



Deploying Care Coordination and Care Transitions – Colorado June 2015

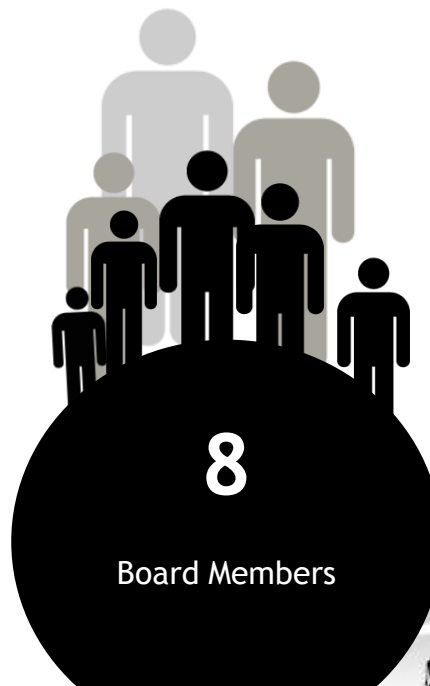
iCARE
Improving Communication and Readmission

**COLORADO
RURAL HEALTH
CENTER**
The State Office of Rural Health

Who we are...

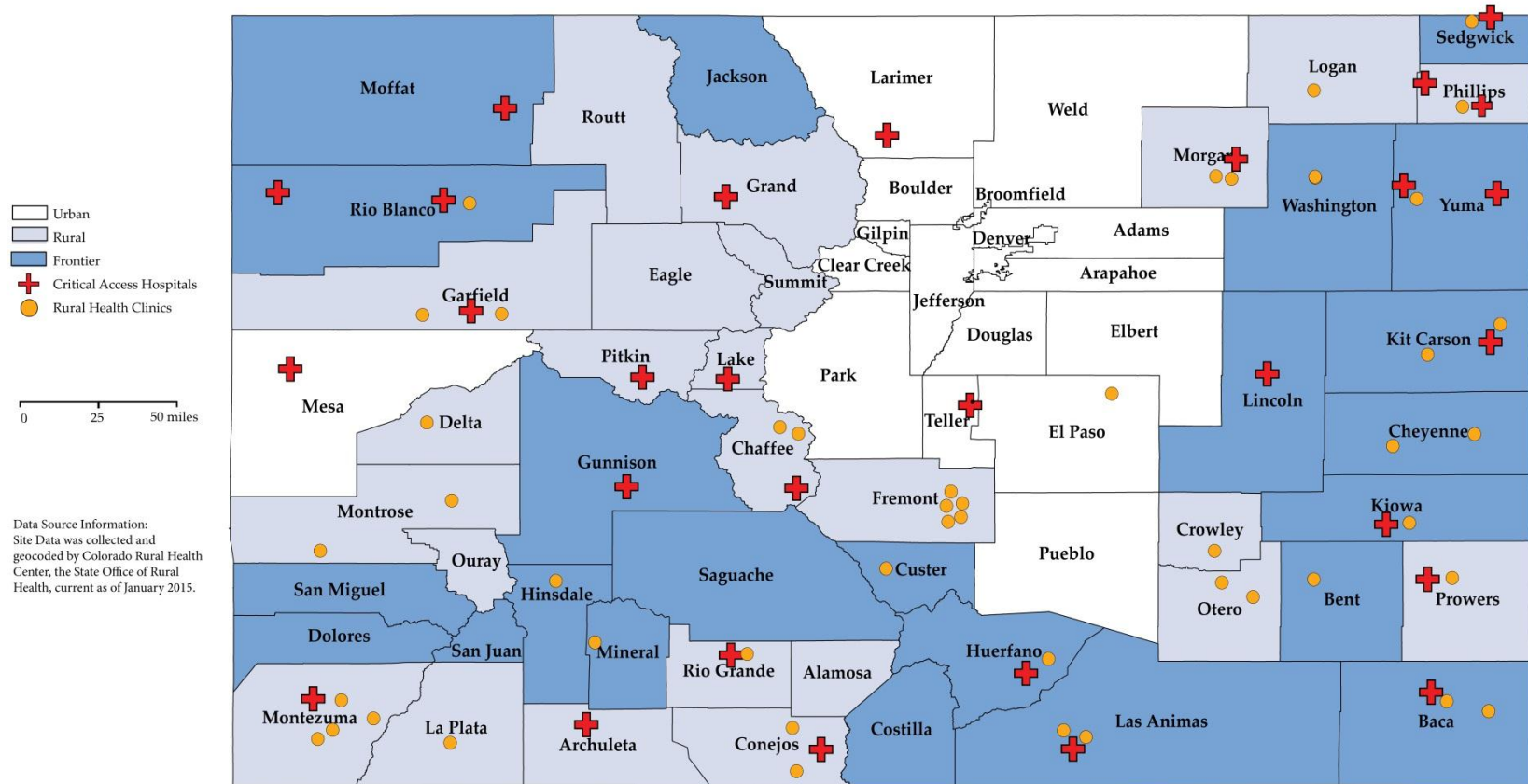
Our People

- [Staff](#)
- [Board Members](#)





