

# The GCACH Report

May 17, 2018



## 1 CURRENT STATE ASSESSMENT 5-7-18

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After weeks of revising, tweaking, and rewriting, Greater Columbia ACH's Current State Assessment (CSA) was released to the organizations that responded to the Letter of Interest on Monday, May 7th. The CSA is a requirement of the Health Care Authority (HCA) as part of our Medicaid Transformation Demonstration contract and will help staff determine provider readiness and willingness to enter into contracting arrangements with GCACH for implementing specific pilots or projects. Providers who previously submitted an LOI and are interested in contracting with GCACH for the Medicaid Transformation Demonstration will need to submit a CSA to be considered.

[Click here](#) to view a copy of the CSA.

## 2 WAFE PORTAL REGISTRATION & PAYMENTS

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Initial payments within the WAFE Portal have been released! The stipend amount is based on the following: submission of LOI, registration within the WAFE Portal, participation as a project facilitator, and participation as a GCACH board member. There were 29 organizations paid on May 4<sup>th</sup>, releasing a total of \$86,000. The next payment date is May 18<sup>th</sup>. To register in the portal, follow the instructions listed below:

- Go to: <https://wafinancialexecutor.com/>
- Select the **Register Provider** tab
- Enter in **your** email address and your entity's **EIN** (This email and EIN must match what was provided on your LOI)
- A confirmation code should be sent to your email address
- Type that confirmation code into the box and select **Submit**
- Now you will be brought to **set password**
- Now you will be brought back to the login page
- On the **login** tab enter in your email address and the password you just sent

There are 32 providers that need to register in the WAFE portal. Kylee and Diane have been working hard to contact the remaining providers, and understand some work is being completed on the back end to update information. If you need additional assistance, please contact Diane Halo ([dhalo@gcach.org](mailto:dhalo@gcach.org)) or Kylee Spence ([kspence@gcach.org](mailto:kspence@gcach.org)). To view the recorded training, click the link below:

<https://pcgus.webex.com/pcgus/ldr.php?RCID=ef80c2e8cbf452e78a18af993f51cb96>

Please note: The portal will be shut down for payments from May 19<sup>th</sup>- June 15<sup>th</sup>, however, organizations are still able to register to resume receiving payments on June 29<sup>th</sup>.

### 3 MEETINGS WITH CONGRESSIONAL REPRESENTATIVES

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GCACH was invited by Jim Davis, CEO of Tri-Cities Community Health, to join members of his staff and Board of Directors to meet with Congressman Dan Newhouse and his Chief of Staff, Carrie Meadows on May 2nd. The group toured TCCH's dental clinics, behavioral health clinics and their school-based clinic at Ochoa Middle School. The Congressman was particularly interested in how the community is collaborating around access to services and what is being done to address the opioid epidemic.



On April 30<sup>th</sup> GCACH staff had the pleasure of meeting with one of the Central Washington Directors for Senator Patty Murray's Office, Raquel Crowley. Topics discussed during the meeting included the opioid crisis investment and how we can coordinate efforts with other community partners.

### 4 LOURDES SUCCESS STORY

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Healthcare systems are complicated, and most providers and support services are trained to work in silos within their areas of expertise. The path to transformation of healthcare significantly disrupts the current system and all involved. This dramatic change will only happen in organizations that have courageous and principled leadership.



Barbara Mead from Lourdes Health stated, "When we began our work we agreed on two goals; the first was to implement the bi-directional integration of primary care and behavioral health using the collaborative care principles by June 2018. We are on track to meet this goal at our largest primary care location. The second goal was to implement the integration of primary care at our behavioral health setting for those patients who suffer from chronic mental illness, by January 2019. We have a significant amount of work to accomplish this second goal."

After gaining support from senior leaders, Lourdes engaged management and staff from multiple parts of the organization (i.e. providers, nursing, billing, coding, IT, medical records, behavioral health counseling) to work on operationalizing the transformation. Lourdes also committed time to training and site visits. Through this process, Lourdes learned that as they embrace this transformation, they will be able to improve the quality of care to their patients.

