



**COLORADO
RURAL HEALTH
CENTER**

The State Office of Rural Health

Key Financial Metrics for Colorado's Critical Access Hospitals

OPERATING MARGIN

Operating Margin measures the control of operating expenses relative to operating revenue (net patient and other revenue). A negative value indicates operating expenses are greater than operating revenues (an operating loss). Very high negative values may indicate financial difficulty.

Average
-5.8%



Benchmark
> 2%

DAYS CASH ON HAND

Days Cash on Hand measures the number of days an organization could operate if no cash was collected or received. A low value indicates only a few days of cash on hand. Days Cash on Hand is calculated at fiscal year-end, which does not reflect uneven cash flows throughout the year.

Average
100



Benchmark
> 60

“Rural health care is currently less expensive per beneficiary, as noted in the analysis of data from the Centers for Medicare and Medicaid Services.* Yet there is limited ability to participate in innovative approaches when current rural payment models leave little room for necessary investment.”

* Rural Relevance Under Healthcare Reform, iVantage Health Analytics, Inc., April 25, 2012

The need for transitional support cannot be over emphasized, noting rural payment and delivery policies must **“preserve what we have until we have clarity of where we are going.”**

New models for value-based reimbursement currently being developed such as accountable care organizations, bundled payments, and value-based purchasing may not translate well in rural markets, given rural providers' unique regulatory confines and low population density. Also, lower patient volumes make it difficult, if not impossible, for rural providers to bear risk as these models demand.

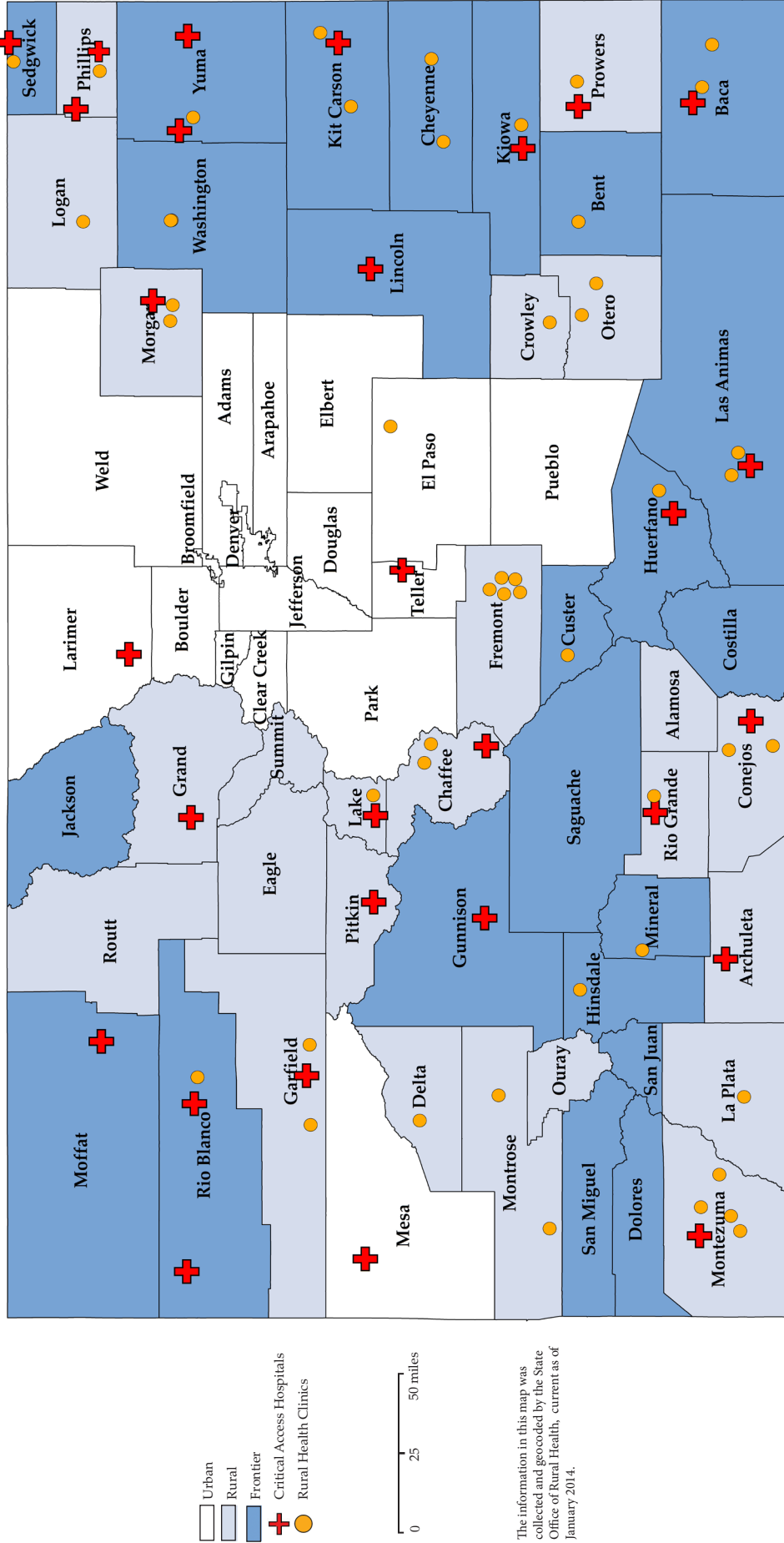
Historically, rural healthcare systems have been financially fragile, and many still have small operating margins, making it difficult for them to participate in innovative efforts intended to stimulate fundamental redesign of the delivery system.* This financial fragility remains true according to a study completed in 2012 that indicates that more than half of the country's hospitals are rural and of those Medicare Dependent Hospitals (MDH), rural Prospective Payment System (PPS) hospitals and Critical Access Hospitals (CAH) were the worst at controlling expenses relative to revenues, generating cash flow from patient care services, avoiding financial distress from negative margins, and being able to service debt.**

