



Centennial Area Health Education Center - CAHEC

SEMI-ANNUAL REPORT

July 1, 2020 thru December 31, 2020

**Prepared By:
CAHEC Staff**



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PREFACE

Centennial Area Health Education's (CAHEC) Annual Report would be remiss if we did not outline the impact the COVID-19-19 Pandemic has had on our community, region, and organization. The following outline is how the Pandemic Story unfolded and continues to unfold for CAHEC.

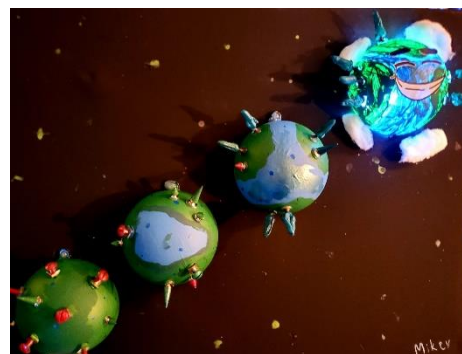
Dec 31	World Health Organization (WHO) announces mysterious pneumonia
Jan 11	China reported first death
Jan 15	First case in US from a person traveling from Wuhun
Jan 23	China imposes country restrictions
Jan 30	WHO declares a global health emergency
Feb 5	Diamond Princess cruise ship quarantined in Japan
Feb 11	WHO officially renames virus COVID-19-19
Feb 26	First case of community transfer in US
Feb 29	First death in US reported
March 2	CAHEC discussion regarding Nurse Educator Conference (NEC)
March 3	Center for Disease Control (CDC) lifts testing ban
March 5	First case in Colorado
March 13	Schools announce extended spring break through March 29
March 16	CAHEC Board officially cancels NEC for 2020
March 17	Mask order required for critical workers
March 18	Governor announces school closures through April 17
March 20	591 cases in Colorado
March 20	New York becomes first US epicenter
March 21	729 cases in Colorado
March 24	Japan cancels Olympics
March 25	CSU announces online classes for remainder of the year
March 26	CAHEC begins remote working
March 27	1734 cases in Colorado
March 31	2627 cases in Colorado
March 31	Social Distancing announced in Colorado
March 31	2100 deaths in NYC and 3290 cases in Colorado
April 1	Governor announces school closures through April 30
April 1	507 deaths reported in Colorado
April 3	CDC mask order
April 7	First JBS Meatpacking plant death
April 8	CAHEC Mask making
April 2	CAHEC's Sharing the Story interview project begins
April 13	JBS Meatpacking plant shut down through April 24
April 17	ACEP Summer Camp Cancelled for Summer 2020
April 19	Colorado hits over 10,000 cases
April 20	1121 death in Colorado
April 21	Greeley schools announce closure for remainder of school year

The mission of Centennial AHEC is to address workforce shortages and health disparities in the CAHEC region, through education and collaboration.



April 25	13,498 cases in Colorado
April 26	Governor announces Work from Home Orders
May 4	Diabetes Webinar Cancelled
May 6	JBS Meatpacking Plant/Sterling Correctional Facility are largest outbreaks
May 9	Colorado Nightingale Awards Cancelled
May 10	Colorado hits 20,000 cases
June 1	26,824 cases in Colorado
June 1	CAHEC return to in-person work
June 2	Housing rotations resume
June 9	Body Shop in Ft. Morgan Cancelled (3/25)
June 9	Rural Philanthropy Days Cancelled (4/1)
June 29	CAHEC's Sharing the Story interview project has interviewed over 70 people
June 30	33,063 cases in Colorado and 1774 deaths
July 10	36,969 cases in Colorado and 1709 deaths
August 5	50,256 cases in Colorado
August 24	Return to School
September 15	Colorado (CDPHE) introduced the COVID-19 Dial
September 22	Colorado hits 2000+ deaths
October 2	President Trump diagnosed with COVID-19
October 5	75,545 cases in Colorado
October 26	Colorado hits 100,000+ cases
November 11	151,415 cases in Colorado and 2500+ deaths
November 17	Schools switch to remote instruction for remainder of year
November 28	Governor Polis diagnosed with COVID-19
December 2	255,855 cases in Colorado and 3567 deaths
December 8	First Vaccine given in UK
December 14	First Vaccine given in US to NYC Intensive Care Nurse
December 31	340,941 cases and 5000+ deaths

During this time of constant change, we are thankful for our Board, staff, hosts, and partners who have worked with us and helped us through these challenging and ever-changing events and situations. We could not have done this without you at our side.



INTRODUCTION

Mission

The mission of Centennial AHEC is to address workforce shortages and health disparities in the CAHEC region, through education and collaboration.

Vision

Centennial AHEC has developed five specific themes and outcomes to guide us in our path to achieving our mission. The overarching themes:

1. Operate in a fiscally responsible and stable manner
2. Continuously improve the performance and capabilities of CAHEC
3. Promote cooperation and coordination among all AHEC Centers
4. Provide appropriate housing to health profession students
5. Coordinate with other health educators and agencies to serve the public

THE CAHEC TEAM

Board of Directors

CAHEC is served by a volunteer board comprised of leaders in the healthcare industry and education. Several of our members serve in faculty positions throughout our region. Others are businesspeople and leaders in the region. We have an eleven-member board with eight positions filled.



