Practice Facilitator (PF) & Clinical Health Information Technology Advisor (CHITA) Training

COHORT 1: JANUARY 20-21 2016
Welcome & Introductions

Behavioral Health Integration - the Colorado Story

Programmatic Essentials: Practice Transformation/SIM Planning; Implementation Guide; Practice & PTO Expectations

Achieving Integration / Behavioral Health Professional Competencies

Integrated Care in Action (Panel)

Coaching in Integration / Program Panel Q & A

Wrap up & Evaluation
Behavioral Health Integration - the Colorado Story
COLORADO STATE INNOVATION MODEL (SIM)  
PRACTICE TRANSFORMATION OVERVIEW- SIM PLANNING TO-DATE
WHAT IS COLORADO SIM?

- SIM: State Innovation Model - an initiative of the Center for Medicare & Medicaid Innovation (CMMI)
- Colorado was awarded a $2 million planning grant and $65 million implementation grant to strengthen Colorado’s Triple AIM strategy
- SIM program encourages states to develop and test models for transforming health care payment and delivery systems
- Colorado received the 4th largest award based on the State’s population
- Started February 1, 2015, with a planning year
VISION - To create a coordinated, accountable system of care that will provide Coloradans access to integrated primary care and behavioral health in the setting of the patient’s medical home

GOAL - Improve the health of Coloradans by providing access to integrated physical & behavioral health care services in coordinated systems, with value-based payment structures, for 80% of Colorado residents by 2019
WHAT IS BEHAVIORAL INTEGRATION?

- A team of primary care and behavioral health clinicians, working together with patients and families, providing patient-centered care for a defined population

- May address mental health and substance abuse conditions, health behaviors, life stressors and crises, stress-related physical symptoms
80% of Coloradans have Access to Integrated Care

Payment Reform
Development and implementation of value-based payment models that incentive integration and improve quality of care.

Practice Transformation
Support for practices as they accept new payment models and integrate behavioral and physical health care.

Population Health
Engaging communities in prevention, education, and improving access to integrated care.

HIT
Secure and efficient use of technology across health and non-health sectors in order to advance integration and improving health.
Framework for Integration of Whole Person Care

Payer & Public Program Functions

INTEGRATE
- Support to advance cohorts
- Research & development
- Linked financial management & IT systems
- Comprehensive payment models
- Scaling
- Integration
- Functions centralized across organizations
- Customized structures & processes

COORDINATE
- Value-based & other enhanced payments
- Coordinated enterprise initiatives
- Shared accountability
- Linked services/care
- Data sharing
- Aligned arrangements
- Inter-organizational arrangements
- Aligned arrangements

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Market & network based

COOPERATE
- Multiple organizations & grants
- Extension service framework
- Broad-based “on ramp”
- Cross sector & institution cooperation
- Enterprise specific initiatives

Engaged Leadership
Supportive of Integration & Change
Data-driven Improvement
Empanelment
Team-based Care

Population Management
Community of Care Linked to BH & Social Supports
Prompt Access to Care, Including BH
Comprehensive & Coordinated Care Across PC & BH
Full Integration

The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.
SIM Office - in Governor’s Office and Department of Health Care Policy & Finance

SIM Advisory Council - appointed by Governor

SIM Workgroups - Eight formed in June, including Practice Transformation Workgroup

SIM Steering Committee - chairs & co-chairs of workgroups

Vendors - including the University of Colorado as the lead for practice transformation activities
Multiple Major Contributors

- First SIM Practice Transformation Workgroup
- University Practice Transformation Design Team
- Colorado Health Extension System Practice Transformation Organizations
- Consultants for development of the Implementation Guide, the Toolkit, and the training session
- Other stakeholders involved in selection process for PTOs and practices
UNIVERSITY TEAM

- Perry Dickinson - Director, Colorado Health Extension System (CHES)
- Kyle Knierim - CHES Associate Director
- Allyson Gottsman - CHES Program Manager
- Heather Stocker - University SIM Project Manager
- Stephanie Kirchner - Practice Transformation Program Manager
- Maggie Dunham - HIT Program Manager
- Mark Gritz - Operations Director
- Natalie Buys - Grants and Contracts Management
- Bonnie Jortberg - E-learning, Training
- Mollie Bailey, Kristen Waters - Administrative Assistants
“CARE TEAM FOR PRACTICES”

- Practice Facilitators
- Clinical HIT Advisors
- Regional Health Connectors

Unique approach toward integrating behavioral and physical health
PRACTICE FACILITATOR ROLE

- Implements an ongoing change and quality improvement process - improvement teams
- Specifically implements the changes involved in practice transformation and (for SIM in particular) behavioral integration
- Implements sound quality improvement techniques
- Keeps the team on task
- Identifies and solves problems
- Links to transformation resources
- Assists practices with baseline and ongoing assessments, development of practice improvement plan
CLINICAL HIT ADVISOR (CHITA) ROLE

- Supports practice data capacity
- Assists practices with assessment of data capacity, development of a data quality improvement plan
- Assists with developing and managing workflow for data collection, reporting, and analysis
- Links practices with other technical assistance resources as needed and available
**REGIONAL HEALTH CONNECTOR ROLE**

- Local person who functions as a connector in the community
- Builds ongoing supportive relationships with practices:
  - Engages with practice leaders
  - Assesses practice needs and then links with resources
  - Stays in touch with the practice to assess progress and move to next steps
  - Helps practice in developing a population health plan, tied to the needs of its patient population and the local community health improvement plan
  - Connects practices with public health agencies and community resources (including behavioral health resources)
- Collaborates with community partners to:
  - Identify and assist with community health priorities
  - Address social determinants of health
TRANSFORMATION SUPPORT

