



# SOONERCARE CHOICE PROGRAM INDEPENDENT EVALUATION

THE PACIFIC HEALTH POLICY GROUP

JUNE 2018 - **DRAFT**

# INTRODUCTION

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- ▶ PHPG conducted annual evaluations of the SoonerCare Choice covering SFY 2009 – SFY 2014
- ▶ The evaluations examined the program across multiple domains

Evaluation Domain	Example
Access to Care	<ul style="list-style-type: none"><li>• Emergency department use</li></ul>
Quality of Care	<ul style="list-style-type: none"><li>• HEDIS compliance</li><li>• Ambulatory care sensitive admits</li><li>• Hospital readmissions</li></ul>
Cost Effectiveness	<ul style="list-style-type: none"><li>• Medical inflation trend rate</li><li>• Administrative efficiency</li></ul>
PCMH Providers (by tier)	<ul style="list-style-type: none"><li>• Primary care activity</li><li>• Ambulatory care sensitive admits</li><li>• Post-acute follow-up</li></ul>
Health Access Networks (by network and versus non-HAN)	<ul style="list-style-type: none"><li>• Utilization and PMPM trends</li><li>• Targeted analyses (ER, HROB)</li></ul>

# INTRODUCTION

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- ▶ PHPG has been retained to update the evaluation to cover SFY 2015 – SFY 2017
- ▶ This presentation has initial findings for SFY 2017 (versus SFY 2014)
- ▶ PHPG now is working backward to fill-in SFY 2015-16, and to validate any SFY 2014 data that appears to be an outlier (should this occur)
- ▶ PHPG also is researching SFY 2017 results to verify alignment with other studies (or determine basis for difference) – applies to ER utilization, HAN costs and overall PMPM trend
- ▶ Note: Some trends may be driven in part by the change in member mix from SFY 2014 to SFY 2017 (increase in children relative to adults, particularly TANF adults)

# AREAS COVERED TODAY

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- ▶ PCMH activity by tier (non-HAN providers)
- ▶ Health Access Network utilization and costs (by tier and versus non-HAN providers)
- ▶ HEDIS trends (subset of 2014 “priority” measures) – *time permitting*

# PATIENT CENTERED MEDICAL HOMES

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- ▶ **PCMH evaluation areas:**
  - ▶ Visits per member per year
  - ▶ ER visits per 1,000 member months
  - ▶ PCMH post-ER visit follow-up (all members, not solely high utilizers)
  - ▶ Ambulatory care-sensitive hospitalization rates by diagnosis: asthma, CHF, COPD, pneumonia
  - ▶ 30-day hospital readmission rate
  - ▶ Post-discharge visit rate to the PCMH
  - ▶ Per member per month claim costs (all services)

# PATIENT CENTERED MEDICAL HOMES

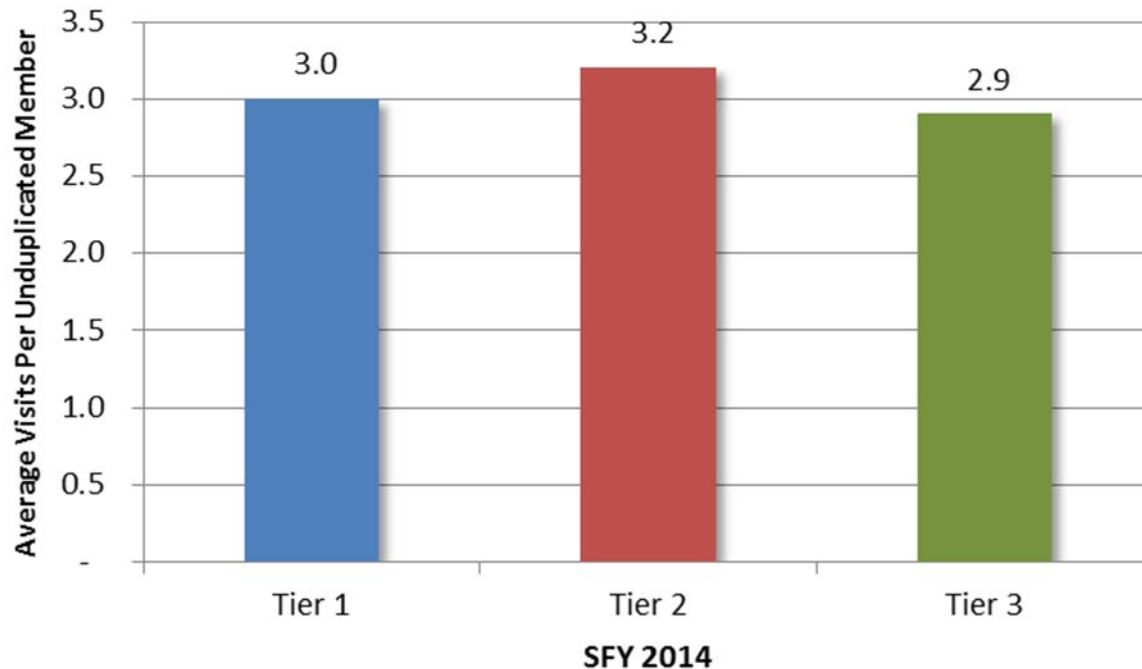
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- ▶ In the SFY 2014 evaluation, Tier 3 medical homes showed superior performance on some key measures for the first time
- ▶ This performance was replicated in SFY 2017, with the results overall showing stability
- ▶ A noteworthy favorable trend is an increase in average PCMH visits per member
- ▶ A noteworthy unfavorable trend is an increase in ER visits, although this was complemented by an increase in post-ER follow-up by the PCMH (may be partly driven by change in demographic mix)

# PCMH TIERS – 2014

## PCMH Visit Rates (Per Member Per Year)

- ▶ Members aligned with a Tier 2 PCMH saw their provider slightly more often over the course of a year than members aligned with a Tier 1 or Tier 3 PCMH in SFY 2014



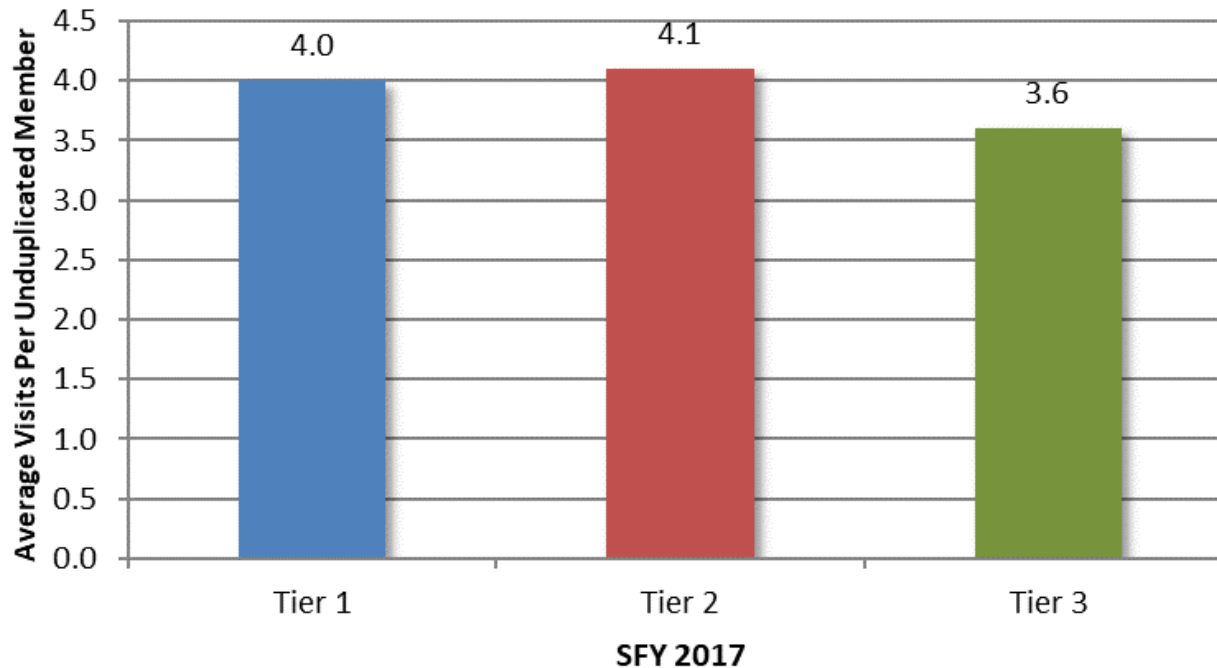
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: SoonerCare HMP Fifth Annual Evaluation Report

# PCMH TIERS – 2017

## PCMH Visit Rates (Per Member Per Year)

- ▶ The comparative visit frequency was unchanged across tiers in SFY2017; however, the visit rate per member was up across all tiers



Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

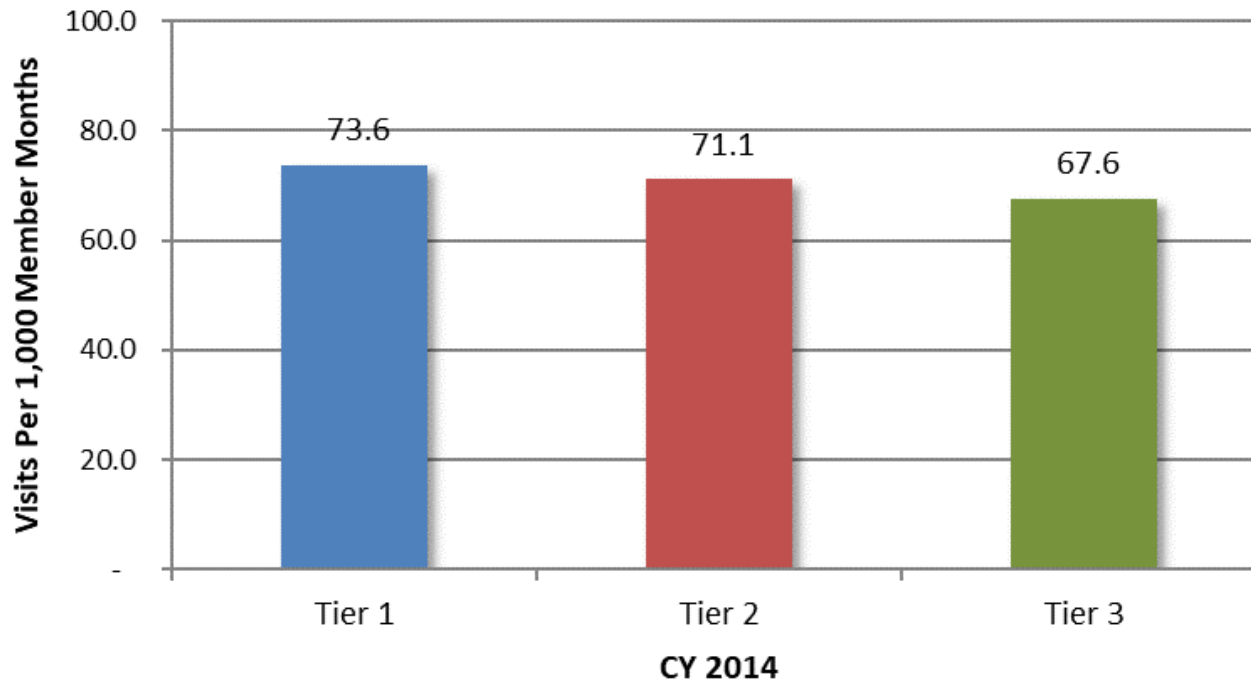
Source: OHCA paid claims data



# PCMH TIERS – 2014

## Emergency Room Utilization (Per 1,000 Member Months)

- ▶ Members aligned with a Tier 3 provider had a moderately lower ER utilization rate than members aligned with Tier 1 and Tier 2 providers in SFY 2014



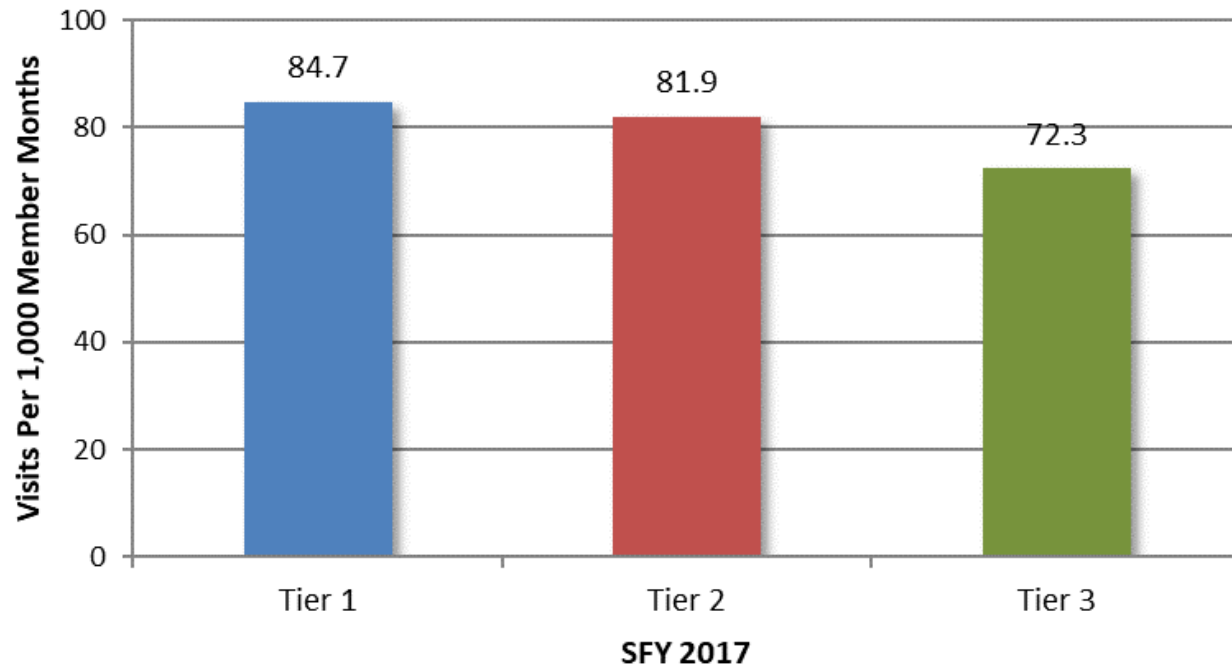
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: SoonerCare HMP Fifth Annual Evaluation Report

# PCMH TIERS – 2017

## Emergency Room Utilization (Per 1,000 Member Months)

- ▶ The gap widened between Tier 3 and other providers in SFY 2017, although the visit rate was higher across all tiers



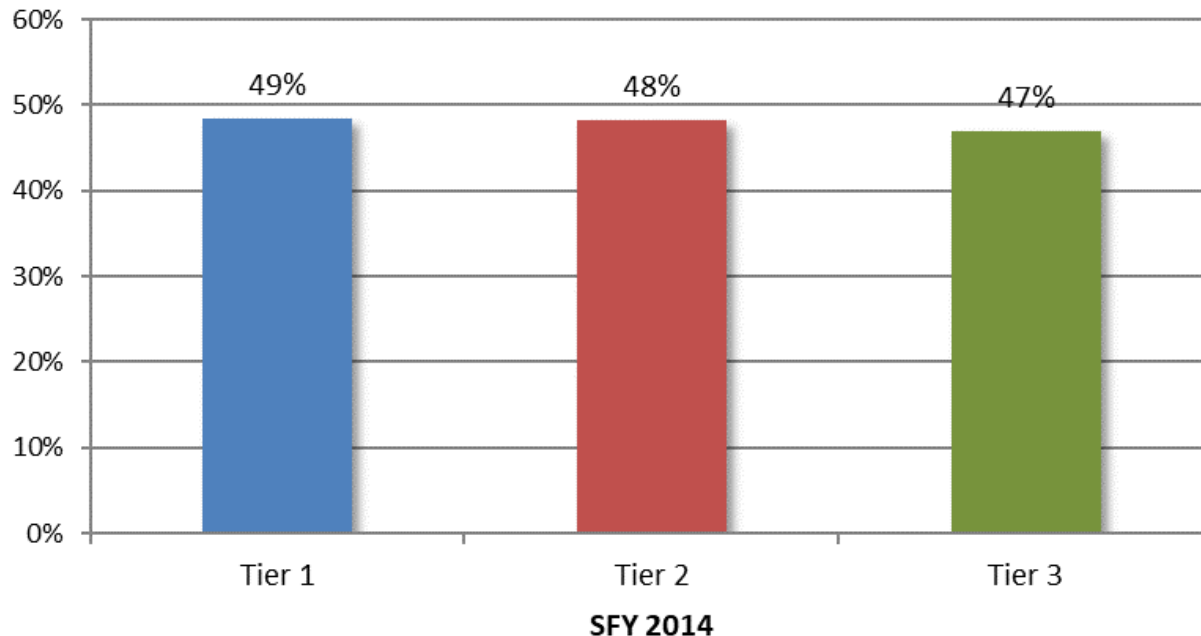
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: OHCA paid claims data

# PCMH TIERS - 2014

## Follow-up visit with PCMH within 30 days of ER encounter

- ▶ The follow-up rate within 30 days of an ER visit was nearly identical across the three tiers in SFY 2014



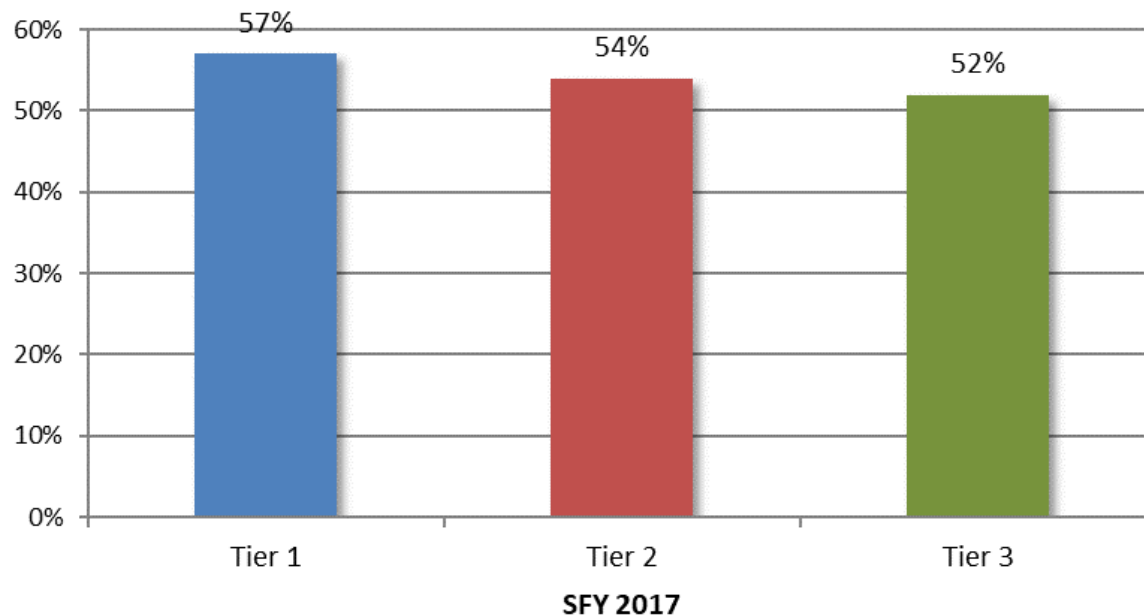
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: SoonerCare HMP Fifth Annual Evaluation Report