Colorado: Rural Health Facilities within County Designations, 2015



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.

Moving from Volume to Value Based Care

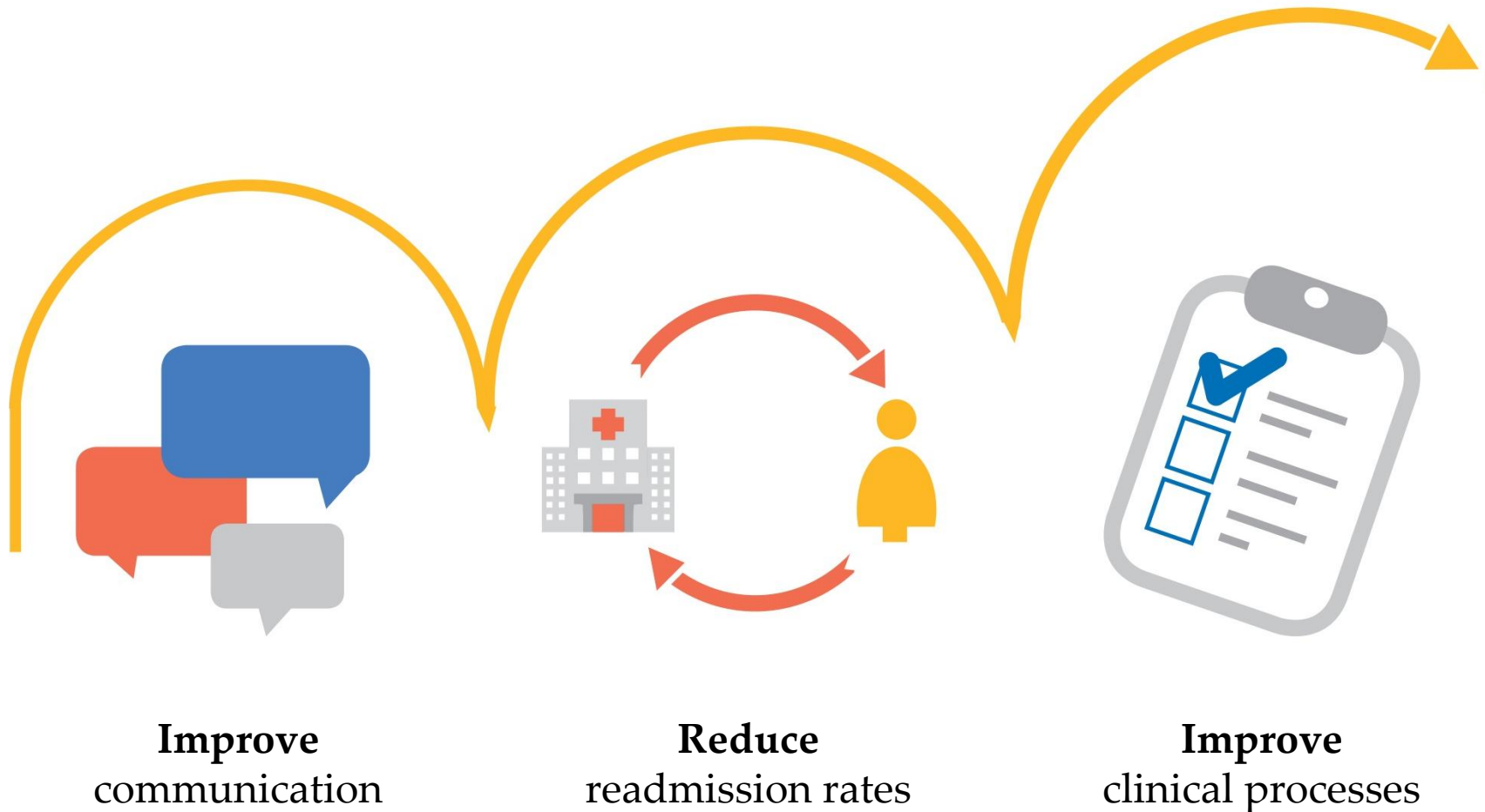
Community

- Flex
- Triple Aim
- Quality Reporting
- Population Health
- Readmissions
- Care Coordination

