

The State of Health in Rural Colorado



 **COLORADO
RURAL HEALTH
CENTER**

COLORADO RURAL HEALTH CENTER

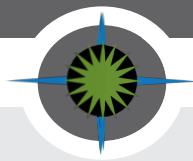
COLORADO'S RURAL POPULATION

RURAL WORKFORCE

ACCESS TO CARE

ADDRESSING THE ISSUES

COLORADO RURAL HEALTH CENTER



Our Organization

The Colorado Rural Health Center was established in 1991 as Colorado's State Office of Rural Health. As a 501(c)(3) nonprofit corporation, 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 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.

Programs & Services

Our goal is simple: ensure high quality healthcare services are available in rural communities. With an extensive network of partners, CRHC provides the following services:

- Advice, assistance, referrals, and support for rural health needs
- Workshops, training programs, and technical assistance
- Recruitment and retention services
- Health Information Technology (HIT) support and services
- Technical assistance grants, funding and scholarships; CRHC is both a grantor and grantee

CRHC is the recipient of the State Office of Rural Health (SORH) Grant, Federal HRSA Medicare Rural Hospital Flexibility Grant (FLEX), and the Federal HRSA Small Hospital Improvement Program(SHIP) Grant.

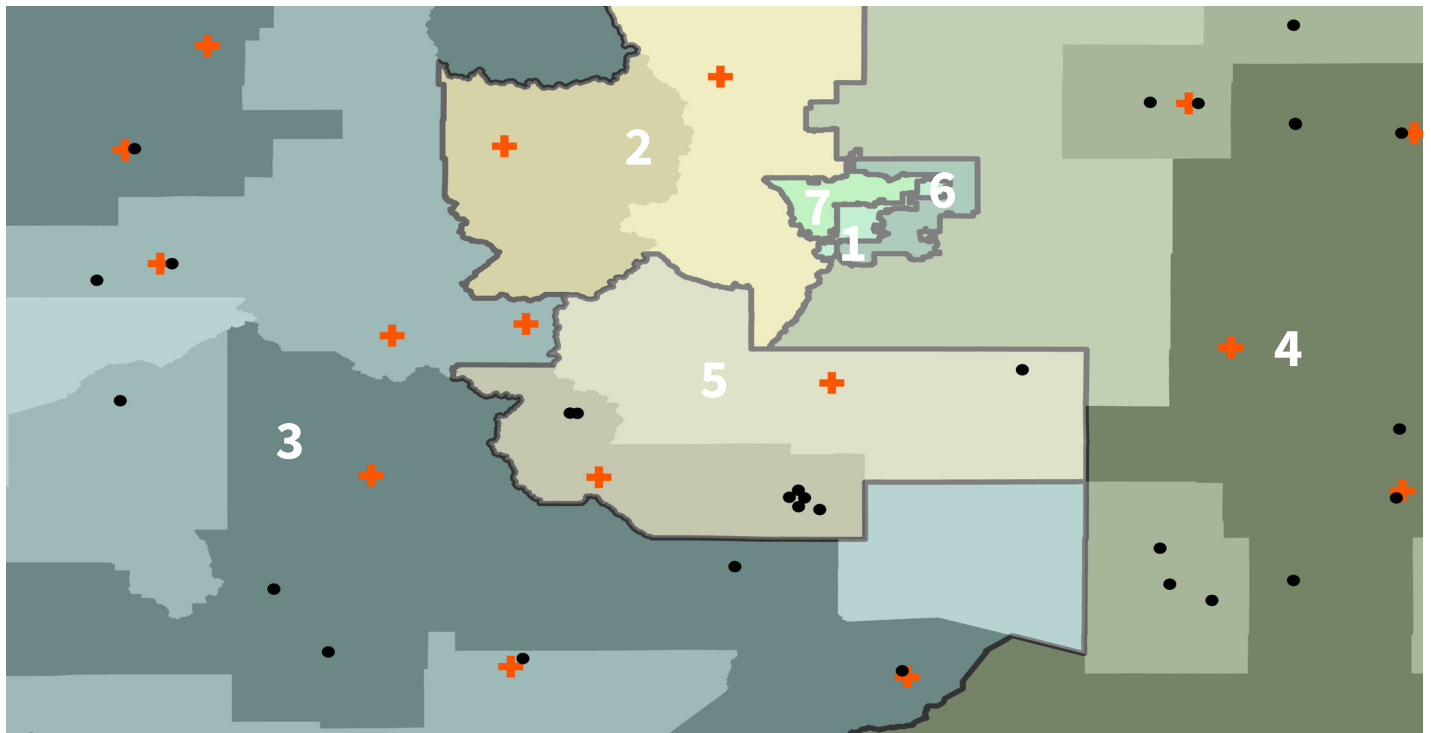
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Colorado: Congressional Districts, 2016

