March 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: Thad Paul, MPA, Larimer County Children, Youth and Families Division Manager

Thad Paul has spent 22 years serving children and their families in Larimer County, starting as a caseworker and moving up through the ranks to his current role as division manager. He also serves on the Larimer County Interagency Oversight Group.

Ascent: **You've been working on behalf of children and their families for more than two decades. What are the major changes you've seen in the past five years?**

Paul: The stressors change periodically, but what I see is almost an increased sense of isolation for some of the families we serve. It seems that with social media we should be more connected, but we're seeing a loss of the kind of real-life support that's immediately responsive to needs. The life stressors build up and they don't have the connections to people to support them through the struggles, which in turn adds to the stressors.

An additional stress is the disparity between income and what it costs to live here. The separation just seems to keep growing, and adds to that sense of isolation and not really being able to get by on their own.

We've been providing services in the community, and in the home if it's possible, because families need hands-on mentoring and life coaching. We have over 100 contracts with people to provide specialty services because it's our philosophy that no single agency can keep kids safe and improve family well-being. Our agency is in no way the only solution to helping families be healthy and well. That philosophy pushes us to engage community partners to help us fill gaps.

Ascent: **How are you making connections between access to health care and social services for families in Larimer County? Can you speak to the work of the Collaborative Management program in that context?**

Paul: We've been working collaboratively in Larimer County for a long time, but the state's Collaborative Management program incentivizes the work and creates a structure for families and leaders in the community to talk through the struggles through different lenses. We want to build strong, sustainable solutions for families and kids in the community, but we also don't want to do harm to other agencies that are working to do the same thing. The kids and their families here belong to all of us. That's the philosophy of our community.

We're meeting monthly with more than 20 board members, appointed by our county commissioners. In the room with the collaborative, we have directors of mental health and public health, so we're having those conversations to identify needs, talk through concerns and challenges—and that grows programs.

For example, the Family Assessment and Planning Team meets for a full day every week with families and kids at high risk of going into residential placements, to connect them to community resources and, hopefully, remove barriers that may be getting in the way of that family being successful. You get mid-level managers from different systems together to eliminate some of the frustration. Sometimes one agency can't do what we want to do, but when everyone works together, we can develop an understanding of how to address issues that one system can't do by itself.

As another part of the program, we have a couple of nurses through the Department of Health and Environment who can go out with social workers when we get calls to do a physical assessment of the children. That helps us to bridge physical health with child welfare and behavioral concerns, and provides a more well-rounded picture of health for the kids.

***Ascent:* What's next? What needs to happen to further advance social health and well-being?**

Paul: We need to do better at sharing information and figure out what's working for families across systems, instead of staying isolated in silos. One challenge is that we don't talk from a data perspective. It would be nice to know that what we're doing for child welfare families is making things better for that family from a health perspective. Is there something we can do better to serve them and prevent them from going into higher levels of care? Because ultimately, the best outcome for the child and family is the best outcome for us all.

The Adverse Childhood Experiences (ACE) study has been out there for decades, but there seems to still be a disconnect on how past trauma can affect physical and behavioral health. We want to work from that perspective: How do we help prevent kids from coming into our system? If we do this better, the kids we're serving today won't become the parents we work with in the future. Kids that are successful now avoid the generational issues we often see.

With the shift to the RAE there's a lot of opportunity to have behavioral health and physical health addressed under one umbrella. We're just on the edge of the opportunity those relationships may bring. Targeted interventions could maximize the impact across all the systems instead of just in those silos. We really need to get upstream and have a better understanding of the needs and gaps in the community, so investment in the family can be made before someone has to call the child welfare hotline. At that point, we've lost an opportunity.

Social & Behavioral Health Integration

Study: SIM model advancing behavioral health integration

States are making changes to advance value-based payment strategies, but hurdles remain to make broad adoption happen, according to a new report on the progress of the Center for Medicare & Medicaid Innovation's State Innovation Model (SIM). Colorado's participation in SIM has resulted in better integration of behavioral health in primary care, and primary care physicians as well as patients like the whole-person approach. Remaining challenges include a persistent shortage of behavioral health providers in rural areas and concern that, after the federal funding ends, providers won't be able to sustain their integration efforts. (Healthcare Dive; the report—see Appendix A for Colorado specifics)

Social determinants play a role in heart health

Housing and food security, transportation, healthy food and social connections impact health, but addressing these social determinants shouldn't contribute to physician burnout, too. Some creative cardiologists are using strategies that incorporate community settings and resources to solve for social needs. From barber-shop blood pressure screenings to enlisting the faith community as patient engagement partners, the results are better health *and* better community connections. *(Cardiovascular Business)*

Food insurance? Research supports it

New research supports the concept of food insurance to improve health. In a study by the Friedman School of Nutrition Science and Policy at Tufts University, Medicaid and Medicare members were provided debit cards and subsidies to buy healthy foods. The investment was promising for long-term illness and cost reduction, and it was found cost-effective in the short term. "Healthy food prescriptions are increasingly being considered in private health insurance programs, and the new 2018 Farm Bill includes a $25 million Produce Prescription Program to further evaluate this approach," researchers note. (Patient Engagement HIT)

Standardization in the practice enables better screening for SDOHs

A community health center has found a way to standardized and document screening for social determinants of health so it occurs without upending a busy practice's workflow. First, make sure the screening tool you use is also the one used by local hospitals and other providers in your area. Second, engage non-clinical staff to document the social risks in the health record (ICD-10 allows for this). And third, adopt a crosswalk of social determinants with diagnostic coding categories, so everyone in the practice can systematically link responses to the appropriate codes. *(Health Affairs)*

Payment Reform

CMS gives Colo. thumbs up to negotiate Medicaid drug prices

The Centers for Medicare & Medicaid Services gave Colorado approval to negotiate drug prices based on how well the drugs perform. The February waiver approval made Colorado only the third state empowered to contract directly with manufacturers on particular drugs based on their outcomes for specific populations. *(Modern Healthcare)*

BCPI Advanced Payment Model application window opens in April

In April, the Medicare & Medicaid Innovation Center will open the application period for the next providers to participate in the Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model, which includes payment for both inpatient and outpatient select clinical episodes. The program qualifies as an Advanced Alternative Payment Model (Advanced APM) under MACRA, so participating providers can be exempted from MIPS reporting requirements. Providers interested in the advanced payment model shouldn't procrastinate: CMS also announced it doesn't intend to have additional classes after it opens the final application period in January 2020. All new applications must be submitted via the BPCI Advanced Application Portal.

Care Coordinator Spotlight

Sarah Weltzer, MS, Larimer County, Colo.

Even before patients leave the care of an inpatient behavioral health facility, Sarah Weltzer is working behind the scenes to help them take the next steps to better health. Sarah is a mental health counselor by training, and her work as a care coordinator is to connect Health First Colorado members in Larimer County, Colo. who have behavioral health needs to resources to improve their health. (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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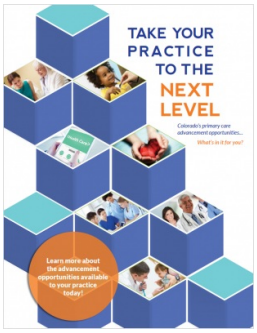

About the Community

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.

RMHP COMMUNITY

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