



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Primary Care Fund Provider Accomplishments FY 2011-12

Catholic Health Initiatives Colorado Foundation DBA St. Anthony Family Medicine – Kenneth Soda, M.D., Program Director

St. Anthony Family Medicine Center provided primary care for nearly 900 uninsured patients during fiscal year 2011-12. Primary care funds allowed the clinics to continue providing programs and services to indigent populations. The clinics serve communities with significant Hispanic population, in which the incidence of diabetes and other chronic diseases are high. The clinics employ a diabetes educator who provides teaching and assistance with chronic disease management to all patients, regardless of their ability to pay.

Also, St. Anthony Family Medicine Center were able to assist indigent patients with receiving \$334,143 of free medications and \$3947 of diabetes testing supplies and dilated eye exams. St. Anthony Family Medicine has achieved a level three certification as a Patient Centered Medical Home. Additionally, services of a psychologist were added and St. Anthony has begun to develop the role of care managers to assist patients with multiple chronic diseases.

Christian Healing Network DBA Mission Medical Clinic (MMC) – Bonnie Angotti, Chairman of the Board

Monies from the Primary Care Fund from FY 2011-12 were used to maintain clinic operation's schedule of providing integrated care 25 hours per week. With 3 full time paid positions and 5 part-time staff and over 225 volunteers, the goal of the clinic becoming the "temporary medical home" for patients has been realized.

By establishing a working relationship with their physician, patients are turning to MMC first, rather than repeatedly returning to the over-extended local emergency rooms. The diabetes clinic provides patient education in self-management of the disease process and MMC has been very successful with a number of patients in reducing complications and in increasing self-management skills.

Last year, MMC dispensed over \$2.2 million in prescription medications at no cost to MMC or the patient. A majority of the medications are provided via the Prescription Assistance Program, through application to the various pharmaceutical companies.

MMC's Behavioral Health services have grown in the last year, enabling each new patient to be screened for depression and addictions and to provide a social and spiritual history. From this, the plan of care is developed by the care team to include addressing not only the medical needs, but also the social, behavioral, emotional, and spiritual needs.

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MMC continue to provide Dental Clinic services to patients referred by the Primary Care and Diabetes Clinics. MMC provide dental examinations, dental hygiene services, extractions, root canals, and crown, denture, and flipper fittings.

Clínica Tepeyac, Jim Garcia, Executive Director

During fiscal year 2011-12, funding was used to provide 14,643 appointments to 5,520 unduplicated clients. Approximately 3,414 contacts were done through Clinica Tepeyac's Health Promotions Department. A total of 3,082 patients received essential preventative health care services such as mammograms, colorectal exams, well women exams, well child checks and other vital screenings. Clinica provided 835 immunizations; the majority for children and some adult flu shots. Additionally there were 331 teens, who received necessary primary health care. A total of 193 obstetric women were enrolled in the Clinica prenatal program during 2011. Of the 193, 146 were newly enrolled in 2011. Clinica has a preterm labor occurrence of 7% and a low birth weight rate of 5%. 63 babies were born from all care at Clinica and there were a total of 96% babies born where the mother's received some care at Clinica, but transferred before the babies (i.e. the mothers moved). Clinica provided 14,125 patients with 20,501 lab tests during 2011. Approximately 20% of patient visits to Clinica were for preventative care and screenings, i.e. mammography, colorectal, retinal scans. Clinica continues to see the demand for services rise and it has been through the support of the Primary Care Fund that Clinica Tepeyac has been able to continue to meet this growing demand for quality, affordable health care.

Colorado Coalition for the Homeless, Stanley Eilert, VP Operations

Primary Care Funds were used to maintain existing services to patient population. Funds assisted in the continuation of providing healthcare services to the growing homeless population in the Denver Metro area.

Commerce City Community Health Services (CHS) – Amber Picinic, Director of Finance & Operations

Primary Care Fund dollars were essential in allowing CHS to continue to provide invaluable services to infants, children and youth in Commerce City, Westminster, and the surrounding communities. CHS has been able to emphasize a high quality of care, regardless of a family's insurance status or ability to pay. Fiscal year-to date, CHS has provided 8,254 health care visits to 3,422 children, provided 5,506 immunizations to 3,156 children, provided 266 mental health care visits, provided 921 children with health education, including nutritional counseling and weight management, personal safety, and smoking cessations, and screened and assisted 648 families in applying for Medicaid, CHP+, KPStep, or the CHS Sliding Fee Scale, resulting in 1,142 children having increased access to health care.

Though the funding provided by the Primary Care Fund in FY 2011-12, CHS continued operating as a medical home for thousands of infants, children and youth who would otherwise have had nowhere to turn for health care.

Denver Health and Hospital Authority – Peg Burnette, CPA, Chief Financial Officer

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The primary accomplishment that has resulted from receipt of this funding is that Denver Health has been able to continue to offer a full range of primary care services to all residents of the City and County of Denver, Colorado, regardless of their ability to pay. Denver Health has expanded the number of (unique) primary care users served by the system by 20,904, or 20.4% between 2006 and 2011. This expansion was facilitated in part by the replacement of the Mariposa facility, with the on-campus Wellington E. Webb Center for Primary Care in 2006, replacement/relocation of the Park Hill Family Health Center in 2009, and replacement/relocation of the Montbello Family Health Center (completed in October 2011).