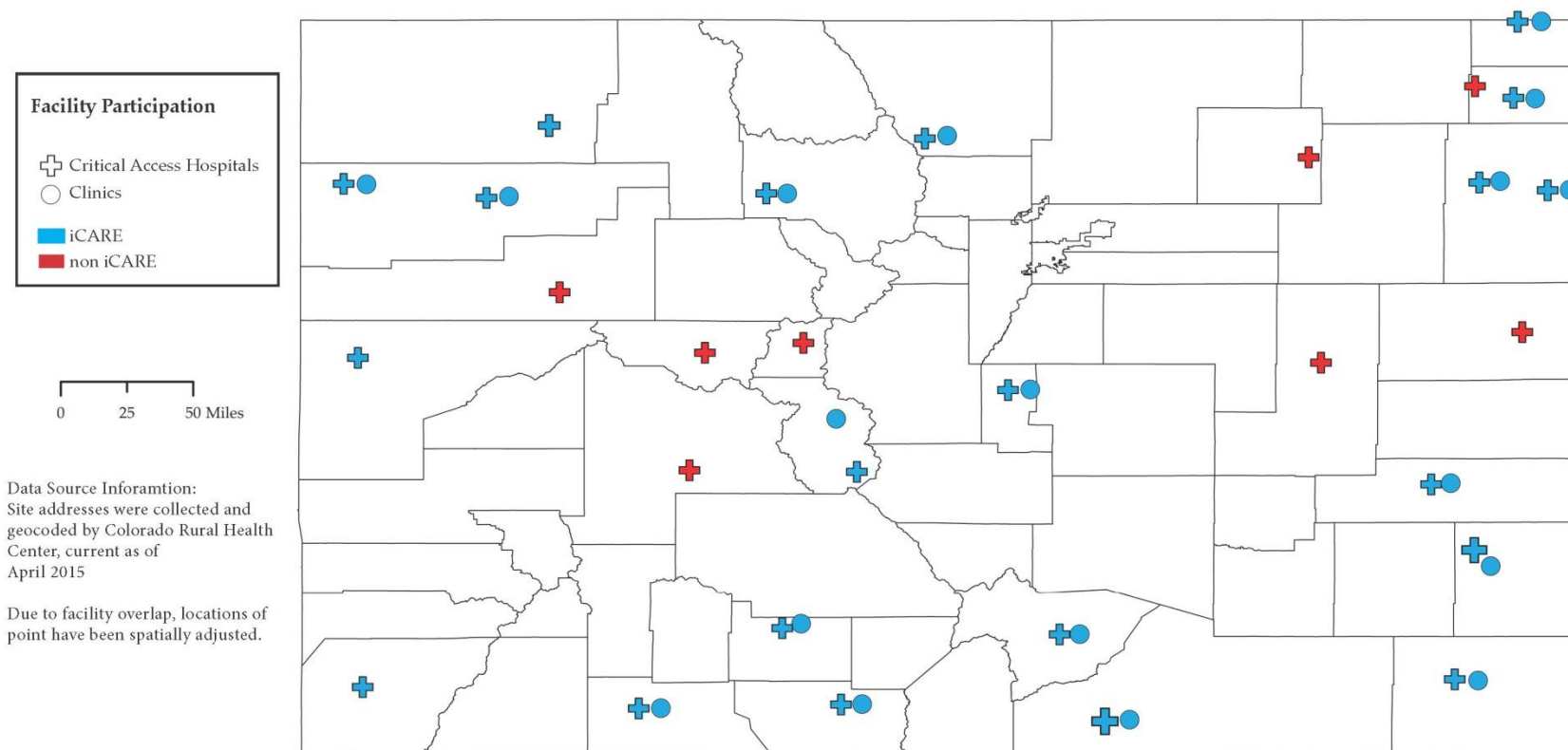
What does it all mean?

