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2018
November

In this issue, learn about the 2018 Biennial ACEs Conference, Motivational Interviewing, the Crisis Services Community Meeting and more!



A Monthly Insight into the Greater Columbia ACH



GCACH report



2018 Tribal and State Leaders Health Summit

Written by Carol Moser, Executive Director

Rubén Peralta and Carol Moser attended the 2018 Tribal and State Leaders Health Summit 2018 “Learning from our Ancestors, Transforming Health Care for our Descendants” at the Suquamish Clearwater Casino Resort in Suquamish on November 6-7. This was the 10th summit which is held every two years to celebrate the accomplishments of the 29 Tribes and 3 Urban Indian Health programs across the state. It was also the opportunity to hear about the work of the various committees, and affirm the direction of the committee recommendations. Carol and Rubén attended breakout sessions on Tribal Behavioral Health integration, Improving AI/AN Data, Dept of Corrections-Medication Assisted Treatment and Re-entry Programs, AIHC Advocacy 101, Promoting Healthy Native Communities, DHAT State Plan Amendment and Appeal, and heard keynotes on Tribal Evaluation and Treatment Facilities, Foundational Public Health/Tribal Services, and a Joint Panel of Tribal and State Leaders. Carol participated in the “ACH Work Engaging in regions with Tribes” panel discussion along with five other ACH leaders.

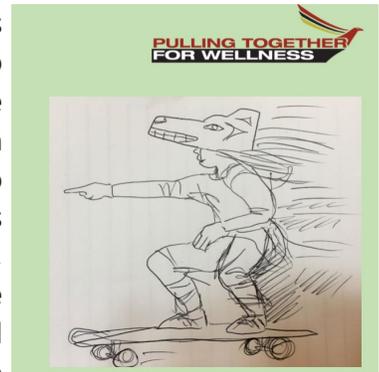
The highlight for both Carol and Rubén was the youth panel on Promoting Healthy Native Communities. They discussed that the most important protective factor for native American youth was the preservation of their

culture. Culture is Prevention!! They also talked about the issue of trust. The youth depend on adults to make good decisions that impact their lives, and there should be more education around drugs and alcohol to

protect them. Communities should ensure healthy activities are available to youth, and that Tribal leaders should support Youth Councils.

Inter-generational poverty is one of the biggest challenges among Native Americans, and the Tribes need to reprioritize their policies for youth. Look to see what they can change now.

Finally, the youth were asked to define trust. One young lady challenged the adults in the audience by acknowledging that youth put their trust in adults to make the right policies and laws that govern our lives. We need to take that responsibility more seriously given what is happening to the youth in our country.



Washington Financial Executor (WAFE) Portal Update

<<< *financials*

Written by Becky Kolln, Director of Finance and Contracts

GCACH is close to having all seventeen Behavioral Health Providers under contract for the design, development and implementation of a Fully-Integrated Managed Care (FMIC) plan for integration as Mid-Adopters on January 1, 2019.

We made payments this week to six of the providers who have completed the third and final milestone in the contract. A total of \$517,906.56 was distributed among the six providers based on their contract value.

WAFE Payments and Contracts

Use Category	Amount per Organization	Total Paid
LOI Submission	\$ 1,000	\$ 46,000
Project Facilitator Total	\$ 5,000	\$ 60,000
Participation as Board Member	\$ 1,000	\$ 9,000
Registration in the WAFE Portal	\$ 1,000	\$ 46,000
CSA Submission	\$ 1,000	\$ 39,000
MeHAF	\$ 10,000	\$ 100,000
Billing Toolkit	\$ 10,000	\$ 100,000
Milestone 3		\$ 517,906.56
		\$ 917,906.56

Total payments made to providers.

Motivational Interviewing

Written by Jenna Shelton, Practice Transformation Navigator

While the Practice Transformation Navigators have been meeting with organizations many staff members have discussed the tension that occurs with the organization's accountability for patient outcomes that dictated by patient behavior outside of the clinic. Typically following those discussions, Motivational Interviewing is mentioned as a technique that has proven to be effective.



Motivational Interviewing is "a client centered counseling approach that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior." The practice transformation navigators plan to attend a Motivational Interviewing training in January of 2019.

current topics >>>

Free Webinars: EDIE and PreManage

Written by Lauren Johnson, Communication & Administrative Coordinator

Collective Medical Technologies is hosting free webinars for the Emergency Department Information Exchange (EDIE) and PreManage. See below for additional information:

EDIE for Beginners - Every first Thursday of the month at 10 am Pacific time:

- [JOIN WEBEX MEETING](#)
- Meeting number: 800 754 411
- Meeting password: fGjsFMsQ
- JOIN BY PHONE: +1-415-655-0002 US Toll
- Access code: 800 754 411

PreManage for Beginners - Every second Thursday of the month at 10 am Pacific time:

- [JOIN WEBEX MEETING](#)
- Meeting number: 806 419 626
- Meeting password: vSj7BUPM
- JOIN BY PHONE: +1-415-655-0002 US Toll
- Access code: 806 419 626

Crisis Services Prompts a Community Meeting

Written by Carol Moser, Executive Director

The Crisis Services Community Meeting on October 18, 2018 was inspiring!

