

Community Year End Report

Colorado School of Medicine Interagency Agreement

Fiscal Year 2022-23



COLORADO
Department of Health Care
Policy & Financing

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I. Executive Summary

In fiscal year 2017-18, The Department of Health Care Policy and Financing (HCPF) 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 health care 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 (HCPF) and the publicly funded academic medical school (CUSOM).

The Supplemental Funding Program has been successful in improving access to care for Health First Colorado (Colorado's Medicaid program) members not only by enhancing provider payments, but also through creative initiatives focused on population health. In fiscal year 2022-23, CUSOM providers interacted with patients on more than **one million** occasions including visits, consultations, phone calls and exchanging messages.

A. Priority Areas

HCPF and CUSOM continue to support and foster the development of five areas of focus. These five areas remain critical to improve access to care for Health First Colorado members. The priority areas are shown in Figure 1.



Figure 1. Priority Areas

B. Key Successes

1. Provider Reach - CUSOM providers saw **209,706 unique Health First Colorado members** from all 64 Colorado counties. These members were seen at CUSOM physical locations, as well as via telehealth and provider outreach to rural clinics. CUSOM provided **69,043 primary care medical**

home visits across 19 primary care locations, an **increase of 11%** over the previous year.

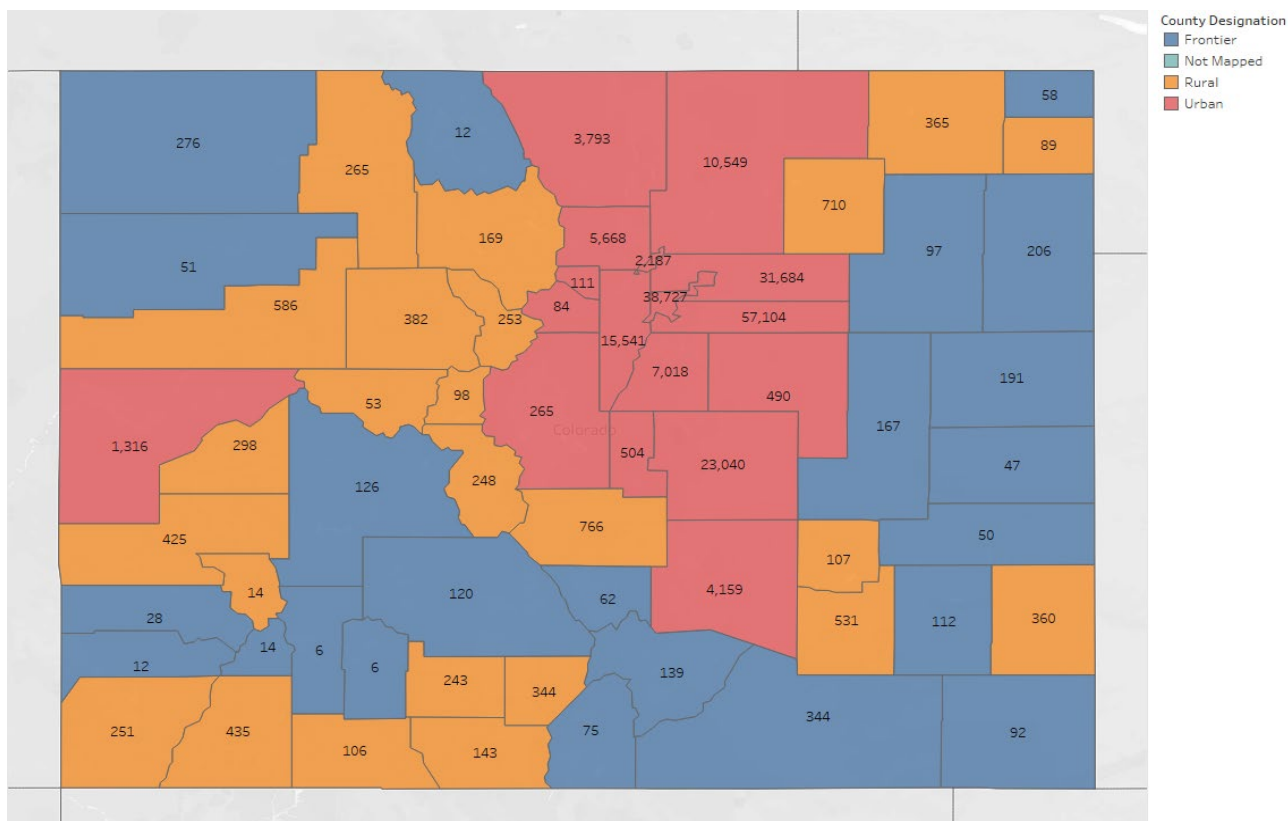


Figure 2. Number of Health First Colorado Members in Each County

2. 91 Funded Projects - The funded projects span multiple specialties and medical disciplines. Through these projects, the Supplemental Funding Program supports workforce development, behavioral health expansion, team-based population focused health care, and expanded unique program coverage such as recuperative care and medical-legal partnerships.

