

AUCH BOARD REPORT

MAY 2022

This document includes live (clickable) links



AUCH

ASSOCIATION FOR UTAH COMMUNITY HEALTH

PROGRAMS & SERVICES

UPCOMING TRAININGS

WORKPLACE VIOLENCE DE-ESCALATION TECHNIQUES

June 21, 2022, 11:30am-12:30pm MT

Connect Consulting Services will review workplace violence risk factors and a response plan, the duty of care responsibilities for managers and supervisors to provide a safe workplace for their employees, and techniques to de-escalate a potential workplace violence event.

[LEARN MORE AND REGISTER](#)

Contact: [Tracey Siaperas](#)

MENTAL HEALTH FIRST AID

July 11, 2022, 9am-2pm MT

Mental Health First Aid (MHFA) teaches you how to identify, understand, and respond to signs of mental health and substance use challenges among adults. What it covers:

- Common signs and symptoms of mental health and substance use challenges.
- How to interact with a person in crisis.
- How to connect a person with help.
- Expanded content on trauma, substance use, and self-care.
- Attendees will complete a two-hour, self-paced online course, and participate in a six-hour, instructor-led training.

Cost: AUCH Members free | Non-members \$40

[LEARN MORE AND REGISTER](#)

Contact: [Emily Bennett](#)

EMDR SESSION 2

July 28, 2022, 9am-5pm MST

July 29, 2022, 9am-5pm MST

July 30, 2022, 9am-5pm MST

These courses are designed for licensed mental health practitioners who treat adults and children in a clinical setting. Participants are provided with knowledge and skills to utilize Eye Movement Desensitization and Reprocessing (EMDR) therapy, a comprehensive understanding of case conceptualization and treatment planning, and the ability to integrate EMDR therapy into their clinical practice. Instruction is provided on the current explanatory model, methodology and underlying mechanisms of EMDR through lecture, practice, and integrated consultation. Registration is closed, but please contact Emily for any questions or concerns.

Contact: [Emily Bennett](#)

WORKFORCE SUMMIT

SAVE-THE-DATE

It is about hiring the best people by finding ways to innovatively compete, nurturing a positive environment, and retaining them. How are you preparing to compete in today's evolving workforce environment? AUCH is bringing together workforce leaders nationally and locally to address the essential components that health centers can implement to address the evolving needs of their workforce, patients, and community. This Summit will focus on different areas of a comprehensive workforce plan including a national and local environmental scan of workforce trends, compensation guides, and workforce pipeline development opportunities.

Contact: [Megan Neuf](#)

PAST TRAININGS (JANUARY 2022-MAY 2022)

To access archived trainings, please visit our online [Member Resource Library](#).

340B DRUG PRICING PROGRAM: UPDATE AND STRATEGY

This event presented an overview of recent threats to the 340B Drug Pricing Program. Health centers were advised on how to respond and provided an outline of future strategies.

[ACCESS ARCHIVED CONTENT](#)

AZARA PATIENT OUTREACH: TEXTING PATIENTS TO CLOSE CARE GAPS

This training focused on how the Azara Patient Outreach (APO) streamlines patient outreach efforts through automated text messaging, driving care gap closure. This session discussed best practices for campaign set-up and how to evaluate the effectiveness of campaigns.

TRAINING CONTENT WILL BE MADE AVAILABLE IN THE MEMBER RESOURCE LIBRARY

BURNOUT PREVENTION LECTURE SERIES FINAL SESSION: HUMANIZING BUSINESS. IGNITING HUMAN POTENTIAL. THE ART OF THE POSSIBLE

For those of us who want to drive meaningful change within our organizations, we already know that we need to start with the one performance metric that has the power to have the biggest impact on all the others: employee engagement. Engaged employees are proven to be happier, more productive, and innovative, better collaborators, and consistently deliver standout customer experiences. Red Shoes Living can help your organization and leadership team reach their full potential.

TRAINING CONTENT WILL BE MADE AVAILABLE IN THE MEMBER LIBRARY

CYBER SECURITY BEST PRACTICES

Connect Consulting Services reviewed cyber security best practices for health center personnel and how to develop a cyber security exercise and data breach plan.

[ACCESS ARCHIVED CONTENT](#)

AZARA DATA VALIDATION AND MAPPING WORKSHOP

Participants learned how to maximize data validation tools in DRVS to investigate data discrepancies between DRVS and the EHR.

[ACCESS ARCHIVED CONTENT](#)

BILLING BOOTCAMP

This two-day Bootcamp provided a comprehensive review of billing and coding essentials, including all aspects of health center billing, encounters, covered services, claim submission requirements, and more.

TRAINING CONTENT WILL BE MADE AVAILABLE IN THE MEMBER RESOURCE LIBRARY

BUSINESS CONTINUITY PLANNING

Connect Consulting Services (CCS) shared key concepts and processes for building/enhancing a health center's business continuity plan.

TRAINING CONTENT WILL BE MADE AVAILABLE IN THE MEMBER RESOURCE LIBRARY

FINANCE AND OPERATIONS IN DRVS

This session discussed how to use the Finance & Operations module to:

- Provide and maintain access to care for all patients
- Manage panels of providers
- Ensure quick clean billing and claims processing
- Evaluate workload and productivity of providers and care team members
- Understand which, where and why patients are coming in for visits

TRAINING CONTENT WILL BE MADE AVAILABLE IN THE MEMBER RESOURCE LIBRARY

CLICK HERE

TO VISIT THE AUCH TRAINING CALENDAR

ON-DEMAND AND ARCHIVED TRAININGS

AUCH's on-demand trainings can be found on our online [Member Resource Library](#). You will need your organization's login information to access the library. Please contact [Beth Fiorello](#) for login assistance. New trainings are added often – recently added trainings include:

- **Behavioral Health**
 - Clinical Documentation & Treatment Planning
 - Sustainable Self-Care
 - Integrated Care Coordination Series
 - Motivational Interviewing: The Basics
 - De-Escalating Hostile Patients
 - Introduction to Suicide Prevention
 - Mental Health First Aid (on-demand only)
 - Introduction to Trauma Informed Care
 - Responding to Burnout: Signs, Symptoms, and Strategies
 - The Deep Well: skills for regaining and retaining a sense of emotional wellbeing
 - Foundations of Solution Focused Brief Therapy
 - Conquer Your Stress: Practical Stress Reduction Techniques, Self-Care & Work/Life Balance
 - Stress Management & Building Resilience
- **Financial/Billing**
 - The Journey to Value Based Care Series
 - Conducting a Billing Audit Training
 - Organized Approaches to Payer Enrollment and Credentialing.
 - At the Table Rather than on the Menu: Payer Contracting and the Future of Value Based Contracts
- Billing Opportunities for Remote Patient Monitoring
- Medicare Cost Report Training
- **Quality Improvement**
 - Intermountain Voucher Program
 - SDOH Training Series
 - Hypertension Learning Collaborative
- **Workforce**
 - Comprehensive Work Plan Development: Recruitment and Retention
 - New Health Center Staff Orientation
- **Operations**
 - UDS Training Series
- **Informatics/HIT**
 - Getting Started Using DRVS
 - Azara Modules
 - eClinicalWorks UDS Training
 - Overview and Compliance with Information Blocking
 - Athena Fee Schedules
 - Athena Report Building
 - Making the Most of Athena Patient Portal

TRAINING & TECHNICAL ASSISTANCE RESOURCES

ACCREDITATION	EP	PHARMACY
BEHAVIORAL HEALTH	INFORMATICS	PROVIDER RESOURCES
BILLING	MEDICAL ASSISTANT	QI
COMMUNICATIONS	OPERATIONS	SPECIAL POPULATIONS
COVID	O&E	TOBACCO CESSATION
DENTAL	PCMH TOOLS	WORKFORCE

TRAINING & TECHNICAL ASSISTANCE RESOURCES

ADDITIONAL RESOURCES

COVID Resources

AUCH maintains a [COVID-19 webpage](#). The webpage is only available to AUCH members; you will need your organization's login information to access the page.

Contact: [Beth Fiorello](#)

Telehealth Resources

AUCH maintains a [Telehealth webpage](#). The webpage is only available to AUCH members; you will need your organization's login information to access the page.

Recent additions include Northwest Regional Telehealth Resource Center (NRTRC) resources, Healthcare Professional Telehealth Training, Telehealth 101, Connecting Care Through Telehealth: Long-Term Services and Support, A Guide to Virtual Primary Care for Providers, Patients, Families, & Caregivers, TeleBehavioral Health 101 Series, and VA TeleBehavioral Health 101 Series.

