

PRIMARY CARE FUND IMPROVES COLORADO'S HEALTH CARE FUTURE

Report to Voters about Amendment 35 Primary Care Fund

Since 2006, Colorado's Community Health Centers (CHCs) have been awarded funds from the Primary Care Fund (PCF). This fund was created when Colorado voters approved Amendment 35, which raised the tax on tobacco products and directed that the revenue be used to expand health care for children and low income populations. CHCs are among the safety net providers that receive money from the PCF. This report to Colorado's voters details how CHCs have used their share of these revenues.

In 1998, CHCs cared for 250,000 people in Colorado. Ten years later, in 2007 CHCs cared for more than 400,000 people. CHCs provide a health care home for one in 10 people in Colorado. They care for one-third of the state's low-income uninsured, one-third of Medicaid enrollees, and one-third of Child Health Plan Plus (CHP+) enrollees. CHCs are nonprofit or public entities with a mission to provide comprehensive primary health care to low-income working families and individuals. Fifteen CHCs operate 120 community, migrant, homeless and school-based clinics across the state.

In November 2004, Colorado voters approved Amendment 35. Nineteen percent of the revenue created by Amendment 35 are placed in the PCF each year to pay for health care services at Community Health Centers and other safety net providers where at least 50 percent of the patients are uninsured or are on Medicaid or CHP+. Other revenue from Amendment 35 funds tobacco education programs, programs to prevent and treat tobacco-related diseases, and coverage for more people in Medicaid and CHP+.



Clinica Family Health Services Nurse Practitioner Susan Jager plays with Bernardo Nava, 2 months old, during a well-baby exam, 2008. Bernardo's mother, Ludi Arjon, watches.

More exam rooms, more health care providers, better efficiency, and a continued focus on providing the highest quality of health care for Coloradans: these are the building blocks made possible by the PCF. CHCs have been able to improve and expand the physical spaces where people receive health care, add staff and training to enhance the health care workforce, and upgrade the technology that helps staff maintain and improve the quality of care. Some CHCs are already seeing more patients, others will see increases as facilities are completed and new staff and services are added. Collectively, Colorado's CHCs project that the Primary Care Fund will make it possible for them to care for up to 80,000 additional low-income people who do not have health care homes by the end of 2010.



Sunrise Community Health, Inc., which cared for more than 22,000 people in 2007, opened its new Monfort Family Clinic in Evans in July 2007. The new building replaced a 1915 schoolhouse-turned-Community-Health-Center in Greeley. Community donors and foundations provided the capital investment, knowing that Sunrise's PCF dollars would help to staff and operate the new facility.

HEALTH CARE HOME (ALSO CALLED MEDICAL HOME)

A health care home is a patient's usual source of primary health care to prevent sickness, manage acute and chronic illness, and reduce the need for avoidable emergency room visits and hospitalizations. This "home" provides cost-effective comprehensive primary and preventive health care for individuals and families, including medical, dental and mental health care. CHCs currently provide more than 500,000 people in Colorado with health care homes. With an emphasis on culturally competent and family-friendly care, CHCs manage care today for better health tomorrow. A sliding fee scale keeps care affordable, and CHCs place their facilities where they are convenient to their patients.

"The Chamber understands the importance of having access to a healthy workforce. With the cost of health care continually on the rise, the community health centers provide access to the working families of Colorado."

*David Csintyan
President & CEO
Greater Colorado Springs Chamber of Commerce*

"Sunrise Community Health, Inc. is an incredible asset to our community. Ensuring access to health care in communities across Colorado benefits everybody."

*Kay Kosmicki
President
Cottonwood Travel, Greeley*

FACILITIES

The PCF has helped CHCs improve services and care for more people by providing financial resources for expansion and improvement of the physical space needed for health care.