3. Telehealth Growth - Telehealth utilization continues to show growth as COVID-19 restrictions ended, signaling these modalities will remain an option for patient care. Telehealth **grew 21%** from the previous year even as in-person visits returned to pre-pandemic levels. There were **46,205 visits** and **21,087 unique members**. The number of eConsults continued to show growth, **up 12% with 1,095 eConsults sent**.

4. Specialty Care Access - Specialty care access has increased through several methods including telehealth visits, improved referrals pathways, and provider education. There were **331,727 visits** in FY 2023 representing

a **16% growth** over the previous year. Focus areas of specialty care access are dermatology, urology, rheumatology, and neurology.

5. Community Engagement - The Supplemental Funding Program works with community organizations to increase access by supporting transitions of care for unhoused members leaving the hospital setting and individuals leaving the Arapahoe County Detention Center. In addition, HCPF and CUSOM hosted their first Community Engagement Forum bringing together project teams for a presentation on best practices in engagement enhancement and information sharing.

II. Access to Health Care

Access to health care is the leading priority of the IA. Improving access to physical and behavioral health care for all members across the state is critical. The Access to Care Framework (Figure 3) is utilized to ensure that each initiative outlined in the IA connects back to improving access. This framework will be updated in FY 2024 to ensure that it continues to be a model to guide this work.

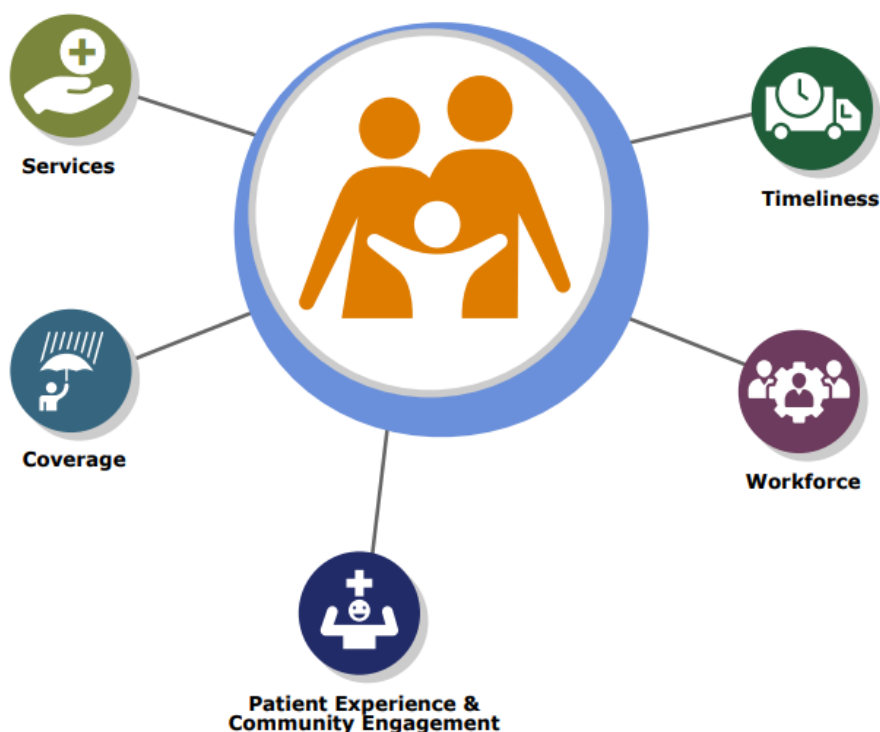


Figure 3. Access to Care Framework

Embedded in this framework are additional foundations of the IA including health equity, understanding social determinants of health, and expanding access through technology and a statewide approach to reach all members in frontier, rural and urban counties. Access to health care does not live in a silo of ensuring members are able to make appointments with a primary or specialty care provider. Members need to find holistic care that is equitable, reduces barriers and is accessible close to their home. Priority areas were chosen to support the framework and these goals.