*i*CARE Overview and Background

3 Goals of *i*CARE:



Colorado: iCARE Hospitals and Clinics, 2015

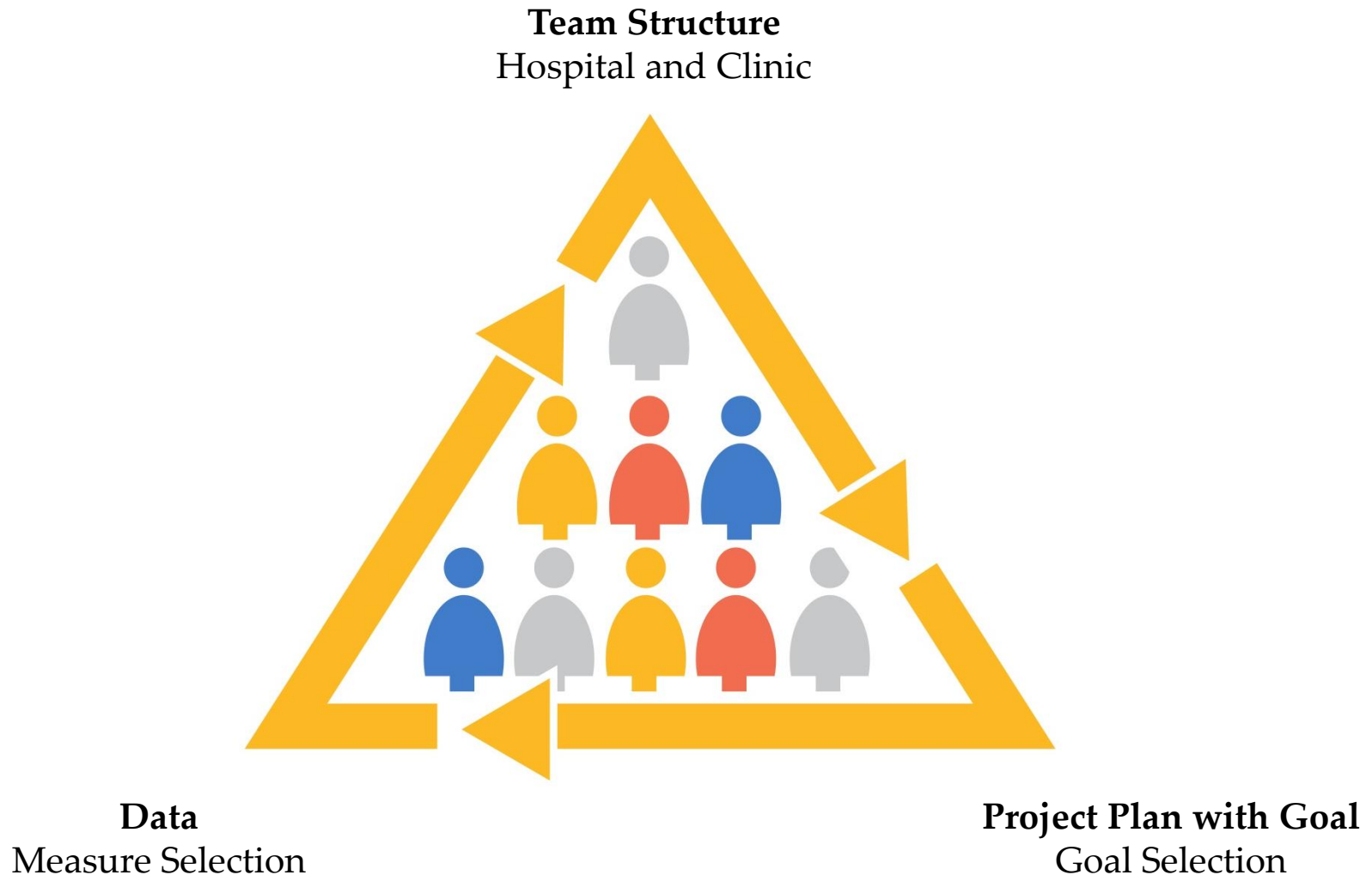


iCARE: Improving communications in transitions of CARE and reducing readmissions.