# PCMH TIERS - 2017

## Follow-up visit with PCMH within 30 days of ER encounter

- ▶ The follow-up rate was higher across all tiers in SFY 2017



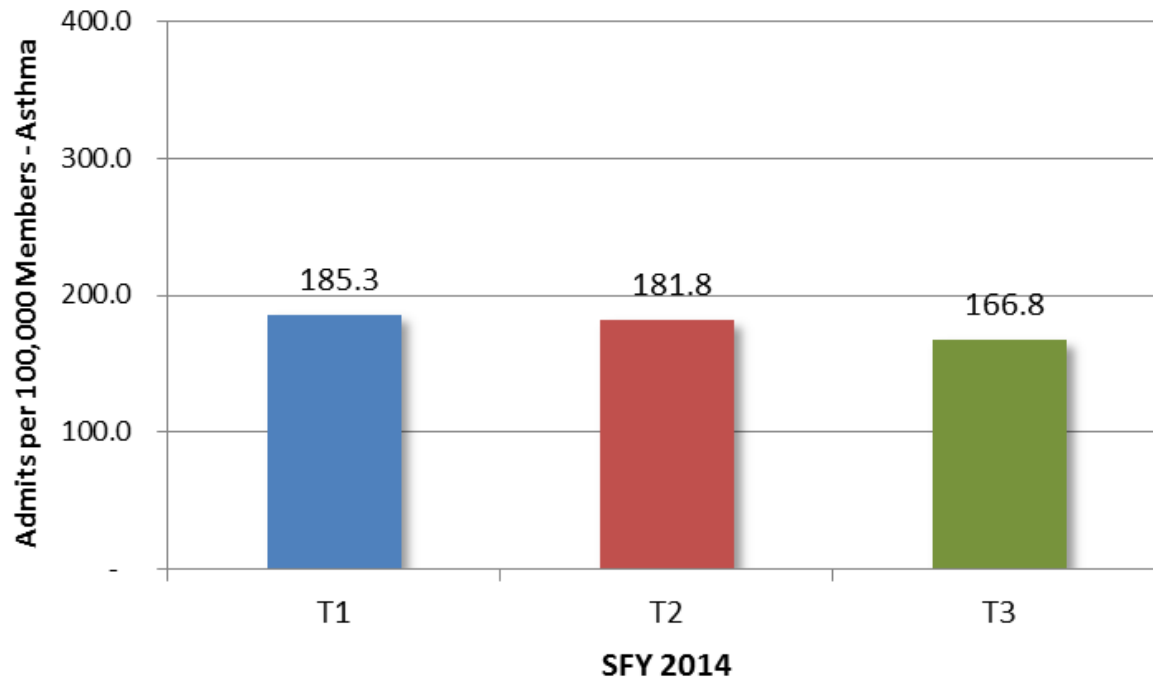
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: OHCA paid claims data

# PCMH TIERS - 2014

## Ambulatory Care Sensitive Hospitalization Rate - Asthma

- ▶ Tier 1 PCMH providers had the highest admit rate for asthma in SFY 2014, while Tier 3 providers had the lowest rate



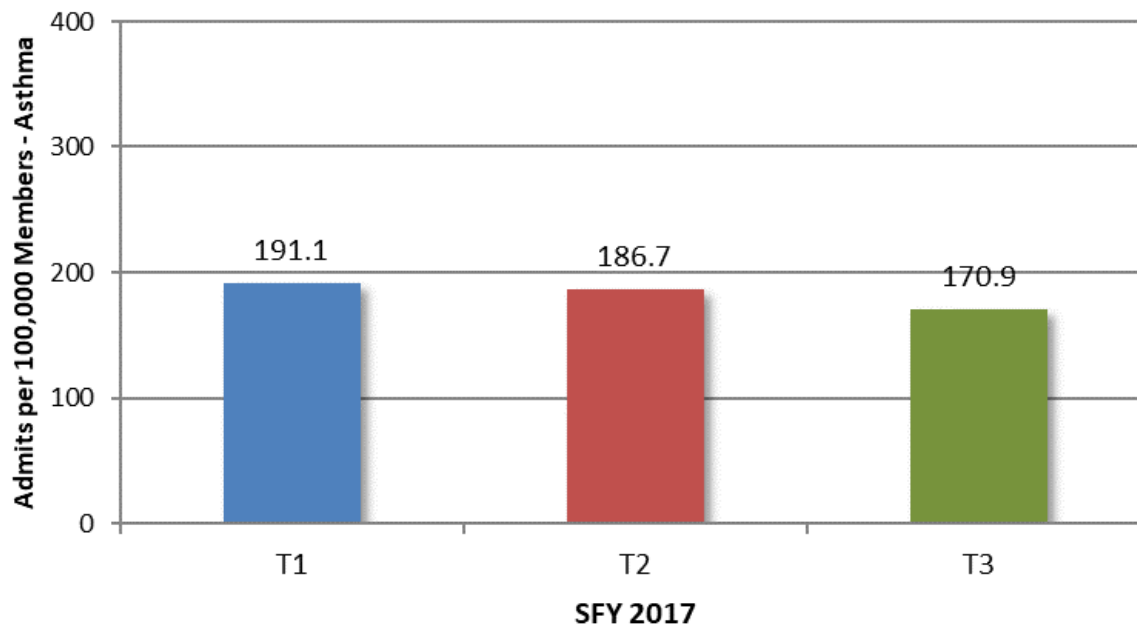
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: SoonerCare HMP Fifth Annual Evaluation Report

# PCMH TIERS - 2017

## Ambulatory Care Sensitive Hospitalization Rate - Asthma

- ▶ Tier I PCMH providers again had the highest admit rate for asthma in SFY 2017, while Tier 3 providers again had the lowest rate



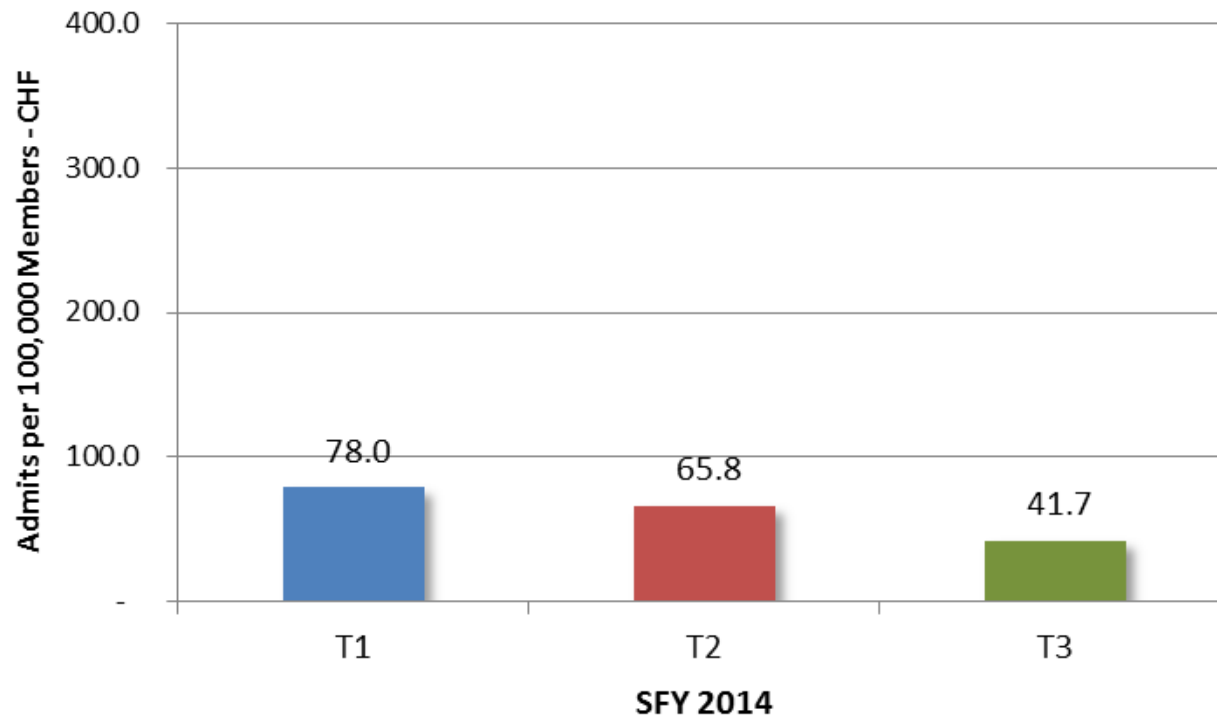
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: OHCA paid claims data

# PCMH TIERS - 2014

## Ambulatory Care Sensitive Hospitalization Rate - CHF

- ▶ Tier I PCMH providers had the highest admit rate for CHF in SFY 2014, while Tier 3 providers had the lowest rate



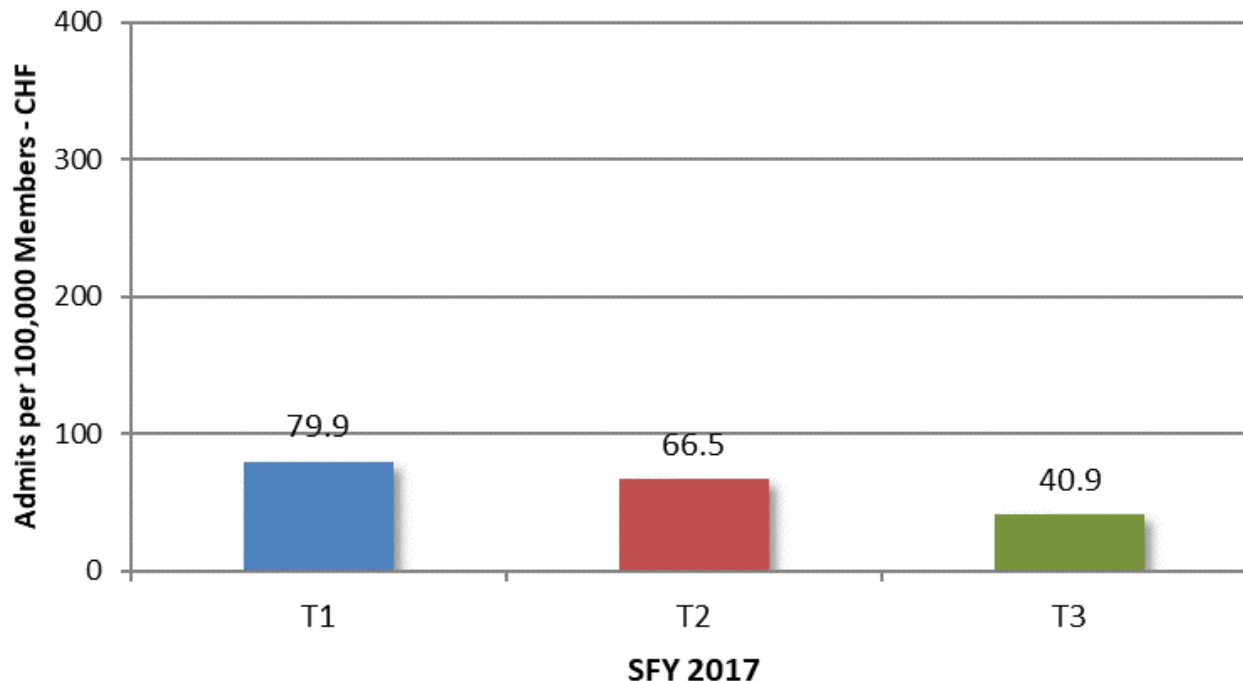
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: SoonerCare HMP Fifth Annual Evaluation Report

# PCMH TIERS - 2017

## Ambulatory Care Sensitive Hospitalization Rate - CHF

- ▶ Tier I PCMH providers again had the highest admit rate for CHF in SFY 2017, while Tier 3 providers again had the lowest rate



Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

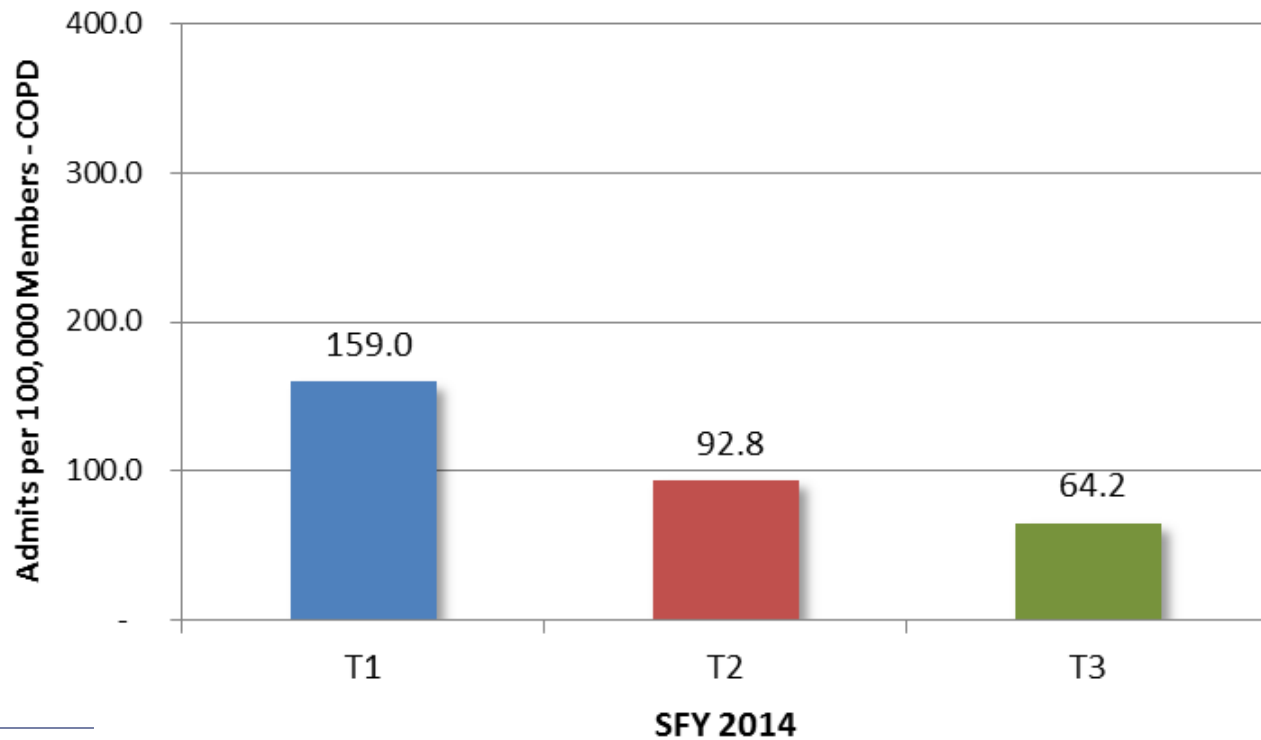
Source: OHCA paid claims data



# PCMH TIERS - 2014

## Ambulatory Care Sensitive Hospitalization Rate - COPD

- ▶ Tier I PCMH providers had the highest admit rate for COPD in SFY 2014 while Tier 3 providers had the lowest rate



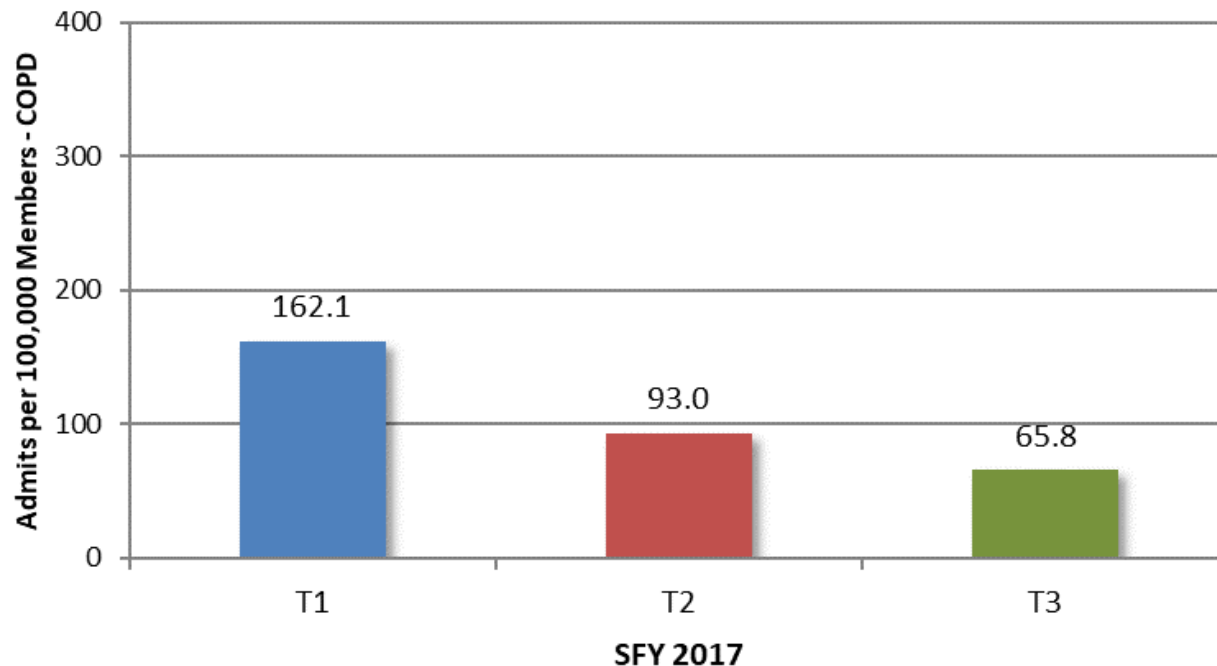
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: SoonerCare HMP Fifth Annual Evaluation Report

# PCMH TIERS - 2017

## Ambulatory Care Sensitive Hospitalization Rate - COPD

- ▶ Tier I PCMH providers also had the highest admit rate for COPD in SFY 2017, while Tier 3 providers again had the lowest rate



