

CHRC The Forum

Alexia Eslan
Director, JSI

Meadow Didier
Associate Director, NFF

April 8, 2021





John Snow, Inc. (JSI)

Better Health Outcomes FOR ALL

Presenter: Alexia Eslan, CO Office Director



JSI is a health consulting organization, which for over 40 years has been deeply committed to improving the health of individuals and communities in the United States and throughout the globe.

<https://www.jsi.com/> and healthcaretransformation.jsi.com



Nonprofit Finance Fund[®]

Presenter: Meadow Didier, Associate Director

NFF is a national nonprofit that envisions a society where money and knowledge come together to support just and vibrant communities. We help mission-driven organizations achieve their communities' aspirations through tailored capital, strategic advice, and accessible insights.

www.nff.org



Objectives

By the end of this session, participants will:

- Gain a better understanding of the foundational blocks of Team Based Care
- Identify key areas of technical assistance that are provided through the Colorado Health Foundation's Advancing Team Based Care funding opportunity:
 - Support implementing a team based care model,
 - Support centering equity,
 - Support understanding and communicating your financial health.



Overview of Funding Opportunity

Who should apply?

Any primary care practice that aligns with the foundation's cornerstones, provides comprehensive & integrated care to low-income patients, and has leadership buy-in qualifies. Apply if you want support delivering best practice in team based care.

What are the benefits?

This grant (up to \$125,000 over two years) will give your team the technical support and financial tools to master sustainable team based care and offset cost of training.

Deadline: October 15th, 2021

How to get started?

Watch the ATBC Funding Opportunity [webinar](#)

Go to <https://www.coloradohealth.org/funding> to apply

Where can we find help?

CRHC can help with grant-writing; contact Sara Leahy: sl@coruralhealth.org or

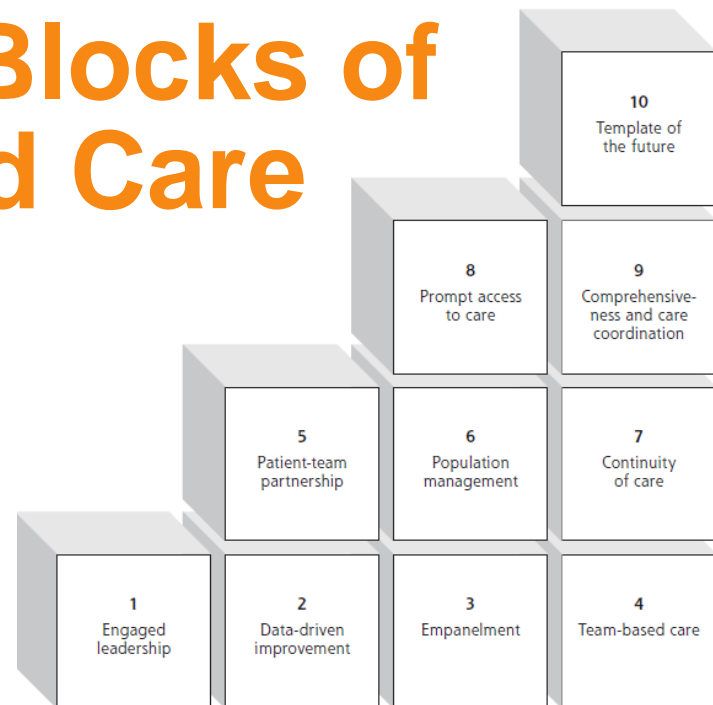
Natalie Kraus: nv@coruralhealth.org

Khanh Nguyen, Senior Program Office at TCHF, can answer any questions as well:

(303) 953-3639 or knguyen@coloradohealth.org



The Building Blocks of Team Based Care



Team Based Care

High level of communication and coordination

Shifts responsibilities for the patient care to a larger team

Integration of behavioral and oral health are common



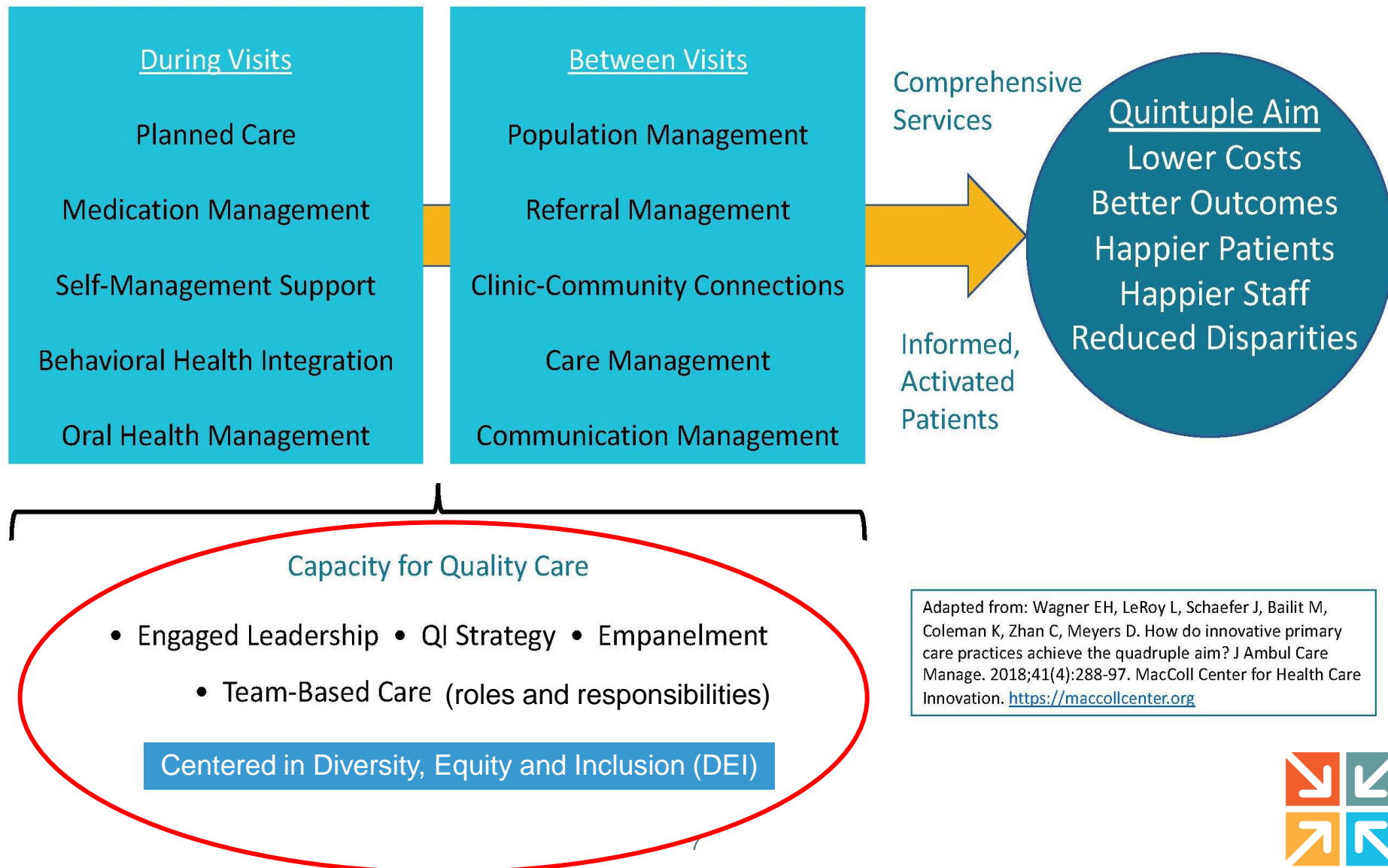
Focuses on primary care

Treats the whole person

Staff are working at the top of their training, licensure



Team Based Care Model



Where Do You Start?

