SOONER
HEALTH ACCESS NETWORK

2022

ANNUAL REPORT

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EXECUTIVE SUMMARY

It is a privilege to present the 2022 OU Sooner Health Access Network (HAN) annual report. This past year has continued to be a challenge as we adjust to a post-COVID world. This report highlights the continued commitment to providing exceptional services to the OU Sooner HAN practices and SoonerCare Choice members.

We managed 3,149 complex care cases, ensuring that our members received the support and care they needed to manage their health conditions effectively. Our Impact Stories (page 22) showcase the positive impact that our care management services had on the lives of our members, helping them to achieve better health outcomes and improve their quality of life.

In addition, the care managers recorded over 13,000 hours of member contacts, which included over 600 in-person visits. These in-person visits enable care managers to personalize care and support our members, addressing their unique needs and challenges that are not always identified over the phone.

OU SOONER HAN HIGHLIGHTS

- 3,139 Complex Care Management Cases
- 28% increase in members over the age of 18
- New care-managed members in the Asthma group saw a 52% decrease in ER visits

We continue to see the effect of Medicaid Expansion (Healthy Adult) with an increase of 28% in our members over the age of 18. Many of these individuals lacked healthcare coverage for a significant amount of time before expansion.

Like many industries, the staffing shortages continue to impact the OU Sooner HAN. The care management team has worked diligently to ensure the shortage does not affect our members or the care they receive.

This report reflects our dedication to providing personalized, patient-centered care for our members. We are very pleased with the work that was accomplished in 2022 and we remain committed to providing high-quality care and support to our members and practices.

Rachel Mix

Director, OU Sooner Health Access Network

MISSION, VISION AND VALUES

OU SOONER HEALTH ACCESS NETWORK

MISSION

To transform healthcare by improving the health and wellbeing of Oklahomans

VISION

Ensuring Oklahomans have access to affordable, quality, and person-centered healthcare

VALUES

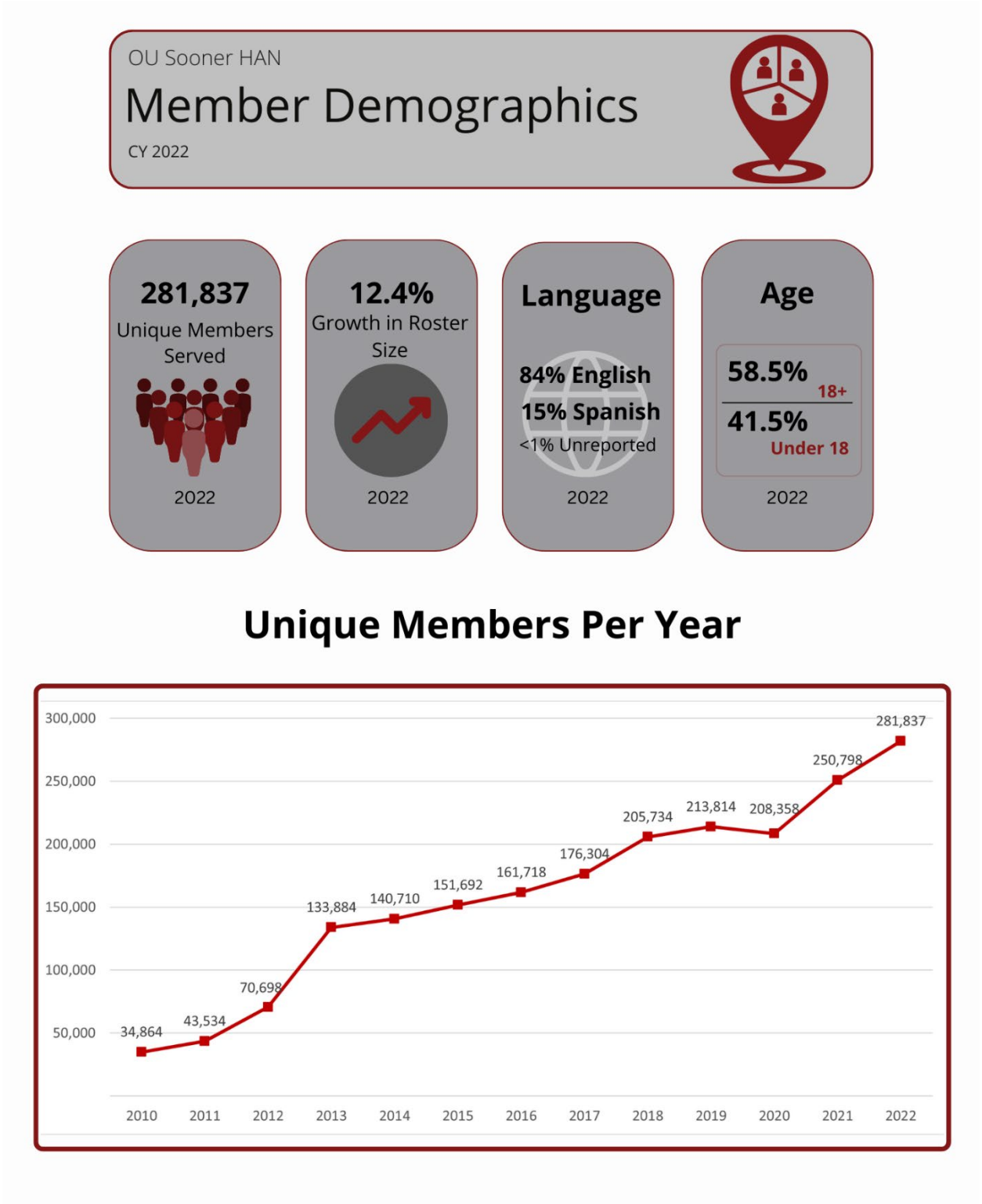
- Unconditional Positive Regard
  - Caring
  - Self-Care
  - Enjoying Work
  - Whole Person
- Equity
- Evidence Based
- Lifelong Learning
  - Innovation
  - Education and Training
  - Technology

PURPOSE

The purpose of the OU Sooner HAN is to:

- Support comprehensive, coordinated healthcare centered around the wants and needs of the **member**
- Improve member **access** to care and social services
- Improve member **health** and **healthcare** one network connection at a time

