



Area L AHEC

Fall Report - 2019

Bridging Education to Quality in Health Care

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SELF-ASSESSMENT

Successes

- Although participation in statewide AHEC educational events decreased by 5.8%, participation in Area L educational events increased by 5.7%.
- Increased, by 60%, the number of learners participating in online events by building new courses in Docebo and simulcasting live events. Additionally, staff met with a local provider to explore the development of webinars with broad geographic outreach.
- Increased the number of educational events offered by 20%.
- Increased the number of unique participants by 23%.
- Expanded social media presence: Participation - first six months of calendar year 2019 compared to the first six months of calendar year 2018: Facebook up by 77%, Instagram up by 149%, and Twitter up by 461%
- Approved as a Participating Organization with NC Maintenance of Certification (MOC) - the Portfolio Program Sponsor at UNC for the American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Program™ (MSPP). This approval allows Area L to help physicians earn MOC Part IV credit for participating in approved practice improvement initiatives.
- Involved staff in the use of data to drive decision making by sharing and discussing Tableau data at monthly staff meetings.
- Provided professional development for staff on leadership and emotional intelligence – will follow up in FY 20 with training around identifying, developing, and utilizing character strengths.
- Maintained number of AHEC Scholars from the Area L region.
- Continued resiliency work:

<u>Successes:</u>	<u>Challenges:</u>
<ul style="list-style-type: none"> ▪ Delivered 52 awareness building presentations that reached 2060 people ▪ Hosted 4 in-depth, two-day <i>Resources for Resilience</i> trainings which reached 140 people ▪ Built a community accountability board to guide training work ▪ Executed a biofeedback breathing pilot which showed a reduction in anxiety symptoms in students who had high stress 	<ul style="list-style-type: none"> ▪ Recruiting law enforcement agents to the two-day <i>Resources for Resilience</i> trainings ▪ Effectively prioritizing and knowing in every moment what is the most important opportunity to be pursuing - there is a lot of positive demand for resilience work in our community ▪ Engaging and working with more established institutions such as the county commissioners

- Collaborated with Mountain AHEC to provide the play *It's Just a Pill* to 850 attendees in the Area L region.
- Collaborated with Charlotte AHEC on the Bridging the Queen City to Edgecombe County Investments in the Future Project.
 - ◆ Convened several planning meetings with Charlotte faculty, Conetoe Family Life Center administration and the Edgecombe County Health Department;
 - ◆ Hosted Charlotte faculty for a 3-day site visit;
 - ◆ Due to scheduling conflicts the students were not able to complete the immersion experience until early in FY-20.
- Installed new file server and migrated data to new server.
- Developed a data capture tool for NC AHEC practice support coaches to use for the Medicaid Managed Care project.

Challenges

- Capturing attendance numbers at online (asynchronous) simulcast events in CASCE. Currently program assistants must enter a simulcast event into CASCE twice, once as a workshop (in-person attendance) and once as an asynchronous event (online). Complicating this is that, currently, the structure of the online asynchronous event must be changed to workshop in CASCE, prior to the event, so that persons who registered for the asynchronous event can get an evaluation. The event structure must be changed back to asynchronous after participants have completed their evaluations so that the participants will be counted as having attended an online event. It is expected that the new evaluation/certificate process will alleviate the evaluation challenge but the need to create two CASCE events will persist.
- Recruiting practices for performance improvement work remains difficult due to many healthcare marketplace changes pulling their focus. Area L practice support staff continue to work to recruit practices for the pain management project. Currently, 4 sites have signed on and coaches are negotiating with 2 other multisite practices who would bring 8 of their sites to the project.
- Determining market penetration in our five counties. A Tableau view showing an aggregate of occupation saturation for all licensed providers in the region would be a start. The current views showing occupation saturation and geographical reach are helpful but could use a tweak if possible.
- Developing a marketing strategy to appeal to a multi-generational audience.
- Although the number of physicians/10,000 residents has improved slightly in the region since 2013, (https://nchealthworkforce.unc.edu/county_physician_beeswarm/), hospitals and clinics still have difficulty in recruiting physicians - both primary care providers and specialists. Barriers include concerns over whether local school systems provide an adequate educational foundation and the lack of extracurricular activities in rural regions.