* Quality through Collaboration: The Future of Rural Health Care, Institute of Medicine, 2005

** A Snapshot of the Financial State of Rural Hospitals, North Carolina Rural Health Research & Policy Analysis Center, August 2012



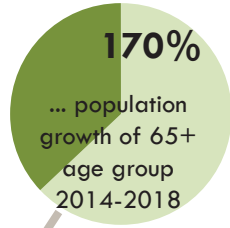
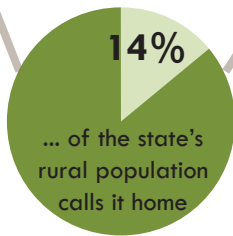
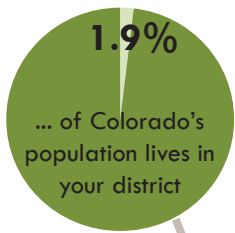
Colorado: Rural Health Facilities within County Designations, 2014



The definition of rural and frontier varies depending on the purpose of the program or policy in which they are used. Therefore, these are referred to as programmatic designations, rather than definitions. One designation commonly used to determine geographic eligibility for federal grant programs is based on information obtained through the Office of Management and Budget: *All counties that are not designated as parts of Metropolitan Areas (MAs) are considered rural.* The Colorado Rural Health Center frequently assumes this designation, as well as further classifies frontier counties as those counties with a population density of six or fewer persons per square mile. You may visit the Rural Health Grants Eligibility Advisor to determine if a county or address is designated rural, or contact the Office of Rural Health Policy at (301) 443-0835.

District Health

Demographics



Average County Health Rankings in District
(out of 59, with 1 being healthiest)
Robert Wood Johnson



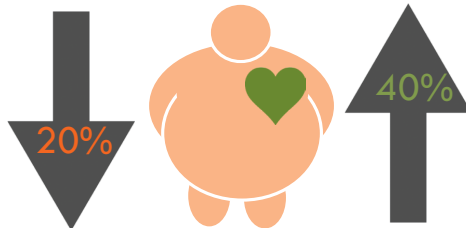
* Represents what influences health in a county.

** Represents how healthy a county is by measuring how long people live and how healthy people feel while alive.

Preventive Health

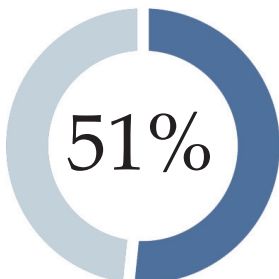
NUTRITION, PHYSICAL ACTIVITY, OBESITY

In your district **obesity rates** are below the state average.



In your district **heart disease** is above the state average.

SEX AND REPRODUCTIVE HEALTH

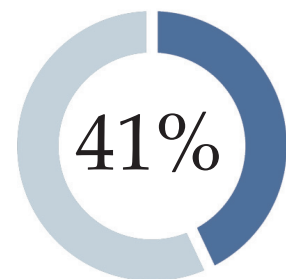


... less **HIV prevalence**...