OU SOONER HAN ENROLLMENT



OU Sooner HAN

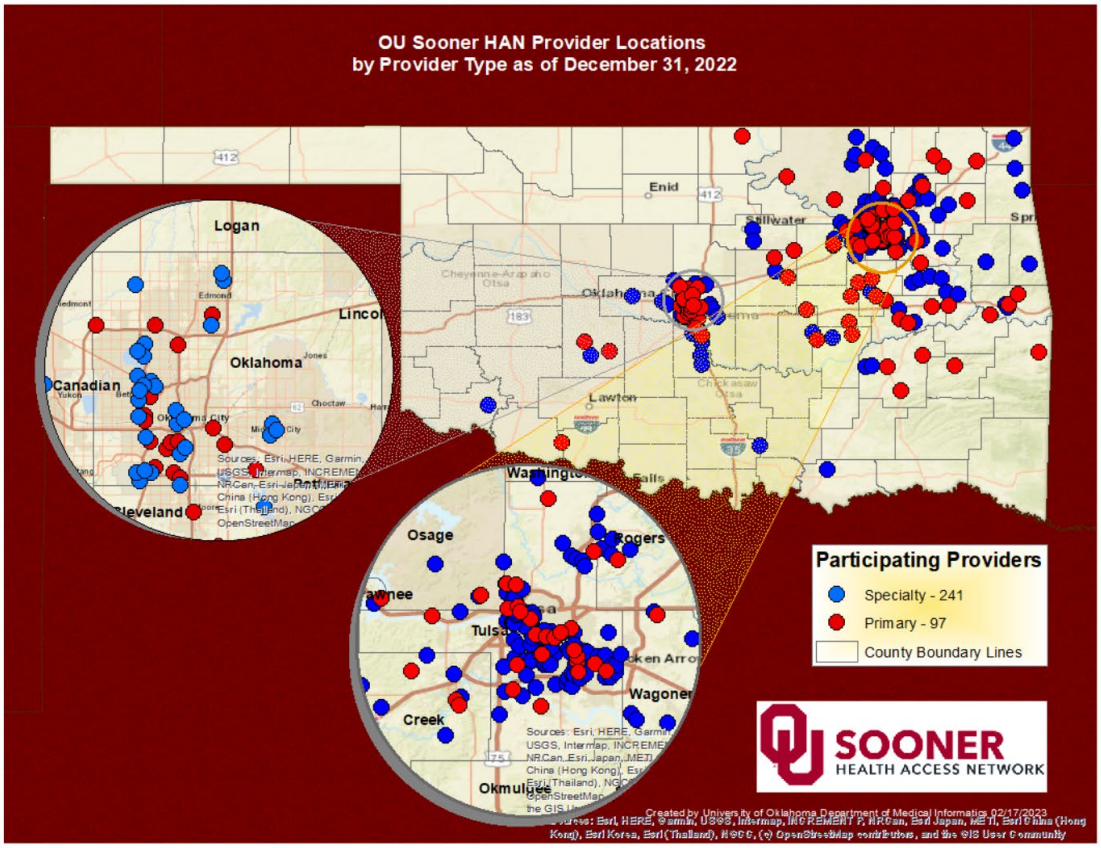
Primary Care and Specialty Network

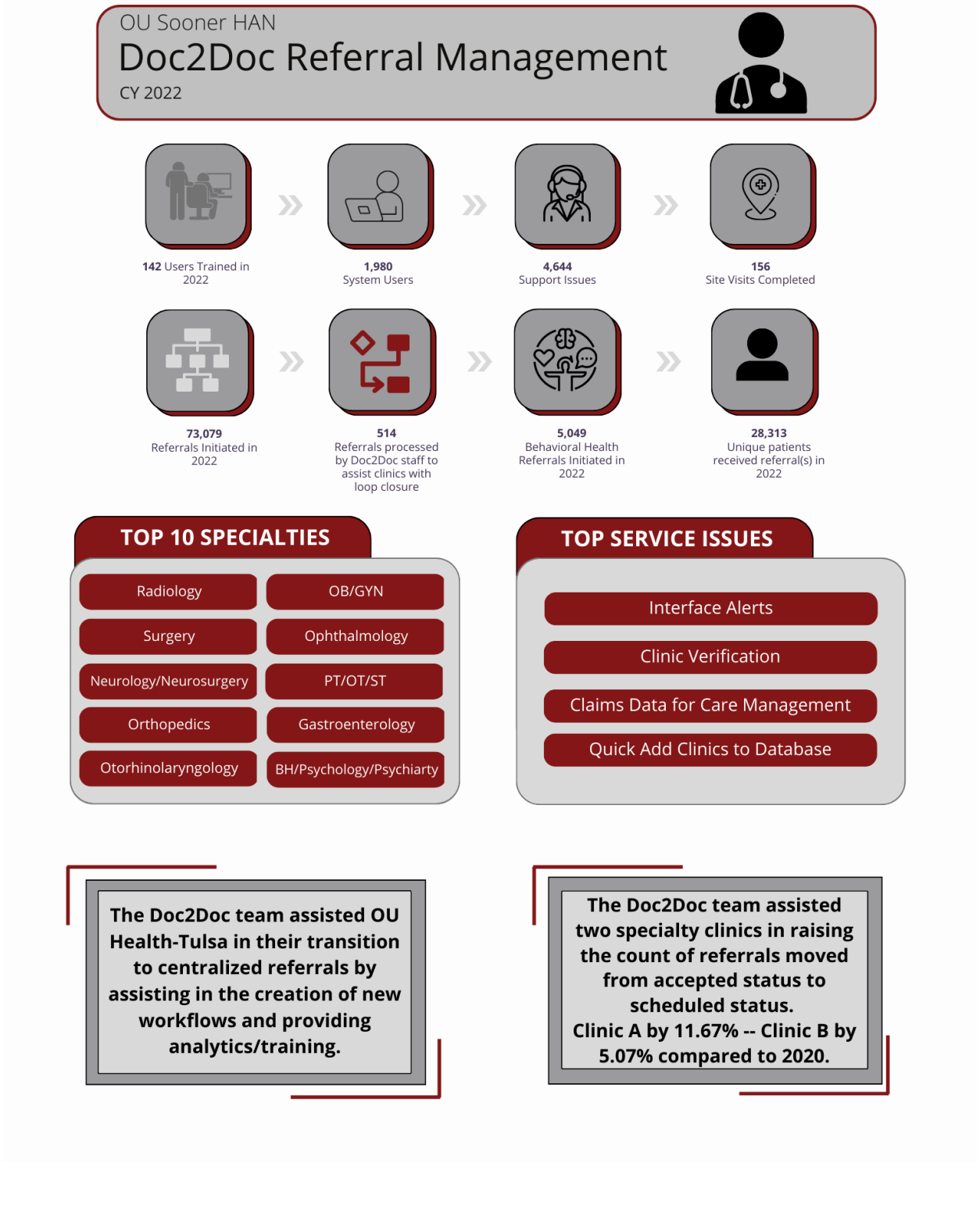
CY 2022

As of December 2022

97 Primary Care Locations

241 Specialty Care Locations



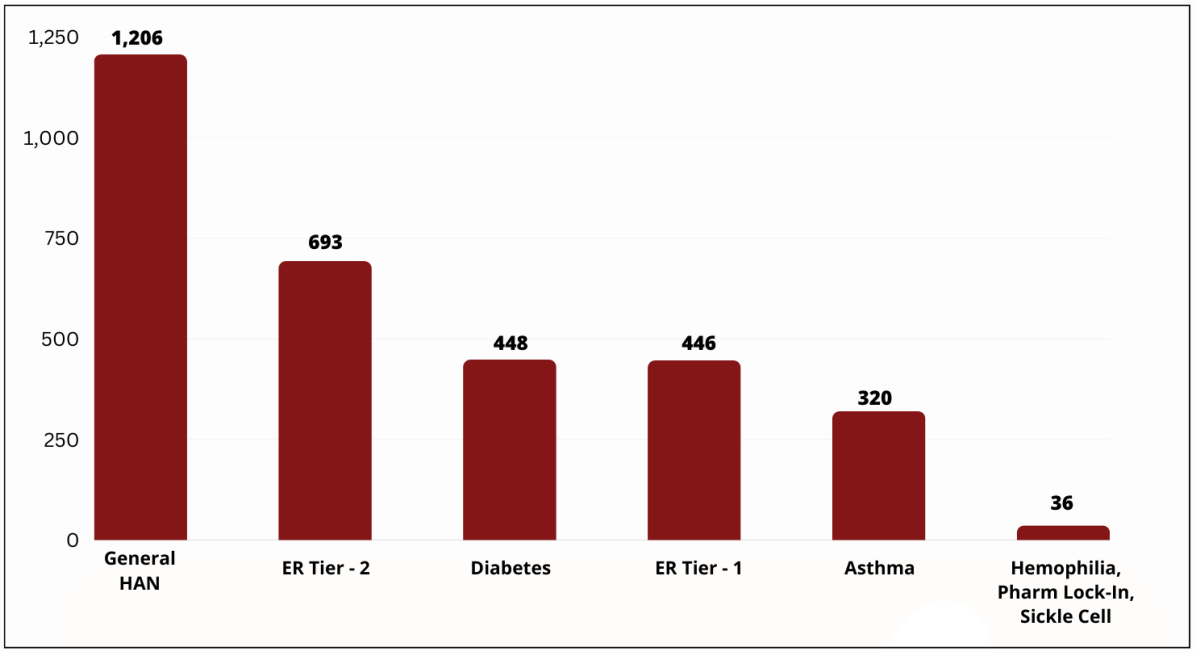

OU Sooner HAN
Doc2Doc Referral Management
CY 2022
142 Users Trained in 2022
1,980 System Users
4,644 Support Issues
156 Site Visits Completed
73,079 Referrals Initiated in 2022
514 Referrals processed by Doc2Doc staff to assist clinics with loop closure
5,049 Behavioral Health Referrals Initiated in 2022
28,313 Unique patients received referral(s) in 2022
TOP 10 SPECIALTIES
Radiology
OB/GYN
Surgery
Ophthalmology
Neurology/Neurosurgery
PT/OT/ST
Orthopedics
Gastroenterology
Otorhinolaryngology
BH/Psychology/Psychiarty
TOP SERVICE ISSUES
Interface Alerts
Clinic Verification
Claims Data for Care Management
Quick Add Clinics to Database
The Doc2Doc team assisted OU Health-Tulsa in their transition to centralized referrals by assisting in the creation of new workflows and providing analytics/training.
The Doc2Doc team assisted two specialty clinics in raising the count of referrals moved from accepted status to scheduled status.
Clinic A by 11.67% -- Clinic B by 5.07% compared to 2020.

