THE ASCENT

A community approach to putting patients first

July 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: Jeff Kuhr, PhD, Executive Director, Mesa County Public Health

Jeff Kuhr is the director of public health for Mesa County, Colo., which serves 150,000 residents on Colorado's Western Slope. He serves on the Colorado Board of Human Services, the Colorado Early Childhood Leadership Commission and the Regional Early Head Start Governance Council. Kuhr is leading an effort to build social capital in a Mesa County neighborhood in Clifton with an aim to improve community health, education and the economy.

Ascent: **Social capital is about social connectedness—the sum of an individual's or a community's personal network and institutional affiliations. Why is Mesa County's social capital project focused on this particular neighborhood?**

Kuhr: We brought together about 80 local agency partners in January 2017 to prioritize the needs in Mesa County around social determinants of health. Over the course of that meeting, social and family connectedness stood out as an area that was its own priority, and one that, in and of itself, supports better education, health and the economy.

When you talk about community connectedness or building social capital across a whole county—or even across a whole zip code—it's overwhelming. A survey on social capital identified the Clifton community as our highest need area in terms of social capital, and even that seemed like a huge undertaking. So we narrowed the focus to a neighborhood around a single school in Clifton, Rocky Mountain Elementary.

Then the work became more manageable for us: If we all do what we do better there than we do it anywhere else, then we'll build social capital. And then we can move to the next neighborhood.

Ascent: **Building social capital is about relationships and trust. What are the steps necessary to build social capital?**

Kuhr: The Community Transformation Group has a steering committee that meets regularly, and we've mapped out three major steps. **The first is building a sense of community in the neighborhood.** That's really about social cohesion, or getting people in the neighborhood connected, so they can empower themselves and rely on each other more to form bonds. That does require trust—trust in leaders in the neighborhood, trust in policymakers and trust in us, Mesa County Public Health.

The second step is neighbors partnering with local organizations toward solutions. An example of this is the new Mesa County community policing policy over the last six months, which has already resulted in a drastic reduction in crime. We're also in the process of interviewing a second code enforcement person who will be dedicated to this area.

We're also becoming more actively involved in the community, so we can help those eligible for

benefits enroll in WIC, SNAP, Medicaid and other programs. That takes more than just sitting down with them in their neighborhoods, because it's a self-efficacy question. They need to understand why the benefits can help them and trust us to help them enroll.

The third step is to increase participation in neighborhood activities. We are working to increase activities—both recreational and academic—for parents and children around Rocky Mountain Elementary School. The Riverside Education Program just received a grant to start after school activities there for students, siblings and older kids. We're planning to apply for additional grant funding to build up those resources.

Ascent: **What are the benefits of reaching all members of this community, especially with regard to health?**

Kuhr: When you think about the whole social capital theory and structure, it starts with building greater trust in the community. Once people trust each other, they will access more programs and resources in the community. For example, take a family of four that earns $24,000 a year or less. If we can build trust and empower them to take advantage of WIC, SNAP and Medicaid benefits, free and reduced lunch, housing vouchers and other needed services, they could effectively increase their hourly wage equivalent from $12 an hour to $15 an hour. And that allows them to become more self-sufficient and reduce daily financial stress. Mental and physical health improves, and that's how you get to better outcomes.

The next step in the model is more frequent community participation—people start going to functions in the neighborhood, and they become civically engaged. I really think that people in some of our neighborhoods don't feel like they have a community or a political voice. I want people to feel like they have a voice.

Social & Behavioral Health Integration

Benefits of integrated behavioral health accrue with collaboration
Integrating behavioral health and primary care is about working together to bridge a care and mental health parity gap and using a behavioral health professional's expertise when needed, experts say. The model brings providers together collaboratively to identify patients who need services early, allowing for co-management—and yielding improved health outcomes and cost savings. How does it work? The population needs are many; chronic health conditions are often accompanied by depression, anxiety and other mental health needs. But the load is more easily shared when primary care providers are trained so they feel comfortable handling less severe needs. Behavioral health specialists on the team can take the more severe cases, ensuring patients get the comprehensive care they need. (*Healthcare Dive*)

Utah organization zeros in on social health needs
A new organization, the Utah Alliance for the Determinants of Health, has been formed to improve nonmedical factors that affect health. Integrated health network Intermountain Healthcare is funding a $12 million pilot project through the new organization. The pilot will screen Medicaid enrollees for social needs and then coordinate with community partners for needed services. (Council of State Governments)

Three ways to turn chaos into opportunity
Disruption in a community may arise from natural disaster or a community tragedy—and may also offer an opportunity to respond with positive change. After Hurricane Katrina devastated a community health center in 2005, the Daughters of Charity Services came back with a growth strategy that now offers integrated physical, behavioral, and social services in 10 locations. The formula for success: Community buy-in, strong technology infrastructure and flexibility so organizations can react nimbly to the unforeseen. (*OPEN MINDS executive briefing*)

New issue brief | Breaking the poverty cycle: Funding programs that impact future generations
Unintended pregnancy can change the trajectory of a family's life—particularly in lower income communities. The effect on social equity—for both parent and child—can persist for generations. A new issue brief from Rocky Mountain Health Plans explores how efforts to support uptake of long-acting reversible contraceptives (or LARCs) are already paying dividends for women, children and state budgets. Featuring the voices of Isabel V. Sawhill, Ph.D., senior fellow in economic studies, Center on Children and Families, Brookings Institution; Liane Jollon, RN, executive director, San Juan Basin Health Department; and Don Coram, Colorado District 6 Senator. (download the issue brief)

Payment Reform

Physician proposals aim to shift payment to value

Physicians and physician groups have submitted 25 proposals to the Physician-Focused Payment Model Technical Advisory Committee (PTAC), which evaluates ideas from doctors for new payment models. Some have been piloted via grants from the Center for Medicare and Medicaid Innovation and others have gained support from private payers. A Commonwealth Fund report gives an informed look at six of these physician-developed approaches to value-based care. (The Commonwealth Fund brief; *Transforming Care* interview)

Changes coming to physician self-referral laws

Seema Verma, administrator for the Centers for Medicare & Medicaid Services, said her agency is working to remove some of the "burdensome regulations" that are a barrier to value-based care, and that changes to physician self-referral are a part of the work. She specifically referenced the Stark law, which prohibits physicians from making service referrals to entities in which they have a financial relationship. CMS has granted exceptions to the Stark law, allowing physician practices and hospitals to collaborate in accountable care organizations, for example. "Obviously we're going to have to rethink things if we want to collaborate and coordinate," Verma said, indicating regulations could change by the end of this year. (*MedPage Today*)

Member Spotlight

### Katherine Gonzalez, Care Coordinator, Larimer County

For more than 30 years, Katherine Gonzalez worked as a dental office manager, watching patients come and go from behind a desk. Four years ago, she jumped at the opportunity to become a care manager and stand behind the patient. (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.
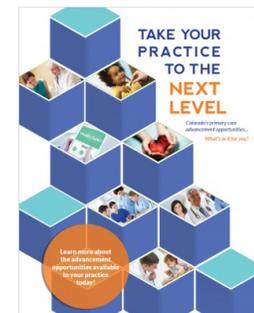
About the Community

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

Rocky Mountain Health Plans
2775 Crossroads Blvd, Grand Junction, CO 81506
www.rmhpcommunity.org

Follow us.

Linked in.

twitter