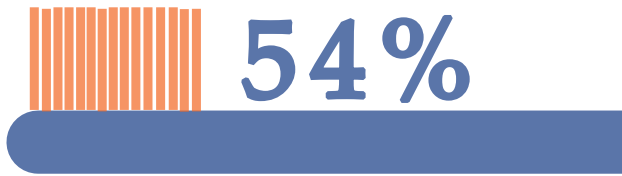
Infant mortality rate is 90% higher...

...when compared to the state average.



... higher rate of **births to teens**...

ORAL HEALTH



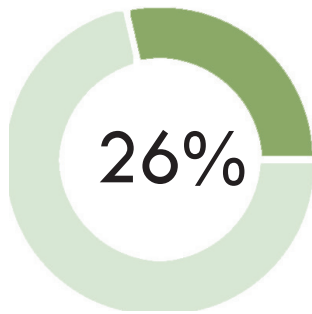
... the rate of dentists in your district is higher than the rural average, and 21% more people have dental insurance than the state.

MENTAL HEALTH

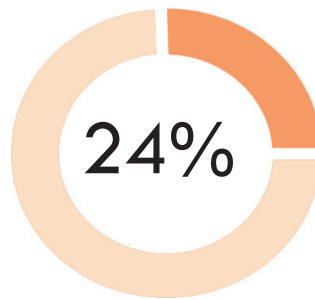


53% more people in your district report having sufficient social and emotional support than state averages.

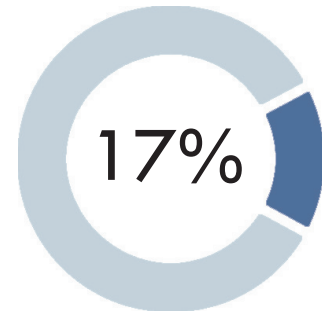
Social Determinants and Substance Abuse



... fewer families in your district are in poverty when compared to the state average.

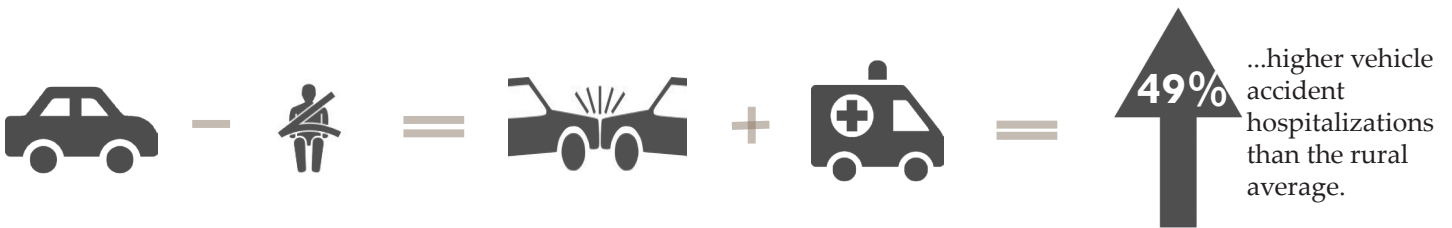


... more Coloradans living in your district report excessively drinking than the state average.



... more people in your district are without a high school diploma than the state average.