Access to Care in Rural



Congressional Districts

- 1 Diana DeGette
- 2 Jared Polis
- 3 Scott Tipton
- 4 Cory Gardner
- 5 Doug Lamborn
- 6 Mike Coffman
- 7 Ed Perlmutter

County Designation

- Urban
- Rural
- Frontier

Rural Health Facilities

- Critical Access Hospitals
- Certified Rural Health Clinics

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.

The information in this map was collected and geocoded by the State Office of Rural Health, current as of January 2016.

COLORADO RURAL HEALTH CENTER

COLORADO'S RURAL POPULATION



The Land

- 73% of Colorado's 64 counties are rural
- 73% of Colorado's landmass is rural; the average rural county covers nearly 1,670 square miles.

Over 73% of Colorado is rural yet 13% of the state's population lives in a rural or frontier area.

The People

- 13% of the population, or 697,748 people, reside in rural counties.
- 17% of Colorado's population aged 65-84 and 40% of the population over 80 lives in rural areas.
- By 2018, the 65 and over rural population is projected to grow almost 4% from 17.2% to 20.7%.
- Rural Colorado communities are diverse, with a total minority population of 23% compared to 21% in urban Colorado.
- 3 out of 10 rural Coloradans over the age of 25 do not have a high school diploma.
- 17.6% of rural Coloradans over age 25 have a Bachelor's Degree compared to 22% of urban Coloradans.

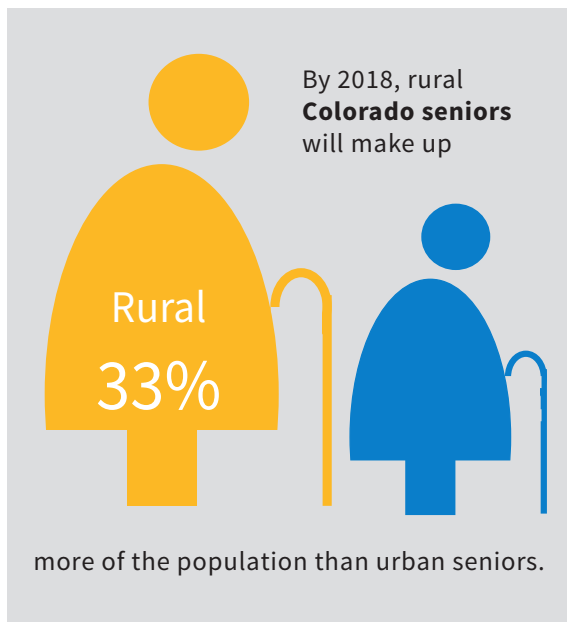
The Economy

- Compared to urban residents, rural employees are more likely to work in establishments with 10 or fewer employees.
- Colorado annually boasts a lively tourism industry of \$18 billion – 23% of which comes from rural mountain resorts and destinations.
- Colorado has the highest number of visitors in the country each year with an average of 71 million tourists per year.
- Tourism is heavily supported by rural communities and helps support 155,300 Colorado jobs.

Healthcare is part of the backbone of local economies and is 1 of the top 3 industries in rural Colorado.