Patient Story

The Young Mother's Clinic (YMC) at Children's Hospital of Colorado supports adolescent mothers and their children in a medical home setting. The Supplemental Funding Program supports a full-time social worker and psychiatry and psychology positions. These positions allow easy access to mental health services for young families often facing difficult life situations that may be complicated with food insecurity, legal issues, housing insecurity, intimate partner violence, transportation, and education. From the clinic, we hear this story concerning a multigenerational family:

"At the end of May, we received a referral from the Colorado Adolescent Maternity Program for a young mother who was currently incarcerated and had just delivered her baby. The young mother's grandmother volunteered to be a caregiver for the baby while she is incarcerated. The grandmother does not have her own transportation so there has been a lot of coordination between the grandmother, the YMC Social Worker, and the facility where the young mother is incarcerated. The YMC Social Worker set up an account with Intelliride and has assisted the grandmother with scheduling the rides, as she is elderly and overwhelmed with caring for our patient and other grandchildren in her home. The YMC Social Worker has been coordinating with the facility to advocate for the young mother to attend her baby's clinic visits and for her own medical care, which has proven to be challenging. During the visits that the young mother has been able to attend in-person, she was able to receive lactation support and receive early development education through the Healthy Steps Program

implemented by the YMC psychologists. The grandmother has been able to receive resource support with both adding the baby to Medicaid and housing support, as she needs a bigger home. It continues to be the goal of the YMC PCP and Social Work to continue advocating for the young mother's ability to attend future clinic visits in an effort for her to receive the support she needs and encourage parenting education and bonding with her baby. Providing emotional and resource support to grandmother has also been equally as important and beneficial to her and she often expresses gratitude for the support received."

III. Telehealth

Adult - Specialties	Number of Visits (N=23,373)	Percentage of Visits
Psychology	7,271	31.1%
Family Medicine	2,937	12.5%
Neurology	2,619	11.2%

Children - Specialties	Number of Visits (N=22,832)	Percentage of Visits
Psychology and Development	2,953	12.9%
Psychiatry	2,932	12.8%
Gastroenterology	2,679	11.7%

Figure 4. Top 3 Telehealth Specialties for Adults and Children

Beyond the sudden growth (9000% increase in telehealth utilization since fiscal year 2017-18) of telehealth during the pandemic, it is still considered an important component of the “new reality” in health care. Telehealth allows for increased access for medically underserved populations, is becoming a recognized standard of care, positively influences the provider-patient relationship, and can reduce costs of health care expenditures. Psychiatric and

psychology telehealth visits continue to rise which is critical to meeting the need for additional behavioral health services available to members. In FY 2023, CUSOM providers saw 21,087 members in 46,205 total visits.

Patient Story

The TRUE (Trust, Respect, Understand, Emerge) Center is the only comprehensive care center in the Rocky Mountain region specifically designed for gender-diverse children, adolescents, and young adults. The clinic told this success story:

“A 20-year-old transgender male with Medicaid has been a patient of TRUE since he was 15 years old. At his intake, he was quite nervous, and barely spoke at an audible volume, in part due to voice dysphoria. He previously attended all his visits accompanied by his mother, who was the primary historian in his care for the first 2 years, due to his shyness. The duo relied on telehealth as his mother cannot drive. He shared that having access to testosterone and 3 consistent years on treatment has allowed him to feel confident and independent. He is in the process of transferring from community college to a 4-year university to study engineering. He underwent chest masculinizing surgery in December 2022 which thankfully was covered by his insurance, or he could not have accessed that care. The patient attended his most recent visit by himself, using IntelliRide services for transportation. We were able to discuss a future transfer to an adult care provider in the coming year. The resident shadowing the provider that day remarked how positive, well-spoken, and lovely this patient was. Having access to medical treatment including testosterone and gender affirming surgery as an adult has changed this young man’s life and he makes a positive impression on just about anyone he meets.”

Telehealth continues to be a priority area as it allows members across the state to access care from providers they trust while remaining in their homes and communities. The IA focuses on telehealth visits, eVisits, eConsults, and ECHO.

