

NCACH Executive Director Report for June, 2017

NCACH Certification Phase I

The exciting news of the month is that we received notification on Friday, May 26th, that we passed the first phase of certification. Phase 2 is due on August 14th. Kudos to John Schapman for doing the majority of the writing and to Christal for helping with data collection. The average score was 4.25 out of 5. That is fantastic!

Yesterday, on June 1st, the total document was reviewed with Manatt, the Health Care Authority, and Andrea Bennett, our regional Coordinator(RC) followed by a call with Andrea later in the day. John will expand on this discussion at the board meeting.

May Outreach:

- Vice Chair Tribal Council member, Mel Tonasket,
- Dr. Ann Diamond
- Healthcare Panelist – **see attached article**
- Okanogan Board of Health at the request of Lori Jones-all three Okanogan county commissioners present
- Cascade Medical Center Clinic Quality Improvement Focus Group with John
- NCW Regional Hospital meeting/ Brewster, with John. Shared tool kit and metrics sheet
- Coulee Medical Center with CEO Johnathan Owens and staff

Communication:

- Wenatchee World interview- KC Mehaffey – **see attached article**
- Interview with KOHO radio—Chris Hanson prior to panel occurring on May 8, 7-9 PM, Cashmere

Meetings:

- There are a variety of meetings related to the full integration of Medicaid contracts in Chelan, Douglas, and Grant counties by January 1, 2018. Several of the Fully Integrated Medicaid Contracting (FIMC) meetings met in May including the Advisory Committee, Early Warning System Workgroup, Managed Care Rates Workgroup, IT Workgroup and Consumer Engagement Workgroup. I attend these meetings when I can because the work done by those participating should help prepare us for the “Bi-directional Integration of Physical and Behavioral Health through Care Transformation” —the required Demonstration project that we are calling “Whole Person Care.” These meetings are at least monthly and led by Christal Eshelman. I will not reference them in future reports.
- John and I attended a presentation on the Care Coordination Pathways Hub in Spokane—an over and back meeting along with several other ACHs.
- The Washington State Hospital Association (WSHA) has monthly meetings which John and I listen to. This month there was discussion from Opioid Stakeholders from across the state, including Glenn Adams, Confluence Health.

Medicaid Transformation group picks six projects

by K.C. Mehaffey | May 8, 2017, 4:47 p.m.

Business, health

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EAST WENATCHEE — A local organization working to transform Medicaid has picked six projects to focus on over the next four and a half years.

The North Central Accountable Community of Health says as much as \$50 million will come to Chelan, Douglas, Grant and Okanogan counties — mostly to medical providers and community organizations — as it guides drastic changes in how care is delivered, and billed.

The funds are part of a \$1.5 billion investment of new funds from the federal Centers for Medicare & Medicaid Services that the state applied for seeking to demonstrate how whole-person care could reduce Medicaid costs. They are not tied to the Affordable Care Act.

Nine ACHs across the state are each picking at least four demonstration projects to help them figure out ways to give Medicaid patients higher-quality services at a lower cost. The goal is to show how Medicaid patients can be healthier by developing self-sustaining changes to the health care system that do not require continued funding.

ACHs will work with health care providers to treat the “whole person,” and offer financial incentives if specific care standards are met, instead of being paid on a per-visit basis.

Before selecting the projects to focus on, the North Central ACH held meetings throughout the region, gathering input from those involved in all forms of health care and social services.

“There’s a whole bunch of work to do. But just the fact that we have chosen our projects is a big step,” said Linda Evans Parlette, executive director of the North Central ACH.

She said the six projects have a strong focus on promoting whole person care, improving health care by strengthening partnerships, and enabling care givers to help address social barriers — such as a lack of housing or transportation.

Parlette said the process will also help a separate effort by the region’s Behavioral Health Organization to fully integrate mental health care with physical health and substance abuse by Jan. 1 — two years earlier than most other regions.

She said now that the projects have been selected, the ACH will determine how those projects will be implemented. After the planning phase this year, the ACH will have four years to implement the projects.

Here are the projects:

- **Integration of Physical and Behavioral Health:** Address physical and behavioral health needs in one system, through an integrated network of providers who offer better coordinated care for patients, and easy access to the services they need.
- **Community-Based Care Coordination:** Ensure that patients with complex health needs are connected to the interventions and services that will help them manage their health. This develops infrastructure to coordinate the care coordinators.
- **Transitional Care:** Reduce hospitalizations by ensuring patients continue to get the care they need after being discharged from a hospital, a mental health facility, or a prison or jail.
- **Diversion Interventions:** Promote better use of emergency care services through increased access to primary care and social services. It includes diverting patients to the appropriate service when they come to an emergency room or call an ambulance with a non-emergency need, or come into contact with law enforcement.
- **Addressing Opioid Use:** Reduce opioid misuse and abuse through treatment, overdose prevention, long-term recovery and whole-person care.

