

## Ohio's State Innovation Model: Using Episodes of Care to Impact the Opioid Crisis (and Other Public Health Priorities)

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Ohio Governor's Office of Health Transformation

NASHP Preconference:  
State Innovations and Interventions in America's Opioid Crisis  
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### Providing Greater Transparency on Opioid Prescribing

#### Situation

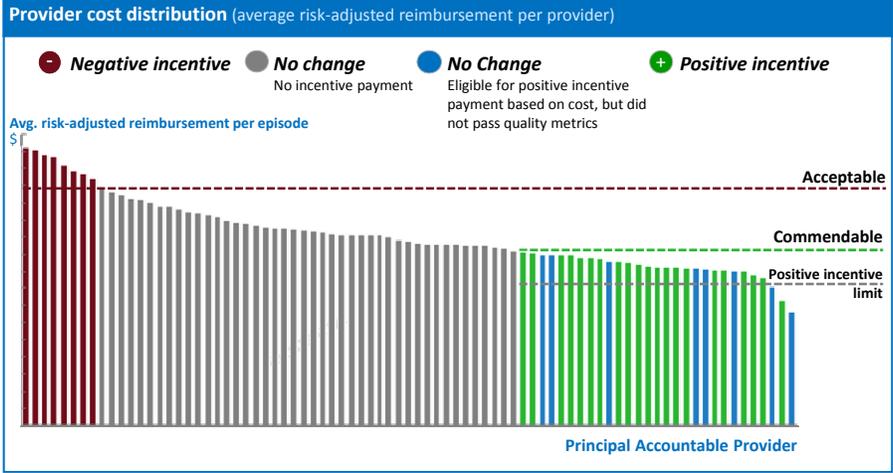
- The opioid crisis has impacted Ohio as hard as any other state in the nation:
- Most opioid overdose deaths – 3,459 in 2016 including prescription opioids, fentanyl and heroin
  - 1 in 9 heroin overdoses nationwide occurs in Ohio
  - Opioid overdose deaths increased 25 percent annually on average from 2011 to 2016



#### Strategy

- Within our broader opioid strategy, one way Ohio is addressing the crisis is through payment innovation – specifically by providing transparency on opioid prescribing to providers within clinically relevant episodes of care. For example:
- Orthopedics (minor injuries like sprains, and major surgeries like spinal fusion)
  - Primary care (e.g., low back pain)
  - **Dentistry**

## Ohio's episode-based payment model rewards cost-efficient, high-quality care



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 NOTE: Each vertical bar represents the average cost for a provider, sorted from highest to lowest average cost

### Definition of the episode:

- Category
- 1 Episode triggers
  - 2 Principal accountable provider (PAP)
  - 3 Episode duration and spend
  - 4 Potential risk factors
  - 5 Exclusions
  - 6 Quality Metrics

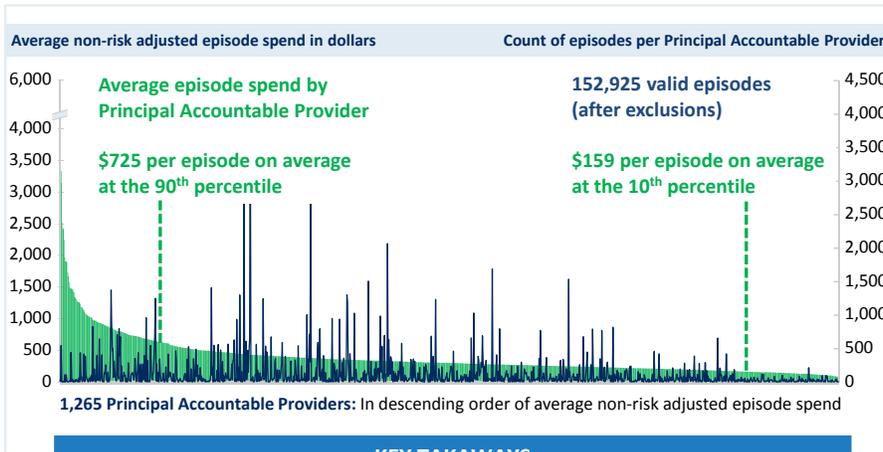
## Definition of the episode: tooth extraction

Category	Episode definition
1	Episode triggers
2	Principal accountable provider (PAP)
3	Episode duration and spend
4	Potential risk factors
5	Exclusions
6	Quality Metrics

