

University of Colorado School of Medicine Supplemental Funding Program Annual Report

Fiscal Year 2021-2022



COLORADO
Department of Health Care
Policy & Financing

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I. Executive Summary

In Fiscal Year 2017-2018, The Department of Health Care Policy and Financing (the Department) entered into an Interagency Agreement (IA) with the University of Colorado School of Medicine (CUSOM) to provide supplemental federal funding for clinical services to CUSOM providers and improve healthcare access for Health First Colorado members throughout Colorado. This Supplemental Funding Program is a unique funding opportunity made possible with strong partnership between the state Medicaid agency (the Department) and the publicly funded academic medical school (CUSOM).

The Supplemental Funding Program has been successful in improving access to care for Health First Colorado members not only by enhancing provider payments but through creative initiatives focused on population health. Since program initiation in 2017, there was a **49%** increase in Health First Colorado members served by CUSOM providers. The program supports **103** unique investments ranging from scholarship support, increased behavioral health programming, improved wraparound services, and promoted transitions of care improvements. Notably, this program contributed to CUSOM’s ability to quickly pivot to telehealth to minimize disruptions in care during the COVID-19 pandemic, providing **36,681** telemedicine visits, **967** eConsults, and **35** ECHO training programs in fiscal year 2021-2022.

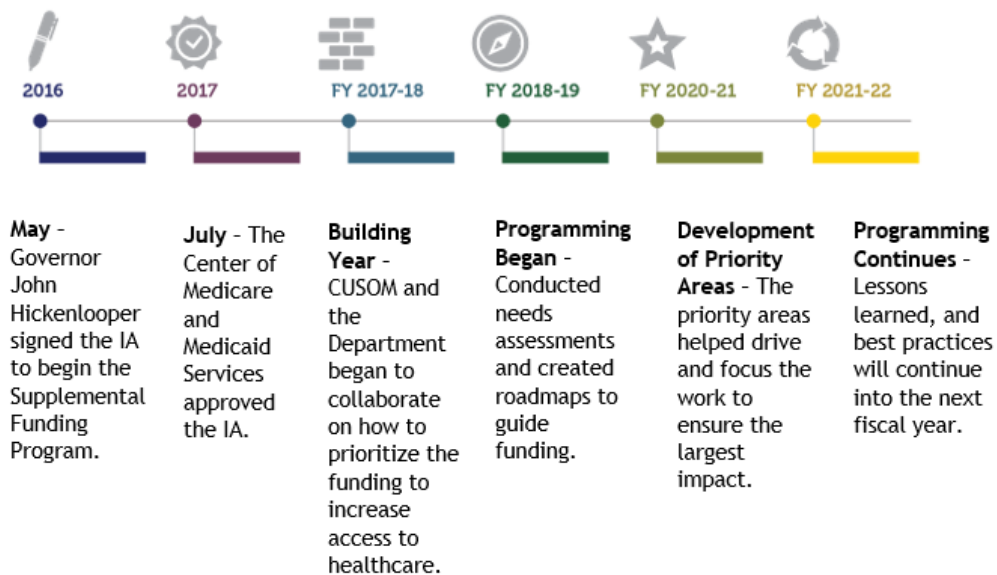


Figure 1. Timeline.

Interagency Agreement Priority Areas



Figure 2. Priority Areas.