## 5 ADVANCING PRECISION MEDICINE

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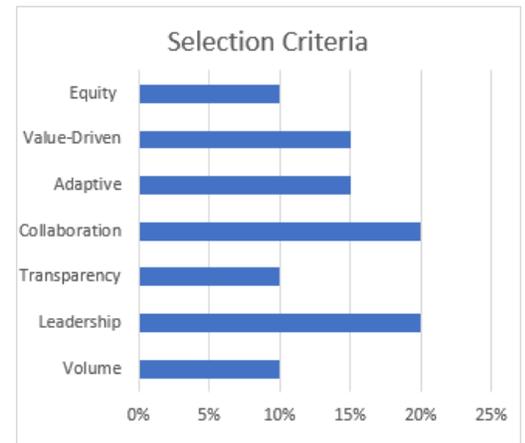
Did you know, sharing your personal health information could assist in the development of new medical treatments? On May 6<sup>th</sup>, the All of Us Research Program was launched across the nation, and locally here in Pasco, Washington. The program was developed to advance precision medicine, inviting one million individuals to share their health information to be used by researchers to conduct studies. Tri-Cities Community Health hosted the health fair as part of the Cinco de Mayo 4-day festival, including performances from local dancers, guest speakers, and an educational fair.



## 6 PRACTICE TRANSFORMATION HOMEWORK

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The Practice Transformation Workgroup's homework assignment following their April 26<sup>th</sup> meeting included rank ordering categories essential to practice transformation. Practice transformation relies on process improvement by individual provider organizations to improve workflows, care coordination, delivery of care, and reduce healthcare costs. Excluding 'Volume,' these categories and their corresponding definitions were borrowed from the Change Concepts developed by the Safety Net Medical Home Initiatives, the Budget and Funds Flow Committee Charter, the Equity Plan for Improving Quality in Medicare, and several other resources. Leadership and Collaboration led the list of seven categories.



## 7 DMHIE UPDATE

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The Data Management and Health Information Exchange (DMHIE) Committee met on April 24<sup>th</sup>. The committee is working on a Data Flow Model (DFM) that is intended to organize the flow of information from participating Medicaid providers to GCACH. Currently, the DFM is focusing on Pay-for-Performance (P4P) metrics and identifying the source of numerator and denominator data for each metric. The DFM will also identify a suitable cadence for reporting. The DMHIE will also be working on the development of Data Sharing Agreements (DSAs) that will be formed between provider and the GCACH. Potentially the DMHIE may also discuss the best option for capturing P4R data for ongoing reporting needs.

## 8 ADVERSE CHILDHOOD EXPERIENCES

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It is estimated that the United States loses about \$168 billion per year in productivity due to Adverse Childhood Experiences (ACEs)-related absences from work and low productivity while at work. ACEs are stressful or traumatic events that occurred in an adolescent's life that can affect development and cause health problems if unaddressed.

People that receive a high ACEs score are far more likely to:

- Be alcoholics
- Use illicit drugs
- Smoke
- Have cancer
- Have diabetes
- Have ischemic heart disease
- Be a teen parent
- Perform poorly at work
- Have poor academic achievement
- . . . and many more

Rubén Peralta, GCACH's community and tribal engagement specialist, attended a workshop in Yakima focusing on ACEs and trauma-informed care. Topics covered during the conference included: the importance of trauma-informed staff training, best practices, policies and procedures for trauma-informed care, and much more!

## 9 WELCOME JENNA SHELTON, PRACTICE TRANSFORMATION NAVIGATOR!

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Jenna Shelton was born and raised in Atlanta, Georgia. She received her bachelor's degree in Health Promotion and Behavior from University of Georgia and earned her master's degree in Health Care Administration from University of South Carolina. In 2015, she relocated to Yakima, Washington, to begin her career in healthcare as an Administrative Fellow at the Yakima Valley Farm Workers Clinic. Through this organization, she gained valuable experience in practice administration through her Clinic Manager position. Jenna has a passion for servant leadership, eliminating health disparities, and process improvement. In her spare time, she enjoys serving her community through her local church, spending time with family and friends (preferably over good food) and traveling.