



## Newsletter January 2013

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## HEALTH CENTER NEWS

### Colo. Community Health Centers Lead in Creating Patient Centered Medical Homes

By Victoria Gersuk, CCHN Quality Initiatives Coordinator and  
Renee Karl, CCHN Quality Initiatives Manager

Colorado Community Health Centers (CHCs) are national leaders in adopting innovative methods to provide high quality patient-centered care and become Patient Centered Medical Homes (PCMH). Based upon the success of Colorado CHCs in adopting the patient-centered model of care, CCHN is the lead Primary Care Association for ten states in a PCMH demonstration project sponsored by the Centers for Medicare & Medicaid Services (CMS). Fifty-three percent of Colorado CHCs have received national PCMH recognition or accreditation. These CHCs have met rigorous standards for providing chronic, preventative, and acute care in a manner that is sensitive to patients' time, focused upon patients' concerns, and involves patients as active participants in their own care. Another 30 percent of CHCs have an application in progress.



The PCMH model provides a health care setting that facilitates partnerships between individual patients, their personal clinicians, and when appropriate, the patient's family. Clinics employ information technology, health information exchange, and targeted outreach to ensure patients have access to necessary care.

Colorado Community Health Network (CCHN) provides technical assistance to Colorado CHCs and clinics to support their PCMH goals. CCHN's goal is for each Colorado CHC to implement the PCMH model and obtain PCMH recognition, thereby achieving improvements in patient health outcomes, patient experience, staff satisfaction, and cost savings.

Undergoing PCMH recognition places CHCs at the forefront of an innovative and exciting landscape. They receive official recognition of their status as leaders in providing high quality integrated health care and adopting best practices in the delivery of preventative and chronic disease services.

The PCMH model differs greatly from what has been done previously. With this model, there exists greater systemization across sites, standardized practice measures, and more effective use of health center employees, resources, and knowledge capabilities. The utilization of the care team has been introduced to provide complete support to patients including self-management support, care management, and managing care coordination with other entities.

The medical home is composed of four tenants: a personal provider, patient engagement, team approach, and care coordination. The foundation of the PCMH model is for patients to maintain an ongoing relationship with one designated clinician who provides acute, chronic, and continuous care.

A medical home is both a place and a model for delivering care. As a place, the primary care clinic is the patient's medical home at which each patient has a primary care provider and a care team who are knowledgeable of the patient's health needs and work with the patient



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to provide acute, chronic, and continuous care. Patients are informed and subsequently become experts in each element of their care and remain actively engaged. Primary care teams collectively take responsibility for managing patient care and subsequently manage and integrate all aspects of care including access, test tracking, referral tracking, and patient self-management.

The Patient Centered Medical Home is also a model for providing integrated primary care – integrated in the sense that care is coordinated across all levels of providers, specialists, and outside entities, who maintain a consistent channel of communication. The end goal is to facilitate sustained positive outcomes for patients with chronic conditions, such as diabetes, heart disease, and asthma.

The medical home enables more active involvement of patients in their own care. Generally speaking, patients spend minimal time in clinics, and therefore require tools and resources to manage their own care. A large part of patient-centered care is ensuring that patients have the capacity, resources, and knowledge to do this through outreach efforts, development of a collaborative treatment plan, and setting goals for behavior change and health outcomes.

As providers of comprehensive primary health care, CHCs continue to be the most effective models for the PCMH system. The fragmentation of the current health care system continues to become increasingly complex for patients and exceptionally difficult to navigate. An organization that has received PCMH recognition has configured its operations so that its primary care providers can integrate care across all levels of providers, hospitals, and specialty care.

Achieving PCMH recognition and accreditation requires that clinics make significant investments in clinical, technological, and administrative improvements. Additionally, clinics must work to build relationships between specialists, hospitals, and health education resources to ensure that patients experience a seamless transition between these facilities. Finally, PCMHs install systems and processes that empower patients to manage their own health during times when they are not in the clinic.



Though some states have implemented pay-for-performance models that incentivize CHCs to undertake PCMH transformation and to assist in offsetting the cost of implementing new systems, Colorado does not have such a program. Colorado's CHCs have embraced the PCMH model through their own initiative and their commitment to providing the highest level of care for patients. Through national initiatives such as the Health Resources and Services Administration (HRSA) Supplemental Funding and the Center for Medicare Advanced Primary Care Demonstration Project (CMS APCP), some of Colorado's CHCs have received funds to augment and enhance their PCMH transformation efforts.

