Welcome to The Ascent, an e-resource from the Western Colorado Leadership Group that brings you timely, targeted news each month—news about population health, payment reform and the people working to pursue better care, lower costs and a healthier community.

Leadership
Janhavi Kirtane Fritz, director of NRHI's Collaborative Health Network

With support from the Robert Wood Johnson Foundation, the Network for Regional Healthcare Improvement (NRHI) launched the Collaborative Health Network in late 2014 to support meaningful connection and collaboration among "healthdoers" to accelerate improvements in community health and health care. NRHI is a member organization of nearly 40 regional health care improvement collaboratives from Maine to Colorado, and from Ohio to Oregon.

Kirtane Fritz has extensive experience leading community initiatives and forging innovative collaborations, including as acting director for the Beacon Community Program.

The Ascent: How did your Beacon experience influence your work with the Collaborative Health Network?

Kirtane Fritz: During my time leading the Beacon Community program, I came to appreciate the fundamental role communities are going to play to drive improvement in our health and health care system. The role of community has never been more important, but there needs to be a continuous feedback loop between federal, state and local agendas. What are we learning locally and regionally? How does that inform state and federal work? And when federal policy is enacted, how does that play out on the ground? How do we further improve the policy? We are building on the momentum to support community health improvement initiatives.

We have to harness what we’re learning in regions using the multi-stakeholder, multi-sector approach so we don’t have to keep starting from scratch. How can new programs benefit from what was learned from Beacon, RWJF’s Aligning Forces for Quality and others? We need to stitch together what we know about transformation. One of the things...
that keeps me up at night is the need to reduce the noise out there for the "healthdoers"--the people on the ground with dirt under their nails--the ones doing regional transformation. It's so critical that, with this volume of activity, we don't duplicate efforts and that we better align our efforts. So many new communities are trying to understand the successful work already out there. We're focused on understanding that ecosystem, on connecting the dots rather than building more silos.

That's why stories like Colorado's are so important. For example, the Center for Improving Value in Health Care is a member; its Healthy Transitions Colorado is a beautiful example of a network that could be replicated on a national level, and its cost-transparency work is groundbreaking. Colorado also has some terrific success with how data supports its Comprehensive Primary Care initiative.

**The Ascent: Can you give us an example of one of your projects?**

**Kirtane Fritz:** Networks begin with trust. However, we need to do more to foster relationships beyond in-person forums. We're interested in testing how technology can be used to support peer-to-peer connections and collaborative learning. The foundation of the Collaborative Health Network is the HealthDoers Platform, an easy-to-use online forum that supports tailored collaboration, knowledge management, conversation and shared learning. Imagine a world where we can build connection points across organizations in the health care environment. Many other industries are seeing progress on this front. We're starting to do that, but using technology to support shared learning is a nascent activity.

**The Ascent: Looking back, what are the key lessons from the federal initiatives you've led or helped lead?**

**Kirtane Fritz:** 1. Beacon provided a demonstration of the need for multi-stakeholder, regional work to drive improvement in health care. It taught us the need for well-led coalitions that include many different voices. Everyone has a role to play.

2. We need to continue to apply steady pressure to get the data necessary to drive improvement in health, cost and quality, particularly at the local and regional levels. Beacon provided a needed jump forward, but much still needs to be done. Beacon uncovered significant challenges related to data quality. But without data available across settings, we will not be able to understand our systems, understand where improvement needs to happen or how to measure it.

3. The work of transformation needs a slow and steady hand. To really transform how care is being delivered and to redesign care models takes time. It involves people, learning, leadership and time.

4. We must think about sustainability from day one, especially in terms of infrastructure investments. We witness the birth of so many wonderful programs, but their promising practices don't always continue after the program concludes. Beacon highlighted the importance of thinking about viability over the long term, not just during a program's duration.