Foundational Blocks:

Capacity for Quality Care

- Engaged Leadership • QI Strategy • Empanelment
 - Team-Based Care (roles and responsibilities)

Centered in Diversity, Equity and Inclusion (DEI)

- Engaged Leadership
- Data-Driven Quality Improvement Strategy
- Empanelment
- Clearly Define Your Teams and Roles




Identify Leadership & Start Building Team Culture

- Continuous support from formal and informal leaders for team-based care and the changes proposed
- Dedicated resources
- Locate team members in close proximity (as possible)
- Encourage daily meetings to organize the work and solve problems together
- Encourage all members of the team to have a voice



Develop a QI Strategy

- Choose and use a formal methodology for quality improvement (QI)
- Establish and monitor metrics to evaluate improvement efforts and outcomes
- Ensure that patients, families, providers, and care team members are involved in QI activities
- Optimize use of health information technology to improve individual and population health outcomes



PDSA WORKSHEET

Team Name:	Date of test:	Test Completion Date:
Overall team/project aim:		
What is the objective of the test?		

PLAN: Briefly describe the test.
 What have we learned from previous related PDSAs? Summarize briefly.
 How will you know that the change is an improvement?
 What do you predict will happen?

DO: Test the changes.
 Was the cycle carried out as planned? Yes No
 Record data and observations.
 What did you observe that was not part of our plan?

STUDY:
 Did the results match your predictions? Yes No
 Compare the result of your test to your previous performance.
 What did you learn?

PLAN:

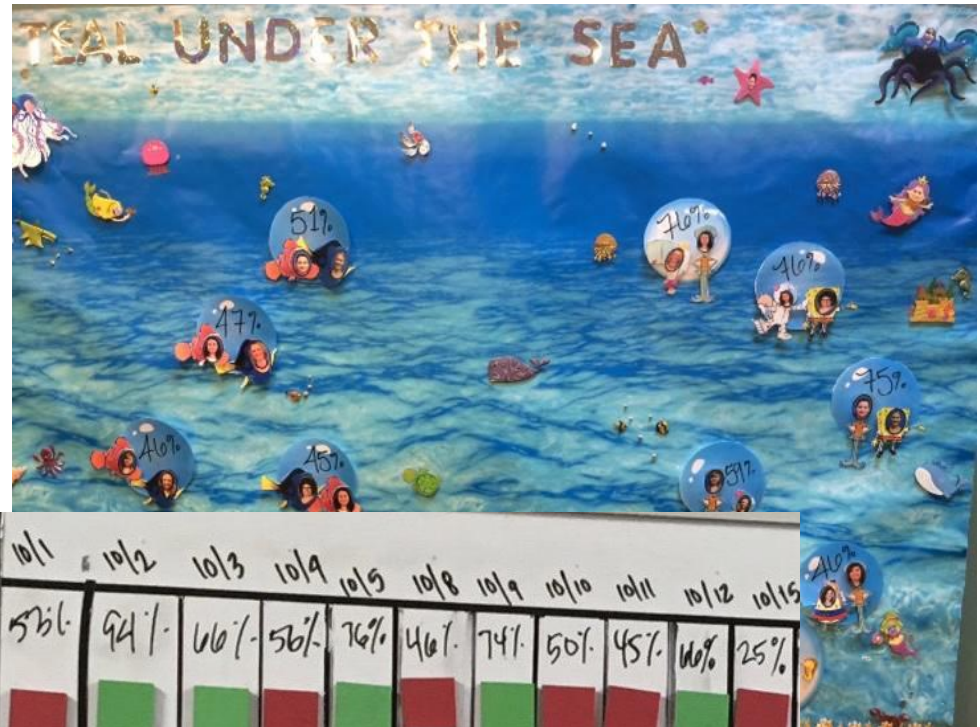
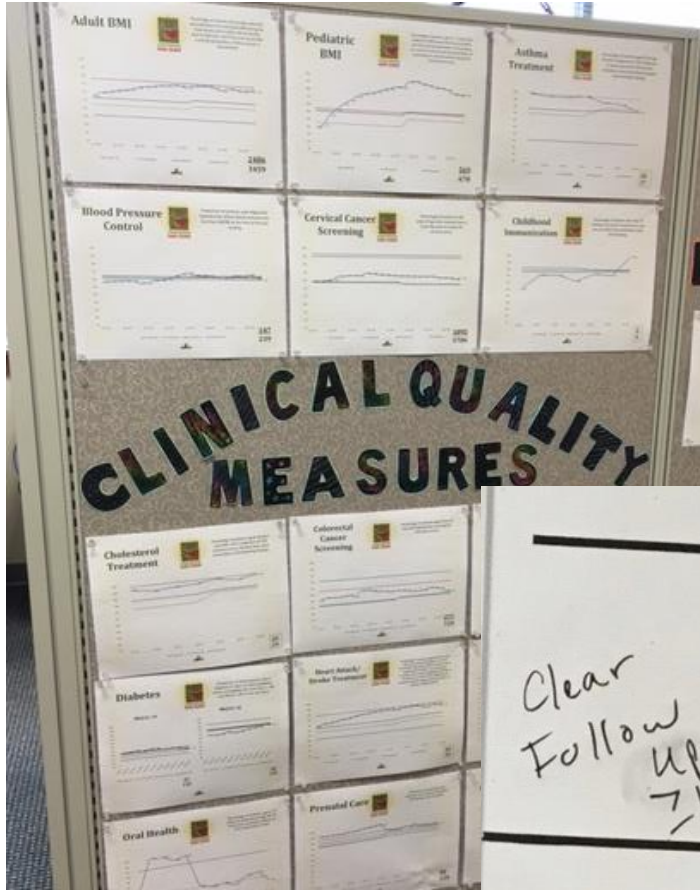
List the tasks necessary to complete this test (subset)	Person responsible (initials)	When	Where
1.			
2.			
3.			
4.			
5.			
6.			

Plan for collection of data:

ACT: Decide to Adapt, Adopt, or Abandon.
☐ Adapt: Improve the change and continue testing plan. Plans/changes for next test.
☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability.
☐ Abandon: Discard this change idea and try a different one.



Data-Driven Improvement



Clear Follow up 760%

	10/1	10/2	10/3	10/4	10/5	10/8	10/9	10/10	10/11	10/12	10/15
Percentage	53%	94%	66%	56%	76%	46%	74%	50%	45%	60%	25%
Color	Red	Green	Green	Red	Green	Red	Green	Red	Red	Green	Red
Ratio	31/58	45/53	41/62	30/55	39/69	35/76	30/70	40/79	44/97	48/73	14/63
Percentage	0%	100%	100%	17%	100%	5%	100%	100%	100%	100%	100%



Empanelment

Panel: List of patients assigned to the care team, or provider, in a practice.