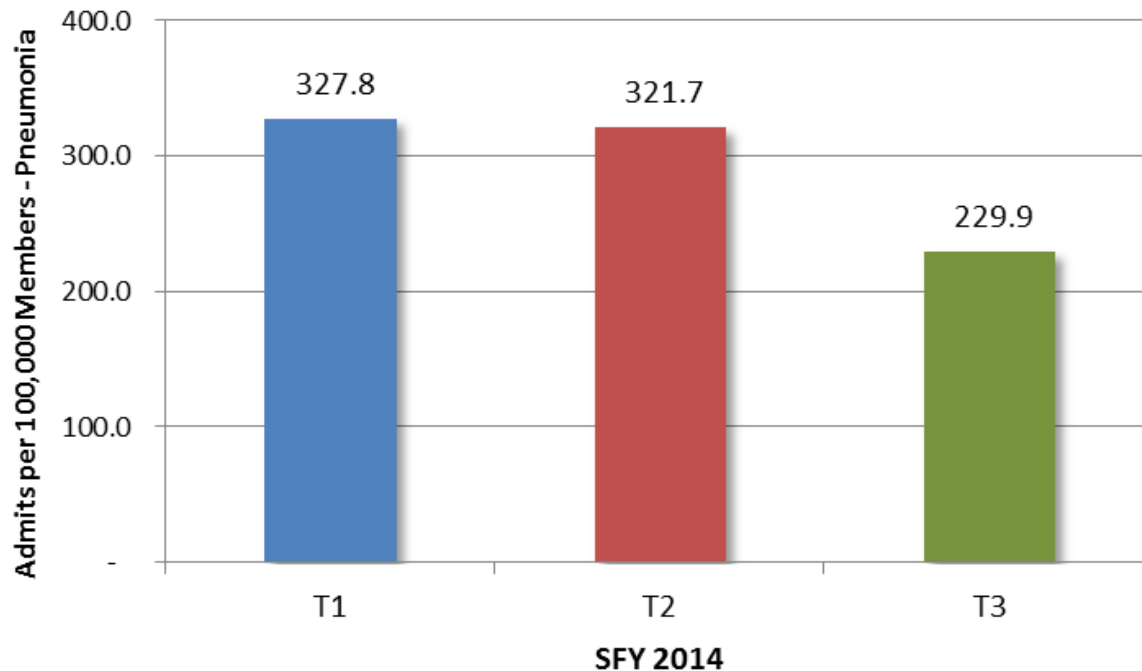
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: OHCA paid claims data

# PCMH TIERS - 2014

## Ambulatory Care Sensitive Hospitalization Rate - *Pneumonia*

- ▶ Tier 1 PCMH providers had the highest admit rate for pneumonia in SFY 2014, while Tier 3 providers had the lowest rate



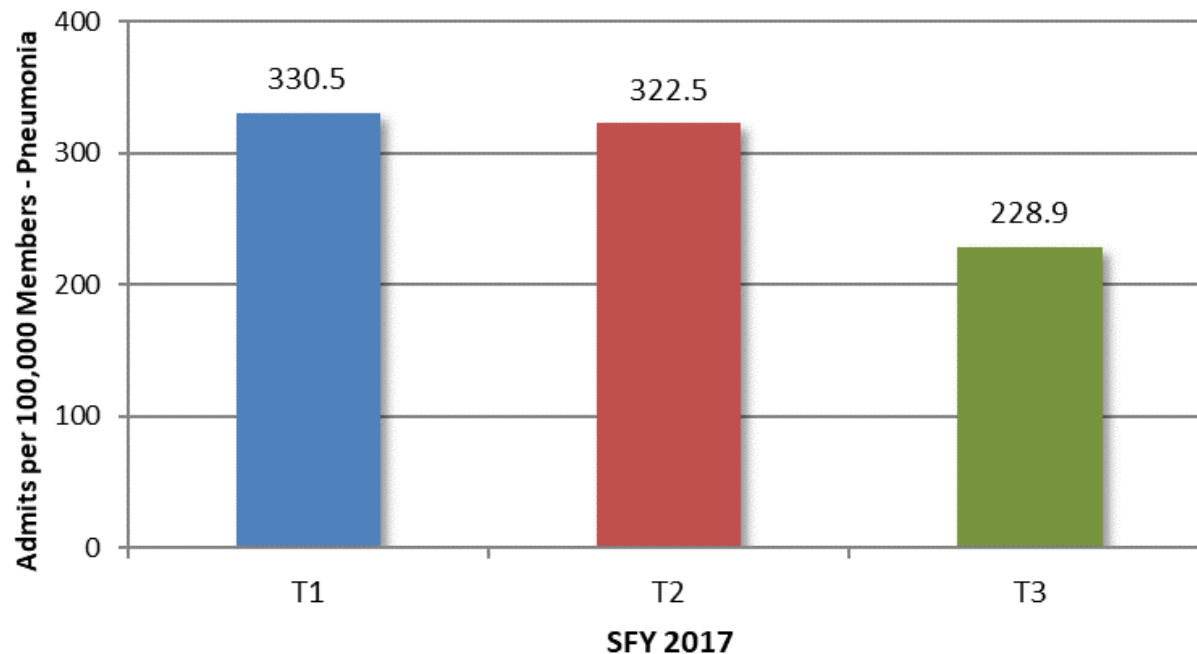
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: SoonerCare HMP Fifth Annual Evaluation Report

# PCMH TIERS - 2017

## Ambulatory Care Sensitive Hospitalization Rate - *Pneumonia*

- ▶ Tier I PCMH providers also had the highest admit rate for pneumonia in SFY 2014, while Tier 3 providers again had the lowest rate



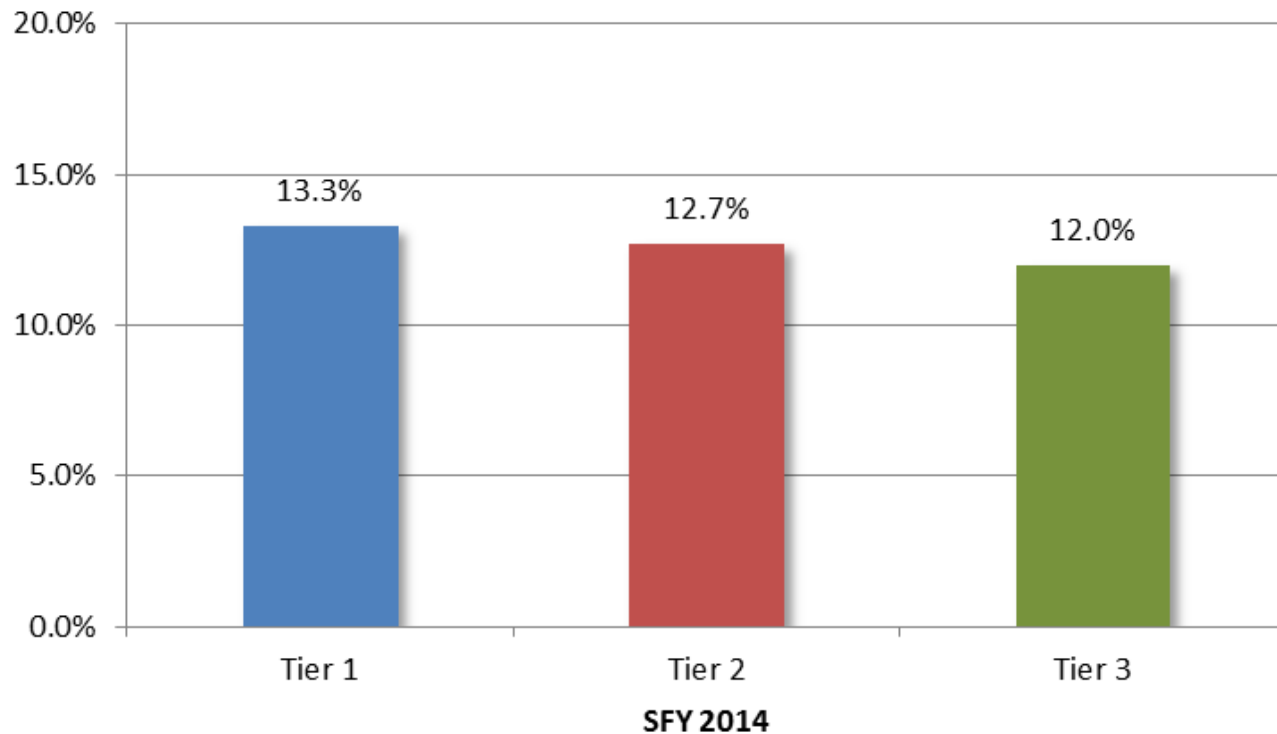
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: OHCA paid claims data

# PCMH TIERS - 2014

## Hospital Readmission Rate within 30 Days of Discharge

- ▶ Readmission rates were lowest among members aligned with Tier 3 providers in SFY 2014



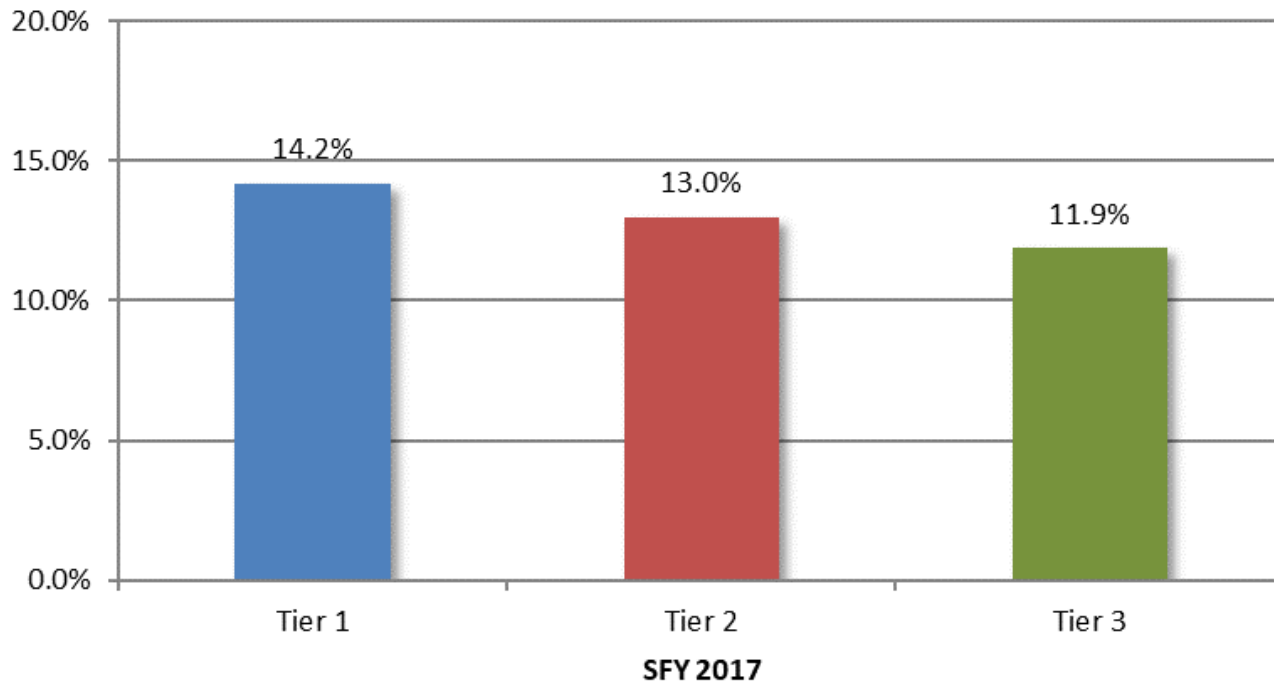
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

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# PCMH TIERS - 2017

## Hospital Readmission Rate within 30 Days of Discharge

- ▶ Readmission rates again were lowest among members aligned with Tier 3 providers in SFY 2017



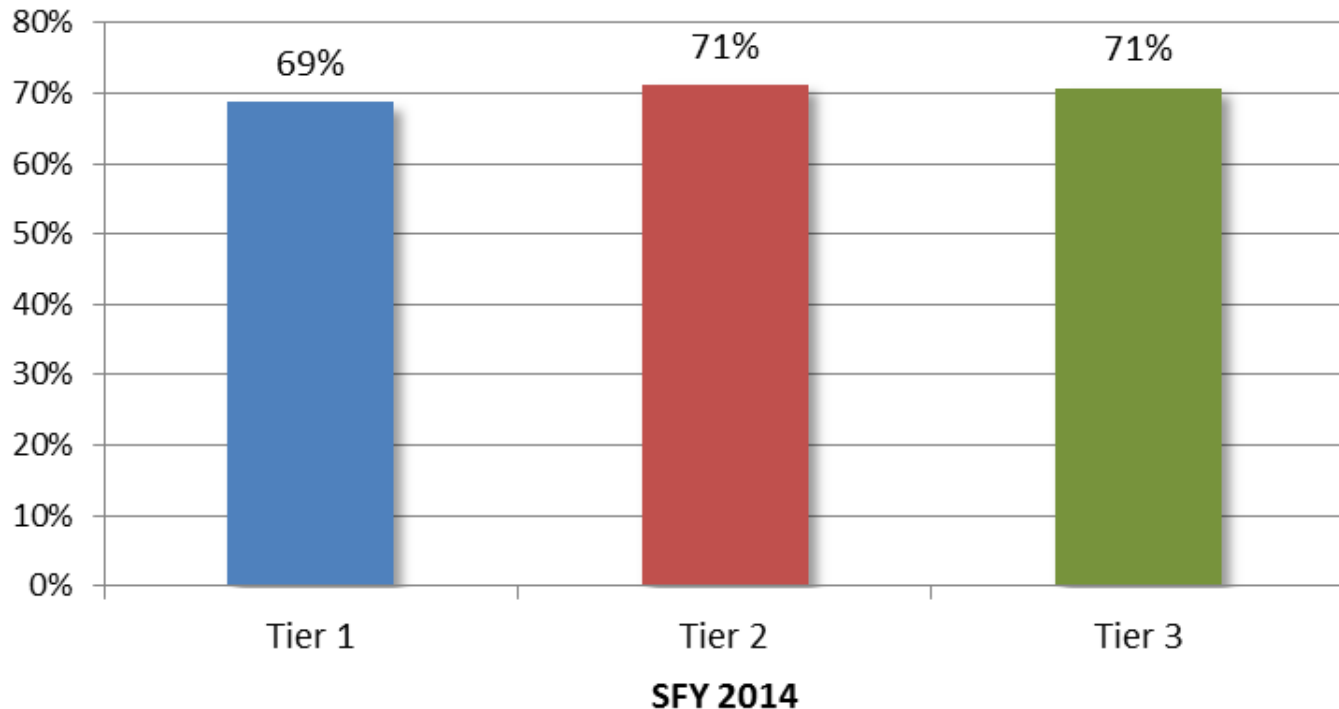
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: OHCA paid claims data

# PCMH TIERS - 2014

## Visit to PCMH Post Discharge (30 Days)

- ▶ Post Discharge PCMH visit rates were almost identical in SFY 2014



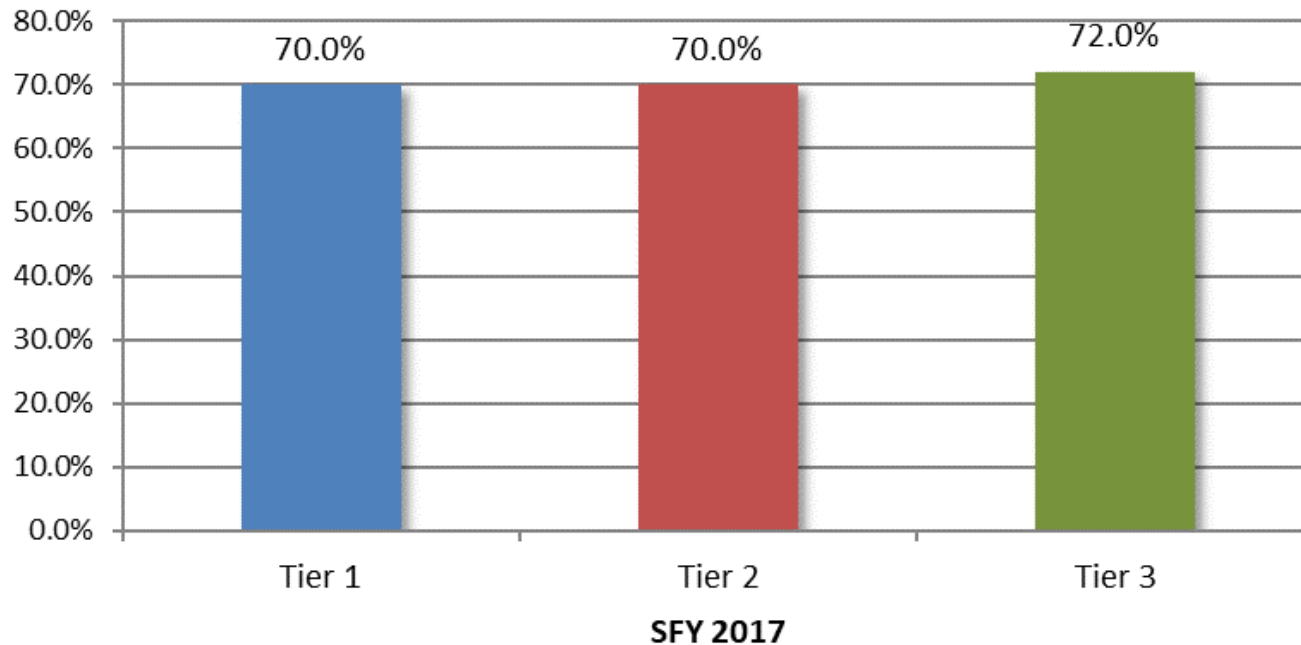
Notes: Discharges for ambulatory care sensitive conditions. PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: SoonerCare HMP Fifth Annual Evaluation Report

# PCMH TIERS - 2017

## Visit to PCMH Post Discharge (30 Days)

- ▶ Post Discharge PCMH visit rates were nearly unchanged in SFY 2017 (and relatively high across tiers)



Notes: Discharges for ambulatory care sensitive conditions. PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