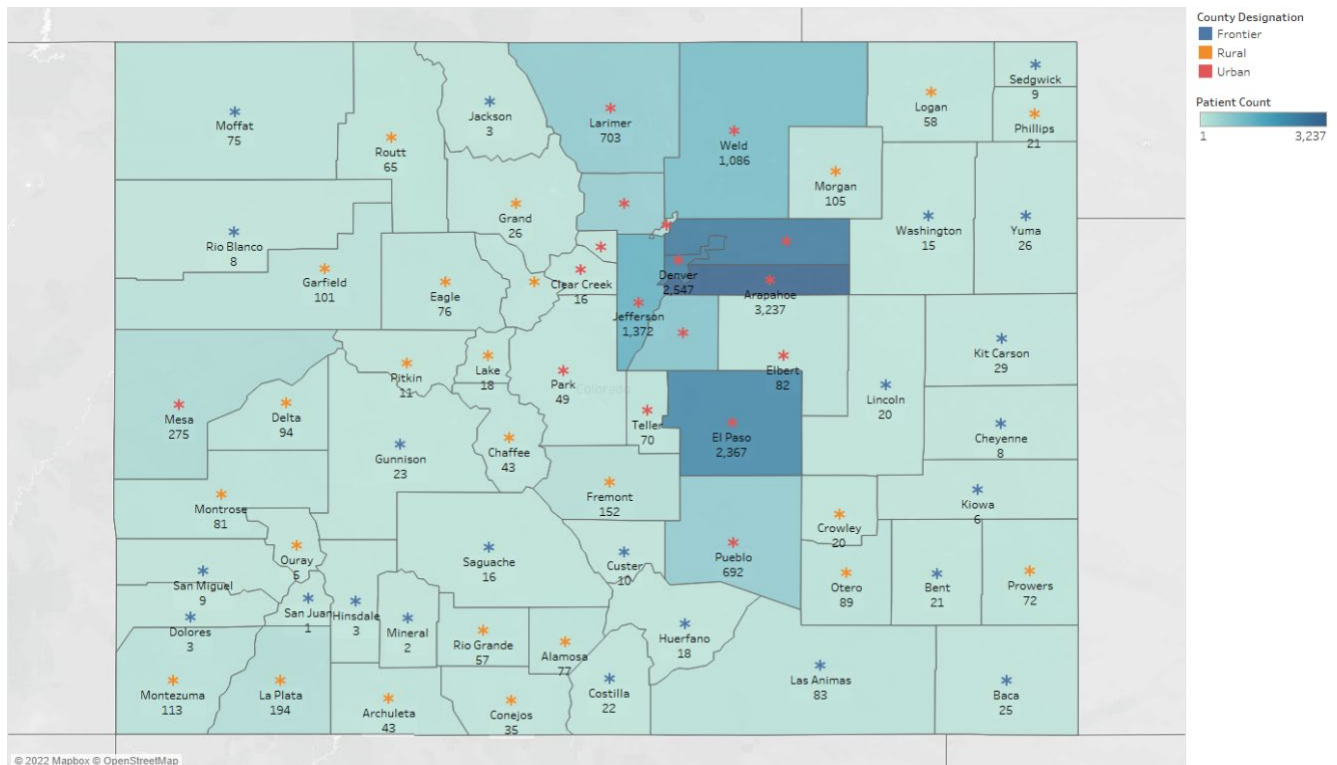
Priority Areas

In fiscal year 2020 - 2021, the Supplemental Funding Program Teams from the Department and CUSOM analyzed trends and needs from previous program years and selected five areas of focus to direct funding and program support. These focus areas are critical to improve access to care for Health First Colorado members. These priority areas are Specialty Care Access, Evaluation, Community Engagement, Telehealth Innovation, and Collaborative Initiatives (Figure 2).

Key Successes

1. Provider Reach

CUSOM providers saw **181,432 unique Health First Colorado members** across all 64 counties (Figure 3) through CUSOM locations, telehealth, and outreach to rural clinics. This represents a 20% increase since last year. CUSOM provided **61,769 primary care medical home visits** across 17 primary care locations.



2. **95 Funded Projects**

The projects span across multiple specialties and medical disciplines. Through these projects, the Supplemental Funding Program supports workforce development, behavioral health expansion, team-based population focused healthcare, and expanded unique program coverage such as offering electrolysis services as part of transgender care.

3. **Telehealth Growth**

During the COVID-19 pandemic, telehealth became a staple in accessing healthcare for many members who were looking to reduce the burden and cost of attending appointments in person. In fiscal year 2021-2022, **telemedicine expanded by 102%** from 2020 with **36,681 visits** and **18,975 unique members** and eConsults grew by **75%** from 2020 with **967 eConsults sent**.

4. **Specialty Care Access**

Specialty care access is a challenge for Health Care Colorado members in Colorado. CUSOM has increased access to specialty care through several methods including telemedicine, improving referrals pathways, and provider education with **279,483 visits** in fiscal year 2021-2022.

5. **Community Engagement**

The Supplemental Funding Program works with community organizations to increase access for marginalized populations. This year, projects supported transitions of care programs for unhoused members leaving the hospital setting and individuals leaving the Arapahoe County Detention Center.

I. Access to Health Care Framework

The Department and CUSOM jointly developed an Access to Health Care Framework (Figure 4) to guide project development and align evaluation efforts. This framework highlights the complex and multidimensional nature of access to healthcare. The Supplemental Funding Program leverages this framework in all aspects of program design, implementation, and

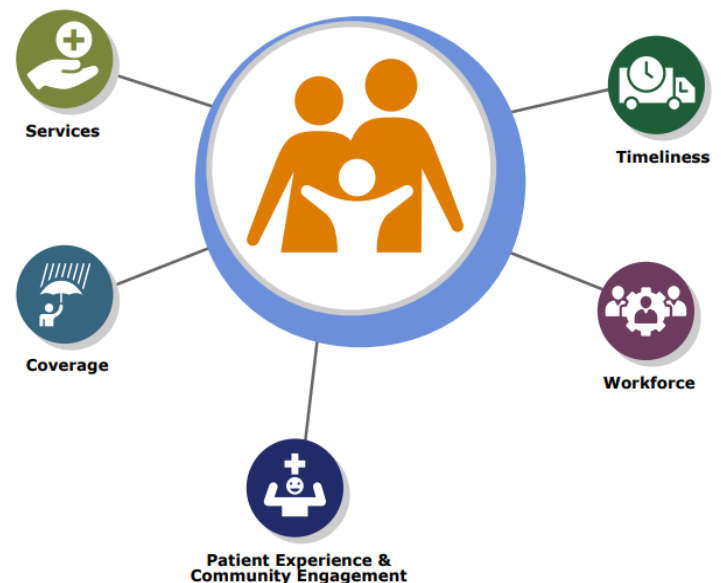


Figure 4. Access to Health Care Framework.

evaluation. Access to Health Care is the ability to obtain convenient, high-quality, and affordable care at the right time and the right place.

Framework Definitions:

- **Services:** Ensuring Health First Colorado members can receive high-quality, culturally competent care and wraparound services within their medical home and neighborhood to achieve the best outcomes.
- **Coverage:** Facilitates easy and continuous entry into the healthcare system while providing appropriate financial support, sufficient provider networks, and necessary Medicaid benefits.
- **Patient Experience & Community Engagement:** Incorporation of all patient experience factors and bidirectional feedback from community members and stakeholders that drives action.
- **Workforce:** Developing and sustaining a capable, qualified, trustworthy, and culturally inclusive care team in addition to demonstrating continuous improvement and ongoing training to develop the best workforce possible.
- **Timeliness:** Ability to provide health care quickly when a member or provider recognizes a need.

II. Telehealth

Telehealth grew significantly since the beginning of the COVID-19 pandemic. The digital infrastructure with CUSOM ensured timely and seamless access to care for Health First Colorado members.

