



**Centennial Area Health Education Center - CAHEC**

## **SEMI-ANNUAL REPORT**

**July 1, 2019 thru December 31, 2019**

**Prepared By:  
CAHEC Staff**



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## 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 businesspeople and leaders in the region. We have an eleven-member board with nine positions filled.



#### **Don Enninga**

BS, EMT-1  
President,  
Board of Directors

#### **Mark Johnson**

BS, EMT-P  
Vice President,  
Board of Directors

#### **Marc Ringel**

MD  
Medical Director,  
Board of Directors

#### **Lola Fehr**

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

#### **Bruce Cooper**

MD, MSPH  
Member,  
Board of Directors

#### **Susan Meyer**

MHA, BSPA, BSRT-R  
Member,  
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

### **Becka Armstrong**

Americorp  
Opioid Awareness and Education

### **Kim Fairley, BS**

Regional Health Connector  
Community Health Connections

### **Lynnette Leiker**

Office Coordinator  
Office Support and Organization

### **Savanna Martinez**

Bookkeeper  
Financial and Administrative Support

### **Stacy Syphers**

Veteran Health Connector  
Community Health Connections for Veterans  
and Coordination of *Together With Veterans*

### **Carissa Schumacher, CNA**

Housing Administrator  
Office and Housing Support

### **David Cessna, M.Ed**

Health Education  
ACEP Programming

### **Erika Greenberg, MSN, RN**

Health Educator  
Professional and Community Health Education

### **Steve Leiker**

IT Specialist  
IT Support

### **Evelyn Rincon, CNA, EMT**

Administrative Assistant  
Office Support

### **Nancy Schumacher**

Student Coordinator  
Student Liaison and Housing Coordinator  
Assistant Administration Leader

### **Sheryl Trent**

Planner  
Nurse Educator Conference Event Planner



## 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 km<sup>2</sup> 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

## DIVERSITY



### Health Career Pipeline Programs for High School Students (1.1)

#### **2019 AHEC Careers Exploration Program (ACEP) Camp**

Centennial AHEC supported eight (8) students to attend the ACEP summer camp at CU Boulder and Anschutz campuses in July 2019. Students from Wiggins and Greeley attended the weeklong camp with goal of increasing health profession careers. Students participated in:

- Animal Organ Dissection
- Cadaver Lab Experience
- Team Building
- Mentoring from Health Profession Students
- UCHHealth Hospital Visits



This camp was a HRSA funded activity through COAHEC and CU Anschutz Medical Center. A great success we had with this summer camp included the inclusion of two (2) students from Wiggins who both work on farms and have a great deal of animal knowledge, but with this camp they were able to translate their knowledge to the human form. Additionally, the medical language skills developed while at the camp benefited all the students in their preparation for a career in the medical field.

A challenge with the summer camp was recruiting from the rural region. Summer is a difficult time for students to be away when many of our rural students work on farms and ranches throughout the summer. Having confirmed dates for the summer camp earlier in the year will ensure students can plan well in advance for their summer planning. We are excited to begin recruiting for July 2020.

## CAHEC Healthcare Education Program

In August 2019, CAHEC began working with Fort Lupton High School to provide opportunities for disadvantaged and underserved students who have expressed an interest in health care. An eight (8) month curriculum was developed that will provide these students with hands-on



experiences, unique learning opportunities, and engagement with health professionals. Components of ACEP will be included throughout this curriculum with the goal of recruiting students to apply to participate in the Summer AHEC Camp in July 2020.

The curriculum includes:

- Veterinarian Exploration Day
- True Colors®
- Anatomy in Clay® – Understanding the Brain
- Virtual Reality
- Substance Abuse Education
- Hospital Tour and Health Profession Panel
- Transplantation Science
- Mental Health First Aid and First Aid/CPR Training



The success we have had to this point with the education program is engagement with these students and providing them alternative methods to learning material. For example, the True Colors® activities taught the students about their personalities using interactive methods and the following month anatomy of the brain using Anatomy in Clay® explained more about brain development. Using these different methods allowed the students to learn the impact the students' personalities and brain effect their learning. Challenges with this program are really related to implementing the activities and reaching the needs of this population of students.

## 2020 AHEC Careers Exploration Program (ACEP)

The AHEC Career Exploration Program (ACEP) is a high school health career exploration program that combines several historically successful programs to implement health care career exploration activities. Students who complete the ACEP curriculum are eligible to apply for a week-long summer camp at CU Boulder and CU Anschutz Medical Center.

Students have been recruited through University High School in Greeley to participate in the ACEP curriculum and apply for the 2020 summer camp. CAHEC is working closely with the science department at University High School to create a health explorers club to begin in January 2020 which will include numerous activities to expose students to health career professions. This year's curriculum will include a personal statement, financial aid, health care careers, and service learning.



