

# THE ASCENT

A community approach to putting patients first

**October 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**



### **Leadership: Andrew J. Daniels, MHA, FACHE, Chief Executive Officer, Memorial Regional Health, Craig, Colorado**

Andrew Daniels has served as CEO of Memorial Regional Health in Craig, Colo. since 2016. He holds a master's degree in health care administration from Ohio University and a master's degree in project management from DeVry-Keller Graduate School. He was the vice president and chief operating officer at Avita Health System in Galion, Ohio, and vice president of non-clinical operations and information systems at Galion Community Hospital from 2006 to 2016.

**Ascent: Colorado's Hospital Transformation Program (HTP) is designed to enhance hospital engagement with their communities. How does this dovetail with your vision for Memorial Regional Health?**

**Daniels:** Over the past year, our board of trustees began thinking strategically about population health in our community. We looked at data and utilization of the emergency room, and hired a director of population health. Then we started the practice of making sure care planners in the hospital made sure every patient had an appointment with a primary care doctor for follow-up care before they left the hospital. Now, we're even doing that in our ER, so if you need to see a primary care physician for a follow-up, you're plugged in with one before you leave.

We also developed an alternative to the ER. We have a rapid care clinic sitting right in front of Walmart in Craig to provide a low-cost alternative for people who need to be seen immediately. It's as close as you can get to an urgent care center, but without charging urgent care rates. We coupled that with a retail pharmacy that opened in 2018 with free delivery services in our community.

We didn't have a home health or hospice service here, so we've also added that. We just got our accreditation for hospice; we're the only accredited hospice service in Moffat County.

We're trying to have touchpoints in primary care and connect the dots between points of care.

When we learned about the HTP, we really wanted to get out in front of it. One of the things we realized is there are a lot of great organizations doing a lot, but if we could better coordinate those services, it would be a more efficient use of resources for all. So we had our first meeting September 9—before we were required to—and we invited schools, churches, human service and charitable organizations, the community college—all the organizations that serve the Craig and Moffat County population. We just had our second meeting this week.

**Ascent: What are some of the ways you're connecting with community organizations to support better population health?**

**Daniels:** One great example is our work with our school district. We have a contract for school-based

health. When we looked at immunization rates, we found that they're really low—50-60 percent, compared to the state average of 72 percent. So we're planning to start offering immunizations at the school to help bring those up. That was an immediate fit.

**Ascent:** *How do you think the Hospital Transformation Program will help the communities you serve?*

**Daniels:** I'm not truly sure what's going to happen. We were heading down this path before HTP was announced because we have an objective and an obligation to service our patients in the most effective way we can. I'm cautiously optimistic that it will not become a punitive program to health care organizations. I want to be cautiously optimistic that it will succeed in finding new ways to deliver care in the most effective way possible. But, in any case, we're going to continue to do what we're doing.

From a policy standpoint, there is a certain reality in a rural, frontier community that we can only be so efficient. Our overhead to run a 24/7 ER is fairly fixed. I wish the policy makers in Colorado would understand the difference between rural and frontier health care versus the Front Range. It's hard out here. We're important to these communities. This is where the food is grown, where the natural resources come from, and there needs to be health care out here. Fair is not equal, and that's the message I keep sending.

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## Social & Behavioral Health Integration

### Toxic stress during childhood affects social, mental, physical health

Divorce, domestic violence, parental death and addiction in the family are all factors in a child's life that can impact health down the road. Known as "adverse childhood experiences," or ACEs, they can contribute to toxic levels of stress in the body, especially when multiple ACEs are present. Efforts to better screen children for ACEs are becoming more widespread. A new website, [Stress Health](#), shares both research and techniques to reduce the health impact of ACEs so both parents and clinicians can help children. ([USA Today](#))

### Wraparound services save \$1.4 million annually for Indiana provider

Indiana-based Eskenazi Health, a safety net provider with a hospital and network of nine federally-qualified health centers, started adding wraparound services in 2011 to find out if and how it might affect cost and outcomes. By offering behavioral health, social work, dietary, respiratory, pharmacy, financial and legal services to patients with non-medical needs, the system saves \$1.4 million annually in avoided hospitalizations alone. "Providing nonmedical wraparound services in conjunction with primary care is one strategy to improve patient outcomes and reduce overall health care spending," says Joshua R. Vest, lead author of the study. ([Health Affairs](#))

### AAFP adds tools to help MDs address social determinants of health

The American Academy of Family Physicians rolled out validated screening questions, leadership guidance for changing practice culture, and community engagement tools this month—all designed to bolster physicians as they address social determinants of health in their practices. The free tools are part of the organization's EveryONE Project and are designed to guide physicians dealing with social factors that can affect health, like food insecurity, family violence and housing instability. ([AAFP EveryONE Project Toolkit](#))

### Coordination helps adolescents keep behavioral health appointments

Pediatricians have better luck getting adolescents to show up for behavioral health appointments when they provide a nudge or two, a new study shows. Setting appointments and making referrals electronically improved the percentage of time patients kept appointments, but adding care coordination—provided by social work students—helped even more. The program improved the rate that adolescents showed up for a first appointment from 51 percent to 78 percent. ([American Academy of Pediatrics blog](#); [research abstract](#))

## Payment Reform

### Global payment models encourage physician creativity to lower costs

Primary care physicians who are paid up front for whole-person care via global payment models say they gain more control over patient care practices and can be more creative in how they manage patient health. Rather than "skimp" on care because they're paid up front, doctors say the opposite is true in practice. They stay on top of preventive care and better manage chronic conditions, expand access and frequently see patients more often in the office. A study published in the *American Journal of Managed Care* found that the cost of care was 28 percent lower among patients in one Medicare Advantage global payment model, even though they had double the average number of typical primary care visits. ([Kaiser Health News](#))

## No magic bullet for ACO success

Even accountable care organizations with a record of savings and good quality outcomes may be reluctant to sign on to the Centers for Medicare & Medicaid Services' vision for more risk sharing. Some 82 percent of Medicare ACOs don't currently shoulder any downside risk; CMS wants more to step up. Analysts say there's no magic formula yet for ACO success. Those with a strong data component, physician leadership and higher proportions of primary care physicians are associated with greater cost savings, but there are plenty of ACOs with that profile that don't achieve the improvement needed. ([Modern Healthcare](#))

## Care Coordinator Spotlight



### Laura Palmberg, CCM, Roaring Fork Valley

Laura Palmberg loves to solve puzzles—the search for missing pieces to fill a gap ends in satisfaction when everything cleanly connects. The board-certified case manager works for Rocky Mountain Health Plans as a Medicaid community health outreach coordinator, solving puzzles every day for residents of Garfield, Pitkin, Eagle and Summit counties in Colorado. ([Spotlight](#))

## 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  
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