



# Area L AHEC

## Fall Report - 2020

Part of the North Carolina AHEC Program

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## SELF-ASSESSMENT

### Successes

- Successfully transitioned to working from home due to the COVID-19 pandemic. Participation in AHEC events during the fourth quarter of FY 2020 decreased by just 8% from the same quarter in FY 2019.
- Increased attendance at educational events for the second year in a row. Participation was up 17% compared to FY 2019 and 37% compared to FY 2018.
- Increased, by 93%, the number of learners participating in online events. Additionally, staff continued to work with a local provider to develop webinars with broad geographic outreach.
- Increased the number of educational events offered by 28%.
- Increased the number of unique participants by 3%.
- Offered the first socially-distanced summer Health Careers Boot Camp, which was a huge success. Students were exposed to numerous engaging sessions regarding diverse careers in the healthcare setting. Thanks to Barton College, Dr. Susan Bane and staff, and the Wilson Education Partnership for co-sponsoring the event. Barton College was an excellent host and provided many outstanding experiences for the students.
- Graduated Cohort 1 from the AHEC Scholars program with no attrition and retained one graduate as an administrative assistant for the AHEC Scholars program.
- Partnered with the NC Office of Rural Health to provide AMA PRA Category 1™-accredited CME for seven statewide sessions to educate providers on the role of telehealth as a response to the COVID-19 pandemic.
- Expanded video system into an overflow classroom to accommodate social distancing when face-to-face events resume.
- Continued to expand social media presence: participation – FY 2020 compared to FY 2019: Facebook up 16%, Instagram up 84%, and Twitter up 141%.
- Sent a team (four AHEC staff and one ORH staff member) to Albuquerque, New Mexico, for training in the Extension for Community Healthcare Outcomes (ECHO) model.
- Provided professional development opportunities to 1) support staff, both professionally and personally, as they managed COVID-19 and 2) assist staff in identifying, developing, and utilizing their signature character strengths.
- Served persons in ninety-five of one hundred NC counties.
- Continued resiliency work:

<u>Successes:</u>	<u>Challenges:</u>
<ul style="list-style-type: none"> <li>▪ Hosted seven in-depth, two-day, <i>Resources for Resilience</i> trainings which reached 263 people (87% increase from last year).</li> <li>▪ Certified twenty-three local leaders across Edgecombe, Nash, and Wilson Counties to be Resilience Educators.               <ul style="list-style-type: none"> <li>○ This group delivered over thirty awareness-building trainings to over five hundred people last year.</li> </ul> </li> <li>▪ The community accountability board has met nine times to guide training work, this board is made up of residents from the region.</li> <li>▪ Executed a second biofeedback breathing pilot at the Edgecombe County Sheriff's office, which was one of the first county jails in the country to use biofeedback breathing as an intervention with people who are currently detained.               <ul style="list-style-type: none"> <li>○ Raleigh CBS 17 picked up the story and profiled the pilot on the evening news.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Transitioning programming to be virtual during COVID-19.</li> <li>▪ Identifying existing networks that would like to use the solution we have built locally, whether that is sharing our training programs or our newly-created resilience skills cards.</li> <li>▪ Engaging and working with more established local political leaders; the work has been more focused on individual grassroots leaders to date.</li> <li>▪ Communication - more intentionally sharing testimonials and what is working.</li> </ul>

- Maintained and supported the database that houses data related to contract deliverables for the Practice Support Medicaid Managed Care project.

## Challenges

- Operating during the COVID-19 pandemic, for example:
  - ◆ Deciding on return on investment of opening the building for in-person events considering the social distancing restrictions precipitated by the pandemic.
  - ◆ Practices were unable to take on new QI work or in some cases continue current work due to the strain of seeing patients and remaining financially viable.
  - ◆ Students were unable to complete off-campus rotations.
  - ◆ Engaging partners in new projects for and convincing partners to remain active in current projects.
- Developing a marketing strategy to appeal to a multi-generational audience.
- Hospitals, clinical practices, and other health agencies in the region still encounter barriers in recruiting and retaining healthcare workers. Salaries are lower in the Area L AHEC region with higher-paying markets within driving distance. Additionally, young families want access to recreational activities that aren't available in the region; young practitioners with families have misperceptions about the quality of schools in the region; and younger healthcare workers are more focused on work-life balance and often want more variety in the types of schedules they work – which aren't currently available in the region. It is essential to recruit young providers since Area L exceeds the state average for percentage of providers who are aged 65 or older in several key professions. Additionally, although most occupational and physical therapists in the region are younger, they are in short supply with only 4.2/10K residents and 1.89/10K residents, respectively, working in the Area L region. This is the worst ratio in the state for both occupations. (<https://nchealthworkforce.unc.edu/interactive/supply/>)

