



Excite.  
Innovate.  
Transform.



"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."  
- Margaret Mead

## CAPABILITIES STATEMENT

Coleman Associates is a boutique consulting and training firm based in Boulder, Colorado with a goal to redesign how health care is delivered. We provide practical solutions to help you produce results that will transform health care for all. Our trainers and coaches come from across the country and various healthcare backgrounds. We have a long-standing reputation for partnering with and improving health centers to produce dramatic results in work transformation and process improvements — results that patients and staff can feel. In 1993 we created Patient Visit Redesign™, a process improvement program, and since then we've helped more than 1500 health care organizations dramatically improve the patient experience and practice efficiencies.

***We are process designers and innovators.***

***We are teachers and students.***

***We are inspired and we inspire others.***

***We challenge the status quo.***

***We, like you, seek out better ways to do work.***

## HOW WE'RE DIFFERENT

- Our work is funded by foundations, primary care associations and coalitions, government entities, private practices and health centers, as well as insurers
- Through our DPI™ (Dramatic Performance Improvement™) engagement, health centers have reduced No-Show rates up to 50% and have reduced Cycle Times from 15%-50%
- Our work has improved overall patient and staff satisfaction
- DPI™ decreases the amount of outside visit work
- We are a team of nurses, medical assistants, administrators, providers, content experts in NCQA Patient Centered Medical Home (PCMH), and above all, patient re-designers
- 25+ years of successful experience working in all 50 states, Puerto Rico and Guam

## COMPANY DATA

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*Services nationwide including  
non-contiguous states*

## CURRENT + PAST CLIENTS



## **Coleman Associates Capability Statement**

Coleman Associates is in a fantastic position to provide effective and well-coordinated training to health center staff including administrators and process leaders. Since 1993 Coleman Associates has been working in partnership with the BPHC and HRSA as well as under individual contracts with CHCs in order to help make process changes and to build change capacity within Health Centers. Coleman has built up over the years a strong faculty team which is made up of physicians, nurse practitioners, a dentist, registered nurses, a social worker, QI staff, medical assistants, medical records staff, front office coordinators, EMR super users, and clinic administrators--all of whom come directly from safety net organizations across the country.

Coleman Associates is a boutique consulting firm with a well-earned and long-standing reputation for improving services for the underserved by helping Community Health Centers redesign their work processes. In 1993 we created Patient Visit Redesign™ and since then we've helped more than 1500 health care organizations dramatically improve the patient experience and practice efficiencies. We have conducted collaborative training programs on process improvement (Patient Visit Redesign™), Access (Patient Centered Scheduling), a blending of access, and processes (DPI-Dramatic Performance Improvement™), Tactical Nurse™ and Revenue process redesign (RevMax).

NACHC is very familiar with Coleman's reputation. Coleman Associates has been invited to speak at the NACHC annual staff meeting on culture and culture of change and Coleman Associates has been repeatedly invited to present techniques and case studies about how our partnerships with health centers have helped centers face change management head-on and produce dramatic results in efficiencies and improved patient and staff experiences ([Access-Community-Health-Networks-Story](#)). Through a Coleman DPI™ engagement, ACHN reduced No Show rates, reduced Cycle Time, increased patient and staff satisfaction, and decreased the amount of outside the visit work. These results were highlighted in the Journal of Ambulatory Care Management (July/August 2018).

Part of our reliable success lies in our cadre of skilled trainers. Our team members have all worked on the front lines in clinics. They are well-versed in health center challenges, FQHC requirements, and the change management challenges that seem to be somewhat unique to the Community Health Center world. Every week, our team members spend time in health centers working shoulder to shoulder with staff and managers to improve operational processes and gain efficiencies both in the back office and clinical areas as well as in the front office and on the phones. Even in the midst of COVID, our staff has been in over ten health centers in four different states (where travel has been allowed) working shoulder to shoulder (at a six-foot distance). Our typical schedule is to have staff members in a health center every week of the year and that type of schedule is part of our professional DNA although others find it extreme. Making CHCs better is both our passion and our lifestyle as Coleman Associates.

Given our diverse team, we are able to approach problems with an array of possible solutions. We share those solutions to staff with one eye on the clinical needs and outcomes of patients and another eye on the administrative pressures and needs to sustain the health center in a

financially viable way. Our solutions need to not only work for today but also help set the stage for success in a future world of value-based payment.