OU Sooner HAN

Care Management by the Numbers

CY 2022

OU Sooner HAN Care Management Cases by Care Group 2022



626
Home, PCP, and Specialists visits completed

184.3
Average number of days in care management

3,149
Care Management Cases

16,475
Contacts

13,371
Hours

OU Sooner HAN care managers spent 59% of their time providing direct services to their members

OU Sooner HAN

Care Management by the Numbers

CY 2022

2,024

Social Referrals Initiated in 2022

2,501

Referrals Closed in 2022

49%

Annual Participation Rate with Intervention

TOP REFERRAL CATEGORIES

- Utility Assistance
- Counseling Therapy Resources
- Healthcare
- Transportation
- Housing and Rent Assistance

TOP 3 CLOSURE REASONS

1. Never Able to Contact, 36%
2. Voluntary Withdrawal, 27%
3. Unable to Contact (after making contact), 24%

AGED, BLIND, AND DISABLED (ABD) CATEGORY

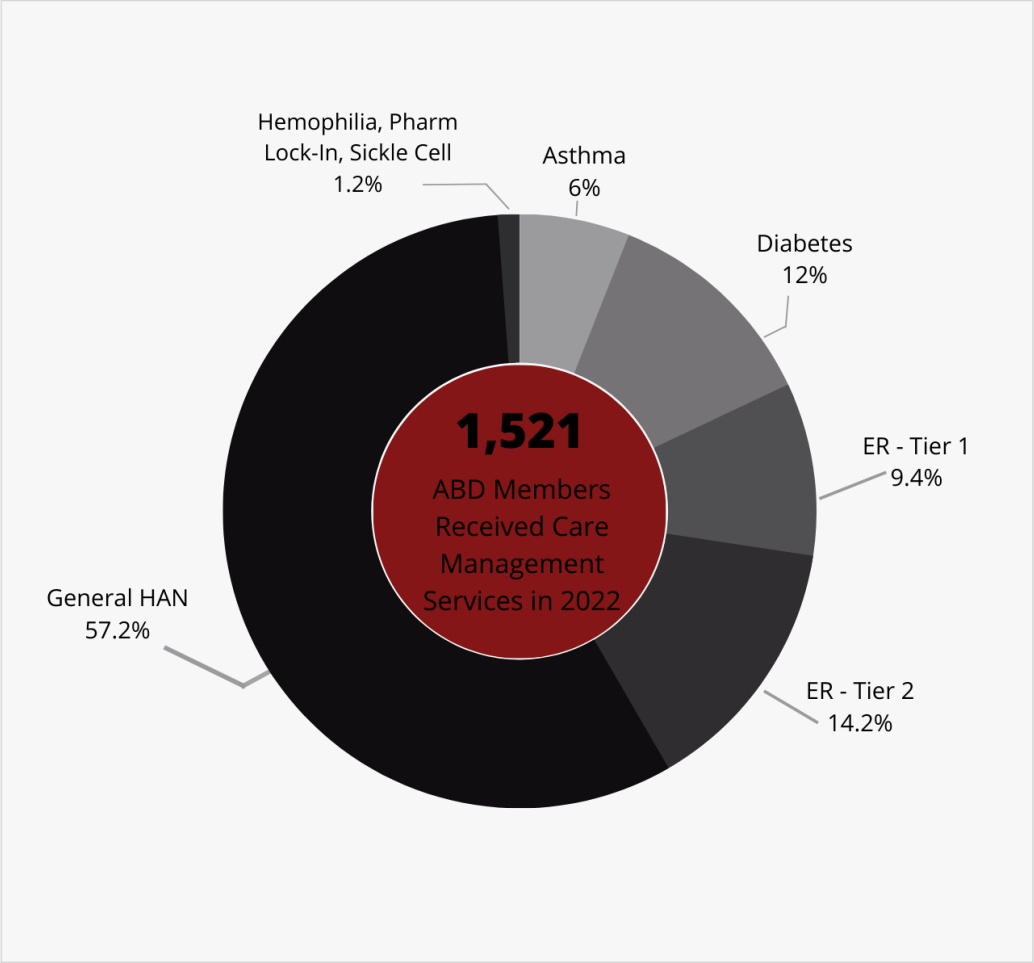
OU Sooner HAN

Aged, Blind, and Disabled (ABD)