Percent of Providers ≥ 65 years	State Average	Area L Region
Dentists	15.4%	18.7%
Pharmacists	6.9%	11.3%
Physicians	12.5%	19.3%
Psychologists	26.6%	69.2%
PT, OT average	3.2%	3.7%

## Goals for Academic Year 2020-2021:

- To preserve the reach of Area L CPD activities:
  - ◆ In FY 2021, maintain FY 2020 participation in Area L online educational events. Measure – number of individuals participating in online programs.
- To increase the number of attendees at Area L educational events:
  - ◆ By 6/30/2021, increase, by 10%, from FY 2020, the number of new customers attending Area L events. Measure – number of new customers.
- To ensure that the right education is provided to the right people at the right time:
  - ◆ By 6/30/2021, increase by 15%, from baseline, the number of email campaigns with ≥ 20% click-to-open (CTO) rates and with ≥ 5% click-through rates (CTR). Measure – Percent CTO and CTR ≥ 20% and 5%, respectively.
- To remain financially viable:
  - ◆ Exceed, for FY 2021, the Cost-Share Direct Cost minimum (25%) by maintaining (+/- 5%) the current level of local support (60%) reported in the FY 2019 Cost Share Report. Measure - Cost-Share Percentage on the December 2020 Cost-Share Report.
- Because many studies show that interprofessional learning leads to collaborative practice:
  - ◆ By 6/30/2021, provide 1 CIPE event.

## SERVICE LINES

### Health Careers and Workforce Diversity

#### Successes

- Increased the number of YHSC program sites from three, in FY 2019, to six in FY 2020.
- Increased participation with community partners through participation in local boards.
- Partnered with Barton College and Wilson Education Partnership to offer a summer camp experience for high school students – AHEC Scholars were present to promote the Scholars program.
- Graduated the original nine AHEC Scholars from cohort one, maintained five Scholars for cohort two and revised application/recruitment process.
- Hired an AHEC Scholar graduate from cohort one to work on a part-time basis to assist administratively with the AHEC Scholars program.
- All AHEC Scholars were able to complete clinical hours prior to the onset of the COVID-19 pandemic.

#### Challenges

- COVID-19 has brought about a massive change to how we engage students and scholars in learning opportunities within the healthcare industry.
- There is a learning curve when using virtual learning to design learning opportunities that expand student knowledge base within health career opportunities.
- The cumbersome application process for AHEC Scholars creates a barrier for those who wish to participate leading to fewer applications being submitted.

#### Goals

- Because the US Bureau of Labor Statistics projects that employment in healthcare occupations will grow 15% from 2019 to 2029, much faster than the average for all occupations, adding about 2.4 million new jobs:
  - ◆ By 6/30/2021, create five clinical shadowing modules for the statewide AHEC Scholars program. Measure - number of modules created.
  - ◆ By 6/30/2021, maintain number of Scholars in cohorts two and three. Measure - number of Scholars.
  - ◆ By 6/30/2021, integrate a virtual learning platform with focus on pathway programs. Measure - number of virtual pipeline events.
  - ◆ By 6/30/2021, increase, compared to FY-2020, the number of pipeline students by 15%. Measure - number of pipeline students.
  - ◆ By 6/30/2021 expand partnership within the region to provide more high school students the opportunity to participate in health careers camps within their respective counties. Measure - number of students enrolled in camps.

### Student Services

#### Successes

- Provided students with an online option to provide feedback on housing and rotations. At the end of the rotation, students receive a text from Area L student services providing them with virtual access to the surveys. Additionally, students can scan a QR code, located on the front door, to access the housing survey.