Empanelment					
	Components	Level D	Level C	Level B	Level A
1	Patients...	are not assigned to specific practice panels.	are assigned to specific practice panels but panel assignments are not routinely used by the practice for administrative or other purposes.	are assigned to specific practice panels and panel assignments are routinely used by the practice mainly for scheduling purposes.	are assigned to specific practice panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand.
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>



Empanelment

- Assign all patients to a provider and team panel
- Confirm assignments with providers and patients
- Review and update panel assignments on a regular basis
- Balance patient load
- Use panel data and registries to proactively contact, educate, and track patients by care gaps, disease status, risk status, self-management status, and community and family need.



Why Continuity Matters



The diagram consists of two large, stylized arrows. On the left is an orange arrow pointing upwards, containing the text 'Access', 'Patient satisfaction', and 'Preventive services completion'. On the right is a blue arrow pointing downwards, containing the text 'ER Visits'. The background is a gradient from dark grey on the left to light grey on the right.

Access

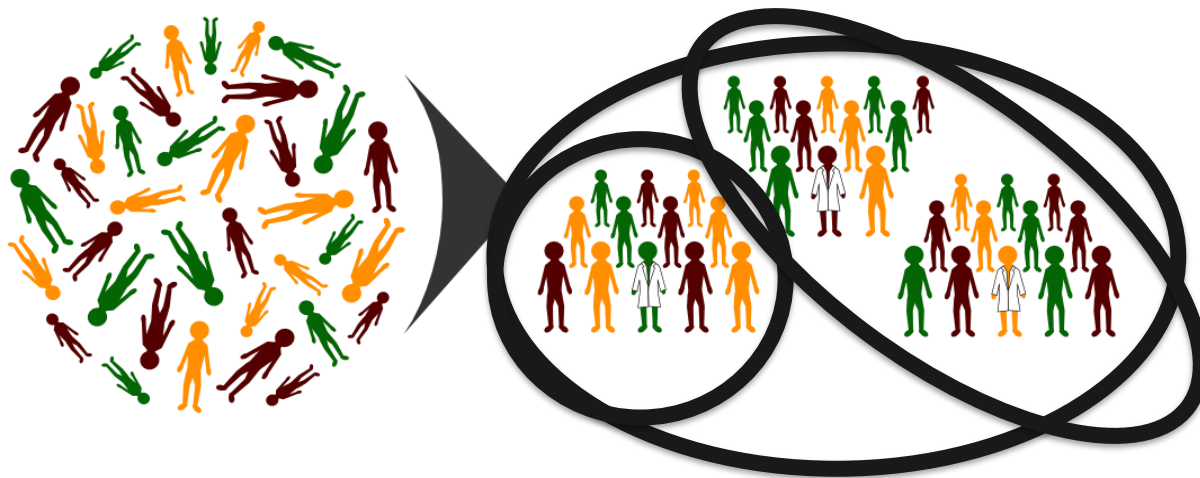
Patient
satisfaction

Preventive
services
completion

ER Visits

Teamwork & Team Based Care

- A care team assumes responsibility for coordinating comprehensive services for their panel of patients



Teamwork & Team Based Care

- Develop a team structure
- Create clear roles and responsibilities
- Enable staff to work independently where appropriate/ top of scope
- Provide team with dedicated time to meet about patient care

4	Clinical support staff...	work with different providers every day. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	are linked to providers in teams but are frequently reassigned. 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	consistently work with a small group of providers and staff in a team. 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	consistently work with the same provider(s) almost every day. 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
5	Clinical support staff...	play a limited role in providing clinical care. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	are primarily tasked with managing patient flow and triage. 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	provide some clinical services such as assessment or self-management support. 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	perform key clinical service roles that match their abilities and credentials. 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>



Next Step

- Build a high performing team



How?



The Steps to Consistently High Team Performance

Build trust and communication and center DEI

Identify and assign tasks

Train staff

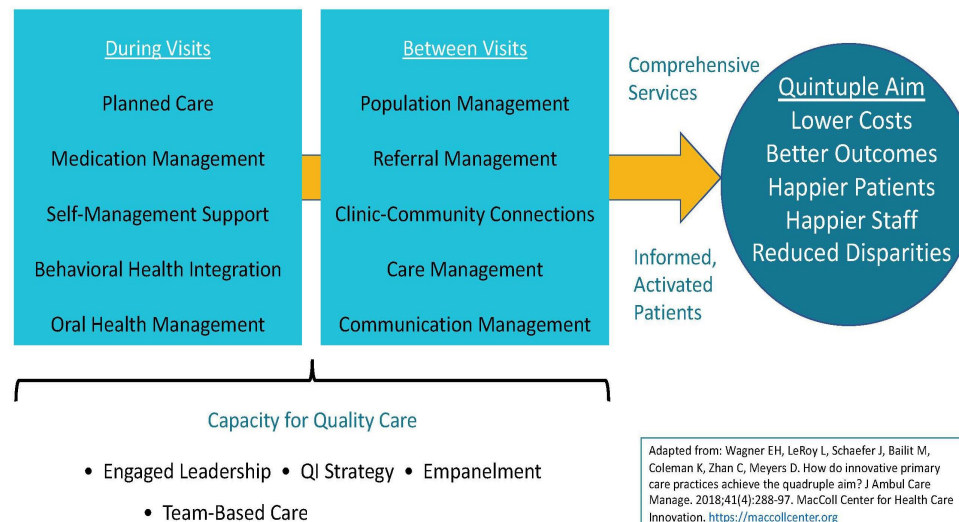
Develop standard work

Enable staff to work independently

Monitor process and goal attainment



Advancing Team Based Care TA Case Study



About ABC Clinic

A small rural nonprofit health clinic in Colorado

- Established in 2005
- Three providers: two full-time NPs and one part-time MD
- Serve ~2,400 unique patients:
 - 30% Medicaid
 - 20% Medicare
 - 20% private insurance
 - 30% self-pay
- Patient demographics:
 - 80% white non-Hispanic
 - 10% Hispanic
 - 10% unknown



