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In this issue, learn about the Transitional Care and Disease Management Learning Collaborative, Practice Transformation success stories, Cohort 3 and more!



2019  
August

A Monthly Insight into the Greater Columbia ACH



## A Successful Turnout at the Transitional Care and Disease Management Learning Collaborative

Written by Carol Moser, Executive Director

What do complex care management and a Mrs. Potato Head exercise have in common?

They both require communication, identification of roles, teamwork, and feedback! GCACH's two-day Transitional Care Learning Collaborative on August 1 and August 2, 2019 featured regional, state, and national subject matter experts who presented on care coordination topics ranging from palliative care and mobile outreach, to motivational interviewing and skilled nursing requirements. The Learning Collaborative fulfilled several milestones for contracted providers, promoted networking between organizations and participants, and provided a little competition. Thank you to everyone who presented and attended!

To access all of the slide decks, visit our [Resource page](#) on our website!



# Halfway Through Year One of Practice Transformation!

*Written by Martin Sanchez, Practice Transformation Navigator*

We are halfway through the first year of Practice Transformation and have seen a lot of great outcomes from our partnering organizations. Through this process, many organizations have been able to identify high risk patients, provide care management to those high-risk patients, contact patients that have been to the emergency room or have been hospitalized, empanel patients, begin tracking clinical quality metrics, and continually doing quality improvement. Thank you to our Practice Transformation sites for all of your hard work!

## Providence St. Mary Medical Center Success Story

*Written by Jenna Shelton, Practice Transformation Navigator*

GCACH would like to highlight the work of Providence St. Mary Medical Center in their progress towards Practice Transformation. Providence has worked diligently to complete Toolkit Milestones for Practice Transformation and used the Milestones as a spring board to transform the structure of their organization and the care provided to their patients. Since the beginning of 2019, Providence St. Mary has developed a population health department which is



Betts, who has been leading individual and joint Quality Improvement (QI) teams for the hospital, Family Practice clinic, and Urgent Care Center. In these meetings, providers and staff members are engaged and focused on Practice Transformation efforts, which has resulted in improvements to the Patient Health Questionnaire (PHQ-9) workflows. The team discovered that while 25 patients received a PHQ-9 and indicated severe depression and suicidal intent, there was no follow up. The QI team has educated staff, updated their electronic health record (EHR) processes and implemented a simple but effective workflow to ensure all patients with a high PHQ-9 score and/or suicidal thoughts are contacted. Additionally, all 25 patients above were contacted and/or scheduled for an appointment through care management efforts. Becky emphasized the importance of Practice Transformation for Providence when she said, "At first I felt like I had to do a good job so my organization can get this money. But now I don't even think about the money. I am so-on fire for Practice Transformation. I thank my lucky stars that GCACH moved us in the right direction."

## GCACH Board Approves Third Patient-Centered Medical Home (PCMH) Cohort

*Written by Carol Moser, Executive Director*

GCACH is excited to announce that the Board of Directors approved an additional Patient-Centered Medical Home (PCMH) cohort at their July 18, 2019 meeting. Letters of Interest (LOI) and Current State Assessments (CSAs), the application process for consideration, were mailed on July 26, 2019, with applications due August 23, 2019. GCACH is targeting hospitals, Rural Health Clinics, and referrals from Cohort 1 organizations. Some of the referrals from Cohort 1 included skilled nursing facilities which represent a new opportunity for Practice Transformation. To view the LOI/CSA document, please click here: [https://gcach.org/apps/website\\_resources/record/6e5eabe18137f1846d1ad8233169ee01/2019722combinedloics\\_a.docx](https://gcach.org/apps/website_resources/record/6e5eabe18137f1846d1ad8233169ee01/2019722combinedloics_a.docx).

# Community Resilience Campaign Pilot

*Written by Rubén Peralta, Community & Tribal Engagement Specialist*

On August 8, 2019, GCACH and Risk to Resiliency of Yakima will convene a summit of local Yakima leaders from multiple sectors who will provide us with input pertaining to the Community Resilience Campaign Pilot we will be conducting in Yakima. The attendees will represent sectors such as education, healthcare, behavioral health, law enforcement, and multiple community-based organization whose mission is to help the disadvantaged. Parents are also invited to the convening.

The campaign's focus, building resilience at the community level, will be accomplished through a trauma and Neuroscience, Epigenetics, ACEs, and Resilience (N.E.A.R) informed education and awareness messaging campaign, with children and families at the center. The summit participants will provide ideas on messaging content and tone, and recommend marketing platforms best suited for the Yakima pilot community.

## Semi-Annual Report (SAR) 3.0

*Written by Wes Luckey, Deputy Director*

On July 31, 2019, GCACH submitted to Health Care Authority (HCA) its third semi-annual report (SAR 3.0). As required by the Healthier Washington Medicaid Transformation's Special Terms and Conditions, ACHs must submit semi-annual reports on project implementation and progress milestones. This most recent SAR summarized performance for GCACH and its programs for the first half of 2019.