Telehealth - The distribution of health-related services and information via electronic information and telecommunication technologies.

eVisits - eVisits allows a patient to talk to their doctors or other health care provider using an online patient portal to answer quick questions or decide if the patient needs to schedule a visit.

eConsults - A web-based system that allows for an asynchronous exchange between primary care providers and specialists to securely share health information and discuss patient care.

Extension for Community Health Outcomes (ECHO) - An online distance learning platform that uses interactive learning and case-based sharing to connect health professionals to experts and peers.

Providing the opportunity to see primary care providers and specialists in their communities through telehealth visits and eVisits allows members to reduce time away from work and family, eliminates transportation barriers and decreases costs. eConsult and ECHO allows members to receive the services they need while remaining in the care of a provider that they trust and know. Feeling comfortable with where, when, and how care is received can reduce stigma and increase adherence. In FY 2023, **1,095** Health First Colorado eConsults were sent from a primary care provider to a specialist; a **12%** increase from FY 2022.

Adult - Specialties	Number of Sent eConsults (N=580)	Percentage of Total eConsults
Endocrinology	128	22.1%
Psychiatry	87	15%
Neurology	51	8.8%

Children - Specialties	Number of Visits (N=515)	Percentage of Total eConsults
Dermatology	136	26.4%

Endocrinology	67	13%
Neurology	59	11.5%

Figure 5. Top 3 Specialties for Adult and Child e-consults

With the pandemic slowing down, the number of telehealth visits is beginning to stabilize as the telehealth modalities become more common and standard in many practices. The Supplemental Funding team took this opportunity to draft a Telehealth Patient Satisfaction Survey to understand how members feel about and utilize telehealth. This survey will be distributed in fiscal year 2023-24.

CUSOM, in partnership with UHealth, launched an eVisit platform in March 2023. eVisits represent a new, fast, and convenient option in virtual care. Health First Colorado enrollees can message their care teams directly to address new symptoms requiring assessment or referral, request medication adjustments, check-in with chronic disease management or changes, and other care needs. CUSOM is closely monitoring patient satisfaction with the new virtual care option with the ambition to expand allowable services through the new medium. Early adopters of eVisit utilization demonstrated increased access to care while averting need to secure in-person appointments.

In fiscal year 2022-23, the Supplemental Funding Program focused on enhancing community partnerships with the Peer Mentored Care Collaborative and ECHO series to ensure that all health care staff including social workers, care coordinators, administrators and front desk staff knew about and attended an ECHO series. This year a total of 39 topics were presented with 2,223 participants from Colorado, representing 59 out of 64 counties. 54% of attendees provided care to individuals who are medically underserved, 20% practice in rural and frontier counties and 61% serve Health First Colorado members. A Newcomer Health ECHO series is in progress to train entire clinics on how to provide services and support to refugees in Colorado. This series has been well attended with 395 number of attendees from across Colorado and the nation. More information will be provided once the series is complete. Telehealth fits into the framework by increasing services and coverage while also enhancing the patient experience. For more information and data on Telehealth please review the [1-pager](#).

IV. Specialty Care

Adult - Specialties	Number of Visits (N=117,945)	Percentage of Visits
Cardiology	30,301	25.7%
Obstetrics and Gynecology	9,330	7.9%
Orthopedics	8,032	6.8%

Children - Specialties	Number of Visits (N=213,782)	Percentage of Visits
Cardiology	27,308	12.7%
Orthopedics	17,352	8.1%
Pulmonary	13,321	6.2%

Figure 6. Top 3 Specialties for Adult and Child

Access to specialty care can be challenging due to provider capacity, long wait times to appointment, and availability of services. Specialty care was chosen as a priority area because of the increased need for specialty care paired with the challenges of obtaining it. The IA has focused on Urology, Dermatology, Rheumatology and Neurology with the goal of increasing workforce, understanding referral pathways, and utilizing data to understand where gaps still exist across the state. In FY 2023, 3,958 CUSOM providers saw 79,418 members across 331,727 visits.

In FY 2023, the Supplemental Funding Program focused on neurology and conducted an initial data analysis to determine what neurology looks like in Colorado and where there are gaps that could be minimized. This data analysis found that CUSOM providers care for more pediatric patients and non-CUSOM providers care for more adult patients. Maintaining the same level of care for members as they transition from childhood to adulthood and to separate facilities is essential. In addition, epilepsy, seizures, migraines, and headaches are common for all ages. This data will guide work in this area to include a

focus in transitions of care and developing an ECHO series to educate providers are managing common diagnosis in primary care.