CY 2022

OVERVIEW

ABD Members in Care Management by Care Group



OU Sooner HAN

ASTHMA

CY 2022

OVERVIEW

320 Members attributed to the asthma care group received care management services in 2022

94 ABD Members

25 PCP/Specialist Visits Completed

13 Home Visits Completed

22.19
The average age of members served in the asthma care group

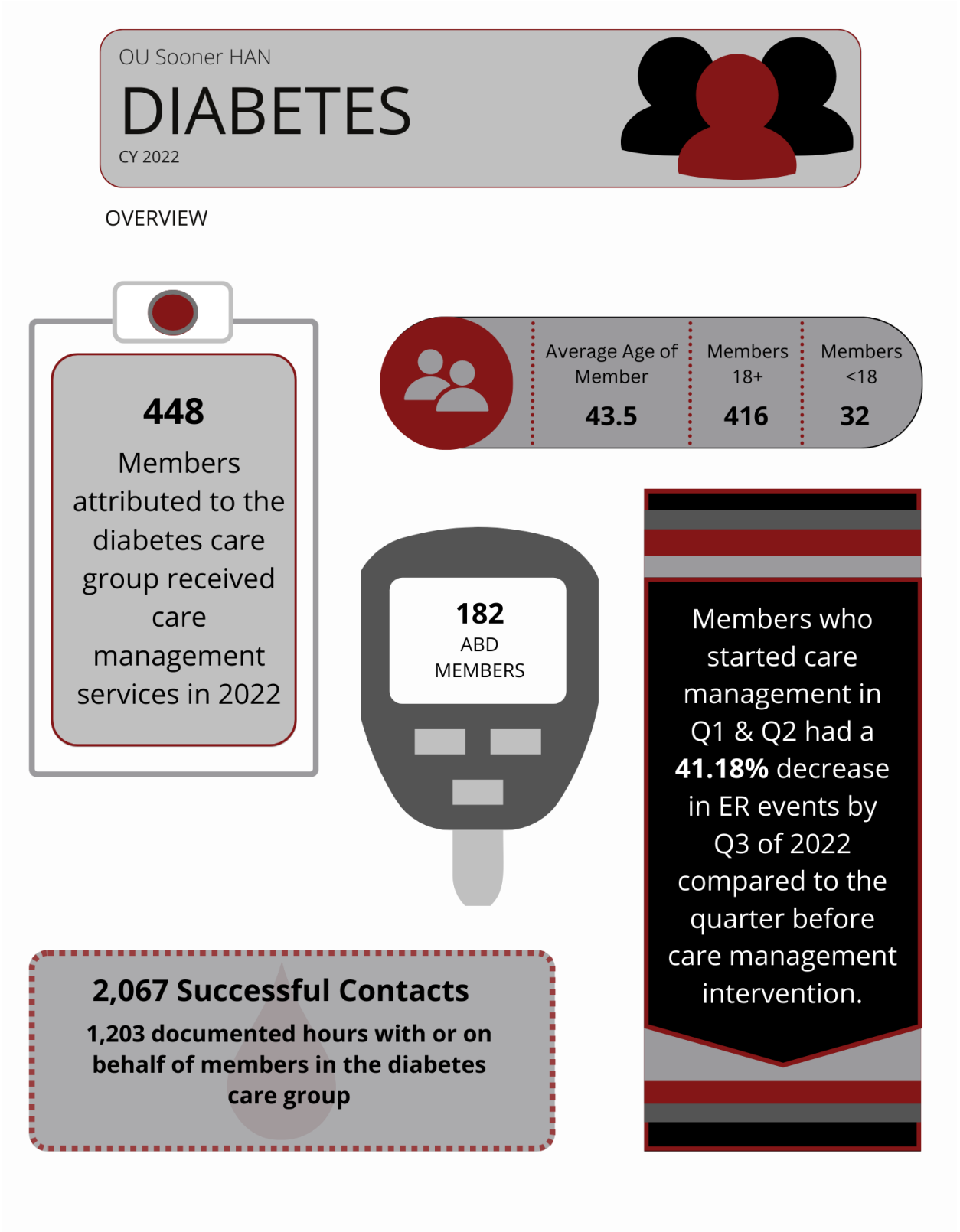
163 members care managed ≥ 18+

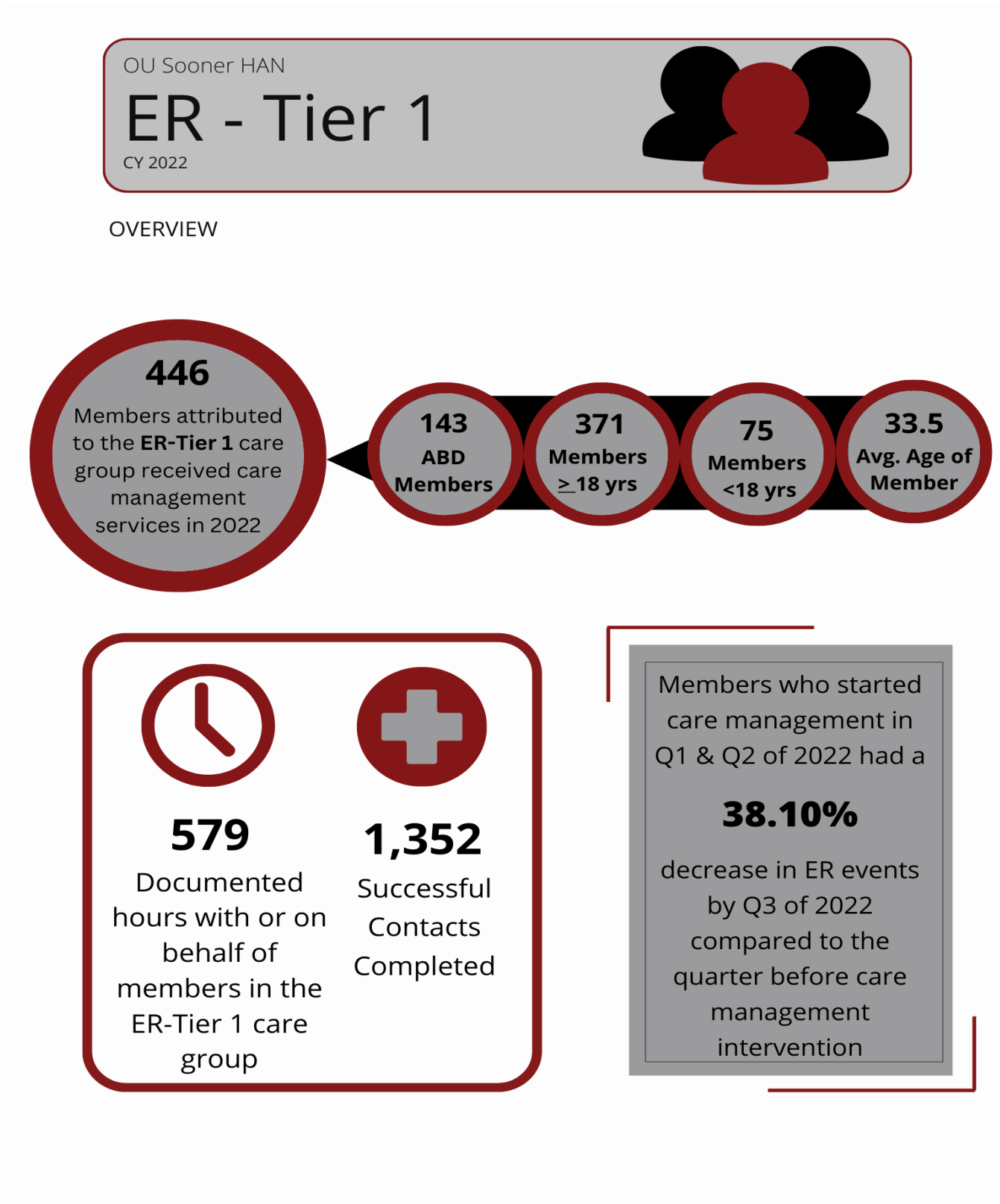
157 members care managed <18+

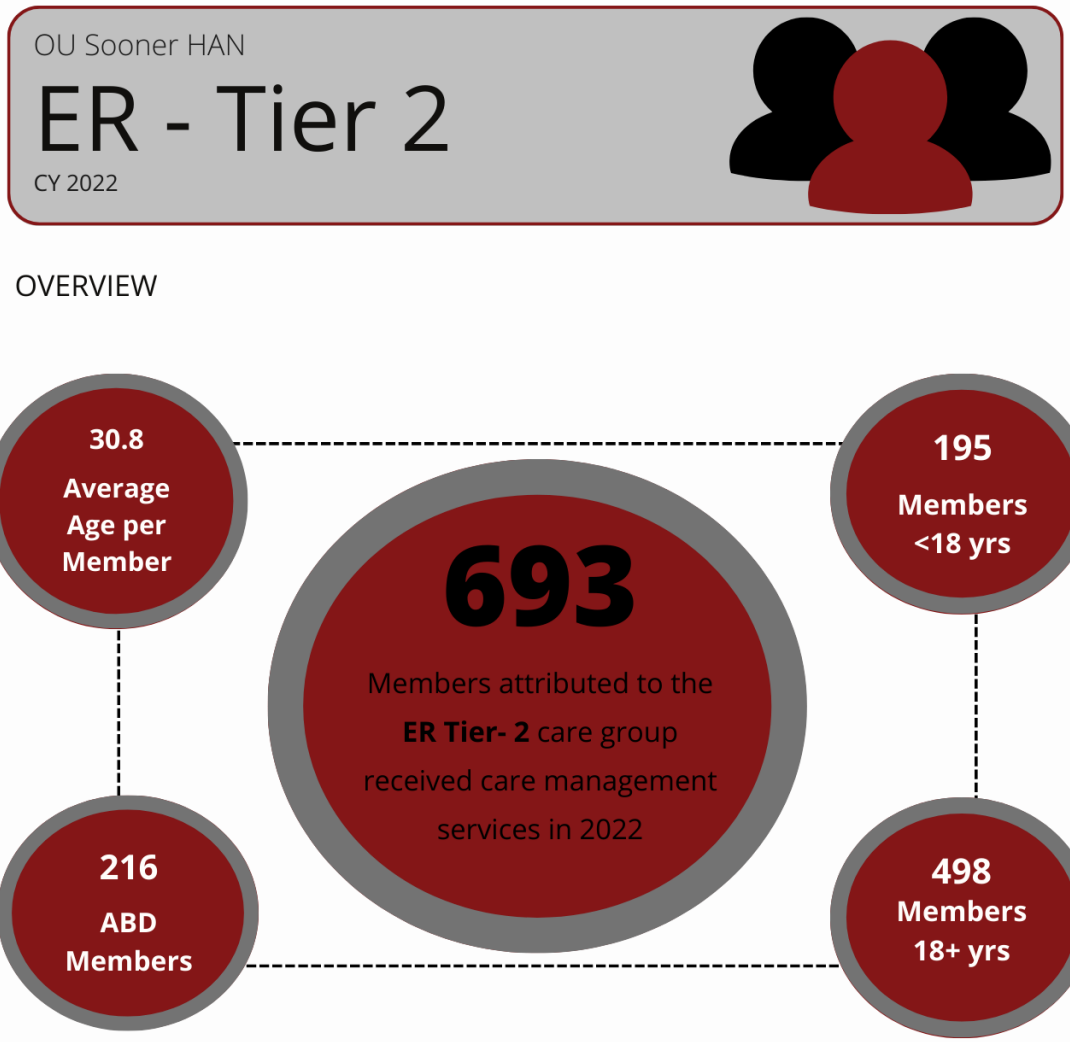
51.85%

Members who started care management in Q1 & Q2 had a 51.85% decrease in ER events by Q3 of 2022 compared to the quarter before care management intervention.