Income and Poverty

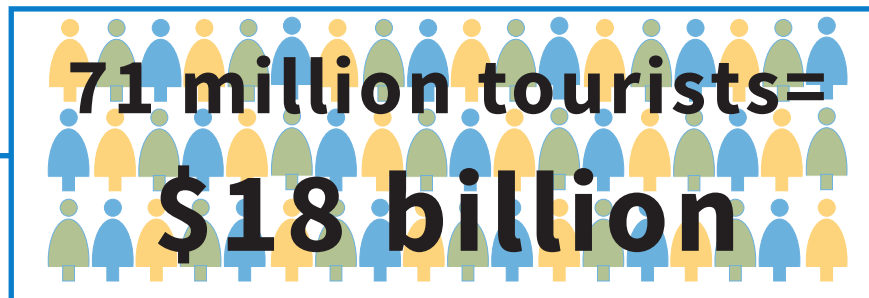
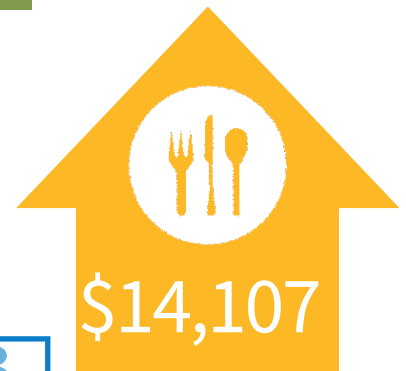
- Almost 10% of rural families are living below the 2015 Federal Poverty Line, which is \$24,250 for a family of four.
- The median rural household income is 29% lower than urban
- 23.3% of rural kids in Colorado live in poverty
- 24% of families in rural Colorado are single parent households.



In the last 5 years, the **cost of Medicare** per beneficiary has decreased by an average of \$249; it has increased for urban residents by \$214.

household income is \$14,107 less than an urban household

10% of families in rural Colorado live in **poverty**



Rural Colorado is the tourist destination for millions of people every year



COLORADO'S RURAL POPULATION

RURAL WORKFORCE



Health Professional Shortage Area

A Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA) are two key federal designations that help identify areas of the country with healthcare access issues. 36 of the 48 rural and frontier counties in Colorado are designated as HPSAs.

A HPSA must meet the following criteria:

- High prevalence of poverty
- Less than 1 provider per 3,500 residents

Recruitment & Retention

- 1 rural physician's employment creates approximately 23 additional jobs and \$889,000 in secondary local revenue.
- Recruitment of primary care providers in rural Colorado can take more than 3 years and cost a facility upwards of \$50,000.
- On average, it takes at least 6 months to recruit an advanced practice nurse or physician assistant.
- Less than 40% of primary care physicians will remain in the same community for more five years.

With the expansion of Medicaid in Colorado and the subsequent increased patient load, rural communities need no additional resources in recruiting providers to their communities.

