



GCACH report



GCACH Staff Returning to the Office at the End of the Month on June 30th

Written by Carol Moser, Executive Director

In accordance with [Inslee's statewide reopening date](#), Greater Columbia Accountable Community of Health (GCACH) is excited to make a full staff return to its Kennewick office location at the end of the month!

Although some staff have been working in the office the last few months, the majority have been working remotely since the beginning of the pandemic in March 2020.

Staff will be returning to a newly renovated office space and have a chance to meet in-person prior for a potluck lunch. Also during that time, individuals will have a chance to pick out their office based on seniority (the preference that came through in the staff survey). Let the race to the office windows begin!

Note: All GCACH meetings will continue to be held virtually via Zoom at this time.

Wes Luckey, Deputy Director, Resigns from GCACH

Written by Carol Moser, Executive Director



GCACH regrets to announce that Wes Luckey, Deputy Director has resigned.

Wes has been involved with GCACH since inception and played a key role in shaping the organization into what it is today. We are grateful for his time and dedication to GCACH and wish him success in the future.

June Leadership Council Meeting

Written by Sam Werdel, Director of Practice Transformation

Consider this for a moment: Community Paramedics visiting diabetes patients to check vital signs and make referrals, or Community Health Workers (CHWs) assigned to teams in medical homes and accountable care organizations to educate overweight patients on healthy eating and exercise habits.

These may not be the roles that Paramedics or CHWs have traditionally performed, but with new incentives created by population-based payment methods, providers are increasingly looking at ways that community-based practitioners can provide basic health services to their patients.

Growing evidence suggests that expanding these types of alternate staffing can help improve population health while reducing cost. Reducing costs includes goals such as decreasing Emergency Medical Services (EMS) calls, Emergency Department (ED) transports, and ED utilization. These types of roles also increase access to services that benefit the patient's health including primary care providers (PCPs), Aging and Long-Term Care (ALTC), Alliance Consistent Care, etc.

For the June Leadership Council on June 17th, we have invited a variety of participants to speak to their Paramedicine and Community Health Worker programs. This will help provide insight into how we can further promote these activities in the Greater Columbia region.

June Learning Collaborative

Written by Sam Werdel, Director of Practice Transformation

Have you explored ways to improve communication and understand evidence important to decision-making in health care?

Central to this discussion has been the notion of "shared decision making," a term first used by the 1982 President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research to underscore the key role of patients in the decision process. It has been more than 30 years since the President's Commission urged the adoption of shared decision making (SDM) as a means to reform physician-patient communication and to improve the day-to-day implementation of meaningful informed consent to medical treatments.

During this Learning Collaborative, we will look at barriers to widespread adoption of SDM in clinical settings. This includes:

- Measuring SDM taking place
- Clinical training in the use of proven SDM methods
- Competing agendas for the clinical encounter
- Integration in the electronic medical records (EMR)
- Uncertainty to promote change and invest time in SDM

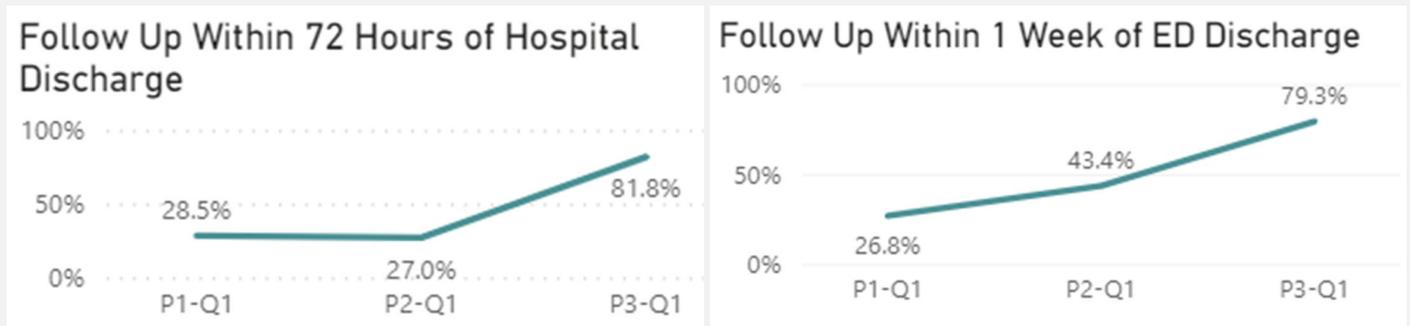
This discussion seeks to stimulate action toward embedding SDM—which has been called the "pinnacle" of patient-centered care—into clinical practice. Particular attention on the need to ensure the quality, integrity, and availability of patient decision aids, though we recognize that SDM requires not just the use of a tool—it will also require the deployment of skill sets, attitudes, infrastructure, policies, and systems that fully support the meaningful patient-clinician conversations necessary to arrive at truly shared decisions. Please join us!

