

THE ASCENT

A community approach to putting patients first

August 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



Shelly Spalding, CEO, Center for Mental Health

Shelly Spalding serves as CEO for the Center for Mental Health, a non-profit community mental health center serving residents of Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel counties. The Center provides both mental health and substance use disorder services through its seven offices and eight outreach locations. Spalding also serves on the Western Colorado Executive Committee, which provides direction and accountability for achieving aligned local, regional, state and federal policy objectives.

The Ascent: What is the Center for Mental Health's role in this phase of the Colorado Regional Accountable Care Collaborative, the Regional Accountability Entity (RAE)?

Spalding: The Center for Mental Health is a partner in Reunion Health, which comprises the community mental health centers and the federally qualified health centers serving 22 counties in Colorado. We partner with Rocky Mountain Health Plans in the RAE so we can collaboratively further care integration. Our executive committee meets weekly with Rocky to really look at how we can create a wider, more coordinated safety net for our patients for both physical and behavioral health.

The Ascent: Reunion Health shares in financial risk for behavioral health benefits with Rocky Mountain Health Plans on the RAE. How does that benefit patients?

Spalding: The [Medicaid Prime](#) project gave us a glide path for making great progress in integrating behavioral health and getting us ready to go at risk in the RAE. We're the only region in the state that is equally sharing risk between the providers and the RAE. That makes us partners with Rocky to ensure we have really good access to care for patients. At the same time, we're trying to bend the cost curve with care integration and by working across our disciplines to really provide whole-person care.

Our goal is to make inpatient care for behavioral health a last resort—so people don't need to go to the hospital unless they truly need that level of care. We really want to try to treat people in their homes and in their home communities as much as possible. There is only one psychiatric hospital on the Western Slope, so we have put a lot of services in place at the community level, like crisis stabilization units where you can stay up to five days. That helps us to be able to serve whole-person needs while giving patients more choices.

The Ascent: Why is it important that Colorado is taking this step toward behavioral health integration with primary care?

Spalding: In my mind, whole-person health is the only way to go. When you can treat 100 percent of the body's systems, you're going to get better care. We have a long way to go to integrate the funding systems, but what we're doing with the RAE is a great way to start. We can integrate the lessons learned from Prime into the bigger picture across Colorado primary care because Rocky is ahead of most other payers.

It opens more doors. We've really tried to see this through the eyes of the patient, because we're working to create better access and care integration for both behavioral and physical health services.

There are people who won't ever walk into a community mental health center, but they'll see their primary care physician. The Center is partnered with River Valley Family Health in our service area, and they are providing primary care in our facilities while we're providing specialty behavioral health care in their facilities. We have many miles to cover and not always a ton of people, so this has allowed us to stretch finite resources. Many people can be seen in the primary care provider's office first, and then use community mental health services for specialty care. This system is allowing us to think creatively about funding for the whole person for the first time.

Social & Behavioral Health Integration

New tool quantifies health opportunity and equity

You can't improve what you can't measure, so the National Coalition for Health Equity and its research and funding partners rolled out the Health Opportunity and Equity (HOPE) Initiative to measure indicators for community well-being. The HOPE Initiative includes 28 indicators, including population health status and the social, economic and environmental factors that affect health. HOPE sets aspirational benchmarks for each indicator based on current outcomes in high-performing states; the data dives into differences based on socioeconomic factors such as race and educational attainment. ([HealthAffairs Blog](#); [HOPE Initiative Report](#))

Opioid use quadruples for mothers at delivery

The CDC reports that between 1999 and 2014, the prevalence of opioid use disorder more than quadrupled (from 1.5 per 1,000 delivery hospitalizations to 6.5)—rising in all states with available data. Babies born to mothers with opioid use disorders enter the world with a higher risk for low birth weight, neonatal abstinence syndrome or withdrawal, congenital malformations, premature birth, stillbirth or death in the first 28 days of life. "Untreated opioid use disorder during pregnancy can lead to heartbreaking results. Each case represents a mother, a child, and a family in need of continued treatment and support," said CDC Director Robert Redfield. ([US News & World Report](#); [CDC report](#))

Groomed green spaces reduce community stress, violence

Residents feel less stress and experience better mental health in neighborhoods where vacant lots are transformed to green spaces, according to research published in *JAMA Network Open*. It's believed to be the first time researchers established the relationship between access to "greened" lots and better mental health. For just \$1,500 or so per lot, the Philadelphia Horticultural Society cleans, clears and replants blighted lots—a relatively low price to pay for a 40 percent reduction in feeling depressed and a 50 percent reduction in feeling worthless among neighborhood residents. ([Fast Company](#))

Promise and challenges of integrated behavioral and clinical health

An Aug. 16 panel discussion sponsored by the Bipartisan Policy Center brought to light many of the challenges and some of the promise for improved patient care through integrated behavioral and clinical health. On the policy front, it would be helpful to integrate the aims of federal agencies, such as SAMHSA and the Centers for Medicare & Medicaid Services, with measures and payment, panelists noted. Removing licensing barriers to expand telehealth would make services more accessible. Rocky Mountain Health Plans' Patrick Gordon acknowledged the barriers, but encouraged communities not to wait for national policy to catch up with innovation; integrated behavioral health is happening now when states and communities step up. "We know that activation of an individual sometimes just starts with a simple conversation," Gordon said. "We have heavily promoted use of the Patient Activation Measure and, to the credit of our state, they recognize that in incentive systems. And we have diffused that to our provider base and are beginning to get longitudinal data with respect to how people are engaged in their health. As part of the [Accountable Healthcare Community Model](#), we're finding that the very act of asking somebody whether or not they're hungry, or if they feel safe when they go home, can be incredibly powerful." (view [Framing a Pathway for Integrating Behavioral and Clinical Health Care](#))

Payment Reform

Predictive analytics tools vital to future of doing business

Both providers and payers are increasingly using predictive analytics tools to boost cost savings, improve patient satisfaction and fulfill staffing and workforce needs, according to new research. Barriers that still block optimization include lack of funding and access to timely, accurate data, but experts say providers may already have all the resources they need to identify those with chronic conditions and can benefit from targeted interventions. ([HealthIT Analytics](#))

CMS revamping Medicare ACO payment model

The Centers for Medicare & Medicaid auditors examined the cost savings for hospital-led ACOs in Track 1 of the Medicare Shared Savings Program—the part with no downside-risk—and found it lacking. As a result, a proposed rule for Medicare ACOs revamps the program, no longer allowing ACOs to stay in the track with no downside risk for more than two years (or after just one year for ACOs that have already been participating in MSSP). CMS also proposes reducing the number of ACO tracks to two, cutting the provider side of the savings ratio, disallowing inclusion of cost to participate, and requiring ACOs to inform patients they're part of an ACO. The American College of Physicians quickly noted its disagreement with CMS's proposed rule; if enacted, it will likely "disincentivize physicians and other health care professionals to participate in the program." CMS seeks comments until Oct. 16. (CMS Administrator Seema Verma outlines the proposal in a [Health Affairs Blog post](#); [Healio](#))

Member Spotlight



Yvonne Johnson, Grand Junction

Yvonne Johnson is just 56 years old, but believes that more than a decade of pain has aged her beyond her years. As a member of Health First Colorado, she asked for a care coordinator to help her manage her health. Jaclyn Barfoot, RN, with Rocky Mountain Health Plans, accompanies her on appointments and coordinates her care. "She saved my life, I really believe that," Yvonne says. ([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.



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