Health Disparities in Rural Colorado and the Promise of Programs Aimed at Reducing Readmissions

Colorado Rural Health Center
The State Office of Rural Health

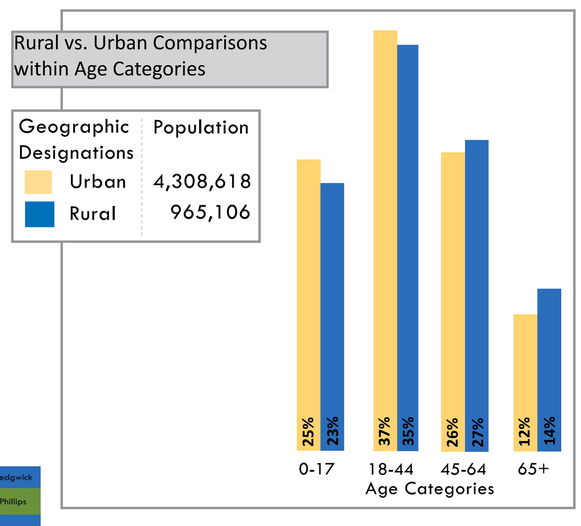
HARC Data Bank
Health Awareness for Rural Communities

Colorado faces many obstacles to health in the vast rural parts of the state. The Colorado Rural Health Center manages the iCARE program (Improving Communication and Readmission), designed to build off of the success of Colorado's Critical Access Hospitals (CAHs) by aiding in reducing readmissions for pneumonia, lung disease, and diabetes.

Colorado is a rural state

Demographics

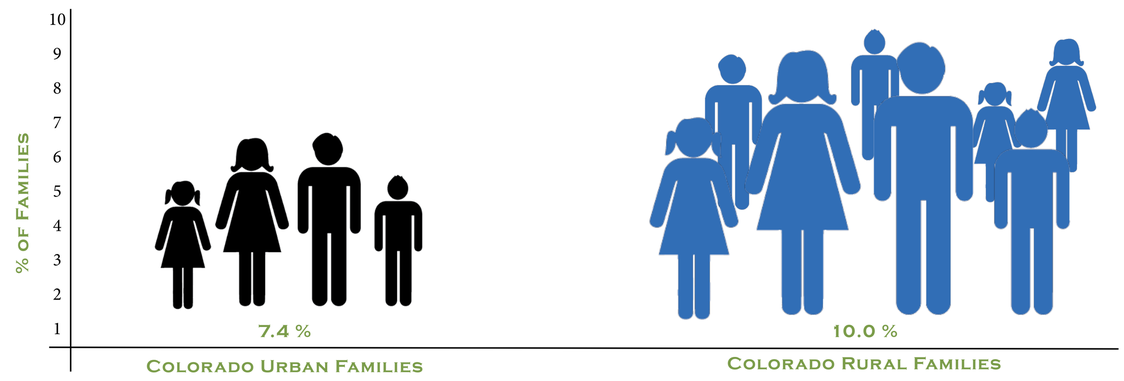
- 73% of Colorado's 64 counties are rural; 17 are urban, 24 are rural and 23 are frontier.
- 77% of Colorado's land mass, or approximately 79,884 square miles, is rural (see map for designations).
- 18% of the population, or 965,106 people, reside in rural counties. Five rural counties have less than one person per square mile.



17 Urban
24 Rural
23 Frontier

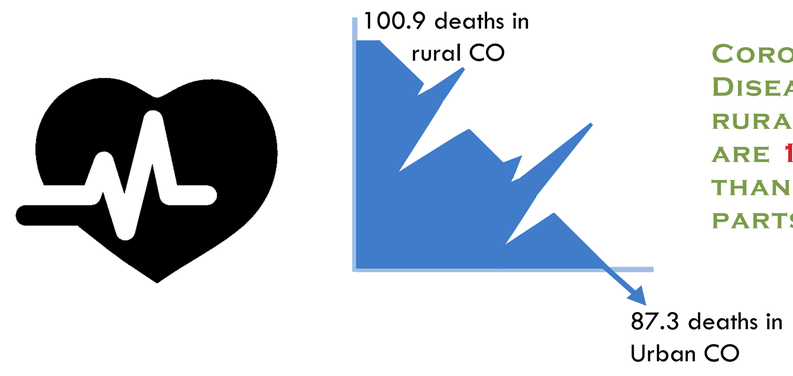
Urban counties are those counties that meet the Office of Management and Budget criteria for metropolitan counties. Frontier is a subset of rural; they are counties with a population density of six or fewer people per square mile.

Percent of Families below the Poverty Line



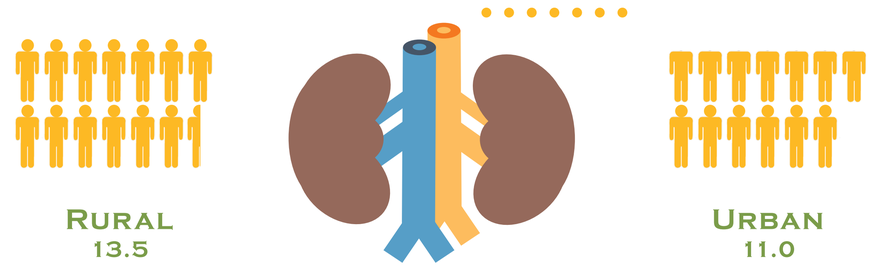
Disparities in Disease Rates

Coronary Heart Disease Deaths (per 100,000)

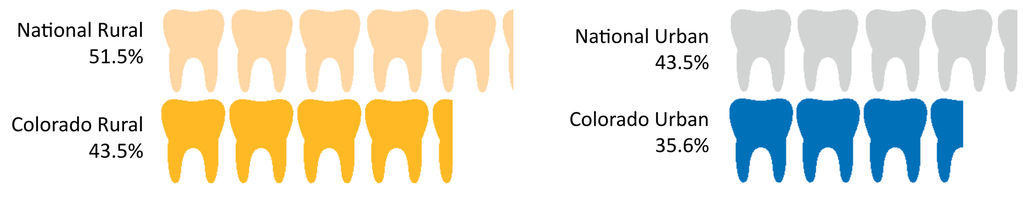


Coronary Heart Disease Deaths in rural Colorado are 14.4 % higher than in urban parts of the state.