Care managers made 1,399 successful contacts and documented 581 hours in 2022 with or on behalf of members in the asthma care group


OU Sooner HAN
DIABETES
CY 2022
OVERVIEW
448
Members attributed to the diabetes care group received care management services in 2022
Average Age of Member
43.5
Members 18+
416
Members <18
32
182
ABD
MEMBERS
Members who started care management in Q1 & Q2 had a 41.18% decrease in ER events by Q3 of 2022 compared to the quarter before care management intervention.
2,067 Successful Contacts
1,203 documented hours with or on behalf of members in the diabetes care group


OU Sooner HAN
ER - Tier 1
CY 2022
OVERVIEW
446
Members attributed to the ER-Tier 1 care group received care management services in 2022
143
ABD Members
371
Members ≥ 18 yrs
75
Members <18 yrs
33.5
Avg. Age of Member
579
Documented hours with or on behalf of members in the ER-Tier 1 care group
1,352
Successful Contacts Completed
Members who started care management in Q1 & Q2 of 2022 had a
38.10%
decrease in ER events by Q3 of 2022 compared to the quarter before care management intervention


OU Sooner HAN
ER - Tier 2
CY 2022
OVERVIEW
30.8
Average Age per Member
693
Members attributed to the ER Tier- 2 care group received care management services in 2022
195
Members <18 yrs
216
ABD Members
498
Members 18+ yrs
Members who started care management in Q1 & Q2 of 2022 had a
64.21%
decrease in ER events by Q3 of 2022 compared to the quarter before care management intervention
2,183
Successful Contacts
916
Documented hours with or on behalf of members in the ER-Tier 2 care group

OU Sooner HAN

GENERAL HAN

CY 2022

OVERVIEW

1206

Members received care management services in the OU Sooner HAN's largest care group

