



Governor's Office of
Health Transformation

Better Health, Better Care, Cost Savings Through Improvement

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Ohio's Health System Performance

Health Outcomes – 42nd overall¹

- 42nd in infant mortality
- 37th in children who are overweight
- 44th in breast cancer deaths and 38th in colorectal cancer deaths

Prevention, Primary Care, and Care Coordination¹

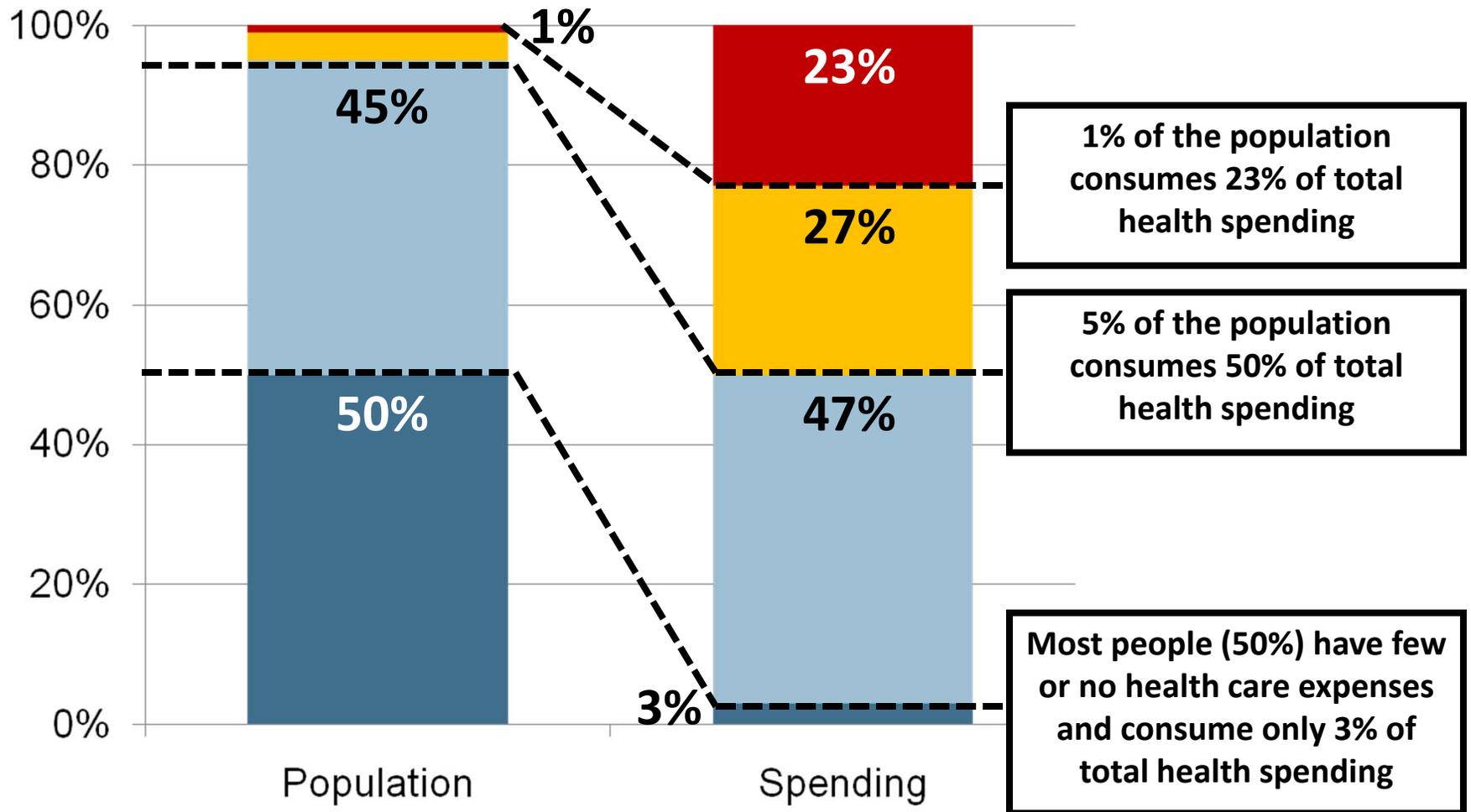
- 37th in deaths before age 75 that were preventable with appropriate care
- 44th in Medicare hospital admissions for preventable conditions
- 40th in Medicare hospital readmissions

Affordability of Health Services²

- 37th most affordable (Ohio spends more per person than all but 13 states)
- 45th most affordable for hospital care and 47th for nursing homes
- 46th most affordable Medicaid for seniors



A few high-cost, medically complicated cases account for most health care spending



Fragmentation

vs.