CHCs in turn invest these funds in enhanced staffing, particularly for quality improvement (QI) leaders, who organize and manage QI efforts. Funds are also used in Health Information Technology innovations to improve efficiency of care, enhanced reporting capabilities, and allow for better care coordination.

Three main entities offer the PCMH designation: National Committee for Quality Assurance (NCQA), The Joint Commission (TJC), and the Accreditation Association for Ambulatory Health Care (AAHC). Standards for each of these organizations differ, as well as their methods of evaluating whether clinics have met the standards. TJC and AAHC conduct on-site surveys, while NCQA requires clinics to complete an online application and survey process that includes extensive documentation. Currently most PCMH CHCs' Pay-for-Performance models are focused on NCQA recognition.

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Throughout Colorado, CHCs are involved in three primary projects: the Safety Net Medical Home Initiative (SNMHI), the Kaiser Permanente Safety Net Partnerships NCQA Grant, and the CMS Advanced Primary Care Practice Demonstration.

SNMHI is a five-year initiative, funded by The Commonwealth Fund and eight regional co-funders, and administered by Qualis Health in partnership with the MacColl Center for Health Care Innovation. The initiative is assisting 65 primary care sites in five states to become high-performing PCMHs and achieve PCMH recognition. There are 13 SNMHI sites in Colorado. CCHN's role is to work in tandem with the sites to guide, coordinate, and support them in their transformation endeavors.

SNMHI focuses on and integrates eight concepts for change, assembled into four groups, which lay a foundation for PCMH transformation. All CHCs in Colorado have identified and upheld the PCMH transformation and subsequent recognition as a top priority.



Working in unison with the Consortium for Older Adult Wellness (COAW), under the Kaiser Permanente NCQA Grant, CCHN continues to assist Colorado CHCs in achieving NCQA PCMH recognition. This three-year project maintains the ultimate goals that Colorado CHCs will complete the NCQA PCMH recognition process, that they will complete the COAW training on self-management support and that they will then integrate self-management support into the day-to-day process within the health center, thereby promoting patient-centered care.

Collectively, Colorado CHCs are the health care home for more than 600,000 patients, nearly half of whom are patients of a nationally recognized PCMH.

Undertaking the PCMH transformation efforts requires commitment on many levels, from providers, to CHC staff, to leaders. The returns however are substantial and evidence themselves in the tangible results of patient welfare and in cost savings.

## ***Health Center News From Around Colorado News Briefs***

### **Valley-Wide Employee Honored on National Philanthropy Day**

Julie Gomez-Nuanes, Capulin, Colo., was selected for the 2012 Colorado Outstanding Volunteer Award. Ms. Gomez-Nuanes is executive assistant at Valley-Wide Health Systems, Inc. (Valley-Wide), working at the Administrative Services Building in Alamosa.

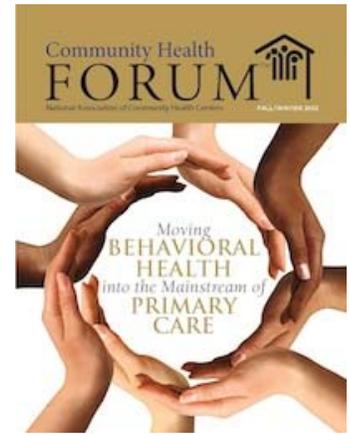
The Outstanding Volunteer Award is presented to an individual who has demonstrated excellence in volunteer service leading to significant outcome for the community. This individual must have demonstrated exceptional leadership skills in recruiting, motivating, and coordinating groups of volunteers, devoted great time and effort to the advancement of volunteerism, or shown deep commitment of voluntary action to address community needs.

National Philanthropy Day is a day set aside to recognize the contributions of philanthropy and the people active in the philanthropic community. Celebrations are held annually in many states.

The 2012 National Philanthropy Day in Colorado was celebrated on Nov. 9, 2012 in Denver, Colo. It is a project of the Colorado Nonprofit Development Center. To learn more, visit <http://npdcolorado.org/>.