- Baseline and follow-up assessments
- Data resources and technical support
- Practice facilitation - form quality improvement teams
- System level engagement where needed
- Collaborative learning sessions, ongoing learning community
Primary care and behavioral health resources, agencies, and providers

Training resources for staff and clinicians

Business consultation resources, particularly around new payment models

Patient advisory groups and other patient engagement efforts

Connections with public health agencies and community resources
▪ Milestones, based on 10 Building Blocks framework, Comprehensive Primary Care initiative change package, and approaches to behavioral integration
  ▪ Developed by SIM Practice Transformation Workgroup
  ▪ Refined further for pediatric and Mental Health Center use by task groups
▪ Implementation Guide - detailed information about how to implement each milestone, framed by Building Blocks
▪ Toolkit - additional online resources
Figure 1. Ten Building blocks of high-performing primary care.

1. Engaged leadership
2. Data-driven improvement
3. Empanelment
4. Team-based care
5. Patient-team partnership
6. Population management
7. Continuity of care
8. Prompt access to care
9. Comprehensive-ness and care coordination
10. Template of the future
ASSESSMENTS

- Practice Monitor - baseline and every 6 months
- Clinician and Staff Experience - baseline and yearly
- IPAT - baseline and yearly
- Milestone Activity Inventory - baseline and every 6 months
- Assessments used to develop a Practice Improvement Plan and a Data Quality Improvement Plan, with modifications as appropriate every six months
- Field Notes of all meetings with practices submitted by team members for team communications and the monitoring progress
▪ Reports from practice assessments, field notes from team, quality measures - all will be monitored by a team at the University

▪ Summary reports will be presented to a multi-stakeholder Quality Assurance Committee at regular meetings

▪ Problems identified with practice progress or PTO performance will be problem-solved by University team and the PTO, with assistance as needed by the Quality Assurance Committee

▪ More details as available - still a work in process
Over 180 applications, including a few that were not primary care

179 reviewed

Applications were reviewed and ranked as either:
- Strongly Recommended (83)
- Recommended (54)
- Concerns/Questionable (22)
- Not Recommended (20)

SIM Office used these recommendations, along with those made by the payers, and identified a final list of 100 practices plus a waiting list

Practices notified 12/24
PRACTICE CHARACTERISTICS

- Rural - 33
- Residency - 6
- Pediatrics - 33 only pediatrics, 14 mixed primary care including a pediatrician
- Underserved - 108 claimed to be underserved, most had their own explanations separate from specific designations - 64 judged to be actually underserved
MEDICAID PERCENTAGES

14 indicated 0%

- 0-4%
- >50%
- 5-9%
- 20-49%
- 10-19%

COLOR CODE:
- 50% or more
- 20-49.9%
- 10-19.9%
- 5-9.9%
- 0-4.9%
Out of the 179 total practices:

- Private - 97
- Hospital owned - 30
- Health system - 16
- FQHC or lookalike - 22
- School-based clinic - 7
- Health-maintenance organization - 1
- Community mental health center - 1
- Other - 5
WHAT’S NEXT

▪ Cohort 1 Practices identified by SIM Office
  ▪ Practices notified before Christmas
  ▪ Practices connect with payers to understand compensation package
  ▪ Practice Participation Agreements signed - replacements from the waiting list if they decide not to participate

▪ Practice Transformation Organization Matching
  ▪ Practices will identify their PTO preference
  ▪ If no preference, matched according to geography, affiliation, capacity, other characteristics - randomization if necessary
PAYMENT REFORM FOR PRACTICES

- Still not completely clear what each practice will receive
- Closed process of the multi-payer collaborative convened and managed by Oregon Health Sciences University team for CPCi
  - Each payer indicated which practices it had relationships with and would support with extra payments - added some practices after the cohort took shape
  - All the practices in the initial cohort will receive enhanced payments from at least one payer
  - Amount and form of payments may vary across the payers
  - Payer agreement will be signed and released over the next few weeks
Participation Funding for the Practices -

- Up to **$5000** TOTAL (over 2 year project period) for practice to help offset some of the costs of participation
  - **$2000** - for two people per practice to attend Collaborative Learning Sessions
    - **$500/session/2 sessions per year (x2 years)**
  - **$2000** - for submitting SIM Measures quarterly
    - **$1000** - per year (x2 years) if a practice submits clinical quality measures quarterly
  - **$1000** - for participation in the SIM Evaluation process
    - **$500** Baseline Assessment
    - **$500** Final Assessment

Small Grant Funding- Based on need and innovation - RFP in April or May
QUESTIONS?

Perry Dickinson, MD
(Office) 303-724-9754
perry.dickinson@ucdenver.edu
Practice Applies & Is Accepted

Practice Selects PTO/Matching

Kick-Off Meeting

Completion of Assessment (potentially over multiple meetings)

Submit PIP

PROCESS MAP

...in process....

