



Our Mission

To advance the health of our population by decreasing health disparities, improving efficiency of health care delivery, and empowering individuals and communities through collaboration, innovation, and engagement.

ANNUAL REPORT 2019

gcach.org

Letter from the Executive Director

2019, the Opportunity for Sustainability

Practice Transformation Organizations worked hard to implement changes in their practices that advanced the use of population health management tools and added services that improve patient care during 2019. Cohort 1* achieved 100% bi-directional integration bringing physical and behavioral health services together, and Cohort 2** made significant investments in upgrading their electronic health records systems, improving interoperability and bi-directional communication. Over thirteen million dollars (\$13,285,930) in incentive payments were awarded to provider organizations to help achieve milestones in process and quality improvement.

Community engagement efforts resulted in awarding \$1,400,000 to address social determinants of health impacting people's ability to access health services including housing and nutrition. Scholarships were provided to support community events for suicide prevention, end of life training, substance use, and opioid prevention. In short, GCACH provider practices, Board of Directors, committees, and Local Health Improvement Networks were in full-implementation mode with GCACH staff helping, supporting, and encouraging their progress.

While the work of Greater Columbia Accountable Community of Health (GCACH) was about transforming the healthcare delivery system, staff was also busy transforming our organization and using the opportunity of the Medicaid Transformation to strengthen our capacities. We changed office locations to increase the productivity and visibility of our organization, added a marketing department, and developed a Quality Improvement Plan.

We ended 2019 on a high note. With the support of a great Board of Directors, GCACH has committed \$50,000 in backstop funding for Pasco Haven, a planned Permanent Supportive Housing project for chronically homeless individuals; \$490,000 to support provider organizations willing to precept, supervise, or train professionals seeking careers in behavioral health; and contracted with Field Group, a marketing and advertising company to help launch a pilot campaign promoting community resilience in Yakima.

While incentive payments were the outcome measure of transformation success in 2019, GCACH is busy identifying and pursuing opportunities for a sustainable future in 2020.

Carol Moser

Carol Moser, Executive Director

*Cohort 1: The group of provider organizations including 45 sites and started Practice Transformation on January 1, 2019.

**Cohort 2: The group of Behavioral Health provider organizations including 17 sites, of which transitioned to Integrated Managed Care January 1, 2018, and started Practice Transformation on July 1, 2019.



- **Practice Transformation Incentives 75.82%** – \$11,100,000
- **Social Determinants of Health 9.56%** – \$1,400,000
- **Project Administration 6.76%** – \$989,768
- **Other 2.5%**
Portal \$97,000 / Referrals \$66,274 / Learning Collaboratives \$51,489
Local Sponsorships \$27,500 / Professional Services \$123,973
- **Opioid Resource Networks / Practice Transformation Reporting 2.31%** – \$265,808
- **Operations 1.82%** – \$265,808
- **Health Improvement Networks / Kittitas County Health Network 1.23%** – \$180,000



- **FY18 / FY19 Integration Incentives 40.04%** – \$6,393,858
- **Provider Engagement, Participation, Implementation 35.03%** – \$5,593,384
- **Health Systems, Building Community Capacity 16.22%** – \$2,590,667
- **Provider Performance and Quality Incentives 8.71%** – \$1,390,539



Workforce

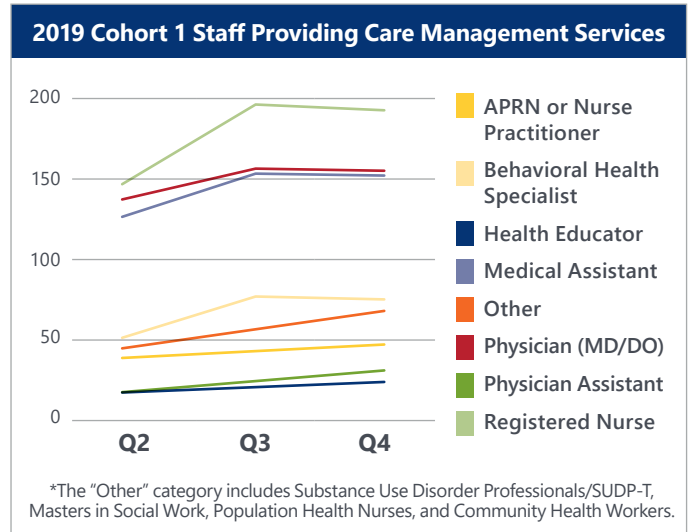
- \$490,000 Behavioral Health Internship and Training Fund allocated to address workforce shortages in the Greater Columbia region.
- Funds support organizations willing to precept, supervise, or train Behavioral Health professionals needing clinical experience to complete education or certification requirements.



