

## PROJECT AREAS

### 2A: Bi-Directional Integration of Physical & Behavioral Health

The focus is to address physical and behavioral health needs through an integrated network. Integration can also involve pharmacy, dental, behavioral and care managers. People with physical, mental, and social issues need care that is integrated, coordinated, and seamless. GCACH is currently working with 57 primary care and behavioral health clinics to implement integrated models of care and will be adding additional providers during the Medicaid Transformation.

### 2C: Transitional Care

The focus is to reduce avoidable admissions/readmissions to intensive care settings such as hospitals, psychiatric hospitals, skilled nursing facilities and prisons or jails. The goal of transitional care is getting the right care, at the right time, and the right place. GCACH is also working with EMS and palliative care providers to incorporate these services into the Patient Centered Medical Home (PCMH) model.

### 3A: Addressing the Opioid Public Health Crisis

The focus is to reduce opioid related morbidity and mortality through prevention, treatment and recovery supports. GCACH is establishing Opioid Resource Networks across the region to provide a "Hub and Spoke" approach to treatment. Hubs are care management & opioid treatment programs, with expanded services and strong connections to area Spokes (e.g. social services).

### 3D: Chronic Disease Prevention & Control

The focus is implementation of the Chronic Care Model, a cornerstone of PCMH, with the goal being planned prevention and treatment strategies for individuals with chronic illnesses. This project incorporates health information technology such as disease registries and risk stratification to manage populations. It also seeks to incorporate Community Paramedicine that leverages the skills of paramedics and EMS systems to address care gaps, especially in rural areas.

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# GREATER COLUMBIA

ACCOUNTABLE COMMUNITY OF HEALTH

Opioid  
Crisis

Transitional Care

Patient-  
Centered  
Medical  
Home

Chronic  
Disease

Bi-Directional  
Integration

Advancing the *health*  
of our population

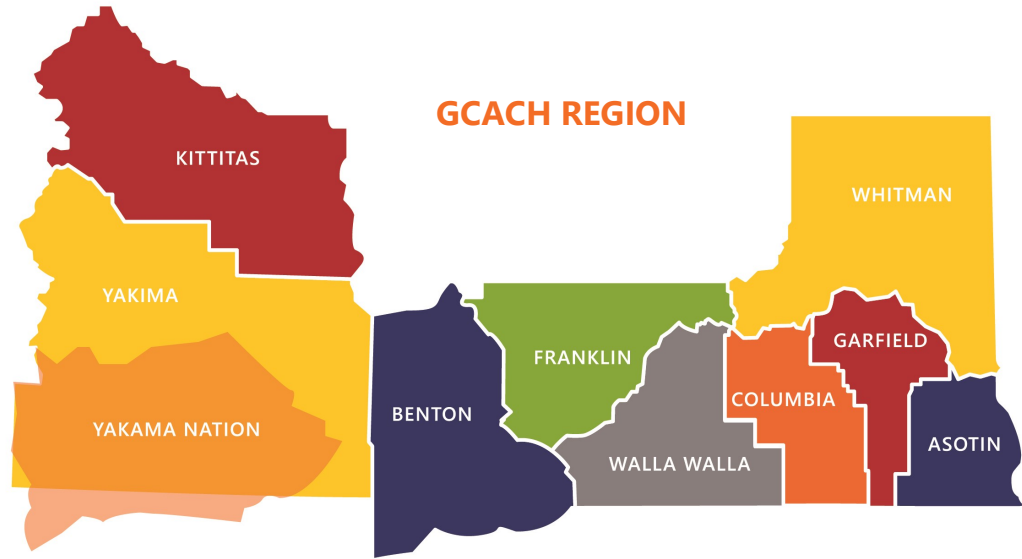


## GCACH's VISION

The Greater Columbia Accountable Community of Health (GCACH) region is a vibrant, healthy community in which all individuals, regardless of their circumstances, can achieve their highest potential.

GCACH's vision for health system transformation is based on four foundational concepts:

- Collective impact through strong cross-sector partnerships and collaboration;
- Health system integration and care coordination, including clinical and community linkages
- Health equity with a focus on social determinants of health
- Individual and community empowerment to create a culture of health throughout the region.



## GCACH OVERVIEW

GCACH covers nine counties and over 710,000 lives.

Approximately 248,078 or 35% receive Medicaid benefits, of which 54% are children.

The largest ethnic group is Hispanics who comprise 50% of the GCACH Medicaid population. The Yakama Nation is the largest Native American tribe in the state of Washington with 11,000 members.

## BOARD OF DIRECTORS

GCACH is governed by its Board of Directors who reside in the regional service area and represent 17 sectors. GCACH has adopted the Collective Impact model as its approach to tackle its strategic health issues. Collective Impact is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change.

## PATIENT-CENTERED MEDICAL HOME (PCMH)

The PCMH model of care is the strategic foundation for GCACH's Transformation efforts. Evidence shows that PCMH results in better patient care, improved population health, and lower healthcare costs. In order to be selected for the Transformation work, participating providers submitted Letter of Interest in 2017, and filled out a Current State Assessment in 2018. Selection of the first cohort was based on the following change concepts: Leadership, Collaboration, Adaptability, Value-Driven, Equity, Transparency, and Volume of Medicaid patients.

## LOCAL HEALTH IMPROVEMENT NETWORKS

Seven Local Health Improvement Networks (LHINs) have been established across the GCACH region to provide a local voice and perspective to the Healthier Washington Medicaid Transformation. LHINs are comprised of local community leaders that provide direct and indirect services to advance the health of their population.