More to come... SOON!
<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activity/Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Attend SIM PF &amp; CHITA Training (January 20-21 2016)</td>
</tr>
<tr>
<td>Q1</td>
<td>Receive Practice Assignment (from PTO after matching occurs)</td>
</tr>
<tr>
<td>Q1</td>
<td>Connect with CHITA and RHC (as able)</td>
</tr>
<tr>
<td>Q1</td>
<td>Make Initial Contact with Practice</td>
</tr>
<tr>
<td>Q1</td>
<td>Participate in Webinars (Introductory and others as appropriate)</td>
</tr>
<tr>
<td>Q1</td>
<td>Assist Practice in Completing Assessments in SPLIT</td>
</tr>
<tr>
<td>Q1</td>
<td>Review Assessments and Connect with CHITA (include RHCs in subsequent quarters)</td>
</tr>
<tr>
<td>Q1</td>
<td>Assist Practice in Completing Practice Improvement Plan</td>
</tr>
<tr>
<td>Q1, 2, 3, 4</td>
<td>Meet with Practice (bi-monthly; twice a month)</td>
</tr>
<tr>
<td>Q1, 2, 3, 4</td>
<td>Document Practice Interactions in SPLIT Field Notes</td>
</tr>
<tr>
<td>Q1, 2, 3, 4</td>
<td>Assist Practice in Tasks Associated with CQM Quarterly Reporting Requirements</td>
</tr>
<tr>
<td>Q1, 2, 3, 4</td>
<td>Problem Solve with Practice (as needed)</td>
</tr>
<tr>
<td>Q1, 2, 4</td>
<td>Participate in Collaborative Learning Sessions (May and September 2016)</td>
</tr>
<tr>
<td>Q2, 3</td>
<td>Complete eLearning Modules</td>
</tr>
<tr>
<td>Timeframe</td>
<td>Activity/Task</td>
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<tr>
<td>Q1</td>
<td>Assist Practice in Completing Data Quality Assessment</td>
</tr>
<tr>
<td>Q1, 2, 3, 4</td>
<td>Meet with Practice to Review DQA (and after as needed)</td>
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<tr>
<td>Q1, 2, 3, 4</td>
<td>Document Practice interactions in SPLIT Field Notes</td>
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<td>Assist Practice in Tasks Associated with Quarterly CQM Reporting Requirements</td>
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<td>Review CQM practice performance reports</td>
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SUPPORTING PRACTICES IN SIM

COLORADO SIM PRACTICE MILESTONES
COLORADO SIM IMPLEMENTATION GUIDE
MULTI-STAKEHOLDER PROCESS

- Anita Rich, Colorado Children’s Healthcare Access Program
- Ayelet Talmi, University of Colorado Departments of Pediatrics & Psychiatry
- Britta Fuglevand, Rocky Mountain Health Plan
- Brooke Thomas, Rocky Mountain Health Plan
- Caitlin Evrard, Colorado Department of Public Health & Environment
- Carolyn Swenson, Peer Assistance Services
- Cassidy Smith, Peer Assistance Services
- Cassie Littler, Primary Care Partners- Grand Junction
- Dave Gans, Medical Group Management Association
- Kari Loken, HealthTeamWorks
- Katherine Price, Primary Care Partners- Grand Junction
- Kim Walter, Centura Health, Inc.
- Lori Stephenson, Rocky Mountain Health Plan
- Maggie Dunham, University of Colorado Department of Family Medicine
- Mary Weber, University of Colorado College of Nursing
- Michele Coleman, Colorado Department of Public Health & Environment
- Mindy Klowden, Jefferson Center Mental Health
- Nicole Deaner, HealthTeamWorks
- Steven Poole, Colorado Children’s Healthcare Access Program
- Tim Byers, University of Colorado School of Public Health
SIM CHANGE PACKAGE

- Framework for practice transformation - what are the guiding principles?

- SIM Practice Milestones - what are practices being asked to do?

- SIM Practice Milestones Implementation Guide - how do practices actually do those things?

- SIM Milestone Activity Inventory - how do practices know when they have accomplished what they have set out to do?
COLORADO SIM PRACTICE MILESTONES
PRACTICE MILESTONES

▪ Organized by:
  ▪ Building Blocks (1-10)
    ▪ Activities - Sequential actions to achieve each Building Block
    ▪ Steps - Break each activity down into manageable components

▪ Suggested framework for progress towards:
  ▪ Practice transformation goals
  ▪ Behavioral health integration goals
DEMO THE MILESTONES
QUESTIONS TO THIS POINT?
IMPLEMENTATION GUIDE

▪ Narrative Guide

▪ Breaks Milestones down into actionable steps

▪ Gives practical examples

▪ Links to tools and resources

▪ Provides context
DEMO THE IMPLEMENTATION GUIDE
SIM MILESTONE ACTIVITY INVENTORY

- Provides parameters for practice to quantify meeting the expectations of each milestone
  - Assess work to date
  - Set priorities
  - Measure progress
DEMO INVENTORY
QUESTIONS BEFORE WE TRANSITION?
COLORADO SIM
PRACTICE REPORTING REQUIREMENTS
PLAN FOR THE NEXT 45 MINUTES

▪ Review practice expectations

▪ Detail the assessments practices and PTO’s will complete

▪ Answer questions about the purpose and process of completing the assessments

▪ Talk through SIM Clinical Quality Measure Reporting requirements

▪ Introduce the Shared Practice Learning Improvement Tool (SPLIT)
PRACTICE EXPECTATIONS

▪ Form a SIM Implementation Team (aka QI Team)

▪ Meet with Practice Facilitators, Clinical Health Information Technology Advisors (CHITAs), and Regional Health Connectors