## Salud's Behavioral Health Model is Featured in NACHC's Community Health Forum

At Salud Family Health Centers (Salud), behavioral health providers are key players in patient primary care. They screen all patients for behavioral health concerns and work side-by-side with medical and dental providers to identify a care plan that makes sense for each patient. Salud's behavioral health team and its integration into the medical home is highlighted in a new article published in NACHC's Community Health Forum and authored by Katrin Seifert, Psy.D., Salud's director of integrated services and psychology; Jonathan Muther, Ph.D., Salud's associate psychology training director; and Tillman Farley, M.D., Salud's executive vice president for medical services. Click [here](#) to read the article.



## Valley-Wide to Host La Junta Clinic Grand Opening

Valley-Wide will hold the grand opening of its newest clinic in La Junta, Colo., on Jan. 30, 2013.

Since 1997 Valley-Wide leased space for the La Junta Clinic from the Arkansas Valley Regional Medical Center. Shortly after settling in the Arkansas Valley, Valley-Wide saw the demand and need for a long-term primary-care facility, and purchased land close to its existing site to serve as the future home for the La Junta Clinic. Valley-Wide was awarded Affordable Care Act Capital Development grants, enabling the organization to construct a new building capable of meeting growing needs.



Valley-Wide completed construction of its new facility in December 2012. The building increases capacity and strengthens clinic operations. The contemporary design and expanded space improves privacy compliance, workflow efficiencies, work environment safety and satisfaction, and it better accommodates Valley-Wide's new electronic health record system. The larger space also allows for increased provider recruitment and retention, which is challenging in rural areas and important in the provision of patient-centered care across the continuum of health care services.

The opening is scheduled for Jan. 30, 2013, from 5:00-7:00 p.m. at 1012 Belmont Avenue, La Junta.

## Community Holiday Events at Salud

Salud's clinics celebrated the 2012 holidays with festive community events. In December, Salud's Brighton clinic lit up the Mobile Unit for the city's annual Parade of Lights. Brighton also hosted a celebration called Gifts for Kids, in which the clinic gave away donated gifts to 100 children 10 years old and younger. Santa visited Salud's clinic in Fort Lupton and gave out about 110 gifts to children. Salud's Sterling employees led an event in which Santa visited the Sterling Public Library to meet with children before Christmas.

Salud was active in community events during 2012's Halloween celebrations as well. The Sterling clinic participated in the Sterling Recreation Center's Trick-



Salud Sterling employees staff the milk and cookies station as Santa visits with kids at the Sterling public library.

or-Treat Street celebration, a safe event designed to keep children off the streets on Halloween night. Approximately 1500 children go through the event's Haunted Forest each year. In addition to handing out candy donated by community organizations, Sterling's clinic employees took this opportunity to hand out toothbrushes and educate parents and children on good oral hygiene and brushing teeth regularly.

### **New Art Installation on Display at Salud's Longmont Clinic**



Longmont artist Julie Clement stands with the mural she helped create at a celebration for the new piece on Jan. 4, 2013.

Salud's Longmont clinic has a vibrant new tile mural in the children's waiting room. Salud celebrated the unveiling of the new piece, called *The Harvest*, with a reception for community members, staff, and friends on Jan. 4, 2013. *The Harvest* was created during the 2012 Children's Day Health Fair, and is a project of *Art at Salud*, a partnership between Salud's Longmont clinic and the Longmont Council for the Arts. Local artist Julie Clement helped inspire the project and painted the center of the tile mural. Each child who attended the 2012 Health Fair painted a tile in Ms. Clement's dot style. Together, the tiles create the body of the mural.

### **NWCOVNA Opens Community Health Center in Steamboat Springs**

Northwest Colorado Visiting Nurse Association (NWCOVNA) has opened a second CHC in Steamboat Springs, in Routt County, Colo.



According to the Colorado Health Institute, nearly one-third of Routt County residents are uninsured or underinsured, and many residents are living below 200 percent of the federal poverty level. Many of these residents only access care when they are very ill or have an emergency. The opening of the CHC in Steamboat Springs equips NWCOVNA to offer primary care in addition to current disease prevention and management, public health and home-base services to these target populations in Routt County.

"There is a great need in our community for affordable and accessible preventative care, and we have first-hand experience having operated this type of clinic in our Craig office since 2008," said Lisa Brown, NWCOVNA CEO.