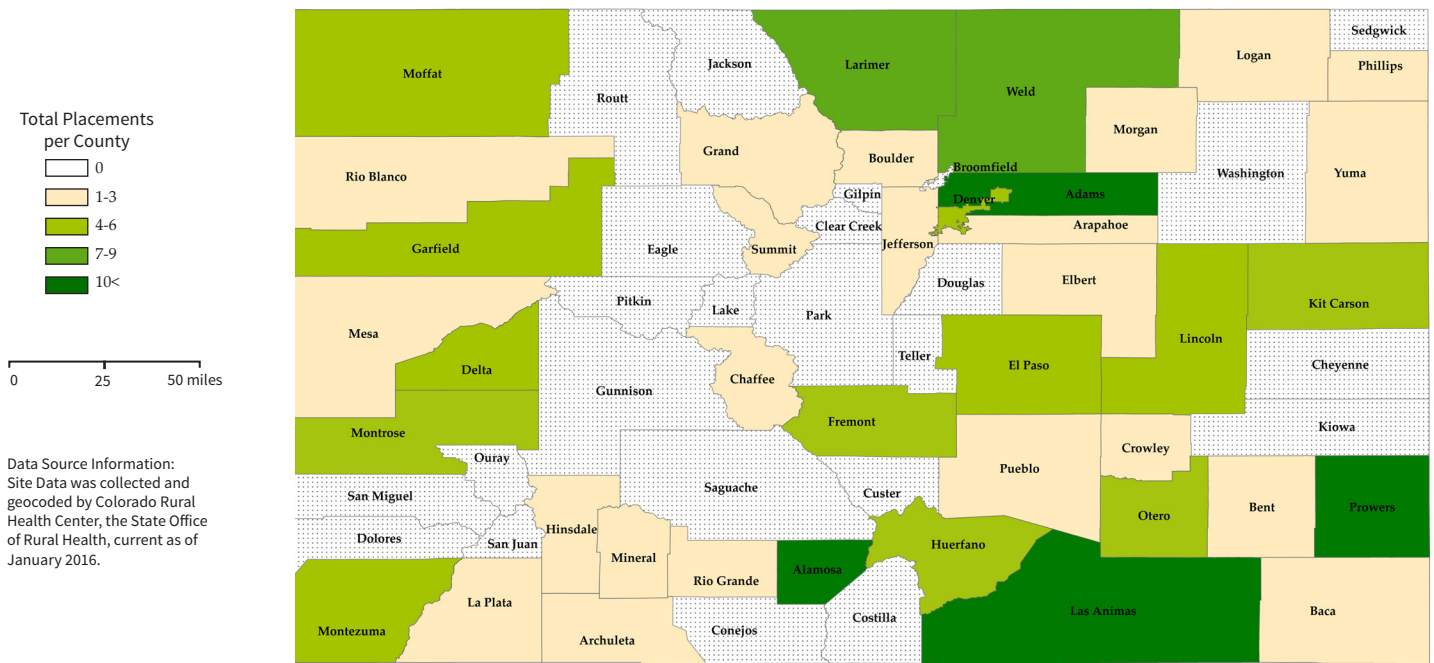
The Needs

- 12 counties do not have a licensed psychologist or a licensed social worker.
- 6 counties in Colorado do not have a licensed dentist or dental hygienist.
- 1 county does not have a licensed physician.
- 1 county does not have an advanced practice nurse or a physician assistant.
- Over 150 additional rural primary care preceptors are needed annually to train new Colorado medical school graduates.

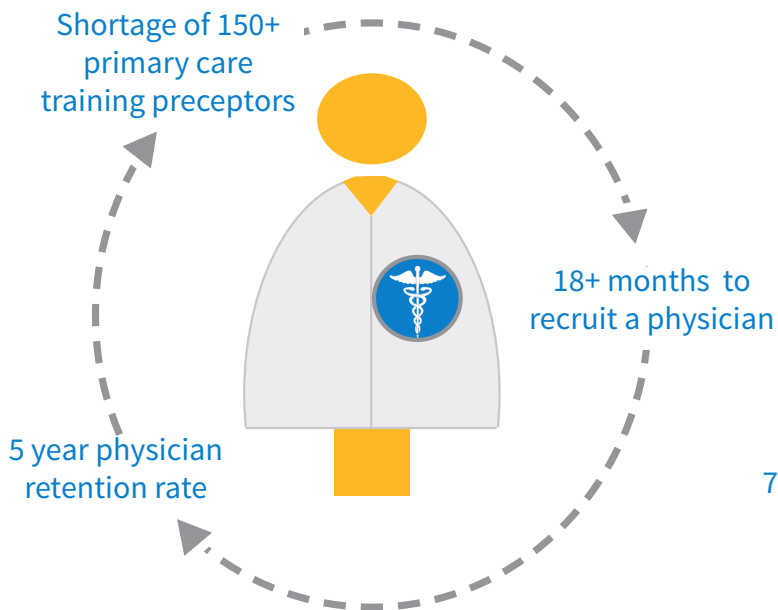
The map below shows provider placements since 2005. Since 2010, the program has placed 34 physicians. In 2016, the rural economic impact of these doctors will be \$30.2 million and will have created 782 secondary jobs.

- In the last year, Colorado Rural Health Center's recruitment program experienced a 50% increase in the number of job openings for all provider types.
- With a retention rate significantly higher than the state average (64% versus 39%) - the program has never been in this of high demand.