Bruce Cooper

MD, MSPH
President,
Board of Directors

Don Enninga

BS, EMT-1
Vice President,
Board of Directors

Lola Fehr

MS, RN, EMT-P
Treasurer,
Board of Directors

Susan Meyer

MHA, BSPA, BSRT-R
Secretary,
Board of Directors

Mark Johnson

BS, EMT-P
Vice President,
Board of Directors

Shauna Richardson

Member,
Board of Directors

Michele Siem

BSN, MS, RN
Member,
Board of Directors

Brenda Tousely

DPN, CNS, ACCNS-AG,
AGCNS-BC, CCRN, CLNC, RN
Member,
Board of Directors

Staff



Monica Daniels-Mika
BA, MRCP, MS
Executive Director
Leadership Administration
Planning Board Development
Community Networking



David Cessna
M.Ed
Health Education
ACEP Programming
High School Internships



Marc Ringel
MD
Medical Advisor



Kim Fairley
BS
Regional Health
Connector
Community Health
Connections
Rural Wellness



Sheryl Trent
Planner
Nurse Educator
Conference Event
Planner



Erika Greenberg
MSN, RN
Regional Health
Connector
Health Educator
Professional Education
Community Education



Samantha Vernon
BA, MPH-C
Administrative Staff
CARES Act
Coordinator

DEMOGRAPHICS

Counties Served and Geography

Centennial Area Health Center covers an eleven county area located in the northeastern portion of the state. The counties of Larimer, Lincoln, Logan, Kit Carson, Morgan, Phillips, Elbert, Sedgwick, Yuma, Washington, and Weld fall within the boundaries of the center. In total, Centennial Area Health Center covers a 24,191.08 km² area, approximately 23% of Colorado. The most populated county is Larimer with a population of 350,518 while the least populated is Sedgwick with a population of 2,303 residents.



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Detailed Demographics

	Kit Carson	Elbert	Larimer	Lincoln	Logan	Morgan	Phillips	Sedgwick	Washington	Yuma	Weld
Population #	7097	26,726	356,899	5701	22,409	29,068	4265	2248	4908	10,019	324,492
Economy (Median Household Income)	\$49,349	\$99,199	\$71,881	\$47,258	\$53,318	\$53,682	\$51,155	\$43,150	\$50,094	\$52,022	\$74,150
Poverty %	13.2%	5.7%	10.3%	17%	12.9%	11.9%	10.4%	14.6%	11.8%	12.8%	8.4%
Age Distribution											
<5 y/o	6.1%	4.4%	4.9%	5.6%	5.1%	7.4%	6%	4.4%	5.7%	7.5%	7.1%
<18 y/o	25.2%	21.2%	19.4%	20.4%	17.9%	25.9%	24.2%	19.6%	22.4%	27.4%	25.9%
>65 y/o	19.5%	17.2%	16.2%	17.6%	18.1%	15.6%	23.3%	27.1%	21.4%	18.7%	12.4%
Gender											
Female %	50%	49.4%	50.2%	41.6%	42.8%	49%	51%	50.3%	47.9%	49.9%	49.4%
Racial/Ethnic Makeup											
White Alone %	95%	94.3%	92.6%	90.1%	91.1%	91.1%	96.1%	93.6%	95.7%	96.5%	92.4%
Black/African American %	0.9%	1.4%	1.2%	5.5%	4.5%	4.2%	1.1%	0.9%	1.2%	0.6%	1.6%
American Indian/Alaska Native %	1.3%	0.8%	1.1%	1.4%	1.8%	1.9%	1.2%	1.2%	0.6%	1%	1.7%
Hispanic/Latino %	19.2%	7.6%	11.9%	14.8%	17.2%	36.5%	20%	16.3%	10.9%	25.1%	30%
Veterans #	486	2399	20,741	378	1828	1269	357	185	353	525	16,070
Land Area in Square Miles	2160.82	1850.85	2596	2577.63	1838.55	1280.43	687.93	548.04	2518.03	2364.41	3987.24

<https://www.census.gov/> - 2019 estimates

DIVERSITY



Health Career Pipeline Programs for High School Students (1.1)

2020 AHEC Careers Exploration Program (ACEP) Camp

The ACEP began in January 2020 at University High School in Greeley, Colorado with approximately 20 students. Three sessions were held between January and March which included presentations by a physician, pharmacist, and physical therapist. Unfortunately, due to the COVID-19 situation the remaining sessions were cancelled as well as the planned 2020 summer camp. We were fortunate to recruit three students to participate in “Sharing the Story: COVID-19-19 Pandemic” interview project.

One ACEP Student will be completing his senior project in collaboration with Centennial AHEC. This student's project will focus on creating a virtual forum with healthcare providers to be interviewed by 6-12 grade students. CAHEC will help the student facilitate this forum and make connections with healthcare providers.

CAHEC Healthcare Education Program

As high schools returned to school in August, many were on hybrid type of scheduling and multiple quarantine situations occurred over the fall semester. Additionally, schools were not allowing outside individuals into the schools to minimize risk of COVID-19 transmission. Therefore, there was not the ability to engage students as easily as in the past. A resource portal has been developed for educators and students that will allow access to online resources related to healthcare interests.

These resources consist of available trainings, online courses, and webinars.



Tracking Students in the Healthcare Pipeline (1.2)

All connections with students in the career pipeline program and educational programs are documented within Salesforce.

Pre-Health and Faculty Advisors Training (1.3)

CAHEC will promote Advisor's Day 2021 as details are available via email and social media.

AHEC Scholars Program (1.4)

AHEC Scholars is a nationwide, two-year long program for current health professions students that provides interprofessional, team-based, clinical, and didactic training that includes behavioral health integration, social determinants of health, cultural competency, practice transformation, and current/emerging health issues.

CAHEC had our first completer of the AHEC Scholars Program in October 2020 and another few are close to completion. Stephanie Norris, our first completer, provided us a testimonial about her experience with AHEC scholars: "AHEC Scholars has allowed me to explore a multitude of topics and unique populations which has only helped grow my knowledge base. From health equity regarding food access and social determinants of health, oil and gas development and its impact on wellbeing, the use of medical marijuana, and current issues like COVID-19-19, this program has only helped to prepare me for a career in nursing."



Another AHEC Scholar participated in second round interviews for our "Sharing the Story" project. Emma Goetz's growth since the pandemic began was incredible. When the pandemic began Emma, who has some underlying conditions, actually left her position as a CNA in a long-term care facility due to her high-risk potential. When she was reinterviewed six months later, she is now working in the COVID-19 Intensive Care Unit and absolutely loving her job working in this environment.

