

# Greater Columbia ACH

## Directors' Report

February 15, 2018



### 1 2018 IMPLEMENTATION WORK PLAN – IMPLEMENTATION PHASE

---

#### Incentive Payment Major Phases



Medicaid Transformation includes three phases of work: design, implementation and operations, and assessment. These phases are cyclical, with project design feeding into project implementation and operations, and finally, assessment. The **implementation phase** focuses on assessing the current state capacity to deliver our selected project approaches; what it will take to enhance or transform the delivery system, descriptions of the selected evidence-based approaches chosen by the participating providers, target populations, roles and responsibilities of implementation partners, securing formal commitments for participating providers, and developing implementation plans for the project areas. This draft timeline below gives our membership a vision of the project implementation planning activities, timeline for the deliverables, and the roles and responsibilities of the partners.

| Activity                                                                                                                                                                                                           | Lead                                               | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Develop MOU and Funding methodology for Participating Providers                                                                                                                                                    | Budget & Funds Flow/Finance Committee/ Board/Staff |     |     |     |     |     |     |     |     |     |     |     |
| Identify, Confirm & Convene the Strategic Planning Workgroup                                                                                                                                                       | Staff/Board/ Provider Orgs                         |     |     |     |     |     |     |     |     |     |     |     |
| Approval of Provider Engagement, Participation and Implementation Funding Allocation                                                                                                                               | Budget & Funds Flow/Finance Committee/ Board       |     |     |     |     |     |     |     |     |     |     |     |
| Execute MOU between GCACH and Provider organizations                                                                                                                                                               | Staff/Providers/ Board                             |     |     |     |     |     |     |     |     |     |     |     |
| Register for Financial Executor Portal                                                                                                                                                                             | Staff/Providers                                    |     |     |     |     |     |     |     |     |     |     |     |
| Survey and assess current regional capacity:<br><ul style="list-style-type: none"> <li>Integrated Care Model adoption</li> <li>Care Transition services</li> <li>Chronic Disease</li> <li>Opioid Crisis</li> </ul> | Strategic Planning Workgroup (SPW)/ Staff          |     |     |     |     |     |     |     |     |     |     |     |
| Identify strategies for Population Health Mgmt., Workforce, VBP to support projects                                                                                                                                | Staff/SPW Committees Board                         |     |     |     |     |     |     |     |     |     |     |     |
| Select target population(s) and evidence-based approaches                                                                                                                                                          | Staff/SPW/Board                                    |     |     |     |     |     |     |     |     |     |     |     |
| Identify and engage partnering provider organizations                                                                                                                                                              | Staff/Providers/ SPW                               |     |     |     |     |     |     |     |     |     |     |     |
| Identify roles and responsibilities of key organizations                                                                                                                                                           | Staff/Providers/ SPW                               |     |     |     |     |     |     |     |     |     |     |     |
| Identify, recruit, and secure formal commitments for participating providers (contract)                                                                                                                            | Staff/Providers                                    |     |     |     |     |     |     |     |     |     |     |     |
| Develop Implementation plans for all project areas                                                                                                                                                                 | Staff/Providers/ SPW                               |     |     |     |     |     |     |     |     |     |     |     |

## 2 GCACH Project Plan Independent Assessment Results

On February 14, the Independent Assessor (Myers & Stauffer) notified the GCACH on its Project Plan scoring results. Myers and Stauffer completed an independent assessment of the GCACH Project Plans submitted in November 2017. These findings indicated that the Greater Columbia ACH's Project Plan met or exceeded criteria for all sub-sections and projects, therefore, receiving 100 percent of total possible points. Congratulations!

| Project Plan Score Summary |             |
|----------------------------|-------------|
|                            | Final Score |
| Section 1 Score            | 100%        |
| Section 2 Score            | 100%        |
| <i>Section 2 Projects:</i> |             |
| 2A                         | 100%        |
| 2B                         | N/A         |
| 2C                         | 100%        |
| 2D                         | N/A         |
| 3A                         | 100%        |
| 3B                         | N/A         |
| 3C                         | N/A         |
| 3D                         | 100%        |
| Total Score                | 100%        |
| Bonus                      | 0%          |
| <b>Final Score</b>         | <b>100%</b> |

### 3 DENTAL HEALTH AIDE THERAPY PROGRAM

---

Wes Luckey, Heidi Desmarais, Maxine Janis, Tonya Kreis, Kathy Saluskin, and I met with Tribal Council Leaders Lottie Sam, and Charlene Tillequots to discuss a Dental Health Aide Therapy program for the Yakama Nation on February 1st. Christina Peters, Native Dental Therapy Initiative Project Director for the NW Portland Area Indian Health Board joined us by phone. One of the focus areas for the Access to Oral Health Project Team was to increase access to oral health services by expanding dental hygienists providing oral health services to adults and children in community settings.



