

Community Year End Report of the Supplemental Funding Program

*University of Colorado School of Medicine
Interagency Agreement*

Fiscal Year 2023-2024



School of Medicine
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS



COLORADO
Department of Health Care
Policy & Financing

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I. Executive Summary

In Fiscal Year (FY) 2017-2018, 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 HCPF and the publicly funded academic medical school (CUSOM).

The Supplemental Funding Program has focused on improving access to care for Health First Colorado (Colorado's Medicaid program) members not only by enhancing provider payments, but through creative initiatives focused on population health. Included throughout this report are testimonies from project medical directors and managers citing the impact of this funding.

Colorado Hospital Substance Exposed Newborns Quality Improvement Consortium

“Medicaid Supplemental Funding for CHOSEN QIC has changed the entire landscape for how our substance exposed newborns and their families are cared for during birth hospitalization. The Eat, Sleep, Console and judicious use of pharmacologic therapy were entirely new practices when CHOSEN first started. At present, these interventions are now considered standard-of-care. Critically important, hospital teams continue to share how CHOSEN QIC has reduced stigma and bias among providers in their engagement with mothers with substance use.”

Susan Hwang, MD

A. Priority Areas

HCPF and CUSOM identified five areas of focus, shown in Figure 1, that are critical to improving access to care for Health First Colorado members. The Supplemental Funding Program continues to prioritize, support, and foster

work in these areas.



Figure 1. Priority Areas of the Interagency Agreement

B. Key Successes

1. **Health First Colorado Members Served** - CUSOM providers served a total of **211,552 unique Health First Colorado members** across all 64 Colorado counties. The number of members served in each county is shown below, in Figure 2. These members had visits at CUSOM physical locations, as well as via telehealth and outreach to rural clinics.
 - CUSOM provided **73,871 primary care medical home visits** across 20 locations, a **7% increase** from the previous year.
 - In FY 2023-2024, CUSOM Behavioral Health clinicians served **21,297 Health First Colorado members** through integrated primary care services or behavioral health locations.
2. **85 Funded Projects** - The Supplemental Funding Program funded 85 projects across multiple specialties and medical disciplines at CUSOM. Funds were utilized to support workforce development, behavioral health expansion, team-based health care, and expansion of unique program coverage, such as assisting justice involved individuals transition back into the community upon release, providing culturally appropriate behavioral health services to newcomers, and expanding fetal cardiology care to western Colorado via telemedicine.