- Updated and modernized student housing.
- Met, in January 2020, with Program Office staff, practice support staff, and Campbell faculty/physicians to discuss initiating rotations for Campbell students. COVID-19 prevented taking further action in FY 2020.

### Challenges

- Rotations being canceled due to COVID-19 had a negative impact on Student Services KPIs.
- Ensuring apartments were appropriately cleaned and sanitized between students once they returned to apartments in June.

### Goals

- To provide non-ORPCE students with a rural experience:
  - ◆ By 6/30/2021, actively promote the Area L AHEC region to Campbell students. Measure – number of contacts with Campbell University School of Medicine.
- To increase the usage of Area L student housing:
  - ◆ By 6/30/2021, increase by 10%, from FY 2020, the number of students using Area L housing. Measure – number of students in Area L housing.
- To facilitate more effective, efficient communication with students:
  - ◆ By 6/30/2021, implement Google Voice to communicate with students regarding student housing needs. Measure – use of Google Voice.
- To facilitate more effective, efficient management of preceptor payments:
  - ◆ By 6/30/2021, work with the associate director of technology and education support to develop an online system for managing preceptor payments. Measure – new system in place.
- To increase students' exposure to rural health care:
  - ◆ By 6/30/2021, increase by 15%, from FY 2020, the number of students served in the Area L region. Measure – number of students served.

### Continuing Professional Development

As mentioned earlier in this report, Tableau data indicates that, in FY 2020, participation in Area L-provided events improved in all disciplines except oral health with significant increases in allied health, nursing, and pharmacy. Many of these increases were a result of online participation. Participation in online programming (including live webinars) exceeded expectation. Individuals from other AHEC regions accounted for 81% of this group and 33% were new customers. The Docebo platform continues to support Area L's provision of quality programming to a wider audience.

With so many different organizations offering so many learning events online, especially free events, customers may forget exactly what they have registered to attend. In FY 2021, we will develop and deploy a method to reach out to live webinar event registrants, same day, to remind them of the event for which they registered and provide a quick connection link. We will also PDSA a solution for reaching out to customers who register for and/or start an online self-paced learning course but do not complete it.



## Disciplines

### Allied Health

In FY 2020, event attendance by individuals who identify as person discipline allied health increased by 32.6% over FY 2019 (FY 2019: 344; FY 2020: 472). FY 2020 online attendance was up 128% compared to FY 2019 and seven participants attended allied health programs via live webinar. In-person attendance was down 64.7% compared to FY 2019. This could be due to COVID-19.

#### Successes

- Offered thirty hours of North Carolina Board of Physical Therapy Education (NCBPTE) – approved educational programs for physical therapists and assistants.
- Convened annual advisory committee virtually due to COVID-19 to discuss and identify educational needs in the Area L region.

#### Challenge

- Small number of individuals in each of the allied disciplines makes it hard to develop programming that will attract enough attendees to make the face-to-face provision of these events fiscally viable.

#### Goals

- To meet the needs of allied health professionals in the Area L region:
  - ◆ By 6/30/2021, provide a minimum of one program with the budget discipline of allied health. Measure – number of programs with allied health budget discipline.
- To provide on-target education to allied health professionals:
  - ◆ By 6/30/2021, virtually survey the group to assess needs and identify how needs are being met. Measure – survey results collated and used for planning for FY 2021.
- Since allied health professionals are more likely to attend virtual educational events:
  - ◆ Include allied health topics in multidisciplinary webinars to capture greater participation from allied health professionals. Measure – number of allied health professionals attending virtual events.

### Dentistry

In FY 2020, event attendance by individuals who identify as person discipline dentistry decreased by 28.2% compared to FY 2019 (FY 2019: 323; FY 2020: 232). The percentage of those who attended online events was up in FY 2020 (FY 2019: 6.8%; FY2020: 30.6%).

#### Successes

- Offered seventy-nine hours of ADA CERP – approved educational programming for dental professionals. This exceeded the goal which was sixty hours.
- Offered the live-webinar dental event *Reopening after COVID-19*. Forty-five individuals participated in this event, which contributed to the large increase in online participation in oral health events.

#### Challenge

- Three hours of dental-approved regulatory programming (OSHA) for dental professional was converted to webinar due to COVID-19 causing a decrease in participants, since many participants prefer to complete this type of training in person.