The PCF helped CHCs raise additional support from communities, foundations, and local governments. Health Centers have purchased land and broken ground on new facilities, built new facilities, and expanded or reorganized existing sites. More exam rooms mean more patients will be cared for, and reorganized use of existing space creates a more efficient health care home focused on the patients.¹

Peak Vista Community Health Centers opened its newest facility in February 2008, the Family Health Center at Union. Peak Vista cared for 42,000 people in the Pikes Peak region in 2007. The new building opened with 36 exam rooms in use and will have 48 rooms in use when fully staffed. This is a 50-percent increase in exam rooms available at the old facility that this one replaced. The PCF supported construction of the new site and is helping Peak Vista add staff to care for the growing number of patients. The facility has onsite pharmacy and lab services, providing patients with convenient one-stop service. It includes two large rooms for chronic disease management, where patients can meet in groups with clinic staff, sharing information and supporting each other toward better health. In addition, a well-child waiting room provides a supervised play area where healthy children can play while parents and siblings complete their health care visits in private.



The well-child waiting area at Peak Vista Family Health Center at Union, Colorado Springs, provides a safe place for children to play while parents attend health care appointments, 2008.

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Clinica Family Health Services, which cares for more than 33,000 patients annually, remodeled its Pecos Clinic in Adams County to improve the existing three care team "pods" and add a fourth. The "pod" is Clinica's building block for health care. Each pod is built on a floor plan that helps staff work more efficiently by grouping exam rooms and provider team work space – each pod is a clinic

within a clinic. Patients are assigned to a pod, which are color coded and easily identifiable as soon as the patient walks into the building. Rather than moving from room to room for various health needs, each patient remains in one exam room and members of the health care team come to the patient. Staff time formerly spent walking to and from widely dispersed exam rooms and equipment is reduced, leaving more time for direct patient care. By consistently seeing the same health care team, the clinic feels smaller, more manageable and more personal to patients. The Pecos Clinic remodel also made it possible to add the clinicians and support staff, supported by the PCF, that will allow them to provide an additional 14,000 medical care visits per year.



Pueblo Community Health Center, which currently cares for 20,000 people per year, purchased land and broke ground in 2008 for a new medical clinic building that will increase the number of Pueblo CHC's exam rooms by more than 30 percent. Guests stand ready to dig for the new building at 310 Colorado Avenue in Pueblo on Nov. 18, 2008. From left: Don Abdolla, St. Mary-Corwin Medical Center; C.W. Smith, Parkview Medical Center; Mary Gunn, David & Lucile Packard Foundation; Susan Hill, Caring for Colorado Foundation; Priscilla Lucero, Wells Fargo Bank; Paul DePatie, H.W. Houston Construction Co.; and John Hoelscher, RTA Architects.



The Blue Pod at Clinica Family Health Services's Pecos Clinic, 2008: staff shared workspace is in the cubicles to the right, from which they can easily find each other. Exam rooms surround the cubicles so providers can see which room they need to visit next.

HEALTH CARE WORKFORCE

Every health care home needs a team of health care providers: doctors, dentists, nurses, physician and dental assistants, behavioral health specialists, and all the staff who make the appointments, keep the records, operate the equipment, and carry out the other tasks that make health care happen. The Primary Care Fund has helped Colorado CHCs recruit more staff, update the training of current staff, and expand hours of service. In some cases, staff duties have been reorganized to increase efficiency and improve service.



From left: Dental Assistants Aisha Momadi, Elizabeth Diaz and Veronica Garcia practice their skills in one of the new dental exam rooms at MCPN's new North Aurora Family Health Services, 2008.

With help from the PCF, Metro Community Provider Network (MCPN) consolidated four sites in Aurora into a new state-of-the-art facility that upgraded and expanded MCPN's health care capacity in Arapahoe County. The site doubles the number of patients MCPN can see in this area, and the CHC expects to grow from 100 employees to 150 by the end of 2009. MCPN currently cares for 38,000 patients in the suburban metropolitan Denver area.



MCPN employees, Healthy Start Case Manager Tina Rodriguez and Clinical Dietician Jenni Bartles stand at the entrance to MCPN's new North Aurora Family Health Services, 2008.