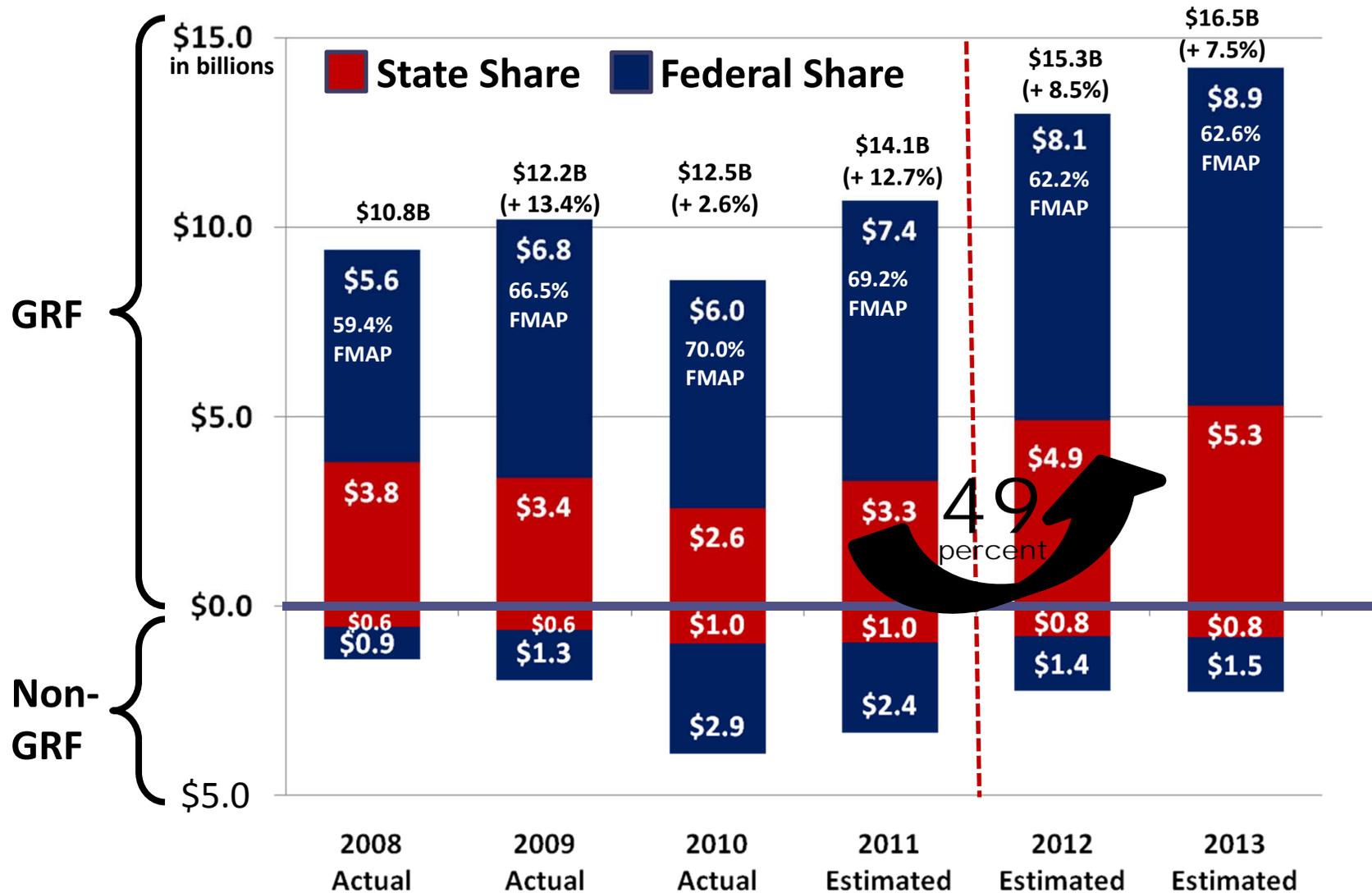
Coordination

- 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- Outdated information technology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



