

SNAPSHOT OF RURAL HEALTH IN COLORADO

- 2019 -

 **COLORADO
RURAL HEALTH
CENTER**

The State Office of Rural Health

COLORADO RURAL HEALTH CENTER

The State Office of Rural Health

The Snapshot of Rural Health is prepared as a resource to highlight and advance interest in rural health issues in Colorado.

Our Organization

The Colorado Rural Health Center (CRHC) was established in 1991 as Colorado's State Office of Rural Health. As a 501(c)(3) nonprofit, nonpartisan organization, CRHC serves dual roles as the State Office of Rural Health with the mission of assisting rural communities in addressing healthcare issues; and as the State Rural Health Association, advocating for policy change on behalf of its members and all rural healthcare providers.

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.

Contact us with questions or for more information



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Definitions

CRITICAL ACCESS HOSPITALS

Critical Access Hospitals (CAHs) were created by Congress in 1997 to support the fragile rural healthcare system. CAHs have 25 or fewer inpatient beds and are located in a designated rural area more than 35 miles from another hospital. CAHs receive cost-based reimbursement from Medicare plus 1%. The 32 CAHs across Colorado improve access to care by keeping essential services in rural communities.

Federally Certified RURAL HEALTH CLINICS

Rural Health Clinics (RHCs) were created by the Rural Health Clinic Services Act of 1977 to support and encourage access to primary healthcare services for rural residents. RHCs must be located in a federally-designated provider shortage area. RHCs are paid an all-inclusive rate of \$83.45-\$110.36 per visit furnished by an eligible practitioner. The 49 RHCs across Colorado provide primary and preventative health services to an estimated 130,000 Coloradans annually.

*For a complete list of Snapshot data sources, please visit
our website:*

coruralhealth.org/snapshot-data



Demographics

PEOPLE



The median projected age in rural Colorado in 2020 is 43 versus 40 in urban counties.






750,230 Coloradans live in a rural or frontier county.



The state's 10 oldest counties are rural and have a median age of at least 50.

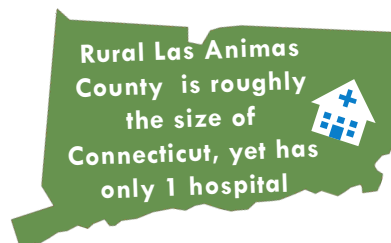
The People of Rural Colorado

73% of Colorado's landmass is rural or frontier

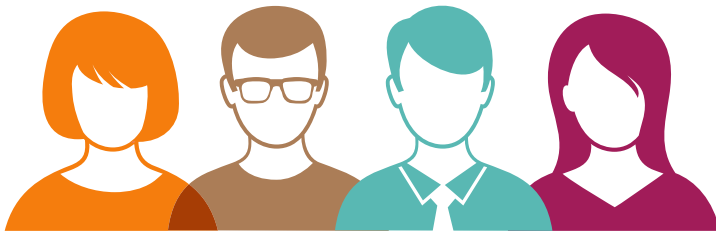
-  Urban (17)
-  Rural (24)
-  Frontier (23)



47 of Colorado's 64 counties are rural or frontier (24 rural, 23 frontier)



"Rural" - a non metropolitan county with no cities over 50,000 residents
"Frontier" - a county that has a population density of 6 or fewer residents per square mile



Race and Origin of Coloradans

68.3%	White (Not Hispanic or Latino)
21.5%	Hispanic or Latino
4.5%	Black or African American
1.6%	American Indian and Alaska Native
3.4%	Asian
0.2%	Native Hawaiian and Other Pacific Islander
3.0%	Two or More Races

People of color comprise 26% of the population in rural communities and 31% in urban areas.

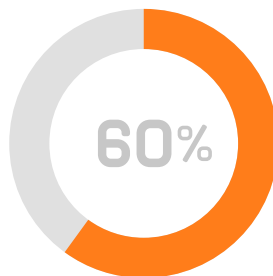
EDUCATION



- The high school graduation rate in rural Colorado is 80%, compared to the overall state average of 77%. The highest high school graduation rate in rural Colorado is in **Pitkin County at 98%** while the lowest rate in rural Colorado is in **Sedgwick County at 40%**.
- From data released in 2017 and 2018, rural Colorado retained a 3% higher rate of graduates in public schools that graduated from high school in four years, compared to urban counties.



10% of adult Coloradans lack basic literacy skills. Low literacy costs the U.S. at least \$225 billion every year in non-productivity in the workforce, crime, and loss of tax revenue due to unemployment.



60% of rural Coloradans attend some type of post-secondary education, compared to 73% of urban Coloradans.



Nearly 40% of prime working age people in rural counties have a high school education or less, compared to 31% in urban areas.



52% of rural Colorado children enrolled in public schools are eligible for free or reduced lunch compared to 36% of urban children. **86% of kids in Saguache and Costilla Counties are eligible for free or reduced lunch.**

Veterans in Colorado

- An estimated 394,145 veterans currently live in Colorado (6.74% of the population).
- Approximately 11.3% of all Colorado veterans live in rural, while 88.7% live in urban areas of Colorado.
- Approximately 6.08% of the rural population in Colorado are veterans compared to 6.83% in urban Colorado.



INCOME AND POVERTY

It is estimated that approximately 75% of population health is driven by social determinants of health, physical environment, and medical care/access to care, while genes, biology and health behaviors account for only 25%.



10% of rural Coloradans are enrolled in SNAP compared to 8% of urban.

Colorado ranks 45th nationally for access to food stamps (SNAP) with only 58% of those eligible enrolled (national average enrollment: 75%).



In 2016, 17% of all foreclosures in Colorado occurred in rural or frontier counties.

17% of all rural foreclosures occurred in Fremont (9%) and Delta Counties (8%). In 40 of Colorado's 64 counties, more than 40% of families are rent burdened (spending > 30% of household income on rent).



Approximately 28% of families in rural Colorado are single parent households.

22% of rural kids are living in poverty (income: \$25,100/family of four) compared to 12% of urban kids. In Costilla County, 43% of children are living in poverty.



The economic gap between urban and rural areas of Colorado has continued to widen since the Great Recession and the uneven recovery that followed.

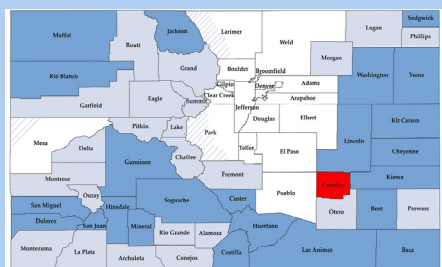
While the state has one of the best economies in the nation, Colorado has one of the largest economic gaps between urban and rural areas in the country.



Median household income is 29% lower in rural areas of the state compared to urban areas (about a \$14k difference).

Poverty and unemployment rates are higher in rural counties than urban.

Crowley County: A Rural Case Study



40%

40% of children under the age of 18 are living in poverty in Crowley County (state average is 13%). 72% of children in Crowley County are eligible for free or reduced lunch (state average is 42%)

55

Teen Births in Crowley County are more than double the state average at 55 per 1,000* (state average is 24 per 1,000)* - * indicates female population, ages 15-19

3.6%

3.6% of the population ages 16 and older are unemployed but seeking work in Crowley County (state average is 3.3%)

HEALTHCARE COVERAGE

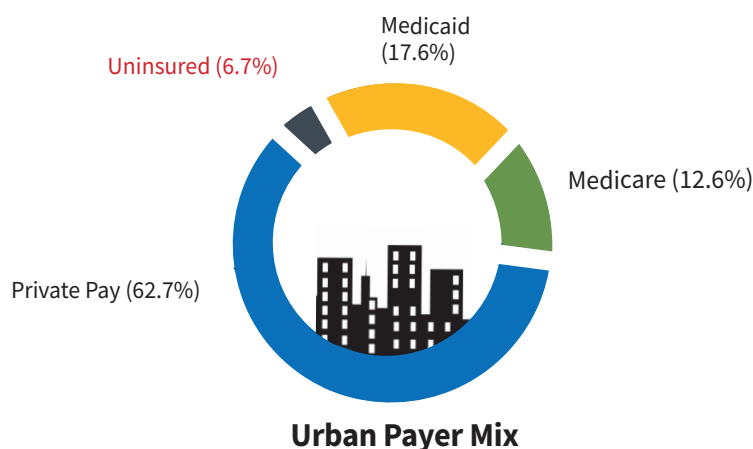
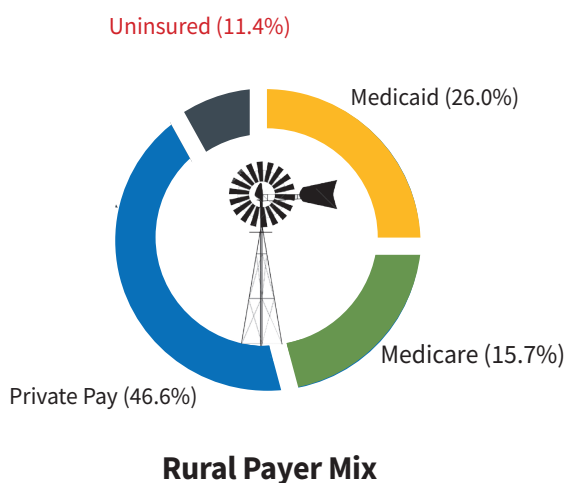


The percent of rural adult Coloradans without insurance decreased over the past 5 years from approximately 23% to 12%, a percent change of 48%.

