



# SUPPORTING RURAL HEALTH CARE IN COLORADO

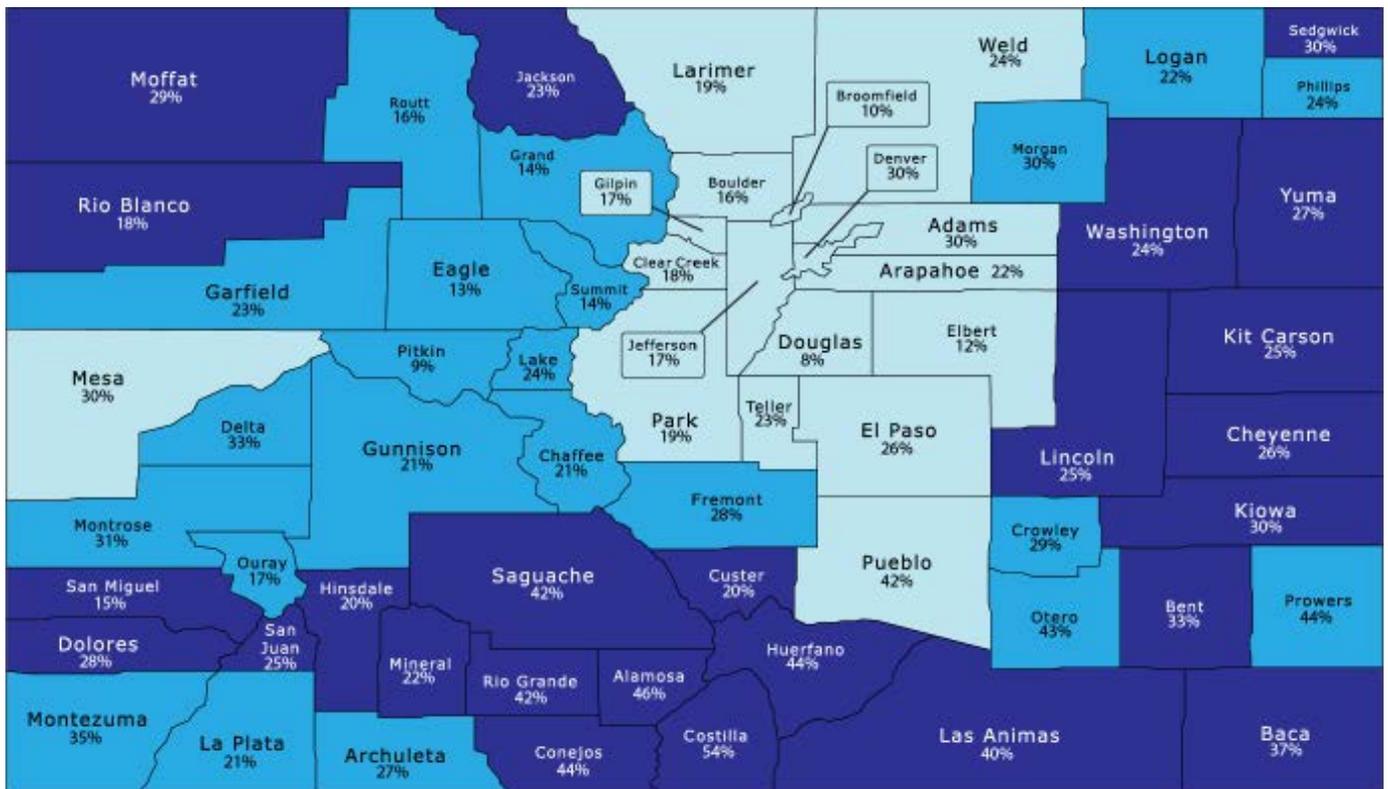
**+** The Department committed \$2 billion of its Fiscal Year 2018-19 Budget to support health care in rural and frontier Colorado.

## What is the Difference Between Rural and Frontier? <sup>1</sup>

**+**  
Rural counties are not designated as parts of metropolitan areas

**+**  
Frontier counties have a population density of six or fewer persons per square mile

## Percent (%) of Population Enrolled in Medicaid by County



County Classification    ■ Urban (17)    ■ Rural (24)    ■ Frontier (23)

