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In this issue, learn about the Trauma-Informed Care Training, the April Learning Collaborative/Leadership Council Meeting, and receive an update on the ORN, WAFE Portal and more!

2019
April



A Monthly Insight into the Greater Columbia ACH



April Leadership Council/Learning Collaborative Meeting

Written by Lauren Johnson, Communication & Administrative Coordinator

Care Coordination was identified as a priority issue of Greater Columbia Accountable Community of Health (GCACH) stakeholders and partners early in our history given our high rates of emergency department utilization, hospital re-admissions, and calls for non-urgent, non-transport services. GCACH considers community paramedicine an important strategy to address these issues, and received numerous Letters of Interest (LOI) from our emergency medical services (EMS) partners during the process for obtaining Medicaid Transformation Demonstration (MTD) project funding.

Some rural patients lack access to primary care and use 9-1-1 and EMS to receive healthcare in non-emergency situations and every community has citizens who abuse the 9-1-1 system for non-emergency calls. This is a misuse of tax-payer dollars, and takes EMS out of service for actual emergency situations. To reduce the burden on EMS, and to deliver the right care in the right setting, community paramedicine programs can be implemented allowing paramedics and emergency medical technicians (EMTs) to operate in expanded roles. Therefore, assisting with public health, primary care and preventative services and having the ability to treat patients more efficiently and at less cost outside of the emergency department. The goal of the program is to improve access to care, avoid duplication of existing services, and use the right setting to deliver care. With current EMS practices, EMTs and paramedics are only allowed to treat patients in an emergency; while transferring patients to the hospital; or at the emergency department, before transferring the patient to hospital staff.

During the April Leadership Council/Learning Collaborative convening, attendees heard from local and statewide EMS partners that support systems of care coordination that are reinforced through the Patient-Centered Medical Home (PCMH) model of care, Health Information Technology (HIT), and more. Presenters touched on the following topical areas: emergency department utilization, Fire Department Community Assistance Referral and Education Services (FDCARES), the Health Commons Project, Prosser community paramedicine, and the Spokane Ride-to-Care.

To view the April 2019 Leadership Council/Learning Collaborative meeting packet, visit our website (www.gcach.org) and click on the [Resources](#) tab.

Washington Financial Executor (WAFE) Portal Update

Written by Becky Kolln, Director of Finance and Contracts

The table to the right outlines the payments made to our providers through the WAFE Portal in each of our project areas during 2019, and the year-end total for 2018. The Practice Transformation providers are doing a great job accomplishing their contract milestones for quarter one and have been receiving payments for their hard work.

GCACH is working on finalizing the contracts with the Third-Party Administrators to fund projects for the Social Determinants of Health that were chosen by our local communities. To date, GCACH has distributed \$1,174,569.78 from the Community Health Fund.

WAFE Payments and Contracts

2019 PAYMENT BY USE CATEGORY	TOTALS
Community Health Fund (Third Party Administrator Contracts)	\$ 1,174,569.78
Health Systems and Community Capacity Building	\$ 170,609.84
Integration Incentives (BHO Contracts)	
Provider Engagement (Practice Transformation Contracts)	\$ 3,466,763.00
Provider Performance and Quality Incentives	\$ 7,300.00
Reserve / Contingency Fund	
2019 Total Payments	\$ 4,819,242.62
2018 Year End	\$ 4,495,434.89
Total Portal Payments to Date	\$ 9,314,677.51

Total payments made to providers.

current topics >>>

Network Manager for the Opioid Resource Network

Written by Diane Halo, Opioid Resource Network Project Manager

Greater Columbia Accountable Community of Health (GCACH) is eager to announce Consistent Care Services and Blue Mountain Heart to Heart as the Network Managers for the Opioid Resource Network (ORN) in Benton, Franklin and Walla Walla Counties. The purpose of the ORN is 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). GCACH understands that people with OUD seek services in a variety of places; some request treatment from primary care providers while others request through traditional substance use disorder treatment agencies. Other persons with OUD present in jails, syringe exchange programs (SEPs), emergency departments (EDs) and homeless shelters. The Network Managers will also identify, collaborate, and formalize agreements with Providers in the GCACH region to provide integrated MAT regardless of how patients enter the system. Congratulations to Consistent Care Services and Blue Mountain Heart to Heart!



