



# THE ASCENT

A community approach to putting patients first

**February 2017**

## **Western Colorado Leadership Group**

Welcome to The Ascent, an e-resource from the Western Colorado Leadership Group that brings you timely, targeted news each month--news about population health, payment reform and the people working to pursue better care, lower costs and a healthier community.

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## **Leadership**

### **Lynn R. Borup, executive director, Tri-County Health Network**

*In this interview, Borup discusses rural Colorado's unique needs and TCHN's outreach efforts in Ouray, San Miguel and West Montrose counties. TCHN is a nonprofit committed to improving the quality and coordination of health and health care services by increasing health care access and integrative health services at lower costs.*

#### **The Ascent: What unique challenges do rural areas face?**

**Borup:** The difference between rural and urban areas is significant. For example, in urban areas, there's a focus on emergency room "frequent flyers." Out here, we don't even have ERs. Even when rural and urban areas face similar challenges, the solutions are often markedly different.

We often have excellent primary care but, to go beyond that, folks need to take time off--not an hour or two, but frequently an entire day or more. Consequently, those with chronic diseases get sicker. People don't get dental care. People with diabetes don't travel the two hours to be screened for diabetic retinopathy--they can see, so what can be wrong?

Geographic isolation is also a factor in attracting clinicians. For instance, we've been quite successful with integrating behavioral health into primary care. Recently, a clinic wanted to do integration--we even had the funding--but it was the most rural clinic in Colorado, and no provider wanted to move there. Another barrier to behavioral health is the cultural stigma. The "bootstrap" mindset is stronger here in rural Colorado than elsewhere, and those who are suffering are reluctant to seek help.

#### **The Ascent: Talk about some of your outreach and health IT efforts.**

**Borup:** Through community health assessments, we identified two preventable, manageable conditions--heart disease and diabetes. TCHN trains community health workers (CHWs) to provide biometric screenings for both. We place the CHWs at local gathering spots, like libraries and the bank, reaching people who might never go into a clinic--such as middle-aged men. CHWs aren't clinicians, but they can put up the "warning flag," offer advice on how to change behaviors and get healthier, and connect people with a clinic, when necessary.

For five years, we've worked with clinics on a chronic disease registry. This helps identify patients who will require attention over the course of their disease, and keeps everyone on track for best practices and ongoing patient compliance.

**Borup:** Legislators and policymakers need to consider that more than half of Colorado is rural. Programs that benefit urban areas can even have a negative impact on rural ones.

I am on several advisory boards in Denver, and it costs roughly \$650, plus time, to travel to one meeting for one day. Video conferencing is great, but *not* when you are the only one on video. It's the difference between being an integral part of the conversation and being an afterthought.

One approach that's getting burdensome? Listening tours. We appreciate the interest and exposure, but we have clarity on our issues; what we *really* need is an "action item" tour. Too often, organizations come in with *their* solutions rather than investing in what's already in place. Organizations like TCHN are thriving across the state. Talk with them before trying to come up with new solutions. Invest in their work. Establish relationships. Be a partner. That will guarantee greater effectiveness for everyone.

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## Payment Reform

### Oregon, Colorado Medicaid ACOs see similar results

In their Medicaid ACOs, Colorado and Oregon took different approaches, but produced similar results, according to research published in *JAMA Internal Medicine*. Specifically, Oregon's global capitation ACO model produced similar savings and care quality improvements to Colorado's fee-for-service-based model. "Two years into implementation, Oregon's Medicaid Accountable Care Organization, characterized by a large federal investment and movement to global budgets, exhibited improvements in some measures of care but no apparent differences in savings compared with the Colorado Medicaid Accountable Care Organization model, which was more limited in scope and implemented without substantial federal investments." ([JAMA Internal Medicine](#); [RevCycleIntelligence](#))

### More than 200 Colorado practices part of CPC+

Comprehensive Primary Care Plus (CPC+) is now underway, with 208 Colorado practices participating. The initiative, from the CMS Innovation Center, seeks to strengthen primary care through regionally based payment reform and care delivery transformation. CPC+ includes two primary care practice tracks. Track 2 has more advanced care delivery requirements, *and* it carries more financial risk; nevertheless, a significant majority of Colorado practices have opted for it. Participating payers are moving forward with the Health Care Payment Learning & Action Network. ([Details and a list of Colorado practices](#))