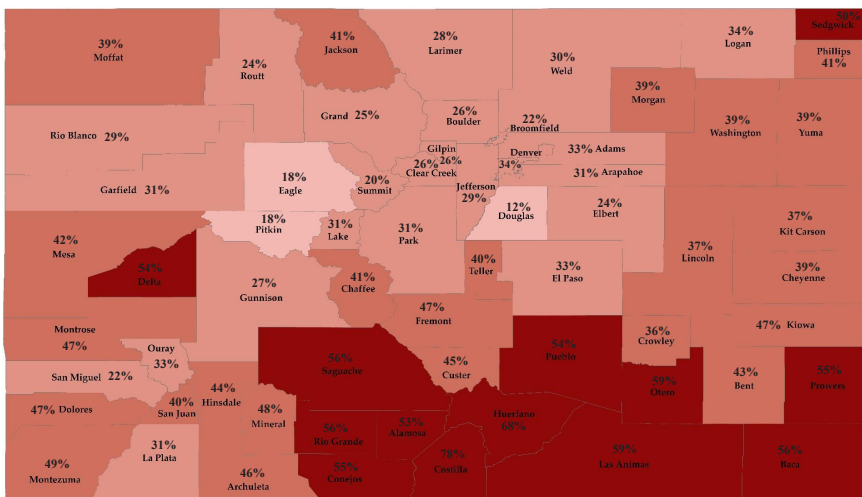


Insurance premiums in rural communities are often markedly higher than in urban areas of Colorado. For example, the Eastern Plains, and the San Luis Valley face premiums that are sometimes twice as high as those living in the Denver metro region.

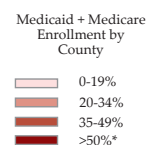
Rural Colorado has higher rates of public insurance (a 32% difference) when compared to urban Colorado



Combined Medicaid (2016) and Medicare (2015) Enrollment by County

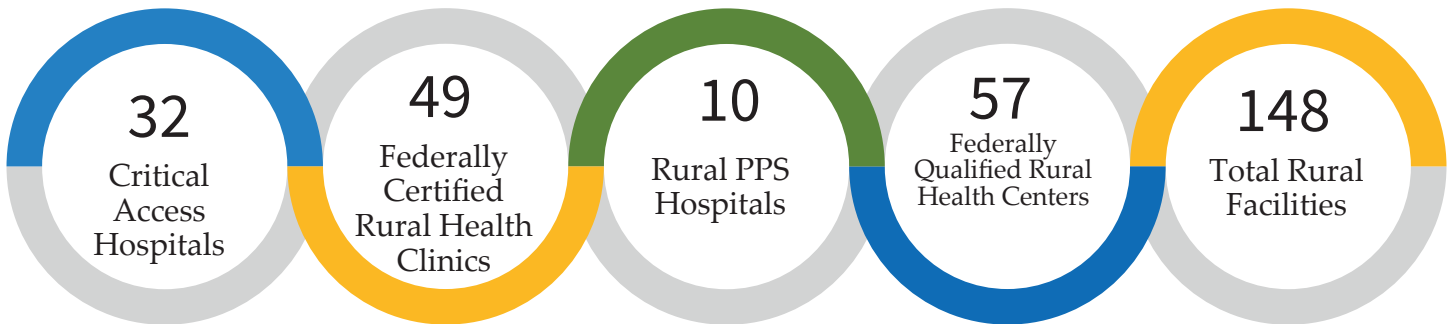


Costilla County has the highest combined Medicare/Medicaid rate of all Colorado counties at 78%, while the top 5 counties with the highest combined Medicaid/Medicare enrollment in the state are rural or frontier.





The number of healthcare facilities in rural Colorado by designation type:



Definitions

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Rural Health Information Technology



On April 2nd 2018, Governor John Hickenlooper signed a bill into law to accelerate construction of high-speed broadband internet service in rural Colorado. The bill will take money from a fund that long has subsidized rural telephone service and invest it in broadband construction over a 5 year period ending in 2023. It is estimated that more than \$115 million will go to broadband grants between 2019 and 2023.



In the first 60 days of adopting a new EMR (Electronic Medical Record), a practice of 5 providers spends an average of \$233,298 on startup, training, software and hardware, and data transfer.



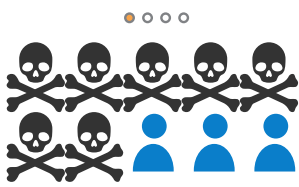
Roughly 1 in 4 rural households in the state do not have access to broadband today (25 megabits per second download and 3 mbps per second upload speeds). The Governor's Office of Broadband hopes to close this gap by 2020.



Implementing an EMR System costs a single physician approximately \$163,765.

HEALTH OUTCOMES

Diagnosis: Chronic Disease



7 of 10 deaths in Colorado can be attributed to chronic diseases: heart disease, stroke, cancer and diabetes.



21% of adult rural Coloradans are considered obese with a distinct difference between the eastern plains (Yuma, CO 26%) and some mountain areas (Eagle, CO 13%).



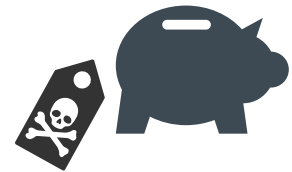
During 2016, nearly 1 in 4 children (22.3%) in Colorado are overweight or obese which equates to about 145,500 children ages 5-14 years.



Over 7% of adult rural Coloradans have diabetes. People with diabetes have health care costs 2.3 times greater than those without.



Heart disease alone accounted for \$4.4 billion in annual costs in Colorado in 2010.



The total cost of diabetes and prediabetes in the U.S. is \$322 billion.

Alcohol and Cigarettes



- Approximately 29% of motor vehicle crash deaths in rural Colorado involve alcohol.
- 18% of adult rural Coloradans report drinking excessively.



- 15% of rural adults report smoking regularly.
- The lung cancer incidence rate in Colorado is 40.6 per 100,000 with a mortality rate of 27.3 per 100,000.
- In Colorado, rates of lung cancer are decreasing.
- Less than 1 in 4 cases of lung cancer are detected early.
- The 5 year survival rate of lung cancer is 18.7%.

Pregnancy



Black infant mortality (10.7 per 1,000) occurs at more than twice the rate of white, non-hispanic infant mortality (4.0 per 1,000) in America. Black infants also experience the highest rate of preterm birth.



Approximately 10% of rural children are born at a low birth weight.

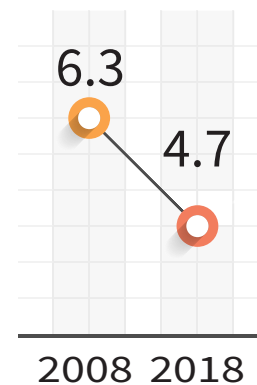
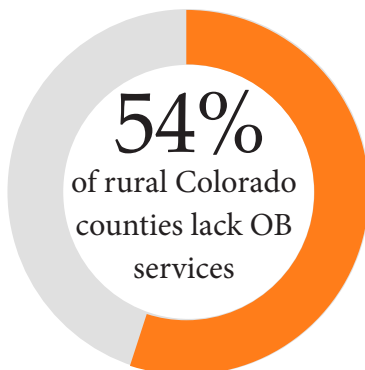
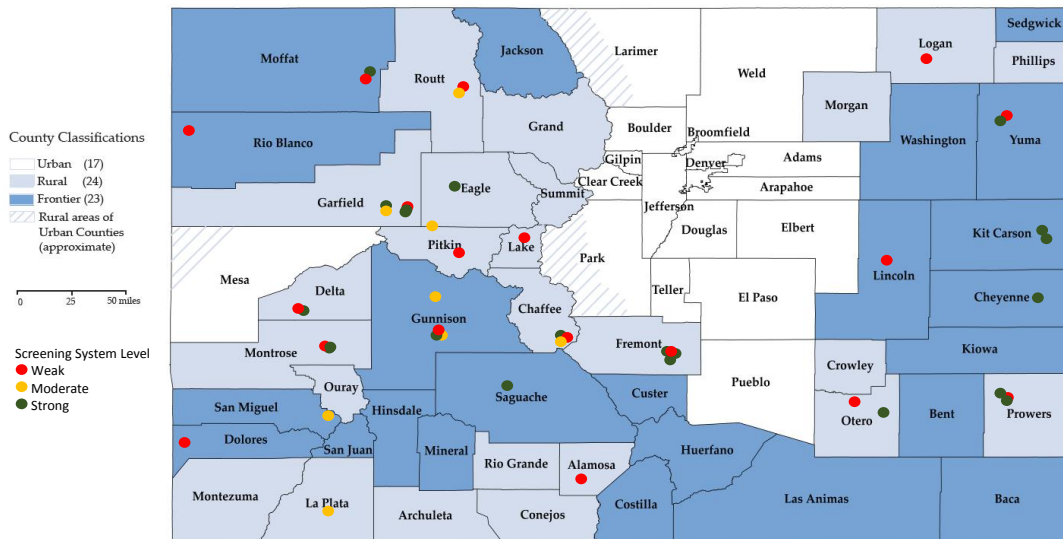


In Colorado, nearly 1 in 9 women who give birth will experience signs and symptoms of depression, making depression the most common complication of pregnancy.



Rural Colorado has a 38% higher teen pregnancy rate than urban parts of the state.

Strength of Screening Processes for Pregnancy-Related Depression in Rural Colorado



- 2.4 million Colorado women of child-bearing age live in counties without hospitals that deliver babies.
- When hospitals are struggling financially, as many rural hospitals are, obstetric services are often first on the chopping block because of the cost associated with providing this service.

- In the past ten years, infant mortality decreased 25% from 6.3 to 4.7 deaths per 1,000 live births.
- The lowest rate is 4.1 deaths per 1,000 births in the Douglas County region and the highest rate is 8.8 in the region formed by counties in the southeast.



