

Centennial Area Health Education Center - CAHEC

ANNUAL REPORT

July 1, 2018 thru June 30, 2019



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CAHEC Staff**

September 2, 2019

Contents

ANNUAL REPORT	1
INTRODUCTION	3
Mission.....	3
Vision	3
THE CAHEC TEAM	3
Board of Directors.....	3
Staff	3
DEMOGRAPHICS	4
Counties Served and Geography	4
Detailed Demographics	5
FUNDING SOURCES.....	6
GOAL 1: DIVERSITY	6
Objective 1.1: Health Career Pipeline Programs for High School Students	6
Objective 1.2: Tracking Students in the Healthcare Pipeline	7
Objective 1.3: Pre-Health and Faculty Advisors Training.....	7
Objective 1.4: AHEC Scholars Program.....	7
GOAL 2: DISTRIBUTION.....	8
Objective 2.1: Community Based Education	8
Objective 2.2: Field Placement.....	9
Objective 2.3: Interprofessional Education	10
Objective 2.4: Continuing Education	10
GOAL 3: PRACTICE TRANSFORMATION.....	11
Objective 3.1: Active Planning and Participation.....	11
Objective 3.2: Patient-Centered and Community Health	11
Objective 3.3: Improving Quality	13
CAHEC SUCCESSES	16
FUTURE PLANNING	17
APPENDIX I.....	19
Board of Directors.....	19
APPENDIX II.....	21
CAHEC Staff.....	21
APPENDIX III.....	22
Funding Sources	22
APPENDIX IV	23
Health Profession Student Support	23
APPENDIX V	25
Care Coordination Curriculum	25

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 (5) 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 business people and leaders in the region. We have an eleven-member board with nine positions filled. (Appendix I)

Staff

Monica Mika serves as the Executive Director and believes in the formation of strong teams. We are a small staff and many tasks are shared by each staff person. Savanna Martinez is our bookkeeper and Lynnette Leiker is our Office Coordinator. Nancy Schumacher coordinates student housing, service-learning projects, and works on professional development opportunities with the help of Carissa Schumacher and Evelyn Rincon. David Cessna, Program Coordinator, plans programs and carries out HRSA activities. Becka Armstrong served as the AmeriCorps member of our team and added expertise with opioid awareness education. Steve Leiker supports our entire team in the IT department. Sheryl Trent was contracted to as the Nurse Educator Conference Planner.

We hosted Regional Health Connectors (RHC) for our eleven (11) counties and Cheyenne county. Kim Fairley joined our team as the RHC and serves Elbert, Lincoln, Kit Carson and Cheyenne counties. Jeff Appleman was in the RHC role until October 2018 and Erika Greenberg joined the team as the new RHC in December 2018. This RHC role serves the counties in the northeast region. Stacy Syphers carried a unique role with the team serving as our Veteran RHC. (Appendix II)



2018-2019 CAHEC Staff

(missing Savanna Martinez, Jeff Appleman, Evelyn Rincon, Steve Leiker, Sheryl Trent)

DEMOGRAPHICS

Counties Served and Geography

Centennial Area Health Center covers an eleven (11) 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.



Detailed Demographics

	Kit Carson	Elbert	Larimer	Lincoln	Logan	Morgan	Phillips	Sedgwick	Washington	Yuma	Weld
Population #	7163	26,282	350,518	5610	21,528	28,159	4286	2303	4909	10,020	314,305
Economy (Median Household Income)	\$45,881	\$92,849	\$64,980	\$44,725	\$44,876	\$51,456	\$50,076	\$49,583	\$51,458	\$44,668	\$66,489
Poverty %	11.6%	4.9%	11%	17.6%	15.8%	11.7%	10.9%	15.5%	12.9%	13%	9.4%
Age Distribution											
<5 y/o	6.4%	4.7%	5.1%	5.4%	5.3%	7.4%	6.7%	5.2%	5.9%	7.4%	7.3%
<18 y/o	25.4%	21.8%	19.6%	20.2%	18.6%	26%	24.6%	20.4%	22.6%	27%	26.2%
>65 y/o	19.3%	16.4%	15.7%	17.6%	17.8%	15.5%	22.5%	26.2%	20.7%	18.5%	12.2%
Gender											
Female %	50%	49.5%	50.1%	41.6%	44.1%	49.5%	50.7%	50.6%	48%	50.2%	49.6%
Racial/Ethnic Makeup											
White Alone %	95.3%	94.4%	92.7%	89.7%	91.7%	91.6%	96.3%	94.0%	96.2%	96.6%	92.9%
Black/African American %	0.8%	1.4%	1.2%	5.6%	3.8%	3.8%	1.0%	1.0%	1.2%	0.6%	1.5%
American Indian/Alaska Native %	1.2%	0.8%	1.0%	1.5%	1.7%	1.9%	1.0%	1.2%	0.4%	0.9%	1.6%
Hispanic/Latino %	19.0%	7.2%	11.7%	14.1%	16.3%	36.3%	20.6%	16.7%	10.5%	23.9%	29.6%
Veterans #	562	2292	20,277	355	1622	1359	342	202	311	597	16,122
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/> - 2018 estimates