COUNTY	2013	2018
Edgecombe County	7.54/10K	9.4/10K
Halifax County	13.2/10K	13.8/10K
Nash County	18.1/10K	18.5/10K
Northampton County	2.82/10K	1.95/10K
Wilson County	14.3/10K	15.8/10K

Goals for Academic Year 2019-2020:

- To increase the reach of Area L CPD activities:
 - ◆ By 6/30/2020, increase, by 25% from FY-19, participation in Area L online educational events. Measure – number of individual participating in online programs.
- To increase the number of attendees at Area L educational events:
 - ◆ By 6/30/2020, increase, by 15%, from FY-19, the number of new customers from the Area L region attending Area L events. Measure – number of new customers.
- To increase students' exposure to rural health care:
 - ◆ By 6/30/2020, increase by 15%, from FY-19, the number of students served in the Area L region. Measure – number of students served.
- To remain financially viable:
 - ◆ Exceed, for FY-20, the Cost-Share Direct Cost minimum (25%) by maintaining (+/- 5%) the current level of local support (59%) reported in the FY-18 Cost Share Report. Measure - Cost-Share Percentage on the December 2019 Cost Share Report.
- Because many studies show that interprofessional learning leads to collaborative practice:
 - ◆ By 6/30/20, provide 1 CIPE event.

SERVICE LINES

Health Careers and Workforce Diversity

Successes

- Experienced a 332% increase in pipeline enrollment (FY-18: 81; FY-19: 350).
- Increased the number of HCWD programs by 120% (FY-18: 5; FY-19: 11).
- Enriched relationship with Barton College.
- Maintained all AHEC Scholars in Cohort 1 and recruited 5 Scholars for Cohort 2.

Challenges

- Local schools' internal staffing issues/constraints lead to inconsistent participation, across the region, in Pipeline programs.
- Tough to expand number of AHEC Scholars – especially those enrolled in community colleges - due to logistics/travel/other demands and limited resources.

Goal

- Because the US Bureau of Labor Statistics projects that the number of healthcare occupations will grow by 14% from 2018-2028:
 - ◆ By 6/30/20, increase, compared to FY-19, the number of pipeline students by 15%. Measure – number of pipeline students.

Student and Preceptor Services

Successes

- Increased number of unique students served (FY-18: 87 students; FY-19: 100 students).
- Increased number of student rotations (FY-18: 103; FY-19: 125). This is the highest number of rotations since FY-16.
- Increased number of students rotating in safety net locations (FY-18: 35; FY-19: 43). This is the highest number of students placed in safety net locations in the five years that are included in Tableau.
- Increased number of preceptors working with students (FY-18: 49; FY-19: 57).
- Modernized/streamlined ORPCE logistics:
 - ◆ Developed digital calendar for internal use to manage apartment logistics;
 - ◆ To facilitate transfer of information to the Program Office, staff developed an internal Access database to track information on student rotations, preceptor information, and preceptor payments; and
 - ◆ Began using Trello to organize student housing requests.

Challenges

- Fewer students rotating through the Area L region due to curricular changes.

Goals

- To increase the usage of Area L student housing:
 - ◆ By 6/30/2020, increase by 20%, from FY-19, the number of Campbell students using Area L housing. Measure – number of Campbell students in Area L housing.
- To provide non-ORPCE students with a rural experience:
 - ◆ By 6/30/2020, increase by 20%, from FY-19, the number of Campbell students doing clinical rotations in the Area L region. Measure – number of Campbell students in Area L housing.
- To increase students' logistical knowledge regarding Area L student housing:

- ◆ By 6/30/2020, develop and post an online student housing logistics calendar to include information on when students will be moving in/out of housing, how many roommates to expect, and when to expect cleaners, maintenance workers, etc.
- To increase the number of quality preceptors within the Area L region:
 - ◆ By 6/30/20, distribute information on the Clinical Precepting online modules - designed to support the development of new clinical preceptors from all disciplines – to hospital and primary care practice contacts. Measure – number of new preceptors.