Contact: [Shlisa Hughes](#)

Needs Assessments

AUCH is available to complete your annual needs assessment either in preparation for strategic planning, Operational Site Visits (OSV), Service Area Competitions (SAC), or other grant opportunity.

OSV BEST PRACTICE: In recent OSV's, consultants recommended noting the materials reviewed by your Board in your Board Meeting Minutes related to defining and reviewing the boundaries of your catchment area and assessing the unmet need for health services. Include references specific to your needs assessment to be compliant per Chapter 3 of the Health Resources and Services Administration (HRSA) Compliance Manual.

Contact: [Alana Woodbury](#)

CHV Value in Purchasing Program

Community Health Ventures (CHV) is the business development affiliate of the National Association of Community Health Centers (NACHC) and runs the Value in Purchasing Program (VIP).

Utah's health centers can take advantage of the VIP and leverage the only national group purchasing program for:

- Medical Supplies: VIP offers over 120 medical and surgical supply agreements that cover more than 150,000-line items. These offerings include branded and private label products. This can be leveraged with the Huntsman Center for HOPE Colorectal Cancer Screening project and the purchase of FIT/FOBT kits.
- Dental Supplies: Explore 25 percent savings on all dental purchases.
- Office Supplies: Save 38 percent with their Office Max and Corporate Express on all office supply purchases.
- Printing/Promotional Services: Savings through the American Solutions for Business Contract for promotional items or custom printing service.
- Telecommunication Support and Services: Save approximately 23 percent on average for health center employees and their families who have a Sprint contract.
- Capital Equipment: Take advantage of the extensive contract portfolio and experience the savings on more than 150,000 items for a new facility.

Contact: [Alan Pruhs](#)

AUCH PEER AND WORK GROUPS MEETING SCHEDULE

AUCH peer groups provide a forum for collaboration, information sharing and strategy development among members.

- **Behavioral Health Peer Group** meets every third Tuesday from 11am–Noon MT. For more information, please contact [Emily Bennett](#).
- **Billing Learning Team (BLT)** meets on the third Tuesday of every month from 11am–Noon MT. For more information, please contact [Kaitlynn Drollinger](#).
- **Chief Operations Officer (COO) Peer Group** meets the first Thursday of every month from Noon–1pm MT. For more information, please contact [Shlisa Hughes](#).
- **Communications Peer Group** meets on the fourth Wednesday of every month from 2–3pm MT. For more information, please contact [Beth Fiorello](#).
- **Diabetic Retinopathy Work Group** meets the fourth Thursday of every month from Noon–1pm MT. For more information, please contact [McKenzie Dangerfield](#).
- **Emergency Preparedness (EP) Peer Group** meets twice annually, ad hoc. For more information, please contact [Tracey Siaperas](#).
- **Financial Directors Roundtable (FDR)** meets on the third Friday of every month from 10–11am MT. For more information, please contact [Courtney Pariera Dinkins](#).
- **HIT Work Group (HIT)** on pause until further notice. For more information, please contact [Courtney Pariera Dinkins](#).
- **Human Resources Peer Group (HR)** meets on the third Thursday of every month from 10:30–11:30am MT. For more information, please contact [Alesha Davis](#).
- **Immunizations Peer Group** meets quarterly in March, June, September, and December from Noon–1pm MT. The next meeting is scheduled for June 22, 2022. For more information, please contact [Shlisa Hughes](#).
- **Medical Directors Roundtable (MDR)** meets on May 25, 2022, from Noon–1:15pm MT. For more information, please contact [Sarah Woolsey, MD](#).
- **Outreach and Enrollment (O&E) Peer Group** meets on the first Wednesday of every month from 3–4pm MT. For more information, please contact [Beth Fiorello](#).
- **Payment Reform Work Group** meets ad hoc. For more information, please contact [Courtney Pariera Dinkins](#).
- **Pharmacy Roundtable meets** ad hoc. For more information, please contact [Jenifer Lloyd](#).
- **Public Affairs (PA) Committee** meets in January, April, August, and November on the second Thursday of the month from Noon–1:30pm MT. For more information, please contact [Rachel Craig](#).
- **Quality Improvement (QI) Forum** meets on the third Tuesday every month from 1–2pm MT. For more information, please contact [McKenzie Dangerfield](#).

PROJECT & PROGRAM UPDATES

IMMUNIZATION PROGRAM UPDATES

COVID VACCINE

Health centers administered approximately 72,993 COVID-19 vaccines in 2021!

AUCH meets with the Utah Department of Health (UDOH) monthly to discuss COVID-19 testing, vaccinations, and COVID-19 pharmaceuticals. AUCH will continue to send bi-monthly emails through the month of June. In July, AUCH will transition to monthly communications. These communications inform health center staff on COVID-19 vaccination information and resources. AUCH posts current COVID-19 information and resources on AUCH connect and the Member Resource Library.

Contact: [Shlisa Hughes](#)

SCHEDULE YOUR IQIP VISITS

AUCH conducted initial Immunization Quality Improvement for Providers (IQIP) visits with each health center site. The Centers for Disease Control (CDC) Vaccine for Children (VFC) program requires that each site completes an initial, two-month, six-month, and twelve-month visit. The purpose of these visits is to collaborate and identify quality improvement strategies to increase vaccine uptake by enhancing immunization workflows, information, and resources.

Common trends found during IQIP visits include patients missing the second and third doses of the HPV vaccine.

Contact: [Shlisa Hughes](#)

MOUNTAIN WEST HPV PROJECT

The Mountain West HPV Project is working to address HPV vaccination rates for adolescents living in rural states. The Huntsman Cancer Institute Center for HOPE (Health Outcomes and Population Equity), AUCH, UDOH, and the American Cancer Society (ACS) North Region developed a partnership model for increasing adolescent HPV vaccination rates in five rural Mountain West states. Partners from five state health agencies and professional associations convene to explore barriers, review evidence, and create action plans that address geographic disparities, increase HPV awareness, and increase HPV vaccination rates.

Project Goals

- Reduce geographic disparities in HPV vaccination rates in five rural Mountain West states.
- Increase awareness with "HPV Vaccination is Cancer Prevention" campaigns.
- Educate providers on the evidence surrounding provider recommendation.
- Leverage Project ECHO (Extension for Community Healthcare Outcomes) platform to provide training and care management.
- Share resources to support large integrated delivery system quality improvement efforts.
- Track and measure progress toward increasing HPV vaccination rates.

The Project works with health centers to implement four Evidence Based Interventions (EBI) within the EHR:

- standing order,
- provider reminders,
- provider feedback and assessment, and
- patient reminders.

IMMUNIZATION PROGRAM UPDATES CONT.

Impact on Health Centers

- Participate in an overview meeting to discuss implementation options, 30 minutes
- Complete baseline survey prior to implementation, 30 minutes
- Participate in an EHR workflow observation and analysis, 30–45 minutes
- Select and implement EBIs to configure your EHR, 30–45 minutes
- Participate in any follow-up technical assistance meetings, 5 minutes
 - Check-in via email one month after implementation, then every 3–4 months thereafter
- Complete a 12-month follow-up data survey, 30 minutes

Impact on Patients (Dependent on which EBIs are Implemented)

- Receive a provider recommendation to vaccinate against HPV at age nine, 10, and 11
- Receive reminders they are due for their 1st and 2nd dose of the HPV vaccination

AUCH is working with Azara to build an HPV APO campaign, dashboard, and updated measures. This project is nearing completion; roll out to health centers will begin in early June 2022.

Participating health centers include Bear Lake Community Health Center, Community Health Centers, Inc., Enterprise Valley Medical Clinic, FourPoints Health, Midtown Community Health Center, Utah Navajo Health Systems, Utah Partners for Health, and Wayne Community Health Center.

Contact: [Shlisa Hughes](#)

QUALITY IMPROVEMENT PROGRAM UPDATES

QI FORUM

AUCH holds the Quality Improvement Forum virtually, the third Tuesday of every month from 1–2pm MT. Each month a different chronic disease measure is selected as the topic of discussion. AUCH utilizes data from Azara to view trailing year changes per organization and utilizes this information to help improve workflows and identify promising practices and barriers. Future topics include:

- June 21: Uncontrolled Hypertension
- July 19: Undiagnosed Hypertension
- August 16: HPV
- September 20: Childhood Immunizations

Contact: [McKenzie Dangerfield](#)

MILLION HEART AWARDS

The Utah Million Hearts Coalition, in conjunction with the national CDC Hearts initiative, aims to prevent heart attacks and strokes by improving blood pressure measurement and control. The coalition is working toward this goal by encouraging and recognizing excellence in hypertension management. Measuring blood pressure accurately is the first step in improving hypertension management. The Coalition is focused on improving the accuracy of blood pressure measurement in Utah and recognizes health care organizations for their achievements. Congratulations to the following health center awardees for 2022.