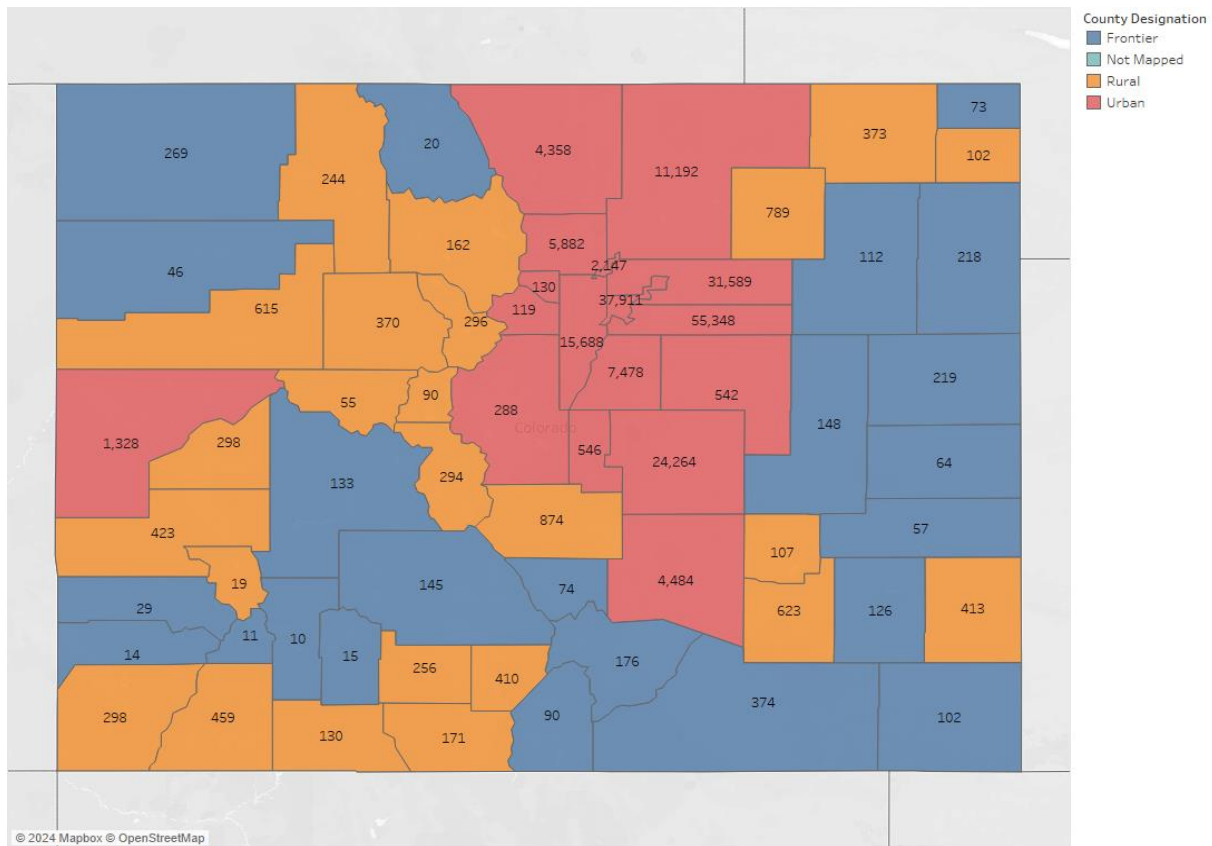


Figure 2. Number of Health First Colorado Members Served in FY 23-24 by County

3. **Telehealth Growth** - Telehealth has shown consistent utilization signaling these modalities will remain an option for patient care. Telehealth **grew 11%** from the previous year. There were **51,942 visits provided via telehealth for 23,340 unique members**. A total of **1,639 eConsults** were made for Health First Colorado members, which is a **16.5%** increase from the previous year, and represents **17%** of all eConsults sent.
4. **Specialty Care Access** - There were **330,336 visits** in FY 2023-2024 representing a **20% growth** over the previous year. Focus areas of specialty care access are dermatology, urology, rheumatology, and neurology with plans to expand into a new specialty care area in FY 2025-2026.
5. **Community Engagement** - In FY 2023-2024, the Supplemental Funding

team made 93 connections with community partners through meetings, presentations, and collaboration: a 127% increase from the previous year. Two community engagement forums brought together the Supplemental Program project teams for presentations on community engagement strategies and how to utilize resources to mitigate food insecurity.

II. Projects and Access to Health Care

Access to health care is the leading priority of the Supplemental Funding Program. Improving access to physical and behavioral health care for all members across the state is critical.

A. Access to Care Framework

The Access to Care Framework (shown below, in Figure 3) was developed in FY 2021-2022 to highlight the Supplemental Funding program's drivers for improving access to care. Each of the six drivers are defined below, in Figure 4. The framework is utilized to ensure that each initiative supported by the Supplemental Funding Program aims to improve access to care for Health First Colorado members. The framework was updated in FY 2023-2024 to include Social Determinants of Health to ensure that it continues to support equity driven work.

This framework is built upon the Supplemental Funding Program's commitment to health equity, as demonstrated by the emphasis placed on reducing barriers to care, expanding access through technology, and a statewide approach to reach members in frontier, rural and urban counties. Access to health care is complex and is more than simply ensuring members can make appointments with a primary or specialty care provider. Members should be able to access whole-person care that is equitable and is accessible for their needs. The priority areas were chosen to support the framework and these goals.



Figure 3. Access to Care Framework, Updated in FY 2023-2024

Services	Coverage	Patient Experience & Community Engagement	Convenience	Workforce	Social Determinants of Health
Ensure patients can receive high-quality, culturally competent care, and wraparound services within their medical home or through specialty care.	Provide additional coverage for unmet needs with appropriate financial support, sufficient provider networks, and necessary Medicaid benefits.	Incorporate patient experience factors and bidirectional feedback from community members, collaborators, and partner organizations to drive action.	Provide health care quickly through increase availability of in-person appointments, creating local hubs of care, reducing time to care, and providing telemedicine.	Develop and sustain a qualified, trustworthy, and culturally inclusive care team, with ongoing training to continuously improve and develop the best workforce possible.	Support the non-medical factors that influence health outcomes to enhance better health care management.

Figure 4. Access to Care Definitions

B. Projects

The Supplemental Funding Program supports 85 projects that all focus on increasing

access in different ways. Initiatives to improve access within projects include updating clinical processes to reduce appointment wait times, supporting additional staff like social workers, care managers, patient navigators, and pharmacists to increase clinical capacity and services, and providing social services to reduce barriers to care.

In FY 2023-2024, 74 of the projects funded by the Supplemental Funding Program self-categorized their work within the Access to Care framework, based on their project’s primary area of focus. Project teams were permitted to choose as many access areas as they felt needed to accurately capture the primary focus of their project. Figure 5 shows percentages of 74 projects that chose each area of access as a focus for their work. ‘Services’ and ‘Convenience’ were the two most reported primary focuses, with 77% and 57%, respectively.

