



Governor's Office of
Health Transformation

Life in the Community: Person-Centered Health Transformation

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Governor's Office of Health Transformation

Olmstead Task Force
December 7, 2011

Health Care System Choices

Fragmentation

vs.

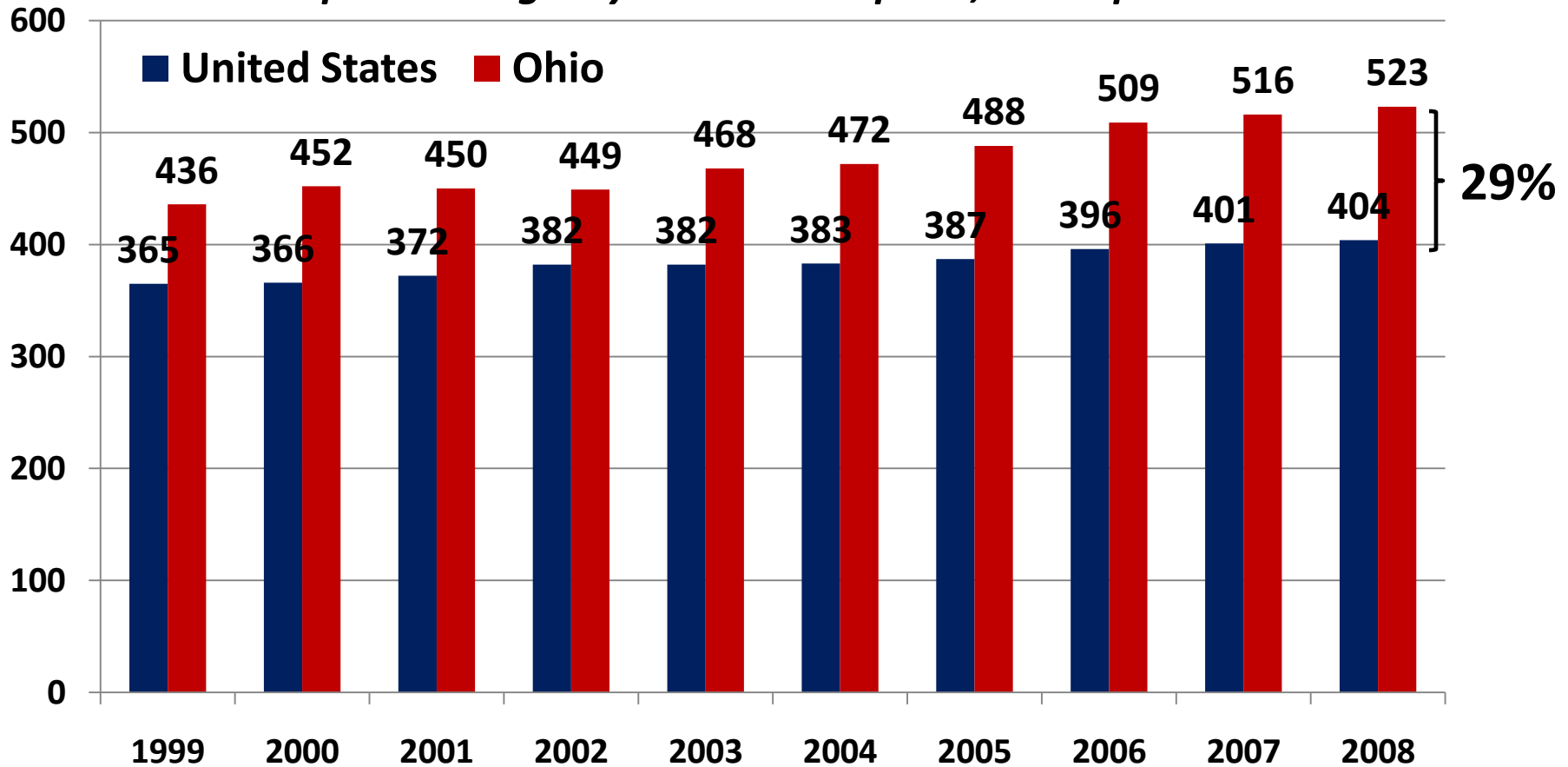
Coordination

- 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- Outdated information technology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: Emergency Department Utilization: Ohio vs. US