Kidney Disease Deaths (Average per 100,000)



Adults with Tooth Loss Due to Periodontal Disease



All statistics are from the Harc Databank, a service of the Colorado Rural Health Center

Faced with rural health disparities

Income and Poverty

- The income gap between rural and urban counties persists. The median household income in rural counties is 26.5% less than the median household income in urban ($45,307 compared to $61,642).
- 9.8% of families living in rural counties live below the Federal Poverty Level (FPL). In urban counties, 8.9% of families live below the FPL. For a family or household of four, the 2014 poverty guideline is $23,850. 24.5% of children residing in rural counties live in poverty, as compared to 15.8% of urban children. 36.4% of rural children are eligible for free or reduced priced school meals.

Positive trends in the Rural Healthcare Delivery System

Cancer Screening vs. Outcomes

Despite a worse Sigmoidoscopy/Colonoscopy rate in rural counties (53% vs. 60% in urban), Colorectal Cancer deaths remained near even in rural vs. urban counties

Average Colorectal Cancer Deaths per 100,000 people

15.5 (rural) 15.4 (urban)

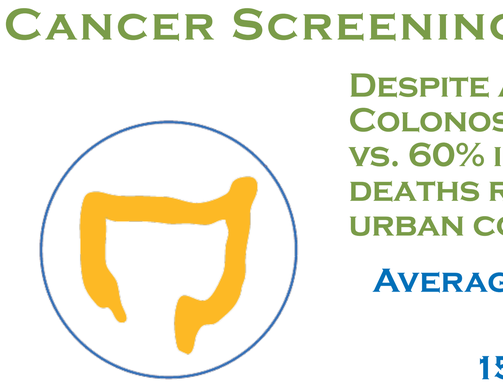
CAHs save money & have higher satisfaction

Critical Access Hospitals provide cost-effective primary care. In fact, in comparing identical Medicare services in a rural setting to an urban setting, the cost of care in a rural setting is on-average 3.7 % less expensive.

Hospitals in rural areas have significantly higher ratings on patients' assessments of care than those located in urban areas.

iCARE has a Direct effect on Readmission Rates

Building on the Successes of Colorado's rural healthcare delivery system



As Colorado's State Office of Rural Health, the Colorado Rural Health Center (CRHC) receives the Federal Medicare Rural Hospital Flexibility (FLEX) Grant through the Health Resources and Services Administration (HRSA) to provide support and resources to Colorado's 29 rural Critical Access Hospitals (CAHs).

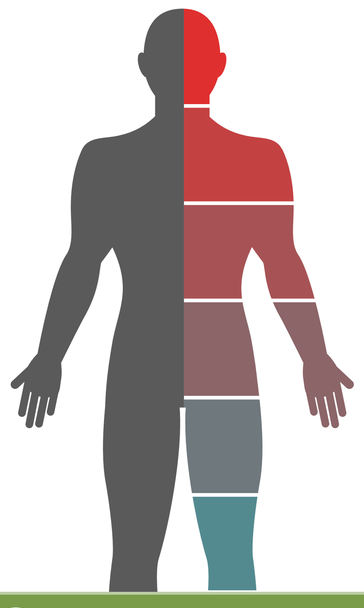
CAHs, which have a federal designation allowing them to receive 101 percent of Medicare cost reimbursement, must meet certain criteria including being located in rural areas and at least 35 miles (or 15 miles in the case of mountainous terrain or only secondary road access) from other hospitals, and have no more than 25 inpatient beds. Because CAHs are often overlooked in national and statewide healthcare initiatives, CRHC created iCARE (Improving Communications and Readmissions) as an opportunity to engage Colorado CAHs and their clinics in a statewide improvement project aligning with national trends and funding priorities demonstrating sustainable improvements and outcomes.

iCARE's three primary goals are:

1. Improve communication in transitions of care,
2. Maintain low readmission rates, and
3. Improve clinical processes contributing to readmissions, particularly for heart failure, pneumonia and diabetic patients.

iCARE
Improving Communication and Readmission

30-day Readmission rate for iCARE CAHs is **4x lower** than the cited national average of ~20%



For 2014 (through August 31), iCARE facilities reported an average of 63% of patients with a blood pressure < 140/90 (far better than the national benchmark goal of 48%).

In the last 12 months, iCARE facilities provided pneumonia vaccinations to a median 91% of patients ages 65+. Rural counties as a whole provided vaccinations a median 68.9% of the time.

iCARE facilities saw a decrease from 37.4-21.9 % of patients with A1C>9% in the last 12 months.

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CRHC is the recipient of the Federal HRSA Medicare Rural Hospital Flexibility Program Grant: CFDA 93.241; Award 2 H54RH00056-113-00. iCARE is supported through CRHC's receipt of Federal HRSA Medicare Rural Hospital Flexibility Program Grant: CFDA 93.241; Award 2 H54RH00056-13-00 and the Colorado Department of Public Health and Environment's Cancer, Cardiovascular, and Pulmonary Disease Grant Program.