## Goal

- To increase the ways that dental professionals can access continuing professional development opportunities:
  - ◆ By 6/30/2021, increase by 15% from FY 2020, the number of dental professionals enrolled in online events. Measure – number of enrollees.
  - ◆ By 6/30/2020, offer at least two dental events as live webinars. Measure – number of events.

## Medicine

In FY 2020, event attendance, by individuals who identify as person discipline medicine, increased by 2% over FY 2019 (FY 2019: 1488; FY 2020: 1519). The participation rate for Regularly-Scheduled Series (RSS) events increased by 14% (FY 2019 – 1191; FY 2020 – 1356).

## Successes

- Continued to partner with NCDHHS to train primary care providers in Hepatitis C management to expand their scope of practice while increasing patient access to care through the Carolina Hepatitis Academic Mentorship Program (CHAMP) model.
  - ◆ The program added a cohort of health providers who work in correctional facilities this year.
  - ◆ Since September 2017, 468 providers have participated in this educational activity. Of the 16,197 patients screened, 932 were identified as being chronically infected and 341 of those patients (37%) achieved cure.
- Attended the Accreditation Council for Continuing Medical Education (ACCME) virtual national conference as well as the Introduction to CME virtual conference.
- Utilized the streamlined CME approval form from ACCME to accredit COVID-related education for an FQHC (twelve sessions with an average of thirty-five participants/session) and a rural health clinic (one session with sixteen attending) in our region.
- Collaborated with local primary care offices to provide AMA PRA Category 1<sup>TM</sup>-accredited training on the COVID-19 pandemic.

## Challenges

- Staff turnover in the CME department.
- Decreased participation from two regional hospitals due to changes in ownership, internal staff turnover, and COVID-19.

## Goals

- To encourage local primary care providers to improve care around pain management:
  - ◆ By 6/30/21, 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 primary care providers' competence about medication assisted treatment (MAT) for substance use disorder (SUD):
  - ◆ By 6/30/2021, offer or facilitate two CPD activities about MAT. Measure - post- program evaluation results indicating a plan to make a change related to MAT implementation into practice and 3-month post-program evaluation results demonstrating MAT waiver status.
- ◆ To improve interprofessional education:



- ◆ By 6/30/2021, offer 1 CIPE event with medicine and at least one other discipline. Measure- Number of CIPE events with medicine and at least one other discipline represented on the planning committee and as faculty.

### Mental Health

Area L educational event attendance, by individuals who identify as person discipline mental health, increased by 17.9% in FY 2020 (FY 2019: 316; FY 2020: 395). Thirty-five percent of these individuals attended interdisciplinary events and 36% attended events with the budget discipline of medicine.

#### Success

- Collaborated with the mental health education team at Eastern AHEC on an annual basis to ensure that the needs of mental health providers in the Area L region were met. This included reviewing mental health needs assessments and identifying pertinent topics and speakers.

#### Challenge

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

#### Goal

- To make educational events more accessible for mental health providers the Area L region:
  - ◆ By 6/30/2021, work with Eastern AHEC to provide 1 educational event for mental health providers at a location in the Area L region. Measure – number of events provided.

### Nursing

Area L educational event attendance, by individuals who identify as person discipline nursing, increased by 26% in FY 2020 (FY 2019: 1197; FY 2020: 1509). This is a 36% increase from a low of 1,004 in FY 2018. Participation in online events accounted for much of the increase in FY 2020.

#### Successes

- Increased the number of RN refresher students in FY 2020 by 150% (FY 2019: 4; FY 2020: 10).
- Served as an educational resource for the NC AHEC simulation manikin currently used at Nash UNC Health.
- Became a Stop the Bleed® instructor to provide the American College of Surgeons' Stop the Bleed® training for students during Health Careers Awareness week. Unfortunately, the event was canceled due to COVID-19.
- Served as a resource for local nursing professionals on career, licensure, and educational questions.
- Converted a very successful live learning activity to an online, self-paced learning activity - *An Update to Beers Criteria and High-Risk Medication Use*.
- Promoted the engagement of nurses in healthcare transformation through leadership education and preceptor development events such as *Compassion Fatigue, Incivility, and Lateral Violence in Health Care*.
- Promoted the role of the registered nurse in primary care by including information about UNC-CH's primary care certificate online/self-paced program on the Area L AHEC website.
- Collaborated with state, regional, and local agencies to provide educational programming per request.
- Continued to partner with Eastern AHEC and the East Carolina University College of Nursing on the Rural RN to BSN outreach program which includes Edgecombe Community College.
- Coordinated the November 2019 NC AHEC Nurse Council State Meeting, which was held at Area L AHEC.

