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In this issue, learn about the 2019 State of Reform Conference, meet our new staff member, Rachael, and meet our new 2019 Board members!

2019
January



A Monthly Insight into the Greater Columbia ACH



GCACH report



2019 State of Reform Conference

Written by Carol Moser, Executive Director

One of the benefits of attending the State of Reform conference is getting the big picture view of what is happening at the state and national level on healthcare policy. It is also an excellent opportunity to communicate directly with the presenters to weigh in on proposed legislation, or let them know how their programs are impacting our communities at the local level. From everything we heard, GCACH is on the right track; from our initiatives to supporting primary care into VBP contracting arrangements, to our newly proposed budget to support internships/scholarships for behavioral health, GCACH is striving to be a leader in transformation efforts.

DJ Wilson, Executive Director of SOR has started these conferences with a message that has not changed over the seven years that I have attended them. He emphasizes the social contract that all of us have to share our wisdom and insight from the work that we do with each other. He refers to this building of trust and exchange of information as social capital, and the break-down of this trust results in less public support of social institutions like schools, government, and the healthcare system. He referred to a poll that indicates that healthcare institutions have fallen further behind in trust than any other institutions, and that a backlash is building to the point that Warren Buffet has been quoted as saying, "The ballooning cost of healthcare acts as a hungry tapeworm on the American economy."

Building trust with our partners has been one of the pillars of our work as staff of GCACH, whether it is with our providers, MCO partners, community-based organizations or fellow ACH colleagues. We look forward to a year where we take that trust to the next level, and ask that our fellow stakeholders in this endeavor continue to engage with us in the transformative work that lies ahead.



2019 State of Reform Conference Highlights

Written by Carol Moser, Executive Director, Wes Luckey, Deputy Director, Becky Kolln, Director of Finance and Contracts, Sam Werdel, Director of Practice Transformation, and Rubén Peralta, Community and Tribal Engagement Specialist

Greater Columbia ACH staff divided and conquered the various break-out sessions at the State of Reform on January 10, 2019. Below are a few of the highlights and ideas from the sessions that GCACH staff attended:

- Governor Inslee has set aside \$90 million for a variety of behavioral health initiatives.
- Beacon Health is expanding capacity within the crisis system by financially supporting local domestic violence services, schools, and volunteer organizations that respond to suicides and deaths for community members.
- To make progress on behavioral health, we need to come up with and agree on some meaningful outcome measures.
- 2018 experienced the highest voter turnout for any midterm in a century.
- The most important issue facing the country according to the latest poll of US citizens is healthcare. It's not always about the economy, stupid. A recent Elway poll supports mental health as top issue for Washington residents.
- The uninsured population has flattened out after 3 years of decline. Washington State uninsured rate is 5.5%.
- The federal government is moving away from their commitment to healthcare reform.
- Need to expand our partnerships, especially to businesses to create a more robust culture of health.
- Starting to see hospitals getting into housing, but we should take steps to not over medicalize it.
- Data and analytics should be part of ACHs sustainability plans.
- Value Based Payments are successful when there is a robust collaboration between the providers and the payers.
- Providers are struggling with workforce retention and recruitment for Home Care Aides, they are trying to get creative in funding a solution.
- In regards to federal and state healthcare policy, it's best for the state not to anticipate what the administration does. It's best to be reactive, such as when the administration limited open enrollment periods and reduced funding for ACA marketing for 2018-2019, Washington extended open enrollment and used state funds for marketing.
- There is considerable uniformity in the belief that addressing Social Determinants of Health is vital to improving the health of our populations. However, there seems to be a consensus that the lack of data and measures around them constitute a challenge to gauge ROIs. "Measures generate funding." – Leanne Berge, CEO, Community Health Plan of Washington.
- There are currently 80 million baby boomers who are retiring over the next 10-15 years and taking their workforce skills and experience with them. There are not enough people coming into the workforce to backfill their positions.
- The life expectancy difference between north King County (relatively wealthy) versus south King County (relatively poor) is, on average, 13 years. This is mainly due to differences in the social determinants of health, such as the availability of affordable housing. To have good health outcomes, we need to go deeper into the "roots of health." Currently there is a public health problem and a resource allocation problem.