Contact: [McKenzie Dangerfield](#)

QI PROGRAM UPDATES CONT.

Community Health Centers, Inc.	Award Level
Brigham City Clinic	Platinum
72nd Street	Gold
Central City Clinic	Gold
Ellis Shipp Clinic	Gold
Oquirrh View Clinic	Gold
Bear River Clinic	Gold
Neighborhood Clinic	Gold
Stephen D. Ratcliffe Clinic	Gold
Family Healthcare	Award Level
St. George Clinic	Silver
Millcreek High School Clinic	Silver
Hurricane Clinic	Silver
Cedar City Clinic	Silver
Cedar Harding Medical Clinic	Silver
Green River Medical Center	Award Level
Green River Medical Center	Silver
Midtown Community Health Center	Award Level
Logan Clinic	Gold
South Salt Lake City Clinic	Gold
Davis	Silver
Hope Community Health Center	Silver
Ogden	Silver
Mountainlands Family Health Center	Award Level
Provo Family Health Center	Silver
East Bay Health Center	Silver
Payson Family Health Center	Silver
West Park Family Health Center	Bronze
Vernal Family Health Center	Platinum
Utah Navajo Health System	Award Level
Utah Navajo Health System	Silver
Wayne Community Health Center	Award Level
Bicknell	Gold
Wasatch Homeless Health Care, Inc.	Award Level
Fourth Street Clinic	Bronze

QI PROGRAM UPDATES CONT.

DIABETIC RETINOPATHY WORK GROUP

In preparation for ending the operation of the diabetic retinopathy telehealth project by June 30, 2022, AUCH created a work group that meets the fourth Thursday of every month from Noon-1pm MT. The next work group meeting is Thursday May 26, 2022. The goal of this work group is to increase retinopathy screening for diabetic patients through the identification of products, workflows, promising practices, barriers, referrals, etc.

So far this year, the work group has trialed the Volk Prestige and DRSPlus retinal cameras, and the Volk online portal system. The work group discussed refining retinal screening workflows once a camera and portal are implemented.

Contact: [McKenzie Dangerfield](#)

QUITSMART UTAH

The goal of QuitSMART Utah is to connect Community Health Center patients who use tobacco with Utah Tobacco Quit Line delivered tobacco cessation treatment. The project consists of three interventions. 1) Ask – Advise – Connect (AAC) implemented in the EHR of participating clinics to make it easier for clinic staff Ask patients about tobacco use, Advise tobacco using patients to quit, and directly and electronically Connect patients to the Utah Tobacco Quit Line; 2) text messaging to provide repeated opportunities for patients to connect with the Utah Tobacco Quit Line, and 3) brief phone coaching calls to address barriers patients may experience to engaging with the Utah Tobacco Quit Line. This study is funded by the Patient Centered Outcomes Research Institute (PCORI) and is scheduled to last 6 years. The project is currently in year 4.

Project Updates

As of March 31, 2022, 10 health centers implemented AAC and 6,692 patients who use tobacco have been enrolled. In total, 6,225 have been randomized in the Phase 1 randomization—1,237 patients randomized to CO and 4,988 patients randomized to text messaging. Phase 2 randomization was implemented in March and involved text messaging plus Motivation and Problem Solving (MAPS) coaching. Since implementation, study health coaches have called 27 patients, and referred two to the Utah Tobacco Quit Line. The study team is preparing to implement 12-month follow-up surveys and subsequent processes for initiating biochemical verification (saliva kits). Subsequent steps include the processes for distribution of incentives for completing the survey, distributing biochemical verification kits to those who report abstinence at the time of survey and who consent to participating, and conducting brief interviews with a subset of health center staff.

Impact on Health Centers

- Clinic staff are doing the Ask-Advice-Connect as part of their normal patient intake.
- CHC staff are doing bi-weekly EHR data pull of patients who use tobacco. The data is pre-generated and AUCH liaison moves data to study folder. Moving forward AZARA will be used for these data transfers.
- Clinics receive periodic reports on the status of patients who are sent to the Quit Line to indicate whether the patient has been contacted or enrolled in the Quit Line

Impact on Patients

- Patients are offered connection to Quit Line cessation services as part of usual intake.
- Patients that decline referral during the clinic encounter are eligible to receive motivational messages about quitting tobacco and connecting to the Quit Line via text message.

Contact: [Tracey Siaperas](#)

QI PROGRAM UPDATES CONT.

TOBACCO CESSATION PROGRAM

Since 2003, AUCH and UDOH have partnered to provide tobacco cessation medications at no charge to uninsured health center patients. ***Chantix is no longer available due to the 2021 recall. If Chantix returns to the market the AUCH Tobacco Prevention and Control Program (TPCP) will consider reinstating the medication at that time. There are two medications that are eligible for reimbursement under the AUCH Tobacco Cessation Program: Varenicline and Bupropion SR 150 mg.

Tracey will be scheduling site visits to train care teams on program updates. Please reach out if you are interested.

Contact: [Tracey Siaperas](#)

COLORECTAL CANCER SCREENING QI PROJECT

Health centers are partnering with AUCH, the Huntsman Cancer Institute Center for HOPE, UDOH, and the ACS through a grant with the CDC to increase colorectal cancer screening rates through EBLs.

EBLs include provider reminders (e.g., Azara PVP and Plug-in) provider assessments; client reminders (e.g., APO and text messages) to return FIT kits and complete colorectal cancer screenings; and engaging patients using a patient navigator.

The patient navigator was instrumental to Utah Partners for Health to resolve nearly a quarter of their open colorectal referrals, identify health literacy gaps, and preparing clients for their colonoscopies, and any follow-up procedures.

AUCH is working with Intermountain Healthcare to streamline, the Voucher Program, including health literacy before, during, and post-procedure; navigation during point of care; language and cost barriers; unexpected bills; and having an informed point of contact within Intermountain to navigate questions. More to come.

Contact: [Tracey Siaperas](#) or [McKenzie Dangerfield](#).

QI PROGRAM UPDATES CONT.

SCALE-UP Utah

SCALE-UP 1

The long-term objective of SCALE-UP Utah is to increase the reach, acceptance, uptake, and long-term sustainability of COVID screening, testing, and vaccination among Utah's health center patients. SCALE-UP is working with twenty-five different health center sites across the state of Utah. The patient-level intervention includes bi-directional text messages managed by the University of Utah on behalf of partnering clinics. The text messages are customizable to meet clinic and patient characteristics and include relevant COVID statistics applicable to individual patient demographics and locations. Text messages offer connection to testing, both in-clinic and free at-home tests, as well as vaccination. In addition to text messages, half of the study population receives the option of patient navigation to address barriers to COVID testing and vaccination.

In addition to the patient intervention, funding from the SCALE-UP project is being distributed to each health center to implement the population health management tool, AZARA. One of the long-term goals for AZARA is to enable the health centers to utilize the campaign feature of AZARA to ensure sustainability of the project's efforts.

SCALE-UP is funded by the National Institutes of Health. The project launched in September 2020 and will run through February 2023.

The first text message was sent February 2021. To date, SCALE-UP messaged over 120,000 patients encouraging COVID-19 testing and vaccination on behalf of seven health centers. Additionally, patient navigators have connected with over 1800 patients by phone for navigation to COVID vaccines, in-clinic/ community-based COVID testing, and at-home testing.

SCALE-UP II

SCALE-UP Utah II is a progression of SCALE UP Utah I. SCALE UP II will leverage the technological infrastructure, findings, and relationships built throughout SCALE UP I while adding innovative population health management (PHM) solutions, such as chat bots. A chat bot is a type of software that facilitates online communication via text in a manner that simulates human interaction. The long-term objective of SCALE UP II is to increase access to COVID-19 screening and testing among health center patients. This study will investigate the uptake of various PHM interventions at the interplay between COVID-19 testing and vaccination. SCALE UP II is designed to provide accessible, long-term engagement solutions for an endemic COVID world.