Continuing Professional Development

Tableau data indicates that, in FY-19, Area L provided education to persons in eighty-four counties across NC and fourteen additional US states. Four hundred and forty-six (446) individuals from Pitt and Wake Counties participated in Area L events. Eighty-six percent (86%) of participants in Area L's online events were from outside the Area L region. The advent of Docebo has allowed us to improve our reach considerably.

Multidisciplinary programming continues to be very successful at Area L with 23% of total participants attending multidisciplinary events.

Saturation maps in Tableau suggest that we need to make a concerted effort to reach LPNs, OTs, and OT assistants. Additionally, the maps show that we need to reach a higher percentage of registered nurses in the region.

Disciplines

Allied Health

Area L educational event attendance, by individuals who identified as person discipline allied health, decreased by 23% in FY-19 (FY-18: 447; FY-19: 344).

Successes

- Offered 30.5 hours of NCBPTE approved credit for physical therapist and assistants.

Challenges

- Time needed to get content from live events archived and mounted in Docebo.
- Small number of individuals in each of the allied disciplines makes it hard to develop programming that will attract enough attendees to make the provision of these events fiscally viable.

Goals

- To meet the needs of the occupational therapists and occupational therapy assistants in the Area L region:
 - ◆ By 6/30/2020, provide one program which includes learning objectives directly related to occupational therapy.
- To meet the needs of allied health professionals in the Area L region:
 - ◆ By 6/30/2020, provide 1 program with the budget discipline of allied health.

Dentistry

Area L educational event attendance, by individuals who identified as person discipline dentistry, improved in FY-19 (FY-18: 209; FY-19: 324). Participation in both in-person and online events improved.

Successes

- Served on the advisory committee for the dental hygiene school at Halifax Community College.
- Offered 37.25 hours of ADA CERP – approved educational programs for dental professionals.
- Continued to meet the needs of existing dentists while attracting new dental professionals.
- Offered 2 webinars with the budget discipline of dentistry.
- Collaborated with NC Primary Care Association to offer four dental education tracks at the clinical quality conference.

Challenge

- Attracting dentists to rural areas: 2017 statistics show that the average number of dentists/10,000 residents in the five counties in the Area L region (2.6) is well below the NC average (5.0) (<https://schs.dph.ncdhhs.gov/data/keyindicators/>).

Goal

- To increase the ways that dental professionals can access continuing professional development opportunities:
 - ◆ By 6/30/2020, increase by 50% from FY-19, the number of dental professionals enrolled in online events.
Measure – number of enrollees.

Medicine

After a sharp decline in FY-18, Area L educational event attendance, by individuals who identify as person discipline medicine, remained relatively unchanged in FY-19 (FY-18: 1,212; FY-19: 1,216).

Successes

- Continued to partner with NC DHHS to train primary care providers in Hepatitis C management to expand their scope of practice while increasing patient access to care through Carolina Hepatitis Academic Mentorship Program (CHAMP) model.
 - ◆ Since September 2017, 200 providers have participated in this educational activity. Of the 14,350 patients screened during this activity, 832 were identified as chronically infected. Over 33% (276 patients) of those infected patients achieved cure.
- Continued to partner with the UNC TEACCH Autism Program to train primary care providers in autism screening and referral through the Extending Community Health Outcomes (ECHO) model.
 - ◆ Worked with the University of Missouri to offer MOC Part IV credits to eligible participants;
 - ◆ Added 2 cohorts - a rural pediatrics group (20 participants) and a military pediatrics group (16 participants).
- Attended the Accreditation Council for Continuing Medical Education (ACCME) national conference.
- Received approval to offer MOC Part IV credit under the UNC ABMS portfolio.
- Worked with local hospital to assist them to meet educational requirements to obtain NC Maternity Center Breastfeeding-Friendly Designation.
- Collaborated with a multi-specialty clinic to offer a Mindfulness-Based Stress Reduction series attracting an interdisciplinary group of over 15 clinicians

Challenges

- Each of the 4 hospitals in the Area L region are now affiliated with or owned by larger institutions that may provide CME internally or system wide.
- Experienced staff turnover in the CME department.

