

# THE ASCENT

A community approach to putting patients first



September 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: Bill Fulton, Ph.D., Founder and Co-executive Director, The Civic Canopy

Bill Fulton is the founder and co-executive director of The Civic Canopy, a nonprofit that provides the facilitative leadership to allow disparate groups to work together more effectively toward a greater collective impact. Fulton consults with Colorado's Accountable Health Communities Model, a partnership of clinical and community organizations. Western Colorado is one of 20 regions selected by Centers for Medicaid & Medicare Services for this initiative. The AHCM is testing whether identifying an individual's social needs and connecting them to non-clinical community services—e.g., food, stable housing and utility assistance, personal safety, transportation, and social isolation—will positively impact health care costs and outcomes. As a consultant on the power of networking, Fulton is a facilitator for building collaboration among leaders of AHCM participating organizations.

**Ascent:** *What are some of the benefits of bringing together a group of diverse leaders like the AHCM contingent and facilitating their development as a network of collaborators?*

**Fulton:** What makes us so excited about this work is that most people come to the table for an effort like this looking through the lens of their issue or their area of expertise, but without a focus on the collaborative activity. Once they begin to collaborate, they find that many more things become possible because the effect is so multidimensional. The network effect, or the platform of collaboration itself, becomes a new factor in the environment. With the AHCM collaborative, we created something together that none of us could have access to on our own. It's a lot like when neural pathways in the brain connect; you become so much more knowledgeable and skillful because of those connections. When people make a commitment to work collaboratively, it feeds an upward spiral of ever-larger activity. I think we're beginning to see the signs of that with the AHCM group.

**Ascent:** *How does this work to build trusting, collaborative relationships support the bigger picture--to fulfill the Accountable Health Community Model vision for a whole-person approach to health, across the community?*

**Fulton:** Whole-person health is a compelling sight on the horizon, and we keep traveling toward it. But the only way you get things to function at that level is by creating bold goals that are compelling enough for individuals to commit themselves to a cause greater than just their own immediate self-interest. So first, we raise the flag high enough to inspire and captivate people. Second, we connect everyone to this big, bold vision. It takes a sufficiently elevating goal to bring the energy and resources around the table to succeed, so that what was once experienced as a slow, *individual* journey becomes a *collective* journey.

If they experience enough trust and some success, best practices emerge, and they're disseminated effectively over the network.

**Ascent:** *What's next for the AHCM collaborative?*

**Fulton:** The grant has some specific deliverables attached to it in the near term. It's our hope that the plane that is just starting to take off has enough runway to clear the trees, in terms of the CMS grant and the effort to screen 100,000 patients here for social determinants of health. But the collaboration goal isn't just victory by number of patient screenings for social determinants. It needs to transition to a more meaningful, whole-health mindset and to partners working more effectively with one another to achieve that goal.

It's a pleasure for me to be along for this ride, to be able to work across the entire Western Slope with great, willing partners who believe so deeply in this approach.

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## Social & Behavioral Health Integration

### Preventing childhood homelessness starts upstream

Childhood homelessness is a predictor for hospitalizations, developmental delay and worse overall child health, according to a new study in *Pediatrics*. Although screening for housing security is becoming more common, more can be done to address the upstream causes of homelessness, like just-in-time financial assistance to weather economic crises such as unexpected medical bills. Health care providers “are in an ideal position to link families to the right community resources tailored to their individual needs, investing in and using crisis response resources when necessary but also preventing eviction through preemptive legal or financial services to keep families from becoming homeless in the first place.” ([Pediatrics commentary](#); [Pediatrics article](#))

### Nonprofit “fellowships” build community partnerships

The link between physical and mental health and social factors that affects them is well documented, but integrating the systems that address all aspects of health is daunting. One community foundation in Pennsylvania is building a training and fellowship program for leaders in these organizations to create connections and network regularly. The result: increased knowledge and understand of issues that affect the community—and greater readiness to address them. ([HealthAffairs Blog](#))

### Data support needed to address social determinants of health

Predictive analysis, network registries and referral platforms are IT solutions sorely needed to address social determinants of health within populations. Before providers can make the connection between physical, mental and social health needs, otherwise siloed clinical data has to connect to community organizations that provide these services. Vendors are stepping up to the task; social services search tool Aunt Bertha is now integrated into an Epic medical records platform, and other EHR vendors are working to connect both sides of the referral chain. But not enough health care organizations—less than 4 percent—have adopted tools for screening and referrals to date. ([Healthcare Informatics](#))

### Medical-legal partnerships can overcome social health barriers

Serious medical issues can put a family's finances at risk and create barriers to whole-person health. Medical-legal partnerships, like the model used by Rutgers Law and the Camden Coalition, can help families avoid evictions and utility shut-offs, resolve disability and insurance benefit disputes and even negotiate medical bills. “Patients facing challenging medical issues are often not equipped to address complicated legal issues. We see small issues snowball into larger problems due to a lack of attention, and we see issues of all sizes becoming a source of great stress for patients.” ([Camden Coalition blog](#))

## Payment Reform

### Oklahoma explores Medicaid value-based drug pricing

Oklahoma signed its first contract under a value-based drug pricing initiative for a schizophrenia drug, Aristada. The state negotiated the prescription price based on how well it works; according to the agreement, the state's cost will decrease every other month as long as the prescription is refilled. The idea is that, with proper care coordination and support, patients who continue to take maintenance drugs for chronic conditions incur fewer hospital stays and other big-ticket expenditures. Colorado is considering a similar move. ([Forbes](#))

### ACO group's study challenges CMS analysis of program savings

An study by the National Association of ACOs challenges the way the government analyzes its Medicare Shared Savings Model ACO performance data. The Center for Medicare & Medicaid Services says hospital-led ACOs that don't shoulder downside risk aren't saving enough and, as a result, the agency proposed a major overhaul of the program. NAACOS contends that CMS underemphasizes the amount they're saving; the NAACOS-backed analysis claims nearly double the gross savings the CMS study found. The discrepancy fuels the debate as CMS mulls comments on the proposed program

## Care Coordinator Spotlight



### Audrey Oldright, Medicaid Outreach Coordinator, RMHP

Audrey Oldright's professional niche lands her somewhere between advocate and champion-level problem solver. As a Medicaid Outreach Coordinator for Rocky Mountain Health Plans, her job is to help Medicaid members access the resources they need for better health. ([Spotlight](#))

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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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