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In this issue, learn about workforce and the Patient Centered Medical Home (PCMH) model, the Wes and Rubén Road Show, and receive an update from our Practice Transformation Navigators!

2018
September

A Monthly Insight into the Greater Columbia ACH

GCACH report

On the Road to Transformation

Written by Jenna Shelton, Practice Transformation Navigator

August was another busy month for the Practice Transformation Navigators. Throughout the month, The Navigators continued to meet with Behavioral Health Providers across the region to complete and review their Maine Health Access Foundation (MeHAF) survey and Billing/IT Toolkit Self-Assessment Surveys. GCACH received feedback from several Behavioral Health Providers that the time spent providing hands-on assistance has been very beneficial and helped to lessen any anxiety with the Integrated Managed Care (IMC) transition.

In addition to assisting Behavioral Health Providers with the IMC transition, the Practice Transformation Navigators began to hold Kick-Off meetings with some of the initial cohort of partnering providers that were identified in July. These Kick-Off meetings are foundational to the relationships that will be developed with the Practice Transformation Navigators and the partnering providers.

In the Kick-Off meetings, organizations are given an overview of the assistance The Navigators will be able to provide and detailed next steps for Practice Transformation. The Practice Transformation Navigators are looking forward to building relationships with our Behavioral Health and partnering providers!

GCACH's Practice Transformation Navigator, Martin Sanchez and the Practice Transformation Team at Blue Mountain Counseling.

WAFE Portal Update

Written by Becky Kolln, Director of Finance and Contracts

GCACH is working with seventeen Behavioral Health Providers to sign contracts for the design, development and implementation of a Fully-Integrated Managed Care (FMIC) plan for integration as Mid-Adopters on January 1, 2018.

Five of the seventeen providers have signed contracts. GCACH staff are working closely with the remaining providers to finish the contract negotiations.

Payments are being made to the five Behavioral Health Providers for the completion of the first two milestones in the contract. They have completed the MeHAF and Billing/IT Toolkit Self-Assessment Surveys and will be receiving $20,000.00. The next payment date is September 21, 2018.

WAFE Payments and Contracts

Use Category	Amount per Organization	Total Paid
LOI Submission	$1,000.00	$58,000.00
Project Facilitator Total	$5,000.00	$60,000.00
Participates as a Board Member	$1,000.00	$11,000.00
Registration in the WAFE Portal	$1,000.00	$59,000.00
CSA Submission	$1,000.00	$47,000.00
Billing Toolkit	$10,000.00	$50,000.00
MeHAF	$10,000.00	$50,000.00
Total		$ 335,000.00

Total payments made to providers.

The Wes and Rubén Road Show

Written by Rubén Peralta, Community & Tribal Engagement Specialist

GCACH recently completed the process of selecting the initial cohort of 23 partnering providers for Practice Transformation through the Patient Centered Medical Home (PCMH) model of care. To ensure full understanding of our transformation approach, GCACH's Deputy Director, Wes Luckey and Community and Tribal Engagement Specialist, Rubén Peralta are traveling to meet with Local Health Improvement Networks (LHINs) to present the conclusions from the Current State Assessment (CSA) and reasons why PCMH is the right change management model.

"The Wes and Rubén Road Show" is helping bring newer partners up to speed and level-set where GCACH is and how we arrived at this current state with our partnering providers. In the four meetings Rubén and Wes have attended, they've found receptive crowds and partners excited to take part in Practice Transformation. One point of clarification has been the difference between the PCMH and the Pathways Hub models.

To view Wes and Rubén's presentation, click here.

It Only Takes a Little to Lose a Lot Campaign

Written by Rubén Peralta, Community & Tribal Engagement Specialist

GCACH partnered with PRR Media to launch a campaign on behalf of the Washington State Department of Health and the CDC to increase awareness of the dangers prescription opioids represent. The campaign, "It only takes a little to lose a lot," runs for seven weeks and asks GCACH and partner organizations to post weekly on the subject on social media. The DOH provided a toolkit containing all required posts with links/YouTube videos. In addition, the campaign contains a letter to the editor to send to local newspapers and an article to be published within organization's newsletters.

If you are interested in the campaign materials, please contact your Local Health Improvement Network (LHIN) leaders or Rubén Peralta. You can also check out GCACH's Facebook page every Tuesday morning, starting August 28, 2018 and share our post on your organization's social media or personal account.

