

Academic Medicine and the Public Sector



THE OHIO EXPERIENCE

**CO-CREATING
COLLABORATIVE
OPPORTUNITIES**

Context



- Decreased funding for Higher Education & Medical Education
- Medicaid growth
- Lack of clinical depth for Medicaid policy evaluation & development
- Economic downturn/structural deficits

History



2003

- **UMASS partners w/OSUMC**

2004

- **Medicaid Reform Commission**

2005

- **Medicaid Administrative Study Council**

2006

- **Governor's transition**

2008

- **Government Resource Center created**

2009

- **Ohio Family Health Survey**

2010

- **Medicaid designates GRC**

Purpose



Many of the functions that AMCs already perform, and new functions that they can perform for Ohio Medicaid can qualify for federal financial participation (FFP). On a practical level, by entering into this partnership the state and the state's academic medical centers will be able to leverage new resources through the federal government to grow this enterprise at a time when state resources are needed for other priorities.

“PARTNER OR PERISH”

**-E. GORDON GEE, PRESIDENT
THE OHIO STATE UNIVERSITY**

Goals



To create a mutually beneficial partnership that utilizes Ohio's academic medical and health science resources:

- To enhance the clinical professional and policy resources available to the state;
- To responsibly manage public healthcare expenditures;
- While providing increased access, added value and the highest quality care for its citizens.

Benefits to the State



- **Grow the state's health services and public health capabilities**
 - Enhance Ohio government's capacity for
 - ✦ Policy analysis
 - ✦ Program planning and design
 - ✦ Cost savings/cost avoidance
 - ✦ Improved use of technology
 - Improve care
 - ✦ Effective & efficient service
 - ✦ Test new models of health care delivery & financing
 - ✦ Recruit, develop & retain health care workforce

Benefits to Academic Medicine



- Provide service & service learning opportunities
- Enhance AMC reputation
- Improve financial performance and the resources to subsidize AMCs patient care, education & service missions
- Opportunities for innovation & strategic growth

AMC Services, Potential Funding, and Data Availability

Medicaid Operations

Clinical Management
Quality Improvement
Revenue Recovery
Cost Avoidance

Medicaid Program Assessment

Program Evaluation
Policy Research

Health Services Research Bio-Medical Research

AMC Services Available



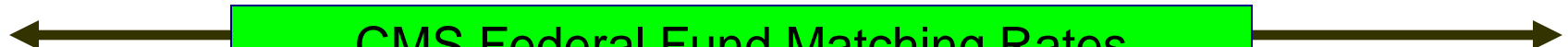
Consulting

Services –
50% of Medicaid
related

Clinical – as
much as 75%
Operations – 50%

No funding
available

CMS Federal Fund Matching Rates



All data including
protected health
information deemed
necessary

De-identified data
according to HIPAA
regulations

Medicaid Data Available



Academic Medical & Health Sciences Resources



- **7 Colleges of Medicine**
- **5 Colleges of Pharmacy**
- **2 Colleges of Dentistry**
- **College of Public Health**
- **College of Optometry**
- **Colleges of Nursing**
- **Schools of Allied Medical Professionals**

Financial Resources



- **Medicaid federal financial participation**
 - Administrative claiming
 - Revenue projects
- **State higher education approps**
- **Directed & redirected State & local approps**
- **Grant & foundation funds**