VEHICLE INJURY



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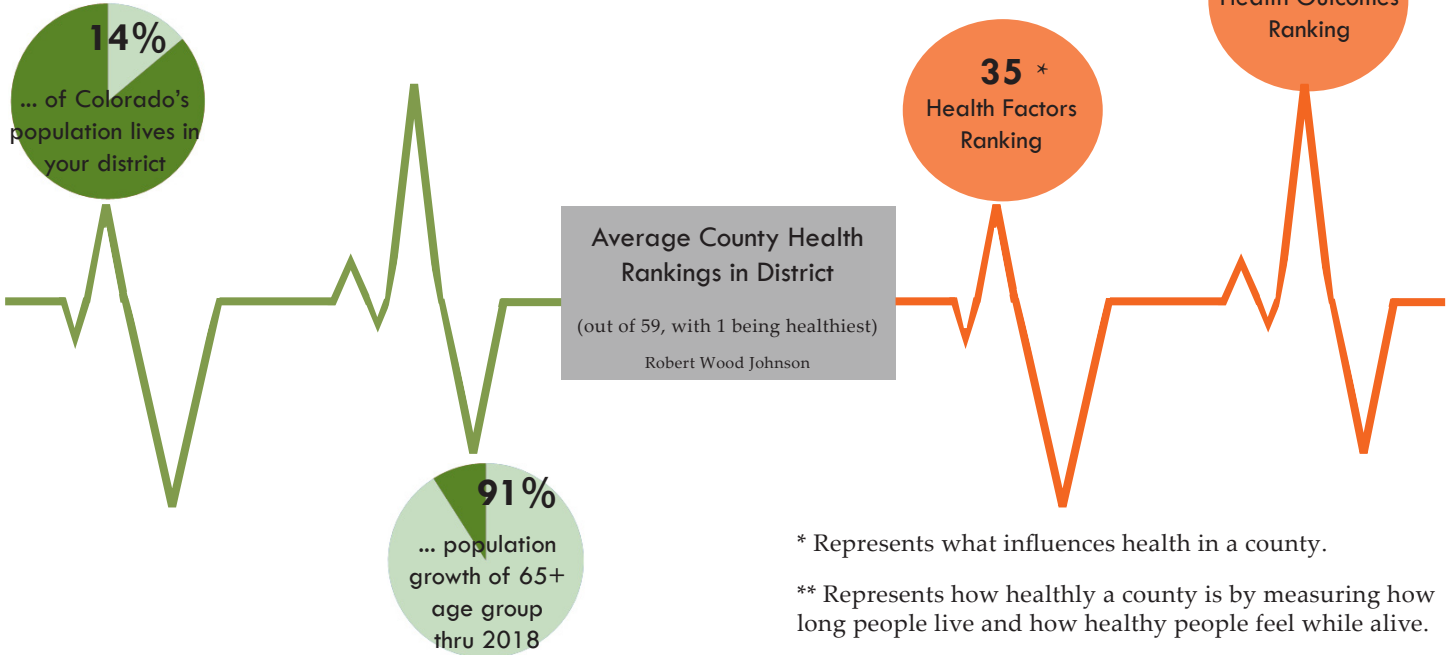
info@coruralhealth.org

www.coruralhealth.org

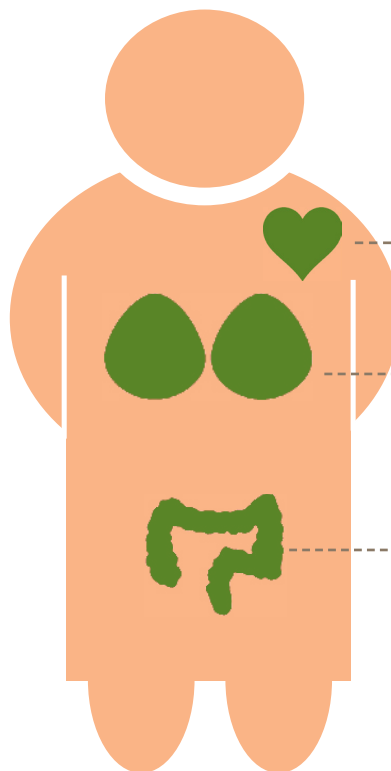
Data that was included must represent at least a 20% variance between district and rural/state averages. Data was compiled from various public databases, contact CRHC for more information.

District Health

Demographics



Preventive Health



Heart
Heart disease in your district is 21% below the state average.

Breast
Breast Cancer in your district is 87% below the state average.

Colorectal
Colorectal Cancer in your district is 15% below the state average.

...fewer deaths due to cancer than the state average.

SEXUAL HEALTH



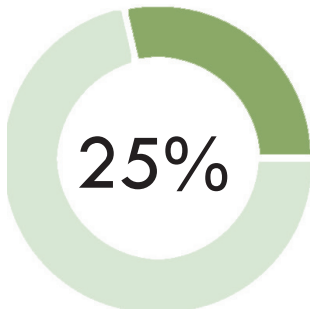
30% fewer cases of HIV have been found in your district when compared to the state average.

MENTAL HEALTH

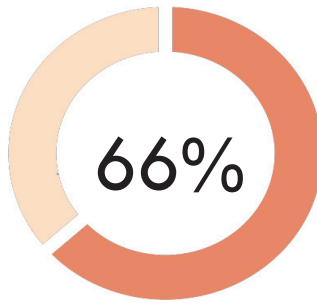


55% more mental health hospitalizations than state average.

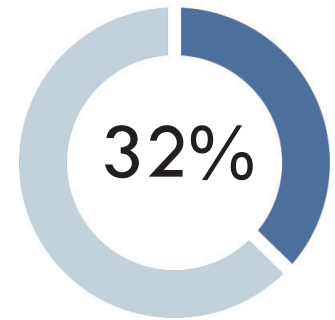
Social Determinants and Substance Abuse



... higher unemployment rate than the state average.