▪ Submit clinical quality measures (CQMs) at least quarterly to SIM

▪ Send at least 2 staff to attend 2 SIM Collaborative Learning Sessions per year

▪ Complete the practice assessments and other evaluation activities
<table>
<thead>
<tr>
<th>Assessment Name</th>
<th>Purpose</th>
<th>Who Fills It Out</th>
<th>Responsible for Reporting</th>
<th>Timing</th>
<th>Expected Time to Complete (Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Home Practice Monitor</td>
<td>Practice self-assessment of level of implementation of core aspects of advanced primary care</td>
<td>Practice team led by PF</td>
<td>Practice Champion</td>
<td>Baseline &amp; every 6 months</td>
<td>60</td>
</tr>
<tr>
<td>IPAT</td>
<td>Assesses current methods BHI along levels of coordination, co-location and integration</td>
<td>Practice champion</td>
<td>Practice Champion</td>
<td>Baseline &amp; annually</td>
<td>10</td>
</tr>
<tr>
<td>Clinician and Staff Experience Survey</td>
<td>Individual provider and staff survey that assesses two subscales – Clinician and Staff Experience and Burnout</td>
<td>All members of Practice</td>
<td>Each practice member</td>
<td>Baseline &amp; annually</td>
<td>15</td>
</tr>
<tr>
<td>SIM Milestone Activity Inventory</td>
<td>Assesses practice's current implementation of SIM milestone activities, helps identify gaps and prioritizes practice's next steps</td>
<td>Practice team led by PF</td>
<td>Practice team submits draft, PF submits final</td>
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<tr>
<td>Data Quality Assessment</td>
<td>Assesses practice's current state of data quality including accuracy of data element capture, validity of CQM reports and desired next steps for HIT</td>
<td>Practice HIT champion led by CHITA</td>
<td>CHITA</td>
<td>Baseline &amp; every 6 months</td>
<td>60</td>
</tr>
<tr>
<td>Practice Improvement Plan</td>
<td>SMART goals related to practice transformation as it relates to milestone activities. Can be done at same time as inventory</td>
<td>Practice team led by PF</td>
<td>PF</td>
<td>Baseline &amp; every 6 months</td>
<td>15</td>
</tr>
<tr>
<td>Clinical Quality Measures</td>
<td>Track patient and process outcomes reported by practices</td>
<td>Practice champion</td>
<td>Practice Champion</td>
<td>Every calendar quarter starting Q2 2016</td>
<td>Variable</td>
</tr>
</tbody>
</table>
MEDICAL HOME PRACTICE MONITOR

Purpose
Practice self-assessment of level of implementation of core aspects of advanced primary care

Who Fills It Out
Practice team led by PF

Responsible for Reporting
Practice Champion

Timing
Baseline & every 6 months

Expected Time to Complete (Minutes)
60

Example Monitor report from Colorado PCMH Residency Project
INTEGRATED PRACTICE ASSESSMENT TOOL

Purpose: Assesses current methods BHI along levels of coordination, co-location and integration

Who Fills It Out: Practice Champion

Responsible for Reporting: Practice Champion

Timing: Baseline & Annually

Expected Time to Complete (Minutes): 10
CLINICIAN AND STAFF EXPERIENCE SURVEY

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Individual provider and staff survey that assesses two subscales – Clinician and Staff Experience and Burnout</th>
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<td>Who Fills It Out</td>
<td>All members of Practice</td>
</tr>
<tr>
<td>Responsible for Reporting</td>
<td>Each practice member</td>
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<tr>
<td>Timing</td>
<td>Baseline &amp; Annually</td>
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<td>Expected Time to Complete (Minutes)</td>
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Practice and project reports also show differences between staff and clinician responses
# SIM MILESTONE ACTIVITY INVENTORY

<table>
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<th>Purpose</th>
<th>Assesses practice's current implementation of SIM milestone activities, helps identify gaps and prioritizes practice's next steps</th>
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<td>Who Fills it Out</td>
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<td>Responsible for Reporting</td>
<td>Practice team submits draft, PF submits final</td>
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<tr>
<td>Timing</td>
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<tr>
<td>Expected Time to Complete (Minutes)</td>
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</table>

**Aspirational Principles:**

- Capture current status on all milestone steps
- Take <60 seconds to fill in responses for each step and <60 minutes to complete the first draft
- Respond to the questions without needing to look up extra information
- The process and display of the inventory will be functional - leading to greater insight on progress and aid decision making/prioritization of next steps
### SIM MILESTONE ACTIVITY INVENTORY

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</table>

#### A Word on Process

- The practice champion and/or QI Team will be responsible for filling out the first draft of the inventory and prioritization steps
- Draft will be reviewed by the PF
- Any discrepancies will be discussed and reconciled
- A final version will be submitted by the PF
**Purpose**
Assesses practice's current state of data quality including accuracy of data element capture, validity of CQM reports and desired next steps for HIT

**Who Fills it Out**
Practice HIT Champion led by CHITA

**Responsible for Reporting**
CHITA

**Timing**
Baseline & every 6 months

**Expected Time to Complete (Minutes)**
60

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**Assess capture of SIM data elements**

<table>
<thead>
<tr>
<th>Color</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Data captured in discrete fields accurately and consistently on all patients in practice</td>
</tr>
<tr>
<td>Yellow</td>
<td>Data captured in discrete fields with concern for accuracy and/or consistency</td>
</tr>
<tr>
<td>Red</td>
<td>Data elements not captured in discrete fields</td>
</tr>
</tbody>
</table>

