

Greater Columbia ACH

Director's Report

September 22, 2016



1 ACH QUARTERLY CONVENING SEPT 15-16

The table below reflects one of our foundational realities as Greater Columbia ACH -35% of our total regional service area population is receiving Medicaid Benefits compared to WA State at 26.5%. This reality requires a better understanding of the services being delivered to our residents, knowing what our partners are doing, and having a North Star guiding our work.

GREATER COLUMBIA MEDICAID ENROLLMENT NUMBERS

GCACH Population

*asterisk = # in column/732,120

SUMMARY GROUP NAME	Statewide Total	GCACH ADULTS	GCACH CHILDREN	TOTAL 2016		County Population	OFM April 1, 2016
AEM Expansion Adults	298	64	0	64		Asotin	22,150
Apple Health For Kids	797,098	524	131,598 *18%	132,122		Benton	190,500
Elderly persons	73,717	7,447 *1%	0	7,447		Columbia	4,050
Family (TANF) Medical	33	4	1	5		Franklin	88,670
Family Planning	11,754	1,737	86	1,823		Garfield	2,200
Former Foster Care Adults	2,134	248	34	282		Kittitas	43,710
Foster Care	29,375	35	3,272 *.45%	3,307		Klickitat	21,270
Medicaid CN Caretaker Adults	137,374	18,088 *2.5%	0	18,088		Walla Walla	60,730
Medicaid CN Expansion Adults	596,958	70,133 *10%	0	70,133		Whitman	47,940
Other Federal Programs	21	0	0	0		Yakima	250,900
Partial Duals	60,123	6,849 *.9%	0	6,849			
Persons with disabilities	149,983	14,017 *1.9%	3,497 *.5%	17,514			
Pregnant Women's Coverage	17,242	2,901 *.4%	0	2,901			
Total WA State 2016	1,876,110	122,047	138,488	260,535		Total	732,120
	26.5%	*17%	*18.9%	*35%			
Total WA State 2015	1,821,000			252,591			

Enrollees in Medical Programs by County Report, 201608; Report Run Date: 9/16/2016 12:29:57 PM

2 NORTH STAR: GCACH REGIONAL HEALTH IMPROVEMENT PLAN

Bruce Goldberg, MD one of our presenters at our ACH convening in Spokane talked about the challenges facing ACHs: data information and infrastructure, engaging partners, different sense of urgency, sustainability, how to be strategic about choosing projects. He offered that the effective business model has a North Star, a common framework for decision making, alignment of resources, shared measures, and a strategic plan! The good news is that **we have a North Star, our Regional Health Improvement Plan** that has been a collaborative effort of our partners, and guided by Deb Gauck, our Planning Consultant. The RHIP acts as that overarching framework to target and align our efforts and give clarity to how we can address our priority issues.



Illness The difference between Illness and Wellness? Illness is about "I", and
Wellness Wellness is about "We."

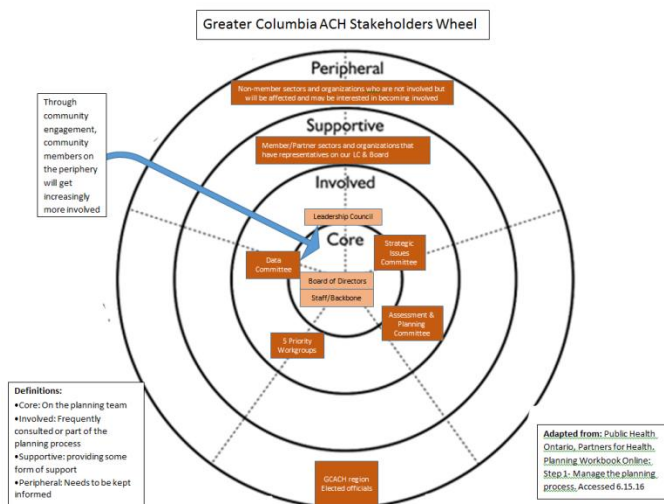
3 GCACH LAUNCHES 1ST E-NEWSLETTER, 9/9/16

The purpose of the Greater Columbia ACH newsletter is to provide the community with balanced, factual and culturally-appropriate information to assist them in understanding the work of GCACH. It also provides an opportunity to ensure that community issues and concerns are understood and considered.

For those organizations not yet familiar or peripheral to GCACH, we are hoping to use the newsletter to become involved!

Thanks to the Communications Committee for their feedback and guidance on our first newsletter, and to Aisling Fernandez, Communications Coordinator for creating the look, content, and video for the launch!

Please forward the newsletters to people you think would be interested in receiving it, or send us their emails and we will add them to the distribution. Thank you!