Practice Transformation Program: Kudos to Cohort 1 for Increase in Follow-ups

Written by Sam Werdel, Director of Practice Transformation

In an effort to improve the efficiency of the healthcare delivery system, GCACH provides technical assistance to over 80 healthcare provider sites through its Practice Transformation program. These sites fall across three (3) cohorts that differ in organization type and program start date. Today we are highlighting Cohort 1, which includes 45 sites across primary care, behavioral health, hospital, dental, substance use, and more.

One of the requirements in the program (Milestone 6 in the Greater Columbia Cares Model Toolkit) is to develop systematic coordination of care across the medical neighborhood. This milestone was designed to close the seam of care for patients as they transition between settings and providers. In performance year (PY) 1, 2 and 3, providers are tasked with reaching out to willing partners and taking a more systematic approach to working with hospitals, emergency departments (EDs), and specialists. The graph below includes the 1st of quarter of each year as a comparison (excluding hospitals). Way to go Cohort 1 for the achievement of 81.8%!



"I don't even think I need to explain how successful Cohort 1 has been in the implementation of follow-up after hospital discharge since the start of the program. Outstanding and congratulations to our Cohort 1 for the achievement and continuation of hard work into year 3. Look at those percentages!" says Sam Werdel, Director of Practice Transformation.

The second graph shows follow-up within one (1) week of emergency department (ED) discharge, which displays the exact same scenario of achievement coming into their third year. At an overall high rate of 79.3%. Way to go Cohort 1!

Practice Transformation Program: Success Story

Written by Laurel Avila, Practice Transformation Navigator

We would like to highlight the partnership between Comprehensive Healthcare in Yakima and Yakima Neighborhood Health Services (YNHS). Comprehensive Healthcare's Yakima center offers a broad range of behavioral health services. A sampling of services provided at the Yakima Center include: substance use disorder/addiction treatment services, children's, youth and family services, outpatient mental health treatment, Aspen Victim Advocacy, community education and outreach, suicide and self-harm prevention treatment and support.

Beginning June 1st, YNHS will be on-site at Comprehensive Healthcare in Yakima to provide Primary Care Services. The return of this service to the Comprehensive Healthcare Clinic is extremely welcome as YNHS was unable to be on-site during the pandemic. This allows patients enrolled with Comprehensive Healthcare and needing a Primary Care Provider (PCP) to have their physical health needs addressed. The YNHS Nurse Practitioner and Medical Assistant team are on-site Monday through Thursday from 8am to 5pm.

This partnership between YNHS and Comprehensive Healthcare represents a significant commitment from both organizations to offer healthcare in a way that best meets the overall healthcare needs of the patients they serve. GCACH is delighted to partner with these organizations.

In a recent publication from Comprehensive Health Care, Jodi Daly, President and CEO of Comprehensive Healthcare, stated, "By recognizing the importance of mental health to overall health- and the integral role that behavioral healthcare plays in healthcare itself-we will continue to support the well-being of our local communities."

