



Healthcare Efficiencies Study Committee Holds Final Hearing

September 22, 2015

For its fourth and final hearing, the Ohio House Healthcare Efficiencies Study Committee headed to the Cincinnati area Tuesday, where it heard from Ohio Department of Health (ODH) Director Richard Hodges. In addition, testimony was taken on the issues of children's health, innovative medical savings and population health.

Hodges addressed population health, telling the committee that the "health care environment is changing due to President Obama's Affordable Care Act, the extension of Medicaid coverage in Ohio, and efforts to increase value in health care spending in Ohio.

"Implications of this change include a greater emphasis on value over volume; on achieving efficiencies; on evidence-based practices; and on improving population health outcomes and the need for greater collaboration to achieve them.

"Public health must be part of this change. We should not change what we are about fundamentally in public health, but are refocusing on our core responsibilities, changing how we approach our work and how we operate to achieve the desired outcomes. ODH's core public health responsibilities are preventing and controlling the spread of infectious diseases; emergency preparedness and response; health improvement and wellness; health equity and access; environmental health; and smart regulation to assure quality health care services."

Likening public health's role to that of "chief health strategist," he highlighted the steps the current administration is taking by coordinating the work of a number of departments through its Office of Health Transformation (OHT). This means changes for ODH.

"We must align clinical programs with Medicaid and the federal exchange so that individuals served by these programs can benefit from more robust clinical care after transitioning to coverage," Hodges said. "Fewer Ohioans will need to utilize ODH's safety net programs as they transition to health insurance that covers the services they need, including those covered by the Children with Medical Handicaps Program, Ryan White HIV/AIDS Part B Program, Breast and Cervical Cancer Project, and Perinatal and Reproductive Health Services Program. As one of their primary tasks, our safety net programs and their subgrantees have been instructed to assist eligible Ohioans in enrolling in health care coverage."

This means expenditures in these areas will decline, but ODH "has implemented measures to capture expected savings." Programs that are being transitioned include the Immunization Program: "Beginning Jan. 1, 2016, ODH will no longer provide GRF funded vaccines to local health districts and other providers for covered individuals who are expected to bill private insurers and Medicaid to recoup the costs of providing such vaccines."

Hodges also mentioned the efforts around payment reform, the plan to move to patient-centered medical homes and episode-based payments for acute medical events.

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"ODH will embark on a new State Health Improvement Plan (SHIP) over the next 12 months, which will include aligning the SHIP with the State Innovation Model (SIM)," he said. "To ensure that alignment and to bridge from the previous SHIP, we are currently developing an addendum to the SHIP that will provide direction over the next year during this planning and collaboration period. Improving Ohio's health system performance, quality of care, and health outcomes requires close collaboration with Ohio's 122 local health jurisdictions, hospitals and other health care providers -- particularly in population health planning to support these efforts. ODH will be working with the Health Policy Institute of Ohio (HPIO) to join stakeholders in facilitating this collaboration in a systematic coordinated effort to examine population health."

Hodges also said the department is "targeting limited resources to communities with the greatest need." He specifically mentioned efforts around infant mortality and tobacco prevention and cessation.

ODH is also pursuing regional planning with the concomitant need for improved data.

Other testimony was presented by Tammy Mentzel, research associate at the University of Cincinnati; Steve Ringel, president of the Ohio Market for CareSource; Amy Kinnamon, president, Ohio Dental Hygienists Association; David Maywhoor, director of Dental Access Now!; Francie Wolgin, senior program officer for Interact for Health; Judith Warren, CEO of Health Care Access Now; Deb Woody, executive director of care management for Paramount Health Care; Barbara Terry, acting executive director of the Children's Home of Cincinnati; Dr. Richard Shonk, chief medical officer of the Health Collaborative; consultants Will Jones and Joe Zilka of SAS; Melissa Salamon of Legal Aid Society of Southwest Ohio, LLC; Patricia Baker of the Ohio Academy of Nutrition and Dietetics; Cathy Levine of UHCAN Ohio; Jeff Reichardt, state director for Pathnostics Labs; Tom Urban, president of Mercy Health Cincinnati; Dr. Anya Sanchez, enterprise director of special projects for UC Health; and Dr. Mona Mansour, director of primary care and school health for Cincinnati Children's Hospital Medical Center.