Initial Team Based Care Assessment

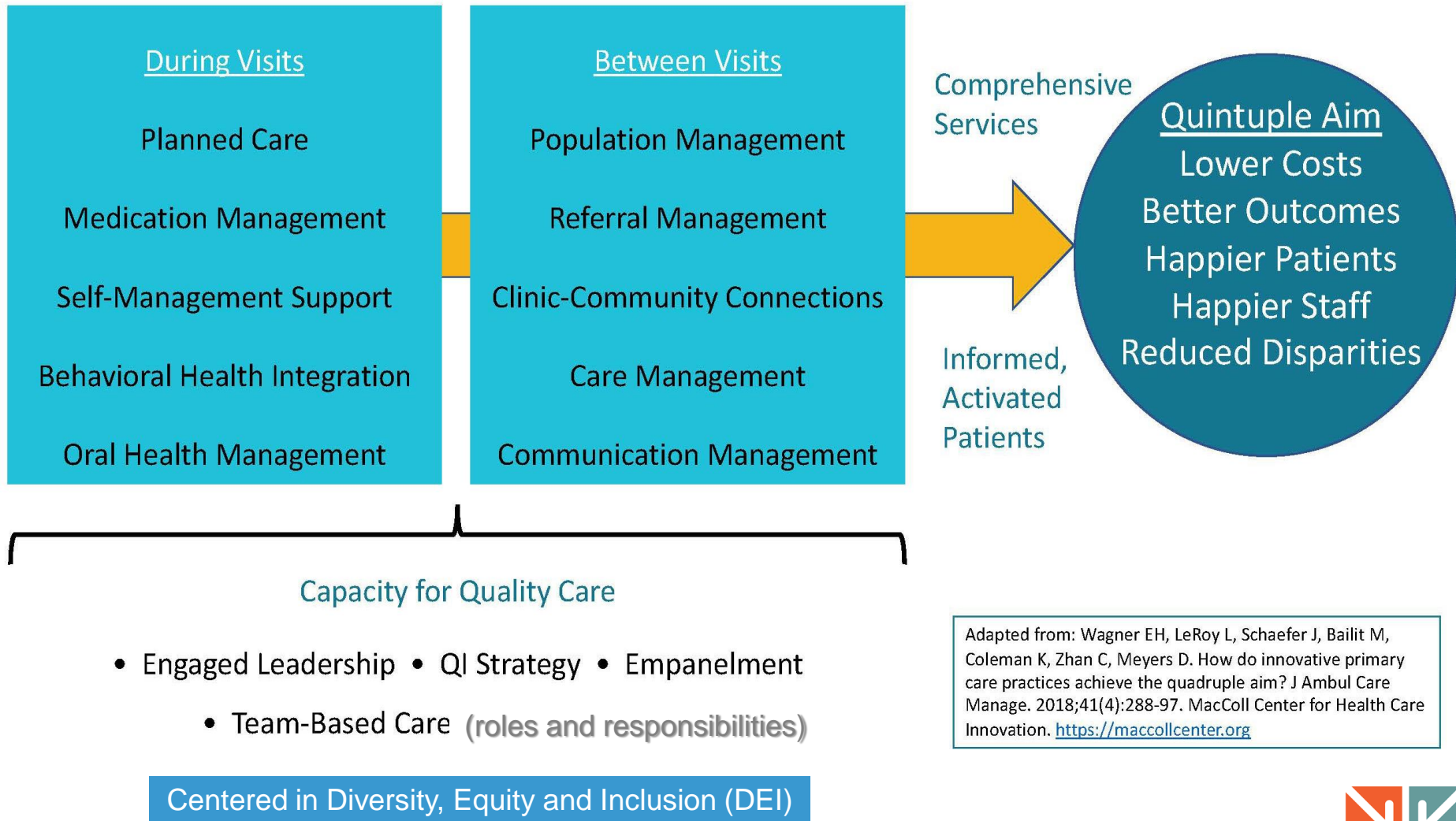
- Conducted the Primary Care Team Guide Assessment (PCTGA)

Areas Needing Improvement:

- Empanelment
- Team roles and workflows
- Behavioral health integration
- Population management
- Diversity, Equity, and Inclusion



TBC Model



Initial Team Based Care Assessment

Areas Needing Improvement:

- Empanelment
- Team roles and workflows
- Behavioral health integration
- Population management
- Diversity, Equity and Inclusion



PCTGA Results - Empanelment

Empanelment		Level D	Level C	Level B	Level A
Components					
1	Patients...	are not assigned to specific practice panels.	are assigned to specific practice panels but panel assignments are not routinely used by the practice for administrative or other purposes.	are assigned to specific practice panels and panel assignments are routinely used by the practice mainly for scheduling purposes.	are assigned to specific practice panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand.
		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

- Patients see provider they request or first available appointment
- Clinic has “teamlets” of providers and MAs and they manage the care of patients they see
- PCP assignment in the EHR for billing purposes



PCTGA Results – Team Roles and Workflows

	Components	Level D	Level C	Level B	Level A
11	Non-clinical staff in our practice...	are not considered part of practice teams. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	mostly hold non-clinical, patient-facing roles such as reception or referral management. 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/>	provide one or more of the following: self-management coaching, care coordination, patient navigation of the healthcare system, and/or connecting patients to community services. 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	perform the functions in Level B and are key members of core practice teams. 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
5	Clinical support staff...	play a limited role in providing clinical care. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	are primarily tasked with managing patient flow and triage. 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/>	provide some clinical services such as assessment or self-management support. 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	perform key clinical service roles that match their abilities and credentials. 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
8	Standing orders that can be acted on by non-independent providers under protocol...	do not exist for the practice 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	have been developed for some conditions but are not regularly used. 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	have been developed for some conditions and are regularly used. 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	have been developed for many conditions and are used extensively. 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

- 1 Front office staff person – answering phone, checking requesting patient billing and operational data, checking-in, medical records
- 3 MAs supporting 2.5 providers - rooming patients, taking vitals, referral management, answering phones, and supporting providers as needed
- There are only standing orders for MAs for administering immunizations



PCTGA Results – Team Roles and Workflows

10	RNs in our practice...	are not part of the core practice team.	mostly triage phone calls, administer injections, and/or perform other procedures.	manage transitions within and across levels of care (home care, hospital, specialists), providing care coordination and management to patients with more complex needs.	provide care management for patients in need; collaborate with providers in teaching and managing patients with chronic illness; monitoring responses to treatment; and titrating medications according to delegated order sets in independent nurse visits.
	N/A <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

- 1 RN supporting all providers – chronic care management, medication management, call triage and administers injections



PCTGA Results – BH Integration

	Components	Level D	Level C	Level B	Level A
24	Behavioral health services...	are available from external mental health (MH) specialists but may not be timely or convenient. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	are available from community specialists and are generally timely and convenient. 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/>	are available from behavioral health (BH) specialists who are co-located or work in a community organization with which the practice has a referral protocol or agreement. 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	are readily available from BH specialists who are onsite members of the care team (could include substance use specialists) with referrals for more treatment needs to MH specialists with whom there is a formal agreement. 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
25	Screening tools such as PHQ-9, GAD-7, AUDIT, CAGE, TAPS...	are not used in our practice. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	are administered through a request of a medical provider or by a behavioral health provider to patients who demonstrate signs of depression, anxiety, substance use, etc. 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/>	are administered to all patients at their annual well visits by practice team members. Follow-up screening and treatment is conducted with patients who have a moderate to high score at the practice or by referral. 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	are administered and documented in the EHR by the care team for all patients and revisited at every visit. Policies and procedures are in place for follow up and treatment for moderate to high scores, and initial treatment is provided on site. 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

- Refer to the local mental health center with whom they have an MOU around patient treatment and information sharing
- Access to BH care especially psychiatry is very limited



PCTGA Results – Population Management

	Components	Level D	Level C	Level B	Level A
16	Registry information on individual patients...	is not available to practice teams for pre-visit planning or patient outreach.	is available to practice teams but is not routinely used for pre-visit planning or patient outreach.	is available to practice teams and routinely used for pre-visit planning or patient outreach but only for a limited number of conditions and risk states.	is available to practice teams and routinely used for pre-visit planning and patient outreach, across a comprehensive set of conditions and risk states.
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

- Clinic is involved in some quality improvement efforts for which they pull patient data including diabetes and hypertension management