Funding for the iCARE Program is provided through CRHC's receipt of the Federal HRSA Medicare Rural Hospital Flexibility Program Grant, CFDA 93.241; Award 2 H54RH00056-12-00, and the Colorado Department of Public Health and Environment's Cancer, Cardiovascular, and Pulmonary Disease Grant Program.

iCARE Program Structure

Program Structure



Connecting to the Triple Aim

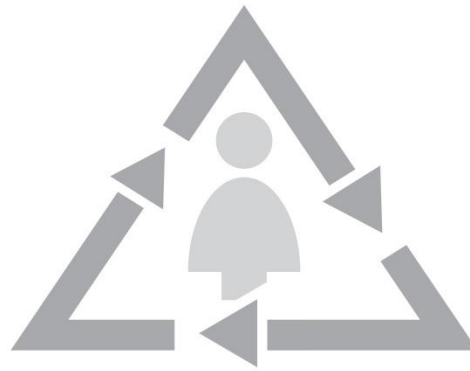
Improving the patient experience of care
(including quality and satisfaction)



**Reducing the per capita
cost of health care**

**Improving the health
of populations**

Improving Patient Experience



- 1 Improving Heart Failure Discharge Instruction process
- 2 Connecting to HCAHPS patient communication measures
- 3 Examining common elements between hospital/clinic
 - Pneumonia Vaccinations
 - Follow-up appointment scheduling



Improving Population Health



Utilize our HARC Data Bank's county level health statistics to demonstrate the unique needs of rural Colorado, including:

Heart Failure

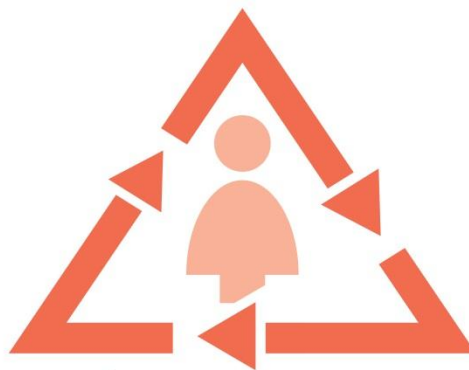
Diabetes

Pneumonia

Hypertension



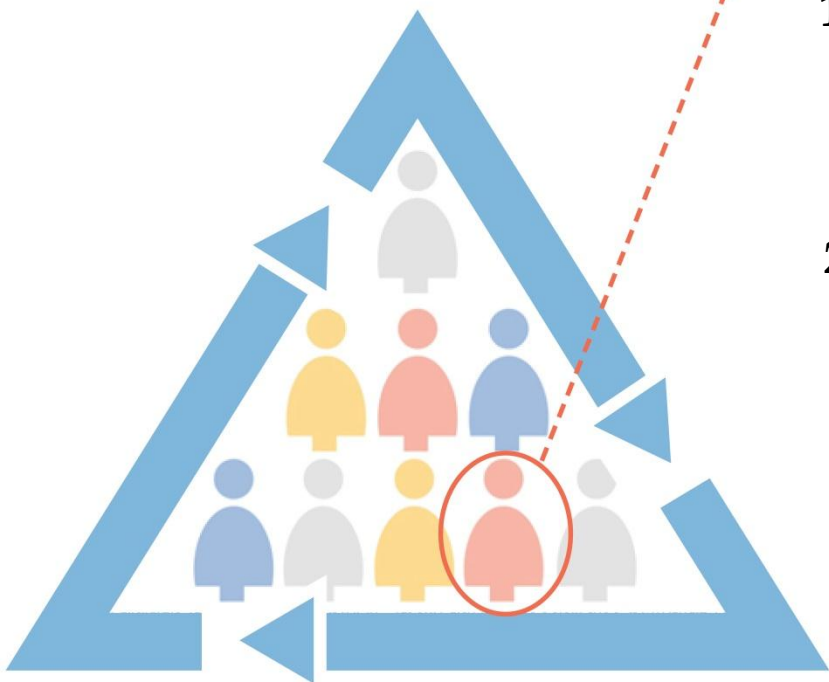
Reducing Costs



- 1 Process improvements to increase efficiencies, maximize limited resources, and reduce duplication

i.e. Pneumonia Vaccinations

- 2 Potential cost efficiencies:
Average readmission cost in Colorado, \$9923*



*Healthy Transitions Colorado:

<http://healthy-transitions-colorado.org/wp-content/uploads/2014/11/HTC-Fact-sheet-112014.pdf>

IMPROVING COMMUNICATION AND READMISSION IN THE RURAL SETTING

- Project Participants -

HOW ICARE PARTICIPANTS COMPARE TO RURAL COLORADO

Through the Colorado Rural Health Center's Improving Communication and Readmission (iCARE) project, Critical Access Hospitals (CAHs) and Rural Health Clinics (RHCs) are participating in a statewide effort to better the patient experience by improving communication in transitions of care and clinical processes, and reducing avoidable hospital readmission rates.