CAHEC began recruiting for the 3rd cohort of the AHEC Scholars Program in August 2020 to numerous schools and programs within the region. Unfortunately, CAHEC has not had any students enroll for the program as of December 2020; I believe there are numerous reasons for this. Health education has changed dramatically in response to the pandemic, but in delivery and content. Faculty in healthcare programs has had to vastly change their teaching styles to develop online or virtual teaching platforms. Due to this strain on educators, there was less interest in promoting the AHEC Scholars Program during the fall semester. At the same time students are inundated with new virtual learning environments and the ability or desire to participate in another online education option. In hopes of another strong recruitment push in January, CAHEC has developed a crosswalk that aligns the AHEC Scholars modules to nursing curriculum and medical assisting curriculum. We have arranged to discuss the program at multiple schools with both faculty and students in January 2021.

DISTRIBUTION

Community Based Education (2.1)

Diabetes Webinars

In partnership with Colorado State University Extension, Family and Consumer Science Agents of northeast Colorado Diabetes Webinars are offered four times a year to community members and healthcare professionals to aid in the fight against diabetes. Through technology doctors, professors, diabetes educators and other healthcare professionals share their expertise about diagnosis, treatment, and management of diabetes.

These webinars were moved to an online platform and live where available. In September, the focus was Diabetes and Cardiovascular Medications and November the focus was Holiday Cooking: Meeting Dietary Requirements Without Sacrificing Flavor.

Mini Medical School



CAHEC was able to distribute the pre-recorded sessions and question and answer sessions through the CAHEC Resource and to employees, AHEC Scholars, and health profession students. Many educational institutions reached out to inquire about using mini-med prerecorded sessions due to the COVID-19 situation and requirement to move education online. Pre-recorded session links were distributed to high schools and universities as a supplement to their educational programs.

Anatomy in Clay®

In August 2019 CAHEC received a grant to purchase the equine and canine manikins and provide training to a local veterinarian. Prior to the COVID-19 situation we were able to promote use the human and animal manikins to promote healthcare careers and animal science at the Getting into the Guts career fair.

Unfortunately, we have had to delay the training for the canine and equine due to events been cancelled, but we have been approved by our funders to change the education to an On

Demand Medical Career Pathways training. Our goal is to purchase this training in January 2021 and work directly with regional BOCES to allow the high school teachers to participate in the training.



Veteran Suicide Awareness and Together with Veterans



CAHEC works in collaboration with Qualified Listeners, which is an organization that focuses on Veterans helping Veterans. CAHEC was able to provide funding for Qualified Listener printed materials to be made available throughout our region. Additionally, staff was able to bring Together with Veterans to our rural communities to begin the process of implementing this program in Morgan

County. Together with Veterans is a community approach to suicide prevention that tailors training and equips rural communities with strategies to reduce stigma and promote help-seeking behaviors. The contract with CAHEC and Together with Veterans was extended until March 2021.

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Community Partnerships

CAHEC has worked with local community partners to provide a secure and accessible location for groups to meet and safely socialize during the pandemic. CAHEC has worked with Envision whose mission is the enhance the quality of life for people with intellectual and developmental disabilities in Weld County. This has been a great partnership that enables Envision to carry out their mission and allows CAHEC to support the community. Additionally, one of our host homeowners has used our location for a safe environment for a community group to meet on a weekly basis. Due to the closure of many public buildings, we have also partnered with a local psychologist who completes assessments for disability services. CAHEC has been able to provide this healthcare provider a safe, accessible, and private area to meet with clients.



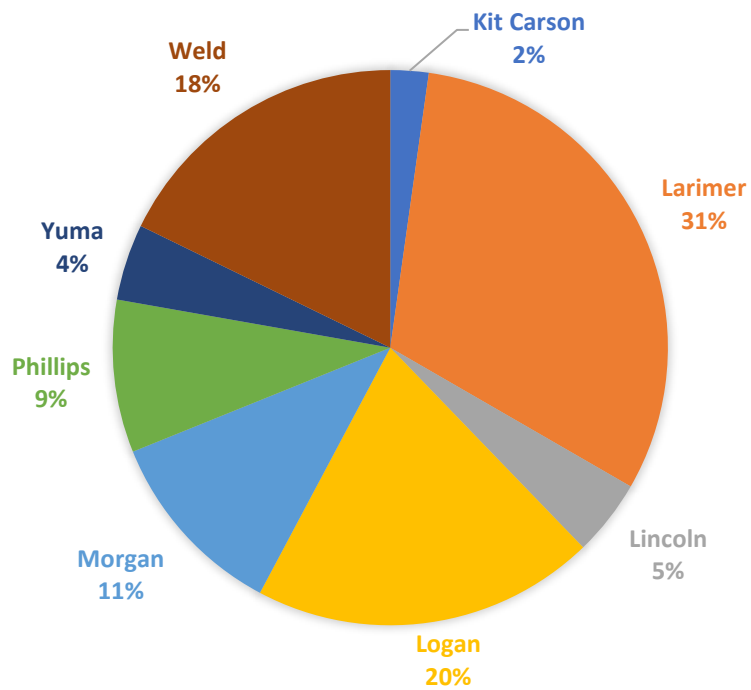
Field Placement (2.2)

One of the prime functions of the University of Colorado contract with CAHEC is to support health profession students doing clinical rotations off-campus and in rural communities. In addition, we provide support for preceptors. One of the number one success stories related to housing and preceptors was the Rural Tax Credit - Preceptor Bill, which was renewed in 2018. CAHEC was instrumental in setting up the reporting system to validate the data needed to support this tax credit. The Director provided direction and leadership for the 2016 Preceptor Bill. This bill was presented in the 2016 Legislative session with the intent to develop a financial incentive for preceptors in Colorado. The bill was passed, and we are currently working with preceptors in our region to get certified.

July 1, 2020 through June December 30, 2020, there were numerous health profession student rotations conducted throughout eight of CAHEC's eleven county region for approximately 4200 housing nights. Housing was provided for numerous health profession students from CU Anschutz Medical Center, as well as health profession students from Rocky Vista, and Red Rocks Community College. These students were provided local housing at host homes near their rotation sites.