Behavioral Health IMC Update

Written by Diane Halo, Project Manager for IMC

The GCACH Team has met with 14 of the 17 Behavioral Health Providers to the complete the MeHAF and the Billing/IT Toolkit Self-Assessment Surveys. GCACH is sending out the contracts for the Behavioral Health Providers. Once they are signed and returned we can start processing payments for those Behavioral Health Providers that have completed their assigned deliverables.

The Provider Readiness Workgroup meeting on August 23, 2018 was a success with over 75 people in attendance! Amerigroup, Molina, Coordinated Care, and Community Health Plan of Washington (CHPW) were in attendance to meet with the Behavioral Health Providers in person. The provider meeting on September 6, 2018 included a presentation from HCA's Non-Emergent Transportation Team. There will be another meeting on September 20, 2018, where attendees will listen to a presentation from HCA's Interpreter Services Team.

August 23, 2018 Provider Readiness and Managed Care Organizations (MCOs) Meet and Greet.

The Integrated Managed Care (IMC) Communications Workgroup met on September 11, 2018. The goal for this meeting was to finalize some documents that will be sent in for translation to Spanish.

These documents will be sent to the consumers in the next coming months informing them of the changes to their plans. The providers will be able to have them in their offices for their clients as well.

The September Early Warning System (EWS) Workgroup was canceled. The next convening will be on October 9, 2018.

Direct Secure Messaging

Written by Wes Luckey, Deputy Director

Direct messaging is an electronic communication technology and is similar to secure web e-mail. It is designed typically for the exchange of patient health information across different electronic health record (EHR) networks. Regular e-mail, fax, or postal mail involves the inherent risks of information being compromised or accessed by unauthorized users. Direct messaging is Health Insurance Portability and Accountability Act (HIPAA)-compliant and mitigates these risks by providing an easy way for a health care provider to securely share patient information electronically with other providers who are directly linked. The GCACH is currently receiving presentations from four different Direct Messaging vendors: Data Motion, EMR Direct, Updox and Surescripts. We plan on contracting with one of these vendors to provide direct messaging services to both clinical and community-based providers, so they might communicate patient information in a secure platform. This will assist with coordination of care and referrals for social service needs.

Workforce and Patient Centered Medical Homes (PCMH)

Written by Carol Moser, Executive Director

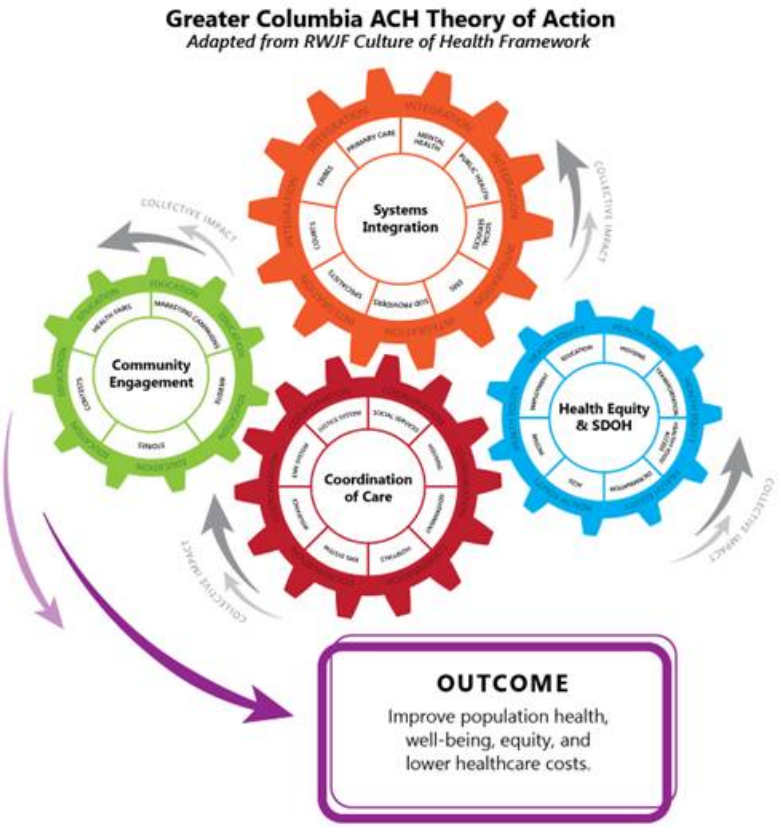
I was recently appointed to the State Health Workforce Council and was asked to give my perspective on the health needs of our region. While our strategy has evolved since developing our Regional Health Improvement Plan in 2016, the Theory of Action that we identified; systems integration, community engagement, coordination of care and health equity/social determinants have remained our pillars. We find those pillars in the Patient Centered Medical Home (PCMH) model of care. Led by the primary care team, PCMH organizations work in teams of integrated specialists and with community partners to address chronic illness, social determinants, patient engagement, and proactively manage their patients using population health management tools. The PCMH model is the perfect fit for our four project areas, target population, strategic issues, and provides a good foundation for providers to be successful in a value-based payment (VBP) system.