Process



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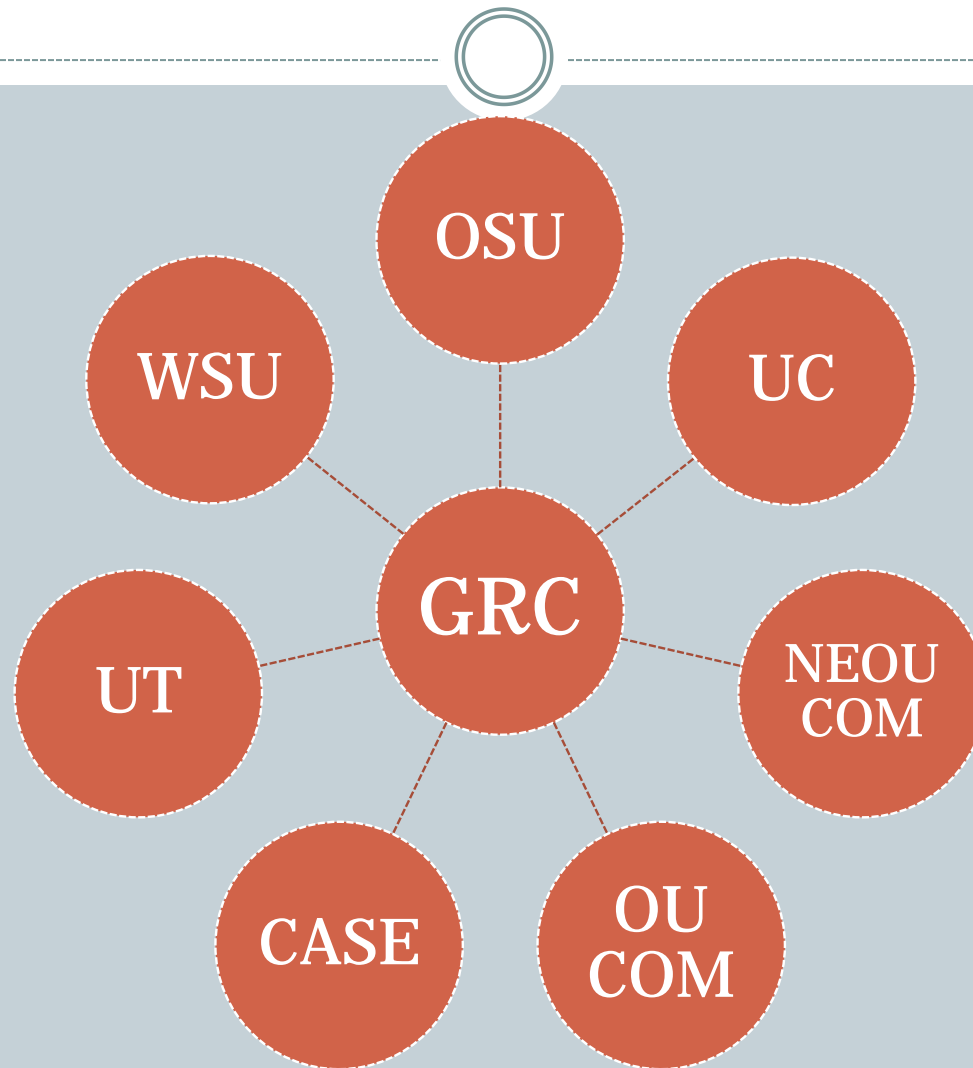
- **CMS**

- **Job & Family Services/Medicaid**

- **Board of Regents**

- **Government Resource Center**

Structure



Process



- **In-source consultancies & service contracts to AMCs when they are within their capabilities & competencies**
- **Utilize revenue recovery & FFP maximization opportunities to augment state GRF and higher education funding**

Board of Regents



- **Medicaid Technical Assistance (MEDTAPP)**
- **Workforce research & development**
 - Assessment of access & demand
 - ID shortages/maldistributions
 - ✦ **Primary Care**
 - ✦ **Specialists**
 - Enhanced & targeted training
- **Refinancing Clinical Teaching Subsidies**

Public Partner Agencies



- **Job & Family Services/Medicaid**
- **Education**
- **Insurance**
- **Mental Health**
- **Developmental Disabilities**
- **Health**
- **Alcohol & Drug Abuse Services**
- **Aging**
- **Rehabilitation & Corrections**
- **Health Care Coverage & Quality Council**

Current & Pending Projects



- **Random Moment Time Study**
- **Ohio Family Health Survey**
- **Ohio Employer Health Survey**
- **Public Assistance Eligibility System Evaluation**
- **Direct Care Worker Training Curriculum**
- **Pediatric Primary Care/ Mental Health Integration**
- **Medicaid HIT plan**
- **MEDTAPP Management**
- **Higher Education Inventory**

Future Potential Projects



- **Office of Clinical Affairs**
 - Disability Determination
 - Utilization management
 - ✦ Evidence-based medicine
 - ✦ Pharmacy & Therapeutics
 - ✦ Technology Assessment
 - ✦ Primary care protocols
 - Population health
 - Patient-centered care

Future Potential Projects



- **Chronic Care Management**
- **Smoking Cessation**
- **Weight management**
- **Personal Health Assessment**
- **Health Coaching**
- **Care Coordination**
- **Alternative financing arrangements**

Future Potential Technology



- **Telemedicine**
- **Remote monitoring**
- **Bio-informatics**
- **Lifetime Electronic Health Record (EHR)**
- **Regional Health Info Orgs (RHIO)**
- **Information Warehouse**
- **Decision Support Systems**

Potential Consumer Education



- **Content & Dissemination**
 - Netwellness. Org
 - ✦ OSU/University of Cincinnati/Case
 - OSU Extension - in all 88 counties
- **Health Literacy**
- **Patient self-management**

Potential Provider Education



- **Center for Continuing Medical Education (CCME)**
 - Counter detailing
 - Evidence based medicine
 - Chronic care management
 - Cultural competence
- **OhioLINK**
 - E-journals



Questions ?