Earn \$100 and become a Sentinel today!

Written by Lauren Johnson, Communication & Administrative Coordinator

We need your help! The Sentinel Network is ready to hear from employers around the State about your greatest health workforce needs, and you are key to ensuring a robust healthcare industry response!

Joining the Sentinel Network allows you to share your healthcare recruiting hurdles, common skill gaps, and other workforce challenges to those that can make a difference.

Since 2016, a state-led consortium has collected ground-level information about healthcare needs in Washington through the Health Workforce Sentinel Network. Now is your chance to add your voice. Become a Sentinel today and tell educators and policymakers about your organization's healthcare workforce needs. **The current data submission opportunity is only available through the end of April.**

What's in it for you

Well to start, \$100 for your organization! In addition, your participation in the Sentinel Network allows the State to capture key recruitment, retention and skills issues you are confronting, and make that information available to educators, policy makers, planners and others who can help address these needs. In other words, you can make a difference!

But wait, there's more!

For those wishing to become a Sentinel, you must register then [complete the survey in full](#). Upon completion, respondents must send a confirmation email to Ben Stubbs (bstubbs@uw.edu). Ben will gather contact information for the respondents and provide GCACH with a list to then distribute payments at the conclusion of the survey window.

Become a Sentinel here: https://uwfamilymedicine.co1.qualtrics.com/jfe/form/SV_bkOpeooBRkEjgKV!

Welcome to the GCACH Board of Directors, Eric Nilson!

Eric Nilson
EMS Officer, Kennewick Fire Department
Representing Public Safety



Eric is the EMS Officer for the Kennewick Fire Department (KFD), where he has served the community since January 1995; starting as a firefighter, then advancing to fire captain, and now overseeing all EMS operations. His current position manages everything from daily logistical operations for primary 9-1-1 ambulance responses, CQI, managing supplies, medications and other assets required to keep the progressive operations of the KFD at peak performance. He is also responsible for numerous other programs including; Respiratory Protection Officer for fire and EMS operations, Coordinator of (OTEP) ongoing training for all levels of EMS in Benton/Franklin Counties, the Regional Lead for the ImageTrend RMS project for five area departments, and Information Technology liaison between KFD and the City of Kennewick's IT department. He currently serves as the Local EMS Council Chair, DMCC committee chair, member of Protocol Committee, and is heavily involved in Alliance Consistent Cares and the development of a community paramedicine program for KFD. Welcome, Eric!

Local Health Improvement Networks (LHINs) Learning from Other Communities

Written by Jac Davies, Executive Director, Northwest Rural Health Network

Local Health Improvement Networks (LHINs) have been formed to bring together all the disparate organizations in communities that can have an impact on the population's health. The Southeast Washington Health Partnership (SEWAHP) is a collaborative effort across three counties - Asotin, Garfield and Columbia - with health care, public health, behavioral health, social services and other organizations that serve communities within and across the counties working together on common population health issues. Efforts so far have been focused on building relationships and identifying priority social determinants of health and health challenges in the region.



2019 Northwest Rural Health Conference

At the Northwest Rural Health Conference there were a number of sessions from communities around the state that demonstrated how these kinds of collaborative community-based networks can move beyond the planning stage and begin implementing programs to improve population health. In Snohomish County a collaboration led by the sheriff's office has brought together all county government agencies along with social service organizations in a joint effort to support individuals with mental health issues and substance use disorder. As a result of that collaboration, social workers are now partnering with deputy sheriffs to conduct outreach for homeless individuals in the Everett area. The goal is to connect these individuals to resources before any crimes are committed. All of the participating organizations also work together on consistent messaging and communication with the public to reduce stigma associated with mental health and substance use disorder.

