THE ASCENT
A community approach to putting patients first

February 2019

Western Colorado Leadership Group

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

Leadership: Camille Harding, Colorado Department of Human Services

Camille Harding leads the Community Behavioral Health Division in the Colorado Department of Human Services, Office of Behavioral Health. Her team oversees the public behavioral health system, which includes statewide crisis services, prevention programs, and substance use and mental health treatment and recovery services across the state.

Ascent: **What is your vision for expanding and supporting behavioral health services across Colorado?**

Harding: We are undertaking a Population in Need Study to get a good understanding of services around the state and help our office prioritize efforts and financing for behavioral health services. We are looking at behavioral health data sets and convening community experts to identify and target areas of focus for the next several years. Read more.

Ascent: **What has surprised you most in the implementation of the Regional Accountable Care entities (RAEs), which are focused on providing integrated behavioral health and primary care for Medicaid beneficiaries?**

Harding: Since we work so much in the specialty behavioral health space, I haven't had a lot of recent interaction with primary care providers and how behavioral health screening is increasing demand for behavioral health services. In general, I think the RAE system expands access and allows providers to treat individuals in the primary care setting. I used to work in a primary care practice and provided behavioral health services in the primary care setting. This supports families in addressing behavioral health issues more immediately. Addressing parenting questions, developmental issues, managing case management needs and addressing social determinants of health is a huge opportunity to support clients. Read more.

Ascent: **What's next in terms of advancing behavioral and whole-person health in Colorado?**

Harding: We're looking at how we can leverage health information exchange for whole-person care, so behavioral health providers have access to the patient's longitudinal record—emergency room visits, hospital stays, etc.—that occur in primary care settings. Even from the criminal justice side, we're trying to leverage health information exchange so that when a person is incarcerated, a health care provider in a criminal justice setting can support continuity of care and maintain treatments—particularly in terms of medications. Read more.

Social & Behavioral Health Integration

Grant supports hiring case manager for public safety program

Public safety workers in Longmont, Colo. will soon have a case manager to support the Angel Initiative, which guides individuals with substance use disorder to resources for treatment. The position is funded by a $55,000 grant from the Colorado Health Foundation. Longmont has helped 128 people in the past year find support and treatment, a service that has mostly been directed by a community volunteer to date. (*Times-Call*)

School-based dental care reduces care gaps

Untreated tooth decay is one of the most common chronic conditions affecting children, and hits low-income families more than their wealthier counterparts. In-school dental programs serve students where they are, reducing lost classroom time and offering practitioners a chance to teach students preventive care. Experts say oral health affects a child's overall well-being and development; educators agree. "If your dental and medical needs aren't being met, homework is probably the last thing on your mind," notes one school administrator. *(Columbus Dispatch)*

90% of OD survivors released without addiction treatment

Fewer than 10 percent of West Virginia Medicaid patients treated in emergency rooms for opioid

poisoning received medication assisted treatment following the episode, a new study finds. About 15 percent received mental health counseling in the month the overdose occurred, but fewer than 10 percent received counseling after that. Researchers blame the missed opportunity for addiction treatment on a lack of training among health professionals to treat substance use disorders. (*Kaiser Health News*)

Guide offers quick summary of care models for complex patients

In one convenient, downloadable grid, the Commonwealth Fund's Quick Reference Guide to Promising Care Models gives a thumbnail sketch of 28 programs designed to meet the needs of complex patients. Many are specifically geared to special populations and integrated care approaches. Just updated for 2019, the Guide provides evidence for outcomes, as well as helpful contact information to reach program leadership. (Commonwealth Fund)

Payment Reform

GAO: Providers prefer voluntary over mandatory APMs

Providers prefer voluntary to mandatory Medicare alternative payment models, and they tend to participate if they can meet requirements and make money, according to a new report from the Government Accountability Office. Voluntary models are also more attractive to advanced, early adopters—and they're a good testing ground for the Centers for Medicare & Medicaid Services. Mandatory models, however, allow CMS to evaluate performance among a range of different provider types. (*HealthLeadersMedia*)

Primary care access tied to life expectancy

Every 10 additional primary care physicians per 100,000 population yields a corresponding 51.5 days of life expectancy, a new study finds. Unfortunately, the rate of primary care physicians trained and in practice hasn't kept up with population growth, and rural areas in particular tend to have a lower rate of physicians per capita than other areas. "Our reimbursement system needs to incentivize a realignment in the ratio between primary care and non-primary care that is associated with the best population health," said commentators on the study. (*JAMA study; commentary*)

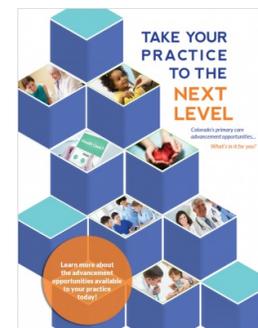## Care Coordinator Spotlight

Heather Akins, RN
RMHP Medicaid Care Coordinator, Larimer County

Heather Akins has been coordinating care for patients for almost two decades—and has been working as a registered nurse for even longer. Her background as a traveling emergency room nurse and then as a home health and hospice nurse contributed to her expertise in a range of settings—from rural hospital ERs to the patient's kitchen table. (Spotlight)

Practice Transformation

The Primary Care Transformation Resources Catalog, sponsored by the Colorado Health Extension System, features dozens of opportunities to enhance practice efficiency and effectiveness. It will help you assess where you are and where you want to go--and it will allow you to match resources with needs.

**For more information, contact
Cynthia Mattingley at** cynthia.mattingley@rmhp.org.

About the Community

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.
- Investments in information technology and health system transformation will improve quality of life and economic well-being across the state.
- Health is a community resource that requires leadership, stewardship, individual responsibility, community support and ongoing maintenance.

About RMHP

Founded in Grand Junction, Colo. in 1974, as a locally-owned organization, Rocky Mountain Health Plans provides access to affordable, quality health care enabling its more than 229,000 members across the Western Slope to live longer, healthier lives.

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