But what about workforce? How does the PCMH model fit in the current needs for healthcare workers? Just as healthcare has to adapt its care model to address the needs of the patient, the workforce model has to adapt to the needs of healthcare providers.

At the top of the list is allowing providers to practice to the full extent of their education and training, instead of spending time doing something that could be effectively done by someone else. In a PCMH clinic, the care team addresses the patient needs through medical, behavioral, and social care coordination. A typical team might include the primary care physician, a registered nurse, a behavioral health specialist, a layperson or Community Health Worker (CHW), a Medical Assistant and a pharmacist, but the key is that it is team based, each contributing to the care of the patient.

For example, an average panel size per full time equivalent (FTE) physician is 2,000, demanding approximately 6,000 face-to-face visits of which the normal physician only has time for 4,400 visits. Team-based care can increase that capacity by as much as 2,400 visits by taking most preventive, chronic, uncomplicated acute care, and behavioral health issues off the physicians' shoulders.

Since most of our region experiences shortages in primary care and behavioral health care, PCMH is an excellent way to expand the existing capacity of the primary care workforce. Additionally, physicians derive higher job satisfaction from the PCMH model, and are more attracted to practices that are PCMH.



So, what does the current and future state vision for workforce look like?

- Clinical leaders consistently champion and engage clinical teams in improving the patient experience by providing time, training, and resources
- Practice teams are supported by a quality improvement infrastructure that involves patients and families
- Staff other than the PCP performs key clinical service roles that match their ability and credentials
- Workflows are documented and standardized
- The practice ensures that staff are appropriately trained for their roles, and cross-trained to make sure patient needs are consistently met
- Medical assistants play a major role in preventative services to chronically ill such as self-management coaching
- RNs provide care management for high risk patients and collaborate with the providers in teaching and managing patients with chronic illness
- Behavioral Health is an integral part of the care team or readily available through a referral protocol or agreement.
- Laypersons (CHWs) provide self-management coaching, coordinate care, help navigate the system, or access community services. They are a key component of the practice team.

What can and should our Workforce committee and GCACH staff be concentrating on?

- Relationship building! Developing partnerships with high schools, Community and Technical colleges and Universities to create pathways for healthcare careers.
- Advocating that licensure and scope of practice policies are addressed at the state level to remove barriers to physical and behavioral health integration.
- Ensuring that members of the care team know how to function in a team-based setting and have been trained in trauma informed practice.
- Funding and finding scholarships for students interested in healthcare fields, especially in professional shortages like nurses, dental assistants, and behavioral health specialists.
- Identifying all the community resources within our region so that our providers can connect with community-based organizations (CBOs) that address the social determinants of health.

To truly make a difference in health outcomes, we must become the transformers of our healthcare systems. We must try to raise the quality of care and improve care coordination across all care settings. Working together, we can move all the cogs in our Theory of Action.

Health Fair Coming Up!

Written by Lauren Johnson, Communication & Administrative Coordinator

GCACH will be hosting a Transformation Celebration and Health Fair on October 18, 2018 from 9:00 AM – 12:00 PM at United Way of Benton and Franklin Counties in Kennewick. This celebration will take the place of our October Leadership Council meeting.

We will be asking our Community-Based Organizations (CBOs) to host tables at the health fair. Following the fair, attendees will listen to report-outs from our Local Health Improvement Networks (LHINs) as well. Please be on the lookout for additional information from Rubén Peralta.

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Another New Car!

Written by Lauren Johnson, Communication & Administrative Coordinator

In August, GCACH leased another 2018 Nissan Sentra SV. The leased car will be used by all GCACH staff to travel to meetings, conventions and site visits, eliminating the burden of putting miles on personal vehicles and gas reimbursement expenses.

With the help of Loni's Signs, located in Pasco, we can travel in style! GCACH added our company logo, phone number, website, and slogan to our vehicle in hopes of raising awareness and curiosity while on the go!