March 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

Dave Ressler, chief executive officer
Aspen Valley Hospital

After serving as CEO of Aspen Valley Hospital from 2004-2013, Dave Ressler became chief strategy officer and chief operating officer at Tucson Medical Center. He left that position to lead an organization that formed two accountable care organizations, working with dozens of rural hospitals in Colorado, California, and Washington and adding to his knowledge about the best path for small hospitals in a changing health care industry. He returned to his current role as CEO of Aspen Valley Hospital in 2016.

The Ascent: ***How does screening for social determinants of health fit with Aspen Valley Hospital's accountable care strategy?***

Ressler: Population health innovation is a key element in our long-term strategic plan. We believe it will ultimately reduce the cost of health care—and increase access—through more affordable insurance options. With that in mind, we recognize that over 80 percent of the cost of health care is driven by adverse social determinants of health, and we need to take a leadership role in the community to assure those needs are being assessed.

It will also benefit the San Juan Accountable Care Organization, for which we have the incentive of realizing shared savings. I can see how it can be complimentary to the initial investment we've made in the competence and capabilities we're going to need to be successful in the ACO.

The Ascent: ***What role do hospitals play in the accountable healthcare community model?***

Ressler: I believe hospitals have both a direct and indirect role. The direct role is to be able to provide the screening to identify patients of the hospital who are at risk, whether they come through the ER or the obstetrics department. That's why we believe philosophically that it makes sense to be able to screen patients within the accountable healthcare community model.

The Ascent: ***And the indirect role?***

Ressler: Indirectly, we support primary care practices in the community who are also doing the screening. We partner very closely with Pitkin County and our federally-qualified health center in the region, Mountain Family Health Center. Together, we provide financial and in-kind support to offer a full breadth of medical, dental and behavioral health services in the community.

For screening obstetrics patients, we expect nearly all the Medicaid patients will come through Community Health Services, the contractor to our local health department that provides prenatal screening and services through a local obstetrics practice. That would be the most appropriate place to identify and meet unmet social needs. We don't often have precipitous deliveries presenting at the hospital who haven't had prenatal care, thanks to that program.

We also support Mind Springs Health, which is instrumental in assisting with mental health services. These are competencies we don't have as an organization, but by partnering with Mind Springs, we have continuity of care in the community. We recently pooled resources with Pitkin County, its sheriff's department, the city of Aspen and its police department and the school district to award Mind Springs a contract for crisis services. They are locating counselors in the schools as part of this program.

Social & Behavioral Health Integration

Counting the costs (even for kids) of the opioid crisis

The human cost of the opioid crisis is impossible to compute, but researchers are attempting to calculate an economic figure. A 2017 Council of Economic Advisors CEA estimates that in 2015, the economic cost of the opioid crisis was $504 billion, or 2.8 percent of GDP that year after accounting for lost productive years and health-related costs. Often overlooked in the stats: Pediatric intensive care admissions for opioid overdoses doubled from 2004 to 2015; in 1- to 5-year-olds, 20 percent of patients had ingested methadone, indicating that even adults in treatment put children at risk. (AAP News; Council of Economic Advisors opioid report)

Medical-legal partnerships a measure to solve health disparities

Medical-legal partnerships provide a practical way to help patients resolve social and environmental circumstances that contribute to health disparities. More than a third are funded in part by health care organizations, but services are often contributed by the legal community, or supported by state funding and donations. Essential elements for strong medical-legal partnerships include training to raise clinicians' and staff members' awareness, sustainable financing and practical guidance for directing resources effectively. Salud Family Health Center in Colorado is highlighted as a practice that funds legal assistance through a small per member per month fee for enhanced care management. (*HealthAffairs*)

More states require screening, assessment for social health factors

Starting this month, Massachusetts will begin measuring accountable care organizations based on screening for social needs and referrals to community partners. It's one of several examples of state programs expanding requirements and incentives in Medicaid accountable care programs to address social needs that directly affect health outcomes, such as food and housing security and personal safety. Colorado's program requires its seven Regional Care Collaborative Organizations to establish relationships with community-based organizations. (*Healthcare Informatics*)

Poverty among risk factors for pediatric ED use

Living in poverty was the primary social risk factor tied to emergency department use for children under age 5, according to a new study of adverse childhood experiences and social determinants of health. But for those between age 5 and 17, involvement in the juvenile or criminal justice system was the most likely social risk factor linked to ED use. Better collaboration between state agencies and primary care practices, along with screening for both adverse childhood experiences and social determinants, could flag issues for earlier protection and intervention, the authors note. (*Annals of Family Medicine*; Healio)

Payment Reform

Governors propose Medicaid reform blueprint

Five governors proposed a bi-partisan blueprint based on principles of affordability, stability, flexibility and state-level control of the regulatory environment. The blueprint calls for collaboration and complementary efforts, rather than either/or choices that pit fiscal responsibility against providing care for those in need. Among the recommended strategies: Expand value-based payment, care coordination and provisions for social determinants of health in Medicaid programs. (*American Journal of Managed Care*; *Bipartisan Blueprint for Improving Our Nation's Health System Performance*)

98% of managed care plans use at least one alternative payment model

Almost every managed care plan responding to a Kaiser Family Foundation survey have adopted at least one alternative payment system rewarding quality, cost, or access outcomes, although 93 percent still make fee-for-service payments to at least some providers. The same proportion of respondents (93 percent) offer incentive payments tied to performance measures. Only 38 percent use bundled payments and slightly more (44 percent) leverage shared savings and risk arrangements. To ensure access to care, physical and behavioral health integration ranks as the top priority. (Kaiser Family Foundation report)

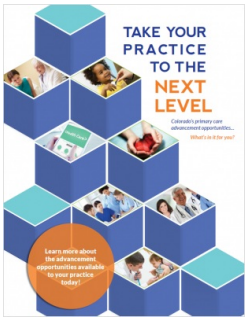
Care Coordinator Spotlight

Karen Maletich, RN, Nurse Navigator, San Juan Basin Public Health

On any given work day, Karen Maletich may be calling patients recently discharged from a hospital to check on their status. Or she may make home visits with patients who have complex health care needs. Maletich is a nurse navigator with San Juan Basin Public Health. Along with three colleagues, she coordinates care and connects clients with resources they need to support their health. The work is funded as part of Colorado's Region 7 Regional Care Collaborative Organization, and every day is as varied as the individuals she serves.

(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, not-for-profit 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®

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

Follow us. LinkedIn twitter