2% ↑
Diabetes
Related Deaths

Adults with
Diabetes 1% ↑

Adults with
Hypertension 2% ↑



Population of iCARE Counties
63% of rural Colorado



Families Below Poverty Level
10%



Payer Mix, Uninsured
3%

FACILITY DATA

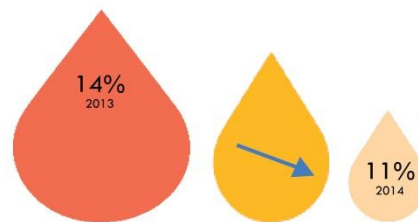
Hospitals

30 day readmission average:

State 15%
CAH 14%
iCARE participants 4%



Rural Health Clinics



Diabetic patients
with an A1c > 9% has
decreased by an
average of 3%
(percent change of 26%)

For this indicator, a lower rate indicates better performance
(i.e., low rates of poor control indicate better care)

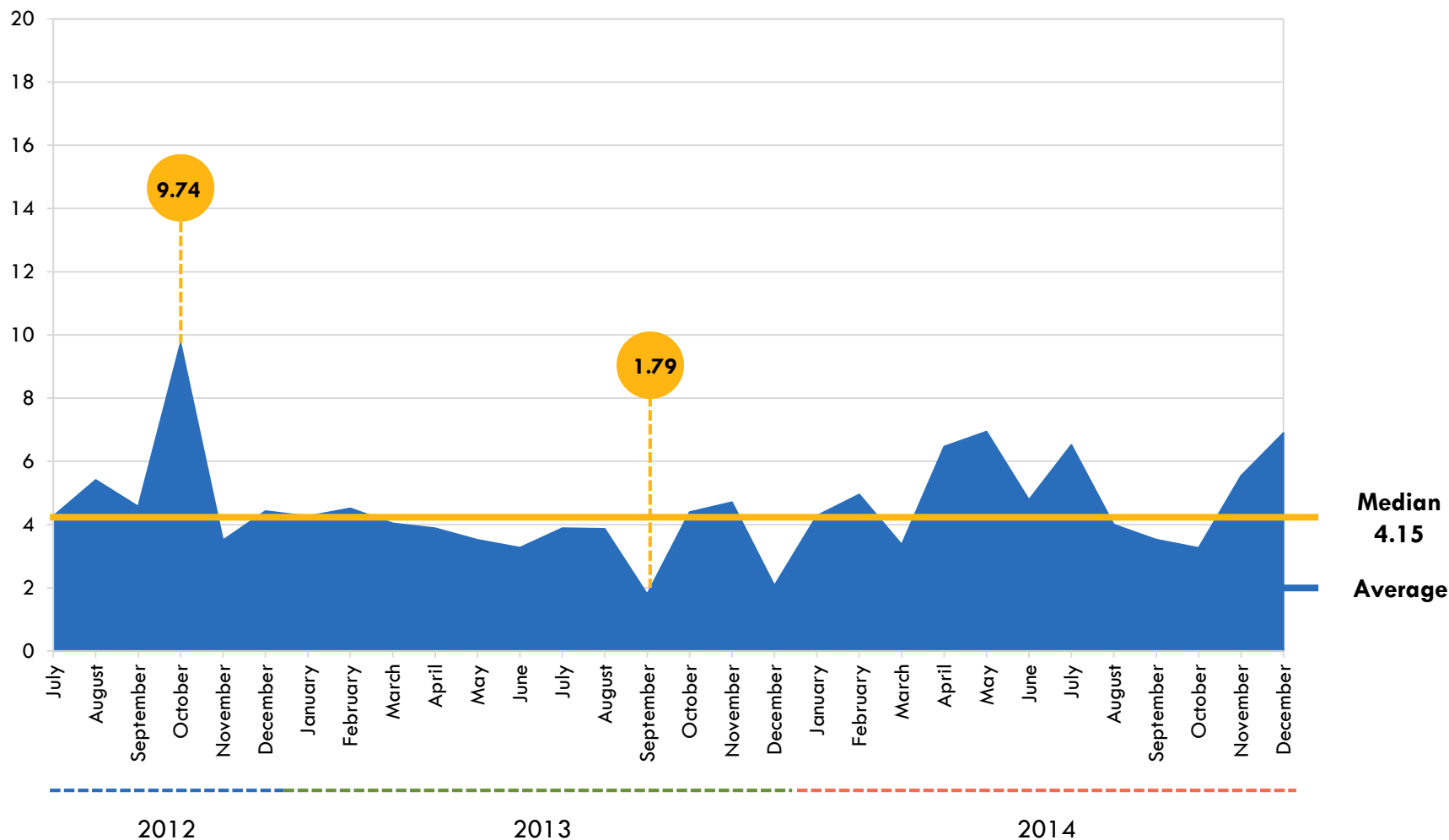
All data is rounded to nearest whole number
All facility data: July 2012-2014
For more information on the HARC Data Bank contact info@coruralhealth.org