Practice Transformation

The table below to the left outlines the incentive dollars distributed to Cohort 1 and Cohort 2 Practice Transformation organizations. The graph below to the right outlines the number of staff within each clinic who provide care management services as reported by Cohort 1 through the CSI Healthcare Community platform.

2019 Practice Transformation Distributions				
Counties	Cohort 1	Cohort 2	Total	Percentage
Asotin	\$499,398	\$113,320	\$612,718	5.50%
Benton	\$1,282,638	\$566,599	\$1,849,237	16.61%
Columbia	\$387,354	\$113,320	\$500,673	4.50%
Franklin	\$1,246,055	\$99,938	\$1,345,993	12.09%
Garfield	\$439,605	\$0	\$439,605	3.95%
Kittitas	\$768,154	\$0	\$768,154	6.90%
Walla Walla	\$1,473,431	\$113,320	\$1,586,751	14.25%
Whitman	\$746,907	\$113,320	\$860,227	7.73%
Yakima	\$2,377,534	\$793,238	\$3,170,772	28.48%
Totals	\$9,221,076	\$1,913,054	\$11,134,130	100.00%



CSI Implementation

- GCACH implemented the CSI Healthcare Community platform, a landing page for Practice Transformation organizations and activities.
- Includes Reporting Portal where 62 practice sites upload Practice Transformation Milestone data and information.

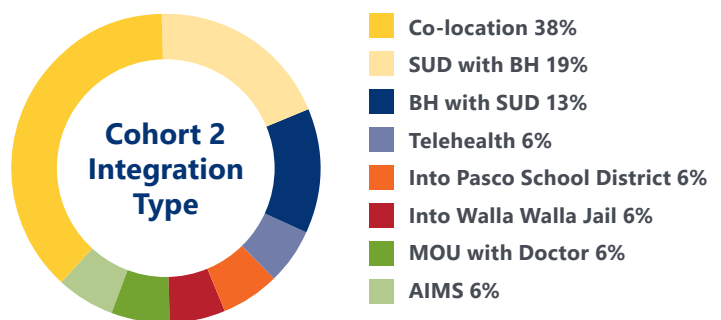
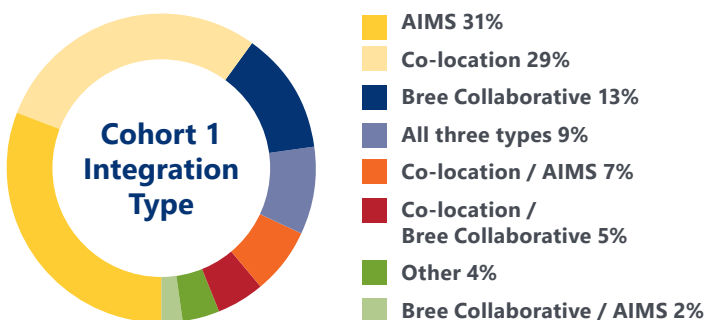
Success Story, Walla Walla

Due to Transitional Care Management efforts at Providence St. Mary's Medical Center, there was a reduction in the 30-day hospital readmission rate by 0.41%, which yielded \$152,731 in reimbursement.



Integrated Managed Care

- \$6,400,000 in Integrated Managed Care (IMC) Incentive Funding allocated to improve coordinated healthcare for people in the Greater Columbia region.
- The most extraordinary Practice Transformation Milestone success is the accomplishment of Behavioral Health Integration by all of our Cohort 1 organizations. Providers have had flexibility in adopting different models of Behavioral Health Integration especially for providers in Cohort 2.





Social Determinants of Health

Community Resilience Campaign: Resilient Communities Raise Resilient Children

The Community Resilience Campaign’s goal is to build resilience at the community level, targeting the societal systems that bear the responsibility of providing protective factors to raise resilient individuals. To determine the key messaging, GCACH has convened a Community Resilience Campaign Task Force comprised of 23 subject-matter experts. The campaign’s focus is to raise awareness of trauma-informed practices as well as the N.E.A.R science, as it pertains to child brain development. For more information, please visit buildingresiliencewa.org.