During the COVID-19-19 situation many housing rotations were put on hold or rescheduled. These were trying times for the schools, students, and housing hosts. We want to acknowledge the great work done by all involved with the challenges presented and look forward to continuing to provide health professions students reliable, safe, housing and support our hosts. In September of 2020, CAHEC partnered with the Western Colorado AHEC region to partner on housing administration.

HOUSING INVENTORY PER COUNTY



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Interprofessional Education (2.3)

The largest gain for Interprofessional Education for our health profession students is the adaptation from an urban area to the rural communities. Students transition to a rural care setting which includes increased community-based care, less or fewer resources, and medical conditions specific to the rural area. Students are required to use interprofessional education practices to meet the needs of the specialized community.

Students participating in the AHEC Scholars program participate in a three-hour Interprofessional Education Training module to illustrate the effects of teamwork and communication on care providers, patients, and their support networks. Students reflect on how strategies for interprofessional collaboration and practice can be adapted to facilitate quality, patient-centered care. Additionally, the Care Coordination Training Program curriculum consists of a minimum of four hours of modules with a focus on interprofessional education and working with the medical team and integrating practice transformation.

The COVID-19 pandemic has led to a positive impact related to interprofessional education. Healthcare professionals have expressed the increased need to have the different healthcare professions work in collaboration to treat patients during the time of the pandemic. CAHEC has also been very fortunate to recruit many various healthcare providers and community members to participate in the “Sharing the Story: COVID-19 Pandemic” interview project. A common theme found was the need for health providers and the community to come together to address the pandemic.

Continuing Education (2.4)

Care Coordination

Care Coordination is greatly needed in the rural areas to manage individual health and community health. Rural clinics work very hard and most of the staff wear multiple hats. They typically run short staffed and it is difficult to hire new staff in the region. Under the RAE, there is a team of care managers, based in Greeley; and only a few staff living in the region, so care management is not easily accessible.

CAHEC was awarded a 2-year grant for a Rural Community Care Coordinator Program. The award was for November 2018 through October 2020. The goal of this program is to train the clinic staff and equip them with practice transformation tools and skills to address the Quadruple Aim (patient experience, population health, reducing costs, and care team well-being). Year one was to develop the curriculum and identify a facilitator for delivery of the modules. Unfortunately, a few months into the second year and implementation of training COVID-19 had a negative impact across the region and our partners focus became addressing COVID-19 and emergency management for healthcare partners.

The grant funders, The Colorado Health Foundation (CHF), recognized the need for many grantees to change their focus during the pandemic and presented an opportunity to suspend or amend current funded projects. This gave CAHEC a chance to evaluate where it was important to focus the remaining funds for this grant. For the period of April through October 2020, CHF approved an amendment to provide support for the Rural Peer Assistance Network Project (RPAAN).

Rural Peer Assistance Network Project (RPAN)

CAHEC partnered with Rocky Mountain Farmers Union to lead a project to design peer assistance programming for rural/agricultural communities. This program addresses stress and behavioral health issues in the rural communities. The need for this project is critical now more than ever, due to the additional stresses that COVID-19 has added to the rural operators, producers, veterinarians, and other industries in rural Colorado.

The core concept is to develop a Rural Peer Assistance Network (RPAN) that enables trusted community leaders to act as a conduit between their neighbors and behavioral health services/resources to help rural residents navigate stress and maintain wellness. The community facilitators could be, but not limited to, local chapter leaders from ag organizations such as Rocky Mountain Farmers Union, Colorado Farm Bureau, Colorado Cattlemen's, FSA employees, Brand inspectors,

Veterinarians, Bankers, Credit agency lenders, Estate planners, CPA's, Ag attorneys, County Commissioners, Clergy, Board members (ditch, soil conservation, water conservancy), Commodity groups, Law enforcement, FFA/Vocational Ag teachers, Extension agents, and other local community members.



The modules will be developed to:

- Identify signs of stress, learn techniques, and manage signs of stress for one's self
- Increase awareness of farmer and rancher issues
- Recognize and provide initial assistance
- Prepare for a difficult situation, de-escalation, and safety
- Learn of available local, state, and federal resources/services and ways to connect their neighbors to said resources

The goal of this project is to reduce the stigma among farmers and ranchers, and to help normalize the conversation around behavioral health. The Rocky Mountain Farmers Union is working with other RPAN partners to seek additional funding to support the overall project. The CHF funds provided partial support for a CAHEC staff member. CAHEC is very excited about this project. The first pilot of "Running on All Cylinders" was held in October 2020 with a focus on rural stress and QPR training. Although funding from CHF has concluded, CAHEC hopes to remain in support of this program with the Regional Health Connector position.

Nurse Educators Conference in the Rockies (NEC)

A significant project CAHEC undertakes annually is the Nurse Educators Conference in the Rockies (NEC). This annual conference typically hosts over 350 nurses throughout the country, and internationally, to further the nursing education profession. Unfortunately, the 2020 conference, *Pearls of Wisdom for Academic Practice: 30 Years and Beyond*, celebrating the 30th anniversary of the conference July 6-10, 2020 was postponed until 2021 due the COVID-19 situation.



CAHEC was excited to provide a virtual format for the poster presentations in spring 2020 through our you tube channel. Presenters developed voice-over powerpoint videos and the CAHEC facebook page, CAHEC youtube channel, and NEC facebook page have promoted a video a week release beginning July 2020. Videos can be seen here:

https://www.youtube.com/channel/UCvp6AbAQIS2Uxli0Yn-q5w?view_as=subscriber

The Nurse Educator Conference committee members have spent a great deal of thoughtful planning on how to successfully put on the 2021 conference during these uncertain times. Plans are in progress for a hybrid conference for 2021 with the goal of a virtual conference April, May, June, and July and an in-person event in July at Copper Mountain, pending state guidelines.