Goals

- To encourage local primary care providers to improve care around pain management:
 - ◆ By 6/30/20, provide MOC Part IV credit to 10 board-certified providers for successful completion of a quality improvement project focused on prevention and/or management of opioid use disorder.
Measure – number of eligible providers who complete the requirements for MOC Part IV credit.
- To increase local primary care providers' knowledge of and comfort with medication-assisted treatment (MAT) for substance use disorder (SUD):
 - ◆ By 6/30/2020, offer 2 face-to-face MAT trainings to meet 4-8 hours of the waiver training requirements. Participants will be advised on how to complete the remaining required hours online. Measure – number of participants who attend the face to face MAT training who then complete the online requirements per their discipline.
- To improve access to continuing education for rural providers:
 - ◆ By 6/30/2020, utilize new learning modalities by sending staff to participate in the Extending Community Health Outcomes (ECHO) Immersion training and begin planning for an ECHO project.
Measure- completion of ECHO Immersion training, completion of the ECHO project planning guide, and implementation of planning process for the first Area L ECHO project.

Mental Health

Area L educational event attendance, by individuals who identify as person discipline mental health increased in FY-19 (FY-18: 232; FY-19: 316). Many of these individuals attended interdisciplinary events.

Success

- Collaborated with the mental health education team at Eastern AHEC on a quarterly basis to ensure that the needs of mental health providers in the Area L region were met.

Challenge

- For several years, Area L and Eastern AHEC have collaborated to provide mental health education to professionals in the Area L region with the vast majority of the programming occurring in the Eastern AHEC region. Although this has been a highly successful partnership, we would like to have more events provided within the Area L region to make it easier for learners from our region to attend.

Goal

- Make educational events more accessible for mental health providers the Area L region:
 - ◆ By 6/30/20, work with Eastern AHEC to provide 4 educational events for mental health providers at locations in the Area L region. Measure – number of events provided.

Nursing

After a sharp decline in FY-18, Area L educational event attendance, by individuals who identify as person discipline nursing, remained relatively unchanged in FY-19 (FY-18: 1,004; FY-19: 1,013).

Successes

- Provided CPR certification program at no charge to veterans from the Rocky Mount VFW.
- To increase awareness of AHEC programs and services, provided education on the NC AHEC Program and its six core service lines to senior nursing students at area community colleges and Barton College.
- Attended annual CNE Approved Provider Update program through NCNA.
- Participated in monthly Coalition for Addiction Recovery and Education (CARE) meetings in Nash County.
- Worked with Wilson Community College to secure a Clinical Site Development (CSD) grant. (For several years prior to 2018, community colleges within the Area L region had not participated in the CSD grant opportunity).
- Increased the number of RN refresher students in FY-19 (FY-18: 0; FY-19: 4).
- Held annual Area L Nursing Advisory Group meeting to identify observed gaps in practice, knowledge and/or skills. Literature reviews were also utilized to identify gaps.
- Served on the nursing advisory committees at Barton College, Wilson Community College, and Edgecombe Community College.
- Served as a resource for local nursing professionals on career, licensure, and educational questions.
- Served as an educational resource for the NC AHEC simulation manikin currently used at Nash Health Care Systems.
- Collaborated with state, regional, and local agencies to provide educational programming per request.

Challenges

- Because all hospitals in the region are affiliated with larger healthcare systems:
 - ◆ More education is provided directly by the systems;
 - ◆ Area L receives fewer requests for contract programs.
- Due to nursing shortage/hospital budget cuts, nurses may not receive paid time off to go to outside educational programs and hospitals may not support registration fees for external events.
- Due to the stress of the nursing shortage, nurses may not choose to attend educational programs on their days off.

Goals

- To identify nurses' gaps in practice, knowledge, and/or skills:
 - ◆ By 6/30/20, attend one staff/educational/administrative meeting at each of the 4 hospitals in the Area L region. Measure – number of events provided.
- To make nurses aware of the priorities to drive population health improvement over the next decade:
 - ◆ By 6/30/20, provide 2 educational events that highlight the Healthy North Carolina 2030 public health indicators and targets.

Pharmacy

After a decline in FY-18, Area L educational event attendance, by individuals who identify as person discipline pharmacy, remained relatively unchanged in FY-19 (FY-18: 300; FY-19: 302).