### **Cooking Classes in Estes Park**

In the fall, Salud's Estes Park clinic collaborated with community organizations to offer a very successful family cooking and education series. Chazz Glaze, Salud's patient health educator in Estes Park, led the Cooking Matters for Families classes, part of community outreach and education efforts funded by the Estes Park Salud Foundation. Salud partnered with the Centennial Area Health Education Center (AHEC) to offer the six-week series to eight families.



Throughout the classes, participants learned how to cook healthy meals on a low budget, how to read food

Eight families participated in Salud's Cooking Matters classes in Estes Park this fall.

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labels, and how to cook as a family. The course was a huge success with the participants, and the Estes Park clinic plans to use this model to hold another series in the spring.

## **POLICY UPDATE**

### **CHCs Essential to State Increase in Medicaid Eligibility**

Colorado's health care system will change as the General Assembly considers reconfiguring Medicaid to cover low-income Coloradans not currently eligible and Colorado moves towards establishment of a state health insurance exchange as called for in the Affordable Care Act. Community Health Centers are preparing to care for more people in Colorado and to share their expertise with policy makers.

Colorado's 17 CHCs play a critical role in providing high quality, efficient, primary health care to more than 600,000 people, over one in 10 Coloradans. CHCs are located in high need, medically underserved areas, improving access to primary health care statewide.

Quality is demonstrated by communities with CHCs having healthier newborns, fewer hospitalizations, and fewer visits to the emergency room. Nationally, CHCs have been rated one of the most successful programs of HHS.

Efficiency is realized in Colorado CHCs' ability to provide high quality care. CHC costs are at least a dollar less per patient, per day, compared to all physician settings (\$1.67 vs. \$2.64) and far below the cost of a hospital stay.<sup>1</sup> This efficiency plays out in the state budget as well. Colorado CHCs serve one-third of all Medicaid enrollees, one-fourth of CHP+ enrollees, and one-third of the state's low-income uninsured, yet comprise less than three percent of the Department of Health Care Policy and Financing's annual budget. While CHCs receive only a very small portion of the state budget, state funding is essential to CHCs, making up approximately 60 percent of CHC budgets on average. State funding provides the operating dollars CHCs need to stay in business, continue to employ more than 3,500 Coloradans (full- and part-time), and keep health care costs down.

During the 2013 state legislative session, CCHN's top priority is to increase current Medicaid eligibility to 133 percent of the Federal Poverty Level in 2014. Since CHCs are currently the health care home for many of the uninsured individuals who will be eligible for Medicaid under this expansion, CHCs are ready to serve these newly eligible Medicaid patients.

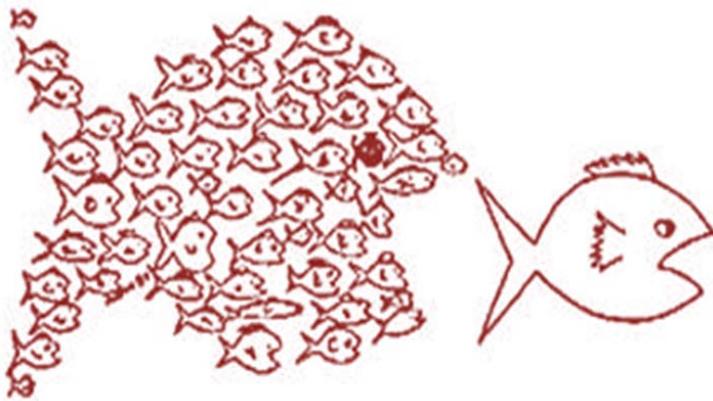
***CHCs are already caring  
for 64% of the state's  
estimated 160,000  
individuals who will move  
into Medicaid in 2014.***

In addition to advocating for the Medicaid expansion, CCHN is also interested in protecting funding for the uninsured, including the \$6 million in annual Colorado Indigent Care Program (CICP) clinic funding (\$3 million of state funds). Protection of state funding for the uninsured is critical today and until the impact of health care reform is understood. Long-term, CCHN is interested in working with the Department of Health Care Policy and Financing and the legislature to continue to use the CICP funding where future gaps may exist.

