

Action Items for Oklahoma



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Health Care

Improve Health Outcomes through
Smart Investments and Reforms

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This is the third of a seven part series by Oklahoma Policy Institute to propose public policy action items for the state of Oklahoma. These recommendations are aimed at improving the shared prosperity of all Oklahomans while maintaining a fiscally responsible state budget. The first installment made recommendations for tax reform, while the second installment addressed criminal justice reform. Future installments will focus on education, energy, financial security, and jobs.

Action Items for Oklahoma Health Care

Improve Health Outcomes through Smart Investments and Reforms

 Oklahomans are some of the unhealthiest people in America, now ranking 43rd overall in a national ranking of health indicators and outcomes.ⁱ The state is on pace to have the highest rate of obesity in the nation within the next decade, Oklahomans smoke at higher rates than residents of most other states, and only Alabama and Mississippi have higher rates of cardiovascular disease deaths.

Persistent health disparities exist as well, with non-Hispanic blacks showing a higher prevalence of tobacco use, sedentary lifestyles, and obesity. Though the infant mortality rate has declined in Oklahoma over the past decade, black babies are still dying at more than double the rate of white babies.ⁱ

Our most pressing challenge is a gaping shortfall in primary care providers (PCPs), with just 80

PCPs for every 100,000 residents, 49th worst in the country. Without enough doctors, nurses, and other health care professionals at the front lines delivering treatment, Oklahomans are unlikely to improve, or even maintain, their health. Access to affordable health care is another major barrier. More than 600,000 residents, about 19 percent of the state, are uninsured.

Back in 2008, state leaders seemed serious about addressing Oklahoma's health crisis. The Oklahoma Legislature passed Senate Joint Resolution 41, which charged the State Board of Health with preparing a plan to improve the "physical, social, and mental well-being of all people in Oklahoma through a high functioning public health system."ⁱⁱ

That effort resulted in the Oklahoma Health Improvement Plan,

which envisioned that Oklahomans' health status could improve to reach the top quartile of states by 2014.ⁱⁱⁱ Unfortunately, 2014 is fast approaching and Oklahoma still falls short in most health outcome rankings.

Oklahoma already has the goal and the infrastructure in place to improve health outcomes. It's now time to build upon that infrastructure through adequate funding and smart reforms. This report identifies areas in which action can be taken to address Oklahoma's health crisis.

Action Items

- Grow the supply of primary care providers.
- Invest in prevention of public health epidemics.
- Expand access to affordable health insurance. 



Grow the Supply of Primary Care Providers

The Kaiser Family Foundation optimistically projects that over 200,000 Oklahomans will be newly insured when major provisions of the Patient Protection and Affordable Care Act (ACA) go into effect in 2014.^{iv} The influx of newly insured Oklahomans will create a serious demand on the health care workforce.

Even prior to the passage of the ACA, Oklahoma was expecting health care workforce shortages. To examine this issue, the Oklahoma Health Care Workforce Center (OHCWC) was created with bipartisan support in 2006. Areas of focus within the 2010 OHCWC Action Plan included education and training, employee retention, health careers recruitment, and public awareness.^v However, in 2012, chronic shortages still existed in the health care workforce.

To meet this demand, Oklahoma needs to increase the supply of health care professionals.

Prioritize investments to keep primary care physicians in Oklahoma. According to the Association of American Medical Colleges, the average debt of a 2012 medical school graduate was \$166,750, not including completed undergraduate or other graduate programs.^{vi} At the same time, PCPs including family medicine practitioners, internists, and pediatricians are some of the lowest compensated physicians.^{vii}

To address this problem, Oklahoma operates the Medical Loan Repayment Program, which provides up to \$160,000 in loan repayment assistance to primary care physicians.^{viii} However, a better effort must be made at directing PCP practices to rural and

underserved communities. While a Rural Medical Education Scholarship Loan Program exists, we can do a better job of creating awareness of the program and providing additional incentives for PCPs to practice in these areas.

Less than half of medical school graduates in Oklahoma remain in the state to practice medicine.^{ix} Part of the reason why is inadequate opportunities to obtain residency positions in Oklahoma after medical school. In 2012, Oklahoma began to address this problem by funding the Oklahoma State University College of Osteopathic Medicine to create up to 50 primary care residencies.^x Oklahoma should take advantage of additional funds for PCP residency programs available through the ACA's Primary Care Residency Expansion Program.

