



# THE ASCENT

A community approach to putting patients first

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## Western Colorado Leadership Group newsbrief

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

**Sharon S. Jacksi, PhD, CEO, Strive**

*A new pilot underway in the Western Slope and Larimer County addresses a dangerous gap in care delivery: Individuals with intellectual or developmental disabilities (I/DD) who too often lack access to necessary mental health services. A 2014 report (available [here](#)) from the University of Colorado School of Medicine identified the scarcity of such services as a critical issue. In response, the state enacted new legislation designed to ensure timely access to behavioral health supports for those in crisis who also have an intellectual or developmental disability. The act provides funding for a pilot grant. The three-year pilot is being conducted by Rocky Mountain Health Plans in partnership with Strive (formerly Mesa Developmental Services), a community-based support services organization for individuals with developmental disabilities; Mind Springs Health; and other organizations.*

*In this interview, Strive CEO Sharon Jacksi discusses the pilot and why it's so important.*

#### **The Ascent: What are the pilot's goals? How will it achieve them?**

**Jacksi:** The overarching goal is to provide crisis intervention, stabilization (for those who need longer-term care) and follow-up to those children and adults with I/DDs who need mental health services. We hope to reduce emergency department visits and psychiatric hospital admissions, and we also hope individuals have an improved quality of life.

There are three components. First, the local 24/7 mental health crisis hotline professionals will screen each caller for an I/DD and, when appropriate, will jointly assess the individual with an I/DD professional to assist in determining their needs. For those who need longer-term care, the pilot provides for it in facilities designed for those with intellectual and developmental disabilities. I/DD and mental health professionals work as part of an interdisciplinary team, providing care management, medication monitoring and, ultimately, working with the individual on a plan to get him or her back into the community. Follow-up with the individual once she or he is back in the community is the final piece.

#### **The Ascent: How will this be sustainable?**

## In This Issue

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### The practice transformation support you need

Unprecedented transformation support and resources are



available to primary care and specialty practices in Western Colorado. [The Primary Care](#)

#### [Transformation Resources](#)

[Catalog](#), sponsored by the Colorado Health Extension System, features dozens of opportunities to enhance practice efficiency and effectiveness, many of which include practice facilitation assistance and staff training. It will help you assess where you are and where you want to go--and it will allow you to match resources with needs.

Use this resource guide to create an individualized learning curriculum that advances the competencies that are needed for high-performing primary care. For more information, contact Cynthia Mattingley at [cynthia.mattingley@rmhp.org](mailto:cynthia.mattingley@rmhp.org).

**Jacksi:** As part of the pilot, we're looking at funding gaps and identifying ways to use existing resources. Some of the services we just talked about may be funded under Medicaid waivers or other programs. The grant money is the funder of last resort. The onus is on agencies to get much of their funding on their own. So at end of the pilot we can say, for example, "we covered 60 percent through existing funds; we'll have to find a different way to address the other 40 percent."

### **The Ascent: *Why is this important?***

**Jacksi:** Nationally, about 1 to 3 percent of the population has an intellectual or developmental disability. Of those, 30-40 percent have mental health issues as well, but they lack access to appropriate mental health services. The pilot begins to bridge that gap, allowing mental health professionals to share their expertise with I/DD professionals and I/DD professionals to share theirs with mental health providers.

This benefits the individuals and the community. Because those with intellectual and developmental disabilities rarely have their mental health needs addressed beyond medication management, they often cycle back and forth between facilities. Often, someone won't be admitted to a psychiatric hospital because they manifest behaviors that appear more related to developmental disabilities. So the person returns home until the next crisis, and gets bounced around again. The actual mental health issue is never addressed.

It's critical for society to see those with developmental disabilities as part of the larger community, and to understand they should have the same privileges, responsibilities and access to appropriate services as those without them. Our goal is to bring better services and address specific individual needs.

## **Population Health**

### **CUF scorecard: Grand Junction, Fort Collins**

Overall, health care in many U.S. communities improved between 2011 and 2014, but significant variations remain, according to the Commonwealth Fund's [2016 Scorecard on Local Health System Performance](#), released earlier this month. It compares health care access, quality, avoidable hospital use, costs of care and health outcomes for 306 local areas around the country from 2011 through 2014. Those areas that improved did so largely because more people had insurance coverage and could afford needed care, and because providers performed better on quality and efficiency measures, such as limiting preventable hospital readmissions, according to researchers.