<sup>[1]</sup> Agency for Healthcare Research and Quality, *Medical Expenditure Survey Summary Tables*, 2008, <http://meps.ahrq.gov>. Bureau of Primary Health Care, Health Resources and Services Administration, DHHS. *Uniform Data System*, 2009.

### **Get Active! and Influence Policy: Your Voice Needed Now**

Interested in ensuring that health care bills benefit CHCs and their patients? Join CCHN's



grassroots network and make your voice heard by your elected officials. Sign up for CCHN emails about legislation affecting health care and your CHC. You will receive action alerts that have specific, easy to understand ways to talk to your legislators. How do you get active? Go to [www.cchn.org](http://www.cchn.org), click on Get Active!, respond to any action alerts and your information will be added to CCHN's grassroots network. For more information please contact Kristen Pieper, policy analyst, at [kristen@cchn.org](mailto:kristen@cchn.org) or (303) 867-9526.

## WORKFORCE UPDATE

### Mission Driven Career Advocates Honored

In 2012, CCHN piloted a “retention” bonus program for CHC providers as part of CCHN's workforce strategy. CCHN accepted nominations for “Mission Driven Career Advocates” (MDCA) who have committed six or more years of their career to working at CHCs. An MDCA is someone who believes in advancing primary health care by providing quality patient care, mentorship, education, contributions in community organizations, recruitment efforts, and advocacy on behalf of CHCs.

The following six MDCA award recipients were recognized by CCHN for their commitment to CHCs and the primary care movement.



Dr. Johanna Benink, D.D.S., dental director for CCH.

Dr. Johanna Benink, D.D.S., dental director for the Colorado Coalition for the Homeless (CCH), has provided nearly 10 years of service to the needs of the underserved in the Denver metro area. Dr. Benink has helped recruit dental professionals to work with CCH. Her efforts to increase the capacity of CCH's dental clinic have increased access for routine dental care and for emergency treatment for homeless patients in Colorado. Dr. Benink has helped advance primary dental health by being a preceptor for dental students since 2002. She has worked to decrease barriers to dental care for people experiencing homelessness and to provide truly integrated care for the health of the homeless population she serves.

for Metro Community Provider Network (MCPN), spent the past six years providing health care and improving patients' lives at MCPN. Within the organization, Ms. Kaiser dedicates her efforts to mentoring new providers, leading to a decrease in first-year turnover. She helped improve the overall effectiveness of the clinic by taking on new responsibilities such as better utilization of electronic health records; implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) assessments; and creating policies and procedures to increase satisfaction and retention. Ms. Kaiser has worked as the clinical coordinator for both the Woman's Wellness Connection and the Colorado Colorectal

Ms. Alicyn Kaiser, P.A., associate medical director



From Left: Alicyn Kaiser, P.A., and Lynn Bakken, P.N.P., associate medical directors for MCPN.

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Screening grants. She provided advocacy between three mental health agencies for mental health preventive care and wellness. Furthermore, Ms. Kaiser has a strong commitment to community involvement. She has volunteered with 9 News Health Fair and has participated in four health missions. She also serves as a proctor for physician assistant and nurse practitioner students taking exams.

Ms. Lynn Bakken, P.N.P., associate medical director for MCPN, has cared for the underserved pediatric population for more than 12 years. She dedicates time as a preceptor for nurse practitioner students from area universities; encourages students to establish careers in primary care at Colorado CHCs; and offers shadowing opportunities for high school students. Notably, she has worked as a consultant for School Based Health Centers (SBHCs). Her collaboration with Jefferson County Public Schools has ensured that underserved students have an SBHC medical home with full scale dental services, and increased communication between medical providers and behavioral health providers.



Ken Davis, P.A.-C., medical director for MFHC.

Mr. Ken Davis, P.A.-C., medical director of Mountain Family Health Centers (MFHC), has provided nine years of service to the underserved in Garfield County. He has shown dedication to nurturing and mentoring MFHC's emerging leaders by highlighting the importance of patient-centered care and encouraging colleagues to seek out new challenges and education. His advocacy work on the Safety Net Medical Home Initiative (SNMHI), Patient-Centered Medical Home (PCMH) initiative, health disparities, and cardiovascular health contributed to a stronger health safety net and higher quality care for CHC patients. Mr. Davis' leadership at MFHC is invaluable, and his selflessness in moving practices to the new Rifle clinic and back again to Glenwood Springs shows that his dedication is instrumental in community health.