Category	Episode definition
1	<ul style="list-style-type: none"> <li>A simple or surgical tooth extraction dental code</li> </ul>
2	<ul style="list-style-type: none"> <li>Provider or provider group performing the tooth extraction</li> </ul>
3	<ul style="list-style-type: none"> <li><b>Pre-trigger window 2 (31-60 days prior to extraction):</b> Specific dental evaluation and management (E&amp;M) services, and relevant dental imaging</li> <li><b>Pre-trigger window 1 (1-30 days prior to extraction):</b> Pre-trigger window 2 inclusions plus medical E&amp;M services, imaging, and medications</li> <li><b>Trigger window:</b> All services and specific medications</li> <li><b>Post-trigger window 1 (1-15 days after extraction):</b> Care after extraction (including complications, relevant imaging, testing, procedures, and medications)</li> <li><b>Post-trigger window 2 (16-30 days after extraction):</b> Opioids</li> </ul>
4	<ul style="list-style-type: none"> <li>Demographic factors (e.g., age, gender)</li> <li>Medical factors (e.g., diabetes, tobacco-use disorder, immunocompromised patients)</li> <li>Dental factors (e.g., number of teeth extracted, location of teeth extracted, previous root canal)</li> </ul>
5	<ul style="list-style-type: none"> <li>Business exclusions (e.g., dual eligibility, third party payer)</li> <li>Clinical exclusions (e.g., HIV)</li> <li>High outlier exclusions (calculated after risk adjustment)</li> </ul>
6	<ul style="list-style-type: none"> <li><b>Potential gain sharing metrics</b> <ul style="list-style-type: none"> <li>Average difference in morphine equivalent doses (MED)/day filled between post-trigger and pre-trigger windows</li> <li>Post-trigger ED visits</li> </ul> </li> <li><b>Potential informational quality metrics</b> <ul style="list-style-type: none"> <li>Pre- and post-trigger average MED/day filled</li> <li>New opioid prescriptions</li> <li>Timely tooth extraction</li> <li>Preventive services</li> <li>General anesthesia rate (patients under 5 years)</li> <li>Pre-trigger ED visits for known patients</li> </ul> </li> </ul>

## Tooth Extraction Episode

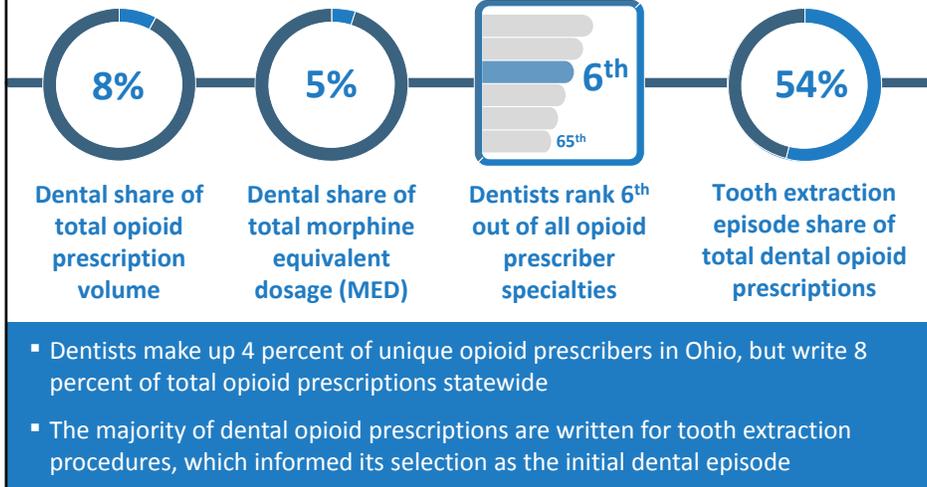


### KEY TAKAWAYS

- Wide variation in spend distribution among Principal Accountable Providers
- No correlation between average episode spend and count of episodes per PAP

SOURCE: Analysis of Ohio claims data for episodes ending between October 1, 2014 and September 30, 2015.

## Dentists can play a critical role in addressing the opioid crisis

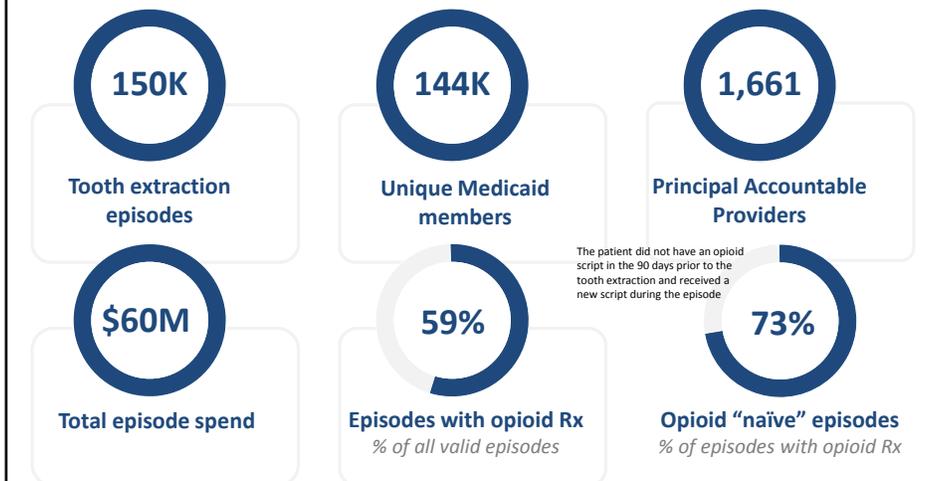


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SOURCE: Analysis of Ohio claims data for episodes ending between October 1, 2014 and September 30, 2015.