The Dental Health Aide Therapy program expands access to consistent, routine, high quality, and culturally competent oral health care to tribal communities. Therapists can work independently once they have mastered their skillset, and can take services where they are needed on the reservation, whether in the clinic, elder homes, or schools.

The closest degreed DHAT educational program is taught in Anchorage, Alaska. The Alaska Dental Therapy (ADTEP) Educational Program is a 2-year program that provides students with the educational experiences necessary to become oral health providers. ADTEP students attend classes in Anchorage during their first year of education at Alaska Pacific University.

Maxine Janis has identified some potential students from Heritage University, and Councilwoman Lottie Sam is working to get Christina Peters on the March 6th Tribal Council meeting agenda.

From the left: Heidi Desmarais (Co-Facilitator, Oral Health Project Team), Carol Moser (Executive Director, GCACH), Tonya Kreis, (Behavioral Health Provider, Yakama Nation), Maxine Janis (Ed.D, MPH, RDH, (Oglala Lakota), Associate Professor/President’s Liaison Native American Affairs, Heritage University), Councilwoman Lottie Sam (Chair of the Health, Employment, and Welfare ((HEW)) Committee, Yakama Nation), Charlene Tillequots (HEW ), Kathy Saluskin (Program Director, Behavioral Health Services, Yakama Nation). Not pictured, Wes Luckey.

### 4 OFFICE TRANSFORMATION

---



Healthcare isn’t the only thing getting transformed these days! Thanks to Kylee’s savvy office decorating skills, and Megan’s graphic capabilities, Greater Columbia ACH is gearing up for project implementation activities by hiring staff and creating more office space. You can easily find our offices, now that our logo is proudly displayed on our window!

## 5 WELCOME SAM WERDEL, BI-DIRECTIONAL PROGRAM MANAGER!

---

The GCACH welcomes Sam Werdel to its staff, beginning February 20, 2018. Sam has over 20 years of healthcare administration experience in academic, for profit and nonprofit health systems. She has also consulted for healthcare entities over the last six years, providing practice transformation, EHR support, financial review and process improvement services. Most recently, she was the Practice Transformation Coach and Connector for Qualis Health. In this latest position, she implemented standardized practice transformation strategies for health systems and community health centers, supporting Healthier Washington's objective of bi-directional integration.

We are fortunate and excited to have Sam join us as we proceed with project implementation. In her new role, she will be the Program Manager for Bi-Directional Integration. This position will work with Wes Luckey, the Director of Clinical Transformation, to manage the Bi-Directional Integration project and implementation plan. She will also be working with the Practice Transformation Support Hub to help move Bi-Directional Integration work forward.

Welcome, Sam!

## 6 WELCOME RUBÉN PERALTA, COMMUNITY ENGAGEMENT SPECIALIST!

---

Greater Columbia is very happy to welcome Mr. Rubén Peralta, our recent hire to fill the position of Community Engagement Specialist. The Community Engagement Specialist acts as a critical link that energizes stakeholders, partners, and consumers to promote cross-sector collaboration, care coordination, and education. This role is also instrumental in bringing the consumer voice into the planning and implementation of each area of the project plan.

Community engagement has been a challenge for our region, especially given our large geographic territory, so we are excited that Rubén has a passion for bringing in new voices and perspectives to our membership. Mr. Peralta will be working closely with the six Local Health Improvement Networks (LHINs) to help them create Consumer Councils and expand the voice and perspective of consumers in each sub-region. He will also engage our outlying counties and improve the awareness of GCACH to different sectors of our communities.

Rubén came to us from the Tri-City Regional Chamber of Commerce where he served as the Community Inclusion & Outreach Director. He is currently serving on the Badger Club Board of Directors, and has served on the Board of Directors for the Pasco School District and the United Way of Benton and Franklin Counties. His experience with building diverse communities through outreach and education, plus his collaborative leadership style will help us build a culture of health in our region.

## 7 RFP FOR IT CARE COORDINATION

---

Proper care coordination implies that all providers working with a particular patient share important clinical information and have clear, shared expectations about their roles. Equally important, they ensure that effective referrals and transitions take place. Ideally, this type of care coordination would exist within a provider organization or between different provider organizations. It also would take place between clinical providers and social service organizations. Traditionally, this has been an inefficient paper-based or faxed-driven process. However, health information technology (HIT) can work in an efficient and relatively cost-effective way to address the areas around care coordination. Technology that wasn't available even a few years ago has made this possible.