Telemedicine

Telemedicine allows members to use technology to virtually attend appointments with their provider. The Supplemental Funding Program provided resources for telemedicine to be utilized in CUSOM clinics since 2018. **In fiscal year 2021-22, 10% of unique members used telemedicine with a total of 36,681 telemedicine visits** (Figure 5). In addition,

- 10.37% of telemedicine visits were provided for Health First Colorado members living in rural or frontier counties. This is an increase from fiscal year 2020-2021 where 9.23% of telemedicine visits were provided to members living in rural or frontier counties.
- Highest volume of adult telemedicine visits in fiscal year 2021-2022 were Psychiatry, Family Medicine, and Neurology.
- Highest volume of pediatric telemedicine visits in fiscal year 2021-2022 were Neurology, Gastroenterology, and Psychology and Development.

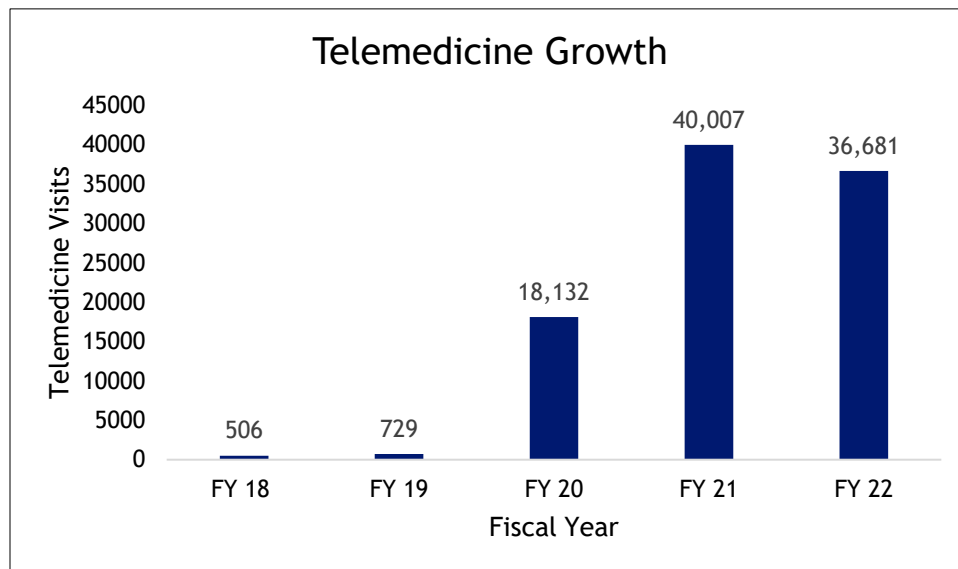


Figure 5. Telemedicine Visits.

In fiscal year 2021 - 2022, total telemedicine visits slightly decreased after last year. This is due to the slowing down of the pandemic and individuals being able to see their providers in person. CUSOM and the Department are working together to understand appropriate telemedicine utilization compared to in-person visits. Telemedicine continues to be a method used to increase access to care.

eConsults

An Electronic Consultation (eConsult) is a structured format that primary care providers can use to discuss a member's medical needs with a specialist. eConsults increase a primary care provider's comfort with treating appropriate conditions in the medical home and allows patients to remain in their

communities to receive care for a wide variety of medical conditions. In fiscal year 2021 - 2022, the utilization of eConsults continued to grow to 28 adult and 22 pediatric specialty care areas with expansion to Federally Qualified Health Centers, STRIDE, Salud, Peak Vista, and other non-CUSOM locations.

967
Health First Colorado
eConsults were Sent

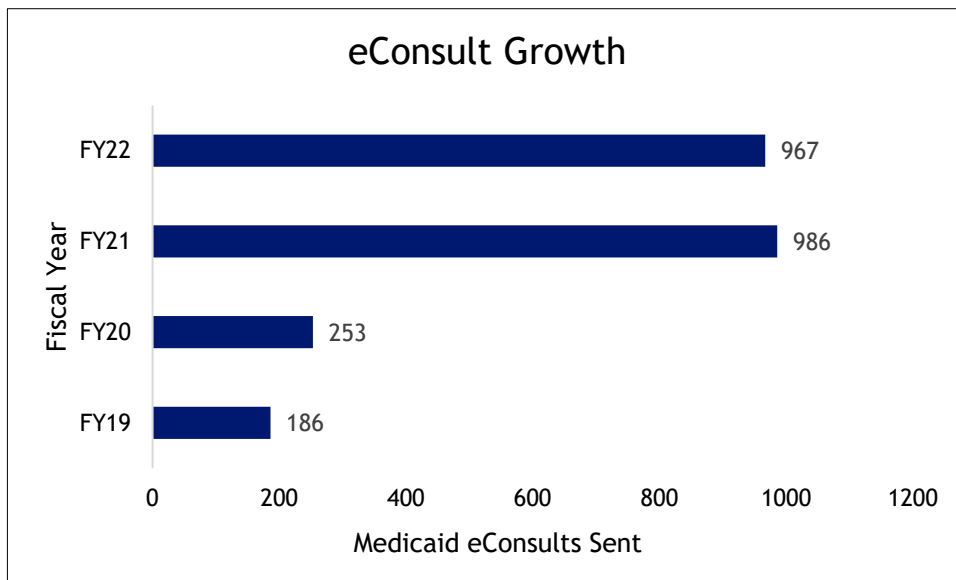


Figure 6. Sent eConsults.