Ongoing clinic maintenance, support, supplies and utilities are funded in part with the Primary Care Fund. The Primary Care Fund has also aided in continued development and expansion of an Electronic Health Records system, as well as creating and maintaining disease registries with notable improvements in patient outcomes.

Doctors Care – Bebe Kleinman, MNM, Executive Director

Doctors Care continued to expand access to quality, affordable health care for low income and uninsured individuals. The organization is currently the medical home for more than 5,000 patients. FY 2011-12. The Doctors Care Clinic saw more than 800 new patients and provided more than 7,000 sick and well visits and more than 450 new patients enrolled in the sliding-scale program, which provided access to care for nearly 1,000 individuals.

With the addition of over 200 new providers to the volunteer network, over 900 physicians provide care to the medically underserved through Doctors Care. Physicians in 92 specialties volunteer their services at significantly reduced fees. Five partner hospitals and their respective outpatient laboratories and pharmacies participate by making services available to Doctors Care patients.

In May of 2011 the organization moved into a new facility providing a 49 percent increase over the prior space. The new building allows for expansion of the clinic size and incorporates medical and behavioral health, along with staff from the sliding-fee-scale program, all in one space with additional room for administrative offices.

Doctors Care completed major upgrades to existing health information technology systems. Health information technology upgrades allow the organization to track medical history and information including data from partner hospitals, network physicians, laboratories and pharmacies more efficiently and accurately. The new software also provides the data for quality improvement measures allows for more effective use of resources and helps identify areas of need both internally and externally.

Eagle Care Medical Clinic (ECMC) DBA Vail Valley Medical Center – Cheryl Lindstrom, Grants and Research Manager

Eagle Care Medical Clinic uses funding to offset costs not covered by patients, grants and/or third-party payers (Medicaid, CHP+, Medicare; patients with commercial insurance are referred to one of the private practices in area). Vail Valley Medical Center, with which Eagle Care Medical Clinic is affiliated, writes off up to \$1.5 million in charity care for ECMC patients each year. Programs include a continuum of services in family practice,

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prenatal, women's wellness, medication assistance, HIV testing, lead testing, and mental and oral health referrals. Local, regional and state entities partnerships provide funding through grants and contractual agreements, and/or reduced charges for services rendered. These alliances have provided support for prenatal services (routine exams and consultation, pathology services, breast health screening and diagnostic services), medication assistance (including charitable programs provided through drug manufactures), lead testing, HIV testing and mental and oral health referrals. Through the generosity of the Primary Care Fund grant and other donors ECMC have also been able to care to a greater number of individuals residing in Eagle County.

Exempla Saint Joseph Hospital DBA Sister Joanna Bruner Family Medicine Center – Cherise Callighan, Practice Administrator

Exempla Saint Joseph Hospital Sister Joanna Bruner Family Medicine Center has used the Primary Care Grant funds to improve the clinic, patient's quality of care, and expand the services for patients. Bruner Family Medicine Center has been able to purchase multiple new items for their expansion to include 10 new exams rooms and all of the medical necessary items to furnish them. They have also expanded geriatric exam tables, which allow the patients an easier more comfortable exam. Primary Care Funds allows for the incorporation of self-management to patient lives by offering a free blood pressure cuffs to all hypertensive patients, as well as free thermometers to all pediatric patients. Funds have also been used to incorporate new electronic medical record bi-directional interfaces with metro-area hospitals and have continued to use the funds as an internal grant program to benefit patient care and education.

High Plains Community Health Center– Jay Brooke, Executive Director

Primary Care Funds were utilized to assist with resources to build patient centered medical home capability and work towards meaningful use.

Inner City Health Center – Kraig W. Burlson, Chief Executive Officer

Primary Care Funds for fiscal year 2011-2012 (July 1, 2011- June 30, 2012) have been used primarily for general operating support of Inner City Health Center. Third quarter of fiscal year 2011, 17,367 patient visits were recorded. The number of adults accessing care continues to grow with an increase of 7.6% over the same months the prior year. In addition, 50% of all patients are accessing preventative care – adult physicals, well child visits, well woman exams, sports physicals, and immunizations. Inner City Health Center main objective is to continue to offer accessible and affordable healthcare to uninsured individuals and families throughout the greater Denver community. The mission to serve the uninsured and underserved is paramount.