The purpose of the semi-annual reporting is to provide necessary information to evaluate GCACH's project progress against milestones, based on our approved project plans and corresponding implementation plans. The HCA and the State's contracted Independent Assessor (Myers & Stauffer) carry out these evaluations. Areas covered by this SAR include:

- Tribal collaboration and communication
- Design Fund expenditures and changes to our funds flow methodology
- Use of incentives to support Integrated Managed Care
- Updates to our Implementation Workplan
- General implementation and IMC implementation update

A new deliverable for ACHs with this particular SAR was the Quality Improvement Plan. ACHs were expected to define the regional strategy for continuous quality improvement that they oversee across their transformation portfolio. The ACH Quality Improvement Plan supports partnering providers in establishing and engaging in quality improvement processes and defines a feedback loop for partnering providers to report to the ACHs on transformation progress. Updates to the GCACH Quality Improvement Plan will be included in future SARs.

Another new deliverable was the Pay-For-Reporting Metrics report. This report categorized GCACH Practice Transformation organizations, summarized Maine Health Access Foundation (MeHAF) survey data, and provided summary responses from Practice Transformation and community-based organizational activities tied to opioid-use management.

For Demonstration Year 3 (2019), 75% of all Project Incentives are earned through Pay-For-Reporting, while 25% are earned through performance on Pay-For-Performance measures. We expect a response to this SAR by November. To view the SAR, click here: [https://gcach.org/apps/website\\_resources/record/bd96492aec16b290fcd9833a7c0419e9/gcachsar3.zip](https://gcach.org/apps/website_resources/record/bd96492aec16b290fcd9833a7c0419e9/gcachsar3.zip).

# 2019 Learning Collaborative Schedule

Written by Carol Moser, Executive Director, and Diane Halo, Opioid Resource Network Project Manager

The Learning Collaborative sessions listed below are open to any provider organization contracted with GCACH for the purposes of Practice Transformation. We encourage all organizations to attend, even if the content seems oriented to behavioral health. If you have any questions, please reach out to Diane Halo at [dhalo@gcach.org](mailto:dhalo@gcach.org) or Sam Werdel at [swerdel@gcach.org](mailto:swerdel@gcach.org).

Date	Time	Suggested Attendees	Meeting Topic
September 5, 2019	10:00 am – 12:00 pm	Quality Improvement staff, Administrators, Managers, Clinicians, Clinical staff, Behavioral Health Providers	<b>MCOs, JD Fisher Jenna, Martin &amp; Sam</b> Relating provider payments to value-based payments (VBP). Explaining importance of accurate coding for clinical and risk adjustment factors.
October 30, 2019	5:30 pm – 8:30 pm	4 selected individuals from each partnering PCMH and Behavioral Health organization	<b>Kick-off and Rewards Dinner</b> panel of exemplar clinics/newly identified exemplar clinics lessons learned and success stories.
November 5, 2019	8:00 am – 4:00 pm	Behavioral Health Providers & Staff	<b>Ken Kraybill</b> Trauma-Informed Care (TIC) and Motivational Interviewing (MI) best practices.
November 15, 2019	10:00 am – 12:00 pm	Quality Improvement staff, Administrators, Managers, Clinicians, Clinical staff	<b>YVFWC/CHCW</b> Explaining how to implement residents within the clinic.
December 11, 2019	8:00 am – 4:00 pm	Administrator, CFO, CEO, Managers, QI Team, Behavioral Health Providers	<b>Adam Falcone</b> Learn about managed care contracting, evaluating contracts, negotiation, and key terms and legal protections.

# Washington Financial Executor (WAFE) Portal Update

Written by Becky Kolln, Director of Finance and Contracts

## WAFE Payments and Contracts

2019 PAYMENT BY USE CATEGORY (CONTRACT)	TOTALS
Community Health Fund (Third Party Administrator Contracts)	\$ 1,395,201.87
Health Systems and Community Capacity Building	\$ 1,655,171.92
Integration Incentives	\$ 910,000.00
Provider Engagement (Practice Transformation Contracts)	\$ 4,797,336.00
Provider Performance and Quality Incentives	\$ 850,353.00
Reserve / Contingency Fund	\$ -
<b>2019 Total Payments</b>	<b>\$ 9,608,062.79</b>
2018 Year End	\$ 4,495,434.89
<b>Total Portal Payments to Date</b>	<b>\$14,103,497.68</b>

Total payments made to providers.

GCACH Practice Transformation providers are now receiving their Quarter 2 payments for accomplishing their contract Milestones. The total payment to providers in Cohort 1 is \$7,383,501. These providers are now working hard on their Quarter 3 Milestones.

Eleven of the seventeen Cohort 2 providers have received Integration Incentive payments for Quarter 1, while the remaining providers are working hard to get their contracts signed so they can receive these payments.

current topics >>>

## Earn \$100 by Participating in the HCA Annual Survey

Written by Lauren Johnson, Communication & Administrative Coordinator

We need your help! The Health Care Authority (HCA) is seeking provider participation in an annual [paying for value survey](#). The survey will help track progress toward the statewide goal of paying for value-based care, rather than paying for volume of care. In a value-based system, payments are based on the health outcomes people experience, rather than paying for each medical transaction.

### What's in it for You?

Well to start, \$100 for your organization! In addition, your participation will provide valuable insight into the challenges you face when considering adopting new payment arrangements. It will also help HCA support providers and the health and wellness community as a whole.

The survey is open until **5:00 p.m. Pacific Daylight Time on Friday, August 30, 2019**. It is designed to be filled out by an administrative leader, with only one response per organization. To learn more, visit the [paying for value webpage](#).



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