PCTGA Results – Diversity, Equity and Inclusion


	Components	Level D	Level C	Level B	Level A
30	Our commitment to diversity, equity, and inclusion internally...	is not yet documented or operationalized internally.	is shared by some in the practice and may be documented but has not been operationalized.	is shaped by a smaller group of team members and may be shared by leadership. Policies are beginning to be meaningfully operationalized, measured, and updated.	is documented, operationalized, and celebrated in policies across the entire practice from hiring to advancement, creating a culture of diversity, equity, and inclusion.
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

- Have not prioritized DEI
- Feel their community is very homogenous
- “Everyone gets along”
- Have 2 Hispanic bilingual staff



Developed Work Plan

Prioritized the following areas for the first 6 months:

		
	TBC Work Plan	
	Creation Date:	
	Dates of Implementation:	
Prioritized TBC Change Concepts		Current Ranking
Empanelment		2
Team Roles and Workflows		5
Diversity, Equity and Inclusion (DEI)		3



Empanelment Goal: Ensure patients are seeing their desired and assigned PCP for at least 75% of their visits.

Action Steps:

1. Assign a PCP to all patients using the 4-cut method and keeping panels to a max of 1,000 patients each.

Cut	Report Description	PCP Assignment
1 st cut	Patients who have seen only one provider in the past year	Assigned to that sole provider
2 nd cut	Patients who have seen multiple providers, but one provider the majority of the time	Assigned to majority provider
3 rd cut	Patients who have seen 2+ providers equally in the past year	Assigned to provider who performed the last physical exam
4 th cut	Patients who have seen multiple providers	Assigned to last provider seen



Empanelment Goal: Ensure patients are seeing their desired and assigned PCP for at least 75% of their visits.

Action Steps Continued:

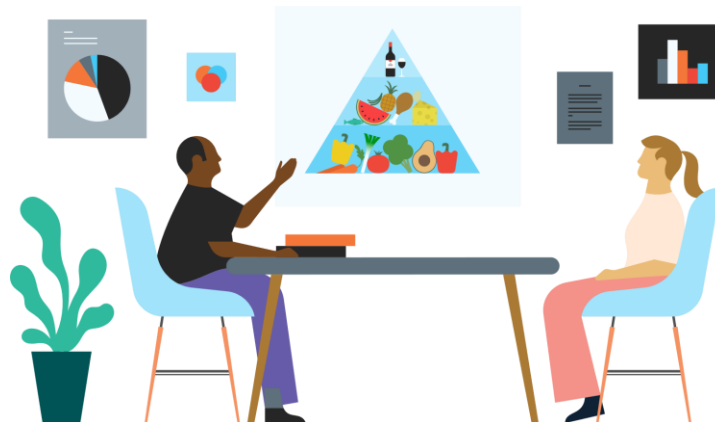
2. Check if patient is happy with assignment and provide option to switch if desired.
3. Train scheduling staff (front desk and MAs) to prioritize scheduling appointments with PCP.
4. Create a report to measure assigned PCP/patient continuity and begin tracking monthly.
5. Share data at monthly staff and provider meetings.



Team Roles and Workflow Goal: Have clearly defined roles and workflows for each team member that has them working at the top of their training and licensure (if applicable).

Action Steps:

1. Complete an assessment of team roles and task distribution.
2. Determine who will be responsible for which tasks and ensure they have the training to conduct the task.
3. Review job descriptions to make sure they align with responsibilities.



Share the Care: Assessment of Team Roles and Task Distribution

This is an example of a planning tool, to assess who is currently doing what tasks in your practice and then who should be doing each task, based on how we learned that LEAP sites define clear roles and responsibilities. There is no “right answer”; task distribution will vary from practice to practice, based on contextual and internal factors. The tool is in the discussion about roles that this worksheet can stimulate. Your practice may be able to redistribute the tasks in a way that better fits your workforce and patients.

Instructions:

1. Modify the worksheet so that the columns reflect all care team roles and the rows contain the most important tasks in your practice. (Note: we use the term “lay person” to mean someone without medical background, so this may include lay caregivers such as Community Health Workers or administrative staff members such as Front Desk staff).
2. Gather a group of staff members who are engaged in redesigning care roles, representing all the roles on the care team.
3. Assess your practice at the current time, for each task. The tasks are organized by categories, such as “communications with patients, outside of the patient office visit.” Check boxes to indicate “**Who does it now?**”
4. Next, use the worksheet to think about “**Who Should Do It?**” Discuss which roles are capable of doing each task and how well the work is distributed across roles. Use a different color to check boxes where you think that tasks can be redistributed for improvements to everyone’s workload.

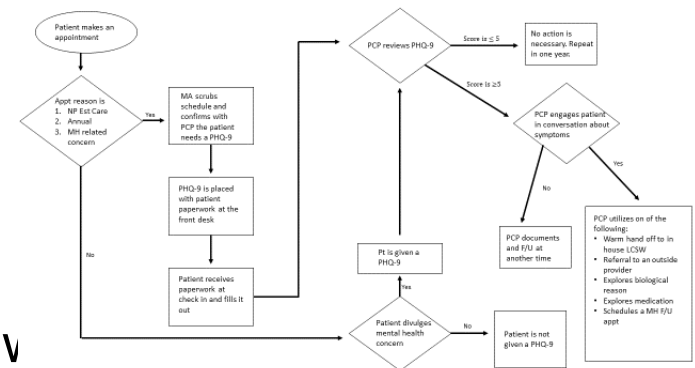
	MA	RN	Front Desk	Provider	BH Specialist	Other
Answer phones, triage calls						
Help manage/triage provider electronic inbox						
Serve as primary point of contact for patients						
Conduct patient outreach for outstanding labs, etc.						
Follow-up by phone or email after visits to make sure that patient understood instructions						
Follow-up with patients after hospital discharge						
Follow-up with patients after Emergency Department visit						



Team Roles and Workflow Goal: Have clearly defined roles and workflows for each team member that has them working at the top of their training and licensure (if applicable).

Action Steps Continued:

4. Select 1-2 priority workflows to focus on.
5. Map the workflow from start to finish together with the entire team and look at areas for improvement.
6. Using PDSA cycles test changes in the v
7. Make changes given lessons learned from the PDSA cycles.



Equity Goal: Assess and be responsive to community needs

Action Steps:

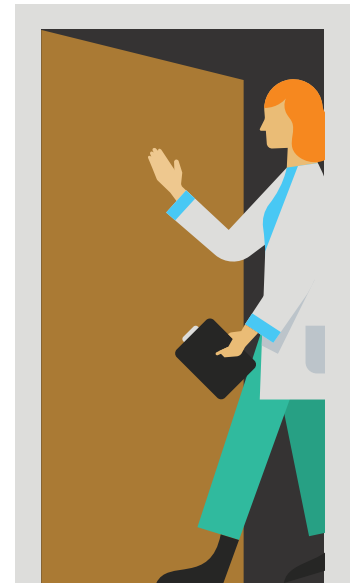
1. Compare patient versus service area demographic data.
2. Identify differences and explore reasons for these through a clinic and, if possible, community DEI assessment.
3. Analyze results from DEI assessment(s) and take steps to improve DEI at the practice.
4. Participate of Implicit Bias training to begin to identify unconscious decisions and actions that may negatively affect the community served.