MENTAL HEALTH

22 rural Colorado counties do not have a licensed psychologist. 11 counties in Colorado have no inpatient mental health beds.



51% of all rural counties do not have an active, licensed addiction counselor (27 of 47 counties).

There is only 1 urban county that does not have an active, licensed addiction counselor (Park).



Colorado ranked 17 out of all states for adults with mental illness who did not receive treatment.

Colorado ranks 10th for prevalence of untreated youth with depression (56%) and ranked 10th for youth with severe major depressive episode who received some consistent treatment.

Provider counts are based off of addresses listed in the provider's licensure file through DORA



Rural youth are twice as likely to commit suicide.

In 2017, individuals under the age of 25 accounted for approximately 11% of all rural suicides in Colorado with 11% of those suicides by children ages 10-14.

In 2017, the average crude suicide rate of rural Colorado was 30.4 per 100,000 compared to the state crude suicide rate of 20.4 per 100,000 (a difference of 40%).

Colorado's suicide rates are among the highest in the country.

Males in Colorado are 4 times more likely to die by suicide than females.

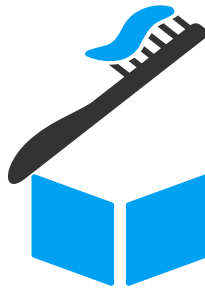


ORAL HEALTH

Rural Tooth Loss



Adults in rural areas have almost twice the prevalence of tooth loss vs. urban adults.



7.8 million hours

In Colorado an estimated 7.8 million hours of school are lost annually due to oral pain and suffering due to untreated diseases which affect children's ability to concentrate and learn.

- Although Colorado ranks in the top 3 states with the greatest percentage of seniors retaining their natural teeth, 18% of Coloradans over age 65 have lost all of their natural teeth.
- Only 30% of seniors have dental insurance.
- Virtually every Medicaid enrollee has a dental benefit, but 1 in 5 does not realize it (19%).
- In 2017, 70.3% of Coloradans reported having dental insurance.
- 22.7% of children did not have a dental visit in the past year.
- Tooth decay is amongst the most prevalent chronic childhood diseases in the US today.
- Tooth decay is 4 times more common than asthma among adolescents aged 14 to 17 years.
- One major health disparity that exists for under-represented racial and ethnic minority groups, low-income Coloradans, elderly adults, migrant and seasonal farm workers, and those in rural areas is the disproportionate burden of oral disease.



Colorado has set records for drug overdose deaths in 13 of the past 15 years and the newest data shows the trend continuing

959

**COLORADANS
DEAD IN 2017**

from drug poisonings, a figure that includes both intentional and unintentional overdoses

Neonatal Abstinence Syndrome



The rate of newborns addicted to opiates rose 83% in Colorado from 2010-2015. The problem is even more critical in portions of southern Colorado.

72,000 Deaths Nationally



More than 72,000 drug overdose deaths were estimated in 2017 in the US. The sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with nearly 30,000 overdose deaths.

Repeat Overdoses



The median number of overdose experiences (for individuals surveyed and who overdosed) was 3.

Prescription Problems



More than 35% of all U.S. opioid overdose deaths in 2017 involved a prescription opioid, with more than 46 people dying every day from prescription opioid overdoses.

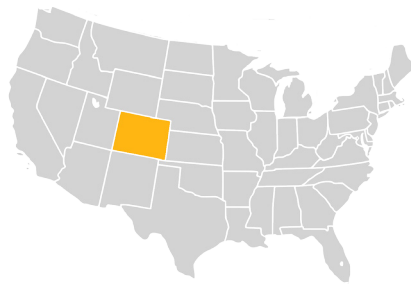
The Leading Colorado Cause



Prescription opioids are the leading cause of drug poisoning deaths in Colorado. Heroin was the second leading cause. Between 2001 and 2016, there was an increase in prescription opioid deaths by approximately 154%.



Sixteen rural Eastern Plains counties — Sedgwick, Phillips, Yuma, Logan, Washington, Morgan, Kit Carson, Cheyenne, Lincoln, Kiowa, Prowers, Bent, Otero, Crowley, Baca and Las Animas — recorded 93 total deaths between 2014 and 2016, up 158% from 36% in the 3-year period between 2002 and 2004.



Colorado ranks 19th in the nation for opioid related death rate (9.5 per 100,000 in 2016).

Colorado ranks 14th in the nation for opioid prescription rate (64.7 per 100,000 in 2015).

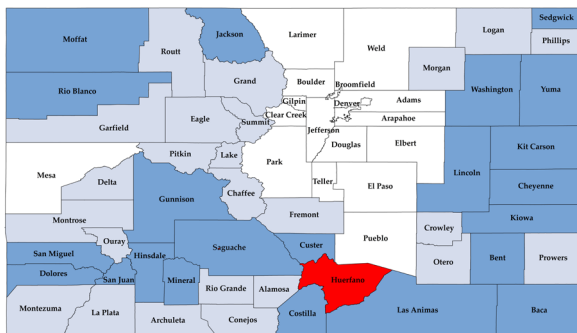


Eight counties near the San Luis Valley — Custer, Huerfano, Saguache, Alamosa, Rio Grande, Conejos, Costilla and Mineral — recorded 29 overdose deaths between 2014-2016, more than double the 14 fatalities between 2002-2004.

The number of felony drug cases in Alamosa District Court rose from 88 in 2011 to 336 last year.

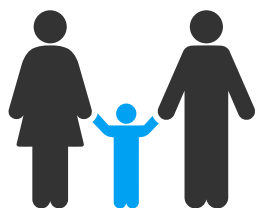
Opioids kill one person in Colorado about every 9.5 hours

Huerfano County: An Opioid Case Study



- Huerfano County has the state's highest overdose rate.
- Huerfano is one of the poorest counties in the state.
- 6 deaths in 2016 equates to a rate of 152.6 deaths per 100,000 residents.
- A first for local government, Huerfano County is suing the nation's top pharmaceutical companies and distributors claiming its residents were induced to take opioids for pain management.
- There are no addiction recovery centers in the county.

9 of the 10 Colorado counties with the highest overdose death rates are rural

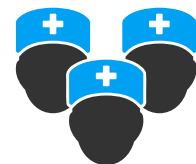


In 2016, 5,212 Colorado children were placed in foster care with 39% (approximately 2,033) of placements noting parental substance use as a factor.



The documented use of Naloxone by emergency medical services (EMS) in Colorado to treat suspected heroin overdoses has increased 240% from 2011 – 2015 (2011 – 997 events and 2015 – 3,393 events).

In 2017, Denver Health alone dispensed Narcan on 910 occasions.



Costilla County saw enough opioid prescriptions written to amount to 1 for every resident – of all ages – in the county.

THE RURAL ECONOMY

HEALTH

Agriculture

Colorado's food and agriculture industry ranks among the state's most important economic drivers, generating more than \$50 billion in direct economic activity annually and supporting more than 400,000 jobs.

Oil and Gas

The natural gas and oil industry supports 232,900 jobs in Colorado. This accounts for 6.5% of Colorado's employment with workers receiving \$23 billion in wages and \$31.4 billion going back into Colorado's economy. The mining workforce in Colorado has decreased 18% since 2008 while the healthcare workforce in Colorado has increased 22%.

Outdoor Recreation

Colorado Parks and Wildlife generate \$6.1 billion annually through state park visitors, wildlife viewers, anglers and hunters contributing to both rural and urban economies. Nearly 3 out of 4 Coloradans participate in outdoor recreation each year, generating more than \$28 billion in consumer spending.

Tourism

In 2017, Colorado welcomed approximately 84.7 million visitors who spent more than \$21 billion. The tourism industry supports more than 171,000 jobs in Colorado. Tourism saves every Colorado household more than \$626.82 annually in taxes (this is the number of tax dollars residents would have to pay if not for the more than \$1.28 billion in state and local taxes paid annually by visitors).



THE RURAL

HHCARE



VES

Healthcare Infrastructure

Healthcare is one of the top 3 industries in rural Colorado. The average Critical Access Hospital creates **170 jobs** and **generates \$7.1 million** in salaries, wages, and benefits annually.

Money in Rural Pockets

Colorado has over 314,900 health and wellness workers across the state and a \$16.5 billion annual payroll. The industry has a compelling impact with salaries and benefits in rural Colorado totaling to \$904,409,165.

In rural america, the hospital is often one of the largest employers in the community and can represent up to 20% of the community's employment and income.

Diverse Jobs

Top 5 Healthcare Occupations in rural Colorado:

1. Registered Nurses
2. Personal Care Aides
3. Home Health Aides
4. Nursing Assistants
5. Receptionists/Information Clerks.

There are 9,800 employees on payroll (FTEs) in rural Colorado.

An Employment Engine

1 in 16 jobs in Colorado is in the healthcare sector. 1 rural physician's employment creates approximately 26 additional jobs and nearly \$1.4 million in income from the clinic and hospital. Healthcare is the second fastest growing economic sector in the state, behind education.

L ECONOMY

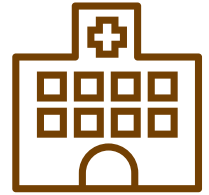
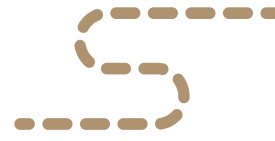


The Health of Rural

EMERGENCY MEDICAL SERVICES (EMS)



34.1 Minutes Travel Time



The average EMS transport time for dispatch calls from scene to hospital arrival time is 34.1 minutes in rural Colorado compared to 23.3 in urban.



60% of trauma deaths occur in rural America, even though only 20% of Americans live in rural areas.