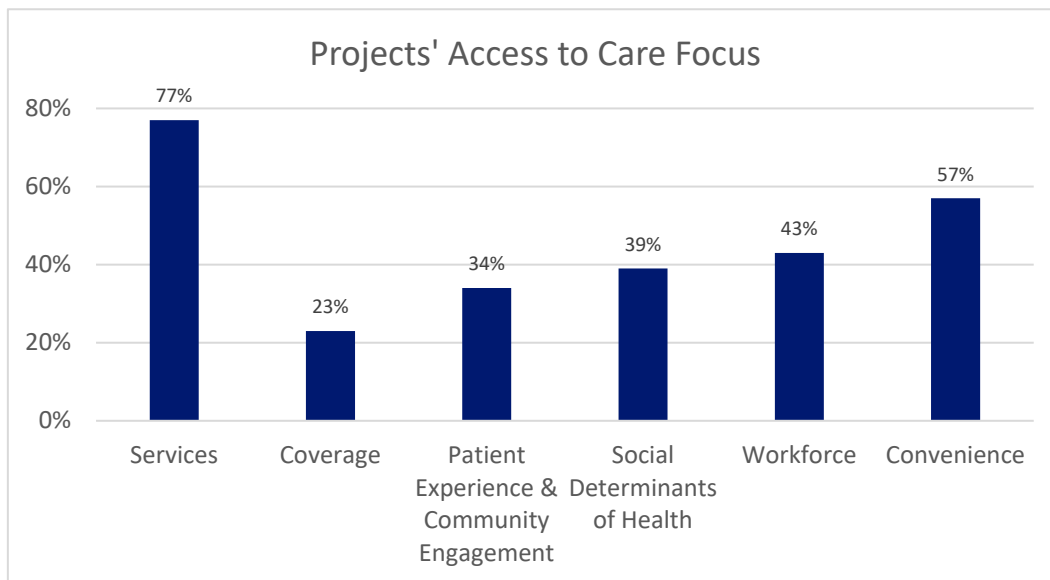


Figure 5. Projects impact on Access to Care Framework in FY 2023-2024

There were meaningful themes about the ways in which projects are focusing their work to expand access to care for Health First Colorado members. Fifty-three percent (53%) of the projects who had a primary focus on Services accomplished this by ‘Capacity Expansion’ efforts, such as hiring patient navigators or care coordinators, location expansion, or adding new capacity to existing teams or departments. Thirty-two percent (32%) of projects with a primary focus on Social Determinants of Health were working on ‘Resource Connection’ and/or ‘Navigation’, including connecting patients to social

services, assisting with transportation, patient education, legal needs, food, and housing. Forty-nine percent (49%) of the projects focused on Convenience had efforts in ‘Telehealth’, including expanding the use of telehealth, eConsults, or remote patient monitoring.

A.F. Williams Care Coordinator

Our Medicaid Supplemental Funding program has been fundamental for our clinic. Because of our geographic proximity to multiple emergency departments, the busyness of our clinic, and high volume of Medicaid and dual eligible patients, offering wraparound services for our Medicaid patients utilizing the ED has been incredibly helpful in ensuring our patients are getting reconnected with their PCPs after these visits in cases when follow up is needed. When follow up is not needed, this has granted the opportunity to provide resources on non-ED alternatives for acute concerns. Additionally, and probably most importantly, this has allowed for an additional touchpoint for patients to be identified for possible psychosocial needs and connected with other interdisciplinary care team members (e.g. social work, pharmacist, behavioral health) instead of waiting until PCP identifies them for these services.

Aimee English, M.D.

C. Access to Primary Care and Behavioral Health

As the need for behavioral health continues to increase in Colorado, the Supplemental Funding Program 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 2023-2024, a total of 25,915 members were seen in primary care with CUSOM clinicians providing 73,871 visits across 20 locations in 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. During FY 2023-2024, a total of 21,297 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.

Integrated Care in Family Medicine: Virtual and In-Person Integrated Behavioral Health Services

“I am truly grateful for the resources that it has provided to increase access to high quality mental health care for our patients, their families and communities. This project has noticeably increased access to behavioral health and psychiatry services for Medicaid patients through virtual, and in-person integrated behavioral health services utilizing a hybrid model of in-person and virtual team-based care. Many of the patients who we are able to treat in this model would have no access at any mental health care if not for this service. Our teams experience this daily in their ability to provide immediate direct and patient centered high quality care in a primary care setting. “

Jay Shore, MD

III. Telehealth

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 Supplemental Funding Program focuses on telehealth visits, eConsults, and ECHO. Telehealth fits into the Access to Care framework by increasing services and coverage while also enhancing the patient experience.