Expand training and scope of practice for non-physician care providers. Physician Assistants (PAs) and Certified Nurse Practitioners (CNPs) can be trained at a lower cost and in a shorter timeframe and provide many of the same basic health care services that a primary care doctor provides. Surveys have shown that patients were just as likely to be satisfied with a non-physician PCPs as with a physician.^{xi} Because of this, many states have expanded the care that these providers can offer without supervision by a physician, known as "scope of practice."^{xii}

While Oklahoma has a broad scope of practice for both PAs and CNPs compared to other states, the scope of practice could be further expanded to allow for CNPs to prescribe prescription drugs, as they are already allowed to do in 16 other states, and order physical therapy, as allowed in 42 other states.^{xiii} Oklahoma should also expand training programs for non-physician PCPs to most efficiently address the provider shortage in rural and underserved communities.

Take advantage of federal funding to increase the health care workforce and address quality of care issues. Title V of the Affordable Care Act is dedicated to improving and increasing the supply of the health care workforce. It allocates resources for states to develop health workforce recruitment strategies; provides scholarships and loan repayment programs to increase the number of health care providers; and funds construction and expansion of community health centers.

Additional funding to increase the health care workforce could also help to address deficiencies in quality of care areas affected by inadequate staffing levels. Nursing homes and long term care facilities have particularly suffered as a result of the workforce shortage. A Congressional inquiry found that over 85 percent of the nursing homes in the state violated federal health and safety standards and 17 percent had violations that actually harmed residents or placed them at risk of death or serious injury.^{xiii}

Our underlying deficit of primary care providers makes it difficult for nursing homes to staff their facilities with enough nurse practitioners and other providers with the requisite expertise to properly attend to aging and medically needy residents.

Long-term care facilities will require more public support and supervision in the coming years to adequately care for our parents and grandparents. Stepped-up inspections and enforcement at the state-level will decrease the odds that vulnerable residents are neglected, abused, or poorly cared for. Increased investment in the health care workforce, both PCPs and support staff, will help long term care facilities across the state in serving Oklahomans who require daily and specialized care. 🏠



Invest in Prevention of Public Health Epidemics

For every dollar invested in public health and disease prevention programs, the state can net nearly six dollars in savings to the health care system.^{xiv} For instance, the benefits of statewide smoking cessation programs have been shown to greatly outweigh the costs of implementation, saving the state health care system hundreds of millions of dollars over the long-term.^{xv}

Support social and public programs that promote healthy lifestyles. To promote healthier lifestyles for its citizens, Oklahoma can:

- Ban cigarette smoking in public places;
- Create tax incentives for small businesses that provide wellness programs to their employees;
- Continue aggressive public campaigns to ensure that all children are vaccinated by the age of two;
- Incentivize grocers to move into communities where options for fresh fruits and vegetables are limited;

- Improve public transportation options so that residents without any other means of doing so can access their health care provider more conveniently; and
- Increase access to sidewalks and bike lanes.

Shift the focus of the health care delivery system. The health care delivery system has thrived on treating outcomes. While this may be good for specialist and health care facilities, Oklahomans are continuing to suffer from chronic illnesses that could have possibly been prevented.

Oklahoma must shift the focus of how health care is delivered. The work is already being done in Tulsa through the National Comprehensive Primary Care Initiative and through the Oklahoma Health Care Authority’s (OHCA) Patient-Centered Medical Home primary care delivery system.

National Comprehensive Primary Care Initiative (CPCI): Tulsa was one of seven pilot sites chosen for the CPCI, a multi-payer initiative to foster collaboration between public and private health care payers and strengthen primary care.^{xvi} According to the Centers for Medicare and Medicaid Services, 68 clinics with 280 providers and three market payers (Blue Cross Blue Shield of Oklahoma, Community Care, and Oklahoma

Health Care Authority) are participating with this initiative in the Greater Tulsa Region.^{xvii} Participating clinics in this region are seeing lower hospitalization and emergency room rates, higher generic drugs utilization, and better medication adherence.^{xviii}

Patient-Centered Medical Home (PCMH): OHCA introduced the PCMH concept back in 2010 for their SoonerCare Care Choice members. PCMH was designed by the American Academy of Pediatrics and provides “primary care that emphasizes timely access to medical services, enhanced communication between patients and their health care team, coordination and continuity of care, and an intensive focus on quality and safety.”^{xix} SoonerCare Choice members have access to a medical home that provides basic health care services, and primary care providers are paid based on care coordination, a visit based fee-for-service, and payments for excellence.^{xx}

As a large employer, the state of Oklahoma should negotiate with private insurance companies to implement initiatives such as CPCI and PCMH that allow other Oklahomans to receive prevention-focused health care. Other private and public sector entities that provide health insurance to employees should be encouraged to do the same. 🏠