FUNDING SOURCES

CAHEC receives funding from a variety of sources. Our fiscal year runs from July 1st through June 30th. The largest single portion of funding comes from the Trailhead Institute (formerly Colorado Foundation for Public Health and the Environment) who entered a partnership with the Colorado Health Institute to support the Regional Health Connector (RHC) grant, together the two entities provided over \$230,000 in support of this grant. Anschutz School of Medicine at the University of Colorado Anschutz Medical Center in Denver (UCD-AMC) was our second major funder. In addition, this calendar year, CAHEC has received grants from the Colorado Health Institute and Telligen to support our Rural Care Coordination program and several smaller grants such as the College of Rheumatology Lupus 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 UCD-AMC with students from Red Rocks Community College, Rocky Vista, Regis 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) in Vail Colorado. The conferences for 2020 and 2021 will be held at the Copper Mountain Resorts. This event hosts approximately 400 nurses throughout the country, and internationally, to further the nursing education profession.

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 contributors. (Appendix III)

GOAL 1: DIVERSITY

Objective 1.1: Health Career Pipeline Programs for High School Students

AHEC Careers Exploration Program (ACEP)

In 2018 – 2019 the AHEC Careers Exploration Program (ACEP) contributed to approximately 10 students completing the curriculum at Yuma High School in Yuma, Colorado. Both Jeff Appleman and David Cessna were responsible for the success of both recruitment, implementation, and completion of this program.

Nurse Exploration Day and Veterinarian Exploration Day

In October 2018, CAHEC hosted a Nurse Exploration Day to educate high school students about the nursing profession. CAHEC collaborated with the University of Northern Colorado (UNC) to host this event on their campus, and provide the students an opportunity to learn how to apply for college, financial aid, and the various types of nursing pathways and careers. In addition, students learned which classes would help them prepare for the nursing program while still in high school. Students experienced hands-on learning activities and working with simulation lab equipment.

In January 2018 CAHEC hosted a Veterinarian Exploration Day to educate high school students about the veterinarian profession, including veterinarians and veterinary technicians. Students were able to participate in hands-on learning opportunities to learn techniques for animal handling and basic healthcare for animals.

Getting into the Guts of Medical Careers

David Cessna participated with the Northern Colorado Health Sector Partnership to provide middle school students with a half day experience related to exploration of medical careers. Students were able to tour the hospitals and clinics and learn about healthcare career pathways. Approximately 80 students participated and 10 industry partners were engaged.

Youth Directed Opioid Awareness

Becka Armstrong was able to conduct 163 youth-focused opioid education events. Through this Becka was able to reach more than 1400 participants and branched out to 13 schools throughout our region.

Additional Involvement

- Career Fairs
- Summer Camp at Anschutz Medical Center

Objective 1.2: Tracking Students in the Healthcare Pipeline

All connections with students in the career pipeline program and educational programs are documented within Salesforce. Detailed report program summary available upon request.

Objective 1.3: Pre-Health and Faculty Advisors Training

David Cessna held ongoing discussions with high school advisors at Calechi High School in Sterling, BOCES, and Estes Park High School. David worked one-on-one with high school and college students to enhance resume and interviewing skills. In addition, he provided faculty and advisors with detailed information related to health education professions and resources within the community.

Erika Greenberg who was hired as the RHC for the northeastern region will be transitioning her role to Health Educator in July 2019 and attended the Annual Advisor Training at UCD-AMC in June 2019. This training will provide knowledgeable input to our educational partners and provide framework for continuing and new programs. Additionally, this training provides CAHEC the ability to fine tune programs offered to match HRSA goals and outcomes.