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

***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.*

Post-Discharge Telehealth Home Nursing Visits for Medically Complex Children at High Risk for Readmission

“[Supplemental] funding has allowed us to implement and iteratively improve a one-of-a-kind tele-nursing model of care that is improving hospital-to-home transitions for patients at Children’s Hospital Colorado with very high medical complexity. Telehealth enables enrollment of all patients meeting eligibility criteria regardless of where they live or their access to transportation, use of a single team to support our Denver metro and Colorado Springs hospitals, and evaluation of post-discharge care concerns in patients’ home environment - for example, answering questions about home health equipment that sometimes looks different than medical equipment used in the hospital. Data show that our program is improving parent/caregiver comfort with home care after discharge, reducing 30-day post-discharge healthcare utilization, and identifying opportunities to improve transitional care management/ care coordination for all patients in the Children’s Colorado health system.”

Christine Olson, MD

A. Telehealth

Telehealth allows for increased access for medically underserved populations and has become a recognized standard of care that can positively influence the provider-patient relationship, and reduce costs of health care expenditures.

Providing the opportunity to see primary care providers and specialists in their communities through telehealth visits, and eConsults allows members to reduce time away from work and family, eliminates transportation barriers and decreases costs.

In FY 2023-2024, CUSOM providers saw 23,340 members in 51,942 total visits. Figure 6, below, shows telehealth utilization for Health First Colorado Members year over year since FY 2017-2018 and demonstrates sustainment of the modality for accessing care.

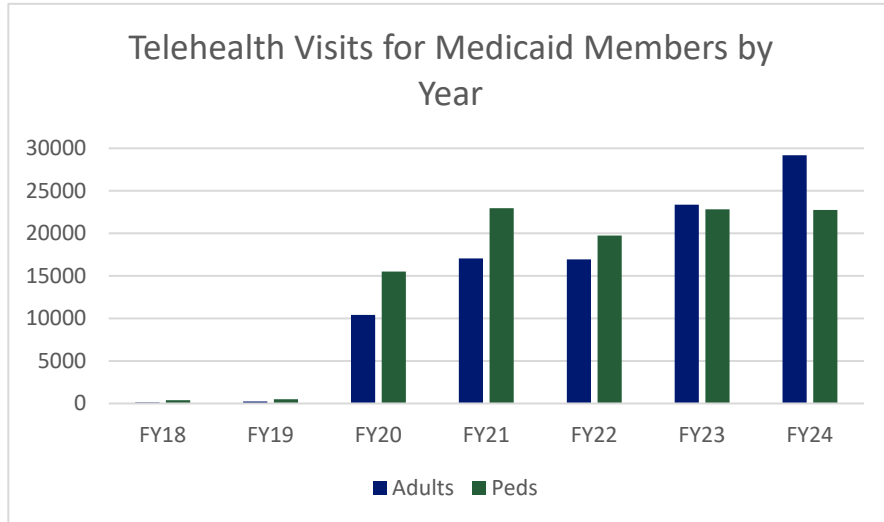


Figure 6. Telehealth Visits for Adult and Children Health First Colorado Members by Year

Psychiatry, psychology, and other behavioral health telehealth visits continue to rise which is critical to meeting the need for additional behavioral health services available to members. Figure 7 lists the top three services accessed by adult and pediatric Health First Colorado Members. For both populations, psychiatry is the service most frequently accessed by the telehealth modality.