Permanent Supportive Housing

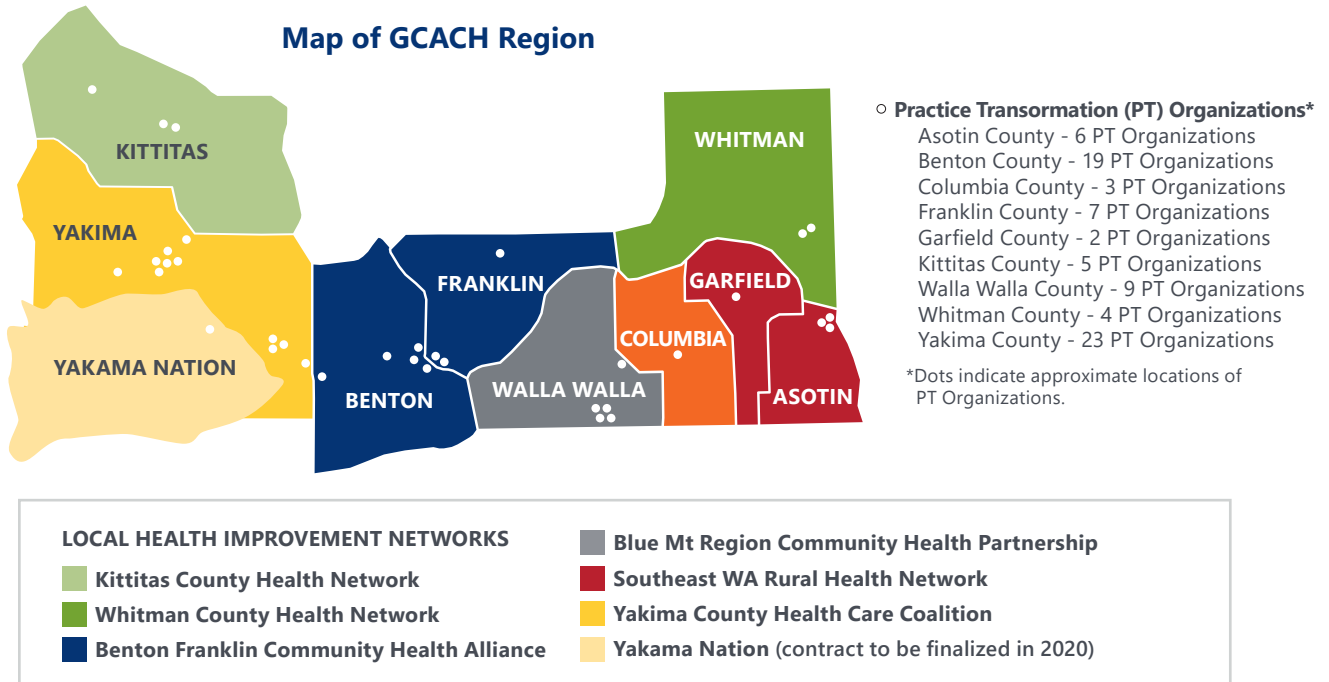
During GCACH’s March 2019 Supportive Housing Summit, community members identified a need for Permanent Supportive Housing for the chronically homeless in Benton and Franklin Counties. GCACH has been working with the Catholic Charities Diocese of Spokane to develop a 52-unit facility in Pasco.

LHIN Funding

Each Local Health Improvement Network has the potential to earn \$30,000 per year during the Medicaid Transformation. In 2018-2019, \$180,000 was distributed to the LHINs.

Community Health Fund

A Community Health Fund in the amount of \$1,400,000 was established to address the Social Determinants of Health (SDOH) in GCACH counties. All funding was released to third-party administrators across the region to address the SDOH identified by each Local Health Improvement Network (LHIN). This created 39 new Community Partnerships.



Reporting

This table outlines the funds earned by GCACH in 2019 for completion of reporting.

Project Incentives (DSHP)	\$14,602,916
Project Incentives (IGT)	\$2,455,466
Shared Domain Incentives (IGT)	\$5,626,834
Value Based Payment Incentive Funds	\$300,000
Total Incentives	\$22,985,216

2019 in Review

Through the Medicaid Transformation, each Accountable Community of Health is responsible for improving the performance across a group of “Pay-For-Performance” (P4P) measures, which assess quality, utilization, and access. The table included below displays the eight-quarter, moving-average trend for the GCACH P4P measures from first-quarter 2017 through fourth-quarter 2018.