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## Tooth extraction is one of the largest episodes by volume and opioids are prescribed in a majority of these episodes



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SOURCE: Analysis of Ohio claims data for episodes ending between October 1, 2014 and September 30, 2015.

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## More than a third a patients who may be at risk for opioid use disorder received an opioid prescription for tooth extraction

### Potential risk factors

Presence of 2+ behavioral health diagnoses, excluding Substance Use Disorders

21%

Presence of non-opioid Substance Use Disorder diagnosis

16%

Visiting 4 or more opioid prescribers within episode window

13%

Medication-Assisted Treatment of Substance Use Disorders (buprenorphine, naltrexone or methadone)

3%



Share of total patients prescribed opioids with 1 or more risk factors for developing opioid use disorder

SOURCE: Analysis of Ohio claims data for episodes ending between 10/1/2014 and 9/30/2015.

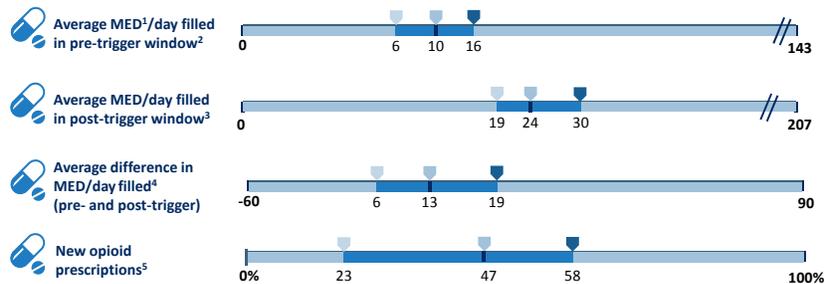
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## Path Forward: We created opioid quality measures that provide transparency to enable provider behavior change

### Quality metrics

### Principal Accountable Provider variation



- We will track all opioid prescriptions within 60 days<sup>6</sup> of the tooth extraction procedure and provide insight to providers regarding where they stand relative to their peers, and potentially tie select metrics to payment
- The same metrics will be provided in 8 episodes across Orthopedics, Primary Care, and Dentistry

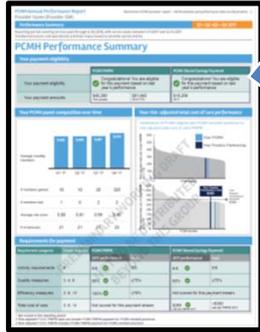
<sup>1</sup> Morphine equivalent dose <sup>2</sup> Average MED/day in 30 days prior to the trigger <sup>3</sup> Average MED/day in trigger and 30 days after <sup>4</sup> Average difference in MED/day is calculated as (Average MED in post-trigger window – Average MED in pre-trigger window) <sup>5</sup> New opioid prescription metric looks for presence of opioid prescriptions for patients without an opioid script in the 90 days before the triggering procedure <sup>6</sup> 30 days prior to and 30 days after tooth extraction

SOURCE: Analysis of OH claims data for episodes ending between 10/1/2014 and 9/30/2015

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# Make Health Care Price and Quality Transparent

## Primary Care Performance Report



Referral

## Episode Performance Report



## Patient Activity Report for Primary Care

Report

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## Ohio's reporting and performance years by episode wave

Wave	Episodes	2015	2016	2017	2018	2019	2020
Wave 1	Acute PCI, Asthma exacerbation, COPD exacerbation, Non-acute PCI, Perinatal, Total joint replacement		Reporting only	Performance Year 1	Performance Year 2	Performance Year 3	Performance Year 4
Wave 2	Appendectomy, Cholecystectomy, Colonoscopy, EGD, GI bleed, URI, UTI		Reporting only	Performance Year 1	Performance Year 2	Performance Year 3	
Wave 3	<u>Ankle sprain/strain</u> , ADHD, Breast biopsy, Breast cancer surgery, Breast medical oncology, CABG, Cardiac valve, CHF exacerbation, <u>Dental: tooth extraction</u> , Diabetic ketoacidosis (DKA) / hyperosmolar hyperglycemic state, <u>Headache</u> , Hip/pelvic fracture procedure, HIV, <u>Hysterectomy</u> , Knee arthroscopy, <u>Knee sprain/strain</u> , <u>Low back pain</u> , Neonatal (high-risk), Neonatal (low-risk), Neonatal (moderate-risk), ODD, Otitis media, <u>Pancreatitis</u> , Pediatric acute lower respiratory infection, Tonsillectomy, <u>Shoulder sprain/strain</u> , Skin and soft tissue infection, Spinal decompression (without fusion), <u>Spinal fusion</u> , <u>Wrist sprain/strain</u>			Reporting only		Performance Year 1	

Highlighted episodes have opioid clinical and quality measures built into the episode design and definitions

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## Ohio's State Innovation Model (SIM) Partners

