

# THE ASCENT

A community approach to putting patients first



September 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: Sheriff Matt Lewis Mesa County, CO

Mesa County Sheriff Matt Lewis was first elected in November 2014 after being with the agency for more than 17 years. In this interview he discusses his agency's work with behavioral health crises.

**Ascent:** *What issues do you and your officers confront in Mesa County when responding to people who are experiencing a behavioral health crisis? Where are there shortfalls in the current system?*

**Lewis:** Unfortunately, we often meet people on their worst day. Sometimes they are the victim, sometimes they are the suspect. In the context of behavioral health, we see people with organic, diagnosed mental health issues on one end and substance-induced issues on the other. Everything along that spectrum, we respond to. The first thing we try to do is triage—and that gets into the second part of the question.

We're very blessed to have many resources in our backyard. The challenge is having access to those resources when we need them. If I were to pinpoint one thing, the shortfall in the system is capacity. This can lead to a "We don't have a better solution, so we'll take this one" mindset. For example, at crux of a criminal event is a mental health issue. The suspect might be someone in need of treatment, of counseling services—any number of things. Law enforcement is not set up to fix that issue.

With no better solution, individuals end up in the emergency department, where they take up space and time from those who have more acute medical needs.

**Ascent:** *What role does your department play in connecting people with the services they need?*

**Lewis:** From a law enforcement standpoint, we're the first responders, so our first job is triage. What is it I am seeing? What will make this better? We need to know the services available in our community and then make that connection. There are some specific ways we try to do this.

First, we have our Crisis Intervention Training program. We train our people to recognize when they're dealing with someone in crisis, identify what the crisis is and then develop an appropriate response that will de-escalate the situation.

That training is very extensive and involved. It involves things like bringing in trained actors to roleplay some of the different mental health behaviors our officers will encounter in the field. This allows us to develop a repertoire of responses we can draw on to de-escalate those situations. [Read more.](#)

**Ascent:** *What would you like the Western Colorado community to understand about your department's work in this area? What would a better model look like?*

**Lewis:** We take very seriously our responsibility in our community, not only to tackle crime and law enforcement concerns but to recognize that we're often in contact with people in some level of crisis.

To be effective, we must recognize that some of the people and situations we deal with for what they are instead of trying to fit them into a neat little law enforcement box. To open the aperture, if you will, and take a more partnered, purposeful approach. [Read more.](#)

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## Social & Behavioral Health Integration

### Pilot begins for Community Resource Network

After years of community planning and work, Quality Health Network began beta testing its Community Resource Network (CRN) this month. CRN's whole-person approach integrates social, behavioral and medical elements of health, connecting clients with an array of services and resources. At the same time, it connects the client's health care team. Participating in the testing are Aging and Disability Resources for Colorado, Grand Junction Housing Authority, Western Colorado 211, Hilltop's family adolescent program, Department of Human Services, St. Mary's Family Medicine, St. Mary's clinic discharge and Whole Health and the Center for Independence. QHN expects CRN to go live in Mesa County in Q1 2020, and soon thereafter expand across Western Colorado. This project recently placed second in the Robert Wood Johnson Foundation's Social Determinants of Health Innovation Challenge, earning \$25,000. ([article](#))

### Seniors are starving

One out of every 13 older Americans struggles to find enough food to eat while the federal program intended to help—the Older Americans Act—hasn't kept pace with the aging population. It's most severe in the South: Louisiana has the highest rate among states, with 12% of seniors facing food insecurity. Memphis fares worst among major metropolitan areas, with 17% of seniors unsure of their next meal. Malnutrition leads to other health issues. It blunts immunity, which already tends to weaken with age. Once seniors start losing weight, they're more likely to grow frail and are more likely to die within a year, said Dr. John Morley, director of the division of geriatric medicine at Saint Louis University. ([Kaiser Health News](#))

### Community health workers can cut CV risk

A community-based intervention using non-physician health workers cut the risk of cardiovascular disease in patients with hypertension, according to research presented Monday at the 2019 European Society of Cardiology Congress. "A comprehensive model of care led by non-physician health workers, involving primary care physicians and family, along with the provision of free antihypertensive medications and a statin, resulted in a greater than 40% reduction in cardiovascular risk and a doubling in the change in blood pressure control," said Jon-David Schwalm, MD, MSc, who presented the findings. ([MedPage Today](#))

### Housing instability a pressing health problem

The Colorado Health Institute recently released a report detailing the relationship between housing and health. Affordability, stability, quality and accessibility of housing all play roles in individual and community health. But across the state, roughly 11,000 people don't have a place to live. A third are families with children, and more than 40% are people with disabilities. But the report notes that homelessness isn't the biggest challenge. "A more widespread problem is housing instability, which has profound effects on health." ([CHI report](#))

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## Payment Reform

### GAO looks at how states address costliest Medicaid patients

Social determinants of health are making it difficult for states and managed care organizations to treat the most expensive Medicaid beneficiaries, according to a new Government Accountability Office report. The report looked at seven states; each had a different approach to identifying or predicting high-cost Medicaid beneficiaries. All, however, used care management to rein in costs. The results, however, are inconsistent. ([Modern Healthcare](#); [GAO report](#))

### MedPAC's value-based post-acute care idea

Medicare Payment Advisory Commission—better known as MedPAC—has proposed tying quality metrics to payments post-acute care—skilled nursing facilities, home health service, inpatient rehabilitation facilities and long-term care hospitals. MedPAC is already working on building a standard set of measures for post-acute care. It contends that a unified prospective payment system requires a uniform value incentive program. The program would score performance using prospectively set targets that consider social risks. However, as *Modern Healthcare* reports, some

## Care Coordinator Spotlight



### Kayla Wagner, RMHP Outreach Coordinator, Larimer County

Kayla Wagner hasn't always worked with parolees, but she has always been interested in health care. For years, she worked on the administrative side, first in a clinic and then with a health plan. But a little more than four years ago, she discovered her true calling was more hands-on: helping others access the care and resources they need. ([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

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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.



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