## Tracking Students in the Healthcare Pipeline (1.2)

All connections with students in the career pipeline program and educational programs are documented within Salesforce. Approximately 8 programs reaching 116 high school students have been completed between July 2019 and December 2019.

## Pre-Health and Faculty Advisors Training (1.3)

CAHEC will promote Advisor's Day Wednesday June 17, 2020 to regional high school and college advisors via email, flyers, and website.

## 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 began recruiting for the second cohort of the AHEC Scholars Program in August 2019 to numerous schools and programs within the region. As of November 2019, twelve (12) students from Northeastern Junior College (NJC) and University of Northern Colorado (UNC) enrolled; students are majority nursing students with one public health student. All students are enrolled in path one of the AHEC Scholar Program.

Strengths of the Program include the ability of the students to progress through the program in a self-paced manner. It is also beneficial for our rural students to participate in the distance learning (webinars, zoom, etc) as they do not have access to events in the Denver Metro area.

Barriers and challenges encountered with the AHEC Scholar Program include explaining the benefit of the Program to future employers. With large health systems we have struggled getting to the "right" people to let them know about the program and what it will mean when it is seen on an application. As many applications run through a large database rather than the typical resume it is difficult to capture the extra knowledge students have gained through AHEC Scholar.

Looking toward the future it is the hope of CAHEC to reach more health occupation programs including public health, physical therapy, and surgical technology. Additionally, with new funding the below incentive plan was developed to recruit, retain, and increase completion.

Tentative Incentive Plan (based on new funding)		
Content Topic(s)	Required Hours for Incentive (approximately 75% of modules)	Incentive (Gift Card)
Practice Transformation and Behavioral Health Integration	20 hours	\$10
Interprofessional Education	8 hours	\$10
Social Determinants of Health and Cultural Competency	18 hours	\$10
Emerging Health Topics	15 hours	\$10
First Year Experiential Hours	30 hours	\$10
Second Year Experiential Hours	30 hours	\$10
Completion of Program	80 hours didactic 80 hours clinical	Gift Package (\$30): Certificate, AHEC Scholars Pin, Bag, Water Bottle, etc.

## 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. Webinars are hosted at The Bridge at Greeley. In October 2019 we had 6 attendees learn about Sleep Hygiene and Diabetes. Planning for the 2020 sessions are in-progress with content areas related to insurance, meal planning, stress/depression, dental health, and/or pre-diabetes/prevention.

#### Mini Medical School



CAHEC was able to distribute the pre-recorded sessions from the Wednesday “live” events to promote involvement many individuals within the region. CAHEC promoted the pre-recorded session to all board members, employees, AHEC Scholars, and health profession students. In future planning we would like to work to be able to links on the CAHEC website and the High Plains Library District website.

#### Anatomy in Clay®

With the acquisition of six (6) human manikins through Colorado AHEC has been engaged in teaching individualized lessons. A curriculum was developed related *Understanding the Brain* that was implemented for the Fort Lupton High School students. This lesson explored brain anatomy and how the brain affects learning and personality. Additionally, the human manikins will be used at Getting into the Guts a healthcare career fair for high school students. In August 2019 CAHEC received a grant to purchase the equine and canine manikins and provide training to a local veterinarian. The goal is it promote the use of the animal manikins through the local veterinarians for training purposes and promotion of animal science careers for regional high school students.



#### True Colors®

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. Our first very successful implementation of the program was with the Fort Lupton High School students. CAHEC plans to use this program with professionals and students alike.



**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**

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.

**Field Placement (2.2)**

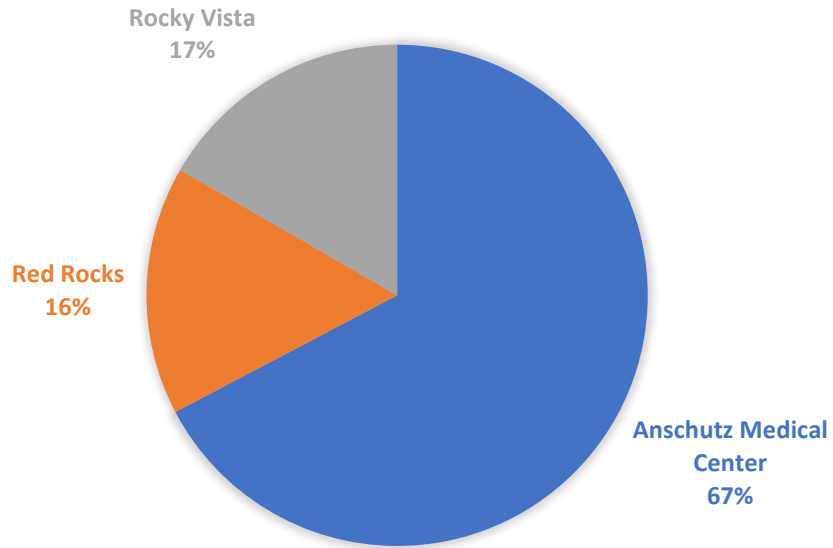
One of the prime functions of the University of Colorado contract with CAHEC is to support health profession students doing clinical rotations off-campus and in rural communities. In addition, we provide support for preceptors. One of the number one success stories related to housing and preceptors was 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 through December 31, 2019, there were numerous health profession student rotations conducted throughout eight (8) of CAHEC's eleven (11) county region totaling 3650 housing nights. Housing was provided for numerous health profession students from CU Anschutz Medical Center, 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.