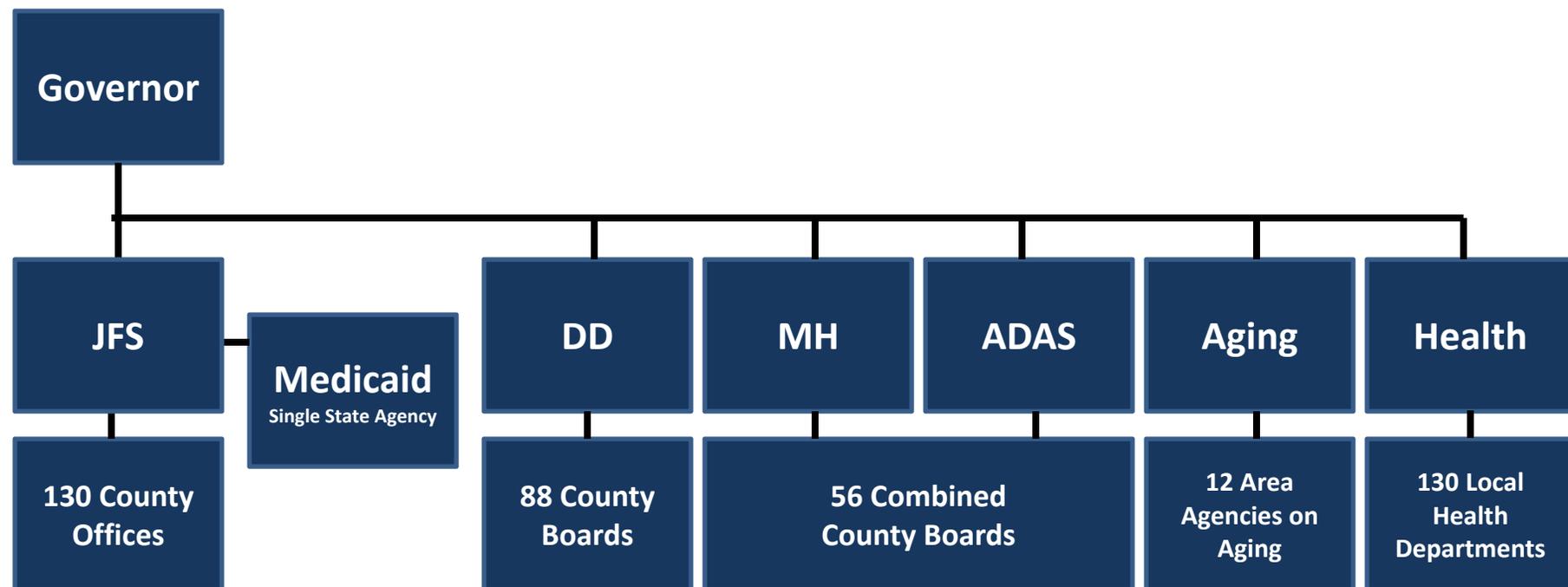
If we do nothing: JFS Medicaid Baseline



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Source: ODJFS "Summary of Ohio Health Plans Projected Expenditures (December, 2010); total includes Medicare Part D (state-share only).

The current Ohio HHS Medicaid organization



Medicaid as a % of Agency Budget	JFS Medicaid 73%	Dev Disabilities 91%	Mental Health 61%	Alcohol and Drug 28%	Aging 83%	Health 3%
Agency Medicaid as a % of Total Ohio Medicaid	84% (\$13.3 billion)	8% (\$1.3 billion)	4% (\$590 million)	0.3% (\$63 million)	3% (\$534 million)	0.1% (\$17 million)