Valley-Wide in 2008. Previously temporary physicians, called *locum tenens*, were used to help provide services. Having permanent health care providers living in the community helps build patient/provider relationships. This supports the concept of a health care home for ongoing health care needs for residents and improves health status. In addition, Valley-Wide was able to expand the number of staff available to assist patients with enrollment in public programs, such as Medicaid and CHP+. This helps eliminate the financial barrier that keeps patients from seeking health care services. Also, a pharmacist has joined the Valley-Wide team to help patients with their medications.

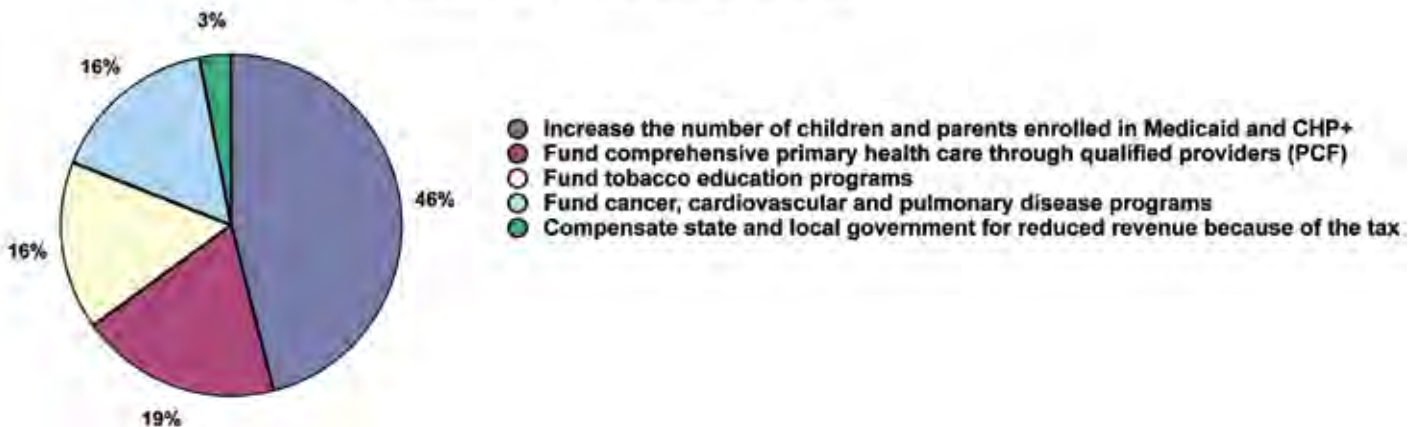
Valley-Wide Health Systems, Inc. cares for 39,400 patients across the San Luis Valley, the Arkansas River Valley, and in southwest Colorado. The Primary Care Fund helped with the expenses of recruiting new staff: five physicians joined



Pharmacist Eric Wolfe, right, checks the blood pressure of co-worker Autumn Alspaugh, Valley-Wide Health Systems, Inc., 2008.

Denver Health carried out a major initiative to help staff improve the quality and efficiency of patient care. Experts in the Toyota "Lean Production Model" coached Denver Health staff on how to change and improve patient care processes and clinical operations. Tightening and standardizing processes results in improvements such as reduced patient waiting time, reduction in mistakes, improved clinical outcomes, and improvements in patient access. Part of the funding for this initiative came from the PCF.

Allocation of Amendment 35 Revenue



TECHNOLOGY

Technology, such as electronic health records, efficient phone systems, updated medical and dental equipment, contributes to improving and maintaining high quality health care. Community Health Centers are already highly rated in the quality area: nationally, they have been rated the most successful program of the U.S. Department of Health and Human Services.² The PCF has helped provide funding for several CHCs to install electronic health record systems, train staff to use them, improve phone systems, and purchase updated medical equipment.

