

THE ASCENT

A community approach to putting patients first



July 8, 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: Nancy VanDeMark, Ph.D. Interim President and CEO Mental Health Colorado

Nancy VanDeMark has worked in the mental health and substance use field for more than 30 years, most recently as director of the Office of Behavioral Health in the Colorado Department of Human Services. She previously worked as a consultant, an executive-level administrator of a substance use treatment organization and a research director. Her work has focused on improving mental health and substance use services for individuals with the most complicated needs.

Ascent: You've been working to improve mental health and substance use services for individuals for your entire career—in government, the private sector and academia. What are the top three changes you've seen in the past five years in this arena?

VanDeMark: One thing is the increased attention and resources moving toward treatment of substance use disorder. That's noteworthy. Until recent years, substance use disorders and people in recovery have been relatively hidden. It took the courage of high-profile people who have publicly acknowledged their substance use history, and of their family members, sharing their tragic story of loss, that has humanized the faces of people with substance use issues. The stigma, while still apparent, has begun to become less apparent in certain circumstances. [Read more.](#)

Ascent: What is the top challenge Coloradans face in terms of access to services, and what is Mental Health Colorado's role in addressing that challenge?

VanDeMark: We work on three levels: to promote mental health, to end stigma and to ensure access to mental health and substance use services. What we know is that stigma continues to prevent many people from accessing care. The [Colorado Health Access Survey](#) (by the Colorado Health Institute) found that almost a quarter of people needing mental health treatment don't seek it because they're afraid someone might find out they have a problem. This rate doubles when you look at the percentage of people who need substance use treatment but don't get it; it's right around 44%. So even though we've seen growth in availability of mental health and substance use services in primary care sites, many people still feel uncomfortable about talking to a professional about their problems. [Read more.](#)

Ascent: As a leader of a non-profit advocacy organization, what is the single most important message the community needs to hear about treatment and prevention of mental health and substance use disorders?

VanDeMark: It's a simple message: There is effective prevention and treatment for mental health and substance use conditions. If you believe that someone is struggling with a mental health condition or at risk for suicide, it is important to talk with them and encourage them to seek help, whether it's through Colorado Crisis Services (1-844-493-8255 or text "talk" to 38255), their primary care provider or

Social & Behavioral Health Integration

Behavioral health integration opens access to Massachusetts kids

Results from a five-year study on giving pediatricians more resources to treat conditions like anxiety and depression showed improved access to care for Massachusetts children. With a shortage of pediatric psychiatrists, the program brought psychologists and social workers into pediatric practices to triage cases and free psychiatrists to treat the more severe diagnoses. One key result: More than 90% of pediatricians surveyed reported an increased ability to manage mild-to-moderate mental and behavioral health problems. ([Metro West Daily News](#))

Big donors pool funds to address social health

The connection between health and the environmental and social issues that shape it is the impetus behind philanthropic funding pools that focus on social determinants. Funds like Blue Meridian and Co-Impact are able to grant more than \$100 million annually through donor collaboratives. The goal is to effect systems-level change via long-term, well-funded programs. ([Barrons](#))

Survey: Patients want providers to ask about unmet social needs

A recent survey found 68 percent of adults experienced unmet needs related to food or housing security, transportation or social relationships, and more than half (51%) said they'd like their medical provider to ask them about social factors that impact health. The survey puts to rest the idea that patients find the questions intrusive. Only 10% percent of the Kaiser Permanente survey respondents said they would find such questions annoying. ([Becker's Hospital Review](#); [Kaiser survey results](#))

To influence lawmakers, re-frame discussion about SDOHs

Using the term "Zip-code risk" clarifies the discussion with lawmakers around social determinants of health, says Joseph W. Thompson, former Arkansas surgeon general, as he addressed a group of business and health leaders. It's also helpful to put the discussion in terms of overall cost, which is naturally at the center of most health care policy decisions. As costs rise, interest in getting at the factors contributing to poor health is growing. ([Medscape](#))

Payment Reform

Summit buyer collaborative reins in high health care costs

For years, residents of Summit County, Colorado, home of some of the nation's loveliest ski resorts paid exorbitant prices for health care—costs that doubled between 2015 and 2019. But a newly-formed employer cooperative, Peak Health Alliance, has collaborated with the state's Department of Insurance to change that by negotiating directly with the local hospital and insurance plans to lower rates by as much as 20% for next year. Last week, Colorado Gov. Jared Polis announced plans to replicate the move statewide. ([Bloomberg](#))

Experts can't define "value-based care"

It's a term used ubiquitously in health care policy and finance discussion, but consensus on defining the term "value-based care" was elusive for a panel of experts convened for that purpose. A "population health" definition also failed to achieve consensus. The group met to more clearly define terms in an effort to ensure terminology is clearly understood among providers, policymakers and payers. It did agree on a definition for "value-based payment," however. ([Fierce Healthcare](#))

State waivers for Medicare? Consider "Medicare Direct"

While there's little agreement on what "Medicare for All" means to Congress and presidential candidates, there's thoughtful discussion about options to close the uninsured gap. One idea, called "Medicare Direct," would create a path for state health exchanges to offer Medicare-like plans, mirroring Medicare Advantage plans, with private company administration. This could be done through provisions of the Affordable Care Act using Medicare waiver authority. The idea is explored in a multi-part series in the *Health Affairs* blog. ([Health Affairs](#))

Care Coordinator Spotlight

Molly Tonello, Mesa County, Colorado

Molly Tonello was a Rocky Mountain Health Plans pharmacy research technician when she first learned about the health plan's care coordinators. The Colorado native observed the program leadership advocating for and empowering members



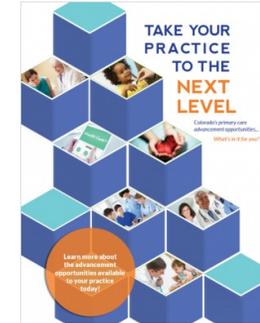
with compassion. And she wanted to be like them.

“This is where my heart is,” Molly says. “I asked for my job.” ([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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