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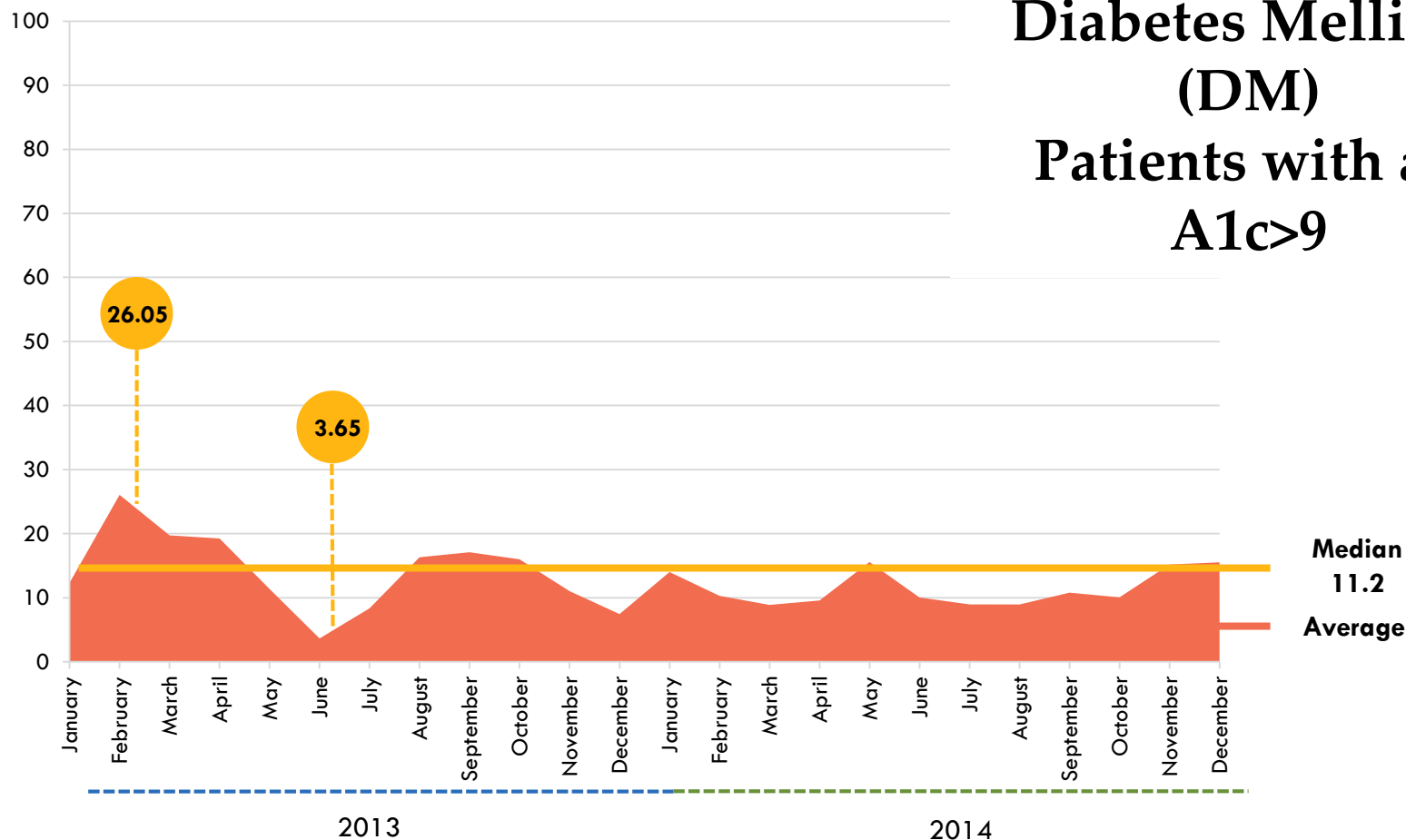