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**SIM Data Elements**

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Linking Number</td>
<td>BMI follow up plan (for children) - Nutrition</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Blood pressure - Diastolic and Systolic</td>
</tr>
<tr>
<td>Gender</td>
<td>Substance abuse screening</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Substance abuse follow up plan</td>
</tr>
<tr>
<td>Race</td>
<td>Anxiety Screening</td>
</tr>
<tr>
<td>Diagnostic codes linked to each visit</td>
<td>Depression screening for patients 12+ years old</td>
</tr>
<tr>
<td>CPT codes linked to each visit</td>
<td>Maternal depression screening</td>
</tr>
<tr>
<td>Medications</td>
<td>Depression follow up plan</td>
</tr>
<tr>
<td>Problem List</td>
<td>Fall risk assessment</td>
</tr>
<tr>
<td>Height</td>
<td>Standardized way to assess risk for child developmental, behavioral, and social delays</td>
</tr>
<tr>
<td>Weight</td>
<td>Immunizations</td>
</tr>
<tr>
<td>BMI</td>
<td>Colon cancer screening results</td>
</tr>
<tr>
<td>BMI percentiles (for children)</td>
<td>Mammogram results</td>
</tr>
<tr>
<td>BMI follow up plan (for children)</td>
<td>Hemoglobin A1C results</td>
</tr>
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**DATA QUALITY ASSESSMENT**

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### Ability to report valid SIM CQM’s

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<tr>
<td>Green</td>
<td>Already have the report and we trust the data are accurate</td>
</tr>
<tr>
<td>Yellow</td>
<td>Have the report, but we do not fully trust that the data are accurate</td>
</tr>
<tr>
<td>Red</td>
<td>Do not have the report, but can get it/build it</td>
</tr>
<tr>
<td>Black</td>
<td>No chance of getting report from system/vendor</td>
</tr>
<tr>
<td>Blue</td>
<td>We do not see patients of this age at our practice, measure does not apply</td>
</tr>
</tbody>
</table>
# DATA QUALITY ASSESSMENT

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Assesses practice's current state of data quality including accuracy of data element capture, validity of CQM reports and desired next steps for HIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Fills it Out</td>
<td>Practice HIT Champion led by CHITA</td>
</tr>
<tr>
<td>Responsible for Reporting</td>
<td>CHITA</td>
</tr>
<tr>
<td>Timing</td>
<td>Baseline &amp; every 6 months</td>
</tr>
<tr>
<td>Expected Time to Complete (Minutes)</td>
<td>60</td>
</tr>
</tbody>
</table>

**Other Items**

- Document key barriers to SIM CQM reporting
- Preliminary HIT goals
- Name and contact information of responsible person at practice
**PRACTICE IMPROVEMENT PLAN**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>SMART goals related to practice transformation as it relates to milestone activities. Can be done at same time as inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Fills it Out</td>
<td>Practice Team led by PF</td>
</tr>
<tr>
<td>Responsible for Reporting</td>
<td>PF</td>
</tr>
<tr>
<td>Timing</td>
<td>Baseline &amp; every 6 months</td>
</tr>
<tr>
<td>Expected Time to Complete (Minutes)</td>
<td>15</td>
</tr>
</tbody>
</table>

**Translate Knowledge Into Action**

- Plan for the upcoming 6 months
- Develop at least one SMART goal in three categories:
  1. General Practice Transformation
  2. Behavioral Health Information
  3. Health Information Technology
- Encourages practices to look for cross cutting goals
QUESTIONS SO FAR?
**Purpose**
Track patient and process outcomes reported by practices

**Who Fills it Out**
Practice Champion or other HIT rep

**Responsible for Reporting**
Practice Champion or other HIT rep

**Timing**
Every calendar quarter starting Q2 2016

**Expected Time to Complete (Minutes)**
Variable

---

**SIM CLINICAL QUALITY MEASURES**

<table>
<thead>
<tr>
<th>Measure Condition</th>
<th>Citation</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>NQF 0031</td>
<td>Claims</td>
</tr>
<tr>
<td>Colorectal Screening</td>
<td>NQF 0034</td>
<td>Claims</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>NQF 0418 Adolescents &amp; Adults or NQF 1401 Maternal Depression Screening</td>
<td>Reported by practice</td>
</tr>
<tr>
<td>SUD Screening</td>
<td>NQF Composite 2597</td>
<td>Reported by practice</td>
</tr>
<tr>
<td>Anxiety</td>
<td>GAD-7</td>
<td>Reported by practice</td>
</tr>
<tr>
<td>Hypertension</td>
<td>NQF 0018</td>
<td>Partial claims (diagnosis only) + Reported by practice</td>
</tr>
<tr>
<td>Diabetes: Comprehensive care</td>
<td>NQF 0059</td>
<td>Partial claims (diagnosis and if hba1c occurred) + Reported by practice</td>
</tr>
<tr>
<td>Diabetes: Blood pressure management</td>
<td>NQF 0061</td>
<td>Reported by practice</td>
</tr>
<tr>
<td>Safety</td>
<td>NQF 0101</td>
<td>Reported by practices</td>
</tr>
<tr>
<td>Flu</td>
<td>NQF 0041</td>
<td>Reported by practice</td>
</tr>
<tr>
<td>Asthma</td>
<td>NQF 0036</td>
<td>Reported by practice</td>
</tr>
<tr>
<td>Obesity</td>
<td>NQF 0421 Adult or NQF 0024 Children/Adolescents</td>
<td>Reported by practice</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>NQF 0418</td>
<td>Reported by practice</td>
</tr>
<tr>
<td>Maternal Depression</td>
<td>NQF 1401</td>
<td>Reported by practice</td>
</tr>
<tr>
<td>Developmental Screening</td>
<td>NQF 1448</td>
<td>Reported by practice</td>
</tr>
</tbody>
</table>
SIM CLINICAL QUALITY MEASURES BACKGROUND

- Reflect alignment with Comprehensive Primary Care Initiative

- Several additions made for two important reasons:
  1. **Behavioral Health focus of SIM**
     - Maternal depression screening
     - Anxiety screening and follow up
     - Substance abuse screening
  2. **SIM purposefully engages pediatric primary care practices**
     - Childhood developmental screening
     - Maternal depression screening
     - Childhood obesity
## SIM CQM REPORTING TIMELINE