Higher Rates of  
PUBLIC INSURANCE

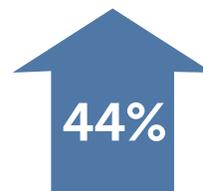


Lower Rates of  
PRIVATE PAY

The TOP FIVE COUNTIES with the

**HIGHEST %  
ENROLLED**

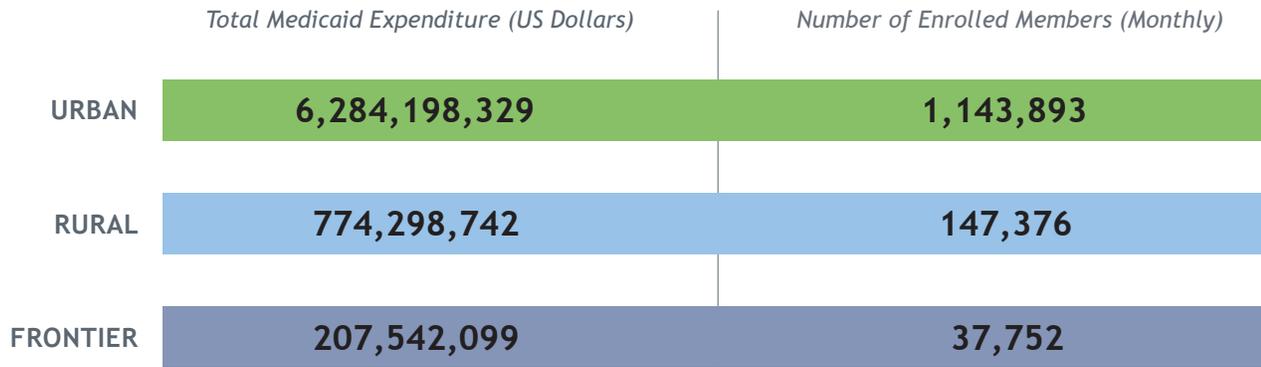
in Health First Colorado and CHP+ are  
RURAL & FRONTIER



Medicaid patient  
panels in rural  
Colorado INCREASED  
by 44% due to the  
Affordable Care Act

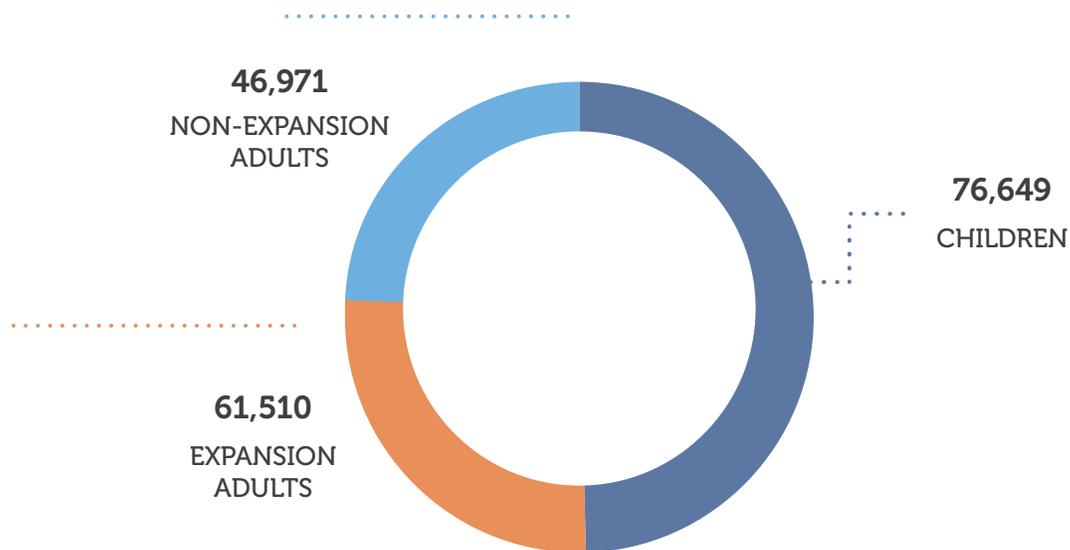
<sup>1</sup>Source: <http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/Final-Snapshot-2.28-1.pdf>

## Spending by Region (CY 2016 MMIS Data)

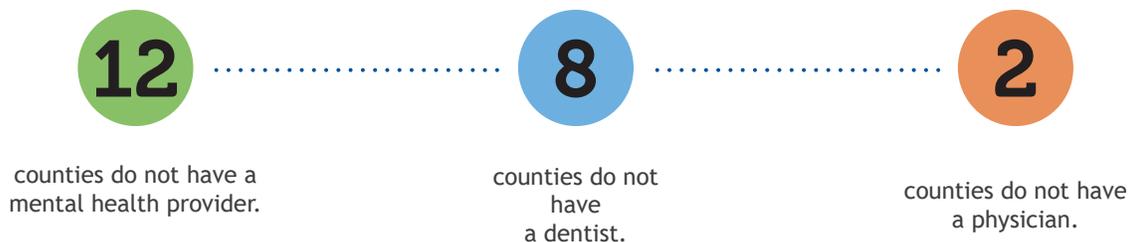


- Rural and frontier counties often face health care access issues.
- Specialty care, sometimes difficult to access even for people privately insured in urban areas, can be especially challenging in rural and frontier counties.

## Health First Colorado Enrollment in Rural and Frontier Counties (CY 2016 County Fact Sheets)



## Rural and Frontier County Fast Facts



## Modernization Improves Access



Telehealth initiatives offer more opportunities to increase access to services in rural and frontier counties.

Telehealth improves access to specialty care, and can reduce the burden of transportation and long appointment wait times.