Objective 1.4: AHEC Scholars Program

CAHEC has numerous schools and programs within the region to recruit for the ACEP Scholars Program, including Front Range Community College, Aims Community College, IBMC, University of Northern Colorado, Fort Morgan Community College, and Northeastern Junior College. We were the first AHEC region to identify a cohort and have students register for the AHEC Scholars program. We currently have four students in-progress for cohort 1.

Additionally, as this program was being developed, RHCs within the state were asked to write components of the curriculum. Our CAHEC RHCs, Kim Fairley and Jeff Appleman, wrote and

developed the curriculum for the Practice Transformation modules which included modules related to:

- Introduction to Practice Transformation
- Quality Improvement
- Population Management
- Patient-Family Centered Care
- Team Approach to Care
- Integrated Care
- Coordinated Care
- Access to Care
- Patient Self-Management Support
- Leadership Skills
- Personal Clinician

GOAL 2: DISTRIBUTION

Objective 2.1: Community Based Education

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 are able to share their expertise about diagnosis, treatment, and management of diabetes. Webinars are hosted at The Bridge at Greeley in February, April, August, and November.

Opioid Education

CAHEC was able to acquire an AmeriCorps member, Becka Armstrong, to work with the Community Opioid Response Program throughout the northeastern region. She coordinated and facilitated community education events around safe storage and disposal of medications and opioid-related educational programming and resources. Becka also disseminated opioid messaging campaigns and initiated support and enhanced community collaborations. In addition, Becka facilitated provider education and naloxone trainings.

Additional HRSA funding was received to focus on opioid education in our region. With this additional funding numerous outreach events occurred including:

- Opioid Awareness Day activities August 31, 2018 at Lincoln Park in Greeley.
- *Beautiful Boy* signature author series in collaboration with High Plains Library District November 4, 2018. CAHEC provided a booth with opioid education information.
- Reducing Harm: Conversations About Substance Use June 28, 2019 at Riverside Library in Evans. CAHEC was able to sponsor lunch for approximately 150 attendees.

Opioid Use Disorder – Community Health Worker Training

Colorado AHEC's Opioid Use Disorder – Community Health Worker Training was promoted throughout the region during HTP meetings, opioid awareness events, and to multiple community partners. This training is designed for anyone wanting to improve health in their community, it is approximately an 8 hour online free self-paced program.

Veteran Suicide Awareness and Together with Veterans

In collaboration with the Colorado Health Institute (CHI) and the Colorado State Innovation Model (SIM) Stacy Syphers joined the CAHEC team in October 2018 as the Veteran Health Connector (VHC). This position was charged with addressing suicide prevention among the veterans in our rural communities. Between December 2018 and June 2019 Stacy was working with the community of Morgan county to identify challenges, resources, and opportunities to help prevent veteran suicides. Stacy was also involved 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. Together with Veterans is a five (5) phase process and Stacy has assisted Morgan county on completing the first two (2) phases.

Mini Medical School

In fall 2018 Mini Med was presented to the community at Glenn A. Jones, MD Memorial Library in Johnstown, Colorado. Although we had a few participants for each session, we determined Wednesday evenings was not an ideal time for our communities. We look forward to exploring the possibility of being able to have the pre-recorded sessions posted on our CAHEC website and/or on the High Plains Library websites to reach a broader audience.

Community Service Education Projects

The University of Colorado Anschutz Medical Campus health professions students help address real community needs through participation in Community Service Education Projects. CAHEC assists health profession students identify suitable community service including: ACEP guest lecturing, cadaver laboratory education, community engagement, health fairs, and summer camp education.

Objective 2.2: Field Placement

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.

As of June 30, 2019, there were approximately 250 separate rotations conducted throughout CAHEC's eight (8) of CAHEC's eleven (11) county region at sites such as; Ft. Morgan, Ft. Collins, Yuma Hospital, Wray Hospital, Fort Collins, and North Colorado Medical Center. Housing was provided for CU School of Medicine (SOM), Physician Assistant Departments, Schools of Nursing, Dental Medicine, Physical Therapy, and Pharmacy as well as health

profession students from Rocky Vista, Regis University, and Red Rocks Community College. These students were provided local housing at host homes near their rotation sites. (Appendix IV)

Objective 2.3: Interprofessional Education

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.

Additionally, students participating in the AHEC Scholars program participate in a 3-hour Interprofessional Education Training module to illustrate the effects of teamwork and communication on care providers, patients, and their support networks. Students are able to reflect on how strategies for interprofessional collaboration and practice can be adapted to facilitate quality, patient-centered care.