SCALE-UP II is currently in the beginning phases of launching. Refinement of the text messaging content and chat bot infrastructure is underway. In June 2021, from twelve health centers stated interest in the project. Health centers have not been approached about participation in the project. Participation in SCALE UP II will involve an updated data pull either from AZARA or the EHR, depending on the health center, as well as updated data use agreements. Aside from those regulatory documents, participation in SCALE UP II would be indistinguishable from participation in SCALE UP I. Health centers that submitted a letter of support include: Bear Lake Community Health Center, Carbon Medical Service Association, Enterprise Valley Medical Clinic, Family Healthcare, FourPoints Health, Fourth Street Clinic, Green River Medical Clinic, Midtown Community Health Center, Mountainlands Family Health Center, Utah Navajo Health System, Inc., Utah Partners for Health, and Wayne Community Health Center.

Contact: [Tracey Siaperas](#)

BEHAVIORAL HEALTH UPDATES

INTRODUCTION TO TRAUMA-INFORMED CARE

This is a virtual or on-site training opportunity delivered directly to your health center and care teams. Please contact [Emily Bennett](#) to schedule.

A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient's life situation—past and present—to provide effective health care services with a healing orientation. Adopting trauma-informed practices can potentially improve patient engagement, treatment adherence, and health outcomes, as well as provider and staff wellness. During this one-hour training, participants will:

- Review the definition of trauma and how traumatic events impact individuals.
- Learn how to become trauma-informed in their interactions.
- Explore ways an organization can become more trauma-informed.

MOTIVATIONAL INTERVIEWING 101

This is a virtual or on-site training opportunity delivered directly to your health center and care teams. Please contact [Emily Bennett](#) to schedule.

Motivational interviewing (MI) is an evidence-based approach to helping people change behavior by strengthening a person's own motivation for and commitment to change. As a brief intervention model, this counseling method is well-suited to the busy environment of primary care and is widely adopted as an effective strategy for facilitating self-management support. This 90-minute training provides attendees:

- An introduction to the core concepts of motivational interviewing.
- Discussion on the practical application of MI in the primary care setting.
- Video examples.

DE-ESCALATING HOSTILE PATIENTS

This is a virtual or on-site training opportunity delivered directly to your health center and care teams. Please contact [Emily Bennett](#) to schedule.

Recognizing and neutralizing aggressive behavior is often done using crisis intervention techniques in combination with an understanding of attitudes, emotions, and behavior. How you respond to anxious, hostile, or challenging behavior is often the key to defusing it. This training offers simple and effective strategies that can help in these situations. During this one-hour training, participants can expect to:

- Assess personal responses to aggression.
- Review various de-escalation techniques.
- Discuss how to maintain composure with hostile patients.
- Learn about safety precautions that can be taken.

INTRODUCTION TO SUICIDE PREVENTION

This is a virtual or on-site training opportunity delivered directly to your health center and care teams. Please contact [Emily Bennett](#) to schedule.

The purpose of this training is to offer an overview of Utah suicide statistics and educate participants on how to intervene when someone may be experiencing suicidal ideation. After this 90-minute training, participants will have:

- Increased willingness, confidence, and clarity working with individuals at risk of suicide.
- Increased ability to identify how to better care for individuals at risk of suicide.

BEHAVIORAL HEALTH UPDATES CONT.

PROFESSIONAL BOUNDARIES

This is a virtual or on-site training opportunity delivered directly to your health center and care teams. Please contact [Emily Bennett](#) to schedule.

The health care workforce can develop close relationships with clients/patients. Our caring nature can make it challenging to establish and maintain appropriate boundaries, both personally and professionally. Boundary crossings and violations can be detrimental to the helper-client relationship and can jeopardize your professional role. Topics covered in this one-hour training include:

- Understanding the importance of setting and keeping healthy professional boundaries.
- Understanding differences between personal and professional relationships.
- Adhering to and maintaining professional boundaries.

BRIEF CBT SKILLS

This is a virtual or on-site training opportunity delivered directly to your health center and care teams. Please contact [Emily Bennett](#) to schedule.

Cognitive Behavioral Therapy (CBT) is a foundational therapeutic technique that helps the client/patient increase awareness to the connection between our thoughts, behaviors, and emotions. While CBT is primarily used in the therapeutic setting, there are certain skills that anyone can use to help patients/clients increase healthy habits and improve overall life satisfaction. The material covered in this 90-minute training discusses how to help clients/patients recognize situations in which they are likely to feel triggered to use substances, engage in unhealthy behaviors, become anxious or depressed), find ways of avoiding those situations, and cope more effectively with situations, feelings, and behaviors that are related.

WORKING WITH DIVERSE POPULATIONS

This is a virtual or on-site training opportunity delivered directly to your health center and care teams. Please contact [Emily Bennett](#) to schedule.

Working in the health care setting requires that we work with all who enter our doors. Doing what we can to increase our understanding and acceptance of the wide variety of patients we see is a crucial step to achieving health equity within the system. Following this session, participants will be able to:

- Develop an awareness of how unconscious bias impacts decision-making in the workplace.
- Recognize and respond to microaggressions.
- Apply strategies for providing equitable care.

STRESS MANAGEMENT & BUILDING RESILIENCE

This is a virtual or on-site training opportunity delivered directly to your health center and care teams. Please contact [Emily Bennett](#) to schedule.

Stress is something we all feel at times, however there are ways we can learn to better deal with this stress and intentional steps we can take to increase our stress tolerance. This one-hour training covers:

- Terminology
- Take Inventory: Are you burned out?
- Self-Care
- Building Resilience/Redefining Stress

BEHAVIORAL HEALTH UPDATES CONT.

MENTAL HEALTH FIRST AID

This is a virtual or on-site training opportunity delivered directly to your health center and care teams. Please contact [Emily Bennett](#) to schedule.

Mental Health First Aid (MHFA) is a public education program that introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and reviews appropriate support. Like CPR, MHFA prepares participants to interact with a person in crisis and connect the person with help. First Aiders do not diagnose or provide any counseling or therapy, but answers key questions like, “What do I do?” and, “Where can someone find help?.” This five-hour course uses role playing and simulations to demonstrate how to offer initial help in a mental health crisis and connect people to the appropriate professional, peer, social, and self-help care. The program also teaches common risk factors and warning signs of specific illnesses like anxiety, depression, substance use, bipolar disorder, eating disorders, and schizophrenia.

RESPONDING TO BURNOUT

This is a virtual or on-site training opportunity delivered directly to your entire health center staff. The training can be customized to your health center needs. Please contact [Emily Bennett](#) to schedule.

More than the stress of our daily work, burnout has profound consequences on both our physical and mental health. When we feel burned out, we become exhausted and lose sight of the joy we once had in our work. While there’s no one-size-fits-all answer for how to manage burnout, there are clear triggers you can watch out for and proven techniques that will help you respond to burnout symptoms. In this three-hour workshop, participants will learn the building blocks for cultivating their resilience, including:

- Exploring the various definitions of burnout.
- Discovering burnout indicators.
- Examine strategies for responding to burnout.

Workshop participants will walk away with an easy to explain model for assessing burnout, as well as tangible tools that build resilience and promote growth.

ENHANCED MOTIVATIONAL INTERVIEWING OPPORTUNITY

As chronic lifestyle-related diseases steadily become the greatest burden to the health care system, effective treatments focused on helping individuals change problematic behaviors are necessary. Motivational Interviewing (MI) is an evidence-based approach to helping people change behavior by strengthening their motivation for and commitment to change. This brief intervention model is well-suited to the busy environment of primary care and widely adopted as an effective strategy for facilitating self-management support.

To help encourage and advance health center use of this critical tool, AUCH partnered with Esympro to offer 16 hours of in-depth online learning of MI through narrated presentations, visual examples, quizzes and practice. AUCH purchased access to these resources for each Utah health center.

Contact: [Emily Bennett](#)

RURAL BEHAVIORAL HEALTH GRANT

In April 2021, participating health centers began their projects, which ranged in scope from improving infrastructure to increasing behavioral health workforce and conducting health promotion programs. To date, the project has improved the behavioral health workforce among participating health centers by adding an additional 10 positions, including seven behavioral health clinicians, one nurse care manager, and two community wellness specialists. Three additional clinician positions remain open.

Contact: [Megan Neuf](#) or [Emily Bennett](#)

BEHAVIORAL HEALTH UPDATES CONT.

BEATPAIN UTAH PROJECT

BeatPain Utah is a four-year grant project between the University of Utah and interested health centers. The goal of BeatPain Utah is to connect adults with chronic back pain who receive care in a health center with evidence-based, telehealth services to promote non-pharmacologic pain management. Health center providers refer patients to the BeatPain team using an e-referral process in the EHR. Participants are randomized to receive the telehealth interventions using different visit schedules and timelines. Individuals who do not wish to participate in a research study but would like to receive care will be provided a telehealth consult regardless of study participation. The telehealth pain interventions use cognitive behavioral strategies to promote pain coping and physical therapy-based exercise instruction. This study is funded by NIH and is scheduled to last four years. The project is currently in year one.

