CCMCN

April 2023

40%

Rural Connectivity Quarterly Newsletter

Issue #3

of RHCs are participating in the Rural Connectivity Project

61% of CAHs are participating in the Rural Connectivity Project

Mark your calendars! Rural Connectivity User Group

Thank you to those who took the time to attend our February User Group. CCMCN and CRHC will continue to host quarterly user group meetings, with the next meeting on **Tuesday, May 9th, 10am - 11am MST.**

The objectives of these meetings will be to:

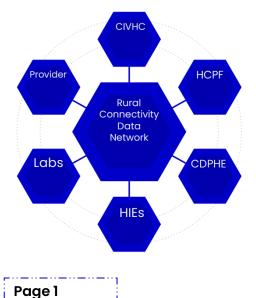
- ✓ Increase awareness of the Community Analytics Platform (CAP) and available reports
- ✓ Collaborate on new reporting ideas
- ✓ Increase utilization and comprehension of the CAP
- ✓ Gather feedback from users for enhancements to the platform
- ✓ Understand how organizations are using the CAP

Join us for our next Rural Connectivity User Group!

Click here to join the meeting

Data Sources Updates

CDPHE



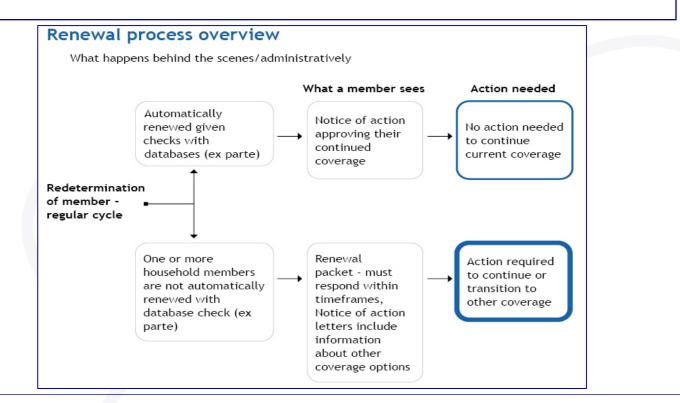
CCMCN has executed agreements with the Colorado Immunization Information System (CIIS) to collect immunization data on behalf of RHCs and CAHs who have completed the CIIS Delegatory Agreement. This data will be used initially to provide COVID-19 vaccination reporting to rural partners but aims to expand to childhood immunizations in the future. Please reach out to James Stephenson at CRHC (js@coruralhealth.org) or Demetria Flowers at CCMCN (demetria@ccmcn.com) for more information.

Public Health Emergency (PHE) Ending May 11, 2023

The Colorado Department of Health Care Policy & Financing (HCPF) will be resuming the standard renewal and disenrollment process, beginning May 2023, for Health First Colorado and Child Health Plan members. This comes after a 3-year pause and the biggest growth in members (500,000) since Medicaid expansion. Here are some important facts to aid in the transition from the PHE.¹

- HCPF will complete the renewal process over the course of 12 months (14 months including member notification which begins March 2023).
- More than <u>325,000</u> Coloradans or about <u>20%</u> of current members may no longer be eligible.
- About <u>30%</u> of eligible members will automatically renew and remain covered.
- Other members will receive a renewal packet 60-70 days prior to their renewal deadline and will need to take action to retain coverage.
- Renewal date is based on a member's coverage start date. Ex. If the coverage begin in June of 2022, the renewal date will be in June of 2023.
- For more information and additional resources, please visit https://www.healthfirstcolorado.com/renewals/

As a reminder, rural providers who have authorized CCMCN to receive Medicaid 834 enrollment files on their behalf can utilize the Current and Historical Attribution Report to review attributed members and trends in enrollment for those members. CCMCN is in conversation with HCPF to add additional information regarding re-enrollment dates to this report, which will become critical for members as the PHE comes to a close.