Objective 2.4: Continuing Education

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 hosted over 350 nurses throughout the country, and internationally, to further the nursing education profession. The theme for the 2018 NEC was *Innovation and Inspiration* and was held July 11 – 13, 2018 with pre-conference events on July 9th and 10th. The conference was held at Vail Marriot Resorts in Vail, Colorado.

Planning for the 2019 conference has been ongoing throughout the year. The 2019 theme is *Learning from The Past Looking Toward the Future*. The keynote speaker will be Jean Watson, PhD. The conference will be held July 8 – July 11, 2019 at Vail Marriott Resorts again.

Extension for Community Health Outcomes (ECHO) Promotion

The goal of ECHO Colorado is to offer health education programs throughout the state using learning series through online technology. ECHO series have been promoted throughout our region during HTP meetings, community events, and with the health profession students. Additionally, our region completed one situational awareness document addressing community health needs in our region. We plan to submit another situational awareness document in October 2019.

Lupus Education

In the summer of 2018 in collaboration with the Lupus Initiative and the American College of Rheumatology, CAHEC organized a four-hour educational program at Northeastern Junior College with approximately 20 medical professionals to discuss latest trends, best practices, and early diagnosis of Lupus. The discussions were facilitated by Dr. Jeffrey Bacon, Chief Medical Director at Sterling Regional Medical Center and Kim Ewertz, Morgan Community College Faculty. The keynote speaker was Dr. Daniel Muller, Rheumatologist. CAHEC was able to facilitate CME credits to be awarded through American Academy of Family Physicians.

Narcan Training and Naloxone Champions

Additional funding from the HRSA supplemental grant was used to support trainings throughout the region to law enforcement and emergency medical services. The grant allowed CAHEC to pay for Narcan supplies to be provided to law enforcement. Kim Fairley coordinated and facilitated provider education events around safe prescribing practices and Narcan training. These funds also allowed opioid education to be incorporated into the Care Coordination curriculum. Kim continues to provide outreach and support for opioid education.

Additionally, CAHEC supported numerous bills passed through the Colorado legislature including bills related to harm reduction, prevention, treatment, criminal justice, recovery, MAT expansion, and electronic prescribing.

GOAL 3: PRACTICE TRANSFORMATION

Objective 3.1: Active Planning and Participation

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.

Monica Mika, CAHEC Executive Director was actively involved with the Colorado Health Extension System (CHES), which convenes numerous Practice Transformation Organizations across the state. The RHCs played an active role in planning and participation in the Hospital Transformation Program (HTP) with hospitals and clinics in our region.

One primary need identified throughout the entire region is the need for more integrated mental health care. The Regional Health Connectors served as liaisons between behavioral health and primary health physicians. The integration between both disciplines will help save money and improve population health by addressing any underlining behavioral health issues that are causing an interruption in the management of other physical health issues.

Activities to address Practice Transformation:

- Participation in HTP Meetings
- Mental Health First Aid to rural clinics and the community
- Care Coordination training for rural clinic staff
- SIM Engagement
- Prescription Drug Abuse Awareness for providers
- Behavioral Health Integration

Objective 3.2: Patient-Centered and Community Health

Practice Transformation efforts for clinics in Colorado have been supported by initiatives like State Innovation Model (SIM), EvidenceNow Southwest, (ENSW), and by Regional Health Connectors. The Regional Health Connector positions during this reporting cycle included Jeff Appleman and Erika Greenberg for Region 1 and Kim Fairley for Region 5 (including Cheyenne

county). The RHC's developed plans to address population health goals and identified strategies and implementation measures to meet the goal. The goals were developed with analysis of community data from hospitals and clinics, the local health department, county health rankings, community health needs assessment, and anecdotal data.

Region 1 Population Health Goals

Counties: Morgan, Logan, Sedgwick, Phillips, Washington, and Yuma

Access to Care

The Access to Care project was developed based off of the original roadmap that identified a need to address continual healthcare access for the high-risk patients, especially with chronic conditions and comorbidities. The goal was to develop a training program to educate current clinic/hospital staff on the components of care coordination. The training has been designed to reach as many clinicians as possible throughout the region by implementing various face to face meetings and online modules. The online platform has been completed for the care coordination training and teachings will be implemented in beginning fall 2019.

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 five 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.