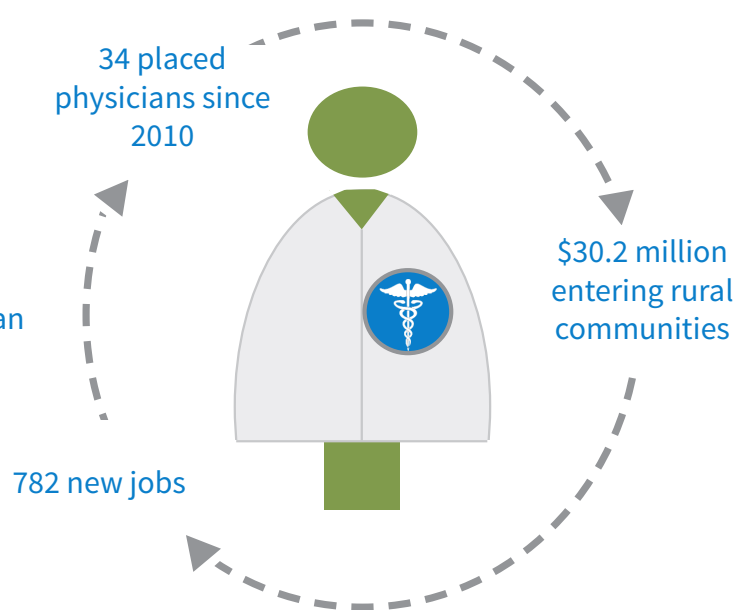
Colorado Provider Recruitment: placements, 2005-2015



Rural's Challenge



Our Impact



RURAL WORKFORCE

ACCESS TO CARE



Rural Health Care Facilities

The facilities that make up the rural health safety net are essential to the health and well-being of rural communities. Critical access hospitals, federally certified rural health clinics, federally qualified health centers, community safety net clinics, public health departments, mental health centers, rural hospitals, long-term care agencies, behavioral health agencies and dental practices are the backbone of the rural health infrastructure.

Critical Access Hospitals (CAHs)

Congress created the critical access hospital (CAH) program in 1997 to support the fragile rural health infrastructure and stop the closure of hospitals across the country. CAHs receive cost-based reimbursement from Medicare. This reimbursement is intended to improve their financial performance and reduce closures. CAHs must be located in rural areas, must have 25 beds or fewer and must be over 35 miles from another hospital or 15 miles from another hospital in mountainous terrain or areas with only secondary roads.

Rural Health Clinics (RHCs)

Rural health clinic (RHC) criteria were established by Congress in 1977 to support and encourage access to primary healthcare services for rural residents. An RHC is a federal designation that applies to a primary care clinic located in a non-urbanized area. RHCs must employ an advanced practice nurse, a physician assistant or a certified nurse midwife at least 50% of the time the clinic is open. RHCs receive no additional federal funding and as such are extremely vulnerable to local and state funding cuts.

Federally Qualified Health Centers (FQHCs)

Federally qualified health centers (FQHCs) or community health centers (CHCs) receive grants under Section 330 of the Public Service Act. To receive enhanced reimbursements from Medicare and Medicaid, FQHCs must serve an underserved area or population (may be located in a rural or urban area), offer a sliding fee scale, provide comprehensive services, have an ongoing quality.

Access to Care

- 29 CAHs: 13 counties in Colorado do not have a hospital and 2 counties do not have access to a hospital or RHC.
- The rate of uninsured residents in rural Colorado is 20.7%, compared to 14.1% in urban.
- 85% of US residents can reach a Level I or Level II trauma center within an hour; only 24% of residents living in rural areas can do so within that time frame but 60% of all trauma deaths in the U.S. occur in rural areas.

Behavioral Health

- 12 counties do not have a licensed psychologist or social worker.
- Access to mental health providers is significantly limited to rural residents with only 1 provider per 6,008 residents

Oral Health

- 40% of Colorado kids have dental decay by the time they reach kindergarten.
- The rate of adult tooth loss due to decay for rural adults is 46.6% versus 35.4% for urban adults.
- Only 10% of Colorado kids have visited a dentist by their first birthday as recommended by the American Dental Association.