**Western Colorado is creating an accountable community that uses health IT in a meaningful way, adopts value-based payment models, coordinates care and empowers patients to take charge of their health.**

**We aspire to ensure the following:**

- High-quality health care is affordable and accessible to all.

- Those who purchase health care are assured that care is effective, safe and appropriate.

- Patient care is a team effort, with roles that are well-defined, connected and collaborative.

- Patients have access to the support and information they need to take charge of their health and make their own decisions.

- Payment reform will foster reimbursement models that support accountability for population health and resource use.

- Information technology supports population health, helping providers predict outcomes, prioritize interventions and prevent disease.

- Health data is a community resource used in a secure way to support coordinated care at the population, practice and personal levels.
Population Health

Colorado identified as a Medicaid success story

Medicaid expansion is showing progress, but experts say there’s still a long road ahead to viability, reports Healthcare Finance News. “Perhaps the greatest challenge ... is how to harness the potential of primary healthcare for preventing high-cost behavioral and acute care.” Some programs are showing great promise, according to the article. “So far a success is Colorado’s Medicaid accountable care program, in which regional collaborative care organizations coordinate care for patients across primary care, specialty services, hospitals and community and social supports.” (Healthcare Finance News)

Study reveals surprises about "super-utilizers"

New research out of Denver published in Health Affairs offers insight into how best to address the needs of patients who frequent the emergency department—often termed “super-utilizers.” It finds that many patients who use health care services intensely do so for a relatively brief period of time. While a substantial 42 percent of these patients did have multiple chronic conditions, most did not. Forty-one percent of super-utilizers’ hospitalizations were primarily related to serious mental health diagnoses. Smaller numbers of high-use patients were hospitalized because of orthopedic surgery, trauma, terminal cancer or for emergency inpatient dialysis. (Kaiser Health News; Health Affairs)

Community Integration

CHF issues new report based on report card data

The Colorado Health Foundation is using data from its annual report card to inform a series of in-depth reports. The most recent, Colorado Medical Homes: Creating Healthy Connections, finds that 40 percent of the state’s population are now connected to a medical home. “A lot of work is underway to extend integrated primary and behavioral health to the majority of Coloradans, including the recently awarded $65 million State Innovation Model federal grant,” says Amy Latham of the Colorado Health Foundation. “We thought it was the perfect opportunity to reflect on how far we’ve come and explore the paths ahead for improving the care and health of Coloradans.” (report; data repository)

Blog: Combat food insecurity in clinical setting

Food insecurity affects nearly 16 million U.S. children. According to a recent Health Affairs Blog, clinical collaboration with community programs may be an effective way to connect those in need to food assistance. Nutrition may be seen as a source of preventive care as it directly and indirectly affects clinical outcomes. (Health Affairs Blog)

Payment Reform

Arenales on SIM and payment/delivery-system reform

Attorney Elisabeth Arenales of the Colorado Center on Law and Policy recently discussed the impact of the SIM grant and the importance of coordinating delivery-system and payment-system reform. “Those two pieces have to work in tandem. You’ve got to know what outcome you
want before you fully develop and adopt a model for payment reform." That's happening in Colorado, she says. "What we're seeing is delivery-system reform and then payment reform following that, or being used as an incentive, to make sure the delivery-system reform is working correctly." She notes that Colorado has been at the forefront of states trying different innovation models. "I think we're in the midst of a very transformative period. I don't think we know what the end result looks like yet. It's a work in progress." (Advocacy Denver)

**Colorado, five other states see re-enrollment success**
A recent Robert Wood Johnson Foundation report finds Colorado and five other states successfully re-enrolled large numbers of residents during the second year of HIX open enrollment. (FierceHealthPayer)

**Colorado sues over Medicaid**
Colorado has sued HHS in federal court, claiming it wrongfully denied $12 million in Medicaid payments. The dispute is over funds paid to the Denver Health and Hospital Authority for an outreach program serving low-income pregnant women, and children under age 19. (Denver Post)