Mental health training and Prescription drug abuse awareness

Project 3 was focused on mental health training and prescription drug abuse awareness. The goal of the project was to coordinate two community Mental Health First Aid training events, disseminate educational materials about mental health, and help install a prescription drop box in each county. This project had significant importance in all counties in region 1 as mental health care was identified as large gap in all Community Health Needs Assessments. One of the significant achievements within this project occurred in August 2018 when 16 nurses and 8 community members in Phillips County participated in Mental Health First Aid training coordinated through the RHC and Centennial Mental Health. Another positive is that at least one prescription drop box has been placed in each county in region 1. Additionally, in November 2018 opioid awareness training was coordinated with healthcare providers in Sterling.

Region 5 Population Health Goals

Counties: Elbert, Lincoln, Kit Carson, and Cheyenne

Care Coordination pilot in the rural setting

The clinics in rural and frontier eastern Colorado are behind the urban communities and have not fully embraced 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. 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 trainer will travel to each site in the region for in-person training, which is

about a quarter of the training. The training materials are accessible in Canvas, a content management system and is free to the clinics.

Opioid abuse awareness and prevention

This project was to bring awareness to the opioid crisis in the region where we know one of the greatest challenges is the stigma surrounding substance use disorder (SUD) and mental health. One goal was to provide Narcan training to the law enforcement officers in the region. With the original state 'Narcan for Life' grant, the rural communities in eastern Colorado had not received training and Narcan kits. The goal is to also bring awareness to the communities about safe disposal of prescription drugs, and the risks of keeping them in your home. Three Narcan trainings for law enforcement were facilitated and organizations have been supplied with Narcan kits.

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 10 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.

Objective 3.3: Improving Quality

As the RHC program was designed to conclude in July 2019 and with the support of the CAHEC Board and funding from Telligen and the Colorado Health Foundation we are able to continue the work of the RHC in our region. The priority of the RHC is to develop and implement Care Coordination training for our rural partners with the primary goal of improving quality of care for patients in the rural communities.

The Care Coordination training 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, although this project is still in progress the outline of this program clearly follows best practices.

The Care Coordination training 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 (Appendix V):

- Patient Centered Medical Home
- Introduction to Care Coordination
- Social Determinants of Health
- Relationship Building
- Documentation Requirements

- Working with the Care Coordination Team
- Quality Measurement

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 trainings will be scheduled for 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 will be 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 is to address the issues of *population management* and *templates for the future*. Small steps with individualized care will eventually lead 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.

CAHEC SUCCESSES

For this calendar year, we were involved with over 200 events and reached over 8,000 participants in all the Centennial AHEC counties.

Nightingale

This year's Nightingale "event" took on a different focus with a goal of awarding the recipient where they work and celebrate with their colleagues. We were proud to have six extraordinary nurses out of approximately 30 nominations submitted to the state level award ceremony. We are extremely proud to have Jessica Skomp from Melissa Memorial Hospital in Holyoke awarded with the state Nightingale award.



Jessica Skomp receiving regional Nightingale award with family and colleagues present. CAHEC Board of Directors Members Lola Fehr and Trampas Hutches were present.

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:

- CAHEC was instrumental in setting up the reporting system to validate the data needed to support this tax credit. The Executive Director provided direction and leadership for the bill. This bill was presented in the 2018 Legislative session with the intent to develop a financial incentive for preceptors in Colorado. The bill was passed, for an extension of funding.
- Approximately 10 health related articles to local newspapers throughout our region.
- An electronic newsletter every other month with current programs and newest health related educational information.
- Open house events 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
 - North Range Behavioral Health Board of Directors
 - Northern Colorado Health Sector Partnership
 - Co-chairperson for the Interim NE Rural Philanthropy Days
 - The Governor's Private Activity Bond Board and attended meetings representing rural areas

- The Board of Directors of the Greeley Grief Center
- A Special Deputy Sheriff in Weld County
- Elected to serve on the CDP Leadership Council for the National Area Health Education Center

FUTURE PLANNING

CAHEC is looking forward too many great programs during 2019 – 2020 year. In January 2019, the CAHEC board met for an annual retreat. In addition to having a great deal of fun the Board reaffirmed its commitment to the fundamentals of rural and underserved education and encouraged and challenged the staff to continue to seek out opportunities to reach further into the CAHEC region and continue to develop and strengthen partnerships. The board provided 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.

Mini Medical School

CAHEC is looking forward to using the pre-recorded sessions from the Wednesday “live” events to promote involvement of our numerous long-term care centers in our region. We are also in discussion with the High Plains Library District to add a link to the pre-recorded session to the website. We have found over time that the “live” sessions are not meeting the availability of our region. Pre-recorded sessions available at scheduled or on-demand will allow the community to benefit from this program.