... more people adults in your district are without a high school diploma than the state average.



... higher child maltreatment rate than the state average.

ACCESS TO CARE:

...more providers will be needed by 2018 than the rural average.



Insurance Card

Jane Doe
RX 482 689415



...higher level of uninsured than the state average.

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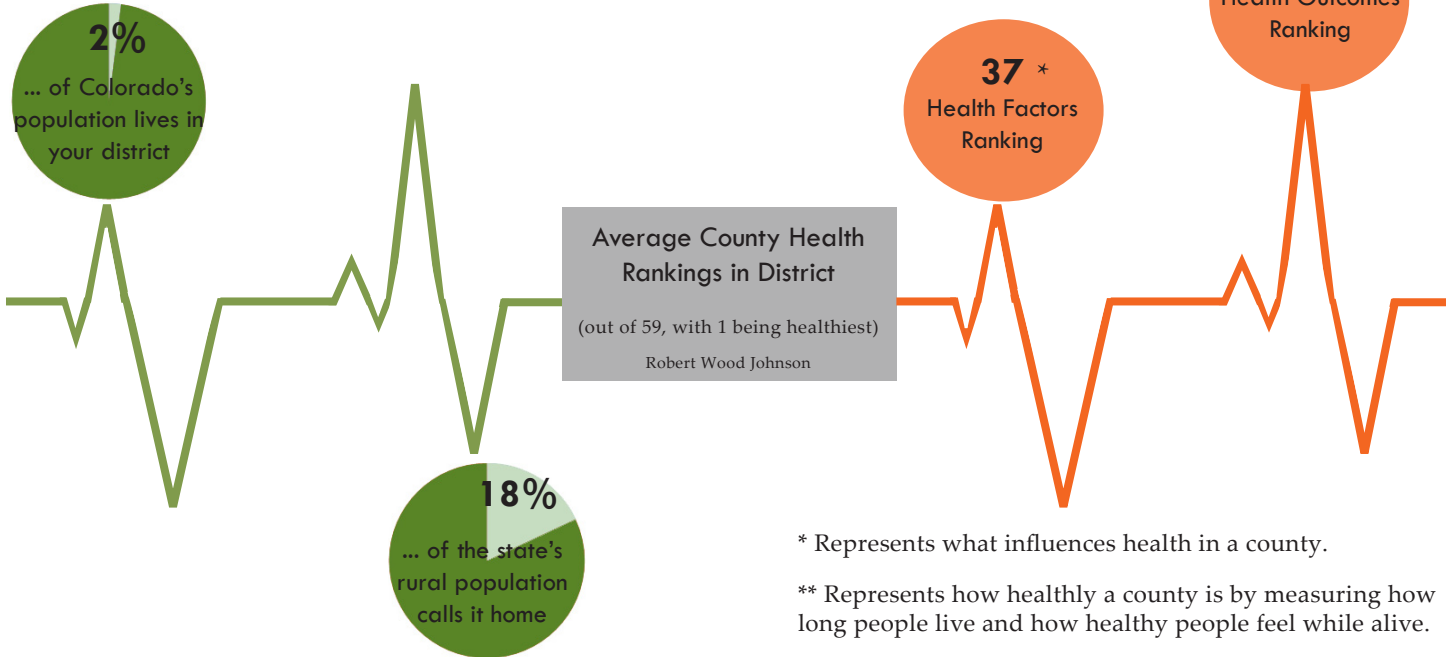
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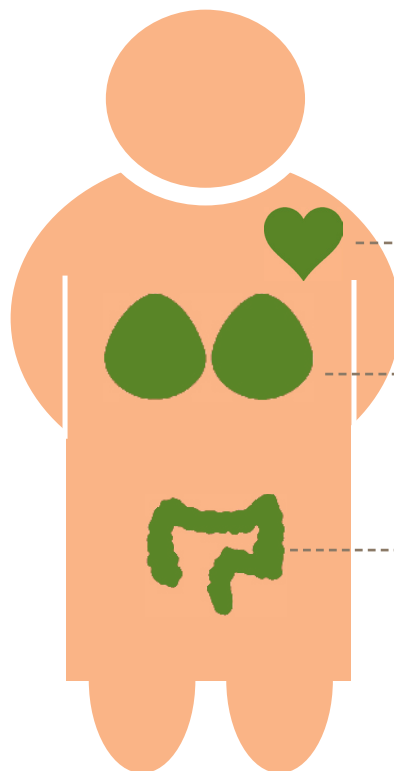
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District Health

Demographics



Preventive Health



Heart

Heart disease in your district is 79% below the state average.