There was a 420% increase in eConsults since fiscal year 2018-2019 (Figure 6). eConsults demonstrate an ability to improve access to specialty care with 490

providers submitting eConsults in fiscal year 2021-2022. The average response time for CUSOM specialty care providers to answer an eConsult is 41 hours. CUSOM's eConsult program avoided 75% of in-person visits. In addition, CUSOM's Peer Mentor Care Collaborative conducted a cost savings analysis and found a **9.35% reduction in per member per months cost following a Health First Colorado member's initial eConsult.**

Extension for Community Health Outcomes (ECHO)

ECHO Colorado is a peer-to-peer learning network that uses technology to increase the health care workforce capacity to manage complex health issues across Colorado. On a digital platform and led by CUSOM specialty experts, professionals from all disciplines come together to share knowledge, experiences, and perspective.

"This [ECHO] series has been incredibly helpful regarding patient care, consults, and ability to diagnose and possible treat these very difficult rheumatologic diseases. The lectures were comprehensive and very relevant to our practice here in the Gunnison Valley. I also learned quite a bit of information that was not taught in school. Our patient population is already benefitting from the knowledge gained from this ECHO series!"

ECHO Participant

The ECHO series were utilized to provide clinical networking opportunities amongst provider types and clinical staff. ECHO Colorado allows providers to work together to solve problems, thus expanding their own network to providers in different specialties and across the state. **This year, 35 series in 60 topic areas, including Medication Assisted Therapy, Pediatric Psychology, and Transgender Health, were offered with an average of 23 participants per session.** 57% of those participants serve Health First Colorado members. The professions of participants included clinical staff, pharmacists, behavioral health professionals, outreach, and administrative staff.

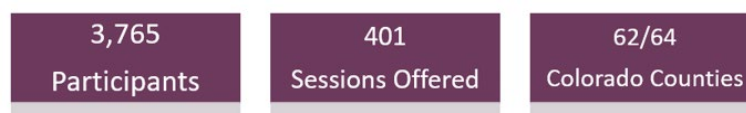


Figure 7. ECHO Participants and Sessions.

Project Highlight – Rheumatology and Telehealth

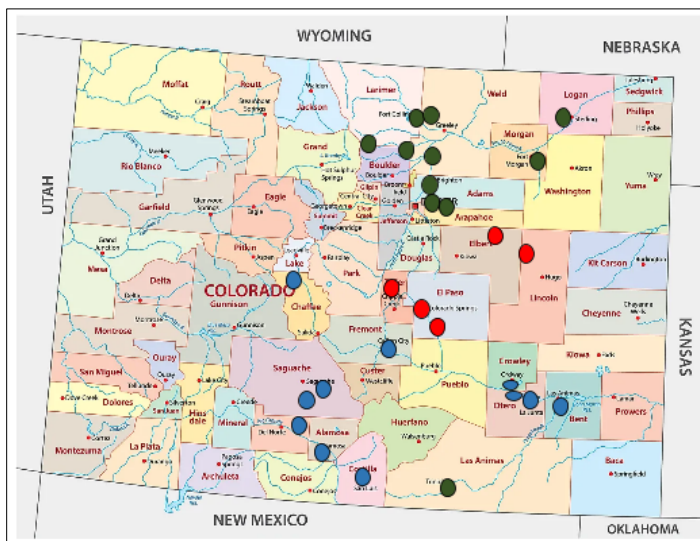
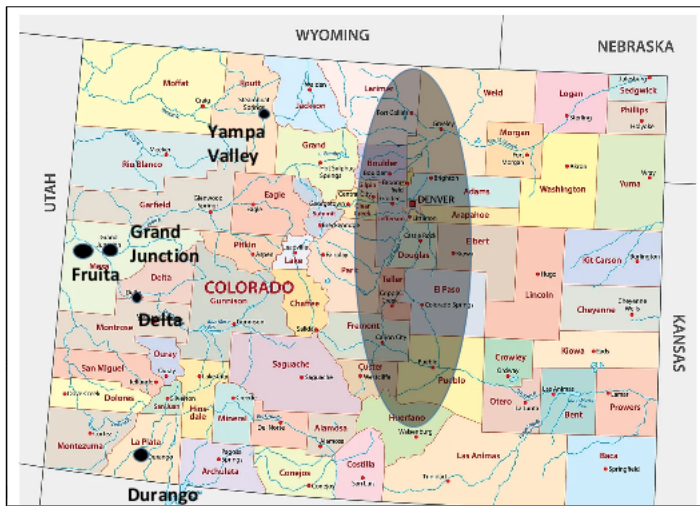


Figure 8. Rheumatologic Services Before and After Project Implementation.

Tele-enabled Rheumatologic Care Delivery in Rural and Frontier Colorado - Rheumatologic diseases, when left untreated, causes chronic and debilitating pain. This project team utilized telehealth to increase access to Rheumatologists for members living in rural and frontier counties. Telehealth ensured appointment availability, helped manage pain in a timely manner and improved quality of life. In 2020, this project trained 1500 providers to provide virtual care. Workforce capacity increased by 17% without adding providers with the completion of 692 eConsults for all payors since 2018. Since August 2020, 47 unique presentations using ECHO have focused on Rheumatology. In 2022, 96 participants completed all Rheumatology sessions with 77% of whom care directly for Health First Colorado members. The two maps (Figure 8) show access before and

after program implement in fiscal year 2020-2021. In the first map, the black dots in Western Colorado and in the Denver Metro area show the location of providers. The green, red, and blue dots in the second map show clinics that began to use the eConsult platform to improve access for their members. ECHO and eConsult allow primary care providers to feel confident in providing care thus keeping patients with providers they trust in their communities.