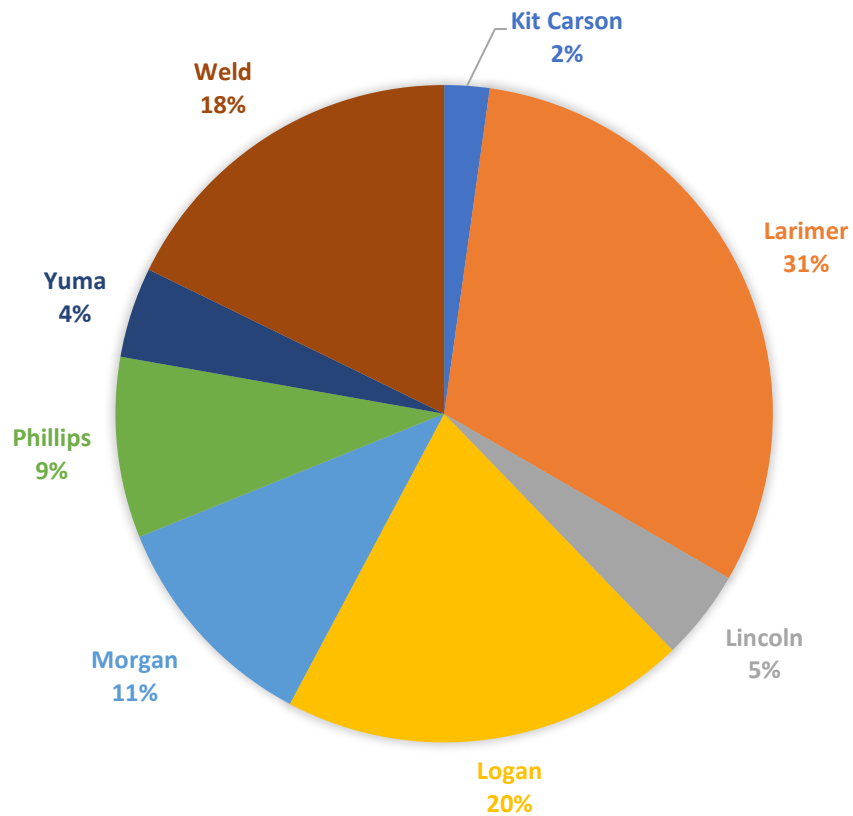




### PERCENTAGE OF STUDENTS PER SCHOOL JULY - DECEMBER 2019



### HOUSING INVENTORY PER COUNTY



## 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 (3) 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 (4) hours of modules with a focus on interprofessional education and working with the medical team and integrating practice transformation.

## Continuing Education (2.4)

### 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 2019 NEC was *Learning from the Past Looking Toward the Future* with Jean Watson presenting the keynote address. The conference was held at Vail Marriot Resorts in Vail, Colorado July 8 – 11, 2019.

Planning for the 2020 conference has been ongoing throughout the year and will be celebrating the 30<sup>th</sup> anniversary of the conference. The 2020 theme is *Pearls of Wisdom for Academic Practice: 30 Years and Beyond* and will be held at Copper Mountain July 6 – 10, 2020. There will be five primary tracks for the conference including:

- Teaching and Learning Environment
- Professional Development in the Nursing Workforce
- Faculty Development
- Curriculum and Program Evaluation
- Instructional Technology Strategies



### 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; but they do not have any staff living in the region, so care management is not easily accessible.

The Care Coordination Training Program was developed and implemented by CAHEC staff to meet the needs of the rural communities. This 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). The trainer has travelled to each site in the region for in-person training, which will equate to about a quarter of the training. The remaining trainings will be accessible through the online Canvas platform, a

content management system and is free to the clinics. As of December 2019, there were 10 clinicians enrolled in the Care Coordination Training Program representing two (2) clinics in Morgan and Lincoln counties.