To read the full list of highlights, visit our website at: <https://gcach.org/news/Featured-News/2019-State-of-Reform-Conference-Highlights>.

Washington Financial Executor (WAFE) Portal Update

Written by Becky Kolln, Director of Finance and Contracts

GCACH made several payments to providers through the WAFE Portal on January 11, 2019 totaling \$628,998. The table to the right outlines the total payments made to our providers through the portal.

Future Payments

During 2019 GCACH will be sending out quarterly payments to 23 of our Practice Transformation Providers that will total over \$9,000,000. Contracts have been sent out to the providers and their work has already begun.

WAFE Payments and Contracts

Provider Payments	Total Paid
LOI Submission	\$ 48,000
Project Facilitator Total	\$ 60,000
Participates as a Board Member	\$ 9,000
Registration in the WAFE Portal	\$ 48,000
CSA Submission	\$ 40,000
Participates in Workgroup	\$ 225,000
BHO Contingency Fund	\$ 348,998
Practice Transformation Contracts	\$ 280,000
BHO Contracts	\$ 2,724,554
Total	\$ 3,783,552

Total payments made to providers.

current topics >>>

Naloxone Availability in GCACH Region

Written by Lauren Johnson, Communication & Administrative Coordinator

Everett Maroon from [Blue Mountain Heart to Heart](#) is updating a list of entities requesting Naloxone as part of several statewide efforts to improve Naloxone availability. In 2018, [Blue Mountain Heart to Heart](#) was part of a statewide effort that distributed Naloxone which ended up in 1,890 overdose reversals. Everett would like to see those numbers increase!

Naloxone is a medication designed to rapidly reverse opioid overdose. It is an opioid antagonist – meaning that it binds to opioid receptors and can reverse and block the effects of other opioids. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of overdosing with heroin or prescription opioid pain medications. Click [here](#) to learn more!

Is your organization interested in free Naloxone? Please contact Everett Maroon at e.maroon@bhmh2h.org for more information! Naloxone is available while supplies last.

Welcome Rachael Guess!

Rachael graduated from high school in Northern California in 2001. Two years later she met her husband of 15 years and started a family. They moved to Washington



and started a construction company where she was the Business Office Manager for 10 years. She then went on to being a Business Office Coordinator for a senior living community in the Tri-Cities where she received several awards and acknowledgments, including Top NOI of the District 2017 and Top District Trainer 2017. When she isn't busy at work, she loves to spend time with her family and binge watch a good show on Netflix. GCACH is excited to have Rachael join us as our Finance & Contracts Coordinator working under Becky Kolln, Director of Finance & Contracts.

Welcome New GCACH Board Members!

Dana Oatis

Director of Outpatient Services, Lourdes Counseling Center

Representing Behavioral Health Providers

Since 2007 Dana assumed increasing management responsibilities at Lourdes. Since that time multiple behavioral health community services were added. Some of her accomplishments have been the development and management of the Program for Assertive Community Treatment (PACT) service, Crisis Triage (Transitions) unit, multiple behavioral health services in the local jails, opening Withdrawal Management (Desert Hope) service and transitioning Crisis to Lourdes. Dana also functioned as a fidelity reviewer of other PACT teams in the State.

Most recently, Dana actively participated in a yearlong multidisciplinary team to develop and implement Bi Directional integrated care between behavioral health and primary care providers. She is currently working on a team to implement Primary Care services to the high need's behavioral health patient at Lourdes Counseling Center. Dana completed her Master's in Business Administration from WA State University in September 2018.

Julie Petersen

CEO, Kittitas Valley Healthcare

Representing Hospitals



Petersen was appointed as interim chief executive officer to in late June 2016 of Kittitas Valley Healthcare and hired as the permanent chief executive officer in early March 2017. Petersen is past chair of the Washington State Hospital Association, past chair of Washington Hospital Services, and past chair of the Association of Washington Public Hospital Districts. Before joining KVH, she acted as the CEO for PMH Medical Center in Prosser Public Hospital District for seven years and the chief financial officer for an additional nine years.