Hospital Emergency Room Visits per 1,000 Population



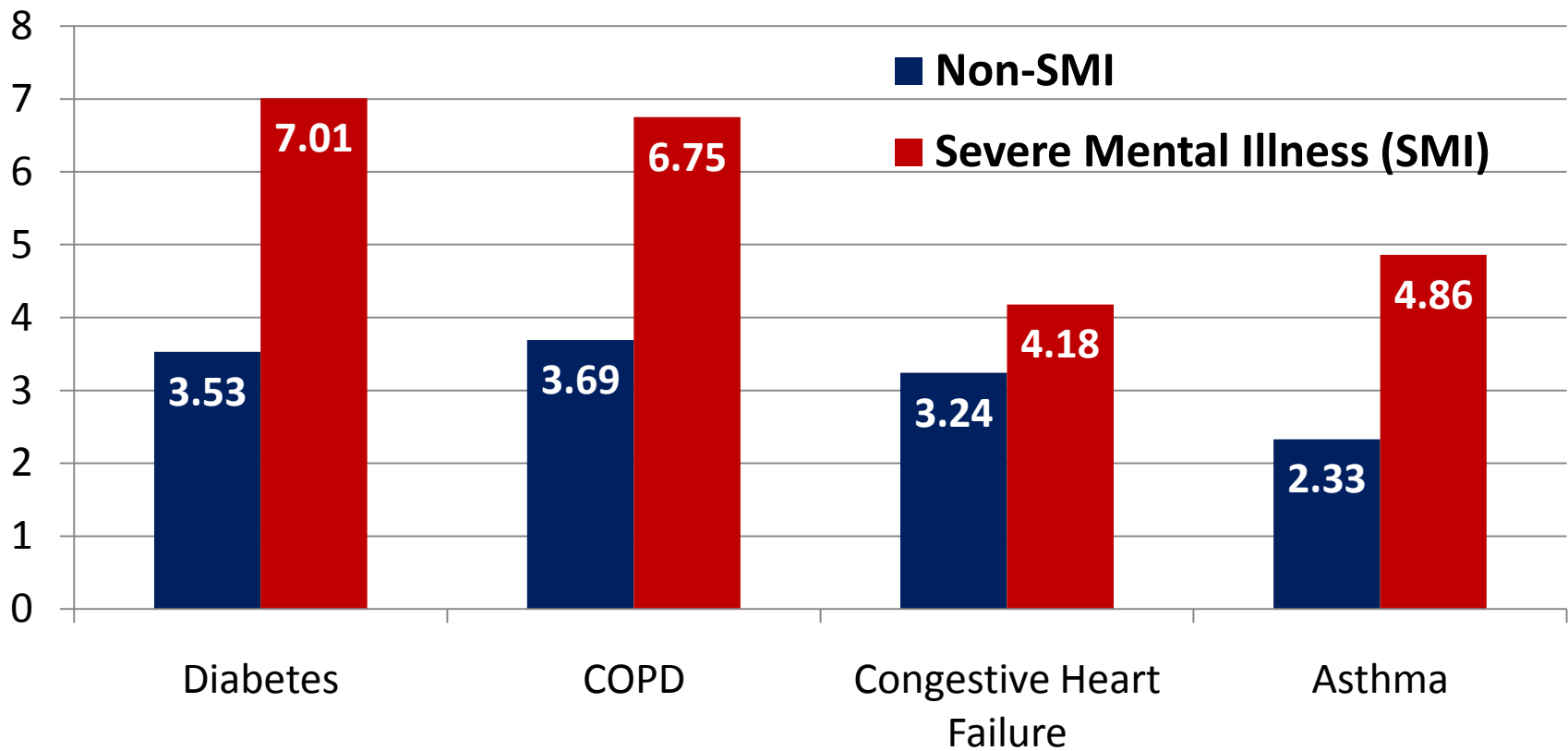
Source: American Hospital Association Annual Survey (March 2010) and population data from Annual Population Estimates, US Census Bureau: <http://www.census.gov/popest/states/NST-ann-est.html>.



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Medicaid Hot Spot: Hospital Admissions for People with Severe Mental Illness

Avoidable hospitalizations per 1000 persons for ambulatory care sensitive conditions (avoidable with proper treatment)



Our Vision for Better Care Coordination

- The vision is to create a person-centered care management approach – not a provider, program, or payer approach
- Services are integrated for all physical, behavioral, long-term care, and social needs
- Services are provided in the setting of choice
- Easy to navigate for consumers and providers
- Transition seamlessly among settings as needs change
- Link payment to person-centered performance outcomes