## **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 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.

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
- Mental Health First Aid to rural clinics and the community
- Together with Veterans/Qualified Listeners
- Care Coordination Training Program for rural clinic staff
- Prescription Drug Abuse Awareness for providers
- Behavioral Health Integration
- Rural Wellness





## Patient-Centered and Community Health (3.2)

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 CAHEC was able to continue the work of the RHC in our region. The Regional Health Connector position during this reporting cycle was supported by Kim Fairly who oversaw the integration of region 1 and region 5 into one focus region with an emphasis in the Hospital Transformation Program and Care Coordination Training.

The Regional Health Connector 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. The priority of the RHC 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.

### Care Coordination 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; 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 trainer will travel to each site in the region for in-person training, which will equate to about a quarter of the training. The remaining trainings will be accessible through the online Canvas platform, a content management system and is free to the clinics.

### 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.

### 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.

### 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 that was implemented in late fall 2019.

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



#### 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
<b>Patient Centered Medical Home</b> <ul style="list-style-type: none"> <li>• What are the benefits of PCMH?</li> <li>• Quadruple Aim</li> <li>• 10 Building Blocks for Practice Transformation</li> </ul>	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
<b>Introduction to Care Coordination</b> <ul style="list-style-type: none"> <li>• What is Care Coordination? Definition for the community-based model</li> <li>• The role of the Care Coordinator</li> <li>• Why Care Coordination Matters</li> <li>• Qualities of a good Care Coordinator</li> </ul>	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
<b>Social Determinants of Health</b> <ul style="list-style-type: none"> <li>• A brief introduction to Social Determinants of Health</li> <li>• Barriers and gaps</li> <li>• Opioids 101</li> </ul>	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
<b>Relationship Building</b> <ul style="list-style-type: none"> <li>• Building the relationship with the patient</li> <li>• Building the relationship with the provider</li> <li>• Teach back method</li> <li>• Problem solving - why we need to think outside the box</li> <li>• Motivational interviewing</li> </ul>	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
<b>Documentation Requirements</b> <ul style="list-style-type: none"> <li>• Assessing patient needs and goals</li> <li>• Develop a Care Plan</li> <li>• Risk Stratification</li> <li>• Medication Reconciliation</li> <li>• Patient Action Plan</li> </ul>	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
<b>Working with the Care Coordination Team</b> <ul style="list-style-type: none"> <li>• Physician and Office Staff Engagement</li> <li>• Change in clinic workflow</li> <li>• Team-based care</li> </ul> <b>Quality Measurement</b> <ul style="list-style-type: none"> <li>• Data and Quality Measurement</li> <li>• Utilize the EMR</li> <li>• Measures under the RAE - Medicaid requirements</li> </ul>	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



## 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 (UCD-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 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). The conferences for 2020 and 2021 will be held at the Copper Mountain Resort. This event hosts approximately 350 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.

<b>2019/2020 Grants Received</b>			
<b>Grantor</b>	<b>Project</b>	<b>Timing</b>	<b>Amount</b>
American Family	Office Furniture	2019	\$700
Regional Health Connector Region 1 and 5	RHC Outreach	2020	\$60,000
Anschutz Medical Center	ACEP – Student Development	2019/2020	\$15,000
Anschutz Medical Center	HRSA Supplemental – Opioid Outreach	2019	\$17,500
Telligen	Care Coordination	2018/2019	\$50,000
Colorado Health Foundation	RHC – Practice Transformation	2019/2020	\$141,000
Anschutz Medical Center	HRSA – Workforce Development	2019/2020	\$79,289.59
Anschutz Medical Center	VCH – Workforce Development	2019/2020	\$90,902.54
Littler Foundation	Anatomy in Clay Equipment	2019	\$4,000
Together with Veterans	Veterans Suicide Prevention	2019/2020	\$18,000
<b>2019/2020 Grants Not Received</b>			
<b>Grantor</b>	<b>Project</b>	<b>Timing</b>	<b>Amount</b>
Elizabeth Dole	Veterans Suicide Prevention	NA	\$50,000
Delta Dental	Dental Care for Immigrants	NA	\$50,000
Colorado Health Institute	RHC Veteran – Suicide Prevention	NA	\$92,000
BNFS Railroad	High School Student Support	NA	\$3,900



<b>Additional Contributors</b>	
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

## **CAHEC SUCCESSES**

**Centennial AHEC was involved with over 110 events and reached close to 3,000 participants in all the Centennial AHEC counties July through December 2019.**

### **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.
- 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
  - 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

## LONGER TERM PLANNING

CAHEC is looking forward too many great programs during 2019 – 2020 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.

### **Focus for future programs and development:**

- 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/Qualified Listeners
- Rural Wellness