We approach all changes with a perspective on both the short term changes and the long term horizon and are able to very credibly and expertly help redefine roles, clarify workflows, and re-engage staff in their work. We have developed our Performance Dashboard program to help health centers (even those with unsophisticated or stand-alone data tools) use their data to tell the story of outcomes in a way that compels staff and ignites the passion for patient care the health center staff brought to the job. Engaging staff and helping them to become reconnected to the work that they do then calls for management to up its skills and raise the bar in a way that more effectively manages self-directed teams. This new management must take into account multiple workforce generations and cultures as well as provide guidance in a way that empowers staff and allows them a voice in shaping their own outcomes. These processes and approaches ease the burden of change management since the people doing the work have a more active role.

Excite. Innovate. Transform. That's our methodology. We make learning fun. We use anecdotes and storytelling, data, and videos to deliver very impactful messages about the needs for change and the steps to make change real. Because we are front line staff, we have walked a mile in their shoes. That gives us almost instant credibility with supervisors and top-level managers, many of whom have risen up through the ranks. Our vast experience provides motivation and tangible steps, which makes us an effective outside catalyst for change.

Having done this work for over twenty-five years, we have experienced the difference between talking about problems and creating solutions. We understand that adult learners must take in new information with a filter of how they have been doing things or have seen them done. Our training includes opportunities for sharing and small group work that harvest those key ideas and allows participants to share and then leave behind the old ways of working. In this modern technology era, our training uses but no longer rely upon PowerPoint slide decks that have been the staple for more than 20 years. Today's learners want to hear, see videos of, observe, and imagine themselves involved in the changes that are being proposed. Change training must truly reflect the changing way in which we learn today.

Although our patients have serious needs and our resources are very limited, our organizations must change if they are to thrive as first-rate providers of health care in this time of Healthcare Reform. Organizational transformation is largely a matter of the heart—of values we care most about.

Coleman Associates has partnered with five-person tiny FQHCs (or look-alikes) all the way up to premier hospital-affiliated and stand alone CHCs across the country. We have worked in all fifty states, Puerto Rico (somos biligües) and Guam. We practice what we preach and we have demonstrated that we can transform our health center organizations into places where we inspire each other daily; where team intimacy unleashes individual potential; where one's idealism is rekindled into youthful passion; and where patients can come "home" for the best care delivered by anyone, anywhere.

To read more about us go to [ColemanAssociates.com](http://ColemanAssociates.com).

For each of the following SME's that Coleman has included in this RFI response, Coleman has years of experience teaching, training and improving outcomes in Community Health Centers.

The areas where we excel are:

Clinical Performance: Clinical Innovation SME;

Leadership and Workforce Development: Adaptive Leadership and Change Management SME, Communication SME, Team Development SME; and

Practice Operations: Practice Transformation SME, and Telehealth and Virtual Care SME.

### **Clinical Innovation SME**

Coleman initially worked with BPHC under Marilyn Gaston and Frank Zampello to create the first-ever Patient Visit Redesign™ learning collaboratives in the late 1990s. Those collaboratives were not only the foundation for the bureau's collaborative training model but they also provided fundamentals of innovation, best practices, team-based care, and redesigned workflows that set the stage for the entire health center community to advance operations.

Since then Coleman has continued to innovate including but not limited to the areas of electronic medical record implementation and workflows, quality and pay for performance quality metrics, Performance Dashboards, and specific goal setting techniques and data-driven decision making, pioneering integrated care models and care team workrooms, and even telehealth services which have received a greater emphasis during this time of COVID.

Coleman has partnered with CHCs over the last 25 years to provide disruptive innovation followed immediately by effective & practical training on best practices. This combination lays the groundwork for innovation and quality improvement. Coleman enjoys a strong national reputation in this area.

### **Adaptive Leadership and Change Management SME**

As part of the disruptive innovation fingerprints we leave, Coleman serves as expert faculty, executive team member coaches, and provides leadership guidance to help organizations navigate their new future with innovative processes and workflows. Coleman has created programs and even an entire toolkit titled the 'Infrastructure Team Toolkit' which provides guidance to the organizational infrastructure to support change. The toolkit covers areas such as budgeting, messaging, time management, delegation, follow up, report generation to track and communicate changes, and tools for staff coaching, and recognition. Coleman understands firsthand given our experience in health centers that all of these components are necessary in order to manage significant and lasting change.

Our leadership programs receive very strong, positive feedback from CHC clients and have been referred to as the way to get managers ready to manage consistently, effectively, and in a way that promotes change rather than allowing fear of the unknown to permeate everyday leadership activities and organizational culture. See video testimonial from one CHC here (<https://colemanassociates.com/product/high-impact-management-training/>).