PAY-FOR-PERFORMANCE MEASURES TREND REPORT (Q1 2017 – Q4 2018)		
Measure Name	Goal*	Trend
Antidepressant Medication Management	↑	
Asthma Medication Management	↑	
Child & Adolescent Visits to Primary Care	↑	
Diabetes Care: Blood Sugar Testing	↑	
Diabetes Care: Eye Exams	↑	
Diabetes Care: Kidney Check	↑	
ED Follow-up: Alcohol & Drug Dependence	↑	
ED Follow-up: Mental Illness	↑	
Emergency Department (ED) Visits	↓	
Heart Disease Medication Management	↑	
Hospital Follow-up: Mental Illness	↑	
Hospital Readmissions	↓	
Hospital Utilization	↓	
Mental Health Treatment Penetration	↑	
Patients Prescribed High-dose Opioids	↓	
Patients Prescribed Opioids & Sedatives	↓	
Percent Homeless	↓	
Substance Use Disorder Treatment Penetration	↑	
Substance Use Disorder Treatment Penetration (Opioids)	↑	

*Goal describes the objective for each Medicaid Transformation P4P measure. For example, the goal is to decrease the Percent Homeless in the GCACH region.

- **Kittitas County Health Network (KCHN) implemented the Health Commons, a community health information exchange to coordinate complex cases with co-occurring behavioral health disorders and integrate wraparound services for these clients.**
- **GCACH partnered with Kennewick Fire Department to pilot ImageTrend community paramedicine software through mobile community health, also known as Community Paramedicine. The pilot will monitor changes in 911 calls, ED transports, and ED utilization.**
- **The Yakima County Health Care Coalition (YCHCC) is piloting a Patient Activation Measurement (PAM) tool across five provider organizations. The goal is to activate patients to engage in better health management.**
- **Managed Care Organizations (MCOs) in the Greater Columbia region have been sponsoring GCACH providers to allow access to the Collective Platform Emergency Department Information Exchange (EDIE) tool. The goal of this project is to improve care coordination by informing providers when their clients visit the emergency department or are hospitalized.**
- **GCACH contracted with four Opioid Resource Networks (ORNs) to coordinate a systemic response to the complex issues of opioid addiction among the Medicaid and low-income populations, focusing specifically on Medication Assisted Treatment (MAT) for individuals with Opioid Use Disorder (OUD).**



The money received from the GCACH Community Health Fund has made it possible for **Columbia County Health System** to purchase a new, modern, and flexible transport van that can accommodate vehicle chair, wheelchair, and gurney patients.

GCACH moved to a **new location in October 2019** to be more centrally located and visible to our current and future stakeholders as part of our sustainability plan.

On September 26, 2019, the Yakama Nation hosted GCACH staff and Directors from its Board, as well as staff from the tribal behavioral health services department, for a **Cultural Competency Training**. The training was conducted by Arlen Washines, Deputy Director for the Yakama Nation Department of Human Services, and Emily Washines, an author and poet.

GCACH has developed a Quality Improvement Plan with two components:

1. Addressing the process in which organizations are chosen and mentored for sites working toward becoming a Patient-Centered Medical Home.
2. Improving their processes to ensure that providers are getting the technical assistance needed to transform their delivery system.



GCACH's company vehicles logged 31,702 miles to deliver technical assistance and attend meetings.



GCACH added a Marketing Department focusing on sustainability and marketability of the organization.



GCACH staff attended conferences, trainings, and webinars to better meet the needs of our stakeholders, providers, and communities. GCACH staff also participated on state-wide panels to share population health management strategies.



GCACH hosted over 100 meetings to continue generating innovative approaches to providing health coverage and care for the Medicaid population in the Greater Columbia region.



GCACH has 11 full-time employees focused on improving the health of our population.

Board of Directors (Representing 17 different sectors)

Brian Gibbons

Astria Sunnyside Hospital
Healthcare Provider

Carrie Green

Senior Life Resources
Philanthropy

Dan Ferguson

Yakima Valley College
Workforce

Darlene Darnell

Catholic Charities
Community/Faith Based

Dana Oatis

Lourdes Health Network
Behavioral Health

Eric Nilson

Kennewick Fire Department
Public Safety

Jorge Arturo Rivera

Molina Healthcare
Managed Care Organizations

Julie Petersen

Kittitas Valley Healthcare
Hospital

Les Stahlnecker

ESD 123
Education

Lottie Sam

Yakama Nation
Tribes

Madelyn Carlson

People for People
Transportation

Martha Lanman

Columbia County Public Health Dept. /
Garfield County Health District
Public Health

Rhonda Batchelor

Lourdes Health Network
Consumer

Rhonda Hauff

Yakima Neighborhood Health Services
Housing

Ruben Alvarado

City of Pasco
Local Government

Sandra Suarez

Yakima Valley Farm Workers Clinic
Federally Qualified Health Centers

Susan Grindle

HopeSource
Social Services