- Worked with Halifax 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).
- Brought in Dr. Vivian Mott, former Associate Dean for Faculty Excellence and Graduate Studies in the College of Education at East Carolina University, to provide an educational event on adult learning principles for Area L staff. The event was recorded and will be made available to all NC AHEC staff via Docebo.
- Continued to participate in monthly Coalition for Addiction Recovery and Education (CARE) meetings.
- The Nursing education director served on the nursing advisory committees at North Carolina Wesleyan College, Wilson Community College, and Edgecombe Community College; and was recruited to be a member of the North Carolina Wesleyan College RN-BSN program's nursing advisory committee.

### Challenges

- COVID-19 interfered with annual visits to senior nursing classes to promote AHEC services.
- COVID-19 precipitated the cancelation of several educational events.
- Due to stressors within the regional community college nursing schools related to COVID, plans to co-develop two pediatric-focused educational events were cancelled.

### Goals

- To identify nurses' gaps in practice, knowledge, and/or skills:
  - ◆ By 6/30/21, 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 6/30/21, provide 2 educational events that highlight the Healthy North Carolina 2030 public health indicators and targets.

### Pharmacy

Area L educational event attendance, by individuals who identify as person pharmacy, was the highest since FY 2017 with 386 participating in events. This reflects a 21.4% increase from FY 2019 (FY 2019: 318; FY 2020: 386). FY 2020 online attendance was up 128% compared to FY 2019. Live attendance was down 10%. Both outcomes reflect an ongoing trend in Area L AHEC pharmacy attendance.

### Successes

- Offered ninety-two hours of Accreditation Council for Pharmacy Education (ACPE) – approved educational programs for pharmacists. This exceeded our goal of seventy hours.
- Offered eighteen hours of ACPE – approved educational programming for pharmacy technicians.
- Convened virtually, due to COVID-19, the Area L Pharmacy Advisory Committee to identify learning needs.
- Served 296 unique pharmacy professionals compared to 212 in FY 2019 resulting in a 39.6% increase.

### 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.
- ACPE credit is currently offered at interdisciplinary events, if appropriate, to give pharmacists more educational topic options. In FY 2020, sixteen of the twenty-one programs offered for pharmacists were interdisciplinary. During FY 2020, the ACPE-approved provider informed all regional AHECs that, due to staffing limitations, a minimum of 10 participants would need to be present at an event for the event to be

accredited. While we appreciate this challenge for the ACPE provider, this will likely precipitate two negative outcomes: fewer events provided for pharmacists and decreased attendance at interdisciplinary events.

### Goal

To maintain the number of pharmacy professionals who participate in educational events:

- ◆ By 6/30/20, strategically plan targeted events that meet both the needs of pharmacists in the region and ACPE requirements. Measure – number of participants.

### Public Health

In FY 2020, event attendance, by individuals who identify as person discipline public health, remained unchanged (FY 2019: 80, FY 2020: 83).

### Successes

- Maintained successful partnerships with each of the five local health departments (LHD) in the region; participated in Boards of Health meetings to build stronger relationships.
- Participated in monthly county opioid taskforce meetings (Edgecombe, Nash, Halifax/Northampton counties).
- Attended the train-the-trainer Community Health Worker (CHW) and completed CHW Supervisory training.
- Maintained the work in partnership with the Faith-Based Organization Network (FBON), striving to improve population health in five counties.
- Created and maintained a Trello Board for members to access COVID-19 resources, announcements, and guidelines.
- In collaboration with Wake AHEC, initiated and maintained a bi-weekly COVID-19 Zoom meeting with Region 7 LHD Directors and Nurse Managers.

### Challenges

- Two large spring events (March & April), supporting trauma-informed communities/resiliency, and opioid/addictive behaviors, were canceled due to COVID-19.
- Difficulties in meeting the stringent NCHC requirements and application process for CHES credit led to a decrease in education events providing the credit.