Demographics of the Area

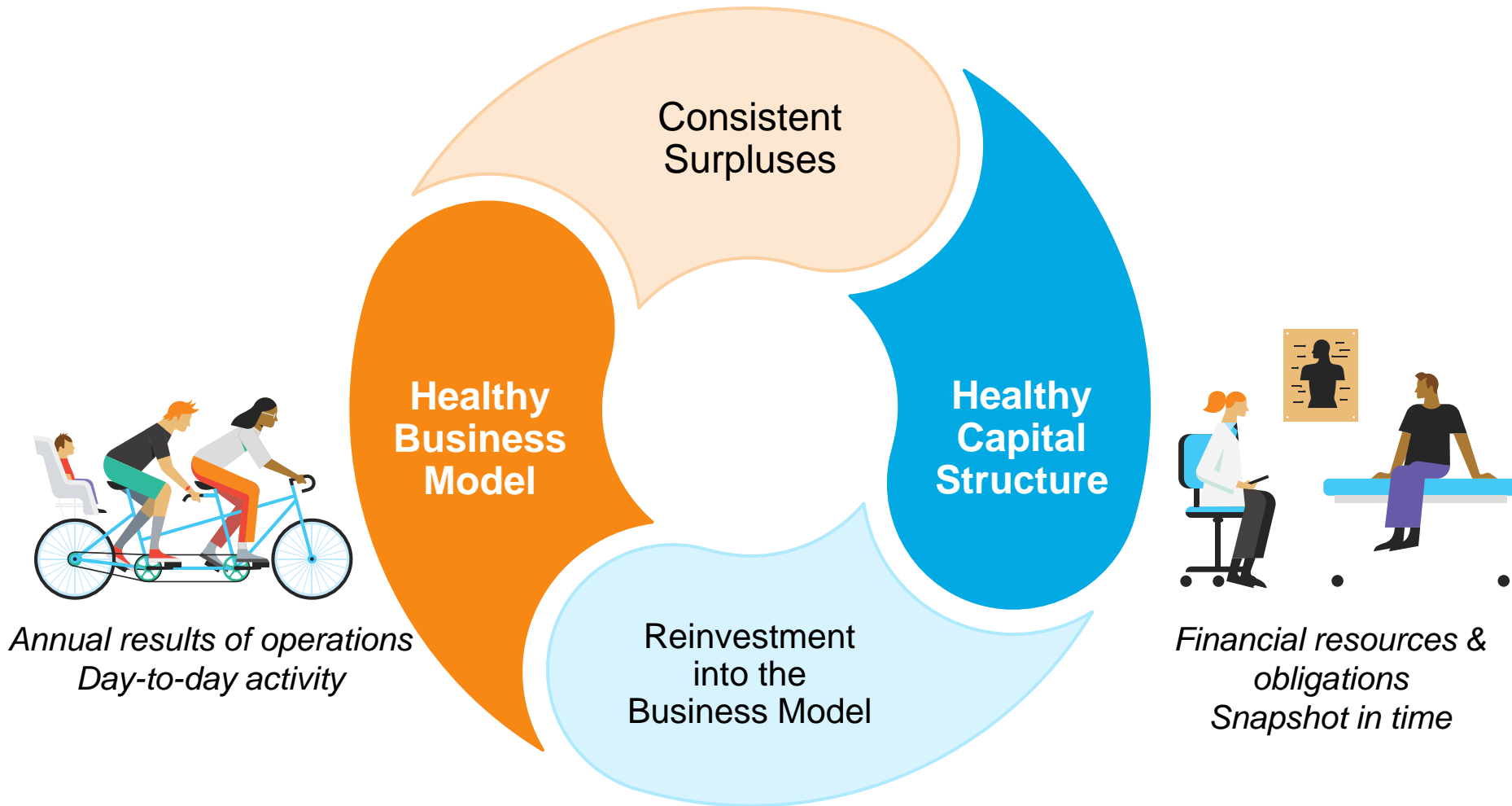
Compared to clinic demographics

- ABC Clinic patient demographics (of their ~2,400 pts):
 - 80% White non-Hispanic
 - 10% Hispanic
 - 10% unknown
 - 20% use private insurance
- County population demographics:
 - 67% White non-Hispanic
 - 30% Hispanic
 - 94% White
 - 6% Black, Asian, native & PI, mix
 - 12% with private health insurance



Establishing a Baseline Understanding of ABC Clinic's Financial Situation

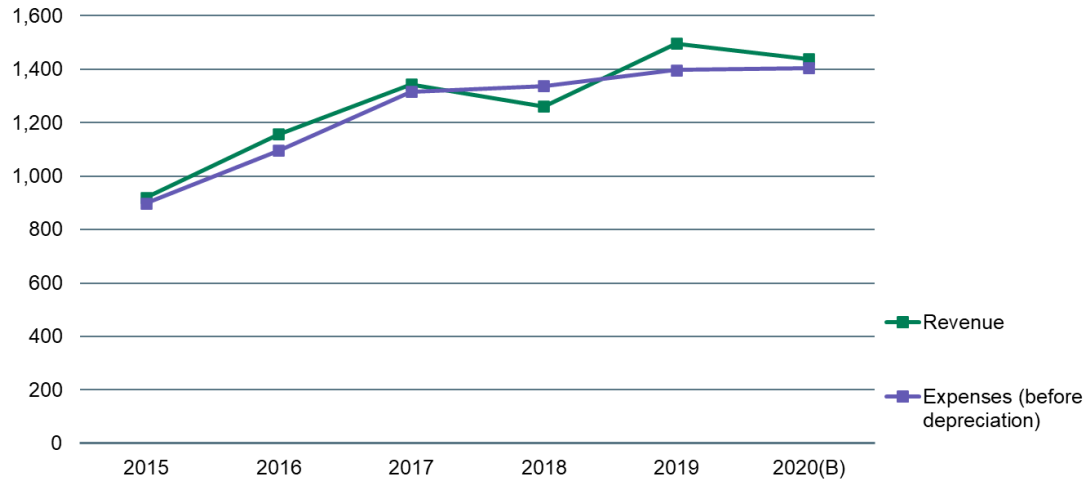
NFF analyzes comprehensive financial health over five years



Business Model: Operating Revenue, Expenses, & Bottom Line

Operating Revenue & Expenses

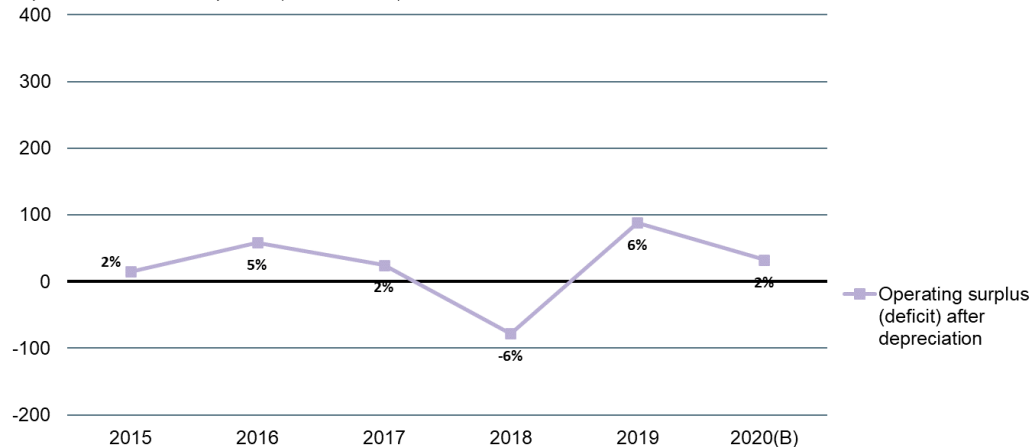
(\$ in thousands)



- What is driving growth, contraction, or volatility?

