

Ohio

Advancing the Medical Home Model for Children and Youth Created in Collaboration with the National Academy for State Health Policy

The National Center for Medical Home Implementation (NCMHI) and the National Academy for State Health Policy (NASHP) are collaborating on the development of state profiles designed to highlight public programs implementing and advancing the medical home model in pediatric populations. These updates are part of a formal partnership between NASHP and the NCMHI that focuses on exchanging information to improve medical home access for children and youth in medically underserved populations. If you have any questions about the information included in the updates, contact medical_home@aap.org. The NCMHI is a cooperative agreement between the American Academy of Pediatrics and the Maternal and Child Health Bureau of the Health Resources and Services Administration.

In December 2014 Ohio was awarded a two-year, \$75 million State Innovation Model (SIM) testing grant to transform the state's healthcare system. As part of this grant, Ohio is launching two statewide health care transformation models that will work in partnership with an existing multi-payer coalition and Medicaid managed care plans. One goal of the SIM grant is to enroll 80-90 percent of Ohio's total population in value-based payment programs.

Two key components of the SIM grant include a patient-centered medical home (PCMH) program and an episode-based payment initiative. Implementing these two components in tandem will encourage care coordination, integration across multiple care settings, and encourage joint accountability for care coordination.

To date, the state has no required certification or recognition for practices to serve as PCMHs. In order to successfully implement the PCMH program, the project is implementing strategies to addressing workforce shortages in health care for adult and pediatric populations.

PROGRAM COMPONENTS : WORKFORCE DEVELOPMENT

Under the SIM testing grant, the Governor's Office of Health Transformation is developing an adequate and well-trained health care workforce that will meet state residents' needs. The SIM testing grant builds off an existing workforce development program in Ohio established in 2013 through the Ohio medical home statute. The SIM testing grant workforce development program includes the following components:

- Aligns health sector workforce programs with advanced primary care, such as the state's Comprehensive Primary Care Initiative (CPCi) which seeks to improve the delivery of patient-centered care and population health, and, as a result, re-focuses \$100 million in Medicaid graduate medical education to support health sector workforce priorities and the implementation of promising practices in care delivery.
- Funds 50 Patient Centered Medical Home Education Pilot sites and 50 Pediatric Education Pilot sites.
- Increases medical and nursing education in the context of medical home, in order to improve primary care delivery and clinician training.

As a result of Ohio's Education Pilots, the number of recognized PCMHs has grown to over 500 sites. Medical students, residents, and nurses work in recognized PCMH practices to learn how to operationalize components of the medical home model. Other accomplishments from the pilots related to workforce development include the following:

- The development of a PCMH Education Advisory Group at the Ohio Department of Health. The group communicates regularly with partners and stakeholders through a comprehensive Web site.
- A curriculum for teaching medical students and nursing students how to deliver care within the patient-centered medical home model to patients and families.



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PAYMENT MODEL: EPISODE BASED PAYMENT

The Ohio SIM project plans to use an episode-based payment model in combination with patient-centered medical home implementation to strengthen the foundation for total cost of care and accountability. This payment model, outlined in the state's Episode-based Payment Charter, encourages coordinated and cost effective care by holding a single provider or entity accountable for all services provided over a certain episode of care rather than specific visits or procedures.

In March 2016 the state reported on 13 episodes including a perinatal episode and asthma acute exacerbation. In 2016, Ohio will design episodes for both behavioral and physical health in 2016 that will be launched in 2017. The goal is to have up to 50 episodes in a multi-payer environment by the end of the SIM grant.

Ohio's Office of Health Transformation has also standardized quality measures across multiple payers for PCMH and episode-based payment models. The list of measures addresses preventive care, appropriate care, and behavioral health and encompasses both pediatric and adult populations. Examples of pediatric-related measures include the following:

- Well-child visits in the first 15 months as well as 3, 4, 5, and 6 years of age
- Adolescent well-care visits
- Weight assessment and counseling for nutrition and physical activity for children and adolescents
- Medication management for asthma
- Follow up after hospitalization for mental illness
- Preventive care and screening for tobacco use; screening and cessation intervention

Only metrics that can be measured through claims data will be used in the initial rollout of PCMH. Over time, as the PCMH matures, hybrid measures will be required. The goal of creating core quality measures is to define, measure, track and pay for quality in ways that create value for all stakeholders and to reduce the reporting burden for providers.

OUTCOMES

Ohio's SIM project program is still in the initial stages. A final report on year one of Ohio's SIM project is not expected until 2017.

FAST FACTS:

- 1,386,824:** The number of children enrolled in Medicaid and CHIP in Ohio in FY2014
- 90.2% :** The participation rate for children eligible for the Ohio Medicaid/CHIP in 2013
- 88.3%:** The national participation rate for those eligible for the CHIP program