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In this issue, learn about the Transitional Care and Disease Management Learning Collaborative, the CSI Reporting Portal, the Opioid Resource Networks, and more!

2019
July



A Monthly Insight into the Greater Columbia ACH



GCACH report



A Letter from GCACH's Executive Director

Written by Carol Moser, Executive Director

July 1, 2019 marked the halfway point of Washington's Medicaid Transformation Initiative! What was once just concept of a transformed health care delivery system, has turned into concrete Milestones, contracts, and toolkits for the sixty-seven organizations under contract with GCACH. New workflows are changing the way care is being delivered, and new evidence-based approaches are being implemented. By the end of the year, it is anticipated that these clinics, hospitals, and behavioral health providers will have earned over \$16 million in incentive payments.

Provider organizations are not the only recipients of GCACH funding. The Community Health Fund, a \$1.4 million initiative to address the Social Determinants of Health, has been distributed to five community philanthropies that are awarding incentive dollars to community organizations to help address issues like transportation, food insecurity, supportive housing, and mental health. Six Local Health Improvement Networks (Southeast WA Rural Health Network, Whitman County Health Network, Blue Mountain Regional Health Partnership, Benton-Franklin Community Health Alliance, Yakima County Health Care Coalition, and the Kittitas County Health Network) are receiving \$30 thousand in 2019 and 2020 to support local health network activities and efforts. The Community Resilience Campaign Task Force will kick off a pilot project in Yakima to implement an educational and awareness campaign with a focus on children and families about resiliency and NEAR (Neuroscience, Epigenetics, Adverse Childhood Experiences and Resilience) education that will scale up to a \$500 thousand regional campaign in 2020.

Learning Collaborative meetings for community paramedicine, shared decision making, bi-directional integration, access and continuity have been held, and June 20-21, 2019 was a two-day conference to provide trainings on opioid prescribing guidelines, trauma informed approaches, medication management, and alternatives to pain management.

Changes are happening in the GCACH health care delivery system! Stay tuned for amazing results!

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	\$ 1,198,937.92
Integration Incentives	\$ -
Provider Engagement (Practice Transformation Contracts)	\$ 4,289,534.00
Provider Performance and Quality Incentives	\$ 340,662.00
Reserve / Contingency Fund	
2019 Total Payments	\$ 7,224,335.79
2018 Year End	\$ 4,495,434.89
Total Portal Payments to Date	\$11,719,770.68

Total payments made to providers.

GCACH Practice Transformation providers received a total of \$5,644,744 for quarter one 2019 by accomplishing their contract Milestones. These providers are now working hard on their quarter two Milestones.

GCACH paid its Local Health Improvement Networks (LHINs) for the first deliverable in their 2019 contracts.

The Washington Financial Executive Portal reopened on June 17, 2019, allowing GCACH to make the first payment to the Opioid Resource Network (ORN) in Benton, Franklin and Walla Walla Counties.

current topics >>>

2019 American Indian/Alaska Native Behavioral Health Conference

Written by Rubén Peralta, Community & Tribal Engagement Specialist

In May, GCACH's Community and Tribal Engagement Specialist, Rubén Peralta, attended the 2019 American Indian/Alaskan Native Behavioral Health Conference in Albuquerque, New Mexico. This conference is the premier tribal behavioral health event, attracting over 500 tribal behavioral health experts, public health professionals, federal employees, advocates, researchers and community-based providers.

Rubén's attendance made him a stronger resource giving him knowledge around behavioral health matters pertaining to Native Americans. GCACH also sponsored Tonya Kreis from the Yakama Nation Behavioral Health Program to attend, demonstrating our commitment to support the critical behavioral health challenges affecting the Nation.



Trauma and the Opioid Crisis Summit: Coming Together to Advance Prevention, Care, and Recovery

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

On Wednesday June 19, 2019 over 40 people attended the public community forum which was focused on the opioid crisis and what it means for families and communities. Dr. Bridget Beachy, psychologist in Yakima, said the event would be centered on three words — connect, context and coping.

All are important areas of focus in the battle against a drug epidemic with profound medical and social impacts. To help those dealing with the crisis, it's important to connect with the human in front of you. Others need to take into account the context of that person's life and understand what those struggling with addiction might be coping with. There were three panelists that stressed the importance of taking a real interest in and listening to those who are part of our lives. They also talked about bridging communication gaps among educators, medical professionals and therapists.

On Thursday, June 20, 2019 and Friday, June 21, 2019 there were over 240 healthcare professionals that gathered together at Pacific Northwest University of Health Science for a regional opioid and trauma-informed care summit. Topics of the summit included the origins of addiction, medication myths, implementation of opioid prevention and treatment initiatives, innovative models of care, non-traditional treatments for pain, resilience training for physicians, and more. The Summit also featured a simulation of real-life scenarios of opioid crises and trauma-impacted cases. Presenters included renowned physician and researcher Dr. Vincent Felitti, one of the world's foremost experts on childhood trauma and the co-principal investigator on the A.C.E. (Adverse Childhood Experiences) Study, Sue Birch, Director of Washington Healthcare Authority, PNWU President Dr. Michael Lawler, Charissa Fotinos, Deputy Chief Medical Officer for the Washington State Healthcare Authority, and local and national experts.