Katherine Saluskin welcomed attendees to the Yakama Reservation, and thanked them for their participation. She invited Councilman Saluskin, her father, to open the meeting in the traditional Yakama custom, a prayer.

Councilman Saluskin rang ceremonial bells and conducted a prayer. He encouraged everyone to open their hearts and minds toward a solution that would help the whole community. People are suffering.

The community was asked to come together to talk about crisis services, and they did. Nurses, emergency room physicians, therapists, and program managers described the wait times for crisis response, especially for Designated Crisis Responders who physically come to the scene, and evaluate the person in crisis. The law allows a two-hour response time, but 15 minutes seems like an eternity when someone you love is in crisis.

The provider of the crisis services was being called out. According to the Tribal members, the Yakama Nation experiences more mental health and substance use issues than anywhere in the region, yet no dedicated services are addressing the need by the contracted provider.

No one called into question the quality of the services of Comprehensive Health, who has been serving the Yakima region for over 16 years, and doing a good job. Some described it a capacity issue due to the increasing need for behavioral health services, and decreasing funding from the state. But communication between the Nation and Comprehensive is lacking, and young lives are being lost.

The meeting was summarized by three themes: communication and collaboration, capacity, and culture. Everyone agreed that something should be done, and promised to convene again in three weeks. And they did.

On October 31st, Program Managers from the Nation, Greater Columbia BHO, the Health Care Authority, Greater Columbia ACH, and the community met to deepen the conversation. Information was shared about upcoming changes to the BHO, and questions were asked about billing for services and facilities under the new MCO system.

Gaps in service were discussed, and ideas were generated to close them. Greater Columbia BHO offered to meet again with the Yakamas, and Greater Columbia ACH offered to improve communication infrastructure.

Everyone agreed that we should meet again. Everyone left in good spirits. After all, it was Halloween. Thank you to the Yakama Nation for your culture. Thank you to Comprehensive for your collaboration. Thank you to Greater Columbia BHO for your cooperation. Thank you to the Health Care Authority for your communication.



October 18, 2018 Crisis Services Community Meeting.

GCACH Investments in Health Information Technology (HIT)

Written by Wes Luckey, Deputy Director

The GCACH has committed to making HIT investments within the organizations undergoing Practice Transformation. Having been approved through our Budget and Funds Flow Committee, we hope to support infrastructure investments that strategically support the goals of the Patient-Centered Medical Home (PCMH). We believe that health communication strategies and health information technology will also support improvements in population health outcomes and health care quality, and will help achieve health equity. Below is a brief update of some of our current activities:

- **CSI Portal:** The GCACH requires a web-based online reporting and content management tool to assist in the monitoring of Participating Provider organizations and other contract performance. We also require a tool that will assist in the management of content relating to Practice Transformation (e.g. Practice Transformation Implementation Workplans), project areas (e.g. Transitional Care), learning collaboratives and other work tied to the Demonstration. This portal tool would support provider engagement and collaboration and facilitate learning by acting as a repository of information. It would also act as a data entry web form where participating provider organizations could upload quantitative and qualitative data relating to their progression through Practice Transformation change plans. The GCACH has been in discussions with CSI Solutions, an organization that has built such a portal tool for three other ACHs (North Central ACH, North Sound ACH and Olympic ACH). CSI presented to the Practice Transformation Workgroup and received Board approval contingent upon favorable feedback from some of our Practice Transformation organizations following an online demonstration. We hope to have this piece of the work completed within the first week of November. Following that, we will be signing a contract with CSI Solutions and organizing a workplan for its implementation within our provider network.
- **Direct Secure Messaging:** Direct secure messaging is an electronic communication technology, that communicates (sending messages and data packets) between provider EMRs but also includes secure (HIPAA-compliant) web e-mail to communicate with organizations with no EMR. It is designed typically for the exchange of patient health information but can also convey information relating to a patient's social service needs. After receiving presentations from several direct secure messaging vendors, the GCACH has made the decision to move forward in contracting with DataMotion. This vendor will 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.
- **Online Community Resource Directory App:** Healthcare organizations and consumers need routinely updated, comprehensive lists of local community services (e.g. supportive housing, low-cost transportation, inexpensive consumer legal services) that could be easily accessed (e.g. online site, mobile app). Such resources are a key component of establishing healthcare and community linkages. The GCACH is reviewing innovative technologies that will allow consumers easier access to a community-based directory for easy online searching of community resources. An information technology developer was contacted by the GCACH to bid for an externally facing App (web-based Internet site, iOS mobile app and Android mobile app) that would be used by consumers and providers. The App's required feature list would include the ability for users to

create a personal profile to bookmark resources; community resources grouped by broad, fixed and easy to understand categories (e.g. food, housing, goods, transit, health, healthcare, money, education, work, etc.) in order to minimize the amount free text inputs entered by the user. As well, it should include easy to interpret mapping features, the ability to add feedback and reviews, and it should be constantly kept up to date. The Google Maps/Places application program interface (API) is constantly updated, making it more relevant than static databases. Currently, the GCACH is validating the usefulness of Google Maps for searching for community-based resources relative to other available resource directories (e.g. WIN 211, Aunt Bertha). Should we conclude that Google Maps is a useful resource, we will move forward with contracting for the development of this App.

