

# OS-CHT Outcomes/Pathways Workgroup

February 10, 2014 conference call

1:00 – 2:45 pm

## DRAFT Summary

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### Workgroup Goal

Make recommendations to the Project Team at the February 19<sup>th</sup> meeting.

### Conference Call Participants

Tyler Flaumitsch, Convener Karen Joplin Paul Lindberg, Barb Seatter, Teri Thalhofer, Mark Thomas, Convener Dr. Frank Toda, Catherine Whalen, Chelsea Wooderson, Coco Yackley and Jim Jacks.

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### Top Tier Outcomes

Based on the Workgroup discussion and the information below, there is significant (though not unanimous) agreement that the top tier of outcomes for the “Hub” to pursue beginning in 2014 includes:

- Enrollment
- Developmental screenings
- Reenrollment

### Outcome Details (listed alphabetically by last name)

The following outcomes were mentioned during the report back section of the meeting or were emailed after the meeting.

#### Tyler F.

1. Enrollment - increasing the enrollment/re-enrollments rates and ensuring that people have coverage of some kind.
2. Developmental screening - increasing the amount of developmental screenings that are being carried out and completion by PCP, meaning referrals completed if needed.

#### Teri T.

1. Developmental screening
2. Enrollment
3. Reenrollment in coverage.

#### Mark T.

1. Insurance enrollment > establishing a primary care home > health risk assessment > establishing other care as indicated (mental, dental).
  - The point is to make sure people don't just get insurance (OHP or otherwise), but that they know how to use it to access needed services, especially primary care. You could build into this a health risk assessment, but that could also be the PCP's job. There is a goal of risk-stratification for newly insured so that they can be paired with appropriate supportive services asap. I recommend that we study other pathways models in this vein and not reinvent the wheel. Dr. Redding in Ohio comes to mind.
2. OHP re-enrollment
  - Several million dollars are at stake here. There will be an especially big seasonal push every January, when 20% of all Gorge OHP needs to re-up, but the work is ongoing, year round.

3. QIMS TBD (strong interest in developmental screening-ASQ)
  - I recommend that we study the 17 Quality Incentive Measures with a lens to consider the following:
    - a. Which ones were hardest to realize in 2013?
    - b. Which ones could be better realized by a network upstream to primary care?
    - c. Which ones have the most overlap with early learning hub measures/incentives?

In future years, I'd like to think about adding the following:

- Continuation of re-enrollment
- Additional QIMS, as needed
- Getting people to and completing prenatal care
- Completion of parenting classes
- Completion of diet, exercise, stress management classes

Barb S.

1. Enrollment
2. In 2015 Top 200 OHP
3. In 2016 health disparities

Dr. Frank T.

1. Reenrollment

Catherine W.

1. Enrollment in OHP and completed primary care visit in a medical home increased by \_\_\_%
2. Completion of early childhood assessments metric by \_\_\_\_\_%
3. Improvement in CCO metrics

Chelsea W.

1. Primary Family Dental Care: It's important that everyone have a dental home because oral health is an important factor that I feel gets overlooked by people of all age groups. Dental homes need to be established by people in order to receive dental care and follow up dental care to issues that may arise. Oral health contributes to overall health.
2. Primary Family Medical Care: Everyone should have a primary physician that knows the history of the patient from start to finish. It's important to seek care when needed and to also keep up on care to prevent/catch diseases or illnesses early on.
3. Improve School Readiness: This should encompass health, education, and families. A child who is not healthy will not learn or be ready for school.

I believe the first two could be lumped together into one. I also believe the third outcome could encompass different aspects such as the screening tools, developmental screening tools, dental and well child exams, since those are important aspects that help to prepare children for kindergarten.

Coco Y.

1. Developmental screening increase by 10 points
2. Enrollment reduce churn by 2%
3. ADHD exams