Left photo: back row - Laurene Enns, Keith Monosky, Carol Moser, Rachael Guess, Becky Kolln, Chris De Villeneuve, Lauren Johnson, Wes Luckey. Front row - Michelle Blanchard, Kathleen Carrillo, Diane Halo, Sam Werdel, Jenna Shelton, Aisling Fernandez, Melissa Holm. Not pictured - Dr. Edward Bilsky, Martin Sanchez, Rubén Peralta.

Right photo: Diane Halo and Dr. Vincent Felitti.

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](#).

Sign-up Today for the Transitional Care and Disease Management Learning Collaborative!

Written by Lauren Johnson, Communication & Administrative Coordinator

On August 1 - 2, 2019, GCACH is hosting a Learning Collaborative on Transitional Care and Disease Management, which will include six keynote speakers and a panel discussion. There will be two tracks that include over 15 speakers from across the country.

Track One will focus on transitional care, an important aspect of patient follow-up. Poor care transitions drive higher financial costs for the health care system and higher levels of stress for patients and their families. Preventing poor care transitions relies on coordinated actions among all care providers, targeting people at high risk for repeated acute care episodes and linking patients to community services that can support their discharge plan. Attendees will leave the Learning Collaborative having a better understanding on how to improve cross-setting transitions among community teams and spread improvements to new health care providers and communities.

Track Two will focus on disease management. Management of multiple chronic conditions require a transformation in health care. As a result, many managed care organizations and integrated delivery systems have taken a great interest in correcting the many deficiencies in managing chronic diseases such as diabetes, heart disease, depression, and asthma. In addition, the treatments for chronic disease are often complicated, making it difficult for some patients to comply with treatment protocols. Attendees will learn how to motivate and engage patients to persist in necessary therapies and interventions to help them achieve an ongoing, reasonable quality of life.



To register, click the following link: <https://bit.ly/2Yltg1i>.

Planning for Community Paramedicine Pilot Project

Written by Sam Werdel, Director of Practice Transformation

Background

Benton/Franklin counties have the highest Emergency Department (ED) utilization in the state. GCACH has been researching how to improve these numbers by going up stream. We believe one factor that can reduce ED visits is through a Community Paramedicine program. We have found a willing partner with the City of Kennewick Fire Department (KFD) to implement and pilot a software Module through ImageTrend that leverages call volume and patient data to highlight opportunity to intervene at the patient's residence, prior to the 911 call. This model is extremely affordable and can be scaled across the GCACH Region.

Implementation Process has begun

GCACH would like to welcome Cary Cole. Cole has been employed by the Kennewick Fire Department for 19 years. In 2015, was promoted to Fire Captain. As of July 1, 2019 Cary, moved into the newly created Community Paramedic position at Kennewick Fire Department where he will be assisting with the development of the program and serving as Kennewick Fire Departments first ever Community Paramedic.

The Goals for Community Paramedicine Pilot

- Decrease in EMS calls, ED transports and/or ED utilization
 - This includes the EMS department and the Fire Department (FD)
- Increase in patients' access to services - meaning anything that benefits the patient's health. I.e., a PCP, Aging and Long-Term Care (ALTC), Alliance Consistent Care, etc.

Criteria for Pilot

- Patients that have between 4-11 calls made to EMS in the last year
- Data will be pulled from October 2018 - September 2019
- The study period will be from October 1, 2019 - September 30, 2020
 - Data will be reported from Kennewick EMS to GCACH on a quarterly basis
- Patients will be picked for either the study group or the control group by random selection
- Based on initial data analysis of Calendar Year 2018, there is an estimated 100 patients that will be split between the control group and the study group.

Next Steps

- Ensure that there are no duplicate patients in the original data set
- Process workflows will be documented and implemented
- SBAR submitted to MCO's to request a pilot project reimbursement

Practice Transformation Success Stories

Written by Jenna Shelton and Martin Sanchez, Practice Transformation Navigators

Catholic Charities

GCACH would like to highlight the work of Catholic Charities as they have been a great partner and champion in working towards the Patient Centered Medical Home (PCMH) model of care. Throughout the year, Catholic Charities has worked diligently towards achieving their milestones with assertiveness and ease. Within quarter one, Catholic Charities made adjustments to their electronic health record (EHR), and implemented surveys and new screening tools for patients.



Since beginning the Practice Transformation process, Catholic Charities has also focused on collaborating with other organizations throughout the region. Catholic Charities began a partnership with Somerset Counseling to provide Substance Use Disorder (SUD) and Mental Health services. In June of 2019, the organization partnered with Greater Columbia ACH and Pacific Northwest University of Health Sciences (PNWU) to host the Trauma and the Opioid Crisis Summit. Chris De Villeneuve, the Division Director for Behavioral Health and Integrated Services, stated, "If we keep trying to do this alone, it almost works." Thank you, Catholic Charities, for all your hard work this past quarter!

CHAS Health

One of the goals of Practice Transformation is to provide better care for patients and to connect them with resources. Several weeks ago, GCACH met with CHAS to conduct their Practice Transformation check-in. During the convening, staff shared that they have implemented the PHQ-2 assessment in their Clarkston Dental Clinic for all patients at their appointment. Since implementation of the tool, CHAS Health referred a patient to behavioral health services after receiving a positive result on the assessment. Several weeks later, the patient returned and delivered a thank-you card to staff, stating his gratitude for referring him to a specialist. CHAS Health has also been successful in helping patients access primary care providers in the area. Keep up the good work CHAS Health!