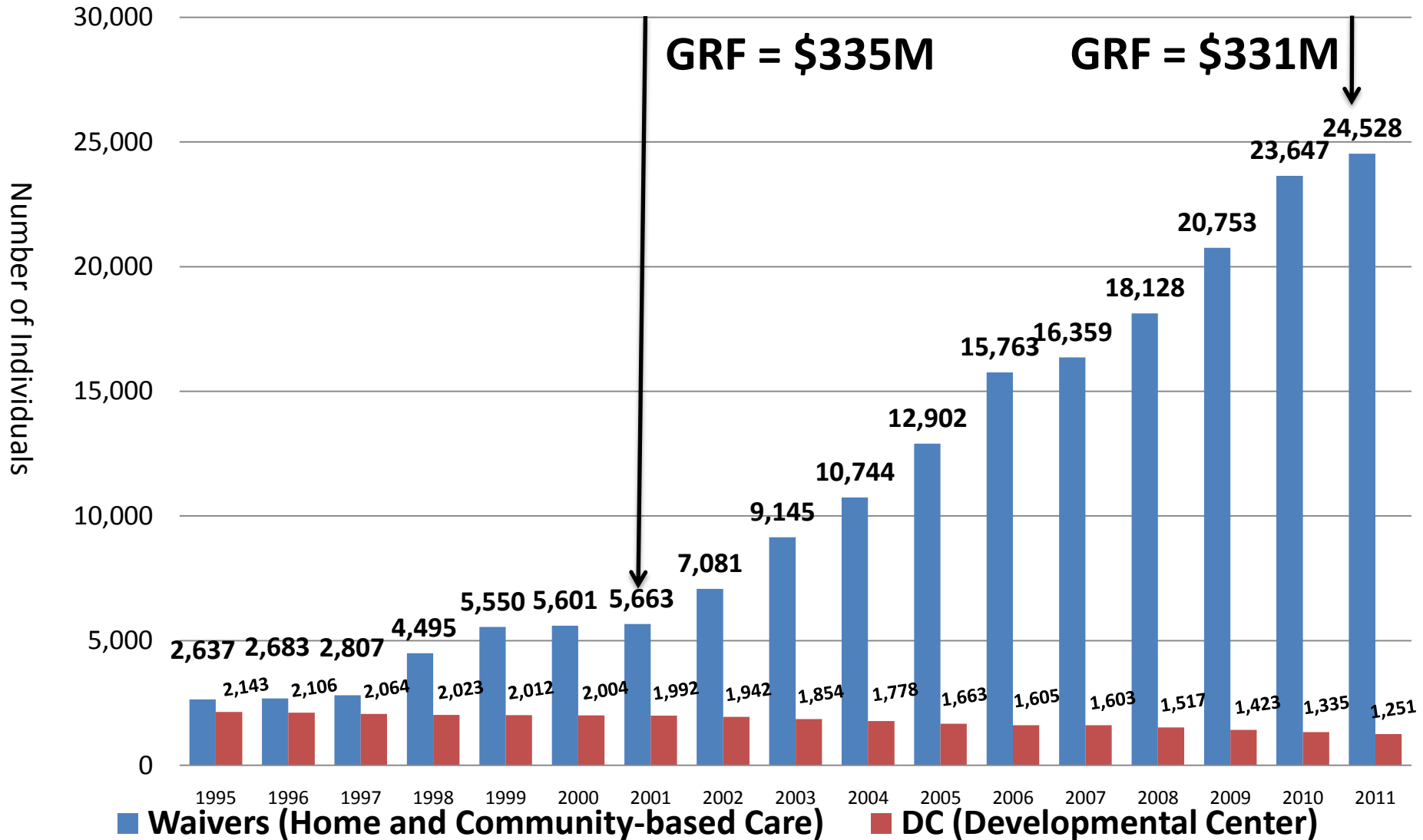
Health Transformation Priority:

Person-Centered Medicaid Redesign

- Rebalance long-term care
- Create health homes for people with mental illness
- Integrate Medicare/Medicaid benefits
- Streamline home/community services
- Modernize eligibility determination systems
- Coordinate housing, workforce, early childhood