Tele-psychiatry and in-home tele-psychiatry can help members access behavioral health services.

## Supporting Providers

FY 2018-19 budget proposal will directly impact rural and frontier communities by supporting providers by increasing adult and pediatric physician and advanced practice provider volumes for primary care and specialty care by a minimum of 15,000 Medicaid Members by June 30, 2019.

Development of rural and frontier health care delivery model to include the following:

- Increase physical presence of providers in rural and frontier communities,
- Expands innovative programs such as e-Consult, telemedicine, and ECHO programs,
- Develops an appointment and referral pathway that helps streamline rural and frontier primary care to specialty providers, and
- Increases specialty access for Federally Qualified Health Centers.

## Supporting Rural Hospitals

The Colorado Healthcare Affordability and Sustainability Enterprise provides benefits directly to rural hospitals from the hospital fee, including a 60% discount on fees, dedicated funding to rural hospitals, and higher reimbursement rates.

### Critical Access & Small Rural Hospitals

**+\$9.5m** **+\$15m**

due to the 60%  
fee discount

in  
reimbursements

### Inpatient & Outpatient Higher Rate

**+\$47m**

net benefit to  
rural hospitals

Source: <https://www.colorado.gov/pacific/sites/default/files/HCPF%202018%20CHASE%20Report.pdf>

## Supporting Access to Care

Building a Rural Health Care Network - Residencies & Training:

- FY 2018-19 budget is base funding for the family medicine residency program. It provides \$5.4 million per year in funding to support family medicine residencies at 9 locations throughout the state.
- In addition, rural training programs provide \$3 million per year to host residencies in Alamosa, Fort Morgan, and Sterling.
- The FY 2018-19 budget requests also includes \$600,000 to fund two new family medicine residency programs in Colorado Springs and Lone Tree.
- The University School of Medicine Physician Supplemental initiative provides an additional \$300,000 for the AF Williams Family Medicine Residency at the University of Colorado Hospital and \$0.2 million in scholarships for rural track medical students.

## Supporting Access to Care: Little Pediatric Practice with an Outsized Impact



It's likely you have never thought of Pediatric Partners of the South West, based in Durango, as the center of the universe. But for people living in the more sparsely populated south western corner of Colorado -- especially those with kids in need of medical care - this small practice often is.

The pediatric practice has about 11,000 patients. More than half of those patients use Health First Colorado (Colorado's Medicaid Program) to get access to the quality care the practice provides. Beyond this, the seven doctors and three advanced practice providers who work there are the only Medicaid hospitalists, meaning they can admit kids on the program to hospitals, until you reach north to Grand Junction or east to Pueblo.

The Horse Gulch Health Campus, where these doctors, nurses, counselors, social workers and other staff work to support children's health, is rarely closed. The doors are open on holidays, weekends and evenings to accommodate the increasing numbers of families who come. That's the reality of working in what is considered a "frontier" area, in health policy lingo. There is no children's hospital in the area and for hundreds of miles. Geography - always a challenge in parts of Colorado - becomes a genuine barrier.

To solve these complex health care situations, the practice has been on the forefront of innovations in a host of areas. And in large part, they credit Health First Colorado with helping these innovations and the resultant improved care occur.

***"So much of what we do is funded by Medicaid, but it is open to all of our patients," said Dr. Cecile Fraley, a board-certified pediatrician and the chief executive officer of the practice. "The integrated services we provide, the access to telemedicine, the data-driven interventions would never be covered by private insurance."***

When you begin to discuss with Fraley the multitude of services the practice provides it's hard to know where to start or where to end. But at the heart of the work are two primary objectives: First, to serve families where they are and in the ways that will produce the best health outcomes for their children. And second, to deliver care that is team-based and includes support for the whole child, not just a single symptom. These wrap-around services, things like transportation assistance to appointments come standard with the care. The practice's additional fundraising seeks to help families with kids who need specialty care in Denver or other locations make that journey as well. And more and more data is showing this kind of approach means ultimately healthier kids and families better able to manage their own health care needs.

One area in which the practice has a reach far greater than their lone staff members could ever accomplish individually is in the arena of telemedicine. As with many of the practice innovations, the efforts were driven by community need. With limited access to specialists in their region, the practice began a partnership with Aurora-based Children's Hospital Colorado that includes regular access to the myriad specialists at the hospital. The practice provides access to these specialists on a regular schedule and that access is open to anyone in the region that needs it, not just their patients.

The telemedicine work is also important to the surrounding communities they serve. For example, in isolated Silverton, the practice uses video links through the community's public school to handle check-ups for things like pink eye, thrush and other common childhood ailments that help people avoid costly, treacherous and sometimes just plain impossible travel over mountain passes.

"We couldn't do any of this critical work without the relationships we've built, with our community, with our state and with the amazing organizations we're lucky to call partners," Dr. Fraley said. "Our work with Medicaid is at the heart of much of that, and the program is demonstrably improving the health of our community through our practice work."