Breast

Breast Cancer in your district is 90% below the state average.

Colon

Colonoscopy exams in your district are 38% below the state average.

...below average cancer death rate.

SEXUAL HEALTH



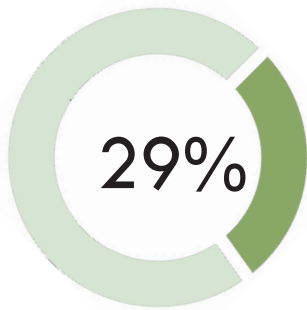
80% fewer cases of HIV have been found in your district when compared to state averages.

MENTAL HEALTH

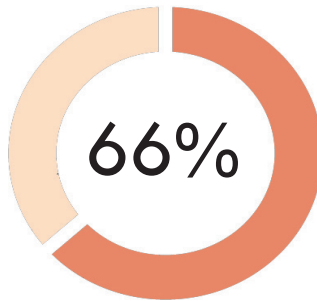


76% fewer mental health providers per 10,000 people in your district than the state average.

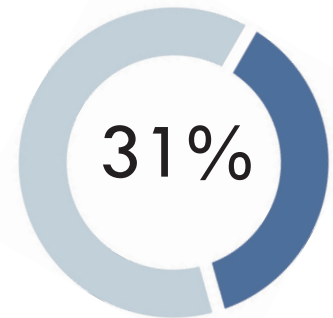
Social Determinants and Substance Abuse



... more children in your district are in poverty when compared to the state average.



... more adults in your district are without a high school diploma than the state average.



... higher child maltreatment rate than the state average.

ACCESS TO CARE:

...fewer providers than the state average.



Insurance Card

Jane Doe
RX 482 689415



23%

...higher level of uninsured than the state average.

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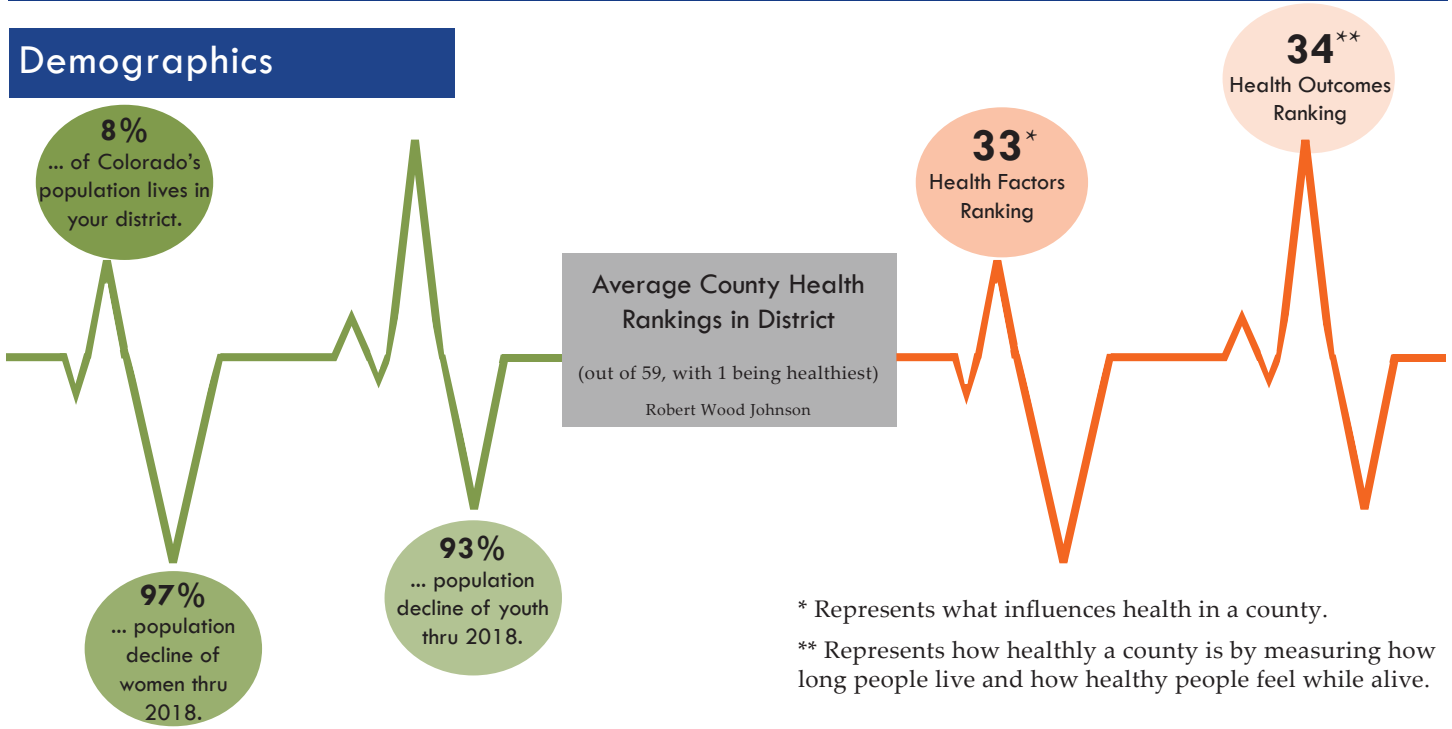
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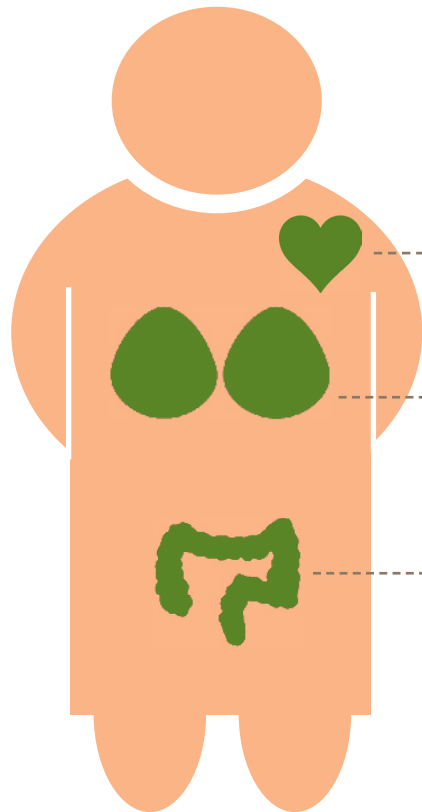
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District Health