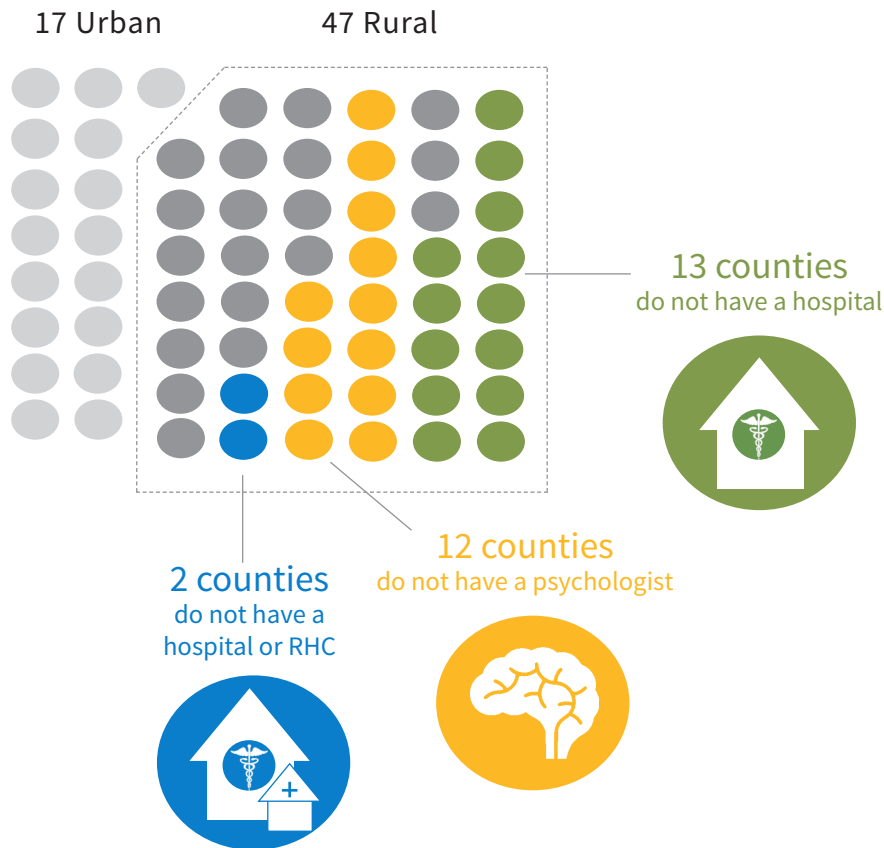
Food Security

- 1 in 9 households contain a Supplemental Nutrition Assistance Program (SNAP) recipient that is either 60 years or older or a child under 18.
- Rural Coloradans have almost 60% less access to reliable, healthy and affordable food than urban residents.

Public Safety & Transportation

- 14% of rural adults have low incomes and lack transportation compared to the state average of 8%.
- On average, it takes an emergency responder 30 minutes to arrive to a rural emergency compared to an average of 5 minutes for an urban emergency.