As of March 2022, five health centers have been trained in the e-referral process and the e-referral link is activated in the EHR. Since beginning enrollment in October 2021, twenty-five patients have been referred to the study team and nine have initiated treatment. The study team is continuing to work with the trained systems to also use a population-based strategy that would inform persons with chronic back pain with a recent clinic visit about the study and the opportunity to ask providers for a referral.

AUCH is working with Azara to develop a grant-specific registry and APO campaign to integrate into your workflows and interventions.

Impact on Patients

- Patients who decline a referral that is offered to them have no further contact about this project
- Patients referred to the BeatPain team are contacted by a study team member
- Patients who decide to participate in BeatPain are randomly assigned to receive a brief pain consult followed by a 10-week telehealth physical therapy (PT) program, or a brief pain consult followed by a delayed start to the 10-week telehealth PT program
- Patients who decide not to participate in BeatPain are invited to receive the brief pain consult

BeatPain Utah is looking for opportunities to engage additional systems and train their providers in the program and referral process.

Contact: [Tracey Siaperas](#) or [Emily Bennett](#)

WORKFORCE UPDATES

CAREERSTEP

With a focus on developing career pipelines and increasing rates of retention for Medical Assistants (MAs), AUCH partnered with CareerStep to offer at least one scholarship per health center for MAs interested in certification. CareerStep is a self-led, online training program that provides the necessary education and training for MAs to sit for the certification exams. Currently, twenty-five MAs from 12 health centers are participating in this opportunity. To date, 14 percent of modules are complete.

One more spot is available for health centers to enroll an additional MA.

Contact: [Megan Neuf](#)

HEALTH CENTER WORKFORCE RESILIENCY PROJECT

Cambia Health Systems is partnering with AUCH to administer a health center workforce resiliency project through February 1, 2024.

The overarching goals for this grant program are to:

- Gather information from health center workforce around prevalence of depression, anxiety, and workplace satisfaction
- Provide wellness incentives to participate in mental health screening, assessments, and education modules
- Establish a membership-wide virtual Employee Assistance Program (EAP) that provides up to five goal-oriented coaching sessions annually, at no cost to staff or health centers

In April, AUCH attended health center staff meetings to share more information about the project. AUCH will continue to meet with health centers to discuss project status and assist with implementation. AUCH provided access codes to participating health centers for the chatbot on May 5, 2022. Monthly data reports showing utilization and clinical outcomes will be shared with health centers as the data becomes available (once overall engagement reaches 100 conversations). This data can then be used to operationalize responses to ensure that staff wellbeing needs are being met, and flag warning signs that burnout may be occurring.

Contact: [Emily Bennett](#)

UTAH HEALTH CENTER JOB BOARD

Post your health center job openings to [AUCH's online job board](#)! All submissions will be added to the job board and posted on AUCH's social media platforms. Jobs posted reach an average of 2,000 people. AUCH staff attend job fairs throughout the year, promoting health center job openings submitted via the job board. You can also sign up for emails that will automatically notify you of new Utah health center job postings each week! Submit and view jobs [here](#).

Contact: [Megan Neuf](#)

WORKFORCE UPDATES CONT.

PATIENT SATISFACTION SURVEY

AUCH, in partnership with the Patient Satisfaction Work Group, developed a uniform, but customizable patient satisfaction survey, available in English and Spanish, to assess patient satisfaction with medical, dental, behavioral health, and pharmacy services. AUCH analyzes the results quarterly for participating health centers. Results from this survey can be trended over time to inform your organization on what you are doing well, and opportunities for improvement.

Due to a trend in declining survey responses, AUCH will offer a work group on ways to increase patient engagement, staff motivation to engage patients to participate, and survey benefits.

Participating health centers include Carbon Medical Service Association, Enterprise Valley Medical Clinic, Family Healthcare, Green River Medical Center, Midtown Community Health Center, Utah Partners for Health, and Wayne Community Health Center.

Contact: [Shelly Phillips](#)

STAFF SATISFACTION SURVEY

AUCH developed an Employee Satisfaction Survey for your teams to measure workforce satisfaction and engagement. Results from this survey will help inform your organization on opportunities for improvement, recruiting and retaining high-quality staff, and support development of comprehensive workforce plans. The survey covers eight domains totaling 48 core questions related to an employee's work experience. To date, three health centers have utilized this survey to gauge employee engagement.

Contact: [Megan Neuf](#)

PROVIDER SATISFACTION SURVEY

AUCH launched the Provider Satisfaction, Burnout, and Health Information Technology Survey in August 2021. The purpose of the survey is to identify opportunities to improve job satisfaction and experience with Health Information Technology (HIT) tools. The survey added elements measuring the impact of the COVID-19 pandemic on provider satisfaction. The survey will remain open throughout the year.

As of December 2021, sixty-six providers from Carbon Medical Service Association, Enterprise Valley Medical Clinic, Family Healthcare, FourPoints Health, Green River Medical Center, Midtown Community Health Center, Mountainlands Family Health Center, Utah Navajo Health System, and Utah Partners for Health completed the survey. Thirty-eight percent of respondents mentioned they enjoy their work and are fully engaged, 14% reported at least one symptom of burnout, and only one respondent reported burnout. At the May 2022 Medical Directors Roundtable, the survey and opportunity to complete will be discussed. UTECH will continue to evaluate the survey results.

Contact: [Colin Buck](#)

PAYMENT REFORM/FINANCE UPDATES

PAYMENT REFORM

PPS: CHANGE IN SCOPE

AUCH met with the State Medicaid Office in May 2022, to continue discussions on the Change in Scope (CiS) Process. More to come as this continues to evolve.

THE JOURNEY TO VALUE-BASED CARE SERIES

Imagine shifting from a health care system that reimburses only on volume and moving towards a system that supports delivering care focused on improving patient outcomes. This is what value-based care is all about! The Centers for Medicare and Medicaid Services (CMS) defines value-based care as paying for health care services based on performance in terms of cost, quality, and the patient's experience of care.

How do we determine value of the health care services we offer? How do we empower patients, inspire competition, and encourage innovation? The Fundamentals of Value-Based Care series will help you answer these questions and more. As you learn about value-based care and value-based pay, you will be better able to understand and support changes in health care that empower patients to be more engaged and encourage health care teams to adopt new and innovative approaches to delivering care.

Fundamentals of Value-Based Care

By [Craig Hostetler of Hostetler Group](#)

Target Audience: Health Center Staff and Board of Directors

Full Presentation

- Recorded Session (1-hour; inclusive of all chapters below) ([Video](#) and [Slides](#))
- Live Virtual or onsite session with Q&A (90 - 120 minutes)
 - Project fee - \$800 per health center plus travel, as applicable
 - Contact [Craig Hostetler](#) directly to arrange

Chapter Presentations

- Chapter 1: Why is Value Based Pay Important (14 minutes) ([Video](#) and [Slides](#))
- Chapter 2: Value Based Pay Evolving (14 minutes) ([Video](#) and [Slides](#))
- Chapter 3: Capitated Payment (8 minutes) ([Video](#) and [Slides](#))
- Chapter 4: FQHC Capabilities Needed for Value Based Pay & Transitioning Payment (15 minutes) ([Video](#) and [Slides](#))
- Chapter 5: Preparing for Value Based Pay (11 minutes) ([Video](#) and [Slides](#))

The FQHC Clinically Integrated Network

By [Andrew Principe of Starling Advisors](#)

Target Audience: Health Center Staff and Board of Directors

This session explores the fundamentals of developing and operating a Clinically Integrated Network (CINs). CINs are official arrangements in which like-minded clinics, hospitals, and/or independent providers share performance improvement, quality, value, and efficiency goals that result in improved quality and coordinated care at a lower cost. This session will cover the extensive history of FQHC-led CINs throughout the country and highlight keys to success including setting up governance and ownership, reimbursement models, utilizing CINs, CIN infrastructure, and other critical topics.

[VIEW RECORDING](#) | Passcode: Q8Y&P\$?q

PAYMENT REFORM/FINANCE UPDATES CONT.