### Coalition to Congress: Be prudent about replacing the ACA

The Denver Chamber of Commerce has formed the 108-member Colorado Health Policy Coalition. It includes what some may call strange bedfellows: provider, consumer, advocacy and business groups. The group is urging Congress and the new administration "to develop a comprehensive and thoughtful health care framework before taking action to repeal the nation's current health care policy." The coalition spelled out its position in a [letter](#) to the governor, Colorado's congressional delegation and the state legislature. ([Denver Business Journal](#); [announcement](#))

### Connect for Health enrollments top 2016

More than 175,000 Coloradans selected coverage for 2017 through the state health insurance marketplace during the recent open enrollment period, a rate 12 percent higher than a year ago. ([Connect for Health Colorado](#))

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## Community Integration

### Early literacy's impact on poverty, health and well-being

The best way to improve a child's reading ability is to improve access to the written word. But preschoolers from poor families have far less access to books than do their more affluent peers. The most recent issue brief from Rocky Mountain Health Plans explores this issue. Featured experts: V. Fan Tait, MD, FAAP, chief medical officer, American Academy of Pediatrics, and Meredith Hintze, executive director, Reach Out and Read Colorado. ([issue brief](#))

### Now available: Applications for SIM cohort 2

The Colorado State Innovation Model (SIM) released its application for cohort 2. To learn more or to apply, visit [www.colorado.gov/healthinnovation/cohort2](http://www.colorado.gov/healthinnovation/cohort2). Deadline: March 31. ([SIM](#))

## Evanston puts social workers in the library

Roughly 640,000 homeless people use the Evanston (Illinois) Public Library and its two branches each year. Instead of shooing them away, the library hired a social worker. Evanston has joined a growing number of public libraries taking that approach. ([Chicago Tribune](#))

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## Population Health

### RMHP to host behavioral health Learning Collaborative

The RMHP Practice Transformation is offering a new Learning Collaborative: Behavioral Health Skills Training will be held April 21 at Colorado Mesa University in Grand Junction. This training is open to all medical and behavioral health providers, administrators and staff members interested in developing enhanced skills to more comprehensively address a wide variety of behavioral health needs that patients commonly experience in health care. It will feature keynote speakers, roundtable discussions and sessions focused on topics such as practical tips for addressing social determinants of health. ([information and registration](#))

### CPR interview: Why RMHP's Medicaid Prime is succeeding

In a long-form interview with Colorado Public Radio, Patrick Gordon, associate vice president at Rocky Mountain Health Plans, offers insights into how Medicaid Prime has lowered costs while providing better care. The interview includes a discussion of the value of care coordination and the move away from fee-for-service. ([CPR](#))

### Practice Transformation

The Primary Care [Transformation Resources Catalog](#), sponsored by the Colorado Health Extension System, features dozens of opportunities to enhance practice efficiency and effectiveness. It will help you assess where you are and where you want to go—and help you match resources with needs.

For more information, contact  
Cynthia Mattingley at [cynthia.mattingley@rmhp.org](mailto:cynthia.mattingley@rmhp.org).



## About the Community

*Western Colorado is creating an accountable community that uses health IT in a meaningful way, adopts value-based payment models, coordinates care and empowers patients to take charge of their health. We aspire to ensure the following:*

- High-quality health care is affordable and accessible to all.
- Those who purchase health care are assured that care is effective, safe and appropriate.
- Patient care is a team effort, with roles that are well-defined, connected and collaborative.
- Patients have access to the support and information they need to take charge of their health and make their own decisions.
- Payment reform will foster reimbursement models that support accountability for population health and resource use.
- Information technology supports population health, helping providers predict outcomes, prioritize interventions and prevent disease.
- Health data is a community resource used in a secure way to support coordinated care at the population, practice and personal levels.
- Investments in information technology and health system transformation will improve quality of life and economic well-being across the state.

- Health is a community resource that requires leadership, stewardship, individual responsibility, community support and ongoing maintenance.

## About RMHP

Founded in Grand Junction, Colo. in 1974, as a locally owned, not-for-profit organization, Rocky Mountain Health Plans provides access to affordable, quality health care enabling its more than 229,000 members across the Western Slope to live longer, healthier lives.



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