

January 22, 2015

Presentation

- Summary: Introducing the OSIM grant, it's parameters, proposed timeline, and alignment with OHIP goals and strategies

Discussion

- **Question: about focus group specifics, who would be attending, OSIM personnel's roles in the focus groups?**
 - Explained that new OSIM personnel (director and coordinator) would be participants in the groups and relay information to stakeholders
- **Discussed that our new goal was re-aligned due to new 2013 data about preventable hospitalizations and hospital admission rates**
- **Question: where does preventable hospitalization data come from, what is the definition of preventable hospitalization?**
 - Discussed Oklahoma's high preventable hospitalization rates, which have decreased in the past year from 1,852 to 1,656 while ER visits have increased from 488 to 500
 - Data come from the Health Care Information division in OSDH which come from hospital records, preventable hospitalization refers to hospital admissions that derive from health care issues that could have been prevented through self-management such as diabetes, asthma, dehydration, hypertension
 - 52,000 <- estimated number preventable hospitalizations in OK in 2013
 - Oklahoma has the 12th highest hospitalization rate in the US
- **Question: How does mental illness factor into preventable hospitalization rates, and/or hospital admits in general?**
 - Yes, mental illness plays a huge role in high hospitalization rates. Comorbidity conditions (multiple illnesses intertwined with each other such as physical and mental) are common in OK
 - Medicaid has been working on interventions to self-manage personal behavioral health issues to reduce negative outcomes
 - Discussed that behavioral health is a flagship issue outlined in OHIP, and is outlined in tactics 9, 10, and 11 of the packet
 - Mentioned that as many as 1/3 of hospital admissions via initial ER encounter is relates to problems due to mental illness
 - Discussed future Urgent Care Model outlook on behavioral health, psychiatric distress cases wherein an individual can spend 23 hours in a behavioral health specific urgent care center as opposed to being admitted to a hospital ER which will drive down costs, potentially increase quality of care to patient experiencing psychiatric problems, save space for those in ER with physical health needs

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- **Question: Does anyone have/ know how to get data on Urgent Care centers such as their admittance rates?**
 - Variety Care and Absentee-Shawnee (Tribal) health facilities have added urgent care / afterhours clinic in hopes to increase access to care and decrease ER visits
 - Variety Care has 4 centers that currently offer evening hours, 2 of which offer evening hours every weekday until 7, and the main variety care center is open 7 am to 9 pm Monday through Friday and 10 am to 4 pm Sat/Sun
 - There is an overall increased need for healthcare services available after working hours
 - Issues- cost problems associated with aftercare hours, paying medical staff overtime for longer shifts, etc.

- **Discussion about the need for aftercare hours, alternative health options for SoonerCare/Medicaid/ low-income populations**
 - Study of the 9 main ER hospitals in OKC found that over 300,000 consultations required the lowest acuity of care, resulting in primary care deliveries such as tooth extractions
 - Study's purpose was to determine if individuals are attempting to receive pain medications from multiple hospitals, found instead that these individuals are relying on ER visits to address their primary care needs and are for the most part not hopping around in order to obtain more prescriptions (less than 20%)
 - Discussed copious, in-depth UDS data available regarding primary care and the adult populations
 - Feb 28th – new data will be added to UDS regarding primary care access and low-income populations at FQHCs

- **Question: can we get meeting dates/times on a calendar for everyone?**
 - Next meeting will be around March, after OSIM personnel get acclimated to new roles
 - Most group activity will kick off in July, when reports and assessments are submitted by the contractors
 - Statewide focus groups will most likely initiate in March

- **Question: possible to have a joint meeting with finance?**
 - That is possible, and we also potentially might have a meeting with all of the workgroups (Health IT, Finance, and Workforce) to discuss broader issues that affect all four efforts

- **Questions: how can we inform/include lawmakers in these discussions?**
 - Will brainstorm ideas to make this possible, also focus groups will address this issue on how to include key players

Follow-up requests:

OHIP Health Efficiency and Effectiveness Workgroup Meeting Notes

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- Members requested an email be sent out with next meeting date, notes, PowerPoint Presentation, and handouts from meeting today