### **Communication SME**

Coleman Associates provides significant focus and training around strong communication during change. A common source of resistance is a fear of the unknown or lack of understanding of the goals. These are weakened by a clouded picture of the current situation provided by management (often painted to be

rosier than it is to put staff at ease--however this backfires because staff doesn't believe there's a need to change). All of these ills can be resolved through better communication techniques. Teaching managers who were often frontline staff members themselves how to communicate effectively is of utmost importance. Coleman's teaching includes real-life scenarios on how to have difficult conversations with reports that may have once been their peers. Coleman also gives practical advice on how managers can see the value and take time out of their "manager tasks" to communicate about change which provides a great deal of comfort, support, and concrete guidance to many staff. Additionally, many managers make the intuitive but erroneous mistake of focusing most of their energy on their low performers meaning that they over-communicate with the people who are less likely to get on board with change and fail to communicate and organically raise all boats by leading those who will lead peers. Coleman has created a variety of training and communication techniques including traveling roadshows, message boards, data reports to staff, and patient two-way communication tools in order to help the organization grow stronger.

### **Team Development SME**

Health center management includes a variety of different groups. There is the board, the executive team, the mid-level management team, and then some discipline-specific teams (e.g. the medical team, the nursing team, the front office team, etc.). While this system of organization by team is certainly helpful to break staff up into more approachable groups that can be trained and managed, it also serves to dissect the staff and makes change management more difficult. Not only do managers need to learn how to adapt and improve their own personal management styles, but they must also learn how to manage effectively as a management team. Coleman has a certified Myers-Briggs Type Indicator (MBTI) trainer on our team and has used that tool (or other tools that health centers already have—True Colors, etc.) in order to help managers understand and appreciate their differences and learn how to work together more effectively *as a team*.

Some of the first workplace teams were defined in the revolutionary Harvard Business Review article, 'The Discipline of Teams' (Smith and Katzenbach 1993) as a group of people who commit to working toward a common goal and they do so passionately and effectively. In health centers, often the goals are not even common among members of a leadership team. Coleman has years of experience doing an exercise we call identifying '*the main thing*' (taken from David Cottrell's Monday Morning Leadership). This exercise is insightful and highlights in a safe way the breakdown of shared goals and data-driven decision making. Different disciplines have different goals. In the midst of competing goals, it is easy to treat the patient like an assembly line product with each group focusing on its own goals and taking care of its component of patient care eventually losing track of the big picture. This is why team development within the leadership team is so absolutely fundamental to a successful health center. While different groups may have specific short-term or intermediate goals, all groups must turn their attention to the goals of the whole organization. This can only happen when the leadership team is functioning at its highest level. As Norma Wright, a Health Center Executive and Coleman Associate has been quoted as saying "the fish stinks from the head down," and it makes it very challenging for health centers to be successful in their leadership teams if they are not working successfully as a team.

### **Practice Transformation SME**

Team-based care is not a new idea however it was relatively new when we, Coleman, introduced it in the late 1990s. Coleman has spent years developing and adapting the team-based model of care. Our model included pharmacy, behavioral health, lab members, and even a billing person on our original care team models from 1998. While this model has continued to evolve one thing is clear: integrated services and integrated staff members on the team have proven to be a winning combination. Team-based practices were becoming a part of the workplace at that time it was evident that healthcare had to move from a discipline hierarchy to a team-based model of organization. By working with organizational leadership,

frontline staff including providers, medical assistants, and nurses, Coleman Associates has effectively facilitated quantifiable improvements in team-based care that have led to the overall improvement in team-based measures such as a reduction in Cycle Times (total time patients are in the building), reductions in team No-Show rates, reductions in Third Next Available Appointments (TNAA), and increase in charting completion rates, and higher levels of patient and staff satisfaction.

### **Telehealth and Virtual Care SME**

COVID has radically transformed the way health centers are practicing medicine, practically overnight. Before the pandemic, Coleman Associates had worked with some enterprising CHCs to deliver effective virtual care. Based on our previous experience working with organizations to deliver telehealth, Coleman has concretized previous experiences and collected best practices to put together a telehealth starter guide toolkit in partnership with NACHC as well as a webinar training series. These virtual trainings and toolkits have been referred to as ‘extremely helpful’ and ‘practical tools’ for those health centers who are self-proclaimed novices in the areas of virtual care. Organizations have sought out Coleman Associates to deliver guidance in the areas of telehealth workflows, policy creation, and virtual registration.