III. Specialty Care

Access to specialty care is challenging nationwide, and Colorado is not immune to this challenge. According to the Colorado Health Institute, Health First Colorado members are nearly three times more likely than patients with commercial insurance to report that they didn't receive specialty care because they couldn't find a provider who took their insurance.¹ The Department and CUSOM continue to work to improve specialty care access through several modalities including expanding telehealth opportunities (video and audio), supporting eConsults, enhancing referral pathways from primary care to specialty care, and increasing provider education. These options complement the brick-and-mortar expansion of specialty care sites to provide Health Care Colorado members with multiple opportunities to receive care in a way that best meets their individual needs.

CUSOM is the region's largest multi-specialty physician group practice which includes over **3,500 CUSOM physicians and advanced practice providers**. CUSOM providers saw **176,121 Health First Colorado members across 37 specialty care areas this year**. Figure 9 below shows the percentage of unique members seen in specialty care compared to primary care.

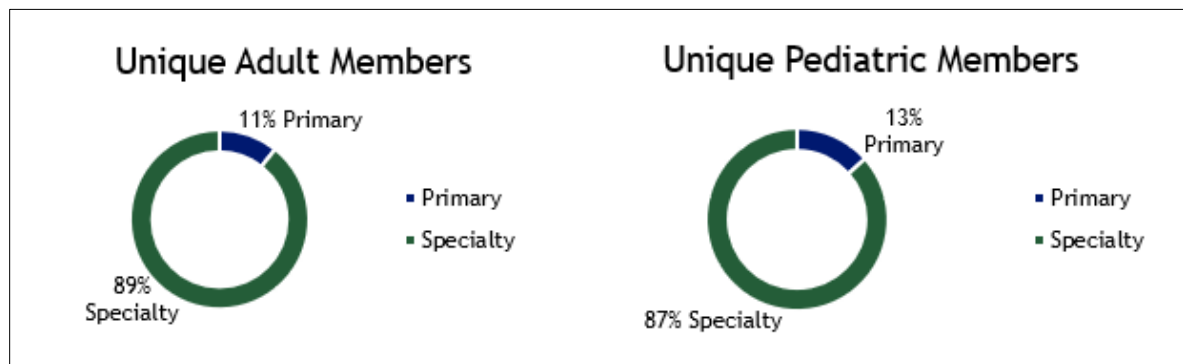


Figure 9. Unique Members Seen Primary and Specialty Care.

¹ Colorado Health Institute. (2017). "2017 Colorado Health Access Survey: The New Normal." <https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2017>

Focused Efforts: Rheumatology, Dermatology, and Urology

During fiscal year 2021-2022, CUSOM and the Department focused efforts specifically on **increasing access in Rheumatology, Dermatology, and Urology**. These areas were identified as having high community needs through quantitative analysis, listening tours, and community partner surveys.

Highlights of Work Completed

Telehealth Opportunities - Telehealth was utilized to provide an alternative mechanism to in-person visits for accessing specialty care. Workflows were developed for Urology post-operative visits to be conducted via telemedicine. This opportunity, along with other visits that were able to move to telemedicine, allowed members to eliminate barriers to care such as transportation, childcare, and missed work.

Referral Pathways - An analysis of primary care and self-referral pathways was conducted to understand how certain types of referrals reduce access in Dermatology. The eConsult platform was updated to improve the referral pathway and provide more fields and a clearer understanding of the clinical question being asked between a primary care provider and a specialist. This update allows the question to reach the correct specialist and ensure an appropriate referral across all specialties.

Provider Education - ECHO series were held to increase primary care workforce confidence in managing appropriate Rheumatologic and Urologic symptoms locally, rather than referring to specialty care. The urology series had a 95% satisfaction rate from attendees and Rheumatology held 47 sessions with an average of 50 attendees per session. Rheumatology will continue to provide series to reach the most providers as possible.

IV. Behavioral Health

The need for behavioral health services across the state has grown since 2017 and CUSOM and the Department have continued to prioritize funding to improve behavioral health care access through telehealth, specific clinic

initiatives, and increasing the workforce. This volume increase is possible through integrated primary care and training staff to properly screen and refer patients.

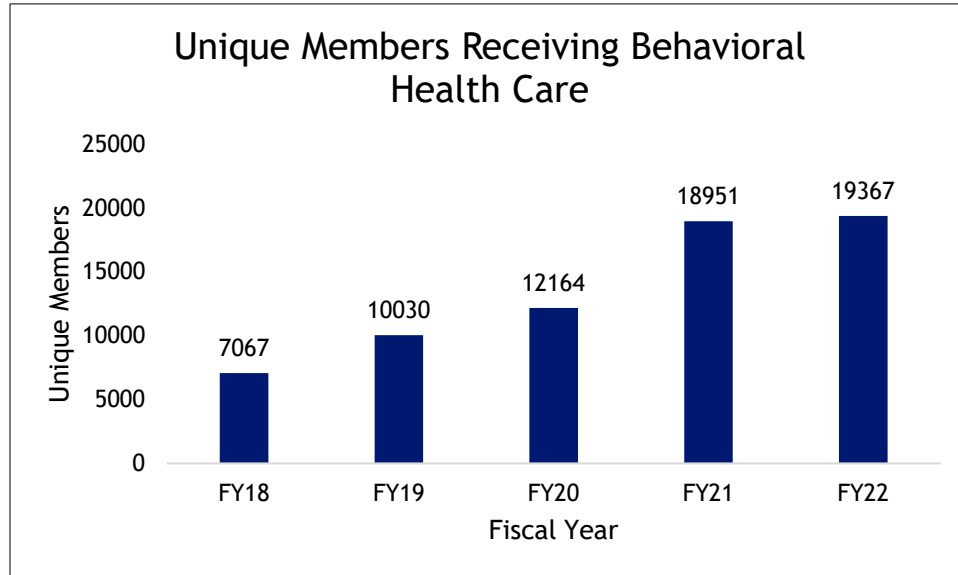


Figure 10. Unique Members Receiving Behavioral Health Care by CUSOM Providers.