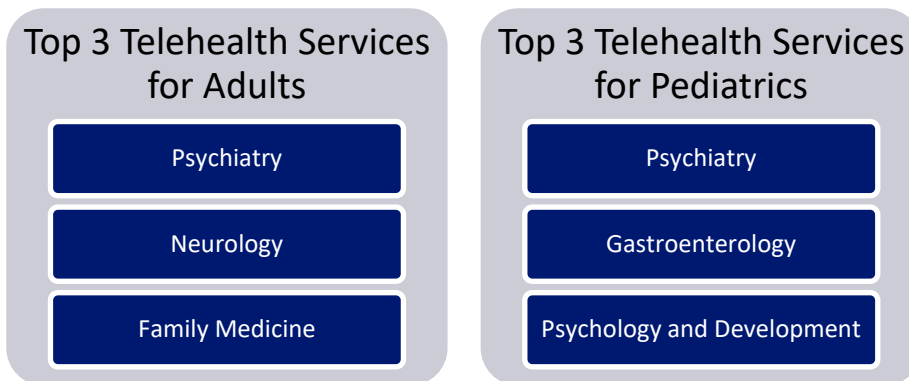
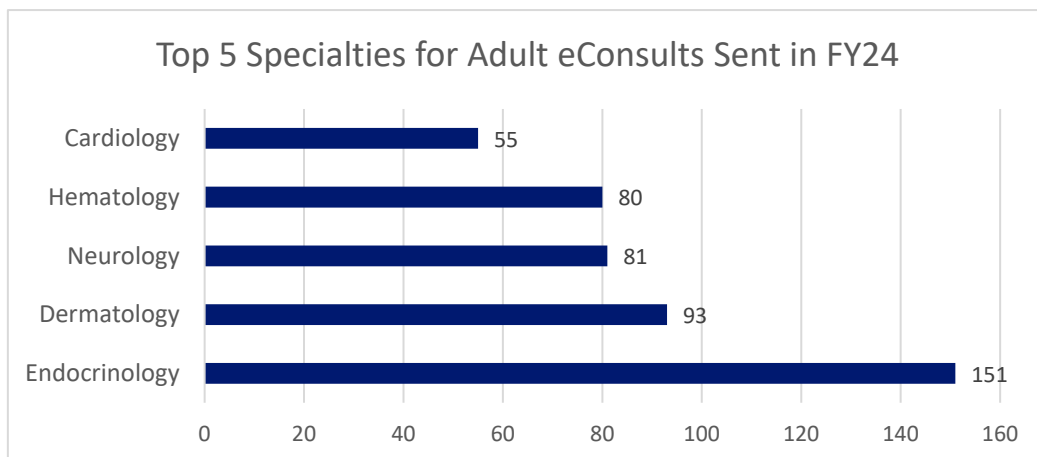
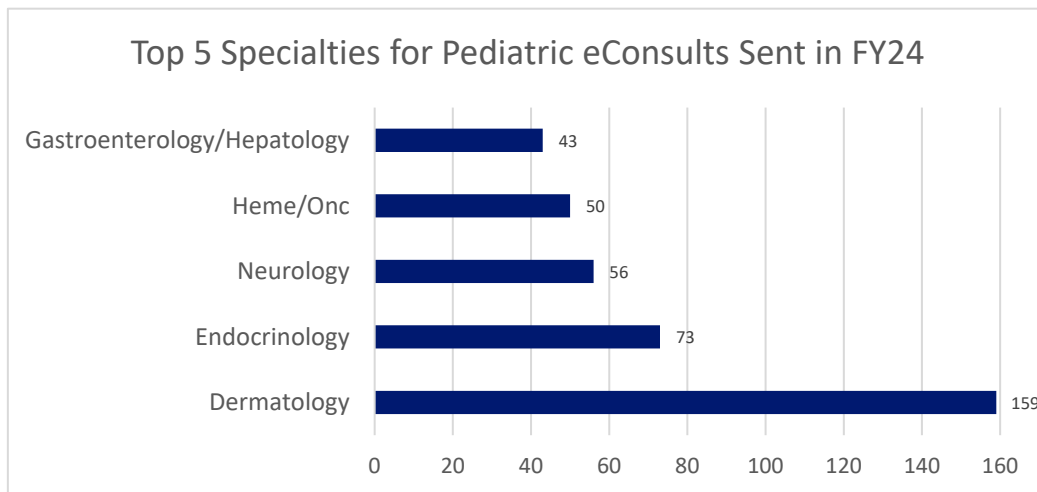


Figure 7. Top 3 Telehealth Services for Adults and Children

B. eConsults and ECHO

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 2023-2024, **1,639** Health First Colorado eConsults were sent from a primary care provider to a specialist for consultation; a **16.5%** increase from FY 2022-2023. Figures 8 and 9 highlight the specialties most frequently consulted via eConsult for pediatric and adult Health First Colorado Members in FY 2023-2024. Endocrinology and dermatology were the top two most frequently consulted specialties for both populations.



Figures 8 and 9. Top 5 Specialties for Pediatric and Adult e-consults in FY 2023-2024

The Supplemental Funding Program continued collaborating with the Peer Mentored Care Collaborative to create new content on the needs of neurology and the Newcomer population currently coming to the United States. Other topics ranged from Developmental Pediatrics to Urology.

ECHO Series participation has continued to grow. In FY 2023-2024, a total of 15 series were presented with 2,265 participants attending 4,705 sessions. Sixty-five percent (65%) of all participants were from the state of Colorado, with 83% of Colorado counties represented. Nineteen percent (19%) of participants were from rural and frontier counties. Fifty-eight percent (58%) of attendees were Direct Care Providers, and of those 65% were Medicaid eligible providers and 48% served underserved populations.