Mountain Family Health Center, with facilities in Glenwood Springs and Black Hawk, has installed an electronic health record system (EHR) that is bringing several benefits to its patients. The EHR allows health care providers to see patient medical histories without having to repeat questions at each visit, and the records can be viewed securely at any Mountain Family site visited by a patient. Physicians can also view the record securely at a hospital if necessary. Mountain Family expects to be able to use the EHR system to analyze common chronic health conditions and assess how well each facility and health provider is doing in caring for the CHC's 9,100 patients, using the information to continually improve the quality of care provided to patients.



Medical Assistants Diane Pacheco, left, and Gladys Andrade discuss a patient's electronic health record with Physician Assistant-Certified Ken Davis at Mountain Family Health Center in Glenwood Springs, 2008.

High Plains Community Health Center, based in Lamar and caring for 7,800 patients in southeastern Colorado, also installed an EHR system. When a patient comes for an appointment, the EHR prompts the health care team to offer health screenings for which the patient is due. The system alerts the provider if a prescribed medication could have unwanted interactions with medications the patient is already taking. This EHR not only helps the CHC provide top quality care to patients, it also provides the care team with monthly reports of patients with chronic conditions who need to be contacted for follow-up, tests, or other care. Because chronic diseases such as heart disease, cancer and diabetes are leading causes of death and disability, this kind of care management significantly contributes to the prevention and control of the effects of these conditions.



Quality Improvement Coordinator Jessica Medina, standing, discusses electronic health records with Physician Assistant-Certified Susanna Storeng at High Plains Community Health Center, Lamar, 2008.

Photographer: Larry Laszlo

Access to care and good customer service are key components to effective health care, beginning with scheduling an appointment. Patients need to be able to make appointments, renew prescriptions, and ask questions easily. The PCF provided funding for CHCs to make changes to their phone systems, increasing efficiency and patient friendliness. Salud Family Health Centers, caring for 63,400 patients in north central and northeast Colorado, purchased a new phone system that supports additional phone lines for patients and outside providers, and moved staff calls

to an internal network. Clinica Family Health Services set up a call center. Now, instead of thousands of phone calls going to the front desk of each facility, where front desk staff is also trying to help people in the lobby, the calls go to a call center. The center is staffed by people trained specifically to make and reschedule appointments and order prescription refills or changes. The front desk staff can focus on the incoming patients, and fewer phone calls there means less noise in the front area as well.



Dove Creek Community Health Clinic Paramedic Joyce Barnett takes a reading from Chay Miller, seated, 2008. New diagnostic medical equipment at Dove Creek standardizes the accuracy of readings and feeds patient test results directly into the electronic health record system. This reduces variation in interpretation of readings, and more accurately shows changes in patients' readings from visit to visit. Dove Creek cares for 1,550 patients in southwestern Colorado.

LOOKING FORWARD

Colorado voters invested in our state's health care future when they passed Amendment 35. Coloradans are receiving a return on this investment with improved access to health care for children and low-income families at Colorado CHCs. The investment is strengthening and expanding the health care safety net, which focuses on quality, cost-effective, preventive and primary health care for low-income Coloradans, saving health care dollars in the long term. It is helping communities build local health care assets in their Community Health Centers.

Recent analysis shows that Amendment 35 revenues are dropping. That's as it should be: part of the revenue is directed toward programs to help people stop using tobacco. That will mean fewer people with tobacco-related illnesses, a benefit to all Coloradans. Knowing this, CHCs have planned carefully to use their Primary Care Fund dollars as effectively and efficiently as possible, focusing on opportunities to increase health care.



Case Manager Lupe Tellez laughs with a co-worker in new clinic space at Clinica Family Health Services's Pecos Clinic, 2008. Staff shared workspace is surrounded by exam rooms, so staff can find each other easily and see which patient they need to visit next.

to return to pre-recession levels.⁴ Building strong health care homes, educating and employing Coloradans in health care settings, and providing affordable, high-quality health care close to home and work are important to a productive and healthy Colorado. The Primary Care Fund will be helping.