Successes

- Offered 128 hours of Accreditation Council for Pharmacy Education (ACPE) – approved educational programs for pharmacists.
- Offered 20.0 hours of ACPE – approved educational programming for pharmacy technicians.
- Convened Area L Pharmacy Advisory Committee to identify learning needs.

- Showed 95% increase in online attendance - 20% of total served were online attendees.
- Provided webinar option for 75% of pharmacy budget discipline programs.

Challenges

- Rapid transformation in the healthcare environment calls for changes in the way that pharmacy continuing professional development is provided, i.e. greater attention to interprofessional learning and addressing performance gaps via pharmacy-based performance improvement projects.

Goal

To increase opportunities for pharmacy professionals to attend educational events:

- ◆ By 6/30/20, increase, from FY-19, the number of pharmacy professionals participating in online events.
Measure – number of online participants.

Public Health

Attendance, at educational events sponsored by Area L, by individuals who identified as person discipline public health, improved slightly in FY-19 (FY-18: 68; FY-19: 80).

Successes

- Maintained successful partnerships with each of the five local health departments in the region.
- Participated in county opioid taskforce monthly meetings (Edgecombe, Nash, Halifax/Northampton counties).
- Integrated with local school systems and community-based coalitions to address population health issues related to trauma, addiction, and health inequity.
- Piloted the Faith-Based Organization Network (FBON) in Area L's region to improve population health in collaboration with 16 churches in 4 counties.
- Led the development and integration of the regional Carolina Heart Alliance Networking for Greater Equity (CHANGE) project with UNC-CH, the Edgecombe County Health Department, and Rocky Mount OIC Health Center.
- Participated in Boards of Health meetings in each county (5) to build stronger linkages.

Challenge

- Providing educational events offering Certified Health Education Specialist (CHES®) credit due to the issues related to receiving CHES rosters in a timely manner.

Goals

- To improve skills for community health workers (CHW):
 - ◆ By 6/30/20, develop a written and executed training model;
 - ◆ Attend CHW train-the-trainer education sessions in October 2019.
- To reduce burnout in public health staff:
 - ◆ By 6/30/20, plan and provide 2 events creating/supporting trauma-informed communities and/or resilience.

Practice Support

Successes

- Employed additional Practice Support staff to facilitate Medicaid Managed Care education and provide technical support to practices.
- Provided education, resources, and technical assistance to regional practices and providers around Medicare Access and the Child Health Insurance Program (CHIP) Reauthorization/Merit-based Incentive Payment System (MIPS).
- Provided QI coaching, education, resources, and technical assistance to providers and practices around Patient-Centered Medical Home (PCMH) recognition and/or renewal of recognition.
- Provided education, resources, and technical assistance to regional practices and providers regarding Meaningful Use and Medicaid attestation.
- Provided education, resources, and technical assistance to providers and practices around Medicaid Managed Care.
- Continued work on opioid use reduction:
 - ◆ Established a group of stakeholders from Halifax and Northampton Counties including healthcare professionals, peer support specialists, faith-based professionals, law enforcement, first responders, hospitals, substance use disorder counselors, and health departments to work toward decreasing opioid overdose rates (as part of The Duke Endowment Acute and Chronic Pain Management Practice Support Pilot Project);
 - ◆ Convened, managed, and planned monthly meetings in Halifax County for this work;
 - ◆ Provided education, resources, and technical assistance to providers and practices around acute and chronic pain management; and
 - ◆ Participated in the HRSA Rural Communities Opioid Response Program (RCORP) planning consortium for MAT with the North Carolina Healthcare Quality Alliance (NCHQA).

Challenges

- Providers are overwhelmed by the fast-paced changes in health care. Their priorities vary from day-to-day based on both internal and external pressures.
- Finding time to devote to the professional development and education needed to master the new aspects/foci of practice support work.
- Avoiding burnout, given the scope of current statewide practice support projects along with additional regional, grant-funded projects.