### Year One Reporting Timeline

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Reporting Period</th>
<th>Reporting Requirements</th>
<th>Reporting Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>2/1/16 – 3/31/16</td>
<td>&quot;Test Period&quot;</td>
<td>4/30/16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Report 3 measures</td>
<td></td>
</tr>
<tr>
<td>Q2</td>
<td>4/1/16 – 6/30/16</td>
<td></td>
<td>7/31/16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Report 6 measures*</td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td>7/1/16 – 9/30/16</td>
<td></td>
<td>10/31/16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Report 6 measures*</td>
<td></td>
</tr>
<tr>
<td>Q4</td>
<td>10/1/16 – 12/31/16</td>
<td></td>
<td>1/31/17</td>
</tr>
</tbody>
</table>

*Core measures must be reported before reporting additional measures. Core measures are shaded in green below.*

### Year Two Reporting Timeline

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Reporting Period</th>
<th>Reporting Requirements</th>
<th>Reporting Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>1/1/17 – 3/31/17</td>
<td>Report all required</td>
<td>4/30/17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>measures according to patient population</td>
<td></td>
</tr>
<tr>
<td>Q2</td>
<td>4/1/17 – 6/30/17</td>
<td>Report all required</td>
<td>7/31/17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>measures according to patient population</td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td>7/1/17 – 9/30/17</td>
<td>Report all required</td>
<td>10/31/17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>measures according to patient population</td>
<td></td>
</tr>
<tr>
<td>Q4</td>
<td>10/1/17 – 12/31/17</td>
<td>Report all required</td>
<td>1/31/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>measures according to patient population</td>
<td></td>
</tr>
<tr>
<td>Q+**</td>
<td>1/1/18 – 3/31/18</td>
<td>Report all required</td>
<td>4/30/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>measures according to patient population</td>
<td></td>
</tr>
</tbody>
</table>

**Q+ = Final reporting period. While practice facilitation support ends January 31st 2017, practices will be asked to submit data for Q1 2017.**
Adult Practices - Year 1

- **Q1:** “Test Period” Practices report what they can.

- **Q2:** Practices report on 3 measures from core measure set (green shading).

- **Q3 & Q4:** Report previous 3 measures plus additional 3 for a total of 6 measures. Must include 5 from core measure set, plus 1 additional.

### Reported by Adult Practices:

<table>
<thead>
<tr>
<th>Measure Condition</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu</td>
<td>NQF 0041</td>
</tr>
<tr>
<td>Asthma</td>
<td>NQF 0036</td>
</tr>
<tr>
<td>Obesity</td>
<td>NQF 0421</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>NQF 0418 Adolescents &amp; Adults OR NQF 1401 Maternal Depression Screening</td>
</tr>
<tr>
<td>SUD Screening</td>
<td>NQF Composite 2597</td>
</tr>
<tr>
<td>Anxiety</td>
<td>GAD-7</td>
</tr>
<tr>
<td>Hypertension</td>
<td>NQF 0018</td>
</tr>
<tr>
<td>Diabetes: A1C poor control</td>
<td>NQF 0059</td>
</tr>
<tr>
<td>Diabetes: Blood pressure control</td>
<td>NQF 0061</td>
</tr>
<tr>
<td>Safety: Falls</td>
<td>NQF 0101</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>NQF 0031</td>
</tr>
<tr>
<td>Colorectal Screening</td>
<td>NQF 0034</td>
</tr>
</tbody>
</table>

*Core measure set shaded in GREEN*
Adult Practices - Year 2

- Q1, Q2, Q3, Q4, Q+✧: Practices must report on all of the measures.

✧Q+ Since cohort 1 extends through January 2018, practices will be asked to submit on this quarter’s data, too.

<table>
<thead>
<tr>
<th>Measure Condition</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu</td>
<td>NQF 0041</td>
</tr>
<tr>
<td>Asthma</td>
<td>NQF 0036</td>
</tr>
<tr>
<td>Obesity</td>
<td>NQF 0421</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>NQF 0418 Adolescents &amp; Adults OR NQF 1401 Maternal Depression Screening</td>
</tr>
<tr>
<td>SUD Screening</td>
<td>NQF Composite 2597</td>
</tr>
<tr>
<td>Anxiety</td>
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<tr>
<td>Hypertension</td>
<td>NQF 0018</td>
</tr>
<tr>
<td>Diabetes: A1C poor control</td>
<td>NQF 0059</td>
</tr>
<tr>
<td>Diabetes: Blood pressure control</td>
<td>NQF 0061</td>
</tr>
<tr>
<td>Safety: Falls</td>
<td>NQF 0101</td>
</tr>
</tbody>
</table>

Calculated automatically by claims:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>NQF 0031</td>
</tr>
<tr>
<td>Colorectal Screening</td>
<td>NQF 0034</td>
</tr>
</tbody>
</table>

*Core measure set shaded in **GREEN**
**Pediatric Only Practices**

- **Year 1:**
  - Q2: Practices choose 3 measures to report.
  - Q3 & Q4: Report previous 3 measures plus additional 3 for a total of 6 measures.

- **Year 2:**
  - Q1, Q2, Q3, Q4, Q+: Practices report all of the following measures.