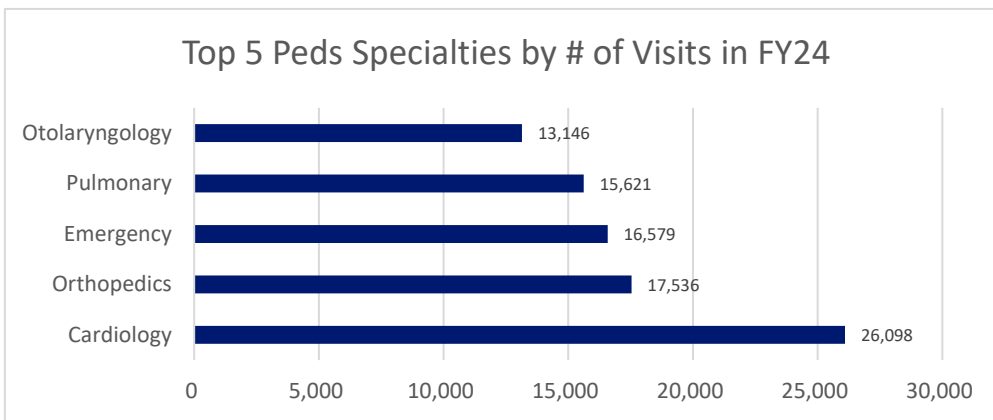
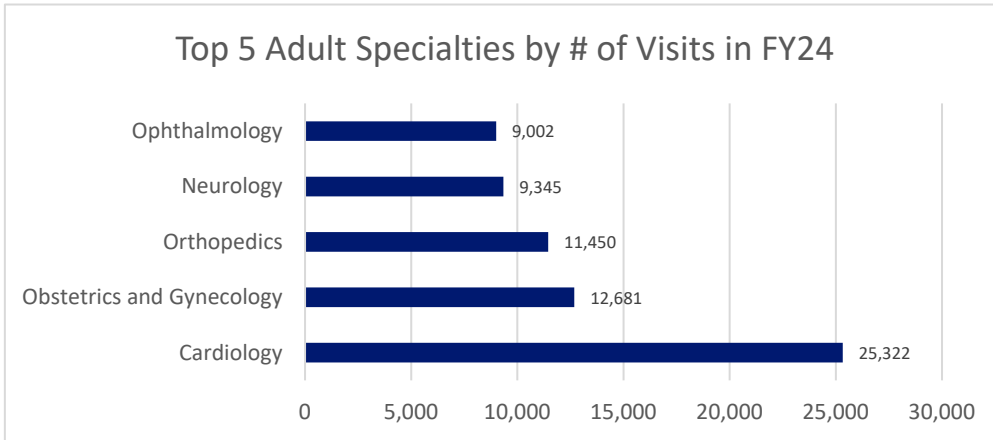
Due to the large gap between the number of patients in need of neurologic care and the number of providers with this expertise, the Neurology ECHO series focuses on increasing mentorship between primary care and specialists, decreasing “neurophobia,” the fear of neural sciences and clinical neurology, in primary care providers, and improving access to care for patients. The development of this series began in FY 2023-2024 and will be available to providers in early 2025.

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 follows a national series on the same topic that was well attended. A second cohort is planned to begin in the next fiscal year.

IV. Specialty Care

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 Supplemental Funding Program 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 2023-2024, there were a total of 330,336 specialty visits for Health First Colorado Members. Figures 10 and 11

highlight the most frequently utilized specialty services by adult and pediatric Health First Colorado members in FY 2023-2024. For both populations, cardiology was the most utilized specialty.



Figures 10 and 11. Top 5 Specialties for Adult and Child in FY 2023-2024

In FY 2023-2024, the Supplemental Funding Program analyzed neurology access more closely by focusing on pediatric to adult transitions of care, referral pathways and comparing provider lists between HCPF and CUSOM. It was determined that utilizing HCPF claims data alone was not enough to understand patterns of utilization and trends of care. Using claims data in conjunction with provider and member interviews will provide the Supplemental Funding Program with a better understanding of how these focus areas can lead to increased access to specialty care. Conducting a mix methods approach to understanding specialty care access will lead to better patient outcomes and targeted approaches to minimizing access issues.

Rural and Frontier Consultation Rotations for Behavioral Health Trainees

Individuals in rural communities often struggle with lack of access to specialty services. The [Supplemental Funding Program] allows us to support youth in Durango school district whose mental health difficulties are interfering with success in academics while additionally causing significant distress. With the support of [Supplemental] funding, our team provides multidisciplinary assessments of students referred to our team by the Durango school district. Psychology and Child Psychiatry provide a diagnostic assessment, recommendations for the family and specific recommendations for school professionals based on interviews with the student, their caregiver and members of their school team.

Kimberly Kelsay, MD

V. Community Engagement

Community engagement is a priority area to ensure that members and community-based organizations who work directly with members, can provide feedback and solutions 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. These partnerships are critical to improving access to care by ensuring that work across the state does not happen alone but in collaboration with various expertise and perspectives.

The Supplemental Funding Program works with community organizations to understand the needs, challenges, and barriers to healthcare across Colorado and ensure that the work being completed under the agreement is impactful. HCPF and CUSOM host Community Engagement Forums to bring together project teams for a presentation on best practices in engagement enhancement and information sharing. This year the forums were focused on community engagement strategy and food insecurity.