- **Chronic Disease Prevention and Control:** Improve chronic disease management in the primary care setting. It encourages using the community, the health care system, self-management support, delivery system design, decision support, and clinical information systems.

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Proposed health care law worrisome, panelists say

by Nevonne McDaniels | May 9, 2017, 4:46 p.m.

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NCW Health | An argument for whole person care

NCW — A couple weeks ago, I received a call from a Wenatchee-area woman whose story demonstrates why the statewide and local efforts toward “whole-person” care are so important.

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RELATED STORY

Health care panel to discuss issues, solutions

CASHMERE — A panel of experts will discuss the future of health care, both nationally and locally, at a community forum from 7 to 8:45 p.m. on Monday at the Cashmere Riverside Center, 201 Riverside Drive.

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CASHMERE — The Affordable Care Act is not perfect, but it’s working in Washington state, says Gov. Jay Inslee’s senior health care adviser.

More people have insurance, uncompensated care costs to hospitals have been reduced by half and insurance premiums are starting to stabilize, said Dr. Bob Crittenden, the governor’s health policy adviser.

“The Affordable Care Act is not broken here,” he said at Monday’s “Healthcare at a Crossroads” forum at the Cashmere Riverside Center, attended by about 200 people.

Crittenden was one of six panelists at the event hosted by NCW United, an activist group that formed in December, and AARP to talk about what’s in store for health care, whether the ACA (Obamacare) remains the law of the land or is repealed and replaced by the proposed American Health Care Act.

The AHCA passed the U.S. House of Representatives last week and is now being discussed in the Senate. The new legislation reduces the number of people who would be covered by Medicaid, drops the mandate for insurance and allows insurance companies to charge more for people with pre-existing conditions.

Panelists at Monday’s meeting said all of those pieces have helped make Obamacare doable, despite its flaws.

“The ACA is not perfect. Social change takes time,” said Cathleen MacCaul, AARP’s advocacy director for the state. AARP opposes the AHCA, which MacCaul described as “essentially an age tax that allows insurance companies to charge older Americans five times — or even more — for their health coverage.”

Other speakers included Linda Evans Parlette, a former state senator and now executive director of North Central Accountable Community of Health; Dr. Malcolm Butler, chief medical officer at Columbia Valley Community Health; Dr. Peter Rutherford, chief executive officer at Confluence Health; and Jillian Danley, community outreach manager of Planned Parenthood of Greater Washington and North Idaho.

Rutherford said Confluence Health doctors have noted a change in patient attitude since Obamacare was implemented.

“It’s much easier to talk to patients about getting a mammogram or colonoscopy when it is covered as part of preventive care under the ACA,” he said.

On the downside, despite having insurance, patients with high deductibles are still struggling when faced with ongoing medical conditions such as diabetes, which means hospitals continue to provide uncompensated care, though the amount has been reduced.

That’s also been the case at Columbia Valley, which, as a federally qualified community health center, provides services regardless of the ability to pay.

"Until 2010, our mission was to serve the underserved," Butler said.

Before the ACA, 40 percent of the health center's 25,000 patients did not have insurance. Now, about 20 percent are uninsured.

"People are coming in earlier for health care. We are now doing all those things we hoped we could do. When an acutely psychotic patient comes into our office, we can prescribe the medication, they can buy the medication and we can treat them. We have diabetic patients who can afford insulin," he said. "For us, the Affordable Care Act has been massive."

It also created a mission shift.

"What do you do when suddenly everyone has insurance?" he said. "We've had to redefine what we do, so we are the better choice, not the only choice."

The result has allowed Columbia Valley to "serve patients in new and more effective ways," including team-based care, working between primary care physicians and mental health providers, Butler said.

Parlette said treating the whole person is likely to be part of the discussion of future health care whether under ACA or AHCA. She is heading up the new Accountable Community of Health in an effort to integrate all aspects of health into the delivery system and do it for less money.

The program uses a whole-person approach to health care, where a patient's medical condition is treated with attention to behavioral health, social health (education, housing, transportation), employment as well as the environment (presence of lead or pollution).

Parlette said she doesn't see the AHCA passing the Senate without some changes.

She referred to the state's private insurance market collapse in 1999, when insurers fled the state. She worked with then-Gov. Gary Locke, insurers and providers to draft legislation to bring insurance companies back into the market. A similar approach is needed in Washington, D.C., she said.

"What they should do is bring together Democrats, Republicans, medical organizations, hospital groups — everyone affected — and improve upon what was started with the ACA," she said.

"If you're going to enact huge social change, it takes people from both sides of the aisle willing to roll up their sleeves."

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