**Reported by Pediatric Practices:**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Condition</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu</td>
<td></td>
<td>NQF 0041</td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td>NQF 0036</td>
</tr>
<tr>
<td>Obesity</td>
<td></td>
<td>NQF 0024</td>
</tr>
<tr>
<td>Depression Screening</td>
<td></td>
<td>NQF 0418</td>
</tr>
<tr>
<td>Maternal Depression</td>
<td>screening</td>
<td>NQF 1401</td>
</tr>
<tr>
<td>Developmental Screening</td>
<td></td>
<td>NQF 1448</td>
</tr>
</tbody>
</table>
MIXED ADULT & PEDIATRIC PRACTICES

- Claims-based measures will be calculated automatically
- Practices will choose to follow Pediatric only OR Adult only reporting requirements
- Practices are welcome to submit additional measures from a different measure group, but this is optional
SIM CLINICAL QUALITY MEASURES

- Practices will report numerators and denominators to the SIM Quality Measure Reporting Tool (QMRT)

- Practices can choose to report at a practice OR provider level

- Reporting period = rolling 3 months

- Details on the QMRT are still being hammered out, but it will integrate with the SPLIT (discussed later in this presentation)
EXPECTED CHALLENGES WITH CQM’S

- Specifications are not available for at least two of the measures
  - Substance use disorder (NQF 2597) and Anxiety screening and follow up
  - SIM Office will be contracting for technical assistance to develop eCQM specifications
EXPECTED CHALLENGES WITH CQM’S

- More broadly - variations in reporting may not allow apples-to-apples comparisons across SIM practices

- General approach will be to harmonize reports to SIM specifications over time

- Differences in specs at local level and changes to those specs will be tracked in QMRT

- More advanced options for reporting will be available at some point in SIM
QUESTIONS SO FAR?
**SPLIT**

**SHARED PRACTICE LEARNING AND IMPROVEMENT TOOL**

- **Short Term:**
  - Single place for practices and PTO’s to complete SIM assessments and field notes and to view summary reports
  - Facilitate SIM operations and evaluation

- **Long Term:**
  - Let practices keep track of how well they are implementing key building blocks of advanced healthcare delivery
  - Highlight practice strengths, identify areas of need, and prioritize next steps
  - Flexibly to add modules to assess development over time, across multiple initiatives
University of Colorado developing the SPLIT with InterVision Media

- Short term version goes live in February 2016 with all the assessments we went over in this presentation plus PTO Field Notes

- More training to come
SPLIT DEMONSTRATION
QUESTIONS?

KYLE.KNIERIM@UCDENVER.EDU
PTO REPORTING EXPECTATIONS
PTO EXPECTATIONS

**ACTIVITY**

▪ Before working with a practice, PFs and/or CHITAs participate in required training in-person or complete the approved alternative training plan

▪ If needed, submit a proposal for approval of your alternative training plan

**DOCUMENTATION**

▪ Attendance at required training or attestation that the PF or CHITA has completed the approved alternative training plan

▪ Complete the template requesting approval of an alternative training plan
PTO EXPECTATIONS

**ACTIVITY**

- Assign qualified PFs and/or CHITAs to work with practices matched to PTO

- PFs and/or CHITAs complete 5 required eLearning modules:
  - Intro to PCMH
  - Team Approach to Care
  - Population Management 1
  - Quality Improvement
  - Intro to Behavioral Health Integration

**DOCUMENTATION**

- List of PFs and/or CHITAs supporting which practices including qualifications and experience

- Certificates of completion for all required eLearning modules for each PF and/or CHITA
PTO EXPECTATIONS

**ACTIVITY**
- PTO staff (*at least 1*) participates in PTO Learning Network to share lessons learned from work with practices
  - Virtual meetings, quarterly
- Assist with PTO Learning Network (*planning, facilitation and/or presentations*)

**DOCUMENTATION**
- Confirmation of participation through attendance records
- Confirmation of assistance provided through attendance records and/or PTO Learning Network Agendas
EXPECTATIONS OF PF

- Attend SIM PF & CHITA Training (January 20-21 2016)
- Participate in training webinars
- Receive practice assignment (from PTO after matching occurs)
- Connect with CHITA and RHC (as able)
- Coordinate with CHITA to schedule initial meeting
- Assist practice in completing assessments
- Review assessments and connect with CHITA

- Facilitate the PIP
- Meet with Practice (twice a month)
- Document each practice meeting in SPLIT field notes; or a field note stating why meeting didn’t occur.
- Facilitate practice review of measures reports (quarterly)
- Participate in Collaborative Learning Sessions (May and September 2016)
- Participate in PTO Learning Network
CHITA EXPECTATIONS

- Attend SIM PF & CHITA Training (January 20-21 2016)
- Participate in training webinars
- Receive Practice Assignment (from PTO after matching occurs)
- Connect with PF and RHC (as able)
- Coordinate with PF to schedule initial meeting
- Review assessments and connect with PF
- Facilitate the practice completion of the DQIP

- Meet with practice (as needed)
- Document practice meetings in SPLIT Field Notes
- Facilitate practice developing capacity to report CQMs quarterly
- Review measures report quarterly
- Participate in Collaborative Learning Sessions (May and September 2016)
- Complete eLearning modules
- Participate in PTO Learning Network
10. Meeting mode: [Check all that apply]
   - In-person
   - Telephone or web-conference
   - Other format (briefly describe):

11. Approximately how long was the meeting/contact?
   - Less than 30 minutes
   - 30 minutes
   - 45 minutes
   - 60 minutes (1 hour)
   - 75 minutes (1.25 hours)
   - 90 minutes (1.5 hours)
   - 105 minutes (1.75 hours)
   - 120 minutes (2 hours)
   - More than 120 minutes (more than 2 hours)

12. Which coaching/facilitation tools, training, or support services did you provide? [Check all that apply]
   - Agendas
   - Aim Statement
   - Brainstorming
   - Data Quality Improvement Plan
   - E-Learning modules
   - Evidence-based guidelines
   - Managing complex change
13. What Building Block(s) was addressed at this meeting?  
   [Check all that apply]  
   □ Engaged Leadership  
   □ Data-Driven Improvement  
   □ Empanelment  
   □ Team-based Care  
   □ Patient-Team Partnership  
   □ Population Management  
   □ Continuity of Care  
   □ Prompt Access to Care  
   □ Comprehensive Care Coordination  
   □ Integration and Compensation Reform  

14. What are your most important observations or “takeaways” from this meeting/contact?  

15. What is planned and/or needed for the next visit or follow-up, including dates, responsibility, or outreach to facilitators, CHITAs, or HEROs / RHCs?  