Levine addressed the issues of innovative medical savings and population health, telling the panel that, "Ohioans have a huge stake in achieving better care and improved population health and, therefore, structured involvement of consumers is critical to the success of improvement efforts. ... Excessive health care spending represents revenue for every stakeholder but the consumer," which is why it is so necessary to involve them in health care reform efforts. She said that "innovations" should not put more obstacles in the way of patients' obtaining the right care at the right time, advocating for the Patient Centered Medical Home (PCMH) model of care.

Levine added that all stakeholders must understand the elements that drive health care inflation, which she identified as the excessive unit price of health care; quality/necessity of services with "up to 30 percent of health care spending produc[ing] either no value or negative value (meaning harm); administrative waste; and poor population health."

In addition, she said that Ohio needs to increase its investment in population health, which she said requires a shift from "sick care" to a "culture of health. ... This requires shifting health care spending into prevention and evidence-based population health strategies, at the policy, public education and neighborhood/personal level." Among her suggestions were increasing the cigarette tax even more than already has been done; promoting greater collaboration among hospitals and local health departments in regard to the hospitals' "community benefit" obligation; and consult with the public health community about what needs to be done to improve population health.

Mansour told the committee that one step Cincinnati Children's Hospital has taken related to its Pediatric Primary Care Center clinics is to institute "walk-in ill access" and the opening of urgent care centers, cutting emergency department visits almost in half. "This translates into significant cost savings."

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Ringel likened the evolution of health care to that of banking 25 years ago. "The banking industry began using linked ATMs over 25 years ago. Today, you can manage your money across cities, states and even countries at the click of a mouse. The health care industry is ready for this type of interoperability. Through collaboration we will make this a reality."

Also testifying about the move toward "value based health care" was Urban of Mercy Health Cincinnati.

Dental care was the focus of testimony of both Maywhoor and Kinnamon. Maywhoor said that, "Access to oral health care is crisis in Ohio," calling it the "number one unmet health need for children and low-income adults." This is exacerbated by a shortage in dentists, which in Ohio will get worse over the next 10 years.

"Unless we make changes to Ohio's dental workforce, the result will exacerbate the access problems for underserved populations who forgo basic dental care because they don't live near a provider, they cannot pay for care, or they have a limited oral health care understanding and literacy," Maywhoor said.

"A more comprehensive and needed approach to the oral health care crisis is to expand the reach of our dental teams and bring down the cost of dental care. Public health dentists across the country and the world promote an evidence-based approach to expanding access to dental providers. Team-based dental care that includes skilled mid-level practitioners can increase access to quality care in a way that is proven and cost-effective. With the number of dental health professional shortage areas in Ohio on the rise, we need to modernize our dental practice laws to expand the dental care team to include mid-level providers who can treat dental disease," he said. He suggested adding a "dental therapist" to the dentistry team to provide preventive and routine dental care.

Kinnamon made the case for revising the scope of practice for dental hygienists, noting that in this field "supply is keeping up with demand. ... We believe that increased access to care does not mean a lower standard of care, but the utilization of a workforce degreed and licensed at a national standard determined by the Commission on Dental Accreditation. We recommend that the General Assembly take a comprehensive look at all medical and dental professional categories' scopes of practice in statute, including the utilization of dental therapists and current rules to assess if the current laws: 1) inhibit access to care, 2) stifle job creation by not creating maximum flexibility in respective practice acts."

Sanchez discussed the role telemedicine can play in health care, explaining that UC Health has incorporated telehealth services into a variety of pilot programs it is operating at this time. "Through the large-scale support of telehealth program pilots, and the systematic measurement, tracking and reporting of quality and cost data, we will determine the impact of telehealth technology on various care delivery models, and demonstrate that when applied appropriately, it results in improved quality at a lower cost," she said.

Written testimony was presented by Dr. R. Bradley Lucas, chief medical officer, Buckeye Health Plan.

Testimony is available on the Hannah News homepage at www.hannah.com >Document Collections (lower right column)>Other>Library.