Anatomy in Clay®

With the acquisition of six (6) human manikins through Colorado AHEC we hope to promote this program in numerous areas including both in the high school arena and in the professional arena. One staff member, Erika Greenberg, will attend certification training to provide educational session on Anatomy in Clay. We have already had interest in this program from our regional high schools and workforce development groups. Additionally, we hope to eventually acquire a horse and cat manikin that we can utilize for our Veterinarian Exploration Day.

True Colors®

Monica Mika, CAHEC Executive Director, has been trained and has the designation of a Certified True Colors Facilitator. True Colors is a personality awareness program that can be utilized for adolescents and adults in both healthcare and educational settings. CAHEC sees this as be a very beneficial program to offer our region to enhance healthcare and educational environments including high school “pre-med” programs and care coordination.

Care Coordination Training

The Care Coordination training program began during the time the Regional Health Connectors were working in collaboration of our local CAHEC office. Practice Transformation and the Hospital Transformation Program identified care management as a significant need in all our regions. A Care Coordination training curriculum was developed by Kim Fairley with the goal of implementation in fall 2019. CAHEC hopes to see this curriculum implemented in numerous

regional areas and encourage staff, nurses, and healthcare providers to participate in this training.

Additional Planning:

- Nurse Educator Conference in the Rockies – *Learning from The Past Looking Toward the Future*
- Continuing Medical Education (CME) credits
- AmeriCorps and Opioid Training
- Healthcare Career Exploration for High School
- ACEP Program and Summer Camp
- AHEC Scholars
- Together with Veterans

APPENDIX I

Board of Directors

Position/Credentials	Work Address	Home Address
Don Enninga, BS, EMT-1 President, Board of Directors	Morgan Community College EMS Education 920 Barlow Road Fort Morgan, CO 80701 don.enninga@morgancc.edu	13096 County Road 19 Fort Morgan, CO 80701 (970) 768-5599 denninga@kci.net
Mark Johnson, BS, EMT-P Vice President, Board of Directors	Front Range Community College EMS Program Director (Boulder) 2121 Miller Drive Longmont, CO 80501 (303) 678-3813 Mark.johnson@frontrange.edu	2007 26 th Avenue Greeley, CO 80634 (970) 339-9245
Audrey Snyder, PhD, RN, ACNE-BC Secretary, Board of Directors	University of Northern Colorado Nursing Professor 501 20 th Street Greeley, CO 80631 (970) 351-2202 Audrey.snyder@unco.edu	(540) 718-5779
Marc Ringel, MD Medical Director, Board of Directors	2726 West 11 th Street Road Greeley, CO 80634	(970) 431-2919 Marc.ringel1@gmail.com
Lola Fehr, MS, RN, EMT-P Member, Board of Directors	2105 Clubhouse Drive, Suite A Greeley, CO 80634 (970) 330-3608	4902 W. 29th St. Unit 8C Greeley, CO 80634 970-352-3347 (c) lolafehr@comcast.net
Trampas D. Hutches Member, Board of Directors	Melissa Memorial Hospital President/CEO 1001 East Johnson Street Holyoke, CO 80734 Trampas.hutches@bannerhealth.com	204 South Worley Holyoke, CO 80734 (303) 249-2247
Susan Meyer, MHA, BSPA, BSRT-R Member, Board of Directors	Morgan Community College Radiology Program Director 920 Barlow Road Fort Morgan, CO 80701 (970) 542-3100	1501 East 8th Avenue Fort Morgan, CO 80701 (920) 304-6212 Susie_meyer@hotmail.com
Shauna Richardson Member, Board of Directors	Kit Carson County Memorial Hospital Medical Staff Office Coordinator 286 16 th Street Burlington, CO 80807 (719) 346-5311	16924 Highway 385 Burlington, CO 80807 (719) 340-0166 Srpinklady38@outlook.com
Michele Siem, BSN, MS, RN	Platte Valley Medical Center Director of Clinical Nursing	514 Kathryn Ct, Platteville, CO 80651

Member, Board of Directors	1600 Prairie Center Parkway Brighton, CO 80601 (303) 498-1600 Michele.siem@sclhs.net	(970) 381-2684
Brenda Tousey, DPN, CNS, ACCNS- AG, AGCNS-BC, CCRN, CLNC, RN Member, Board of Directors	2105 Clubhouse Drive, Suite A Greeley, CO 80634 (970) 330-3608	