868
ABD Members

General HAN Age Breakdown

839 Members Care Managed were 18 years or older

367 Members Care Managed were under the age on 18

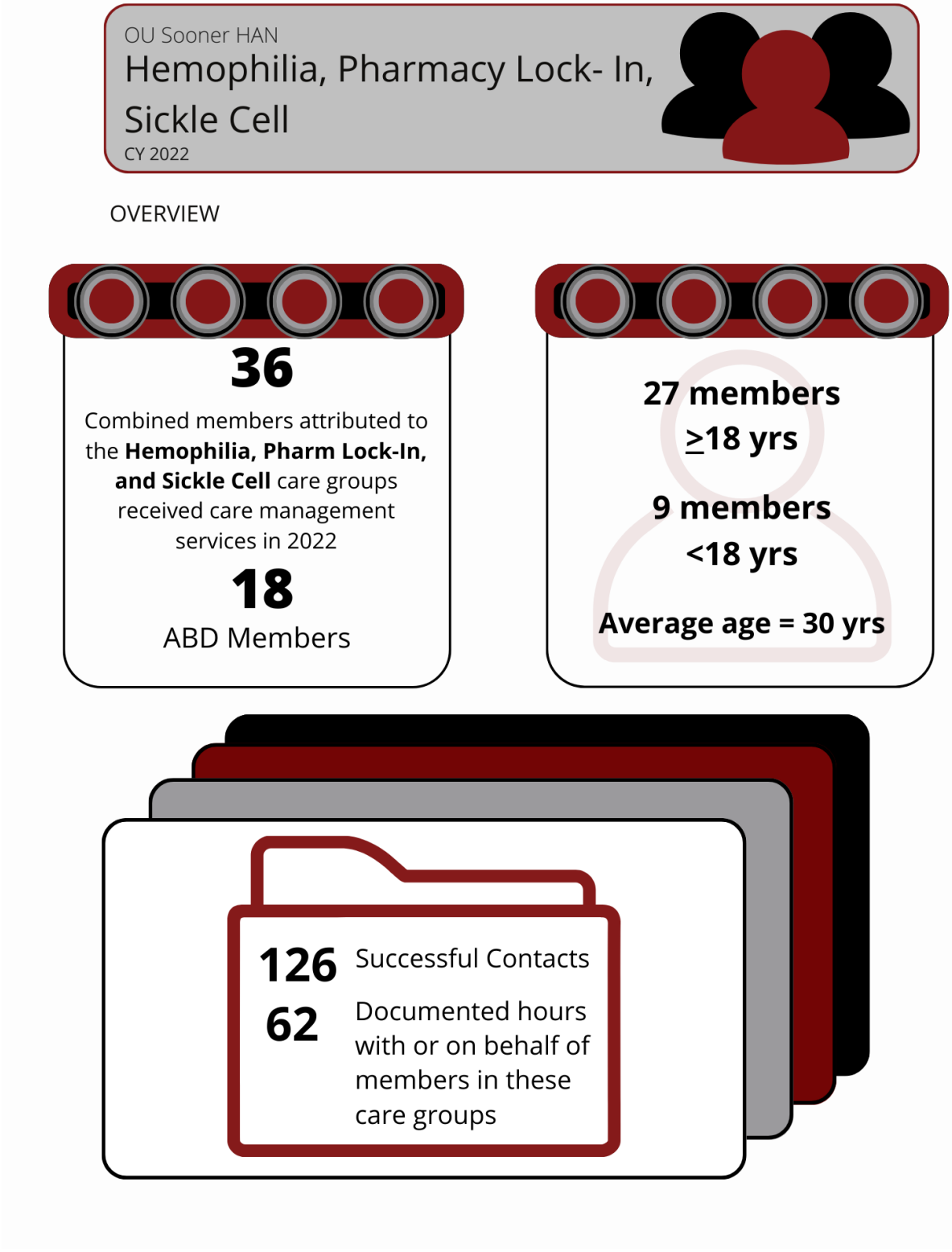
36.28
Average Age

168
HOME VISITS

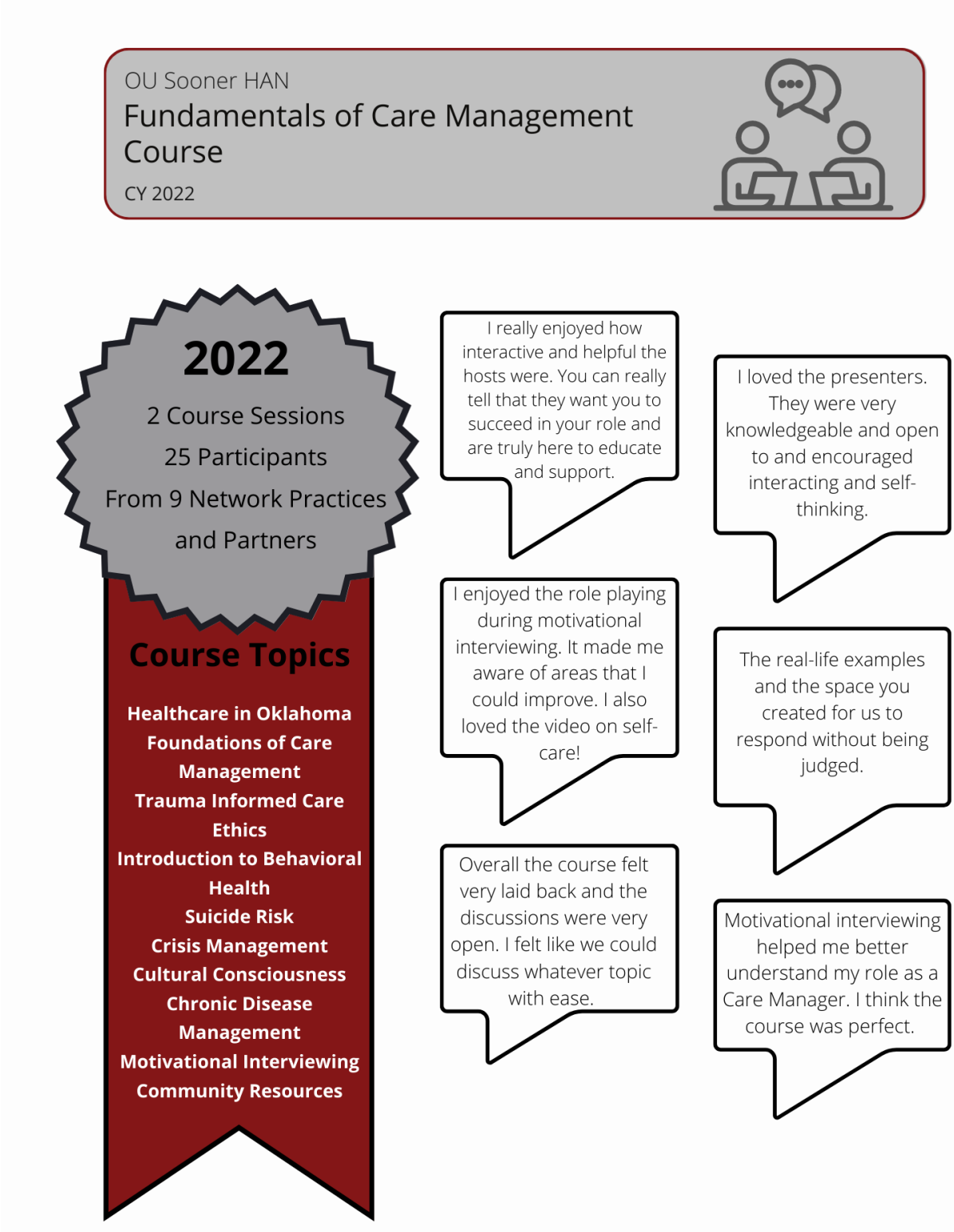
219
PCP/SPECIALIST VISITS

Care managers made **9,348** successful contacts and documented 4572 hours in 2022 with or on behalf of members in the General HAN care group.

Members who started care management in Q1 & Q2 of 2022 had a **37.04%** decrease in ER events by Q3 of 2022 compared to the quarter before care management intervention.


OU Sooner HAN
Hemophilia, Pharmacy Lock- In, Sickle Cell
CY 2022
OVERVIEW
36
Combined members attributed to the **Hemophilia, Pharm Lock-In, and Sickle Cell** care groups received care management services in 2022
18
ABD Members
27 members ≥18 yrs
9 members <18 yrs
Average age = 30 yrs
126 Successful Contacts
62 Documented hours with or on behalf of members in these care groups

FUNDAMENTALS OF CARE MANAGEMENT COURSE



2022 LUNCH AND LEARN SERIES

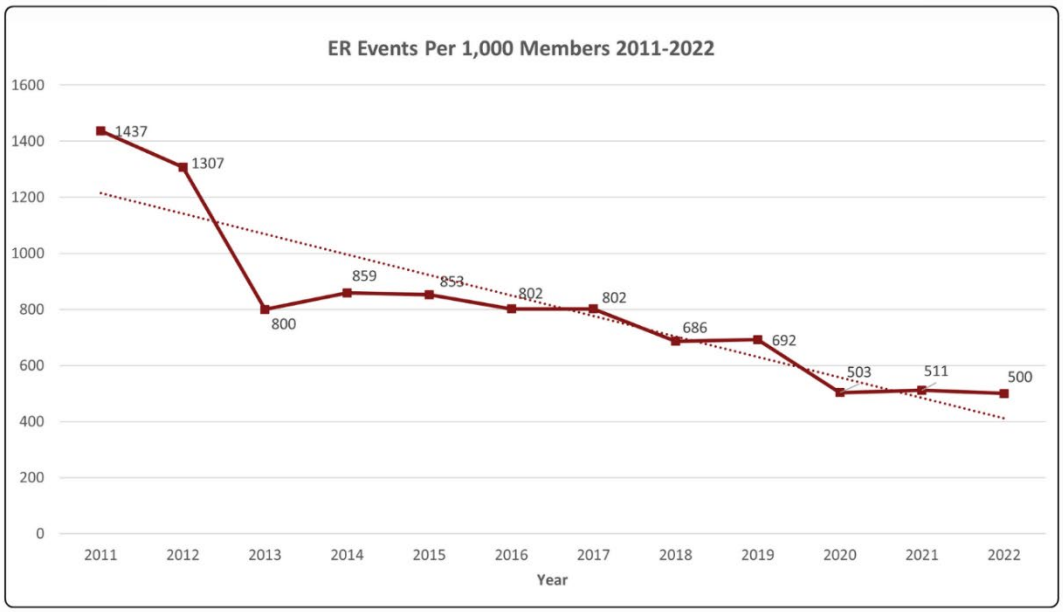
JANUARY *Motivational Interviewing* Presented by: Helen Farrar, Ph.D. 180 Attendees	**FEBRUARY** *Heart Health* Presented by: Kamran Muhammad, MD, FACC, FSCAI 79 Attendees	**MARCH** *Hospice and Palliative Care* Presented by: Jeffrey Alderman, MD, MS 89 Attendees
APRIL *Incarceration in Oklahoma* Presented by: Rachel Delcour 80 Attendees	**MAY** *Suicide Prevention* Presented by: Aaron M. Ashworth, M.A., M.Div., CMIII, LPC-S 103 Attendees	**JUNE** *Implicit Bias* Presented by: Jabraan Pasha, MD 86 Attendees
JULY *Healthy Minds Initiative* Presented by: Whitney Cipolla, MPA Policy Analyst 88 Attendees	**AUGUST** *Diversity, Equity and Inclusion* Presented by: Shalynne Jackson & Dr Teara Flagg Lander 82 Attendees	**SEPTEMBER** *Latino Community Health* Presented by: Francisca Trujillo, DNP, FNP-BC, BC-ADM 81 Attendees
OCTOBER *Obesity* Presented by: Dr. Catherine Gaffney, DO 83 Attendees	**NOVEMBER** *Indian Health* Presented by: Rhonda Beaver 20 Attendees	**DECEMBER** *Addiction & Recovery* Presented by: Juell Homco, PhD, MPH 61 Attendees

EMERGENCY ROOM UTILIZATION

OU Sooner HAN

Emergency Room Utilization

CY 2022



Top 3 ICD10 from ER Events in 2022

1. **J06.9 - Acute upper respiratory infection, unspecified**
2. **B34.9 - Viral infection, unspecified**
3. **J10.1 - Flu due to identified influenza virus with other respiratory manifest**