Integrated Behavioral Health

Integrated primary care and behavioral health brings together physical and behavioral health services into one clinic. Fully integrated clinics offer a collaborative, team-based approach to care. The Supplemental Funding Program supports practices in developing and implementing hybrid models of virtual and in-person integrated behavioral health services and virtual team-based care. This model of care involves telepsychiatry, eConsults, and embedding psychologists and licensed clinical social workers into family medicine clinics.

- Integrated Care Locations**
- AF Williams Family Medicine
 - Boulder Family Medicine
 - Westminster Family Medicine
 - Long Tree Primary Care
 - CU Family Medicine - Depot Hill
 - CU Family Medicine - Centennial
 - CU Family Medicine - Landmark

CUSOM integrated virtual behavioral health and psychiatry services across 7 primary care sites in the Denver area. Since implementation, the project served 27,567 Health First Colorado members who were attributed to these integrated clinics.

V. Projects

The Supplemental Funding Program funds 95 projects that span across multiple clinics, locations, and specialties. These projects focus on a variety of care methods including direct patient care, connecting members to social resources such as food and housing, equitable care, and patient and provider education. Projects reach members across the state in rural, frontier, and urban counties.

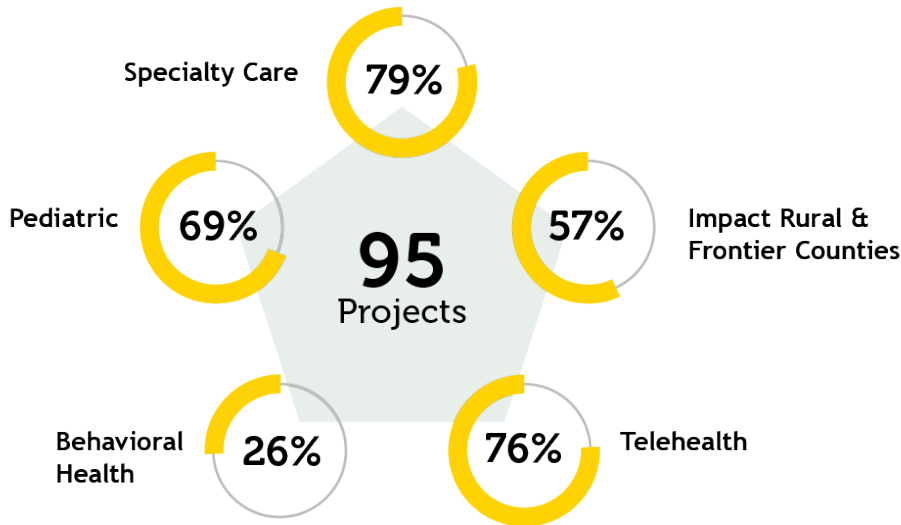


Figure 11. Project Topic Areas.

Project Example

- Medical Legal Partnership

Medical Legal Partnership (MLP) help members achieve “whole health” by helping find or maintain stable housing, food security, and economic development. MLP staff work with members to mitigate social risk factors that are detrimental to their health while

“Thank you for giving us a chance to show what a medical-legal partnership can do for a community. We know our direct assistance and our ability to connect families with trusted legal partners in the community lifts a huge burden off parents’ shoulders, allows parents to focus more attention on the medical, social, mental, and emotional needs of their children, and is appreciated by Children’s families, staff, and providers alike.”

Medical Legal Partnership Program Team

empowering them to be their own advocate. In fiscal year 2021-2022, MLP served 371 unique members and had 1,473 encounters with members in virtual or in-person meetings.

- Dermatology Clinic & Electrolysis

In 2021, CUSOM opened a new Dermatology practice in Aurora where electrolysis was identified as a need for Health First Colorado-insured transgender patients. Due to federal limitations regarding reimbursement, supplemental funding dollars were used to offset costs to increase access to this service. The Department worked with CUSOM to advocate to the Centers for Medicare and Medicaid Services (CMS) to update reimbursement policy and accommodate electrolysis. This clinic saw 53 members this fiscal year. **Currently, this is the only location in Colorado providing electrolysis services to Health First Colorado-insured transgender patients.**

- Barbara Davis Center

The Barbara Davis Center provides specialty care for pediatric diabetic members Colorado through telemedicine and in-person visits. One method of care is continuous glucose monitoring (CGM). The Barbara Davis Center empowers children and parents to read and analyze glucose levels through virtual patient education visits at home and in the clinic. Through this funding, the Barbara Davis Center provided CGM to members. Subject matter experts were consulted to advise on expanding CGM to all clinics and members. The Barbara Davis Center cut their canceled and no-show rates during the pandemic by increasing their telemedicine capabilities and seeing 670 members through telemedicine visits. In fiscal year 2021-2022, the Barbara Davis Center saw 3,663 Health First Colorado members.

- Cystic Fibrosis Travel

To optimize health outcomes, it is recommended that members with cystic fibrosis are seen in-person by their provider four times a year. This project supports members with transportation, food, and lodging to ensure they can make their appointments. 27 members families were impacted this fiscal year.

VI. Transitions of Care

To improve access to care, the Supplemental Funding Program supports enhancing transitions of care for patients transitioning from one healthcare setting to another. Specific transitions of focus this last year include pediatric to adult, hospital to community, detention center to community, and primary care to specialty care.