Martha Lanman

Administrator, Columbia County Public Health Department/Garfield County Health District

Representing Public Health

The biography for Martha Lanman is coming soon!

Welcome New GCACH Board Members!

Jorge Arturo Rivera

Director of Community Engagement, Molina Healthcare
Representing Managed Care Organizations (MCOs)



Jorge Rivera is the State's Director of Enrollment Growth and Community Engagement for Molina Healthcare of Washington, and is actively involved with the State's Healthier Washington initiative, in the implementation of Accountable Communities of Health and Behavioral Health Integration; he represents Molina's Leadership in the Olympic, Cascade Pacific, and Greater Columbia Communities of Health, and serves in various committees and coalitions across the state.

He also serves as a Board Member for Workforce Snohomish, Consejo Counseling Services, and the Washington Homeowners Resource Center, and in the Steering Committees of Snohomish County Health Leadership Network and Kittitas County Health Network.

Mr. Rivera has a Master's in Business Administration and a Bachelors in Systems Engineering; he has held various Senior Leadership positions for local companies in Technology Management, Operations, and Business Growth, for the Media and the Healthcare sectors.

Susan Grindle

CEO, HopeSource
Representing Social Services



Susan holds a Bachelor's Degree, Organization Behavior, from Central Washington University; a Master's Degree, Organizational Development and Analysis from Case Western Reserve University in Cleveland, Ohio; and doctoral studies in Organization Analysis from The Union Institute in Cincinnati, Ohio. She has served as an adjunct professor at Michigan State University, Central Washington University, Western Washington University and Seattle University in undergraduate and graduate level business and organization development courses. Susan has published three books, one for teachers in classroom teaching methods, one on human resource trends, and one on mergers and acquisitions.

Susan worked for twenty years as a consultant with a premier international consulting and training firm based in Princeton, New Jersey, and for ten years as a partner in a merger and acquisition consulting firm based in Dallas, Texas and Seattle, Washington. Her clients included companies such as CNN/Atlanta, Chrysler Motors, British Airways, Volkswagen/Mexico, Corning Glass, Red Lobster, In Focus/Proxima, VNU/Holland, Praxair/Canada, and National Petrochemical/Thailand. She is currently CEO of HopeSource, a private, non-profit, human services firm in Ellensburg, Washington.

Practice Transformation Navigator Update

Written by Jenna Shelton, Practice Transformation Navigator

The month of January has been one of preparation for the Practice Transformation Navigators. The Navigators have been refining the Practice Transformation toolkit; ensuring that it is as effective and helpful as possible. During GCACH's first Learning Collaborative, the Navigators explained each milestone and fielded questions for the 75 participants. Additionally, the Navigators have been staying abreast with Integrated Managed Care updates by participating in the weekly calls held by the Health Care Authority.

Medical Treatment for Addiction in Missouri as told by Mark Stringer, Director of Missouri Department of Mental Health

Written by Diane Halo, Opioid Resource Network Specialist

Director of the Missouri Department of Mental Health, Mark Stringer, presented "Medical Treatment for Addiction in Missouri" during the Office of National Coordinator of Health's (ONCs) monthly Substance Use Disorder (SUD)/Opiate Use Disorder (OUD) Affinity Group convening. During the presentation, Mark explained the Medication First Model, and the successes, difficulties and results since the adoption of the model.

The Medication First Model has four strategies:

1. People with OUD receive addiction meds as quickly as possible (3-36 hours), prior to lengthy assessments and treatment planning sessions.
2. Maintenance pharmacotherapy is provided without arbitrary tapering or time limits. (Preferred agents for Opioid Use Disorder: Suboxone film, Vivitrol, Naltrexone, and Buprenorphine.)
3. Individualized psychosocial services are offered but not required as a condition of pharmacotherapy.
4. Medical treatment is not discontinued unless patient's condition is clearly worsening.