www.healthtransformation.ohio.gov

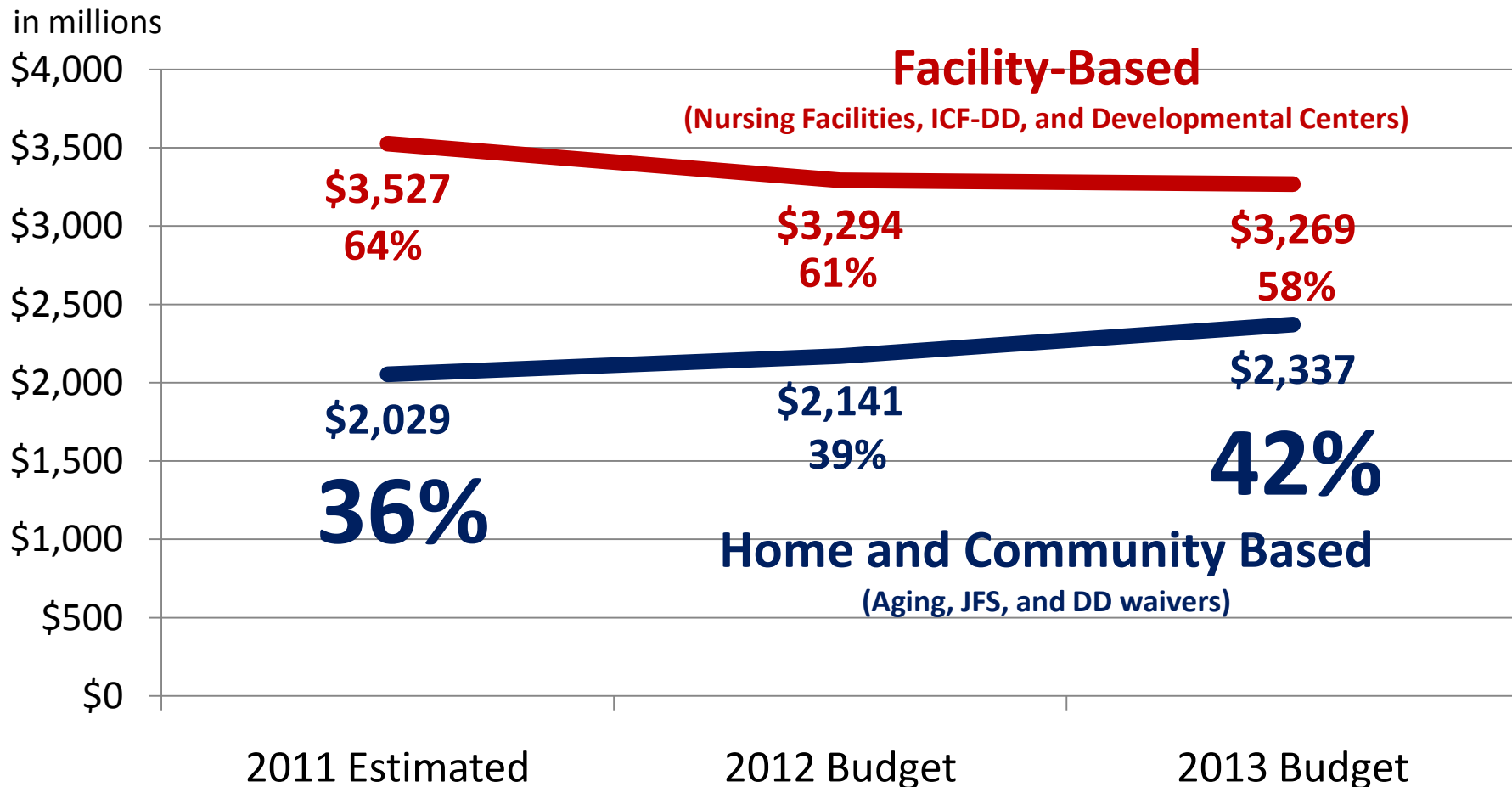
A Case Study in Transformation: Ohio Department of Developmental Disabilities