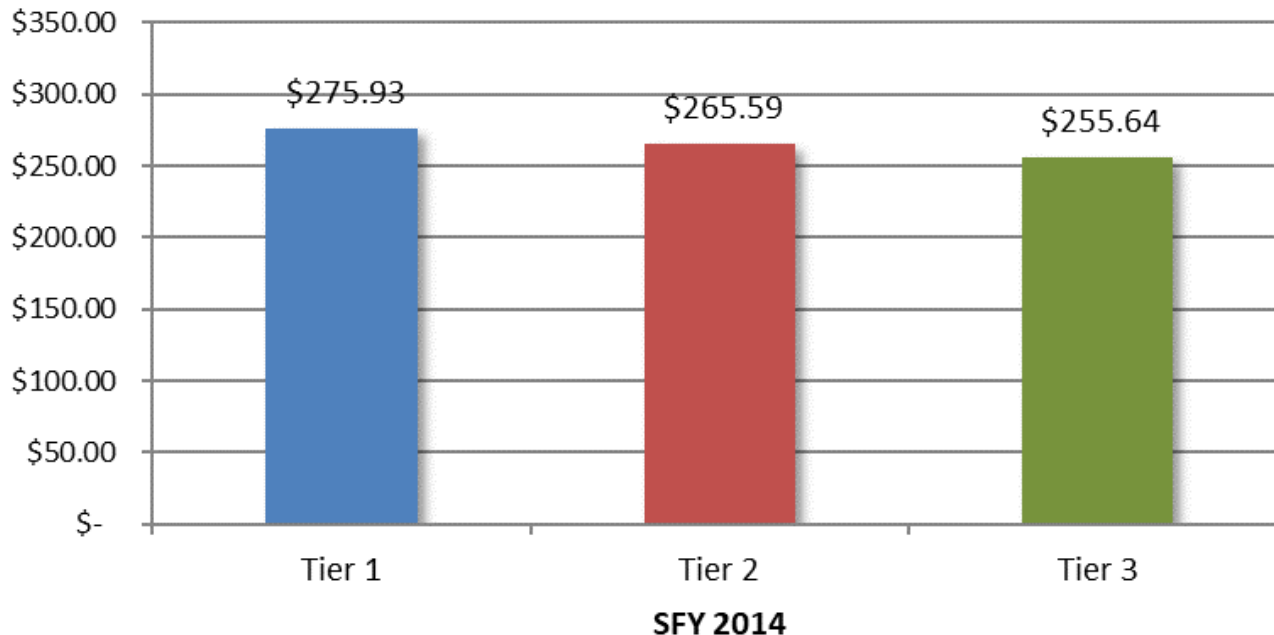
Source: OHCA paid claims data



# PCMH TIERS - 2014

## Average Per Member Per Month Cost (All Services)

- ▶ Consistent with their favorable utilization results, members aligned with Tier 3 PCMH providers had the lowest average monthly claim costs in SFY 2014 (does not include PCMH fees)



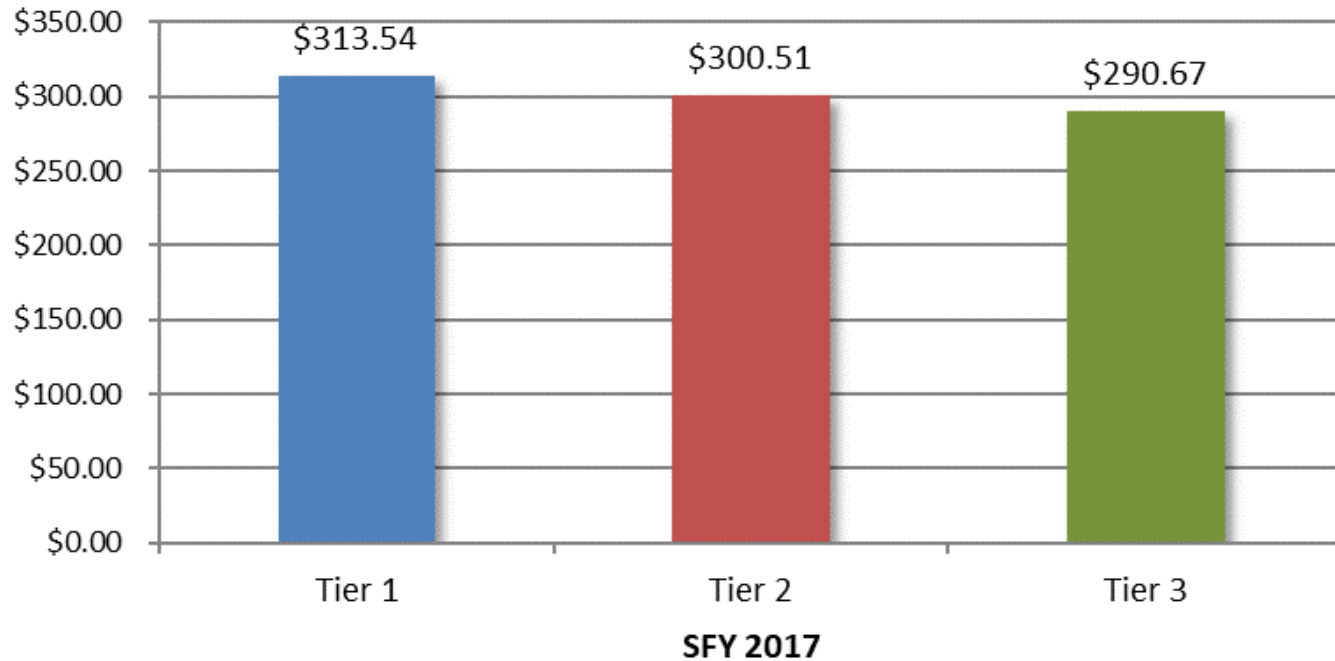
Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: SoonerCare HMP Fifth Annual Evaluation Report

# PCMH TIERS - 2017

## Average Per Member Per Month Cost (All Services)

- ▶ Tier 3 members again had the lowest PMPM claim costs in SFY  
*Note: trend rate from 2014 is higher than budget neutrality trend - researching*



Note: PCMH Tier data is for providers not affiliated with a HAN; results for HAN providers are presented in the next section

Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS

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- ▶ **HAN evaluation areas:**
  - ▶ Member mix
  - ▶ PCMH visit rate per member per year
  - ▶ ER visit rate per 1,000 member months
  - ▶ PCMH post-ER visit follow-up (all members, not high utilizer subset)
  - ▶ PCMH post-discharge follow-up
  - ▶ PMPM expenditures by aid category (ABD and TANF)

# HEALTH ACCESS NETWORKS

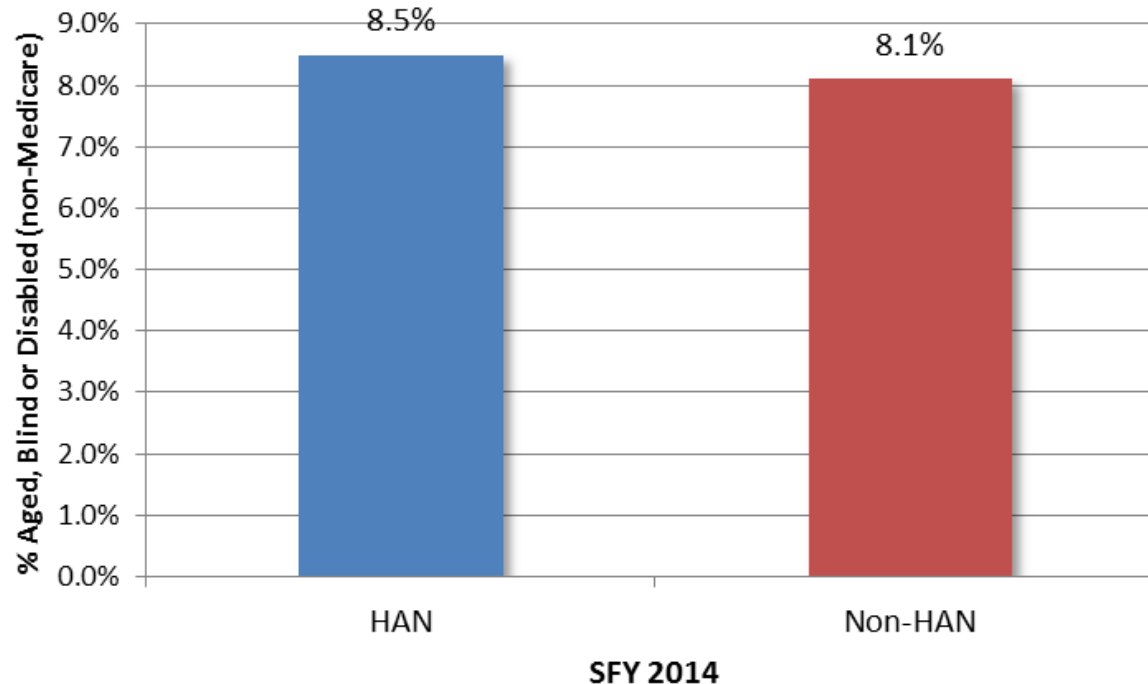
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- ▶ SFY 2017 results are consistent with SFY 2014 findings
- ▶ In SFY 2014, the strongest evidence of the impact of HANs was found through evaluation of targeted initiatives (ER high utilizer intervention; HROB care management)
- ▶ A similar approach for SFY 2017 may yield more definitive results

# HEALTH ACCESS NETWORKS - 2014

## HAN and non-HAN Member Mix

- ▶ The HAN network included a slightly higher percentage of costly Aged, Blind and Disabled (ABD) members than the non-HAN PCMH community, although the gap had decreased over time\*



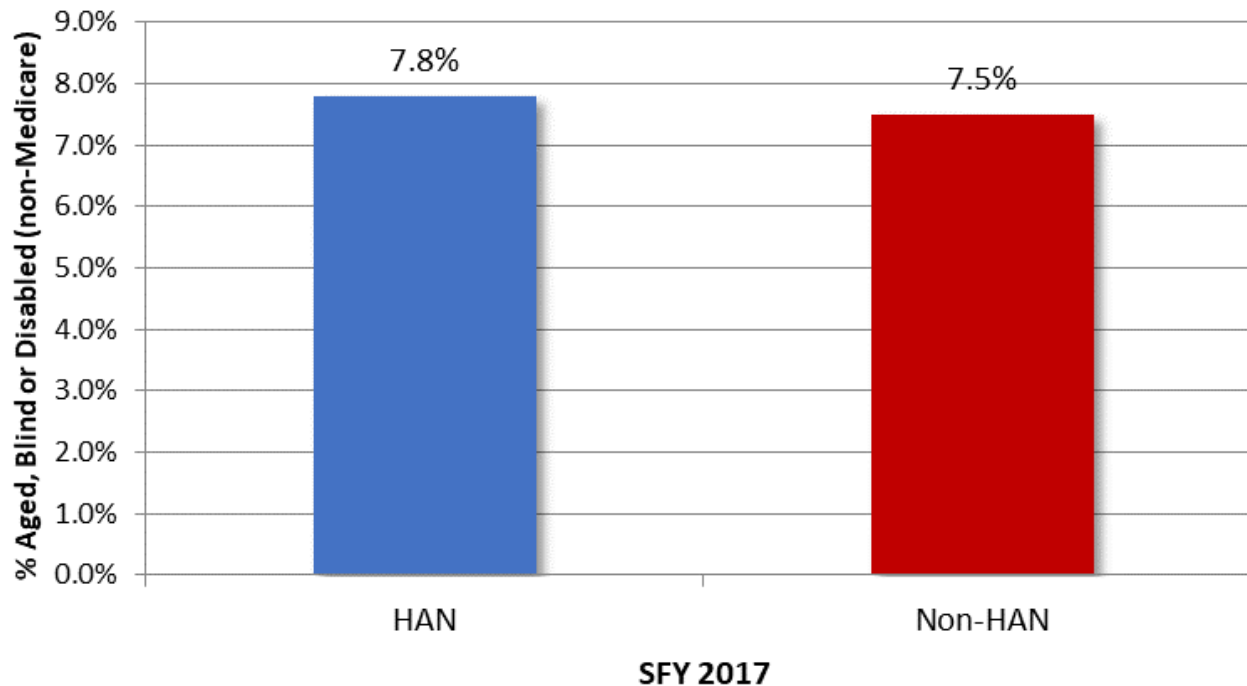
\*SFY 2013

Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2017

## HAN and non-HAN Member Mix

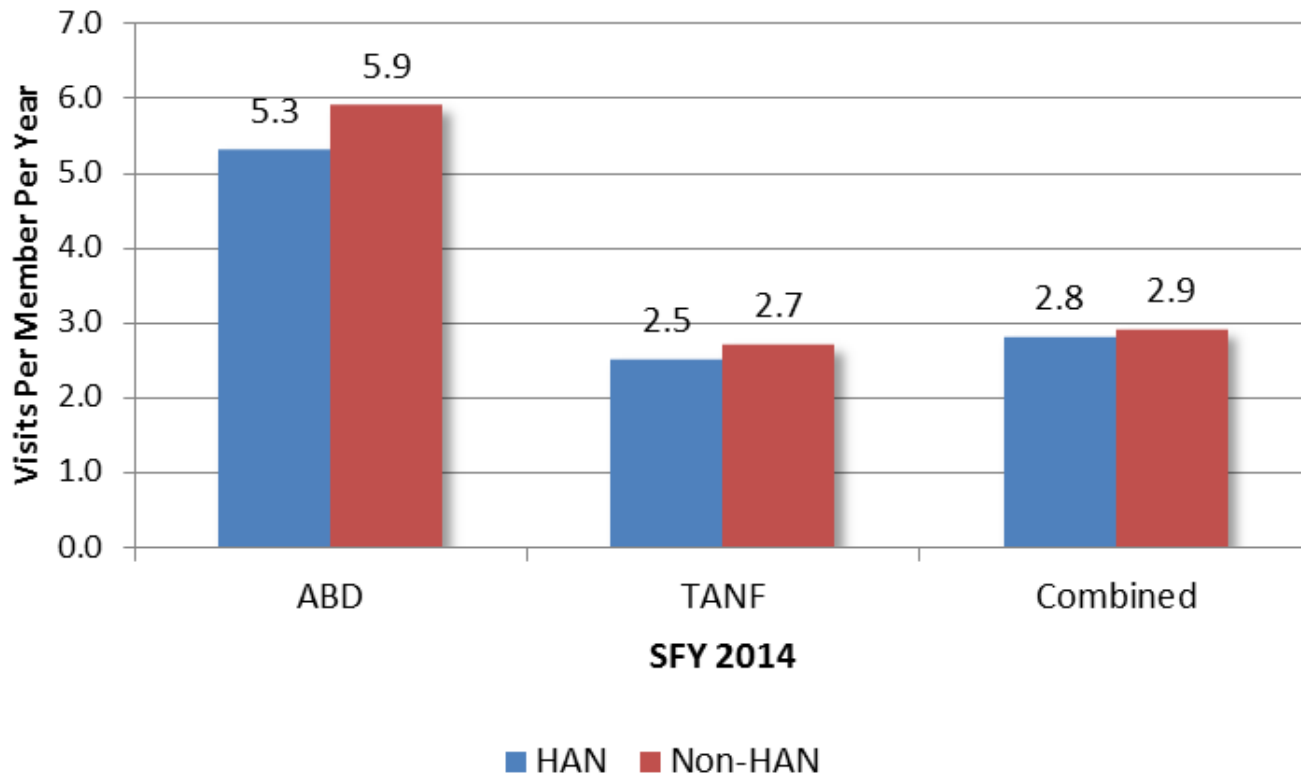
- ▶ The HAN networks continue to have a slightly higher percentage of ABD members



# HEALTH ACCESS NETWORKS – 2014

## HAN and non-HAN PCMH Visits

- ▶ Members affiliated with a HAN PCMH saw their provider at a slightly lower rate than other members in SFY 2014

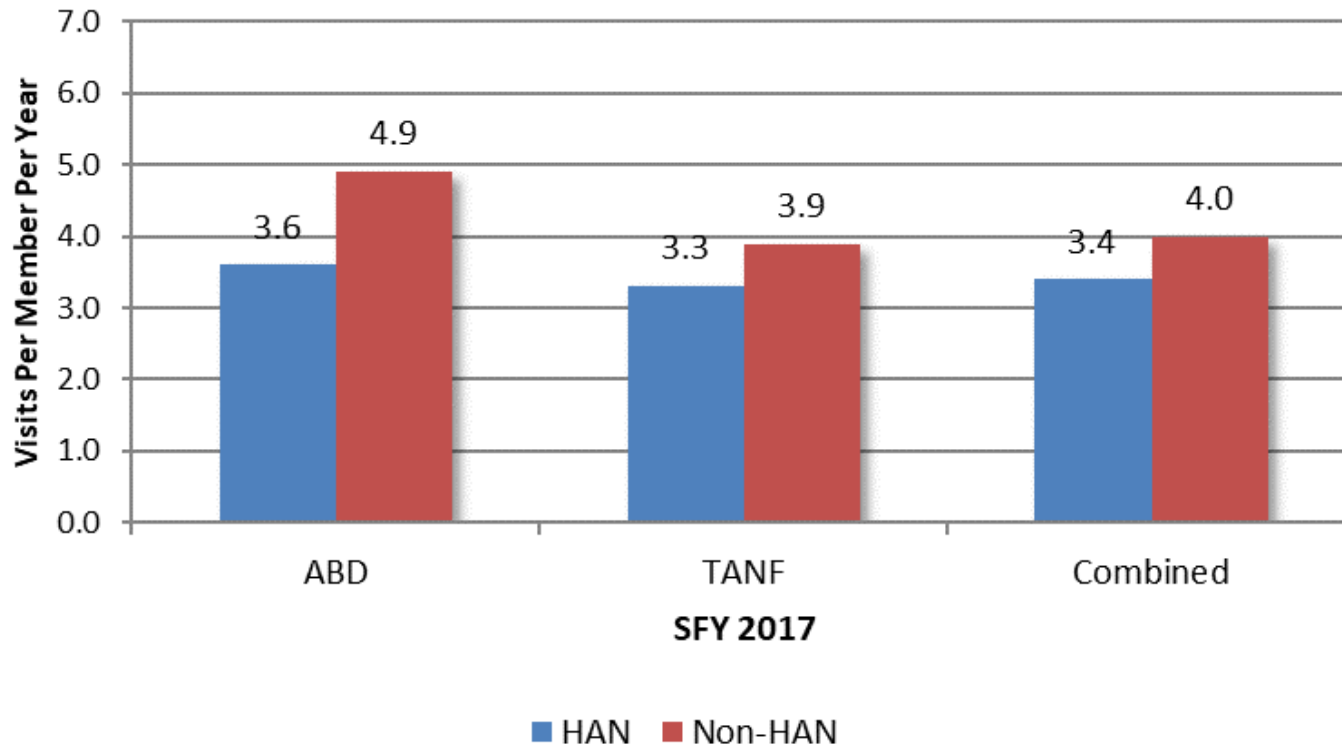


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS – 2017

## HAN and non-HAN PCMH Visits

- ▶ The results were similar in SFY 2017, although ABD visits per member decreased and TANF visits per member increased among both HAN and non-HAN members



