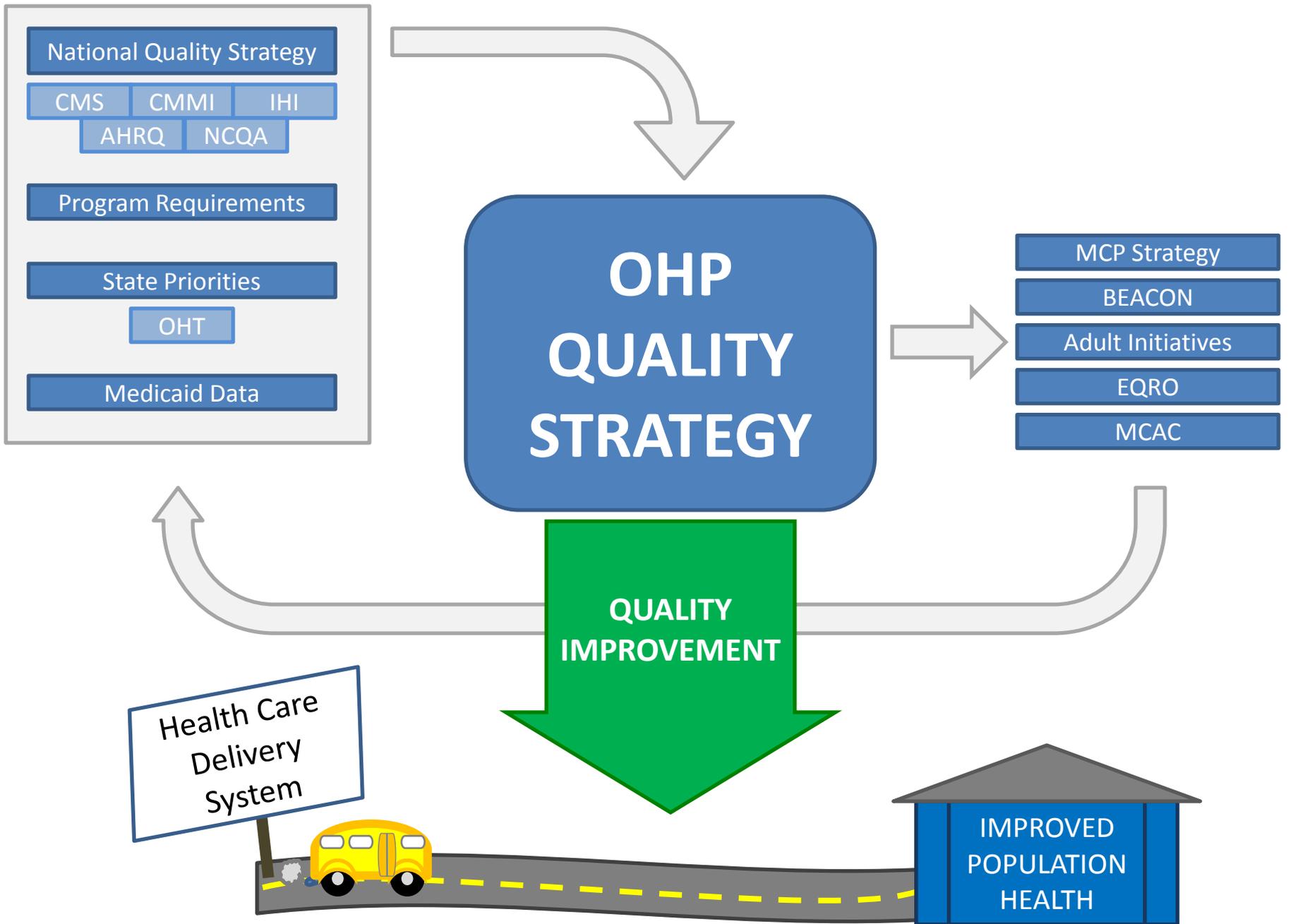
(excluding institutional level of care population)

- High Risk Pregnancy/Premature Births
- Behavioral Health
- Cardiovascular Disease
- Diabetes
- Asthma
- Upper Respiratory Infections

OHP's Clinical Focus Areas: Most Costly 5% of Medicaid's Child Population

(excluding institutional level of care population)





Quality Strategy Outline

- Aims
 - broad aims used to guide and assess efforts to improve the quality of healthcare
- Priorities
 - used to advance aims base on latest research to rapidly improve health outcomes and increase effectiveness of care
- Goals
 - specific areas to focus on in the next 1 – 3 years
 - includes six clinical focus areas
- Initiatives
 - what OHP is doing to achieve goals

Six Clinical Focus Areas

- Data Review (Non LTC population)
 - High Cost Hot Spotters
 - Prevalence
 - Capacity to Impact
 - Adults/Children data separated
- Evaluated/ Ranked based on:
 - Intervention Intensity Needed for Impact
 - Improvable Condition
 - Impact in 18 months
 - Measurability
 - Nationally-Recognized Measures (NCQA, AHRQ, CHIPRA...)
 - Outcome measures