

Greater Columbia ACH

Director's Report

August 18, 2016



1 REGIONAL HEALTH IMPROVEMENT PLAN & SIM PROJECT APPROVED!

On July 28th, the Regional Health Improvement Plan (RHIP), including our pilot (SIM) project, was approved by the Leadership Council and the Board of Directors. On August 8th, we heard from Chase Napier, the Community Transformation Manager for the Health Care Authority that our project was approved by the HCA!

What does that mean for Greater Columbia ACH?

The pilot project is a required element of the Health Care Authority's Design Grant award, and must address a population health need of the community. The Care Coordination Committee, chaired by Jorge Rivera nominated a Community Readmissions Avoidance Project to the Strategic Issues Committee who advanced the project to the Leadership Council and Board of Directors. The goal of the program is to coordinate care from the time the patient leaves the hospital and transitions back to health. This is a critical time in the health of vulnerable populations who may be more susceptible to health problems.

This Pilot project will utilize the expertise of Consistent Care Services Case Management team, and have the additional components of WSU Nursing Students, Meals on Wheels, and Community Health Workers for follow-up care and services.

Steps Forward:

- Form local work group to monitor Readmissions project, develop processes, create logic map and develop measures and evaluation strategies.
- Explore opportunities to leverage additional partners.
- Bring back insights and challenges to share with the GCACH members in order to prepare for scaling up the project to the other Counties.

2 GCACH – TRIBAL WORKSHOP 8-16-16

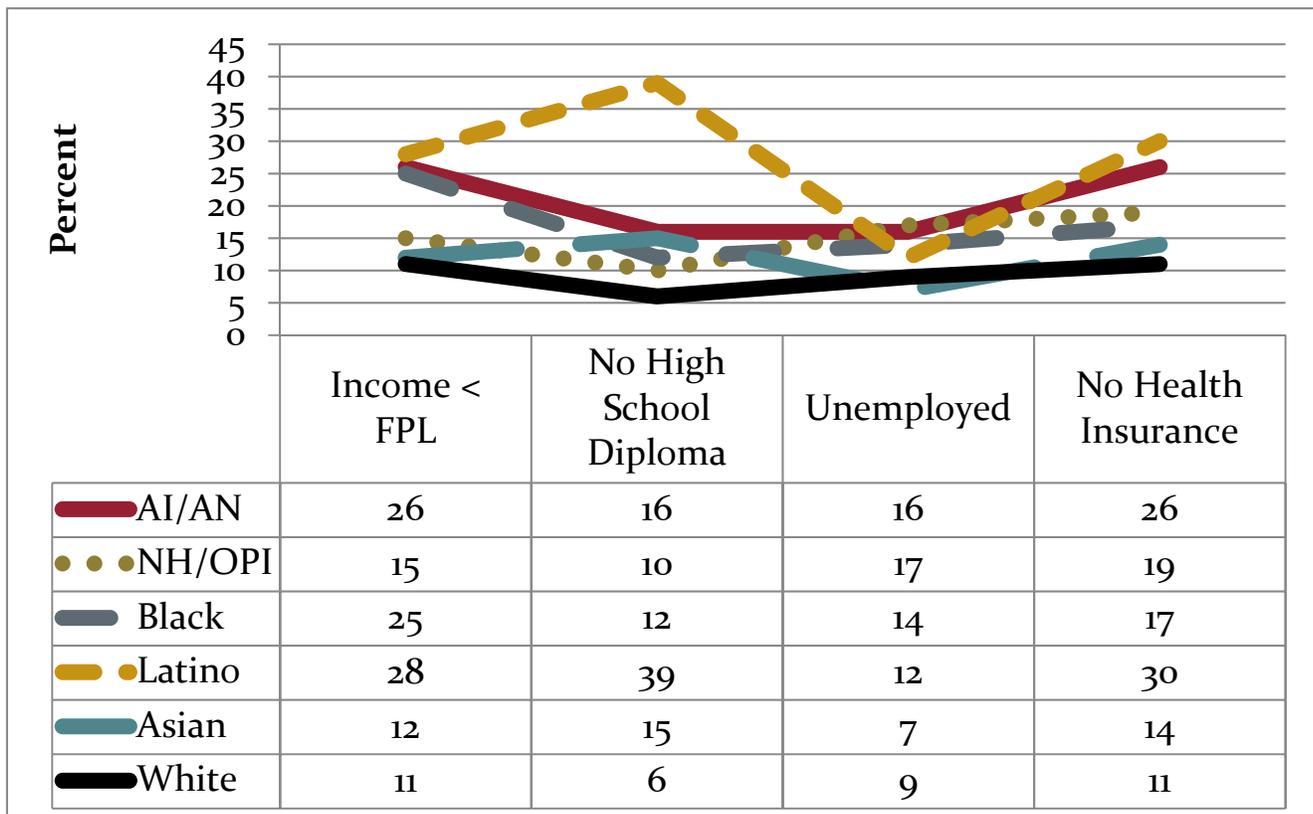
Approximately thirty-two members of the Greater Columbia ACH Leadership Council met with members of the Yakama Indian Nation and the American Indian Health Commission (AIHC) on August 16th at the Yakama Nations Legend Casino in Toppenish. The goal was "to produce a vision for how tribes and the Urban Indian Health Programs (UIHP) and ACHs will begin to work together to improve population health, and to increase understanding about tribal issues." AIHC hosted the meeting which was

facilitated by Jessie Dean, Administrator, Tribal Affairs & Analysis, HCA, and Vicki Lowe, AIHC Executive Director.