- [Grand Junction's overall ranking](#): 69 of 306, unchanged from 2012. For access, it ranked 271; prevention and treatment, 36; avoidable hospital use and cost, 4; and healthy lives, 50.
- [Fort Collins had an overall ranking](#) of 25 of 306, up from 48. For access, it ranked 121; prevention and treatment, 37; avoidable hospital use and cost, 49; and healthy lives, 19.

As a point of reference, in the [most recent state scorecard](#) (2015) Colorado ranked 8 out of 51, up from 12. To access this and other data, see [datacenter.commonwealthfund.org](http://datacenter.commonwealthfund.org). ([Commonwealth Fund](#))

### **Spirituality and health care: defining the terms**

Cleveland Clinic researchers have developed a working definition of spirituality to help establish a framework for spiritual care training and resources for clinicians providing bedside care; it was published in *American Journal of Critical Care*. "Developing a definition of spirituality pertinent to health care is imperative to empower nurses who seek to give whole-person care to their patients. Governing agencies mandate spiritual assessment and interventions by health care providers" without providing a framework, researchers wrote. After interviews with 30 nurses in a critical care unit at the Cleveland Clinic, they came up with the following

## **About Rocky Mountain Health Plans**

Founded in Grand Junction, Colo. in 1974, as a locally owned, not-for-profit 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.

### **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

definition: "That part of a person that gives meaning and purpose to the person's life. Belief in a higher power that may inspire hope, seek resolution, and transcend physical and conscious constraints." ([American Journal of Critical Care](#))

## Payment Reform

### [HA Blog: Value of integrating social, medical services](#)

In a *Health Affairs Blog* post, Melinda K. Abrams and Donald Moulds discuss the research, challenges and implications of improved coordination between medical and nonmedical services. They cite research showing it can improve health outcomes and lower costs for certain populations, but getting there is a challenge. They point out that many payers and providers lack clarity about the role health care systems should play in addressing nonmedical needs. "Few people in health care question the role that social needs play in one's health. [...] What's needed is more information on how to do it well. Time, trial and error, and evaluation will tell us if integration of medical and social services in health care settings yields the intended results: better care, improved patient experience, and reduction in health care spending." ([Health Affairs](#))

### [Mental health conditions most costly, study finds](#)

In 2013, mental disorders topped the list of most costly conditions, with spending at \$201 billion, according to research published in *Health Affairs*. The researchers note spending on mental disorders tends to be underestimated in other studies because institutionalized populations are excluded. They also point to another interesting finding: the low rate of growth in spending on heart conditions and cerebrovascular disease. "Most of the fastest-growing medical conditions, in terms of spending, are associated with obesity, yet heart conditions and cerebrovascular disease—which are also associated with obesity—have exhibited very low spending growth. [...] A look ahead suggests that reductions in deaths from heart conditions and cerebrovascular disease are likely to drive spending on mental disorders even higher, as more people survive to older ages—when mental disorders, such as dementia, become more prevalent." ([Health Affairs](#))

## Community Integration

### [Psych bed shortage means prison for some in crisis](#)

Two recent articles discuss how the lack of psychiatric beds in Western Colorado has led to the jailing of those who should be patients. Currently, law enforcement agencies are allowed to place people on mental health holds for a short duration. "Sick, scared, in crisis. slapped into suicide smock and put in solitary ... it's a traumatic experience," Delta County Sheriff Fred McKee tells the *Delta County Independent*. It's not just a problem in Western Colorado; across the state, a shortage of inpatient beds leads to patients being held for hours, and even days, in jail or the hospital emergency room. What's required, say those interviewed, is community and regional collaboration. ([Delta County Independent](#); [Montrose Press](#)--subscription required)

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.

## Learn More About Our Community's Success:

[Our Story](#) offers reports, academic papers and articles illustrating how leaders on the Western Slope are creating an accountable community to coordinate care and empower patients to take charge of their health. One example:

"The Colorado Beacon Consortium: Strengthening the Capacity for Health Care Delivery Transformation in Rural Communities," Douglas McCarthy, MBA, Alexander Cohen, MSW, MPH. [The Commonwealth Fund](#), April 2013



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