As the SEWAHP moves ahead in our efforts to address local health challenges, we intend to learn from models like that in Snohomish County and many other communities. It will be critical to work together and leverage the different strengths of our LHIN members and match available resources to strategies that are appropriate for our rural communities.

Sponsorship Application Window Open!

Written by Rubén Peralta, Community and Tribal Engagement Specialist

GCACH recognizes the innumerable organizations working hard to improve the health of our nine-county region and the Yakama Nation. As such, 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 link below 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.

Practice Transformation Success Story

Written by Jenna Shelton, Practice Transformation Navigator

Kittitas Valley Healthcare

Greater Columbia ACH would like to highlight Kittitas Valley Healthcare (KVH) and the progress they have made through Practice Transformation thus far. KVH has taken an assertive approach to Practice Transformation; using the Milestones as a foundation for process improvements across their health system. Not only has KVH aligned GCACH milestones with Accountable Care Organization (ACO) reporting requirements, they have also created several work groups that will champion Practice Transformation efforts and process improvements. These work groups and the core team meet in their “war room”, which has dedicated space for Practice Transformation. Keep up the great work, KVH!



Kittitas Valley Healthcare's "War Room."

Community Health Fund Update

Written by Rubén Peralta, Community and Tribal Engagement Specialist

Greater Columbia Accountable Community of Health (GCACH) is working in partnership with Local Health Improvement Networks (LHINs) to resource projects that address their communities' social determinants of health (SDOH) priorities.

Research points to the association between unaddressed social determinants and poor health outcomes. Factors such as food insecurity, lack of safe and affordable housing, inadequate education, lack of access to transportation, and social isolation have a significant impact on individual health and the collective health of our communities. GCACH considers the SDOH as part of our overall healthcare delivery system. The Community Health Fund (CHF) has been established by the GCACH so that each community can access funding for projects that address the SDOH that are meaningful to the community but have not yet been fully addressed through existing resources.

To date, \$1,174,569.78 of the \$1,398,200 allocated to address SDOH have been transferred to three Third Party Administrators (TPAs) representing four Local Health Improvement Networks (LHINs).

Thank you Gesa Credit Union!

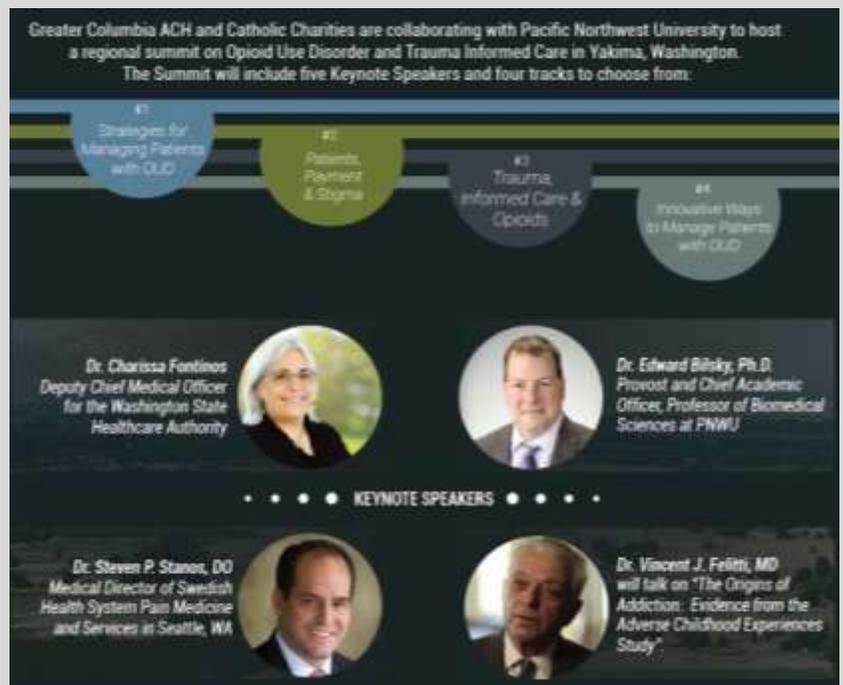
Thank you to Gesa Credit Union for your generosity in providing catering and refreshments for two of Greater Columbia ACH's convenings; the 2019 Supportive Housing Summit and the April 2019 Leadership Council/Learning Collaborative meeting. We truly appreciate your contributions!