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iCARE Hospitals Average 30-day Readmission

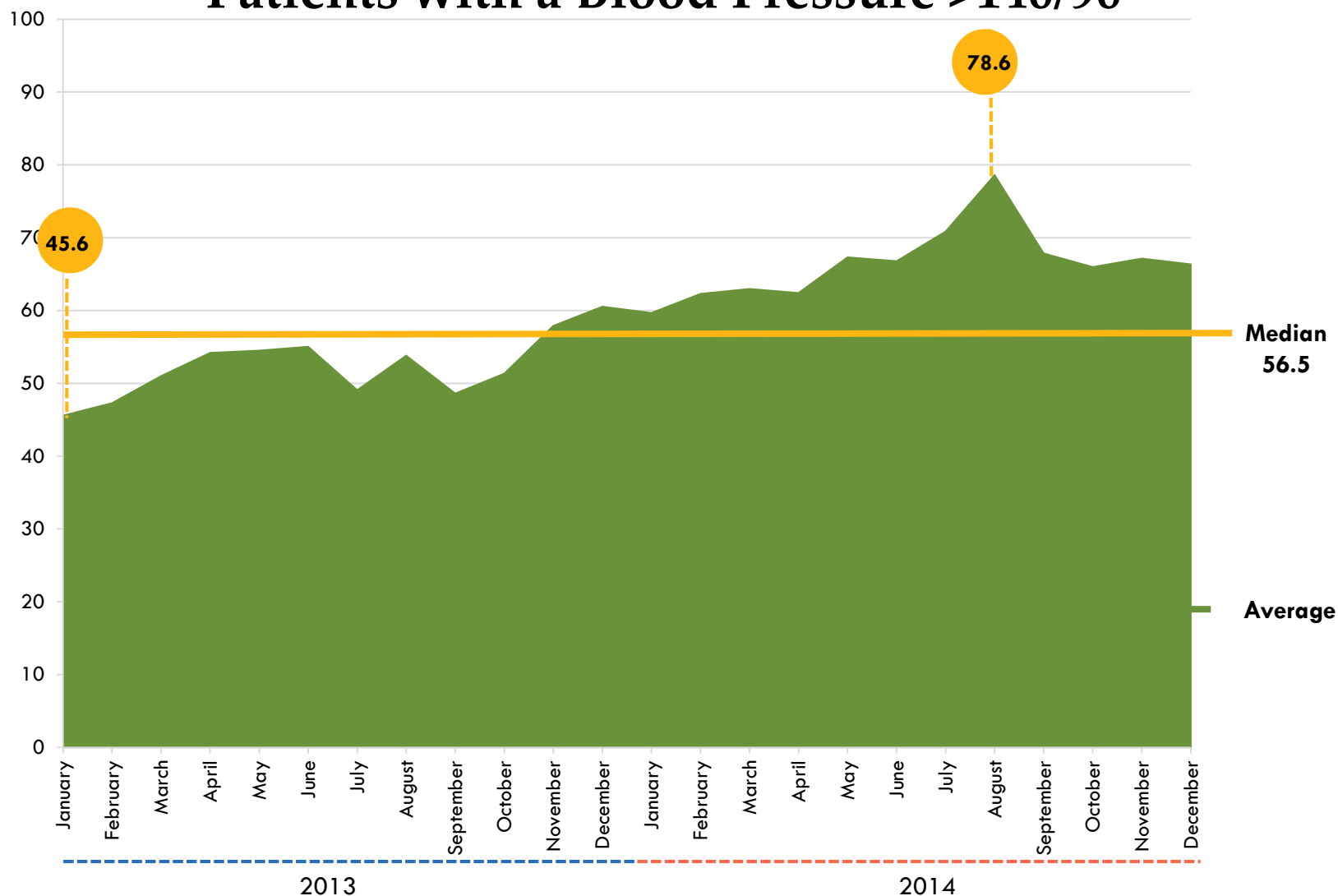


Percent of Diabetes Mellitus (DM) Patients with an A1c>9



Note: For this indicator, a lower rate indicates better performance (i.e., low rates of poor control indicate better care)

Percent of Diabetes Mellitus (DM) Patients with a Blood Pressure >140/90



Looking Ahead

Build on accomplishments:

- Data and EHRs
- Connect with additional care settings (i.e. EMS, LTC, etc.)
- Continue to synthesize data and information to drive quality efforts and demonstrate impact: quality, population health, financial, HIT





Contact Us:

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