The most common day for ER visits in 2022 was

MONDAY

21,490

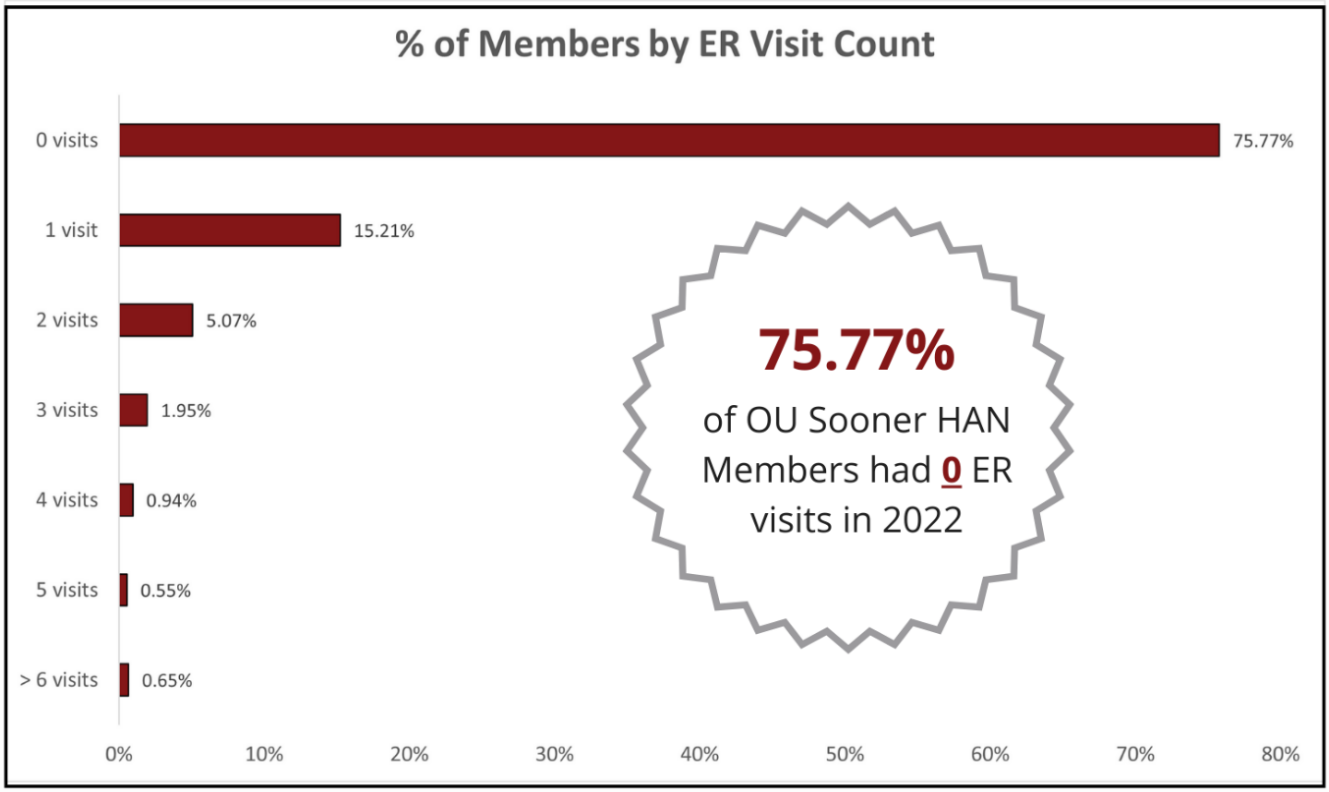
15.26%

The least common day for ER visits in 2022 was both,

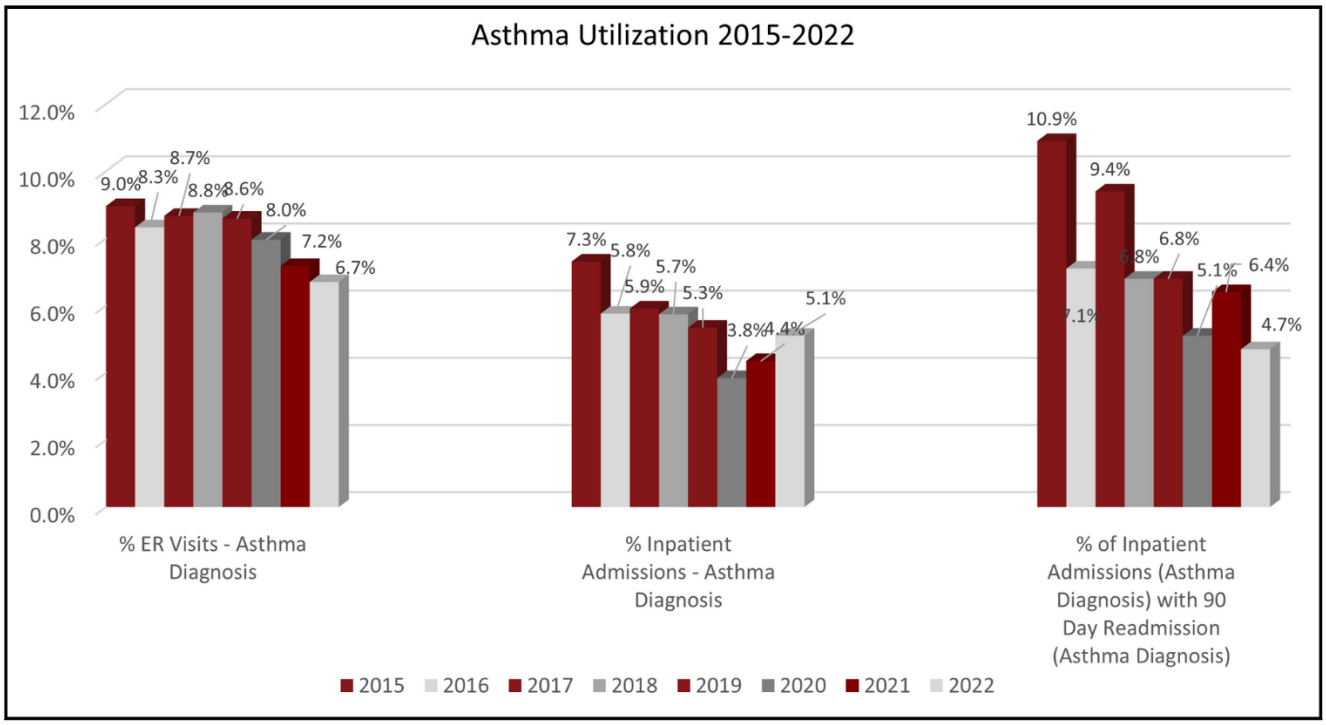
Friday 19,239 (13.66%)

Saturday 19,245 (13.66%)

EMERGENCY ROOM UTILIZATION

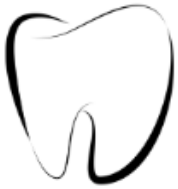


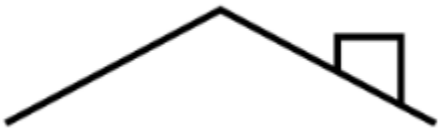
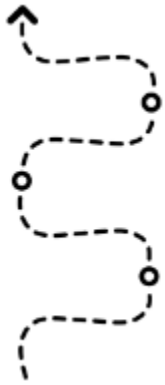
ASTHMA UTILIZATION



IMPACT STORIES

The stories highlighted below are just a few examples of how care management makes a difference. The stories are told from care managers' and from providers' perspectives. The member names have been changed to protect member privacy and confidentiality.

DENTAL CARE INCREASES CONFIDENCE	SNAP BENEFITS	HOSPITAL VISITS
Amy, is a 56-year-old who had a stroke and has depression. During the initial conversations with her care manager, Amy expressed a strong desire to explore coverage for dentures and hearing aids but had no idea where to start. The care manager helped facilitate Amy getting into a dental appointment. After that appointment with the dentist, Amy was fitted for dentures. In conversations after her denture fitting, Amy sounded less depressed and reported feeling more confident. She planned to get a job and asked for assistance with transferring to private insurance. This experience reinforced the belief that the care manager had made a positive impact on the member's life. The opportunity to be involved in the care and journey was valued. 	While completing the comprehensive assessments, Patty, shared that she was unable to work due to her inability to afford daycare. In addition to caring for her own daughter while her husband was at work during the day, Patty also watched her friends' child. Patty mentioned that she had previously tried to apply for SNAP benefits but had difficulty completing the necessary paperwork. She was unable to complete the application online due to being locked out of her account.  The care manager offered to meet with her and her husband to complete the application together. Patty declined this offer for several weeks. Finally, after building a relationship, Patty agreed to meet with the care manager and her husband in person. Together, they were able to complete and mail the SNAP application. Patty and her husband were finally approved for SNAP benefits, and this helped to relieve some of Patty's financial stress.	This had been the third time Cara's case had been opened for care management services, with little to no engagement from her in the past. The care manager called Cara to see if she wanted to engage in care management services. She proceeded to tell the care manager that she was in the hospital at the moment. She agreed for the care manager to come to the hospital and meet her. Since this visit, Cara has been actively engaged in services. The care manager meeting with Cara in person at the hospital during the early stages of their interactions resulted in a positive impact on the member's engagement with care management services. 