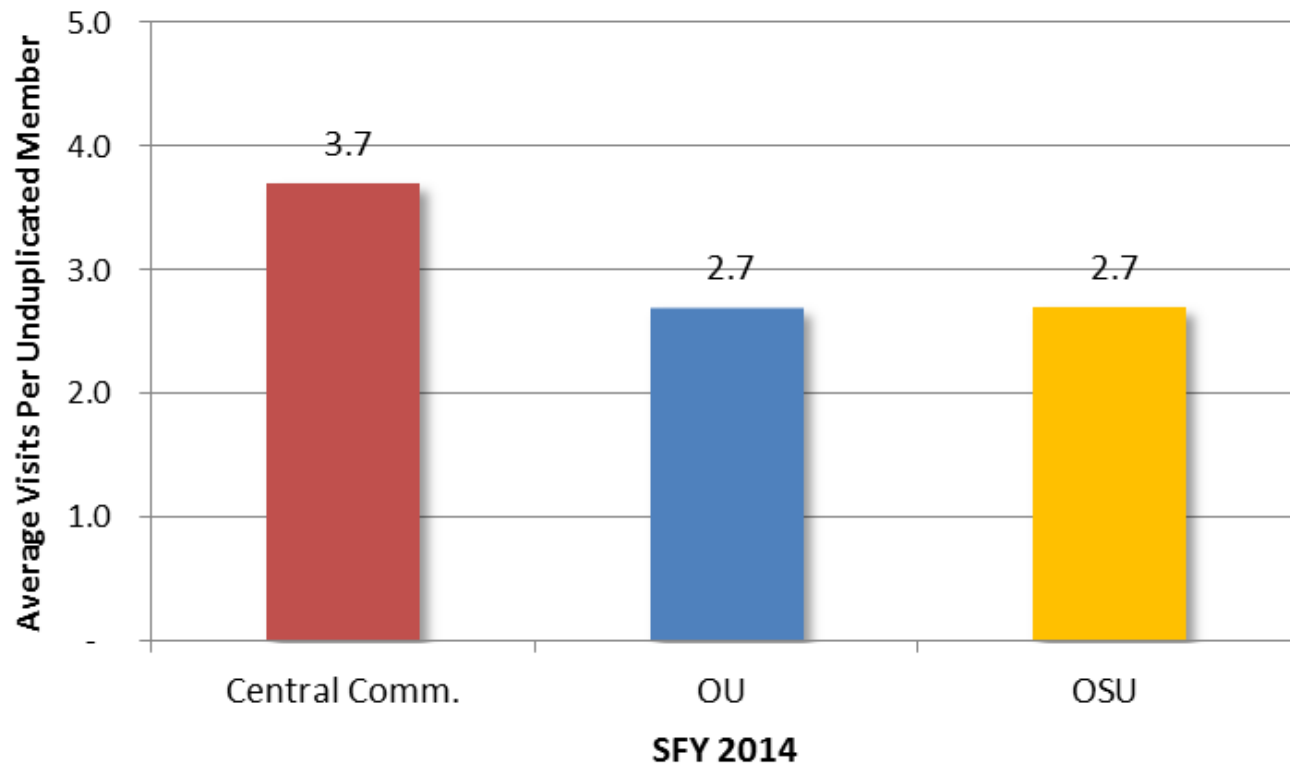
Source: OHCA paid claims data



# HEALTH ACCESS NETWORKS - 2014

## PCMH Visits by Organization

- ▶ Central Communities HAN recorded a significantly higher PCMH visit rate than the other two HANs in SFY 2014

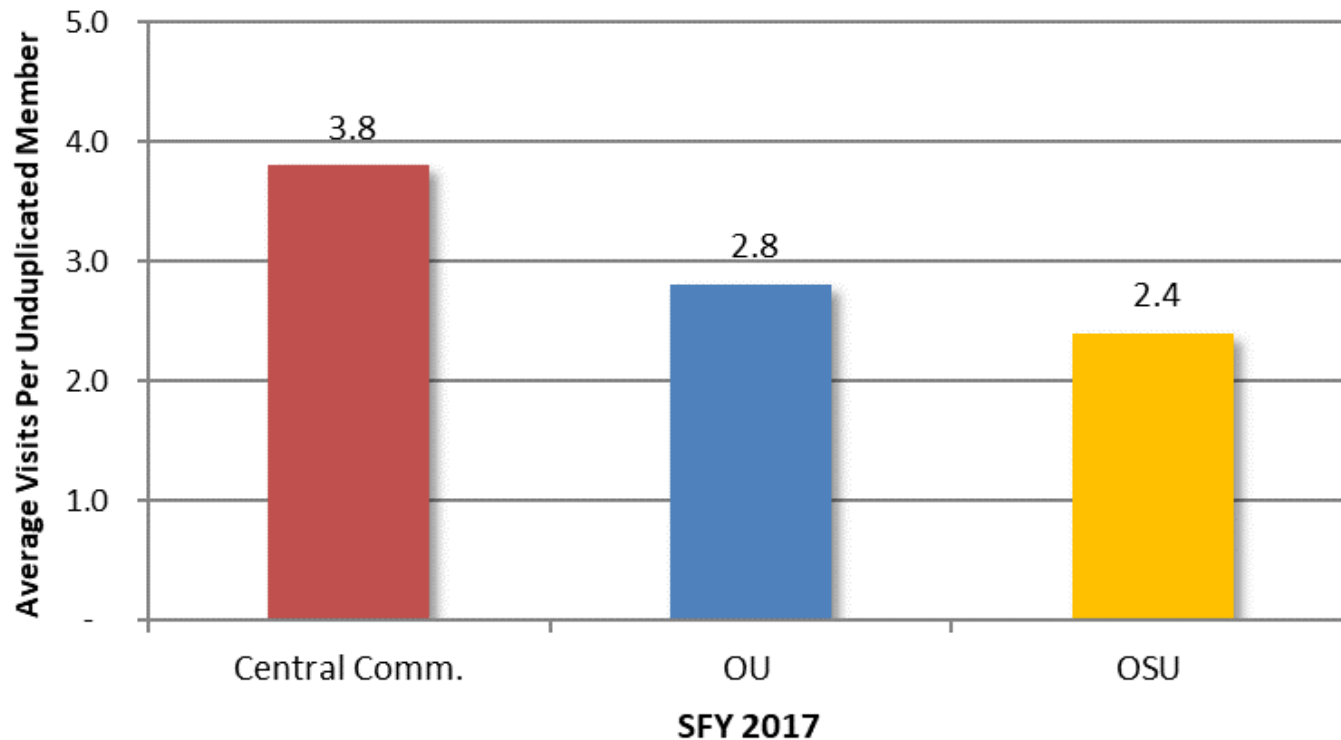


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2017

## PCMH Visits by Organization

- ▶ Central Communities HAN continued to show a higher PCMH visit rate than the other two HANs in SFY 2017

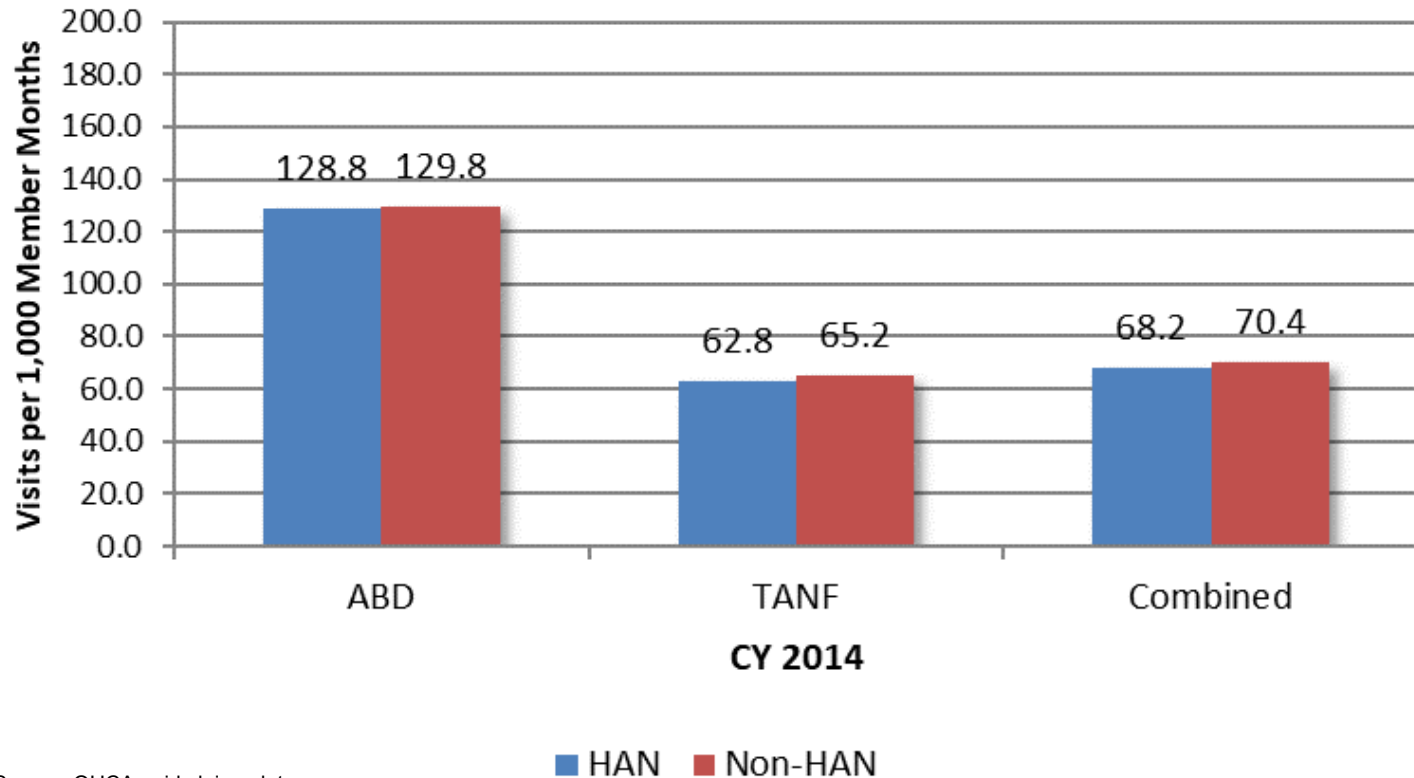


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2014

## HAN and non-HAN ER Visits

- ▶ HAN members – both ABD and TANF – used the emergency room at a slightly lower rate than other members in 2014

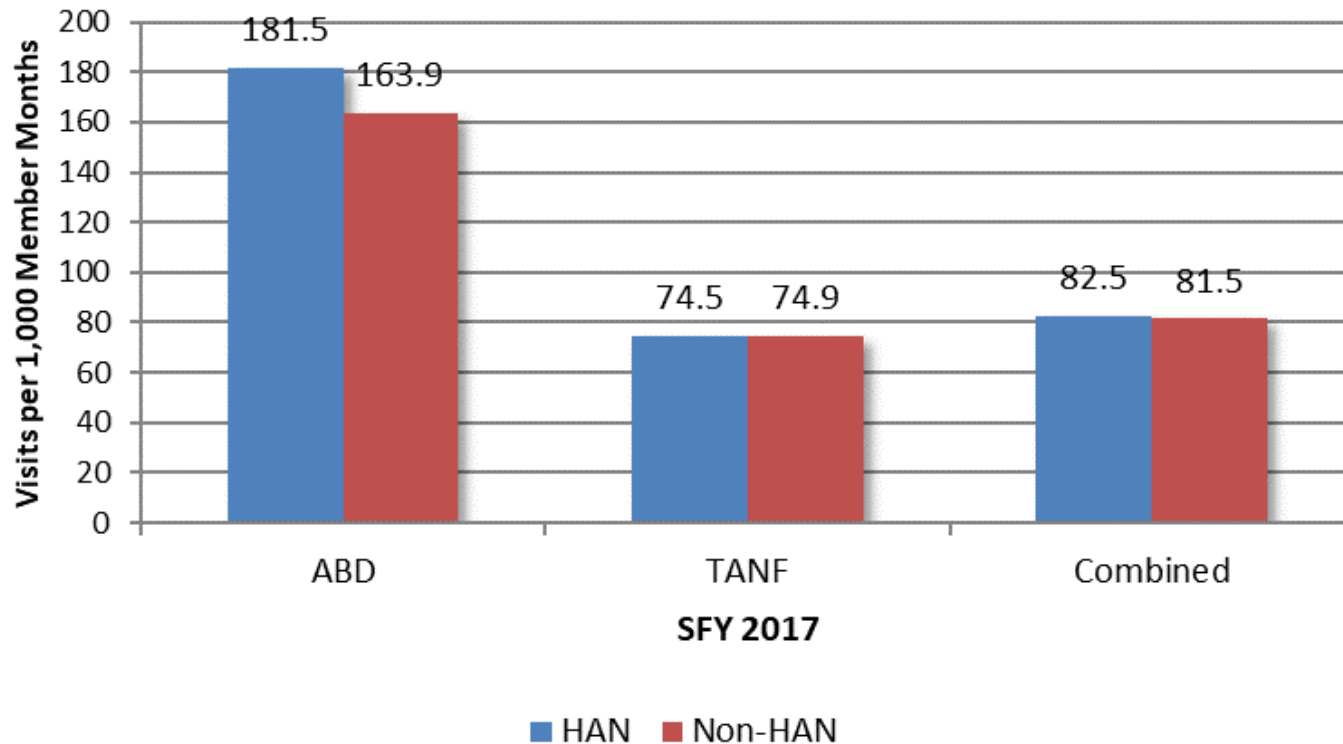


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2017

## HAN and non-HAN ER Visits

- ▶ Both HAN and non-HAN members registered higher utilization in SFY 2017

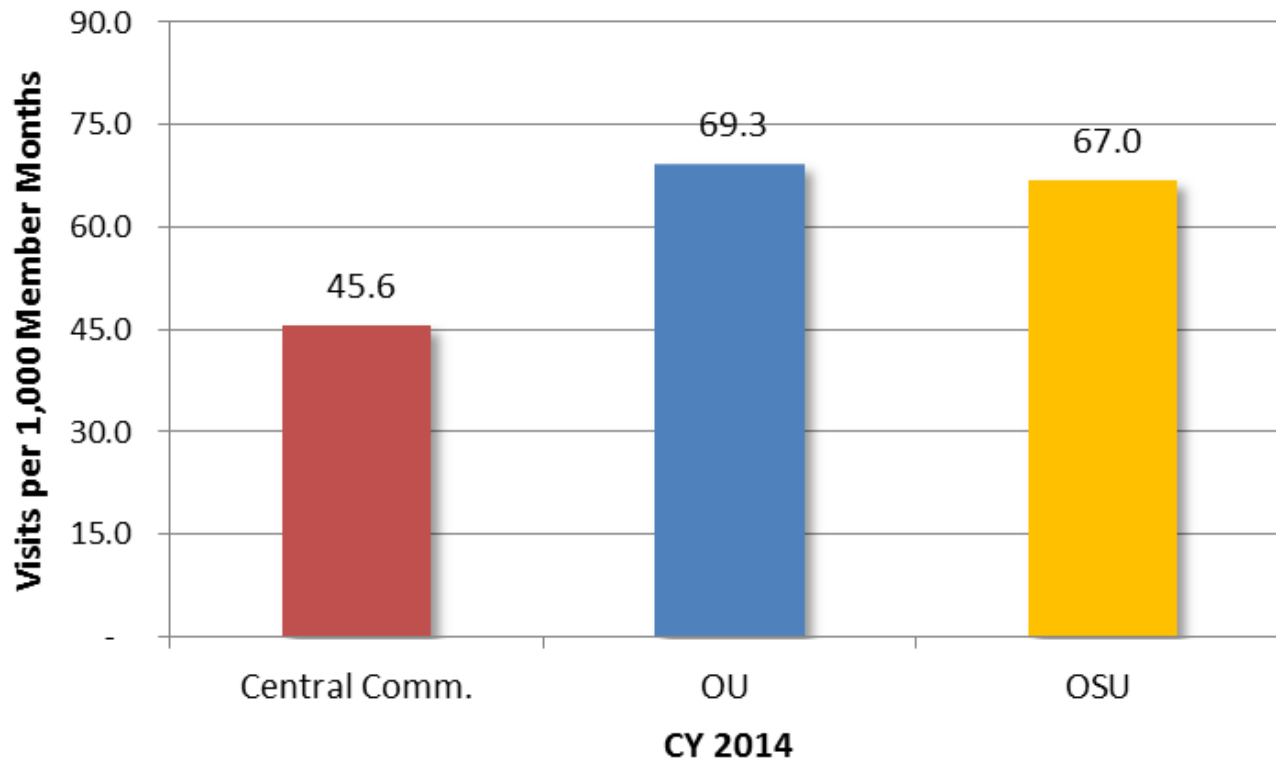


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2014

## HAN ER Visits by Organization

- ▶ Central Communities HAN recorded a significantly lower ER use rate than the other HANs in 2014

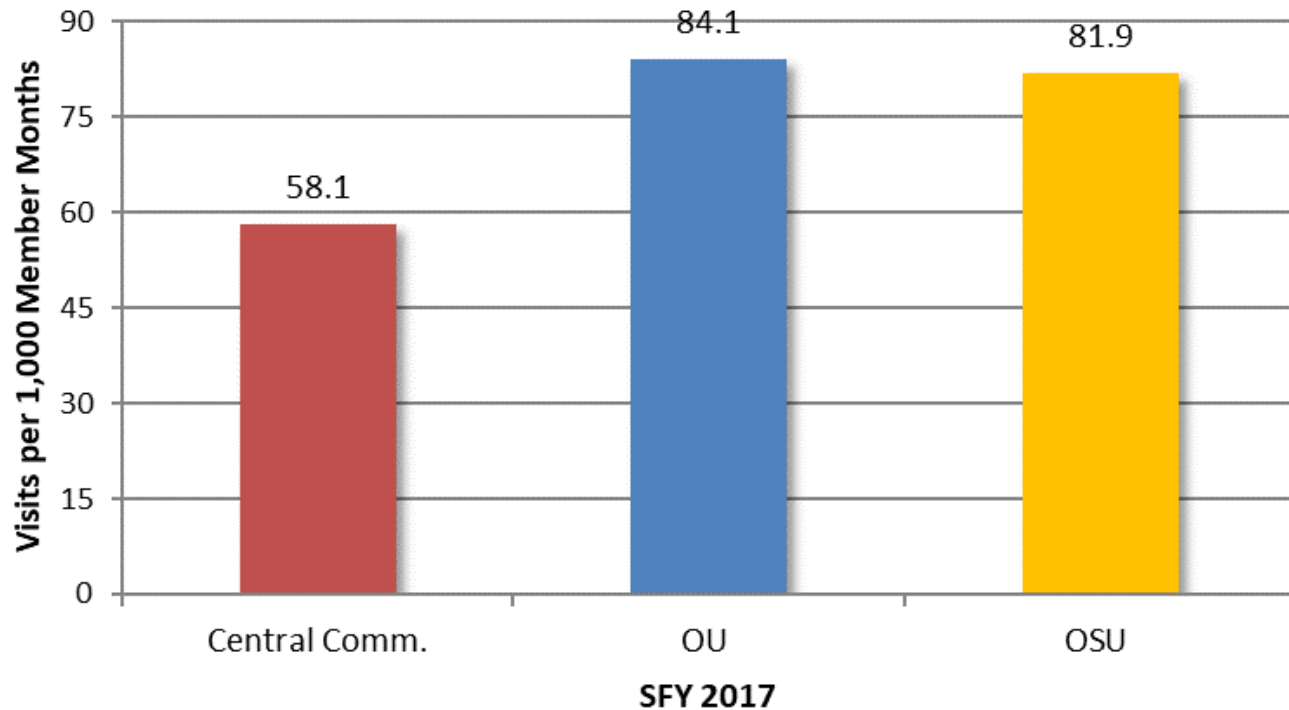


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2017

## HAN ER Visits by Organization

- ▶ Central Communities continued to have the lowest rate in SFY 2017, although utilization was higher across all three HANs