Nurse Educator Conference Committee		
Karen Cotter – Chair PhD, RN, CNE Clinical Assistant Professor Undergraduate Program Director Baylor University Louise Herrington School of Nursing Dallas, Texas	Lola Fehr – Nurse Planner MS, RN, CAE, PRP, FAAN Gallup-Certified Strengths Coach Organizational Consultant Professional Parliamentarian	Lori Candela RN, MS, EdD, APRN, FNP-BC, CNE Associate Professor University of Nevada Las Vegas School of Nursing Las Vegas, Nevada
Lori Cheney Assistant Professor San Juan College Department of Nursing Farmington, New Mexico	Darcy Copeland PhD, RN Associate Professor University of Northern Colorado Greeley, Colorado	Linda Siegrist MSN, BSN, ADN Adjunct Faculty SUNY Delhi Delhi, New York
Audrey Snyder PhD, RN, ACNP-BC, FNP-BC, FAANP, FAEN, FAAN Associate Dean for Experiential Learning University of North Carolina Greensboro School of Nursing Greensboro, North Carolina	Pamela Stetina PhD, RN, CNE Clinical Professor Northern Arizona University School of Nursing Flagstaff, Arizona	Jean Yockey PhD, MSN, FNP, RN, CNE Assistant Professor University of South Dakota School of Nursing Vermillion, South Dakota

Sharing the Story: COVID-19 Pandemic

Undoubtably the impacts of COVID-19 are being felt by everyone, and the needs uncovered by this event will be realized over a long time to come. This is the time to share the stories and the lessons learned from this event. Seizing this opportunity, CAHEC has hosted online interviews with healthcare providers and community members who are currently working through and managing the situation. These discussions and listening sessions have allowed us to memorialize the stories, learn the challenges, and hear lessons learned. Our intent has been to craft meaningful dialogues to memorialize both the mundane and heroic efforts during this pandemic. While we have a rural focus, we have also engaged with state and national leaders learning their stories and challenges.

The goal of this project has been to learn from this event to provide future guidance in healthcare education and to provide a way to archive and appreciate the personal stories of this event. We have hosted over 70 interviews with some standardized questions presented in an open-ended format. These interviews are currently being catalogued and themes identified, to disseminated and provide an oral history of the COVID-19 pandemic. This project has been approved for additional HRSA funding under the CARES Act to address provider burnout. This will be addressed further in the “CARES Act Funding” section.

PRACTICE TRANSFORMATION

Active Planning and Participation (3.1)

CAHEC has been an integral partner in practice transformation since 2014 with Evidence SW and was one of the first six agencies in the state to participate. Although the names and funding sources have changed over the years CAHEC has remained steadfast in the support for Regional Health Connectors (RHC) and Practice Transformation. The Regional Health Connectors play an active role in planning and participation in the Hospital Transformation Program (HTP) with hospitals and clinics in our region and with numerous Practice Transformation Organizations across the state. Currently the RHCs work with CU-Anschutz Medical Center and the Innovation Support Project (ISP) to support regional practices with their goals for practice transformation.

Regional Health Connectors	
Region 1	Region 5
Morgan, Logan, Washington, Yuma, Sedgwick, and Phillips	Kit Carson, Elbert, Cheyenne, Lincoln
Priority Project: Care Coordination	Priority Project: Rural Wellness

Practice Transformation is centered around the concept of the Quadruple Aim. The Quadruple Aim is focused on improving the health of the population, enhancing the patient experience of care, controlling cost, and improving health care providers job satisfaction. Clinics and hospitals which implement evidence-based interventions into their patient's care without any extra time or cost will be better prepared for a value-based reimbursement model.

One primary need identified throughout the entire region is the need for more integrated mental health care and mental health care directed at the rural ranchers and farmers. The Regional Health Connectors serve as liaisons between community, behavioral health providers, and primary health physicians. The integration between all entities will help save money and improve population health by addressing any underlining behavioral health issues that are causing an interruption in the management of health issues.

Activities to address Practice Transformation:

- Participation in HTP Meetings and PIAC Meetings
- Together with Veterans/Qualified Listeners
- Care Coordination Training Program for rural providers
- Prescription Drug Abuse Awareness for providers
- Behavioral Health Integration
- Rural Peer Assistance Network (RPAN)
- Jail Based Behavioral-Health Services (JBBS)
- Northeastern Colorado Virtual Learning Community
- CAHEC Resource Portal

Patient-Centered and Community Health (3.2)

As the RHC program was designed to conclude in July 2019, with the support of the CAHEC Board and funding from Telligen and the Colorado Health Foundation, CAHEC was able to continue the work of the RHC in the region. The Regional Health Connector position oversaw the integration of region 1 and region 5 into one focus region with an emphasis on the Hospital Transformation Program and Care Coordination Training. In January 2020 additional funding was received from the University of Colorado to support a second RHC to oversee region 5. Both RHCs actively participated in the Innovation Support Project (ISP) to support the regional needs.

The Regional Health Connectors developed plans to address regional health goals and identified strategies and implementation measures to meet the goals. The goals were developed with analysis of community data, the local health department, county health rankings, community health needs assessment, and anecdotal data. The priority of the RHCs was to develop and implement Care Coordination Training Program for our rural partners with the primary goal of improving quality of care for patients in the rural communities.

With the COVID-19 situation, priorities for the RHCs shifted to meet the needs of the regional partners and communities. Telehealth became a primary need for all rural providers including hospitals, clinics, jails, mental health, and long-term care facilities. Additionally, the rural/agricultural community voiced a need for behavioral-health support during these tenuous times, including peer support. The RHCs developed local priority projects to support the region over the next year. The projects will focus on:

- Rural Peer Assistance Network (RPAN)
- Care Coordination Training Program
- Telehealth Education and Supply Allocation

Care Coordination Training Program

The clinics in rural and frontier eastern Colorado are behind the urban communities and have been slower to embrace practice transformation. These clinics work very hard and most of the staff wear multiple hats. They typically run short staffed and it is difficult to hire new staff in the region. Under the RAE, there is a team of care managers, based in Greeley; but they do not have any staff living in the region, so care management is not easily accessible. This project is to train the clinic staff and to equip them with practice transformation tools and skills to address the Quadruple Aim. The Care Coordination Training Program curriculum has been developed and is available for online and in-person training.