Community Health Worker Program: Organizations to Hire CHWs Starting July 1st

Written by Diane Halo, Program Director

GCACH is excited to announce that 11 organizations will be funded \$50,000 each to hire a Community Health Worker (CHW) to start July 1, 2021.

There will be a supervisor training on June 22, 2021 1-4pm. This will cover information such as defining roles and responsibilities, navigating the work environment, and building respectful, safe supervisory relationships and connections over time. If you have any questions please reach out to Diane Halo, Program Director at dhalo@gcach.org.

Ramping up Accessibility in Tri-Cities: Shoutout to Local Ramp Team

Written by Chelsea Chapman, Business Development Manager

GCACH has partnered with a great local cause known as the Lord of Life Mission Possible Ramp Team. This group of volunteers builds wheelchair ramps and other mobility access projects for citizens so they can safely enter/exit their homes. This allows individuals to more readily access health services in our area when needed, which aligns with our mission to advance the health of our population.

The Ramp Team has completed 242 projects since July 2012 and just completed another at a home in Pasco, Washington. This latest project will provide a safe and accessible entry for two family members who use wheelchairs. Funding from GCACH will be going to other projects throughout the year. Thanks Ramp Team for their dedication to helping our community!

Addressing Social Determinants of Health: Local Health Improvement Network Highlight

Written by Brissa Perez, Community Engagement and Tribal Specialist

To strategically address social determinants of health (SDOH) in the region, GCACH partners with Local Health Improvement Networks (LHINs) and philanthropies across the area to tackle these issues. Learn more about what SDOH are being addressed by county on our website at www.gcach.org/lhin.

This month, we would like to highlight Kittitas County Health Network (KCHN). KCHN was established as a 501(c)3 non-profit organization in 2017. This was made possible after being awarded a federal-level grant from the Health Resources and Services Administration (HRSA). KCHN strives to always achieve its mission to improve population health through cross-sector collaboration and systems integration. KCHN has addressed the below:

Childcare

Thanks to funding provided by the Washington State Department of Commerce, KCHN was able to conduct a childcare needs assessment and feasibility study. Almost 400 county residents participated in the survey, and 25 individuals participated in focus groups or interviews. Early data has already assisted the work group with identifying target areas to address and started conversations about increasing capacity county-wide. In addition, priority areas include increasing afterschool care, supporting employer-based licensed childcare, and identifying innovative funding streams to support systemic improvements.

SUD treatment in the Kittitas County Corrections Center

KCHN and Network partners were awarded a contract to provide SUD treatment on-site in the jail with a specific Medication Assisted Treatment focus. In addition to MAT, patients will receive counseling, education, and support with addressing social determinants of health and care coordination upon release. KCHN is working with Community Health of Central Washington, Kittitas Valley Healthcare, Comprehensive Healthcare, Merit Resource Services, and Hope Source to provide these wrap around services.

Increased support and sustained funding for mental health and substance use

The KCHN Behavioral Health Work Group has been steadily working to inform the County Commissioners about the need for additional supports for mental health and substance use in our community and identifying potential funding sources. A major focus of funding to support this work is the opportunity for the commissioners to enact a 1/10 of 1% Sales and Use Tax as outlined in RCW 82.14.460. These efforts led to a public hearing in April.

Community Health Worker expansion

KCHN has been awarded a grant of \$50,000 from GCACH to add a CHW to our Kittitas County Care Coordination team. This CHW will work closely with our Care Coordinator to connect with harder to reach communities and link to services such as medical care, mental health, and housing. KCHN currently has one part-time CHW in partnership with the Kittitas County Public Health Department's Incident Management Team. This CHW provides outreach to Spanish-speaking individuals who qualify for the Covid-19 vaccine. KCHN will add more CHWs to our team over the next two months, advancing the work of our care coordination program and bolstering the generous funding provided by GCACH.

KCHN was also awarded \$2,000 from the MCO Coordinated Care to provide care coordination, COVID-19 vaccine education and sign-up, and to address food insecurity.

GCACH appreciates all the great work our LHIN leaders are committed to achieving!