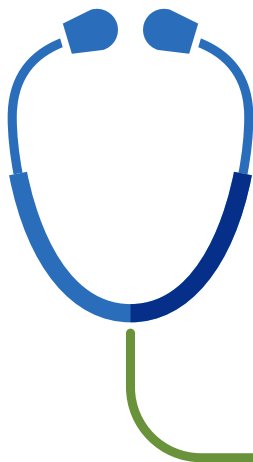
The average EMS "on scene time" for rural Colorado is 21.8 minutes, compared to 24.9 in urban.



Of reported EMS responses for rural locations, 3.6% were for cardiac arrest (Urban: 2.4%) and 6.1% (Urban: 5.1%) were for motor vehicle accidents.

WORKFORCE SHORTAGES

Recruitment Challenges



On average, it takes 1-3 years to recruit a physician in rural Colorado.

Recruitment for an advanced practice nurse or physician assistant is 6 months on average.

Less than 40% of rural primary care providers remain in the same rural community for 5 years.



HELP WANTED

- **24 rural counties do not have a Licensed Addiction Counselor** (Baca, Bent, Cheyenne, Costilla, Crowley, Custer, Dolores, Hinsdale, Huerfano, Jackson, Kiowa, Lake, Mineral, Moffat, Morgan, Ouray, Phillips, Rio Blanco, Saguache, San Juan, San Miguel, Sedgwick, Washington, Yuma)
- **22 rural counties do not have a Licensed Social Worker** (Baca, Bent, Cheyenne, Conejos, Costilla, Custer, Dolores, Hinsdale, Huerfano, Jackson, Kiowa, Lincoln, Logan, Mineral, Phillips, Rio Blanco, Rio Grande, Saguache, San Juan, Sedgwick, Washington, Yuma)
- **22 rural counties do not have a Psychologist** (Baca, Cheyenne, Conejos, Costilla, Crowley, Dolores, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Moffat, Phillips, Prowers, Rio Blanco, Saguache, San Juan, Sedgwick, Washington)
- **1 rural county does not have a physician** (San Juan)
- **5 rural counties do not have a licensed dentist** (Cheyenne, Crowley, Hinsdale, Kiowa, San Juan)

18% less

33% less

67% less

Of all active, licensed registered practitioners, rural Colorado receives only:

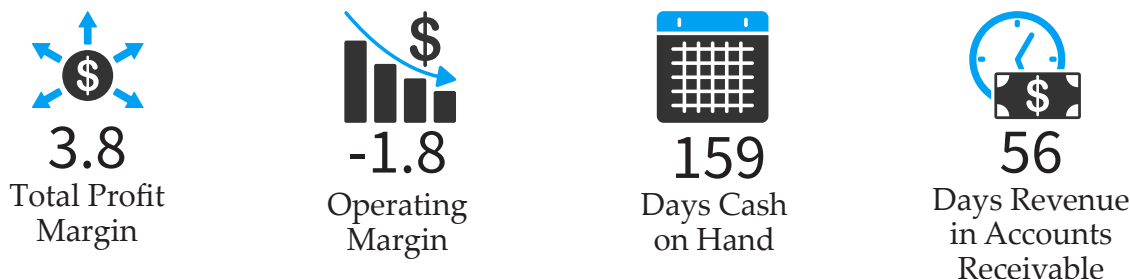
- 10% of the dentists (18% less than urban)
- 9% of the physicians (33% less than urban)
- 5% of the psychologists (67% less than urban)

CRITICAL ISSUE: HOSPITAL FINANCIAL SUSTAINABILITY

As of August 2018, the number of nation-wide rural hospital closures has risen to 87 total since 2010

The closure of a hospital in a rural community has a definite economic impact resulting in reduced per-capita income by \$703 or 4%, an increased unemployment rate of 1.6%, and increased difficulty to attract industry and employers.

Rural Colorado Hospital Averages



Total Margin is the percentage calculated by dividing net income by total revenues. The higher the Total Margin value, the more the hospital retains on each dollar of sales (highest rural total margins - Gunnison County, lowest - Huerfano County).

Operating Margin measures how much profit a hospital makes on a dollar of sale, after paying for variable costs of production. The higher the Operating Margin the more profitable a hospital is (highest rural operating margins - Gunnison County, lowest - Huerfano County).

Days Cash on Hand measures the number of days that an organization can continue to pay its operating expenses, given the amount of cash currently available. High Cash on Hand values imply higher liquidity and hence are viewed favorably by creditors (highest rural days cash on hand hospitals - Rio Grande County. Lowest - Morgan County).

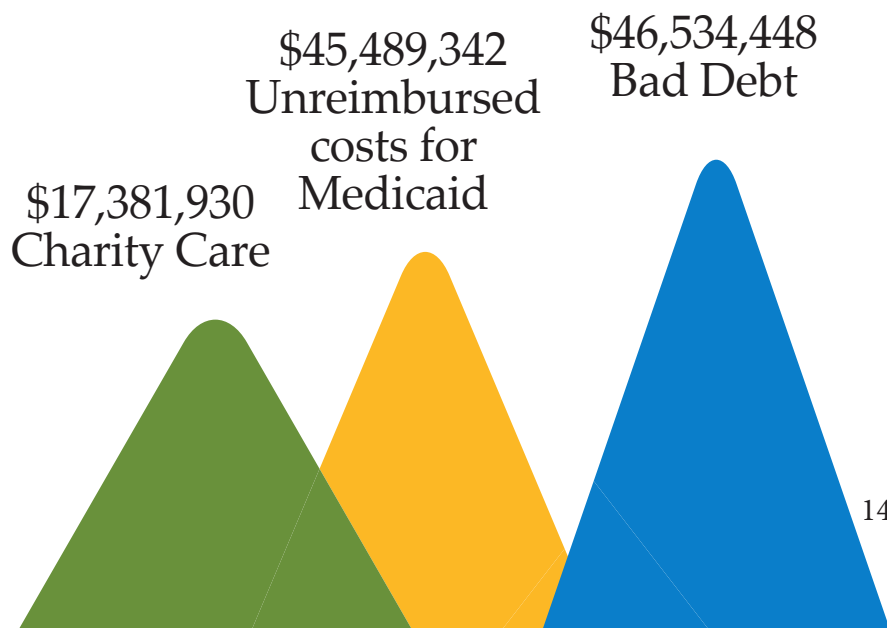
Days Revenue in Accounts Receivable measures the number of days that it takes an organization to collect its receivables. Low values means that it takes a hospital fewer days to collect its accounts receivable (highest days revenue in accounts receivable - Kiowa County. Lowest - Prowers County).

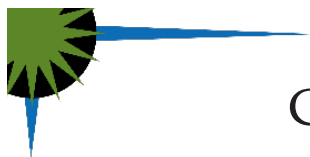
In 2015, rural Colorado hospitals saw the effects of the following:

Definitions

"Charity Care" refers to healthcare provided for free or at reduced prices to low income patients.

"Bad Debt" is a loss that a company incurs when credit that has been extended to customers becomes worthless, either because the debtor is bankrupt, has financial problems or because it cannot be collected.





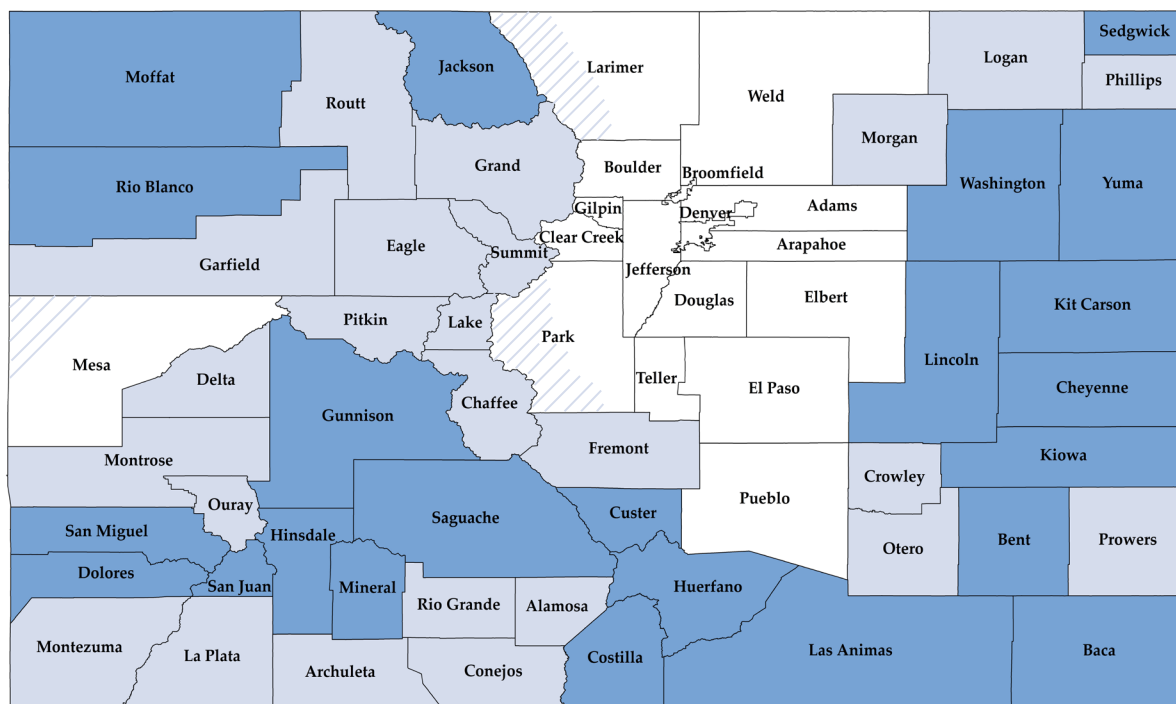
Colorado: County Designations, 2019

County Classifications

- Urban (17)
- Rural (24)
- Frontier (23)
- Rural areas of Urban Counties (approximate)

0 25 50 miles

Data Source Information:
Site addresses were collected and geocoded by the State Office of Rural Health, current as of January 2016.