Operating Surplus (Deficit)

Surplus/deficit as a % of expenses (\$ in thousands)



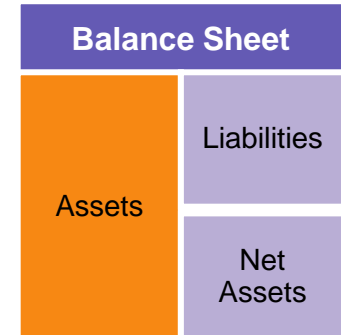
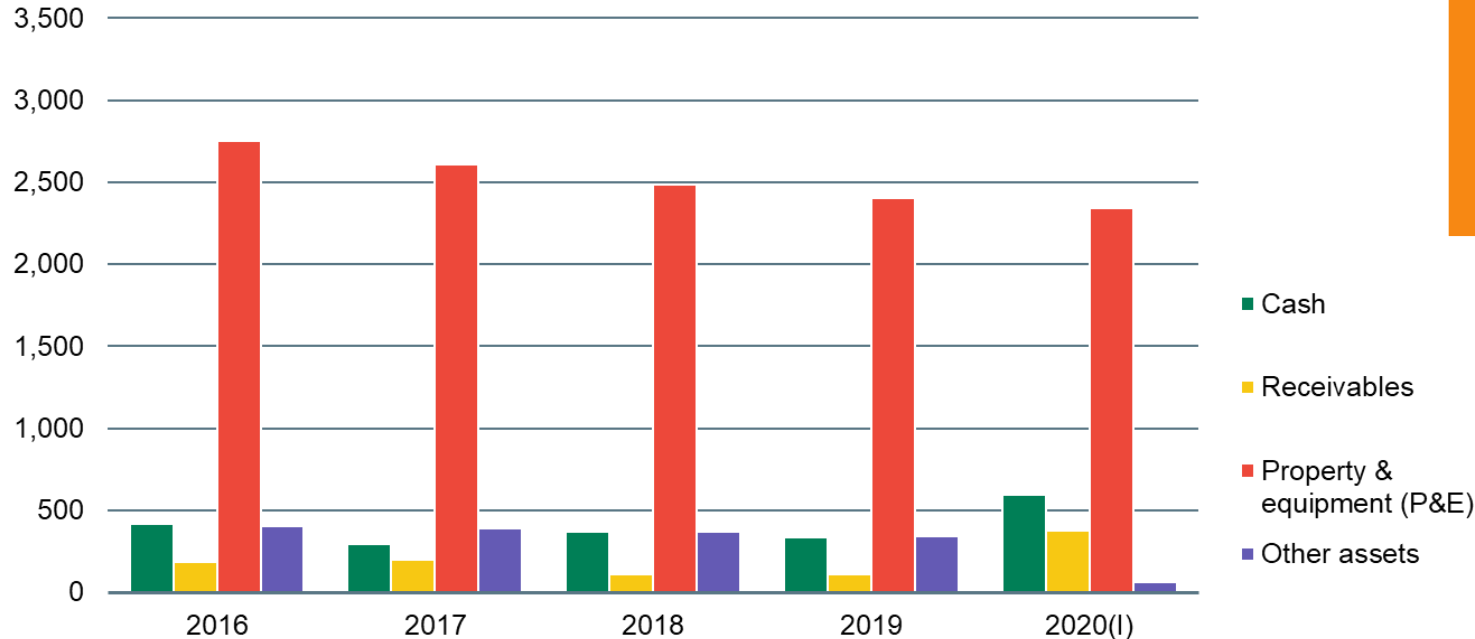
- Has ABC consistently achieved operating surpluses?



Capital Structure: Assets, Liabilities, and Net Assets

Total Assets

(\$ in thousands)



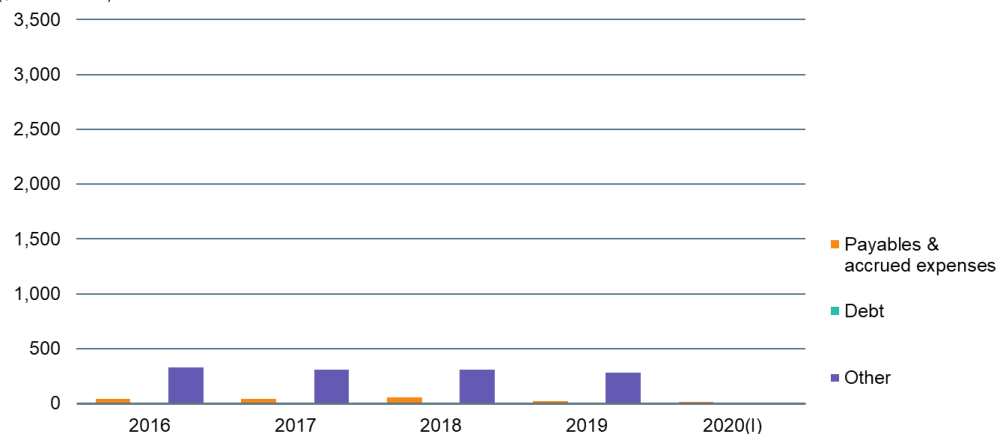
- How has the balance sheet changed over time?
- What flexible net assets does ABC have to support operations?



Capital Structure cont.: Assets, Liabilities, and Net Assets

Total Liabilities

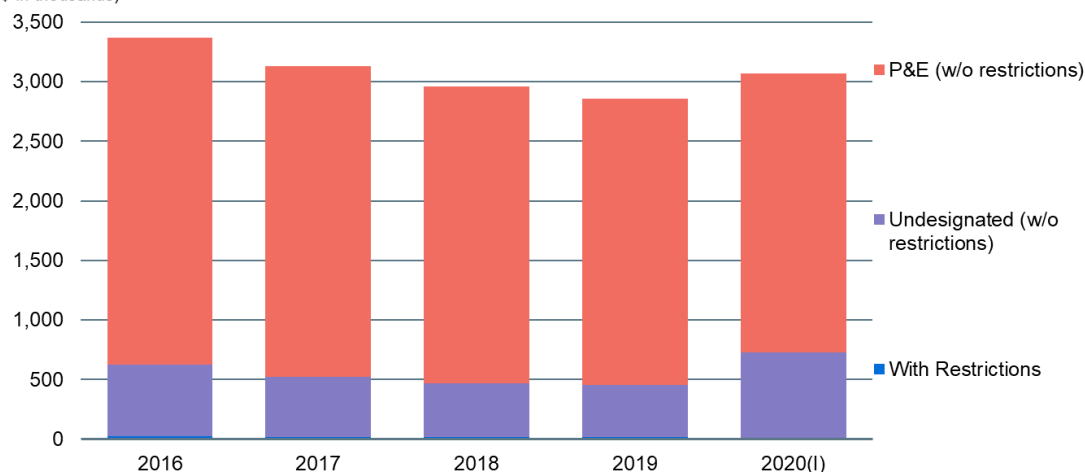
(\$ in thousands)



What does this mean for the resources available to support reinvestment into the business model?