Dr. Karen Miller, D.D.S., chief dental officer for Pueblo Community Health Center (PCHC), has made providing dental care to the underserved her life's mission. Dr. Miller has been with PCHC since the beginning of their dental program for 25 years. She has mentored several dentists who have gone to work at CHCs, and three who work at PCHC. Dr. Miller believes in improving and creating access to care. She has worked to provide dental exams to migrant/seasonal farmworker children while they were in school. She structures her appointment schedule to serve patients most in need such as special and at-risk populations including children, pregnant women, seniors, and people living with HIV/AIDS. Through her collaborative efforts with several dental schools, Dr. Miller assists in teaching students and residents how to provide care to people with living with HIV/AIDS. Years ago, Dr. Miller advocated successfully for the continued fluoridation of Pueblo's water for the health of the community. Most recently she spearheaded PCHC's application to become a dental residency site with Lutheran Medical Center's Department of Dental Medicine.



From Left: Donald More, CEO, PCHC and Dr. Karen Miller, D.D.S., chief dental officer, PCHC

Dr. Darvi Rahaman, M.D., assistant vice president of medical providers for Peak Vista Community Health Centers (Peak Vista) has provided more than 13 years of service to the underserved in El Paso County. He has demonstrated his extraordinary willingness to mentor and educate potential employees about the advantages of working at a CHC. He helped recruit 25 providers, 24 of whom are still practicing with Peak Vista. Dr. Rahaman has a long-standing involvement with Memorial Hospital and University of Colorado

School of Medicine, which ensures third-year medical students pediatric clinical rotations at Peak Vista. Dr. Rahaman works for the underserved in the Pikes Peak region through his outreach and advocacy and his strong clinical leadership.

All of the providers have contributed to the health of Colorado by providing outstanding health care services, promoting the primary health care movement, and dedicating themselves, long-term, to caring for the underserved in Colorado.

## Save the Date: Core Competency Training for First-Time Supervisors and Managers

Community, Migrant and Homeless Health Centers play a critical role in ensuring the delivery of the health care safety net. Knowledgeable, trained, capable, competent and versatile supervisors and managers are key to successful operation and delivery of services. However, staff are often hired or promoted into supervisory or management roles without the necessary skills to hire, train, orient, manage, develop and communicate effectively with others, or to successfully organize their own potentially overwhelming workload.

This three-day course for first-time supervisors and managers is scheduled for April 24-26, 2013, in Denver, Colo. It will offer integrated training that encompasses the core competencies necessary to successfully navigate a supervisory or management role in a CHC setting. Topics will include the history of the CHC movement, transitioning from peer to supervisor, building successful teams, communication skills, performance management, behavioral interviewing and other effective hiring processes, and employment law. Space is limited so register early. Click [here](#) for more details.



From Left: Pam McManus, CEO, Peak Vista; Darvi Rahaman, M.D., assistant vice president of medical providers, Peak Vista; and Michael Welch, D.O., medical director, Peak Vista

## CHAMPS UPDATE

### CHAMPS to Host ICD-10 Transition Teleconference

On Jan. 30, 2013, from 12:00 p.m.-1:00 p.m. MST, Community Health Association of the Mountain/Plains States (CHAMPS) is hosting a teleconference on myths and facts about the transition from ICD-9 to ICD-10, the impact of the transition on health center operations and staff, budget considerations regarding ICD-10 transition and resources, systems, vendors, and internal teams necessary for successful transition. Gervean Williams, director of community health center finance and operations at NACHC, will present this information. Registration closes on Jan. 24, 2013.

Click [here](#) for more information and to register. If you have questions, please contact [Chelsea@CHAMPSonline.org](mailto:Chelsea@CHAMPSonline.org).

### Register for CHAMPS/DMS Spanish Language Training for Health Care Professionals

This four-day intensive Spanish immersion course, hosted by CHAMPS and the Denver Medical Society (DMS), will be held in Denver, Friday, April 19 to Monday, April 22, 2013. The course is recommended for physicians, physician assistants, nurse practitioners, nurses, medical assistants, and other clinical personnel. Four days of instruction, course book, and over 40 hours of continuing medical education (CME) credit are included in the cost. With three Spanish language skill levels offered and a central Denver location, this is the perfect medical Spanish course to brush up, expand skills, or start learning. Register early as space is limited. Click [here](#) for more information and/or contact [Chelsea@CHAMPSonline.org](mailto:Chelsea@CHAMPSonline.org).

