Colorado Rural Sustainability Network
Chronic Care Management
2020-2021

Colorado Rural Health Center
The State Office of Rural Health

Year 1 CCM Program Accomplishments

Patients Helped

250

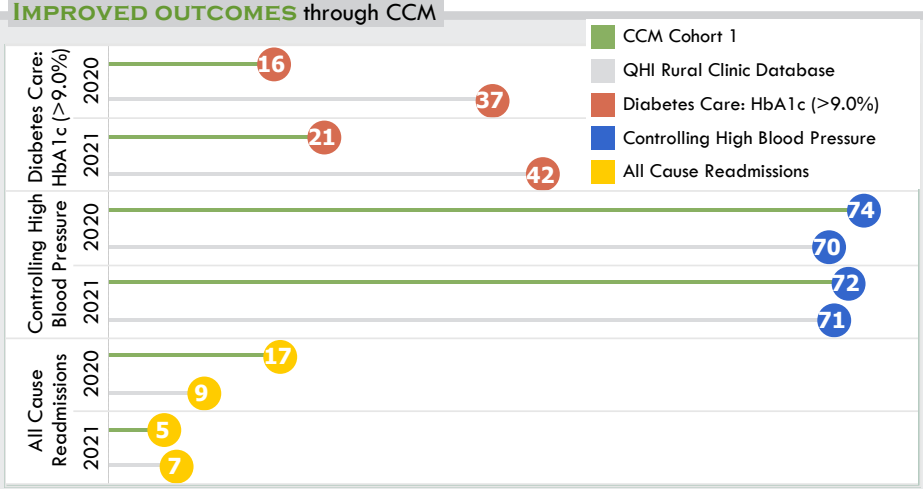
Program Numbers

Check-in Calls	32
Data Submission	42
Project Charters	4
Sustainability Assessments and Plans	3
Webinars	11
Worflow Process Maps	3

About the Chronic Care Management (CCM) Program

CCM is a Centers for Medicare and Medicaid Services (CMS) program that allows primary care providers to support their patients with multiple chronic diseases through monthly touchpoints and other support services and be reimbursed for their time doing so. CCM aims to improve the lives of individuals living with chronic conditions while also saving the healthcare system from extra spending. CRHC's yearlong CCM Program, which is part of CRHC's Colorado Rural Sustainability (CORS) Network, helps rural clinics establish their CCM programs by providing technical assistance to build the care team and the necessary components and processes. Participants are able to learn from one another, and from subject matter experts in CCM. During the 2020-21 program year, all participating clinics were able to initiate or continue their CCM programs, and one was able to double the size of its CCM program.

Improved Outcomes through CCM



Diabetes Care HbA1c (>9.0%): For this measure, a lower percentage is better. It means that more diabetic patients have their HbA1c levels, markers of the disease, in better control.

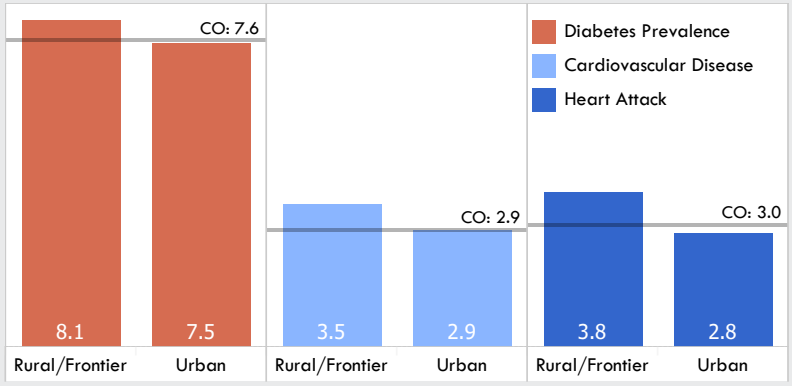
Number of Clinics

		2020	2021
CCM	Controlling High Blood Pressure	4	6
	Diabetes Care: HbA1c (>9.0%)	4	6
	Readmission within 30 Days	4	5
QHI	Controlling High Blood Pressure	29	11
	Diabetes Care: HbA1c (>9.0%)	21	9
	Readmission within 30 Days	7	7

Hospital Visit Average Cost

Diabetes	$240
Readmission	$14,400

Greater Burden of Chronic Diseases in Rural Colorado



Colorado Behavioral Risk Factor Surveillance System (BRFSS), 2020

4 Counties and 3 Regions in Cohort 1