Transitions of Care Examples

Urology Pediatric to Adults: The Department of Urology and Pediatrics Surgery Transitional Care Program Development hired a specialist to focus on the needs of members as they transition from pediatric to adult care. This transitional time can be challenging due to the need to build new relationships with providers and navigate the adult healthcare system which can be vastly different than a pediatric setting. This specialist and project staff will help ease this transition and ensure that members do not have a lapse in care. In addition, an ECHO series was implemented to discuss how to treat urologic needs in primary care and prepare patients for the transition of care.

Detention Center to Community: This project facilitates access to community-based medical care and social support for people who are detained in a county jail by establishing relationships with program staff during a member's incarceration and continuing support as they transition back into the community.

Project Highlight – Asthma and Transitions of Care

Asthma Self-Care Education and Transitions (ASCEnt) - Adolescents and young adults with uncontrolled or partly controlled asthma experience increased exacerbation upon exercise leading to worse physical and mental health and lower quality of life. Without proper treatment or education, these symptoms follow adolescents into adulthood. ASCEnt builds relationships, collaborates, and educates patients and families to ensure a smooth transition from pediatric to adult care so symptoms and quality of life continue to improve. ASCEnt identifies barriers to care during the transition period and develops pathways to ensure appointment follow up and decrease no show rates by building trust. The Supplemental Funding Program invests in staff and education materials. ASCEnt has utilized telemedicine to reach 75 unique members in the Denver metro area, rural and frontier counties across Colorado.

VII. Community Engagement

CUSOM and the Department developed a strategic plan focused on establishing relationships with community partners and responding to community-driven needs. This fiscal year, the Department and CUSOM met with several organizations to present on program initiatives. These presentations provided awareness of the work as well as provided a platform to receive feedback. This work was presented to groups such as Tri-County Health Department, Colorado Community Health Alliance, and Mile High Behavioral Healthcare. Strategic partnerships were established to help guide and implement specific topic areas. Key partners include:

- ✓ Arapahoe County Jail
- ✓ City of Aurora
- ✓ Aurora Health Alliance
- ✓ STRIDE
- ✓ Dope Mom's Life

The Supplemental Funding Program continue to seek out partnerships with community organizations to be informed and driven by community needs.

VIII. Workforce

The Supplemental Funding Program works to develop and sustain a qualified, trustworthy, and culturally inclusive care team. The health care workforce is promoted through supporting full-time equivalent (FTE) staff in clinics, data analysts, and operational staff.

700 Staff Supported by Supplemental Funding Programs



Figure 12. Examples of Unique Workforce Hired.

Peers

One way to enhance the workforce is to hire community members with relevant lived experience into roles that build trust and create culturally competent environments which are essential. One program which focuses on jail transitions to the community, incorporates a peer support specialist into the member's care team. This peer specialist is a non-clinical role that uses their lived experience to bridge the gap between members and the medical system by providing an authentic level of acceptance and understanding that allows for the development of trust and hope within the member as they move towards their self-determined goals. The peer support specialist enhances the experience and the self-efficacy of the member while providing additional support and role modeling through the transition from the jail facility to the community.

Scholarships

The Supplemental Funding Program provided support to 35 medical students in Academic Year 2022 (Fall 2021 - Summer 2022) who were awarded the Rural or Diversity Scholarships. These scholarships are an important way to train the upcoming workforce to understand the needs of the diverse populations of Colorado and to attract top talent to study and then build careers in Colorado. Each of these students are required to work within Colorado and improve access to healthcare by increasing the number of providers and visits available. Supplemental funding provided \$815,000 of Diversity Scholarship and \$70,000 of Rural Scholarship funding this academic year.

“I truly would not be in medical school without the contributions of the scholarship. This funding to me means that all the sacrifices that my parents and family made when we immigrated here from Vietnam and lived in poverty have paid off. It means that as a physician I can recognize the contributions of students and aspiring physicians that come from similar background grounds.”

Diversity Scholarship Recipient

Project Highlight – Workforce Support

Colorado Pediatric Psychiatry Consultation & Access Program (CoPPCAP) -

The goal of CoPPCAP is to decrease death by suicide for teenagers, increase early identification and treatment of behavior health diagnoses by providing education by enhancing and supporting the behavioral health workforce. Many educational methods including peer-to-peer consultations, learning collaboratives, ECHO series, and traditional lunch and learns are utilized with a statewide approach. CoPPCAP supports the need for primary care providers to be trained in and implement behavioral health services in their clinics. The workforce is empowered to help their patients and provide needed resources while reducing workforce shortage barriers to behavioral health.

IX. Collaborative Initiatives

CUSOM and the Department work together to define, implement, and evaluate collaborative projects that work to increase access to care and improve outcomes for populations with complex health care needs across the state.

These are community identified projects, incorporate population-level and individual-level determinants of health and interventions, and support robust evaluation to better scale interventions across the state.

Specific Collaborative Initiatives undertaken in fiscal year 2021-2022 included two programs focused on individuals who are incarcerated in Arapahoe County Detention Center and those experiencing homelessness in Aurora. In partnership, CUSOM and the Department designed programs enhancing access to health care and coordinating community connections for these populations. These two programs seek to improve access to primary care and specialty care, and coordinate community resources.