Transforming Care: The Perils and Payoffs of Alternative Payment Models for Community Health Centers

By [Commonwealth Fund](#)

Target Audience: Health Center C-Suite and Board of Directors

In this issue of Transforming Care by the Commonwealth Fund, FQHCs that are participating in a range of Alternative Payment Methods (APM) are highlighted. Many have been able to do so by leveraging state and federal funds for health system transformation, including Delivery System Reform Incentive Payment (DSRIP) funds. Health centers have also banded together to build the data analytics and other tools needed to manage population health. [VIEW ARTICLE](#).

[DOWNLOAD THESE RESOURCES HERE](#)

Contact: [Courtney Pariera Dinkins](#)

OUTREACH AND ENROLLMENT UPDATES

COMMUNITY CATALYST NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS FUNDING

NACHC partnered with Community Catalyst as part of their Outreach and Enrollment Engagement efforts. Through this partnership, NACHC is collaborating with primary care associations (PCAs) to continue efforts to boost Medicaid and Marketplace outreach and enrollment. In March 2022, AUCH was awarded \$20,000 in funding to bolster Marketplace outreach efforts and support for health centers.

AUCH plans to use this funding to help Medicaid members who are no longer eligible for the program in gain access to affordable Marketplace plans. The online, statewide campaign will focus on educating about qualifying life events (i.e., having a baby, moving, or losing Medicaid coverage), and promoting enrollment assistance in health centers. The materials will be available to use for outreach activities on social media and in clinics. The funding also supports the collaboration efforts between PCAs and enrollment staff at health centers, which will be through the Outreach and Enrollment Group.

The project period ends July 31, 2022, but with the approval from NACHC, AUCH will be extending its social media activities through August and September 2022 to best reach individuals losing Medicaid coverage at the end of the Public Health Emergency (PHE).

Contact: [Beth Fiorello](#)

OUTREACH AND ENROLLMENT UPDATES CONT.

HIPS PROGRAM

The Health Insurance Premium Support (HIPS) program helps qualified, low-income individuals and families purchase and retain high-quality health insurance from the federal Marketplace by providing financial support—after the Marketplace subsidies have been credited—to lower or eliminate monthly premium payments. By eliminating or reducing monthly premium payments, HIPS program beneficiaries are better able to afford other out-of-pocket costs associated with having commercial health insurance, such as co-pays and deductibles. The program increases the likelihood individuals and families will retain coverage throughout the year resulting in improved health outcomes and healthier households.

HIPS is open to new applicants. It is expected that when the Public Health Emergency (PHE) and Medicaid Continuous Coverage ends, current Medicaid members who are no longer eligible for Medicaid can apply for a Marketplace plan. HIPS is encouraging partners who are assisting those ineligible Medicaid members to subsequently apply for the HIPS program if they qualify. HIPS will continue to accept enrollments through the remainder of the coverage year unless funding cap is met before.

2022 HIPS Enrollment (as of May 2022)

- 617 Beneficiaries
- 1035 Total covered lives
- \$1,109,016 in total monthly premium payments

Contact: [Beth Fiorello](#)

MEDICAID CONTINUOUS COVERAGE UNWINDING

The PHE was first declared in March of 2020 and allowed for many flexibilities that have been beneficial to health centers and their patients, including continuous coverage for Medicaid beneficiaries.

Prior to the PHE, all Medicaid beneficiaries went through an annual review process that would determine if a beneficiary was still eligible for the Medicaid program. While the State has completed eligibility reviews for some beneficiaries during the PHE, no coverage was terminated if the beneficiary was deemed ineligible. While it was thought the PHE may end in July 2022, the Biden Administration has assured the public it would give a 60-day notice before the PHE is terminated. Given the Biden Administration has not announced an end to the PHE, it is now expected the PHE will be extended through October 2022. Most expect an official announcement from the Biden Administration on the extension in the coming weeks.

The State released an initial “unwinding plan” to outline how the Department of Workforce Services (DWS) will restart the annual review process and refer ineligible cases to the HealthCare.gov Marketplace.

AUCH provided health centers with outreach materials urging patients to update their contact information with DWS. These materials can be found [here](#).

AUCH will continue to provide information, training, and technical assistance to health centers to help them ensure their patients retain health insurance coverage, either through Medicaid or the Marketplace. The Outreach and Enrollment and Communications Peer Groups have already been engaged and provided feedback and suggestions on materials and trainings AUCH can offer health centers throughout the unwinding process.

Contact: [Rachel Craig](#)

UTECH UPDATES

CYBERSECURITY & SECURITY RISK ANALYSES

Utah Technology Exchange for Community Health (UTECH) and Mountain Pacific started the 2021 Security Risk Analyses (SRAs) with all the member health centers. There are no costs associated with the SRA for UTECH health centers for three years.

Contact: [Courtney Pariera Dinkins](#)

AZARA HEALTHCARE

UTECH purchased Azara modules and training available to your health center at no cost to your health center at this time. These modules include Azara DRVS, Controlled Substances, Fin/Ops, APO, EHR Plug-In, Single Sign On (SSO), and Risk Stratification. In addition, AUCH purchased additional technical assistance to optimize utilization of Azara including the Pre-Visit Planning (PVP) Deep Dive and UDS Prep Sessions.

PVP DEEP DIVE

A care team powered by data can better support providers in their efforts to maximize the elements of delivered care. The PVP Deep Dive provides in-depth workflow mapping and redesign, plus analysis using the Azara DRVS Visit Planning Report to close care gaps at the point of care. Participating health centers will receive intensive training and mentorship in partnership with the Azara team to support clinical transformation driving quality improvement initiatives; improved external reporting; better utilization of the care team through improved reporting of scheduled patients, needed care, and closing care gaps at the point of care. Contact Courtney to participate.

Project Goals

- Provide introduction and training on the Visit Planning report and team-based care model.
- Conduct an in-depth analysis of workflows resulting in standardized graphical step-by-step articulation of the process and person(s) responsible for documenting the key elements of important measures in the practice.
- Pilot the use of the Visit Planning Report with a few teams as a model to spread across the organization.
- Facilitate on-going support and mentoring the pilot team and involved administrative resources.
- Evaluate success of team-based care and visit planning report with selected measures and targets.

RISK STRATIFICATION WORK GROUP

The Risk Stratification algorithm available in DRVS assists with the consistent identification of high-risk patients within or across UTECH participating health centers. The Risk Stratification uses diagnostic and clinical data – age, chronic, behavioral health, infectious disease, and substance use conditions, social determinants, clinical outcome indicators, medications, and utilization – to identify patients at risk who might benefit from care management monitoring and intervention by practice staff and programs. Patients are stratified into a high, moderate, or low-risk category which can be utilized across the DRVS platform in Dashboards, Reports, Registries, Patient Visit Planning, Care Management Passport, and quality measures. This project is designed to create a one-size-fits-all approach assigning Risk across all UTECH participating health centers.

UTECH UPDATES CONT.

UTECH participating health centers' clinicians, population health, and/or clinical specialists will work with Azara and AUCH to develop and implement an algorithm customized to the networks' population needs. Conversations start with the DRVS standard algorithm, and the workgroup adjusts the criteria to identify the top 5% highly complex and 10% moderately complex patients. Azara will provide training on use to meet your programmatic needs, making successful implementation an easy process. The Risk Stratification Work Group, comprised of clinicians, population health, and/or other key clinical or QI staff will meet regularly to customize and refine this algorithm. Steps for this project include:

- Discovery- collect requirements and discuss goals, weigh options for risk calculation including scoring methodology.
- Risk Scoring Version 1 Review- review first attempt at risk score based on initial decisions, determine suggested adjustments based on results.
- Risk Scoring Version 2 Review- review second attempt at risk score based on initial decision, determine any suggested adjustments based on results.
- Client Risk Score Validation- review Risk Stratification Report and check risk calculation based on EHR data (client with help from Azara).
- Finalize Presentation of Risk Score and Reports with Risk

If you would like to participate, please send the names and emails of your staff to [Courtney Pariera Dinkins](#).

Module Adoption by Health Center

Ten of 12 Health Centers have completed full adoption of the Azara DRVS platform. Progress by module by health center:

Center	Core DRVS	Controlled Substance	Fin/ Ops	EHR Plug In	APO	Risk	UDS Prep	PVP
Midtown Community Health Center	X		In progress	Due 05/2022	In progress		X	X
Utah Navajo Health System, Inc.	X	X	X	X			X	
Utah Partners for Health	X	X	X	Due 05/2022	X		X	
Family Healthcare	X	X	X	Due 05/2022	X		X	
Mountainlands Family Health Center	X		X	X	X		X	
Wayne Community Health Center	X	X	X	Due 05/2022	X		X	
Fourth Street Clinic	Connectivity							
Green River Medical Center	X	X	In progress	Due 05/2022			X	
Enterprise Valley Medical Clinic	Validation			Due 05/2022				
Bear Lake Community Health Center	X	X	X	NA	In progress		In progress	
FourPoints Health	X	X	X	X			In progress	
Carbon Medical Service Association	X	X	In progress		In progress		In progress	

For more information on these modules plus other Azara-specific training, please visit [Azara Training and Information](#).