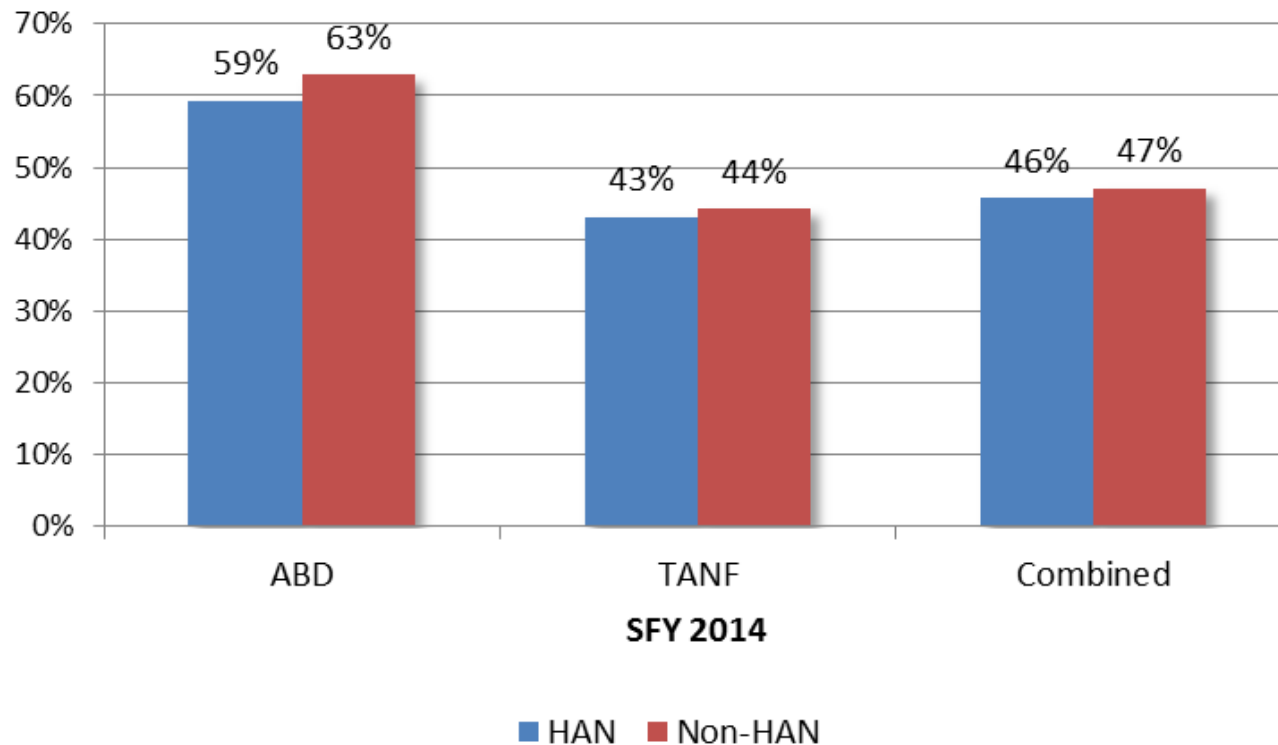


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2014

## HAN and non-HAN – Post-ER Visit to PCMH

- ▶ HAN and non-HAN members were nearly equally likely to see their PCMH provider within 30 days of an ER visit in SFY 2014

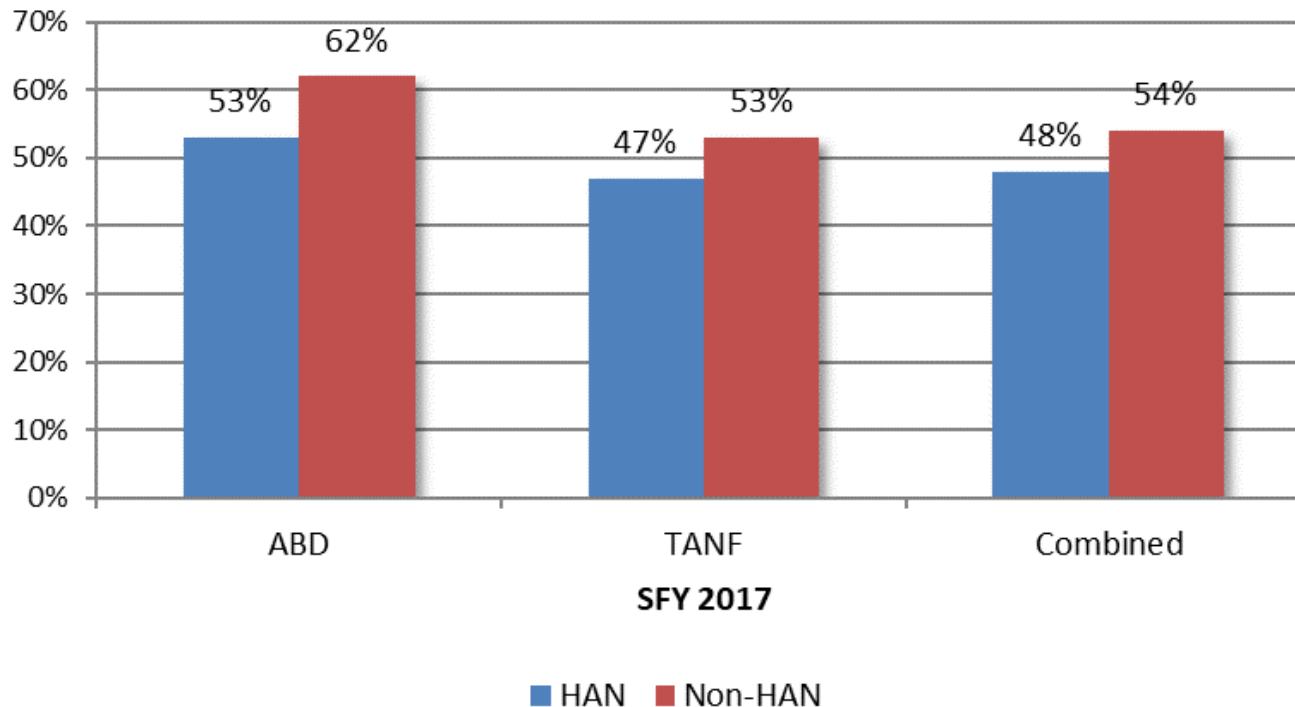


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2017

## HAN and non-HAN – Post-ER Visit to PCMH

- ▶ The overall rate increased for both HAN and non-HAN populations, though the increase was greater among non-HAN members



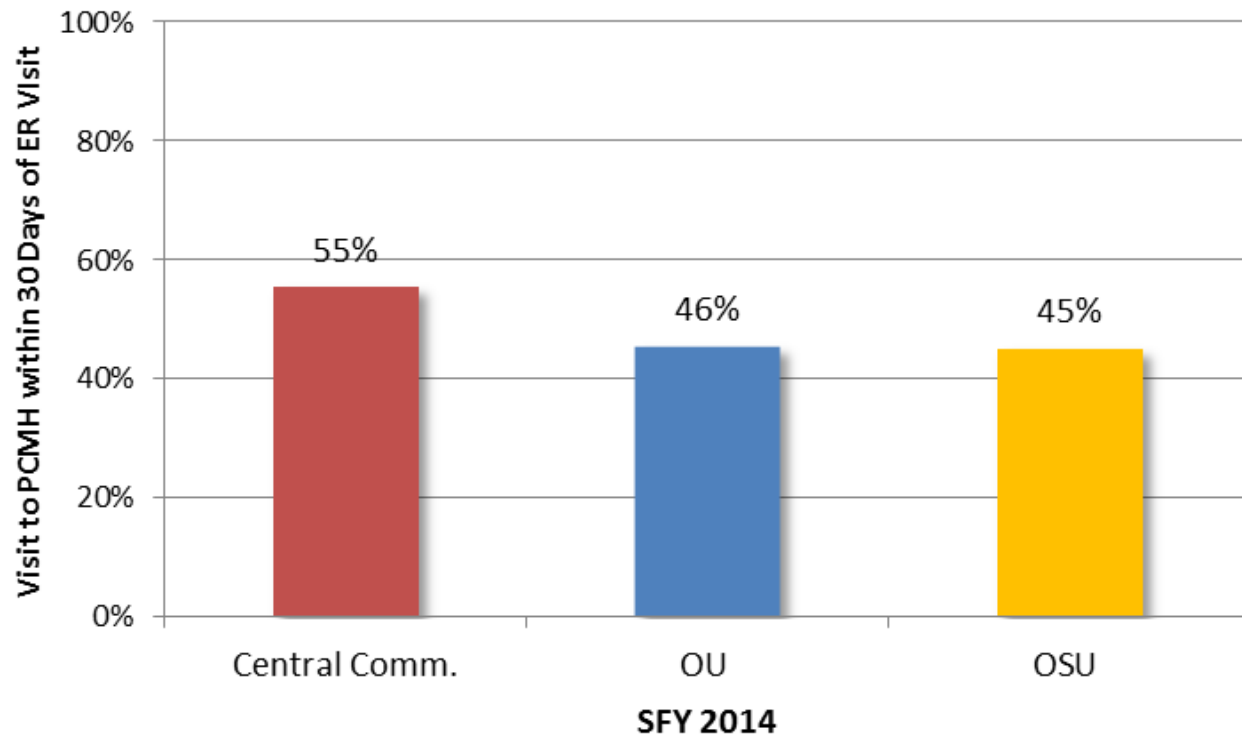
Source: OHCA paid claims data



# HEALTH ACCESS NETWORKS - 2014

## Post ER Visit to PCMH by Organization

- ▶ Central Communities HAN recorded a significantly higher post-ER PCMH visit rate than the other two HANs in SFY 2014

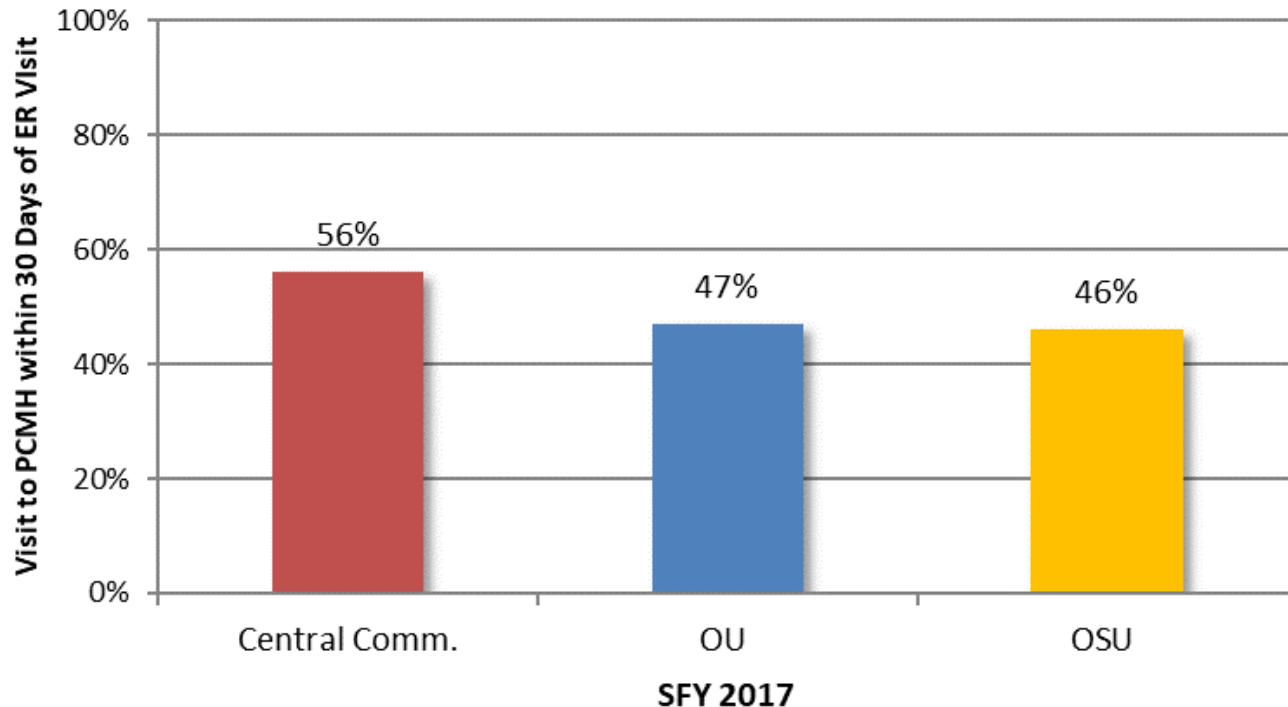


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2017

## Post ER Visit to PCMH by Organization

- ▶ The results were nearly unchanged in SFY 2017

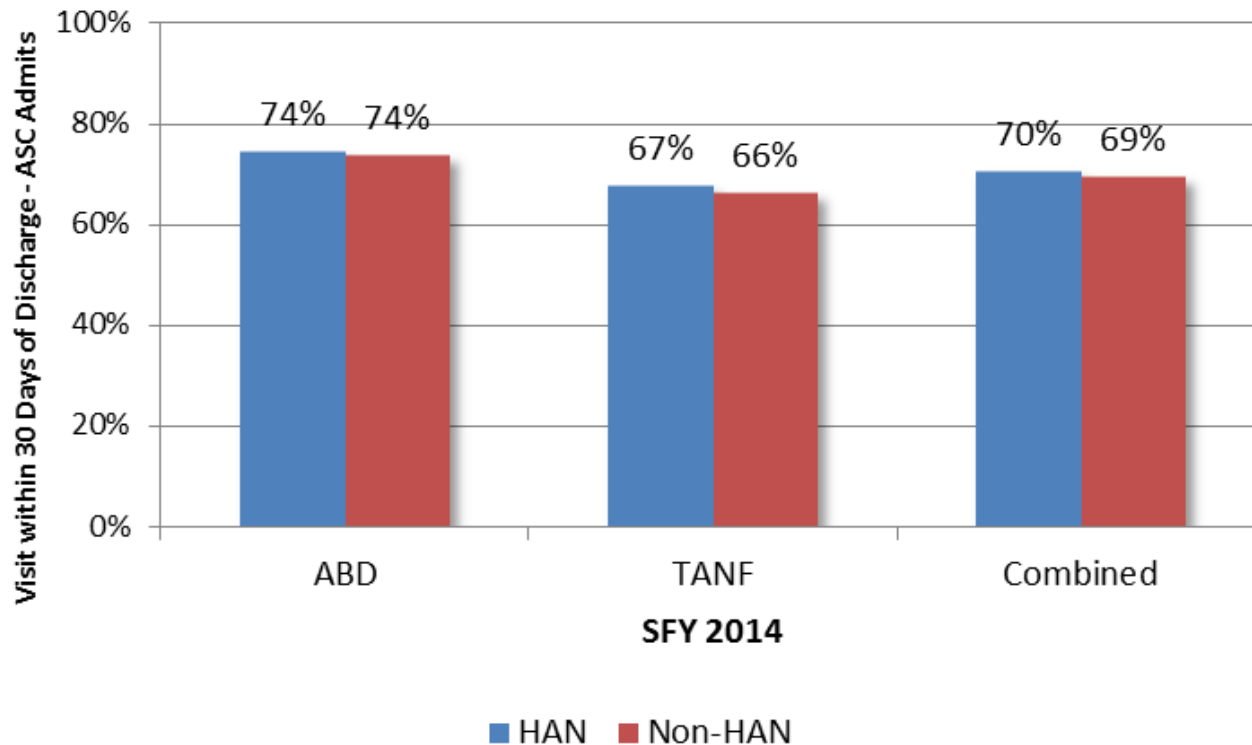


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS – 2014

## HAN and non-HAN – Post-Discharge Visit to PCMH

- ▶ HAN and non-HAN members were equally likely to see their PCMH provider within 30 days of discharge in SFY 2014 (Ambulatory Sensitive Conditions)