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## New and Updated CHAMPS Online Resources on Homeless Populations and Emergency Preparedness

CHAMPS has developed two new Web pages with resources to aid CHCs in enhancing their preparedness and working with special populations.

The new Homeless Resources Web page provides fact sheets, reports and statistics on the homeless population, health care provider resources, links to continuing education and conferences, and state-specific resources. Visit CHAMPS' Homeless Resources Web page [here](#).

The updated Emergency Preparedness Web page provides emergency management documents and templates, training and educational resources, mental health information, links to state-specific resources, and links to epidemic and bioterrorism resources. Visit CHAMPS' Emergency Preparedness and Response Resources Web page [here](#).

### CCHN UPDATE

#### CCHN, CHAMPS, and CCMCN Staff Volunteer at Food Bank of the Rockies



Staff from CCHN, CHAMPS, and CCMCN volunteered at Food Bank of the Rockies on Dec. 14, 2012, packing boxes of food to be delivered to clients. The pig is a giant piggy bank at the Food Bank for monetary contributions. From left front row: Stephanie Brooks, CCHN; Meredith Warman, CCMCN; and Kristen Pieper, CCHN. From left back row: Kyle Greufe, CCHN; Chelsea Skovgaard, CHAMPS; Suzanne Smith, CCHN; Julie Hulstein, CHAMPS; Maureen Maxwell and Victoria Gersuk, CCHN.

#### CCHN Welcomes New Staff Members

Kyle Greufe is CCHN's special projects assistant for the Quality Initiatives Division (QiD), joining CCHN in November 2012. His primary responsibility is providing administrative support for QiD projects that help CHCs provide high quality health care to patients. Mr. Greufe is a graduate of the University of Colorado with a bachelor's degree in film studies. Prior to joining CCHN, Kyle was a Peace Corps Volunteer in Costa Rica where he lived and worked as a rural community organizer and a volunteer coordinator.

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LaVern Martinez is CCHN's quality initiatives coordinator, joining CCHN in January 2013. Her primary responsibilities include coaching, facilitation, and assisting CCHN members in achieving PCMH recognition. Ms. Martinez holds a bachelor's degree in mass communications with a concentration in public relations from Colorado State University. LaVern comes to CCHN from Valley-Wide Health Systems, Inc. (VWHS) where she worked as a clinic manager for its three CHCs in the Arkansas Valley Region. Her in-clinic experience at VWHS was focused on PCMH workflow and supporting VWHS as it achieved PCMH certification through The Joint Commission and pursued NCQA certification.

Sarah Dutcher is CCHN's quality initiatives manager, joining CCHN in January 2013. Her primary responsibilities include coaching, facilitation, grant management, and partnership development. Ms. Dutcher earned a bachelor's degree in theater performance from the University of Northern Colorado and a master's degree in international affairs from Columbia University. She has experience working both domestically and abroad for nonprofit organizations and served as a community health volunteer for the Peace Corps in Mali, specializing in public health, and pre- and post-natal health care. Most recently she returned from a two-year contract in Les Cayes, Haiti, where she served as the country director of the nonprofit Hope for Haiti.

## **CCHN Makes Staff Changes**

Over the past few months, some CCHN staff members have changed roles due to position openings and realignment of staff and programs to assure CCHN remains effective and agile moving forward.

Katie Pachan Jacobson is CCHN's policy director. She joined CCHN in 2005. She oversees implementation of CCHN's policy agenda, including monitoring health care legislation, rules, and other policy issues impacting CHCs, and health care access for the uninsured. Mrs. Jacobson was formerly the policy manager

Kristen Pieper is CCHN's policy manager. She joined CCHN in September 2009. She is responsible for monitoring, tracking, analyzing and influencing health care legislation, rules and other policy issues based on CCHN's Public Affairs Agenda, overseeing coordination of CCHN's grassroots efforts, and serves as staff lead for the billing managers subcommittee.

Renee Karl is CCHN's quality initiatives manager. Since joining CCHN in 2011, she has taken on many new responsibilities, including overseeing PCMH trainings, support, and resources for CHCs throughout Colorado. Ms. Karl was formerly the Quality Initiatives Analyst.