HOUSING	ACCESSING ADDITIONAL SERVICES
 Jose is a 56-year-old male whose case opened in February 2022. At the time, Jose had several needs, but the most pressing was help with his mortgage and becoming current on payments. At the time, he was over $20K behind on his mortgage. Jose had previously worked in a healthcare setting. Jose was responsible for managing household finances and earning the money for the household. In early 2021, Jose had a fall and broke his hip. He had three different surgeries including one due to infection. Due to his current circumstances, in addition to the ongoing Covid pandemic, Jose was unable to return to work. He had already attempted to apply for SSDI but was denied. At the time Jose was in the process of working with an attorney on this matter. The care manager looked into resources that would help with his mortgage and found Community Care OHFA. After many months of visiting the member's home to assist with completing the application, submitting the required paperwork, and communicating with the member's mortgage company, it was determined that the member also needed homeowner counseling. The care manager assisted Jose with meeting this need and sending the updated paperwork back to the Community Care OHFA. The member was finally approved to get his mortgage almost completely caught up! After 6 months, Jose was also approved for SSDI. Jose is now in a more secure position to continue payments toward his mortgage and stay current.	Susie has been working with her care manager for about two years. She often expresses how appreciative she is of the OU Sooner HAN Care Management program. She has faced many medical, financial, and interpersonal issues. Susie has been faithful to keep her PCP and Specialist visits, despite numerous setbacks with transportation. Her care manager is in regular contact with her and meets her for some of her specialist visits, as well as making home visits. This past fall, Susie applied for increased social security benefits because her husband finalized their divorce. They had been separated for over 20 years, but until now, he would not follow through with the paperwork. Susie received an increase in her Social Security income, which allowed her to become more financially stable. She can finally make improvements to her travel trailer, which is her permanent home. Susie was able to purchase a reliable vehicle so that she can get to her appointments and to the store without depending upon others. This past November, she drove to Arizona to visit her son. She expressed that even though the trip was long, she was so happy to spend time with her family. Susie had not been able to travel for decades.  Although she is still in constant pain, she has worked to prioritize her next steps for medical procedures. Susie and her care manager are in consistent communication about how she is doing, and they celebrate her milestones and victories together.

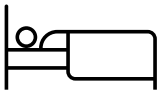
MEDICATION EDUCATION

Arnold is a 2-year-old boy who is assigned to the ER Tier 2 care group. Arnold's parents had been taking him to the ER for out-of-control fevers and seizure-like activity. The care manager attended a few of these PCP appointments with Arnold and his parents. While going through medication reconciliation, the care manager discovered they were giving Arnold a medication from Mexico called Neo-Melubrina. This medication was used in Mexico many years ago to treat fever and pain. The dosing of the medication was not clear, and it resulted in Arnold having uncontrolled fevers and seizure-like activity leading to frequent ER visits.

The care manager educated Arnold's parents about the use of the ER and notified the PCP about the medication. She communicated to Arnold's parents to stop administering the medication and instead treat his fevers or pain with Tylenol as instructed by the doctors' orders. Arnold's parents complied and stated to the care manager, "I did not know this medication was not good for my child. That is all that I knew from when my mother used to give it to me as a kid." The care manager assured the mother that she understood her intention to want to help Arnold the best she knew how. Since this time, Arnold has only had 1 ER visit. The care manager was also able to refer Arnold to a neurologist to verify that the member has no seizure activity apart from the high fevers from when he was sick. Although he is still being monitored for seizures, Arnold is not currently on any seizure medication. Arnold's parents are thankful for the care manager's assistance with making appointments, attending to home visits, and helping care for their child.

SLEEP STUDY

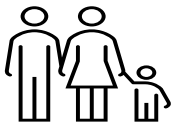
Brenda had three AirVac/Life Flight events before starting care management. A main part of Brenda's treatment needs was having a functioning BiPap machine. However, Brenda needed a new sleep study and did not have transportation to and from Tulsa. The care manager quickly learned that the transportation companies typically did not cover overnight visits required for sleep studies. The care manager organized a team meeting with the Oklahoma Health Care Authority and two different transportation companies. Ultimately, they were able to come up with an acceptable plan that allowed Brenda to attend her sleep study and receive her new BiPap machine. Working with Brenda the care manager organized all her specialist appointments and referrals. Since working with her care manager, she has only had one hospitalization in the past 10 months and none in the past 7 months.



QUOTE FROM A MEMBER

"I have come a long way from homeless, no income, zero. I have an apartment, food stamps, social security disability. She met my heart Doctor. She gave me sound advice dealing with my heart situation. She has assisted me in many ways getting my prescriptions refilled, my food stamps renewal, my blood pressure monitor." Email received from OU Sooner HAN Member

ADVOCATING FOR JOE	LANGUAGE BARRIER
Joe used to be a licensed plumber and even had his own company. He initially told his care manager that he was having difficulty with tasks that he used to be able to complete, including balancing a checkbook and completing math calculations. During an appointment with a new neurologist, Joe was unable to recall why he was there. The care manager was able to remind him of the events happening, provide relevant information about his health history, and served as his advocate. In addition to Joe, the provider often thanked the care manager for attending and assisting at these appointments. Joe recalls being contacted and offered OU Sooner HAN care management services in the past, at which time he declined. He now says he wishes he had accepted the OU Sooner HAN assistance sooner as it has been helpful to him. 	Ryan is a 5-year-old that had been having difficulty obtaining updated information about receiving ABA therapy. The care manager was able to contact the intake department at the school responsible for providing ABA Therapy and was told that Ryan had been accepted but had been placed on a waitlist. The care manager learned that the intake department's process to keep parents updated about the waitlist was sent via email.  Due to a language barrier, the mother had not provided her email information to the school. The intake department agreed to email these updates to the care manager so she could then relay the information to Ryan's mother. The care manager was able to assist with this barrier that was affecting Ryan from potentially missing out on receiving the care he was needing.

CULTURAL SUPPORT	NEW PCP COORDINATION
Sally was referred for care management in 2019. Sally was just nine years old with Type 2 diabetes and psychiatric issues. Her mother had suffered from a stroke and her father was illiterate, had some of his own addiction issues, and misconceptions around psychiatric care due to cultural beliefs. The care manager worked with the father in his preferred language and provided education in a culturally sensitive way and he finally agreed to treatment. He also addressed his own addiction issues. The care manager worked to get the mother the necessary services she needed as well, by referring her to the Advantage program. A DHS caseworker was also heavily involved in the case. The care manager spent a significant amount of time working with Sally, her father, and the DHS case worker to come up with a treatment plan and goals that addressed all the barriers. The care manager found culturally appropriate education materials in video and audio format, set up reminder systems and ensured that both Sally and her father understood how to treat her diabetes and psychiatric needs. Ultimately, DHS and the OU Sooner HAN were able to close this case. 	Natalie is 21 and has developmental delays and relies on her mother for most her care. They have been working with their care manager since 2019, but the mother had always been resistant to any in-person support. This past year Natalie's primary care provider (PCP) left the OU Tulsa Tisdale clinic, so the mom was unsure of where to go for primary care. The care manager encouraged them to stay with the OU Tulsa Tisdale clinic and to meet the new PCP. They scheduled an appointment, and the care manager was able to take the opportunity to attend the appointment and meet Natalie and her mom in person. The care manager assisted in establishing care with the new provider and filling in additional information. Natalie and her mom were both happy to stay at the same clinic and become comfortable with the new provider.