APPENDIX II

CAHEC Staff

<u>Name</u>	<u>Major Responsibilities</u>
Monica Daniels-Mike, BA, MRCP, MS Executive Director	Leadership Administration Planning Board Development Community Networking
Jeff Appleman, MS Regional Health Connector (Region 1)	Community health connections
Becka Armstrong Americorp	Opioid Awareness and Education
David Cessna, M.Ed Program Coordinator	Programming Service-Learning Projects (HRSA)
Kim Fairley, BS Regional Health Connector (Region 5)	Community health connections
Erika Greenberg, MSN, RN Regional Health Connector (Region 1)	Community health connections
Lynnette Leiker Office Coordinator	Office Support and organization
Steve Leiker IT Specialist	IT Specialist
Savanna Martinez Bookkeeper	Financial and administrative support Grant and contract administration
Evelyn Rincon, CNA, EMT Office Assistant	Office Support
Carissa Schumacher, CNA Administrative and Housing Assistant	Office and housing support
Nancy Schumacher Student Liaison and Educator	Student Liaison and Housing Coordinator Assistant Administration Leader
Stacy Syphers Veteran Health Connector	Community health connections for veterans and coordination of <i>Together With Veterans</i>
Sheryl Trent Planner	Nurse Educator Conference Event Planner