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.

One highlight from FY 2023-2024 is the contributions to the ongoing Colorado 1115 waiver discussions. Colorado applied for a waiver to expand services to allow for continuous coverage for members involved in criminal justice and housing and nutrition support. HCPF and CUSOM presented at internal community engagement forums as well as external meetings with the Colorado State Health Alliances. Each presentation included high level information on the HCPF's goals and discussions around what that means for individual organizations.

VI. Collaborative Initiatives

Collaborative Initiatives stemmed from the Supplemental Funding Program's commitment to increase access to care and improve outcomes for populations with complex health care needs across the state. 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 UHealth's Housing Transitions Team (HTT), STRIDE Mobile Health Unit: STREET Medicine and Wellness, Opportunity, Resiliency Through Health (WORTH).

HTT Highlights:

- ✓ 89 members enrolled with HTT.
- ✓ 52 members housed in FY 2023-2024, and 111 patients housed since program start.
- ✓ Partners with the Denver Housing Authority and Colorado Coalition for the Homeless to help patients get access to Housing Choice Vouchers.

STRIDE Highlights:

- ✓ Patient population is comprised of individuals who were unhoused or located

in encampments, low-income families, and newcomers.

- ✓ 680 Unique patients seen by STRIDE mobile health, including street medicine and mobile care delivery.
- ✓ Mobile health team provided medical services at more than 50 events and 500 street operation encounters.

WORTH Highlights:

- ✓ 154 unique members contacted with 66 enrolled participants.
- ✓ Partnership with Sherriff's office have resulted in free incoming calls and in-person or telehealth visitation wat Arapahoe and Jefferson County Detention Centers.
- ✓ On average, it takes enrollees 2.6 days post-release to connect with WORTH and participants 35.9 days to connect to a community based medical provider.
- ✓ 72% of referrals to WORTH indicated a need for Specialty Care

Stride Mobile and Street Medicine

A week or so ago our team was introduced to an unhoused individual who had many of the common needs, along with some mental health issues. We did the usual stuff, health screening, building rapport, and met with an outreach worker from Centennial who originally approached me about meeting with this individual. We met this individual in a park today, we got him a telehealth visit with a provider, drew labs, and provided him with a tent and some other gear. We are meeting with him again on Monday to go over his lab results, get him a video visit with a behavioral health provider, and discuss his plan for care.

I don't know why this moment was one of "those moments" but it was. I don't know if it was because we were able to draw labs, his visit with a provider, or the look on his face and the sincerity in his eyes and voice when he said thank you. Whatever it was, it was a moment.

Shawn Marzan, BSN, RN

VII. Other Areas of Focus

There are several activities within the Supplemental Funding Program 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.

- a. **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 747 roles across all projects and other initiatives within the Interagency Agreement. Figure 12 highlights the types of roles funded through the Supplemental Funding program. Most of these funded positions are critical to clinical and program operations but are not typically reimbursed by Medicaid such as care coordinators, program managers, social workers, and peer specialists.

747 Staff Supported by Supplemental Funding Program



Figure 12. Workforce Roles supported by Supplemental Funding Program

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

In the 2023-2024 school year, 93 students received scholarships in the Medical Doctor program. Fifty-three (53) 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.

In FY 2023-2024, the CUSOM Department of Neurology created a new educational initiative to increase provider capacity and meet the demand for neurology care. The Adult Neurology Advanced Practice Provider (APP) Fellowship program will train provide a structured education in all areas of neurology to APPs and empower them to serve a critically important role in team-based care, improving overall access and increasing physician efficiency. The first two APP trainees will start in FY 2024-2025.

- c. ***Statewide Reach*** - CUSOM providers serve members across the entire state through telehealth and outreach clinics. The outreach clinics saw 5,203 members in 6,238 visits in FY 2023-2024. 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. ***The Farley Health Policy Center*** - The Farley Center supports HCPF in the development and prioritization of focused projects using Health First Colorado claims data, Regional Accountable Entities (RAE) behavioral health encounter files, and child welfare agency data. For the past several years, the Farley Center has focused on children, youth, and young adults involved with child welfare, including those who have emancipated or “aged-out” of foster care at age 18 and continue to be eligible for Health First Colorado until age 26. Briefs presenting results from these analyses are available on the [Farley Center website](#) including a recent focus on utilization of psychotropic medications. The cumulative results from these analyses contributed

to the inclusion of current and former foster care youth as a priority population for enhanced care coordination services in the draft RAE Phase 3 statement of work.

The Farley Center also supports evaluations of programs funded by the Supplemental Funding Program. Specifically, the Farley Center staff members are supporting the assessment of three projects:

- Innovation Support Program
- Colorado Integrated Behavioral Health + Telepsychiatry Intervention (CIBH+)
- eConsult

A new area of focus investigates the cost of delivering integrated care in primary care practices. The team integrated results from the time-driven, activity-based cost data with previous findings providing results that provide HCPF information needed to develop a legislatively mandated report that will be submitted in late 2024.