Demographics



Preventive Health



Heart

Heart disease in your district is 62% below the state average.

Breast

Breast Cancer in your district is 73% below the state average.

Colorectal

Colorectal Cancer deaths are 55% above the state average.

...below average cancer death rate.

SEXUAL HEALTH



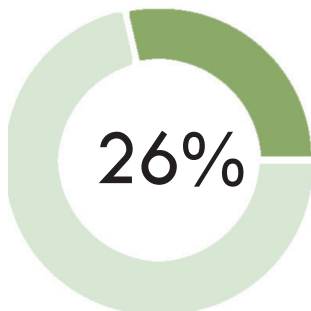
76% fewer cases of HIV have been found in your district when compared to state averages.

MENTAL HEALTH

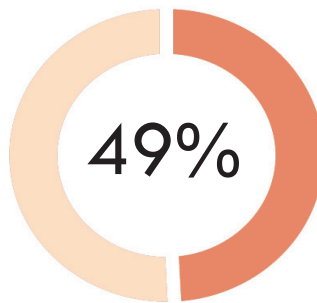


40% more people in your district report having sufficient social and emotional support than state averages.

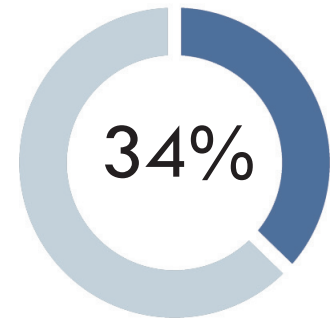
Social Determinants and Substance Abuse



... more children in your district are in poverty when compared to the state average.



... more people in your district are without a high school diploma than the state average.



... more liquor stores per 10,000 people than the state average.

ACCESS TO CARE:

...higher rate of dental uninsured than the state average.



Insurance Card

Jane Doe
RX 482 689415



...higher level of uninsured than the state average.

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OUR ORGANIZATION

The Colorado Rural Health Center (CRHC) is Colorado's nonprofit State Office of Rural Health. CRHC works with federal, state and local partners to offer services and resources to rural healthcare providers, facilities and communities. We have a statewide constituency of over 3,500 people and organizations.

MISSION & VISION

Our mission is to enhance healthcare services in the state by providing information, education, linkages, tools, and energy toward addressing rural health issues. Our vision is to improve healthcare services available in rural communities to ensure that all rural Coloradans have access to comprehensive, affordable, high quality healthcare.

