THE *ASCENT*

A community approach to putting patients first

May 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: Ryann Vernetson, MA, LPC
Executive Director, Clinical Innovation and Technology
Specialized Alternatives for Families and Youth

As executive director of clinical innovation and technology for Specialized Alternatives for Families and Youth (SAFY), Ryann Vernetson drives best practices and clinical innovation through SAFY's seven states while identifying technological solutions to increase efficiency and ensure that clinicians spend more time with families and children—and less time behind a computer. She is passionate about multigenerational, trauma-effective services and started SAFY of Colorado with a colleague in 2014. She is an animal-assisted canine therapist, partnered with a three-year-old canine named Savannah.

Ascent: **What are the top three trends you're seeing in effective treatment modalities for youth and family who have experienced trauma?**

Vernetson: We're seeing animal-assisted intervention or therapy as a vehicle for effective treatment with both individuals as well as families. It can be powerful, especially for people who have tried therapy before but didn't find it effective.

Especially for people who have been harmed by other people, it can be hard to enter a therapy space and trust a stranger. We can facilitate a trusting relationship between a canine and a client with a therapist present. When we start the relationship there, and give people the opportunity to be successful, we see that trust generalized to the provider over time. (Read more)

Ascent: **From your perspective, what's the importance in terms of efficacy around in-home services?**

Vernetson: We know, especially for families, that no one exists in isolation. We get a really clear sense in the home setting of all the interactions that can contribute to that person's wellbeing. It allows us to more broadly address the challenges a family is facing that we wouldn't see if we were only seeing them in the office. We try to really do the work where it's needed, and sometimes that's in the home or the school setting or in the community.

The impact of trauma can be fairly broad, and sometimes when people are living in crisis, the part of their brain that helps them plan ahead can be compromised because the brain is focused on living in the moment. They may have a hard time planning to get to an office because their brain is directing them to just get through today. When we're able to eliminate the transportation or other logistical barriers to treatment, it allows families to more easily access treatment. (Read more)

Ascent: **What would you like to share about innovative work SAFY is doing to tie treatment to outcomes?**

Vernetson: Often, the families we serve have tried treatment approaches that didn't work, and they feel like they've failed or there's nothing that can help their family. We have a treatment philosophy and practices that really drive increased engagement with families, and we have a high engagement rate; only about 10 percent of our appointments are canceled. We believe there are a couple of things that drive it.

The first is *voice and choice*. We don't have a model that requires people to always come to an office, and we have very flexible working hours. A lot of our appointments happen after 5 p.m., which is helpful for the family. We truly listen to what families need and do our best to honor those needs in treatment. ([Read more](#))

Social & Behavioral Health Integration

Initiative to assess social determinants of health gathers momentum
Some 110 community and clinical partners, as well as leaders of hospitals, behavioral health and government organizations, convened May 7 for the semi-annual Accountable Health Communities Model (AHCM) meeting in Grand Junction, Colorado. The gathering was designed to build momentum and accelerate screening for social determinants of health in settings across the Western Slope. ([Read more](#))

Study aims to discover why homeless age at hyper speed
Clinicians treating the homeless population in California have noted a higher-than-normal rate of early symptoms of Alzheimer's disease and other degenerative brain disorders. New research will examine whether factors such as lack of sleep, exposure to air near highways and poorly controlled chronic disease contributes to early aging—or whether neurological disorders are a reason why individuals become homeless. Those interviewed for the research report higher-than-average rates for additional unmet social needs, including extreme loneliness and interpersonal violence. Advocates say cities where homelessness is growing could reduce spending in emergency rooms and shelters by providing housing for the growing number of baby boomers living on the streets. (*[Nature](#)*)

Behavioral health cases rapidly rising for younger set
Between 2007 and 2017, behavioral health cases covered by private health plans doubled. Among those of college age, generalized anxiety disorder claims rose by 441%; the rate of increase was almost as high for high-school age patients. Opioid dependence outstripped alcohol abuse claims during the same period. Health systems report an "alarming" increase in the rate of pediatric behavioral health cases treated in the emergency room, prodding some hospitals to beef up referral resources and behavioral health capacity. (*[Modern Healthcare](#)*)

Those with unmet social needs report higher health care utilization
McKinsey & Company surveyed more than 2,000 Americans to better understand the relationship between their social needs and their health. A key insight: those who said they were in poor health or used the health system more were likely to have more than one unmet social health need. Food insecurity was the most commonly reported need (35%), followed by community safety (25%) and housing (21%). Most of those with a need (85%) said they would be open to programs that help fill the gap if offered by an insurer. ([McKinsey.com](#))

Payment Reform

Medicaid SDOH pilots uncover large-scale unmet needs
State-level initiatives to address social determinants of health in creative ways are reporting success, but most are small and without long-term funding security. A *Health Affairs* analysis took a close look at several programs that are funded by Medicaid 1115 waivers. Because the programs are breaking new ground, the qualitative research uncovered difficulties the programs had in establishing systems and processes for screening and addressing social health needs, as well as lack of clarity for what could be covered by Medicaid. Another hurdle was provider discomfort around asking patients about unmet social needs. Another common issue: The scale of unmet social needs far exceeds available resources. (*[Health Affairs](#)*)

Majority of physician practice revenue involves downside risk
A majority of physician practice revenue (56%) involves downside risk, according to a new survey from the American Medical Group Association, and 74% of practices are willing to participate in risk-based models within the next two years, a leap from the 46% who said so a year previously. About twice as many practices reported they participated in the Merit-based Incentive Payment System (MIPS) than in the Advanced Alternative Payment Models (AAPMs), but the ground is shifting; a larger share said that, in 2019, they expect to qualify as AAPMs, and the number who said they don't yet know how they will participate in MACRA in future years is growing. ([HeathcareDIVE](#); [AMGA survey](#))

Member Spotlight

Mark Ortega, Dolores County, Colorado

Just about a year ago, Mark Ortega met Rocky Mountain Health Plans' Eve Pressler at a homeless shelter in Durango. The 59-year-old had worked as a seismographer for eight years. He worked other jobs in Colorado and the Four Corners area since, but work wasn't on his mind in June 2018. He had recently discovered he had kidney cancer and needed help with a place to stay so he could recover after surgery. Eve, an RMHP care coordinator, arranged for a hotel room and other resources he needed, and then Mark moved on to stay with his friend, Clint Morton in Dolores County.

Soon after, RMHP care coordinator Aaron Hankins caught up with Mark again.

"Aaron picked up the ball and is trying to get me into this program to take care of my cancer," Mark says. "And I'm scared." ([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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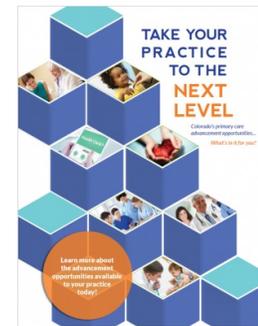
About the Community

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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