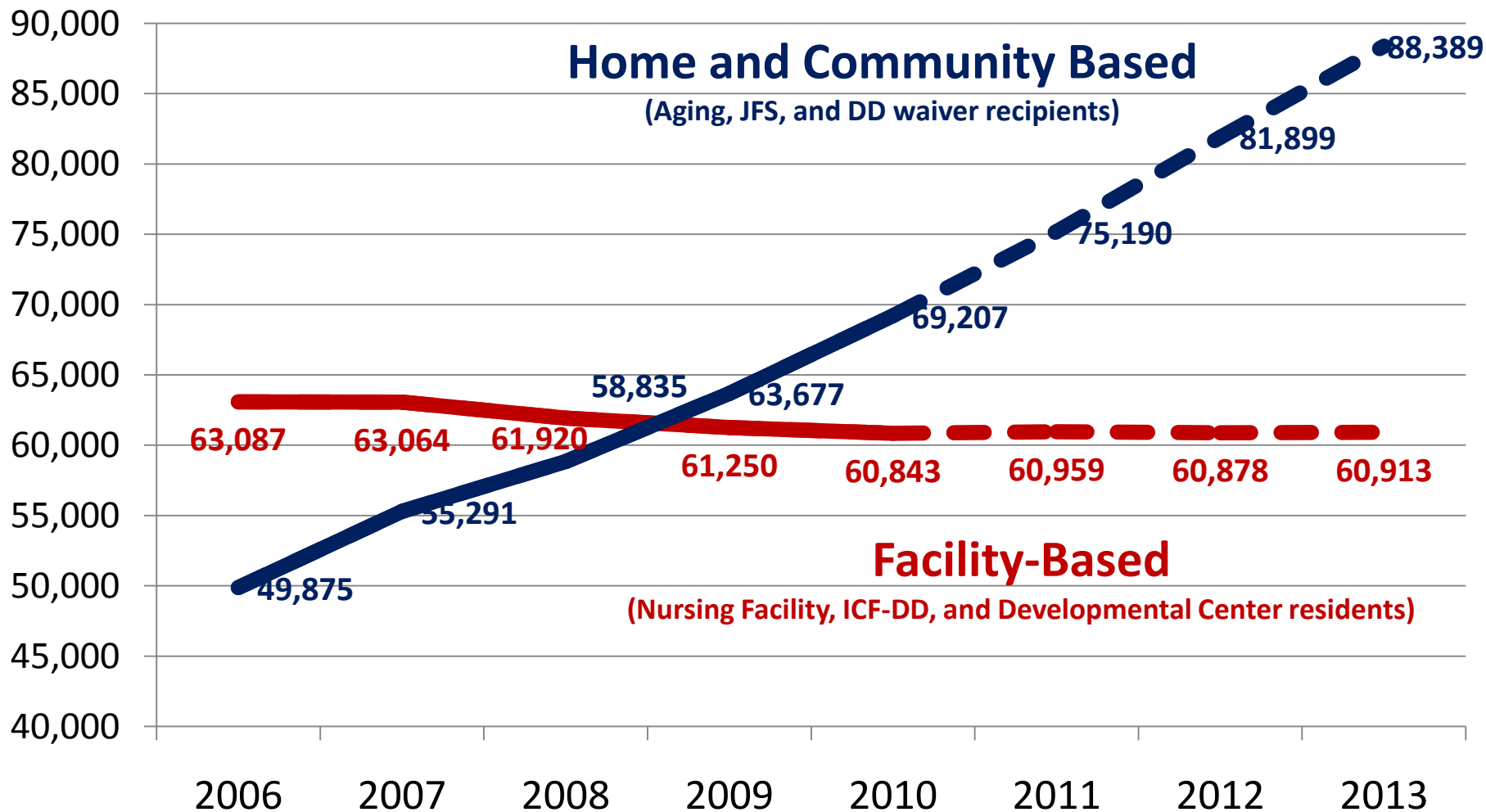
Don't let the fear of failure
prevent you from taking the
risk necessary to innovate.

— Governor John Kasich

Medicaid Budget: Rebalance Medicaid Spending on Institutions vs. Home and Community Based Services



Medicaid Budget: Ohio Medicaid Residents of Institutions Compared to Recipients of Home and Community Based Services



Person-Centered Medicaid Redesign: **Create Medicaid Health Homes**

- Authorized by the Affordable Care Act for state's to design person-centered systems of care
- Provides federal funds for intense care coordination for individuals who have multiple chronic conditions
- Creates an opportunity to integrate behavioral health and physical health care
- 200,000 Ohioans are potentially eligible for health homes for persons with serious mental illness



Person-Centered Medicaid Redesign: Health Home Stakeholder Process

- May 2011 – stakeholder process began
- Summer 2011 – small group meetings to develop a framework for health homes
- September 7 – 100+ person stakeholder meeting to review input from small groups; stakeholders said serious and persistent mental illness is a priority
- Late 2011 – behavioral-health focused meetings
- December 16 @ 1:00p – next stakeholder meeting to wrap up review and share all information collected



Person-Centered Medicaid Redesign:

Integrate Medicare/Medicaid Benefits

- The Affordable Care Act created “streamlined waiver authority” for state’s to coordinate Medicare/Medicaid
- Ohio is evaluating two models proposed by the federal government: managed care or enhanced fee-for-service
- Results of Ohio’s “request for information” here:
www.juf.ohio.gov/rfp/R1213078024/R1213078024.stm
- The Unified Long Term Systems and Services Advisory Group will serve as the advisory body for this project
- December 2011 – stakeholder process begins
- September 2012 – target date for final decisions



Person-Centered Medicaid Redesign: **Streamline Home/Community Services**

- Create one home and community based waiver that is seamless for persons with a nursing facility level of care
- Easy to access, similar eligibility standards, benefits adapt to needs over time, empowers individuals to be active participants in their care delivery, more efficient
- Align this project with the Medicare/Medicaid project
- November 9, 2011 – stakeholder process began
- December 15 @ 2:00p – next stakeholder call
- September 2012 – target date for final decisions