

THE ASCENT

A community approach to putting patients first



April 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: Christopher Montera, BS, NR-P, CP-C, CEO, Eagle County Paramedic Services

Christopher Montera has more than 32 years of experience in paramedic services, public health and fire service. He has received numerous awards for his service and was named one of the top 10 EMS Innovators of the Year in 2010 by the *Journal of Emergency Medical Services*. He is the treasurer of the

Emergency Medical Services Association of Colorado, Central Mountains RETAC, and was the EMS data specialist for Western Regional Emergency Trauma Advisory Council under contract to serve the State of Colorado. Chris is in the final months of his master's degree in health leadership.

***The Ascent:* Vail Health announced this month a commitment of \$60 million over the next decade toward improving behavioral health services across the Eagle River Valley. What can you share about that and the work you're doing?**

Montera: Eagle County Paramedic Services frontloaded \$100,000 to set up a behavioral health crisis response team in the community. That team—which includes Vail Health Eagle County schools, Eagle River Youth Coalition, the Home Center, Mind Springs, Mountain Family Health, SpeakUp Reachout, University of Colorado's Depression Center and local police departments—got the county to put in another \$500,000, and then Vail Health stepped up and gave \$60 million, with the idea to raise another \$100 million to fully fund what we need in the community. [Read more.](#)

***The Ascent:* The paramedicine service there is truly top-notch. What are the top three things that set it apart as a value for the community?**

Montera: First, we are community-focused. We're here to serve. We're continually trying to find service gaps in the community that we can fulfill or, we find partners to do it. [Read more.](#)

***The Ascent:* Can you speak to the opportunity to use a program like Rocky Mountain Health Plans' Prime to expand integrated financing and community reinvestment in the dispatch and first responder innovations?**

Montera: You have to understand that for emergency management services, the only time we're paid is if we transport a patient. But our organization really wants to keep people out of the emergency room and receive focused care where they need it. If we can start saving health plans and patients money, and have better outcomes and experience of care, we're going to be very successful. [Read more.](#)

Social & Behavioral Health Integration

States expanding services to address social determinants

Medicaid programs are working to address social determinants of health more broadly, according to a new brief from Manatt Health and the Robert Wood Johnson Foundation. The shift to value-based care drives the expansion of scope and intensity of providing these services that impact up to 80% of health outcomes. Trend-setting programs are connecting members to social supports in the community, building a network of support organizations, providing supportive housing and incentivizing managed Medicaid plans to support interventions. They're also beginning to track and evaluate how social determinants are addressed and testing interventions for effectiveness. ([HealthPayer Intelligence: the issue brief](#))

Florida gets go-ahead to combine behavioral health with housing

Florida won approval to provide behavioral health services and housing to Medicaid beneficiaries with serious mental health or substance use disorders. The Centers for Medicare & Medicaid Services approved a waiver to use Medicaid funds to pay for transitional housing, tenancy support services, mobile crisis management and self- and peer-support, combined with access to community-based services. Florida must develop performance measures as part of the pilot, which, if successful, could pave the way for similar programs in other states. ([HealthLeaders](#))

Vail Health pledges \$60 million to improve behavioral health access

Vail Health has pledged \$60 million over the next 10 years to fund Eagle Valley Behavioral Health, a nonprofit collaborative that aims to enhance behavioral health access in the Eagle River Valley. The money will fund facilities, crisis management and walk-in centers, among other services. The funds will greatly expand the work that has already been done to assess behavioral health and mental health needs in the area where suicide claimed 17 lives in 2018. ([Vail Valley Partnership](#))

AMA, UnitedHealth back ICD codes for social determinants

The American Medical Association has endorsed nearly two dozen billing codes created by UnitedHealth Group in an effort to formalize billing for services that address social determinants of health. The ICD-10 codes allow social workers, doctors and care managers to document a patient's social history along with their medical history to enable easier claims processing and payment. The move paves the way for other payers to adopt the codes and reimburse those services accordingly. ([Forbes](#))

Payment Reform

HHS announces CMS Primary Cares Initiative

The Centers for Medicare & Medicaid Services announced five new programs to advanced value- and outcomes-based care, built on a foundation of CPC+ and other primary care-centric payment initiatives. The Primary Cares Initiative will launch in January 2020. Programs are aimed at a range of providers with the promise to focus more on outcomes and less on process measures. There are opportunities for individual and group practices, as well as for managed Medicare and Medicaid plans and accountable care organizations to participate. The five programs offer a mix of shared risk and capitation reimbursement. CMS says it created the programs based on aspects of approaches reviewed and recommended by the Physician-Focused Payment Model Technical Advisory Committee (PTAC). Participant enrollment starts spring 2019. ([CMS Announcement](#))

Blog: Repeal of IMD exclusion won't fix behavioral health

Rollback of the payment exclusion for inpatient mental health treatment under Medicaid has been touted as a "silver bullet" policy fix to increase access to services, but it won't completely solve the problem. It will take a larger effort to adopt best treatment practices in community and primary care settings, overcome treatment stigma and effectively pay for needed services, according to Benjamin Miller and Emma Sandoe in this *Health Affairs* blog. ([Health Affairs](#))

NAACOS slams CMS over lack of transparency in measure changes

The National Association of Accountable Care Organizations complained to the Centers for Medicare & Medicaid Services about lack of transparency in quality performance measures, at a time when "transparency" has been the theme of nearly every policy announcement the agency makes. The measure around tobacco prevention changed for 2018 reporting, but it flew under the radar for some ACOs that will likely be hit with a 30% reduction in their performance scores. CMS determines bonuses and loss based on an ACO's total performance score, in which the tobacco measure plays a small role. ([Modern Healthcare](#))

Care Coordinator Spotlight

Megan Riddell, Montezuma and Dolores Counties, CO

Don't let Megan Riddell's gentle voice and soft manner fool you. She's bold, and



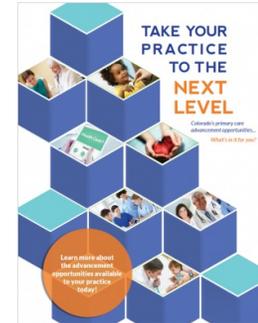
she's here to help.

Megan has been guiding those who need care to the resources they need for optimal health since 2012. As a Rocky Mountain Health Plans care coordinator serving members in the Four Corners area of Colorado, she isn't shy about letting people know what she's all about. ([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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