Rural Colorado: Access to Healthcare, 2018

- Rural Clinic*
 - Rural Hospital*
- Symbols do not indicate location or quantity of facilities available.

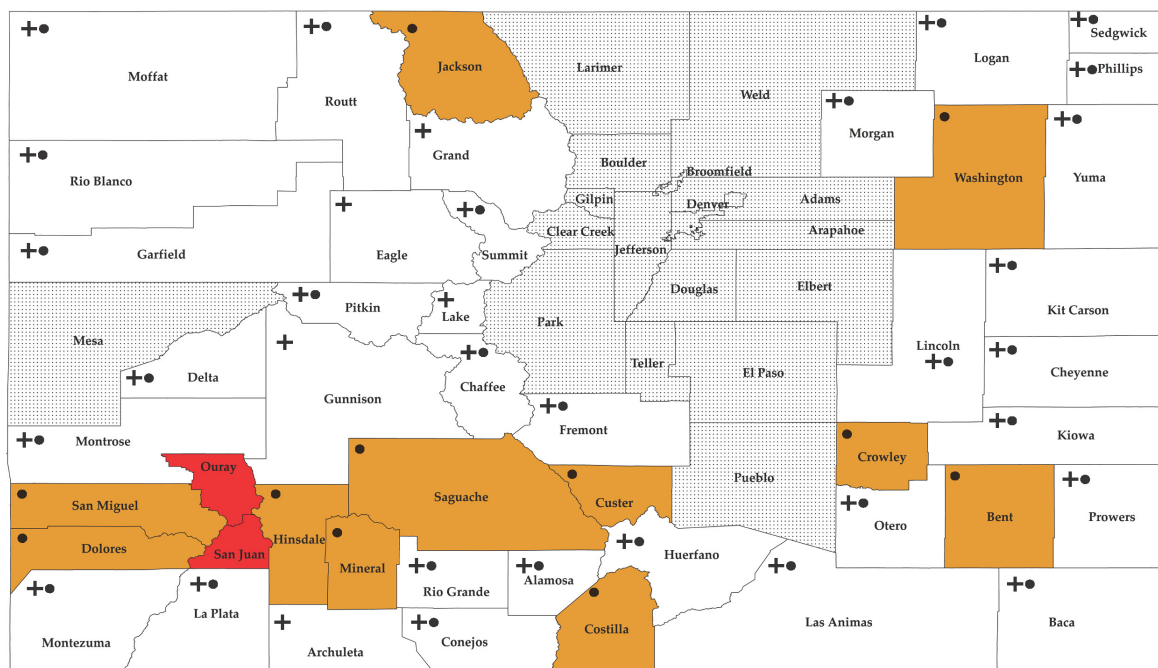
- Urban County
- No Hospital
- No rural clinic or hospital

0 25 50 miles

Data Source Information:
Site addresses were collected and geocoded by the State Office of Rural Health.

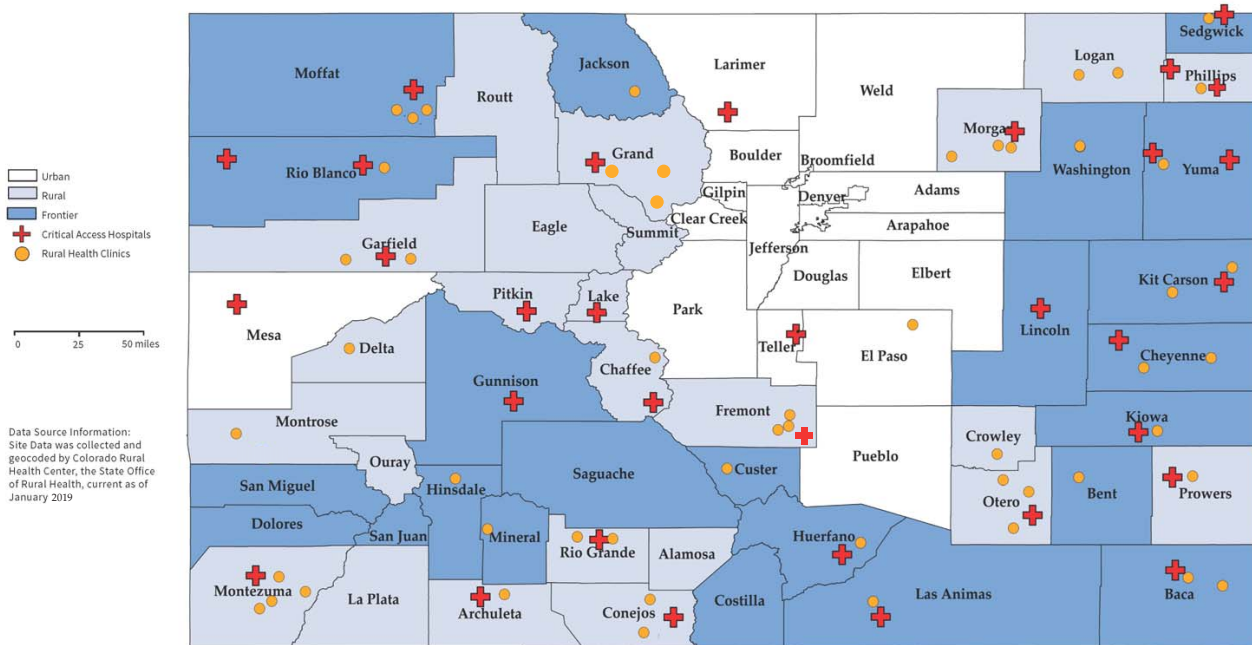
Of Colorado's 47 rural counties:

- 13 do not have a hospital
- 2 do not have a rural clinic or hospital

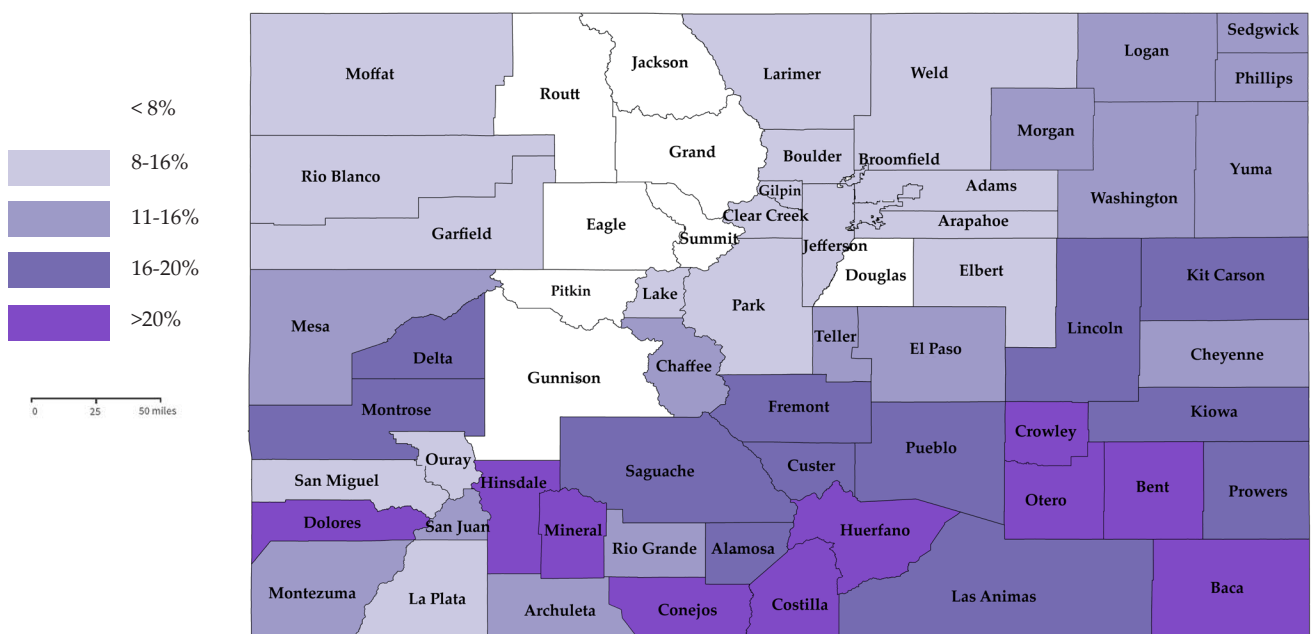




Colorado: Rural Health Facilities within County Designations, 2019

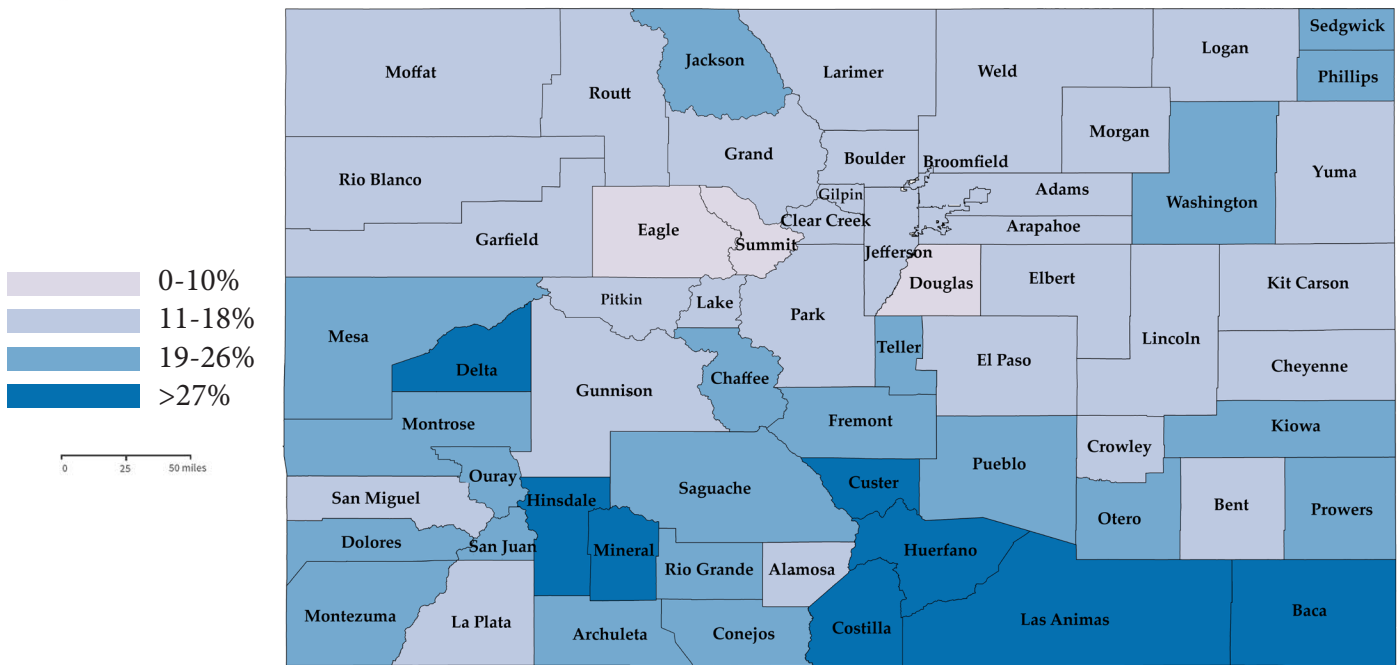


Percent of the Population with a Disability, 2012-2016

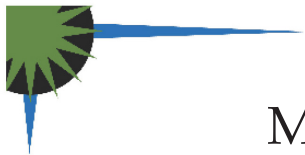




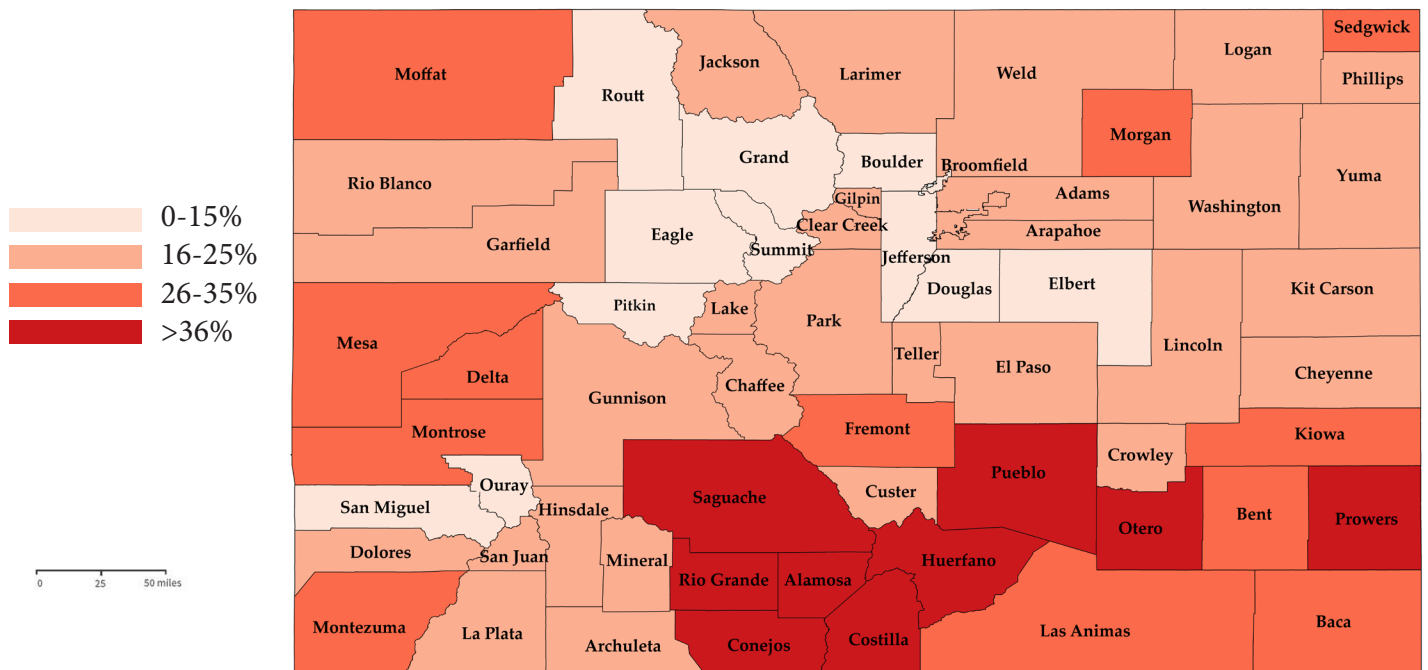
Medicare Enrollment by County, 2011-2015