Goals

- Address the opioid crisis in the Area L region:
 - ◆ By 6/30/20, enroll 5 additional practices in the Duke Endowment pain management project. Measure – number of practices participating in the project.
- Increase providers' knowledge of the transition to Medicaid Managed Care:
 - ◆ By 6/30/20, contact 90% of practices on the Area L Medicaid Managed Care contact list. Measure – number of practices contacted.
- Bridge gaps in regional communities around care transition and care coordination:
 - ◆ By 6/30/20 provide training to 50% of the providers on the Area L NC HealthConnex outreach list.

Library Services

Successes

- Served as the Service Line Leader for the Library Services service line.

Challenges

- Loss of regional hospital memberships in the AHEC Digital Library (ADL):
 - ◆ Wilson Medical Center dropped ADL membership due to affiliation with Duke LifePoint;
 - ◆ Nash Health Care System is a UNC hospital and will fall under the new ADL/UNC Network agreement; and
 - ◆ Halifax Regional Medical Center was purchased by Vidant and will fall into their system for providing resources to member hospitals.
- Providing the services of a librarian to regional hospitals as hospital librarians retire or are reassigned, or as larger systems purchase regional hospitals but don't provide the services of a librarian as a part of the package.

Goal

- To ensure that healthcare providers have access to current, reliable, unbiased, accurate information on which to make diagnostic and treatment decisions:
 - ◆ By 6/30/20, provide training on PubMed, MEDLINEplus, and/or the ADL to 10 primary care practices in the Area L Region. Measure – number of practices visited.
 - ◆ By 6/30/20, promote the use of the ADL by sending out links to ADL introductory videos – 1 for users of the free resources and one that highlights purchased content. Measure – number of ADL hits from the Area L region.

DISSEMINATION

Papers – there were no papers published by Area L staff.

Presentations/Blogs/Podcasts

- Debby Futrell – 2019 North Carolina Association of Rehabilitation Facilities (NCARF) Spring Conference- *The Opioid Epidemic: How Does It Relate to Adverse Childhood Experiences (ACEs)?*
- Monique Mackey - 2018 National AHEC Organization Meeting, *New Modalities and Business Models for Continuing Professional Development in Rural Areas* (R Rogers, M Mackey, E Owens, D Moses, and S Gillikin).
- Monique Mackey – 2018 International Conference on Practice Facilitation, *Assessing and Updating the Necessary Knowledge and Skills of Practice Facilitators in The North Carolina Area Health Education Centers Practice Support Program.*
- Seth Saeugling – interviewed for NC State University's Institute for Emerging Issues podcast - *First in Future: Rural Opportunity Institute in Edgecombe County.*

Leadership Roles in Statewide or National Organizations

- Debby Futrell – member of Down East Partnership for Children Board, Finance Committee, and Executive Committee; member DHHS Community Health Worker, Certification and Process Workgroup; member Wilson Forward Board of Advisors; member NC Institute of Medicine (IOM) Taskforce on Serious Illness Care.
- Monique Mackey - service line leader Library Services, member Heart Health Now External Steering Committee, member NC Department of Public Health (DPH) Diabetes Advisory Council.
- Lisa Renfrow – member of NC IOM Taskforce on Healthy North Carolina 2030.

- Alice Schenall – member, NC Rural Center board; member, NC Population Health Improvement Partners board; member Directors' Council, Vidant Edgecombe Hospital; member, NC Community College Foundation board.

Graduations/Certifications

- Judy Bullock – achieved Society for Human Resource Management (SHRM) certification.
- Shannon Cambra – graduated from the Rural Economic Development Institute (REDI).