### Goal

- To encourage public health professionals to attend educational events:
  - ◆ By 6/30/2021, to provide targeted programming, meet with regional LHD leaders and staff to assess needs - Measure 1 - number of meetings held with LHD leaders/staff; Measure 2 - number of attendees at public health events.

### Practice Support

#### Successes

- 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 and other practice established quality goals.

- Provided education, resources, and technical assistance to regional practices and providers regarding NC Medicaid EHR Incentive Program (Meaningful Use [MU]), NC Medicaid MU attestations and Medicaid MU audits.
- Provided education, resources, and technical assistance to regional practices and providers related to COVID-19.
- Continued work on opioid use reduction 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).
- Provided education, resources and virtual trainings to providers and staff related to NC HealthConnex.

### Challenges

- Providers are overwhelmed by the fast-paced changes in the healthcare marketplace. This has been exacerbated by COVID-19. The pandemic has caused an immediate shift in their priorities and focus.
- Avoiding burnout, given the scope of current practice support projects and additional regional grant-funded projects.
- Finding the time to dedicate to professional development and education to stay up to date on best practices related to practice support work.
- Recruiting practices to participate in the Duke Endowment pain management project has been more difficult because of the extra stress on practices triggered by COVID-19.

### Goals

- To promote and educate providers on NC Medicaid Transformation:
  - ◆ By 6/30/2021, contact 100% of practices on the Area L AHEC NC Medicaid Transformation contact list. Measure – number of practices contacted.
- To address the opioid crisis in the Area L AHEC region:
  - ◆ By 6/30/2021, continue to participate in the HRSA MAT Implementation workgroup with the North Carolina Healthcare Quality Alliance (NCHQA). Measure – number of meetings attended.
  - ◆ By 6/30.2021, plan and coordinate a forty-hour NC Peer Support Specialist Certification training course at Area L AHEC. Measure – number trained.

## Library Services

### Successes

- Served as the Service Line Leader for the Library Services service line.
- Facilitated a contract between the NC AHEC Program and the American Board of Family Medicine (ABFM) focused on establishing an online journal club for Maintenance of Certification for ABFM diplomates.
- Mentored the librarian attached to the ABFM project.
- Provided monthly breakdown of Customer Service Survey results to the Information/Library Services Network library directors.
- Provided, due entirely to the indefatigable efforts of the Area L AHEC Finance Department, financial management for the AHEC Digital Library (ADL).
- Worked with an outside consultant on developing a business modeling tool for the ADL.

## Challenges

- Unexpected change in AHEC Information and Library Services leadership at the UNC Health Sciences Library. University financial restrictions, due to COVID-19, necessitated the appointment of interim leadership staff. Fortunately, both individuals dove in and worked hard to ensure that the transition went as smoothly as possible.
- Leading the ILS Network to work more as a group and not as individual libraries.

## Goals

- To ensure that healthcare providers have access to current, reliable, unbiased, accurate information on which to make diagnostic and treatment decisions:
  - ◆ By 6/30/2012, ensure that all NC healthcare providers have access to a free, online, point-of-care (POC), reference tool. Measure – POC tool in place.
- To ensure that the ADL provides the right information to the right people at the right time:
  - ◆ By 6/30/2021, assist with the development and deployment of two surveys related to ADL resources. Measure – number of surveys deployed.

## DISSEMINATION

**Papers** – there were no papers published by Area L staff in FY 2020.

**Presentations** – there were no presentations by Area L staff in FY 2020.

### Leadership Roles in Statewide or National Organizations

- Debby Futrell – member of Down East Partnership for Children Board, Finance Committee, and Executive Committee; member Wilson Forward Board of Advisors.
- Monique Mackey - service line leader Library Services, member Heart Health Now External Steering Committee, member NC Department of Public Health (DPH) Diabetes Advisory Council.
- Seth Saeugling – served on the NC Partnership for Children's Statewide Resilient Communities Community Advisory Council.

## EVALUATION OF PROGRAM EFFECTIVENESS

- Individuals who participate in educational events are asked to complete a post-event evaluation via either the NC AHEC evaluation system or the Eshelman School of Pharmacy evaluation system.
- 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.
- 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.).
- The nursing department gathers information on how participants plan to use the knowledge/skills they acquired at the event via standardized forms. Additionally, pre- and post-test results are used to determine if knowledge was boosted due to event attendance.

