Western Colorado Accountable Health Communities Consortium

Introductions

Please tell us your:

Name

Organization & Role

What motivates you to participate in the Accountable Health Communities Consortium? Why are you here?

Accountable Health Communities Model

QUESTIONS? ANY FOLLOW UP ON THE PROPOSAL?

Proposed Consortium Goal

We seek your partnership in creating a more effective network to support the social, emotional and physical health of Western Coloradoans.

By supporting the most vulnerable members of our communities we will improve the health of our entire region.

Proposed Key Consortium Activities

1. **Information Sharing:** Share information about efforts within our region or at the state level that will advance our goal. What efforts would you like to be discussed at our Kick Off Meeting?

2. **Alignment:** Commit to seeking alignment in our individual efforts whenever possible or whenever it would extend our impact or reduce administrative burden. Are there areas where you can already identify potential for better alignment?

3. **Pursue opportunities:** Identify and pursue opportunities such as funding opportunities or opportunities for changing state policies that would further the goal. Are you aware of any opportunities that we should be pursuing?

4. **Engage communities:** Each Consortium member will be asked to play a leadership role in engaging a broader set of organizations and individuals (discussed further in later slides)

5. **Take Action:** Make incremental changes that are possible without additional funding or policy changes (discussed further in later slides)

6. **Provide Leadership to AHCM (if awarded):** AHCM will require that the consortium engage in very specific tasks including oversight of a quality improvement plan.

How do we know when we have been successful?

Population Health Measures (as Proposed in AHCM)

- Percent of adults that report a BMI>30
- Percent of high school students who seriously considered attempting suicide during the 12 months prior to the survey
- Percent of adults and children who state that their general health was fair or poor
- Reduce percent of adults reporting excessive drinking
- Food environment index
- Rate of population with severe housing issues
- Rates of child and adult maltreatment rates

How do we know when we have been successful?

Served Client Measures (Contingent on AHCM implementation)

- ER visits, hospital admissions, skilled nursing, facility admissions, total cost, discharge to home rather than facility
- Percent adults with health BMI
- Prevalence of identified social needs
- Percent of social needs for which there is no referral
- Patient Activation Measures
- Screening for Depression and Follow-up
- Percent of clients who receive community navigation who are able to achieve resolution of their top identified social needs.

What populations require special focus?

1. Latino/Hispanic
2. Medicare- Medicaid Enrollees
3. Members of the two tribes in Southwestern Colorado

How do we engage these groups? Are they adequately represented on the Consortium?

Engage your community/ fall meeting preparation

In order to maintain interest and momentum garnered through the proposal process, we would like to set up fall meetings in each region to gather people together in-person.

Our ask of you:

1. Identify who will be the point person for organizing your community meeting (and/or adding it to an already existing meeting)
2. Review list of people who signed MOUs already. Identify any gaps. Continue recruitment.
3. Schedule a fall date/time. We will then post on the AHCM website and distribute the information to all individuals who signed an MOU.

Key Community Leaders

Public Health Regions	Engaged Leaders
Jackson, Routt, Moffat, Rio Blanco	Lisa Brown- Northwest Visiting Nurse Association
Montrose, San Miguel, Ouray, Gunnison, Delta, Hinsdale	Lynn Borup-Tri-County Health Network Jeremey Caroll, River Valley Family Health Center
Mesa	Sarah Robinson- Mesa County Mike Stahl- Hilltop
Pitkin, Garfield, Eagle, Summit, Grand	Jennifer Ludwig, Eagle County Public health Sarah Vaine, Summit Community Care Clinic Jen Fanning, Grand County Rural Health Network
Dolores, San Juan, Montezuma, La Plata, Archuleta	Kathleen McInnis, Southwest Area Health Education Center Liane Jollon, San Juan Basin Health Department

Take Action Ideas

What can we do now? This week?

1. Begin assessing gaps between community systems and clinical systems. For example, we have heard the biggest gaps are transportation and housing. Within those broad categories, are there specific, small steps we can take? For example, increase communication between ERs and shelters.

2. Operationalize measures- agree on measures that capture our progress toward our goal and develop processes to collect and review those measures.

3. Recruiting- continue to identify community organizations and others who are not at the table and should be.

4. Identify other community resources lists (informal and/or formal) that are maintained within your community. Begin providing 211 with support in enhancing their database (Christie- let us know if this would not be helpful)

5. Identify a practice that would be willing to pilot a social needs screening tool (preferably in Mesa county where 211 is strong).

6. Identify opportunities in current care coordination/navigation activities to enhance or better connect with community navigation.

August Kick Off Meeting

ARE THERE TWO TO THREE PEOPLE WHO WOULD BE WILLING TO BE ON A PLANNING COMMITTEE TO PROVIDE FEEDBACK ON THE AGENDA AND FORMAT OF THE MEETING?

Questions??

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