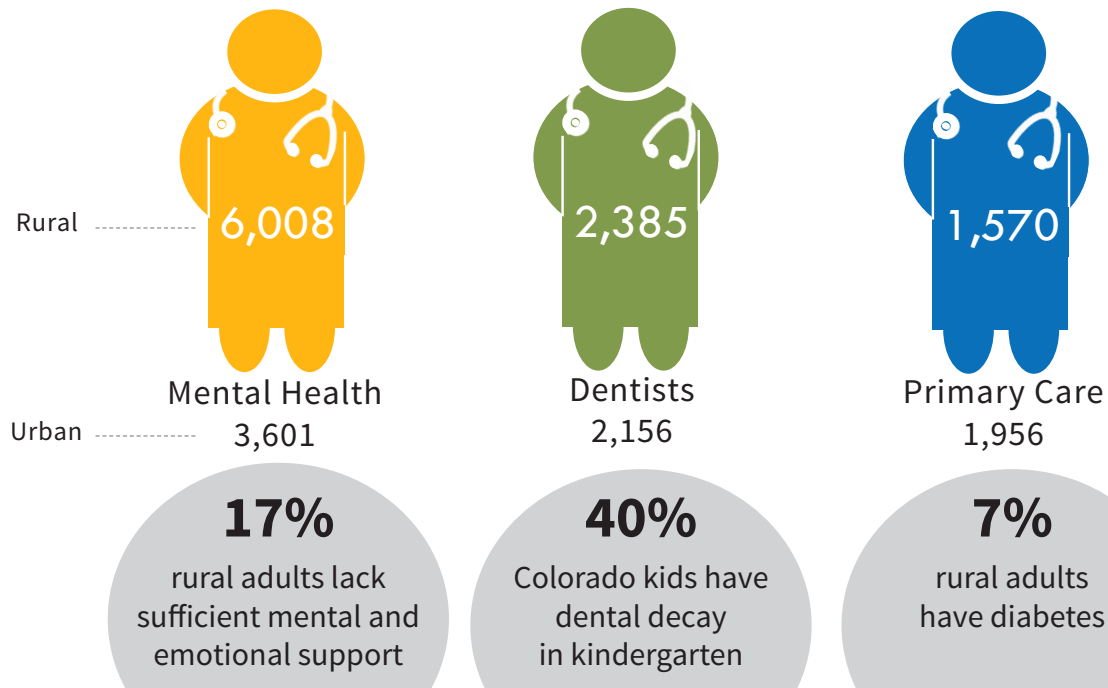
County Level Access to Care



Emergency Care



Patients per Provider



ACCESS TO CARE

ADDRESSING THE ISSUES



Addressing Rural Health Barriers

Today, more than ever, rural communities face significant barriers to accessing healthcare. Today's healthcare system is undergoing one of the largest changes in history by moving the delivery system payment toward value over volume. For rural health facilities, this will continue to be a difficult challenge to remain viable. Community partnerships, innovations, collaborative efforts and new approaches are essential to achieving success

Practice Transformation

- Practice Transformation is an initiative advanced by the Affordable Care Act (ACA) to enhance the quality of care, promote care coordination, and reduce cost in primary and specialty care.

- System Solutions:

- Patient centered medical home
- Meaningful Use
- Behavioral health integration
- Healthy Clinics Assessment (HCA)
- Basic business operations
- Quality & consistency of care
- Operational work-flow

- CRHC has been at the forefront of these efforts in rural Colorado since 2009, offering Healthy Clinic Assessments (HCAs) in rural health clinics.

- The HCA process improves basic business operations and overall quality and consistency of care through streamlined operational work-flow and increased efficiencies. In addition, collaborative efforts are spearheading efforts in practice transformation.

iCARE

- CRHC launched a quality improvement program in 2010, which focused on improving communications in transitions of care, and now includes participation from

- 22 rural Critical Access Hospitals (CAHs)
- 30 certified Rural Health Clinics (RHCs)

The latest data indicates those communities participating in iCARE have 10 % lower diabetes rates than rural averages, and 16% lower than statewide averages.

Health Awareness for Rural Communities (HARC)

CRHC's HARC databank, which contains over 400 population health measures, is another resource for rural facilities to combine with their internal data - creating conversations with and among community members regarding the overall health and wellness of their communities.

Health Information Technology (HIT)

- Collecting, producing and validating measurable quality data is a challenge for rural health facilities. There is a growing demand expressed by rural hospitals and clinics concerning their lack of HIT resources.

- One of the greatest barriers cited by rural facilities is the inability to extract data from electronic medical records (EMRs) for reporting requirements.

- CRHC launched a new division in 2015 dedicated to supporting the HIT needs of rural health facilities by providing technical assistance and access to cost-saving resources including automated data extraction.

Increasing Access

Current statewide access initiative include:

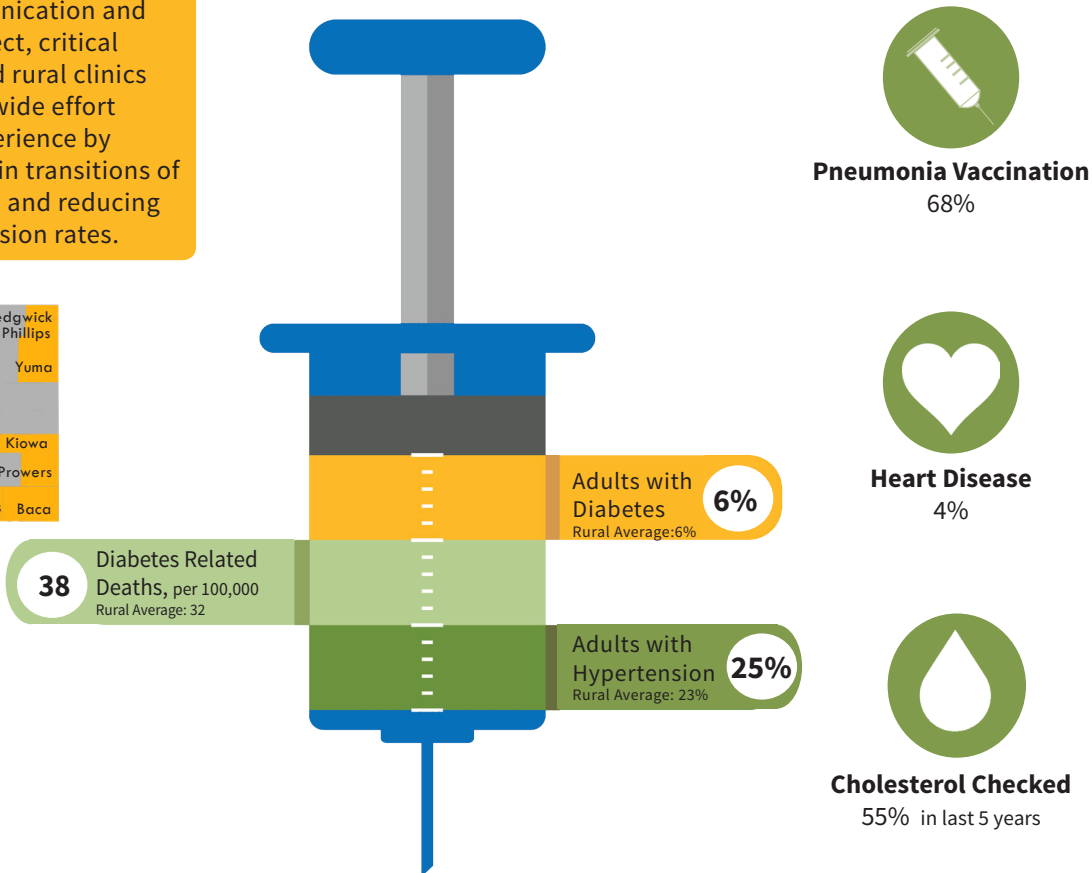
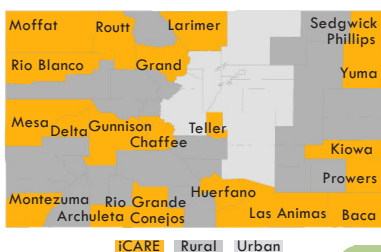
- The Extension for Community Healthcare Outcomes (ECHO)
- State Innovation Model (SIM) Project
- Health Information Exchanges (HIEs)
- Evidence Now Southwest
- Transforming Clinical Practice Initiatives (TCPI)
- Healthy Transitions Colorado

Improving Communication and Readmissions in the Rural Setting

- Project Participants -

How iCARE Participants Compare to Rural Colorado

Through the Colorado Rural Health Center's Improving Communication and Readmissions (iCARE) project, critical access hospitals (CAHs) and rural clinics are participating in a statewide effort to improve the patient experience by improving communication in transitions of care and clinical processes, and reducing avoidable hospital readmission rates.

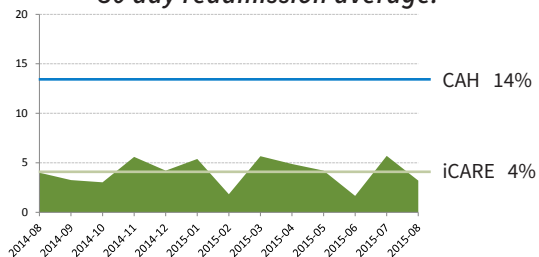


These statistics portray the importance of quality improvement initiatives.

Facility Data

Critical Access Hospitals

30 day readmission average:

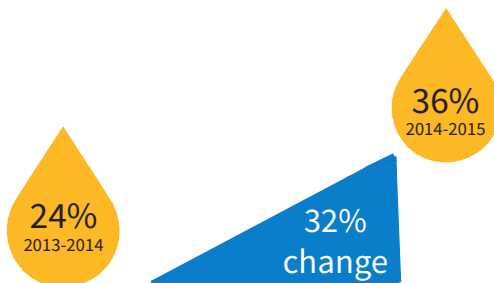


Hospital readmissions measure the ratio of patients readmitted to a CAH within 30 days with the same or similar diagnosis to the total inpatient discharges.

Rural Clinics

Diabetic patients with a LDL <100mg/dl

Since 2013, there has been a 32% improvement of patients with a reported LDL below the national benchmark.



Having an LDL below 100mg/dl is a national benchmark set by the American Association of Diabetes.

ADDRESSING THE ISSUES