Page 2

1. Health First Colorado (2023, January 1). Renewals. Retrieved March 1, 2023, from https://www.healthfirstcolorado.com/renewals/



Rural Connectivity Quarterly Newsletter

Diabetes in Colorado

10.5%

~34.2 MILLION people in the US were living with Diabetes in 2020¹

\$1 out of \$4 of US healthcare cost is spent on Diabetes¹

In Colorado 35,793 people, or 7.1% of the adult population, were living with diagnosed diabetes in 2020.5

In 2018, an estimated 117,000 people were living with diabetes but didn't know it, greatly increasing their health risk.²

32.9%

of the adult population in Colorado has been diagnosed with **Prediabetes**²

Page 3



A 2017 economic burden study showed that people with diabetes incur medical costs 2.3x higher than those without.

There were \$2.6 billion in total medical costs for those with diagnosed diabetes in Colorado.²

Diabetes Disparities

- Research has shown that living in rural areas can contribute to the vulnerability of people with chronic disease, including diabetes, due to geographic distance to services, number of healthcare professionals, and cultural competence.³
- 9% of adults aged 20 and above in rural Colorado have been diagnosed with diabetes compared to 7% in urban.⁴
- People who have **not completed high school** have the highest prevalence of diabetes.⁵
- Adults with a family income **below the federal poverty level** (FPL) have the highest prevalence of diabetes.⁵
- Minority racial/ethnic groups are at a higher risk of developing diabetes than other groups.⁵

r 1). Diabetes Statistics. National Institute of Diabetes and Digestive and Kidney Disease. Retrieved March 1, 2023, 1. Nin (2020, December 1). Diabetes statistics. National institute of Diabetes and Digestive and Klaney Disease. Retrieved March 1, 2023, from https://www.niddk.nih.gov/health-information/health-statistics/diabetes-statistics 2. American Diabetes Association (2021, October 1). The Burden of Diabetes in Colorado. Retrieved March 1, 2023, from https://diabetes.org/sites/default/files/2021-10/ADV_2021_State_Fact_sheets_Colorado.pdf 3. Brundisini F, Giacomini M, DeJean D, Vanstone M, Winsor S, Smith A. Chronic disease patients' experiences with accessing health care in rural and remote areas: a systematic review and qualitative meta-synthesis. Ont Health Technol Assess Ser. 2013 Sep 1;13(15):1-33. PMID: 24228078; PMCID: PMC3817950. 4. Colorado Rural Health Center (2022, January 1). Snapshot of Rural Health in Colorado. Retrieved March 1, 2023, from https://courses.got (2022, January 1). Snapshot of Rural Health in Colorado. Retrieved March 1, 2023, from https://courses.got

https://coruralhealth.org/ 5. CDC (2022, October 1). Diabetes in America. Center for Disease Control and Prevention. Retrieved March 1, 2023, from https://www.cdc.gov/diabetes/health-equity/diabetes-by-the-numbers.html



Community Analytics Platform – Diabetes Report

Research continues to show that health information technology (HIT) offers considerable opportunities to advance health systems' roles in positively affecting the health of high-risk populations and achieving good population health. Utilizing HIT can provide a comprehensive assessment of a person's health, which goes beyond just documenting clinical diseases, medical interventions, and assessing other socio-demographic factors that can influence a patient's health. The Rural Connectivity Project strives to provide organizations with the means to view their patients' and population's health holistically.¹ What can end users gain from the Diabetes report? Insight into their patient population who have: Diabetes Type I & II Diagnoses Prediabetes Diagnoses Recent High AIC lab values indicating Pre/Diabetes Data on comorbidities, diabetes-related complications, recommended screenings, and recent screening dates Social and Demographic information including age, race/ethnicity, gender identity, sex, payer, and more ADT messages over the last 30 days for this patient population, including a patient list for follow-up