Oklahoma’s Health Rankings

Overall: 43rd

Measure	Rank	Measure	Rank	Measure	Rank
Air Pollution	29th	Binge Drinking	12th	Cancer Deaths	42nd
Cardiac Heart Disease	39th	Cardiovascular Deaths	48th	Cholesterol Checks	45th
Dental Visits	50th	Diabetes	43rd	Fruit Consumption	46th
Geographic Disparity	20th	Heart Attacks	41st	High Blood Pressure	42nd
High Cholesterol	46th	Immunization	20th	Infant Mortality	37th
Infectious Disease	11th	Lack of Health Insurance	35th	Low Birth Weight	31st
Obesity	45th	Occupational Fatalities	42nd	Poor Mental Health Days	46th
Poor Physical Health Days	40th	Premature Death	46th	Preterm Birth	46th
Preventable Hospitalizations	45th	Primary Care Physicians	49th	Vegetable Consumption	41st
Smoking	47th	Strokes	39th	Teen Birth Rate	46th

Source: United Health Foundation - America’s Health Rankings® –2012 Edition - Oklahoma
 [http://www.americashealthrankings.org/OK/2012]



Expand Access to Affordable Health Insurance

Low and middle-income families are struggling to keep up with the rising cost of health insurance premiums. Since the vast majority of low-income adults in the state are not currently eligible for Medicaid (known as SoonerCare in Oklahoma), too many people are forced to go without health care because they can't afford basic coverage.

Accept federal funds to cover all Oklahomans with incomes less than 138 percent of the federal poverty level. The ACA provides states the opportunity to restructure their Medicaid programs to cover all individuals with income less than 138 percent of the federal poverty level. The federal government will pay 100 percent of states costs for covering this new population during the first three years, and then phase down to pay 90 percent on a permanent basis.^{xxi}

Back in February, the Oklahoma

Health Care Authority (OHCA) commissioned a report by Leavitt Partners on ways to address Oklahoma's high percentage of uninsured residents. In a report released in June, Leavitt Partners recommended that rather than expand Medicaid, OHCA should leverage the new federal Medicaid match funds to purchase commercial health plans from the health insurance marketplace, using a model similar to Insure Oklahoma.^{xxii}

Oklahoma voters have supported this type of system in the past. In 2004, voters approved a tobacco tax measure to fund Insure Oklahoma alongside a federal match. The new federal match offered by the ACA is extremely generous, and under the Leavitt Plan it would go towards an already popular and successful Oklahoma-based program. If we are serious about improving health outcomes in Oklahoma, we must not turn down the billions in federal aid being offered.

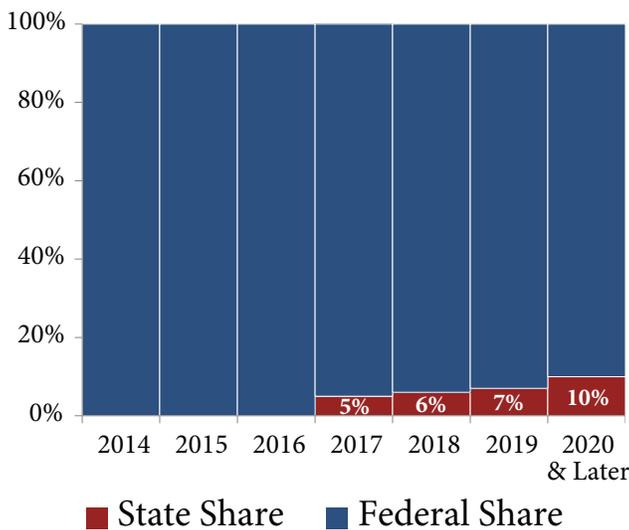
Create an awareness campaign to ensure all Oklahomans eligible for premium tax credits are knowledgeable of the health insurance marketplaces. Starting October 1, 2013, individuals and families without access to health

insurance through a government or employer sponsored plan can purchase affordable health insurance through the health insurance marketplaces. Those with incomes between 100 and 400 percent of the federal poverty level will receive premium assistance tax credits to help make health insurance plans more affordable. Over 330,000 Oklahomans will be eligible to receive premium assistance tax credits through the insurance marketplace.^{xxiii}

Open enrollment for the 2014 year will last until March 31, 2014. In order to receive coverage by January 1, 2014, Oklahomans will have until Dec. 14 to enroll in a qualified health plan through the marketplace. An aggressive, well-coordinated awareness campaign needs to be created starting now so that all Oklahomans eligible for premium tax credits will have the opportunity access affordable health insurance.

By taking advantage of the ACA's provisions to expand access to affordable health insurance, Oklahoma can make great strides towards covering more than 600,000 uninsured residents and improving the health and lives of Oklahomans. 