4 SIM PROJECT UPDATE – READMISSIONS AVOIDANCE PILOT (RAP)

The SIM project for Greater Columbia ACH is a care transitions project, coordinating the care of 40 patients from Kadlec and Trios who are at risk of readmission within 30 days, coordinating their medical needs, and ensuring community resources are linked with each individual in the program. Additionally, RN-BSN Nursing students will assure that appropriate community resources are being delivered to each patient. The patients will be geocoded to determine any patterns of readmissions. Consistent Care Services, SPC is being contracted to coordinate this project.

The State Health Care Innovation Plan recommends three core strategies:

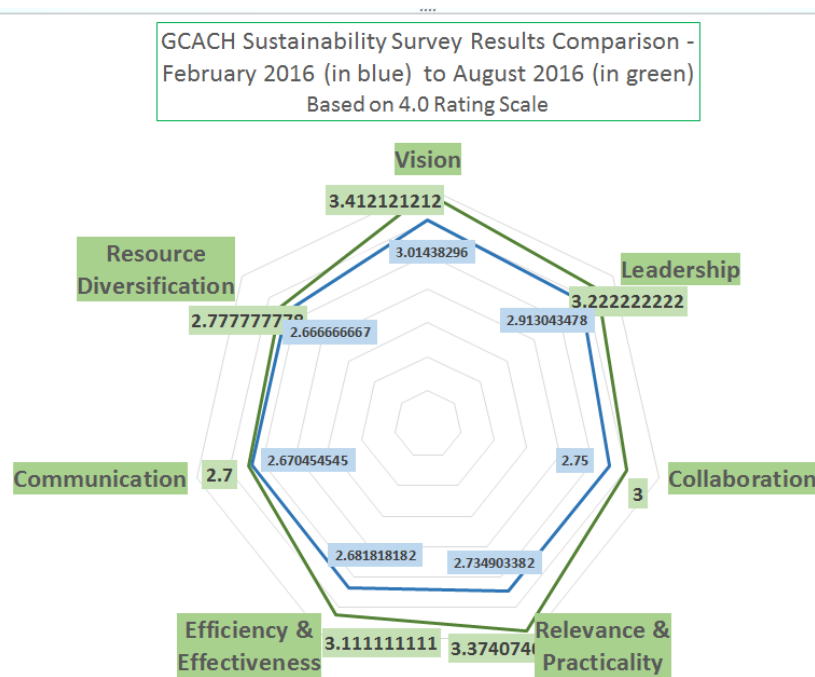
- Improving how we pay for services (paying for value)
- Ensuring care focuses on the whole person
- Building healthier communities through a collaborative regional approach

This Pilot will address all three strategies by coordinating the medical and social services needed to improve patients' likelihood of readmitting to the hospital within 30 days of their last hospital stay.

This pilot is a required element of the HCA Contract Number K1438, SIM Round 2 funding to "develop and implement effective, collaborative regional health improvement plans and at least one regional health improvement project, with clearly defined and agreed upon measures of progress and outcomes."

Activity	Lead	July 2016	Aug	Sept	Oct	Nov	Dec	Jan 2017	Feb	Mar
Project Approval from GCACH, Healthcare Authority, Hospitals	CM									
MOU between Partner organizations	CM									
Develop & Sign Contract for Consistent Care Services	CM/BG									
Hire Staff (Program Coordinator)/Identify Equipment & Space needs	BG									
Convene Initial Project Work Group (PWG)	BG									
Develop, Approve, and Train on Screening Tool	BG									
Determine process and outcome measures/logic model	CM/EH									
Train Nursing Students, CHWs, Social Service Agencies, Student Nurses	BG									
Monthly Meetings of PWG	BG									
Progress report outs; GCACH, TCPSC, Stakeholders	CM									
Evaluation of Program	CM/BG /TCPSC									
Explore ways to sustain program	TCPSC/ CM/BG									
Scale up program to other hospitals in GCACH Service Area	GCACH									

5 HRSA SUSTAINABILITY SURVEY RESULTS



Many thanks to Sue Jetter for submitting the final report to HRSA for the Rural Health Network Development Planning Grant Program. As you can tell from the self-assessment above, we have improved in every category, albeit slightly in some!

This grant leveraged funding for the Network Director's position (\$64,974), the Administrative Assistant's position (\$15,117) and Travel (\$3,914), and allowed \$50,000 in HCA funds to carry over to 2016 which was used to develop our Regional Health Improvement Plan.

Thanks again, to Deb Gauck for writing the original grant. We have really put these dollars to use, and reuse!