EVALUATION OF PROGRAM EFFECTIVENESS

- All staff attend monthly CPD/QI meetings to review educational activity evaluation data, identify and mitigate irregularities or inefficiencies in day-to-day operations, and work on ways to improve marketing efforts.
- Area L discipline directors meet annually with advisory groups to review educational events from the previous year and gather requests and ideas for future events.
- All educational event participants (except pharmacy) are asked to complete an online, post-event, Likert scale evaluation tool via the CASCE/Greensboro AHEC system.
- Healthcare professionals completing online events are required to complete pre- and post-event tests to assess knowledge acquisition.
- Pharmacy CPD event attendees complete an evaluation via the UNC ESOP system (ESOP also sends 3-month post event evaluations, but response rates are low.).
- Cumulative evaluation scores for all events are reviewed by the director responsible for the event and any scores that fall below a 4.0 are discussed at CPD/QI meetings.
- Nursing department uses standardized forms to gather information on how participants plan to use the knowledge/skills they acquired at the event and/or determine if knowledge was enhanced based on pre- and post-test results.
- CME staff administer post-event evaluations on single activities/events and series 3-6 months after the education has occurred (The highest response rates continue to be from programs with an interdisciplinary audience of clinicians; we continue to have lower response rate from those participating in grand rounds.).
- CME department measures change by following up with hospital and clinic staff to discuss and collect updates on core measures, clinical and performance indicators, JCAHO requirements, and other service lines (i.e., cancer.) We look forward to Docebo’s capability to disseminate 6-week- and/or 3-month-post-event follow-up surveys.

NEW REVENUE

- IIF: Bridging the Queen City to Edgecombe County
 - ◆ NC AHEC Program
 - ◆ \$19,000
 - ◆ 7/1/18-6/30/19
- Clinical Site Development Grant
 - ◆ NC AHEC Program
 - ◆ \$10,000
 - ◆ 7/1/18-6/30/19

- Opioid Grant
 - ◆ The Duke Endowment
 - ◆ \$340,000
 - ◆ 1/1/18-12/31/21
 - Practice Support, “Gap” funding
 - ◆ NC AHEC Program
 - ◆ \$55,912
 - ◆ 7/1/18-6/30/19
 - Heart Health Now Extension
 - ◆ AHRQ/Sheps Center
 - ◆ \$27,305
 - ◆ 4/1/19-12/31/19
 - HPV
 - ◆ National AHEC Organization/CDC
 - ◆ \$10,000
 - ◆ 10/1/18-9/30/19
 - CGWEP
 - ◆ Carolina Geriatric Education Center
 - ◆ \$45,000
 - ◆ 7/1/18-6/30/19
 - Donations
 - ◆ \$5,240
- ACEs/Resiliency Projects
- Kate B. Reynolds
 - ◆ \$152,200
 - ◆ 12/1/18-11/30/20
 - Anonymous Trust
 - ◆ \$64,500
 - ◆ 1/1/19
 - NC Community Foundation
 - ◆ \$9,000
 - ◆ 1/1/19
 - NC State Institute for Emerging Issues
 - ◆ \$16,275
 - ◆ 3/8/19
 - Triangle Community Foundation
 - ◆ \$1,000
 - ◆ 1/22/19
 - Public School Forum of NC
 - ◆ \$61,927
 - ◆ 1/1/19
 - Camelback Ventures Education Fellowship, Inc.
 - ◆ \$20,000
 - ◆ 4/15/19

NEW PROGRAMS/INITIATIVES

- HRSA Rural Communities Opioid Response Program
- Health Connections – Wilson Educational Partnership
- ACEs and Resiliency work – both regionally and in partnership with community organizations and other regional AHECs
- Bridging the Queen City to Edgecombe County – a Student Learning Experience Partnership

KEY PARTNERS

- Alliant Quality
- Barton College
- CARE – Nash County
- Conetoe Family Life Center
- Communities in Schools – Nash County
- Coordinated Opiate Recovery Effort (CORE) Coalition
- Down East Partnership for Children
- Edgecombe Community College
- Edgecombe County Health Department
- Halifax Community College
- Halifax County Health Department
- Halifax Integrated Health Collaborative-Leadership Team (HIHC-LT)
- Halifax Regional Medical Center
- Longleaf Neuro-Medical Treatment Center
- Nash County Health Department
- Nash UNC Health Care
- NC AHEC Regional Centers
- NC DHHS, Division of Communicable Diseases
- NC DHHS, Division of Health Benefits
- North Carolina Health Information Exchange Authority
- Northampton County Health Department
- Rural Health Group, Inc.
- Rural Opportunity Institute
- Strategic Twin-Counties Educational Partnership (STEP)
- Turning Point Workforce Development Board
- Twin County Partnership for Healthier Communities
- UNC Nash Health Care
- UNC TEACCH
- University of Missouri School of Medicine
- Vidant Edgecombe Hospital
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- Wilson Medical Center | A Duke LifePoint Hospital