APPENDIX III

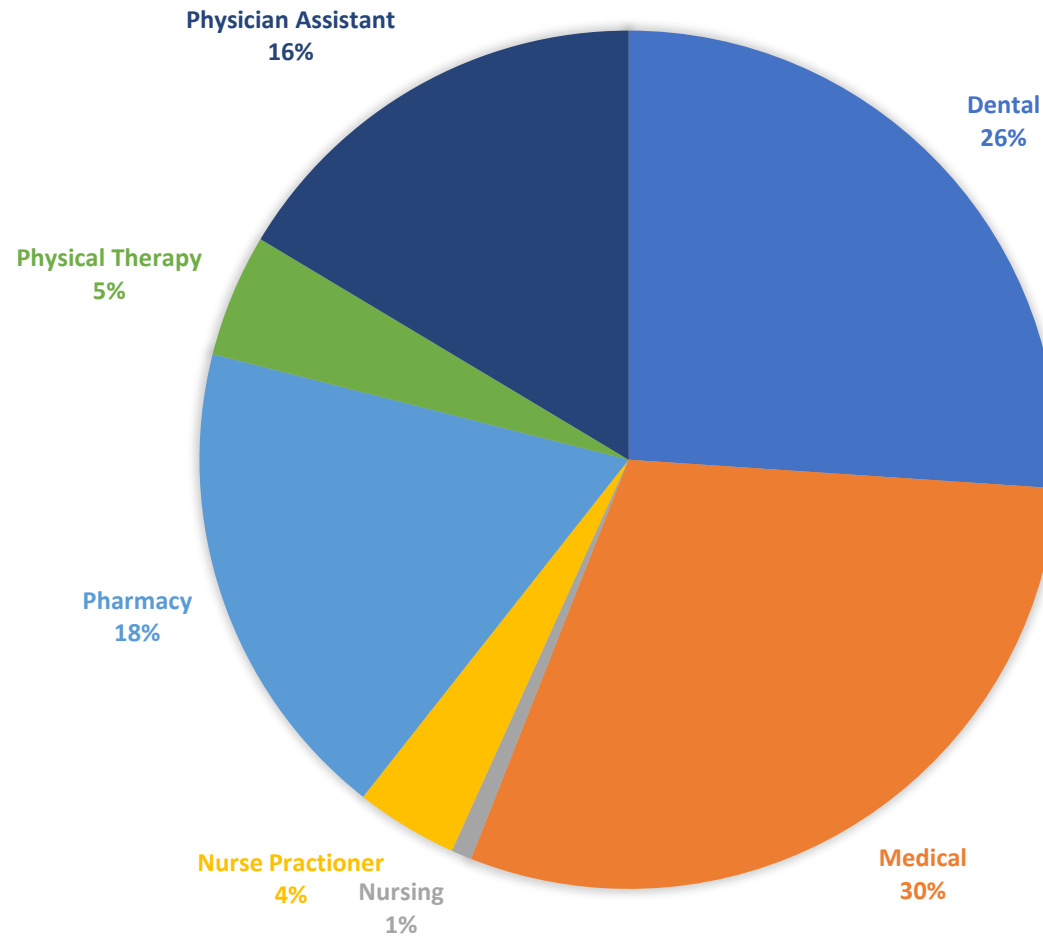
Funding Sources

Contributor Name	
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

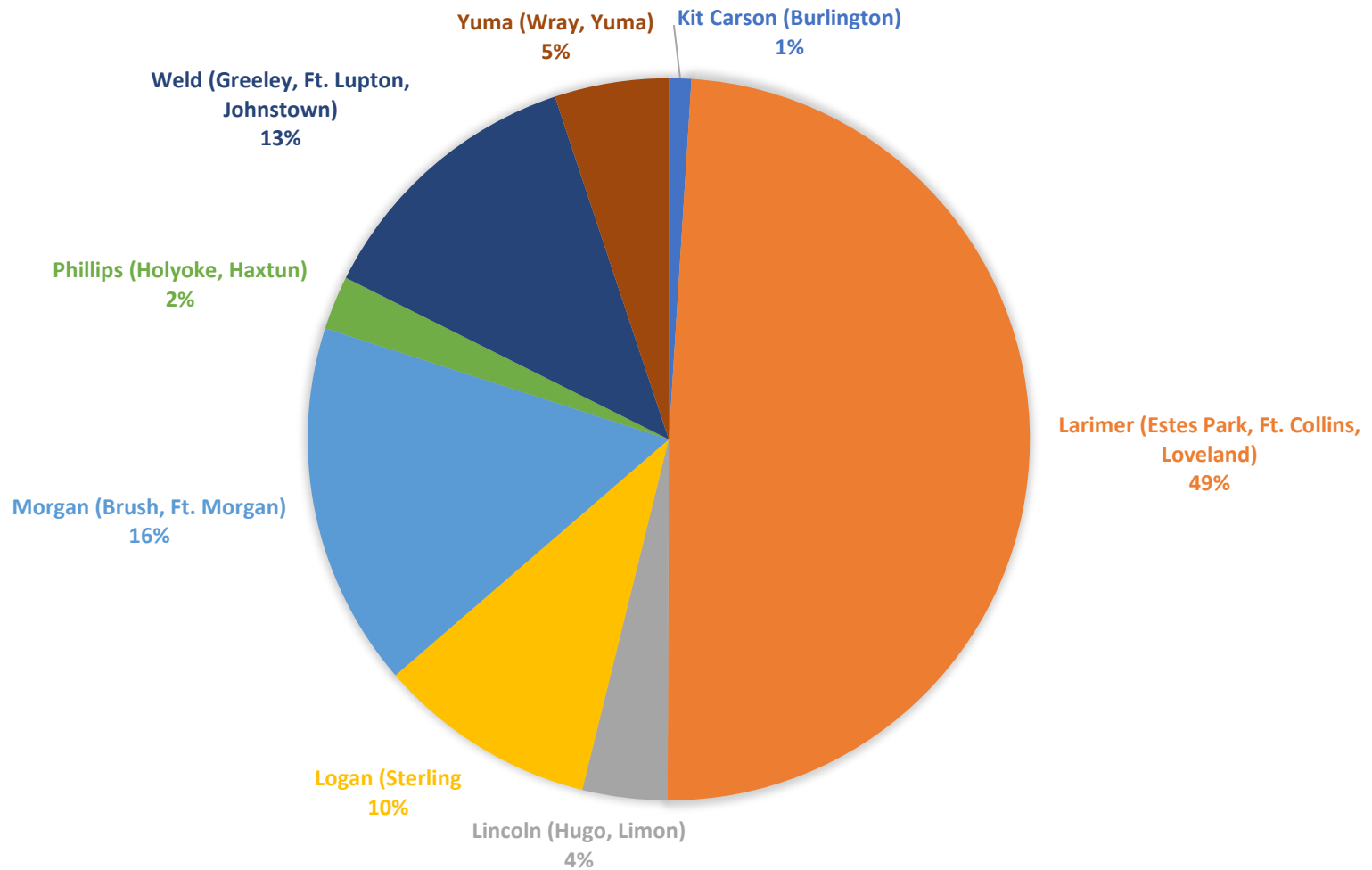
APPENDIX IV

Health Profession Student Support

APPROXIMATE PERCENTAGE PER DISCIPLINE



APPROXIMATE ROTATION BY COUNTY



APPENDIX V

Care Coordination Curriculum

Module	Objectives	Method	Timeframe
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	In Person	2.5
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	In Person	2.5
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	In Person and Online	3
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	In Person and Online	3
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	In Person and Online	4
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	In Person	5