Recent discussions with regional communities it has been expressed that jails and long-term care facilities are in need of care coordination trainings to assist with transitions of care. The Care Coordination Training Program developed by CAHEC is flexible and allows for individualization for the specialized population such as inmates and long-term care residents. Another expressed need was telehealth education, so CAHEC will be adding telehealth best practices to the Care Coordination Training Program curriculum.

Hospital Transformation Project

The goal of this project was to engage with regional hospitals to support the Hospital Transformation Program and assist with data collection and resource connections. The RHC was able to actively participate in HTP meetings for multiple regional hospitals and assisted with identifying gaps in care. While identifying those gaps connections to community resources were provided that might be useful to meet the community needs. Due to the fact that the majority of the needs assessments' determined that mental healthcare was a significant issue, connections were made for mental health first aid trainings, connections to the Colorado Consortium for Prescription Drug Abuse Prevention, Northeast Colorado Crisis Services, and SBIRT trainings.

After being delayed due to the COVID-19 situation the hospitals began their HTP meetings and planning in July 2020, with reports due in April 2021. The RHCs continued to offer support and provide resources to regional partners during the pandemic and shut down. Unfortunately, due to the state and federal budget cuts there is an anticipated shortfall to many resources that our rural partners use. CAHEC hopes to offset some of those shortfalls in resources with other available resources through our state and federal partners.

Behavioral health integration in primary care

This project was important after learning that there are gaps in access to behavioral health services in the region. The goal was to reach out to the Mental Health Center that provides services for region 1 and region 5, to learn about what the solutions are to provide better access to care. The mental health center provides services to 9 rural and frontier counties. The highest needs are in areas where there is not a physical location for services. It is a challenge for the mental health center to hire providers and clinicians in the region, and this is the primary reason for the gaps. The RHC's role was to work as a liaison between clinics and the mental health center and communicate the needs.

COVID-19 has created a positive effect on the acceptance of telehealth in the rural communities, which has increased the use of mental health telehealth services. CAHEC will

continue to support the telehealth education for rural providers and make connections with mental health providers who offer telehealth services.

Improving Quality (3.3)

The Care Coordination Training Program utilized the Rapid-Cycle Quality Improvement (RCQI) methodology of Plan, Do, Study, Act while designing goals and implementation strategies. RHCs also referred to “The 10 Building Blocks of High-Performing Primary Care” to ensure the best projects to improve quality care. The best example of a project that utilized RCQI and follows the “Building Blocks” is the Care Coordination Training Program.

The Care Coordination Training Program was designed to meet the needs of the rural community and provide healthcare providers with tools to support care coordination. The curriculum was developed to include both in-person trainings and self-paced online modules. The total time for the course is approximately 20 hours and includes the following topics:

- Patient Centered Medical Home
- Introduction to Care Coordination
- Social Determinants of Health
- Relationship Building
- Documentation Requirements
- Working with the Care Coordination Team
- Quality Measurement
- Telehealth



PLAN

Course and session objectives were developed to reflect current best practices in care coordination including topics including transitions of care, patient-centered care, risk stratification, team-based care, and integrated behavioral health. The plan was developed using the idea of the Quadruple Aim including patient experiences, population health, care team well-being, and reducing costs. Implementation was based on input from community partners including hours of in-person trainings and online self-paced sessions.

Building Blocks

The first step in the planning phase included *engaging leadership* and this occurred by offering *data driven information* from electronic medical records (EMR) to provide the data related to readmissions, increased hospitalizations, increased costs, etc. Leadership was engaged through multiple meetings and discussions regarding the benefit of care coordination to practice transformation. During this process it was also determined that many of our rural hospitals do not have EMRs that support full data analysis and that care coordination would be of benefit for ensuring data was collected.

During the planning timeframe it was also determined who would be responsible for the *team-based care*. The goal with our rural communities is to train healthcare providers already in the community setting to also take on the care coordination role, whether that be staff, medical

assistants, nurses, and/or physicians. The primary care coordinator will be responsible for ensuring team-based care is achieved and overall best care for the patient.

DO

The first component of the “doing” was curriculum development. The curriculum was developed and revised numerous times with input from partners, experienced care coordinators, and participants.

The next component of the “doing” is the actual implementation of the program. In-person began in late fall 2019 and all online sections will be designed to be self-paced. As we implement the program we will document and review any issues and unexpected findings that would require adjustment in carrying out the program.

Building Blocks

The building blocks for the “doing” component include *empanelment* and *patient-team partnerships*. As care coordinators are being educated in the philosophy and didactic background of care coordination the participants will already be interacting in a patient-team partnership. Empanelment links patients to a primary care provider which then develops into patient-team partnerships. On average in our region there are 1500 individuals to 1 primary care physician. This explains why empanelment and establishing an excellent patient-team partnership is imperative in our rural communities.

STUDY

Throughout the implementation of the care coordination program we will be “studying” the process and more importantly whether the course and session objectives are achieved. Ultimately the “study” phase allows us to reflect on whether we meet the goals of the Quadruple Aim of improving patient experiences, improving population health, improving care team well-being, and reducing costs.

Building Blocks

The building blocks that are the focus in the “study” phase include *prompt access to care*, *continuity of care*, *prompt access to care*, and *compressive care and care coordination*. Obviously, these are the paramount goals of the rural care coordination training. The “study” phase will allow us to analysis the data to determine whether we met the goals including access to appropriate care. One of the goals of care coordination is to improve access to the appropriate care level and decrease visits to emergency care, which in turn, results in lower healthcare costs. Using a care coordinator will allow for continuity of care by having a primary point of contact for our patients and providing preventative care. One of the challenges in the rural setting is providing comprehensiveness of care as the resources are more scarce than urban communities. The goal of providing care coordination in the rural communities is to ensure patients have access to the comprehensive services needed to improve the patient’s health.

ACT

This is the first implementation of the program and will most likely undergo many adaptations and changes to improve the training. The lofty goals of this program are population

management and templates for the future. This will be accomplished through multiple cohorts of the program and the full implementation of practice transformation in the rural setting.