The GCACH supports Healthier Washington's MTD Health Information Technology (HIT) Strategic Plan, including its development of the statewide Health Information Exchange and Clinical Data Repository. These have the potential to improve the quality, continuity, and safety of patient care, while at the same time reduce the provision of unnecessary and costly services. The use of interoperable HIT will permit the efficient exchange and re-use of data across Health IT systems.

While the statewide work continues to unfold, the GCACH also has the opportunity and the potential of undertaking local HIT initiatives that integrate providers and support the coordination of care. The GCACH is currently undertaking an RFP process to contract with a healthcare IT consultant. The consultant will provide IT integration services for the purpose of care coordination. A small pilot group will be identified, who will put forward a Transformation project-related use case such as integration between behavioral health providers and primary care. The pilot will also require the integration of at least one social service provider. In close collaboration with the pilot group, the IT consultant will then identify users' requirements and select technology vendors, leading to the development of a cloud-based platform for exchanging care plans and e-referrals. The deadline for submitting the RFP is February 20, 2018.

## 8 MOU's & CONTRACTS

---

MOU's and contracts have been disbursed to all 6 LHINS. Through negotiations, it is projected that GCACH and all 6 LHINS will be in full swing together by the end of March. The MOU's for partnering provider's engagement funding has been initiated and is a work in progress. Through February and March, the Budget and Funds Flow Committee and Finance Committee will be cracking down on ironing out the incentive funds formula for disbursement of payments in March-April timeframe.

## 9 BOARD ORIENTATION

---



Ruben Alvarado and Ronni Batchelor, two of our three newest Board members, beta tested our Board Orientation on February 12<sup>th</sup>. Ruben is the Community Impact Manager for Tierra Vida Development and was recently elected to the Pasco City Council. Ruben filled the 17<sup>th</sup> position on the Board of Directors, and is representing the Local Government Sector. Ronni joined Greater Columbia ACH Board in September and works as a Family Peer Support Specialist for Lutheran Community Services. Ronni is representing the Consumer Sector.

## 10 GOING UPSTREAM WITH UPSTREAM USA

---

Carol, Wes and Carla Prock (Facilitator, Reproductive and Maternal/Child Health Project Team) met with Chelsea Waliser, the Washington State Executive Director of Upstream USA, and Cynthia Harris from the Department of Health to discuss

a collaboration around training and education tied to an Intentional Pregnancy Planning initiative. One of the two approaches chosen by the Maternal Child/Health Project Team was supporting efforts to increase provider and consumer awareness, education and accessibility of long acting reversible contraception (LARC) to reduce unintended teenage pregnancies. In its broad 2017 data analysis, the GCACH identified teen pregnancy as being a significant issue in select GCACH counties:

|                |                             | Worse than average |        | Better than average |             |        |       |          |        |
|----------------|-----------------------------|--------------------|--------|---------------------|-------------|--------|-------|----------|--------|
| Category       | Measure                     | Asotin             | Benton | Franklin            | Walla Walla | Yakima | GCACH | WA State | Source |
|                |                             | %                  | %      | %                   | %           | %      | %     | %        |        |
| Teen Pregnancy | overall rate 2015           | 47%                | 32%    | 43%                 | 28%         | 60%    | 34%   | 26%      | WA DOH |
|                | % 15-17 years old rate 2015 | N/A                | 14%    | 17%                 | 15%         | 25%    | 16%   | 12%      | WA DOH |
|                | % 18-19 years old rate 2015 | 114%               | 66%    | 95%                 | 43%         | 128%   | 56%   | 47%      | WA DOH |

Data analysis conducted by the Guttmacher Institute and provided by Upstream USA, estimated that around half of all pregnancies in Washington State were unplanned in 2010:



**48%**  
of all pregnancies  
in Washington are  
unplanned

In 2010, unplanned pregnancies in Washington resulted in **31,500** unplanned births.

Upstream USA, a national nonprofit organization, provides community health centers with CME/CEU-eligible on-site training and technical assistance to health centers so they can remove barriers to same-day offering of the full range of contraceptive methods, including Long-Acting Reversible Contraceptives (LARCs). Their work helps health centers across the country eliminate barriers that prevent women from obtaining the full range of contraceptive methods so that all women are empowered to become pregnant only when they want to become so. Providing such services would positively affect existing ACH P4P measures. The GCACH is planning on collaborating with Upstream USA in its deployment across Washington State.