THE ASCENT
A community approach to putting patients first

May 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

Cristina Gair, Executive Director
West Mountain Regional Health Alliance

Cristina Gair is executive director of the West Mountain Regional Health Alliance (WMRHA), a community alliance committed to create an integrated physical, behavioral and oral health care system in Eagle, Garfield and Pitkin counties along the Western slope of Colorado. Its initiatives focus on improving access to care and addressing the social determinants of health so people can become healthy and have an improved quality of life.

Ascent: Tell me about the value of the Accountable Health Community Model (AHCM) and how it aligns with your organization's goals.

Gair: WMRHA was created to help ensure that people were getting access to care they need, and from there it moved to work that aligns providers and advocates for important policies that the Alliance felt were needed to support that work. Even if you have access to health care, there are other factors that impact whether someone can get and stay healthy, like housing, food insecurity, transportation and social isolation.

When we became a lead for the AHCM, it brought a more formal focus on social determinants of health and our work to bring together the health and social services partners in the region. Before, those groups may have been working together at some level, but now it's at a deeper level.

Ascent: WMRHA spearheaded the AHCM's care coordination survey, working with the medical, behavioral health and non-profit social service organizations. The results helped inform the work among other health alliances in the region. What were three key takeaways from that survey?

Gair: First, the survey gave us a more clear picture of where people were concentrating efforts and where they might benefit from shared training, so care coordinators working with all these different entities can speak a shared language and support each other. Each region in the AHCM received results from their own care coordinators so they can analyze their own needs and customize support.

It also gave us a more clear picture of what was actually happening on the ground. We know that we have a lot of strengths in some areas, but weaknesses in others. Knowing that enables us to do better planning in care coordination for Region 1 and gives us insight to better support care coordination. We're moving forward with Bridges Out of Poverty and cultural competency training, as well as coordinating no- or low-cost training in other areas, too, like motivational interviewing.

Finally, we have a better understanding of how to more effectively connect care coordinators with providers—we can really connect those dots. Care coordinators call themselves many different names, like navigators and case managers. Now, medical providers can recognize who they are and have a better understanding about their role, especially with community-based organizations.

*Ascent: **What are next steps for WMRHA to advance health care access?***

Gair: We had two organizations piloting the AHCM social needs screening tools this spring to initially work out the kinks in administering it.

At the same time, our Public Health departments in Eagle, Garfield and Pitkin counties identified our top priority issues as healthy housing, mental health and behavioral health. Housing is a real concern in our region. Many people pay 50 percent of their income for housing, and our vulnerable population is really struggling. We're looking for ways to take some concrete action. We brought together a housing and health summit in April and have another scheduled for July. Housing and health organizations don't always chat with each other, and we're trying to create that opening so they can start talking.

We're excited to partner on this effort. We've been fortunate to have some positive steps in behavioral health integration and access, and this next step will entail becoming more intertwined with organizations focused on social determinants of health—and we hope that will result in more positive outcomes for our community.

Social & Behavioral Health Integration

51 million Americans are food insecure
In 2016, 12.3 percent of the U.S. population—51 million people—didn't have access to enough healthy food, according to the USDA. Often, those with food insecurity earn just enough to keep them from earning federal assistance. The food insecure are more likely to develop chronic diseases like COPD, diabetes and asthma. They're also more likely to skip breakfast, have trouble sleeping and use tobacco—all factors that negatively affect health. (*HealthPayerIntelligence*)

Providers: No time, resources or compensation for social health
A majority of physicians responding to a national survey say neither they nor health plans are responsible for addressing social determinants of health, such as food security and transportation—although nearly half said their patients would benefit from assistance in obtaining needed services. As payers switch to value-based payment and an expectation for providers to assess and refer for social health needs, they'll need to address a provider mindset that says "it's not our job." (*Modern Healthcare*; *Leavitt Partners report*)

Housing First lowers homeless rate in Florida
The number of homeless living on the streets and in shelters in Florida's Broward County declined 5.4 percent over the past year. Housing program leadership says implementation of the "Housing First" principles of getting people into personal housing right away, before trying to solve for substance abuse or mental health issues, is the reason. "People tend to stay in permanent supportive housing," says Broward Commissioner Nan Rich. "It's a lot more expensive if you leave people on the streets and they go into prison." (*Sun Sentinel*)

AHIP, AHA support sharing behavioral health data under HIPAA
Health plan and hospital trade groups support a bill to bring behavioral health information into the same data sharing environment as physical health information. The measure would require behavioral health providers to share records of patients with substance use disorders in the same way other health records are securely shared among providers. It's part of the Overdose Prevention and Patient Safety Act currently winding its way through the House. Opponents see sharing mental health records with other providers as an invasion of privacy, but supporters say it's critical for providers to understand patient history, which may affect medical treatment. (*Healthcare Finance*)

Payment Reform

CMS announces new strategy for rural health
The Centers for Medicare & Medicaid Services announced its new rural health care strategy this month. CMS says it will apply a "rural lens" to its overall policies to ensure the 60 million Americans living in rural areas benefit from the agency's work. CMS plans to reduce barriers to telehealth services, such as reimbursement and cross-state licensure issues. Addressing barriers like transportation and boosting health technology infrastructure to improve patient access to information is also in the mix. *(HealthLeaders)*

Primary care shift to value raises profitability 25% or more
A provider's ability to handle two-sided risk is critical for success in today's value-based primary care environment, according to analysis in the *New England Journal of Medicine.* The potential to enhance earnings by upwards of 25 percent in value-based models should make the shift from a fee-for-service

environment more appealing to practices, but it takes a physician mindset dedicated to total patient health and quality outcomes, as well as practice redesign. Most of the savings in health care cost expenditures is derived from better managing patients with chronic illness and preventing costly hospitalizations. (*NEJM Catalyst*)

Care Coordinator Spotlight

Aaron Hankins, RN, Case Manager

A typical week sees Aaron Hankins covering hundreds of square miles to personally serve residents of four Colorado counties and part of another. Hankins was born and raised in the region. It is a largely rural, rugged area, and Hankins's job is to support the needs of Rocky Mountain Health Plans' Medicaid community residing in the area he serves. (Care Coordinator 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.
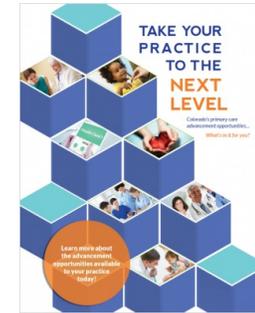
About the Community

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.

RMHP COMMUNITY

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