The Colorado Community Health Network (CCHN) is the collective voice for Colorado’s Community Health Centers (CHCs). CHCs are nonprofit or public entities with a mission to provide comprehensive primary health care to low-income working families and individuals. CHCs are among the safety net providers that receive money from the Primary Care Fund (PCF). The impact of the Primary Care Fund does not stop with the direct provision of care. CHCs are among the safety net providers that receive money from the Primary Care Fund (PCF). The impact of the Primary Care Fund does not stop with the direct provision of care.

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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 key goals Colorado’s CHCs have been able to improve and expand the physical spaces where people receive health care, add staff and training to the health care workforce, and upgrade the technology that helps staff maintain and improve the quality of care. Some CHCs are also seeing more patients, others will see increases as facilities are completed and new staff and services are added. By the end of 2010, Colorado’s CHCs will have added 10,000 to 20,000 additional low-income people who do not have health care homes by the end of 2010.
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 with the expenses of recruiting new staff. Five physicians joined Valley-Wide Health Systems, Inc., cares for 39,400 patients across the San Luis Valley, the Arkansas Valley, and in southwest Colorado. In addition, Valley-Wide Health Systems, Inc. cares for 38,000 patients in the suburban metropolitan Denver area.

The Primary Care Fund has helped Colorado CHCs recruit more staff, update the technology and equipment, and increase access to care for their patients. Part of the funding for Denver Health and Hospital staff on how to change and improve patient care processes and systems. Denver Health carried out a major initiative to help staff improve the quality and efficiency of their care. Denver Health staff on how to change and improve patient care processes and systems. Denver Health is also trying to help people in the lobby, the front desk of each facility, where front desk staff control the effects of these conditions. This reduces variability in interpretation of readings, and more accurate and more personal to patients. The PCOs in Colorado are on the front lines of care management, where patients can meet in groups with providers, staff, and other patients to communicate and improve health. The PCOs work with patients to develop a health plan and a healthcare team to support the patient's needs. The PCOs in Colorado are on the front lines of care management, where patients can meet in groups with providers, staff, and other patients to communicate and improve health. The PCOs work with patients to develop a health plan and a care team to support the patient's needs. The PCOs in Colorado are on the front lines of care management, where patients can meet in groups with providers, staff, and other patients to communicate and improve health. The PCOs work with patients to develop a health plan and a care team to support the patient's needs.
**FACILITIES**

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The PCF helped CHCs raise additional support from communities, private foundations, health care organizations, health care providers, and corporate interests to meet the needs of the communities across Colorado.

**HEALTH CARE WORKFORCE**

Every health care home needs a team of health care providers: doctors, dentists, nurses, physician assistants, nurse practitioners, and pharmacists. To support the health care workforce, 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.

With help from the PCF, Metro Community Health, Inc. (MCHI) 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 18,000 patients in the suburban metropolitan Denver area.

Valleymere Health Systems, Inc. cares for 39,400 patients across the San Luis Valley, the Arkansas River Valley, and in southwestern Colorado. The primary ValleyCare clinic is located in Alamosa, while the clinic in South Bend offers services to residents of that county.

With help from the PCF, the ValleyCare clinic, Cliff’s Family Health Services, was able to expand the number of health care professionals and support staff in this rural area.

Clinica Family Health Services, which cares for more than 33,000 patients in the Pikes Peak region, is considering its Pecos Clinic in Adams County to improve the existing three care team “pod” and add a fourth. The “pod” is Clinica’s building block for organizing care teams.

The clinic has established a nurse case management team, where patients can meet in groups with clinic staff, sharing information and support with one another. The nurse case management team is also helping CHCs improve the quality of care for patients with chronic health conditions.

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**Health Care Workforce**

Every health care home needs a team of health care providers: doctors, dentists, nurses, physician assistants, and medical and dental assistants. They work 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 are being seen for health care visits in private.