		3	3								
	< 5		tion Pacie Ust	nt Population	ADT Summary	A07 Patient Ust	>				
Patient Population	Report										
Patient Count Av	A1C (Total)	tal) Avg A1C (Diabetes) (Prediab 7.5 6.2		Diagnosis Date	Source Clinic	Status	Diabetes		Documented Death		
12,525	271			7/12/2011 /	(AII)	• (AB)	• (60)	•] [(88)	• ((40)		
Members diagnosed by cate (vactudes undiagnosed, high ATc)	gory Other	Preciabetez	Type I	Type II	By ZIP Code (Click on Excend Mee)	kawi	xpond		omplications ognosed)		
3X 2X							Ur	Neuropathy (Ary) 8.4%	Neuropathy 3.9%	Foot	
1K 0K					itah			Nophropathy 8.0%	Retinopati 1.7%	hy	
	2014 2014 2015 2016	2017	2019	2022	C Maphor C			Heart Disease 11.4%	Peripheral Dis 0.0%	96358	
Insurance	Sex		Age Distributio		Ethnicity			Periodontal Disease 0.0%			
Medicare	27.479	5/9 y		years 0.0% years 0.2% years 0.5%	Hispanic or Latino 16.0% Not Hispanic or Latino 21.7% Other or Linknown 32.3%			Recommended Screenings (patt 12 months)			
Private Insurance	25,799 Othero unknow	17.00	15-17 years 0 18-24 years 12	8%	Race	4n <u>363</u>		Wellness Exam 4.2%	Dilated Eye E 1.8%	Exam	
Medicald 20	0.2% Gender Identi		25-29 years]1 30-39 years	.3%	Other or unk	White	63.4%	Poot Exam 2.5%	Oral Exam 7.6%	π.	
Uninsured 1.3%	Pemale 2.4%		40-49 years 50-59 years	10.4%	More than on	More than one race 12.1% American Indian/Alaska N., 2.0%			Common Comorbidities (ever diagnosed)		
CHP 0.2%	Mal Missing or unk	95.6%	60-69 years 70-79 years	28.0	Black or African Ame	erican 0.5%		Kidney Disease 8.1%	Dyslipiden 4.2%	nia	
Other 15.	5% Patient Decline		80-89 years 90+ years] 1		Native Hawalian or O	Asian 0.4% ther. 0.1%		Obesity 10.3%	Hypertensi 32.2%	ion	

Page 4



Rural Health Today

Recent publications that contain rural health research & policy:

- 2023 Snapshot of Rural Health
- Community Sociodemographic and Rural Hospital Survival Analysis
- An Interdisciplinary Telemedicine Innovation to Enhance Pediatric
 Diabetes Care in Rural Communities
- Variations in Affordability of Health Care by Non Metropolitan/Metropolitan and Race/Ethnicity Status Across Eight
 Geographically Dispersed States

The Forum 2023

April 12th, 2023 – April 14th, 2023, https://coruralhealth.org/theforum

The Colorado Rural Health Center's Annual Rural Health Forum provides an opportunity for Colorado's 55 certified Rural Health Clinics (RHCs), rural clinics, and other rural providers and healthcare professionals interested in learning more about rural healthcare to convene, learn, and network together.



Metrics are a representation of attributed patients of participating rural providers <u>only</u>. Incurred but not yet reported (IBNR) data is not represented.

Request a Demo

If you are interested in receiving an in-depth demonstration of the CAP and all it has to offer, please contact Demetria Flowers at <u>demetria@ccmcn.com</u>

Topics of Interest

Are you interested in learning more about a topic that has not yet been covered in the quarterly newsletter or CAP user group meeting? Submit any questions or topics to Demetria Flowers at demetria@ccmcn.com

Demographic Files and Trading Partner Authorization

Want to view data for your organization in the CAP? If you would like to begin submitting demographic files to CCMCN or allow CCMCN Trading Partner Authorization, please reach out to Jessica Whiting at jessica.whiting@ccmcn.com

Next Rural Connectivity Quarterly Newsletter: July 2023

Page 5