UTECH UPDATES CONT.

SCHEDULED FOR PRODUCTION

- *SSO Pilot*. AUCH is working with Azara Healthcare, FourPoints Health, and Utah Navajo Health System to pilot the SSO via Athena. AUCH was able to negotiate a one-time \$2500 implementation fee rather than an implementation fee plus ongoing expenses. More to come.
- *Molina P4Q Dashboard*. AUCH is working with Molina and Azara Healthcare to develop a Molina P4Q dashboard to automate and improve reporting to Molina.
- *HPV APO Campaign*. AUCH is working with Azara to develop a customized campaign, registry, and measures. Rollout is scheduled for June 2022.
- *BeatPain Campaign and Registry*. AUCH is working with University of Utah on a grant registry and customized APO campaign. Rollout is scheduled for August 2022.

There are significant savings to approach Azara at the network level. If you would like to see something or leverage a module with your peers, please do not hesitate to contact an AUCH representative.

Contact: [Courtney Pariera Dinkins](#)

COMMUNICATIONS UPDATES

ADVOCACY

PROTECT 340B ACT

AUCH continues to reach out to U.S. Representative's offices urging them to support and co-sponsor the PROTECT 340B Act. AUCH distributed a template letter and instructions to health centers urging them to reach out to these offices. Thank you to all the health centers that have sent letters! If you are interested in helping with outreach on this important legislation, please contact [Rachel Craig](#).

HEALTH CENTER APPROPRIATIONS LETTER

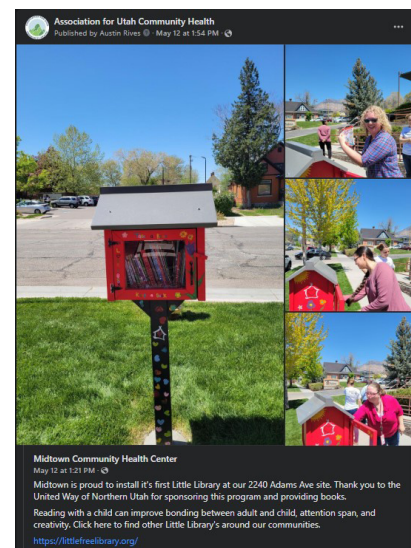
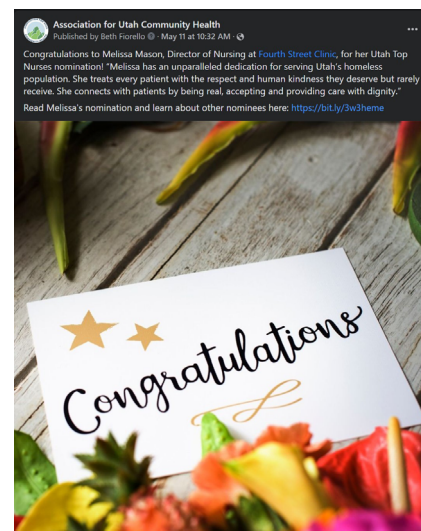
Representatives Curtis, Moore, and Owens all signed a House appropriations letter urging robust support for the Community Health Center Program. The letter can be found [here](#).

Other Advocacy Items

- AUCH responded to a Request for Information (RFI) on Access to Coverage and Care in Medicaid & CHIP in mid-April. Please reach out to [Rachel Craig](#) for a copy of the response.
- AUCH joined a sign on letter responded to the Department of Homeland Security (DHS) public charge proposed rule at the end of April. The letter was co-authored by the California Primary Care Association (CPCA), Association of Asian Pacific Community Health Organizations (APPCHO), and NACHC. You can find the letter [here](#).
- AUCH asked Senator Romney to co-sponsor the [Mainstreaming Addiction Treatment Act](#) (H.R. 1384 / S. 445) to remove the buprenorphine X-Waiver and expand access to education on treating substance use disorder.

COMMUNICATIONS UPDATES CONT.

SOCIAL MEDIA RECAP



Social Media Engagement

(January-May 2022)

Facebook – Total reach: 56,966

Twitter – Total reach: 14,034

COMMUNICATIONS UPDATES CONT.

HEALTH AWARENESS SOCIAL MEDIA CALENDAR

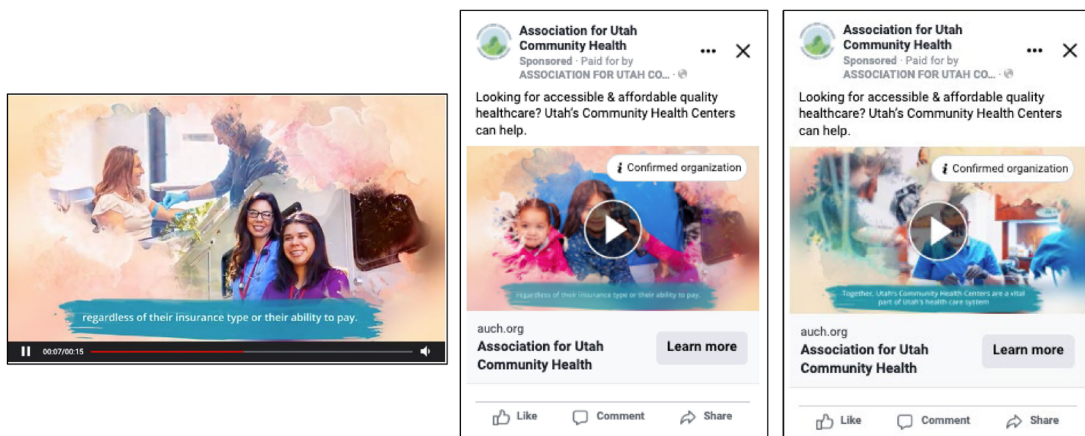
AUCH created a health-related awareness calendar to assist health centers with their social media efforts. The calendar outlines health-related awareness events by month, to create and outline social media content. Relevant resources, ranging from social media toolkits to general health information pages are included under each awareness event. The 2022 calendar can be found [here](#).

HEALTH CENTER VIDEO AND AWARENESS CAMPAIGN

In May 2020, the AUCH Board recommended that Cambia Foundation grant funding be used on marketing and advertising efforts, including the new and improved “What is a Health Center” video. Completed in March 2022, the customized 90-second, 30-second, and 15-second versions were sent to all health centers.

A 60-day social/online media campaign was run to showcase the video, generate awareness for Utah’s health centers, and increase website traffic and brand engagement. The campaign vastly outperformed its benchmark and delivered just over 1.0M impressions (e.g., the number of times an ad is seen). AUCH continues to work with LOVE on the future public awareness efforts.

Contact: [Beth Fiorello](#)



COMMUNICATIONS RESOURCES

[NEW VIDEO ON UTAH’S COMMUNITY HEALTH CENTERS!](#)

[HEALTH CENTER MAP + LISTING \(UPDATED JANUARY 2022\)](#)

[2020/21 UTAH HEALTH CENTER OVERVIEW](#)

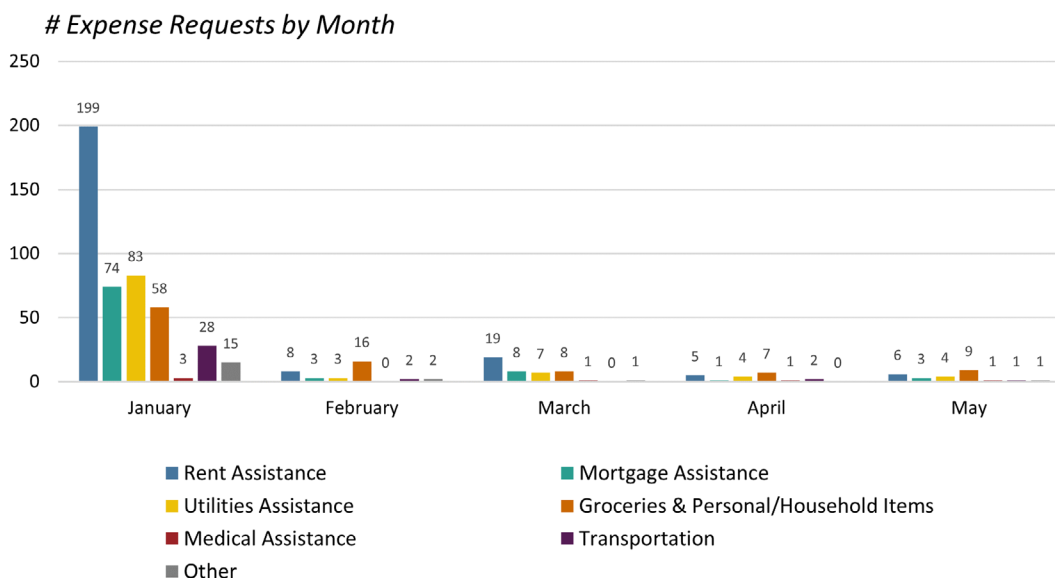
VISIT THE [AUCH MEMBER RESOURCE LIBRARY](#) FOR COMMUNICATIONS RELATED RESOURCES