**FACILITIES**

The PCF has helped CHCs improve services and care for more people by providing financial resources for expansion and renovation 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 needs of patients.

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 clinic staff to use patient medical histories without having to repeat questions at each visit, and the records can be viewed securely at any Mountain Family site requested by a patient. Physicians can also view the record securely at a hospital if necessary. Mountain Family is also trying to use the EHR system to analyze common chronic health conditions and assess how well each facility and health provider is doing in managing these conditions in patients, using the information to continually improve the quality of care provided to patients.

**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 national, and the PCF has rated the most successful program of the U.S. Department of Health and Human Services - the PCF - has helped provide funding for several CHCs, to install electronic health record systems, train staff to use them, and purchase updated medical equipment.
LOO King fOWwARD


colorado voters invested in our state’s health care future when they passed Amendment 35 in 1998. CHCs 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 Coloradoans, 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, since the 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 efficiently and effectively as possible, focusing on opportunities to increase health care.

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 is helping to ensure access to care in addition to 2,000 full-time jobs in other businesses and industries that support CHCs. CHCs generated $374 million in economic activity in Colorado in 2007. More CHCs will find job opportunities as CHCs expand.

There is more to do. Approximately 800,000 Coloradans remain uninsured, and the number of uninsured will increase as the national unemployment rate, an estimated 18.7% in Colorado in 2009, continues to rise. A one-percentage-point increase in the national unemployment rate will increase the number of uninsured Coloradoans by an estimated 17,000 CHCs alone will need to enroll an additional 120,000 people. In the past two recessions, it took approximately five years for unemployment rates to return to pre-recession levels. Building strong health care homes, educating and employing health care 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 is helping.

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 ongoing benefits meeting the needs for new facilities and services. CHCs have been able to continually invest the Primary Care Fund monies to increase access to care for Coloradans.

In November 2004, Colorado voters approved Amendment 35. Nineteen percent of the revenue created by Amendment 35 is placed in the Primary Care Fund (PCF). This fund was created when Colorado voters approved Amendment 35, which raised the tax on tobacco products and placed the revenue from Amendment 35 funds tobacco education programs, programs to prevent and treat tobacco-related diseases, and expanding the health care safety net, which focuses on quality, cost-effective, preventive and primary health care for low-income Coloradoans, saving health care dollars in the long term. It is helping communities build local health care assets in their Community Health Centers.

Since 2006, Colorado’s Community Health Centers (CHCs) have been awarded grants from the Primary Care Fund (PCF). This fund was created when Colorado voters approved Amendment 35, which raised the tax on tobacco products and created the new Community Health Centers (CHCs). 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 1988, 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. Nonprofit or public entities with a mission to provide comprehensive primary health care to low-income working families and individuals.

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They need to visit next.

...can find each other easily and see which patient workspace is surrounded by exam rooms, so staff...

Case Manager Lupe Tellez laughs with a co...

Number 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.

The Primary Care Fund does not stop with the direct provision of care. Colorado’s CHCs employ more than 2,900 people, and the presence of CHCs in Colorado’s community improves an additional 1.3 million lives. Medicaid and the states are the largest employers of CHCs.

In the past two recessions, it took approximately five years for unemployment rates in Colorado to return to pre-recession levels. Building strong health care homes, educating and employing health care 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 is helping...

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Amendment 35. Coloradans are receiving a return on this investment with local health care assets in their Community Health Centers.

In 2007, Monfort CHC served more than 100,000 Coloradans. This is expected to grow to 175,000 by 2012. Monfort CHC plans to further develop its network of... to low-income working families and individuals. Fifteen CHCs operate 120 community...

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Colorado’s Community Health Centers (CHCs) have been awarded 80,000 additional low-income people who do not have health care access. A striking number provided care for 15,000 people in Colorado in 2008.

Colorado’s 15 Community Health Centers (CHCs) and their patients. Without CHCs, improving access to health care for people in need in Colorado is impossible.

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LOOKING FORWARD...

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