During the adoption process, the state of Missouri struggled to integrate SUD treatment with the rest of healthcare. The Department of Health found it difficult to secure physician and nursing services due to lower reimbursement rates (than that of primary care) and staff shortages. Missouri also battled with an ongoing threat of reduced funding due to State budget cuts.

Despite the challenges faced, results show that individuals enrolled in Medication First are more likely to receive medication, get medication sooner, receive fewer psychosocial services and be engaged in treatment at one and three months.

Medication is an important part of the services available to people struggling with alcohol and opiate use disorders. Research shows that when treating substance use disorder, a combination of medication and behavioral therapies is the most effective. Through the adoption of the Medication First Model, Missouri has seen a positive impact on the statewide opioid overdose crisis. To view Mark's entire presentation, follow the link:

https://gcach.org/apps/website_resources/record/eb94cb7f78d973e258bb1a975e61f03c/jan2019m.stringermedicaltreatmentforaddictioninmo.pptx.pdf. For more information, please contact Mark Stringer at mark.stringer@dmh.mo.gov.

Local Health Improvement Network (LHIN) Trainings and Conferences

Written by Rubén Peralta, Community & Tribal Engagement Specialist

In the recently completed budget for 2019, GCACH has set aside funds to encourage active Local Health Improvement Network participants to attend trainings and conferences that will equip the attendee with the knowledge and skills that will help advance the population health goals of the GCACH region. There will be an approval process in which the participant will be asked to describe the potential benefits of the event as well as a cost breakdown. You are encouraged to plan well in advance to take advantage of any "early bird special" that may be offered, and that way, have more funds available for more people.

The Beyond Paper Tigers training and conference will revolve around the theme, "Building Resilience Across the Life Span," with Pre-Conference Trainings, Social/Networking event, and film screenings beginning on Tuesday, June 25, 2019. The Conference will be held on June 26-27, 2019 at the Red Lion Hotel in Pasco, Washington. The early bird special is offered through March 15, 2019. For more information, visit <https://criresilient.org/>.

Please contact [Rubén Peralta](#) for more information about this opportunity.

Behavioral Health Providers Move to Fully Integrated Managed Care (IMC)

Written by Diane Halo, Opioid Resource Network Specialist

Behavioral Health (BH) Providers moved into Fully Integrated Managed Care (IMC) on January 1, 2019, and billing managed care organizations (MCOs). The Health Care Authority (HCA) has arranged IMC Implementation Check-In calls three days a week. The purpose of these calls is to respond to emerging systematic issues or questions needing immediate attention or resolution. HCA's goal is to provide support for issues arising from the implementation of Integrated Managed Care in the Greater Columbia region.

Greater Columbia ACH will continue hosting the Provider Readiness Workgroup convenings on a bi-monthly cadence until the end of March 2019. These meetings are meant to address any questions the Providers may have and act as a resource when moving into Fully Integrated Managed Care (IMC). The next Provider Readiness Workgroup meeting will be on [January 24, 2019](#) at Tri-Cities Community Health (TCCH); 800 W. Court Street, Pasco, WA 99301.

Please reach out to [Diane Halo](#) with any questions or concerns regarding the Provider Readiness Workgroup convenings.

GCACH Sponsorship Policy

Written by Rubén Peralta, Community & Tribal Engagement Specialist

GCACH recognizes the innumerable organizations working hard to improve the health of our 9-county region and the Yakama Nation. As such, we lament the fact that we are unable to engage in a contracted relationship with all. As an alternative, GCACH has set aside funds to sponsor events that align and benefit GCACH's strategic initiatives. These sponsorship funds are for organizations that are not currently receiving any Medicaid Demonstration dollars from GCACH.

Please click on the below links to read the Sponsorship policy and access the application:

- GCACH Sponsorship Policy:
https://gcach.org/apps/website_resources/record/49bbf915089a8d1e48cff7d4845a79fc/sponsorshiprequestform01072019.pdf.
- GCACH Sponsorship Application:
https://gcach.org/apps/website_resources/record/a82a7149419df4c1330de4e54a7cd06c/sponsorshiprequestformapplication.pdf.



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