Trauma and The Opioid Crisis Summit

Written by Diane Halo, Opioid Resource Network Project Manager

On June 20-21, 2019, Greater Columbia Accountable Community of Health (GCACH) and Catholic Charities of the Diocese of Yakima, in collaboration with Pacific Northwest University of Health Sciences (PNWU), are hosting a regional summit on Trauma-Informed Care and the Opioid Crisis. It will be held at PNWU in Yakima, Washington. The Summit will include five keynote speakers and four tracks that include 30+ speakers from across the region. The Summit is where solutions are formulated, where stakeholders from federal to family convene, and where change begins. This gathering is where we will discuss what's working in prevention, implementation, and treatment for Trauma Informed Care and Approaches and the Opioid Crisis.



Four Tracks have been developed so participants can get information that is relevant to their patients and practices.

Track 1 - Strategies for Managing Patients with Opioid Use Disorder (OUD)

Track 2 - Patients, Payment and Stigma

Track 3 - Trauma Informed Care & Opioids

Track 4 - Innovative Ways to Manage Patients with OUD

Register today!

<https://greatercolumbiaach.us13.list-manage.com/track/click?u=0d9c5f2f0743d8a323bb264f9&id=601877d0c0&e=f95989b2c8>

Sponsorship Prospectus/Exhibitors

<https://greatercolumbiaach.us13.list-manage.com/track/click?u=0d9c5f2f0743d8a323bb264f9&id=da64a77530&e=f95989b2c8>

Please contact GCACH's Opioid Resource Network Project Manager, Diane Halo (dhalo@gcach.org) with any questions or concerns.

March 2019 Leadership Council/Learning Collaborative Meeting

Written by Carol Moser, Executive Director

Greater Columbia ACH providers and community leaders learned about innovative ways to integrate behavioral health at the March Learning Collaborative/Leadership Council meeting. Whether it is a medical home that includes wrap-around housing, a patient center-pharmacy or work flow management, behavioral health is being integrated into patient care to meet patient need, and improve patient quality.

Yakima Valley Farm Workers incorporates three behavioral health models into their practices based on patient need; behavioral health integrated with primary care, collaborative care or behavioral health homes. Brian Sandoval advised providers to use models that solve specific problems and meet the needs of their patients.

Yakima Neighborhood Health Services' mantra is, "Housing is Healthcare," and wraps housing into their patient's care plan. Yakima's supportive housing collaboration was recognized by the Department of Health and Human Services as a promising practice in 2011, and the outcomes have shown improvements in chronic disease measures, improved success rates for patients recovering from substance use, access to primary care, and rate of compliance with care plans.

Tri-Cities Community Health helps connect the patients with behavioral health using a pharmacy algorithm. Patients newly diagnosed with diabetes often suffer from depression, so the pharmacist can be proactive about referring a patient to a behavioral health therapist after receiving a prescription to treat diabetes. The pharmacy is using the milestones in the toolkit to measure progress against pharmacy practices.

Catholic Services is remodeling their office space to have a single registration desk for all patients, reducing the stigma for behavioral health patients, and treating all patients equitably. They have partnered with a substance use provider to improve access to services, have enhanced in-person hours, and offer around-the-clock telephone or electronic access to a member of the care team.

It was exciting to see how each organization is using practice transformation to deliver new services, and invest in value for their patients.

To view the March 2019 Leadership Council/Learning Collaborative meeting packet, visit our website at: https://gcach.org/apps/website_resources/record/0b70d72743e4d1eea6133b6a525bcb9d/20190321marchlearningcollaborativeandleadershipcouncilmeeting.zip.



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