THE ASCENT

A community approach to putting patients first

August 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: Dick Thompson
Executive Director and CEO
Quality Health Network

Quality Health Network (QHN) began beta testing its Community Resource Network (CRN) this month; it is expected to go live early next year. The collaborative community network connects behavioral, social and medical service agencies with clients and with each other through secured shared technology. In this interview, Dick Thompson, QHN's executive director and CEO, talks about how the Community Resource Network builds on existing efforts in the Western Slope.

Ascent: *How does the Community Resource Network build on past and current work in the Western Slope to create an accountable care community?*

Thompson: This is really a continuation of work that began with the Colorado Beacon Consortium and, in partnership with RMHP, through a program called Coordinate the Coordinators.

As we've moved forward, we've begun to understand more: We've learned over the past five years. We've had successes, and we've failed a little bit here and there. You can learn as much from failure as you do from success—maybe more. Read more.

Ascent: *Why did QHN take on a challenge to bridge community and clinical organizations to meet these social health needs?*

Thompson: Community-wide care coordination is essential. It's a fundamental way to change how we work. If you look at the cost of health care, there's only so much you can do with negotiating contracts between health plans and providers. I think much of the world has come to the conclusion that there's very little you can do once the heads are in the beds. So, the secret may be to keep the heads out of the beds.

And if we're going to do that we need to move upstream. Arguably, we've known since the '70s that 80% of our health is determined by social determinants. And, if we can begin to lower those costs with far timelier interventions in that sector in a coordinated way across the community, it's likely to have a very solid impact both on the cost of care and, more importantly, on the health of the individuals and the community.

That's why we're doing it. It's squarely in our mission which is to use data to facilitate health improvements in the community.

Ascent: *QHN is receiving national recognition for this work, including from the Robert Wood Johnson Foundation. Tell us more.*

Thompson: We found out about the 2019 Robert Wood Johnson Foundation SDoH Innovation Challenge just a few weeks ago, just before their deadline. Considering all the work that went into envisioning the Community Resource Network—how it got designed, all of it—we think it's revolutionary in its simplicity.

Of 110 national applicants for this, we were honored to be among the top five. We focused on only one aspect of CRN—the client profile. We've now completed a follow-up submission to see if we can go from semifinalist to finalist. Here's the 150-character description that was part of the submission: "The SDoH Profile is a person-centric tool helping medical, behavioral, and social providers understand and act on client needs quickly and intuitively."

The winner will be announced around Sept. 18, and we're looking forward to the next round.

Social & Behavioral Health Integration

Addressing social isolation through mentorship

Loneliness—social isolation, in public health parlance—is unhealthy, and it's especially prevalent in rural areas. NPR recently reported on a novel program in northeastern Minnesota that attempts to address social isolation in the elderly while supporting young people in the community. AGE to age connects more than 4,000 youths with almost 2,500 older adults annually. Connecting a kid with an older adult is a way to give children the support of a mentor, and it gives the adults a sense of purpose, organizers say. (NPR)

Mapping tool helps identify areas of youth need

The School-Based Health Alliance has created a mapping tool to help predict geographic areas of need across a variety of social, economic, health and education indicators. The Children's Health and Education Mapping Tool uses publicly available national data sets to overlay geographic information about children's enrollment in Medicaid and the Children's Health Insurance Program, teen birth rates, food insecurity, housing availability, violent crimes and other social determinants. According to the Alliance, this tool can support the expansion of the school-based health care model by identifying geographic areas where adverse child and adolescent health outcomes intersect with key social determinants of health. (*Health Affairs*)

Obesity remains a health issue for blacks, Hispanics

Colorado's low obesity rates are deceiving, *Kaiser Health News* reports. Colorado is, in fact as two states in terms of obesity. The adult obesity rates among minorities are much higher—29.9% for blacks and 27.7% for Latinos—than the 21.6% rate for non-Hispanic whites. While those figures beat the nation's overall obesity rate of 39.8%, a large portion of state residents still struggle to eat healthily and live active lifestyles. The article explores various efforts to improve those numbers. (*Kaiser Health News*)

Payment Reform

Incentivizing connected care for the most vulnerable

Tennessee's Medicaid program, TennCare, offers bonuses to mental health providers who connect their Medicaid patients to preventive care as well as to treatment for physical conditions. In Tennessee Health Link's first year, 2017, TennCare paid nearly $7 million in bonuses to mental health providers who guided patients to such care. Providers are eligible for up to 25% of TennCare's savings. Studies show this sort of coordination and teamwork could end up saving TennCare hundreds of dollars per patient per year. (*Kaiser Health News*)

Public option hot potato: Now what?

Colorado is one of the first states to enact a public option, but no one knows exactly what it will look like. It guarantees consumers have at least one comprehensive health insurance option across the state, even if private carriers pull out. But lawmakers didn't offer details, so Insurance Commissioner Michael Conway and state Medicaid Chief Kim Bimestefer were left to create something for which there is no model. A recent stakeholder meeting in Keystone highlights just how tricky the task will be. (*Colorado Sun*)

Practice Transformation

The Practice Transformation Team at Rocky Mountain Health Plans (RMHP) has partnered with practices located in the Western half of the State of Colorado for over a decade, to develop a community of advanced practices by fostering quality improvement at the practice level between

physicians and patients with a focus on team-based, patient-centered primary care. A state-of-the-art practice transformation approach is integrated into the medical neighborhood through the implementation of care management and care coordination processes, and engagement of both primary and specialty practices.

As we find ourselves in an evolving health care environment, RMHP makes it a priority to work with practices to help them continue to provide high-quality health care. RMHP's programs:

- Align with the Colorado Healthcare Policy and Financing Alternative Payment Model (APM)
- Give your practice the building blocks to advanced primary care
- Help participating practices potentially qualify for a higher tier in RMHP's Regional Accountable Entity
- Provide the support and guidance that will help your practice succeed in the APM, including assistance with measure selection and performance

Learn More & Apply
To apply or learn more, please contact
Kristi Hall
Program Manager
RMHP Practice Transformation
Kristi.hall@rmhp.org
970-783-8687

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.

Follow us.   **Linked in.**   **twitter**