Federal/State Split of Medicaid Funding for Newly Eligible Population



Income Guidelines for Affordable Care Act Coverage Benefits

Size of Household	Qualifying Household Income For:	
	Medicaid Expansion	Marketplace Tax Credit
1	\$0 - \$15,856	\$11,490 - \$45,960
2	\$0 - \$21,404	\$15,510 - \$62,040
3	\$0 - \$26,951	\$19,530 - \$78,120
4	\$0 - \$32,499	\$23,550 - \$92,200
5	\$0 - \$38,047	\$27,570 - \$110,280

NOTES

- i. United Health Foundation, Oklahoma Health Rankings 2012 - <http://www.americashealthrankings.org/OK/2012>
- ii. Oklahoma Legislature, Senate Joint Resolution 41 - http://www.oklegislature.gov/cf_pdf/2007-08%20ENGR/sres/sjr41%20enr.pdf
- iii. Oklahoma State Department of Health, Oklahoma Health Improvement Plan – [\[http://www.ok.gov/health/Organization/Board_of_Health/Oklahoma_Health_Improvement_Planning_Team_%28OHIP%29_/index.html\]](http://www.ok.gov/health/Organization/Board_of_Health/Oklahoma_Health_Improvement_Planning_Team_%28OHIP%29_/index.html)
- iv. Oklahoma Policy Institute, The Affordable Care Act will help but not completely solve Oklahoma's uninsured problem, June 2013 - [\[http://okpolicy.org/the-affordable-care-act-will-help-but-not-completely-solve-oklahomas-uninsured-problem\]](http://okpolicy.org/the-affordable-care-act-will-help-but-not-completely-solve-oklahomas-uninsured-problem)
- v. Oklahoma Health Care Workforce Center, 2010 Action Plan – [\[http://www.okhealthcareworkforce.com/Initiatives/documents/2010ActionPlanII-Website.pdf\]](http://www.okhealthcareworkforce.com/Initiatives/documents/2010ActionPlanII-Website.pdf)
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- vii. Medscape 2013 Physician Compensation Report – [\[http://www.medscape.com/features/slideshow/compensation/2013/public\]](http://www.medscape.com/features/slideshow/compensation/2013/public)
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- xi. Peter D. Jacobson and Shelley A. Jazowski, Physicians, The Affordable Care Act, and Primary Care: Disruptive Change or Business as Usual, [\[http://www.ncbi.nlm.nih.gov/pubmed/21455812\]](http://www.ncbi.nlm.nih.gov/pubmed/21455812)
- xii. Barton Associates, NP Scope of Practice Laws – [\[http://www.bartonassociates.com/nurse-practitioners/nurse-practitioner-scope-of-practice-laws/\]](http://www.bartonassociates.com/nurse-practitioners/nurse-practitioner-scope-of-practice-laws/)
- xiii. Nursing Home Conditions in Oklahoma: Many Homes Fail to Meet Federal Standards for Adequate Care. Special Investigations Division Committee on Government Reform U.S. House of Representatives April 2001
- xiv. Trust for America's Health. Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. 2009
- xv. Rumberger et al. 2010, Potential Costs and Benefits of Smoking Cessation for Oklahoma
- xvi. Comprehensive Primary Care Initiative [\[http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/\]](http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/)
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- xxi. Oklahoma Policy Institute, Medicaid and the Affordable Care Act, August, 2012 [\[http://okpolicy.org/files/Medicaid%20and%20the%20Affordable%20Care%20Act.pdf\]](http://okpolicy.org/files/Medicaid%20and%20the%20Affordable%20Care%20Act.pdf)
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See these Oklahoma Policy Institute publications to learn more:

Grow the supply of primary care providers

- Guest Blog (Dr. John Schumann): 'Help Wanted' for Medicaid expansion; July 2012; <http://okpolicy.org/guest-blog-dr-john-schumann-help-wanted-for-medicaid-expansion>
- Guest Blog (Jeffrey Alderman, M.D.): The silent problem in Oklahoma health care; April 2011; <http://okpolicy.org/guest-blog-jeffrey-alderman-m-d-the-silent-problem-in-oklahoma-health-care>

Invest in Prevention of Public Health Epidemics

- Public Health Epidemics in Oklahoma; February 2012; <http://okpolicy.org/public-health-epidemics-in-oklahoma>
- Pick your poison: Suffocating or amputating state services?; February 2011; <http://okpolicy.org/pick-your-poison-suffocating-or-amputating-state-services>

Expand Access to Affordable Health Insurance

- Health care costs will fall for most in new insurance marketplaces; August 2013; <http://okpolicy.org/health-care-costs-will-fall-for-most-in-new-insurance-marketplaces-2>
- Medicaid and the Affordable Care Act: Resources and Information; March 2013; <http://okpolicy.org/medicaid-and-the-affordable-care-act>



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