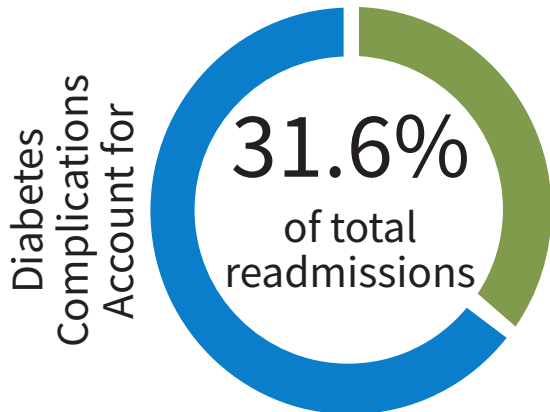


Improving Communication and Readmission Program

iCARE

Avoidable hospital readmissions have come under close scrutiny by payers and policymakers because of the potential cost savings. Addressing this issue would improve healthcare quality and reduce costs in the health care system. The Colorado Rural Health Center is working with Critical Access Hospitals and Rural Health Clinics in a statewide initiative to do exactly that. The iCARE program aims to better the patient experience by streamlining communication between care settings and improving clinical processes, leading to reductions in avoidable hospital readmission rates.

CRHC's iCARE program is supported through the receipt of the Federal HRSA Medicare Rural Hospital Flexibility Program Grant, CFDA 93.241; Award 2 H54RH00056-15-00, and the Colorado Department of Public Health and Environment's Cancer, Cardiovascular, and Pulmonary Disease Grant Program.



The Estimated Excess Cost of Uncoordinated Care

\$7,340 per patient



That's a total of \$74 million!

Participation

55

55 clinic/hospital teams from more than 20 rural counties around the state are working together to address a shared goal that responds to a particular need in their community and will improve the quality of care for residents.

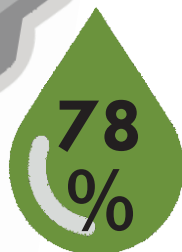
PROGRAM ACTIVITIES

- Bimonthly data review and coaching
- Technical assistance from quality improvement specialist staff
- Monthly educational webinars and networking
- Quarterly EHR user group calls



Cost of readmissions nationally

Quality of Care



of diabetic patients who receive care at iCARE participating clinics demonstrate good control of blood glucose levels.



of national diabetic patients with Medicaid have good control, significantly worse than patients receiving care at iCARE facilities.

Readmissions

From 2015-2016, iCARE CAHs reported an average 3% readmission rate, a 35% decrease since 2013



For a detailed list of Snapshot data sources, please visit coruralhealth.org