- 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.).
- The 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.)
- 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 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.

## NEW REVENUE

- Rural Communities Opioid Response Program (RCORP)
  - ◆ HRSA via the NC Healthcare Quality Alliance (NCHQA)
  - ◆ \$30,000
  - ◆ 7/1/19-6/30/20
- Clinical Site Development Grant
  - ◆ NC AHEC Program
  - ◆ \$20,000
  - ◆ 7/1/19-6/30/20
- Medicaid Transformation
  - ◆ NC Department of Health and Human Services (NC DHHS)
  - ◆ \$341,771
  - ◆ 7/1/19-6/30/20
- NCHIE
  - ◆ NCHIE
  - ◆ \$142,781
  - ◆ 9/27/19-6/30/20
- ORH-Community Health Worker
  - ◆ NC Office of Rural Health
  - ◆ \$99,130
  - ◆ 10/1/19-7/31/20
- STop UNhealthy Alcohol Use NOW! (STUN)
  - ◆ Agency for Healthcare Research and Quality (AHRQ)
  - ◆ \$25,781
  - ◆ 9/30/19-9/27/20
- ORH-Practice Needs Assessment
  - ◆ NC ORH
  - ◆ \$100,000
  - ◆ 8/15/19-6/30/20
- ACEs/Resiliency Projects
  - ◆ Various Funding Sources
  - ◆ \$634,359



- ◆ 7/1/19-6/30/20
- CGWEP
  - ◆ UNC Center for Aging and Health
  - ◆ \$5,000
  - ◆ 7/1/19-6/30/20
- HHN! Project Wind-Up Funds
  - ◆ AHRQ
  - ◆ \$28,204
  - ◆ 7/1/19-12/31/19
- Division of Medical Assistance
  - ◆ NC DHHS
  - ◆ \$152,273
  - ◆ 7/1/19-6/30/20
- Duke Endowment Opioid Prescribing for Acute and Chronic Pain – Practice Support
  - ◆ The Duke Endowment
  - ◆ \$290,000
  - ◆ 7/1/19-6/30/20
- KBR- Trauma-informed, Resiliency- Focused Training
  - ◆ Kate B. Reynolds Foundation
  - ◆ \$78,860
  - ◆ 7/1/19-6/30/20
- Model State-Supported AHEC Grant (MSSAG)
  - ◆ US Health Resources and Services Administration (HRSA)
  - ◆ \$153,000
  - ◆ 9/1/19-8/31/20
- Triple Threat
  - ◆ AHRQ
  - ◆ \$2,997
  - ◆ 9/16/19-8/17/20
- RN Refresher
  - ◆ NC AHEC Program
  - ◆ \$2,200
  - ◆ 7/1/19-6/30/20
- Donations
  - ◆ \$500

## NEW PROGRAMS/INITIATIVES

### HRSA RCORP Planning Grants

- ◆ Wilson County Substance Abuse Prevention Coalition
- ◆ NCHQA

### ECHO – Resilience

- ◆ This is a skill-building event for individuals who have completed the 2-day Resources 4 Resilience (R4R) training.

### Qualis Management Instructional Module Development Project

## KEY PARTNERS

- Alliant Quality
- Barton College
- CARE – Nash County
- Cardinal Innovations Healthcare
- Conetoe Family Life Center
- Communities in Schools – Nash County
- Coordinated Opiate Recovery Effort (CORE) Coalition
- Down East Partnership for Children
- Eastpointe
- Edgecombe Community College
- Edgecombe County Health Department
- Edgecombe County Rural Health Network
- Halifax Community College
- Halifax County Health Department
- Halifax Integrated Health Collaborative-Leadership Team (HIHC-LT)
- Hertford-Northampton Opioid Crisis Coalition
- 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
- Qualis Management
- 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
- Upper Coastal Plain Council of Governments
- Vidant Edgecombe Hospital
- Vidant North Hospital
- Wilson Forward
- Wilson Community College
- Wilson County Health Department
- Wilson Education Partnership
- Wilson Medical Center | A Duke LifePoint Hospital