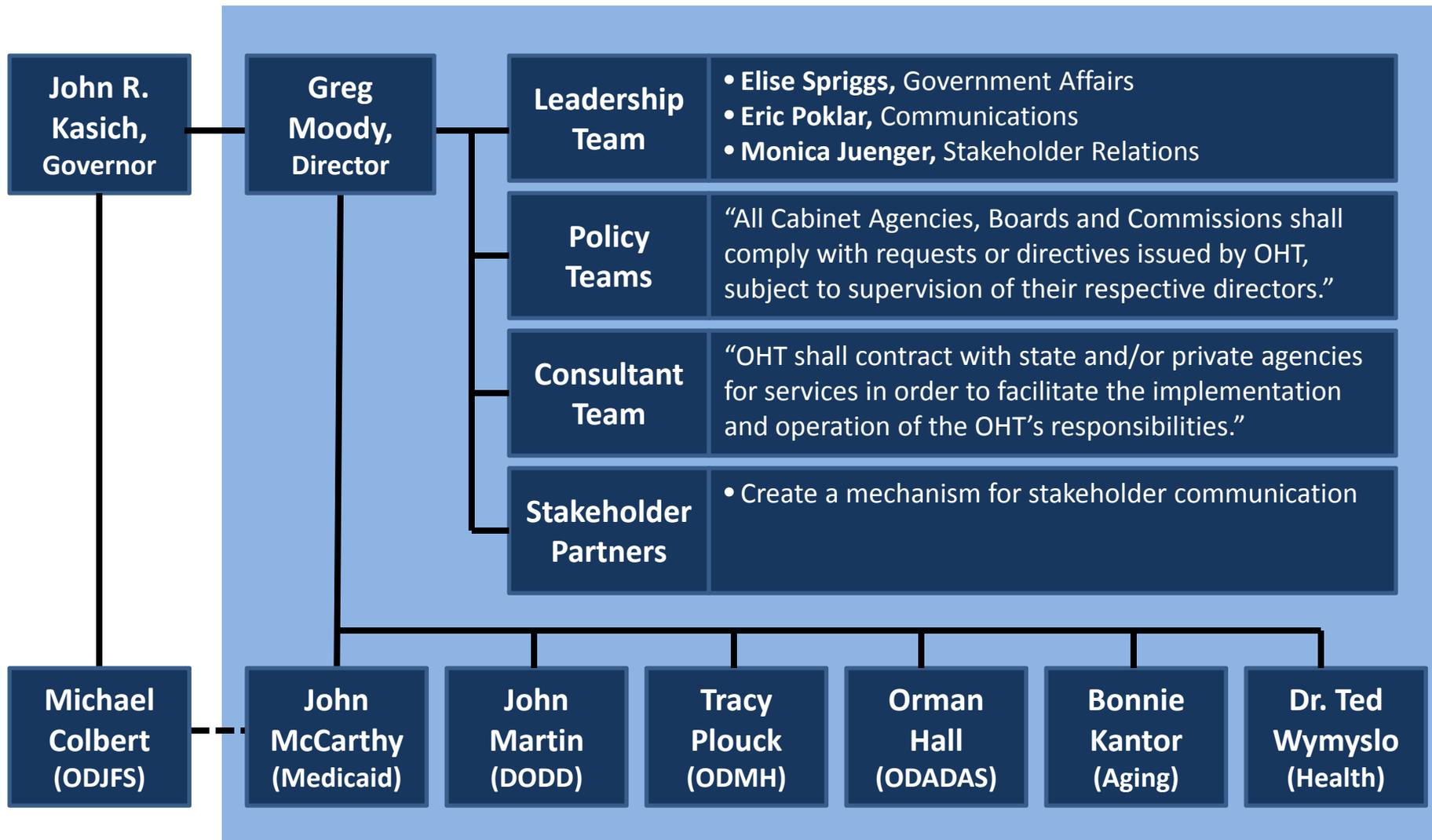


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Source: Legislative Service Commission, "Total Medicaid Spending by Agency" (State Fiscal Year 2010).



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Our purpose is to plan for the long-term efficient administration of the Ohio Medicaid Program, act to improve overall health system performance, and in the next six months:

1. Advance the Administration's Medicaid modernization and cost-containment priorities in the operating budget;
2. Initiate and guide insurance market exchange planning;
3. Engage private sector partners to set clear expectations for overall health system performance; and
4. Recommend a permanent HHS organizational structure and oversee transition to that permanent structure.



Immediate Policy Priorities

Medicaid Modernization	OHP	DD	MH	ADAS	Aging	ODH	ODI
Rebalance Long-Term Care	X	X	X	X	X	X	X
Integrate Behavioral/Physical Health	X	X	X	X	X	X	X
Improve Care Coordination	X	X	X	X	X	X	
Evaluate Provider Rates	X	X	X	X	X		
Public/Private Partnerships	OHP	DD	MH	ADAS	Aging	ODH	ODI
Health Benefit Exchange Planning	X	X	X	X	X	X	X
Ohio Health Information Partnership	X	X	X	X	X	X	X



Stakeholder Advisory Groups

Policy Priority	Advisory Group	Next Meeting
Rebalance Long Term Care	<ul style="list-style-type: none">• Unified Long Term Care Systems Workgroup	2/10
Integrate Behavioral Health	<ul style="list-style-type: none">• Transitions Workgroup	2/2
Better Care Coordination & Payment Reform	<ul style="list-style-type: none">• Medical Home Initiative(s)• Payment Reform Task Force	1/28, 2/22 TBD
Cross-Cutting Issues	<ul style="list-style-type: none">• BEACON Council• Medical Care Advisory Committee	2/8 2/24