Patient Story

The Immigrant Refugee Mental Health Program (IRMHP) has been providing culturally sensitive, trauma informed care to children and adults in Aurora on the Anschutz Campus since 1999. The Supplemental Funding Program supports a social worker, psychiatrist, therapist, program director and program outcome manager, allowing for greater specialty care access for immigrants and refugees. The IRMHP staff provided this story:

“During this reporting period, we were made aware that a young adolescent refugee who would eventually resettle in Denver was in a psychiatric hospital in Qatar due to severe emotional and behavioral disturbance while in transit from her country of origin. She had been in the hospital for several weeks. We were able to coordinate with her refugee resettlement agency staff and staff at Children’s Hospital in Aurora. The result was that on arrival in Denver, she was admitted to Children’s Hospital for several more weeks. During the hospital stay, our team communicated with Children’s Hospital staff and attended family meetings at Children’s, so that when the client was discharged from the hospital, she and her family were already familiar with her outpatient care team at CU Medicine. None of this coordination of care, which amounted to about 20 hours, was billable. Thus, the work that we put into this case was fully funded through our Supplemental Funding grant. We believe that this patient and her family will have a significantly better outcome as a result.”

For more information and data on Specialty Care Access please review the [1-pager](#).

V. Primary Care and Behavioral Health

As the need for behavioral health continues to increase in Colorado, the IA has looked to improve access to this care by integrating it into primary care clinics. Primary care is an important place to integrate behavioral health care because primary care has a higher utilization rate due to location to a member’s home

and a trusting relationship between member and the provider. In FY 2023, 24,708 members were seen in primary care with CUSOM providers across 69,043 visits in 19 locations across the state.

More than 20 projects received Supplemental Funding support to improve access to behavioral health services through embedded psychologists, licensed clinical social workers, and psychiatrists in family medicine, internal medicine, and pediatric primary care settings, as well as specialty services such as obstetrics and gynecology, women's health, addiction medicine, developmental disabilities, transgender care, and digestive medicine. In FY 2023, 20,660 Health First Colorado members received behavioral health care with CUSOM providers. Utilizing various models of care delivery, these projects decrease wait times from months to days for psychiatry appointments through eConsults, and same day access to psychologists and licensed clinical social workers through warm hand-offs.

VI. Projects and Community Engagement

Community engagement is a priority area to ensure that members and organizations, including nonprofit organizations, Regional Accountable Entities (RAE) and Health Alliances, who work directly with members, can provide feedback, and guide the work of the Supplemental Funding Program. Without the insight of members and community organizations, activities may be completed without any positive impact on access to care. In FY 2023, the Supplemental Funding team has made 41 connections with community partners through meetings, presentations, and collaboration. These partnerships are critical to improving access to care by ensuring that work across the state does not happen alone but in collaboration with many talents and perspectives. While there are many partnerships, the Supplemental Funding Program works closely with other state agencies (Office of eHealth Innovation and Department of Public Health and Environment), Aurora Health Alliance, Colorado Access, and Peer Mentored Care Collaborative. It is important for changes that are made to be logical and useful to community organizations who must implement those changes.

The Supplemental Funding Program supports 91 projects that all focus on increasing access in different ways. Initiatives to improve access within

projects includes updating clinical processes to reduce appointment wait times, supporting additional staff like social workers, care managers, and pharmacists to increase clinical capacity and services, and provide social services to reduce barriers to care. In FY 2023, the Supplemental Funding Program team brought projects together to support each other by learning best practices and innovative ways to solve problems. In April, the AF Williams Care Coordination project team presented on their community engagement strategy to help other project teams to enhance their engagement. Connecting projects leads to improved access to care because all projects provide services to Health First Colorado members and many members are seen within different projects. The network of providers and members continues to expand.

Program Story

Drawing on the fact that only 10% of people getting medical care in jail reported having a WORTH (Wellness, Opportunity, Resiliency Through Health) undertook the task of providing a bridge to medical services between incarceration and release. Health care while incarcerated is a separate medical system from the community. Clients are released with no medications, no appointments for follow-up medical care, and no medical records.

Incarcerated individuals have higher rates of chronic diseases, infectious diseases, and at two-weeks post release, higher fatality rates. Those incarcerated face social barriers upon release with 75% rearrested within three years. There is a higher risk of homelessness, mental health issues, and drug dependence or abuse.