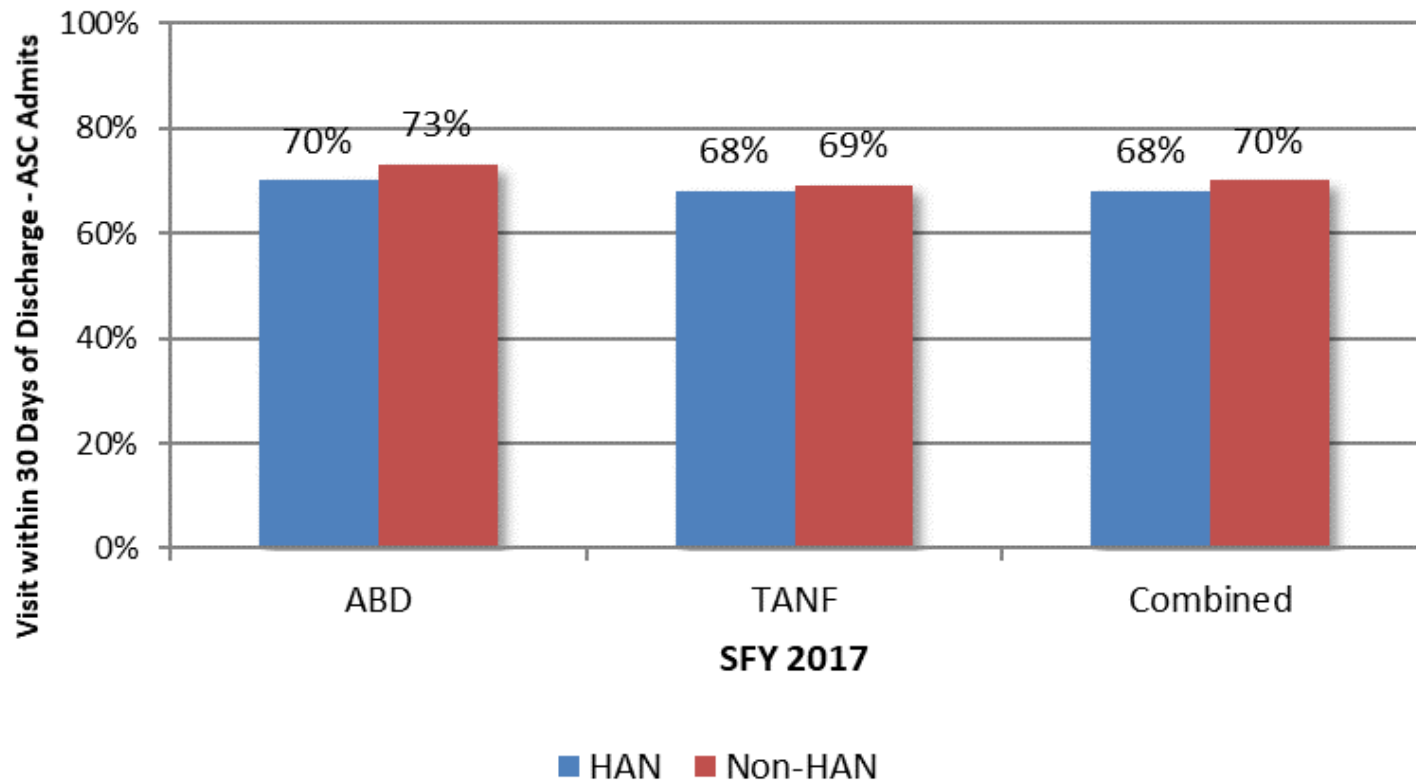


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS – 2017

## HAN and non-HAN – Post-Discharge Visit to PCMH

- ▶ The post-discharge visit rates were very similar in SFY 2017

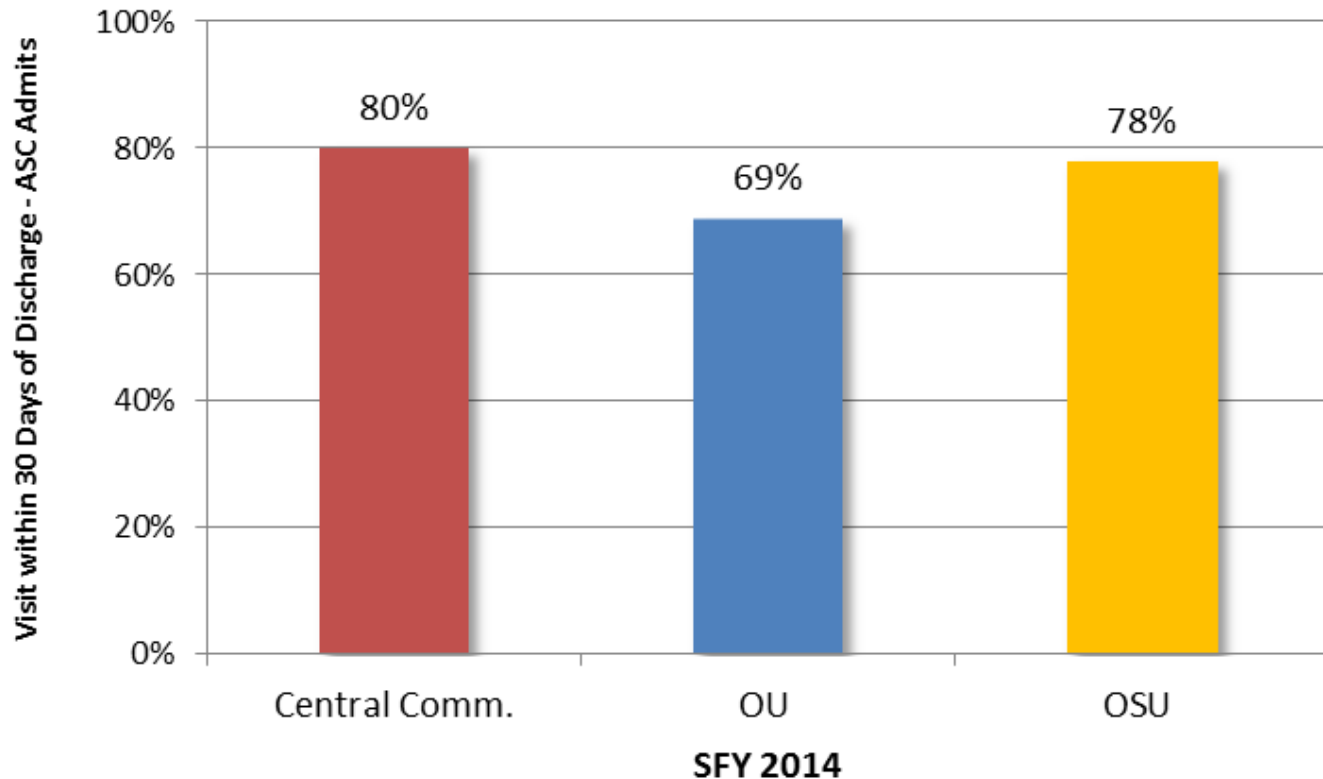


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2014

## Post Discharge Visit to PCMH by Organization

- ▶ Central Communities HAN recorded a significantly higher post-discharge PCMH visit rate than OU Sooner HAN and a slightly higher rate than OSU

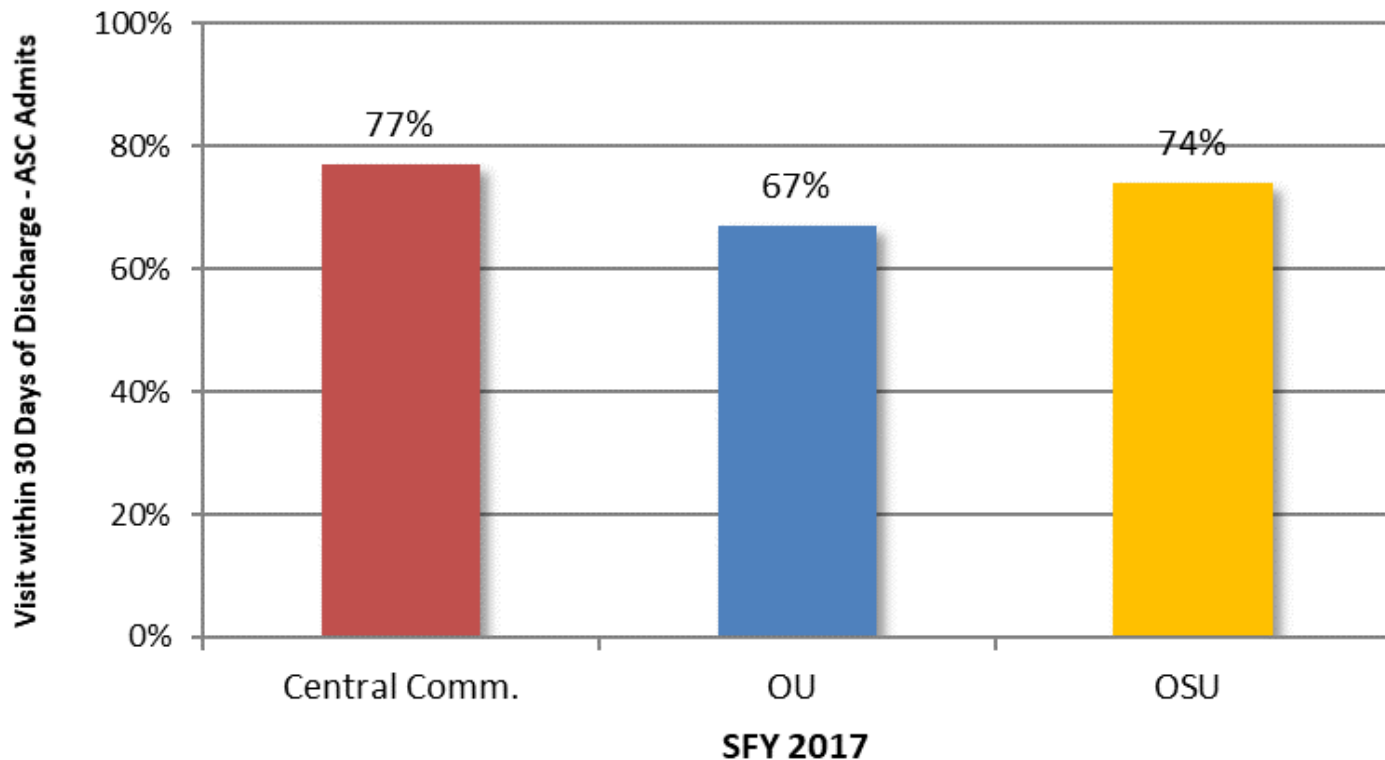


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2017

## Post Discharge Visit to PCMH by Organization

- ▶ The comparative rates were nearly identical in SFY 2017

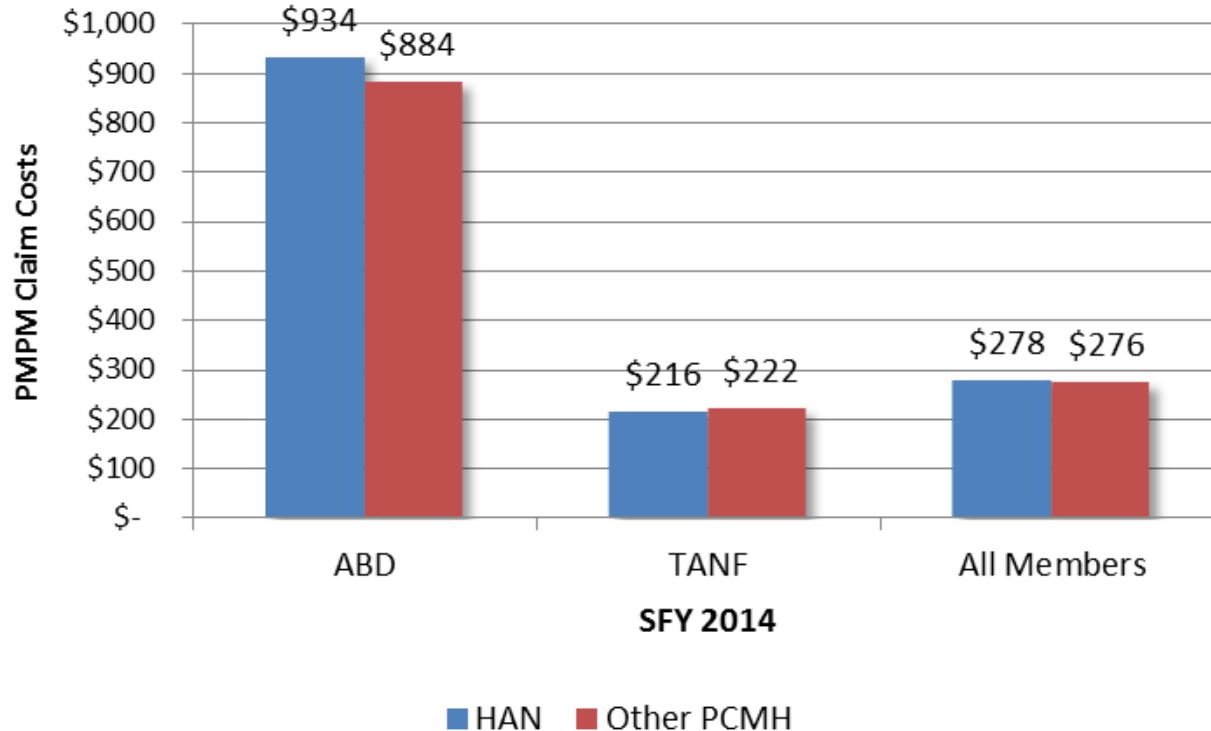


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2014

## HAN and non-HAN PMPM Claim Costs

- ▶ HAN ABD members had moderately higher claim costs than their non-HAN counterparts in SFY 2014; overall PMPM costs (ABD and TANF) were almost identical



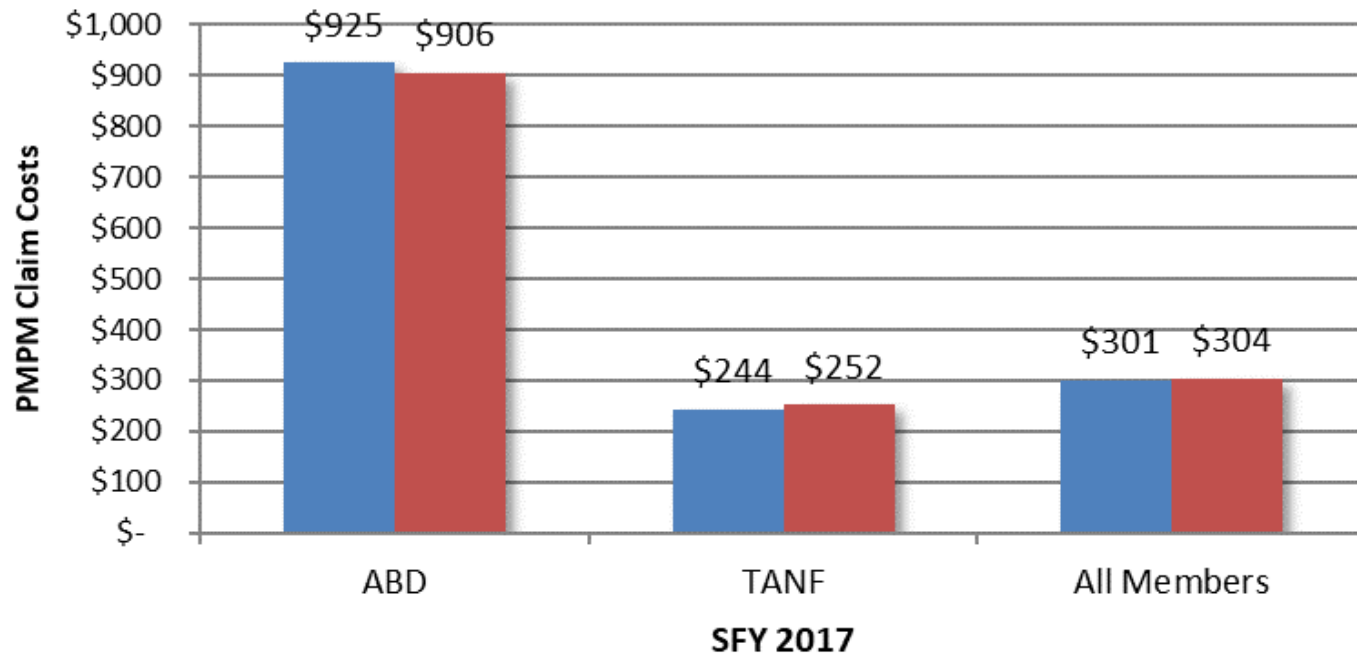
Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2017

## HAN and non-HAN PMPM Claim Costs

- ▶ Results were very similar for SFY 2017, although overall HAN costs were slightly below non-HAN costs, a reversal from 2014

*Note – gap is smaller than shown in 2016 annual report to CMS - researching*



Source: OHCA paid claims data

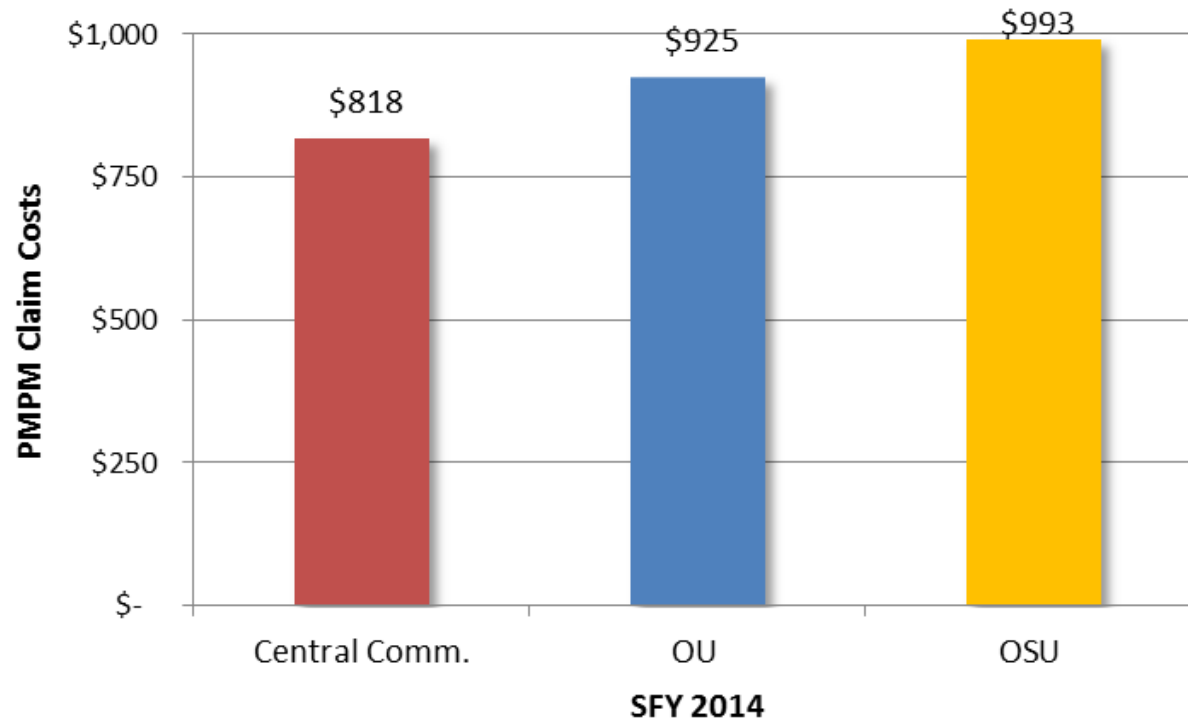
■ HAN ■ Other PCMH



# HEALTH ACCESS NETWORKS - 2014

## HAN PMPM Claim Costs by Organization (ABD)

- ▶ Central Communities registered significantly lower PMPM claim costs for ABD members than the other two HANs in SFY 2014

