

# THE ASCENT

A community approach to putting patients first

November 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: Jennifer McAtamney Executive Director, Building Hope

Building Hope, established in June 2016 by the Summit Foundation, became a separate 501(c)(3) nonprofit in 2019. Its mission: to create a more coordinated, effective, responsive mental health system that promotes emotional health, reduces stigma and improves access, care and support for everyone in Summit County. Its new executive director, Jennifer McAtamney, discusses Building

Hope's role in the community.

**Ascent:** *Can you talk about Building Hope's genesis and how it ties into the region's suicide rate?*

**McAtamney:** The community has really struggled for years with issues around mental health and substance use. It's what we call the paradise paradox: We live in a beautiful resort area, but the wages are low and the mental health needs are high.

I would say it took a perfect storm. A number of longtime locals committed suicide in a short period of time. One of them, Patti Casey committed suicide in 2016. She had been deeply involved in the community and as a trustee of the Summit Foundation.

Her death took everyone by surprise on so many levels. Here was a family with excellent resources, a family involved in the community. And even with that, her struggles overcame her.

I will never forget her funeral service: They put her struggles front and center. And as a result of the family's honesty, the community really began to rally. It was pretty amazing.

Building Hope was born out of that. It's a community-wide initiative designed to create a more coordinated, effective and responsive mental health system that promotes emotional health, reduces stigma and improves access to care and support for everyone in Summit County.

It began with a series of stakeholder meetings. Instead of creating yet another needs assessment, they cross-walked about 15 existing ones to identify what was going on with the mental health system.

**Ascent:** *How are you connecting with individuals and coordinating with other organizations?*

**McAtamney:** We've been rolling out several initiatives; I'll share two of them:

We created a scholarship program, so if you have a financial barrier around accessing therapy, we will give you a voucher for up to 12 sessions with a therapist in our network. And we now have a network of about 50 therapists. This way, we're supporting private providers, and we're also making sure that we're lowering that barrier so people can get the help that they need.

Another project is a 24/7 co-responder program with the sheriff's office. When a call to 911 is identified

as a mental health call, a plainclothes deputy and a clinician will respond in an unmarked car. The idea is to divert individuals from either jail or the emergency room. Potentially, the team can help the person stabilize in place. Being able to do this in the least restrictive manner possible and meet people where they are will be a game changer for people who are in crisis.

### **Ascent: What would you like the community to understand about Building Hope?**

#### **McAtamney:**

1. We believe mental health needs to be front and center. A large part of our mission is to remove stigma: It's ok not to be ok.
2. We're a scrappy little nonprofit that relies on community support.
3. We are here to do systems work, to make sure we're growing capacity. In Summit County, we have a very strong nonprofit community, and whenever you think about starting a new one it's bound to get people nervous because of the competitive landscape around funding. We aren't competing for that. We do a lot of work organizing and streamlining the system, but we do not deliver direct services. As a result, we have been embraced by the community in a huge way. They trust us.

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## **Social & Behavioral Health Integration**

### **New research: LARCs in the Latino community**

New brief released summarizing research around raising awareness and adoption of long-acting reversible contraceptives (LARC) as a way to address adverse health outcomes of unintended pregnancy in the Latino community. The brief, based on 2018 research sponsored by RMHP and conducted by Denver-based PDF Consulting, offers potential avenues health care providers and public health leadership may take to promote greater adoption of LARCs among Latino teens, within and outside of Colorado. ([Brief](#))

### **Race, ethnicity lead to diabetes readmit rates**

In a retrospective analysis of over 270,000 Medicare beneficiaries with diabetes, racial and ethnic differences seemed to prevail as factors significantly associated with risk for hospital readmission. Researchers writing in *JAMA Network Open* say "these findings further reinforce the importance of targeted efforts to improve diabetes management among black and Hispanic patients, who are at the highest risk for diabetes-related and all-cause hospitalizations and, as such, can inform allocation of local and national resources to patients with the highest risk and the hospitals where they seek care." ([JAMA Network Open](#))

### **Hospitals look at on-campus options**

Legally and morally, hospitals cannot discharge patients if they have no safe place to go. So when patients have no stable home, they may stay in the hospital for weeks—even years, as in the case of one Denver Health patient. In response, some hospitals plan to create housing for these patients. Denver Health is partnering with the Denver Housing Authority to turn an unused building on the hospital campus into affordable senior housing. It would include apartments designed to help homeless patients transition out of the hospital. ([Kaiser Health News](#))

### **Med school with a mission to meet rural need a partial success**

The University of Kansas School of Medicine-Salina opened in 2011. The single-building campus had one focus: producing doctors to serve in rural communities. But of its eight graduates so far, only three chose to go where the shortages are most evident. Two went to small cities with populations of fewer than 50,000. And three chose the big cities—Topeka and Wichita. Their decisions illustrate the challenges facing rural recruitment, including a lack of small-town residencies, the preferences of spouses and the isolation that comes with practicing medicine on one's own, according to *Kaiser Health News*. ([Kaiser Health News](#))

### **ED use up before and after shelter stays**

Homeless patients are at higher risk of an emergency department visit before and after shelter stays, according to research published in *Health Affairs*. Researchers looked at records from New York City's municipal shelter system and an all-payer claims database to track ED use. Between 2009 and 2015, 39.3% of first-time shelter users either visited an ED or were hospitalized in the year before entering a shelter. In the year after they left the shelter, 43.3% either visited the ED or were hospitalized. "Our findings highlight the necessity of collaboration between homeless services and health care systems to best address the needs of their shared client-patient population," the researchers conclude. ([Health Affairs](#))

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## **Payment Reform**

## Study: Free essential medications improve compliance

Providing life-saving medicines at no charge to patients who have difficulty affording medicines appears to improve adherence, according to research published in *JAMA Internal Medicine*—and the researchers say their findings could have important policy implications. The researchers distributed essential medicines at no charge for one year; the result was increased adherence and some improved disease-specific surrogate health outcomes. “These findings could help inform changes to medicine access policies such as publicly funding essential medicines,” researchers observed. ([JAMA Internal Medicine](#))

## Medicare Advantage gets a boost

The executive order President Donald Trump signed earlier this month seeks to advance value-based care by bolstering Medicare Advantage. The order directs Health and Human Services to develop regulations and implement administrative actions that encourage MA plans to offer innovative plan designs and benefits (e.g., telehealth) not available in fee-for-service Medicare. It also directs the agency to create a new payment model that adjusts MA supplemental benefits to allow seniors to more directly share in any savings. ([Medical Economics](#); [executive order](#))

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## Member Spotlight



### Shawnee Shilling, RMHP member

Not every patient who needs opioids has a substance use problem, and not everyone who asks for painkillers is a “drug-seeking patient.” On paper, that seems quite obvious. But that’s not how it plays out in real life. Read how Shawnee Shilling got her power back. ([Spotlight](#))

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## 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](mailto:Kristi.hall@rmhp.org)

970-783-8687

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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.



Rocky Mountain Health Plans  
2775 Crossroads Blvd, Grand Junction, CO 81506  
[www.rmhpcommunity.org](http://www.rmhpcommunity.org)

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