WORTH began working with Arapahoe County Detention Center to bridge those being released to needed services with the goals of establishing relationships for those individuals prior to release, then linking participants to medical care and resources after release all while managing and tracking medical goals and care. Participants work with a peer specialist and health navigator to support and assist in addressing social determinants of health and developing a health care relationship.

WORTH continues to develop community partnerships that benefit their participants, with plans to engage additional county jails in Jefferson and Adams counties and public defenders.

For more information and data on Community Engagement please review the [1-pager](#).

VII. Collaborative Initiatives

Collaborative Initiatives stemmed from the Supplemental Funding Program's commitment to the community. Through partnership with community organizations, it became apparent that there is a large need to improve access for the unhoused and justice involved populations. This priority area allows the Supplemental Funding Program team to focus on the community and improve the patient experience and expand services. The current community partners for this priority area are UCHealth's Housing Transitions Team (HTT), STRIDE Mobile Health Unit: STREET Medicine and Wellness, Opportunity, Resiliency Through Health (WORTH).

HTT Highlights:

- ✓ 118 members enrolled with HTT.
- ✓ 29 members housed.
- ✓ Partnered with the Denver Housing Authority to help patients get access to Housing Choice Vouchers.
- ✓ Looking to expand program to other hospital systems and create partnerships for recuperative care services.

STRIDE Highlights:

- ✓ 421 Unique patients seen at the mobile health unit.
- ✓ 618 Unique encounters.
- ✓ 102% increase in Health First Colorado members seen at the mobile health unit throughout FY 2023.

WORTH Highlights:

- ✓ 34 participants in the first year of operation.
- ✓ Creation and utilization of a Community Advisory Board.
- ✓ 11 providers onboarded to provider network to reduce stigma.
- ✓ Trust in program has grown with participants referring friends and cellmates.

VIII. Other Areas of Focus

There are several activities within the IA that span all priority areas. These areas include enhancing workforce, statewide initiatives, and improving coverage of services not covered by typical Medicaid reimbursement. Access to health care is improved through these activities by enhancing clinical capacity, ensuring that all members, regardless of location, have access to the providers and services they need, and paying providers for services that are not reimbursed, thus increasing access to subspecialty care.

- Workforce** - Workforce is critical to improving clinical capacity by allowing for additional appointments and services and ensuring that members can navigate the complex health care system. The Supplemental Funding Program financially supports 768 unique hires across all projects and other initiatives within the Interagency Agreement. These positions include physicians, behavioral health professionals, social workers, and care coordinators.

768 Staff Supported by Supplemental Funding Program



Figure 7.

- b. Education - The Supplemental Funding Program also supports provider and staff education through ECHO series, individualized trainings and Rural and Diversity Scholarships.

In the 2022-2023 school year, 90 students received scholarships in the Medical Doctor program. 52 students are currently enrolled in the Rural Track Program. These students are placed in locations such as Trinidad, Del Norte, Cortez, Salida and Fruita to increase access to health care for rural members while also teaching students the importance of rural medicine.

"...going to high school in a rural area did give me a taste for the unique needs of rural communities. I went on to attend college in a rural college town in Missouri, then to an internship program in Kentucky that worked extensively with rural Appalachian communities in western KY, when I returned home to Colorado and finished my library science masters, I actively sought out positions in rural areas, ultimately landing in Eagle County. As I returned to my childhood dream of being a physician all of these life experiences influenced my choice. From the interest in medicine itself, to the interest in working with kids and families, serving in a rural area and even my passion for improving health literacy through science communication, clinical communication and patient education. I am so grateful for my winding non-traditional path towards medicine because I picked up important tools, skills and experiences all along the way that I now see as essential to becoming the type of physician I want to be."

Rural Scholarship recipient

"Growing up in Aurora, the CU Anschutz medical campus has played a key role in some of my family's most difficult moments. The support and care my family and I have received here has been nothing short of phenomenal. Having the opportunity to learn about medicine in a place where I've had some of my most intimate health care experiences is a true honor. I knew that by coming to study at CU Anschutz, I would have the opportunity to learn from some of the best doctors and health care professionals in the world. I've seen this expertise and professionalism first-hand, and I chose

to come here to provide that same level of care to others in the future. Furthermore, I could not turn down the chance to return home and be close to my family."