Building Blocks

As mentioned above the long-term goals of the Care Coordination Training Program is to address the issues of *population management* and *templates for the future*. Small steps with individualized care will eventually led to population health management. “Growing our own” care coordinators in the rural areas will promote panel management (follow up with patients regarding care), health coaching (preventive care and teaching), and complex care management (chronic and co-morbid conditions). Especially in the rural community a template for the future is crucial to allow patients to access all services. One significant measure many of the rural communities are taking include e-visits, or telemedicine. We see this as a viable option to promote individual and population health in our rural settings.



Module	Objectives
Patient Centered Medical Home <ul style="list-style-type: none"> • What are the benefits of PCMH? • Quadruple Aim • 10 Building Blocks for Practice Transformation 	Obj 1: Understand the Quadruple Aim and how it applies to Practice Transformation Obj 2: Know the 10 Building Blocks Obj 3: Apply these principles for improvement in your practice
Introduction to Care Coordination <ul style="list-style-type: none"> • What is Care Coordination? Definition for the community-based model • The role of the Care Coordinator • Why Care Coordination Matters • Qualities of a good Care Coordinator 	Obj 1: Understand the community-based model of care coordination Obj 2: Learn the benefits of Care Coordination Obj 3: Identify the right qualities for a Care Coordinator Obj 4: Treating the whole person
Social Determinants of Health <ul style="list-style-type: none"> • A brief introduction to Social Determinants of Health • Barriers and gaps • Opioids 101 	Obj 1: Identify the Social Determinants of Health Obj 2: Why we need to consider SDoH for healthcare delivery Obj 3: How opioid addiction can affect motivation
Relationship Building <ul style="list-style-type: none"> • Building the relationship with the patient • Building the relationship with the provider • Teach back method • Problem solving - why we need to think outside the box • Motivational interviewing 	Obj 1: Learn the importance of patient engagement Obj 2: Utilize motivational interviewing to prepare people for change Obj 3: Understand why problem solving is important Obj 4: How to improve communication with the provider
Documentation Requirements <ul style="list-style-type: none"> • Assessing patient needs and goals • Develop a Care Plan • Risk Stratification • Medication Reconciliation • Patient Action Plan 	Obj 1: Understanding the importance of gathering the right information during the assessment Obj 2: Using SMART goals for the care plan Obj 3: Why the patient has self-management goals Obj 4: Population health management: Utilize risk stratification scores to identify patients for care management
Working with the Care Coordination Team <ul style="list-style-type: none"> • Physician and Office Staff Engagement • Change in clinic workflow • Team-based care Quality Measurement <ul style="list-style-type: none"> • Data and Quality Measurement • Utilize the EMR • Measures under the RAE - Medicaid requirements 	Obj 1: The importance of team engagement and training Obj 2: Facilitating practice change and quality improvement Obj 3: Learn the quality measures and how to track data Obj 4: Identify cost savings
Telehealth (In Development) <ul style="list-style-type: none"> • Equipment and Supplies • Best Practices • HIPAA and Patient Safety • Reimbursement 	In Development

CARES ACT FUNDING

As is well documented throughout this report COVID-19 changed the priorities for both CAHEC and our regional partners. To meet the unique needs of Colorado and the Northeastern region we applied for and received grant funding through HRSA and the Colorado AHEC Program Office to carry out CARES Act priority to prevent, prepare and respond to the pandemic. CAHEC submitted two planned components to address: telehealth and provider burnout.

The first proposal was designed to provide and support telehealth in our region and was targeted with long term care facilities, community centers, and congregate care facilities in mind. CAHEC specifically wanted to offer “educational know how” to guide others in achieving high quality healthcare for all patients, with a specific focus on reaching populations that may have suffer the effects of negative social determinants of health and geographical isolation. The original goal was to provide training, distribute telehealth devices, and provide resources. Between the time the grant was approved, and funds received the needs of the community changed from the need for telehealth devices to the need for assistance with telehealth support platforms. Additionally, the educational needs have changed from strictly telehealth to regional resources. To meet the needs of the community CAHEC created virtual learning communities that are held monthly to address regional concerns including CAHEC resources, care coordination, and the innovative support program. Planning for 2021 includes connections with the RAE and vaccination discussions.

In response to the need to provide education, training, and resources to our partners, CAHEC developed an online Resource Portal. This portal has been made available to members of the community and healthcare providers. This portal contains resources for provider burnout, COVID-19 resources, care coordination trainings, and many other.

The second component of the CARES Act funding was to address provider burnout. CAHEC had begun a project in April 2020 at the start of the pandemic to capture the stories of providers, patients, and the community about the impact of COVID-19. Our interviewees come from a wide variety of backgrounds with a special emphasis on healthcare providers. While we have a rural focus, we have also been able to engage with state and national leaders. We reached out to Nurses Organization, local healthcare educators, NEC nurse leaders, personal contacts, and AHEC regional and state contacts with an amazing level of response. Over 70 interviews have been given so far and more are coming forward to participate.

Our intent is to craft meaningful dialogues that memorialize both the mundane and heroic healthcare efforts during this pandemic. This is the time to share these stories as the needs and lessons learned from this tragic event will be realized for a long time to come.

We discuss the challenges individuals, their families, and their communities are facing both at home and at work. We ask for insight into how healthcare and education will be impacted now and as we move into the future. We listen to stories of leadership, service, compassion, and





self-care. For many these interviews have been able to provide a cathartic outlet where they can be heard.

These videos have been used to create two compilations so far that address the human connection and telehealth in the times of a pandemic. The videos have been promoted through our facebook page, youtube channel,

and website. We have also included these videos on the CAHEC Resource Portal. The compilation videos can be seen here: <https://www.youtube.com/watch?v=o-1QAemnvQY&t=56s> and https://www.youtube.com/watch?v=mfYe9_Ni2K4&t=40s.