Total Net Assets

(\$ in thousands)



What does this mean for liquidity and cash flows?



Different Financial Health Profiles Have Different Management Implications

	"Need to Take Action NOW"	"Vulnerable to Shocks"	"Making It Work"	"Room to Plan"	Strategic Transition
Business Model Performance	Regular or sizable deficits	Variable operating results that include deficits or breakeven	Small surpluses, not able to save much for longer-term needs	Consistent operating surpluses sufficient to cover longer-term needs	Significant swings in revenue and expense, may be in flux from year to year.
Capital Structure (Liquidity & reserves)	Low to negative liquidity (<1 mo) & trending downward. No reserves. Lots of obligations.	Limited liquidity (1-2 mo). Little to no reserves. Resources barely cover obligations.	Access to liquidity (2-5 mo*) but insufficient reserves.	Positive liquidity plus reserves sufficient for business model (typically 6+ mo*). Resources to adapt	Liquidity and resources to fund the change in flux as they are drawn on during the transition period.

Beyond the numbers: How well do the numbers match up with lived experiences of your organization's **financial** situation? How does this impact the mission?

Celebrate the positives

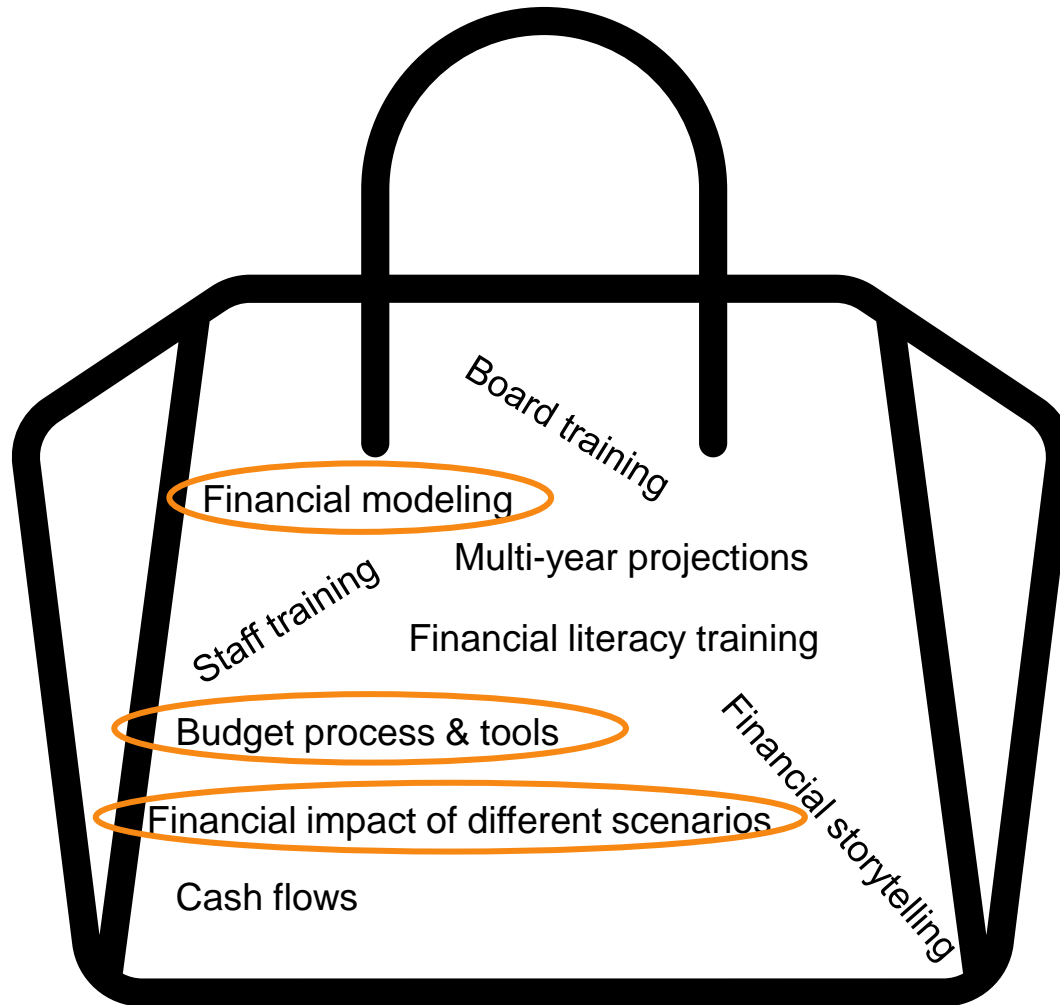
Proactively address and potential red flags

Connect to financial and mission goals



Exploring Options

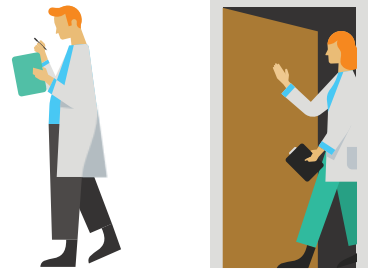
Overall Initiative Goal: Understand & communicate ABC Clinic's financial opportunities & impacts related to TBC and beyond



Exploring ABC Clinic's Key Financial Questions

Once we understand the historical situation, we dive into current opportunities and issues

- Attracting talent is a major issue for us. We would be eligible for a couple of loan-forgiveness programs if we had a sliding fee scale, but I don't know if that would be worth it. What would the financial impact be for our clinic?



- We have an MOU with our local mental health center, but we want to better integrate that part of our care to address rising demand & improve access. We see two options: hire our own staff or have staff from the center rotate through the clinic. What would each option cost, in the short- and mid-term? Which scenario should we choose?

- We have never had time to set up a process or system for using our budget. We make it at the beginning of the year and then never look at it again. How can we turn it into a roadmap for the year to help us be more proactive and indicate when we need to take action?



Overview of Funding Opportunity

Who should apply?

Any primary care practice that qualifies and wants support delivering best practice in team based care.

What are the benefits?

This grant will give your team the technical support and financial tools to master sustainable team based care and offset cost of training. This is a great way to improve your Alternative Payment Model (APM) metrics.

How to get started?

Watch the ATBC Funding Opportunity [webinar](#)
Go to <https://www.coloradohealth.org/funding> to apply

Where can we find help?

CRHC can help with grant-writing; contact Sara Leahy: sl@coruralhealth.org or Natalie Kraus: nv@coruralhealth.org
Khanh Nguyen, Senior Program Office at TCHF, can answer any questions as well: (303) 953-3639 or knguyen@coloradohealth.org



Thank You!

Alexia Eslan

Office Director

alexia_eslan@jsi.com

(303) 262-4319



Meadow Didier

**Associate Director
Advisory Services**

mdidier@nff.org