Diversity Scholarship recipient

- c. Statewide Reach - The Colorado School of Medicine providers see members across the entire state through telehealth and outreach clinics. The outreach clinics saw 6,114 members in 7,628 visits in FY 2023. In addition, several providers see members in nontraditional places outside of the clinic such as School-based health clinics and community organizations. This reach outside of the Denver metro area is important for increasing access for all members and ensuring proper care is available.
- d. Specialized Reimbursement - There are several services that are not reimbursed by Medicaid that the IA is able to support. This is incredibly impactful for providers and members who require services that may not be available otherwise. These services include:
 - ✓ Recuperative Care - Recuperative care, also known as respite care, refers to short-term care for homeless persons who are too sick to recover on the streets or in a shelter, but are not sick enough to continue staying in a hospital. Ascending to Health Respite Care (ATHRC) in Colorado Springs has provided recuperative services, including daily living needs, hygiene, daily vitals, nutrition, pharmacy and follow up appointments, to nearly 1,000 individuals in the Pike Peak region. The Supplemental Funding Program Team partnered with ATHRC to provide quarterly data on Health First Colorado members that received these services from Jan. 1, 2022, to Dec. 31, 2022. After discharging from ATHRC, ATHRC staff continued to assist members with PCP set up, specialty follow-up, physical therapy, wound care, and transportation services. The data indicated that the top three specialty reasons among those members were related to cardiology, wound care, and dermatology. Moreover, the needs of care in the facility were mainly for daily monitoring, wound care, and recovery. The Supplemental Funding Program Team

will conduct an evaluation to assess the impact of recuperative care and to explore opportunities for sustainable funding. The comprehensive analysis is expected to be published by the end of the calendar year 2023.

- ✓ Medical Legal Partnership (MLP) - The Supplemental Funding Program supports a MLP within a CUSOM clinic. MLP provides legal services by trained attorneys to members while they are being seen in a clinic. These services include help with employment, housing, and domestic issues. In FY 2023, the MLP program saw 247 members with 1,201 encounters.

IX. Evaluation

The Quality Evaluation Support Team (QUEST) is a Supplemental Funding investment aimed at supporting project teams with their evaluation pursuits. Many programs at CUSOM that receive Supplemental Funding do not have evaluation support built into their funding model. This places the burden of creating program metrics, defining data, and extracting accurate data onto individuals whose expertise is outside of this area. Additionally, teams often do not have the capacity to tell their story from both a qualitative and quantitative perspective creating difficulties in sharing a comprehensive picture of their programs with important collaborators and partners. QUEST is a nine-person team consisting of experts from various realms of health care evaluation and quality improvement. QUEST aims to support projects by executing rigorous outcome evaluations, automating Epic-based project metric data extraction, and acting as an evaluation partner.

In FY 2023 QUEST completed hiring and onboarding for the initial proposed core team and then evaluation activities began in earnest. Five projects were selected for evaluation based on interest areas of HCPF. These projects included the CUSOM OB/GYN Pregnancy Medical Home, the Creation of a CUSOM Dermatology Clinic in Aurora, CUSOM Rheumatology eConsult Program and Expansion, the Extra Care Initiative for Pediatric Diabetes at Barbara Davis Center, and the CUSOM Ambulatory Health Promotion Nicotine Cessation Program. Each evaluation was designed in collaboration with the project team

and included quantitative and qualitative data. This mixed-method approach allows for holistic storytelling about the impact of these programs.

In FY 2023, two of the evaluations were completed. The Pregnancy Medical Home evaluation demonstrated improved quality of care through an increase in prenatal depression screenings for patients seen by the Pregnancy Medical Home team compared to similar patients seen by other care teams. The evaluation of the CUSOM Dermatology Clinic in Aurora demonstrated increased access to dermatology services for Health First Colorado members. The remaining three evaluations are still currently underway and will be completed during FY 2024.

X. Future Actions and Next Steps

The Supplemental Funding Program will continue into its 7th year of operation. In the next fiscal year, the partnership will focus on digital health through expanded provider education, eVisits, as well as gauging member telehealth satisfaction. Specialty care access will remain focused in neurology through the development of an Advanced Practice Provider residency program. Growth of the unhoused and jail transitions programs, and increased collaboration with community partners will continue and look toward expansion. This partnership between HCPF and CUSOM strives to continue to break down barriers and improve access to care for Health First Colorado members. HCPF and CUSOM will use its established platform to continue creating 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 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.