To address provider burnout, second round interviews are being conducted to address how the providers are doing now, how their coping skills have changed, and allow them a cathartic experience to express their feelings more specifically. Additionally, in November 2020 a session was conducted with nursing students titled “Provider Burnout Chat with an Expert” and the COAHEC NEAR Lite session on Provider Burnout was widely promoted.

GRANTS AND FUNDING SOURCES

CAHEC receives funding from a variety of sources. Anschutz School of Medicine at the University of Colorado-Anschutz Medical Center in Denver (CU-AMC) is our major funder. In addition, CAHEC has received grants from the Colorado Health Institute and Telligen to support our Rural Care Coordination Training Program. Together with Veterans provided grant funds to support veteran suicide prevention and we have also received several smaller grants such as the Littler Grant to support regional needs.

In addition to grants, CAHEC receives funds by offering housing for students serving clinical rotations in Northeastern Colorado. The majority of our students are from UC-AMC with students from Red Rocks Community College, Rocky Vista, and nursing students from the University of Northern Colorado making up the remainder of our funding. Funds for this activity have continued to increase as the needs for student healthcare workers in our region increases.

Annually in July, we host the Nurse Educator's Conference in the Rockies (NEC). The conferences for 2020 was unfortunately cancelled due to COVID-19. This event hosts approximately 350 nurses throughout the country, and internationally, to further the nursing education profession. Planning is currently underway to provide a virtual NEC starting in the Spring of 2021. We expect to provide approximately 45 hours of virtual nursing contact hours, both live and pre-recorded. It is our hope we will be together in some fashion in Cooper 2021 to provide the 30th Anniversary for the Nurse Educator's Conference in the Rockies.

The final area of miscellaneous contribution encompasses private donations, refunds, and reimbursement of prior expenditures. Caring Legacy has entered into an agreement to support

CAHEC by providing facility space which is valued at almost \$60,000 annually. We appreciate the support of all our various contributors and Charity Services.

2020/2021 Grants Received		
Grantor	Project	Timing
Regional Health Connector Region 1 and 5	RHC Outreach	2020/21
Anschutz Medical Center	CARES Act – Telehealth and Provider Burnout	2020/21
Anschutz Medical Center	HRSA – Workforce Development	2020/21
Anschutz Medical Center	VCH – Workforce Development	2020/21
Anschutz Medical Center	JBBS	2020
Little Foundation	Anatomy in Clay Equipment	2019/20/21
Together with Veterans	Veterans Suicide Prevention	2019/20/21
2020/2021 Grants Not Received		
Grantor	Project	Timing
Little Foundations	Pipeline	NA
Weld Trust	Workforce	NA
Colorado Health Foundation	RHC Veteran – Suicide Prevention	NA
Grants Pending		
Grantor	Project	Status
UNC Collaborative	RISE	Submitted
United Way	Capacity Building – Marketing	Submitted
Colorado Health Foundation	Rural Stress	Due February 2021

Additional Contributors	
5280 Drug Testing	National AHEC Organization
Adamson Funeral Home and Services	National Outdoor Leadership School
American Lupus Association	Northern Arizona University
American Sentinel University	PETS Emergency Clinic
Banner Health	Phillips County, CO
Caring Legacy	Pocket Nurse
ColoradoGives.org	Poudre Valley Health
Colorado Health Foundation	RealityWorks
Colorado Health Institute	Red Rocks Community College
The Colorado Trust	Telligen
Columbine Management, Inc.	Trailhead Institute
Elsevier Health Sciences Publishers	Univ. of Colo. – Anschutz Medical Center
FA Davis Publishing	UWorld
Great Western Bank	Univ. of Colo. Colorado Springs
Hurst Review Services	Univ. of Northern Colorado
Kaplan Nursing	Univ. of St. Augustine
Laerdal Medical	Wolters Kluwer Publishing

The mission of Centennial AHEC is to address workforce shortages and health disparities in the CAHEC region, through education and collaboration.



CAHEC SUCCESSES

Centennial AHEC was involved with over 430 events and reached close to 3400 participants in all the Centennial AHEC counties July 2020 through December 2021.

CAHEC Board of Directors, Executive Director, and Staff

The CAHEC staff and board of directors promotes our mission and vision through numerous activities, committees, leadership positions, and community outreach. A few examples of outreach include:

- Marketing to promote CAHEC's programs
- Community-based and professional committees including:
 - Northeast Health Partners – Program Improvement Advisory Committee (PIAC)
 - BOCES
 - Sigma Theta Tau
 - Naloxone Champions
 - Research Consultations
 - Northern Colorado Health Sector Partnership
 - Rural Philanthropy Days
 - A Special Deputy Sheriff in Weld County
 - Elected to serve on the CDP Leadership Council for the National Area Health Education Center
 - Elected to serve as parliamentarian for the National AHEC Association

LONGER TERM PLANNING

CAHEC is looking forward too many great programs during 2020 – 2021 year. The CAHEC Board of Directors meets every other month to provide direction and leadership for CAHEC staff. On a routine basis, Board members engage with the various program within their communities with the intent of determining what is needed in the community and to provide direction for future programs. The Board identified priority focus areas including developing relationships, coordination among people and institutions, professional education, public education, and reaching diverse communities.

Additionally, CAHEC will continue to provide student and preceptor support. Through our combined efforts and focus on our core principles and mission we hope to promote innovative education programs, host a national/international conference, update our website, and increase advertising of CAHEC programs throughout the communities.

COVID-19 changed many ways business and program are run throughout the nation and CAHEC is adjusting to and embracing the challenges and new opportunities that exist during this time. CAHEC is a unique position to help our practice partners and educators bridge the gap between the needs of communities we serve.

Focus for future programs and development:

- Continuing Medical Education (CME) credits
- Substance Use Disorder/Opioid Training
- Healthcare Career Exploration for High School
- ACEP Program and Summer Camp
- AHEC Scholars
- Together with Veterans/Qualified Listeners
- Rural Peer Assistance Network
- Jail Based Behavioral Health Care and Care Coordination
- Long-Term Care Telehealth and Care Coordination
- CAHEC Resource Portal
- COVID-19 Interview Project and Provider Burnout