COMMUNITY HEALTH SERVICES PROGRAM UPDATES

DISCRETIONARY FUNDS

COVID

AUCH is continuing its partnership with UDOH and Salt Lake County (SLCo) to provide wrap-around service funding for COVID-19-positive individuals which may be used to address SDOH barriers to isolation protocols for those working with a Community Health Worker (CHW) from a partner community-based organization (CBO). Funds are meant to address needs arising from the pandemic that otherwise are not available through the individual's insurance provider (if insured), or other social service providers. This funding can be used to support rent and mortgage assistance, utilities assistance, grocery and personal item purchases, medical expenses, transportation services, and other services to support isolation. **As of May 2022, AUCH has provided \$2,143,994 in wrap-around service assistance.**



Expense Category	%	Total Paid
Rent Assistance	59.98%	\$1,285,934.42
Mortgage Assistance	29.49%	\$632,158.51
Utilities Assistance	4.94%	\$105,963.60
Groceries & Personal/ Household Items	1.31%	\$28,068.08
Medical Assistance	0.78%	\$16,658.36
Transportation	2.30%	\$49,406.49
Other	1.20%	\$25,804.74
		\$2,143,994.20

COMMUNITY HEALTH SERVICES PROGRAM UPDATES CONT.

Alliance

As part of AUCH's partnership with the Alliance for the Determinants of Health (Alliance), AUCH manages funding for wrap-around services that can be used to address SDOH needs that effect a client's overall health and wellbeing. Funds are limited and are to be used to empower clients to follow a treatment plan, change their circumstances, become more self-sufficient, and/or become more socially engaged in their community. Funds are meant to be one-time or a stop gap to other services being provided. Funds are meant to address identified SDOH needs that are otherwise not available through the individual's insurance provider (if insured), or other social service providers. The funds must be used to assist SelectHealth Community Care members in Washington or Weber County who are working with a CHW. AUCH will continue to manage funds for Alliance clients through 2022. **As of May 2022, AUCH has provided \$67,565 in wrap-around service assistance for Alliance clients (including COVID-19 positive clients in Alliance geographies).**

Contact: [Cyndi Taranto](#)

Expense Category	%	Total Paid
Emergency/Initial Housing	45.33%	\$30,629.35
Medical/Health	14.58%	\$9,850.25
Transportation	13.03%	\$8,803.11
Personal Items	7.39%	\$4,994.87
Home Repair or Maintenance	6.88%	\$4,651.23
Emergency or Temporary Child Care	3.89%	\$2,628.18
Interpreting	2.96%	\$2,000.00
Utilities Assistance--short term	2.65%	\$1,793.30
Food or Hygiene	1.73%	\$1,169.15
Special Fees	1.03%	\$697.68
Education	.47%	\$319.18
Supported Employment	.04%	\$28.72
		\$67,565.02

COMMUNITY HEALTH SERVICES PROGRAM UPDATES CONT.

AMERICORPS

AUCH leverages its AmeriCorps program to recruit and train entry-level CHWs for the Utah Healthcare Corps (UHC) program as a talent pipeline for health care and social service professions. Hosting an AmeriCorps member is a cost-effective way to integrate CHWs into health center workflows. Members commit to a twelve-month, 1700-hour service contract and receive initial CHW training and ongoing continuing education through AUCH. Members can serve as CHWs, care coordinators, and case managers, and/or assist with other direct, non-clinical services to expand the capacity of your health center.

Since the start of our competitive AmeriCorps grant, members have served 5,648 individuals through March 2022 across four community-based organizations (CBOs) including AUCH, Community Health Connect, Family Healthcare, and Fourth Street Clinic.

AUCH currently has openings for host sites and AmeriCorps member slots available. The host site placement fee for 2021-2022 is \$20,000 per member.

Contact: [Ashlynn Rasmussen](#) or [Cyndi Taranto](#).

COMMUNITY HEALTH WORKERS

COVID (Intermountain and Salt Lake County (SLCo))

AUCH is continuing its COVID-19 emergency response work by deploying a team of two CHWs to support clients in quarantine or isolation because of COVID-19 in the following geographies: Davis, Salt Lake, Summit, and Utah Counties. COVID-19 interventions typically last a few weeks and are meant to address immediate needs that have risen from, or been exacerbated by, a COVID-19 positive diagnosis. The team also participated in twelve COVID-19 outreach and education events, and vaccine clinics, across the State.

AUCH is partnering with SLCo by providing CHW support for the Health Literacy Program (HLP). HLP is an effort to produce inclusive, culturally and linguistically appropriate language communications on the COVID-19 disease, vaccine, and contributing health factors. AUCH held a focus group on Friday, April 22 with fifteen participants at Glendale Community Learning Center. The focus group started a discussion on what COVID-19 health education materials and information they have received from local community-based organizations throughout the pandemic and how well they understood what was shared. AUCH will host three additional focus groups to assess gaps in preventative care due to COVID-19 and connect individuals to medical and social resources.

Contact: [Sarai Dickerson-Hernandez](#)

SelectHealth

CHWs work closely with SelectHealth care managers to engage SelectHealth Community Care (Medicaid) members in care management, assess client needs, make connections to SelectHealth and community resources, and help clients build support networks and individual capacity. CHWs empower clients throughout the intervention and promote self-management behaviors.

SelectHealth launched a pilot project focused on advancing the medical management of SelectHealth members with dual eligibility (Medicare and Medicaid). Three of AUCH's seven CHWs are collaborating with care managers to provide easier access to health care, support wellness and preventive care, and address SDOH needs for eligible clients in the following geographies: Weber, Davis, Salt Lake, and Utah Counties.

Contact: [Laura Ceron](#)

COMMUNITY HEALTH SERVICES PROGRAM UPDATES CONT.

Alliance

The Alliance for the Determinants of Health pilot project has formally ended; however, funding for CHWs in the Alliance geographies to support referrals from Alliance partner CBOs will continue through 2022 and AUCH submitted a funding request to continue CHW services in 2023. AUCH CHWs serve SelectHealth Community Care members in Washington and Weber Counties; however, in response to COVID-19, accept referrals for COVID-19 positive clients tested at an Intermountain Healthcare facility regardless of insurance status or payor and clients without insurance. In 2021 through March 2022, CHWs connected with 311 COVID-19 positive individuals.

Contact: [Ixchel Rangel](#)

Salt Lake County Quarantine and Isolation Intake for Persons Experiencing Homelessness

AUCH partnered with the Fourth Street Clinic and Intermountain Healthcare to have a team of CHWs provide weekend coverage for persons experiencing homelessness who are discharged from the hospital because of COVID and in need of housing and resources for quarantine or isolation. AUCH will provide coverage through Q2 2022.

Contact: [Cyndi Taranto](#)

Home Health

Intermountain Healthcare requested AUCH to pilot the integration of three CHWs into its home health teams in Salt Lake County to effectively bridge health care and community resources to reduce the social, economic, and behavioral barriers that prevent people from leading their healthiest lives. This two-year pilot project started January 2022 and is exploring how CHWs can complement home health teams in providing SDOH support to low-income, underrepresented, and/or biracial, Indigenous, and persons of color (BIPOC) who frequently utilize the emergency department (ED) and receive home health services. AUCH is implementing proven, evidence-based interventions focused on addressing SDOH needs through motivational interviewing, health coaching, and health education while advocating for clients who need help improving their health outcomes. If successful, AUCH would work with Intermountain to expand to other home health agencies.

Contact: [Cyndi Taranto](#)