- e. ***Specialized Reimbursement*** - There are several services that are not reimbursed by Medicaid that the Supplemental Funding Program is able to support. This is incredibly impactful for providers and members who require services that may not be available otherwise. For example, the Supplemental Funding Program has been able to provide financial support, including travel expenses and lodging, for members who need to travel far for cystic fibrosis treatment. In addition, eConsults were supported solely through the Supplemental Funding Program prior to other billing mechanisms and the Colorado state-wide platform was made available.
- f. ***Additional Initiatives*** - HCPF and CUSOM partnered to bring special focus to areas of interest that widely impact members across the state. These areas include pediatric to adult transitions of care, palliative care, solid organ transplant, refugee health care access and LGBTQ+ health care access. FY 2023-2024 was used as an exploratory year to understand the needs in these areas and how this partnership could be

leveraged to make a positive impact. The Supplemental Funding Program Team looks forward to continuing this work through initiatives such as care coordination for the refugee population being seen in the ER and developing an ECHO series focused on the benefits of palliative care.

TRUE Center for Gender Diversity Expansion

The TRUE Center for Gender Diversity is the only comprehensive multidisciplinary program dedicated to gender diverse youth and families in the Rocky Mountain region. Gender diverse youth experience disproportionately higher rates of depression, anxiety, and other physical and mental health conditions, often as a result of inadequate resources and support from trusted adults. In large part because of Medicaid Supplemental Funding, the TRUE Center has been able to grow its menu of wraparound social, behavioral and medical services for one of Colorado's most vulnerable patient populations. These funds allow us to provide multiple points of contact before, during and after appointments from various disciplines, including social work, nursing, and community health navigation.

Amanda Bogart, M.D.

VIII. Evaluation

The Quality Evaluation Support Team (QUEST) supports 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, which can create gaps in reporting capabilities. 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 Supplemental Funding Program investment aimed at filling this capacity gap and supporting teams with their evaluation pursuits. QUEST aims to support projects by executing rigorous outcome evaluations, automating Epic[®]-based project

metric data extraction, and acting as an evaluation partner. QUEST is an eight-person team consisting of experts from various realms of healthcare evaluation and quality improvement.

In FY 2023-2024, QUEST focused their evaluation activities on six projects, based on HCPF and CUSOM's interest areas. These projects included the CUSOM Rheumatology eConsult Program and Expansion, the CUSOM Ambulatory Health Promotion Nicotine Cessation Program, Women's Behavioral Health and Wellness, the Housing Transitions Team (HTT), Wellness Opportunity Resilience Through Wellness (WORTH), and STRIDE Mobile Health. Each evaluation was designed in collaboration with the project team and included quantitative data (e.g., Epic[®]-based outcomes data, Medicaid claims data, REDCap data) and qualitative data (e.g., team member interviews, patient surveys or interviews). This mixed-method approach allows for holistic storytelling about the impact of these programs and the Supplemental Funding that support them.

Five of the evaluations were completed and highlight reports were shared with HCPF, CUSOM, and the respective project teams. The Rheumatology eConsult program demonstrated improved time to care for patients referred through eConsults compared to traditional referrals. The evaluation of the Nicotine Cessation Program showed improved nicotine reduction for those highly engaged in the program. Women's Behavioral Health and Wellness provided specialty care to Medicaid patients, particularly within inpatient settings. The Housing Transition Team demonstrated modest cost savings in emergency department spending for patients working with the HTT social work team. WORTH was able to build relationships with community partners and to help a fifth of WORTH enrollees meet their individual goals. Four new evaluations will be conducted in the upcoming fiscal year.

IX. Future Actions and Next Steps

The Supplemental Funding Program continues to innovate and create greater access to care into its 8th year of operation. In FY 2024-2025, the partnership will build on telehealth as a valuable tool for promoting equitable access to care across the state by exploring the advancement of behavioral health delivery and quality outcomes through telemedicine and developing an entirely

virtual care clinic. Building on the success of virtual provider education, ECHO will curate and present series addressing Neurology and Colorado-specific newcomer health, with a focus on other areas of interest that impact Coloradans.

The Department and CUSOM will use lessons learned and best practices from previous fiscal years to take the next step to address access to specialty care. Upcoming activities will include continued efforts to impact transitions of care, exploration of new specialty areas, referral pathways, and specialty care utilization data analysis.

A new undertaking will be the development of the first Population-Focused Learning Network, with an initial focus on maternal health. Bringing together project teams working to drive health outcomes with a similar population, this initiative will strive to establish support and resources for each project team.

These efforts 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.