State Average: 19%



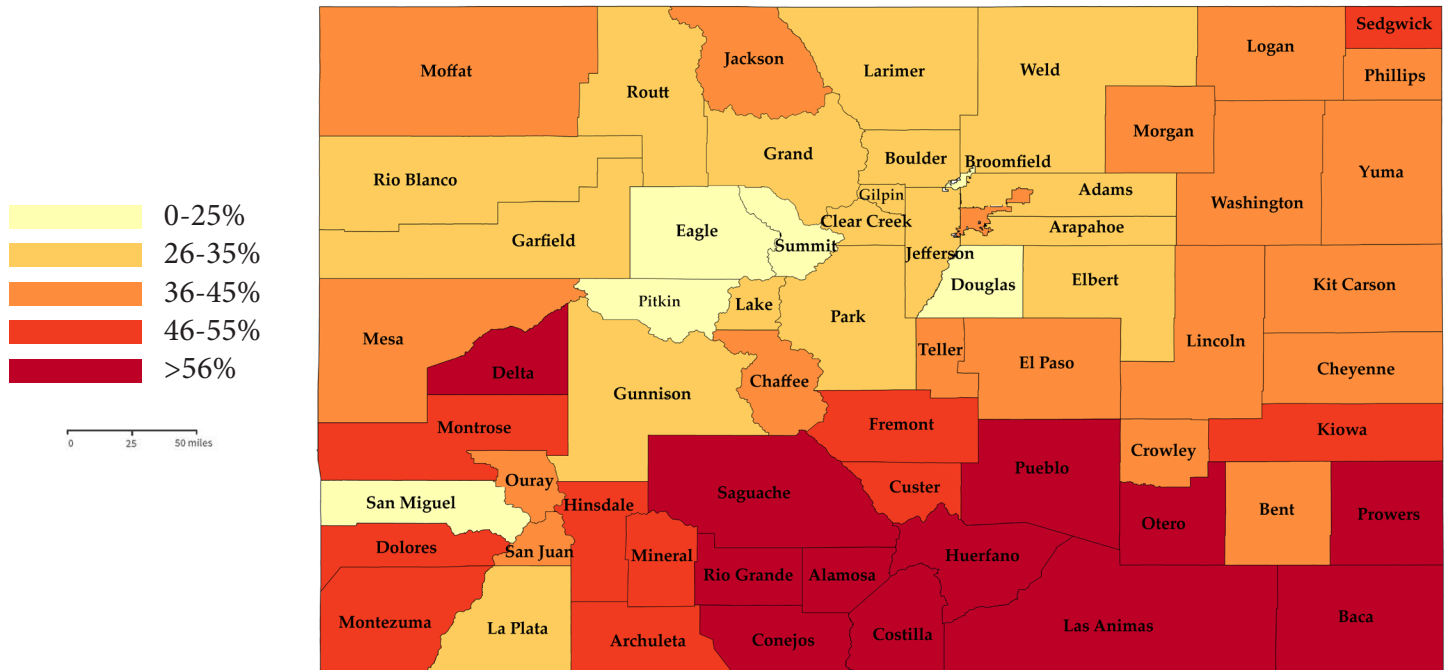
Medicaid Enrollment by County, 2016



State Average: 20%



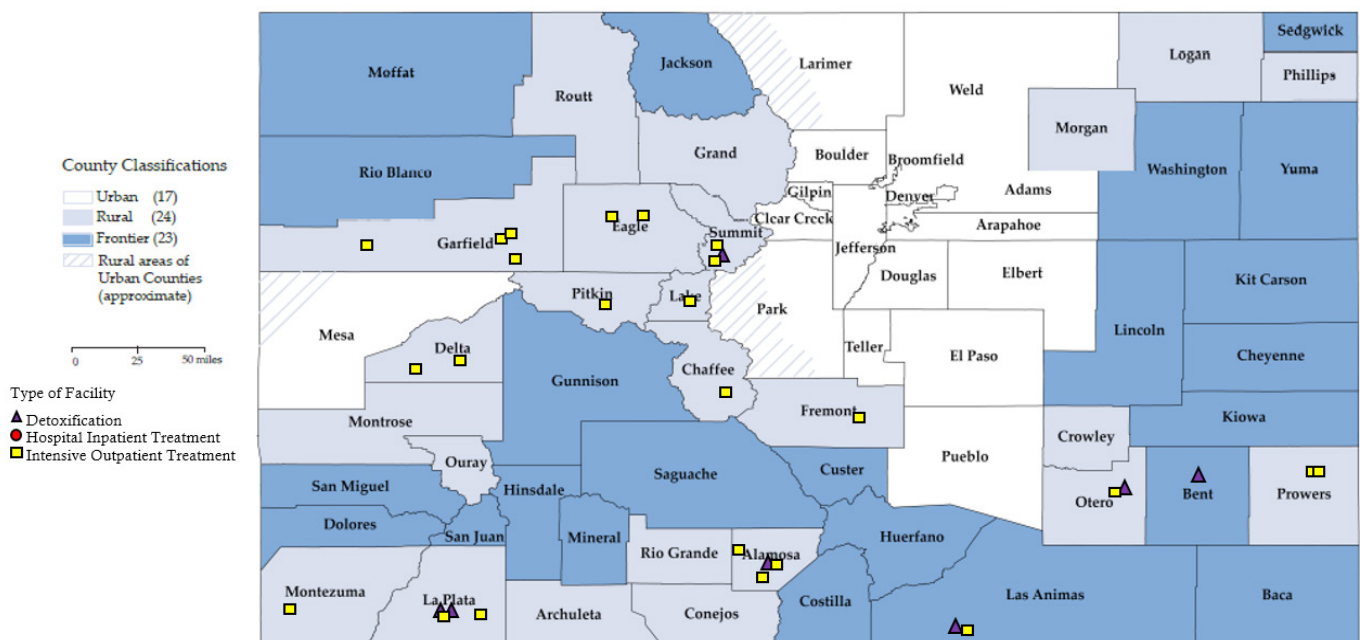
Combined Medicaid (2016) and Medicare (2015) Enrollment by County



State Average: 42%

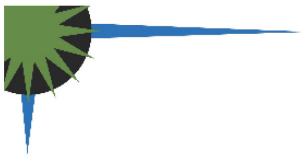
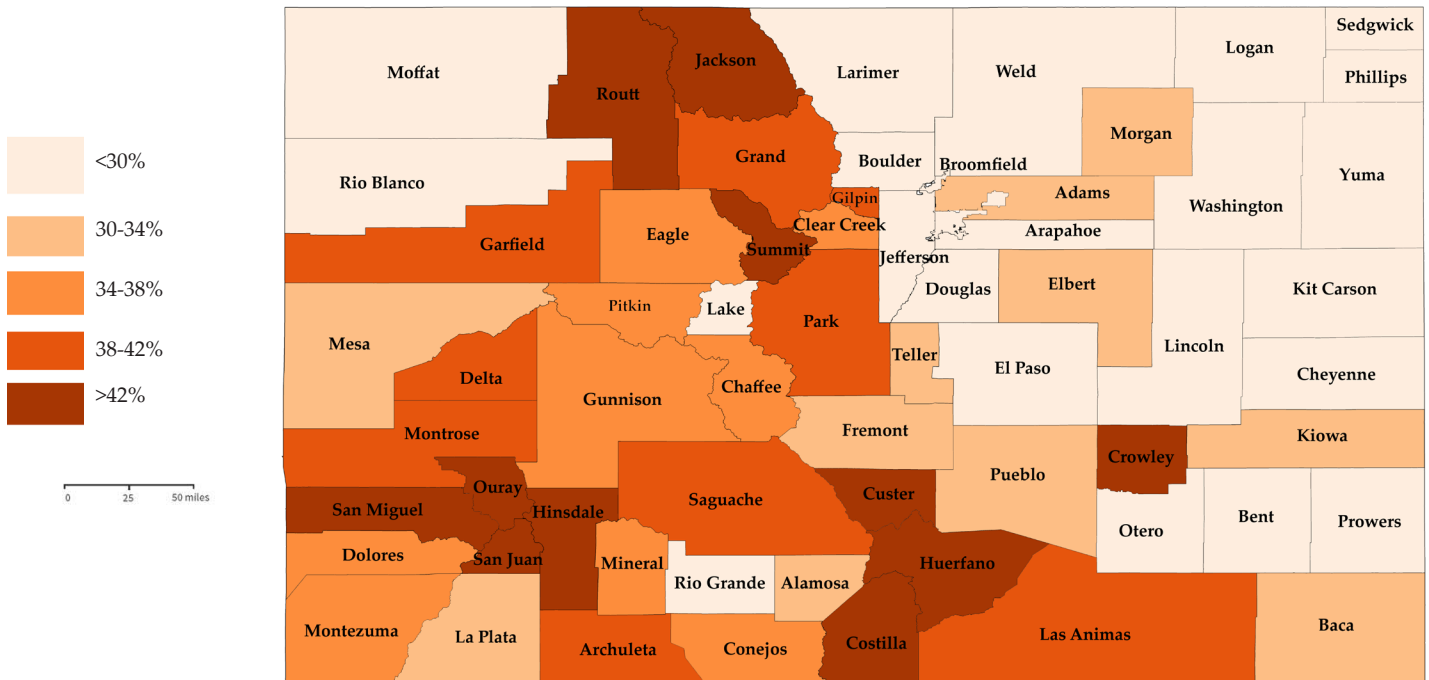