The facilitators led the group through the history of how and why the United States Federal Government created laws to provide health care for Tribal nations. Of the 29 Tribal Nations in the State of Washington, only two Tribes receive primary health care services from the Indian Health Service: the Colville Tribe and the Yakamas. These services generally include direct patient care such as internal medicine, pediatrics, women's health, and dental and optometry services.

The group also examined ways of working together on future ventures. Vicki noted that the Leadership Council had a number of committees in common with Indian concerns; diabetes/obesity, oral health, behavioral health, and health equity.

Social Determinants, Washington, 2013



Source: Washington Department of Health. (2013). National Vital Statistics Report, 64(2)

The group ended the day on brainstorming ideas on how the two entities can build a better partnership, and how to ensure that they are included in developing the Regional Health Improvement Plan.

3 GCACH RHIP FRAMEWORK

Our Consultant, Deb Gauck, put together the follow RHIP Framework as a way to identify the major highlights of the Regional Health Improvement Plan.

Our mission and vision define the fundamental purpose of the Greater Columbia Accountable Community of Health. The Guiding Principles represent a broad philosophy that guides GCACH in its pursuit of goals and strategies.

The Action Areas, taken from the Robert Wood Johnson Foundation *Culture of Health Action Framework* define where GCACH will focus its efforts and mobilize an integrated course of action by individuals, communities, and organizations.

Our goals set the course ahead:

Partner with Sectors. We know that we can't do this work in isolation. We need to think broadly and gather partners that can help add value to process or service we are delivering.

Improve Environments. 80% of healthcare is dependent outside of medical care. In order to improve health, we will need to improve those conditions that impact our ability to practice a healthy lifestyle.

Improve access. Improving access to care can mean many things in the world of healthcare. In our region, we lack providers, especially in mental and dental health. But we also lack the sophisticated technology that would allow better health information to inform decisions.

Integrate Systems. Integrate health care, public health, social service, and other systems. Integrating health systems brings them together to ensure that the subsystems function together as a system. System integration is also about adding value to the system, capabilities that are possible because of interactions between subsystems.

The Strategies to implement the RHIP will be through training and technical assistance, facilitating funding, and project implementation. The training and technical assistance will be tailored to meet the needs of GCACH communities, especially allowing communities to choose their own strategies. The Medicaid Waiver will enable projects that address local health priorities, contribute to delivery system transformation, and are in the State's project toolkit to apply for funding. Implementing projects that are early wins, building confidence and cooperation among partners, and seeing results is the key to our sustainability.

Greater Columbia Accountable Community of Health

Regional Health Improvement Plan Framework

VISION

The Greater Columbia region is a vibrant, healthy community in which all individuals, regardless of their circumstances, have the ability to achieve their highest potential

MISSION

Advance the health of our population by decreasing health disparities, improving efficiency of health care delivery, and empowering individuals and communities through collaboration, innovation, and engagement

GUIDING PRINCIPLES

Promote a culture of health and health equity	Facilitate a regional population health approach	Engage the community	Focus on prevention and early intervention	Ensure strategies are data-informed, aligned, culturally competent, and sustainable
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ACTION AREAS

Collaboration Cross-sector collaboration	Equity Healthier, more equitable communities	Integration Integration of health services and systems
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GOALS

Partner with sectors Partner with health care and other sectors to invest in health policies and programs	Improve environments Improve social, economic, and built environments that support well-being	Improve access Improve access to care	Integrate systems Integrate health care, public health, social service, and other systems
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STRATEGIES

Provide training Provide training to communities on Accountable Communities of Health, Culture of Health, and Regional Health Improvement Plan	Provide technical assistance Provide technical assistance to communities to implement evidence-based practices and programs	Facilitate funding Facilitate Medicaid Transformation Waiver and grant funding for communities	Implement projects Implement regional projects
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4 COMMUNICATIONS UPDATE

Now that we have a RHIP and we have the Medicaid Waiver on the horizon (we hope!), it is the time to bring the pieces together and develop a tangible and workable Communications Plan. Last month, Aisling presented the current version of the Communications Plan. Sue and Carol have been developing the distribution list we will use for various one-way and two-way communications. Aisling is developing our first newsletter and has made updates to the website (e.g. all minutes and Directors Reports are linked on the Minutes page, the Mission, Vision and Guiding Principles have been added to the first page). Aisling has sent out a SurveyMonkey to set up the next Communications Committee meeting so this group can guide the development of the plan for us to know what our next steps will be for community engagement.

Not only will we be resuming meetings with the Communications Committee, we will also resume meetings with the Assessment and Planning (A & P) Committee so that the GCACH members will be the thought leaders of this work and collectively plan the course we take with each meeting. The next A & P Committee meeting will be September 8th at 2PM in the Benton-Franklin Health District's boardroom (7102 W Okanogan Pl, Kennewick, WA 99336).