Medical Assistant Jamie Parker, right, checks the pulse of patient Shirley Salazar at Sunrise Monfort Family Clinic in Evans, 2008.

The impact of the Primary Care Fund does not stop with the direct provision of care. Colorado CHCs employ more than 2,900 people, and the presence of CHCs in Colorado's communities generates an additional 2,900 full-time jobs in other businesses and industries that support CHCs. CHCs generated \$374 million in economic activity in Colorado in 2007.³ More Coloradans will find job opportunities as CHCs expand.

There is more to do. Approximately 800,000 Coloradans remain uninsured, and the economic downturn will increase that number. For each one-percentage-point increase in the national unemployment rate, an estimated 18,700 more Coloradans will become uninsured and an additional 17,000 Coloradans will need to enroll in Medicaid or CHP+.

In the past two recessions, it took approximately five years for unemployment rates

¹Number of patients served by CHCs comes from Colorado's Community Health Centers Uniform Data System provided to the U.S. Department of Health and Human Services, Bureau of Primary Health Care, 2008, based on 2007 data.

²<http://www.whitehouse.gov/omb/expectmore/index.html>, downloaded Jan. 7, 2009.


³CCHN, *The Value of Colorado Community Health Centers: Economic Impact Analysis 2008*, www.cchn.org.



















































⁴The Urban Institute news release "Recession and Recovery: Facts and Forecasts," Dec. 22, 2008; <http://www.urban.org/publications/901208.html>, downloaded Dec. 31, 2008.

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The Colorado Community Health Network (CCHN) is the collective voice for Colorado's 15 Community Health Centers (CHCs) and their patients. Without CHCs, hundreds of thousands of Colorado's low-income families and individuals would have no regular source of health care. CCHN's mission is to increase access to high quality health care for people in need in Colorado. For more information about CCHN, please visit www.cchn.org or call (303) 861-5165.

Summary: How CHCs Used PCF Resources to Improve Colorado's Health Care Services

 = Facilities
  = Workforce
  = Client services
  = Technology or equipment

Clinica Family Health Services, Inc.					Remodeled a current facility Recruited new staff Established a call center Upgraded electronic health record system
Colorado Coalition for the Homeless					Remodeled and expanded facilities Recruited new staff and sustained current workforce Expanded medical and dental health programs Upgraded telephone system
Denver Health's Community Health Services					Renovated current facilities Provided training for staff skills upgrade Sustained existing workforce Upgraded electronic health information system
Dove Creek Community Health Clinic					Upgraded medical and office equipment Increased reserve for facility expansion
High Plains Community Health Center					Purchased land for a new facility Renovated and opened a new facility Recruited new staff Purchased new medical equipment Implemented electronic health record system
Metro Community Provider Network					Completed and opened a new facility Renovated current facilities Purchased new medical equipment Implemented electronic health record system
Mountain Family Health Centers					Renovated current facilities Recruited new staff Implemented electronic health record system
Northwest Colorado Community Health Center					Recruited new staff Purchased new medical and office equipment Expanded medical services <i>*NCCHC became a CHC and PCF awardee in Aug. 2008</i>
Peak Vista Community Health Centers					Completed and opened new facility Renovation of current facility in progress Recruited new staff Expanded patient services Implemented electronic health record system
Plains Medical Center					Staff trained on use of electronic health record system Staff and materials at community events to publicize health care services
Pueblo Community Health Center					Opened a new patient pharmacy Purchased land for new facility, construction in progress Recruited new staff Renovation of current facilities in progress Upgraded clinical and operations information technology
Salud Family Health Centers					Purchased new land and facilities Renovated facilities Sustained workforce Upgraded telephone technology Upgraded clinical and operations information technology
Sunrise Community Health, Inc.					Completed and opened new facility Recruited new staff Upgraded telephone technology Expanded electronic health record system Expanded case management and patient education services
Uncompahgre Medical Center					Added dental services and staff Expanded medical services Upgraded equipment
Valley-Wide Health Systems, Inc.					Completed and opened a new facility Recruited new staff