Project Highlight – Connecting Unhoused Members to Care

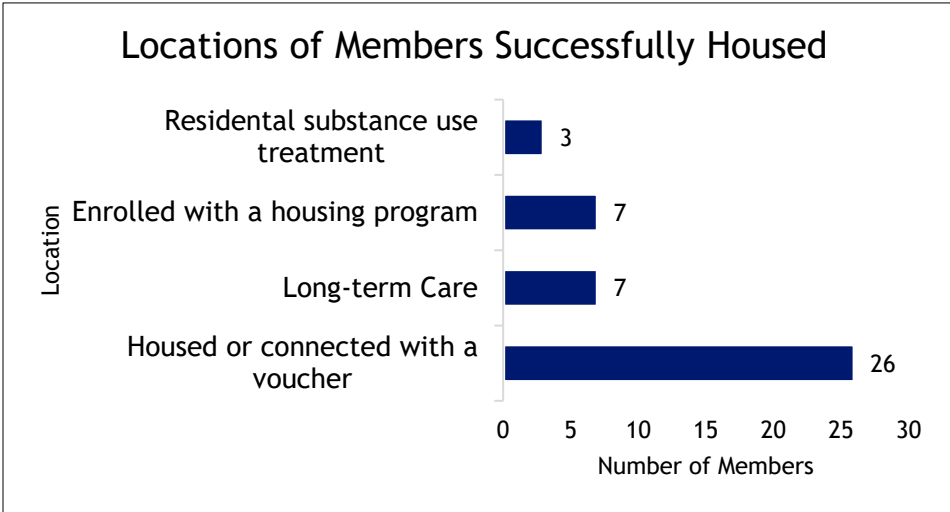


Figure 13. Locations of Unhoused Members who are Successfully Housed.

UCHealth Hospital Transitions Team (HTT) - HTT implements a specialized care management model to support transitions of care for unhoused patients to reduce emergency room utilization and connect these members to a primary care provider and clinic.

Social workers from the HTT are available in the emergency room, inpatient setting, and primary care clinics to provide support in

“I do not think that people realize how hard it is to live on the street and try to find healthcare. Denver is a hard city to live in if you are on the street. I am constantly being shuffled, moved, judged, or even at risk with my safety. It is important for people to understand that.”
Unhoused Community Member

navigating the health care system. Since the program began in fall 2021, 339 number of patients were referred to the HTT and 87% are Health First Colorado members. 254 of these participants have closed cases and 43 have been housed.

The collaboration between HTT, unhoused patients, and community partners ensure that patients are connected to needed resources, provide a safe place to recover, and work towards finding permanent housing. The Supplemental Funding Program supports the HTT social workers.

X. Aurora Wellness Community and Center for Health Equity

The Supplemental Funding Program is supporting the development of two unique programs focused on the holistic delivery of healthcare including recognition of the social determinants of health and the importance of dismantling inequity.

The Aurora Wellness Community (AWC), previously known as the Aurora Community Health Commons, will build health, wealth, and wellbeing for Aurora residents through collaboration with the community to create coordinated, comprehensive and equitable opportunities for individuals and families. The AWC focuses on physical and mental health, social risk factors such as unstable housing and food insecurity, generational care, and community building. Supplemental funding is supporting the launch of this project, which will include a teaching clinic to help fulfil the unmet need for primary care in northeast Aurora. Fiscal year 2022-2023 will be devoted to AWC program development under the direction of the new AWC Director and the development of the clinic model and site plan including creation of an execution timeline.

The Center for Health Equity (CHE) is a community-engaged University center that will advance community well-being by dismantling systemic drivers of inequity. The CHE will have a state-wide focus identifying strategic opportunities to improve health equity for all Coloradans. The proximity of the Center to the Anschutz campus and AWC will support a specific focus on the Aurora community. The goal is to help create sustainable programs and policy that benefits the community by leveraging and building on current health

equity work and resources. Health equity requires a collaborative approach to be successful including research, community engagement, education, connecting individual efforts, and clinical outcomes. Fiscal year 2022-2023 activities will include recruitment of the Executive Director and development of a multi-year plan for growth, development, and impact. CUSOM and the Department will utilize CHE as a resource to ensure the work being completed is equitable and inclusive of the people and needs of the local community and state.

XI. COVID: Challenges & Opportunities

The impact of the COVID-19 pandemic continues to be felt across the healthcare system. Staff shortages, backlogged procedures, the physical and mental exhaustion of the workforce, and increased demand for services are ongoing concerns. However, there have been some positive aspects of the pandemic. The pivot to telehealth created more options for patients to access care and increase satisfaction. Robust data was collected to demonstrate the efficacy of digital health services and its place in the future of healthcare. One example of this is behavioral health. The mental health of our country became a priority throughout the pandemic. In result of this funding, Health First Colorado members can now be screened for behavioral health needs in locations that previously did not offer this service through telehealth creating more access and alternatives for members.

The pandemic has broadened partnerships across campus and the community to ensure Health First Colorado members receive the services, resources, and referrals they need. The community continues to work together to create awareness of vaccine opportunities, health prevention services, and how to meet the needs of members.

COVID-19 has forced CUSOM and the Department to think outside of the box, develop innovative solutions, drive efficiencies, and improve technology. The Supplemental Funding Program will continue to address the challenges of COVID-19 and ensure members have a voice about how and where that care is offered.

XII. Next Steps

The Supplemental Funding Program will continue into its 6th year of operation. In the next fiscal year, the partnership will focus on telehealth expansion through provider education, specialty care access in neurology, growth of the unhoused and jail transitions programs, and increased collaboration with community partners. This partnership between the Department and CUSOM strives to continue to break down barriers and improve access to care for Health First Colorado members. The Department and CUSOM will use its established platform to create a more robust health equity plan by including metrics for each initiative that encompass health equity and social risk factors. Different groups across Colorado will be sought after to help drive work initiatives and find statewide solutions with an individual and community perspective. This work will continue to prioritize Health First Colorado members across the state by providing services, improving access as defined in the Access to Health Care Framework, and creating opportunities for members and their communities to be healthy.

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