16. How engaged were the clinicians (MD, DO, NP, PA) during this contact? [Check only one]  
   □ Not at all engaged (e.g., showed little or no interest, significantly distracted, were in and out, did not seem to listen, did not contribute or speak)  
   □ Somewhat engaged (e.g., showed some interest, minor distractions, present for most of the meeting, seemed to listen, contributed or spoke a little)
Practice Facilitator (PF) & Clinical Health Information Technology Advisor (CHITA) Training - WRAP UP!!
Behavioral Health Integration - the Colorado Story

Programmatic Essentials: Practice Transformation/SIM Planning; Implementation Guide; Practice & PTO Expectations

Achieving Integration / Behavioral Health Professional Competencies

Integrated Care in Action / Coaching in Integration

Team Based Care / Patient-Team Partnership

Role of the Regional Health Connectors / Healthcare Neighborhood

THANK YOU TO OUR STAKEHOLDERS!

- Anita Rich, Colorado Children’s Healthcare Access Program
- Ayelet Talmi, University of Colorado Departments of Pediatrics & Psychiatry
- Britta Fuglevand, Rocky Mountain Health Plan
- Brooke Thomas, Rocky Mountain Health Plan
- Caitlin Evrard, Colorado Department of Public Health & Environment
- Carolyn Swenson, Peer Assistance Services
- Cassidy Smith, Peer Assistance Services
- Cassie Littler, Primary Care Partners- Grand Junction
- Dave Gans, Medical Group Management Association
- Kari Loken, HealthTeamWorks
- Katherine Price, Primary Care Partners- Grand Junction
- Kim Walter, Centura Health, Inc.
- Lori Stephenson, Rocky Mountain Health Plan
- Maggie Dunham, University of Colorado Department of Family Medicine
- Mary Weber, University of Colorado College of Nursing
- Michele Coleman, Colorado Department of Public Health & Environment
- Mindy Klowden, Jefferson Center Mental Health
- Nicole Deaner, HealthTeamWorks
- Steven Poole, Colorado Children’s Healthcare Access Program
- Tim Byers, University of Colorado School of Public Health

AND to ALL our PTO’s and other partners!
UNIVERSITY PRACTICE TRANSFORMATION TEAM
TO DO’S

▪ Training de-brief
  ▪ Review all evaluations- location, room preference, lunch- working?
  ▪ Consider feedback and incorporate for future training and Collaborative Learning Sessions

▪ Finalize some of the in-process, almost complete items
  ▪ Milestone Implementation Guide
  ▪ Toolkit
  ▪ Process Map

▪ Create additional supporting materials
  ▪ Checklist and suggested reference materials (for initial meetings with practices)
  ▪ Integration tip sheets (including operationalization, workflow, etc.)
  ▪ PTO PF & CHITA and RHCs resources sheet with contact information
  ▪ Develop FAQ’s with practice questions to be posted
UNIVERSITY PRACTICE TRANSFORMATION TEAM TO DO’S CONTINUED…

▪ Coordinate Webinars (upcoming and future)

(in the next month!)

▪ Welcome to SIM for Cohort 1 Practices (PTO’s welcome to attend)
  February 9th 7:30am-8:30am
  February 10th 12:30pm-1:30pm
  February 18th 12:00pm-1:00pm

▪ Introduction and Use of SPLIT- Shared Practice Learning & Improvement Tool
  (tbd- dates to be announced soon)

▪ Additional Webinar Topics (coming- 30 days and beyond)
  ▪ Health Information Exchange and Confidentiality Laws
  ▪ Payment Reform and Updates
  ▪ Others to be determined based on PTO and practice need and interest (please let us know)

▪ More information to come: PTO Learning Network, Collaborative Learning Sessions and more!
WHAT DO PTO’S DO NOW?

▪ Take in this information...
  ▪ Refer to website for presentations and information presented
  ▪ LINK: http://www.ucdenver.edu/anschutz/about/practicetransformation

▪ Confirm your internal processes
  ▪ Identify and connect PF and CHITA- RHCs as available

▪ Contact practices you are matched with
  ▪ Introductions and schedule initial meeting

▪ Look for more information!
  ▪ On the Website first two weeks of February
  ▪ PTO Needs to Know- emails

▪ Be involved! Give us feedback!
CURRENT WEBSITE:

- http://www.ucdenver.edu/anschutz/about/practicetransformation
NEW COMBINED - ALIGNED - UPDATED WEBSITE COMING!!

- http://… To be announced…
CONTACT US

- SIM Practice Info
  simpracticeinfo@ucdenver.edu
  303.724.8968

- Heather Stocker, Project Manager
  heatherstocker@ucdenver.edu
  (work) 303.720.9359
  (cell) 303.995.9527

- (current) University Practice Transformation Website:
  http://www.ucdenver.edu/anschutz/about/practicetransformation

Innovate. Integrate. Transform.