



May 1, 2023

Dear Chairman Romanchuk, Ranking Member Ingram, and members of the Senate Medicaid Committee:

On behalf of the CICIP Collaborative, we are writing to ask for your continued support for the Care Innovation and Community Improvement Program (CICIP), which is currently funded in the Department of Medicaid's budget. This program provides supplemental payments to our health systems to support the care we provide to our Medicaid patients at no cost to the state.

CICIP is a collaboration between the MetroHealth System, The Ohio State University Wexner Medical Center, UC Health, and the University of Toledo and was first authorized by the General Assembly in the FY 2018-2019 budget. The program is designed to maintain access to care for the Medicaid population and to support innovation and health system transformation to improve health outcomes for Ohio's Medicaid population.

The CICIP program is self-funded by the participating health systems with no cost to the state and provides about \$170 million a year in federal revenue to vital, safety-net health systems. CICIP funds not only improve the financial stability for the participating providers who serve large numbers of Medicaid patients, but they also fund important innovations that are leading to better care for all patients.

One of the hallmarks of the CICIP program is that a portion of the payments are at-risk and paid out based on meeting collective performance thresholds on key quality metrics in the areas of perinatal care, chronic care management, behavioral health, and opioid prescribing. To ensure success, our health systems must work together in ways we have not had to before to share data, best practices, and lessons learned.

Program Highlights and Accomplishments

The CICIP participants have established a shared governance structure that guides the work of the coalition and enables collaboration among clinicians, quality improvement staff, and others at the four participating health systems and has led to the program successes highlighted below.

Increased Collaboration Between Systems

The increased collaboration among health systems across the state has helped improve patient outcomes. The sharing of best practices and lessons learned has enabled the health systems to more effectively and efficiently benefit the patient.

Behavioral Health

We are successfully increasing the number of our behavioral health patients who are connected with care after discharge. Performance on the follow up within 7 days of a mental health inpatient stay

measure has improved 20% over the initial baseline and has surpassed the target set for the current program year by 14%.

Perinatal Care

Compared to our initial benchmarks, our efforts have helped achieve a 34% increase in the delivery of timely prenatal care and 9% increase in the number of new mothers receiving postpartum care. Some of the strategies that have been implemented in this domain include initiatives to identify pregnancies earlier, triage women in the ED with a positive pregnancy test to connect them to prenatal care and increasing the availability of same- or next-day prenatal appointments.

Chronic Care Management

Emergency department utilization has dropped significantly during the program – 27% from the initial benchmark. While much of the decline is the result of COVID restrictions and consequent changes in consumer behavior, this area was an early target for improved care coordination and improvement by the Coalition members.

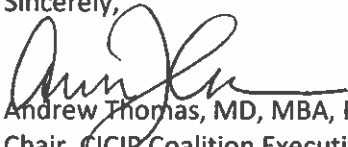
Opioid Prescribing

Improvement in opioid prescribing has far surpassed the program's targets. Reductions in the rates of prescribing, patients on high doses of opiates, and on concurrent use of opioids and benzodiazepines has been significant, particularly when considering the numbers of patients affected.

- ✓ A 39% decrease in patients receiving high doses of opioids, 30% beyond program target.
- ✓ A 30% decrease in patients receiving concurrent prescriptions of opioids and benzodiazepine.
- ✓ A 6.5% reduction in the number of patients receiving solid dose opioid prescriptions.

We believe that CICIP has been a model for value-based care for the state. We remain committed to continuing to work to achieve better health outcomes for our patients.

Sincerely,



Andrew Thomas, MD, MBA, FACP

Chair, CICIP Coalition Executive Leader

Interim Co-Leader and Wolfe Foundation Chief Clinical Officer

The Ohio State University Wexner Medical Center