Marillac Clinic – Kristy Schmidt, Interim Executive Director

Marillac Clinic provided 9,804 dental visits to 4,970 unduplicated patients and of those unduplicated patients, 1,055 were children who received 2,069 visits; 10,778 medical visits were provided to 3,263 unduplicated; 1,900 mental health visits were provided to 468

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patients; 1,874 optical visits were provided to patients; 577 eye glasses were dispensed; and 2,085 Brand name medications, valued at \$1,772,324 were dispensed. In December 2010, the clinic expanded hours to 6:00 PM, Monday through Thursday to better accommodate patient's needs. Beginning January 2011, Marillac Clinic's dental program began extended evening hours to 8 p.m. at the Grand Junction location one night per week. The Dental program also began services at the Palisade Clinic. Last year, 56 patients received dental exams and cleanings at the Palisade location and 176 emergency appointments and 131 dental cleanings were offered during evening hour visits. Marillac clinic used Primary Care Fund dollars to strengthen patient-centered approach and provide essential primary care.

Open Bible Medical Clinic – Janet McIntosh, Development Director

Primary Care Funds has allowed the Open Bible Medical Clinic (OBMC) to grow and expand to meet the health care needs of the surrounding uninsured community. This year, OBMC added another day of service for the Pharmacy, and currently is opened 4 days a week. The funds also allowed the Pharmacy to provide a total of 7,080 prescriptions to patients.

Peak Vista Community Health Centers – Kandi Buckland, Vice President of Operations

A major impact from the Primary Care Funds was the addition of more dental and medical providers on staff, and the opening of additional sites and an increase in the number of patients were seen. In 2011, 61,609 unduplicated patients with 248,392 visits for medical, dental behavioral health, and ancillary care. Over half of the patients were on Medicaid and 96% lived below 200% of the federal poverty level. In 2011 Peak Vista saw almost 47% more patients compared to 2007, when the economic downturn began. The Primary Care Fund's investment in Peak Vista Community Health Centers has shown an impressive return, helping Peak Vista increase access to care in the Pikes Peak region.

Plains Medical Center – Bill Lyons

Funding received in Fiscal Year 2011-12 enabled PMC to sustain and expand outreach efforts to under-served populations throughout the PMC service area, as well as patient education and support activities designed to improve patient self-management.

SET Family Medical Clinics – Barbara Cronin, Interim Executive Director

SET fiscal Year 2011-12 Primary Care Fund accomplishments include but are not limited to sustaining a variety of programs, such as the SET Family Medical Clinic, the SET Homeless Clinic, the Comprehensive Healthcare Reentry Program, Immunization Clinics, the Health Literacy Center, and Senior Wellbeing Clinics.

The SET Family Medical Clinic provides basic health care for the uninsured, low-to-moderate income populations who have little access to affordable medical treatment. Services include treatment of minor illnesses such as, bronchitis, earaches, eye infections, and minor dermatological conditions in addition to ongoing care for chronic conditions.

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The SET Homeless Clinic is a free, walk-in service open five days a week, corresponding with mealtime at the Marian House Soup Kitchen in Colorado Springs. The Soup Kitchen and the Clinic serve struggling families, seniors on a fixed income, the working poor, veterans, people with disabilities, unsupported teens, as well as those who are homeless.

The Comprehensive Healthcare Reentry Program (CHRP) is a unique community response system that has been developed through an innovative collaboration of regional service organizations including medical clinics, mental health providers and counseling centers, local pharmacies, and substance abuse treatment programs. This response system provides ex-offenders with access to comprehensive medical and mental healthcare services and social support to ease their re-entry into the local community and thus prevent recidivism.

The SET Immunization Clinics provides free immunizations throughout the year for children ages 4 – 18 and free flu shots are provided to adults and children over the age of six during the flu season. SET makes these vaccinations available to aid families who cannot afford even the minimum immunizations needed to allow a child to enter or remain in public schools, as well as keeping families healthy during the flu season.

The Dr. Larry R. Smith Health Literacy Center is designed to encourage and empower patients to become more involved in their own healthcare. The Center is stocked with resources to educate patients on many health-related topics and preventive measures. Classes and internet access are also available, with a focus on prevention and education for patients with chronic diseases and other long-term health issues.

The SET Senior Well Being Clinics keep older adults independent while ensuring quality of life. Each month a team of nurses, pharmacists and dietitians, under the direction of SET staff, visit eight low income HUD senior apartment complexes and three community centers that serve seniors.

SET provides access into the health care delivery system to individuals and families who are unable to access affordable health care any other way. SET now provides care for a larger number of persons on a longer-term basis, thus serving as an interim medical home and working to prevent unnecessary complications and poor outcomes.

SET evaluates its services and outreach through patient surveys and through monitoring the needs of individuals and families who seek care through its clinics and programs. Each year, the impact of SETS's programs in terms of the numbers served is made available to the community through its Annual Report.

SET has developed a broad network of collaborators that support SET patients in accessing a variety of other services and programs. Key collaborators include hospitals, specialty care, pharmacies and other primary care providers; behavioral health providers and substance abuse treatment programs; and human services providers and homeless shelters.

Uncompahgre Medical Center – Karen Bellerose, Finance Director

As a Federally Qualified Health Center located in a frontier area, UMC used Primary Care Fund monies to provide cost-effective comprehensive primary care services to medically

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indigent patients in a medically underserved area. Services include medical, behavioral health, oral health care, lab, x-ray, pharmaceuticals and limited emergency services.