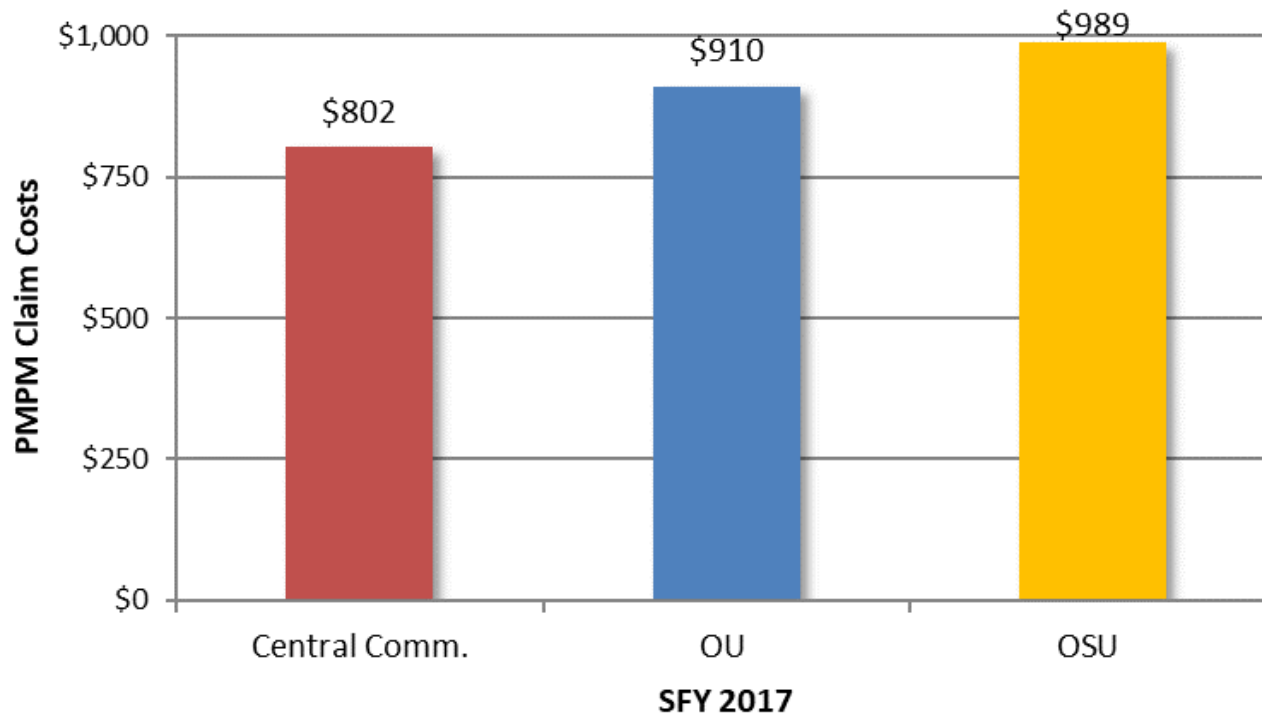


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2017

## HAN PMPM Claim Costs by Organization (ABD)

- ▶ Central Communities continued to have the lowest ABD costs in SFY 2017

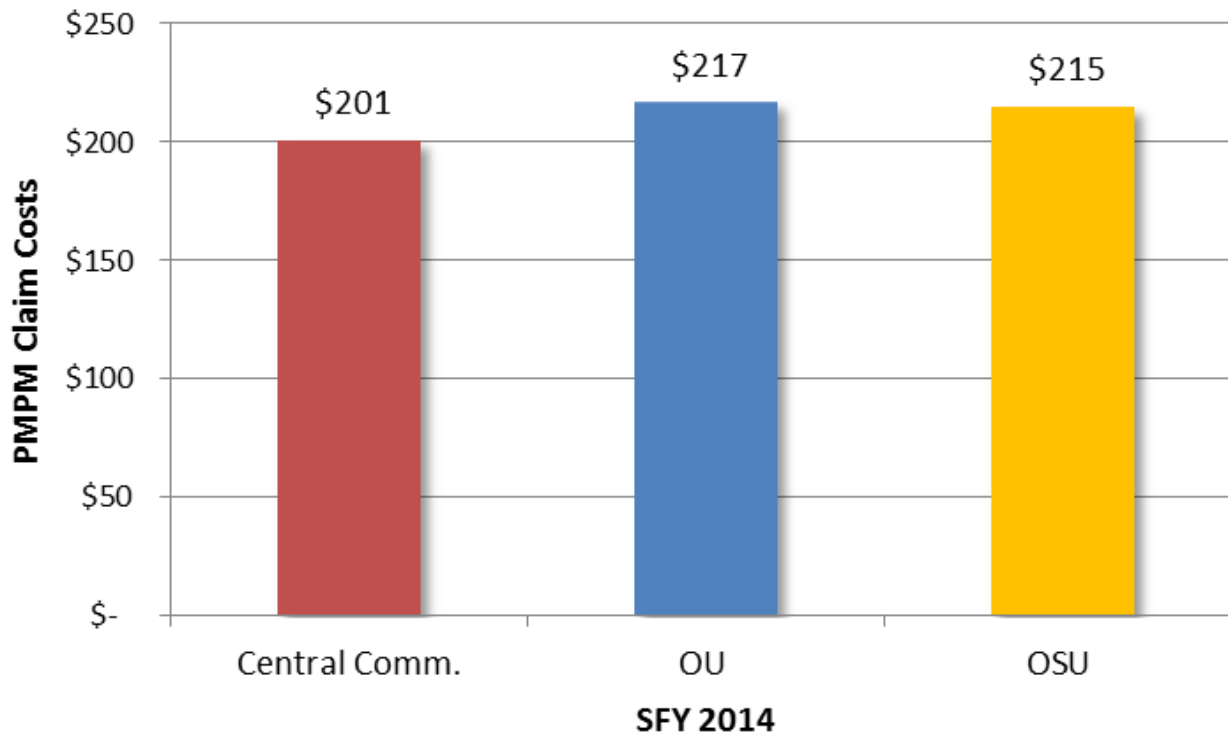


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2014

## HAN PMPM Claim Costs by Organization (TANF)

- ▶ Central Communities also registered significantly lower PMPM claim costs for TANF members in SFY 2014

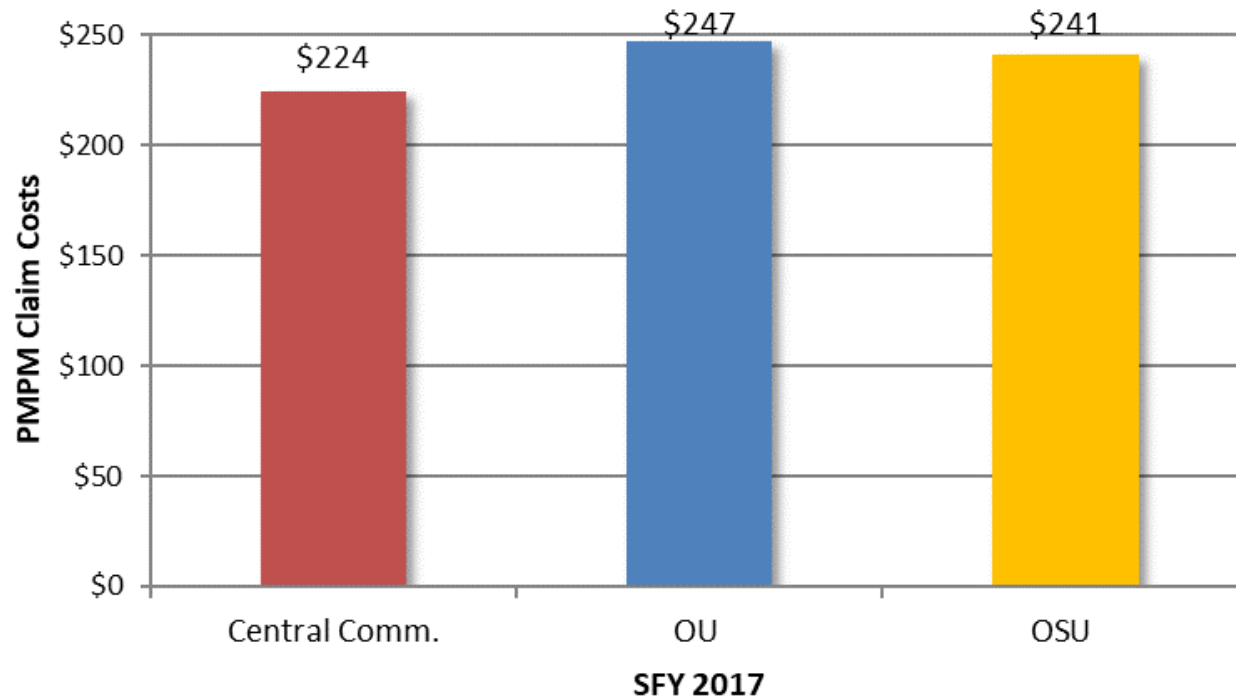


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2017

## HAN PMPM Claim Costs by Organization

- ▶ The gap between Central Communities and other HANs continued in SFY 2017

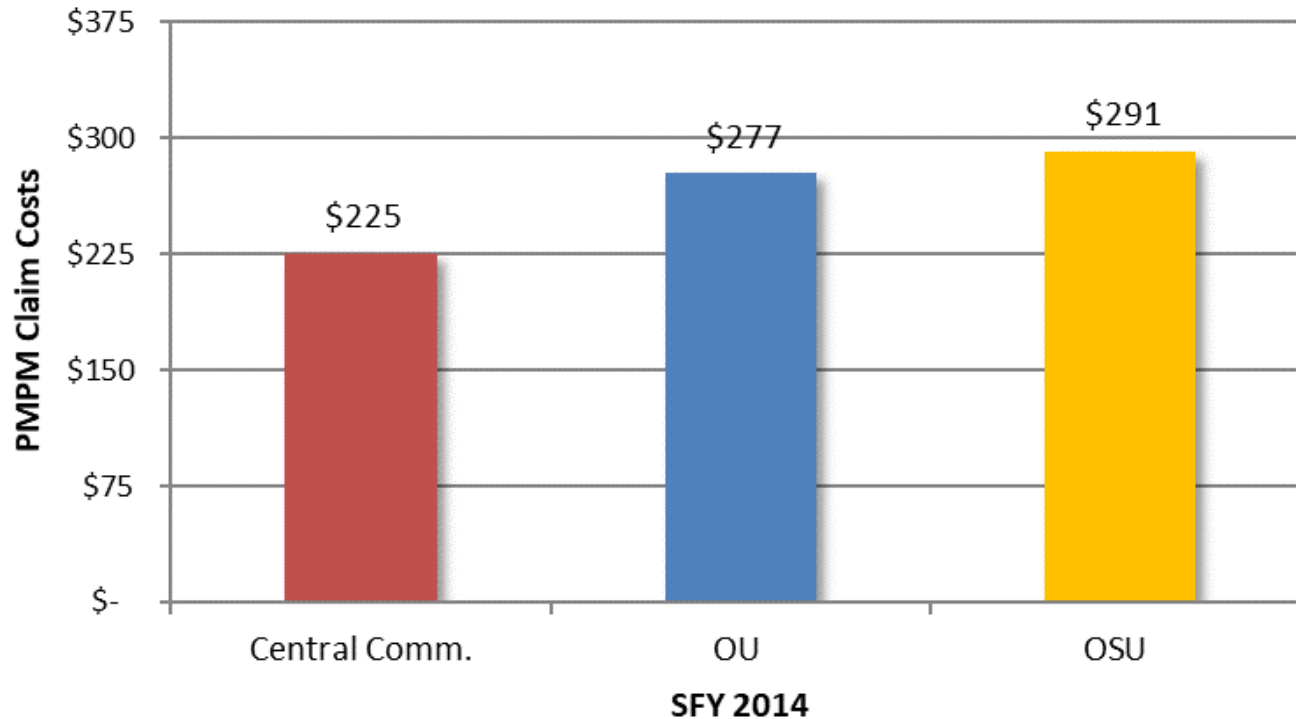


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2014

## HAN PMPM Claim Costs by Organization (All)

- ▶ PMPM claim costs for all members (ABD and TANF)

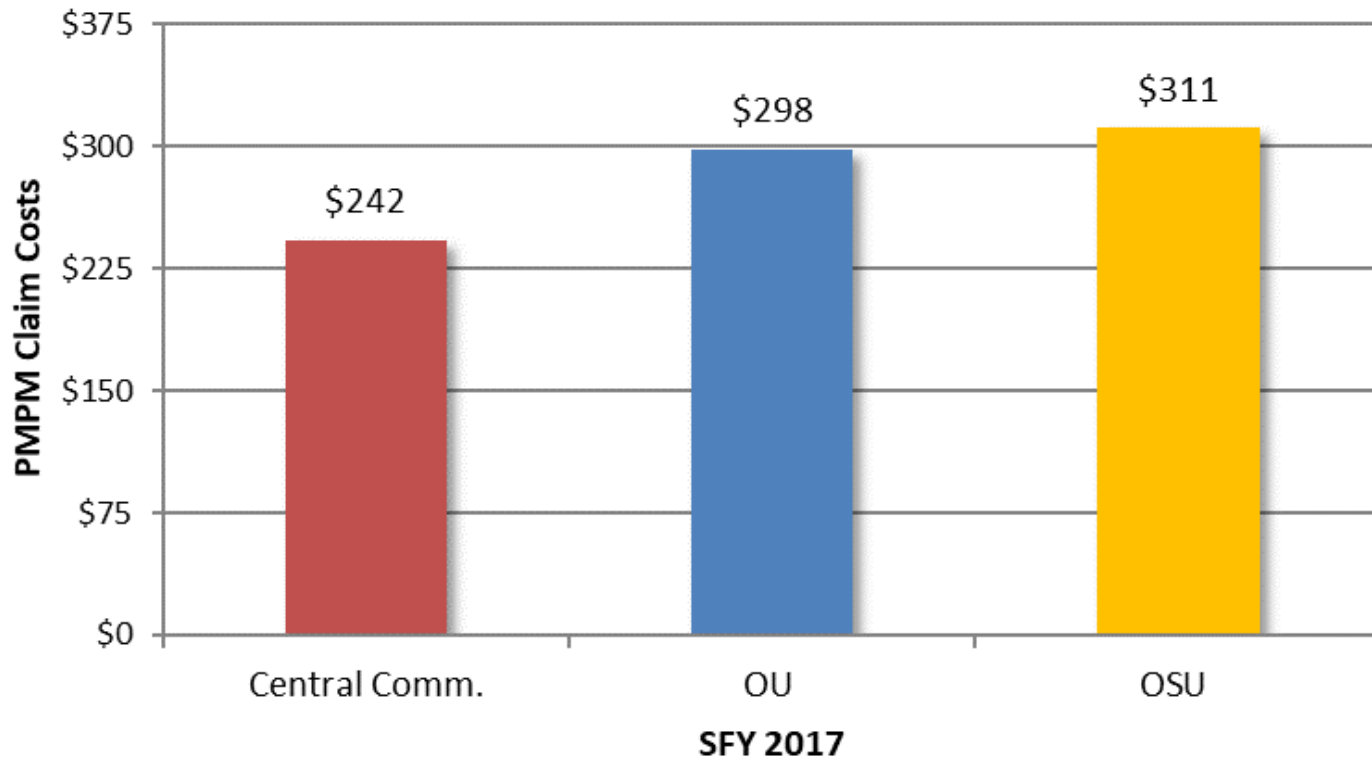


Source: OHCA paid claims data

# HEALTH ACCESS NETWORKS - 2017

## HAN PMPM Claim Costs by Organization

- ▶ PMPM claim costs for all members (ABD and TANF)



# QUALITY OF CARE - HEDIS

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## **HEDIS Measures (2014 “Priorities”)**

<b>Children/Adolescents</b>	<b>Adults</b>
Access to PCP – children (by age cohort)	Access to preventive/ambulatory health services
Access to PCP – adolescents	Breast and cervical cancer screening
Lead screening in children	Comprehensive diabetes care (multiple measures)
Appropriate medications for treatment of asthma (children)	Appropriate medications for treatment of asthma (adults)

The great majority of rates have improved since 2014 (11 out of 17), although Oklahoma continues to lag the national benchmark for many measures (sometimes due to use of administrative data)

# QUALITY OF CARE - HEDIS *cont'd*

## Prevention Measures

HEDIS Measure	2014	2017	Change 2014 - 2017	National Median Rate	OK versus National
Child access to PCP, 12 -24 months	96.2%	96.1%	↓0.1%	95.2%	+0.9%
Child access to PCP, 25 months - 6 years	89.0%	90.0%	↑1.0%	87.7%	+2.3%
Child access to PCP, 7 - 11 years	90.9%	92.0%	↑1.2%	90.9%	+1.1%
Adolescent access to PCP, 12 - 19 years	92.7%	92.8%	↑0.1%	89.6%	+3.2%
Lead screening in children	47.6%	56.3%	↑8.7%	67.6%	-10.3%



# QUALITY OF CARE - HEDIS *cont'd*

## Prevention Measures

HEDIS Measure	2014	2017	Change 2014 - 2017	National Median Rate	OK versus National
Adult access to preventive/ ambulatory services, 20 – 44 years	81.9%	80.8%	↓1.1%	77.3%	+3.5%
Adult access to preventive/ ambulatory services, 45 – 64 years	87.7%	90.4%	↑2.7%	85.5%	+4.9%
Breast cancer screening rate	36.5%	39.5%	↑3.0%	50.0%	-11.5%
Cervical cancer screening rate	47.5%	42.3%	↓5.2%	48.2%	-5.9%

# QUALITY OF CARE - HEDIS *cont'd*

## Diabetes Measures

HEDIS Measure	2014	2017	Change 2014 - 2017	National Median Rate	OK versus National
Hemoglobin A1C testing	71.9%	72.8%	↑0.9%	83.9%	-11.1%
Eye exam (retinal)	26.3%	28.0%	↑1.7%	54.9%	-26.9%
LDL-C screening	63.4%	64.6%	↑1.2%	---	---
Medical attention for nephropathy	53.4%	53.1%	↓0.3%	89.9%	-36.8%

# QUALITY OF CARE - HEDIS *cont'd*

## Asthma Measures

HEDIS Measure	2016	2017	Change 2014 - 2017	National Median Rate	OK versus National
Appropriate medications for treatment of asthma, ages 5-11	90.3%	90.1%	↓0.2%	90.6%	-0.5%
Appropriate medications for treatment of asthma, ages 12-18	82.3%	81.9%	↓0.4%	86.4%	-4.5%
Appropriate medications for treatment of asthma, ages 19-50	61.9%	61.9%	0.0%	74.1%	-12.2%
Appropriate medications for treatment of asthma, ages 51-64	61.8%	62.0%	↑0.2%	71.0%	-9.0%