Behavioral Health IMC Update

Written by Diane Halo, Project Manager for IMC

Greater Columbia Accountable Community of Health (GCACH) has provided one-on-one technical assistance with each of the 17 Behavioral Health (BH) Providers since July to the complete their Maine Health Access Foundation (MeHAF) and Billing IT Toolkit Assessments. The GCACH team has also completed a Transition Plan for all the Behavioral Health Providers. The GCACH contract has been signed by 13 BH Providers. We have paid 6 BH Providers the full amount of their contract and 7 others for the completion of their MeHAF and the Billing IT Toolkit Assessments. Three of the Behavioral Health Providers have yet to sign contracts due to various circumstances.

GCACH held a [Provider Readiness Meeting on October 18, 2018](#) and HCA had an Integrated Managed Care (IMC) SERI/NPI Webinar on October 5th. In the webinar, the Health Care Authority (HCA) reviewed the changes to the IMC SERI Guide and the requirement to enroll all NPIs with HCA. The webinar provided an opportunity for questions and answers so that the providers could better understand the upcoming changes. At the Provider Readiness Meeting, HCA wanted to see where the providers were in the process of registering their providers with NPI numbers. It seems most providers are not having issues in registering their NPI numbers. There was also another [Provider Readiness Meeting on November 1, 2018](#). Troy Wilson announced that the Greater Columbia Behavioral Health Organization (BHO) will now become the Administrative Services

As the BHO/ASO they will be responsible for providing behavioral health crisis services for Medicaid clients. BHO/ASO is also responsible for providing limited Substance Use Disorder (SUD) and Mental Health (MH) services to individuals who are not eligible for Medicaid. The next [Provider Readiness Meeting is November 15, 2018](#).

The [IMC Communications Workgroup met on October 9, 2018](#). During the meeting, the group reviewed the finalized question and answer document. The group discussed strategies to distribute the documents to get the information out to provide answers for the questions the consumers may have.

The [Early Warning System \(EWS\) Workgroup meet on October 9, 2018](#). During this meeting HCA gave updates on indicators pertaining to Managed Care Organizations (MCO) grievances, jail, Interpreter Services data and crisis services. The group decided that the standard indicators the HCA has provided will be great data to help our region see if there are any issues once IMC is implemented in January 2019. There were a couple other encounter data that we may ask providers to provide.

The MCOs had their Provider Symposium on October 22, 2018; October 23, 2018; and October 24, 2018 in various locations within the GCACH region: Yakima, Tri-Cities and Walla Walla. This provided content for operational staff as well as clinical staff.

2018 Biennial Adverse Childhood Experiences (ACEs) Conference: Action to Access

Written by Rubén Peralta, Community & Tribal Engagement Specialist

GCACH's Community and Tribal Engagement Specialist, Rubén Peralta, attended the *2018 Biennial ACEs Conference: Action to Access* to learn more about this movement, and Social Determinants of Health (SDOH) in general, as well as find resources that will help us develop a campaign to address ACEs (which can also be considered SDOH). Rubén returned even more convinced of the need for a media campaign to raise public awareness of the effects ACEs has on a person's health. GCACH is working on a recommendation for such a media campaign, and just as important, a recommendation to invest in accelerating capacity in resiliency-building programs. It will not be sufficient to just make the public aware of the devastating effects of ACEs, we need to be able to provide the public with the tools to overcome them by building resilience.

In the conference, Dr. Vincent Felitti, one of the two principal researchers of the study, touched on several health improvements experienced by the group of 17,000 subjects simply by becoming more aware of the effects ACEs had on their health. Among other improvements, the group experienced lower A1C, a drop in ED visits, and lower readmissions rates. Dr. Nadine Burke Harris, a pediatrician and early adopter of the ACEs study in her practice, echoed Dr. Felitti's words.

Furthermore, Carol Moser and Rubén Peralta recently joined Premera and Camber Collective in a listening tour of our rural areas to learn about the challenges rural health care providers are facing. One of the common themes that surfaced, directly or indirectly, was mitigating the effects of ACEs/SDOH. Premera is seeking to invest significant funds in rural health and social impact strategies in Washington and Alaska.

GCACH believes that by going upstream to the root of poor health in our population to address ACEs/SDOH through a media campaign and by accelerating the capacity of existing evidence-based programs that build resiliency, we will create effective interventions that complement the work of physical and mental health providers.



Rubén Peralta and Dr. Nadine Burke Harris at the 2018 Biennial ACEs Conference: Action to Access.