Rural Substance Use Disorder Treatment Facilities, 2018

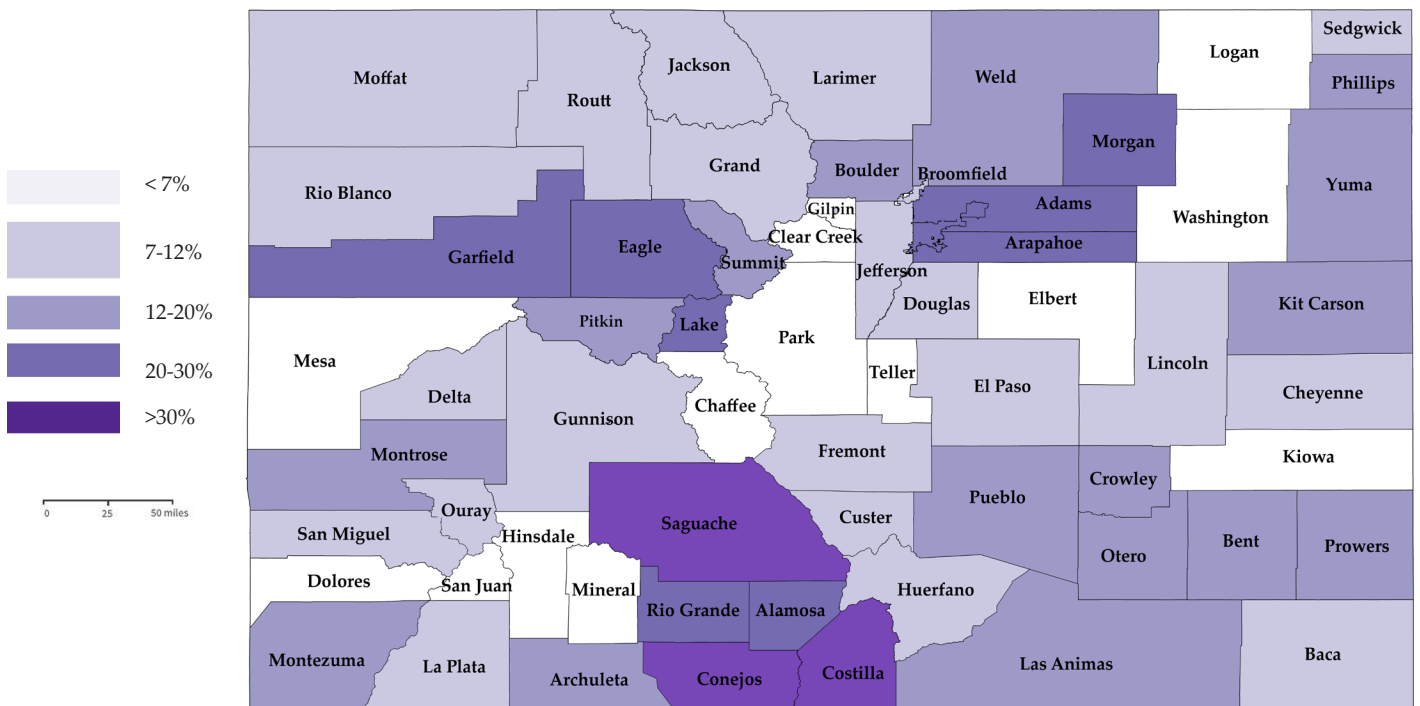




Percent of Owners Spending >30% of Household Income on Housing, 2012-2016

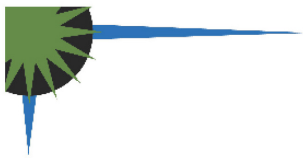
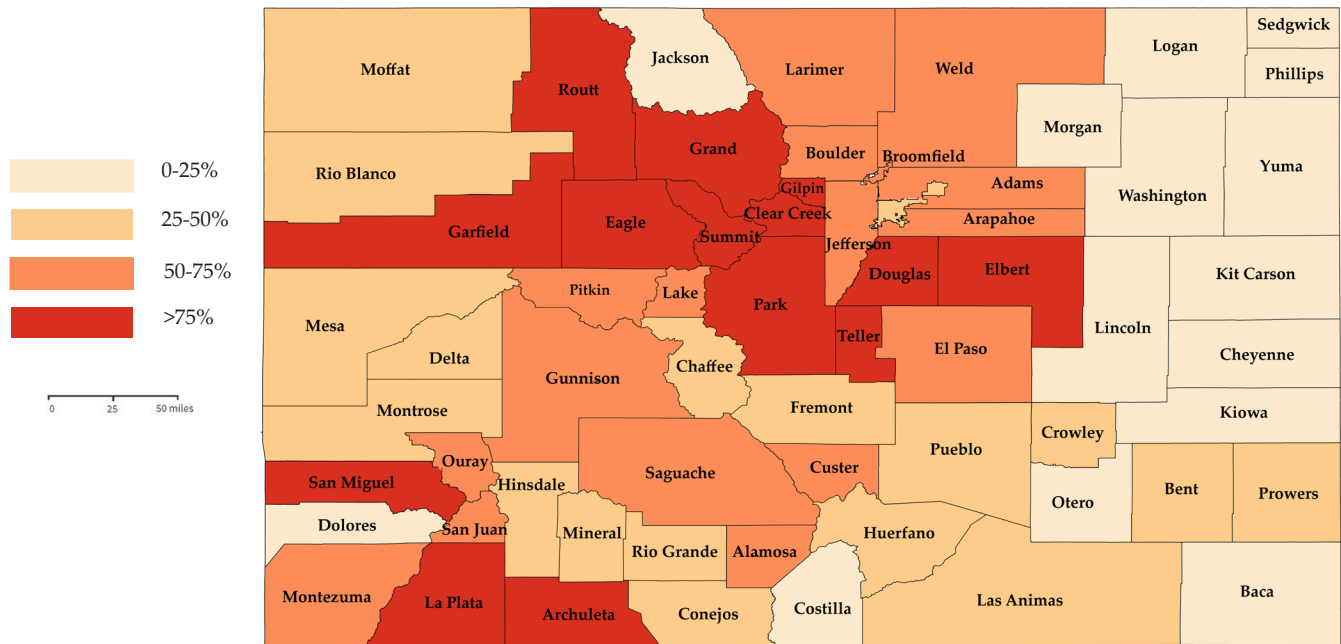


Percent of People Who Speak a Language Other than English at Home, 2012-2016

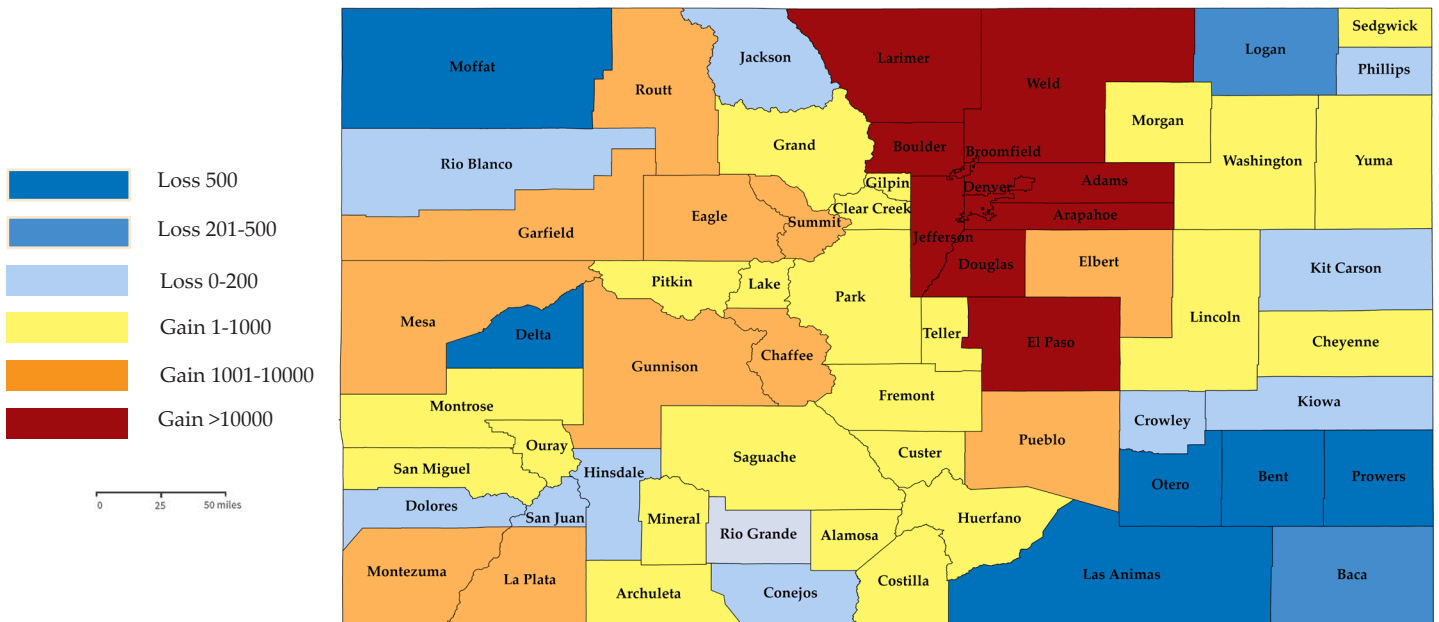




Forecast Change in Population 65+, 2010-2020



Population Change, 2010-2016



iCARE NETWORK 2018

Improving Communication and Readmission Program

CRHC started iCARE in 2010 in response to the national scrutiny on care transitions and avoidable hospital readmissions. Since that time, over 50 CAHs and rural clinics in Colorado have been improving quality and patient safety for their patients and communities focusing on three overarching goals: improve communications in transitions of care; maintain low readmission rates; improve clinical process to reduce readmissions, especially related to chronic disease. iCARE continues to expand from not only a focus on chronic disease, but also a focus on patient and family engagement, specifically by helping iCARE participants develop and implement effective partnerships through a Patient and Family Advisory Council.

PFAC Overview

A Patient Family Advisory Council, or PFAC, is a small group of patients, families, and hospital employees that meet regularly to inform quality care in a health organization. A PFAC provides the patient and family's point of view and integrates their ideas into service delivery and quality improvement efforts. This perspective is essential to improving overall care and engineering a true patient-centered approach to the healthcare organization.



PFAC Facts:

Over **70%** of iCARE clinics **have an active PFAC**, over half of which were initiated during the 2018 iCARE grant year.

More than **14 healthcare improvement projects** have been initiated by iCARE community PFACs, such as installing sidewalks, making check-in procedures confidential, and improving access to online health portals.

5 iCARE clinics have a PFAC that has been established for over a year and through the iCARE program are identifying new **patient engagement** focus areas.

Successes



READMISSIONS

From 2017-2018, iCARE CAHs reported an average 3% readmission rate, a 35% decrease since 2013.

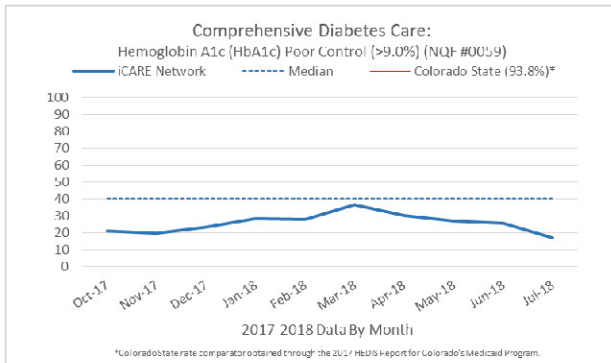


QUALITY OF CARE

- 60% of iCARE communities reported on controlling high blood pressure for the grant year, from October 2017-September 2018.*
- 67% of iCARE communities reported on HbA1c poor control (>9%) for the grant year.*
- 53% of iCARE communities reported on HbA1c testing for the grant year.*

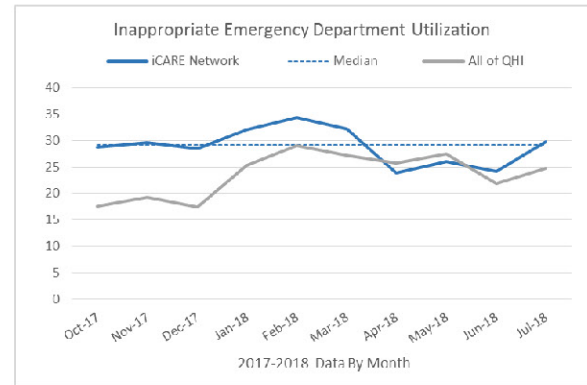
iCARE NETWORK

Diabetes Monitoring



The hemoglobin A1c (HbA1c) poor control (>9%) measure shows the percent of diabetic patients whose most recent HbA1c level during the measurement year was greater than 9%. This measure allows clinicians to track average blood sugar levels for an individual over a period of time. Higher HbA1c levels indicate greater risk of developing complications for people with diabetes. HbA1c levels 6.5% or above are indicative of diabetes. Left unmanaged, diabetes can lead to complications, such as heart disease, stroke and amputations. Diabetes management is essential to control blood glucose, reduce risks and prolong life.

ED Utilization



CRHC is focusing on a sub activity through iCARE called Inappropriate Emergency Department Utilization. Each iCARE hospital is submitting data on the low severity levels of Evaluation and Management codes (99281 and 99282) from October 2017 through March 2018, diagnosis, day and time patient was seen, and payer. Analysis of the data shows the main diagnoses of those cases are cough, fever, acute upper respiratory infections, and constipation. The frequency of low level severity emergency visits, for our iCARE network, is 29%.

County Health Rankings: Average

Diabetic Monitoring*

Diabetes Monitoring (Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring).

83% compared to
84% State Average

Inappropriate ED Utilization*

Survey respondents who stated that their last visit to the ED was for a condition that they thought could have been treated by a regular doctor.

40.9% compared to
36.4% State Average

Diabetes Prevalence*

The prevalence of diagnosed diabetes within the county (%).

7% compared to
6% State Average



Appendix

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Thank you to our major data contributors:

- *Colorado Health Institute*
- *National Rural Health Association*
- *Robert Wood Johnson Foundation*
- *Rural Health Information Hub*

For a complete list of Snapshot data sources,
please visit coruralhealth.org/snapshot-data