Share your ideas to modernize Medicaid

www.healthtransformation.ohio.gov

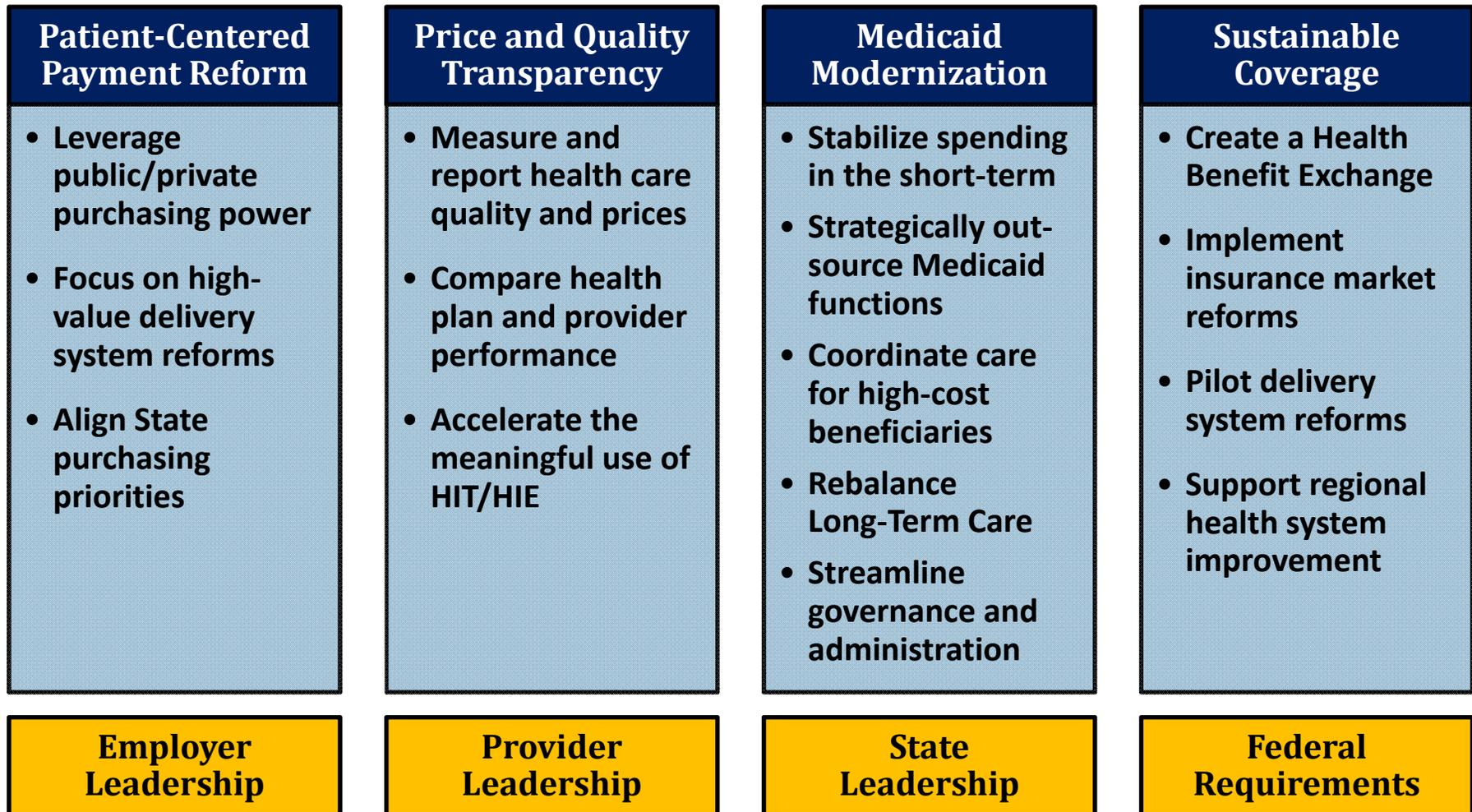
Better health, better care, and cost savings through improvement

- Specific budget recommendations
- Specific high-risk, high-cost medical “hot spots”
- Best practices to rebalance long-term care, integrate behavioral and physical health care, and/or improve care coordination
- Common sense regulatory changes
- Federal health care reform options Ohio should act on
- Current initiatives that should continue, or that have run their course and should be cut loose
- Problems in the system today that create barriers to better health, better care, and cost savings through improvement



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Ohio Health System Performance Priorities





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