Victoria Gersuk is CCHN's quality initiatives coordinator. She joined CCHN in 2012 and has taken on many new responsibilities in her new role. Her primary responsibilities include coaching, facilitation, and assisting CCHN members in achieving PCMH recognition. Ms. Gersuk was formerly the QiD special projects assistant.

## **CCMCN UPDATE**

### **Dan Tuteur to Help CO-OP**

After 15 years of service, Dan Tuteur left his role as Colorado Community Managed Care Network's (CCMCN) executive director to become chief strategy officer at the Colorado Health Insurance Cooperative, commonly referred to as the [CO-OP](#). Mr. Tuteur's role encompasses provider network outreach, consumer engagement, program design/evaluation, and analytics..CO-OP is a consumer governed and operated nonprofit insurance company.



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[www.cchn.org](http://www.cchn.org)

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The Community Health Center family is sad to see Mr. Tuteur move on, but recognizes his skills are a great asset for this new organization, as they have been to CHCs and community health.

In the decade and a half that Mr. Tuteur worked at CCMCN, the organization was consistently awarded Health Center Controlled Network (HCCN) funding, including the most recent award in December 2012. Under his leadership, CCMCN has led clinical projects within CHCs, including screening for diabetic retinopathy and tobacco cessation programs. Since 1997, he led the managed care contracting process and negotiations on behalf of Colorado's CHCs. Under the request and direction of Colorado's Department of Healthcare Policy and Financing (HCPF), Mr. Tuteur and CCMCN staff partnered with community stakeholders and piloted a managed care project focused on serving people with disabilities. This project launched into its own non-profit in 2007, the Colorado Alliance for Health and Independence (CAHI).

Mr. Tuteur's burgeoning interest in and passion for health information technology (HIT) and analytics led to the birth of the Colorado Associated Community Health Information Enterprise (CACHIE) project in 2006. CACHIE provides electronic health record (EHR) hosting services, data analytics functions via its data warehouse, and assists CHCs in meeting [Meaningful Use](#) requirements. CACHIE/CCMCN is a Colorado Regional Extension Center (CO-REC) subcontractor under Colorado Regional Health Information Organization ([CORHIO](#)). This subcontractor award enables CCMCN to support Colorado's CHCs in meaningfully using EHRs.

In 2010, CCMCN was awarded the Regional Director's Distinguished Public Service Award from the U.S. Department of Health and Human Services Region VIII. Mr. Tuteur and the CCMCN staff were recognized for leadership in providing high quality and effective Medicaid managed care. In 2012, CCMCN and its HIT and analytics contractor, PluralSoft, were awarded the Microsoft Health Users Group 2012 Innovation Award in the category "Modernizing Health Systems and Information." This award recognizes "forward-thinking health organizations and their technology solutions partners who use Microsoft-based technology to improve patient care, reduce costs and streamline clinical and business processes in measurable ways that can serve a model for others."

"Dan's shoes will certainly be hard to fill, but Coloradans will continue to benefit from his ideas and commitment to health care being accessible to everyone," said Annette Kowal, CEO of the Colorado Community Health Network.

## UPCOMING EVENTS

### *Save the Date*

*Feb. 19-20, 2013*

#### **CCHN's 2013 Policy & Issues Forum**

CCHN's annual Policy & Issues Forum (P&I) will be held at the Warwick Hotel in Denver. For more information contact Alice Gibbs at [agibbs@cchn.org](mailto:agibbs@cchn.org) or (303) 861-5165, ext. 244.

*March 20-23, 2013*

#### **NACHC's 2012 P&I**

NACHC's annual P&I will be held at the Marriott Wardman Park Hotel in Washington, DC. Click [here](#) for more information.

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*The Colorado Community Health Network (CCHN) is the unified voice for Colorado's 17 Community Health Centers (CHCs) and their patients. CHCs provide a health care home to more than 600,000 of their community members – over one in 10 people in Colorado - from 57 of the state's 64 counties. Without CHCs, hundreds of thousands of Colorado's low-income families and individuals would have no regular source of health care. CCHN's mission is to increase access to high quality health care for people in need in Colorado. For more information about CCHN, please visit [www.cchn.org](http://www.cchn.org).*

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