

THE ASCENT

A community approach to putting patients first



June 2018

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: Isabel Sawhill, Ph.D., Brookings Institution

Isabel Sawhill, Ph.D., is the senior fellow in economic studies at the Center on Children and Families at the Brookings Institution. Sawhill has been researching and writing about the growth of single-parent families for more than 40 years. Her primary focus over the past 10 years has been research and policy to improve opportunities for disadvantaged children. Sawhill's voice is featured in an upcoming RMHP issue brief about the economic benefits of long-acting reversible contraceptives.

Ascent: In your most recent book, you identify two sets of parent types: “planners” and “drifters.” Tell me about these two groups of today's parents.

Sawhill: All of us are, at various times, planners and drifters in our lives generally, not just in respect to parenthood. A planner is very organized, keeps to-do lists, sets goals for themselves, and then adopts various practices to help them achieve those goals. A drifter is someone who simply takes life as it comes, accepting whatever outcomes that produces, and is somewhat more fatalistic—less likely to believe that they themselves can have a big impact on what happens to them.

Most individuals are a mix of these two types. But where parenting is concerned, it's quite important to be a planner. Accidents happen, but a child shouldn't be one of them. It's too important. And so the fact that roughly half the pregnancies in the U.S. are unintended is not a good story. We should change social norms about this. We should say to young people, “it's great if you want to have children, but do think hard about when, if, and with whom you want to have children.” Because it will cast a long shadow, there's no question about it.

Sixty percent of births to unmarried women under the age of 30 are unintended, unplanned—the majority. That surprised even me. Many of these women are in a relationship with the father of the child at the time the baby is born, but those relationships tend to be very unstable. And so they break up and the mom becomes a single parent, and she faces all the struggles that single parents face, one of the most important being that she alone is responsible for everything—bringing in the income to the family, being the breadwinner—but also being the primary person responsible for the child and everything else in her life.

This is in no way to disrespect single parents; they're doing the best they can. But it's a very hard road to have to go down.

Ascent: How does unplanned pregnancy affect opportunities for future education and financial success—both for mother and child?

Sawhill: In today's economy, you need a lot more than just a high school degree to support a family. More people are going to college, or at least to community college and getting post-secondary training. If you suddenly have a child to take care of, continuing your education may not be practical or possible.

Your job prospects become more constrained. Everything just gets a lot harder and less flexible.

The research about the effects on children isn't definitive, but it does suggest they don't do as well as other children. Women who have unexpected births often get less prenatal care. They are more likely to have a low birthweight baby, and that can lead to health problems down the road. If parents are stressed out and not ready to be a parent, they're more likely to be abusive or neglectful.

There are definitely some downstream adverse consequences for the children. Not in all cases, but statistically, it's an added risk.

Ascent: What should be done in terms of government policy to turn the tide?

Sawhill: We need to provide women with both the *motivation* and the *means* to be planners. First, we must create more educational and economic opportunities for less advantaged women. If you have a sense of opportunity in your future, you will be more planful. You will be more motivated to care about when you have children and who you have children with. That's one reason why I think well-educated women are more likely to be better planners than less educated or more disadvantaged women. One of the reasons they plan is because they have more *reasons to plan*. They have more hope for their future.

Second, the government should provide women with the means to achieve their goals, to plan for the future. That means access to birth control, especially the most effective forms of birth control.

Social & Behavioral Health Integration

No waiting: Psychiatric urgent care opens

Waiting weeks for a first appointment with a mental health provider is no longer a problem in Des Moines, Iowa, where a local hospital has opened a psychiatric urgent care center. The clinic accepts walk-in patient appointments to help address the shortage of mental health providers; services include assessments, counseling and medication management. ([Des Moines Register](#))

Data on social health factors feeds improved outcomes

Putting more emphasis on gathering data on social health needs, and then engaging with members to help them overcome challenges, is improving chronic disease performance metrics for members of one health plan. Gateway Health, which serves Medicare and Medicaid members in six Eastern states, finds using a health engagement management system with data about social factors that affect health creates a common picture to better stratify member health risk and design interventions for improvement. ([HealthLeaders Media](#))

Staying active, engaged is good for senior health

Seniors who stay socially engaged can avert the loneliness and associated health issues that go along with isolation, the research shows. Studies show loneliness is linked to weaker immune systems, chronic inflammation and lower levels of mental agility. Community organizations and even some health plans are seeking strategies to steer older adults into volunteer activities, recreational programs and exercise—all aimed at reducing disability and declining health down the road. ([Kaiser Health News](#))

Suicide rates rise sharply

The suicide rate increased in every state except Nebraska between 1999 and 2016, according to a new report from the Centers for Disease Control and Prevention. More than half of those who died from suicide during the period had no known mental health condition. The CDC released guidance for states, communities, health systems, employers and individuals to understand suicide warning signs and increase prevention activities. ([The Washington Post](#); [CDC Vital Signs](#))

Payment Reform

CPCI findings: Better access, coordination; no cost savings

Final evaluation numbers are in for the original Comprehensive Primary Care initiative, in which 502 selected primary care practices—including a number of practices on the Western Slope—received care management payments and technical support to transform to patient-centered care delivery. Over the four-year initiative, measures in access and quality improvement showed positive results. Net costs, however, increased compared to non-CPC practices, although reductions in ED visits that advanced over the course of CPC promised future savings. While 79 percent of the participating CPC physicians said they would do it all over again, many said the reporting burden and transformation work was difficult. ([Health Affairs](#))

RMHP study: Integrating behavioral and primary care saves money

Using risk-adjusted payments that focus on improving quality in an integrated behavioral and primary care program saved money in Colorado, according to research published in *Translational Behavioral Medicine* on Rocky Mountain Health Plans' SHAPE (Sustaining Healthcare Across Integrated Primary Care Efforts) initiative. Six primary care practices in Colorado—each offering integrated, on-site behavioral health services—participated in SHAPE. Three received non-fee-for-service SHAPE payments to support provision of behavioral health services for 18 months, and three did not. Compared to the traditional fee-for-services control practices, the three SHAPE payment practices generated approximately \$1.08 million in net cost savings for their public payer population. ([Healthcare Dive; article abstract](#))

Member Spotlight



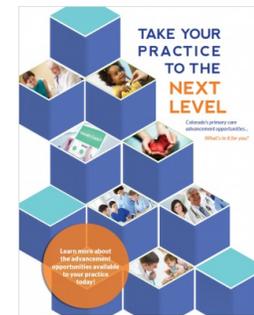
Desiray's adventure to Denver

Desiray, 48, describes herself as a tech-savvy musician living in Delta, Colo. She usually sticks pretty close to home in her assisted living center. But when she needed to see a physician specialist in Denver—a five-hour car trip each way—it was an adventure beyond her means and expertise. ([Member 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
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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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