PROGRAMS & SERVICES

Funding and Equipment

CRHC supplies organizations with funds and equipment, such as workforce-enhancing loan repayment or scholarships, federally-granted medical equipment, or technical assistance grants to rural hospitals and communities. We are both a grantor and grantee.

Workforce Support

Many of our programs and resources aim to address the healthcare workforce shortage in rural Colorado. The Colorado Provider Recruitment (CPR) program provides recruitment and retention services, placing healthcare providers in open positions, and also connects communities with recruitment and retention education and loan repayment options for their providers.

Educational Opportunities

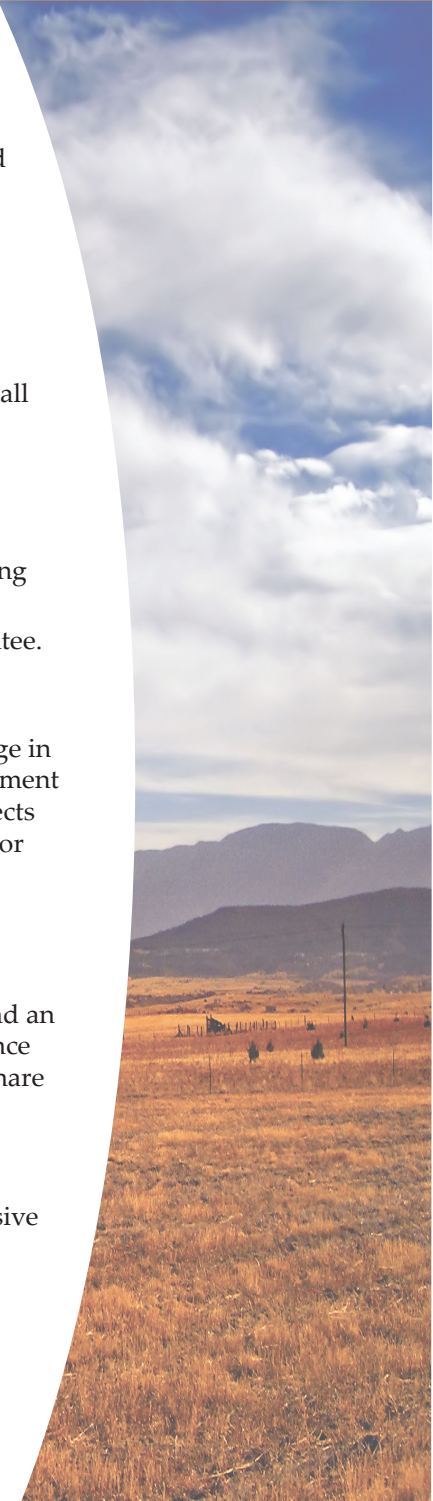
CRHC offers workshops, training programs, and technical assistance to facilities and communities, such as coding, billing, quality improvement, compliance assistance, and an expanded grant writing program. We host Colorado's Annual Rural Health Conference and the annual Forum, which bring together people and organizations to learn and share information and best practices.

Information and Referrals

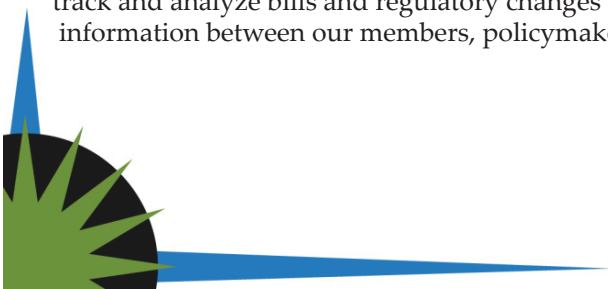
We develop and distribute timely information on rural health issues. With our extensive network of partners in the public and private sectors, we are able to provide advice, assistance, referrals and support for rural health needs.

Policy and Advocacy

CRHC advocates on behalf of rural providers and communities to inform and affect policies impacting rural healthcare delivery, access and services in Colorado. We track and analyze bills and regulatory changes and serve as a conduit of information between our members, policymakers and advocacy partners.



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News and updates on health reform, CRHC's policy and advocacy activities, and Colorado legislation that impacts rural Colorado's healthcare system

Updated: Weekly



General news and information on rural healthcare in Colorado, including a letter from CRHC's CEO on current initiatives and accomplishments

Updated: Monthly



Medicare updates, webinars and trainings, funding opportunities, and other program and service-related information targeted to Critical Access Hospitals and Rural Health Clinics

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